

AgingToday Supplement

Capturing lessons learned from trailblazers in integrated care

This supplement to *Aging Today* was conceived to capture lessons learned from trailblazers in the aging and disability networks, to address common pain points, to share breakthrough strategies in



business and partnership development and educate individuals and organizations new to the integrated care space. This work is crucial because when community-based organizations (CBO) and the health-care system work together, older adults and people with disabilities get the coordinated care that allows them to live with dignity and independence in their homes and communities for as long as possible. The four organizations featured in the Supplement have been selected to participate in a Trailblazers Learning Collaborative convened by the National Association of Area Agencies on Aging (n4a) and funded by the Administration for Community Living (ACL).

An Ohio AAA reveals lessons learned from decades of managed care

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Direction Home President and CEO Gary Cook.

Direction Home made a conscious effort to slowly woo healthcare executives and practitioners into vacant seats on their board of directors.

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

with healthcare entities, through in-person and virtual meetings.

Gary Cook has learned quite a bit in his more than two decades working in partnership with healthcare facilities in and around Akron and Canton, Ohio. As president and CEO of Direction Home Akron Canton Area Agency on Aging & Disabilities, he says Ohio has been at the vanguard of states changing the way long-term services and supports are provided, serving as an example of how to develop relationships with healthcare providers and navigate the contracting process. He is pleased at the prospect of participating in the n4a Trailblazers Learning Collaborative, as he says it has always been Direction Home's practice to provide assistance to others.

Direction Home is a private nonprofit covering Ohio's Summit, Stark, Portage and Wayne counties, providing managed long-term services and supports (MLTSS). The organization also serves as the nursing home ombudsman—"the elder rights advocate for nursing homes," Cook says, for 20 Ohio counties, essentially overseeing a quarter of the state.

Playing to Their Strengths

Direction Home's first foray into working with healthcare systems began almost 20 years ago with partnerships to provide community assessments directly in the hospital. In this collaboration, nurse assessors from Cook's Area Agency on Aging (AAA) would meet with patients and families to determine the level of care needed for an older adult, and specifically what supports were required around activities of daily living. From there, assessors would evaluate a family's financial situation and assess its ability to cover costs of necessary services and supports and then develop an actionable care plan. Up to this point, this was a free service to the community, funded by the Ohio Department of Aging PASSPORT Medicaid Waiver, but not routinely accessible in the hospital itself.

Direction Home decided years ago that if one of their main missions was to keep people who were transitioning from hospital settings out of nursing homes, it would make sense to base their community assessors within hospitals. Direction

Home now has assessors in 12 hospitals, representing four health systems in the Akron-Canton area.

The hospitals provide offices, telephones and access to patients and staff. AAA assessors are part of the discharge-planning process, taking care of such details as determining whether patients are eligible for Medicaid waiver home- and community-based services, which can eventually help patients when they transition to their home from the hospital or from rehabilitation facilities. Connecting patients to community services bolsters their care plans, thereby reducing hospital readmissions. Having assessors as such an intrinsic part of hospital transition protocols also means that Direction Home can facilitate access to the Medicaid waiver program for more people.

When the Centers for Medicare & Medicaid Services (CMS) put up a \$500 million pilot program to test the premise that CBOs could play a role in reducing hospital readmissions through the Community-based Care Transitions Program, one of the first agencies to receive funds for the project was Direction Home.

Culture Change a Key Partnership Strategy

Such strategies for partnering with healthcare entities need to be a part of an organization's long-term objectives, and require thinking way ahead, says Cook. Direction Home made a conscious effort to slowly woo healthcare executives and practitioners into vacant seats on their board of directors, as part of a method they call IDEA: Identify stakeholders, Develop relationships, Explore

> CONTINUED ON PAGE S-2

Aging and Disability Business Institute— a helpful resource for CBOs on the integrated care path

The Aging and Disability Business Institute was established in April 2016 to improve the health and well-being of older adults and people with disabilities through improved and increased access to quality services and evidence-based programs. Led by the National Association of Area Agencies on Aging (n4a), it includes seven other leading organizations in the aging and disability sector—the American Society on Aging, Independent Living Research Utilization/National Center for Aging and Disability, Partners in Care Foundation, Elder Services of the Merrimack Valley, Inc., the National Council on Aging

(NCOA), the Evidence-Based Leadership Council and Meals on Wheels America. The Business Institute is funded by The John A. Hartford Foundation, the Administration for Community Living, The SCAN Foundation, The Gary and Mary West Foundation, the Colorado Health Foundation and The Buck Family Fund of The Marin Community Foundation.

The Business Institute has been busy since its inception a year ago creating, compiling and curating resources to expose community-based organizations (CBOs) and entities in the healthcare sector to best practices in integrated care, and to encourage collaboration that will

ultimately help older adults and people with disabilities.

The Business Institute website (www.aginganddisabilitybusinessinstitute.org/) is an all-encompassing resource for business acumen skill development. The site is organized to help CBOs determine how far along they might be in their evolution toward working with managed care or other healthcare partners in contracting arrangements, walking site visitors through steps and related resources via level of knowledge.

Each website category, "Get Started," "Understand the Landscape," "Define Your Value," etc., up to "Deliver Measure-

able Results," includes a variety of resources from participating partners and in the form of webinars, articles (many are from *Aging Today*), presentations, toolkits, roadmaps and videos.

The site also offers grant announcements, upcoming event notifications, a blog with practical tips about contracting with healthcare entities, as well as the latest news about policy changes that may impact the ability of CBOs to partner with managed care organizations and other healthcare entities. Also featured are detailed success stories of CBOs that have effectively partnered with healthcare entities and are reaping the benefits, and contacts for and descriptions of consultants working in this field. Finally, the site's "Ask an Expert" section lets visitors submit detailed questions from their organizations. ■

TIM Talks webinar series: lively advice on business acumen

The Administration for Community Living (ACL), Office of Nutrition and Health Promotion Programs (ONHPP), in collaboration with consultant Tim McNeill, hosts a Business Acumen webinar series called TIM Talks. Below is a listing of all of the webinars held to date. To access Tim Talks, go to goo.gl/PFFjit.

“Increased Reimbursement for Care Coordination and the Potential Impact on Community-Based Organizations (CBOs)”

A business acumen webinar that reviews the important role of care coordination in changing payment models, and

the reimbursement update for care coordination and physician schedule that began in January 2017, in a question-and-answer format.

“Health IT Interoperability and the CBO”

Covers one of the most pressing issues for CBOs seeking and preparing for healthcare partnerships: health IT. The webinar touches upon requirements for health information technology and clinical integration, physician requirements and options to consider when selecting a vendor and preparation for compliance.

