**National Council on Aging
Center for Healthy Aging
Network Development Learning Collaborative 2017-2018
Final Report**

Introduction

In response to feedback from the 2016 and 2017 needs assessments of ACL Chronic Disease Self-Management Education (CDSME) and Falls Prevention grantees, the National CDSME and Falls Prevention Resource Centers identified the need to create a vehicle for training grantees to acquire the knowledge and skills to develop Community Integrated Networks (CINs). CINs are defined as the collaborative partnerships between multi-dimensional community-based organizations (CBOs) and others to execute unified health care contracting strategies. Grantees reported that they required additional technical assistance to bolster their program sustainability strategies, connect more effectively with health care systems, and create models for centralized contract coordination for home and community-based services.

In addition, the health care industry, as well as federal and state governments, is more cognizant that addressing care management for high-need health care consumers requires an integrated approach to achieve better quality and performance outcomes. This trend of health care and CBO engagement requires that CBOs evaluate their traditional modes of delivering services, especially as independent entities. Additionally, assessing organizational capacity and infrastructure are necessary components of a strategic business plan that supports outreach and engagement with new health care customers.

Ongoing developments in Managed Long-Term Services and Supports (MLTSS), Medicare Advantage, and Accountable Care Organizations (ACO) continue to evolve and transform health care delivery. Person-centered planning and holistic approaches to care coordination are increasingly ingrained into the traditional health care delivery systems, synchronizing the social and behavioral determinants of health (SBDOH) with traditional clinical care. This shift adds a new wrinkle to care management practices. CBOs, which are *the* SBDOH experts for the older adult population, have a significant opportunity to engage with various health care organizations across the spectrum. CBOs must develop a deeper understanding of health care organizations' needs and create partnerships and networks to meet those needs and redefine marketing approaches. The sustainability of CBOs as community resources is dependent upon their aptitude and ability to adapt their business philosophies and practices to access new sources of revenue. A key factor in developing productive relationships with health care organizations is the alignment of collaborative networks among CBOs.

Building on the success of the previously established Medicare Reimbursement Learning Collaborative (MRLC), the Center for Healthy Aging (CHA) identified an external consultant to collaborate on the design and development of a Network Development Learning Collaborative (NDLC). This work was executed under the auspices of CHA's National Chronic Disease Self-Management Education Resource Center and National Falls Prevention Resource Center cooperative agreements from the Administration for Community Living. The Network Development Learning Collaborative was launched in April 2017.

Learning Collaborative Design

1. Faculty

Integral to the NDLC program design was an understanding of the health care industry drivers and the capacity for CBOs to address these through the delivery of relevant home and community-based services, such as evidence-based programs. CHA established a faculty of specialists to craft the design and development of the program's charter, curriculum, homework assignments, and online communication (see Appendix A).

- Marissa Whitehouse, CHA staff, managed the significant administrative responsibilities required for the overall project and served as principal coordinator for the Online Community.
- Jennifer Raymond, Elder Services of Merrimac Valley (ESMV), was recruited because of her leadership in CBO business acumen and the success of her organization's collaboration with other CBOs and health care contracting initiatives.
- Dianne Davis, Partners in Care Foundation (PICF), also brings two key perspectives to the NDLC. She has been a network contract administrator for health care organizations and leads network development for PICF.
- Sharon Williams, Williams Jaxon Consulting, was chosen to lead the faculty because of her experience as both a health care and CBO executive and her work across the CBO spectrum designing health care business acumen curricula.

2. NDLC Construction and Curriculum

The NDLC charter (see Appendix B) identifies the primary goals of the NDLC as:

- Provide participants with training on the fundamental elements of network development such as:
  - Support the advancement/development of CINs
  - Reinforce the value of integrated contracting /CBO sustainability
  - Identify essential CIN partners
  - Acclimate to the health care system to support building effective value propositions

Additionally, each hub developed their own set of goals and objectives, basing progress on their own network development process. Unlike the MRLC, where each group shared the same proposed outcome – attaining Medicare provider status and meeting the Medicare reimbursement requirements for various benefits — the NDLC hubs set individual organizational goals. Some NDLC hubs were focused on research and vetting of additional (mission centric) partners for hub participation; others were seeking to augment their health care acumen training, while others sought to gain a greater understanding of the mechanics of network hub construction and administrative/structural options.

NDLC faculty identified some common objectives for the hubs, such as

- Review and execution of a Non-Disclosure Agreement
- Completion of the NDLC assessment tool
- Completion of the NCOA cost calculators

During the 12-month curriculum, participants received instruction from NDLC faculty and other industry Subject Matter Experts (SMEs), as well as gained practical insight from peers. Participants were invited to an in-person NDLC meeting which was held in conjunction with the 2017 CHA annual meeting.

