



Measuring the Value of AAA Services

Making the Case to Health Care Partners

A Return-on-Investment Survey of Area Agencies on Aging

**NATIONAL ASSOCIATION OF
AREA AGENCIES ON AGING**



advocacy | action | answers on aging

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Introduction

Older adults rely on services provided through the nation's network of Area Agencies on Aging (AAAs) to address common issues associated with aging. AAAs help older adults age in their homes and communities by offering a system of services and supports, including in-home services, nutrition programs, case management, transportation, caregiver support, elder abuse prevention and intervention services and more. However, AAAs face two concurrent pressures. First, the aging population in the United States is growing faster than ever before. In just over a decade, by 2030, more than 70 million Americans¹—one in five individuals—will be age 65 or older. Second, AAA funding from traditional funding sources such as the Older Americans Act has largely been stagnant over the last decade.²

As a result, many AAAs are looking to other sources of sustainable revenue for the services and supports they provide—such as partnerships with health care systems—as a way to diversify their funding streams while maintaining a focus on enabling older Americans to age successfully in their homes and communities. Simultaneously, health care entities are more interested than ever before in working with community-based organizations (CBOs) like AAAs as they strive to improve health outcomes while keeping costs contained. These shifts have created opportunities for AAAs to engage with health care partners in formal relationships that benefit AAAs, health care organizations and the individuals who receive services. *However, in order to establish formal agreements with health care entities, AAAs often are required or incentivized to demonstrate the financial value that their services bring to these partnerships.*

This report highlights results from a poll conducted by the National Association of Area Agencies on Aging (n4a) that gathered information on how AAAs measure the financial value of their services and how they leverage this data to establish and/or sustain relationships with health care entities.

Health Care and AAA Context

In recent years, as health care costs have continued to rise, both public and private health care payers have shifted their payment

As more AAAs develop—or seek to develop—contracts with health care entities that pay them for the services they provide, being able to demonstrate the value of AAA services becomes increasingly important.

models to focus on value, as opposed to volume, of care. The health care sector has also increasingly become aware that addressing social issues can improve overall health care quality while lowering costs. Known as the social and behavioral determinants of health, these issues include access to housing, employment, nutritious food, community services, transportation and other social supports. This increasing recognition of the importance of the social determinants of health and the introduction of a variety of policies incentivizing payment for value have created new opportunities for contracting between AAAs and health care entities.

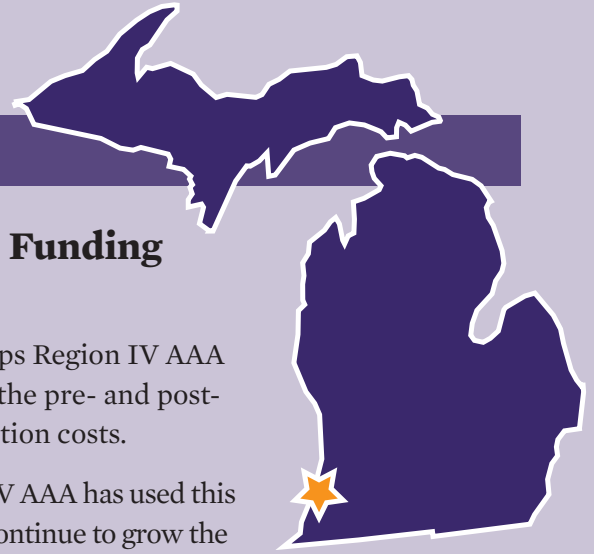
When negotiating with health care entities or making the case to government payers for increased funding, AAAs are often required to make their business case to potential partners by presenting the financial value, or return on investment (ROI) of the services they provide and justifying the reimbursement rates they seek.

AAAs often must develop a value proposition to demonstrate to potential health care partners that contracting with AAAs to provide these services is preferential to providing them in-house. Before contracting with AAAs, health care entities typically need to know how much profit or cost savings will be realized as a result of the partnership. As more AAAs develop—or seek to develop—contracts with health care entities that pay them for the services they provide, being able to demonstrate the value of AAA services becomes increasingly important.

These value measures can take the form of robust calculations such as return on investment, a measure used to evaluate the net benefit of an investment compared to its cost. AAAs can also calculate the amounts their programs save payers. For example, a AAA contracted to provide care transitions programs to a hospital could calculate the amount the hospital would save due to reduced readmissions.

