Success Story

Build on Your "Wins": The Eastern Virginia Care Transitions Partnership & VAAACares. Bringing Value to Health Care in Virginia

Introduction

Recent federal and state initiatives have sought to reduce unnecessary readmissions to hospitals and focus on the frequent transitions of care between care settings that patients experience – especially older patients and those with multiple chronic conditions. There is growing recognition that most root causes of readmission are due to social needs, not clinical needs. Community-based organizations (CBOs) are often better equipped to address these needs than health systems. As a result, successful partnerships between traditional health care providers and organizations from the aging and disability networks, with expertise in social services, will become increasingly important to address the social needs that directly contribute to poor health, increase hospital readmissions and increase the cost of care.

This Success Story highlights the **Eastern Virginia Care Transitions Partnership (EVCTP)** – a formal community partnership of Area Agencies on Aging (AAAs), health systems, independent physicians' groups and other public and private health and human services groups. This partnership has proven so successful it is being expanded to provide a one contract, one-stop coalition for statewide services through the **Virginia AAA Collaborative (VAAACares)**, beginning in July 2017.

Background and Purpose

EVCTP's genesis is in the federal Centers for Medicare and Medicaid Services' (CMS) Community-Based Care Transitions (CCTP) program. CCTP sought to leverage Affordable Care Act innovation dollars through a pilot that brought CBOs and health care entities together to improve the health of Medicare patients and reduce hospital readmissions. These goals were intended to be achieved primarily through more robust, person-centered care

transitions, interventions that would ensure that discharged patients had adequate supports in their homes and communities.

Utilizing the Coleman Care Transitions Intervention (CTI) model of care, enhanced with additional AAA services, EVCTP was able to deliver remarkable results: bringing the hospital readmission rate down from a baseline of 23.4% in 2010 for the target population, to an astounding 9.1% in 2015 for EVCTP enrollees, and saving Medicare $10 million dollars in the process. These impressive results earned EVCTP the distinction of being the sixth-best overall performer in the CCTP program, an achievement that took into account cost savings, readmission reductions without corresponding ED increase, decreased mortality, and other key performance metrics.

Based on this success, the EVCTP program expanded to the Medicaid population through a state-funded pilot program. EVCTP is working with Humana, Virginia Premier Health, and Anthem health plans to provide care transitions and complex care coordination in 22 hospitals. With additional funding, the EVCTP evaluated its impact on Medicaid patients: The average readmission rate of 25 percent dropped to 13 percent.

Program administrators emphasize that a major key to the success of the program is being in the home. The Care Transitions Intervention Program works to provide patients and their caregivers with the skills, confidence, and tools they need to take a more active role in their care. It is a “teach to fish” approach, not a care coordination approach. Coaches are professionally trained and certified to activate patients and build confidence so they can achieve the goals they have set for themselves. In-home environmental assessments identify needs beyond health and discharge plan, taking into account well-being and quality of life. Coaches also help identify community resources that may be available and are often less expensive than clinical services. The program acknowledges that seniors and people with disabilities have many different needs: transportation, chronic disease self-management, options counseling, medication management, meals on wheels, in-home care services, and home repair. Moreover, coaches meet with patients in their homes to discuss any difficulties in meeting their health goals. Above all, patients say they gain confidence in how to manage their health conditions.

When Virginia decided to move to a managed long-term services and supports (MLTSS) system in 2017, many prominent leaders looked to EVCTP to provide services., The Virginia Center for Health Innovation (VCHI), a nonprofit working to accelerate the adoption of value-driven models of wellness and health care throughout Virginia, along with the Department of Medical Assistance Services (DMAS), encouraged the expansion of EVCTP into a statewide AAA collaboration capable of delivering services to dual-eligible and Medicaid patients across the Commonwealth.

Rising to the challenge of this momentous opportunity, EVCTP has developed **VAAACares,** a statewide coalition of AAAs that will serve as the one-contract, one-stop legal entity for comprehensive care coordination, care transitions, and many other community-based services that will support the health and well-being of Virginia’s Dual-Eligible health plan enrollees. The additional services VAAACares provides include:

-Monthly contacts and face-to-face visits

-Plan of care development

-Authorization approvals

-Comprehensive assessments

-Interdisciplinary Care Team meetings

-Repatriation of nursing facility members back to the community

-Telehealth and remote patient monitoring

-Healthy IDEAS behavioral health program

-Referrals for other services, including options counseling, transportation, meals/nutrition, personal care, respite, and adult day health services.

VAAACares was created to consolidate and standardize billing and administrative processes related to health plan contracting across its member AAAs, and to ensure statewide coverage for services to the plans, as is required of them by law.

Even as new health care partners and payers are brought in, the mission of VAAACares remains rooted in the values of service and empowerment that have underpinned the aging and disability networks for decades: to provide care transition techniques that promote patients and caregivers to take an active role in their health and well-being.

Structure

In response to the CCTP funding opportunity, in 2013, **Bay Aging**, an AAA serving the southeastern region of Virginia, teamed up with Riverside Health System to form the EVCTP. Over time, EVCTP grew to become a formal partnership of five AAAs, four health systems (including eleven hospitals and 69 skilled nursing facilities), independent physician groups, three managed care organizations (MCOs) and other public and private health and human service providers.

EVCTP has enhanced agreements with hospitals for secure data sharing systems, trainings for governance, management, and clinical teams; a single, centralized source for billing, tracking readmissions, and other metrics; and integration into health systems' electronic health records and health information exchanges.

VAAACares follow a "Lead Agency" organizational model, with Bay Aging serving as the official legal entity on behalf of the wider collective group. The member AAAs have Business Associate Agreements with Bay Aging, but Bay Aging is the sole organization entering into indemnification arrangements with the MCOs.

