Introducing the Blueprint for Complex Care: Opportunities to Advance the Field

Please standby, today’s webinar will begin shortly.
Introducing the Blueprint for Complex Care: Opportunities to Advance the Field

January 22, 2-3 pm ET

Made possible through support from The Commonwealth Fund, the Robert Wood Johnson Foundation and the SCAN Foundation
Housekeeping

- This event will be recorded. Slides and video recording will be posted on the National Center, CHCS, and IHI’s websites following the event.

- To submit a question online, please click the Q&A icon located at the bottom of the screen.
Today’s Speakers

Mark Humowiecki
National Center for Complex Health and Social Needs

Kedar Mate
Institute for Healthcare Improvement

Susan Mende
Robert Wood Johnson Foundation

Dave Chokshi
New York City Health + Hospitals

Rachel Davis
Center for Health Care Strategies

Lea Tompsett
Health Leads
Agenda

• What is the Blueprint? Welcome & Introduction
  Mark Humowiecki, National Center for Complex Health and Social Needs, and
  Susan Mende, Robert Wood Johnson Foundation

• Blueprint Findings: An Assessment of the Current State of Complex Care
  Rachel Davis, CHCS

• Blueprint Recommendations for Advancing the Field of Complex Care
  Kedar Mate, MD, IHI

• Reactions from Stakeholder Champions in the Field
  Dave Chokshi, MD, MSc, FACP, New York City Health + Hospitals, and
  Lea Tompsett, Health Leads

• Question & Answer Session
What is the Blueprint?

- Drives a collective strategy for the complex care field to help it reach its potential
- Collaboration between the National Center, CHCS, and IHI funded by The Commonwealth Fund, the Robert Wood Johnson Foundation, and The SCAN Foundation
- Includes an assessment of the current state of the field and actionable recommendations
- Serves as a framework to guide collective work as a field for years to come, so we need your active involvement
What is Complex Care?

- Complex care seeks to improve the health and well-being of a relatively small, heterogeneous group of people who repeatedly cycle through multiple health care, social service, and other systems but do not derive lasting benefit.
Person-centered

Data-driven

Equitable

Team-based

Cross-sector

PRINCIPLES OF COMPLEX CARE
Developing the Blueprint

- **Project Launch**: Fall 2017
- **Environmental Scan**: Winter 2017
- **Expert Convening and Stakeholder Survey**: Spring 2018
- **Blueprint Published**: Fall 2018
Perspectives Influencing the Blueprint for Complex Care

- Putting Care at the Center participants: 140
- Reports, studies, and other literature: 108
- Complex care practitioners: 45
- Stakeholders completing surveys: 385
- Leaders of other new fields: 6
## Strong Field Framework

**Shared Identity:** Community aligned around a common purpose and a set of core values

<table>
<thead>
<tr>
<th>Standards of Practice</th>
<th>Knowledge Base</th>
<th>Leadership and Grassroots Support</th>
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<tbody>
<tr>
<td>Codification of standards of practice</td>
<td>Credible evidence that practice achieves desired outcomes</td>
<td>Influential leaders and exemplary organizations across key segments of the field (e.g., practitioners, researchers, business leaders, policymakers)</td>
<td>Enabling policy environment that supports and encourages model practices</td>
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<td>Exemplary models and resources (e.g., how-to guides)</td>
<td>Community of researchers to study and advance practice</td>
<td>Vehicles to collect, analyze, debate, and disseminate knowledge</td>
<td>Organized funding streams from public, philanthropic, and corporate sources of support</td>
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<td>Available resources to support implementation (e.g., technical assistance)</td>
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<td>Broad-base support from major constituencies</td>
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<td>Respected credentialing/ongoing professional development training for practitioners and leaders</td>
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**Logos:**
- CHCS Center for Health Care Strategies, Inc.
- Institute for Healthcare Improvement
- The National Center for Complex Health and Social Needs
## Assessment of the Field

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  ● The community shares principles and goals  
  ● The potential community of stakeholders is vast and diverse |  ● The field lacks a shared language  
  ● There has been confusion on who comprises the target population |
| **Standards of Practice** |  ● Validated care models and promising practices exist and are spreading  
  ● Common features of promising models and practices have been identified |  ● Data sharing limitations hamper progress  
  ● There is a shortage of providers prepared to deliver complex care |
| **Knowledge Base** |  ● A growing evidence base demonstrates complex care’s positive impact  
  ● Segmentation of the target population is improving  
  ● A community of researchers is emerging |  ● Current metrics do not reflect whole-person outcomes  
  ● Stakeholders disagree on the types of evaluation that are necessary |
| **Leadership and Grassroots Support** |  ● Complex care is a high priority for many healthcare payers, providers, policymakers, and philanthropies  
  ● Influential stakeholders in key segments of the field are increasing buy-in |  ● People with lived experience are not adequately included  
  ● Multiple barriers impede cross-discipline and cross-sector partnerships |
| **Funding and Supporting Policy** |  ● The shift toward value-based payment supports complex care investment  
  ● Public investment has accelerated interest in complex care |  ● Healthcare-based programs struggle with financing in a shifting payment environment  
  ● Social and behavioral health services are funded differently and less robustly than healthcare |
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### Leadership and Grassroots Support
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- Influential stakeholders in key segments of the field are increasing buy-in
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### Funding and Supporting Policy
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Blueprint Recommendations