“Developing Meaningful Partner-

ships with Hospitals”

Examines how new policy developments mandating more value and accountability in the healthcare system are changing the way hospitals think about and design care delivery. McNeill walks through the steps a CBO should take to get to a successful hospital contract.

“Developing Meaningful Partnerships with Physician Practices, Patient-Centered Medical Homes (PCMHs), & Federally Qualified Health Centers (FQHCs)”

Explores recent policy and payment changes shaking up physician practice models and care delivery operations. Background is provided on PCMH and FQHC models, and opportunities for CBOs to collaborate with these and other physician practice types. There is also an analysis of the game-changing Medicare Access & CHIP Reauthorization (MACRA) law. MACRA components that open CBO opportunities for healthcare integration are explained.

“Developing the Business Case for Outsourcing Care Management to a CBO”

Guides participants through the business model, marketing plan, strategy and implementation of a business plan to operate a care management program contracting with local healthcare providers.

“CMS-Proposed 2016 Medicare Rule Changes and the Role of the CBO”

Explains the new CMS rule passed in November 2016 that revises the Medicare Physician Fee Schedule payment system. This rule has a number of provisions applicable to CBOs interested in becoming Medicare-certified providers for their services. CBO-relevant rules provide clarity on the Diabetes Self-Management Training, the Diabetes Prevention Program, the Chronic Care Management and Transitional Care Management (TCM)

billing codes and Expanded Bundled Payment models.

“Engaging Managed Care Organizations (MCOs)”

Explains the basics of MCOs, analyzes the current MCO landscape and how it affects CBOs and details the steps a CBO should take when seeking to contract with an MCO. This includes understanding the MCO “customer” needs and pain points, establishing a value proposition, defining your Return on Investment and more.

“Becoming a Medicare Provider”

Covers the Medicare provider application process, the implications of a CBO becoming a Medicare provider and the considerations around Medicare billing for dual eligible populations. Common billing terms are explained, and examples of CBOs that have become Medicare providers are highlighted.

“Business Acumen Overview and Comprehensive Care for Joint Replacement”

Covers why developing business acumen is important for CBOs’ strength and sustainability in the new healthcare landscape, how a CBO can analyze and understand its service market and dives deep into the Comprehensive Care for Joint Replacement model (CCJR), a value-based, CMS-mandated payment initiative. McNeill explains how CBOs can leverage their expertise to partner with healthcare entities looking to save money and perform well under the CCJR model.

“Where Do I Begin? CBOs and Business Acumen”

Covers policy shifts that have made business acumen for CBOs so important, and the steps CBOs should consider taking to position themselves for success in the new environment. Information on understanding payment rates for services is provided, with examples of CBOs that have done so successfully. ■

Webinars offer a path to navigate the world of integrated care

The Aging and Disability Business Institute has been producing webinars dedicated to providing community-based organizations (CBOs) with the tools and resources to successfully adapt to a changing healthcare environment, enhance their organizational capacity and capitalize on emerging opportunities to diversify funding. All of these webinars appear on the Business Institute website, and are available to anyone interested in mining this valuable information. Listed below are the available webinars and short descriptions of each, in order of their original date of appearance. Webinars are catalogued and searchable by date and their slide decks accessible on the site.

June 29, 2016: “Times of Transformation: The Changing Long Term Services and Supports (LTSS) Environment for the Aging and Disability Networks”

Hear from the Administration on Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) about new efforts to integrate care for people with Medicare and Medicaid (dual eligibles) and how aging and disability organizations can participate.

July 22, 2016: “Finding Champions and Building Partnerships between Community-Based Organizations

› CONTINUED ON PAGE S-6

Ohio AAA reveals lessons

› CONTINUED FROM PAGE S-1

common interests and Align activities. “It really works, it’s an evolutionary process that’s strategic in nature,” says Cook. Through board membership, healthcare executives and physicians were able to see in detail how Direction Home ran its agency.

These close relationships helped immensely for future partnering, but by an overwhelming margin, the biggest key to partnering success for Direction Home was culture change. AAAs, Cook says, have traditionally acted as extensions of government, with virtually all contracts flowing through local, state and federal governments. In the new managed care world order, these contracts are risk-reward based, meaning the AAAs need to become more entrepreneurial and all staff, from the top down, need to approach partnerships as they would in a for-profit business framework.

When first researching best business practices, a board member who was a hospital CEO suggested reading Fred Lee’s 2004 book, *If Disney Ran Your Hospital: 9 1/2 Things You Would Do Differently* (Bozeman, MT: Second River Healthcare), and Direction Home adopted the “Disney culture” as its model. Direction Home sent top staff to the Disney Business Institute in Orlando to be trained in this customer-oriented

culture, and still continues this practice. The main lesson of the training, beyond embracing a customer-oriented culture, is how to run the AAA more like a business, and less like an extension of the government.

If you see changes coming down the pike as a threat, you won’t position yourself to survive.

As Ohio increasingly employs a managed care model to operate what had previously been state government-operated Medicaid systems, it has established relationships with Managed Care Organizations (MCOs), which in turn use Direction Home as a subcontractor that takes over the long-term care portion of their services. When offered the choice of building an MLTSS infrastructure from scratch or buying services from Direction Home and the Ohio Aging network, Cook says they have convinced MCOs in northeast Ohio that it’s preferable to buy long-term care management services, leaving the MCOs to do what they do best, which is acute care management.

Direction Home and the Ohio AAAs already knew how to run long-term care services, being familiar with all the necessary daily details to provide clients with the help and supports that allow them to successfully live in their commu-

nity. “We’ve been doing this for 30 years under the PASSPORT Waiver,” says Cook. “So the MCOs can start with the assumption that the product [we provide] is good, then there’s a compelling argument to ... buy it from us.”

Lessons Learned

Much of the process of evolving into a more business-like, outcomes-directed organization centers around practical challenges like quantifying risk and true-cost accounting, says Cook. Direction Home must accurately evaluate the true costs of providing services, in order to charge the right amount and ensure their agency’s financial sustainability. There is a degree of specificity and a much smaller margin of error to running a business this way, when compared to the previous government-dominated model of “spend the dollars now or risk not getting them the next year,” says Cook. Any monies made over and above expenses are channeled back into the business to further its mission and improve its services.

Effecting a culture change that emphasizes this business model is the biggest takeaway lesson from his work with managed care, Cook says. “Everything depends upon your corporate culture. Many boards of directors resist rather than move with change. If you see changes coming down the pike as a threat, you won’t position yourself to survive. But, if

you see changes as opportunities, then you can figure out how to make it work.”

