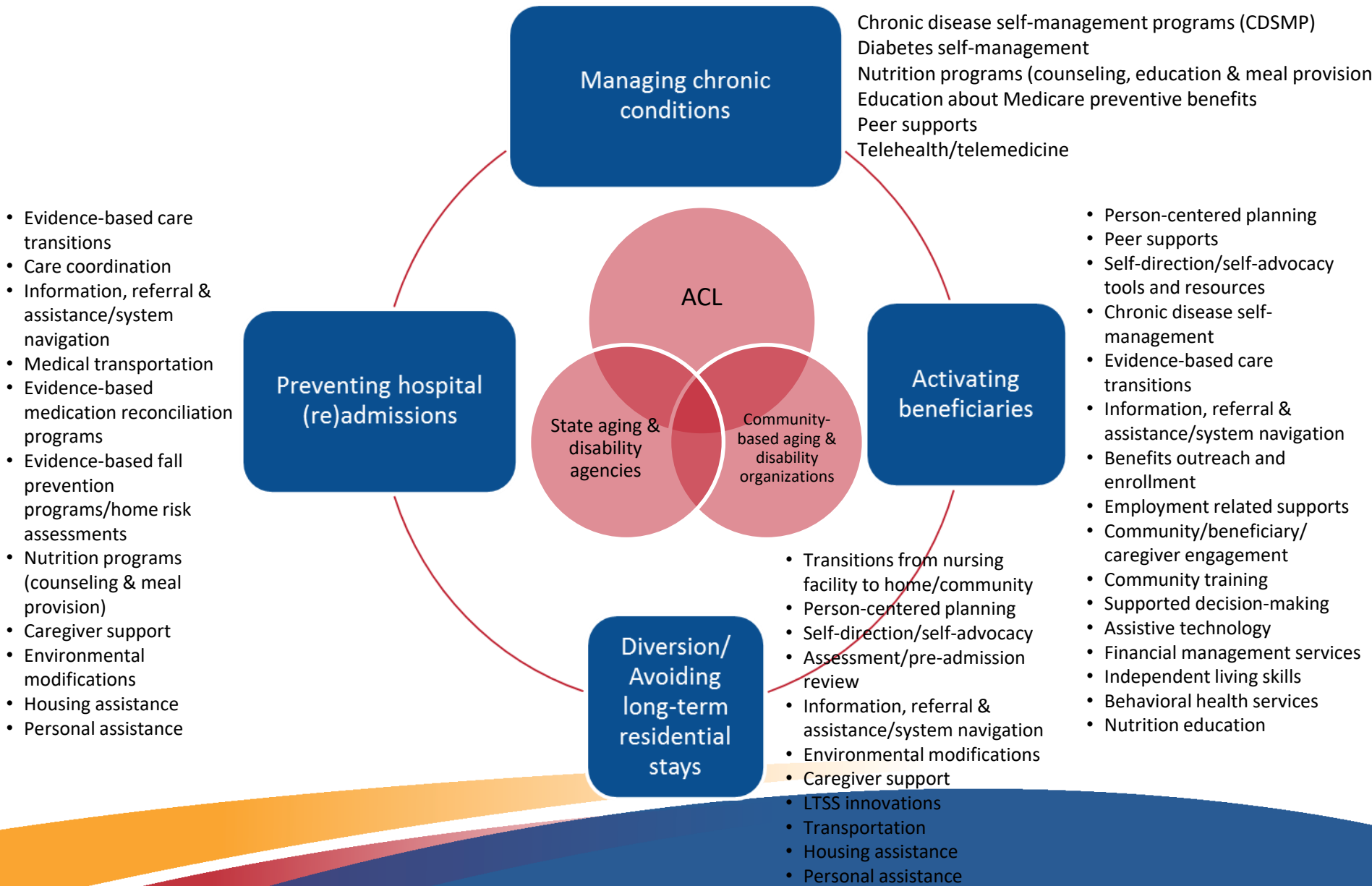


# Building Business Capacity and Financial Sustainability in Times of Transition

Marisa Scala-Foley & Kathy Cargill-Willis  
*August 29, 2017*



# The critical role of CBOs in delivery system reform



# Roles for State Agencies

- Advocacy for aging & disability networks (and more importantly, for the populations they serve)
  - Working with State Medicaid Agency on development and implementation of these programs
  - Relationship building (“Match making”) with health plans and other integrated care entities
- Convening and technical assistance related to network sustainability
- Benchmarking and performance management

# ACL & business acumen

*ACL, in partnership with foundations, is providing aging & disability organizations with the tools they need to partner and contract with health care payers and providers in delivery system reform.*

2012: Grants to national partners to build the business capacity of aging and disability organizations for MLTSS

2012 - Present: Engagement with public and private partners

2013-2016: Business Acumen Learning Collaboratives

Fall 2016 & beyond: New technical assistance opportunities

# 2013-2014 Business Acumen Learning Collaborative

- Networks/leads:
  - Partners at Home/Partners in Care Foundation (CA)
  - San Francisco Department of Aging and Adult Services (CA)
  - Florida Health Networks (FL)
  - Healthy Aging Center of Excellence/Elder Services of the Merrimack Valley/Hebrew SeniorLife (MA)
  - The Senior Alliance and the Detroit Area Agency on Aging (MI)
  - Minnesota Metro Aging and Business Network (MN)
  - Western NY Integrated Care Collaborative (NY)
  - Pennsylvania Partners in Care, LLC/PA Association of AAAs, Inc. & PA Centers for Independent Living (PA)
  - Texas Healthy at Home/North Central Texas Council of Governments (TX)

# 2015-2016 Business Acumen Learning Collaborative

- Networks/leads:
  - County of San Diego, Health and Human Services Agency Aging & Independence Services (CA)
  - Alameda County Aging, Disability, and Resource Connection (CA)
  - Indiana Association of Area Agencies on Aging, Inc., and the Indiana Aging Alliance, LLC (IN)
  - Greater North Shore Link/Aging and Disability Resource Consortium of the Greater North Shore, Inc. (MA)
  - Gateway Wellness Network/St. Louis Metropolitan Integrated Health Collaborative (MO)
  - Center on Aging and Community Living (NH)
  - Oklahoma Aging and Disability Alliance, LLC/INCOG Area Agency on Aging and Ability Resources, Inc. (OK)
  - The Arc Tennessee (TN)
  - Vermont Association of Area Agencies on Aging (v4a) and the Vermont Community-Based Collaborative (VT)
  - Conexus Health Resources/Aging and Long Term Care of Eastern Washington (WA)
  - Wisconsin Institute for Healthy Aging (WI)

