

# Investing in a coordinated network of community services for Greater Kansas City

**THE CHALLENGE:** Our health care system is facing transformational changes. Rapid growth in the number of older adults is already straining capacities, and the need is only expected to grow. A pending shift to value-based reimbursements may alter the financial foundation of many health care providers. And a new understanding of the impact that social determinants have on health outcomes has greatly increased focus on non-medical community supports.

**OUR SOLUTION:** After more than a year of research and exploration, health care stakeholders in the Kansas City region have determined that the best way to address these challenges is through a coordinated network of community services, developed under the working title of Managed Services Network (MSN). Like other coordinated networks across the nation, the MSN will be a community asset that helps improve health outcomes while reducing costs.

## What is the Managed Services Network?

A system of targeted services and interventions with specific benefits for at-risk patients, health care providers, payers and community-based organizations. The MSN will provide:

1. In-home specialist support for high-risk clients.
2. Coordinated back office functions.
3. Centralized intake and referral services.

## What are the benefits of a coordinated network of community services?

- FOR PATIENTS: Better patient experiences and improved health outcomes.
- FOR PROVIDERS: Operational efficiencies and reduced costs, as well as a smoother transition to value-based care.
- FOR PAYERS: Lower member utilization, greater client satisfaction and reduced costs.
- FOR COMMUNITY-BASED ORGANIZATIONS: Long-term stability that supports a higher level of quality and service.



### Mission Statement:

Build a sustainable, collaborative network of CBOs, providers and payers to improve the efficient delivery of high-value, community-based services resulting in demonstrable improvements in health outcomes and reductions in health care costs.

## COMMUNITY IMPACTS:



Improving  
Health



Reducing  
Costs



Increasing  
Satisfaction

## BACKGROUND AND ORGANIZATION

Over the past 18 months, the Mid-America Regional Council (MARC) has convened a steering committee of health care stakeholders from across the region to explore opportunities for a coordinated network of community services in Greater Kansas City. With extensive input and guidance from these stakeholders, MARC has developed a business plan for launching the Managed Services Network.

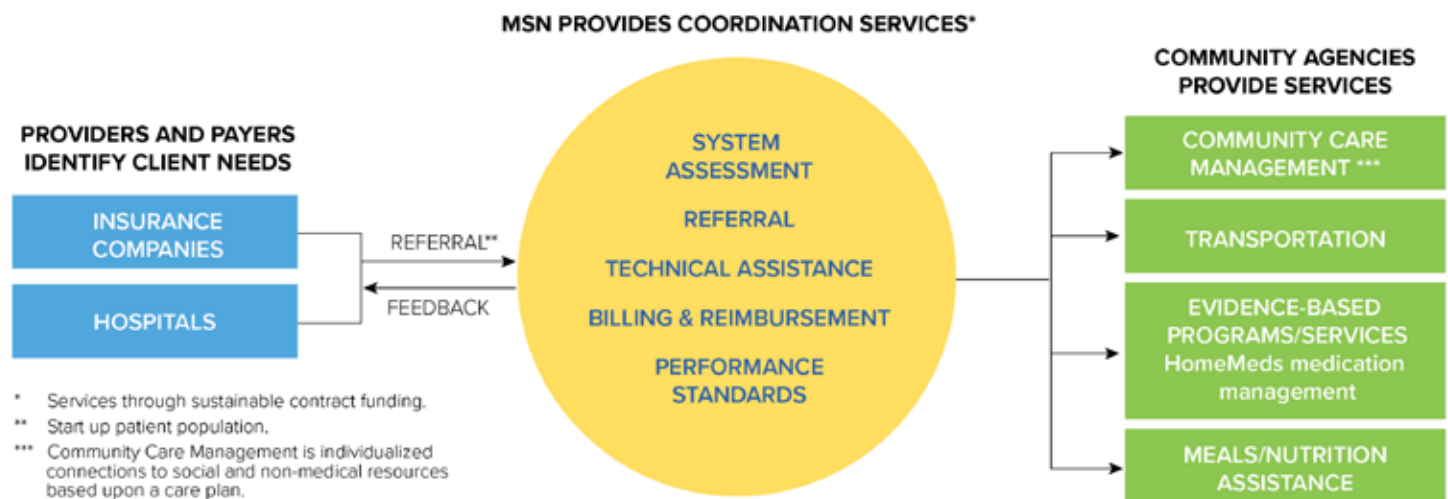
The planning process included a review of national best practices and market research. We found universal interest among representatives of area health plans and health care systems who spoke with the MSN Steering Committee. Initial market research — evaluating political, economic, social, technological, environmental and legal issues — is favorable. Two common themes emerged from our research and analysis of coordinated networks of community services: the immense opportunity and the urgent need for action.

