TOOLKIT

Co-Developing Cross-Sector Partnerships to Address Health-Related Social Needs:

A Toolkit for Health Care Organizations Collaborating With Community-Based Organizations

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The National Committee for Quality Assurance (NCQA) is a non-governmental, not-for-profit organization whose mission is to improve the quality of health care for all Americans. For almost 35 years, NCQA has driven improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

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.

In conjunction with this toolkit, NCQA developed a reference guide to support CBOs in identifying opportunities to establish or maintain partnerships with HCOs.

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Introduction

Cross-sector partnerships have been established as a key strategy to address **health-related social needs (HRSN)** and improve the health and well-being of communities. The *U.S Playbook to Address Social Determinants of Health and HHS Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation* both highlight the need for **health care organizations (HCO**) such as health plans and health systems to partner with **community-based organizations (CBO)** to address unmet social needs.[1]

Investing in social care through the provision of services like housing, home modifications or access to healthy food has been shown to lower utilization of high-cost health care costs and improve well-being.[2] Recent shifts in state Medicaid agencies have required managed care organizations (MCO) to address HRSNs.[3] There has also been an increased focus among Medicare and commercial plans to improve quality of care by addressing unmet social needs, which has contributed to interest from HCOs to connect members and patients to services and supports provided by CBOs. Some state Medicaid programs have also promoted NCQA's Health Equity Accreditation Plus program as an option for participation by managed care organizations.

COMMUNITY-BASED ORGANIZATIONS

Public or private, not-for-profit resource hubs that provide specific services to the community, or to a target population in the community, to address social needs (Administration for Strategic Preparedness and Response).

Health Equity Accreditation Plus supports HCOs in advancing health equity, with a focus on cross-sector partnership engagement and understanding community needs.[4] Still, developing and maintaining partnerships between two sectors that have historically been siloed due to varying business needs and organizational cultures has contributed to challenges to effective cross-sector partnerships between HCOs and CBOs.

This toolkit is designed for HCOs seeking to establish or maintain partnerships with CBOs to address HRSNs. Resources and recommendations are provided to help HCOs clarify their motivations and develop effective strategies for partnering with CBOs to create an environment that fosters equitable partnerships.

A REFERENCE GUIDE FOR CBOS

In conjunction with this toolkit, NCQA developed a reference guide to support CBOs in identifying opportunities to establish or maintain partnerships with HCOs.

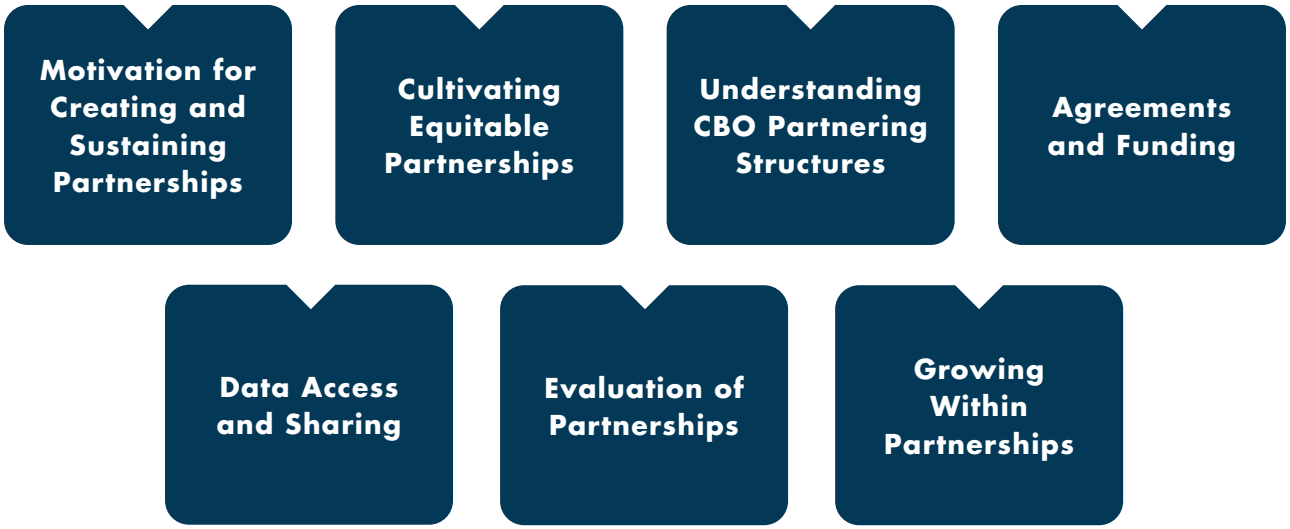
OPEN GUIDE

Background

This toolkit was developed using insights from interviews with HCOs and focus groups with CBOs engaged in cross-sector partnerships. NCQA used the Cross-Sector Alignment Theory of Change Framework to help identify foundational elements of partnership structures and strategies for engagement in a systematic (blinded) review of documents submitted by HCOs as part of their application to earn Health Equity Accreditation Plus.