# Success on contracting & network development

**20 Business Acumen Learning Collaborative networks**

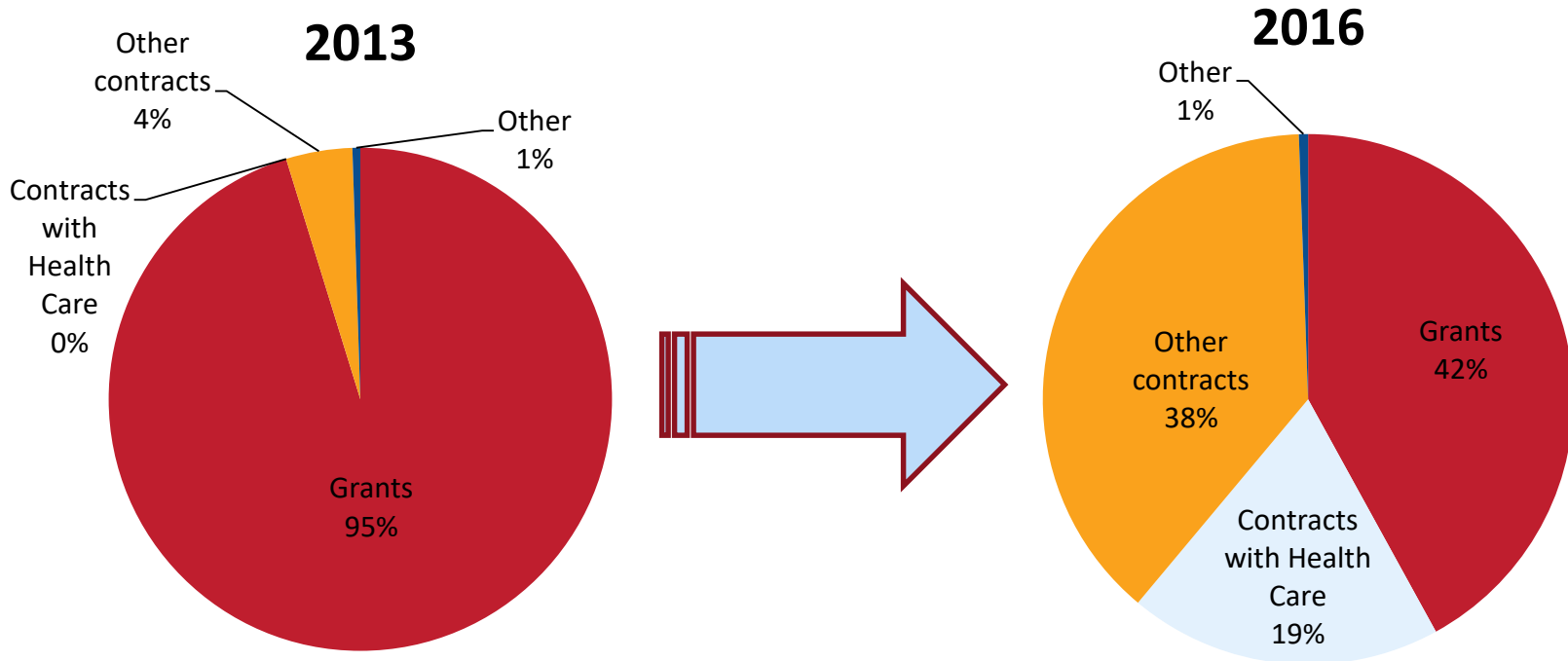
**29 signed contracts (more under negotiation)**

**2 LLCs formed, 1 management services organization formed**

Services under contract	Populations served	Payers
<ul style="list-style-type: none"><li>• Care transitions</li><li>• In-home assessment</li><li>• Care coordination</li><li>• Medication reconciliation</li><li>• Evidence-based programs (EBPs)</li></ul>	<ul style="list-style-type: none"><li>• EBP targets</li><li>• Medicare-Medicaid enrollees</li><li>• Other high risk populations</li></ul>	<ul style="list-style-type: none"><li>• Medicare-Medicaid plans</li><li>• Accountable Care Organizations</li><li>• Physician groups</li><li>• Medicaid health plan</li><li>• Marketplace plan</li></ul>

# Progress!

*(An example from a CBO in one of our Business Acumen Learning Collaborative networks)*



*Source:* Elder Services of the Merrimack Valley and the Healthy Living Center of Excellence



# Contracting: Example (Partners in Care Foundation)

- **Population:** 571 union members w/chronic conditions in MCO
- **Intervention:** CDSMP + monthly meetings + incentives
- **Outcomes:**
  - **Compared to baseline, after 12 months**
    - **Self-rated health** good or excellent: 60% vs. 32% at baseline
    - **BMI** ↓ 1 point
    - **A1C** ↓ 1 point
    - **Systolic BP** ↓ 11 points
    - **Depression** score ↓ from 5.8 at baseline to 3.2
    - **Pain** ↓ from 3.2/10 to 2.0/10
  - **Compared to baseline, after 12 months**
    - ↑ **aerobic exercise** from 51 to 75 minutes per week
    - ↑ **stretching/strength** exercise from 21 to 35 minutes per week

# What we've learned

- CBOs can add value to health care providers and payers -- they represent critical eyes & ears in the home, and supports that can keep people living in the community
  - Help with member location (for health plans), engagement/activation, member/patient satisfaction and retention
- These partnerships involve culture change – both for CBOs and health care providers/payers
  - Language
  - Buy-in at **all** levels
- Relationships and champions are critical

# What we've learned (continued)

- It is critical to establish work flows and referral processes from the outset that foster partnership
  - Increase access to needed services for plan members, build volume for CBOs, and increased staff efficiencies for CBOs and plans alike
- Data exchange/communication is a two-way street
- In the end this work can lead to systems change and increased person-centeredness

# 2016 and beyond

- Based on learnings from our work – and the work of our partners
  - Increased recognition of importance of social determinants of health and community living among health care providers and payers
  - Need for increased business acumen work with disability organizations (*Kathy*)
  - Opportunities for growth for CBOs: Continuous quality improvement, infrastructure & information technology, outcomes data

# 2016 and beyond (continued)

- Two recent ACL grants related to business acumen -- awarded on September 30, 2016.
- *Learning Collaboratives for Advanced Business Acumen Skills* (Awarded to n4a, \$1.5 million over 3 years)
  - Organize and conduct 3-5 topically-based action learning collaboratives to address “next generation” issues such as continuous quality improvement, infrastructure and technology, generating and maintaining volume, data pooling, and more; and to provide targeted technical assistance to networks of community-based aging and disability organizations.
  - Create knowledge and capture insights through these collaboratives to incorporate into future curriculum for national dissemination.

# 2016 and beyond (continued)

- *Business Acumen for Disability Organizations*  
(Awarded to NASUAD, \$2.25 million over 3 years)
  - Develop baseline knowledge about the content and infrastructure needs of community-based disability organizations through surveys and feasibility studies;
  - Provide broad-based training and technical assistance for the disability networks; and
  - Utilize a learning collaborative model to provide targeted technical assistance to state teams serving persons with disabilities of all ages and all types that seek to build their business capacity to contract with integrated care entities.

# Changing Landscape of LTSS for Disability Organizations

- AOD, ACL recognized the following shifts in States:
  - Purchasing strategies for long-term services and supports (LTSS) were shifting from fee-for service (FFS) models to managed care models.
  - This shift was going to have a significant impact on direct service providers of LTSS.
  - These impacts will only grow in intensity as an increasing number of states adopt managed care approaches to their LTSS systems.

# The Need for Business Acumen for Disability Organizations

- The implications of the move to MLTSS models for disability organizations that are direct service providers:
  - It changes how services are 'sold' to different customers.
  - Shift from contracting directly with states or their regional entities to negotiating contracts with the managed care entities selected by states to manage their LTSS populations.
  - Instead of having a single contract with the state, direct service providers may have contracts with multiple managed care entities.
- These changes in the LTSS market requires that direct service providers change their business practices, and in some cases, their entire business models.



