

Partnership Profile

Navigating Obstacles in Cross-Sector Partnership Development: The Camarillo Health Care District Story

Many people will tell you that cross-sector partnerships are important, but few would tell you that they're easy. When you consider the complexity inherent in managing the perspectives, objectives and expectations of multiple stakeholders, and factor in a wide array of internal and external variables that might shape the success of any program, it makes sense that community-based organizations (CBOs) will face a number of pivotal moments on the path to building successful cross-sector partnerships. What sets successful partnerships apart from the rest is how the organizations involved anticipate, respond to—and sometimes recover from—surprises that can arise at every stage of the partnership development cycle.

Camarillo Health Care District (the District), a public agency formed in 1969 to provide meaningful, effective, integrated community-based services that optimize health and wellness for residents of Ventura County, CA, experienced this first-hand when it pursued and piloted a cross-sector partnership with the Accountable Care Alliance of Ventura (ACAV), an accountable care organization (ACO) sponsored by Community Memorial Health System (CMHS).

Over the course of the pilot partnership, the District grappled with the unexpected, facing down challenges and curve balls that could have derailed or threatened the initiative, but the agency persevered. Giving up isn't in the District's DNA, and the lessons it learned in the process provide valuable insights for any CBO developing cross-sector partnerships.

As graduates of The SCAN Foundation's first Linkage Lab, a leadership and management development program that helped prepare select California CBOs for effective partnerships with health care organizations,

leaders from the District had learned the essential skills for starting and sustaining productive relationships with local providers—and they were ready to pursue opportunities. As a result, the District targeted CMHS as a potential partner and later its ACO. CMHS is a community-owned, not-for-profit health system that operates two hospitals and a network of family practice health centers that serve various communities in Ventura County. With the formation of ACAV, CMHS had its own motivation for exploring CBO partnerships: a commitment to coordinated care. "For us, partnerships are an important way to extend our reach into the community and better serve the patients we're touching," explains Bonnie Subira, MSW, who was the CMHS ACO Manager at the time the partnership began.

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Still, when the two organizations joined together to improve health outcomes in their community, they found that the road to providing shared value for the population they both serve was not a straight path. But the District stayed clear-eyed about navigating any curves that came its way and the lessons it learned can help any CBO structure its own successful partnerships.

Create a Focus for Better Pilot Design

Obstacle to Avoid: Taking on Too Much to Start

The District's broad mission allows it to work with diverse groups of Ventura County residents—from children interested in improving their babysitting skills to older adults in need of supportive services and social activities. As an ACO, ACAV aims to provide quality care to Medicare beneficiaries who have a wide range of needs. Despite these differences, both the District and CHMS understood that agreeing on a well-defined target population would make the most of the existing funding and facilitate the design of a focused pilot intervention.



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*Lynette Harvey, RN, BSN, CCM,
District's Director of Clinical Services*

The District and ACAV pinpointed individuals who were living with at least one chronic health condition, had been prescribed multiple medications, and had some form of memory impairment (ranging from slight memory loss to dementia). Approximately one-third of this population lived alone, while the remaining two-thirds lived with a spouse or other family member. In addition, approximately one-third of this population had experienced recent hospitalizations.

Establishing this tight focus on a specific population served two purposes: ACAV was able to use an existing software tool to identify the number of clients who would benefit from potential interventions and ACAV physicians were able to gain a clear understanding of the target population in order to make appropriate referrals from among their own patients.

These parameters allowed the District to fund the pilot through an existing grant for serving cognitively impaired adults with chronic disease, and led to the design of a structured 90-day intervention consisting of three components: psychosocial assessment and coordination; family caregiver education and support; and evidence-based health promotion programs, such as the Chronic Disease Self-Management Program, falls prevention programs and more.

Specifically, this pilot enabled the District to:

- Conduct initial in-home visits to perform detailed assessments, observe a range of psychosocial factors and gauge the individual's ability and motivation to be an active participant in their own care, and complete a HomeMeds¹ medication reconciliation. This in-home visit resulted in developing a person-centered care plan with the client, aimed at closing any gaps in care, educating the individual and their caregivers, and improving health.
- Hold routine weekly phone calls and two additional monthly visits, which enabled District staff to track goals and provide ongoing feedback to ACO physicians while connecting the clients to needed social support services that address the social determinants of health, including access to reliable transportation, healthy food, home repairs, respite care and more.
- Educate clients and their caregivers about their chronic conditions and refer them to evidence-based community health promotion classes.

