Navigating Value-Based and Risk Sharing Agreements: Payors and Providers Partnering to Improve Care

Better Medicare Alliance Summit
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Marisa Scala-Foley
Director, Aging and Disability Business Institute
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Our mission

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.aginganddisabilitybusinessinstitute.org
How we help

• National resource center
• Training and technical assistance for community-based organizations (CBOs)
• CBO readiness tools
• Outreach and education to health care sector
Where community-based organizations add value

Managing chronic conditions
- Chronic disease self-management programs (CDSMP) & other health programs
- Diabetes self-management
- Nutrition programs (counseling, education & meal provision)
- Education about Medicare preventive benefits
- Peer supports
- Telehealth/telemedicine

Preventing hospital (re)admissions
- Person-centered planning
- Peer supports
- Self-direction/self-advocacy tools and resources
- Chronic disease self-management
- Adult day health
- Evidence-based care transitions
- Information, referral & assistance/system navigation
- Benefits outreach and enrollment
- Employment related supports
- Community/beneficiary/caregiver engagement
- Community training
- Supported decision-making
- Assistive technology
- Financial management services
- Independent living skills
- Behavioral health services
- Nutrition education

Older adults & their families
- Transitions from nursing facility to home/community
- Person-centered planning
- Care coordination
- Self-direction/self-advocacy
- Assessment/pre-admission review
- Information, referral & assistance/system navigation
- Environmental modifications
- Caregiver support
- Adult day health
- LTSS innovations
- Transportation
- Housing assistance
- Personal assistance

Health care providers & payers
- Medical transportation
- Evidence-based medication reconciliation programs
- Evidence-based fall prevention programs/home risk assessments
- Nutrition programs (counseling & meal provision)
- Caregiver support
- Environmental modifications
- Housing assistance
- Personal assistance

Activating beneficiaries
- Evidence-based care transitions
- Care coordination
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- Medical transportation
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Diversion/Avoiding long-term residential stays
- Evidence-based care transitions
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RFI Survey

To Take the Pulse of CBO-Health Care Partnerships

RFI T1: 2017
RFI T2: 2018
Overall Contracting Status, by Year

<table>
<thead>
<tr>
<th>Category</th>
<th>RFI 1-2017</th>
<th>RFI 2-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, currently have one or more contracts</td>
<td>38.1%</td>
<td>41.3%</td>
</tr>
<tr>
<td>No contracts, but pursing</td>
<td>16.5%</td>
<td>16.8%</td>
</tr>
<tr>
<td>No contracts, and not pursuing</td>
<td>45.4%</td>
<td>41.9%</td>
</tr>
</tbody>
</table>

n=226 n=300 n=98 n=122 n=269 n=304
Most Common Health Care Partners for CBOs Contracting with Health Care Entities

- Medicaid Managed Care Organization: 35.00% (RFI T1-2017), 41.60% (RFI T2-2018)
- State Medicaid that is not pass through via a MCO: 12.60% (RFI T1-2017), 28.50% (RFI T2-2018)
- Hospital or hospital system: 27.80% (RFI T1-2017), 26.50% (RFI T2-2018)
- Veterans Administration Medical Center: 19.30% (RFI T1-2017), 21.30% (RFI T2-2018)
- Commercial health insurance plan: 13.90% (RFI T1-2017), 17.90% (RFI T2-2018)
- Medicare/Medicaid Duals Plan: 16.10% (RFI T1-2017), 17.50% (RFI T2-2018)
- Accountable Care Organization (ACO) (including Coordinated Care...): 6.30% (RFI T1-2017), 12.70% (RFI T2-2018)
- Medicare Fee for Service (e.g., we are a certified provider for DSME, Medical...): 4.00% (RFI T1-2017), 8.90% (RFI T2-2018)
- Medicare Advantage Plan (including Special Needs Plan (SNP)): 5.40% (RFI T1-2017), 8.90% (RFI T2-2018)
Most Common Services Provided through Contracts by CBOs Contracting with Health Care Entities

