Blueprint for Complex Care

Mark Humowiecki
National Center for Complex Health and Social Needs

Stefanie Turner
Center for Health Care Strategies

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Mark Humowiecki
Senior Director, National Center for Complex Health and Social Needs

Stefanie Turner
Senior Program Officer, Center for Health Care Strategies

The National Center for Complex Health and Social Needs

CHCS Center for Health Care Strategies, Inc.

Institute for Healthcare Improvement

In 2016, Camden Coalition launched the **National Center for Complex Health and Social Needs**.

The National Center collaborates with partners across the country to strengthen the emerging field of complex care. Its programming includes:

- Connecting the field through the annual "Putting Care at the Center" conference and other events;
- Inspiring change by sharing stories of successful programs and transformed lives; and
- Supporting leaders and practitioners through training, technical assistance, and resources.

This year's Putting Care at the Center conference will be held on December 5-7 in Chicago, IL. Register now at:

www.centering.care

What is the Blueprint?

- A joint effort by National Center, CHCS, and IHI to define, coalesce, and advance the field of complex care
- Final product: A written report and set of recommendations to be released in late 2018

Why a Blueprint?

- As the field of Complex Care grows, so does the need for an organized, coordinated framework
- Goals:
  - Improved efficiency and coordination; less rework; less terminology confusion; less duplication of efforts
  - Agreed-upon vision, language, goals, and priorities
  - Enhanced opportunities for collaboration across organizations, sectors, fields, and industries

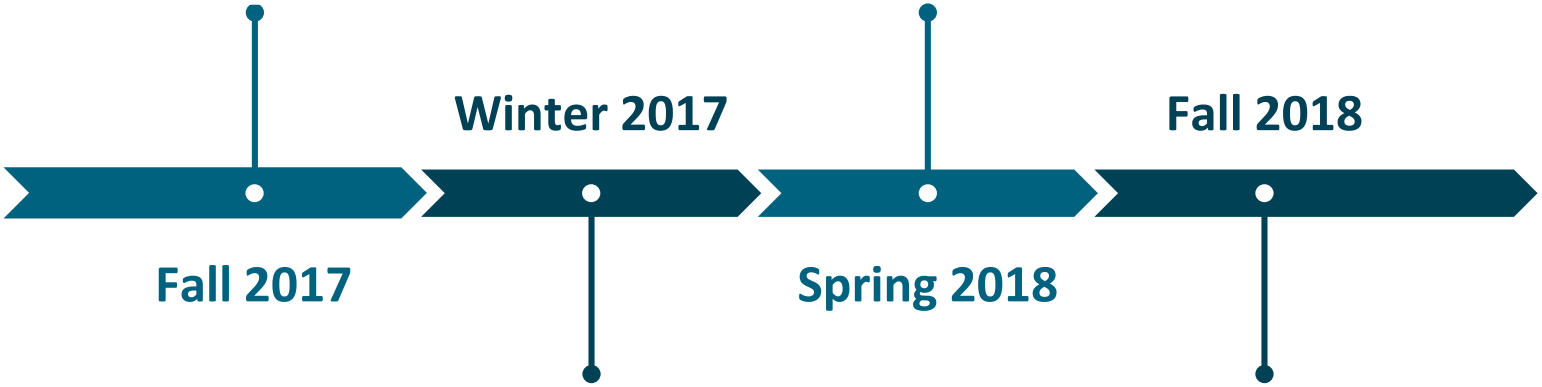
Developing the Blueprint

Project Launch

The Blueprint for Complex Care is a joint venture between National Center, CHCS, and IHI, funded by RWJF, SCAN Foundation, and Commonwealth Fund

Expert Convening and Stakeholder Survey

In April, 20 national complex care experts met to jointly develop a plan to move the field of complex care forward; in May, a survey was distributed to partners and extended networks of NC, CHCS, and IHI (385 responses were received)



Environmental Scan

Review of major complex care literature and interviews with over 30 experts in complex care, pioneers who built new fields, and consumers

Blueprint To Be Published

Final Blueprint document including recommendations will be distributed by National Center in late 2018

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The "Field" of Complex Care

- A community of individuals and organizations working together towards a common goal using a set of common approaches to achieving the goals

Strong Field Framework

Strong Field Framework (Created By The Bridgespan Group)			
Shared Identity: Community aligned around a common purpose and a set of core values			
Standards of Practice	**Knowledge Base**	**Leadership and Grassroots Support**	**Funding and Supporting Policy**
• Codification of standards of practice • Exemplary models and resources (e.g., how-to guides) • Available resources to support implementation (e.g., technical assistance • Respected credentialing/ ongoing professional development training for practitioners and leaders	• Credible evidence that practice achieves desired outcomes • Community of researchers to study and advance practice • Vehicles to collect, analyze, debate, and disseminate knowledge	• Influential leaders and exemplary organizations across key segments of the field (e.g., practitioners, researchers, business leaders, policymakers) • Broad-base support from major constituencies	• Enabling policy environment that supports and encourages model practices • Organized funding streams from public, philanthropic, and corporate sources of support

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Working Definition of Complex Care

Care for individuals with *complex health and social needs*.