A second lesson lies in the value of data. This can also be a part of evolving corporate culture because data analysis, computer programming and financial analysis are not in plentiful supply at AAAs, says Cook, so such experts may have to be hired on staff or as contractors. But the data need to exist and must be mined. This also applies to the healthcare side: MCOs and healthcare systems have to be willing to collect and share their data on outcomes and other commonly agreed upon performance metrics such as hospital admissions, emergency department visits and readmissions.

The third lesson relates to language. “Hospitals and MCOs are not going to learn your language,” says Cook. It is up to the CBO to learn the healthcare lexicon.

Finally, resting on one’s laurels is not an option. Cook is currently working through the Ohio Association of Area Agencies on Aging, figuring out how to carve out a role for Direction Home within a new Ohio state proposal that would take what remains of the old Medicaid waiver system and turn it all over to managed care.

It’s likely Cook’s experience helping to secure a new role for his organization with the state will serve as valuable fodder for imparting wisdom through the Trailblazers Learning Collaborative. ■

A meals program in Connecticut keeps cardiac patients at home and out of the hospital

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Senior Nutrition Services, a division of New Opportunities, Inc., in Waterbury, Conn., served 53,662 meals last year through its meals sites and restaurant program. Through its "Meals on Wheels" program, it distributed another 512,005 meals—reaching more than 1,600 older adults and others in need. Now it is working toward partnerships with hospitals that would use those meals to keep patients healthy in the community and cut back on readmissions, while ensuring sustainability for Senior Nutrition Services.

New Opportunities, Inc., is a community action agency "that provides a multitude of services to keep people out of poverty," says Lisa Labonte, the agency's director of Nutrition Services. Offerings include an energy assistance program, childcare and help for those who have been incarcerated to re-enter the community.

In its elder services division, New Opportunities offers senior nutrition services such as Senior Community Café (for dining on site at area senior centers or the senior housing residence), Senior Dine (nutritious Title III–funded meals at participating local restaurants for a suggested donation). Other programs include three Senior Corps services that include Foster Grandparents (stipended senior mentors for children with exceptional needs), Senior Companion Program (stipended senior volunteers who provide companionship to homebound seniors), Senior Corps RSVP (linking older volunteers to community needs), CHORE In-Home Services (for help with housekeeping, light yard work, etc., for homebound elders), Emergency Response System, MedSmart and a Money Management Program. Its offerings even extend to pets, with Animeals, a program that sup-



Lisa Labonte, director of Nutrition Services at New Opportunities, Inc.

plies needy pet owners with pet food, which is delivered along with the owners' meals.

Reaching Out to Prevent Readmissions

New Opportunities' Senior Nutrition Services in 2015 was chosen by Meals on Wheels America as part of The National Research Center on Nutrition Aging learning collaborative—a group of eight nonprofits—that received training on ways to develop business partnerships with healthcare entities. "It's really a slow, slow process," says Labonte of their entry into the healthcare world. "First, you have to become knowledgeable as to how to do business with hospitals, what they're looking for and learn how they communicate, so [you] can communicate with them."

Labonte says they first partnered with Care Transitions, a care management coordination provider in Torrington, Conn., that provides person-centered care coordination and is run by Maureen McCarthy, who is a nurse. Her suggestion was to approach local hospital systems to ask about patients with the highest readmission rates. Once these patients transitioned from the hospital to home, Senior Nutrition Services would provide meals for 30 to 90 days, along with nutrition counseling, nutrition education, an emergency response system and care coordination and monitoring by Care Transitions to prevent readmissions. Unfortunately, hospitals did not accept this proposal because they "didn't trust that what we were saying would work," Labonte admits.

After securing a small grant from The CT Community Foundation, Labonte tried again, this time reaching out to a cardiologist working at a local hospital who was known to her staff. An innovative physician, he was open to the idea of keeping his patients with congestive heart failure out of the hospital. The provision of heart-healthy in-home meals, nutrition counseling, daily driver checks, coupled with a care transitions nursing team providing patient oversight and synchronizing patient's care between healthcare providers was offered, through the grant, at no cost to the hospital. Senior Nutrition Services had measurable success with these patients through this multi-pronged approach. In a five-month period the



A Meals on Wheels client receives lunch from a volunteer driver.

program showed a 100 percent success rate keeping four patients referred to the program at home for 60 days or more.

Putting the Plan in Place

Physicians at the hospital had been most worried about what diets their patients would revert to once at home, so Meals on Wheels paid a nutritionist to interview patients to determine if they understood what constituted a proper diet, and to limit their supply of foodstuffs that were sodium-heavy or otherwise inappropriate to their recovery. Meals on Wheels then began providing two meals a day to the patients upon their return home.

McCarthy trained Meals on Wheels drivers, who completed a daily health check report on each patient after they delivered a meal, answering questions about pain level, hours and/or quality of sleep and if medications were taken and other patient-specific health questions. The drivers took this new task very seriously, Labonte says.

After each meal drop off, the drivers would send a report back to Senior Nutrition Services on a patient's status. McCarthy and her team of nurses would review the reports and if they spotted a red flag, would talk with the patient. They also tracked all the other doctors a patient saw, and kept them in the loop on the patient's progress. If the flags were red enough, they would contact the cardiologist to schedule a follow-up appointment or procedure that might be needed to prevent another hospitalization.

This was managed care on a small scale: Senior Nutrition Services began the process with just three cardiology patients, but they had a 100 percent success rate at keeping these patients out of the hospital. Labonte says they kept the patients at home for \$1,500 for 60 days. Being readmitted multiple times over the 60-day timeframe, as had been the case, would have been much more expensive for the hospital. Now that they have experienced success, they will approach other hospitals to hopefully secure—and serve—more patients.

Senior Nutrition Services also is working to bring the other eight nutrition providers in the state of Connecticut together to run similar programs, with the goal of developing a centralized hospital referral system that connects patients to nutrition program services in their region.

Challenging Times for Hospitals—and CBOs

According to Labonte, hospitals are just beginning to understand that if a patient

can be kept healthy at home, they likely will not be readmitted. But hospitals in Connecticut and across the nation are struggling, she says, so it is difficult to convince them to begin new programs when they are unsure of their future. Many hospitals have new owners or are facing takeovers and thus are reluctant to commit to new ventures while experiencing transitions.

Another challenge for Labonte has been working with the hospitals while still running her existing program. Ideally, she wants to bring the program up to a higher level, to make it more attractive to hospitals and, should they secure a contract, be prepared to move immediately on any new referrals that result from the new project. "If we suddenly have to deliver new meals to a patient being released from the hospital, we'll just do it ourselves," says Labonte, "[because] we have to be ready and willing to serve [the hospitals] immediately."