These foundational elements helped identify additional themes (regarding motivation, operational decisions, resources, and structures and processes) using data from 3 focus groups with 10 CBOs and from semi-structured interviews with 6 HCOs. NCQA identified 7 core areas for HCOs to consider when partnering with CBOs.

CORE AREAS FOR HCOS TO CONSIDER WHEN PARTNERING WITH CBOS



Section 1: Motivations for Creating and Sustaining Partnerships

HCOs often seek out CBOs with expertise working in specific clinical focus areas, such as type 2 diabetes, or managing referrals for social services, such as housing, nutrition or transportation services.

CBO FOCUS AREAS MAY INCLUDE:

- Education
- Housing
- Food insecurity
- Transportation
- Legal services
- Climate and environment

State Medicaid agencies increasingly require HCOs to address HRSNs, which has heightened the need for more-effective HCO-CBO partnerships. State Medicaid agencies are leading efforts to incentivize addressing HRSNs through the strategies listed below:

SECTION 1115 DEMONSTRATION WAIVERS: Commonly used by states to address the social needs of Medicaid enrollees,[5] these waivers give states the opportunity to test new approaches for addressing social determinants of health (SDOH) that are distinct from federal requirements.[3] Through Section 1115 waivers, Centers for Medicare and Medicaid Services (CMS) requires states to describe how they will manage HRSN across communities, and develop comprehensive evaluation criteria to ensure CBOs meet utilization and quality standards for HRSN interventions.[6] In January 2024, CMS approved Section 1115 demonstrations in eight states, which now authorize the provision of evidence-based HRSN services, such as housing or meal support, for up to 6 months.[3] In some cases, states may require Medicaid MCOs to offer these services to eligible enrollees.[3]

MEDICAID MANAGED CARE PLANS: States can allow Medicaid MCOs the option to offer services or settings in lieu of standard Medicaid benefits, if deemed medically appropriate and cost effective. In January 2023, CMS expanded the "in lieu of" guidance for states to allow Medicaid MCOs to offer services that address unmet HRSNs, such as housing instability and food insecurity, to help improve enrollees' health outcomes.[7] Many states also added requirements for MCOs to screen enrollees for social needs, provide referrals to social services and partner with CBOs.[8]

STATE PLAN AUTHORITY: Under Section 1905(a) State Plan authority, states may include optional benefits that directly address HRSNs (e.g., rehabilitative services) under their state Medicaid plan. Through such benefits, enrollees can receive access to peer supports that help them coordinate housing or transportation, and to case management services that help them access medical or social services.

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

CMS finalized the physician payment rule for calendar year 2024 that expanded coverage for HRSNs, including payment for community health integration services, community-based resources and services provided by community health workers.

COMMUNITY HEALTH NEEDS ASSESSMENT

Also known as a "community health assessment," a state, tribal, local or territorial health assessment that identifies key health needs through systematic, comprehensive data collection and analysis.

ALIGNMENT ON VISION OR PURPOSE

Although each organization has its own objectives in an HCO-CBO partnership, it is important that the partnership have a shared vision and goals. Organizations can use the worksheet in Appendix A to assist with identifying potential partners. Before entering the partnership, HCOs can conduct **community health needs assessments** (CHNAs) with state and local health departments and multisector partners, and leverage findings to identify the key factors impacting the health of communities where members or patients live. Identified gaps can inform Community Health Improvement Plans and State Health Improvement Plans.[9] HCOs can use the information to identify priority areas and CBOs engaged in supporting these areas. HCOs can also review population survey data (e.g., Behavioral Risk Factor Surveillance System, County Health Ranking & Roadmaps), in combination with member or patient data, to identify geographic areas of high need and priority populations (e.g., maternal health, behavioral health).

RESOURCES

The Value of Investing in Social Determinants of Health Toolkit, developed by the Institute for Medicaid Innovation, can help organizations articulate the business case for launching, leading and expanding initiatives focused on addressing inequities and social determinants of health. This resource includes tools to help organizations prepare, initiate and advance partnerships with CBOs.

The Return on Investment (ROI) Calculator for Healthcare Partnerships to Address Social Needs, developed by the Commonwealth Fund, is designed to help CBOs and their partners plan sustainable financial arrangements to fund delivery of social services to high-need, high-cost patients.

