- **Implementation and continuous improvement** phases create opportunities to review current implementation processes and use data to understand barriers and opportunities to improve program performance and advance the shared vision.

- **Contract renewal** discussions allow both parties to evaluate what is working well and how the partnership can grow.. This final phase of the contract should offer partners the opportunity to celebrate shared accomplishments and plan to promote lessons learned to relevant stakeholders.

Establishing a shared vision

Establishing a shared vision for the health care–CCH/CBO partnership is a critical first step. This stage represents an opportunity to discuss why each organization is investing in the partnership and what shared success looks like.[vi] The goal is not only to align priorities, but also to identify potential areas of divergence to ensure realistic expectations for deliverables and outcomes.

Differences in CBO and health plan organizational cultures can lead to different perspectives and expectations around risk tolerance, communication, operations and measuring success. It can be valuable for leaders of each organization to explicitly acknowledge these dynamics and normalize differences of approach that may arise throughout the partnership.

The vision-setting process ideally begins before the scope of work is written and can include human-centered design activities, as described below:

Methods for establishing a shared vision

Establish site visits and opportunities for teaming

In-person visits enable teams to learn more about each other's staff, culture and community. Planning a site visit encourages teams to collaborate even before the contracting process begins. During these visits, payer staff can meet CCH/CBO staff to discuss the programmatic data, operational details and value of the work, or to attend local events to understand the CBO's role within the community. Site visits also allow teams to get to know each other, develop authentic connections and build trust that will carry them through the partnership. Hearing members'[vii] stories and what matters to them can help bring to life the impact of the work and inform a shared vision of success.

Create time to acknowledge each partner's organizational cultures

Organizational culture is dynamic and constantly developing based on social and behavioral norms, expectations, and values of staff, leaders and society.[viii] [ix]Organizational culture influences the priorities of leaders and staff, including how they approach new opportunities and solve problems. Exploring differences in organizational culture[x] allows the payer and CBO to better understand how each views the work. This can lead to open dialogue about pressures and constraints and, also, organizational strengths. Partners can utilize their organizational strengths to optimize contract responsibilities, create empathy and promote creative problem-solving.

Develop a shared design process for the partnership

As the parties identify a shared vision and gain a deeper understanding of their respective strengths and values, they can develop the program using an inclusive, human-centered design process.[xi] A cross-section of individuals representing contracting, clinical and programmatic functions should inform priorities, set short and long-term goals, and align on key metrics.

Co-designing programs sets a collaborative tone, leverages each party's strengths and allows scenario-planning for tension points that may arise. The process should cultivate a healthy balance between promoting

the shared vision and acknowledging the reality and constraints of each partner. Jointly developing the workflow can help identify differences that need to be addressed. For example, CBOs may face volume or scaling constraints that are not negotiable at the start of the contract. Payers may not agree to metrics that are impossible to track within their infrastructure or don't align with institutional priorities. In addition, each partner may have their own legal and compliance frameworks to navigate. While the co-design process should focus on what the parties want to achieve, it is best practice to consider the constraints before the official contracting process begins.

The process can include facilitated sessions anchored in the shared vision and values of the partnership and can also use asynchronous methods to gather input and feedback as the concept crystallizes (e.g., circulating drafts for review). Leadership input into the process, and strategic inclusion of leadership in sessions, can support continued investment; however, working sessions or feedback mechanisms without leadership present can also surface different perspectives and ideas.

Scoping

Scoping is a process for translating the shared vision into the operational components of the partnership (i.e., member eligibility, service elements, data reporting and payment), which are documented in a workflow and then a written contract. Each party can identify their specific needs and work together to resolve disagreements. There may be instances where partners must abide by specific scoping and financing criteria. But as much as possible, the payer should be open to deviation from its standard health care vendor risk assessment workflow and contracting processes to facilitate program innovation.[xii]

When payers contract through CCHs, hubs centralize administrative functions such as billing, reconciliation, incident escalation, referral processes , data-sharing, and other contracting activities. This centralization benefits both payers and CBOs by mitigating responsibilities associated with administrative coordination for the plan and allowing CBOs to focus on program delivery and member needs. CCH arrangements convene different partners and services that strategically increase payers' access to CBOs of diverse sizes and specialties, allowing plans to broaden their scope of program delivery.

Whether contracting with an individual CBO or through a hub, when the scope is jointly developed between partners, it more accurately reflects the capacity and needs of both parties and can be more achievable.