CBOs must learn how hospitals communicate, so they can communicate with them.

As other CBOs providing services to healthcare entities have noted, speaking the healthcare language is key to successful interactions and contracts. "We're used to talking about people served and meals served," says Labonte. "But that's not important to [hospitals]—for them, it's all about how much money we can save them while providing quality services that will keep their patients healthy at home." This will require CBOs to shift from an output to an outcome mentality.

For her next challenge, Labonte will approach partnering with health insurance companies. If Senior Nutrition Services can provide enough short-term services (for patients undergoing more minor medical procedures) during transitions from hospital to home, even for just two weeks, it could save insurance companies money, while improving the health of its health plan members. This also makes an insurance company's offerings more attractive to older adults, who prefer to receive services at home than in the hospital.

After her agency's recent success with congestive heart failure patients, Labonte knows the services they provide work. "I'm now confident that the package we're providing will keep people out of the hospital at a reasonable cost," she says. "I've learned through this process that I can be [sure] that what I thought we could do we can do, with success." ■

Tool assesses CBO readiness to partner with healthcare entities

By Erin Lockwood and Lori Peterson

Converging trends in and around healthcare are catapulting interest and effort to redesign the health system. Opportunities abound, especially for community-based organizations (CBOs), as the value of integrating social services into the healthcare delivery system is increasingly realized.

Cross-sector partnerships between CBOs and healthcare entities, such as hospitals and health plans, show significant promise for evolving the healthcare delivery system to integrate solutions that address all the conditions that impact people's health. But preparing for and achieving cross-sector partnerships is a complex process, one that can result in some organizations flourishing, while others flounder (see "The Making of a Successful CBO: From Floundering to Flourishing," <http://bit.ly/2v4lhQT>).

Organizations that flourish in pursuing cross-sector partnerships often exhibit key characteristics, such as committed leadership (see the Business Institute webinar, "Leadership and Change Management," <http://bit.ly/2uFl1GM>), strategies

that incorporate partnership development and the willingness to learn and act upon new perspectives. For organizations unsure of their place in the process of preparing to partner with healthcare entities and what it might take to succeed, the Aging and Disability Business Institute, in partnership with Collaborative Consulting, developed a Readiness Assessment Tool.

Recently launched on the Business Institute's website (www.aginganddisabilitybusinessinstitute.org/assessment-intro/), the Readiness Assessment Tool provides a detailed approach to evaluating readiness, breaking down the process in seven key modules, as follows:

- **Change Readiness:** An essential step in the process is preparing internally for the changes required, including a new culture, new mindset and new way of doing business.
- **Strategic Direction Readiness:** This process requires a strategic change, which demands assessing the mission of the organization and seeking alignment with the strategic direction of the organization (see the Business Institute webinar "Expand Your Vision and Grow Your Mission," <http://bit.ly/2w6V80p>).

- **Leadership Readiness:** Strong and adaptive leadership that is committed and aligned with the strategy is critical and one of the most important areas of readiness.

Assessing the staff structure for accountability and sustainability is essential for long-term success.

- **Operational Readiness:** Pursuing a new way of doing business entails developing or repackaging a service model, in which costs, pricing options, resources and other needs must be carefully analyzed.
- **Management Readiness:** Assessing the staff structure for accountability and sustainability is essential for long-term success.
- **External Market Readiness:** As internal preparation is required, so is external preparation, in which it is critical to understand the healthcare landscape, the drivers for change and the activity and potential partners within the local market (see the **Aging Today** article, "A Matter of Mindset," by Victor Tabbush, <http://bit.ly/2v4XwIa>).
- **Partnership Development Readiness:** Pursuing partnerships requires developing and articulating organizational value, which begins with a strong value proposition and a strategy to approaching potential partners (see the Business Institute webinar, "How to Make the Business Case," <http://bit.ly/2tK6g2A>).

Within each of these modules is a set of questions to be answered, guided by resources and examples to ensure clear and accurate responses. The tool's questions and resources serve as a framework for moving forward in the readiness process.

Intended as a resource for community-based organizations of various types and maturity levels, the tool is a valuable resource at any point in the partnership development process, whether no effort has been exerted on partnership development or one or more contacts with healthcare entities have been secured, as

at every level there are potential areas of improvement that can lead to growth and sustainability.

Once the tool is completed, feedback is provided through a detailed report, which evaluates the current state of readiness and the potential areas for capacity-building efforts moving forward. Though seven modules are available (and it is recommended organizations complete them all on the first attempt), the tools can be finished individually, or in any order, providing an opportunity for focused feedback through the progression of preparation.

Recommendations for Completing the Tool

Complete the Readiness Tool as a team, incorporating anyone who has a role in pursuing partnerships. By melding in multiple points of view, active exploration and discussion can amplify the process and unite understanding and awareness within the team.

Read the partnership profiles, but keep an open mind. At the beginning of the tool, there are numerous partnership profiles highlighting organizations and their experiences navigating the partnership process. Within these examples are transferable insights that might be of value. However, it is important to recognize that the partnership process is unique to each individual organization.

View the resources and use the components provided throughout the Readiness Assessment Tool, as they are intended to support and enhance efforts to partner.

Retake the assessment, or parts of the assessment, regularly throughout the partnering process, as it not only provides a structure to track progress, but also might lead to new ideas and perspectives. In the process of using similar tools, it has been discovered that readiness scores decrease after the initial assessment, once organizations recognize the complexity of the process.

If an organization is ready to assess readiness for partnership, this tool is invaluable; www.aginganddisabilitybusinessinstitute.org/assessment-intro/. ■

Save the date for the ASA and n4a Business Acumen Summit at AiA18

Collaborations and partnerships of community-based organizations (CBOs) and healthcare providers are transforming the way older adults are being served and supported in the community. In its third year, the ASA and n4a Business Acumen Summit will present lessons learned in the ASA/n4a partnership and via the Trailblazers Learning Collaborative. This is proven, actionable content that can help CBOs and healthcare providers progress to new levels of

expertise in seeking productive and financially sound collaborations and partnerships.

The ASA and n4a Business Acumen Summit will be held on Thursday, March 29, 2018, from 9 a.m. to 1 p.m., during ASA's 2018 Aging in America Conference, March 26–29, at the San Francisco Hilton Hotel.