A 2017 survey conducted by n4a through the Aging and Disability Business Institute shows that many AAAs hold contracts with health care entities. The survey also found that there is an increasing level of AAA participation in integrated care initiatives, which often present opportunities for funded agreements with health care entities. In addition, the poll found that 41 percent of responding AAAs report contracts with health care entities,

CASE STUDY



Using Data to Find Sources of Sustainable Funding Region IV AAA in St. Joseph, Michigan

Region IV AAA in St. Joseph, Michigan operates an Interagency Care Team (ICT) program that connects people who have multiple chronic health conditions that require ongoing services and supports to flexible interagency care teams that promote self-direction and person-centered planning to achieve positive health outcomes. Region IV AAA partners with InterCare Community Health Network, a Federally Qualified Health Center (FQHC); Caring Circle, a hospice, palliative care and visiting physicians' provider; and Lakeland Hospital System (primary care, specialty care, hospitals, and rural health clinics) on this initiative. Region IV AAA provides health coaching and care management for people who are dually eligible for Medicare and Medicaid or have multiple chronic conditions. The Berrien County Health Department evaluates the program, and outcome measures include health care costs, knowledge of outside assistance, knowledge of medication and knowledge of healthy behaviors. They measure the impact on health care costs, and have found a more than **30 percent decrease** in health care costs six months after enrollment.

To track this data, the team uses a web-based tool to communicate and coordinate care, tracking data points such as identified barriers and connection to community resources. However, this tool does not communicate with hospital and FQHC electronic health records. In order to access data on cost, the project coordinator works with the administration and finance departments in the health system and FQHC to pull charge data for enrolled patients. The evaluation firm

then helps Region IV AAA analyze the pre- and post-intervention costs.

Region IV AAA has used this data to continue to grow the program and find sources of sustainable funding by looking at what pieces of ICT work can be billed through Medicare. They are now a Medicare provider and are currently billing for Medical Nutrition Therapy through the ICT. Region IV AAA also plans to target HEDIS measures that physicians are held to and build a traditional Medicare product around those codes and measures.

n4a staff conducted brief, in-depth interviews with select agencies to learn more about how they calculate the financial value of their services, what their experiences in measuring value and collecting data have been like, and challenges they have encountered.



with an additional 18 percent reporting that they are pursuing contracting opportunities. Forty-one percent responded that they do not have contracts and are not pursuing them.³ The most common health care partners reported are Medicaid Managed Care Organizations (33 percent), hospitals/health systems (32 percent) and Medicare/Medicaid Duals plans (25 percent). Fifty-six percent of AAAs responded that they provide case management/care coordination/service coordination in contracts, with 38 percent providing care transitions/discharge planning, and 31 percent providing nutrition services.⁴

Additionally, the *2017 National Survey of Area Agencies on Aging* found that 63 percent of AAAs participate in some form of integrated care opportunity. Of these AAAs, 34 percent are participating in Medicaid 1915(c) waiver programs. Other common integrated care initiatives include Veteran-Directed Home and Community-Based Services (25 percent), and Medicaid Managed Care 1915(b) waiver programs (14 percent). Additionally, 15 percent of AAAs reported funding from a health care payer (e.g., hospital, health plan).⁵ While wide diversity exists among AAAs in the level of their business acumen and the extent to which they are contracting with health care partners, the trend towards further integration of health care and community-based services seems likely to continue.

n4a has provided guidance and technical assistance since 2007 to enhance the capacity of AAAs by providing research, analysis and technical assistance through its Capacity Building initiative, funded through the U.S. Administration on Aging (AoA), a part of the Administration for Community Living (ACL). Further support for the Aging Network has been provided through the ACL-funded Business Acumen Initiative, launched in 2012 to assist community-based aging and disability organizations in developing business skills to better build relationships with health care providers and payers. In 2016, with funding from The John A. Hartford Foundation, The SCAN Foundation, ACL and others, n4a launched the Aging and Disability Business Institute, in partnership with some of the nation's leading aging and disability experts, to provide CBOs with the tools and resources they need to successfully adapt to a changing health care environment.

Methodology

Under a grant from AoA, n4a disseminated a poll with the aim of gathering information on the extent to which and methods that AAAs use to estimate the value of services provided by their agencies. The poll contained 12 questions and was conducted between November 2017 and January 2018.

The poll was disseminated to all 622 Area Agencies on Aging and received 137 responses, for a 22 percent response rate. It should be noted that AAAs that are measuring the value of services may have been more likely to complete this poll, which may be the reason that the response rate for this poll was lower than the 40 percent response rate that n4a typically uses as a threshold to ensure a representative sample. The data included in this report is based on the poll results, as well as follow-up interviews with four of the responding AAAs.

The poll assessed several issues, including:

- Whether AAAs measure the financial value of AAA services,
- How AAAs calculate the financial value of those services [e.g. ROI, savings to payer from reduced hospitalizations, bonuses or reductions in penalties from improvement in HEDIS (Healthcare Effectiveness Data and Information Set) measures or Star Ratings],⁶
- Services for which AAAs calculate ROI,
- Whether tracking ROI has helped AAAs secure funding,
- Challenges in calculating the financial value of services, and
- Areas where additional technical assistance is requested.

