MOVEMENT TO TNIONATION

O4a Five Star Innovation and Education Summit June 6-7, 2022

Speaker Panel

- History and Future Trends
 - Larke Recchie, CEO Ohio Association of Area Agencies on Aging and Direction Home LLC
- Current Consulting Help
 - Emily Higgins, Health Services Advisory Group
- Examples of AAA Entrepreneurial programs
 - Mary Lipovan, Director of Public Health Advocacy, WRAAA
 - Tommy York, Director of Business Operations, WRAAA



Advocacy. Action. Answers on Aging.

You can't really know where you are going until you know where you have been.

- Maya Angelou

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From then...

1965

Social Security, Medicare, Medicaid, Older Americans Act 1970's

Area Agencies on Aging established

1980's

HCBS provider networks developed;

Medicaid waivers pilot

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1990's

PASSPORT Statewide
Senior levies expand

2000's

Community connections expand

2010

Affordable Care Act
Managed Care

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To now

2012

Ohio AAAs form Direction Home, LLC

2014

MyCare Ohio demonstration

2020's

Addressing COVID

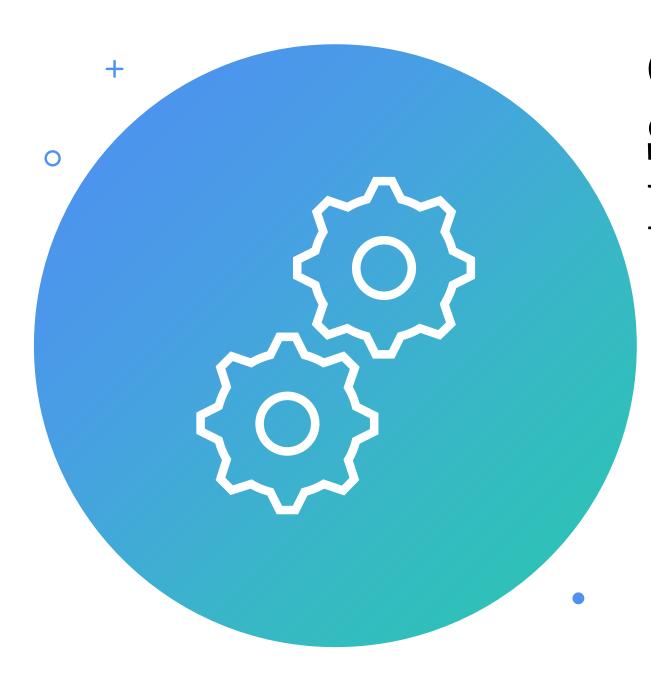
Innovation in connecting health and social care





Where is Federal Policy Going?





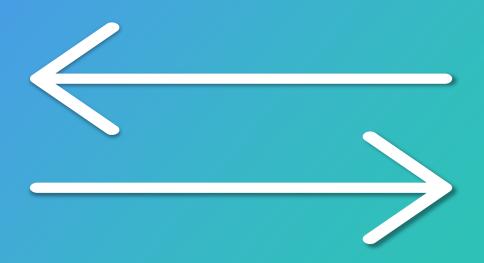
Co-Designing a Social Care Delivery System

- Group of diverse stakeholders formed to co-design a strategy for partnerships between health care and CBOs.
- Create the efficient/sustainable ecosystems to provide individuals with access to holistic, culturally competent, person-centered care.
- Core delivery system tenets include shared governance, sustainable financing, multi-stakeholder influence and accountability, and policy change.

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Integration of health and social care



1. Social conditions affect health/wellbeing, at the individual/population levels, and contribute to health inequity.

Social drivers of health (SDOH), can significantly affect an individual's health and utilization of healthcare services. Unequal SDOH in communities contribute to health disparities.

2. CBOs (AAAs) provide social care services that improve health, quality of life, and health equity.

Social care services include engagement of individuals and caregivers, assessment of social needs, care coordination, and delivery of services and supports.

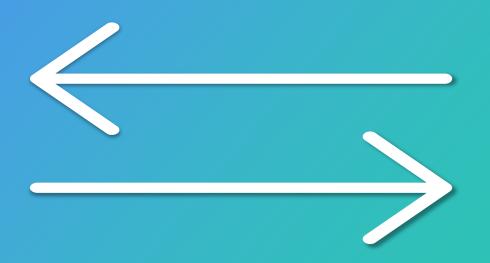
3. Integration of social care is best managed through a multi-stakeholder ecosystem HSC Ecosystem.

An HSC Ecosystem involves the deliberate design and operation of community-level structures, including the creation of a common set of standards, workflows, tech tools, and payment structures for an organized delivery of HSC by multiple entities within a community.

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4. CBOs and other community representatives must serve a central role in design/governance of the local HSC Ecosystem.

The design and governance of a local HSC Ecosystem should reflect local culture, priorities, and goals, which is best accomplished by intentionally incorporating a robust Voice of the Community

5. An HSC Ecosystem requires CBOs to have operational infrastructure to be contracted partners to healthcare.

The infrastructure must enable CBOs to: develop, negotiate, and operationalize contracts; delineate roles between organizations; engage in bidirectional data sharing; report activities; receive pay; and engage in CQI.

6. The HSC Ecosystem must fairly compensate CBOs for social care through blending braiding existing funding and healthcare payment models.

Up-front investment and ongoing payment are needed to establish and sustain a high functioning operational infrastructure.

Building Sustainable CBO Network Capacity

- Launching workgroups to address priority issues:
 - Core competencies/approach for qualifying CBO networks,
 - Encourage wide use of existing/proposed billing codes,
 - Streamline contracting between health plans systems and CBOs,
 - Common IT security and interoperability standards,
 - Enable organization and financing to support/sustain CBOs.



We are stronger together than we are alone.

- Walter Payton

Questions?

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Ohio Association of Area Agencies on Aging

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