For the Summit program schedule and other information, visit www.asaging.org/aia (the AiA Web page will be live on Oct. 2, 2017). ■

ASA's 2018 Managed Care Academy: leading the field forward

The 2017 ASA Managed Care Academy garnered much positive feedback from participants, and ASA is offering an expanded curriculum for the 2018 Academy. The new curriculum is designed to meet the ongoing goal to provide information CBOs need to achieve the triple aim of improved client outcomes, improved population health and cost reduction—and also to help CBOs learn to thrive in the new managed care environment and improve services to older adults.

ASA is offering expanded curriculum for the 2018 Managed Care Academy at AiA18.

ASA invites its membership community and the field at large to the third annual Managed Care Academy, and most especially to the Managed Care Summit on Thursday, March 29, 2018, from 9 a.m. to 1 p.m. The entire Academy curriculum,

of which the Summit is one part, will be held in San Francisco during the 2018 Aging in America Conference (AiA), March 26–29, 2018 (headquartered at the San Francisco Hilton Hotel).

Sessions Prep CBOs for a New Managed Care Environment

ASA is pleased to be able offer even more opportunities to learn, network and grow aging services organizations' knowledge and readiness for the managed care contracting environment.

The 2018 Academy will have more than 20 educational sessions, which include presentations on how to collect data and track data outcomes, as well as special panels featuring CBOs that are progressing on the managed care path. The Academy also will feature multiple workshops and boot camps from n4a's Trailblazers Learning Collaborative, The SCAN Foundation's Linkage Lab, The Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention.

The March 29 Managed Care Summit will take attendees through the key elements of a community-based organization readiness assessment that will help CBOs to re-craft systems and processes in alignment with new business practices and changing incentives.

Other sessions include three 90-minute Managed Care Academy Boot Camps, as well as many other workshops offered during the Aging in America Conference—education that focuses on related critical issues and topics. The 2018 Boot Camps will take place on Monday, March 26, from 9 a.m. to 10:30 a.m.; Tuesday, March 27, from 9 a.m. to 10:30 a.m.; and on Wednesday, March 28, from 1 p.m. to 2:30 p.m.

More than 20 peer-reviewed workshops will cover an extensive selection of topics from community-based organizations that have substantial experience in the integrated care space plus offerings from other organizations involved in the Aging and Disability Business Institute. Please visit ASA's website for 2018 Con-

ference details and to register, at <http://asaging.org/aia> (the AiA Web page will be live on Oct. 2, 2017).

The Managed Care Academy series of programs is part of a larger project, the Aging and Disability Business Institute. ASA is grateful to our Business Institute funders and partners. Each issue of **Aging Today** includes Business Institute-sponsored columns about improving the ways healthcare is delivered to older adults, and how community-based organizations can create sustainable business practices. Additionally, ASA has created multiple web seminars on managed care and will release a second *Managed Care Field Guide*, a supplement to ASA's *Generations* journal, in Spring 2018.

This project is made possible by a three-year grant funded by The SCAN Foundation, The John A. Hartford Foundation, the Administration for Community Living, the Gary and Mary West Foundation, the Marin Community Foundation and the Colorado Health Foundation. ■

Ability360: fostering growth, while preserving a service culture of dignity and respect

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

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

Ability360 employs 2,600 homecare workers, scattered across the state.

Phil Pangrazio, president and CEO of Ability360, an independent living center in Phoenix, Ariz., readily admits he wasn't working there when the center first conceived its highly successful homecare services program, but he has seen what is now one of our country's largest centers for independent living grow rapidly and steadily during his 17-year tenure and nine prior years of service on the board of directors.

The center offers a long list of services: independent living skills training, peer support and mentorship, information and referral, advocacy, home modifications, recreational and social programs, early intervention and outreach to rehabilitation hospitals, re-integration from nursing homes to the community, youth transition to adulthood in school districts, (regarding independent living skills), sports and fitness, Social Security work incentives consulting and a Ticket to Work employment program. Though the center doesn't offer housing, they operate one small residence—a donated gift from a community member—that serves as transitional housing for people coming out of rehabilitation facilities.

The Ability360 Genesis

Though it was founded in the disability supports side of the services industry, Ability360's homecare assistance program, which contracts with healthcare entities, is now made up mostly (at least 60 percent) of frail elderly adults. When the program began in the mid-1980s, it concentrated on serving people with



Photo: Courtesy Ability360
Ability360 President and CEO Phil Pangrazio.

physical disabilities who needed attendant care or personal assistance services (currently called homecare for reasons of branding and name recognition) to allow them to remain at home in the community. Other similar support programs had only just begun to pop up across the country, Pangrazio says, and the center (then called ABIL [Arizona Bridge to Independent Living]) recruited people to serve as personal attendants, trained them and matched them with consumers.

Initially funded by Arizona Long Term Care System (i.e., Arizona's Medicaid managed long-term services and support system) the attendant care services program was run in collaboration with the Maricopa County health system. Pangrazio happened to work at the county hospital at that time, and saw how the homecare program worked from the healthcare side.

Pangrazio says the county "found [the program] to be a nuisance, predominantly run by nurses, and a very medical model," but the disability community needed it desperately, so ABIL got involved. In the early 1990s, the county asked the center to take over the running of the program—payroll, billing, claims processing, case management—and suddenly ABIL was employing more than 1,000 homecare workers under a contract with Maricopa Health System and its Long Term Care program.

An ABIL manager designed the program's policies and procedures—how and when home visits would occur, what a care plan would look like, the laying out of consumer rights, attendant care worker rights and caregiver training. Except during a brief break when the county took the program back (and then tired of it again), Ability360 has been running it ever since the early 1990s.

Expansion Sparked by the Advent of Managed Care

Arizona was the last state to opt into the federal Medicaid program and the first to adopt managed care when in 1982 it created its state Medicaid agency AHCCCS (the Arizona Health Care Cost Containment System). "Arizona's conservative legislature liked the name and acronym 'AHCCCS' because it didn't use the word Medicaid. In fact, some proba-



Photo: Marc Angel
An Ability360 staff member converses with a consumer just outside the Ability360 Center.

bly didn't know it was, thus we became the first state in which the Medicaid agency was under managed care," says Pangrazio.

In 1999, the county got out of managing the long-term-care business entirely as AHCCCS put it out to bid to the private sector. "That's when companies like UnitedHealthcare, SCAN, Mercy Care (part of Dignity Health), and eventually Centene came into the marketplace to bid on the long-term-care program, and when we first started having a relationship with a healthcare managed care company," says Pangrazio. From 2000 on, Ability360 has had contractual relationships with Mercy Care, a Medicaid Managed Care organization, and other such healthcare entities.

Today, Ability360 employs 2,600 homecare workers, scattered across almost the entire state, in Pima, Gila, Pinal, and Maricopa counties and now moving into Yavapai County.