This is a relatively small population for whom the current health system is ill-equipped to meet the myriad of interrelated medical, behavioral and social challenges they may face, including those often considered 'non-medical' such as addiction, housing, hunger and mental health.

These individuals with complex needs often have a history of trauma, and often experience poorer outcomes despite extreme patterns of hospitalization or emergency care.

Core Principles of Complex Care

- Person-centered
- Whole-person
- Inclusive team-based & cross-sector
- Data-driven
- Designed in partnership with individuals and communities

Summary of Blueprint Recommendations

Standards of Practice

- Identify core competencies and develop practical tools and education to promote competencies
- Enhance and promote integrated data infrastructures

Summary of Blueprint Recommendations

Knowledge Base

- Develop set of non-cost/utilization quality & outcome measures to collect in complex care programs (involve people with lived experience)
- Create research agenda for complex care including key areas of evaluation (e.g. study effectiveness of model replication/adaptation in other communities/settings)

Summary of Blueprint Recommendations

Leadership and Grassroots Support

- Strategic communications and engagement focused on organizations that have embraced VBP and risk (MA, ACO, etc.) to encourage investment in complex care
- Strengthen cross-sector partnerships, particularly in the areas of social services and criminal justice
- Invest in leadership of individuals with lived experience

Summary of Blueprint Recommendations

Funding and Supporting Policy

- Develop new payment models that leverage new payment flexibility to promote cross-sector payments
- Develop improved risk assessments for states and plans incorporating social factors to use for payment
- Design and test funding techniques that braid healthcare and social service funding

Summary of Blueprint Recommendations

Complex Care Learning Health System

- A mechanism to accelerate progress by sharing program outcomes, successes, and failures across all stakeholders
- Modeled after the Collaborative Chronic Care Network (C3N)
- Comprehensive program directory

Summary of Blueprint Recommendations

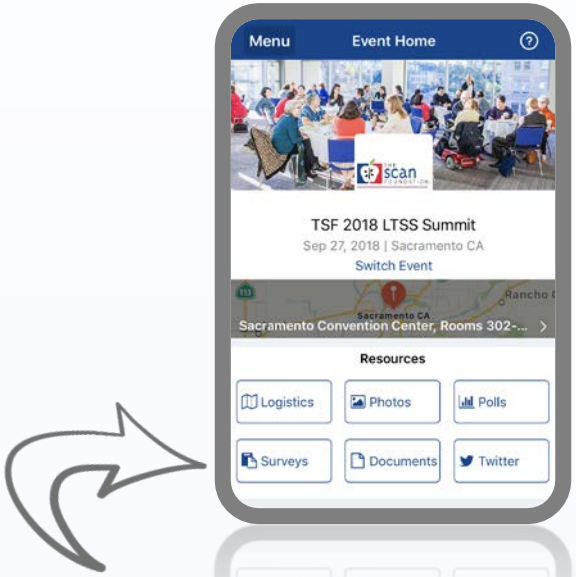
Coordinating Infrastructure

- A governing body that oversees field-building initiatives, subcommittees, and field assets
- Five proposed subcommittees:
  - Standards, Research, Metrics, Implementation, Patient/Consumer

What Do You Think?

- Do you see yourself as part of the field of complex care? Why or why not?
- Do these recommendations feel right to you? Are they meaningful and actionable?
- Is there anything critical we haven't included?
- What do you think about the suggestion of a coordinating infrastructure? Do you have ideas on how that can be done effectively?

Let us know how we did!



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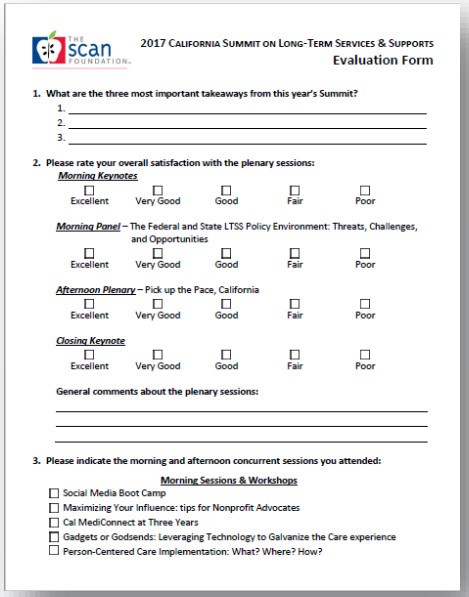

2017 California Summit on Long-Term Services & Supports
Evaluation Form

1. What are the three most important takeaways from this year's Summit?
   1. _____
   2. _____
   3. _____

2. Please rate your overall satisfaction with the plenary sessions:

Morning Keynotes
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Morning Panel – The Federal and State LTSS Policy Environment: Threats, Challenges, and Opportunities
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Afternoon Plenary – Pick up the Pace, California
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Closing Keynote
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

General comments about the plenary sessions:
_____
_____
_____

3. Please indicate the morning and afternoon concurrent sessions you attended:

Morning Sessions & Workshops
☐ Social Media Boot Camp
☐ Maximizing Your Influence: tips for Nonprofit Advocates
☐ Cal MediConnect at Three Years
☐ Gadgets or Godsends: Leveraging Technology to Galvanize the Care experience
☐ Person-Centered Care Implementation: What? Where? How?

Look for a printed evaluation form in your program

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