The Community Health Needs Assessment Toolkit, developed by The American Hospital Association, provides a nine-step plan for hospitals and health systems to collaborate with their communities and strategic partners to conduct a community health assessment and meet assessment requirements.

Section 2: Cultivating Equitable Partnerships

Before entering a partnership with a CBO, an HCO should learn about the CBO's mission, the types of programs or services it can provide and its community reach—why the CBO's work matters to stakeholders and to the community, and how the partnership can address an issue or support a target population. This helps the HCO leverage partnership strengths and ensures that both organizations can be equal partners.

BUILDING COMMUNICATION AND TEAM SUPPORT IN THE PARTNERSHIP

To build an equitable partnership, there must be open communication where participants can openly express expectations, set boundaries and discuss challenges. Expectations can be part of a "wish list" and express the preferred means of collaboration, the frequency of communication, the involvement of stakeholders external to the partnership and the balance of power.

To maintain open communication with CBOs, HCOs can:

- → Establish regular check-ins.
- → Host collaborative sessions to brainstorm and implement ideas with CBOs.
- → Encourage requests for ad hoc meetings to discuss potential issues.

HCOs can also connect CBOs to learning opportunities that relate to their health care program operations, how patients or members engage in services and potential challenges to the delivery of services.

HEARING FROM A CBO

"As for everyone who provides services, we refer to them as 'community support specialists.' Whether or not they're a social worker or a case manager or a community health worker, we don't distinguish roles based on credentials. We all contribute equally to support our community."

— CBO providing services across multiple areas including access to care, diet and exercise, air and water quality, housing and transit

DEVELOP EQUITABLE PARTNERSHIPS WITH CBOS

Power imbalance can prohibit the development of equitable partnerships. HCOs can work to cultivate equitable partnerships with their CBO partners through:

1. Sharing governance approaches to ensure that multiple voices are acknowledged in the decision-making process. CBOs' close connection with their communities can bring unique perspectives HCOs may not have considered.
2. Maintaining awareness of the power balance, and adjusting roles and responsibilities as needed.
3. Being open to learning from CBO partners, strengthening their knowledge and identifying opportunities to meet partnership goals.

INVOLVEMENT IN COMMUNITY INITIATIVES

In addition to implementing equitable practices in CBO partnerships, HCOs can benefit from involvement in community initiatives—they can become more familiar with the work of CBOs, understand the social needs of the community they serve and participate as an equal member.

HCOs can engage in the following activities to learn about and center communities in strategies to address social needs and expand their collaboration with CBOs.

ASSESS AND UNDERSTAND COMMUNITY NEEDS: The first step to understanding community needs is listening to members. HCOs may unintentionally take the role of "the expert in the room," and lose sight of the needs of community organizations and members. HCOs can build trust if they prioritize engaging community members in problem solving.

ENGAGE IN SHARED DECISION MAKING WITH IMPACTFUL STAKEHOLDERS: HCOs can participate in local stakeholder meetings and events that include other health care entities, local providers and programs that develop opportunities for community engagement in health care-based initiatives. Once an HCO is familiar with the local landscape, it could also serve on the boards of non-profit organizations that align with its mission and contribute to decision making.

BUILD RAPPORT WITH CBOS AND COMMUNITY MEMBERS: Although HCOs have good intentions, community members may be hesitant or distrustful of their involvement. HCOs can build trust by actively engaging with the community. Ensuring that program design and implementation embrace and elevate the community voice can secure buy-in and establish valuable connections beyond the partnership.

PRIORITIZE MEMBER EXPERIENCE: To create effective solutions, HCOs can incorporate member and community experiences into their strategy to address HRSNs. Specifically, they can connect with community representatives, or create advisory committees with community members and/or patient advocates to support ongoing initiatives. Involving the community in building initiatives ensures that solutions are directly connected to community needs.

ESTABLISHING AND SUPPORTING PARTNERSHIPS

Establishing and maintaining partnerships with CBOs requires thoughtful consideration of the following priority areas.

PRIORITIZE TRUST BUILDING BETWEEN PARTNERS: Trust is a key ingredient for establishing partnerships that contribute to communities. Taking time to build trust through measured, cooperative steps can establish a strong foundation for a partnership.[10]

HCOs can reflect on the following questions to determine if they are promoting the value of their partners:

1. Does your organization understand the needs of the communities the CBO serves?

2. How can CBOs help your organization address HRSNs—beyond providing services or programs (e.g., sitting on advisory panels)?
3. Does your organization understand the CBO's current needs? Is there an opportunity for your organization to provide non-financial support?
4. How does your organization benefit CBOs beyond financial support (e.g., use its influence and community reach to recommend CBO services)?

