Building Community-Based Integrated Care Networks

Lessons learned by the Western New York Integrated Care Collaborative

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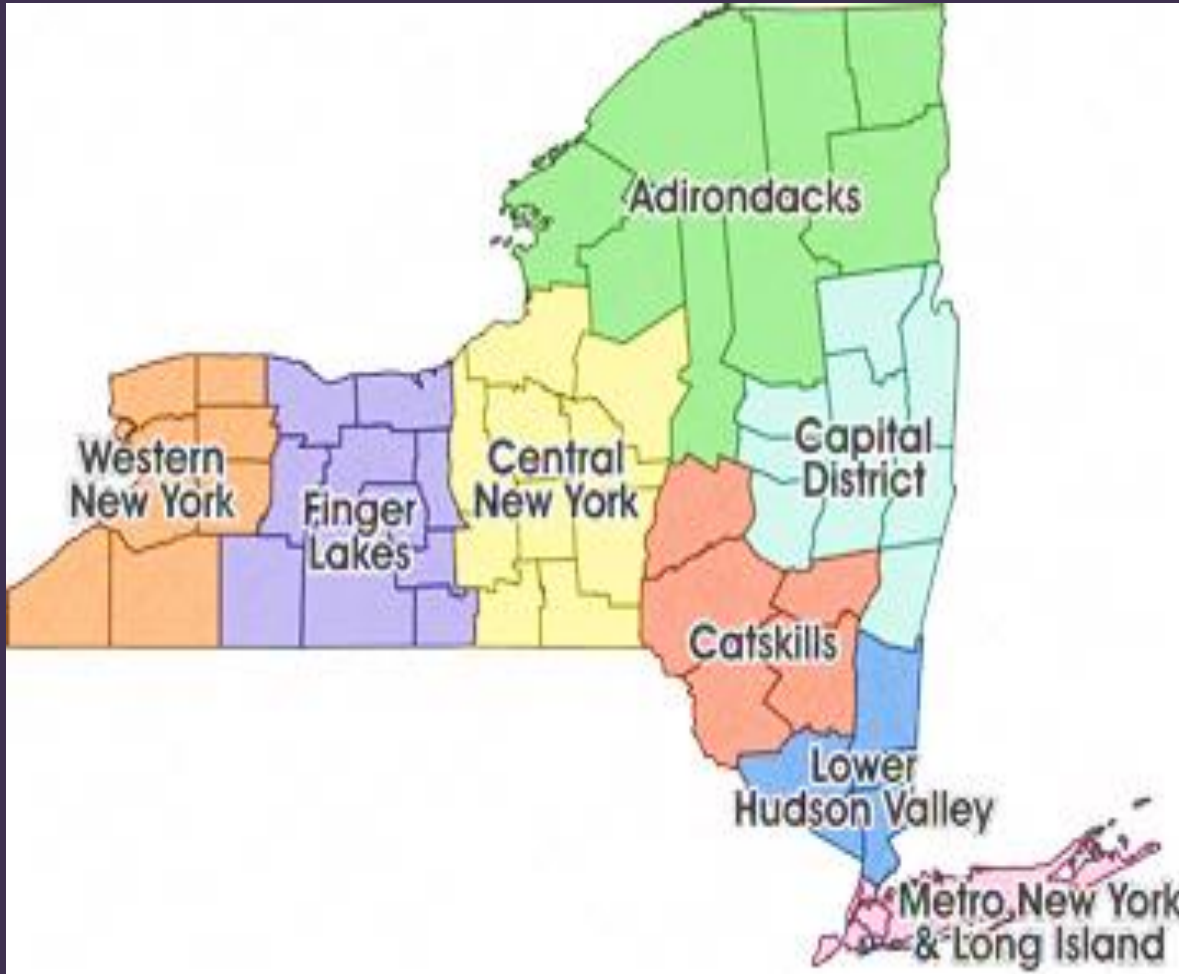
What's Ahead?

