Making Community and Clinical Integration Work: A Guide for Moving from Idea to Implementation

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Connecticut Health
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Contents

Introduction

Much of what makes people healthy happens outside the health care system. Social factors such as access to housing, healthy food, reliable transportation, and quality education can play a role in a host of health conditions, including asthma, diabetes, hypertension, and cardiovascular disease. Preventing and treating these conditions, and addressing the significant racial and ethnic health disparities that leave people of color with far worse health outcomes, cannot be achieved through clinical care alone.

Health care providers and community-based organizations that address social service needs represent different pieces of a puzzle: Each works on things that are critical to ensuring that people are truly healthy, but their work is not complete without the other. While they often serve the same people, health care providers and community-based organizations generally operate separately. If they worked together as partners, health care providers and community-based organizations could harness their combined expertise to improve the health and well-being of the people and communities they serve. Payers, such as Medicaid and commercial insurers, and philanthropy can also play critical roles in fostering these relationships.

There is widespread agreement that developing and supporting clinical-community partnerships is critical to improving health outcomes, but it is not always clear how. **This report provides answers to the question of how to develop clinical-community partnerships and integrate care and services, with lessons from existing models and a step-by-step guide intended to offer guidance to those considering pursuing these partnerships.**

Partnerships and Integration Defined

In this report, **partnerships** are formal arrangements that health care organizations and community-based organizations agree to that benefit the people they both serve.

Integration means the partners have combined how they deliver their care and services in some way so that the people they serve get the care and services they need in a seamless, holistic way.

How organizations are described in this report

In this report, "health care organizations," or **HCOs**, refers to clinical care providers that bill for the services they deliver, including hospitals, health systems, community health centers, and medical practices. "Community-based organizations," or **CBOs**, refer to social service providers, local health departments, and other organizations that address social and health needs in the community. This brief refers to the people these organizations serve as "clients" or "patients" interchangeably.

Six Lessons from the Field: What to Know Before Getting Started

1. Relationships are Primary.

Fostering good relationships is at the heart of successful partnerships. While it may sound obvious, countless partnerships dissolve because the partnership was rushed or received inadequate attention or because the partners did not focus enough on building trust and being transparent. It is important for all partners to commit the time and take concrete steps to build the trust that is essential to a long-term collaborative relationship.

2. Partners Need an In-Depth Understanding of Each Other.

It is essential that potential partners work to better understand each other—what they do, who they serve, how they see problems in the community, and their current or potential contributions to health outcomes. Having that understanding will enable partners to determine what care and services to integrate and how to do it.

This includes being realistic about the differences between partners, such as different terminology and approaches. For example, many health care organizations (HCOs) focus on the overall health outcomes of their patient populations (such as all pediatric patients or all patients who have diabetes), not just individual patients. Community-based organizations (CBOs), on the other hand, tend to focus on the outcomes their clients experience from discrete programs, rather than how those clients fare across all programs. This is a critical difference that will have to be addressed as partners develop plans for which patients will receive integrated care and services, what the partners will do together, and how they will evaluate its impact.

3. Organizations Will Need New Capabilities to Work Together.

A successful partnership will require organizations to adjust what they do and how they work. For example, many CBOs do not have access to good data-collection methods and very few are connected to a system to share information about clients. However, working with HCOs to provide services will require them to have access to systems and processes to share data.

Likewise, few clinical providers systematically screen for social factors that contribute to poor health outcomes or have adapted their workflows, screening processes, or staffing patterns to enable them to integrate services with CBOs. Yet these elements will be essential for working with community-based organizations.

4. Philanthropy Can Support Partnerships and Promote Sustainability.

Philanthropy can support the development of these new partnerships in three important ways:
- Acting as a neutral convener, bringing partners to the table and helping them begin to form relationships and plans.
- Supporting one-time start-up costs, such as funds for data analysis, planning, and fees for developing legal agreements.
- Promoting policy and payment changes that will sustain clinical-community partnerships and integration.

The role of foundations and other philanthropic funders should be akin to scaffolding, helping to provide support as the partnerships and models develop, but with the goal of fostering the creation of structures that can be sustainable without their help.

5. Payers Need to Be Engaged Early.

Long-term success of any new model will rely on having a way to fund it. While partners can do many things to work together initially, leveraging payment methodologies—whether existing or newly developed—will be critical to sustaining the work.

Partners should engage Medicaid and commercial health plans early in their process to assess what type of payment arrangement payers might consider. Some payers also might be willing to support partners in their design and early integration work.