The curriculum featured monthly webinar lectures from SMEs and included time set aside for questions/comments. Participants completed content-related homework which reinforced each lecture and supported integration of the curriculum material into their hub's strategic plans. Each month participants completed reports to highlight their progress, challenges, and special accomplishments. The Online Community was utilized for posting of recorded lectures, supplemental content materials, health care industry news (in some cases, news specific to local health care initiatives, e.g., North Carolina and Illinois Medicaid transformation), and business tools (e.g., Non-Disclosure Agreement template, etc.)

The series content focused on hub development and health care business acumen topics. One of the program's value-added components was the presence of faculty who had lived through CIN startups and could affirm the recommended action steps included in the lectures. Davis and Raymond were often called upon to share how a concept was implemented in their organizations.

The series also featured financial planning. Matthew Smith and Kathy Cameron walked participants through the deployment of two unique cost calculators and return on investment tools during a mid-summer lecture. Hub participants subsequently processed their organizational data through the calculators to support their own analyses.

The program design included bi-annual 1:1 sessions with the hub participants and the NDLC faculty. These sessions were established to provide the faculty with more in-depth understanding of each hub's marketplace, goals, challenges, and opportunities, as well as to solicit feedback on the NDLC. Participants were able to provide more information regarding their hub progress and solicit specific technical assistance from the faculty. Participants responded well to these sessions and most were well prepared for them. In one session, faculty shared names of health plans that would likely be bidding on the Illinois MLTSS RFP to support their hub's outreach to potential new Medicaid customers.

The curriculum included the completion of several self-assessment tools to support the hub strategic planning and evaluation process and to help the faculty gauge the level of potential technical assistance needs. The first survey was the Network Development Partnership Evaluation Tool. This survey was administered in June 2017 and provided insight to the level of hub coordination and business planning of participants. Additionally, participants were introduced to the National Association of Area Agencies on Aging (n4a) Partnership Readiness Assessment Tool via a guest lecture from n4a's Mary Kaschak. That month's homework assignment included completion of the change readiness section of the n4a tool with hub partners. As the program drew to a close, NDLC participants completed a program evaluation survey, the results of which were incorporated into the development of the 2018-2019 program design. In addition, feedback from the 1:1 sessions proved to be valuable in addressing existing program direction and identifying improvements for the next series. For example, several hubs reported that they held monthly meetings with their partners one to two weeks prior to the monthly webinar sessions. They utilized this time to coordinate completion of homework assignments, address any outstanding questions/issues from the lectures, collaborate on completion of the progress reports, and to identify opportunities to advance their hub agenda. We have embedded that recommendation into

the 2018-2019 NDLC Charter. (A comprehensive overview of NDLC surveys is provided under the *Survey Analyses* section of this report.)

3. Online Community

The Online Community (see Appendix C) was designed to support interaction between hub partners, as a repository for NDLC and MRLC materials, and as a venue for tracking progress (see Appendix D) throughout the NDLC period. The Online Community went live in June 2017 and functioned through the Salesforce platform which NCOA already used for CBO relationship tracking. Marissa Whitehouse worked with NCOA's IT staff to prepare system requirements, oversee construction, and manage the launch and training for this tool. Once the Online Community was live, she supervised all continued discussion, updates, and technical assistance. This community was also utilized monthly by NDLC staff to provide helpful resources and reminders, and by participants to communicate with one another and post materials and assignments. Discussion was organized into the following conversational topics:

- Partnership Alignment
- Organizational Culture Integration
- Network Construction
- Defining Responsibilities
- Potential Partnership Options
- Execution of Agreements
- Evaluation of Readiness
- Marketplace Research
- Targeting Customers
- Value-Based Proposition
- Cost Calculating/Return on Investment

Participants utilized the Online Community to complete progress reporting. These monthly reports provided an opportunity for participants to synthesize the monthly lecture and discuss the relevant application of the lecture's learning benchmarks. Additionally, the progress reports included documentation of a hub's highlights and special achievements. The monthly meeting agendas included an opportunity for partners or faculty to call out hub highlights.

Examples of hub progress reporting:

- MAC Inc.'s new data sharing project with the Maryland Health Information Exchange (HIE) and MedStar was documented in their progress reports.
- The Illinois hub partners reported how they utilized the information from the Environmental Scan lecture to track local Medicare Advantage plans' Star Rating falls scores to hone in on the best targets for their falls prevention program.

Reviews of the Online Community were mixed. Based on the NDLC participant satisfaction survey, 44% of respondents rated the community 'Extremely Valuable' or 'Very Valuable' overall, and an additional 44% rated the community 'Somewhat Valuable.' NDLC staff believe that this mixed satisfaction scoring was due to a delayed launch of the system. Though discussion and collaboration amongst participants

within the community was relatively low, the community provided a satisfactory venue for document storage and progress tracking.

