

Navigating Cross-Sector Partnerships:

A Reference Guide for Community-Based Organizations Collaborating with Health Care Organizations

Introduction

Cross-sector partnerships between **community-based organizations (CBO)** and **health care organizations (HCO)** can leverage the expertise,¹ tools and resources of each partner, bolster efforts to target populations and communities' unmet social needs and advance health equity.

The *U.S Playbook to Address Social Determinants of Health* identified CBOs as a vital component in the infrastructure that provides programs, services and other social supports to address social determinants of health.² *HHS Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation* highlights cross-sector partnerships as a strategy to address **health-related social needs (HRSN)**.³ Many state Medicaid agencies also require managed care organizations to address HRSNs and promote cross-sector partnerships.⁴ There is ample opportunity for CBOs to engage in partnerships with HCOs and to provide programs, services and community expertise that contribute to improved overall health and well-being.

HEALTH CARE ORGANIZATIONS (HCO)

Structured social systems developed for the delivery of health care services by specialized workforces to defined communities, populations or markets (e.g., health plans, health systems, hospitals).

This Reference Guide is designed to support CBOs in identifying opportunities to establish or maintain partnerships with HCOs. Recommendations for navigating the partnership journey are also provided. For CBOs that have HCO partners or are looking to partner with HCOs, a companion resource [Co-Developing Cross-Sector Partnerships to Address Health-Related Social Needs: A Toolkit for Health Care Organizations Collaborating with Community-Based Organizations](#) is available to help HCOs along their path.

Background

This reference guide was developed from insights gathered during conversations with CBOs and HCOs from across the United States. NCQA's goal was to identify their motivations for partnering and key partnership activities and strategies that enable effective partnerships. NCQA conducted 3 focus groups with 10 CBOs actively engaged in partnerships with HCOs. The CBOs that participated in the focus groups provide a range of services such as food services, housing, health literacy, maternal health, transportation and access to care. NCQA also interviewed 6 HCOs, partnered with CBOs, about the context of their work and the types of business decisions that enabled and motivated their partnerships. NCQA combined this information with lessons learned from a systematic (blinded) review of documents that HCOs submitted as part of their application to earn NCQA Health Equity Accreditation Plus.¹ NCQA relied on the *Aligning Systems for Health* framework⁵ as a guide to describe major themes.

This guide highlights four overarching areas that CBOs may consider before and during partnering with HCOs. Each section outlines tips for setting up CBOs for success, and highlights tools and resources that can help CBOs prepare for and/or succeed in the partnership.

CORE AREAS FOR CBOS TO CONSIDER WHEN PARTNERING WITH HCOS



¹ NCQA's Health Equity Accreditation Plus program focuses on processes and cross-sector partnerships that help organizations identify and address social risk factors in the communities where they operate, and the social needs of the individuals they serve (<https://www.ncqa.org/programs/health-equity-accreditation/>).

Motivations for Creating and Sustaining HCO-CBO Partnerships

ALIGNMENT ON GOALS

Partnerships can focus on addressing one or more social needs, such as access to health education, affordable housing, food insecurity, transportation or maternal health support. Each organization in the partnership brings its unique mission, expertise, perspectives and strategies to the collaboration.

CBOs should consider partnerships with HCOs that can help expand their networks and further their organizations' mission. To move a potential partnership forward, both organizations must be willing to:

ALIGN ON GOALS, EXPECTATIONS AND THE PARTNERSHIP'S DESIRED IMPACT: By ensuring that CBOs and HCOs share a similar vision and desired impact at a high level, partnership timeline and expectations can align.

ASSESS KEY PARTNERSHIP CAPACITIES AND HOW THEY MIGHT INFLUENCE NEEDS OR GOALS: HCOs and CBOs must both assess their organization's strengths and capacities to drive the partnership toward its goals. By leveraging each other's strengths, partners can develop solutions and create a practical strategy for the partnership.

When partnership goals do not align, there is a risk that the partnership will not serve its intended purpose, or will fail. Partners should reevaluate their goals and priorities, and consider renegotiating contracts or rethinking expectations for the partnership.

PARTNERSHIP ASSESSMENT TOOL FOR HEALTH

The [Partnership Assessment Tool for Health](#) developed by Partnership for Healthy Outcomes is designed to help organizations explore ways to maximize the impact of their partnerships. The tool assesses effectiveness across four core themes: Internal & External Relationships, Service Delivery & Workflow, Funding & Finance, and Data & Outcomes.

Cultivating Equitable Partnerships

EQUITABLE PARTNERSHIP

"Partnerships in which there is mutual participation, mutual trust and respect, mutual benefit and equal value placed on each partner's contribution..."

- UK Collaborative on Development Research

Partnership dynamics can affect the working relationship between CBOs and HCOs. Shifts can lead to power imbalance, which can strain the relationship and impede partnership goals. To cultivate balanced power and move towards more equitable partnerships,⁶ CBOs should consider the following:

ESTABLISH TEAMING NORMS FROM THE START: Using a shared governance model for partnering can facilitate trust, help create a positive work culture and support open dialogue. Discussing day-to-day logistics and values should be prioritized at the outset. Values can be co-created in a group charter to decide:⁷

- Whether to use informal titles to address one another, to encourage information sharing.
- What the shared governance structure will be and values that will uphold team dynamics.
- How to communicate when disagreements arise.