Upon completion of the poll, n4a conducted in-depth interviews with four respondents to gain a deeper understanding of how their agencies assess value, best practices, challenges and successes. Interviews were conducted with the Ohio District 5 Area Agency on Aging, Area Agency on Aging & Disabilities of Southwest Washington, Senior Connections in Virginia, and the Region IV Area Agency on Aging in Michigan.

CASE STUDY

Tracking the Value of Hospital and No Wrong Door Partnerships Senior Connections in Richmond, Virginia



Senior Connections, a AAA whose service region covers seven counties and the city of Richmond, Virginia, has used data on the financial value of its services to support both its partnerships with hospital systems and its No Wrong Door programming. In addition, Senior Connections has leveraged data in order to receive additional local funding through its participation in Virginia's No Wrong Door program, a virtual, statewide network of community-based providers, including the Bon Secours Health System, that allows data sharing and referrals between partners. This system enables people with long-term services and supports needs to more easily access all needed supports no matter which agency or organization they contact first.

The No Wrong Door Communication, Referral, Information and Assistance (CRIA) system allows Senior Connections to collect more information about gaps in services and to follow up on referrals that they make to other organizations. Senior Connections is developing logic models for all of its programs to define and document performance measures they can then match with No Wrong Door value data. They then calculate the cost of services to each local government, which enables them to make the case that they are saving the local government money by providing these services on a regional basis. This practice has increased the revenue they have received from rural areas.

Senior Connections works with the Virginia Commonwealth University (VCU) Health System to provide care transitions services

across the state. **VCU Health System has seen its readmission rate decrease from 15 percent to nine percent.** Senior Connections has used No Wrong Door data to project the cost-savings of care transitions services, including care coordination, case management and nutrition programs, by assessing program costs and savings due to decreases in readmissions.

n4a staff conducted brief, in-depth interviews with select agencies to learn more about how they calculate the financial value of their services, what their experiences in measuring value and collecting data have been like, and challenges they have encountered.



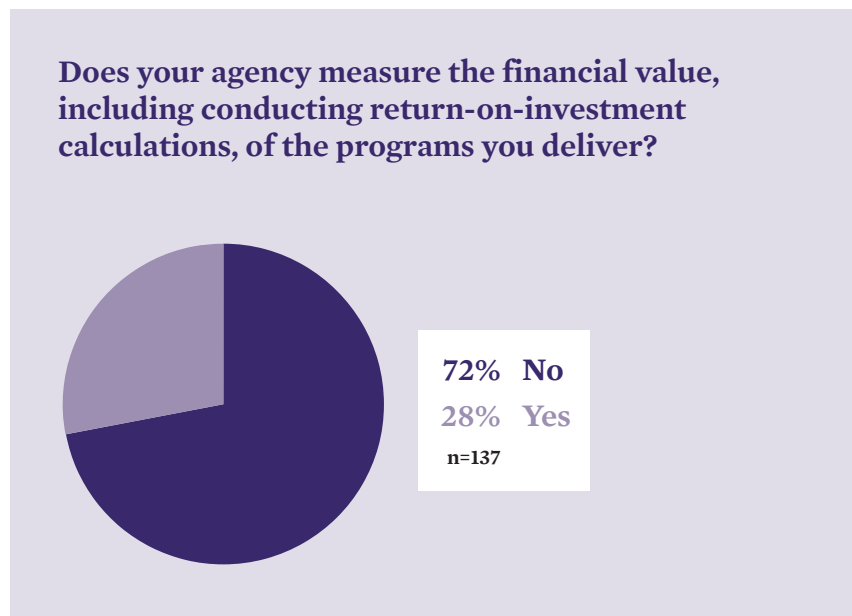
Findings

More Than One-Quarter of AAAs Currently Measure the Financial Value of Their Services

Twenty-eight percent of AAAs reported that they currently measure the financial value of their services while 72 percent reported that they do not.

As noted earlier, a recent survey conducted by n4a's Aging and Disability Business Institute found that 41 percent of AAA respondents report holding contracts with health care entities and an additional 18 percent of AAAs report that they do not yet have contracts but are pursuing such opportunities. This may indicate that there are opportunities for more AAAs to collect financial value data on services to further reinforce the value of existing partnerships, as well as to assist them as they establish new partnerships.