POWER IMBALANCE

Power imbalance can cause inequity in partnerships, lead to poor decision making and create unsustainable relationships. The Managing Power Imbalances tool, developed by the Partnership Initiative, is designed to help organizations identify, evaluate and mitigate problematic power imbalances in a partnership.

PROVIDE TIME AND SPACE TO BUILD RELATIONSHIPS: Partnerships that are collaborative, engaging and accommodating require all parties to invest time and resources. Organizations should consider the goals of the partnership and engage authentically to develop meaningful solutions for the community. Consistent effort and patience contribute to shared trust and partnership sustainability. Thus, the road to establishing equal partnerships involves reserving meeting times to build teams and relationships, providing opportunities for establishing trust and ensuring that all approaches are co-developed with each partner's strengths and limitations in mind.

ANTICIPATE AND ADAPT TO SHIFTING FEDERAL AND STATE PRIORITIES: Partnerships must remain adaptable to an ever-changing political climate and shifting priorities and seek bipartisan solutions to ensure that their efforts are not derailed.

CONSIDER RESOURCE LIMITATIONS: Funding or membership can fluctuate significantly throughout the partnership. There may be limited support for developing CBOs' capacity in areas such as data collection and reporting. HCOs should consider how they will engage with CBOs and address the needs of members and communities when there are resource constraints.

AVOID POTENTIAL BRAND CONFUSION: When HCO business units overlap on a program or initiative, CBOs might be confused about which to engage—for example, the distinction between foundation sponsorship and corporate sponsorship may be unclear. For the HCO, there may be no clear designation of the lead entity in a collaboration or initiative. To minimize confusion, HCOs must agree internally on consistent messaging and clearly delineated responsibilities before engaging with external organizations and community members.

RECOGNIZE CBOS' ONGOING PARTNERSHIPS: An HCO may need to spend additional time navigating the administrative process with a CBO partner that is collaborating with multiple HCOs, public health agencies or other organizations.

LEVERAGE PARTNERSHIP APPROACHES: Each CBO's capacity, capabilities and reach will vary. HCOs can develop multiple engagement pathways that may not involve a contract. Sponsoring CBO events like health fairs or fundraisers can be a great way to support these organizations and learn about their communities. Mini-grants can also be used to fund new CBO programs or services and to assess readiness for more formal agreements. HCOs can add non-formal partnership approaches to their portfolio of partnering strategies to build their CBO network.

RESOURCES

The Partnership Assessment Tool for Health, developed by Partnership for Healthy Outcomes, assesses effectiveness across four core partnership themes: Internal & External Relationships, Service Delivery & Workflow, Funding & Finance, Data & Outcomes. It can help organizations explore ways to maximize the impact of their partnerships.

Section 3: Understanding CBO Partnering Structures

DIFFERENT CBO TYPES AND CAPACITIES

Before forming a partnership, the HCO should assess the CBO's size, capacity for scaling services or programs and core capabilities, in addition to its funding sources and technical capabilities. Grassroots organizations or hyper-local CBOs, for example, often operate on thin margins, and may be supported by philanthropic and local funders, limiting their ability to scale service offerings and expand their technical capabilities. Organizations backed by larger or national organizations may have different funding sources, which can include support from local and national funders, increasing their ability to scale services and expand technical capabilities.

COMMUNITY CARE HUB

> A community-focused entity that organizes and supports a network of CBOs that provide services to address health-related social needs. (Administration for Community Living)

Community Care Hubs are backbone organizations that connect multiple CBOs and distill funding from contracts with HCOs and other organizations.[11] These typically larger contracts enable CBOs in the Hub to scale services, and support delivery of technical assistance for CBOs with contracting, health IT and operations. HCOs should keep Hubs in mind when looking for opportunities to partner with CBOs.

DIRECT AND INDIRECT PARTNERSHIPS

Depending on the context of the collaboration and the needs of each partner, HCOs and CBOs can collaborate in multiple ways. Below, we outline two general partnership arrangements.

DIRECT PARTNERSHIP: HCOs work directly with CBOs staff to address a priority area or develop innovative programs to meet shared goals. Direct partnerships can be between one or more CBOs and may include a formal contract. All contracts and responsibilities are between the HCO and CBO, and payment is made directly from the HCO to the CBO.

