FORMING STRATEGIC PARTNERSHIP AGREEMENTS AND CARE COMPACTS

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INTRODUCTION

- Value-Based Purchasing (VBP) is an approach that ties payment to the quality and efficiency of healthcare services delivered.
- This resource introduces an initial approach for creating accountable and outcome-driven partnerships spanning the network of healthcare and community-based providers, all geared towards enabling comprehensive, whole-person care. The central focus is on the Care Compact as the primary tool, accompanied by a well-defined outline of its key elements.

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WHY ARE FORMAL AGREEMENTS CRITICAL TO VALUE BASED PAYMENT?

- Because your organization most likely does not provide the full continuum of care.
- Your organization will eventually be paid for some clinical outcomes—e.g., preventing avoidable ER visits and hospitalizations—for which you will necessarily depend on the performance and cooperation of other providers who share the same clients.
- **Your mutual success and outcomes will rest on the effectiveness of the partnerships you develop and implement together.**

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"WE ALREADY HAVE AGREEMENTS"

- Most providers have entered into agreements with other organizations. Consider
  - Are these long-standing informal and loosely defined relationships or arrangements (e.g., "I'll let you know when your client is in my ER", or are these formal "partnerships"?
  - How effective are these agreements in increasing your client's access to care and in improving health outcomes?

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CONTINUUM OF AGREEMENTS

INFORMAL OR VERBAL AGREEMENT

Agreements formed verbally and represent a general understanding of collaboration; data is not collected and shared

MOUs AND CARE COMPACTS

A formalized agreement between healthcare providers or community-based organizations that designates referral protocols, care transition expectations, and care management responsibilities

COLOCATED SERVICES

Services take place in the same location allowing for more direct integration and communication to impact care

CLINICALLY INTEGRATED NETWORK

Healthcare providers and health systems form a legal entity and strategically collaborate to improve care, decrease the cost of care, and demonstrate their value to the rapidly changing market

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CARE COMPACT DEFINITION

- A “care compact” or “care coordination agreement” (also referred to as service agreements, care coordination agreements)
  - A framework for creating a set of mutual understandings and expectations to engender trust, bolster the relationship, and foster more productive collaboration (Not legally binding)
  - A strategy to create stronger, better coordinated working relationships between and among healthcare organizations.
  - An agreement that outlines guidelines for providers to coordinate care to ensure the safe transitions of care
  - Outlines and defines care episodes, expectations for roles, responsibilities and data exchange standards
  - Includes a set of standardized processes for referrals and care coordination by outlining data requirements for status updates and patient profiles

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TYPES OF CARE COMPACTS

- Co-management of shared care
- Behavioral health agency and a primary care practice
- Improved transitions of care between specialists
- Formal consultation regarding a person's diagnosis, diagnostic results, procedure or treatment

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WHAT'S COVERED?

No set components; details of compacts are up to negotiating agencies. Areas frequently covered:

- How services within a partnership function and relate to each other
  - Partners could coordinate delivery of a complementary set of services for shared clients.
  - Partners could actively connect their services, often through roles that strengthen service linkages.
  - Partners could provide services that are co-located and/or jointly staffed and together strengthen care connections and/or service linkages

Integrating to Improve Health: Partnership Models between Community-Based and Health Care Organizations

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WHAT'S COVERED? (CONT'D)

- How partnership activities and services are funded
  - Each partner may fund their participation through separate resources, or partners might share grants that support partnership activities and services.

Integrating to Improve Health: Partnership Models between Community-Based and Health Care Organizations

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WHAT'S COVERED? (CONT'D)

- How partners interact with data from their target population
  - Partial Access: Partners share patient-level data with limited access to view full records and/or input data. Partners maintain separate systems to track data and provide regular program updates to each other.
  - Full Access: Partners can fully view and input patient-data in real time, often through a joint data system. Partners regularly review program-level and/or outcomes data to inform decision making

Integrating to Improve Health: Partnership Models between Community-Based and Health Care Organizations

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WHAT'S COVERED? (CONT'D)

- Mutual and measurable goals
  - Demonstrate how well the compact is working
  - Enhance provider accountability by establishing clear short- and long-term goals for compact implementation

