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On Aging Roundtable

Translating Community-Based Work to Payers for Sustainability

April 12, 2022

Introduction

In 2018, the Ann Arbor Area Community Foundation awarded over $1 million in grants (named the Vital Seniors Competition) to four local organizations for innovative, actionable solutions to enhance the service delivery system and create enduring impact to improve the quality of life of vulnerable seniors and their caregivers. The Vital Seniors cohort was established with the four grantees: Area Agency on Aging 1-B, Chelsea Senior Center, Jewish Family Services of Washtenaw County, and Ypsilanti Meals on Wheels. In 2019, an additional organization joined the cohort, a leader in the local aging sector, Catholic Social Services of Washtenaw County was developing a companion initiative for caregivers.

A significant strength of the Vital Seniors Initiative has been the three pillars of support – the funder, a learning facilitator, and healthcare analysts. The Center for Health and Research Transformation (CHRT) at the University of Michigan provided applied research analysis and assisted the cohort with understanding the interests and constraints of health systems and payers as the cohort worked on a long-term sustainability plan. CHRT's role pivoted to help the community-based organizations (CBOs) to shift from a siloed service delivery system to a networked system, thereby establishing the foundation of a community integrated health network.

Through the use of a collective impact model, the CBOs of the Vital Seniors cohort and the three pillars of support successfully obtained additional funding from the Edward N. & Della L. Thome Foundation, the Michigan Health Endowment Fund, and federal office of the Administration for Community Living to build a regional service delivery network centered around medically tailored meals.

Lessons Learned

01. **A backbone organization sets up the network for success.**

02. **Establishing a service delivery model is mutually beneficial to health payers and community-based organizations.**

03. **Strong partnerships with funders and health plans result in sustainable collaborations.**

The Learnings

01. A backbone organization sets up the network for success.

Successes	Challenges	Next Time
Pursuing and obtaining new funding	Lack of capacity to obtain and manage funding	Create a funding strategy
We were responsible for building and reinforcing the shared vision	**Lack of an authority to give us this responsiblity**	**Get buy in on the roles and responsibilities**
As a neutral convener, we can best understand the pain points of the CBOs and payers.	The perception of balancing loyalities	Create a culture where there is a power balance between CBOs and payers

The Learnings

02. **Establishing a service delivery model is mutually beneficial to health payers and community-based organizations.**

Successes	Challenges	Next Time
Our partner organizations could quickly execute the services	COVID created new challenges to meal delivery capacity	Engage additional partners earlier
Medically tailored meals have the best documented return on investment	**Demonstrating the value proposition**	**Conduct a pilot early in the process**
Identified the elements needed for a shared measurement system	Developing the appropriate data agreements	Conduct a landscape analysis of community information exchanges

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The Learnings

03. **Strong partnerships with funders and health plans result in sustainable collaborations.**

Successes	Challenges	Next Time
We engaged the funder as a strategy partner	The potential optics of our neutrality	Establish the roles and boundaries in the beginning
Co-designed a service model with a health plan	**Sustaining the engagement**	**Develop shared outcomes at the onset of the engagement**
Understanding what it takes to contract with a health plan	Going through the rigorous efforts to establish all the necessary agreements, without any funding	Track effort in order to better establish costs of network management

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Conclusion

This document serves as a collection of the lessons learned through the the early stages of building a community integrated health network. The aim of our continued work is to position social service providers to be reimbursed for their work by health payers. Seniors and other vulnerable adults can receive care from trusted community-based organizations while having the assurance that these organizations have the sustainable funding that is required to help seniors age in the community and home of their choice.

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