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### Initial Structure

The MSN steering committee proposes launching the network with MARC serving as the initial hub, or backbone organization for coordination services. Community stakeholders have high confidence in MARC's proven organizational capacity, financial management track record and experience in launching other regional initiatives.

Plans call for the MSN steering committee to transition to a more formal advisory board of network participants with shared decision-making responsibilities and oversight of network activities. Over time, as the network grows, it may or may not be advisable to transition operations to an independent entity.



### Evaluation and Iterative Improvement

Interventions aimed at transforming lives must be iterative. Several groups have been identified to assist with program evaluation and iterative improvements. MARC is currently working with key stakeholders to develop a robust evaluation framework, and a detailed evaluation plan should be completed in spring 2019. Individual providers and payers will augment evaluation through their own mechanisms, such as utilization and claims data.

The Quality and Value Innovation Consortium (QVIC), led by Dr. John Spertus, recently decided on two focus areas to help improve hospital quality in the Kansas City region. One is a focus on readmission reduction through social determinants interventions for patients with congestive heart failure. The QVIC Advisory Board named MARC's coordinated network of community services as a vehicle for implementation and study of quality improvement. The QVIC team will help to designate referral criteria and pathways, add scientific rigor to program design, and assist with evaluation.

## STARTUP PLAN

### Years One to Three: Proof of Concept

The first year of the MSN business plan will focus on creating the network, establishing the systems and processes for coordinated care, and launching services for an initial cohort of 300 at-risk patients. Startup costs not covered through fees for service will be supported by a combination of public and private investments.

- **INITIAL PATIENT COHORT** — The MSN will work with area hospitals (particularly those with high CMS readmission penalties) to identify patients treated for congestive heart failure who are at the highest risk for readmission. The focus will be on patients who live alone, take six or more prescribed medications and/or have some degree of functional impairment.
- **SERVICES** — Patients will receive an initial assessment followed by care management services (development of a care plan, connection to services, home meds, remote monitoring and evidence-based programs such as disease prevention and health education. If needed, supportive services (transportation and home-delivered meals) will be provided.
- **BRANDING AND MARKETING** — Funds have been identified to secure services of a marketing firm to assist with renaming the MSN and advise on strategic communications and marketing strategies.

In years two and three, the MSN client volume capacity is projected to increase to 600 and 1,200 clients, respectively.

*Unlocking the full potential of community and social services to reduce health costs requires individualized, in-home patient engagement.*

## YOUR COMMITMENT

As founding partners in the MSN, health care providers and payers will be asked to commit to:

- **FINANCIAL SUPPORT** — Contribute funds for the initial three-year period, either as a flat amount or tied to service provision ceilings. Contributions will be evaluated annually.
- **PATIENT REFERRALS** — Each provider will be asked to estimate the number of clients to be referred each month/year.
- **TRAINING** — Each provider will be asked to ensure that appropriate staff receive training on MSN referrals, and appropriate alteration of internal workflows support these referrals.
- **CONTINUED INVOLVEMENT** — Each provider will be asked to commit to staying engaged in the network throughout the startup phase and provide input as it continues to mature.

In return, the MSN will commit to delivering high quality services to patients, with referrals only made to community-based organizations that meet quality standards; to provide accurate data and meaningful evaluation to help partners document the value provided; to operate with transparency and reliability; and to provide partners with a voice in MSN governance and operations.

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