VAAACares leaders feel the "Lead Agency" model works well for the situation in Virginia. This structure has many benefits, including:

- Being cost-effective (saves money on more formal legal relationships with the AAAs)
- Provides each AAA member with an equal stake in the work and a fair opportunity to reap rewards in the form of referrals
- Negates some of the logistical challenges around setting up a board of directors
- Because of its ease and looser affiliations, the structure enables VAAACares to more easily and quickly get its foot in the door of health plans.

VAAACares does have a steering committee, which is comprised of AAA Executive Directors from all five regions of the collaborative.

"It is crucial to design care that goes beyond a health and discharge plan to get at what is needed for true well-being."

-Kathy Vesley, CEO, Bay Aging

Factors Contributing to Success

Relationships/Partners

VAAACares leadership will be the first to say that succeeding in this health care integration space is all about relationships. Seeking, building, and nurturing relationships is critical to get to the trust that partners must have in one another to enable effective cooperation. To that end, the AAAs in the VAAACares group tapped into the relationships they had developed over years working with each other and with their local health service providers to lay the groundwork for the larger-scale goals embodied in the game-changing CCTP program.

But it wasn't merely the efforts of the plucky AAAs themselves that has resulted in VAAACares current capacity for statewide success. There were a litany of influential partners and champions along the way who guided the initiative and provided invaluable support and encouragement:

- The **Virginia Center for Health Innovations (VCHI)** was instrumental in bringing EVCTP/VAAACares' work and success to the attention of the Duals health plans, and has been a tireless advocate for the collaboration.
- The **state Medicaid agency**, the **Department of Medical and Assistance Services (DMAS),** echoed VCHI's enthusiasm for the AAA's program. They also were responsible for writing into the MCO regulations a clause strongly encouraging the plans to work with CBOs to deliver MLTSS services.
- The **state unit on aging, the Department of Aging and Rehabilitative Services (DARS)** recognized the program's successes, and championed the model in its legislative advocacy.
- The **Virginia Secretary of Health and Human Services, Bill Hazel**, was a constant and vocal cheerleader for EVCTP's CCTP work, and advocated for ways to incorporate it into the Commonwealth's traditional care system.

The above organizations and individuals have helped make VAAACares what it is today: a powerful engine for health care transformation that is financially and organizationally sophisticated, and poised to deliver statewide care that will improve the well-being of some of Virginia's most vulnerable and costly patient populations.

The "One-Stop Shop" model

Having Bay Aging as the lead agency and representative legal entity for the VAAACares collaborative has been a key component of the group's success. The fact that this arrangement consolidates billing processes and sets up a single organization as the contracting vehicle for partnerships is a feature that has perhaps been VAAACares' most powerful marketing tool in conversations and outreach to health plans and providers.

> "Be invaluable so they (health care) can't afford NOT to do business with you."
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> *-William Massey, CEO, Peninsula Agency on Aging*

LESSONS LEARNED

Success Breeds Success: The AAA leaders who came together to form EVCTP couldn't have imagined that their experience in the federal CCTP program would eventually lead them to a path providing statewide Medicaid services through business, not grant-based, arrangements with health plans. Key to this evolution was a consistent thread of delivering positive care and cost results. CCTP success led to a state-funded Medicaid demo, which caught the attention of MCOs and others, and has informed VAAACares current efforts preparing for the MLTSS rollout. And now, some large regional health systems are interested in partnering with VAAACares to provide services to its Medicare population. At every step of a CBO's journey to health care partnerships, they should focus on performance, because beneficial results speak for themselves and can lead to new and unexpected interest from health care.

Be Prepared to Be Flexible and Tailor Your Services: *If you've seen one health plan, you've seen one health plan*. This phrase encapsulates the reality that different payers, providers, and partners will have varying needs, goals, and conceptions of what "value" means to them. It is important for a CBO to be flexible in its capacity to cater service packages to different health care entities. Tweaking a service to respond to a partner's specific concerns can help a CBO more easily and painlessly get to "yes" in contract negotiations.

Make Sure You Understand the Details and Expectations of Contracts Upfront: Before EVCTP received its CCTP funding, it was providing care transitions services to three clients; when the money finally came in, they had to scale up to 900 clients served within the first six months. This kind of massive and rapid capacity-building would have been easier if the initiative had understood from the get-go what was expected of it from day one of the program. It would have allowed for more forethought and investment into procedures and material to make the transition as smooth as possible. And now with MLTSS looming, VAAACares is aware that it needs to understand, on a very granular level, what they are accountable for and measured on under the contracts with the health plans.

This Work Will Require a Shift in Organizational Mindset from Grant-Based to Performance-Based: Doing things "the way we've always done them," even with minor tweaks here and there to accommodate new partners, is NOT a sufficient strategy for success in the new health care landscape. Falling back solely on the standby CBO funding stream of grants will leave an organization unprepared to take advantage of the increasing opportunities presented by the move to integrated care. Shifting a CBO's culture to one more responsive to outcomes and risk is not an undertaking to take lightly or for granted. It requires a concerted effort on the part of CBO leadership, and skillful messaging and explanation to ensure staff and board buy-in.

Data! Data! Data!: Collecting, managing, and analyzing cost and quality data is a crucial piece of a successful health care collaboration, yet remains a constant challenge for most CBOs. Ensuring that your CBO service delivery and outcome data is able to be integrated into the health partner's electronic health record system will alleviate many headaches and is vital to eventually proving your worth. This is by no means guaranteed however, as it can be expensive and technologically complicated to link two disparate data systems. Be prepared to spend money, time, and a lot of brainpower thinking through ways to get and share data easily.

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