

Partnership Profile

How Partners in Care Foundation Leverages a Large-Scale CBO Network to Improve Health Outcomes for One of California's Largest Health Plans

Plenty of organizations with big visions for improving the health care system see integration across the medical and social sectors as an important conduit for improving the quality of care for people in their communities. But big vision only goes so far without a robust plan and the discipline to implement it. Partners in Care Foundation (Partners), a nonprofit community-based organization (CBO) in California with a strong reputation for promoting a better system of health and health care by bringing together stakeholders across the entire medical-social spectrum, knows all about taking the leap from dreaming to doing.

When one of the state's major health plans approached Partners about a partnership to provide disease management services to 50,000 high-risk individuals throughout California *and* community-level case management for individuals referred to the agency by plan case managers, Partners saw a tremendous opportunity to gain hands-on experience as the lead agency operating the largest network of CBOs in the nation's most populous state.

The catch? The network didn't exist yet, and Partners had only six months to make it a reality.

Pressure to perform, however, can be an intense motivator to operationalize a big idea. Within that six-month period, Partners established itself as the lead agency, overseeing the Partners at Home Network (PAH Network), which included Partners and 24 other California CBOs. As Partners would learn over the course of the program's first few years, building the PAH Network was only the beginning. Over time, Partners' journey as lead agency has been marked by constant improvement and innovation. It has also been marked by constant learning, with lessons that can be applied by any organization looking to build and sustain a multi-agency network of its own.



Partners' constant improvement is best demonstrated by the growth in the number of its health care partnerships. Partners now has 30 different health care-related contracts and is achieving significant results, such as a 50 percent improvement in medication adherence and a 24 percent reduction in 30-day readmission rates.

From Building the Network...

Building a CBO network of this scale was uncharted territory for Partners, and there was no playbook to follow. Consequently, the organization's leadership learned to blend smart thinking and agile doing with a high degree of flexibility to adapt its approach.

Fortunately, Partners had already been exploring potential collaborations with a group of CBOs that had been participating in the Centers for Medicare & Medicaid Services (CMS) Community-Based Care Transitions Program (CCTP). These CBOs made for ideal early partners, as they were experienced in working with the health care sector due to their participation in the CMS pilot program. Beyond this initial group, Partners' President and Chief Executive Officer, June Simmons, and Vice President for Health Services, Anwar Zouehid, leaned heavily

on their personal relationships to attract and engage CBOs throughout California. By mining long-term relationships with board-level leaders at organizations known for their ability to deliver high-quality programs and services, then screening additional entities based on loose qualitative criteria such as strategic alignment and entrepreneurial spirit, Partners succeeded in quickly creating a statewide network. This effort was made possible through funding from The John A. Hartford Foundation and matching grants from the Archstone Foundation and The Ralph M. Parsons Foundation.

Even several years later, Partners recognizes that it makes sense to start with who you know. As Vice President, Network Services, Ester Sefilyan, explains, “Any organization looking to build its own provider network should start from their own extended relationship lists and organizations they’ve already worked with.” However, over time Partners has learned that assembling the best possible network capable of consistently meeting the stringent demands of a large health plan client takes more than just familiarity; it requires rigor.

...To Optimizing the Network

Rigorous Requirements Result in a Better-Performing Network

Today, Partners uses an extensive checklist of criteria to ensure prospective CBO partners have the capacity and capabilities to deliver home-based services that meet the standards they and their health plan client expect. Key criteria include qualified and sufficient staffing, geographic footprint, adequate operational capacity and ability to grow, languages spoken, and positive testimonials, as well as an ability to adhere to important contract terms such as required insurances and stringent requirements for assessment, turnaround time and reporting.

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In fact, the Partners team has found that sharing the Statement of Work (SOW) for its health plan client with prospective CBO partners has enabled them to successfully screen prospective partners. “We send them our SOW, our requirements for insurance and staffing, and our assessment tool. When we meet with them a week or so after, we can tell from their questions how much or how little they understand,” says Sefilyan.

Audra Hindes, Director of Provider Network Operations, adds, “We strive to ensure that the individuals responsible for service delivery understand the nature of the work from the beginning. It’s gratifying work, but it is also hard work and the prospective CBO partner really needs to understand the operational details they are committing to deliver.”

Quality Beats Quantity

Meeting the health plan’s requirements for geographic coverage required Partners to create a network that, at its height, consisted of 24 CBOs. However, one of the resulting challenges was that some CBOs received few referrals each year, preventing them from gaining the experience necessary for sufficient familiarity with the contractual requirements and the PAH Network service delivery quality standards. “Until people have enough experience, it’s really hard to manage quality across multiple organizations in multiple locations,” says Sandy Atkins, Vice President, Strategic Initiatives.

As the program matured, Partners realized that it could provide its health plan clients with a more effective solution if it focused its energy on a network with fewer but better-performing CBO partners.

