

Network Business Structure Readiness Review

Overview

The readiness review document provides a structure to support networks of community-based organizations (CBOs) to begin exploring the requirements of forming and operationalizing a formal network business structure. The readiness review provides a framework for assessing network capacity and infrastructure requirements for establishing a more formal network structure (e.g., a management service organization or other model) to support regional contracting efforts for participating CBOs.

Getting Started

In order for the process to be successful, networks should designate a lead champion* for the effort. (*The champion should be a designated person from one of the agencies within your network.) Your network should also consider establishing a steering committee that will set an enforceable timeline and deliverable schedule. The steering committee should be responsible for the following:

- Coordinating network meetings
- Communicating with network members
- Developing a timeline and deliverable schedule
- Distributing the readiness review survey instruments
- Reviewing and analyzing the completed readiness review survey documents
- Conducting a gap analysis, based on the survey instrument responses
- Working with network members to develop a plan to address any identified gaps outlined in the gap analysis

Assumptions

This readiness review assumes the following:

- There is a network of CBOs that have interest in collaborating to support regional contracting with integrated care entities (e.g., health plans, accountable care organizations, health systems and more)
- The network of CBOs has a collective goal of contracting with integrated care entities to provide services
- Network CBOs provide a range of services to across the defined service area and to a defined target population.

What's Involved in the Review

The review includes a two-level analysis:

1. Network capacity assessment
2. Individual network CBO operational capacity assessment

Network Capacity Assessment

The Network Capacity Assessment is designed to help your network figure out whether it is ready to adopt a more formal legal and operational structure.

The steering committee discussed above should work through the following key structural development topics:

- Legal structure
- Financial model
- Clinical integration
- Health information technology (HIT) systems
- Quality assurance/Quality improvement

The steering committee should review options for each of the questions in the network capacity assessment document. The answers will determine the trajectory for developing a business structure for the network.

CBO Assessment

The purpose of the CBO assessment is to determine the capacity of each participating CBO in your network to deliver services to defined target geographic area(s) and target population(s). Participating CBOs should consider services that they have a history and capacity to deliver. Services that they might wish to provide in the future should not be included in this capacity assessment survey.

Each CBO within your network should complete and return the CBO assessment document to your network's steering committee, which can then analyze them to determine any operational gaps based on the needs of potential contracting organizations.

Summary

Your network's steering committee should conduct an operational assessment of the network's infrastructure for conducting business and contracting with integrated care entities. This assessment will provide a working platform for your steering committee to use as it begins to develop your business infrastructure.

While the steering committee is developing the plan for the MSO infrastructure, each CBO in your network should conduct a detailed self-assessment. The self-assessment will provide a method for the steering committee to complete an overall gap analysis for your network. The gap analysis will determine what items are needed to establish a more formal business structure and to support your network in providing services that you will market to integrated care entities.

Both of these assessments become your network's work plan for building its business infrastructure. Your steering committee should be responsible for ensuring that your network develops a timeline and deliverable schedule for completion of the key items in the work plan that were identified from the CBO assessment/gap analysis. The deliverable schedule should be shared with the leadership of each of the CBO participants and driven by a steering committee project management team.

Network Capacity Assessment

	Response	Comments
Organizational/Administration		
Legal structure		
Type of entity (LLC, Inc., Non-profit, etc.)		
Ownership and control interests		
Shared governance		
Board structure		
Board participation requirements		
Board enforcement of quality standards for CBO participants		
CBO Network		
Types of participating CBOs		
Number of participating CBOs (listed by service, region, special population)		
Service area of combined CBO network		
Services provided		
Capacity to deliver services		
Gaps in service delivery for defined service area		
Contracting Organization (CO) Assessment		
Dominant integrated care entities in region (e.g., health plans, ACOs)		
Current CBO contracts with these organizations		
Population CO serves		
Where the population(s) they serve reside(s)		
Potential gaps in defined service area (comparison of CBO network service areas to location of CO at-risk population[s])		
Financial		
Pricing structure		

Capital requirements to establish a network business structure (NBS)		
Capital requirements to sustain NBS		
Plan to meet the capital requirements for NBS		
Comparative pricing for services by potential competitors		
Ability to be competitive with cost structure		
Clinical Integration		
Ability to provide clinically integrated services (services that will support primary care service delivery and health outcome improvement)		
Current level of clinical integration		
History of providing services to the target population		
Ability to service the target population		
Health IT Systems		
Current health IT systems in use		
Able to communicate with other health IT systems?		
Ability to exchange health related data with CBO participants		
Quality Assurance/Quality Improvement		
Current quality assurance processes		
Capacity to track and monitor quality		
Shared quality metrics		
Reporting of quality outcomes to external organizations or contracted entities for services		
Developed agreed-upon actions for CBO poor performance with quality requirements		