HCOs can also leverage Community Care Hubs, which serve as a single point of contracting for a network of CBOs.[11] Hubs centralize administrative functions and infrastructure, including payment operations and contractual agreements. Their prevalence is expanding across the U.S. and is supported through a variety of funding and policy mechanisms. This model can maximize operational efficiency, and coordinate health and social care services equitably to address HRSNs.[12]

INDIRECT PARTNERSHIPS: HCOs can access multiple CBOs in their service area through a vendor referral platform (also called a "community resource" referral platform). HCOs can work with any or all CBOs on the platform to track referral outcomes. Through these platforms, HCOs can send referrals and share data with network CBOs. Contracts and payments are between the vendor platform and the HCO.

Section 4: Agreements and Funding

Agreements can help set expectations, define roles and responsibilities and determine the scope of work to be executed by each partner. Agreements can be formal or informal, depending on the relationship, and include mutual expectations and anticipated needs. HCOs should be clear about funding availability and should work with CBO partners on the types of activities or services to be delivered, the potential incentives, expected outcomes and timeline. Table 2 illustrates the types of agreements HCOs can consider for partnerships with CBOs.

TABLE 2: TYPES OF AGREEMENTS USIND IN HCO-CBO PARTNERSHIPS

TYPE OF AGREEMENT	DESCRIPTION	RATIONALE FOR USE IN PARTNERSHIPS WITH HCOS
Memorandum of Understanding	Outlines responsibilities of each organization in a partnership.	May be used for HCO-CBO partnerships that: • Build on less formal/previously existing relationships • Initiate a pilot • Are non-legally binding partnerships
Sponsorship Agreement	Legally binding agreement for sponsorship payment for an event or program hosted by the CBO. Expectations for the agreement are at the sponsor's discretion.	May be used for HCO-CBO partnerships that: • Host a one-time event to benefit the community • Offer a one-time health care service to the community
Grant Agreement	Legally binding agreement to provide payment for a program that meets grant requirements. Expectations for the agreement are at the funder's discretion	May be used for HCO-CBO partnerships that: • Refine an intervention and thus require more flexibility • Seek academic funding

SCOPE OF WORK

A scope of work details the roles and responsibilities of each party and specifies day-to-day functions. Tasks outlined in the scope of work provide direction while allowing flexibility. A scope of work can be incorporated into any type of partnership agreement, including those in Table 2.

Partners should ensure that the scope of work aligns with the goals of both organizations. CBOs can help outline tasks and operational details for the program or services that will be provided to members or patients. Expected outcomes should be realistic and may be affected by funding and CBO capacity.

HCOs can ask potential partners these questions to help evaluate CBO capacity:

1. How many members or patients can be reached every month or quarter with current resources?
2. Does the CBO have adequate operational support?
3. What is the CBO's existing reach in the community it serves?
4. Can the partnership's work be conducted in phases?
5. Does the CBO require additional support (internal/external) to roll out the initiative?

STRATEGIES TO INCORPORATE PAYMENT STRUCTURES INTO AGREEMENTS

CONSIDER DIFFERENT PAYMENT STRUCTURES BASED ON CBO NEED: A partnership may warrant different agreements and payment structures. In some cases, HCOs pay a CBO on a per-member per-month cadence. In others, payment is value based or pay-for performance: funding is contingent on member outcomes or experience. Agreements should be flexible and accommodate the CBO's needs, when possible. Ideally, agreements and payment structures are decided in early conversations between the HCO and CBO, since the CBO's internal funding structures may influence the payment method.

OFFER FINANCIAL INCENTIVES: In some HCO-CBO partnerships, HCOs may attach performance-based incentives to data metrics to motivate CBOs to meet or exceed agreed-on expectations. Decisions about financial incentives must be made at the discretion of the funder and with the agreement of both partners, and all incentives must be clearly outlined in the contract. Although this method is typically used to track CBO performance, it is critical that the HCO is also held accountable for member experience throughout the partnership.

While structuring incentives, HCOs should be aware that the infrastructure to collect, analyze and report on data may be limited for some CBOs, and documenting the details of their interactions and provision of services with community members may be difficult. Thus, creating reasonable incentives within the CBO's scope is important for managing needs and expectations. HCOs can work with partners early on to identify metrics that both impact the partnership's goals and are within the CBO's capacity.

RESOURCES

A Health Plan's Guide to Developing CBO Contract Scopes of Work, developed by the Aging and Disability Institute, the Partnership to Align Social Care and the Camden Coalition, is a resource toolkit for leading contracting practices to address HRSNs through HCO-CBO partnerships.