The center remains successful in garnering and keeping contracts, Pangrazio believes, because of its philosophy to treat both consumers and employees with dignity and respect. "We hire from within, and a lot of the people working for us as supervisors and case management started working for us as caregivers—we have approximately 30 to 35 people working as case management

'We collect 99.9 percent of what we bill.'

supervisors and dozens in other support roles who came up through our ranks," Pangrazio says.

"There are private homecare agencies on every corner now," he adds. "But I believe we've been around a long time because of our philosophy and how we treat people. And we pay our caregivers as well or better than any provider in the state."

The other half of their success lies in knowing how to run a business efficiently. Ability360 pays employees every week because the weekly paycheck makes personal budgeting easier for employees, but also because this works well for the organization: the faster it is able to bill for services, the easier it is for the center to reconcile billing and recoup their money.

Pangrazio insists on leaving no collectables on the table. "We don't have much uncompensated bad debt expense," he says. "We collect 99.9 percent of what we bill, which is not easy to do." He credits his CFO, who he brought over when he

left the county hospital 17 years ago. When he started at Ability360, Pangrazio says, the center had probably 12 to 15 percent bad debt. "If we had kept operating at 15 percent bad debt, we wouldn't be here right now," he says.

New Avenues for Collaboration

In addition to its homecare attendant program, Ability360 also offers home modifications, contracting with some of the same managed care organizations. Last year, they completed about 150 modifications, the majority through Mercy Care. Pangrazio says this is not a lucrative program, but a much-needed service and one that creates goodwill in the disability community. Other centers for independent living might consider such a program when shopping for managed care contracts.

And the center had a three-year, \$25,000 per year grant with Dignity Health's Barrow Rehabilitation Center, for consumers leaving the hospital to use the Ability360 sports and fitness center for rehabilitation and transition back to community life. This is another service Pangrazio recommends independent living centers consider offering in some fashion to healthcare entities.

In the future, Pangrazio would like to build up a program that he feels has been very successful but unfunded, which is outreach to rehabilitation hospitals to offer information and referral and peer counseling and mentorship. Currently, he has one staffer who has lived successfully for many years with a significant disability working on that program, but Ability360 has had to shift costs to subsidize that staffer, instead of securing a service contract.

"I think that service could be sold to hospitals, and we need to ... figure out how to develop a contract to get that business," says Pangrazio. The center's staffer now travels, free of charge, to 10 or 12 rehab hospitals to give them referral information about services available post-rehab, to distribute a disability survival guide and to prepare them for what lies ahead. "We're offering peer counseling, mentorship, and information and referral at the bedside. It's a shortcoming on our part that we haven't developed that into a contract that pays as a fee for service," says Pangrazio.

Considering Ability360's philosophy emphasizing dignity and respect for consumers and staff, paired with its efficient business sense, it is very likely the center will have such a program up and running very soon. ■

Webinars help navigate integrated care

› CONTINUED FROM PAGE S-2

(CBOs) and Healthcare Entities”

Learn practical strategies that can enable CBOs to establish positive working relationships with physician groups, hospitals and health plans.

August 17, 2016: “Preparing CBOs for Successful Health Care Partnerships: How to Make the Business Case”

Learn methods CBOs can use to make a convincing business case to the healthcare sector.

September 21, 2016: “A Promising Collaboration: Managed Care and Independent Living”

This webinar highlights one successful CBO–health plan partnership in San Diego between Care1st Health Plan and Access to Independence—learn how these organizations were able to work together to achieve common goals to serve an especially vulnerable population.

September 28, 2016: “Tapping into New Payment and Delivery Models: An Innovative AAA-ACO Partnership to Improve Care and Reduce Costs”

This webinar highlights a successful partnership in Maine between the Southern Maine Agency on Aging and the MaineHealth ACO that resulted in better care, lower costs and opportunities for diversifying the CBO’s funding stream.

October 13, 2016: “It Takes a Community: Population Health Management for Members with Chronic Conditions and Functional Needs”

Learn how to meet the health and LTSS needs of health plan members with chronic conditions and functional limitations to keep them living at home.

November 16, 2016: “Leadership and Change Management for CBOs”

The presenter provides tangible strategies for leading an organization through



Photo: iStockphoto/A.J. Watt

change, focusing on understanding models for change, describing the role leadership plays during change and identifying strategies for communicating change.

December 23, 2016: “Is My Organization Ready? Assessing CBO Capacity to Partner with Health Care Entities”

Expert advice on how a CBO can determine readiness to engage in healthcare contracting, what steps to take to begin such work and the shift in perspective that can enable CBOs to evolve their business development practices to drive performance and demonstrate value in the changing healthcare landscape.

January 9, 2017: “Expand Your Vision and Grow Your Mission! Driving Culture Change in Aging and Disability CBOs Looking to Work with Health Care Partners”

New payment policies that mandate value and accountability have opened a crack in the healthcare reimbursement wall, and CBOs are poised to climb through. This webinar highlights two successful Massachusetts CBOs that have navigated the shift in thinking necessary to succeed in this new world of integrated social and medical care.

January 31, 2017: “Preview the Most Comprehensive Source of Information and Resources to Boost Your Bottom Line! Introductory Webinar for the Aging and Disability Business Institute”

Aging and Disability Business Institute staff provide an overview and introduction to the Business Institute’s new website.

February 13, 2017: “We Know We Do Good Work, Now What: How to Package your CBO Services to Attract Interest from Payers”

Hear from two aging and disability CBO experts with extensive experience packaging services and preparing organizations for contractual-based reimbursement arrangements. Get tips on identifying service populations, establishing product lines, building relationships, setting fees and more.

March 13, 2017: “Addressing CBO Technology Challenges: Using HITECH Act Matching Funds to Facilitate Communication across Medical and Non-medical Medicaid Providers”

Presenters from ACL, Office of the National Coordinator for Health Information Technology and n4a discuss the state of CBO–healthcare technology collaboration, the opportunities presented by HI-TECH for CBOs and how to bring the promise of sophisticated CBO data systems to bear on the aging and disability networks’ mission to improve the lives of older adults and people with disabilities.

April 19, 2017: “Taking the Lay of the Land: CBO Market Analysis for Strategic Integrated Care Decision-Making”

The leaders of the Council on Aging of Southwestern Ohio, a business-savvy area agency on aging, discuss how they fully embraced the changing reimbursement landscape.

May 8, 2017: “New Medicare Enrollments: Opportunities for Medicare Advantage Plans and CBO Partnerships”

How do trailing-edge and leading-edge baby boomers differ, what are health plans doing to attract them and how might that affect aging and disability organizations’ relationships with private payers in the future?

