

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



A Community Network of Partners in Care

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
5. 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 one 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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