Section 5: Data Access and Sharing

DATA GOVERNANCE

HCOs must consider the types of data to collect in the partnership and determine how data can inform interventions to meet community needs. The HEDIS measure *Social Needs Screening and Intervention* (SNS-E) can help HCOs screen for housing, transportation and food insecurity, and CBO follow-up data within these areas can support HCOs in meeting the measure and tracking closed-loop referrals. With the growing demand for HCOs to gain access to social needs assessment data, identifying ways to share data with CBO partners is vital.[13]

NOTEWORTHY EXAMPLE

The Gravity Project developed a table that includes screening assessment instruments and associated HRSNs to determine if a LOINC code exists for the screening assessment. The project also developed ICD-10-CM and SNOMED CT codes for the Accountable Health Communities HRSN Screening Tool questions. These codes can help CBOs enter assessment findings in data.

In addition to quality measures, ensuring that standardized social needs assessment tools are used—and can be documented—supports tracking and monitoring changes in social needs among members and patients. The Gravity Project developed data standards to support the collection, use and exchange of data to address social determinants of health. Standards help create consensus for exchanging data and allow data visibility. The Gravity Project worked to advance social risk data standards, prioritizing LOINC codes for social risk screening assessment instruments (refer to the *Noteworthy Example*).

HCOs should note the following considerations when sharing and/or collecting data from CBOs.[14]

ESTABLISH INTEROPERABILITY ACROSS PLATFORMS: CBOs may have limited staff and resources to dedicate to managing data, so a single platform across partnering organizations will limit the confusion, duplication and inefficiency associated with transferring data across platforms. It is also cost-effective to invest in a single platform and potentially share staff with the HCO. Interoperability challenges across technology systems can lead to time-consuming alternatives, such as manual data entry. While HCOs tend to have more sophisticated data systems, there is significant variation in CBOs' ability to report and share data.

ENSURE PATIENT PRIVACY IS PROTECTED: HIPAA regulations can create barriers to sharing protected health information (PHI) across HCO-CBO partnerships, and limit CBO access to critical patient data from the HCO that could help target high-risk members and track health outcomes. HCOs should be clear about how they intend to use CBO-provided PHI so it does not negatively impact the relationships CBOs have established with communities.

CBOS AS BUSINESS ASSOCIATES

In some cases, CBOs are considered Business Associates under HIPAA. A contractual agreement for a Business Associate identifies permissible uses and disclosures of protected health information by the CBO.

STRATEGIES FOR NAVIGATING DATA-RELATED CHALLENGES

To navigate these issues in the short term, HCOs should look to develop partnership governance structures that promote flexibility in data sharing as CBOs adapt to meet the demand for interoperability and secured electronic data sharing. This lets HCOs find integration solutions (e.g., reporting dashboards) to compile and present data without breaching HIPAA laws.[10,15]

Beyond infrastructure, HCO requests for data elements or structure (open or structured fields) that differ from what the CBO collects can exacerbate clerical burden. During initial conversations, HCOs can assess the types of data collected by CBOs and determine whether the data can support the work of the partnership. As each organization's data collection capabilities become more robust, the HCO and CBO can strive to align with best practices for data standardization.

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.

Health information exchanges (HIE) can allow HCOs to obtain social needs data on a CBO's members. HCOs can promote secure data sharing through HIEs, which also focus on collecting social determinants of health data and referrals to CBO services. This can help HCOs track closed-loop referrals—but there may be cost, contracting and administrative barriers to CBO participation in HIEs. For the long term, HCOs can assess funding capabilities and look into investing in information systems or building out their existing platforms to support data integration efforts with CBOs.[10]

RESOURCES

The Security Risk Assessment Tool, developed by The Office of the National Coordinator for Health Information Technology, can help health care providers conduct a security risk assessment, as required by the HIPAA Security Rule.

The CRISP In Context application, developed by The Chesapeake Regional Information System, allows users to view social determinants of health information on a patient from assessment, conditions, and/or referral history. It allows automatic sharing of patient's social needs information with other members of a patients care team.

Section 6: Evaluating Partnerships

As HCOs work to maintain partnerships, an evaluation plan can help organizations understand how effectively their partnerships address HRSNs and how well the partnership is meeting its intended goals. An evaluation plan can also support decision making about resources, programming and areas of improvement. HCOs can implement a range of strategies to assess the impact of their CBO partnership, including the following.

PROGRAM EVALUATION: HCOs and CBOs can use guiding frameworks to evaluate the impact of the program/services implemented through the partnership. Frameworks and tools such as the CDC Framework for Program Evaluation, the Institute for Healthcare Improvement's Model for Improvement or The Deming Institute's PDSA Cycle let partners identify where changes may be necessary to ensure that partnership activities have the desired impact. These tools can be used throughout a program to evaluate the effectiveness of partnership interventions.

NOTEWORTHY EXAMPLE

HCOs have had success evaluating partnerships by establishing SMART goals.