# Filling a Need

- Significant variation across states in the level of preparedness of LTSS providers to shift their business practices from FFS to managed care.
- Increase demand for business savvy
- Managed care companies lacked awareness of LTSS and of the LTSS provider community.
- Concern that shift to MLTSS will result in the “winnowing out” of smaller, less sophisticated LTSS providers.
- Limited resources and technical assistance to become business savvy in new environment

# Business Acumen for Disability Organizations

- Grant to NASUAD by Administration on Intellectual and Developmental Disabilities under Projects of National Significance
- Built on the ACL experiences to support business acumen
- Overall goals:
  - To provide technical assistance to build the business capacity of disability organizations, particularly those at the community level, across the country to play strong leadership roles in the development and implementation of integrated systems in their states
  - To increase the business capacity of these networks for contracting with integrated care entities.

# Business Acumen for Disability Organizations

- Three primary tasks:
  - Develop baseline knowledge about the content and infrastructure needs of community-based disability organizations through surveys and feasibility studies;
  - Provide broad-based training and technical assistance for the disability networks; and
  - Utilize a learning collaborative model to provide targeted technical assistance to 10 to 15 state networks of community-based organizations serving persons with disabilities of all ages that seek to build their business capacity to contract with integrated care entities (e.g. hospitals, health systems, accountable care organizations, health plans, health homes, and more).

# Business Acumen for Disability Organizations

- Other activities include:
  - Identifying emerging and promising practices across states;
  - Establishing and maintaining mechanisms to share and disseminate data; and
  - Developing ideas to address challenges, provide quality peer-to-peer technical assistance, and promote interagency collaboration and partnership.

# Accomplishments to Date:

- Launched the Disability Network Business Acumen Resource Center website (<http://www.nasquad.org/initiatives/disability-network-business-acumen-resource-center> )
- Conducted an environmental scan and needs assessment survey to determine the business acumen needs of disability community-based organizations across the country
- Established a monthly webinar series (5 webinars archived)
- Designing a toolkit to guide community-based organizations increase their business acumen
- As of Sunday, commenced the 2017 Learning Collaborative!

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# DISABILITY NETWORK BUSINESS ACUMEN CENTER

Erica Anderson, MA

Senior Director of Business Acumen, NASUAD

# Business Acumen Grant Partners



Funded by:





# Accomplishments to Date



25

- Launched the Disability Network Business Acumen Resource Center website
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# Disability Network Business Acumen Resource Center website



26

- <http://www.nasuad.org/initiatives/disability-network-business-acumen-resource-center>
  - Learning Collaborative
  - Webinars
  - Disability Network Business Acumen Environmental Scan and Needs Assessment Survey
  - Partner Organizations



# Environmental Scan and Needs Assessment Survey



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- Purpose: To determine the business acumen needs of disability community-based organizations across the country
- Gathered feedback from Disability CBOs, State Agencies, and Integrated Care Entities
- Asked about...
  - CBO Familiarity with Integrated Care Terminology
  - Experience with Integrated Care
  - Organization's Current Capabilities

# What will we do with the information?

- The Findings from the Environmental Scan Survey will drive our work
  - Training and Technical Assistance
  - Development of the Learning Collaborative
  - Sharing of Promising Practices
  - Attention on Areas of Needed Improvement
  - Sharing of Perspectives and Needs across the various Stakeholders

# Monthly Webinar Series



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- 4th Wednesday of every month from 12:30P – 1:30P eastern
  - <http://nasuad.org/initiatives/business-acumen-disability-organizations-resource-center/webinars>
- Topics to date:
  - Business Acumen 101: Modernizing Your Community Based Business in a Changing Environment
  - Managed Care – Understanding the Changing Environment
  - Perspectives and Language – Business, Health/Medical, LTSS, Disabilities/Aging
  - Are they buying what you're selling - An inside look at what health plans need from community based organizations
  - From Mission to Fruition: Developing your relationships with payers

# Business Acumen Toolkit



30

- Stakeholder Engagement
- Developing and Sustaining Relationships and Partnerships
- Negotiating and Contracting
- Pricing Services
- Articulating Your Business Case
- Successful Organizational Change While Maintaining Your Mission

# Disability Network Business Acumen Learning Collaborative



31

- 5 States: MD, MO, NH, NY, TX
- Key Themes / Alignment in Identified Themes:
  - Identify **strengths, gaps, and opportunities** to increase CBO capacity to implement **sustainable business practices** to **work closely with integrated health entities** to meet the growing **needs of the people they serve**, including those with significant medical and/or behavioral health needs.
  - Promoting disability provider organizations to be successful in building & implementing integrated care systems with an eye to both building specialized “home grown” disability MCOs and to meeting MCO needs; ensuring these emerging organizations can engage as partners with MCOs and other integrated care organizations in meeting needs of those with disabilities.

# Disability Network Business Acumen Learning Collaborative



32

- To accomplish these aims, the Learning Collaborative will focus on building awareness and capabilities around:
  - Understanding the overall healthcare structure
  - Articulating Value
  - Innovation
  - Pricing and various fee structures
  - Performance-based and value-based contracting
  - Contracting and negotiating
  - Real-time, uniform Utilization Review Process
  - Information technology to assist with data analytics capacity.
  - Promoting evidence based and leading practices (i.e. community, integrated employment; nursing facility transitions)



# The Future...

- Collect and disseminate promising practices from learning collaborative
- Continue to provide content via webinars
- Respond to CBO, State or health plan specific requests for technical assistance
- Disseminate the Business Acumen Toolkit
- Continue to evaluate needs in the field

# Opportunities to Get Involved

34

- Contribute to the Business Acumen Resource Center
- Participate in ongoing feedback and dissemination
  - Webinars
  - Conference presentations
- Provide Technical Assistance
  - Short-term
  - Peer-to-Peer exchanges
  - Learning Collaborative



For more information, please visit: [www.nasuad.org](http://www.nasuad.org)

E-mail: [businessacumen@nasuad.org](mailto:businessacumen@nasuad.org)

Or Call: 202.898.2583





# Aging and Disability **BUSINESS INSTITUTE**

*Connecting Communities and Health Care*

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# Building Business Capacity and Financial Sustainability in Times of Transitions

Mary Kaschak, Deputy Director  
Aging and Disability Business Institute

# Business Institute Funders

- The John A. Hartford Foundation
- The Administration for Community Living
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Buck Family Fund of the Marin Community Foundation



The Colorado Health Foundation™



The Buck Family  
Fund of MCF

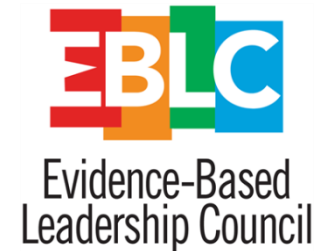
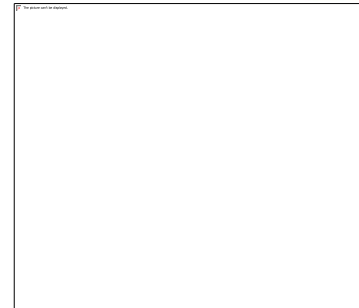
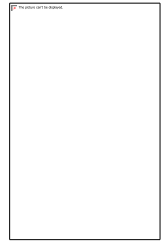


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# Business Institute Partners

- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence
- National Council on Aging
- Meals on Wheels America
- Evidence-Based Leadership Council



# Public-Private Partnerships

	Grant	Funder	Grantee	Partners
<b>The Aging and Disability Business Institute</b>	Building the Capacity of the Aging & Disability Networks to Ensure the Delivery of Quality Integrated Care	The John A. Hartford Foundation	n4a	<ul style="list-style-type: none"> <li>• ILRU/NCAD</li> <li>• PICF</li> <li>• ESMV/ HLCE</li> <li>• Scripps Gerontology Center, Miami University</li> </ul>
	Learning Collaboratives for Advanced Business Acumen Skills	ACL	n4a	<ul style="list-style-type: none"> <li>• ILRU/NCAD</li> <li>• PICF</li> <li>• ESMV/HLCE</li> <li>• MOWA</li> <li>• NCOA</li> <li>• EBLC</li> <li>• ASA</li> </ul>
	Improving the Health of Older Adults using Integrated Networks for Medical Care and Social Services	The SCAN Foundation, Gary and Mary West Foundation, Colorado Health Foundation, Marin Community Foundation	ASA	





# The Business Institute

**Vision:** To improve the health and well-being of older adults and people with disabilities through improved and increased access to quality services and evidence-based programs.

