# Private Approach to Network Building

Building on Business Opportunities to Turn Collaboration into a Delivery System

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## Facing the future together

The Partners at Home Network will enable all boats to rise together and give us scale to compete successfully and regionally in post-ACA markets



#### Theory behind the Network

- IF CBOs join together to present a unified, multiregional contracting entity to regional, statewide or multistate healthcare organizations
- AND they are competitively priced
- AND they can meet the quality, volume, confidentiality, geographic coverage and information needs of healthcare
- AND they can demonstrate their value in terms of the Triple Aim
- THEN they will win contracts with healthcare entities and perform well

#### Building CBO Networks for Integration: Evolution of Partners at Home

- 1. Start with Community-based Care Transitions Program providers to avoid duplication and inability to bill CMS support group re: CMS
- 2. Subcontract with each other for patients whose homes are in different geographic area
- 3. Seek contracts for other payers/hospitals
- 4. Build business capacity
- Expand to include other services to create comprehensive, statewide, community care system

### **Coalescing Around Business**

- Some members lost CCTP
- Partners in Care gained contracts with California-wide health plan that wanted statewide network for HCBS
  - (Exchange & Medicare Advantage populations)
- One contract for all services/geographies
- Subcontracted colleagues
- Evolved into "lead agency" model
  - Partners securing contracts on behalf of network
  - Developing business structure to support
  - Accreditation & quality systems



### **Expanding the Network**

- Renamed "Partners at Home" beyond care transitions
- As contracts developed, we added new members to fill gaps
  - Statewide contract for Stanford CDSMP
- Special Service for Groups:
  - Mental health, substance abuse, homeless
  - Greater cultural diversity & geographic coverage in L.A.
    County
- Network of networks
  - San Diego & San Francisco networks included in contracts



#### Why belong to a network?

- Contracting is expensive
  - Legal fees one contract \$40,000+
- Contracting is time consuming multiple meetings every week over 9 months – ~2,000 hours of senior/ executive team time for <u>one</u> contract
  - Build the relationship prepare materials, business case
  - Negotiate the contract pricing, terms, requirements
  - Roll out the program
    - Develop workflows
    - Policies & procedures
    - Hire & train staff
  - Reporting & evaluation



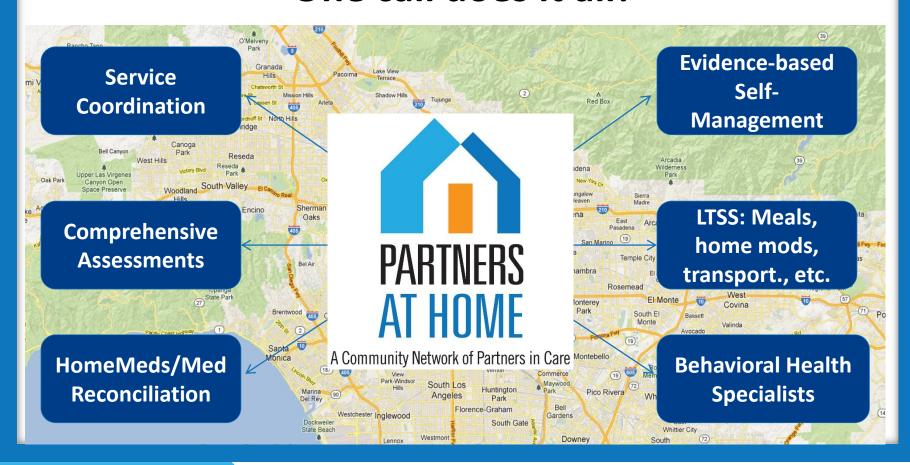
#### **Challenges of Networks**

- Managing quality in other organizations
  - Example: Network member using unsecured email with Plan Case Manager
- Operating through network adds complexity
- Adds cost for management/infrastructure
- All must adopt healthcare-level systems
  - IT/security infrastructure
  - Insurance
  - QI systems
- Uniformity of quality and approach
  - Staff must be special to work with health plans



## Partners at Home Network: Integrated Regional HCBS Delivery System

#### One call does it all!



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