The Aging Network in WNY and Change in NYS

Community-based integrated care networks—what they are and how they can help

The state of the network

Question & Answer

New York State

- Almost 20 million people
- 20% are 60 or older
- Most live in the densely populated "downstate" area

Western New York

- 1.6 million people
- 21.6% 60 or older
- Buffalo-Niagara Metropolitan Area
- Most of the area is rural
- Served by 8 county governments

The Aging Network in WNY

- **County-based Area Agencies on Aging (AAA)**

- **County-based Aging & Disability Resource Centers (ADRCs)**

- **Some regional Community Based Organizations (CBOs)**

- **Many CBOs serving smaller geographic areas**

The Changing Landscape

- **Triple Aim-driven health care reform (Better health, better care, lower costs)**

- **Integrating the medical and social models of care**

- **Payment reform**

What Change Means for the Aging Network

- **Increased value placed on our traditional services**

- **Emerging services that play to our traditional strengths**

- **New partners, expectations, and rules**

OPPORTUNITIES UNDER HEALTH CARE REFORM AND AGING NETWORK SERVICES

POPULATION HEALTH

- Chronic Disease Self Management

- Fall Prevention

- Nutrition and Exercise

HOSPITAL UTILIZATION

- Care Transitions

- Short term supportive services

- Follow up referral to preventive services

LONG TERM CARE

- Care Coordination

- Long term supportive services

- Caregiver support

What Change Looks Like in NY

- **Medicaid Redesign**
  - **Medicaid long term care reform**
  - **Balancing Incentive Program (BIP)**
  - **Delivery System Reform Incentive Program (DSRIP)**

- **New partners**
  - **NY Department of Health**
  - **Hospital systems**
  - **Performing Provider Systems**
  - **Medicaid Long Term Care plans**

What's Needed and Expected

Local capacity to deliver services

Ability to deliver services consistently and inexpensively

Ability to serve a large geographic area

How Are We Going To Do That?

**Targeted Technical Assistance
to Build the Business Capacity
of Aging and Disability Community-Based
Organizations for Integrated Care Partnerships**

RFA Spring 2013

**THE ADMINISTRATION FOR
COMMUNITY LIVING**

Early Lessons Learned From the Business Acumen Learning Collaborative

We need to be able to scale up quickly.

Payment models are changing and we need to change with them.

Networks may be better suited to do this.

Community-based Integrated Care Networks

Similar to Independent Physician Associations (IPA)

> a legal entity organized and directed by physicians in private practice to negotiate contracts with insurance companies on their behalf.

Community-based Integrated Care Networks

Even more similar to Rural Health Networks

- A collaboration among rural health care providers that pool resources and identify means to achieve common goals and objectives.

- Cross-sector public-private partnerships

- The characteristics of the network in terms of governance, complexity, and scope of objectives differ among networks (form follows function).

How Do they Help?

- **Regional reach**

- **Economies of scale**

- **Single contracting point**

- **Perform common business functions**

Questions that came out of our time in the Learning Collaborative

- **Do integrated care networks make sense in New York State?**

- **If so, what should that network look like?**

Help Answering Those Questions

ACL National Learning
Collaborative begins

2013

HFWCNY funds 3-phase
network development
process

2014

HFWCNY funds WNYICC to
attend n4a 2013 to kick off
Learning Collaborative

- **Strategic Partnership with the Health Foundation of Western and Central NY**

- **Sponsored a 3-phase process to guide our work as we explored integrated care networks**

Fact Finding: Opportunities and Constraints for Integrated Care Networks in New York

4 key questions that emerged from participation in the Business Acumen Learning collaborative:

What are the regulatory and payment-system demands that buyers must meet?

What network structure can best meet those demands?

Is such a network feasible in our current healthcare and LTSS marketplace?

What additional resources, including new partners, will be required for implementation?

Regulatory and Payment-System Demands in New York State

Consistent with the national dialogue

- Regional reach is essential

- Integrated care entities must be able to demonstrate that they have local capacity

- Integrated care entities need access to a wide range of new services

- They need partners that can deliver client outcomes and work within new payment models

Network Features to Meet Demands

To address the changing health care environment, a network should be able to do several things:

- Get partners to the table with potential buyers quickly.

- Serve as a vehicle for collective action on a regional level.

- Help build and manage relationships with funders and buyers.

- Perform needed business functions.

- Insulate the collaboration from political dynamics and over-reliance on personal relationships.

Network Models

- MOU-based Coalition

- Super Messenger Model

- Clinical Integration Model

- Financial Integration Model

- Primary Provider Model

From "The Future Is Now—Preparing for the New World of Medicaid Managed Care, Contracting with Private Health Plans and Development of Community Care Networks" Center for Disability and Aging Policy Administration for Community Living Webinar Series. March 11, 2014.