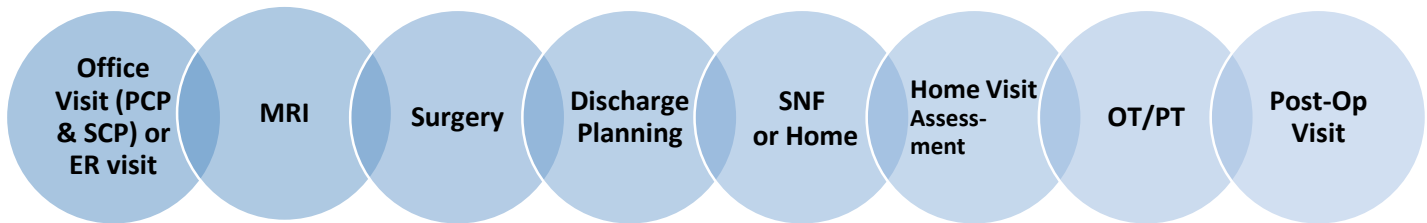
**Mission:** To build and strengthen partnerships between aging and disability CBOs and the health care system.



# Quality and Cost Measures for Improvement

## Possible CBO Interventions

- Reduce hospital LOS, reduce readmission
- SNF Diversion or LOS reduction
- Stabilization at home
  - Fall triggers?
- Ongoing monitoring by phone



# Value of CBO Services

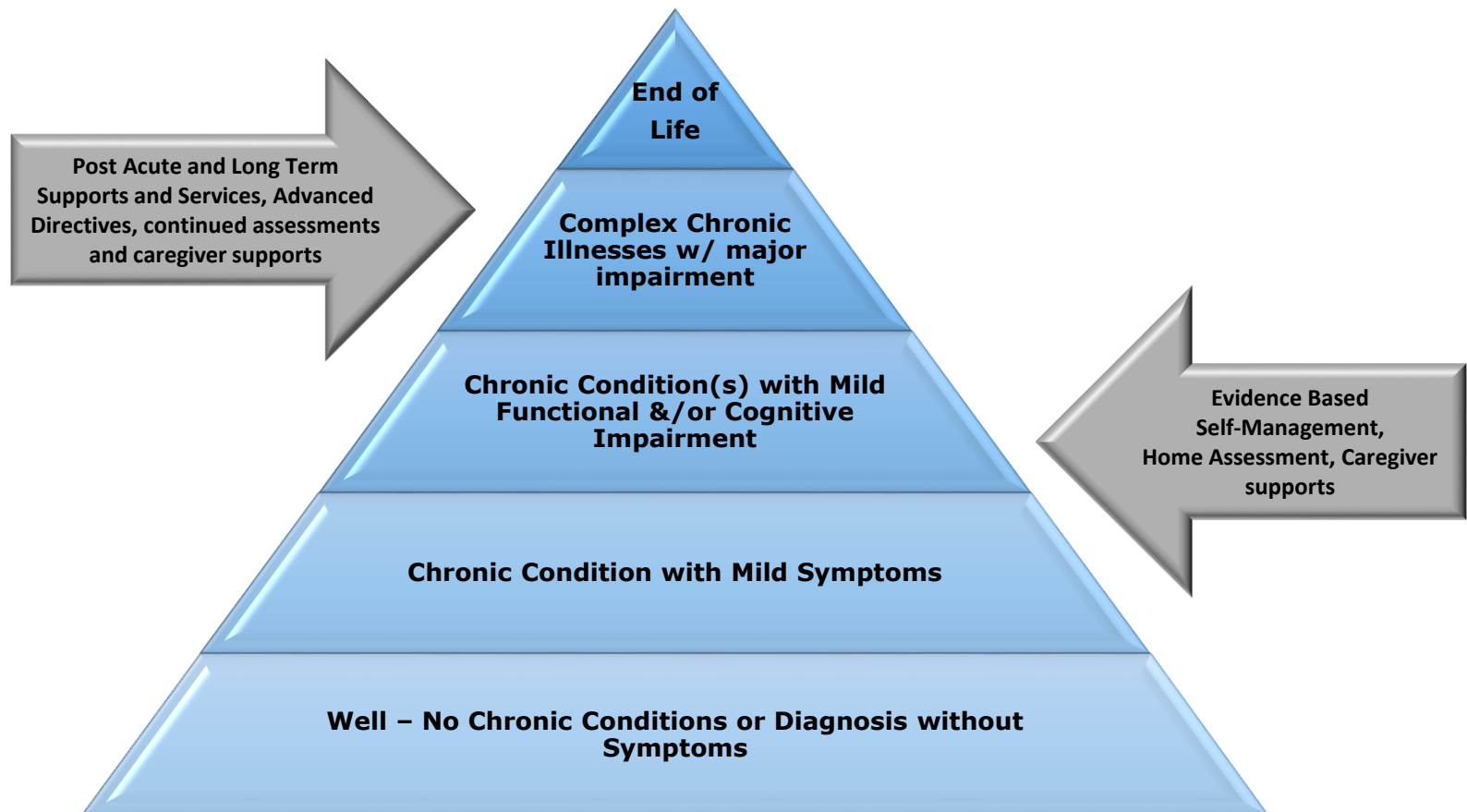
- Depth of experience, with deep local knowledge and connections for essential life resources
- Evidence-based programs for chronic conditions, caregivers, medication safety and post-acute coaching and support
- New models of care management, integrating HCBS into continuum of health and long-term care
- Careful targeting based on risk and frailty
- CBO networks can offer full regional coverage with consistent tools, IT, and results

## CBO Value Proposition

- Improve discharge planning
- Reduce hospitalizations, readmissions, SNF & ER visits
- Improve Quality Measures / Scores
- Improve patient experience