6. Getting Started is Key.

There are many steps involved in forming good and lasting partnerships. However, the most important thing to do is to take the first step. A good strategy is to start small and then build on the initial work together.[1] Working on things that can produce early wins, even small ones, can also help strengthen the partnership by showing the value of working together.
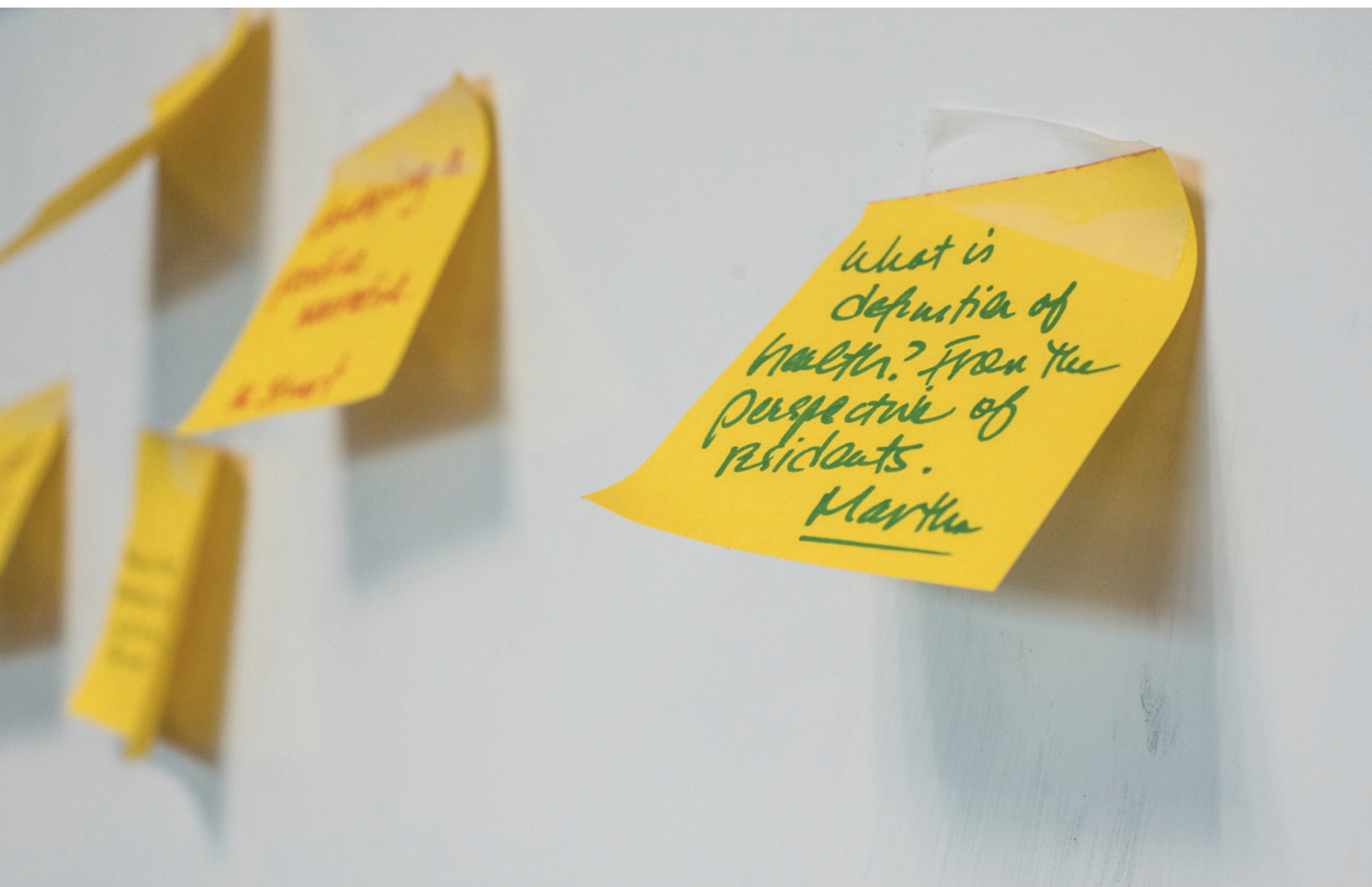
How to Make a Clinical-Community Partnership Happen

This step-by-step guide is meant to encourage and inform potential partnerships. Each partnership's exact roadmap will vary, but it is our hope that these ideas will prove helpful in moving forward.