BREAK THROUGH THE "STAY IN YOUR LANE" DYNAMIC THROUGH MUTUAL UNDERSTANDING: Although CBOs and HCOs have distinct roles and responsibilities in the partnership, they can still make decisions together.

BE INTENTIONAL TO WORK WITH EMPOWERING HCO PARTNERS: CBOs should feel empowered in the partnership to share their perspectives during decision making, and to receive respect for their contributions. To retain an equitable partnership, CBOs should pursue HCO partners that acknowledge their perspectives from the start, address potential differences in resource levels between partners and design partnership expectations to empower CBOs.

ELEVATE DIVERSE PERSPECTIVES AT THE TABLE: CBOs should feel empowered to integrate community advocates and those with lived experiences into their partnerships with HCOs. By embedding people with lived experiences in the decision-making process, CBOs ensure that HCOs consider diverse perspectives in their partnership goals.⁷

ADVOCATE FOR FAIR COMPENSATION: CBOs should ensure that community members are compensated appropriately for the time and effort they spend supporting partnership activities. Individuals with lived experience can be paid in a variety of ways, including hourly wage, honoraria, gift cards, providing meals and/or childcare during meetings.⁷ CBOs can consider including compensation in partnership agreements with HCOs.

HEARING FROM A CBO

"If you don't get it right, then you're just contributing to the problem, and the person is just a token, and you just diminished the quality and value and integrity of your work and the population you're trying to serve. So, it's a fine line. We're trying to truly elevate their voice and not just have a voice at the table."

—CBO working with refugee and immigrant women and children

Establish Partnership Expectations for Accountability

AGREEMENT & PAYMENT APPROACHES

CBO-HCO partnerships can vary depending on the structure, goals and level of mutual trust between the partners. **Informal partnerships** are non-contractual activities or referrals with minimal risk, limited decision making and loosely defined roles. **Formal partnerships** include contractual agreements and explicitly outline roles and responsibilities, timelines and payment terms for activities or services. Although they are associated with a higher level of risk, formal partnerships typically include higher levels of trust, shared decision making and pooled resources.⁸ Formal agreements range from a document that generally outlines expectations (e.g., a Memorandum of Understanding) to a legally binding contract.

Payments to CBOs from HCOs have traditionally been based on a fee-for-service (FFS) model with no link to quality or value. However, the evolution of alternative payment models (APM) has expanded opportunities for structuring health care payments to CBOs.⁹ New guidance from the Centers for Medicare & Medicaid Services aims to help states increase efforts to address HRSNs for Medicaid enrollees through the use of "in lieu of services and settings."¹⁰ Under the new guidance, states can use a range of state plan and waiver authorities (e.g., 1905(a), 1915(i), 1915(c), or Section 1115) to pay the costs of non-clinical services such as housing supports, transportation and food services, and managed care plans are increasingly required to partner with CBOs to address HRSNs.^{4,11}

The [Community Care Hub model](#) offers CBOs an alternative pathway for contracting with HCOs. A Community Care Hub serves as a single point of contracting with health care entities for a network of CBOs.¹² The Hub centralizes administrative functions and operational infrastructure, including payment operations and contractual agreements.² Hubs can coordinate multiple funding sources as well as community-based workforce development and training.¹³

ALTERNATIVE PAYMENT MODELS HAVE PAYMENT STRUCTURES TO SUPPORT CBOS

[The APM Framework](#), developed by The Health Care Payment Learning and Action Network, outlines a range of payment structures.

SETTING CLEAR AND REALISTIC EXPECTATIONS

A Scope of Work (SOW) provides partnering organizations an opportunity to specify roles, responsibilities, activities and performance goals for each partner. The SOW should clearly outline payment terms, a timeline for deliverables and project milestones.¹⁴ CBOs should consider the following factors to establish clear expectations in their partnerships with HCOs:

| TIMELINE FOR ENGAGEMENT | SHARED DECISION MAKING |
|---|--|
| <ol style="list-style-type: none"> 1. How long might contracting take? 2. Can key milestones and activities outlined in the contract be completed by the proposed deadlines? 3. What is the frequency of reevaluation of existing timelines to reflect realistic expectations? | <p>CBOs should collaborate with HCO partners to develop a process for shared decision making, and consider:</p> <ol style="list-style-type: none"> 1. Which personnel from each organization should be involved in the shared decision-making process? 2. How will decisions be made (e.g., discussions, voting, leadership involvement)? 3. Who will be responsible for providing momentum and executing on the final decision (e.g., central committee, convener)?¹⁵ |
| MEETING CADENCE/COMMUNICATION FREQUENCY | METRICS FOR ACCOUNTABILITY |
| <p>Regular meetings (biweekly, monthly, quarterly) between HCO and CBO partners can be an effective way to:</p> <ol style="list-style-type: none"> 1. Ask for feedback. 2. Make key decisions. 3. Hold each other accountable for progress toward mutual goals. 4. Maintain open channels of communication. | <p>Some HCOs may want to use performance metrics, such as number of closed-loop referrals or boxes of food delivered, to align with their goals.</p> <ol style="list-style-type: none"> 1. Does the CBO track performance metrics? 2. Does your organization have the capacity to track and report performance metrics to HCOs? 3. Do performance metrics used in other partnerships align with your HCO partnership goals? |
| FUNDING REIMBURSEMENT | DATA SHARING |
| <p>The reimbursement timeline and methods of funding must be defined by the partnering organizations. If a CBO has specific expectations for reimbursement, such as receiving payment up front, it is important to communicate these expectations early in the partnership.</p> | <p>CBOs should disclose their capacity to share data with HCO partners at the start of the partnership.</p> <ol style="list-style-type: none"> 1. Designate an IT/data team to support the effort. 2. Ensure that data flows in both directions across partners' systems in a timely manner. 3. Confirm that data is extracted from the desired source(s), such as a medical record system.¹⁵ |