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Tracking the ROI of Individual Programs is the Most Common Way AAAs Measure the Value of Their Services

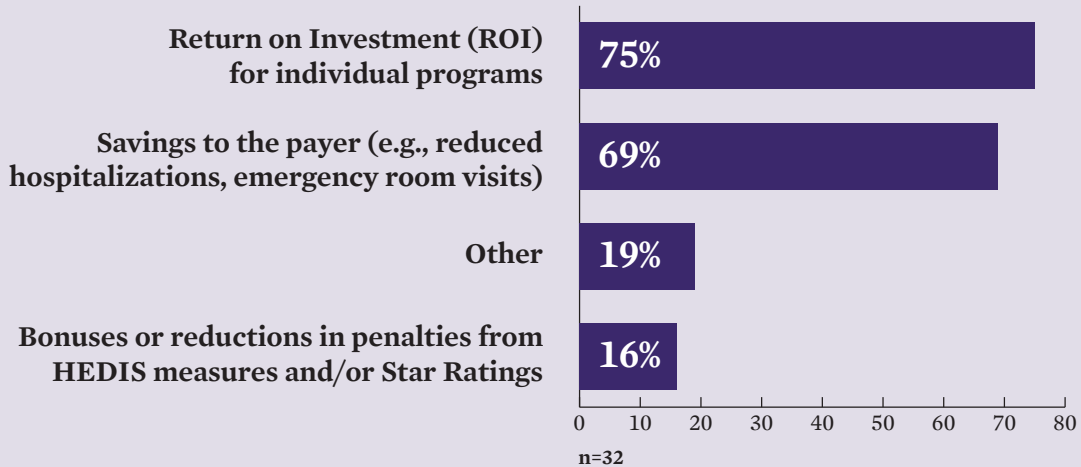
Of the AAAs that calculate financial value, the majority (75 percent) responded that they calculate ROI for individual services. ROI, for the purposes of this poll, is defined as a measure used to evaluate the efficiency of an investment calculated using this formula:

$$\mathbf{ROI} = \frac{\text{Total Savings from Program} - \text{Total Cost of Program}}{\text{Cost of Program}}$$

ROI measures the amount of profit relative to the investment's cost and is usually expressed as a percentage.

Additionally, 69 percent of AAAs responded that they measure savings to the payer and 16 percent reported that they calculate bonuses or penalties based on Healthcare Effectiveness Data and Information Set (HEDIS) or Star Ratings. Other AAAs reported that they measure the value of donations made to the AAA, cost savings to public payers and cash value of benefits obtained for individuals through benefits enrollment.

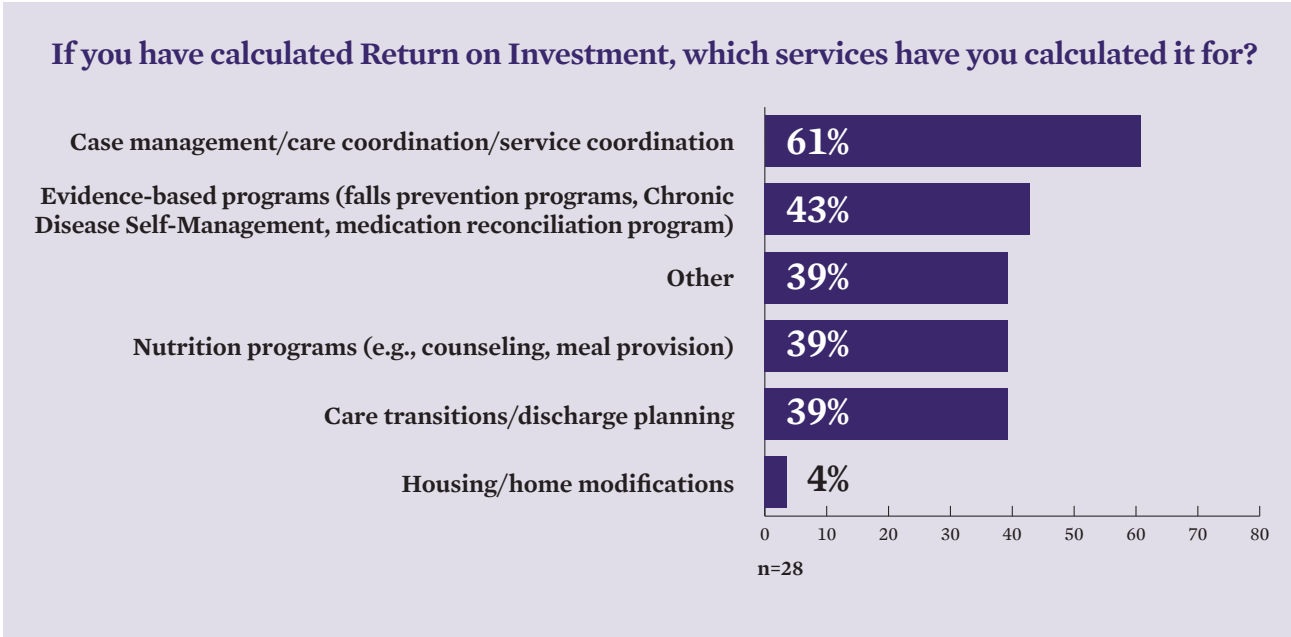
Which measures of financial value do you calculate or track to make a case to health care payers?