- Case management/care coordination/service coordination: 49.30% (RFI T1 2017), 50.20% (RFI T2 2018)
- Care transitions/discharge planning: 29.10% (RFI T1 2017), 38.30% (RFI T2 2018)
- Assessment for long-term services and supports (LTSS) eligibility (including level 1 approval): 10.30% (RFI T1 2017), 30.30% (RFI T2 2018)
- Nutrition program (e.g., counseling, meal provision): 26.00% (RFI T1 2017), 30.00% (RFI T2 2018)
- Evidence-based programs (e.g., fall prevention programs, Chronic Disease Management): 19.70% (RFI T1 2017), 27.90% (RFI T2 2018)
- Person-centered planning: 22.00% (RFI T1 2017), 27.20% (RFI T2 2018)
- Home care (e.g., homemaker, personal assistance, personal care): 26.50% (RFI T1 2017), 25.80% (RFI T2 2018)
- Options/Choice counseling: 14.30% (RFI T1 2017), 24.70% (RFI T2 2018)
- Transportation (medical or non-medical): 20.60% (RFI T1 2017), 22.30% (RFI T2 2018)
- Participant-directed care: 20.60% (RFI T1 2017), 20.90% (RFI T2 2018)
- Caregiver support/training/engagement: 17.90% (RFI T1 2017), 20.20% (RFI T2 2018)
Top 5 Challenges in Contracting by Contracting Status

<table>
<thead>
<tr>
<th>Rank</th>
<th>Challenge</th>
<th>Organizations with one or more contracts (n=274)</th>
<th>Organizations with no Contracts but pursuing (n=122)</th>
<th>Organizations with no contracts and not pursuing (but tried and were unsuccessful) (n=28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Time it takes to establish a contract</td>
<td>33.9%</td>
<td>39.3%</td>
<td>42.9%</td>
</tr>
<tr>
<td>2</td>
<td>Common understanding of proposed programs/services</td>
<td>33.6%</td>
<td>38.5%</td>
<td>35.7%</td>
</tr>
<tr>
<td>3</td>
<td>Referrals and volume</td>
<td>27.4%</td>
<td>34.4%</td>
<td>32.1%</td>
</tr>
<tr>
<td>4</td>
<td>Attitudes of health care professionals toward your organization</td>
<td>25.9%</td>
<td>27.9%</td>
<td>32.1%</td>
</tr>
<tr>
<td>5</td>
<td>Integration of your organization’s services into health care system workflow</td>
<td>24.8%</td>
<td>27.0%</td>
<td>28.6%</td>
</tr>
</tbody>
</table>
CBO-Health Care Partnerships: What Works and Why?

- Finding and nurturing champions
- Shared vision and mission
- Common understanding that CBO services are NOT free
- Flexibility
- Laser focus on your partner’s pain points
- Clearly defined and open data-sharing protocols
Where community-based organizations add value

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Activating beneficiaries

- State and Community-based aging & disability organizations

Older adults & their families

- Health care providers & payers

Diversion/Avoiding long-term residential stays

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Why these partnerships are important

For health care providers and payers

- Emphasis on integration of health care & social services
- Increasing recognition of the impact of addressing SDOH and community living services for health outcomes
- Drive toward value-based care
- Satisfy contractual obligations

For CBOs

- Increasing recognition of the value that they bring to health care providers and payers in improving health outcomes and quality of life, and engaging individuals, their families and communities
- Provide person-centered holistic view of and services for older adults and communities
- Need for sustainable revenue sources
Success Stories: Evidence-Based Programs

ROI of EBPs in Reducing Admissions, Readmissions, and Length of Stay

- Referrals from transitions of care nurses to EBP has resulted in reduction in readmissions
- Depression Screening and plan = $1100 savings in health care costs per patient
- Controlled hypertension estimated cost savings per patient $460

Enabled to a great degree by a data-sharing MOU between the state Health Information Exchange, MAC (the CBO) and its health provider partners
Questions?

For more information:

www.aginganddisabilitybusinessinstitute.org

Marisa Scala-Foley
mscala-foley@n4a.org
202-580-6021