

National Coalition on Care Coordination (N3C)

Development of N3C:

*History, Achievements, and Ongoing Efforts Toward
Creating Consensus on Care Coordination*

ASA / Aging in America
Thursday, April 28, 2011

*San Francisco, CA
Hilton Union Square
2:30-3:30 p.m.*



Accomplishments

- Unified Stakeholders
- Formulated Common Ground on Positions
- Communicated with Decision Makers
- Provisions for Care Coordination included in Patient Protection and Affordability Care Act (PPACA)

The Genesis of National Coalition on Care Coordination (N3C)

- The American Society on Aging (ASA), and the New York Academy of Medicine (NYAM), Social Work Leadership Institute (SWLI) convened a distinguished group of thirty experts from health, human services and long-term care prior to the 2008 ASA Annual Conference on Aging to address key issues in care coordination.
- The meeting resulted in the formal establishment of the National Coalition on Care Coordination (N3C).

N3C Mission and Goals

- Improve the quality of life for vulnerable older adults by promoting care coordination as an essential part of health care reform.
- Convene experts from health, long term care, aging and public policy to develop consensus on effective models of care coordination and build evidence for the effectiveness of care coordination.
- Understand how expertise of coalition members can be most effectively utilized.
- Identify opportunities to work with coalition members as allies, thought partners, and policy advocates.

N3C Mission and Goals, cont'd

- Develop evidence based specifics about Care Coordination, its benefits, and personnel qualifications.
- Educate federal and state policy makers on care coordination.
- Provide interested parties with specifics about the role and benefits of care coordination as part of health care reform.

Current N3C

- 40 members
- Building the Evidence on Care Coordination
- Developing Ongoing Education of Care Coordination Policies
- Active participation in 4 workgroups
 - Dual Eligible Workgroup
 - CLASS Program Workgroup
 - Center for Medicaid and Medicare Innovations Workgroup
 - Exchange Workgroup
- Frequent Communication
 - Weekly reports to steering committee
 - Monthly reports to full membership

N3C Definition of Care Coordination

N3C has developed a living definition of care coordination that can be amended as care coordination evolves:

“Care Coordination” is a person-centered, assessment-based, interdisciplinary approach to integrating health and social services in a cost-effective manner in which an individual’s needs and preferences are assessed, a comprehensive care plan is developed, and services are managed and monitored by an evidence-based process which typically involves a designated lead care coordinator.

N3C/ LCAO Definition of Care Coordination

Recently, N3C staff, working with the Leadership Council on Aging Organizations, developed a new definition of care coordination:

“Care coordination” is a person- and family-centered and interdisciplinary approach to meet the needs of the older adult while enhancing the capabilities of the older individuals and family caregivers. Care coordination integrates health care, long-term services and supports, and social support services in which an individual’s needs and preferences are assessed, along with the needs and preferences of family caregivers. A core element of care coordination is the active engagement of the older adult, the family, community-based service professionals, and health care professionals providing care to an individual in the design and implementation of the plan of care. Activities of care coordination aim simultaneously at meeting individual and family needs, building person and family capacity and improving systems of care.

N3C Care Coordination Principles

The coalition believes that care coordination should:

- Be patient centered;
- Be supportive of family and informal caregivers;
- Be accessible;
- Take an interdisciplinary approach;
- Focus on chronic care and health care transitions;
- Bridge health and social services;
- Employ a comprehensive assessment; and
- Implement and monitor a flexible care plan.

Key Areas of Focus

- Evidence-Based Care and Best Practices
- Integration of Health and Social Services (and the Medical Bias)
- Reforms to Payment Mechanisms
- Care Coordination and Support for New and Existing Models of Care
- Dual Eligibles
- Home and Community Based Services
- Workforce Development

Evidence Based Care and Best Practices

- Developed a policy document with specific, evidence-based policy recommendations on the role of care coordination for Obama Administration Transition Team and the Health Care Reform Debates.
- Commissioned report, “The Promise of Care Coordination: Models that Decrease Hospitalizations and Improve Outcomes for Medicare Beneficiaries with Chronic Illnesses.”
- Developed recommendations for the Administration on Aging on how to strengthen care coordination under the reauthorization of the Older Americans Act.
- Developing Care Coordination Research on Effectiveness and Best Practices.