ROI is Most Commonly Calculated for Case Management and Evidence-Based Programs

When asked about the services for which they calculate ROI, 61 percent of AAAs responded that they calculate ROI for case management/care coordination/service coordination services, 43 percent responded that they calculate ROI for evidence-based health promotion/disease prevention programs (such as the Chronic Disease Self-Management Program), and 39 percent for care transitions/discharge planning. AAAs also responded that they measure ROI for housing/home modifications, in-home services, transportation, insurance and State Health Insurance Assistance Program (SHIP) counseling, as well as for the Foster Grandparent Program.

Case management is one of the services most commonly offered by AAAs. The *2017 National Survey of Area Agencies on Aging* found that 82 percent of AAAs offer case management, which is also the service most frequently provided in contracts. Case management, which assists beneficiaries in connecting with and navigating home and community based services, has emerged as a key strategy in the effort to lower costs and improve outcomes. AAAs in a number of Financial Alignment demonstrations (for those dually eligible for both Medicare and Medicaid) and managed long-term services and supports programs are contracted to provide this service.⁷



AAAs Are Using Financial Value Data to Make a Better Business Case

When asked why they calculate value, the majority of AAAs reported that they do so to make a better business case for potential health care partners (89 percent). An additional 30 percent of AAAs responded that their funder or current partner requires this data, and 30 percent responded that their board or senior leadership requires that they calculate value. Others responded that they measure value to use when they advocate to state officials and other funders.

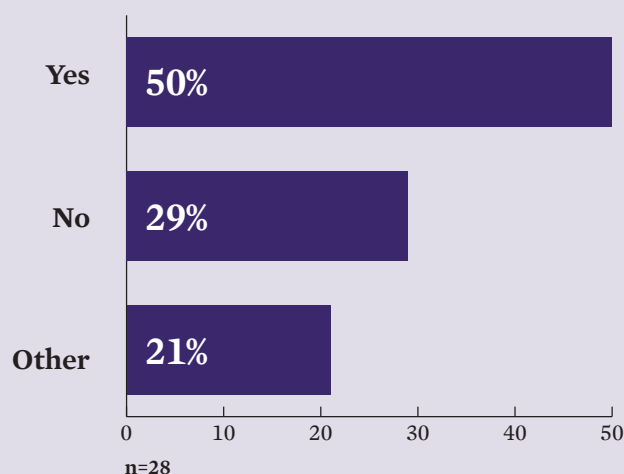
Additionally, AAAs interviewed for this report emphasized the importance of measuring value to connect with the new opportunities offered by health care partners, or to make the case to local governments and other funders that their services should be prioritized. AAAs stated that, as a result of tightening budgets at the federal and state levels, they must diversify their funding streams and try to take advantage of growing opportunities with health care partners.



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Of the 28 agencies reporting that measuring value helped their agency secure funding, 36 percent had secured funding from a hospital or health system, 36 percent received grants from a local government or foundation, 21 percent reported funding from a Medicaid Managed Care Organization and 21 percent responded that they had secured funding from a Medicare/Medicaid Duals plan. Respondents also reported contracts or funding from the Veterans Administration, Medicaid, health center, long-term care facility, Medicare or primary care entity. Some AAAs interviewed for this report noted that programs such as the Community-Based Care Transitions Program (CCTP) had opened doors for them or others in their region, as they had been able to demonstrate initial success in reducing hospitalizations.

Has measuring financial value helped your organization secure funding?



AAAs can use improvements in these numbers to make the case for their continued partnerships with health care plans, or to point to measures where plans need improvement in order to make a case for a new or expanded contract.

Other Ways that AAAs Measure Value

AAAs have also been able to make the case for partnership using less precise measurements that do not correspond directly to a dollar amount but may have implications for the partners' bottom line. Eighty-nine percent responded that they track consumer satisfaction, with 23 percent reporting that they track increased compliance with care plans. Four percent responded that they track improved HEDIS measures, while three percent track improvement in Star Ratings.

While few AAAs reported measuring data that relates to HEDIS measures or Star Ratings, these may be areas ripe for further exploration. More than 90 percent of health plans use HEDIS to track quality. These measures assess how well plans are performing by using metrics such as controlling diabetes, high blood pressure and other chronic diseases—measurements that AAAs can address through their programs. AAAs can use improvements in these numbers to make the case for their continued partnerships with health care plans, or to point to measures where plans need improvement in order to make a case for a new or expanded contract.