Getting Started	Step 1: Figure Out Where to Start	What do you want to do?
		Who might you partner with?
		Be ready to show that you are a valuable partner
	Step 2: Select a Partner and Define How You Will Work Together	Look for partnerships that are more likely to succeed
		Set some early principles and goals
		Address power imbalances
	Step 3: Work Together to Identify Community Needs and Assets	How to approach the process
		What data to use
Developing a Plan	Step 4: Develop Your Plan	Identify goals, target populations, and levels of integration
		Decide how decisions will be made
		Decide how the integration will work
		Who to include in the process
	Step 5: Analyze Costs and Benefits and Develop a Financing Plan	How to quantify costs and benefits
	Step 6: Negotiate Financial Arrangements	Work with payers and other sources of financing to develop payment models
Getting Underway	Step 7: Put Your Plan into Action	How to approach implementation
	Step 8: Keep it Going by Learning, Refining, and Improving	How to approach keeping the partnership and integration going

Getting Started

1

Figure Out Where to Start

What Do You Want to Do?

Before you reach out to a potential partner, you need some idea of what you hope to get out of a partnership and the needs of the people you serve.

If you are unsure, consider:

- Are there poor health outcomes or gaps in care and services that affect the people you serve?
- What requests or complaints commonly come from the people you serve?
- Is there a funding opportunity that could enable you to do something meaningful for your clients?

Knowing the types of care and services you want to focus on will help you determine which partners to pursue.

Who Might You Partner With?

For many HCOs and CBOs, an obvious question is: Who do I even talk to about a partnership?

The answer depends on what relationships you already have. If you have a good relationship with another organization, that's likely the best choice for a start. This may be an organization that you have done projects with, one you refer clients to, or have worked with on community needs assessments.

If you don't have an obvious partner but have worked with organizations in the other sector before, is there an organization that serves the same people, does things that would benefit the people you serve, and/or might make a good partner?

- If so, could you get a meeting with someone there to talk about working together?
  - If so, see if they are willing to meet. If they show a willingness to talk and move things forward, that is a good sign that they could be a good partner. If they keep delaying meetings or things don't move forward, you might want to look elsewhere for a partnership.
  - If not, they may not be your best choice. Consider other organizations that might be easier to get a meeting with or ask others to help find potential partners (see below).

If you do not have those relationships and don't know where to start, have you been in meetings with organizations from the other sector?

- If so, is there an organization in those meetings that you think serves the same people, does things that would benefit the people you serve, and/or might make a good partner?
- If not, find potential "matchmakers"—people at other organizations or government agencies who could give you advice, introduce you, or get you invited to a meeting where organizations from the other sector will be. If you have an idea about what you are interested in doing with a partner, it will be easier for others to be better matchmakers.

Be Ready to Show That You Are a Valuable Partner

If the potential partner does not know you well, be ready to show why you would make a valuable partner—not just good to work with, but able to achieve outcomes that matter to its organization and clients.

Prepare your "value proposition"—that is, data and information about what you do and have achieved. Remember to focus on the data and information that matter to your potential partner. For example, if you are trying to partner with an HCO, provide data about health outcomes, rather than information that is not relevant in the HCO's world (e.g., school absenteeism).

Include information on your strengths. Be prepared to communicate what you bring to the table that is valuable for the people your potential partner serves. Examples include having staff who know the community, effective service delivery methods (e.g., case workers who employ evidence-based practices), or physical assets (e.g., meeting space for group work, a mobile unit for outreach).

Select a Partner and Define How You Will Work Together

Selecting the right partner is critical. Organizations pursuing this work together must be able to address major needs in their community and work effectively with one another.

There is no single model for partnership. The goal is to find what works and can be sustained over time. Some partnerships focus on a specific health condition such as diabetes or asthma. Others involve integrating multiple services or operations across partners. Many start small and then, as they gain trust and experience working together, evolve to include other types of integration.

Look for Partnerships that Are More Likely to Succeed

While the nature of any partnership will vary based on individual situations, there are elements that make success more likely. Among them:

- To be meaningful and economically viable, partnerships must have enough of a shared population and overlapping needs and strengths. If not, they will likely need to expend resources to create opportunities.
- Partnerships tend to be more effective if they comprise organizations with similar missions[2] and some level of trust, cultural alignment, and humility.[3]
- Partners have to be willing to respect each other's perspectives and endeavor to speak or at least interpret each other's terminology. For example, CBOs need to talk to HCOs about the health outcomes of all of the clients they serve and not just clients in each individual program and service. HCOs need to respect the community-centric, social justice, or health equity lens through which many CBOs approach their work and not just focus on health care.