Hub Participants

The NDLC participant screening process was driven by the desire to select both seasoned and neophyte CBOs to augment peer learning. The Charter, application, and orientation session provided participants with an overview of key responsibilities for their successful engagement in the NDLC, including:

- Complete the entire NDLC cycle, e.g., participation in all monthly webinars;

- Identify key partners to participate as a unit/team on NDLC webinars and related activities;

- Become familiar with the recommended resources, information and other community-integrated health care resources on NCOA's website;

- Collaborate with their team to develop measurable goals and objectives to achieve the NDLC aim;

- Actively participate in all monthly lecture sessions by verbally reporting on progress and lessons learned during monthly webinars to encourage shared growth of NDLC participating organizations

The NDLC application and charter encouraged hubs to apply based on initial development of partnerships with local organizations that were committed to creating sustainable CINs. The initial 10 NDLC hub participants (see Table 1 below) represented a diverse composition of organizations and states. In many instances, the hub composition included academic partners (e.g., Rush University, University of North Carolina-Asheville, Texas A&M). Hub partners also included state agencies (e.g., Vermont's Department of Health). Community based organizations like Area Agencies on Aging (AAAs) and United Way were also included as NDLC participants. Some selected hubs had considerable experience in health system engagement such as MAC, Inc. and the Southern Maine AAA. They indicated an interest in expanding their business savvy around key lecture topics such as developing health care value propositions and understanding health care quality drivers. They also provided practical and tactical support for their peers.

Table 1: 2017-2018 NDLC Participants

State	Lead Organization	Partners
Connecticut	Connecticut Community Care	Dept. of Health, Dept. on Aging, Healthy Living Collective, CT Community Foundation
Illinois	Illinois Community Health and Aging Collaborative	Rush University, AgeOptions, other AAAs
Maine	Southern Maine AAA	Senior Plus, Spectrum Generations
Maryland	Living Well Center of Excellence	AAAs
North Carolina	University of North Caroline-Asheville	NC Department of Health & Human Services, AAAs
Oregon	NW Senior & Disabilities Services	Council of Government, Health Insight, State Unit on Aging

	Texas A&M University's Center for	
Texas	Population Health & Aging	United Way, Texas A&M, AAAs
Vermont	Vermont Department of Health	University of VT Medical Center, Central VT Home Health & Hospice
Virginia	Marymount University	
Wisconsin	Wisconsin Institute for Healthy Aging	WI Bureau on Aging & Disability Resources, AAAs

As part of the application process, applicants were encouraged to identify points of contact (POC) who would coordinate their program participation. NDLC correspondence and related programmatic activities were managed by these designees. The POCs proved effective at administering the hub NDLC activities. Concerns were expressed by some about the intensity and extent of the NDLC work, though all were engaged with each monthly meeting and most kept up with the Online Community reporting. Several POCs also served as the leads for their hub's business development planning. They commented that it would have proved useful to them to introduce additional business or network development staff to support their multiple projects.

The Virginia hub withdrew midterm due to staffing changes that impacted their ability to commit to the program's participation requirements and a shift in the lead organization's priorities.

Group Feedback/Surveys

NCOA's Partnership Evaluation survey (See Appendix E) was administered to the hub participants at the beginning of the course and again midway through the program. The tool aided hubs in assessing their partnership infrastructure development and preliminary business strategies.

Satisfaction Survey

In March 2017, the hubs completed a satisfaction survey that covered topics such as curriculum content, homework relevance, online community value/utilization, faculty/guest lecturer value, etc. The results were very positive and provided great feedback for program improvement. As noted earlier, most hubs reported challenges managing competing priorities and indicated that more staff assistance would have enhanced their experience. Though we discouraged hubs from operating within two LCs at once, one state's CBOs registered for both the MRLC and NDLC, using different lead organizations for the applications but the same group of overall partners. During the review process, both lead organizations indicated that they had both the will and the capacity to execute the work required for both LCs. Later in the LC experience, however, both lead organizations reported considerable challenges managing responsibilities for both LCs.

All participants reported receiving great value from the coursework and believed that they gained extensive education to enhance their network development/sustainability initiatives. Insufficient time to network via the monthly webinar calls was cited by a few as a deficit.

Additional satisfaction information reported:

- 100% of respondents rated the value of their NDLC participation in supporting the progress of their hub development needs as 'Extremely Valuable' or 'Very Valuable.'

- 100% of respondents rated the 'Business/Industry Resources' component of this LC as 'Extremely Valuable' or 'Very Valuable.'
- 100% of respondents rated 'Q & A Opportunities' component of this LC as 'Extremely Valuable' or 'Very Valuable.'
- 88% of respondents rated 'Peer Networking' component of this LC as 'Extremely Valuable' or 'Very Valuable.'
- 100% of respondents rated 'Lecture Faculty' as 'Extremely Informed' or 'Very Informed.'
- 89% of respondents rated 'Bi-Annual One-on-One TA Calls' as 'Extremely Valuable' or 'Very Valuable.'