Medicare health plans, including Medicare Advantage and Medicare Part D plans, are rated using the Star Rating system. These ratings are publicly available performance ratings that

CASE STUDY



Generating Savings from Home Repair and Modifications

Ohio Region 5 Area Agency on Aging in Ontario, Ohio

Ohio District 5 Area Agency on Aging, Inc. in Ontario, Ohio, has long had one of the state's most well-defined home repair programs. Since 1999 they have received competitive grants totaling just under \$6 million from the state of Ohio to provide home repairs. To use the funds in the most cost-effective way, the AAA employs a contractor with

expertise in home modifications who writes and awards bids from vendors for projects such as the installation of ramps and roofs, as well as bathroom modifications. The contractor is knowledgeable about appropriate prices for modifications and is also able to work with vendors to develop and design appropriate home modification plans, in collaboration with the case managers.



When the AAA integrated this program into the Medicaid waiver for adults older than 60, they ultimately reduced overall spending on home repair jobs by 45 percent.

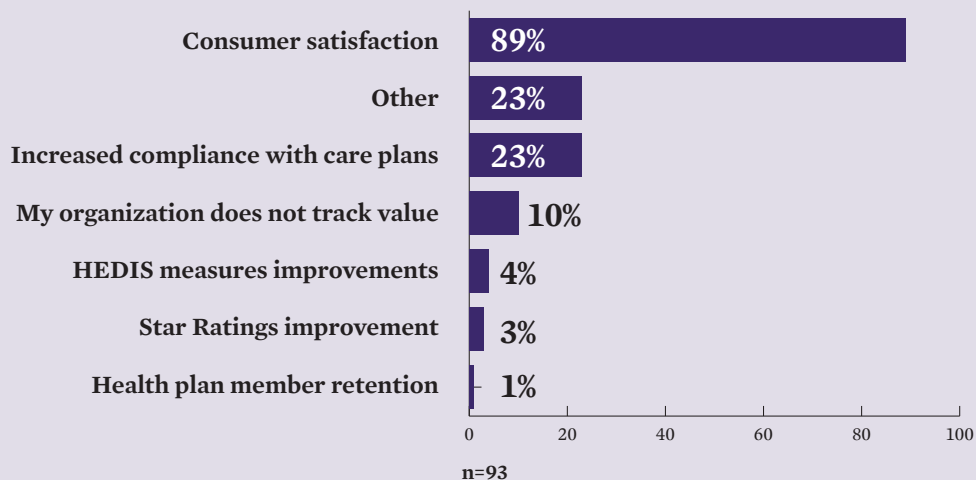
Before adding the contractor, licensed case management staff were awarding home repair bids. The AAA also contracted with two other Ohio AAAs to perform this work on their behalf. This service line (Home Modification Administration) has become a core competency of the AAA, which is actively marketing this service to other home modification organizations and funders that want to increase quality, improve customer satisfaction and reduce costs associated with delivering home modification services.

n4a staff conducted brief, in-depth interviews with select agencies to learn more about how they calculate the financial value of their services, what their experiences in measuring value and collecting data have been like, and challenges they have encountered.

Information technology is an ongoing challenge for AAAs.

consumers can use to assess and compare plans. Star Ratings frequently address dimensions that a AAA partner could impact, such as customer service, member experience and how well the plan manages chronic conditions. Plans with four or more stars receive bonuses from the Centers for Medicare & Medicaid Services (CMS) and are more likely to have higher enrollment. In addition, those with five stars have the benefit of being able to enroll members year round. HEDIS measures are an important component of the ratings of these plans. Certain types of consumer satisfaction measures are also components of Star Ratings.

What other measures of value do you track?