Set Some Early Principles and Goals

The first steps in a new partnership can create a foundation for future success.
This should start with:

- Agreeing on core principles and key processes of the partnership, such as a process for transparency and shared decision-making.
- Identifying what types of expanded skills and capacities partners would have to develop to work together, such as improving programs, generating new funding,[4] or developing systems and policies.
- Developing shared goals and a common agenda[5] that can guide the subsequent work.

Address Power Imbalances

HCOs and CBOs also may have to address power imbalances. For example, health systems generally have more power and resources than CBOs. It is important to acknowledge where imbalances exist to avoid having unspoken issues jeopardize the relationship.

Taking deliberate actions to mitigate any potential issues can be important.[6]

One organization that did so effectively was NYU Langone Health in New York City, which partnered with four local CBOs to assess the needs and assets of a community. The health system had to show consistently that it was actively working on developing reciprocal relationships with CBOs, including having project leaders take the time to show up in the community—and not just at kick-off meetings. The project leaders participated in events sponsored by the CBOs. They also had to directly address the negative perceptions about working with a large institution and be transparent about parameters and expectations early on, especially about funding.

Effective partnerships are built on relationships grounded in trust and enable partners to develop ways to work collaboratively over time. Deliberately fostering relationships upfront can be time-consuming and costly but will create a strong foundation upon which to work effectively.

3

Work Together to Identify Community Needs and Assets

Many new partnerships are tempted to work first on a governance structure. Instead, consider starting by identifying the needs and assets in the community. This can serve the dual purpose of helping to generate information about where the partnership should focus and allowing the partners to work together in a way that builds trusting relationships. Every potential partner has expertise about the community and a unique perspective, and an initial activity that draws on each partner's expertise can underscore the value each organization brings.

How to Approach the Process

Optimally, HCOs and CBOs should share ownership of the process—with each organization providing relevant information that they have or will collect. Some partners may also want to include payers, local health departments, health councils, United Ways, philanthropy, or other organizations.

Sitting at the same table, partners should identify key data and qualitative information to examine together to understand community needs. There are many ways to do this. One approach is to start where partners already have or can easily get agreement on what to examine. For example:

- Partners might agree on a specific geography and could start by looking at the data and information they already have on populations in that area. They could then decide what else they need to know, such as areas with worse health outcomes or populations that face greater health disparities.
- Partners might agree that particular conditions or burdens for specific populations are the most important place to start.
- Partners may look at the information they have about preventable costs, which can help them negotiate with payers for new types of payments to support and sustain the work they undertake together.

What Data to Use

At minimum, partners should use what has already been done in their communities to assess health needs and assets, such community health needs assessments conducted for hospitals or local health departments, as well as data gathered by the state, local governments, health plans, and others. They should also gather information on community demographics and common health and social indicators. This process should include an assessment of health disparities in the community and the conditions that contribute to or cause them, as well as areas where outcomes are worse and factors that explain why. This is critical for developing plans for integrating care and services in a way that addresses disparities and inequities.

Partners should also identify community assets, including which organizations are providing services that address or could address the identified needs.

You do not have to wait for an exhaustive assessment to begin deciding what you want to do together. The key is to have enough information that all partners feel comfortable making decisions together.

Examples of Key Data and Information to Compile, Collect, and Review

- Poverty rates
- Food insecurity rates
- Housing instability rates
- Crime rates
- Infant and maternal mortality rates
- Substance use disorder rates
- Chronic medical condition rates
- Potentially preventable emergency department utilization and hospitalization rates and, if available, costs
- Qualitative data about perceived social factors and community conditions affecting health outcomes
- Outcomes related to existing interventions

THE ROLE OF PHILANTHROPY

Foundations and other philanthropic funders can support partnerships throughout the process. They can:

Provide neutral forums for CBOs and HCOs to engage with each other. These could include hosting convenings for potential partners to meet and build relationships or examine data, and supporting facilitation to help partners develop their plans.

Provide grants to support relationship-building among CBOs and HCOs, such as through seed funding to integrate services or technical assistance to develop new capabilities or plans. They could also offer bridge funding if payers commit to payment arrangements that give partners access to long-term dollars, or invest in developing (but not subsidizing) the infrastructure partnerships need. Start-up grants could help with early implementation costs.