Our previous publications can help with this process. *A Health Plan's Guide to Developing CBO Contract Scopes of Work* provides expert guidance on the major components of a scope of work, while *A Health Plan's Guide to Paying CBOs for Social Care* provides guidance on matching payment methodology to the specific goals, services and circumstances of the partnership.[xiii, xiv]

Methods for effective scoping

Define roles

Due to the complexity of payer operations, role definition is a critical piece of the scoping phase, and it can be helpful to take a systematic approach to this exercise. Using process mapping, parties can document major activities and interactions between partners at each stage of member interaction (i.e., identification, engagement, enrollment, service provision, service completion). This process can identify the points of intersection with other health plan functions, such as enrollment, care management, utilization management, and billing and payment. In CBO-payer partnerships, the parties should ideally establish one point of contact from the health plan who is responsible for coordinating with the CCH/CBO program team to triage and address member needs—as well as other issues that arise during program implementation—to ensure efficient and timely collaborative problem-solving. When payers work with CCHs to coordinate partnerships, hub staff take on the lead role of communicating with and training their member CBOs.

In general, collaborating to create new strategies for communication in this area is essential, as workflows are not standard across partnerships and will vary depending on the CCH/CBO's method for handling member lists or referrals. Defining roles will serve as an opportunity for both teams to develop a deeper and more concrete understanding of each other's work, which is helpful in ensuring that the contract scope is feasible.

Engage in data systems strategy sessions

Data-sharing and data collection are critical inputs into a collaborative workflow. To understand programmatic impact and outcomes, the CCH/CBO can contribute program data, while the payer can share information about claims and utilization. One best practice is for parties to engage in data strategy sessions to identify their respective data-related goals, collection methods, and systems for storage and transfer. Through this exercise, they can identify the data systems that will be used, the data elements that will be exchanged between the two organizations, whether and when individual consent or authorization is required and the frequency and secure means by which that data will be exchanged. Parties should also discuss and decide whether each will have access to the other's technology portals for viewing, extracting or reporting information.

Although the ideal is to integrate systems, many constraints exist around achieving interoperable and seamless exchange of data across platforms. As such, both parties will likely have to make trade-offs as they formulate a shared data systems strategy. Since the interim data solution will likely not be perfect, it is important to acknowledge the additional work that will fall on each partner as a result, and name potential inefficiencies that may have implications for service delivery. For example, if one party agrees to double-document, use multiple platforms or reformat data to align with the other's system, remember to allocate sufficient staff time and funding, and/or adjust volume goals.

Acknowledge challenges and establish flexibility around standard vendor processes

Data security practices vary across CBOs, which require health plans to consider flexible data compliance requirements when approaching social care relationships, rather than defaulting to the highest standard. A payer should initiate conversations around data security and compliance soon after the CBO is identified as a potential partner to allow ample time to evaluate the current data security practices, the CBO's capacity to enhance their security level, and negotiations around the payer's ability to adjust their standard requirements based on relative risk. If an annual data security review is required, this should also be discussed soon after identification to allow the CCH/CBO sufficient time to allocate the resources needed to carry out the review.

CCHs offer an attractive alternative to contracting individually with CBOs because they can achieve high levels of data security and compliance on behalf of a network of CBOs and streamline administrative, security and financing processes by providing a consolidated point of contracting, billing and data sharing.[xv]

Strengthen CBO infrastructure

Both parties may identify infrastructure areas, such as data security, technology, patient health information management or staffing, that need to be bolstered prior to implementing the work. This is an opportunity for the payer to support the CBO in making improvements that enable compliance with payer requirements and build long-term capacity with the partner. For example, payers who invest in building a relationship with a CCH can strengthen and compliment the infrastructure of their CBO partners to meet high contracting standards by funneling or supporting administrative, security and data functions through the hub.[xvi]

Pre-launch activities

Any new partnership requires certain onboarding activities before services can begin. Payers and CCHs/CBOs that dedicate attention and time to pre-launch activities can put the partnership on a solid path to achieve the shared vision. Best practices for pre-launch planning, outlined below, are collaborative and ensure the CCH/CBO and the payer are engaging in open dialogue about barriers and how to resolve them through pre-launch activities and beyond.