IT Infrastructure is a Challenge for Calculating Financial Value of Services

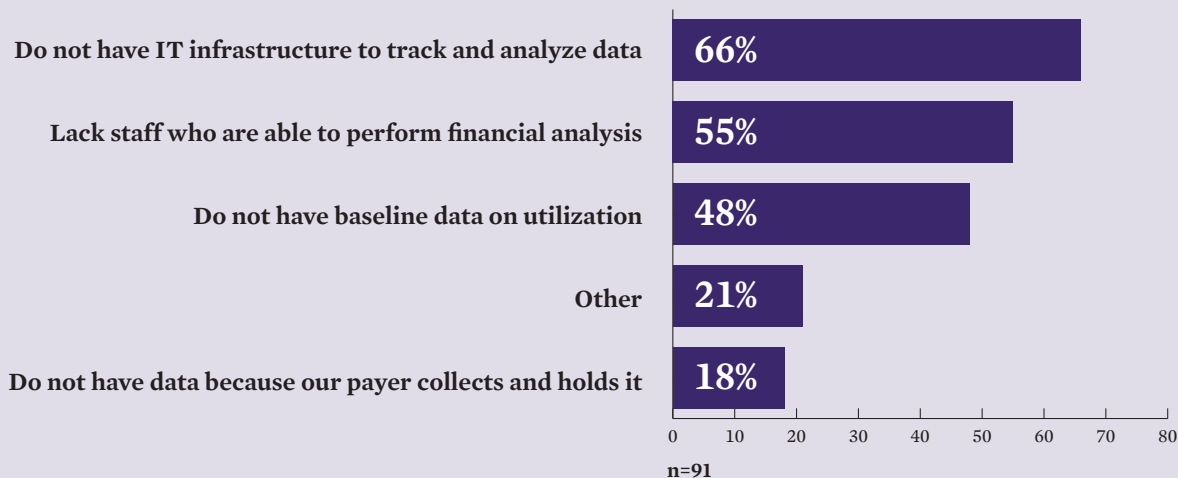
When asked what challenges they experience in calculating value, 66 percent of AAAs reported lacking information technology (IT) infrastructure. Information technology is an ongoing challenge for AAAs, as indicated in these poll results, and further detailed in n4a's 2016 report, *Information Technology in Area Agencies on Aging: Report from the 2015 National AAA Survey*. The 2016 IT report found that the most common information technology challenges experienced by AAAs were the initial high cost of IT systems, the cost of upgrading computers to stay current, data

While agencies often have anecdotal data on outcomes for their clients—for example, whether they were readmitted to the hospital—they do not have detailed data on costs and other outcomes because the hospitals and other payers do not share this data with them.

exchange with outside organizations, the costs of data protection, security and cyber insurance, and needing a system that works with multiple outside systems.⁸ Many AAAs are required by their funders to use multiple IT systems, which results in duplicate data entry, as well as separate systems that may not communicate with each other.

Additionally, 55 percent of respondents indicated they lack staff to perform financial analysis, 48 percent responded that they don't have baseline data on utilization, and 18 percent reported that they do not have the data because their payer collects it but does not share it with them. AAA open-ended responses indicate that limited staffing was a barrier to conducting a more sophisticated analysis. With half of AAAs having 20 or fewer full-time staff, respondents reported that staff have other priorities. Discussions with key respondents also indicated that, while agencies often have anecdotal data on outcomes for their clients—for example, whether they were readmitted to the hospital—they do not have detailed data on costs and other outcomes because the hospitals and other payers do not share this data with them.

What challenges have you encountered in calculating financial value of services?



Technical Assistance Requests from AAAs

AAAs were also asked about technical assistance topics that would further assist them with tracking ROI on services. Consistent with the most frequently reported barriers to value measurement, the most common types of technical assistance requested related to baseline data, data collection and IT systems. For example, individuals requested training on accessing sources of local data, guidance in calculating the costs of services, and how to calculate or estimate averted costs from prevented hospitalizations or nursing home entry. In terms of IT, respondents were largely interested in information on developing or identifying appropriate IT infrastructure. Respondents also requested tools and financial models to assist them in measuring value.

Conclusions

Many AAAs have begun to recognize the importance of value measurement in terms of ROI and savings to payers as important tools to demonstrate their efficacy and form partnerships.

Results from the n4a poll indicate that many AAAs have begun to recognize the importance of value measurement in terms of ROI and savings to payers as important tools to demonstrate their efficacy and form partnerships. Responses show there are opportunities for training and technical assistance to support additional AAAs as they embark on this important work.

Twenty-eight percent of AAA respondents state that they currently measure the financial value of services, with the most common services measured being care coordination/care management and evidence-based health promotion/disease prevention programs. The majority of AAAs (89 percent) responded that they are collecting this information to make a better case to potential partners and funders, including local government, health care providers and foundations.

In addition, 28 percent of AAAs have successfully used value measurement to make a case for more funding and partnerships. Furthermore, key respondent interviews indicated that AAAs were able to use outside evaluations of pilot programs and demonstrations to assist in growing and developing partnerships. For example, Senior Connections in Virginia was able to grow partnerships with local hospitals as a result of the successes of their Community-Based Care Transitions Program. The Area Agency on Aging and Disabilities of Southwest Washington was

CASE STUDY



Using CMS Data to Negotiate Rate Increase Area Agency on Aging and Disabilities of Southwest Washington in Vancouver, Washington

Organizations do not necessarily need to calculate ROI themselves to leverage its use to substantiate value of services to payers. This was the case for the Area Agency on Aging and Disabilities of Southwest Washington (AAADSW). Washington is participating in the Managed Fee-for-Service track of the CMS Financial Alignment Demonstration and uses the Health Home model to provide coordinated care to Medicaid clients, including dually eligible beneficiaries.