Invest in cost and benefit analyses and evaluation to help partners with planning and evaluating what they are doing together.

Help if partnerships struggle, such as by providing a facilitator to work through issues, technical assistance to help develop and execute a plan, resources to combine and organize data, and meeting space and support. They can also reflect back to partners any issues they see in the partnership and encourage closer collaboration.

Share examples of promising models and best practices, including ways to pay for the integrated services.

Advocate for changes to policies and payment systems that better support clinical-community partnerships and integrated services.

Developing a Plan

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Develop Your Plan

Once partners agree on the needs to address, you must develop a plan for working together that answers key questions about what you will do and how:

- Which populations are we going to target?
- What will we do collaboratively to serve them better?
- How will we integrate services?
- How will we work together and make decisions?
- How will we know that what we are doing is successful?
- How will we sustain it?

The answers to each question should influence answers to the others, so it is best to address them as part of a single process.

Identify goals, target populations, and levels of integration

It is critical to establish clear goals for integrating care and services and identifying the populations that the integration plan will impact.[7] If there are populations that experience health disparities and health inequities, the plan for integrating services should specifically address disparities and inequities.

Once you identify goals and populations, select the level of integration to pursue. Many organizations start with sharing information about clients and referring clients among the partners. Although some HCOs and CBOs do this informally now, optimally, HCOs and CBOs would develop formal processes for doing this, such as agreeing on which services each partner will refer their patients to and having standard protocols for when and how referrals will be made.

Partners can deepen their connection by:

- Developing processes and systems for coordinating or linking services to meet specific needs of clients.

For example, OSF HealthCare, a health system in Irving, Texas, brought organizations together to address healthy eating, activity, and opioid use disorder. The health system launched a cloud-based case management platform called Pieces Iris, which allows it to refer patients to CBOs that address relevant needs. The local high school has been using the system to document students using a free pantry program. Because students who use the pantry likely have other unmet needs, the school uses Pieces Iris to refer them to other agencies.[8]

- Developing ways to collaborate more closely on delivering services, such as co-locating services and sharing staff.
- Combining the way services are delivered, monitored, and managed so clients receive them in a seamless, holistic way. Optimally, this level of integrated care will include having a shared way of financing the integrated services.[9,10] For example, the HCOs may pay for a CBO's community health worker to work with the HCO's clinical care teams and provide home visits for patients who need non-clinical services. If the HCO has negotiated a shared savings arrangement[a] with a payer, it could share a portion of funds generated through the arrangement with the CBO that helped achieve the savings.

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[a] In a shared savings arrangement, the payer shares a portion of the net savings with the provider that reduced health care spending for a defined patient population. They are usually combined with quality targets.

Decide How Decisions Will Be Made

You then need to identify a structure for how the partnership will make decisions about the plan and implementation. While not all partners need to have formal agreements at the beginning of the partnership, it is critical to eventually develop formal processes and agreements that clarify how decisions will be made.[11] This is especially important if you are sharing resources or financing.

Make Decisions About How the Integration Will Work

To create an actionable plan, partners must determine how aspects of the collaboration will work, including:

- Workflow: Develop streamlined workflows[12] that show precisely how care and services will work together. Typically, these will need to be refined once implementation begins based on the realities on the ground.
- Training: Develop a plan for how staff and providers among all partners will be educated and trained.[13] Expect that staff and providers will need training on the new way of delivering services as well as other new skills that they will need that are specific to the partnership (e.g., collecting and reporting data on patients, using technology systems).[14] HCO staff and providers will likely need training to understand the services that CBOs provide, the importance of integrating CBO services from clinical and financial perspectives, and how they will work with CBO staff.
- Goals: Agree on program goals, identify measures that demonstrate progress, and establish data collection mechanisms,[15] recognizing that many CBOs do not have access to a reporting system or staff to support intensive reporting.
  - HCOs need to include indicators that are important to their payers and will most likely produce financial returns under existing contracts. For example, most value-based payment contracts include reducing preventable hospitalizations and readmissions. Accordingly, indicators related to these outcomes would be good to include.
  - Make sure the overall plan includes a plan to evaluate progress and outcomes of the integration.
- Data-sharing: Develop a plan for how client-level data will be shared. This data will be critical to making decisions about care,[16] yet CBOs often lack access to needed data and might lack capacity for formal data collection and reporting.[17] Similarly, HCOs often do not have access to data that CBOs collect that would help them improve health outcomes for their patients (e.g., information about patients' housing conditions, transportation needs, hazards in the home). To address this challenge, HCOs could provide access to a shared data system.[18]

