Partnership
to Align Social Care

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Webinar Series
Community Care Hubs: Making Social Care Happen

Cultivating Community Care Hubs:
An Evolving Model to Improve Alignment between Health and Social Care Services

October 27, 2022 | 3:00-4:00 p.m. ET

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Today's Agenda

1. Overview of the Partnership to Align Social Care
2. History/Evolution of Community Care Hub & Value Proposition
3. Discussion with CBO and Healthcare Sector Leaders
4. Q&A and Next Steps

Co-Designing A Social Care Delivery System

Leading the Way on Aligning Health and Social Care

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Building Sustainable CBO Network Capacity

Envisioning an Ideal State

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Mission:

To enable successful **partnerships** and contracts **between health care and community care networks** to **create** efficient and sustainable **ecosystems** needed to provide **individuals with holistic, person-centered social care** that demonstrates cultural humility.

Vision:

A **sustainably resourced, community-centered social care delivery system** that is **inclusive** of all populations and **empowered by shared governance** and financing, multistakeholder accountability, and federal/state/local policy levers.

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Our Work

Collaboratively, Partnership members, subject-matter experts and thought leaders will identify and **address priority issues that are essential to a fully aligned health and social care system that incorporates the vital voice of the community**. Core priority issues include:

- Identifying **core competencies** and an approach for qualifying CBO networks;
- Encouraging widespread use of existing and proposed **billing codes**;
- Developing a **streamlined contracting process** between health systems, payers, and CBOs;
- Promoting common **IT security and interoperability standards**;
- Enabling **organization and financing strategies** for sustainable CBO network infrastructures and **lifting up current best practices** among CBO networks; and
- Producing a framework that reflects a balanced, common **vision for achieving and sustaining an "ideal state" of health and social care alignment**.

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2022 Funders

Robert Wood Johnson Foundation

Elevance Health

United Healthcare

CareSource

KAISER PERMANENTE

CommonSpirit

THE scan FOUNDATION

ARCHSTONE FOUNDATION

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Health Plans

Aetna CVS Health

Elevance Health

CareSource

Centene

Humana

UnitedHealthcare

Health Systems

CommonSpirit Health

Kaiser Permanente

Trinity Health

CBOs

AgeSpan

Aging & In-Home Services of Northeast Indiana, Inc.

Bay Aging

Community Catalyst

Denver Regional Council of Govt

Detroit Area Agency on Aging

Houston AAA/ADRC & Houston Health Department

Mid-America Regional Council

Ohio Association of AAAs

Partners in Care Foundation

Spectrum Generations

Western NY Integrated Care Collaborative

YMCA of Metropolitan Milwaukee

YMCA of the USA

Associations/Agency

AHIP

AMA

American Academy of Family Physicians

American Hospital Association

Association of Asian Pacific Community Health Organizations

Lutheran Services in America

National Association of Medicaid Directors*

National Association of Community Health Centers

Social Current

Special Needs Plan Alliance

USAging

Administration for Community Living (ACL)**

Center for Medicare & Medicaid Innovation (CMMI)**

Center for Medicaid & CHIP Services (CMCS)**

Office of the National Coordinator for Health IT (ONC)**

**Non-Voting Member/Liaison | **Federal Liaisons*

Other

Camden Coalition of Healthcare Providers

Center for Health Care Strategies

Concert Health

Epiphany LLC

Eviset

Freedmen's Health

Gravity Project

Health Care Transformation Task Force

Independent Living Research Utilization

Independent Living Systems, LLC

Manatt, Phelps & Phillips, LLP

Rush University Medical Center

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Community Care Hub Model: Evolution and Value Proposition

Community Care Hub

The Partnership's Community Care Hub Workgroup has developed the following definition for a **Community Care Hub**. This definition may continue to be updated:

*A **community-focused entity** that **organizes and supports a network of community-based organizations** providing services to address health-related social needs. A Community Care Hub **centralizes administrative functions** and **operational infrastructure**, including but not limited to, contracting with health care organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting.*

*A Community Care Hub has **trusted relationships** with and **understands** the capacities of **local community-based and healthcare organizations** and fosters **cross-sector collaborations** that practice **community governance** with authentic **local voices**.*

