

# AgingToday

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## New Learning Collaborative fosters multi-state partnerships

**E**ditor's note: The John A. Hartford Foundation, the Administration for Community Living and The SCAN Foundation fund the Aging and Disability Business Institute ([www.aginganddisabilitybusinessinstitute.org](http://www.aginganddisabilitybusinessinstitute.org)), led by the National Association of Area Agencies on Aging (n4a). The mission of the Aging and Disability Business Institute is to build and strengthen partnerships between aging and disability community-based organizations (CBO) and the healthcare system. As partners in the Aging and Disability Business Institute, ASA and n4a are collaborating on a series of six articles and case studies in **Aging Today** that highlight the Age-Friendly Health Systems initiative.



For years, n4a, The John A. Hartford Foundation, the Administration for Community Living (ACL) and The SCAN Foundation have been working to help community-based organizations (CBO), including area agencies on aging, to form and maintain partnerships with healthcare entities.

This past January, with funding from ACL, the Aging and Disability Business Institute (the Business Institute) at n4a launched a new Network Operations Learning Collaborative (NetOps LC). This Learning Collaborative is providing community-based integrated care networks and network lead entities with the necessary knowledge and skills to build and strengthen their networks' operations, infrastructure and sustainability in order to deliver home- and community-based services through contracts with healthcare entities.

Nine participants were chosen in January. Each will benefit from monthly webinars and access to expert faculty meant to nurture the early-stage development efforts of community integrated health networks—defined as a coordinated group of visible and trusted CBOs led by a Network Lead Entity (NLE), which have entered (or intend to enter) formal partnerships with a healthcare organization. This effort also will help CBOs to develop and understand how they can function and evolve as NLEs, says Kelly Cronin, ACL Deputy Administrator, Center for Innovation and Partnership.

ACL is working to modernize the aging and disability network, as well as the CBOs connected to those organizations, and is endeavoring to move those organizations toward more cohesive and efficient ways of doing business. The desired end result is that these organizations will be able to

successfully partner with healthcare entities (e.g., health plans, health systems, managed care organizations, accountable care organizations, etc.) to best address the social and functional risks and needs of older adults, people with disabilities and individuals with chronic illness.

“We’ve been moving in this direction for a decade,” says Cronin, “but now we’re doubling down, and moving fast to support the organizing model to work efficiently in a multi-payer environment, to integrate healthcare and social services.”

Learning Collaborative participants will receive targeted technical assistance from expert faculty, which includes professionals from n4a and other CBO leaders who have excelled in formalizing and developing networks and in aligning and marketing community-based service packages to prospective healthcare organization partners. They will share stories and experiences of overcoming challenges and barriers around a specific curriculum. The Collaborative lasts six months; each month focuses on a different topic, such as insurance, legal liabilities and financial cost risks. There is homework for participants and one-on-one calls with each organization to provide targeted technical assistance.

### **National Partnering Is Vital**

Cronin says ACL realizes that large health systems such as Trinity, Kaiser and Aetna are now at least multi-state systems (if not country-wide); meaning there is a need to develop partnerships that can support multi-state arrangements across markets. To work effectively with healthcare partners, CBOs must form community integrated health networks that match the true scope of the overall healthcare market, leading to better outcomes and lower costs.

As Assistant Secretary for Aging and ACL Administrator Lance Robertson and President and CEO of The SCAN Foundation Bruce Chernof said in a recent *Health Affairs* article, “We envision collaborations between CBO networks and health care organizations within and across states, organized by health care markets” ([tinyurl.com/snxosy6](http://tinyurl.com/snxosy6)).

In December 2019, ACL convened three dozen successful leaders, from all sectors, who have done such partnering work in the past. The purpose of this gathering was to decide what the future network should look like, how better to encourage community integrated health networks to form and what such networks should do to organize and to determine the scope of services and contracts at the local, state and multi-state levels. Out of that meeting came a paper, which was shared in a March 4 Summit hosted by ACL, the National Summit on Health Care and Social Service Integration.

At the Summit, approximately 150 executive leaders representing the U.S. Department of Health and Human Services, health plans, health systems, CBOs, state government and philanthropy gathered to develop an approach for integrating medical and social care. Key opportunities and action steps were identified around financing integrated care, supporting technology adoption, scaling network partnerships, defining the organizing model at state and national levels and defining the role of federal and state governments.

ACL has been working with n4a’s Business Institute on mapping existing networks that have developed across the country—an exercise that highlighted much collaborative progress, but that also showed marked gaps of network lead entities partnering with healthcare systems. As most of these gaps are in more rural areas, ACL hopes the new Learning Collaborative will support development in these environments.

In the *Health Affairs* article, Robertson and Chernof also said, “We believe that the future lies in scaling the CBO network model across the country, organized to correspond to markets for health care delivery and payment. This means establishing a system of CBO networks, with hubs at local, state and multi-state levels. Each CBO network hub could individually contract with multiple

health plans and health systems in a given geographic region, as well as partner with other CBO network hubs to contract with health care organizations that have a broader geographic footprint.”

### **Partnering Hits a Snag—with Tech**

Another impetus to start this newest Learning Collaborative, says Cronin, is that increasingly healthcare information technology (IT) vendors are offering referral platforms to connect healthcare providers and health plans with CBOs, but they are not collaborating with CBOs in curating or managing the CBO networks in their platforms: CBOs are being asked to adopt the new platforms for referrals, but they are not given a co-design role and are not getting compensated for the extra volume of referrals.

ACL sees an opportunity to promote the role of long-term CBO leaders in the curation and management of networks, as well as the need for interoperable technology solutions to improve community-wide connectivity between healthcare and CBOs as they work to coordinate person-centered services. ACL is responsible for ongoing development of the nationwide network of comprehensive services for older adults and people with disabilities, and thus intends to advance adoption of interoperable technology that can improve healthcare and social services integration, which requires multi-stakeholder governance and common use of technical standards. The startup IT companies are moving fast, and getting business without collaborating with the established aging and disability network consistently from state to state. “We are working fast to get the leaders in the healthcare industry together so they understand there’s another way to do this, jointly, where human services and healthcare can work together,” says Cronin.

“If done well, CBOs could leverage the good technology, and all stakeholders could work together on community-wide implementations as long as they had the right network entity to step up and partner with a Blue Cross/Blue Shield, or Dignity-type healthcare system, to ensure the services are getting to the right community access points. As a result, healthcare organizations could better understand what’s going on in the home, which is a big strength of the community-based aging and disability network.

“There is a need for everyone to work together,” says Cronin. ■