



Are we saying the same thing?

The Language of Long Term Services and Supports and Managed Care

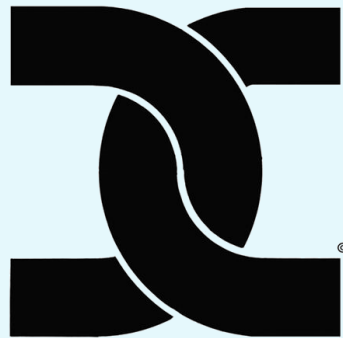


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www.nasud.org

Today's Presenter

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American Association on Health & Disability



American Association on Health and Disability

A rose by any other name...

Why is terminology important?

- Carefully defined terminology enables people in a particular industry to communicate clearly
- Proper terminology is concerned with the relationship between concepts
- Terminology is linked with specialist knowledge and hence with languages for special purposes
- Terminology shapes our perspective and frame of reference
- Different fields, populations and organizations have different levels of understanding and use of various cultural and business terms

Miscommunication

...easier said when said



What do you mean?

...Miscommunication starts with interpretation

- Quality
 - CBO: consumer is happy with the service I provided
 - Payer: service has resulted in better outcomes (medical, social, etc)
- Value Proposition
 - CBO: improved quality of life
 - Payer: improved outcomes, reduced medical costs

Integrating Care: **....easier said than done**

- Different Organizations
- Different Fields
- Different Populations

Why is it so difficult to understand one another?

Community Based Organizations

- Centers for Independent Living
- Developmental disability organizations
- University Centers for Excellence in Developmental Disabilities Education, Research & Service
- Behavioral health organizations
- Protection and Advocacy Agencies
- Aging and Disability Resource Centers
- Area Agencies on Aging
- Aging services organizations
- Faith-based organizations
- Native American tribal organizations (American Indian/Alaskan Native/Native Hawaiian)
- Nutrition program providers
- Other local service providers for persons with disabilities and/or older adults.

Integrated Care Organizations

- Accountable Care Organizations (ACO)
- Health Homes
- Independent Practice Associations (IPA)
- Managed Care Organizations (MCO)
- Patient Centered Medical Home
- Prepaid Ambulatory Health Plan
- Prepaid Inpatient Health Plan

Service Delivery

- **Primary Care Case Management**: the state Medicaid agency contracts with primary care providers to provide, locate, coordinate, and/or monitor care for Medicaid beneficiaries who select them or are assigned to them.
- **Telehealth and Telemedicine**: remote delivery of healthcare by a range of options, including by landline or mobile phones and the internet.

Paradigms of Disability

Medical Model vs. Social Construct

- Differences in:
 - Framework
 - Focus of concern
 - Problem
 - Role of the provider
 - Model for decision making
 - Plan of care
 - Possible interventions
 - Desired outcomes

Paradigms of Disability

	Medical Model	Social Construct
Framework	Emphasizes functional limitations	Emphasizes barriers & societal attitudes

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Desired Outcomes	Reflects professional goals	Reflects personal goals

Paradigms of Disability

Goals and approach can be very different – but complementary to one another.

Language is Important!

- Federal Authorities: Rules and Regulation
- Business Terminology
- Insurance Terminology
- Reimbursement
- Service Delivery

Common Ground:

The intersection between services and payers

- Social Determinants of Health
 - *The care provided in the community impacts the medical care managed by health plans*
- Contracting Strategies
 - *This may result in different ways to contract for services*
 - Value-based purchasing
 - Risk based contracting
 - Performance based contracting

Social Determinants of Health

CDC definition: Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH)

Factors that affect SDOH include:

- *Housing*
- *Food*
- *Transportation*
- *Utility*
- *Safety*

<https://www.cdc.gov/socialdeterminants/>

Social Determinants of Health

People with disabilities:

- Have double the unemployment rate among those within the workforce
- About 35% more likely to have less than a high school education
- Less likely to report sufficient social & emotional support

Source: Krahn, et.al. (2015). Persons with Disabilities as an Unrecognized Health Disparity Population. *American Journal of Public Health*.

