

Making the Case for Effective Health Care-Community-Based Organization Partnerships

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In the next decade, health care payments will substantially transition from fee-for-service or fee-for-utilization risk (the current capitation model) to fee-for-outcomes. To succeed, health plans and their contracted networks must develop far more robust care coordination programs and broaden their networks to include a comprehensive set of non-medical, community-based service providers. Developing these networks is not easy. There is a fundamental question as to whether to delegate these extended services to contracted providers, or retain the development and management of these extended provider networks. Health plans are still learning the types of services they may want to contract for as well as developing perspectives on network adequacy, quality oversight and data sharing. What is clear is that community-focused care coordination, particularly at times of transition like hospital to home, is the lynchpin to better care at lower costs. Extending current network models to include community-based providers that can deliver this robust care coordination and judiciously manage specific community-oriented services is the immediate challenge.

For community-based service providers, this evolution in the delivery of health care presents unique challenges and opportunities. Working with health plans requires reimagining services as specific products that solve challenges faced by the medical delivery system. These relationships represent a new revenue opportunity for community-based providers, yet are not a replacement for traditional funding for aging services. Vanguard community-based organizations, those we believe are ready for this new role and have care coordination in the center of their model, are in a position to be effective health plan partners. For these vanguard organizations to succeed, they need strong leadership

commitment, the ability to develop new functionality in their organization, and the willingness to develop a critical understanding of what the health care market needs when caring for older adults with chronic health conditions and daily living needs.

The reasons for creating new partnerships are many and growing. Hospitals already face penalties for frequent or early re-admissions in Medicare. Many states are implementing Medicare-Medicaid integration pilots and/or transitioning their Medicaid long-term care programs to managed models. Finally, Accountable Care Organizations (ACOs) are developing innovative approaches to improving care while lowering costs. Vanguard community-based organizations can play a major role in these new health system models while also developing new revenue streams that contribute positively to their organization's fiscal health.

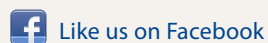
Today, the Foundation released a [suite of resources](#) to prepare community-based organizations ready for this challenge to both see the road ahead and take active steps along this transformational path. These resources include:

- [Case studies](#) from the first cohort of Linkage Lab graduates, a program that trained CBO leadership and management teams on business transformation to prepare for successful contracting with health care organizations;
- A [Free online learning series](#) based on core content from the Linkage Lab program (developed in collaboration with [Health Foundation of Western and Central New York](#));
- Pricing and sustainability toolkit to help CBOs identify and communicate the value of their services; and
- Additional papers describing why CBOs are the right partners for health plans and strategies to train care coordinator for integrated care models.

It is time for all providers serving Americans with daily functional needs to break out of their individual silos and proactively connect to create an integrated platform of care. The experience of the first six Linkage Lab grantees shows that health care sector-CBO partnerships are possible and fruitful for both consumers and providers. We believe that bringing together the best capacities of the health and long-term care sectors can deliver on the promise of true person-centered care: right care, by the right provider, at the right time, for the right price.



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