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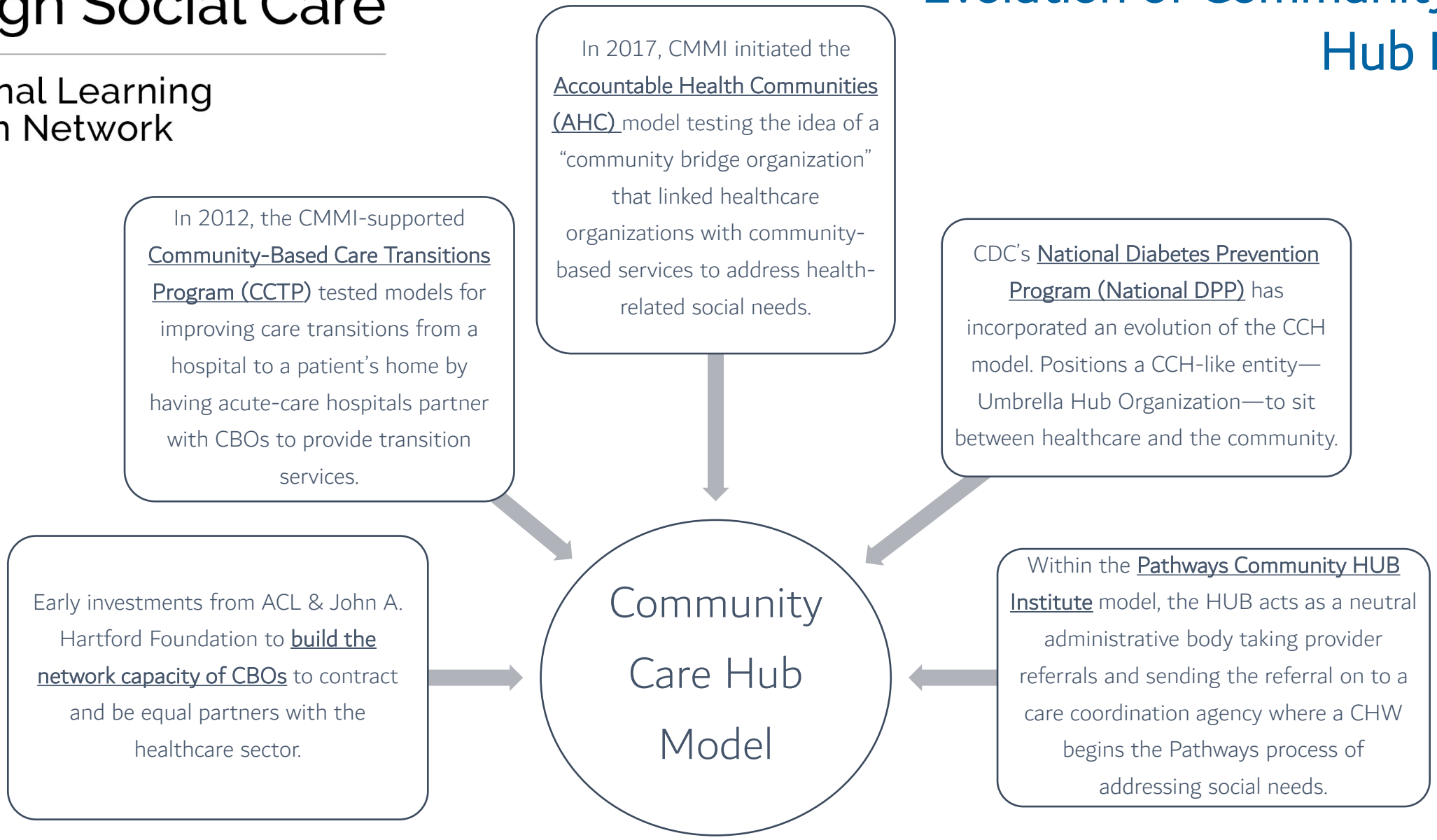
Evolution of Community Care Hub Model



CCH: Community Care Hub = Health Equity Solution

Consumer Negatively Impacted by Social Drivers of Health

Care Team Completes Limited SDOH Screen and Refers to CCH

CCH acts as Single Point of Referral for a Network of CBOs – Organized Into a **Social Care Delivery System (SCDS)**