- S = Specific
- M = Measurable
- A = Achievable
- R = Reliable
- T = Time-Bound

DATA METRICS IN FORMAL AGREEMENTS: HCOs and CBOs can track outcomes from data metrics identified by both partners. Metrics can help inform programming and guide future learning and/or growth opportunities. Identifying metrics that can be tracked and retrieved by HCOs and CBOs can help establish an initiative's parameters (e.g., staffing required to support the partnership, whether services can be expanded, skillsets required). Each partnership will use a different set of metrics, based on its unique needs. Once metrics are outlined in the agreement, both partners can convene regularly to review data output. If additional metrics are required, and can be captured, the partners may decide to expand their data collection protocol.

HEARING FROM AN HCO

"Part of our qualitative evaluation is that feedback from our community partners. We always want to hear member feedback as well as provider feedback. That anecdotal information is shared through our points of contact. Sometimes, they're shared directly to our teams, so we always collect that. And that is something that has weight."

—HCO operating in California

EVALUATION OF THE PARTNERSHIP THROUGH MEMBER FEEDBACK: Direct member or patient feedback is highly valuable and can help HCOs gain insight on the impact of the partnership. Member feedback can be collected through reported grievances, member surveys or verbal feedback at community forums or on advisory committees. Advisory committees that are integrated in HCOs may provide feedback on CBO partnerships, their effectiveness in executing a program and potential barriers that appear after the partnership begins. While open-ended feedback can often take longer to collect and synthesize than quantitative data, it can also be more detailed and informative.

Section 7: Opportunities for Growth in Partnerships

HCO-CBO partnerships can run into challenges that create risks—operational, financial, relational—for both entities. Clearly articulated contracts and mutual trust are pertinent to avoiding such risks. **Below are some challenges that partnerships may encounter, and mitigation strategies that honor the needs of each partner.**

HONORING THE NEEDS OF PARTNERS

PRIORITIZE TRANSPARENCY BEFORE FORMALIZING AGREEMENTS: Organizations should be transparent about their intentions before entering into contracts. The values and long-term objectives of the partnership should align, even if the motivations for initiating the partnership differ. Organizations should seek to understand the past performance of potential collaborators to avoid unintended risks or consequences, especially when there is direct contact with patients or members. Limited partnership experience does not preclude potential partners from future collaborations but may influence the pace or momentum of negotiations.

RECOGNIZE THE LIMITATIONS OF VENDOR REFERRAL PLATFORMS: Community resource referral platforms hosted by third-party vendors can limit relationship building and cause misunderstandings or miscommunication between partners. Organizations should distinguish between initiatives that require time, planning and relationship building and those that are transactional. This distinction will help determine the suitability of a direct partnership.

TAKE STEPS TO MITIGATE FINANCIAL RISK FOR CBO PARTNERS: CBOs may exceed their allocated budget or not receive timely reimbursement. HCOs should recognize that CBOs might have capacity challenges. HCOs can leverage internal resources for payment flexibility, such as an impact investment fund that can offset the risk to CBOs. Typically, HCOs will leverage these resources when the partnership has established mutual trust and understanding, and the objectives of interventions or activities are clearly articulated.

PROVIDE TECHNICAL ASSISTANCE TO CBOS: HCOs may opt to provide technical assistance to CBOs: answer questions, share resources, provide guidance on outreach to potential partners, support data infrastructure development. Technical assistance can increase opportunities for CBOs to share their area of expertise with other organizations, increase their reach and enhance their infrastructure to support partnerships.[16] For example, the Department of Health Care Services, in California, launched a Marketplace technical assistance program for providers, CBOs and other organizations to establish the infrastructure needed to implement Enhanced Care Management and Community Supports under Medi-Cal managed care benefits and services.[17]

HCOs can also provide technical assistance to CBOs through provider liaisons or national organizations, such as the National Healthcare and Housing Advisors. These organizations collaborate with providers and/or CBOs directly to ensure that they meet target measures requested by HCOs. The Administration for Community Living, with support from CDC, launched a Community Care Hub National Learning Community that helps CBOs share information, resources and coordinated technical assistance to address social determinants of health.[18]

PILOTS AS LEARNING SPACES

It can be beneficial to "start small" by launching a pilot program before branching out into longer-term projects. HCOs offer pilots to CBOs to evaluate the potential effectiveness of new initiatives in the short term and see if they want to commit more resources to a CBO. A pilot program can help build the foundation of a strong relationship and help partners learn about each other. A pilot is also beneficial to HCOs that may have experience with CBO partnerships but are trying to determine the effectiveness of a partnership with a new CBO. Engaging in small pilot programs can also help highlight each partner's expertise, value and connection to the community.