June 2, 2017: “Cost-Modeling CBO Services for Health Care Partnership Success”

An aging network business development expert walks through the importance of cost- and price-modeling for CBOs looking to partner with the healthcare sector, detailing key steps and definitions in the process, and explaining how correct pricing strategies can help CBOs achieve and advance their core missions, while maintaining viability and even growth.

July 7, 2017: “MACRA and CBOs: New Opportunities for Engagement Abound”

Find out about the new economic incentives facing providers, with a particular focus on the organizational and sustainability implications for CBOs. Also discussed are major public policy initiatives and private-sector payment models, tips and tools for staying on top of key changes in the field.

August 16, 2017: “HIPAA & HITECH Compliance for CBO-Healthcare Partnerships”

This webinar provides participants with a high-level overview of these two privacy, security and transaction standards, details the distinctions in the roles and responsibilities of covered entities versus business associates and offers CBO recommendations for evaluating their organizations’ related compliance programs. ■



Photo: iStockphoto/ baena

Come to Chicago in 2018 for n4a’s 43rd annual conference



The n4a annual conference, a premier gathering of aging network staff and leaders from across the country, is an excellent place to connect with professionals in the aging sector, find out about new trends in the field and learn new and innovative strategies to address the critical issues facing the Aging Network. The 2018 n4a conference will be held at the Sheraton Grand Hotel in Chicago, Illinois, from July 28–August 1, 2018.

The 2018 conference, which marks its 43rd year, will offer numerous sessions that highlight the innovations occurring

nationwide in integrated care. Conference curriculum also will include an entire track of conference presentations that focus on key topics of interest to community-based organizations (CBOs) that are looking to embark upon, or that are already involved in, healthcare partnerships. Sessions will offer guidance on contracting, data-sharing, how to build a CBO network and more. A multi-part Integrated Care Boot Camp will afford attendees the opportunity for a more in-depth exploration of what it takes to succeed in this new payment and delivery environment. ■

University group fosters integrated care collaborations in New Hampshire

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The biggest hurdle for New Hampshire CBOs has been finding the time to meet.

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

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

Mandrell joined IOD in 2005 and works on projects supporting access to person-centered long-term-care options

for older adults, as well as providing technical assistance for the implementation of the recent Centers for Medicare & Medicaid Services Home and Community-Based Services settings rule.

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

Gathering Steam to Forge Relationships

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

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

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

Facing Challenges, Disseminating Best Practices

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

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



Melissa Mandrell, left, and Laura Davie at the 2015 New Hampshire ServiceLink Aging and Disability Resource Center Network Conference.

Photo: Courtesy of CACL

tougher time with this task than does the disability sector.

The university group serves as a 'neutral convener' for CBOs.

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

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

Beating the Drum for Success

Mandrell and Davie are anxiously awaiting such a success, as they see a large part

of their job as a UCEDD as publicizing positive collaborations. "How do we take best practices and show them to the entire state of New Hampshire?" asks Davie. "We keep beating the drum here, and demonstrating that success is possible—that's the way we'll learn and keep going ... we are all good communicators."

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

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

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

Aging and Disability Business Institute blog offers varied voices, expert advice

The Aging and Disability Business Institute website helps guide CBOs through the process of gaining healthcare partnerships, provides webinars, Tim Talks and "Ask an Expert" opportunities to connect with consultants, but it also features lively blog content.

Recent postings include a survey taking the pulse of CBO–healthcare partnerships (in an effort to further the Institute's services); advice on developing a value proposition for evidence-based programs; examples of how CBOs can work with Medicare Advantage plans to help leading-age baby boomers; lessons on the tracking of evidence-based program outcomes;

and multiple case studies from The SCAN Foundation's Linkage Lab.

Blog writers include representatives of funders such as The John A. Hartford Foundation, professors at the Stanford School of Medicine, healthcare consultants and professionals working at area agencies on aging. The blog mines a wide swath of experience from professionals who work directly with older adults and people with disabilities in the community, as well as professionals in the healthcare sector and funders with a full view of the integrated care process. To access, visit www.aginganddisabilitybusinessinstitute.org/blog/. ■

Consultants stand at the ready to help CBOs partner up

To help community-based organizations (CBOs) partner with healthcare entities, the Aging and Disability Business Institute is tapping into a cadre of consultants vetted and coordinated by the National Association of Area Agencies on Aging (n4a). The roster of consultants has unique expertise in integrated care, social services, health policy and business strategy; they possess a wide swath of experience in the business and healthcare sectors, with CBOs and state and federal governments. They are available to answer basic questions via the Business Institute website and, exclusively through this program, offer preferred rates to CBOs in need of consulting services. To learn more, go to www.aginganddisability-businessinstitute.org/ask-an-expert/. Detailed below are the consultants' backgrounds and their thoughts on the work they do.

Collaborative Consulting

Lori Peterson, of Collaborative Consulting, is lead consultant for the Business Institute's recently launched CBO Readiness Assessment tool. With more than 25 years of experience in the healthcare industry, as well as a background in psychology and organizational development, Peterson has expertise in business development, strategic partnerships, operations, management and training and development. Collaborative Consulting specializes in government health programs, delivery systems and long-term services and supports.

"We (Collaborative Consulting) believe that the design and formation of effective cross-sector partnerships is a fundamental anchor for activating a better system of healthcare. The design and formation of effective cross-sector partnerships has the potential to activate a better system of health; resulting in the improvement of the health and well-being for those we serve, whether we identify with that individual as a patient, member, client or beneficiary," says Peterson.

Health Dimensions Group

Brent Feorene is Health Dimensions Group's lead consultant under the n4a consulting program. He has more than 25 years of experience in healthcare consulting, and is an expert in identifying and addressing strategic and management issues in physician-lead, post-acute and community-based services and programs. Feorene's clients have included acute care providers, managed care organizations, homecare agencies, CBOs and service agencies. Health Dimensions Group specializes in hospitals, health systems, post-acute, long-term care and senior living consulting.

"As the industry shifts from a focus on volume to a focus on outcomes, it is clear that a broad range of factors influence the quality and cost-effectiveness—the value—of outcomes and the health status of individuals. In addition to access, clinical excellence and efficiency, the social determinants of health—food, housing, health literacy, transportation, among others—are understood as key factors not

only to high-value outcomes, but also to prevention," says Feorene.