# Where Can CBOs Intervene

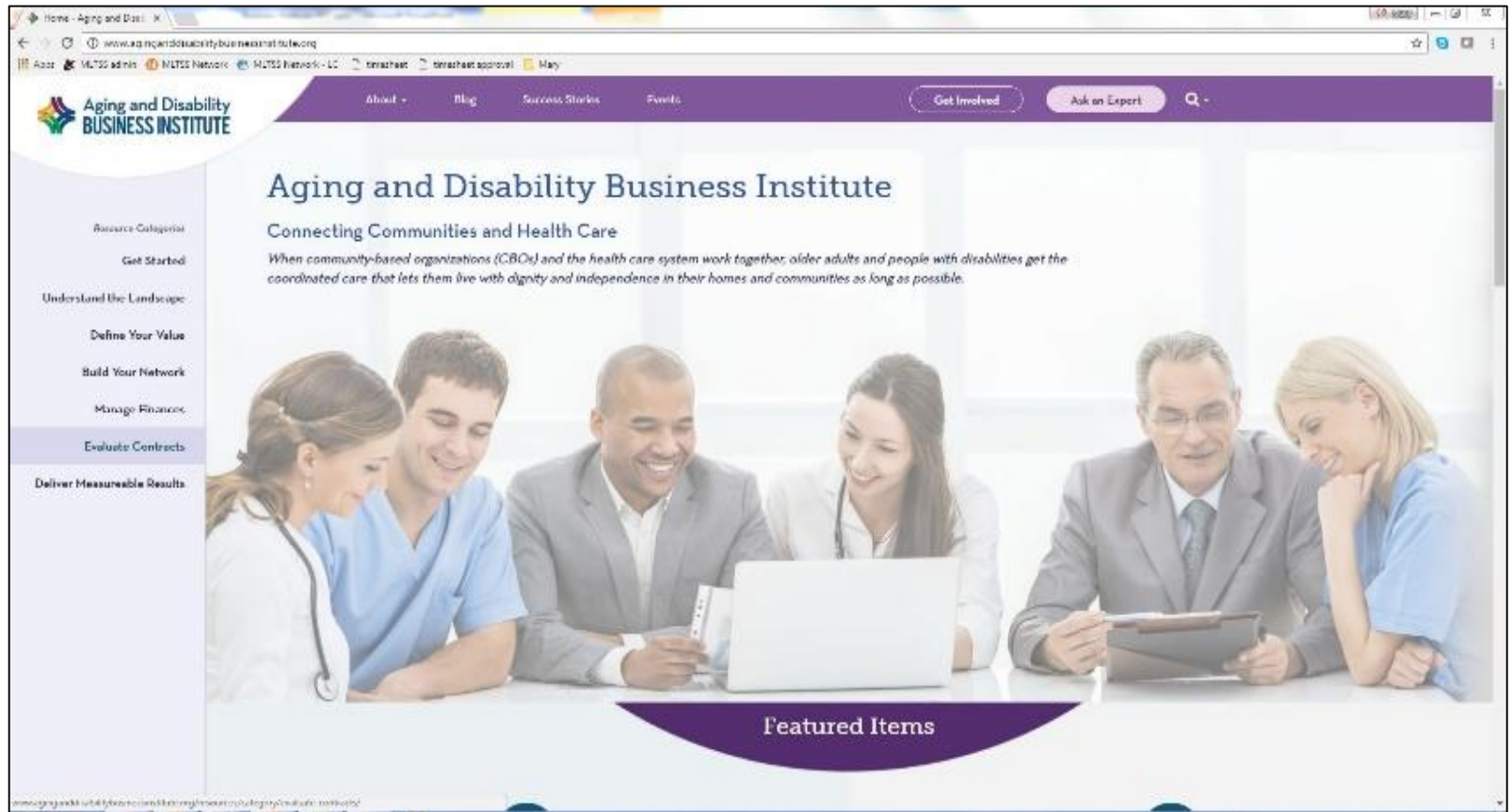


# Goals & Activities

- **Build a national resource center**
- **Develop an assessment tool to determine the capacity of CBOs**
- **Provide training and technical assistance**
- **Conduct an outreach and educational campaign targeting the health care sector**
- **Systems Change Through Stakeholder Engagement**



www.aginganddisabilitybusinessinstitute.org



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# Readiness Assessment Tool

**Aging and Disability BUSINESS INSTITUTE** Readiness Assessment Tool Profile Log Out

Change Readiness >

Strategic Direction >

1 ✓

2 ✓

3 ✓

4 ✓

**5**

6

7

8

9

10

Operational >

Management >

Leadership >

External Market >

Partnership Development >

**5** Has your organization identified a lead individual to initiate and sustain the efforts of pursuing partnerships with the healthcare sector?

**Additional Information**

For example, the lead individual would be required to: manage the process, oversee task completion, hold team members accountable, have authority to move things forward, and drive efforts forward to achieve the strategy. This individual should have thought through how change has been activated and implemented in the organization.

When determining the appropriate individual, it is important to consider time constraints, leadership and change management skills and project management experience.

**Additional Resource 1**

**Additional Resource 2**

Not aware; No progress made

Aware; No progress made

Aware; Little progress made

Aware; Significant progress made

Complete

**Results**

**Instructions & Key**



# Readiness Assessment Modules

## Internal

- Change Readiness
- Strategic Direction Readiness
- Operational Readiness
- Management Readiness
- Leadership Readiness

## External

- External Market Readiness
- Partnership Development Readiness





## **Main Question:**

Does your organization have change management practices and processes in place?

## **Additional Guidance:**

There are a number of change management models to consider, such as Proski's ADKAR Model or the Kotter 8-Step Model of Change. There are also a number of change management best practices to adopt, such as creating effective communication channels and creating the desire for change.

## **Link to a Resource:**

Webinar: Leadership and Change Management for Community-Based Organizations



## Change Readiness Module

Score: 40% - Intermediate Readiness

**Module Score and  
Score Category**

Based on the responses for the Change Readiness Module, it appears that your organization is in the intermediate stage of being ready for the necessary change related to pursuing partnerships with the healthcare sector. By this point, there should be clear leaders and champions driving this change initiative and these individuals should be well-versed in articulating the desired change and motivations behind the change. As your organization moves forward in the process, it will be critical that the leaders are aware of what is required to undergo the significant initiative of pursuing healthcare partnerships and are committed to seeing the process through completion. It is also critical at this point that the organizational culture is being considered as efforts are underway to make the changes necessary to engage healthcare providers.

**Category Summary and  
Recommended Next  
Steps**

The following resources might be helpful in further readying your organization for change:

<http://www.aginganddisabilitybusinessinstitute.org/resources/expand-your-vision-and-grow-your-mission-driving-culture-change-in-aging-and-disability-cbos-looking-to-work-with-health-care-partners/>

<https://www.forbes.com/sites/glennllopis/2012/11/05/5-most-effective-ways-to-sell-change/#1f2670ed7d3c>

**Additional Resources**



# Training and Technical Assistance

- Monthly Webinar Series
- Conferences
- State & Regional Business Acumen Trainings
- Case Studies
- Learning Collaboratives
- Targeted Technical Assistance
- Consulting Services