Integrating to Improve Health: Partnership Models between Community-Based and Health Care Organizations

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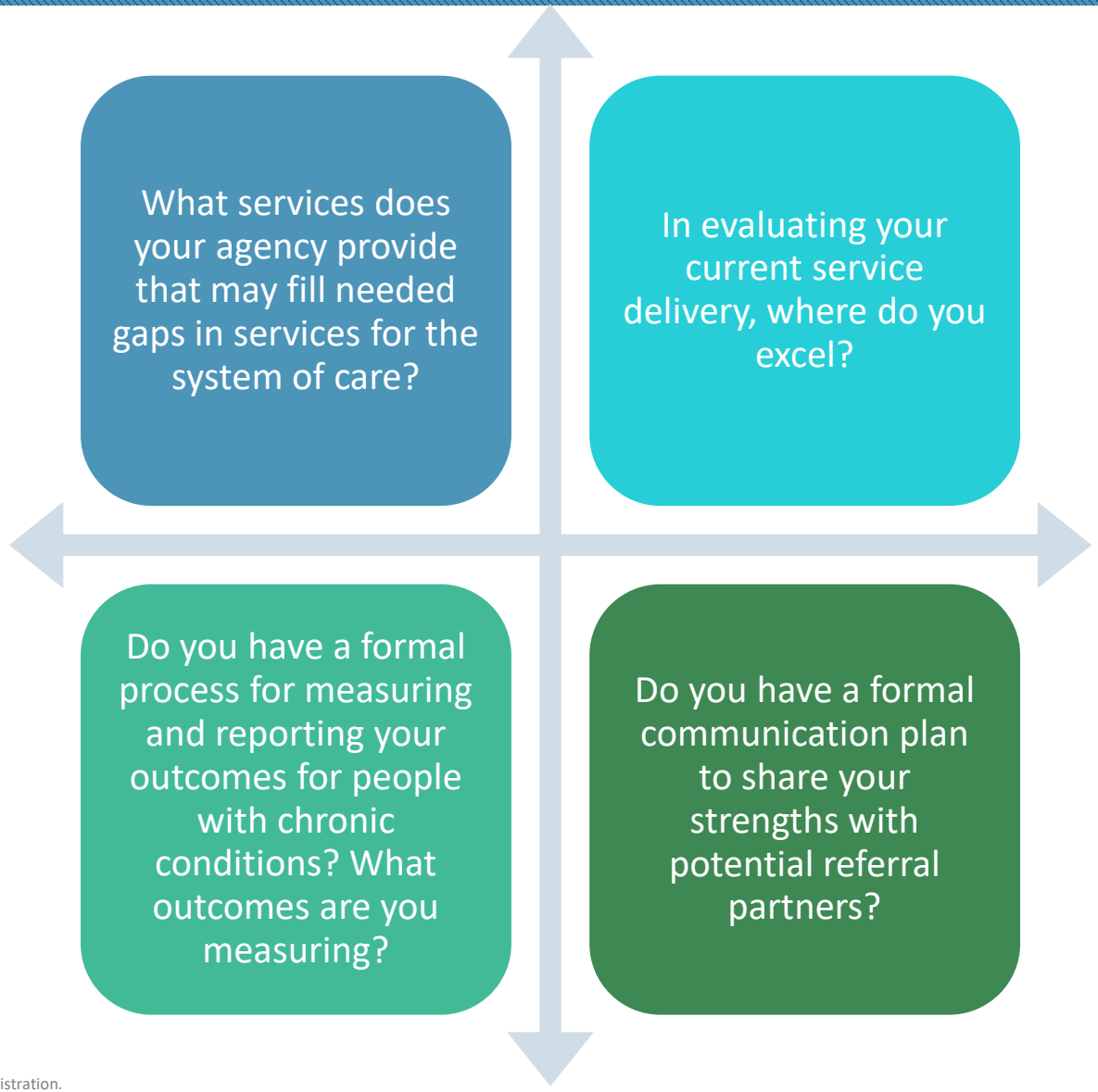
PREPARING TO ENTER A CARE COMPACT

YOUR PARTNERSHIP VALUE PROPOSITION



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ARTICULATE THE "WHY" AND THE GOALS