For example, Eastern Virginia Care Transitions Partnership, a multi-partner collaboration in southeastern Virginia designed to reduce hospital readmissions and improve health outcomes among older adults and those with complex conditions, provides coaches from Area Agencies on Aging with a shared inpatient tracking system to help them prioritize their interventions.[19,b]

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[b] The program reduced the 30-day readmission rate from 18.2 percent to 8.9 percent from February 2013 to January 2015. This resulted in estimated savings of more than $17 million through 1,804 avoided readmissions. (Source: N. Super. "Virginia finds better ways to transition patients from hospital to their homes." America's Health Insurance Plans (AHIP) blog (Jan 2017). https://www.ahip.org/virginia-finds-better-ways-to-transition-patients-from-the-hospital-to-their-homes/)

- Care and Service-Level Data: Collecting data that shows the impact of the integrated care and services is also essential for partnerships to demonstrate outcomes and returns on investment and to communicate progress toward partnership goals internally and externally.[20]

Developing plans for these issues can take significant time and effort but doing so is vitally important to creating a successful plan and building trust between partners.[21]

Who to Include in the Process

A facilitated process can be very helpful for developing a plan. Having a neutral, skilled facilitator can help create a process that feels fair and builds trust.

It is also helpful to get input from and, as appropriate, engage other stakeholders in developing the plan (or some aspects of it).[22] Stakeholders could include potential future partners, patients, clients, local health departments, local governments, payers, and the business community. Community members are particularly important to involve, and many partnerships wisely develop ways to involve them.[23,24]

In particular, engaging stakeholders about the mechanics of how care and services will be integrated has been shown to help get the integration efforts effectively implemented.[25]

**One partnership that incorporated community input managed to significantly increase asthma-free days among children through a housing intervention. The Des Moines, Iowa, partnership includes the Polk County Housing Trust, three health systems, and the county health department, which joined forces to improve housing quality and reduce pediatric asthma hospitalizations and poor outcomes in three low-income neighborhoods. They worked with Viva East Bank (VEB), a community-based organization comprising residents, organizations, business owners, and other stakeholders. VEB had conducted research in the three neighborhoods and found that housing quality was a significant concern. The core partners used these findings along with other data to select their focus.
VEB also was instrumental in expanding the initial plan to include tenants' rights advocacy work. The partnership's results included 6.2 more asthma-free days per month for children.[26]**

5

Analyze Costs and Benefits and Develop a Financing Plan

Before finalizing agreements and integration plans, you need to understand what it costs to deliver the integrated services, as well as any expenses related to supporting the partnership itself.

To support later negotiations with health care payers and other potential sources of financing, you also need to quantify the benefit to the people you serve, both directly and through the avoidance of more expensive services (such as hospitalization, the criminal justice system, or foster care). Comparing the total cost to the benefit can help demonstrate that the proposed model saves money and improves health and well-being.

This process should happen in conjunction with Step 4, as the processes of developing a plan and analyzing its costs and benefits should inform and reinforce each other.

Key Consideration

Be realistic about the learning curve partners will likely face in identifying true costs of their care and services.[27] For some CBOs, the transition from program-based budgeting to person- or population-based budgeting is new and will require new capabilities and systems. Many HCOs also may not know the true costs of delivering care or achieving outcomes, especially when including care and services supported by different funding streams. They also may need support to analyze costs.

How to Quantify Costs and Benefits

The goals of this step are to:
- Make sure that the benefits of the partnership and integrated model are greater than the costs.
- Help convince payers and other financing sources that they should establish payment arrangements that support and sustain the model. Ensure that partners are on the same page about how to fund their work.
- Ensure that payment arrangements are adequate to cover costs.

This work involves assumptions and judgment calls (such as what costs to include and not include). Many HCOs and CBOs will likely require additional resources and support for this step.

Generally, these are the steps involved:

Costs and benefits
- Quantify the annual and ongoing cost and cost per client for each service that will be provided by each partner as part of the integrated model.
  - Include staffing,[28] how services will be coordinated and integrated,[29] data collection/sharing/analysis,[30] evaluation, and other costs.
  - Include the full cost of operating the partnership, including facilitation, regular communications among partners, integration of data systems (if needed), and involving community members and other stakeholders. *The key is to make sure that the cost of partnership is not greater than the direct cost to provide the integrated care or service.*[31]

- Quantify the benefit of the model per client for each service provided.
- Determine start-up, short-term, and long-term funding priorities and needs. Partnerships generally rely on grant funding and in-kind contributions to get underway, then evolve into a blend of funding and financing arrangements.[32]
- Develop a budget for the integration plan. This should include costs for all partners. Expect to have to negotiate the budget assumptions and amounts among partners.