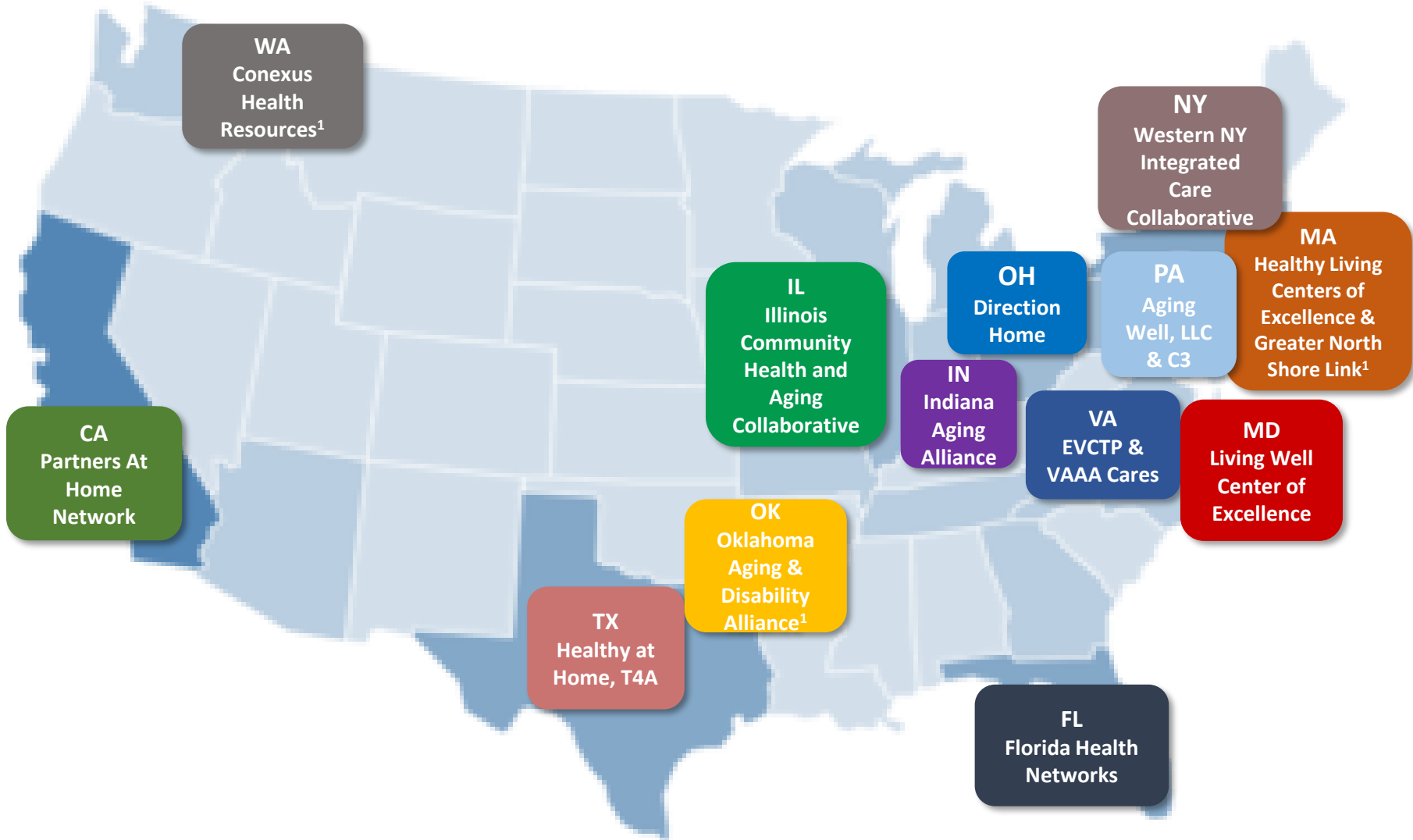


# Common TA Requests

- Network Development
- General contracting
- Developing a value proposition
- Information technology infrastructure
- Pricing and return on investment (ROI) analysis
- Accreditation, metrics and quality systems
- Medicare billing



# CBO Networks



<sup>1</sup>Not a full statewide network

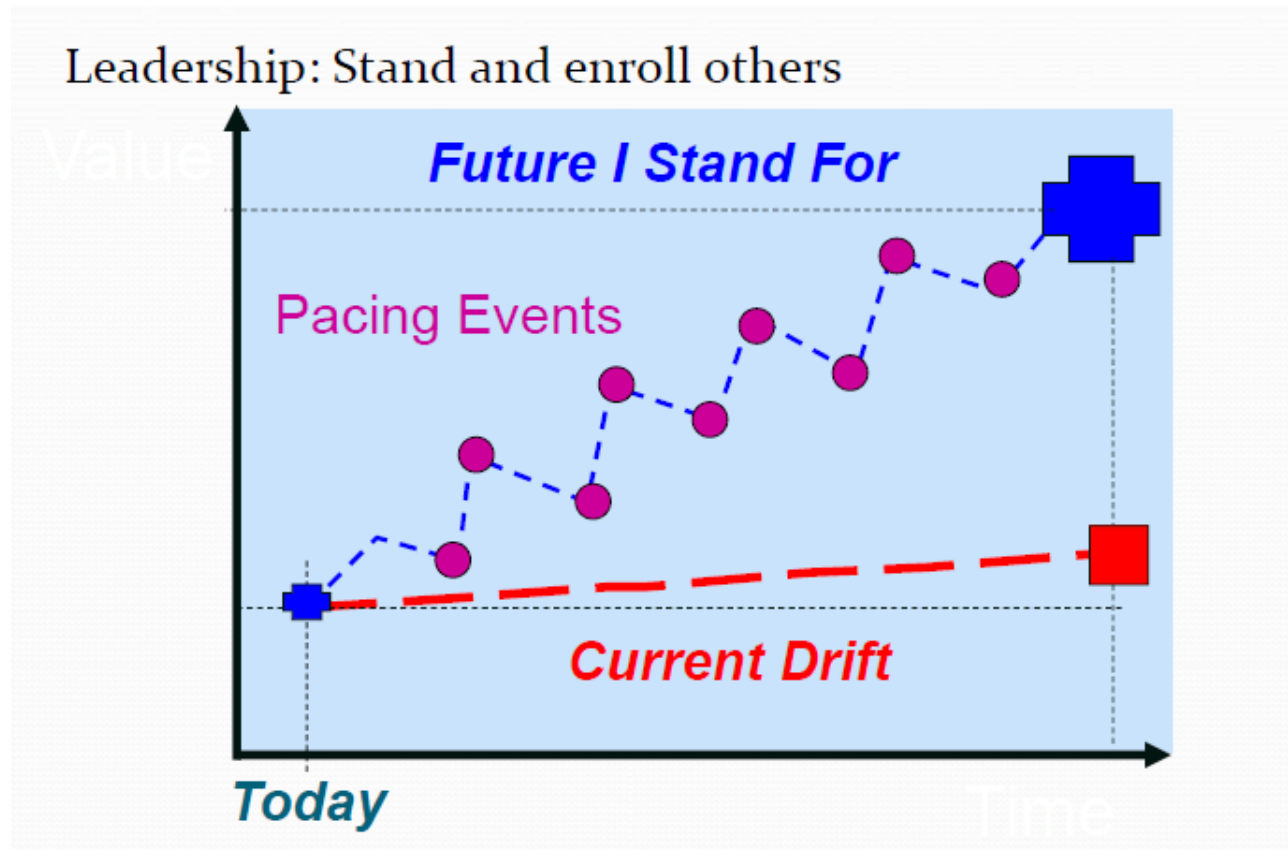
# Networks in Development



- Piedmont Triad Regional Council AAA, NC
- NYC Department for the Aging, NY
- Kansas City Integrated Care Network, MO
- Kansas Association of Area Agencies on Aging & Disabilities, KS



# Action Learning Collaboratives for Advanced Skills



# Trailblazers Learning Collaborative

*The trailblazers learning collaborative will serve as a “think tank” for prototyping and collectively work towards solutions addressing next generation obstacles and challenges.*