- In addition to your value proposition, develop a succinct and clear statement about how a successful partnership will get you closer to optimal health care outcomes for clients
  - For example: *We want to develop a consistent process for better communication and safe transitions of care between primary care and specialty BH providers.*
- Articulate measurable care compact goals

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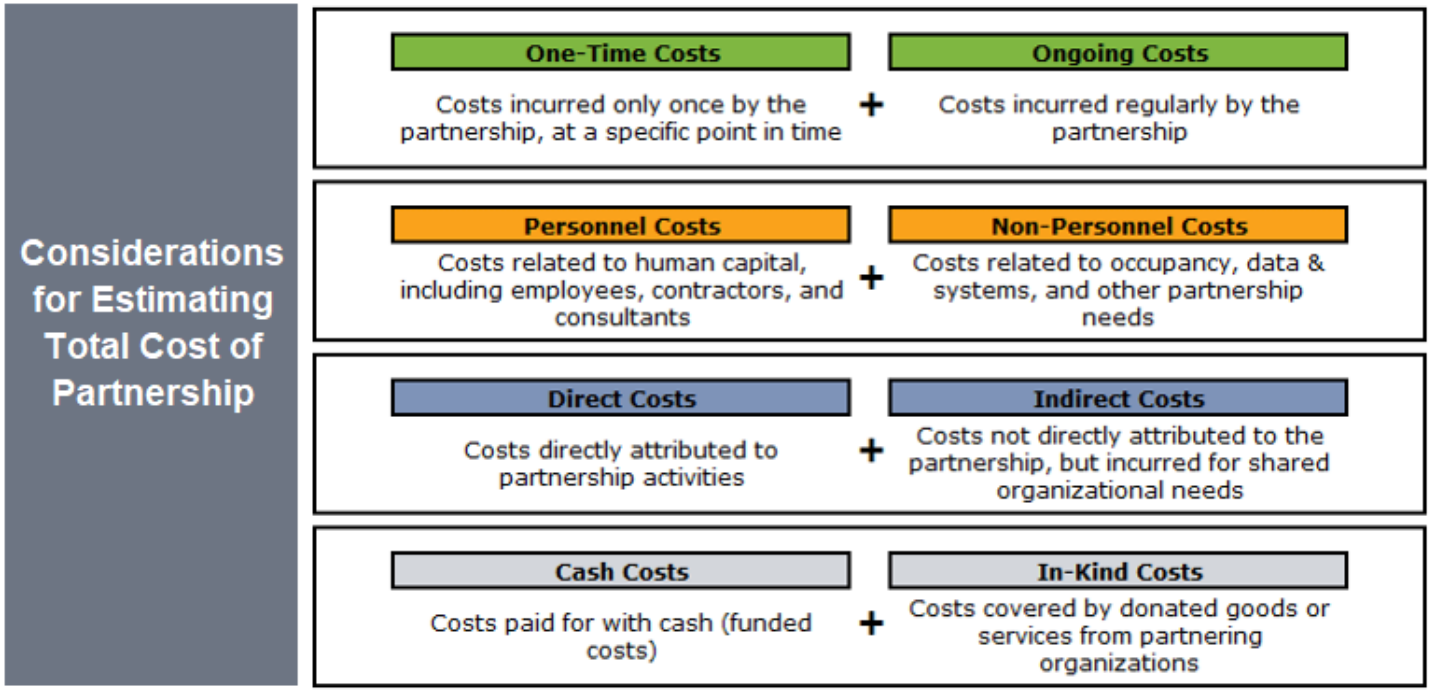
ESTIMATE THE COST OF THE PARTNERSHIPS

- In VBP, organizations need to know the cost of delivering services, including services being delivered as part of a care compact.



A tool from Nonprofit Finance Fund: https://nff.org/fundamental/resources-community-based-organization-and-healthcare-partnerships

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SETTING UP A CARE COMPACT

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- Take an inventory of your current/potential partners
  - Which providers or agencies do you know of that focus on the unmet needs your clients have?
  - If you already collaborate with some of these organizations, consider, which are reliable, provide quality care, measure outcomes, share information?
  - Mutual respect is essential to building and sustaining a professional relationship and work collaboration.