Board responsibility to monitor and enforce quality metrics		
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CBO Network Member Survey

CBO Self-Assessment	
CBO Information	
Organization Legal Name	
Tax ID	
Current list of services provided	
Defined service area (County or zip code list)	
Special population(s) served (racial groups, ethnic groups, geography, etc.)	
Health IT Systems	
List any health IT system(s) currently in use	
How long has/have the current health IT system(s) been in use?	
Do these systems integrate with other programs?	
What is the ability to provide HEDIS and financial analysis using the current health IT platform?	
What are the continuous quality improvement metrics being provided by the current health IT platform?	
Can the health IT systems export data using HL-7 standards?	
Can the health IT systems export a CCD (Continuity of Care Document)?	

Does the current health IT system document and track ICD-09 and CPT codes?	
Capacity	
History of providing services	
Number of unique individuals served, for all services and programs, in the past 24 months (provide numbers by month for the defined time period along with an aggregate number)	
Contracts with Integrated Care Entities	
Current contracts	
Name of contracting organization	
Date contract executed	
Service(s) contracted	
Opportunity to expand contract?	
Population(s) included in contract	

CBO Service Capacity Assessment

Care Transitions

Service Delivery Capacity	Response	Challenges/Status of Program
Does your organization provide these services?		
Area served		
Target population		
Participating hospitals		
Date services initiated (List date services started for each specific hospital)		
Number of unique consumers served		
Funding used to support program (i.e., CCTP, State, Foundation, etc.)		
Portion of intervention provided by agency staff		
Contracted services and name of contractors		
Readmission rate when services initiated		
Current Readmission rate		
Care Transitions model deployed		
Care Transitions software used		
Licensed personnel involved in Care Transitions model		
Consumer population profile (by hospital)		
Number of unique participants served		

Racial distribution of participants		
Age Distribution		
Diagnosis distribution		
Geographic distribution of participants		
Readmission rate(s) for population(s) served		
Nursing Facility Transitions		
Service Delivery Capacity	Response	Challenges/Status of Program
Does your organization provide these services?		
Area served		
Nursing homes participating		
Date services initiated		
Portion of intervention provided by agency staff		
Contracted services and name of contractors		
Number of unique consumers served		
Number of unique consumers successfully transitioned to community setting		
Percentage of consumers successfully transitioned to community		
Percentage of consumers that remained in community settings six months post transition		
Percentage of consumers returned to nursing home within 12 months of transition		

Licensed personnel involved in intervention		
Consumer population profile (by nursing home)		
Number of participants		
Racial distribution of participants		
Age Distribution		
Diagnosis distribution		
Geographic distribution of participants		
Rate of consumers successfully transitioned to community		

Meals		
Service Delivery Capacity	Response	Challenges/Status of Program
Does your organization provide these services?		
Area served		
Target population		
Service provided in-house or contracted out		
If contracted out, list name of vendor		
Hot meals provided		
Cold meals provided		
Days of the week that meals are provided		
Racial or ethnic meals provided		
Price		
Care Coordination Services		
Service Delivery Capacity	Response	Challenges/Status of Program
Does your organization provide these services?		
Area served		
Target population		
Date services initiated		
Service provided in-house or contracted out		
If contracted out, list name of vendor		

Special populations served (racial, ethnic, geographic, etc.)		
Personnel qualifications (Licensed staff, unlicensed staff, etc.)		
Number of unique consumers served within the past 24 months (provide detail of unique consumers listed by month and then an aggregate by year)		
Referral sources		
Data systems used to capture data		
Evidence-based programs		
Service Delivery Capacity	Response	Challenges/Status of Program
Does your organization offer these services?		
Area served		
Target population		
EB programs provided (e.g., DSMP, CDSMP, Matter of Balance, etc.)		
Service provided in-house or contracted out		
If contracted out, list name of vendor		
Number of unique consumers served, by program, in the past 24 months (provide monthly detail and then annual aggregate)		
Special populations served		
Geographic distribution of classes		
Accreditation of programs		

Number of trained staff		
Ability to expand trained staff		
Expiration or limitations in current EB program license		
Geographic reach of current EB program license		
Health Coaching		
Service Delivery Capacity	Response	Challenges/Status of Program
Does your organization offer these services?		
Area served		
Target population		
Health Coaching Program title		
Evidence-Based Yes/No		
If evidence-based, which model?		
Service provided in-house or contracted out		
If contracted out, list name of vendor		
Number of consumer served		
Geographic region of services		
Special populations served		
Special languages provided		
Success of intervention (hospitalization rate, readmission rate, etc. during and after the intervention)		