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University group fosters integrated care collaborations in New Hampshire

Editor's note: The John A. Hartford Foundation, Administration for Community Living (ACL), The SCAN Foundation, Gary and Mary West Foundation, Marin Community Foundation and Colorado Health Foundation have united to fund a three-year grant to develop and establish the Aging and Disability Business Institute (goo.gl/nz7ykU), led by the National Association of Area Agencies on Aging (n4a). Under the grant, ASA and n4a are collaborating on a series of articles and case studies in **Aging Today** that will help prepare, educate and support community-based organizations (CBO) and health care payers to provide quality care and services.

This **Aging Today** supplement features four organizations that have been selected to participate in a Trailblazers Learning Collaborative (TLC), convened by n4a and funded by ACL. They are the "front runners" from the Aging and Disability Networks, the first group of CBOs to tackle CBO–healthcare partnership issues. They will serve as a "think tank" for prototyping and collectively work toward solutions to address next-generation challenges and opportunities in contracting with healthcare entities, through in-person and virtual meetings.

The fourth Trailblazer in this Aging and Disability Business Institute series is unique in that the organization is neither a community-based organization (CBO), an area agency on aging nor a healthcare entity. Instead, the University of New Hampshire's Institute on Disability (IOD) was invited by the Administration on Community Living (ACL) and n4a to join the Trailblazer Learning Collaborative because of its designation as a University Center for Excellence on Developmental Disabilities Education, Research and Service (UCEDD). The four key functions of UCEDDs are interdisciplinary pre-service preparation and continuing education; research, evaluation and public policy analysis; information dissemination; and community services, including direct services, training, technical assistance and model demonstrations.

Laura Davie, director, and Melissa Mandrell represent the University's Center on Aging and Community Living (CACL), which is a collaboration between the IOD and the Institute for Health Policy and Practice (IHPP). Jointly, CACL provides support to the Bureau of Elderly and Adult Services, the ServiceLink Resource Center Network and other partners in New Hampshire's Aging Network. The CACL was established to coordinate the work of both institutes, maximize resources and, ultimately, benefit the state.

Mandrell joined IOD in 2005 and works on projects supporting access to person-centered long-term-care options for older adults, as well as providing technical assistance for the implementa-

tion of the recent Centers for Medicare & Medicaid Services Home and Community-Based Services settings rule.

Laura Davie is director of the Long Term Care and Aging focus area at the IHPP, and provides leadership, project management, facilitation and evaluation for No Wrong Door System of Access for Long Term Services and Supports Technical Assistant contract with the New Hampshire Department of Health and Human Services.

Gathering Steam to Forge Relationships

Together, Mandrell and Davie encourage and foster budding collaborations between CBOs and healthcare entities, with CACL serving as a “neutral convener,” as Davie calls it. The University group also does applied research, but does not provide direct service to consumers. And it helps organizations test and run programs like the Care Transitions pilot, as well as evaluate programs and outcomes and disseminate any best practices gleaned through the collaboration process.

This fall and winter, the women hope to convene a workshop to “advance CBOs’ business acumen to get them over the hump” (of beginning a collaboration with a healthcare system), Davie says. The meeting will be very hands on, she adds, and they will bring in experts to teach CBOs about collaborations with the healthcare world and how to connect with the n4a/ACL Learning Collaborative. This convening is aimed at seasoned CBOs, which in New Hampshire means those organizations that have given the idea of collaborating with healthcare entities some thought and are on the road toward a working relationship.

In 2018, Mandrell and Davie are working with a group of stakeholders to launch ongoing support and training for both the “seasoned” CBOs and organizations that are newer to the process. Both efforts will likely be funded by a local health endowment that has been supportive of CACL’s past work.

Facing Challenges, Disseminating Best Practices

Since starting their role as neutral conveners, Mandrell and Davie say the biggest hurdle for New Hampshire CBOs has been finding the time to meet in order to learn what is needed to move forward and how to implement the lessons. The organizations have the desire and all are engaged in the idea of integrated care, but they have difficulties budgeting time to make it happen.

An equally large barrier for the small New Hampshire CBOs is shifting their culture from thinking like a nonprofit to thinking like a business. Their funding has in the past been so prescribed that it is difficult for them to imagine a funding model in which CBO management calls the shots. Davie reluctantly admitted that the aging services sector seems to have a tougher time with this task than does the disability sector.

Mandrell suggests this struggle with culture shift has a history in how the state government originally set up funding. Developmental disability and mental health services were organized by region, with one agency providing a set of services, which allowed them to develop independent relationships with hospitals and healthcare systems. Funds for aging services have been given to varied “multipurpose” nonprofit organizations, which has made it harder to develop a coordinated, standardized connection to health-care entities.

The easiest way to change this perception and move CBOs more quickly into the integrated care space is to show them CBOs that have had success. “I believe in the drip, drip, drip theory of change,” says Mandrell, “that if we say [that change is necessary] over and over again, change will come.” But for now there exists no well-publicized example of a CBO in New Hampshire that has successfully collaborated with a healthcare entity and made a noticeable profit. There have been successes, but none that existing CBOs can relate to well enough to spur them to follow a similar path.

Beating the Drum for Success

Mandrell and Davie are anxiously awaiting such a success, as they see a large part of their job as a UCEDD as publicizing positive collaborations. “How do we take best practices and show them to the entire state of New Hampshire?” asks Davie. “We keep beating the drum here, and demonstrating that success is possible—that’s the way we’ll learn and keep going ... we are all good communicators.”

“The lesson,” says Davie, “is to keep going, even though it’s slow.” They know they may not see everything that happens, or be witness to every success, but if they can continue the conversations and keep trying, in three months when the integrated care landscape changes (as it is wont to do), something that had been a barrier may no longer seem like one, or resources to surmount such barriers might be newly available.

One barrier that so far seems especially formidable is the level of technology available at the CBO level. The Centers for Medicare & Medicaid Services has poured money into technological upgrades for medical providers, says Davie, but it has not trickled down to the CBO level. “The CBOs all work with dinosaur technology,” says Mandrell.

Being asked to participate as an n4a/ACL Trailblazer has been a boon for University of New Hampshire. “This is ... a boost of recognition and an honor to be chosen,” says Davie. The University has been supportive of their work, and both women think the discussions that have occurred through their meetings and workshops have filtered up to the state level at the Department of Health and Human Services, and may in the future even affect state policy. ■