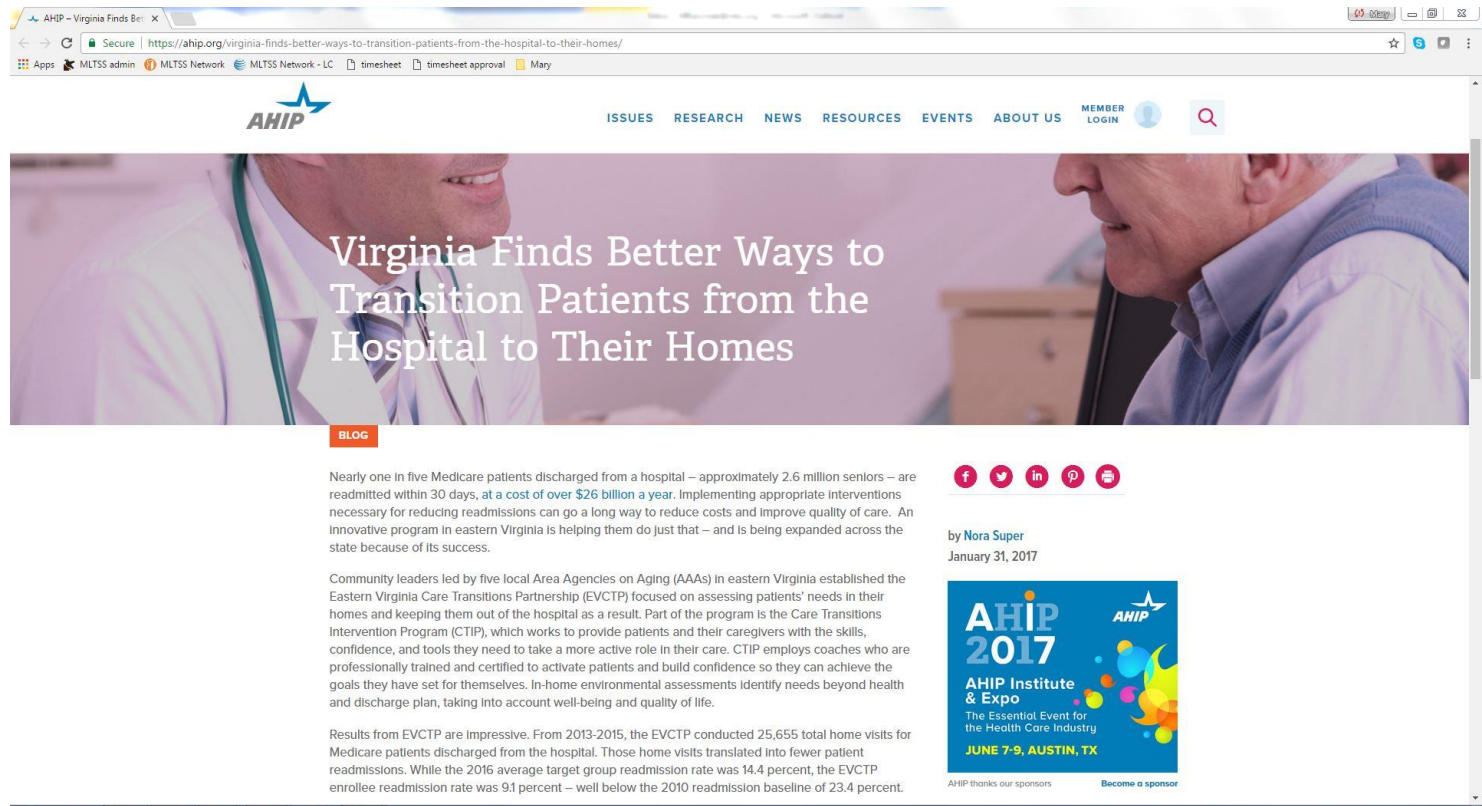


# Trailblazers

- Partners in Care Foundation – San Fernando, CA
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence – Lawrence, MA
- Ability 360 – Phoenix, AZ
- Bay Aging dba VAAACares – Urbanna, VA
- Center for Disability Rights – Rochester, NY
- Direction Home Akron-Canton AAAD – Uniontown, OH
- Independence Center – Colorado Springs, CO
- Independence First – Milwaukee, WI
- Indiana Aging Alliance – Indianapolis, IN
- Institute on Disability & Center for Aging and Community Living, University of New Hampshire – Durham, NH
- New Opportunities, Inc. – Waterbury, CT
- Rose F. Kennedy Center – Bronx, NY



# Outreach to Health Care



The screenshot shows a web browser window displaying the AHIP website. The URL in the address bar is <https://ahip.org/virginia-finds-better-ways-to-transition-patients-from-the-hospital-to-their-homes/>. The page features a navigation menu with links for ISSUES, RESEARCH, NEWS, RESOURCES, EVENTS, ABOUT US, and MEMBER LOGIN. The main content area has a large image of a doctor and an elderly patient, with the headline "Virginia Finds Better Ways to Transition Patients from the Hospital to Their Homes". Below the headline is a "BLOG" tag. The article text discusses Medicare patients, readmissions, and the Eastern Virginia Care Transitions Partnership (EVCTP). Social media icons for Facebook, Twitter, LinkedIn, Pinterest, and YouTube are visible. The author is identified as Nora Super, dated January 31, 2017. A promotional banner for the AHIP Institute & Expo 2017 is also present, along with a "Become a sponsor" link.

## Virginia Finds Better Ways to Transition Patients from the Hospital to Their Homes

**BLOG**

Nearly one in five Medicare patients discharged from a hospital – approximately 2.6 million seniors – are readmitted within 30 days, at a cost of over \$26 billion a year. Implementing appropriate interventions necessary for reducing readmissions can go a long way to reduce costs and improve quality of care. An innovative program in eastern Virginia is helping them do just that – and is being expanded across the state because of its success.

Community leaders led by five local Area Agencies on Aging (AAAs) in eastern Virginia established the Eastern Virginia Care Transitions Partnership (EVCTP) focused on assessing patients' needs in their homes and keeping them out of the hospital as a result. Part of the program is the Care Transitions Intervention Program (CTIP), which works to provide patients and their caregivers with the skills, confidence, and tools they need to take a more active role in their care. CTIP employs coaches who are professionally trained and certified to activate patients and build confidence so they can achieve the goals they have set for themselves. In-home environmental assessments identify needs beyond health and discharge plan, taking into account well-being and quality of life.

Results from EVCTP are impressive. From 2013-2015, the EVCTP conducted 25,655 total home visits for Medicare patients discharged from the hospital. Those home visits translated into fewer patient readmissions. While the 2016 average target group readmission rate was 14.4 percent, the EVCTP enrollee readmission rate was 9.1 percent – well below the 2010 readmission baseline of 23.4 percent.

by Nora Super  
January 31, 2017

**AHIP 2017**  
AHIP Institute & Expo  
The Essential Event for the Health Care Industry  
JUNE 7-9, AUSTIN, TX

AHIP thanks our sponsors [Become a sponsor](#)



# Outreach to Health Care

Established Integrated Care Advisory Committee (ICAC) to inform the Advanced Learning Collaboratives regarding the perspectives of the health care systems and payers.