Successes/Progress

Overall, NDLC faculty believe that the 2017-2018 cohort was a major success, grounded in intensive learning, networking, and growth. Participants reported that the NDLC coursework contributed to strengthening their hub development efforts and confidence in partnering with health care systems, as both individual organizations and network hubs. Participant feedback included the following excerpts:

- "The content, faculty, and peer-learning was exceptional. The spirit of learning and sharing was generous."
- "Valuable insights, education, and mentoring in cultural integration, value proposition development, and business plan development. Learned about many tools and how to access some of the data publicly available to build a business case…"
- "The peer learning and access to the faculty on this learning collaborative provide excellent opportunities to move network hubs from a centralized place for programming, to an integrated and sustainable network. Though the pace was fast, having access to the information remains valuable beyond the 11-month collaborative."
- "The faculty lectures and technical assistance and on-line learning collaborative were invaluable in helping us improve our business acumen and to apply lessons learned from others."

As previously mentioned, each NDLC hub established organization specific goals for their program participation. These goals varied based on the status of the organizations' development, level of sophistication, marketplace dynamics, etc. Beyond individual participant goals, the NDLC faculty established multiple overarching learning objectives. Overall NDLC participants' progress is reported below:

- 100% of participants initiated communication about shared goals and objectives among their key partners (9 out of 9)
- 100% of participants clarified roles and responsibilities (9 out of 9)
- 100% of participants diversified and strengthened partnerships (9 out of 9)
- 100% of participants completed NCOA's Partnership Evaluation (9 out of 9)
- 100% of participants completed n4a's Readiness Assessment (9 out of 9)
- 100% of participants completed NCOA's Cost Calculator (9 out of 9)
- 89% of participants completed non-disclosure agreements (NDA) (8 out of 9)
- 100% of participants developed value-based propositions (9 out of 9)
- Multiple participants hired staff to focus specifically on partnership development

- 78% of participants initiated contracts with health care entities (7 out of 9)
- Multiple participants completed contracts with health care entities
- 78% of participants felt that they had progressed from 'Early Innovators' to 'Intermediate Pathfinders' (7 out of 9)

Review and execution of a Non-Disclosure Agreement (NDA)

For organizations considering formal or informal business arrangements, it is essential to establish an atmosphere of trust that supports the full disclosure of critical partnering organization details. All parties should go into these ventures with their eyes open to foster effective decision making about engaging and/or contracting with partners. To protect the disclosure of proprietary information, we encouraged the hubs execute a Non-Disclosure Agreement (NDA) as part of their partnership development processes. An NDA template was posted on the online community for participants' use. Most of the established/operating hubs had already completed an NDA or similar document. Only one of the other hubs have done so. This result may have been driven by the early stages of development for some of the hubs. Some partners were reluctant to execute anything as formal as an NDA. Most indicated that they believed that an NDA is important and will likely execute one going forward.

Completion of the NDLC Partnership Evaluation Tool

The NDLC Partnership Evaluation Tool is administered early in the curriculum to support the partners' identification of key organizational development benchmarks and assessment of their hub development strategy/initiatives. The survey was administered again in March 2018 (see Appendix E). The Tool's content closely mirrors the subject matter featured in the NDLC curriculum. The tool is an amalgam of several organizational readiness tools/resources utilized by Sharon Williams with other CBOs. It is organized to align with the established LC Learning Benchmarks. The responses and scores reflect the collective opinion among the partners within a defined network. Domains included in the partnership evaluation tool were:

- Partnership Alignment
- Organizational Culture Integration
- Network Construction
- Defining Partnership Responsibilities

Hubs were asked to rate their efforts towards completing the established benchmark as:

- 1 organization has not yet focused on this benchmark
- 3 organizations have communicated about this benchmark and is in the planning phase
- 5 organizations have successfully completed the benchmark

Completion of the surveys provided insight to the hubs regarding critical benchmarks/strategies considered essential to successful and comprehensive network development. Results of the initial survey revealed that a considerable number of the hubs ranked their progress in achieving the identified benchmarks at 1 or 3. While the initial survey results may have been influenced by the individuals' sophistication about core elements of Network Development, understanding increased over the course of the program as evidenced by the average 22% increase in self-reported scores from the initial to

second survey. Each hub showed considerable progress in their network development initiatives/progress in the second survey described below.