Pilots can be beneficial for the HCO to understand a project's scope and the financial requirements that might be needed to support planned initiatives. Findings can help HCOs understand the infrastructure, personnel and processes necessary to transition from a pilot to a partnership.

Internally, HCOs can request or pull pilot funding from their philanthropy or contracting arms. Of course, when funding comes from philanthropy, there may be more flexibility in contracting and less rigidity in what an HCO requires from the CBO partner. Thus, HCOs should note where funding is available, and how they will contract with a CBO partner, to determine how to conduct the pilot.

HCOs and CBOs should discuss:

1. *How long they will operate the pilot.*
2. *What they seek to accomplish during their pilot.*
3. *How to communicate when ideas or issues arise.*
4. *Whether both partners prefer to incorporate the pilot into a short agreement.*

A pilot is a learning opportunity for both parties. Evaluation of outcomes helps each organization understand what worked well, what needs improvement and whether a full-scale initiative would work. By assessing the pilot program, HCOs can make informed decisions about whether they will continue the project on a full scale—knowing the groundwork is in place.

Conclusion

Federal and state investment in HRSNs has driven promotion of cross-sector partnerships. CBOs' expertise in providing a range of services that address unmet social needs, and support the health and well-being of communities, makes them invaluable partners for HCOs. Although inconsistent investment has affected the ability of some CBOs to develop efficient infrastructure to support data sharing with HCOs or expand their capacity to scale services, HCOs can help address these challenges by being adaptable in their partnerships with CBOs.

CBOs' position as a trusted community resource can also help HCOs reengage with community members who have been mistrustful of or disconnected from the health care system. HCOs' approach to building partnerships with CBOs should encourage shared decision making and flexibility, embrace multiple agreement types and seek opportunities for growth and shared learning.

Appendix A: Worksheet for Identifying Potential Partnership Needs

This worksheet was developed by the Institute for Medicaid Innovation.*

There are many types of CBOs, which are structured differently to meet their specific missions, goals, and objectives. Each type may provide a wide range of culturally relevant and linguistically appropriate services that address social determinants of health. To identify potential partners, invite key representatives from various departments within your Medicaid MCO to a meeting to discuss the question: *what do we need in a new partnership?* Assign this worksheet as prework for the attendees. Those completing the worksheet should use the Answer space to write thoughts prompted by the yes/no questions. Which of the factors would you prioritize the most? Note this in the priority column.[19]

1. What is the driver for your organization (e.g., state Medicaid mandate, worsening disparities) to seek a CBO partnership? Is it a health outcome? An externally prioritized population? A cost of care metric?

Priority

2. What specific nonmedical need (e.g., food access) do you want to address, and how recently has it emerged? Do you want to address a long-standing community need, such as access to affordable housing?

Priority

3. What are the specific gaps in your expertise (e.g., lack of trained field-based staff) that you wish to fill? Do you seek skills and experience in your partner to guide HCO strategies (e.g., advising on best practices for reaching specific members), or would you like your partner to use its expertise through its direct services to your members?

Priority

4. What types of services (e.g., providing transportation to WIC appointments) do you wish to engage your partner in providing? Do you want a partner who can complete screenings that lead to referral and navigation to services? Provide tangible and service resources? Inform your HCO programs with community voice or infrastructure for codesign?

Priority

5. Are you more interested in working with one CBO partner or a network of CBOs (e.g., a hub) and why? If multiple, would it be helpful to have one organization to act as an intermediary to other CBOs in the region?

Priority

6. What type of organizational capacity or strength(s) (e.g., registered nonprofit organization) do you need in a partner? Project-based work, such as a pilot or a demonstration? Ability to scale interventions to new communities? Familiarity with participating in alternative payment models? Culturally congruent staff?

Priority

7. What prior organizational efforts (e.g., focus group with caregivers of senior citizens) influence the issues you wish to address? Are you working from lessons learned through a pilot initiative or hoping the work will lead to completely new opportunities and ideas?

Priority

8. Are you more interested in working with one CBO partner or a network of CBOs (e.g., a hub) and why? If multiple, would it be helpful to have one organization to act as an intermediary to other CBOs in the region?

Priority

9. What type of organizational capacity or strength(s) (e.g., registered nonprofit organization) do you need in a partner? Project-based work, such as a pilot or a demonstration? Ability to scale interventions to new communities? Familiarity with participating in alternative payment models? Culturally congruent staff?

Priority

10. Go back and reflect on your responses. How do the responses relate to each other? For answers that are not specific and are open to many possibilities, is there a reason to keep the focus broad? Do any of these replies lend themselves to a potential phased approach?

Priority

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Questions? Submit them to **My NCQA**

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