AAADSW is participating in this initiative as a “Care Coordinating Organization,” contracting with managed care organizations designated as health home lead entities to engage high-risk Medicaid and dual-eligible enrollees. The care coordinators contact clients who have been

designated by the state as high risk, assess their needs and work with them to create health action plans with short and long-term health goals. They perform monthly home visits, reassess the health plan at least every four months, and work with clients to help them manage their health conditions, meet their health goals and connect them to services.

A CMS evaluation of the Washington demonstration found that, statewide, the program saved \$67 million in Medicare costs in two years. While the Managed Care Organization (MCO) payments to AAADSW covered the staff costs, they were not enough to cover the new program’s administrative costs. The Executive Director used the evaluation to negotiate rate increases from two of the three

MCOs that provided them with the most referrals, receiving an increase that could cover all of their costs. In addition, the Washington State Legislature approved an increase to the Health Home reimbursement rate for the 2017-2018 budget, further solidifying the Health Home program.

n4a staff conducted brief, in-depth interviews with select agencies to learn more about how they calculate the financial value of their services, what their experiences in measuring value and collecting data have been like, and challenges they have encountered.



The ability to demonstrate how AAA services can improve the bottom line for health care partners reinforces the value that AAAs bring to health care partnerships and supports the development of additional partnerships.

able to make a case for higher reimbursement rates as a result of an evaluation for CMS that found significant Medicare savings from Washington’s Financial Alignment Demonstration in which AAAs played an active role.

Although AAAs are increasingly measuring the value of their programs and services, the poll results also indicate that this is an area that many AAAs continue to find challenging. Data collection is an ongoing challenge, and AAAs continue to have difficulty accessing data from health care partners. Many of the AAAs that have been successful in measuring value and leveraging further funding have had access to data, whether through a partner, outside evaluator or data system such as Virginia’s No Wrong Door system.

The most common challenge reported, however, is the lack of sophisticated IT systems to collect and analyze data. As reported in n4a’s 2016 report, *Information Technology in Area Agencies on Aging: Report from the 2015 National AAA Survey*, AAAs are beginning to address these challenges—whether by leveraging investments made in programs such as CCTP, or building customized IT platforms. Meanwhile, policymakers have continued to increase their focus on social and behavioral determinants of health and value in the health care sector, aligning in particular around changes to the Medicare Advantage program that could create significant opportunities for AAAs.⁹

The recent Bipartisan Budget Act expands the types of supplementary benefits that Medicare Advantage plans may provide to chronically ill beneficiaries to include those that are not primarily health-related, such as ramps or home-delivered meals. Other recent policy recommendations also encourage the incorporation of metrics related to the social and behavioral determinants of health in measures of quality, including the Star Rating systems used to rate and compare Medicare Advantage plans.¹⁰ Such a focus would enhance the ability of AAAs to make a business case to potential health partners, in addition to improving the integration of health care and social supports for older adults and people with disabilities.

Moreover, more than 20 states currently have managed long-term services and supports programs, with more states developing or considering such programs. A recent survey conducted by n4a’s

Aging and Disability Business Institute found that Medicaid MCOs have become important partners for AAAs and other community-based organizations.¹¹ AAAs seem to have an easier time developing value propositions for Medicaid MCOs, perhaps because the services that AAAs provide have more traditionally been covered by Medicaid. AAA experience with Medicaid can be used to demonstrate the value of services to move similar partnerships forward and to establish new partnerships with other health care opportunities.

The ability to demonstrate how AAA services can improve the bottom line for health care partners reinforces the value that AAAs bring to health care partnerships and supports the development of additional partnerships. Policy shifts in the health care arena—whether it is the shift to Medicaid managed care, the recognition of the impact of the social and behavioral determinants of health, changes to Medicare Advantage plans or initiatives that resulted from the Affordable Care Act—make it clear that opportunities for partnerships between AAAs and the health care sector will continue to multiply. However, to fully realize these opportunities, ongoing support will be needed to assist AAAs with ROI data needs, collection methods, and ongoing challenges such as a need for robust IT and data systems.

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About n4a

The National Association of Area Agencies on Aging (n4a) is a 501(c)(3) membership association representing America's national network of 622 Area Agencies on Aging (AAAs) and providing a voice in the nation's capital for the more than 250 Title VI Native American aging programs.

The fundamental mission of the AAAs and Title VI aging programs is to develop services that make it possible for older adults to remain in their homes, thereby preserving their independence and dignity. These agencies coordinate and support a wide range of home and community-based services, including information and referral, home-delivered and congregate meals, in-home assistance, transportation, caregiver supports, evidence-based health promotion/disease prevention programs, employment services, adult day care and more.

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