NOTEWORTHY EXAMPLE

Many states implement social service referral networks to improve coordination between CBOs and HCOs. Aligning for Health compiled a list of [statewide and regional referral networks](#) that facilitate cross-sector coordination. Some technology vendors also offer solutions to link clinical and social service organizations. SIREN provides an overview of [community resource referral platforms](#) to help organizations navigate technology options and characteristics.



CBO ACCESS TO HIEs

With access to state, regional or local HIEs, CBOs can help close care gaps by receiving and sharing information about their clients or patients with other care providers, which promotes interoperability. HCO and CBO partners should speak to their state's HIE representative to identify exchange service providers and programs in their state. They should also speak with vendors and service providers they work closely with to identify their HIE capabilities and promote interoperability.

DATA ACCESS & SHARING BETWEEN PARTNERS

Data collection, reporting and sharing (e.g., on health outcomes, referrals, administrative practices, cost) between CBOs and HCOs support payment structures that may be used by HCOs and help evaluate partnership goals and impact.¹⁵ CBOs that collect social needs assessment data for the communities they serve are well positioned to support HCOs, which prioritize collecting social needs screening and follow-up data for their populations.

CBOs should consider using standardized social needs assessment tools, such as Patient-Reported Outcomes Measurement Information System (PROMIS) instruments, the National Health Interview Survey Questionnaire and others, that can be stored and exchanged securely through electronic medical records, health information exchanges (HIE) and other data systems used by HCOs.¹⁶⁻¹⁹

When sharing and storing protected health information (PHI), CBOs should comply with HIPAA laws, assess organizational risk, train staff and invest in safeguards to protect the information.²⁰ CBOs that have the infrastructure in place to share data electronically can include this in their partnering agreement, and might also consider identifying alignment with HCOs on data exchange standards and strategies to support interoperability of data.^{15,21} CBOs with limited data sharing capabilities can collaborate with HCO partners to identify alternative solutions.

Opportunities for Growth in Partnerships

CBOs can pilot a program or service with new HCO partners to help evaluate fit for long-term engagement or to assess new programs or services. This gives CBOs an opportunity to build trust, expand their partner network and cultivate a collaborative learning space with their HCO partner. A pilot offers organizations an opportunity to test strategies, and to understand the scope, resources and funding needed to scale and/or sustain a program or initiative. Lessons learned can be used to reevaluate partnership goals and activities.

As the partnership continues, each partner should be aware of each other's challenges or shortcomings and adapt the partnership model to leverage their partner's strengths. In some instances, CBO-HCO partnerships may not work out due to organizational challenges, misalignment of the partnership's mission or loss of respect. At such points, partners should reset and reevaluate the expectations of their partnership. If issues persist, CBOs must be willing to disband the partnership to preserve the integrity of their organization's purpose.

Federal and state initiatives (e.g., [Accountable Health Communities](#)) are also transforming delivery systems and payment models to cover HRSNs.²³ State Medicaid agencies are building in requirements to partner with CBOs to provide services that address social needs for populations with complex health care needs. New guidance from CMS on HRSN services will likely expand the need for CBO-HCO partnerships.¹¹ By evaluating internal capabilities, agreeing on shared goals and considering the practical nature of a partnership, HCOs and CBOs can take advantage of these evolving policies to co-design sustainable approaches to increase their ability to engage with the populations they serve.

HEARING FROM A CBO

"The other piece of that is you don't want to stay in the pilot phase or stay in the philanthropy space too long. There's a two-edged sword, but I want to say that the learning space is great, and that will give you information you need to know for that contracting. Otherwise, if you're going from zero to sixty, it's going to be hard as the CBO to contract, and to know what you have to look for in those contracts."

—CBO providing food and nutritional services



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High-quality health care is equitable health care. NCQA is committed to building equity into all quality offerings to continuously improve and evolve health equity for all. Health equity is a commitment to provide high-level care to all populations and to remove obstacles and disparities across the health care continuum. NCQA programs and measures help health care organizations identify disparities in care, determine how health inequities influence outcomes and implement an actionable framework to provide high-quality care for all members.



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