Network Models—Functions and Availability

Network Models Functions and Availability					
	←	Less Integrated More Integrated		→	
	MOU Based Coalition	Super Messenger Model	Clinical Integration Model	Financial Integration Model	Primary Provider Model
Get Partners to Table Quickly	X	x			X
Regional Reach	X	x	x	x	x
Relationship Management		x	x	x	x
IT Infrastructure			x	x	X
Quality Improvement	x	x	x	x	x
Marketing	x	x	x	x	x
Billing (Medicaid/Medicare)			x	x	x
Contract Negotiation		x	x	x	x
Contract Monitoring					X
Credentialing			x	x	X
Utilization Review			x	x	X
Shared Financial Risk				x	
Common Pricing				x	

X = Local examples currently performing function   x = possible network model feature

What Works Here?

MOU-based Coalitions

- Been used successfully to secure a regional contract with the NY Department of Health to deliver caregiver services

- **Pro:** Helping us to go after opportunities NOW

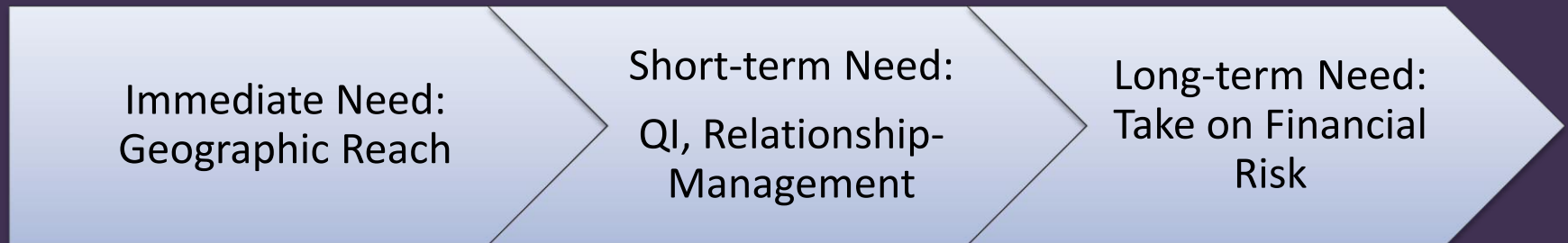- **Con:** Drain resources away from the day to day operations of the organizations involved

What Works Here?

Primary Provider Model

- AAAs are already perform several key network functions for buyers and sub-contractors including providing IT infrastructure, credentialing, contracting and contract monitoring, and utilization review

- **Pro:** Leveraging existing infrastructure and relationships allows us to be cost-effective partners

- **Cons:** Limited geographic reach of county-based AAAs; CBO partners concerns with political dynamics in government-based environment

What We Need

Incremental Network Needs

Immediate Need: Geographic Reach

Short-term Need: QI, Relationship-Management

Long-term Need: Take on Financial Risk

A low-cost, quick set up solution that can grow with us.

A legal structure that allows AAAs and CBOs across Western New York to contract as a single entity.

- Regional
- Low Cost
- Able to Grow

Learning from others

Safety Net Association of Primary Care Affiliated Providers of WNY (SNAPCAP)

- employed an incremental strategy to network development.

- the nucleus of that group evolved from what organizers would describe as a "coffee club" to a Limited Liability Corporation (LLC), before finally going on to become a 501(c)(3) that is now a central part of a Performing Provider System

Seeking legal advice

- Wanted something expedient
- Relatively easy to understand for both public sector county managers and non-profit board members

Making it legal

Finding the right vehicle took time

Found one that will grow with our network: **A taxable not-for-profit corporation**

- As quick to set up as an LLC
- Can be converted to a 501 (c)(3)
- NYS statutory law allow it to function while by-laws, etc. are being hammered out

Where We Are Now

Strategy—Build It As We Go

- Funding from the HFWCNY being used to covered costs of incorporation

- Minimum requirements—3 board members

- Allow form to follow function as WNYICC programming develops

The Next Phase

- What is the ownership and governance structure?

- How does an organization become a member?

- How and under what circumstances can a membership be revoked?

- How will the ICN cover start-up and ongoing administrative costs?

Questions?

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