Financial arrangements between partners
- Develop principles and a formal agreement for financial arrangements among partners (e.g., a hospital paying CBOs to coordinate access to housing for their high-risk, high-cost patients) and how financial arrangements with payers and other sources of financing will be pursued and implemented, including how dollars will be distributed among partners.

Paying for it
- Identify potential financing sources that benefit from cost savings and/or improved health and well-being.
  - CBOs can identify sources of potential financing that most HCOs do not have access to, including local and state CBO funders that may be interested in changing the way they pay (e.g., braided funding[c]).
  - HCOs can identify the potential savings that could accrue to health care payers and consider funding and financing options to present to payers.
- Develop a plan for potential new funding and financing arrangements. Develop a concept to pitch to potential sources of short-term funding and longer-term financing (such as health care payers, social service payers, and philanthropy). Many existing collaborations use nontraditional funding methods.

For example, in Detroit, the Ruth Ellis Health and Wellness Center and the Henry Ford Health System developed a health and wellness center where they jointly provide services specifically to meet the health and social needs of lesbian, gay, bisexual, transgender, and questioning youth, with financing through braided funding combined from multiple sources, including project partners, foundations, private donors, and Medicaid. The health system also provided an electronic medical record system at no cost.[33]

As another example, the California-based health system Dignity Health provides below-market interest rate loans to not-for-profit organizations that work on community development in underserved neighborhoods.[34]

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[c] Braided funding takes funds from different sources and pools them so they can be used with more flexibility. Funds from each source still have to be tracked separately.

6

Negotiate Financial Arrangements

Traditional payment structures generally do not support the types of arrangements between HCOs and CBOs envisioned in this report. That said, there are different types of financial arrangements that could be used—or combined—to support and sustain the integration of care and services.

There is increasing interest among payers in implementing or testing new types of payment methods that can better support health by promoting prevention and addressing the social factors that contribute to poor health. This can create opportunities for partnerships to seek support for their collaborative work. For example, a payer could pay specifically for services that address social factors. It could reward the HCOs or HCOs and CBOs for achieving defined health and cost outcomes (e.g., improving outcomes for their members with diabetes, reducing preventable hospitalizations).

Partners can also make financial arrangements with each other. For example, an HCO could pay a CBO to provide services to its patients as part of an integrated model. HCOs could also include CBOs in their payment arrangements with their payers, which would incentivize and reward CBOs for helping them achieve health outcome and cost targets.

Although not likely a source of immediate funds, CBOs can also pursue more flexible payment options with their funders. For example, they could work with local or state funders to set up funding arrangements where they combine funding from different sources.[d] This would allow them to focus the funding they already get in a more comprehensive way or, if they partner with other CBOs, give them access to funds they do not have access to now.[35]

Key Considerations

Many health care payers are still experimenting with how they want to pay for improved health outcomes and reduced cost. Most already have contracts with HCOs that include different types of payment for achieving positive outcomes. Many others are considering how to pay for outcomes related to social factors, but few have taken steps to do so. However, that may make them more willing to experiment with an HCO-CBO partnership because it could inform what they decide to do going forward. While a partnership may find a payer willing to negotiate with the partnership itself, many payers will likely contract with an HCO only. Note that payers may or may not know or care how HCOs achieve the outcomes or if they partner with a CBO.

Some health care payers have contracted directly with CBOs for services that are part of integrated models.

For example, Healthfirst, a New York Medicaid managed care organization, has been testing payment models for CBO services, including paying CBOs that employ community health workers and/or peers who engage patients in clinical care. Healthfirst pays contracted CBOs for a set of services the CBOs provide to Healthfirst members.[36]

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[d] Blended funding merges funds from different sources; unlike in braided funding, blended funding does not require funds to be tracked separately.

Many financial arrangements that payers negotiate with HCOs include some level of risk, in which the providers are held accountable for achieving certain health outcomes or cost savings and could lose money if they don't achieve the goals. This might be appropriate for HCOs but not for most CBOs, which are unlikely to have the capabilities, experience, or expertise required to accept that risk (e.g., analytic systems and access to reliable and timely data that enable them to understand and manage their performance on health and cost outcomes).