By clearly defining the target population and subsequently designing interventions that address the needs of this community, the District was able to foster a better understanding among ACAV physicians about

¹. Learn more about HomeMeds at www.picf.org/homemed.



the patients being served by the partnership, the types of services it was built to deliver, and what was realistic and reasonable given the parameters of the program.

"In the beginning, we engaged with one doctor who had a certain idea of what he wanted to do, but we had to clarify the realities and limitations based on the funding we had at the time," says the District's Director of Clinical Services, Lynette Harvey, RN, BSN, CCM. "It was critical at this point to ensure that we were on the same page with this doctor about what was possible."

Agree on a Shared Definition of Success

Obstacle to Avoid: Different or Unclear Expectations

While program design is critical for defining the parameters of cross-sector partnerships, getting on the same page with key stakeholders (like the doctor mentioned above) also depends upon a clear definition of success. For this reason, it was vital that the District and ACAV establish and articulate a clear and compelling goal for the partnership, as well as a series of actionable and measurable objectives by which their shared success could be measured.

For the pilot, the District and ACAV aligned around a single objective that would benefit individuals while enabling both partners to better achieve their mandates for delivering high-quality, coordinated care. Their objective was to have a positive impact on the health of at-risk patients in the target population by addressing both the cognitive issues and social

determinants of health that might otherwise limit the effectiveness of the ACO's traditional, medical interventions.

A single broad, aspirational goal (or "big, audacious goal") (BAG) can serve as a guide for CBO-provider partnerships, but must be supported with a set of specific criteria for tracking whether joint activities actually achieve the intended outcome. For the District and ACAV, it was important that each objective accomplished three tasks: deliver the benefits desired by each organization, demonstrate value to key stakeholders (like the ACO physicians), and of course improve the health and well-being of the individuals served.

- **For the District,** engagement in the program was vital, as this represented a key measure of whether the partnership would provide it the opportunity to serve more individuals within the target population. Accordingly, the District set effective partnerships with ACAV physicians as an important indicator of success because those physicians introduce potential clients to the program and present the District health coach as an integral member of the care team.
- **For ACAV,** engaging the District to help patients better manage their care at home would reduce inappropriate or unnecessary utilization in high-cost areas like emergency and inpatient services, and help shorten or even avoid skilled nursing facility stays.
- **For the ACAV physicians,** a successful pilot would demonstrate the value that a CBO like the District brings to the care team by providing doctors with better information about patient progress and barriers by opening a window into their patients' lives beyond the medical setting.
- **And, naturally, for patients and their families,** a successful program would increase involvement of the patient and/or family caregiver in actively managing care, resulting in improved health outcomes for the individual.

Finally, because this partnership began as a pilot funded by an existing grant, the District saw the eventual transition into a long-term contract for paid services as its ultimate measure of success.

"During our meetings with ACAV's key decision-makers and physicians, we verbalized early and often that our expectation was that once we demonstrated value in the pilot, we would move toward a longer-term partnership contract," shares Sue Tatangelo, MAOM, Camarillo Health Care District's Chief Resource Officer. "In response, ACAV was clear that it was working to identify funding streams to pay for our services beyond the pilot's conclusion."

For CBOs looking to establish a new cross-sector partnership, grant-funded pilots can be an effective approach to both jump-start the relationship and demonstrate value. When taking this route, two steps taken by the District are critical: (1) being clear with your partner about your goal of having a paid contractual arrangement and (2) structuring the pilot to deliver on the key milestones that will trigger the next step. These steps reinforce the importance of having clear, mutually agreed-upon objectives and criteria for success.

These actions also compel the CBO to take the steps necessary to ensure engagement at all levels within the partner's organization, particularly with stakeholders that may serve as the primary gatekeepers to the target population. In the case of the District's ACAV pilot, the physicians held this powerful position.



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Sue Tatangelo, MAOM, Camarillo Health Care District's Chief Resource Officer



Build Strong Relationships with All Types of Stakeholders

Obstacle to Avoid: Failing to Engage the Wider Organization

In any productive cross-sector partnership, leadership teams in both organizations will naturally work closely to deliver results. The District and ACAV teams achieved this by creating a joint operating committee that reviewed progress, identified areas for improvement and defined solutions to any issues. But the District team learned early on that its main points of contact weren't the only stakeholders who required attention. Given the central role of the ACO's physicians in connecting District health coaches to their patients, physician engagement (a key measure of success, as noted above) would prove to be a both an obstacle and an important opportunity.