A few highlights from the survey summaries:

- **Partnership Alignment**
  By the second survey, a majority of the hubs (82%) had completed or were in the process of developing a conceptual model for partnership and all had initiated communication about shared goals and objectives among their key partners; this was up from only 44% in the initial survey. The range in percent improvement from the initial to second survey was 0 to 35 (average 16% increase).
- **Organization Culture Integration**
  More than half of the hubs reported having initiated the planning process to provide ongoing communication about the hub goals, mission, strategies, etc. to stakeholders. These scores were particularly low in the first survey. The range in percent improvement from the initial to second survey was 0 to 53 (average 21% increase).
- **Network Construction**
  The hubs' scores in the initial survey suggested that many had not thoroughly vetted their potential partners or need for additional partners. By the second survey, a little more than half (65%) had initiated the planning process. Over 72% of the hubs reported having started the planning to assess start up timelines and objectives. The range in percent improvement from the initial to second survey was 9 to 62 (average 26% increase).
- **Defining Responsibilities**
  There was variation among hubs regarding definition of responsibilities for the hub partners. The most commonly addressed responsibilities were program administration and service coordination (41% and 35% respectively). Other key organizational roles that most had not completely defined included financial management, partnership infrastructure, etc. The range in percent improvement from the initial to second survey was 0 to 57 (average 24% increase).

Completion of the NCOA cost calculator

Effective financial management is the cornerstone of any successful organization. The financial planning components of the curriculum (See Appendix A) spanned 2.5 lectures. This section concluded with demonstrations of two NCOA specially designed cost calculators. Following the series of financial lectures, the homework assignment required participants to run their own hub data through the publicly available cost calculators. Participant feedback was mixed. Several reported concerns that their collected data might be insufficient given the maturity of their partnership. Others reported that the results supported their financial planning strategies. Two hubs indicated that their numbers identified a need to retool some of their financial assumptions. We believe that the hubs' cost calculator results will be markedly different for neophyte hubs in the future as they become more sophisticated and progress in the execution of their business plan.

Recommendations

Per observations and feedback throughout the 2017-2018 NDLC program, the following is recommended for future NDLC consideration:

- Ensure that the Online Community is live from the beginning launch of the NDLC period to encourage early adoption and frequent use. Simplify this resource to ensure that navigation is as easy as possible.
- Educate potential participants on the time commitments and work expectations of this process. As one participant stated, "Network development is an ongoing process that can take several years to do well and can take multiple [revisits to each] of the steps."
- Continue to utilize the guest lecturer approach. Lecturers were extremely informative and provided diverse, insightful accounts of many focused aspects of network development.
- Provide additional time for participants to network and share. NDLC staff will ensure that participants have additional time to share during each monthly call, as well as unlimited opportunities for discussion via the Online Community.
- Continue to provide one-on-one TA opportunities to network hubs at both the beginning and end of the NDLC experience. This personalized approach was an invaluable addition to the broad expertise provided.
- Per feedback from several participants over the course of the program, consider establishing a next level program for participants who may require additional (201 level) training and technical assistance.

This Report was prepared by NDLC Faculty members Marissa Whitehouse and Sharon Williams.

Appendix A
NDLC 2017-2018
Curriculum

Network Development Learning Collaborative
Tentative Curriculum as of January 16, 2018 (subject to change)

Date	Training Topic	Learning Objectives	Time
4/25/17	Introductions/Program Overview/Participant Expectations/Logistics	Provide opportunities for grantees to connect; review program goals/operations; establish baseline for network development initiatives	90 minutes
5/24/17	Annual Meeting: participate in all network-related workshops if in attendance	Formal introductions; curriculum review; Learning Benchmarks; Salesforce Community Site Demo; Canary Health presentation; Review Partnership Evaluation; networking; who/what/why of partners	90 minutes
6/20/17	Partnership Evaluation Review	Debrief from May conference- review of Partnership Evaluation Tool results; Non Disclosure Agreement review, Environmental Scan; initiate discussion re: cultural transformation among partnering organizations- identify stakeholders (internal & external);	90 minutes
7/18/17	Business Plan Development Pt 1	Review key elements of strategic business plan - goals/vision/mission,	90 minutes
8/15/17	Business Plan Cont. Financial Strategies	Continue discussion of business plan development-emphasis on financial planning, defining ROI/Value of proposed products/services, building the business case	90 minutes
9/19/17	Financial Planning, Pt II	Financial/Business Planning, introduction of Cost Calculator and Cost Savings Estimator	90 minutes
10/17/17	Infrastructure Development	Defining the partnership infrastructure, creation of participation standards, such as capital investment requirements, revenue sharing, uniform performance/quality standards, etc. Establishing operating standards/key performance/quality indicators, organizational IT coordination for reporting, financial management, monitoring	90 minutes
11/21/17	Partnership Development	Discussion centers on value of engaging in collaborative partnerships, key elements of partnership arrangements, focus on the evolution of two leading CBO partnerships-- ESMV/PICF	90 minutes
12/19/17	Readiness Review/ Pre-Implementation Planning	Assessing the efficacy/fidelity of program implementation, system readiness, training, B2B testing, contractor performance/support, volume/financial projections/tracking, performance improvement opportunities, contract/financial viability, etc.	90 minutes
1/16/18	Highlights of Healthcare Industry Quality/Performance Standards	Discussion of key industry quality/performance drivers and their influence on the design of CBO marketing strategies	90 minutes
2/20/18	Developing the Value Based Proposition: Identifying Customer Needs & Aligning Services/Products	Overview of Value Based Proposition, Value Based Purchasing and the key elements for the development of sales propositions	90 minutes
3/20/18	Preparing for Successful Customer Engagement Strategies, Transforming Organizational Culture Part 1	Strategies for optimal outreach-- who/how to approach targeted healthcare industry customers utilizing value based proposals	90 minutes
4/16/18	Transforming Organizational Culture Part 2, Program Wrap Up	Identifying opportunities to align multiple organizations' business and operational cultures for successful partnership engagement. Partner's forum-highlight achievements, best lessons learned, improvement opportunities, etc. Participant feedback and discussion.	120 minutes