If partners negotiate a financial arrangement among themselves, they need to ensure that each organization's roles are clear and that they have agreed to specific criteria for payment.[37] Details about roles and payment should be included in a formal agreement that guides the partnership.

When developing a financial arrangement with a payer or an HCO, CBOs need to enter into contracts that both support their level of effort and reward them for outcomes. CBOs should be careful to not put themselves into financial jeopardy. While negotiating with HCOs and payers, CBOs should determine break-even points under different financial arrangements. They should negotiate for upfront funds to support the new or expanded work they will do and a portion of the savings they will help generate. Optimally, they would use the funds to build their capacity for more advanced types of payment arrangements.

THE ROLE OF PAYERS

Payers can support partnerships and integrated care and services in multiple ways throughout the process.

They can provide upfront funds to support the development of partnerships or integration of services. Payers will play a critical role in helping sustain any new integrated model.

Payers can work with partners to develop alternative payment methodologies, such as payment arrangements that incent health care organizations to address the social factors that affect to their patients' health.

Payers could also include payment arrangements that provide upfront funds for specific aspects of the integrated model, such as payment for community health workers, evidence-based program expenses, or transportation.

Payers can provide data (such as information on high-risk and rising-risk members, hospital admissions and readmissions, emergency department utilization) that partners can use to understand community need and opportunities for improvement.

Payers can also promote and support the spread of effective models, including sharing best practices across their networks.

Getting Underway

7

Put Your Plan into Action

While planning created the seeds of the partnership, the true success of the partnership will be determined by the day-to-day interactions between the staff of the organizations. It is critical that leaders set their staff up for success by preparing them to approach their new partners with good will, humility, and a solutions orientation.

As was true in the beginning, the key to success at this stage is to start. Use your plan and pick something to do together. Doing something, even if it is small to begin with, creates a foundation for doing more together and reduces "process fatigue."

How to Approach Implementation

- Seek out opportunities for "early wins" and then communicate those broadly. This will help generate support for what you are doing together[38] and keep people motivated to do more.
- Have people at different levels of the organization meet often with their counterparts in the partner organization(s) to monitor progress and outcomes, make decisions, and make course corrections as needed. Allow midlevel managers to take on ownership of the process while providing the needed supervision to ensure that they do not lose focus on the plan and goals.
- Expect unanticipated challenges and errors in the workplan. View them as an opportunity to solve problems together and develop a stronger relationship.
- Use some basic measures upfront to evaluate if the work is progressing and achieving the intended outcomes.
- Communicate broadly and often and share credit with your partners. This will further strengthen the relationship and maintain excitement about the integrated work.

8

Keep It Going by Learning, Refining, and Improving

Change and adaptations should be expected and, if handled thoughtfully, can produce better results than just doing what you originally planned to do. There may be changes within the partnership—in leadership, staffing, or direction—as well as in the larger environment, such as funding and financing changes and new state and federal policy changes or opportunities. The best partnerships expect change and have methods for managing it.[39]

If the partnership works, there should be many opportunities to deepen or expand the partnership and integration, creating new opportunities to better serve shared clients.

How to Approach Keeping the Partnership and Integration Going

- Establish regular partnership meeting dates and milestones for leaders and staff who are working together, which will encourage communication and accountability. This can help ensure the work progresses at the right pace.[40]
- Use the evaluation process and agreed-upon measures to monitor if performance goals are being met and sustained. Periodically review the process and measures to ensure they provide the right information to evaluate the collaboration.
- Embrace change and collaborative problem-solving as an opportunity to make things better for the clients, organization, and partners. Seek and share opportunities available to further integrate services or reach more clients.
- Ensure that the way the funds are distributed among partners supports the work and feels fair to partners. Adjust financial arrangements and funds distribution as needed.
- Continue to nurture the relationships, celebrate successes together, and seek other opportunities to strengthen the partnership.

Getting Underway

Conclusion

There is great promise in bringing together organizations that provide clinical care and those that address the social factors that affect patients' health. Meaningful integration between the two sectors can advance the health and well-being of people beyond what either can do alone. If this work were easy, it would have been done by now, and there are unquestionably challenges that remain—particularly the need for sustainable funding. Nonetheless, there is now considerable recognition of the importance of bringing together health care organizations and community-based organizations, and a great deal of energy and excitement about pursuing it. This guide is meant to encourage potential partners to take the steps to make it happen and inform their efforts as they work toward finding new ways of promoting the health and well-being of the people they serve.

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