# RFI Survey

To Take the Pulse of CBO-Health Care Partnerships



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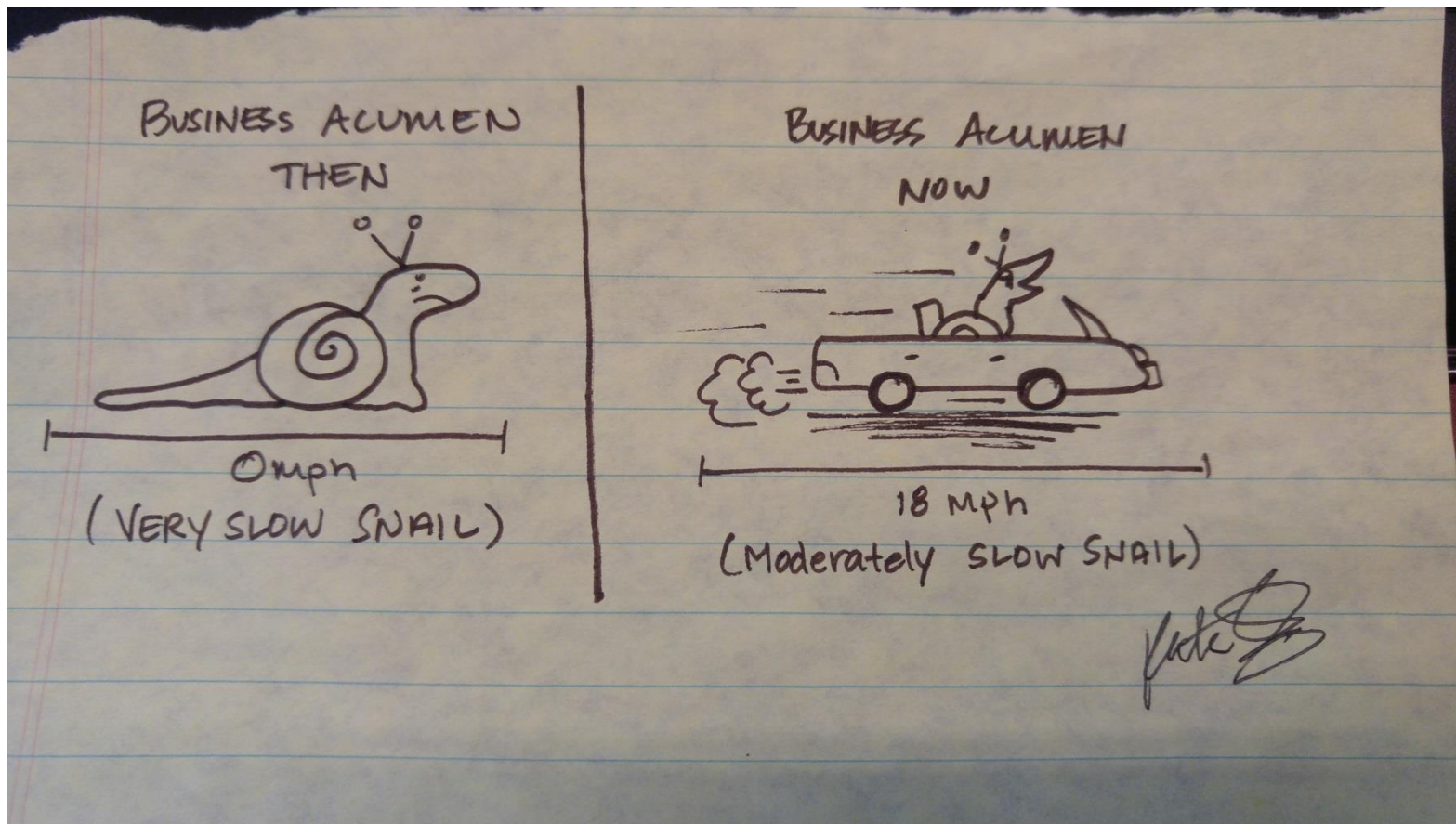


# Preliminary Results... shhh!

Agency	Yes	Pursuing	No	Total
AAA	144	63	144	351
CIL	39	15	65	119
CBO	43	21	46	110
TOTAL	226	99	255	580



# Progress...



# Factors Contributing to Success

- Advocacy
- Relationships with hospitals, HCBS providers, consumers
  - Creating champions and building partnerships
- Outcomes and proof of value... Data!
  - Proven results
- “One-Stop Shop” network model = capacity

*“Be invaluable so they (health care) can’t afford NOT to do business with you.”*

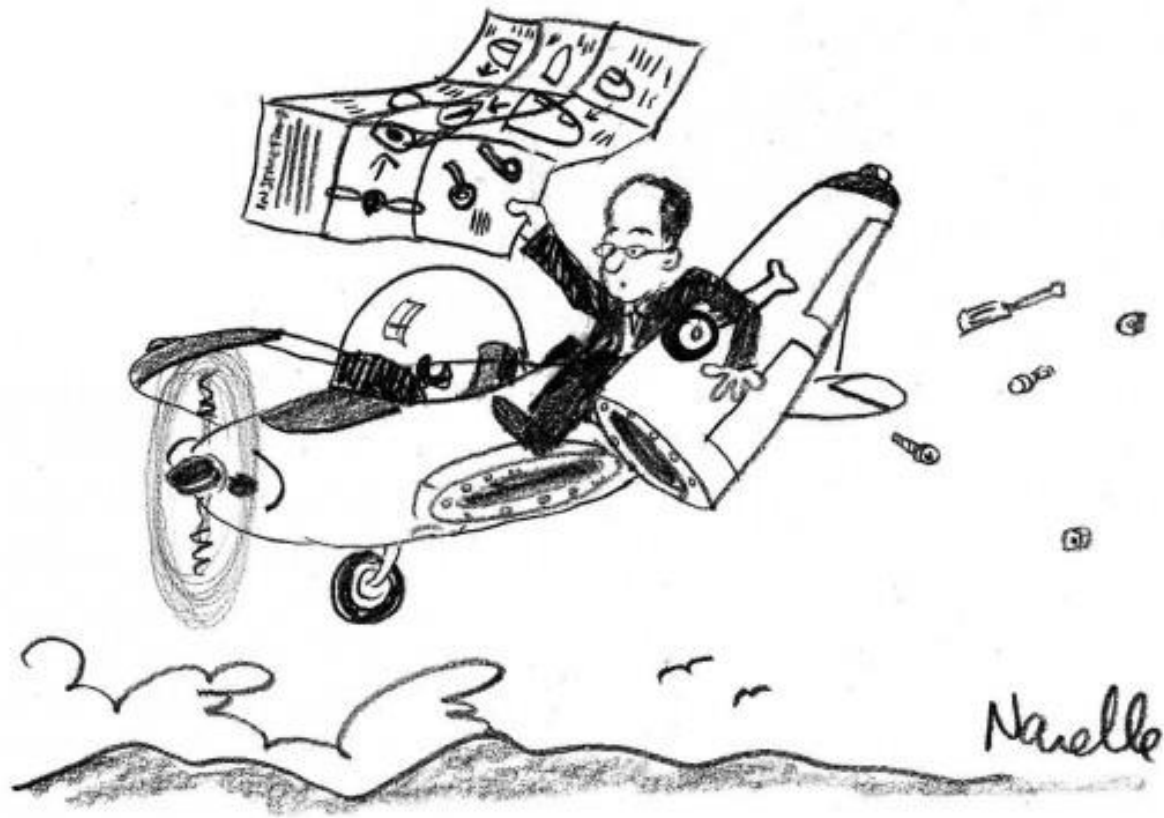
# Advice and Lessons Learned

- Start to build it before they come
- Be proactive
- Create on-going QI and evaluation processes
- Go above and beyond & have a “can do” attitude  
ALWAYS!
- Address provider’s core needs/problems and identify additional opportunities
- Look at outcomes broadly



# Advice and Lessons Learned Continued

- Take advantage of opportunities and focus on performance
- Be prepared, be flexible and tailor your services
- Truly understand contract details and expectations
- This work requires culture change at all levels of the organization
- Data! Data! Data!



**EUGENE KIM AND THE WONDERS OF INFLIGHT CONSTRUCTION**



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