During the pre-launch activities, the payer and the CCH/CBO may want to complete the following tasks:

- Credentialing of CBO staff
- CBO/health plan staff trainings
- Data security reviews (can also be conducted before the contract is signed)
- Onboarding any new technology access or interfaces
- Development and testing of workflows for referral, reporting and payment/billing
- Releasing pre-payment funds to the CCH/CBO for staffing and technology infrastructure development

Methods for collaborative pre-launch planning

Establish effective communication pathways

Parties may want to develop regular communication practices, such as a joint operating committee (JOC) and case conferencing (see below for further discussion), that enable them to review progress together and learn from the experience of working with individual members. During pre-launch, the parties should establish the details of communication pathways, including cadence, reporting structure and staffing. Creating a standard format for each type of communication, such as standing agendas, slide decks or reports, can create an efficient structure, allowing the parties to focus on the content than the logistics of scheduling and overly burdensome preparation.

Align on member communication and referral processes

It is critical that parties align on and coordinate how they will communicate with members about the partnership, availability of new benefits and referral processes. If done well, this will create clarity, avoiding the confusion of members receiving multiple phone calls or conflicting messages from different parties. Payers often rely on written communication sent directly to members or through primary care providers on new benefits and services. Such written communications can be used to introduce and feature the relevant elements of the partnership's new offerings.

Effective co-design of referral processes will allow the parties to clearly map how members will be connected to the CBO's programming (e.g., portal alerts, provider connections, member lists, emails, phone calls). They will also define enrollment or intake protocols, and how, when and what information is documented and sent to the health plan team. Alternative forms of communication, such as encrypted email or Excel files, can be used to work around portal or system-access barriers and ensure the payer, CCH/CBO, providers and external partners are aware of member referrals in a timely manner. CCHs/CBOs can even help supplement communications strategies by using community-based channels that inform CBOs and other organizations that regularly interact with the population of focus.

It is important to note that this coordination is just as important as the service delivery itself. It is complex and difficult to implement, and it may not work smoothly at the start. The introduction of the CCH/CBO may create some friction with existing payer workflows and practices. Individuals on each team may feel territorial or wary about potential shifts in roles or operations.

> **The goal is for the parties to absorb the messiness of the initial collaboration, sparing members from having to navigate yet another complex system.**

Develop processes for overcoming barriers

When working closely with members who are facing a wide range of health and social challenges, CBOs may encounter situations where standard communication procedures result in lengthy wait times for members. Escalation pathways[xvii] catalyze problem-solving by allowing CBO staff to contact a designated health plan representative who can assist with expediting solutions, including speeding-up or waiving prior authorizations, creating new workflows, updating stringent policies that inhibit collaboration, and running new forms of analysis and evaluation.

Escalation pathways should be formalized early in the relationship, and safeguards should be implemented to account for staff turnover. A common pitfall occurs when teams have an unofficial "go-to" staff member who helps them escalate and resolve their issues. If that individual moves to a new role, it can be challenging to replicate this positive dynamic. Escalation pathways are an important feedback loop to the health plan, and over time can help to identify policies and practices that are creating barriers that the health plan may want to resolve.

Implementation and continuous improvement

The implementation and continuous improvement phase focuses on strategies to sustainably advance the social care partnership. During this stage, the team assesses current implementation processes and uses data to understand barriers and opportunities to improve program performance and advance the shared vision.

Methods for effective implementation and continuous improvement

The communications pathways developed in pre-launch can generate significant shared learning and opportunities for continuous improvement. For example, routine partnership meetings, escalation pathways and joint operating committee meetings can identify common barriers experienced by members. Payers can involve staff from different departments to review challenges and develop innovative solutions. For example, the parties may identify the disproportionate impact that a particular process (e.g., prior authorization), network gap or formulary issue

has on certain populations (e.g., people experiencing homelessness), and work to develop alternate pathways or additional supports.

Establish methods to discuss and address member-related issues

Types of routine meetings to address member-related issues will vary depending on the partnership; however, all contracts should have designated meetings to work through member-specific conversations. These can take the form of case conferencing rounds focusing on member and care team challenges, reviewing member-level data or discussing each team's priorities for continuing to work with members. Successful meetings incorporate the following core components:

- Routine program operations
  - Meeting preparation: Prior to partnership meetings, the CBO/CCH can compile lists of active member clients (and their member ID numbers), unresolved member issues, members they are working to identify and engage and other relevant program or data information. Discussing members with unresolved issues should be a priority.

  - Staffing: Partnership meetings are great opportunities for the health plan's clinical leads to deepen their understanding of program details. The discussions allow relevant decision-makers to learn about active challenges experienced by members, which they can elevate for process improvements.

Establish and run a joint operating committee

Joint operating committee (JOC) meetings are regularly scheduled discussions among program stakeholders to share program updates, challenges and achievements. Routinizing JOC meetings builds and strengthens the partners' relationship at the same time maintaining forward momentum around program activities and achieving the shared vision. If leadership's presence has declined, the JOC is the key touchpoint that leaders should join when possible, to signal continued relevance and remind the teams of the larger vision for the work.