Health Management Associates

Julie Hamos is Health Management Associates' lead consultant under the n4a consulting program. A former Illinois state legislator and director of the state's Department of Healthcare and Family Services (Medicaid agency), she has expertise in state healthcare reform, Medicaid delivery and technology systems, and healthcare budgeting. She brings a blend of policy, strategic planning, system development, communications and community outreach and operational expertise to the table. Health Management Associates specializes in government health programs, delivery systems and long-term services and supports.

"As a former director of the Illinois State Medicaid agency, I totally value the contributions of CBOs in the aging and disability network. In the new integrated healthcare environment, the Aging and Disability Business Institute offers the business skills that innovative CBOs will need to succeed," says Hamos.

Clear View Strategies

Paul Cantrell manages the n4a consulting program for the Business Institute and specializes in business and public affairs strategy, advocacy and training initiatives for healthcare systems, managed care organizations and social service agencies. As former director of the Georgia Insurance Department's Life and Health Division, he led the state's health policy development efforts, working closely with the Insurance Commissioner, Governor's office and legislative leaders to transform the state's rules on managed care, mental health parity, network design and adequacy and coverage portability. Cantrell provides a variety of consulting services for healthcare corporations, CBOs and n4a.

"The n4a consulting program allows us to enhance the work of the Aging and Disability Business Institute for those community-based organizations who have complex issues or need hands-on expertise and advice. Personally, I find it rewarding to help CBOs find the right consultant and then watch them grow throughout the process," says Cantrell.

Tim McNeill

The man behind the ACL Tim Talks (see story on page 2 of this supplement), **Tim McNeill** has as clients the U.S. Department of Health and Human Services (HHS) and the U.S. Administration on Aging (AOA)/Administration for Community Living (ACL). He is an expert voice on program evaluation, design and management, quality assurance, contract negotiations, health disparities, payer model design, grant writing, integrated care systems, bundled payments and program sustainability. A registered nurse and Navy Nurse Corps veteran, he is the lead technical assistance provider to establish integrated networks of long-term supports and services (LTSS) providers in 26 states. He has started or expanded multiple sustainable health programs, including community-

based free clinics, Federally Qualified Health Centers, two Medicare Shared Savings Program Accountable Care Organizations and LTSS networks.

"The most meaningful thing about my work is the opportunity to bridge the gap between mission-driven CBOs and healthcare providers that both want to improve the health of their community. The Business Institute has the unique position of supporting the transformation of healthcare from outside the traditional healthcare continuum. Healthcare providers cannot achieve the goals of improving population health without leveraging the incredible strength and capacity of the current network of CBOs serving older adults and persons with disabilities. The Business Institute will lead the transformation of healthcare by strengthening the ability of CBOs to support high-risk members of their community. This work has the potential to lead healthcare transformation by successfully achieving improved clinical outcomes and reduced expenditures," says McNeill.

Williams Jaxon Consulting, LLC

Sharon Williams is founder and CEO of Williams Jaxon Consulting, LLC, a business development and training firm that provides support for community-based organizations, government agencies and health plans and systems serving Medicare and Medicaid consumers. A seasoned executive, she has a passion for quality, culturally competent, comprehensive and cost-effective healthcare services for publicly funded consumers. A former COO for a leading area agency on aging, she also led CareSource Michigan, a top 100-ranked health plan with Medicaid and Medicare product lines, and is an expert in marketing, sales, business development, compliance, strategic planning, public policy, public relations, advocacy and government relations.

"Integrated care is the solution to managing wholistic delivery of healthcare. I understand the need to coordinate comprehensive care for high-risk healthcare consumers, and integrating social determinants of health into traditional care management practices makes good sense. To empower CBOs to be the most effective healthcare partners, they need to better understand the industry's needs, opportunities, regulations and operations. And healthcare organizations need to understand the value of social determinants of health services and supports," says Williams.

Partners in Care Foundation (Partners)

San Fernando, Calif.-based Partners has approximately 25 contracts with 16 healthcare organizations, including hospital systems, physician groups and health plans covering all lines of business from commercial to dual eligibles. CEO **June Simmons** served previously as an executive at Pasadena's Huntington Hospital and as CEO of the Visiting Nurse Association of Los Angeles. Vice President **Sandy Atkins** served as an executive at continuing care retirement communities, ran a community hospice and directed many research and planning projects. Senior Director for Health Self-Management **Dianne Davis** has held director-level positions in contracting and network development for Massachusetts-based hospital organizations, and has a background in

private case management. These leaders have expertise in sales and healthcare relationship-building, board development, pricing, contract negotiation, planning, quality improvement, IT RFPs, NCQA accreditation and network-building for care coordination and evidence-based self-management programs.

"If we're to see improved [healthcare] outcomes and reduced costs, then healthcare can't end when a person leaves the hospital or their doctor's office. Partners and our fellow CBOs are critical components in the continuum of care. We love sharing our hard-won lessons learned with our colleagues across the country," says Simmons.

Elder Services of the Merrimack Valley (and The Healthy Living Center of Excellence)

Elder Services of the Merrimack Valley is one of the largest area agencies on aging in Massachusetts, demonstrating significant success in integrating community-based services into the healthcare delivery system. Their Healthy Living Center of Excellence, specializing in linking a variety of evidence-based disease management and prevention programs into clinical settings by contracting with healthcare plans, can provide consulting in network development, value proposition, cost and value analysis, culture change, accreditation, quality improvement and implementation strategies. Consultants include CEO **Joan Hatem Roy**, COO/Vice President Clinical Services **Christine Tardiff**, Chief Strategy Officer **Jennifer Raymond** and Senior Medical Advisor **Robert Schreiber**.

"As it relates to healthcare integration, our goal is simple: transforming the healthcare delivery system to one in which providers, community organizations and individuals partner collaboratively to provide better care, achieve better health and improve quality. Only through processes of culture change and advancing our business acumen can this objective be achieved. We are pleased to be an active partner in the The Aging and Disability Business Institute as it sets the path for this success," says Hatem Roy.

Health and Work Outcomes

Ted Rooney formed his consulting firm after 15 years of managing population health programs at L.L. Bean. He is a founding board member of the Maine Health Management Coalition and Maine Quality Counts, a board member of the Maine Association of Area Agencies on Aging (AAA) and a HealthDoers ambassador (HealthDoers is a Robert Wood Johnson Foundation-funded initiative with the Network for Regional Health Improvement). Rooney leads an initiative sponsored by the Maine AAAs, Maine Quality Counts and the Maine Geriatric Society to assess and improve the quality of care for older adults in primary care.

Says Rooney, "A great opportunity is emerging for community-based organizations and healthcare providers to form mutually beneficial partnerships that improve the health of the population at better cost, with strong connections to their communities. The journey will be long and somewhat rocky ... and I am excited to be able to help organizations along the way." ■