Appendix B
NDLC 2017-2018
Charter

Purpose

Reform is rolling across America's health care landscape, from alternative payment methodologies to community integrated care initiatives. Health care transformation has implications beyond the confines of the health care system. Person centered care planning and holistic approaches to care coordination are becoming ingrained into the traditional health care delivery systems, synchronizing the social determinants of health (SDOH) with traditional clinical care. This shift adds a new wrinkle to health care consumer management. Community-based organizations (CBOs), who are the SDOH experts, have a significant opportunity to engage with health care partners across the spectrum. CBOs must develop a deeper understanding of payors' needs, develop partnerships to meet those needs, and create the value propositions to achieve successful relationships with them. The sustainability of CBOs as community resources is dependent upon their aptitude towards expanding their reach to new payors. A key factor in developing productive relationships with health care organizations is the alignment of collaborative networks among CBOs.

A *network or network hub* utilizes a centralized, coordinated model for service provision by incorporating uniform logistical practices for recruitment, referral, enrollment, marketing, quality assurance, and evaluation. This process is carried out under the direction of the hub's central organization and is coordinated among a network of partners. It provides a unified and consistent approach to program delivery across a geographic area, either regional or statewide. The central organization is the center of activity that connects a network of partners, including health care systems and local community organizations who offer evidence-based programs, all working together toward a common goal.

Among the many benefits in the establishment of network hubs is the capacity to:

- Deliver a broader scope of SDOH services;
- Reach more diverse consumers and populations;
- Build stronger administrative infrastructures;
- Capitalize on economies of scale;
- Provide expanded regional/statewide coverage;
- Offer one-stop contracting for multiple services with payors; and
- Expand quality improvement initiatives and successes broadly.

To enhance the CBO networks' opportunities to create and successfully manage network hubs, NCOA will offer a Network Development Learning Collaborative. This Collaborative will provide interested participants with training on the fundamental elements of network development such as identification

of CBO partners, establishment of participation agreements, and exposure to the primary drivers for health care plans to support building value propositions, among other topics. Over a period of 12 months, this Learning Collaborative will provide participants with an opportunity to learn from their peers, while receiving technical assistance/training from NCOA subject matter experts and mentoring from other CBOs who have engaged in successful contracting with health care organizations.

Timeline

12 months: April 2017-March 2018

Aim

By March 2018, participating organizations will have achieved or made significant progress toward the following:

- Vetted local/regional partners for engagement in a network hub;
- Created a participating organization agreement;
- Developed an intra-organization services proposal; and
- Targeted a potential health care payor for partnership.

Support from NCOA's Center for Healthy Aging

The Center, in collaboration with the Administration for Community Living will support participants through the Learning Collaborative experience in the following ways:

- Provide orientation and offer training
- Host monthly conference calls/webinars to provide peer-to-peer learning and make subject matter experts (SME) available during each call to facilitate learning
- Enlist mentors who have successfully created network hubs and contracted with health care organizations
- Moderate an online community to facilitate sharing of best practices and resources, foster peer-to-peer support and provide technical assistance
- Host an in-person LC meeting in conjunction with the NCOA's Annual Resource Center Meeting, (May 23-25, 2017) who those planning to attend.

Participant Expectations:

Up to 10 organizations will be selected to participate in this LC and will be announced by mid-April 2017. Participants are expected to:

- Identify key partners to participate in a Network Development LC team;
- Become familiar with the recommended resources/information below, as well as other community-integrated health care resources on NCOA's website;
- Complete an assessment to identify the stage of readiness to create a network hub;
- Collaborate with their LC team to develop measurable goals and objectives to achieve the LC aim;
- Attend the orientation and online trainings;

- Participate in all monthly calls;
- Participate in the network development online community;
- Work closely with their partners to plan and implement the project;
- Identify potential partners for the network hub;
- Draft a participating organization agreement template;
- Target a local health care organization for partnership engagement; and
- Report on progress; share lessons learned.

