Integrated Care Opportunities

- Accountable Care Organizations (ACOs)
- Community-Based Care Transitions Program (CCTP)
- Bundled payments
- Medicaid Managed LTSS (MLTSS)
- State Innovation Models (SIM)
- Duals Financial Alignment Initiative

Health Homes
Why does this business acumen work matter to aging and disability organizations?
Concerns about sustainability & systems changes

Source: Aging and Disability 2015 Information & Referral/Assistance National Survey, National Association of States United for Aging and Disabilities (NASUAD) in partnership with the National Council on Independent Living (NCIL)
Why else?

Bottom-line:

*If we don’t do this, someone else will.*
But in a lot of ways, this shift can feel like...

“What I’d like for you to do is change everything about yourself and get back to me.”
One of our most important lessons from our work related to building business capacity...

Culture matters
It involves commitment at all levels... Staff, Managerial, Executive, Board, Partners
Because there are very real tensions here...

- Margin and mission
- Accreditation and overmedicalization
- Traditional partnerships and MOUs
- Aging and disability
What kind of culture are we talking about?

- An expanded view of who your customers are: Clients & payers
  - Also who your competitors and partners are
- Sales and customer service focus
- Data-driven decision making
- Flexibility
- Understanding your *real* costs
- Emphases on speed and volume
- Focus on outcomes, quality, performance and results
- Having the systems in place to support the strategy
- Vision, innovation, and excitement
ACL Business Acumen Learning Collaboratives

• **2013-14:** 9 CBO networks, 17 signed contracts, 1 MSO formed, 1 network LLC under formation, 1 organization accredited by NCQA for care management

• **2015:** 11 networks, 2 signed contracts (thus far), 2 under negotiation, 1 network LLC under formation
About the contracts

• *Most common services*: Care transitions*, in-home assessment and medication reconciliation, care coordination & navigation, evidence-based programs (EBP)

• *Most common contracting organizations*: duals plans*, Accountable Care Organizations, Medicaid health plan, physician group, state healthcare exchange
What (else) we’ve learned

- Relationships (and champions) are critical to the process
- Contracts take TIME
- CBOs need to match their strengths with payers’ needs
- Infrastructure to deal with “back office” functions (e.g., billing, tracking outcomes, information technology) is as important – if not more important – as pricing
- Still many issues that need more work: Network service quality, performance measurement, information technology, accreditation, finding more champions within the health care sector, and more
What’s next?

• New HHS delivery system reform goals:
  • Alternative Payment Models (e.g., ACOs, bundled payment arrangements):
    ▸ 30% of Medicare payments are tied to quality or value through alternative payment models by the end of 2016
    ▸ 50% by the end of 2018
  • Linking FFS Payments to Quality/Value (e.g., Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs):
    ▸ 85% of all Medicare fee-for-service payments are tied to quality or value by 2016
    ▸ 90% by the end of 2018
• “Capture and spread” learnings from business acumen efforts to larger field of aging and disability organizations
• Continue development of public-private partnerships
New opportunities (and challenges)

• Increasing recognition of importance of social determinants of health
  ✓ Good for our networks…but also brings out competition

• Getting the contracts may just be the easy part
  ✓ Dealing with conflict of interest, volume/scaling, IT, data access, performance measurement/management
  ✓ Opportunity to perform and to SHINE

• Increasing number of champions:
  ✓ Foundations
  ✓ Health-care sector

• Continuing to increase CBO readiness for delivery system reform
Why (else) does this work matter?
A different way of thinking about this...

Building your business capacity and generating sustainable revenue sources is a form of advocacy.

Ultimately, it’s about building the integrated care system that will best serve older adults and people with disabilities – one that is driven by a person’s goals, needs and preferences and powered by community-based organizations.
In the end it’s all about…
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http://www.acl.gov/Programs/CIP/OICI/BusinessAcumen/index.aspx