- Staffing and scheduling: As a best practice, the parties should meet monthly at a standing time with the necessary care team members, such as frontline staff, administrative and programmatic leads, medical leadership and executive sponsors. Additional staff can be invited as needed to confer around milestone tasks, like data-platform onboarding or reviewing ancillary data. It can be beneficial to hold the meeting even if attendance is occasionally low, to keep the momentum of the partnership.

- Agenda setting and communication: Teams can use JOC meetings to generate conversation about referral volume, engagement rates, sub-population trends and opportunities for continuous program improvement. Creating an expectation of active involvement from both sides helps ensure a collaborative tone that produces real-time problem-solving and joint program ownership, rather than the CBOs only presenting and defending metrics. Shared leadership responsibilities from the payer and CBO at JOC meetings underscores the collaborative nature and shared accountability of the partnership.

- Tracking data/results: Both parties are working toward a level of volume that produces meaningful impact on population outcomes and metrics. It is important that JOC meetings include mutual data sharing and review to track programmatic results and co-design solutions as needed.

- Maintaining follow-up: Once a meeting is complete, a staff member should be designated to send final slides and notes to the core team and other stakeholders who were not in attendance. Prompt and standard follow-up will help maintain open communication, keep the project relevant to the project teams' daily operations, as well as socialize the partnership more broadly across the organizations.

To learn more about how to run a JOC meeting, consult the *Joint Operating Committee Template* slide deck.[xviii]

Deepening the partnership to drive future work:

As the partners work and learn together, they can look for opportunities to share learning, and change policy and practice together, including:

- *Disseminating information and promoting the partnership:* The payer and CCH/CBO can collaborate to highlight improvements made through the partnership in ways that are authentic and respectful of members, such as blogs, briefs and regional or national conference presentations.

- *Uplifting member experiences:* Because CBOs have strong connections with the members they serve, they can connect plans with members who are open to sharing their experiences. The CBOs can identify opportunities for members to share their stories, obtain consent and provide a warm hand-off to a plan's community engagement or communications teams.

- *Utilizing data for future programs:* Once programmatic data has been collected and evaluated, the CBO and health plan should collaborate on using the information to drive future programs addressing needs or populations identified through the current program.

- *Advocating for policy reform:* The experience of working together will often highlight opportunities for policy change that could help grow the partnership or otherwise improve the lives of those served. They can also provide important examples of success to illustrate the need for policy change. By speaking with one voice, payers and CBOs can have greater credibility and influence with policy changemakers than either one can acting alone.

Contract renewal and expansion

Contract renewal discussions will ideally begin months before the end of the contract term. These discussions allow both parties to reflect on program data and impact; what is working well and opportunities to expand the partnership. Conversations about what elements to adjust, scale or sunset should occur across all team representatives. The teams may decide they need more time to comprehensively assess the work and may choose to extend the timeline of the existing contract while developing the next iteration of the partnership.

If the teams decide not to move forward with a contract renewal, the parties should work together to ensure members and other partners are aware of the timeline for concluding the work. If members are actively engaged in programming, frontline staff should be provided with standard messages and training to communicate with members about the end or transition of services.

Regardless of the next steps, this final stretch of the contract should offer the partners the chance to celebrate their shared accomplishments and discuss how to promote lessons learned to relevant stakeholders. This will advance knowledge among the health and social care sectors on how payers and CBOs can partner effectively, with the goal of improving the health, wellness and well-being of members.

Conclusion

Addressing HRSNs is key to improving population health. The US health care landscape is rapidly shifting to prioritize the integration of health and social needs, driving payers, CCHs and community-based organizations quickly learn how to navigate new processes, procedures and cultures to work together. Health care–CBO/CCH partnerships are more likely to succeed when they are grounded in shared leadership and collaboration that leverages each partners' unique strengths. Focused attention on mutual understanding, open communication and collective problem-solving at each stage of the relationship—from preliminary exploration and vision setting through renewal and expansion of contracts—can help ensure the success of these critical cross-sector partnerships.