1. Develop core competencies
2. Develop quality measures
3. Enhance and promote integrated, cross-sector data infrastructures
4. Identify research and evaluation priorities
5. Engage allied organizations and champions through strategic communications and partnership
6. Value the role of people with lived experience
7. Strengthen local cross-sector partnerships
8. Promote expanded public investment in innovation, research, and service delivery
9. Leverage alternative payment models to promote flexible and sustainable funding
10. Create a field coordination structure that facilitates collective action and systems-level change
11. Foster peer to peer connections and learning dissemination

CHCS Center for Health Care Strategies, Inc.  Institute for Healthcare Improvement  The National Center for Complex Health and Social Needs
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**CHCS Center for Health Care Strategies, Inc.**

| Institute for Healthcare Improvement | The National Center for Complex Health and Social Needs |

19
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</table>

10. Create a field coordination structure that facilitates collective action and systems-level change.

These recommendations are designed to enhance shared identity, improve standards of practice, strengthen the knowledge base, support grassroots leadership, and secure funding and policy support.
## Key Recommendations by Strong Field Framework Components

<table>
<thead>
<tr>
<th></th>
<th>Shared Identity</th>
<th>Standards of Practice</th>
<th>Knowledge Base</th>
<th>Leadership/Grassroots Support</th>
<th>Funding/Supporting Policy</th>
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</thead>
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<td>2</td>
<td>Further develop quality measures for complex care programs.</td>
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<td>3</td>
<td>Enhance and promote integrated, cross-sector data infrastructures.</td>
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<td>4</td>
<td>Identify research and evaluation priorities.</td>
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<td>5</td>
<td>Engage allied organizations and healthcare champions through strategic communication and</td>
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<td>6</td>
<td>Value the leadership of people with lived experience.</td>
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<td>Foster peer-to-peer connections and learning dissemination.</td>
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</table>
Next Steps to Catalyze Collective Action

- Prioritize recommendations for initial focus
- Establish mechanisms for coordinated action
- Engage stakeholders nationally
How to Contribute


• Participate in upcoming Blueprint activities (e.g., meetings, networks, office hours, etc.)

• Sign up to become a Complex Care Champion: [www.nationalcomplex.care/our-work/blueprint-for-complex-care/champion-application/](http://www.nationalcomplex.care/our-work/blueprint-for-complex-care/champion-application/)
Join the Movement: Become a Complex Care Champion

Leading organizations in healthcare innovation, policy, and delivery from across the country have endorsed the *Blueprint*, thereby confirming their support as Complex Care Champions to play a role in advancing the field.

- ACT.md
- AmeriHealth Caritas
- Bremerton Fire Department
- Boston Health Care for the Homeless Program
- California Healthcare Foundation
- Camden Area Health Education Center
- Care Oregon’s Housecall Providers
- Center for Health and Social Care Integration at Rush University Medical Center
- Cityblock
- Communally
- Community Catalyst
- CSH
- Denver Health and Hospital Authority
- Families USA
- Freeman Health System
- Health Leads
- Health Management Associates
- Hill Country Health and Wellness Center
- Indiana University
- Jefferson Center for Interprofessional Practice and Education, Thomas Jefferson University
- Jefferson Health
- John A. Hartford Foundation
- Johns Hopkins Healthcare
- Kaiser Permanente
- Maimonides Medical Center
- National Center for Medical-Legal Partnership, George Washington University
- National Governors Association
- National Health Care for Homeless Council
- National Health Systems, Inc.
- New Jersey Health Care Quality Institute
- New Trails Navigators
- Nonprofit Finance Fund
- NYC Health + Hospitals
- PACE Southeast Michigan
- Partners HealthCare
- Partnership to Fight Chronic Disease
- Patient Care Intervention Center
- Puget Sound Regional Fire Authority
- Qsource
- Rutgers Center for State Health Policy
- Sisters Together and Reaching
- UnitedHealth Group
- University of Utah Health Sciences
- Uplift Solutions
- Virtua Health System
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1.2 million New Yorkers served; 
~300,000 uninsured
11 hospitals, 5 SNFs, 74 community clinics
~500,000 MetroPlus members (H+H-owned health plan)
~48% of NYC’s mental health inpatient admissions; 46% of alcohol/detox inpatient admissions
Correctional health services
Diverse patient population, with many new immigrants
Tens of thousands of patients without a home
Thousands of patients considered high-need
Hundreds of patients who spent more days in the hospital than out of it in the past year

1.2 Million Patients
~225,000 Admissions
1 Million+ Emergency Room Visits
4.5 Million+ Clinic Visits
>200 Languages

= 50K
OUR VISION
Health, well-being and dignity for every person in every community.

OUR MISSION
We partner with communities and health systems to address systemic causes of inequity and disease. We do this by removing barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.

OUR APPROACH
• We co-create models to demonstrate improvement in community health via essential resource initiatives
• We advise partners on innovative practices to improve access to essential resources
• We engage in collaborative learning and strategic partnerships to spread practice and drive lasting change
Question & Answer Session

- To submit a question online, please click the Q&A icon located at the bottom of the screen.
Wrap-up

- Sign up to become a Complex Care Champion:
  www.nationalcomplex.care/our-work/blueprint-for-complex-care/champion-application

- Register for *Office Hours for Complex Care: Roundtable Discussion of the Blueprint for Complex Care*
  February 13, 2019, 3-4 pm ET
Learn More: Resources for Continuous Learning

- Sign up for ongoing updates:
  - National Center for Complex Health & Social Needs
  - Center for Health Care Strategies
  - The Better Care Playbook
  - This Week at IHI