CCH Partner Org. Completes a Comprehensive, Evidence-Based SDOH Screen

CCH Team Develops a Person-Centered Plan to Address Social Drivers of Health

CCH Works to Blend & Braid *All Available Resources* to Address Identified Needs: Public + Private + Healthcare + Philanthropy

CCH Submits Closed-Loop Referral Data: Z-Codes, Social Intervention Codes, and Outcome of Social Care Svcs

CCH + Healthcare Conduct CQI to Document the Impact: Health-Related Social Needs Addressed (Pop Health), ROI, + Measures of Health Equity

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Other Examples from the Field

- OR: Oregon Wellness Network (OWN)
  - Multi-Payer Contracts as the Statewide Diabetes Prevention Program Umbrella Hub
    - Medicaid CCOs, Medicare Advantage, Original Medicare (FFS)
  - Agreement with the largest health system in the State to provide care transitions and referrals to evidence-based programs
    - Providence Health System
  - *State recently approved for 1115 Waiver that OWN will incorporate into their broad Community Care Hub Model
- MN: Trellis
  - Contract with BCBS-MN
  - Statewide Diabetes Prevention Program Umbrella Hub
  - After implementation of the DPP Umbrella Hub, Trellis will deploy DSMT and MNT as additional services
  - Centralized data management, claims processing, and referral management system that currently operates statewide
- RI: Rhode Island Parent Information Network (RIPIN)
  - Contract with the Rhodes Island State Department of Health to implement a Statewide Community Health Worker management system and referral coordination center
  - Converting the CHW Network to a Community Care Hub to deliver a range of services
  - DPP + DSMT + MNT
  - New 1115 Medicaid

Panelists

June Simmons, CEO
Partners in Care Foundation

Tim McNeill, COO
Freedmen's Health

Kelly Cronin, Deputy Administrator,
Center for Innovation and Partnership
Administration for Community Living

Ji Im, Senior Director,
Community and Population Health
CommonSpirit Health

James Stowe, Director,
Aging & Adult Services
Mid-America Regional Council

Dawn Odrzywolski, VP
Medicare Programs
Independent Health

Nikki Kmicinski, Executive Director
Western New York Integrated
Care Collaborative, Inc.

Western New York Integrated Care Collaborative

- **Community Care Hub**
  - Non-profit 501(c)3
  - Incorporated 2016
  - Network lead entity for regional Community Integrated Health Network

- **38 Network Members**
  - 2 Departments of Health
  - 1 Independent Living Agency (14 counties)
  - 8 Area Agencies on Aging (AAA)
  - 27 Social Care Agencies (non-profits)

- **Funding**
  - Health Foundation of Western & Central NY
  - John R. Oishei Foundation
  - Administration for Community Living
  - Earned Revenue from contracts

Western New York Integrated Care Collaborative

WNYICC Critical Steps to Network Development

Western New York Integrated Care Collaborative

- Legal Structure and Governance
- Compliance Program
- Billing System and Process
- Data Sharing and Documentation
- Program Development
- Quality Assurance
- Training Academy
- Outreach and Referral Process
- Network Engagement

Western New York Integrated Care Collaborative

Independent Health

- Meal Delivery Program
- Community Health Coaching
- Healthy I.D.E.A.S. Program
- Diabetes Prevention Program (DPP)
- Diabetes Self-Management Education and Support (DSMES)
- Medical Nutrition Therapy

Coming 2023: Falls Prevention and Caregiver Support

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Partnership Webinar Series:

Community Care Hubs: Making Social Care Happen

Friday, November 18 @ 2:00-3:30 p.m. ET

- *Integrating Community Care Hubs into Efforts to Address Social Drivers of Health: A Playbook for State Medicaid Agencies*

Early December TBD

- *Leveraging Multi-Payer Partnerships with Community Care Hubs to Build Equitable Health and Social Care Ecosystems*

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Get Involved in the Partnership…

- Sign up for our email list: https://www.partnership2asc.org/sign-up/
- Follow the Partnership on social media:

www.linkedin.com/company/partnership-to-align-social-care

@partnership2asc

- Reach out directly to:
  - ✓ *Support the Partnership*
  - ✓ *Ask about getting involved in leadership/workgroup activities*
  - ✓ *Share your expertise/experiences*

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