About the Aging and Disability Business Institute

This publication was produced for the Aging and Disability Business Institute via a collaboration of Partners in Care Foundation, stakeholders of the Partnership to Align Social Care and the Camden Coalition, which served as author. Led by USAging in partnership with the most experienced and respected organizations in the aging and disability networks, the mission of the Aging and Disability Business Institute is to build and strengthen partnerships between aging and disability community-based organizations and the health care system. Funded by The John A. Hartford Foundation, The SCAN Foundation and the U.S. Administration for Community Living, the Aging and Disability Business Institute provides community-based organizations with the tools and resources to successfully adapt to a changing health care environment, enhance their organizational capacity and capitalize on emerging opportunities to diversify funding. Learn more at **www.aginganddisabilitybusinessinstitute.org**.

About the Partnership to Align Social Care

The Partnership to Align Social Care, A National Learning and Action Network[xix] (Partnership) aims to address social care challenges at a national level by bringing together essential sector stakeholders (health providers, plans and government with consumers) to co-design multi-faceted strategies to facilitate successful partnerships between healthcare organizations and community care networks. The Partnership is a unique national effort to elevate, expand, and support a network-based approach to sustainably addressing individual and community health-related social needs. Learn more at **www.partnership2asc.org**.

About the Camden Coalition

The Camden Coalition is a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. We work to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver care to the most vulnerable individuals in Camden and regionally. Through our National Center for Complex Health and Social Needs (National Center), the Camden Coalition works to build the field of complex care by inspiring people to join the complex care community, connecting complex care practitioners with each other, and supporting the field with tools and resources that move the field of complex care forward. Learn more at **www.camdenhealth.org**.

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Endnotes

i   To learn more about the value of social care partnerships, review *Partnerships with Community-based Organizations: Opportunities to Create Value*. The resource presents five overarching reasons why health plans should partner with CBOs/CCHs to address social needs.

ii   **https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10449-w**

iii   **https://prodadbi.wpenginepowered.com/wp-content/uploads/2022/03/2022-Advancing-Partnerships.pdf**

iv   Community care networks are a rapidly growing model of social care delivery in which a community care hub (CCH) organizes multiple CBOs into a network that covers a broad geography and provides a wide range of services. The CCH provides centralized administrative functions and contracts on behalf of community care network members.

v   Strategies for aligning around billing structures are not included in this brief. *A Health Plan's Guide to Paying CBOs for Social Care* provides guidance on special billing and payment considerations for CBOs when standard processes are not suitable.

vi   *Partnerships with Community-based organizations: Opportunities to Create Value* provides case study examples of when payer-CBO/CCH partnerships work towards a common goal and vision.

vii   The individuals being served by the CBO will be referred to as "members" throughout the resource.

viii **https://hbr.org/2013/05/what-is-organizational-culture**

ix   **https://www.researchgate.net/publication/324687637_A_HYPOTHETICAL_APPRAISAL_OF_CORPORATE_CULTURE_AND_ORGANISATIONAL#pf3**

x   Partners can draw upon organizational culture models from business sectors, such as **Michelle Gelfand's model describing Tight and Loose frameworks** and **Scholes and Johnson Cultural Web**, to identify key unspoken expectations and misalignments in "how things should be done."

xi   A human-centered design process is a problem-solving strategy that prioritizes the needs of the individuals impacted by the issue. There are four essential phases of the design process: Clarify, ideate, develop, and implement. More information about human-centered design processes can be found here: **https://online.hbs.edu/blog/post/what-is-human-centered-design**.

xii   *A Health Plans' Guide to Paying CBOs for Social Care* provides case study examples of how health plans were able to adapt their standard vendor processes for billing and payment when contracting with CCH/CBOs.

xiii **https://www.aginganddisabilitybusinessinstitute.org/developing-cbo-contract-scopes-of-work/**

xiv   **https://www.aginganddisabilitybusinessinstitute.org/a-health-plans-guide-to-paying-cbos-for-social-care/**

xv   *Partnerships with Community-based organizations: Opportunities to Create Value* and *A Health Plans' Guide to Paying CBOs for Social Care* highlight case studies demonstrating the value of contracting through CCHs to consolidate administrative, payment and communication functions.

xvi   To learn more about where CCHs are located in the US, consult **the Administration for Community Living map** or email **communitycarehubs@acl.hhs.gov**.

xvii Escalation pathways represent a process for elevating challenges and disagreements to higher level authorities within the health plan or CBO for prompt attention. Effective escalation pathways ensure efficient problem-solving and decision-making.

xviii **https://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2023/11/JOC-Template_08.23.2023-1.pdf**

xix   Partnership to Align Social Care: A National Learning & Action Network, Partnership to Align Social Care (Partnership), September 2022, **www.partnership2asc.org/wp-content/uploads/2022/09/P2ASC_Overview_Slides_Septeber_2022.pdf**.