“We had some network agencies that were on hold because they didn’t have capacity to take on referrals because the volume is inconsistent,” Sefilyan says. “For these agencies, the volume isn’t always there; it varies month by month. So in lieu of continuing to nurture those network agencies, we actually expanded the work of other, higher-performing agencies to cover more area, which resulted in more referrals for them. We decided that instead of having 20+ agencies, we’d rather have ten that could do a better job.”

The agency's effort to assemble the best-performing network has driven it to identify, recruit and partner with qualified providers from the private sector. This move reinforces Partners' position that service quality, business capacities and the ability to deliver are what matter most. In Partners' view, other agencies seeking to build multi-stakeholder networks should not shy away from considering potential partners beyond other nonprofits.



Ultimately, Partners' decisions to be more disciplined in its screening of new agencies, willing to prune its network when appropriate, and open to exploring partnerships with the for-profit sector all stem from a key insight: *It's all about ownership and accountability.*

Ownership and accountability require that Partners makes smart choices about how to deploy its internal network management team, how that team engages with PAH Network agencies by leading through influence, and how success is measured and shared.

Understanding how Partners addressed each of these areas—not only at the start but as needed over time—can help other organizations make their own strategic choices about how to assume the mantle of network leadership.

...To Running the Network From a Central 'Network Hub'

When your organization is accountable for an entire network's output and outcomes, oversight is essential. While some agencies may be tempted to manage a CBO network with existing resources and within an existing operating structure, Partners found that having a dedicated team with well-defined processes that are enabled by the right business systems to be a critical factor in the success of the PAH Network.

Building the Right Network Management Team

Partners initially built its network management team around a small, nimble core of two senior leaders, Simmons and Atkins, both of whom had the relationships and credibility necessary to recruit and onboard partners quickly. Simmons and Atkins were ideally suited to secure high-level conversations with prospective health plans and CBO partners, evangelize the network vision, and rapidly recruit an array of CBOs as partners in service delivery. While the two remain vital members of the network team today, Partners recognized over time that running an efficient, effective program requires a diverse team of experts with a wide range of specialties and skills.

So which skills are most important for an organization looking to take on master agency duties? For Partners, a few fundamental areas of expertise stand out.

Project Management: "It's essential to have somebody with real project management skills," says Hindes. "Without an experienced project manager in place, things slip through the cracks or work is duplicated." While Partners didn't have a dedicated project manager in place at the outset, adding this function over time has resulted in significant improvements in operational efficiency. For example, when the project manager identifies

For tips on negotiation with health care payers, see our *Partnership Profile: How the Council on Aging of Southwestern Ohio Balances Cross-Sector Relationship Development with Smart Business Decision-Making*.

<https://www.aginganddisabilitybusinessinstitute.org/how-the-council-on-aging-of-southwestern-ohio-balances-cross-sector-relationship-development-with-smart-business-decision-making>

an operational concern, this issue is addressed immediately by the appropriate leader on Partners' team.

Relationship Management: Lead agencies must recognize that network agencies, once onboard, require constant care and support beyond day-to-day project management. This requires dedicated staff who maintain open lines of communication, provide oversight, deliver ongoing education and identify opportunities to drive more referrals to the highest-performing agencies. For example, Partners has implemented frequent reminder calls to their network providers, serving as a contact point to review and discuss expectations, such as turnaround times.

Contracting Know-How: "Especially when you're dealing with large health plans, the contract language and negotiation is intense. You need a really strong contracting person at the table from the very beginning," says Sefilyan. "This person not only needs to be able to negotiate the right terms with the health plan, but also know how to translate the applicable terms to the network CBOs so they deliver on what we've agreed on. It's complicated because as the lead, you're responsible for everything in the agreement, but dependent on the network members to implement. And even after the contracts are in place, amendments may be required as the work evolves over time."

Enabling the Network Management Team with Technology

Managing a large-scale partner network requires more than just the right people. The complex nature of the task also benefits greatly from having the right technology, and Sefilyan stresses that it is never too early to put systems in place. She advises any CBO that is considering taking on a lead agency role in the design and implementation of a multi-provider network to, "start off with a technology system to help streamline communication across the network. If we were starting today, we would have a system in place with the network agencies first, to be able to communicate, submit the referrals through an online portal and record completed assessments in the system. Tracking all of this manually can be daunting, so this would be a first priority. Don't even think about starting without a technology system."

For example, for the disease self-management portion of Partners' contract, the health plan provided Partners with a database containing information on 50,000 members who have chronic conditions, organized geographically across the state. Partners formed a contact center with Televox and InContact patient communication support and a Salesforce database. Staff determined how to integrate geo-mapping with Salesforce to support the creation of self-management classes out of a list of about 1,200 health plan members in specific geographic areas (within a seven-mile radius of their homes). This system provided PAH Network CBOs with access to geographic information about health plan members, which they then used to conduct outreach to drive attendance at the chronic disease self-management workshops they provided.