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SETTING UP A CARE COMPACT

- Reach out to target organizations to offer the opportunity to formalize and improve current working relationship.
  - Set up a meeting to collaboratively develop the compact. AVOID the strategy of faxing a completed contract and asking for their signature.
  - Through course of negotiations, examine in depth mutual expectations and operational issues
  - Consider governance structures that guide different rules and accountability mechanisms across partnerships (e.g., norms, agreements, and processes that guide decision-making)

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TEN GOOD QUESTIONS TO CONSIDER

1. How would you describe your value proposition to partner agencies?
2. What do you have to offer in the relationship that will increase integration and improve client care?
3. What are your expectations from your partner agency?
4. What do you expect your partner agency to ask of you?
5. Which of these elements will you be able to provide, and which will be challenging for you?
6. What processes do you have in place, or can you develop to assure that your agency is able to consistently meet the expectations outlined in the care compact?
7. What ideas do you have for processes or other elements that may support maintenance of the commitment and communication between agencies in your care compact over time?
8. Do your expectations of one another align?
9. Are there any cultural differences between the two agencies apparent in the negotiation of the care compact?
10. If yes, how can these differences be addressed in the care compact?

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IMPLEMENTING THE CARE COMPACT

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- Educate service recipients on the purpose of care compact, and overlapping/integrated care
- Educate and train staff: Foster commitment by training staff on the goals of compacts (e.g., clearer documentation standards, more efficient task distribution), agreement details and their responsibilities
- Develop a workflow for the Care Compact
- Audit change: Assess progress to compact adherence, pinpoint improvement opportunities and refine existing metrics

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SAMPLE CARE COMPACTS

EXAMPLE: CARE COMPACT FOR REFERRALS

PCP Office Responsibilities

- At the office visit, PCP will discuss reason for referral to Specialist with patient/family
- If visit is urgent, PCP office will call BH office intake line to notify of need for a more expedited appointment and outreach to the patient
- BH office contact information is provided to patient in printed care plan and follow-up plan

BH Office Responsibilities

- BH intake office receives referral and intake office contacts person to schedule visit and complete intake assessment.
- Insurance eligibility/benefits are reviewed when appointment is scheduled.
- The individual will be placed with a therapist/counselor who is deemed a “good fit” based on psychological assessed needs and insurance coverage.

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EXAMPLE: CARE COMPACT FOR REFERRALS (CONT'D)

PCP Office Responsibilities

- Manages the medical or behavioral problem to the extent of the PCP's scope of practice, abilities and skills
- Shares data with the BHP in timely manner including pertinent consultations or care plans from other care providers
- Resumes care of patient as outlined by the BHP, assumes responsibility and incorporates care plan recommendations into the overall care of the patient

BH Office Responsibilities

- Sends periodic written, electronic or verbal reports to PCP
- Notifies the PCP office or designated personnel of major interventions, emergency care or hospitalizations
- Confers with PCP or establishes other protocol before orders additional services outside practice guidelines
- Provides useful and necessary education/protocols to PCP

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AGREEMENT BETWEEN A COMMUNITY BH CENTER AND A FOOD BANK

Time period: Weekly for one year

Community Behavioral Health Center

- During weekly visits to the food bank
  - CHWs will use a screening tool to assess resource needs
  - Will make appropriate referral
  - Will not give medical advice

Food Bank

- During weekly visits o the food bank
  - Provide CHWs with a safe, clean space to work
  - Provide access to food bank clients
  - Notify CHWs of closures

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SAMPLE AGREEMENTS

- https://www.integration.samhsa.gov/a_memo_of_understanding.pdf
- Resources for Community-Based Organization and Healthcare Partnerships | Nonprofit Finance Fund (nff.org)

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MINI SELF ASSESSMENT

Photo by Glenn Carstens-Peters on Unsplash

Knowledge	1	2	3	4	5	6	7	8	9	10
Comfortability	1	2	3	4	5	6	7	8	9	10
Confidence	1	2	3	4	5	6	7	8	9	10

Reflect & Connect:

What do you think your organization may look like 5 -10 years from now if you incorporate and build upon these concepts?

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HMA

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