"Early on, many of the physicians did not really have an understanding of CBOs and what we do," said the District's Harvey. In fact, one of the District's challenges lay in its ability to establish its role as a complement to and not a replacement for medical care. As Subira adds, "We needed a plan to help our physicians view the District as a resource rather than be intimidated or frustrated because thinking outside of the medical environment is so out of their realm of experience. Our doctors needed to learn that they can maintain their clinical autonomy while partnering with others to serve their patients."

Learn How to Express Your CBO's Value

For the District, part of the solution lay in old-fashioned storytelling—sharing anecdotes that demonstrate the value of their “living room” perspective and how they can bring new insights to health care providers. When meeting with one reticent physician, Harvey described a patient living with diabetes who was so concerned about his physical safety while living in his home that he was unable to adequately address his physical health—a reality she learned through a routine home visit. “The doctor said, ‘I wouldn’t even have the first clue about how to address that.’ And I said, ‘Yet, until we address it, he can’t even think about controlling his diabetes.’” This anecdote reinforces the importance of addressing the social determinants of health, which an increasing number of health experts and policymakers are recognizing as key issues to address when working with patients to improve their health and well-being.²

Formalize Your Plan of Engagement-at-Scale

Sharing this anecdote helped this one physician understand the importance of the work, but the District needed to scale these “aha” moments to address all participating physicians. So, it created a formal and structured physician education initiative. “By providing educational sessions for the doctors and attending their routine meetings on a regular basis, the District gained an exciting opportunity to build alignment and clarity around the value of the District being involved in patient care. Through our discussions, we gained an understanding of the kind of support the physicians needed from us and we piqued their interest in expanding our working relationship,” said the District’s Tatangelo.

Make it Easy for Stakeholders to Work With You

The next step, after education, was providing the ACO physicians with an easy way to do exactly what the District hoped: introduce their patients to the CBO as an integral part of the care team. “I believe one of the reasons we achieved a high acceptance rate among the individuals the ACO referred to us was that we created

a packet for physicians to give patients that looked and sounded like it was written in the doctor’s own words,” shares Harvey. “The packet included an informational letter about our services from the doctor’s perspective, explaining why the physician was partnering with the District, along with a consent form. So, when the doctor was speaking with the patient, the District was presented as a part of the health care team.”



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Lynette Harvey, RN, BSN, CCM, Clinical Services Director, Camarillo Health Care District

As these examples show, it is vital for CBOs to be strategic about fostering relationships within partner organizations, working directly with frontline staff and taking the necessary steps to reflect their realities and needs. Further, as the District’s example makes clear, it is important that CBOs have a clear sense of the value they provide and become skilled at conveying that value to key stakeholders in a compelling way.

While the District prioritized physician relationships, these same principles applied across ACAV.

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² 2020 Final Call Letter Offers Guidance and Structure for Medicare Advantage Supplemental Benefits to learn more. Read it online at <https://www.aginganddisabilitybusinessinstitute.org/2020-final-call-letter-offers-guidance-and-structure-for-medicare-advantage-supplemental-benefits>.

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Persistence Pays Off

Obstacle to Avoid: Inability to Connect Achievements to Objectives

These efforts—striking the right focus, setting clear measures of success, and stacking the deck for success—become worthwhile when the stakeholders see the impact they’re having for their own organizations, each other and the target population. By the time the pilot had concluded:

- The District had engaged a core set of ACAV physicians in the program. Seventy-five percent of patients who learned about the program through their physicians engaged with the District for the 90-day intervention, a significantly higher rate than when a District health coach presented the program directly to patients.
- ACAV found that patients who participated in the program were better educated about more cost-effective alternatives such as palliative care and hospice support. Additionally, none of the patients visited the Emergency Room (ER) or were readmitted to the hospital for the original reasons of their referral to a District health coach, though 13 percent of participating patients did visit the ER for unrelated, unavoidable circumstances. While the total number of cases was not statistically significant, ACAV certainly saw the pattern as encouraging and indicative of the partnership’s long-term potential.
- The physicians saw that, as a result of the pilot, participating patients were taking steps to gain control of their health, had an increased understanding of their medical conditions and how to manage them effectively. Physicians also saw how addressing issues surrounding cognitive impairment and the CBO’s participation in supporting the social needs of the patients and their caregivers could improve their overall health.

- Most importantly, 74 percent of the participating patients improved their activation rate by at least one point (out of a possible 10 points). Of those, 67 percent improved by two or more points—showing that medical-social partnerships can indeed give at-risk individuals greater control over their own health.

Naturally, the District’s ability to point to these outcomes was a direct result of the steps the partners took early in their relationship to establish measures for shared success. Just as important was having a measurement plan in place.