Resources/Information
n4a's Aging and Disability Business Institute
NCOA's Roadmap to Community Integrated Health Care and Network Hub Model
ACL's Business Acumen for Community-Based Organizations
The SCAN Foundation's Overview of Preparing Community-Based Organizations for Successful Health Care Partnerships

Please contact Marissa Whitehouse at marissa.whitehouse@ncoa.org with any questions regarding this charter.

Appendix C
NDLC 2017-2018
Online Community
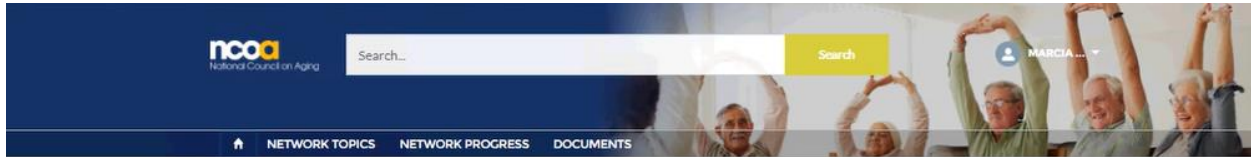
WELCOME TO THE LEARNING COLLABORATIVE COMMUNITY

A place to find resources, track progress, and communicate with peers

GROUPS
My Groups ▾

1 item • Sorted by Last Activity • Filtered by Archive • Updated a few seconds ago

NAME	LAST ACTIVITY ↓	MEMBERS	OWNER	
Network Development (Private)	7/11/2017 9:54 AM	61 Members	Samuel Hoffman	▾

MEDICARE TOPICS | **NETWORK TOPICS** | **MEDICARE PROGRESS** | **NETWORK PROGRESS**

NETWORK DEVELOPMENT DISCUSSION TOPICS

PARTNERSHIP ALIGNMENT
ORGANIZATION CULTURE INTEGRATION
NETWORK CONTRUCTION
DEFINING RESPONSIBILITIES
POTENTIAL PARTNERSHIP OPTIONS
EXECUTION OF AGREEMENTS

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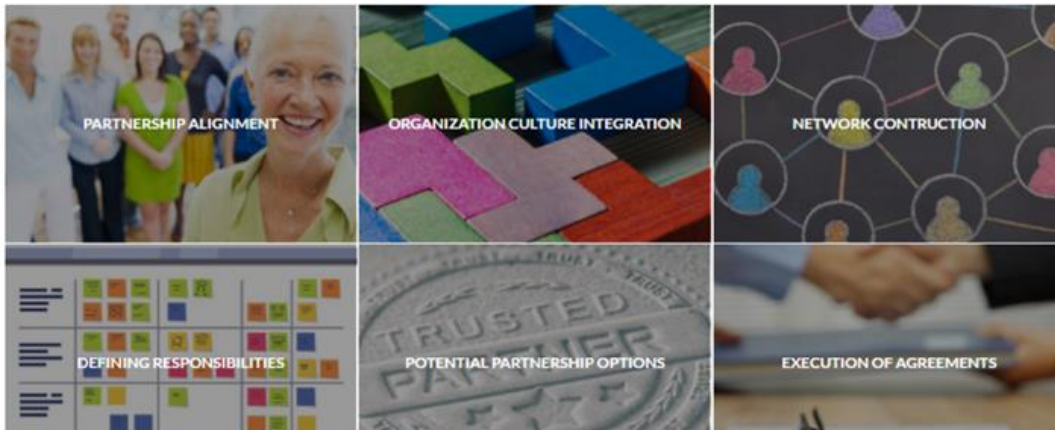
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    ▼ 📁 Archived Learning Collaborative Doc
      ▼ 📁 Network Development 2017-2018
        ▶ 📁 Helpful Resources
        ▶ 📁 Homework Assignments
        ▶ 📁 **Monthly Meeting Materials**
        📁 Participant Profiles
        📁 Reports
  ▶ 📁 Network Development 2018-2019

National Council on Aging / Learning Collaborative Documents / Archived Learning Collaborative Documents (2017-2018) / Network Development 2017-2018 /

Monthly Meeting Materials

TOTAL ITEMS: 13   ☰ ▦   PAGE: 1 ▼   SHOW: 20 ▼ 🔍

☐	Type	Name ↑	Description	Actions
☐	📁	042517 April Call (Kick-Off)		
☐	📁	052417 May In-Person Meeting		
☐	📁	062017 June Call		
☐	📁	071817 July Call		
☐	📁	081517 August Call		
☐	📁	091917 September Call		
☐	📁	101717 October Call		

Network Development Learning Collaborative: Learning Benchmark Updates

Please complete this form by one (1) week before each monthly Learning Collaborative call. Be sure to include all progress since your last update form was completed.