Accountable Health Communities: Core Health-Related Social Needs Screening Questions

Housing Instability

1. What is your housing situation today?
2. Think about the place you live. Do you have problems with any of the following? (Bug infestation; Mold; etc.)

Food Insecurity

3. Within the past 12 months, were you worried that your food would run out before you got money to buy more?
4. Within the past 12 months, did the food you buy not last and you didn't have money to get more?

Transportation Needs

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

Source: National Academy of Sciences, "Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool"

<https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf>

Accountable Health Communities: Core Health-Related Social Needs Screening Questions

Utility Needs

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

Interpersonal Safety

7. How often does anyone, including family, physically hurt you?
8. How often does anyone, including family, insult or talk down to you?
9. How often does anyone, including family, threaten you with harm?
10. How often does anyone, including family, scream or curse at you?

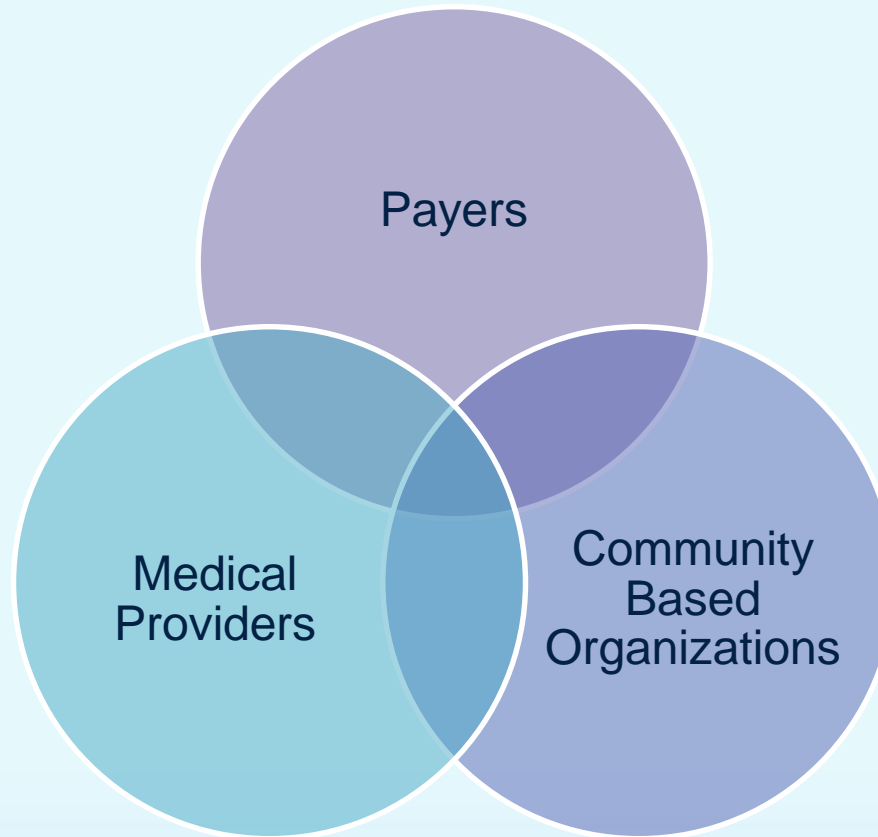
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Life happens in the home: How a CBO impacts Social Determinants of Health

- ‘Eyes on’ the home environment
 - Assist with finding and maintaining housing
 - Assist with accessibility and safety in the home
 - Assist with maintaining healthy food options
- ‘Eyes on’ the individual
 - Quickly identify changes in condition
 - Identify when interventions are not working
- Access to community services
 - Assist with transportation
 - Connect with resources (churches, funding programs for misc services (utilities), etc.)

Outcomes and Expectations



Data: Collection to Decision Making

- **Data Collection** – data collection is the process of gathering and measuring information on targeted variables in an established systematic fashion, which then enables one to answer relevant questions and evaluate outcomes.
- **Analytics** – discovery, interpretation, and communication of meaningful patterns in data.
- **Data Driven Decision Making** – an approach to business governance that values decisions that can be backed up with verifiable data.