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As Tatangelo put it, “You’ve got to have a data plan before you get started. You have to know the benchmarks that you’re going to compare your results to, and you need to collect and share convincing evidence that will speak to the true value of what you accomplished.”

While measurement remained a work-in-progress throughout the entire pilot, even an imperfect process for capturing data, collecting feedback and demonstrating value beats a lack of evidence. CBOs will find it difficult for their cross-sector partnerships to succeed if they wait too long to establish measurement processes and define their objectives to establish clear accountability, or fail to establish and track against mutually agreed-upon benchmarks.





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Sue Tatangelo, MAOM, Camarillo Health Care District’s Chief Resource Officer

Stay the Course, Even in the Face of Unexpected Obstacles

Obstacle to Avoid: Being Deterred When Things Don’t Go As Expected

Despite the strong relationships built, good will earned and initial results achieved through the District’s partnership with the ACAV, it’s worth noting two significant obstacles the partners faced.

The Factor of Time

Before the pilot, the District had been building its collaboration with CMHS for more than five years, always seeking ways to demonstrate value and cement the agency’s position as a viable partner. “We have invested a lot of time and energy into courting the hospital and running pilots,” says Tatangelo.

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If time to pilot is an obstacle, the risk lies in giving up too soon. “I see many organizations that throw in the towel after six months if they don’t make headway. And then that’s that,” says Tatangelo. Where some CBOs may have abandoned the idea of pursuing cross-sector partnerships because of the time it can take to build relationships, activate integrated models and recognize new revenue, the District has stayed the course, opting to forge ahead despite the longer-than-anticipated timeline.

Any CBO seeking to establish productive cross-sector partnerships must be prepared for the long sales cycle, the sheer amount of time and effort it may take to convince a high-potential health care partner to take a chance on a new collaborative model to deliver care to patients.

Surprising Changes Outside Your Control

Just before it cemented the next stage of its partnership beyond the pilot with ACAV, the leadership team at the District found itself facing an unexpected scenario when Community Memorial Health System disbanded ACAV and discontinued its ACO services, withdrawing from the Medicare Shared Savings Program that fueled the ACO’s existence. For the District this was a situation it had not anticipated—and one over which it had no control.

“The physicians who regularly referred patients to District were impressed with the partnership and its outcomes. They really felt that their patients’ issues were being addressed in ways that they couldn’t accomplish on their own,” says Subira. “There was definite value and a willingness to establish a formal partnership with the District, but with the ACO disbanding, cost became a barrier to formalizing the program.” Today, CMHS is not involved with any risk-based programs but remains interested in re-opening contract discussions with the District if and when the situation changes.

Where another CBO might be soured on partnerships and gun-shy about initiating new relationships in light of unforeseen obstacles, the District views its experience with ACAV as a learning opportunity, an experiment in designing effective offerings in partnership with a provider, and a model to build upon as it continues to explore ways to work with health care organizations throughout its community.

In Tatangelo's view, ACAV disbanding was a mere "hiccup." The agency isn't giving up on the potential of this partnership. "Our ACAV pilot was successful by nearly every measure we defined—short to getting to a long-term contract due to circumstances beyond our control," she said. "We got the physicians engaged, they understand what we do, and they truly saw the importance and value of collaborating with us. Clients were more involved in their own care and early signs pointed to our intervention's ability to reduce unnecessary hospital utilization by providing better education and support."

Although, as of this writing, the District is still grappling with the unexpected twist of ACAV's demise, the agency's leaders know they built something that remains worth pursuing for future opportunities with CMHS and beyond. Just as important, CMHS's leaders know this,

too. "Cross-sector partnerships between medical and social providers is uncharted territory and selecting the right partner is critical. What ends up being important is working with people and organizations that truly understand the communities they serve. And having a partner who can make connections to the community and offer new insight into what you know and what you don't is key," said Subira.

CBOs must remember that successful cross-sector partnerships can be time-consuming, require both effort and rigor, and may not always work out as you might have anticipated. But, by following the District's lead, a focused pilot, early accountability, strong multi-faceted relationships supported with structured engagement programs, and resilience in the face of unexpected obstacles can pay off and pave the way for the next phase of your organization's cross-sector partnership journey.

The authors are grateful for the time and insights provided by Bonnie Subira, MSW, Manager High-Risk Case Management, Community Memorial Health System; Lynette Harvey, RN, BSN, CCM, Clinical Services Director, Camarillo Health Care District; and Sue Tatangelo, MAOM, Chief Resource Officer, Camarillo Health Care District.

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