Integration of Health and Social Services (and Medical Bias)

- Developed and sent the following letters to:
 - Senators Lincoln and Collins in support of the RE-Aligning Care Act (S. 1004), August 12, 2009.
 - Developed letter to 12 key Congressional members in support of care coordination provision in health care reform, October 23, 2009.
 - Developed letter to Majority Leader Reid and Speaker Pelosi in support including care coordination provisions in the final health care reform bill, January 11, 2010.
 - Developed letter to the full House of Representatives endorsing the health care reform bill, March 19, 2010.

Reforms and Payment Mechanisms

- Prior to the beginning of the 111th and 112th Congress, met with key health care staff to educate them on the importance of care coordination.
- Commissioned report, “Structuring, Financing, and Paying for Effective Chronic Care Coordination.”
- Developed a letter to Finance Committee staff, Chris Dawe, giving recommendations for modification of the medical home demonstration program, January 30, 2009.

Reforms and Payment Mechanisms, cont'd

- Submitted a statement for the record in response to a Finance Committee Hearing entitled “Aligning Incentives: The Case for Delivery System Reform,” September 16, 2008.
- Submitted comments to the Senate Finance Committee regarding their Roundtable on “Transforming the Health Care Delivery System,” May 15, 2009.
- N3C held a groundbreaking stakeholder meeting of leaders in finance, aging and policy to discuss the importance of care coordination with a focus on financing and payment options, June 3, 2009.

Care Coordination and Support for New and Existing Models of Care

- N3C hosted a full day forum on care coordination models at the 2009 American Society on Aging Conference (ASA), co-sponsored by ASA and the Alzheimer's Association.
- Developed a letter to Chairmen Miller, Rangel, & Waxman supporting inclusion of care coordination provisions in H.R. 3200, July 31, 2009.
- Developed a letter to Senator Warner endorsing the Freshman Value & Innovation in Health Care Amendment, December 16, 2009.
- N3C hosted an invitational meeting with leaders in the field of Aging at the 2010 ASA Conference on Aging to identify opportunities for care coordination in the context of health care reform outcomes.



Care Coordination and Support for New and Existing Models of Care, cont'd

- Responded to Hill Request: Effective Targeting of Care Coordination based on population needs.
- Developed key messages on care coordination for the new Congress.
- Drafted legislative language on care coordination for health care reform.
- Care Coordination Recommendations for the Reauthorization of the Older Americans Act, June 2010.

Dual Eligibles

- Executive Summary on models that decrease hospitalizations and improve outcomes for Medicare beneficiaries for chronic illnesses, March 2009.
- N3C Dual Eligible workgroup works with federal agencies to influence implementation process.
- Developed five key recommendations for the Federal Coordinated Health Care Office (also known as the “Office on Duals”).
- Discussed recommendations with Melanie Bella, Director of the Office on Duals.

State Exchanges

- Convened in August 2010 to prepare response to HHS request for comments on state exchange design.
- Succeeded in securing sign-ons from 20 coalition member organizations.
- Submitted comments on October 4.

Home and Community Based Services

- Developed letter to Senator Wyden in support of his amendment to the Finance Committee bill to add the Independence at Home Act to the bill, September 21, 2009.
- Developed letter to Senator Kerry in support of his amendment to improve access to home and community based services under Medicaid, September 21, 2009.
- N3C's advocacy efforts helped the inclusion of The Independence at Home Act passed in the PPACA on March 30, 2010.

Workforce Development

- N3C members serve on several workgroups with the Elder Care Workforce Alliance to advance the development of an Aging Workforce.



CLASS Program

- N3C formed a CLASS workgroup
- The CLASS workgroup held a meeting with John Wren, COO of the CLASS program under the Administration on Aging.