Representative Organization: *

Partnership Alignment progress:

Organization Culture Integration progress:

Network Construction progress:

Defining Responsibilities progress:

Potential Partnership Options progress:

Execution of Agreements progress:

Evaluation of Readiness progress:

Marketplace Research progress:

Targeting Customers progress:

Value Based Proposition progress:

Cost Calculating & ROI progress:

Please briefly describe any challenges that you have encountered since the last update:

Please list any specific questions or technical assistance that you would like addressed:

Submit

Network Development Learning Collaborative
Partnership Evaluation Tool

My organization has not yet focused on this topic.	1 point
My organization has communicated about this topic and we are in the planning process.	3 points
My organization has successfully completed this Benchmark.	5 points

Partnership Alignment	x	x	x	x	x	x	x	x	x	x
Identify the primary rationale for network hub development (e.g., What's happening in your marketplace that's driving your decision to create a network	5	5	3	5	5	5	5	3	2	3
Create partnership concept model	3	3	5	3	1	3	5	1	1	1
Identify potential network partners based on:	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂
Shared goals/objectives	3	3	3	3	3	3	3	3	2	1
Alignment of needs (e.g., geographic coverage, staffing capacity, services options, expertise, resources, capital, etc.)	3	1	3	5	1	3	3	3	1	1
Competitors	1	1	3	1	1	1	3	3	1	1
Transparent and open discussion (e.g., each organization's strengths', level of commitment, authority to commit, weaknesses, financial stability/commitment, resources, credibility, risks, etc.)	1	3	1	3	1	3	3	1	1	3
Create/execute Non-Disclosure Agreement (NDA)	1	1	1	1	1	3	1	1	1	3
Develop network partner participation criteria	3	3	1	3	1	3	3	3	1	1
Partnership Alignment Points:	**20**	**20**	**20**	**24**	**22**	**22**	**26**	**18**	**10**	**13**

Organization Culture Integration										
Address organization cultural integration (necessary throughout the Network /Development process) by:	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂
Preparing staff, clients, & other stakeholders for new arrangements	1	3	3	1	3	1	3	3	1	1
Providing ongoing communication regarding progress, timelines, key benchmarks, value, etc.	1	3	3	3	3	1	1	3	1	1

	x	x	x	x	x	x	x	x	x	x
Creating an organizational orientation/integration plan that addresses common goals, mission, organization characteristics, etc.,	1	3	1	5	1	1	1	1	1	1
Organization Culture Integration Points:	**3**	**9**	**7**	**9**	**7**	**3**	**5**	**7**	**3**	**3**

Network Construction (Infrastructure)										
Determine initial/potential partners	3	3	5	3	3	3	5	3	1	3
Define start up timelines/objectives	1	3	3	3	1	3	3	1	1	1
Design partnership organizational structure	1	3	3	3	1	1	3	1	1	1
Define deliverables for each partner	1	3	1	1	1	1	3	1	1	1
Identify resources to capitalize start up costs	3	3	1	1	1	1	3	1	1	1
Define decision making process and governance	1	5	3	3	1	1	3	1	1	1
Develop Communication Plan	1	3	3	3	1	1	1	3	1	1
Decide whether the network will utilize partners for all needs (e.g., geography, services, etc.) or subcontract for some coverages	1	1	1	1	1	3	3	1	1	1
Develop mutually agreed upon metrics to define the success of the partnership	1	1	3	3	1	1	1	1	1	1
Network Construction Points:	**13**	**25**	**23**	**21**	**11**	**15**	**25**	**13**	**9**	**11**

Defining Responsibilities (Infrastructure)										
Identify responsibilities for each of the following roles:	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂	⅂
Program administration	1	5	3	3	5	1	5	1	1	1
Service coordination	1	5	5	3	1	1	5	1	1	1
Management Information Systems (MIS)	1	5	1	3	1	1	5	1	1	1
Compliance	1	1	1	1	3	1	3	1	1	1

Research	1	1	3	3	5	1	3	3	1	1
Quality assurance	1	1	5	1	5	1	3	1	1	1
Contract administration	1	1	1	1	3	1	3	3	1	1
Legal/regulatory	1	1	1	1	3	1	3	1	1	1
Financial	1	3	5	1	3	1	3	1	1	1
Accounts receivable/payable	1	1	5	1	3	1	3	1	1	1
Cashflow processes	1	1	3	1	3	1	3	1	1	1
Training/technical assistance	1	3	5	1	5	1	3	3	1	3
Capital/grant funding	1	3	3	3	3	1	3	1	1	1
Capacity building	1	1	3	3	3	1	3	1	1	1
Defining Responsibilities Points:	14	32	44	26	46	14	48	20	14	16
Total Partnership Evaluation Points	50	86	94	80	86	54	104	58	36	40
Total Possible Partnership Evaluation Points:	170	170	170	170	170	170	170	170	170	170