Demonstrating Value: Return on Investment

- **Return on Investment** – measures the amount of return on an investment relative to the investment's cost.
- **Health Outcomes Metrics** – measures used to assess the performance of individual clinicians, clinical delivery teams, delivery organizations, or health insurance plans in the provision of care to their patients or enrollees, which are supported by evidence demonstrating that they indicate better or worse care.

From Data to Contracts

- **Performance Based Contracting** – type of contracting with a clear set of objectives and indicators and consequences, in the form of either rewards or sanctions for the contractor, that are based on performance.
- **Risk Based Contracting** – includes a spectrum of contracting methodologies where by the provider takes on greater financial responsibility by giving them a greater incentive to deliver care in the most efficient, cost-effective manner possible.

Understanding each other: Other terms used in Managed Care

- Business Plan
- Actuarially Sound Rates
- Care Coordinators, Care Managers, Case Navigators, etc.
- Coordinated Care
- Network Adequacy
- Network Development
- Risk Adjustment
- Stop/Loss Ratio

Terminology is important...

- Carefully defined terminology enables people in a particular industry to communicate clearly.
 - This requires a common understanding of important terms.
- Terminology is linked with specialist knowledge
 - An understanding of the terms used in partner agencies will help improve communication and relationships

So we all know, “Who’s on First!”

Disability Network Business Acumen Learning Collaborative

Erica Anderson, Senior Director of Business
Acumen

National Association of States United for Aging
and Disabilities

Disability Network Business Acumen Learning Collaborative

- Eight (8) to ten (10) state “teams”
 - State agencies,
 - Community-based organizations (CBO) serving persons with disabilities (physical and/or intellectual or developmental),
 - Integrated healthcare entities and
 - Other organizations
- Develop and implement business-related strategies to state-specific challenges to integrating long term services and supports and healthcare services.

Objectives and Activities

- Formulate and implement solutions to barriers that impede integration and coordination between community based organizations and integrated healthcare entities;
- Identify the opportunities and associated solutions that will resonate with integrated healthcare entities;
- Develop networks with other community based organizations or other partners to increase efficiencies and aid in contracting with integrated healthcare entities;
- Collaborate on plans for implementation of new integrated care/service systems (including MLTSS) or improve the current delivery system.

Technical Assistance and Support

- Peer-to-peer learning through regular calls, emails, online forums, and in-person meetings;
- Dedicated Business Acumen Resource Center coaches and subject matter experts available for monthly check-in calls to discuss progress, successes, and identify areas for additional support; and
- Broad-based learning through webinars and written materials from national experts.

Expectations

- Participate in:
 - in-person meetings
 - monthly learning collaborative calls
 - monthly state team calls
- Contribute to the research, development and implementation of state team strategies formed through the learning collaborative
- Share challenges, successes and lessons learned with other state teams
- Develop and submit a short monthly summary report tracking progress on the state teams activities and results
- Draft documents appropriate for dissemination through the Business Acumen Resource Center

Application

- In the application, the state team will describe:
 - Which organizations and agencies will be engaged in the work
 - Who the project manager for the state team will be
 - Who the primary contact at each organization or agency is
 - What problem they plan to address in their state
 - Potential solution to that problem

Learning Collaborative Timeline

- **June 30: Learning Collaborative Applicant Webinar with Q&A session**
- July 14: Applications due
- July 26: Applicants notified of their acceptance status and receive participant agreement for signature (expectations of participation)
- **August 16 (est): Welcome/Introductory Webinar for Learning Collaborative Participants**
- August 27-31: Kick-off at HCBS conference
- TBD: 2018 MLTSS Symposium

State teams participating in the Disability Network Business Acumen Learning Collaborative will be expected to participate in the project for a minimum of nine (9) months. This time period may be extended to correspond with the specific goals and objectives of the state team and the resources available through the Business Acumen Resource Center.

Learning Collaborative: Information and Application

www.nasuad.org/initiatives/disability-network-business-acumen-resource-center/learning-collaborative

businessacumen@nasuad.org



Thank You!



<http://www.nasud.org/initiatives/business-acumen-disability-organizations-resource-center>



For more information, please visit: www.nasuad.org

Or call us at: **202-898-2583**