“Tools of the Advocacy Trade”

- N3C uses relevant research to build evidence.
- N3C shares information with coalition members and interested organizations.
- N3C works to educate policy leaders through meetings, briefings, letters, suggested language and critiques of bills.
- N3C conducts meetings, and develop letters, for supporting staff and Congressional Members.

“Tools of the Advocacy Trade”, cont’d

- N3C works to build consensus through review and comments of work established by organizations who focus on care coordination issues.
- N3C works to develop legislative language on bills focusing on care coordination.
- N3C provides insight and analysis to Hill Staff on care coordination provisions.
- N3C provides updates on Hill activities to members and interested parties.

Where N3C Succeeded

- Advocated Care Coordination as central focus of provisions in PPACA targeting older adults
 - Center for Medicare Innovation
 - Support for new and existing models of care coordination (PCMH, Independence at Home and others)
- Focused on evidence in support of care coordination
 - Center for Medicare and Medicaid Innovation focus on best practices and evidence-based measures
- Focused attention on the challenges for the reimbursement mechanisms that support care coordination
 - Bundled payments and “value based purchasing” (Medicare Accountable Care Organizations and shared savings)

Where N3C Succeeded, Cont'd

- Focused on vulnerable populations and integration of health and long term care
 - Care coordination models for dual eligibles focus on integration of health and long term care
- Long-term care measures
 - Class Independence Benefit Plan
 - Continued support for Aging and Disability Resource Centers
- Support for home and community based services
 - Community based health teams in Patient Centered Medical Homes (PCMH), Community-Based Care Transitions Program, ADRC Support

N3C Ongoing Role in Health Care Reform Implementation

- Developed Recommendations for the Administration on Aging (AoA) on the Reauthorization of Older Americans Act (OAA) in 2011.
 - Continue to advocate on behalf of the recommendations developed for AoA for the Reauthorization of OAA, some of which are included in the Leadership Council on Aging recommendations.
- N3C members have held meetings with key CMS Staff to discuss how N3C may influence the implementation process.
 - Tony Rodgers
 - Michelle Warner
 - Pauline Lapin
- N3C is building the evidence on Care Coordination
 - N3C will develop research on Best Practice Models that link health and social services.

N3C Ongoing Role in Health Care Reform Implementation

- N3C co-chair, Pat Volland provided an update on health care reform implementation and the increased potential for care coordination utilization with the establishment of the Center for Medicare and Medicaid Innovation (CMMI) at the CSWE Annual Program.
- N3C co-chair, Robyn Golden provided testimony for a briefing organized by Congressman Towns on "Implications for Health Care Reform for the Social Work Profession."
- Policy brief on implementing care coordination in the Patient Protection and Affordable Care Act sent to key CMS and Hill staff.



N3C Ongoing Role in Health Care Reform Implementation, Cont' d

- N3C facilitates engagement of CMS with AoA to improve access and availability of home and community based services.
- N3C continues to gain consensus among coalition members and interested organizations on Care Coordination issues.
- N3C continues to identify and gain consensus of all new Members of the House and Senate named to key committees of relevance to us.
- N3C educates Executive Staff as PPACA is implemented regarding crucial care coordination programs.



N3C Ongoing Role in Health Care Reform Implementation, Cont' d

- N3C continues to advocate for Patient Centered Medical Home and enhanced role for interdisciplinary teams.
- N3C continues to raise awareness on the Hill as appropriations are implemented.
- N3C advocates in defense of care coordination provisions in the event they are targeted for repeal or revision.



References

Berenson, R., Howell, J., (2009, July). [Structuring, Financing, and Paying for Effective Chronic Care Coordination](#). Prepared for the National Coalition on Care Coordination.

Brown, Randall (2009, March). [The Promise of Care Coordination: An Analysis of Care Coordination Models that Can Reduce Hospitalization and Expenditures Among Medicare Beneficiaries and Improve Quality of Care](#). Prepared for the National Coalition on Care Coordination.

National Coalition on Care Coordination, (2008, December). [Toward a Care Coordination Policy for America's Older Adults](#). Prepared for President Elect Barack Obama and his Transition Team.