... And Leading Through Influence

Of course, having a centralized command center doesn't necessarily mean you're in control. Unlike in a more traditional organizational structure where leaders wield direct authority over their team, delivering results in a network depends upon leading through influence—a style of leadership that inspires action by building trust, encouraging transparency and empowering others to do their best work.

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This is one of the most important lessons that Partners can transfer to any organization looking to lead a CBO network—a lesson Hides knows well:

“Health plans want what they want, when they want it. They don’t necessarily care that the work is subcontracted out to one of our network partners. The professionals working in the field work for our CBO partners and certainly don’t report to me from an organizational chart standpoint, but as far as our health plan client is concerned, Partners is accountable for delivery and results. So, in terms of making sure our CBO partners have what they need operationally—the right information, the right training, the right tools—my role is to set them up for success from the get-go about what’s required of this program.”

Engage Frequently

Given the importance of making sure every CBO’s coaches—client advocates who help individuals transition from a medical facility setting back to their home—have the right information, training and tools, it is no surprise that communication is one of Partners’ most important functions. It’s an important way of leading through influence to drive consistency, quality and success.

Hides explains, “As the program matures, we have been doing a better job of scheduling frequent (but not too frequent) reminder calls with our network coaches. Just quick reminders about the agreed-upon terms regarding turnaround time, things like that.” Hides explains that these regular check-in calls can serve as refreshers or level setting for coaches who may not have received training on certain topics. “We’ve found that if we can schedule refresher calls regarding some of the critical areas in terms of meeting the health plans requirements, we can ensure that every existing and new coach knows exactly what’s expected of them and how we’re measuring performance.”

Measuring and Sharing Success

The health plan requires quarterly audits of client cases, including a review of documentation and performance. Initially, an outside firm conducted these audits and each assessment, care plan and progress note were reviewed by an independent Licensed Clinical Social Worker—a costly and time-consuming process. As Partners established trust and credibility with its client, it earned the right to perform its own audits in-house.

Today, the Partners network team reviews a random sample of cases each quarter (25 percent of all cases handled) across all CBO partners and performs its own stringent analysis. The resulting report includes Partners’ own proprietary data for success indicators, such as medication reconciliations and possible emergency department and hospital avoidances. Partners has found that this report is a useful tool and provides key insights about the effectiveness of the program, the extent to which participating agencies meet program standards and working assumptions about the overall impact of the PAH Network on the health of the people it serves.



It’s important to note that the results of these audits are not merely a matter to be addressed in closed-door quarterly meetings of the Joint Operating Committee (JOC) formed between the health plan and Partners. The Partners leadership team realized the value in sharing the findings with PAH Network agency leaders. Following each quarterly JOC session, Partners coordinates a call with its network agencies to discuss key data on home visits and member satisfaction scores, along with the quarterly audit results and any relevant JOC feedback.

Hindes highlights the importance of involving PAH Network agency leaders in conversations about performance, as a means of highlighting the important work their teams are doing. She says, “We have a lot of one-to-one conversations with the CBO coaches, working individually with them, but the agencies’ CEOs should also be aware of how their coaches are doing.”

“For example, we recently had a conversation with the CEO from one of our network organizations and were able to discuss the dashboard results, which illustrated the referrals they received and the results of the audit. Since the CEO is not involved in the day-to-day stuff, it was really good for her to have this understanding and to be informed of the results they are achieving. Sharing this snapshot led to some healthy conversations around how they could do some things differently and better and how we could as well. Being transparent with our data is another mechanism for strengthening our relationships with our partners and better managing the quality of service.”

Overseeing a large, distributed network of CBOs that serves 50,000 individuals who have chronic conditions from one of the largest health plans in the nation’s most populous state was a challenging proposition—one that Partners rose to meet not just when launching its program, but as it implements, learns and optimizes over time.

As upfront agility gives way to the rigor, structure, consistency and accountability necessary to sustain and grow a complex, large-scale network of partners, Partners has delivered the ultimate win/win/win scenario for the health plan, network agencies and Partners. Members of the health plan will receive high-quality, community-based services. PAH Network agencies will capture a new source of referrals, gain a better understanding of what is required to work with the health care sector and improve the lives of more people living in their communities. And Partners will solidify its position as a viable partner to the health care sector and a pioneer in the area of medical-social integration.

As Sefilyan sees it, lead agencies that can pull off large, complex partnership programs are well-positioned for the future: “This level of cross-sector integration is the next phase. It’s the future of health care.”

The authors are grateful for the time and insights provided by the Partners in Care Foundation team members who were interviewed for this piece, including Sandy Atkins, Vice President, Strategic Initiatives, Ester Sefilyan, Vice President, Network Services, and Audra Hindes, Director of Provider Network Operations.

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