Project Access NOW's C3 Community Assistance Program: Ensuring Safe Discharge from the Hospital

Addressing social needs, particularly among vulnerable populations, is critical to improving outcomes and ensuring health equity. In Portland, Oregon, Project Access NOW (PANOW), a local community-based organization (CBO), is improving the health and well-being of uninsured and low-income individuals by connecting them with health care, non-medical services, and other community resources. The C3 Community Assistance Program (C3CAP), a PANOW service supported by six area hospital systems and two coordinated care organizations (CCOs), helps individuals successfully transition from the emergency department and inpatient hospital stays back to their homes by addressing social determinant needs that impact health and recovery. The end goal is simple: to keep people healthy and avoid unnecessary readmissions.

Background

PANOW connects vulnerable residents in the metro Portland area to needed health care and social services by building on the strengths of

Program At-A-Glance: Connecting individuals in Portland, Oregon to needed paid community-based services along with social services to ensure safe discharge from emergency and inpatient hospital settings.

Partners: Project Access NOW, Kaiser Permanente, Providence Health and Services, FamilyCare and Health Share (coordinated care organizations [CCOs]).

Goals: Improve care transitions for uninsured and low-income individuals.

Partnership Model: Referral services.

Scope of Services: C3 Community Assistance Program (C3CAP) connects patients to resources such as transportation, medication assistance, and temporary housing to mitigate challenges that might result in additional care or hospitalizations.

Funding: Donations and payments from participating health system partners/CCOs.

Impact: Since its inception, C3CAP has served more than 8,700 clients and filled more than 16,000 requests; 740 hospital days were avoided through C3CAP services.

Advancing Community-Based Organization and Health Care Partnerships to Address Social Determinants of Health

Health care and community-based organizations (CBOs) across the country are increasingly working together to better address the root causes of poor health among low-income and vulnerable populations. To assist these efforts, there is a need to identify the financial, operational, and strategic considerations necessary to make these partnerships a win-win for all parties: consumers, the communities being served, health care providers, and CBOs. Through support from Kaiser Permanente Community Health, the Center for Health Care Strategies and Nonprofit Finance Fund collaborated to identify new strategies for advancing effective health care-CBO partnerships, building on work done under the *Partnership for Healthy Outcomes* project funded by the Robert Wood Johnson Foundation. This case study is part of a series highlighting diverse partnerships between CBOs and health care organizations.

local health care systems and community-based organizations. Since 2008, PANOW has partnered with local health systems, hospitals, and CCOs to: (1) provide uninsured low-income community members with primary and specialty care; (2) pay health insurance premiums for people who qualify for coverage under the Affordable Care Act, but cannot afford their premiums; and (3) connect low-income people being discharged from the hospital to non-medical resources to help them get home safely and ensure access to follow-up care via the program known as C3CAP. In addition, PANOW's Pharmacy Bridge Program offers prescriptions at no cost or with low-copays.

This case study describes PANOW's C3CAP, which partners with hospitals and CCOs to facilitate safe transitions from inpatient hospitalizations and emergency department visits to home settings. C3CAP offers a potentially replicable approach for other communities seeking to streamline access to post-discharge community-based services. C3CAP supports frontline hospital staff, including discharge planners, social workers, and care managers, to connect low-income patients to resources, such as transportation (e.g., bus fares, taxi cabs, and ambulances), medication assistance, and temporary housing (e.g., hotels, rental assistance, respite care). The program is focused on ensuring safe discharges and mitigating challenges that might result in additional care or hospitalizations. PANOW works with over 100 vendors to provide patients with vouchers as they are discharged from the hospital that are reimbursed by PANOW using donated hospital funds. Since its inception in 2014, C3CAP has served more than 17,000 clients, and filled more than 26,000 requests. And, while it is difficult to prove a linkage between the provision of non-medical services and avoided re-hospitalizations, anecdotal evidence suggests that the program is cost effective. According to PANOW's analysis, C3CAP program costs are roughly $638,000 per year, while the program helps to avoid nearly 740 inpatient days annually, saving an estimated $2.78 million.

PANOW's partnership with hospitals started when Providence Health and Services, the local health care system, recognized that patients leaving the hospital often faced many non-medical barriers (such as unstable housing or inability to fill prescriptions). These barriers compromised their recovery and impeded follow-up care regimens. Although hospital staff worked to refer patients to suitable social services, the approach to referrals was inconsistent and not systematized and staff were faced with considerable administrative challenges. Moreover, hospital staff often felt challenged to connect patients with appropriate resources since they lacked familiarity with the full range of community service vendors available. Partnering with PANOW has allowed Providence to deliver non-medical services in a more efficient, tailored, and comprehensive manner. PANOW, which serves as a single point of service, was seen as an ideal partner due to its extensive community ties and existing online referral and tracking system. While PANOW had been working with community-based partners for over a decade, PANOW's partnerships with hospitals via C3CAP introduced new relationships, expanding referrals in areas deemed high priorities by hospitals and connecting high-need patients with programs and services aimed at reducing lengthy hospitalizations and readmissions. PANOW has since partnered with Kaiser Permanente, and more recently FamilyCare[1] and Health Share CCOs, to help administer the health-related services component of Oregon's Medicaid program.[2] PANOW expects other CCOs and health systems to participate in the C3CAP program by the end of 2018.

Through C3CAP, hospitals and CCOs have access to a secure, electronic referral system, which serves as a screening and monitoring tool, and allows frontline hospital staff to connect eligible patients with vouchers for an array of services and programs to meet their needs. C3CAP provides training and support, and facilitates vendor agreements and payments. The data platform allows health care partners to monitor social service utilization and related costs, as well as evaluate associated patient outcomes. C3CAP enables hospitals to assist with their patient's social determinant needs, such as housing or food insecurity, while remaining in compliance with Centers for Medicare & Medicaid Services rules around gifting.[3] Hospital staff can rely on C3CAP's extensive network to connect patients with necessary community services and supports and stay focused on the provision of health care services.

Governance

As an independent, non-profit entity, PANOW has a board of directors that provides input on all of its programs, including C3CAP. The C3CAP program itself utilizes eligibility policies, a scope, and processes to help navigate unusual requests and/or denial appeals. Each health system employs a program coordinator to coordinate with PANOW's deputy director and program manager. Partnering health systems have a letter of agreement and/or a Business Associate Agreements with PANOW to administer the C3CAP program. PANOW has a formal contract and Business Associate Agreement with Health Share, which pays for C3CAP services from their global budget.

Workflow

During the discharge process, care managers at partnering hospitals and CCOs identify needs that could potentially jeopardize the transition and recovery process. Patients with identified needs are screened for eligibility for C3CAP by using an online tool known as CLARA (Community Linked Assistance Referrals Assessment). C3CAP staff train hospital and Health Share users on program eligibility criteria, and how to access and use CLARA.

Screening assesses insurance coverage status, income level, and access to community or family support. During the screening process, care managers often identify one issue, such as lack of reliable transportation, and in so doing, uncover other needs, such as short-term and stable housing needs.

Based on the screening results, social service requests are entered into CLARA and are either accepted immediately, or reviewed by PANOW staff if service requests are more extensive. For example, the Recuperative Care Program offered by Central City Concern, which provides temporary housing post discharge for patients without stable housing, requires prior approval from PANOW before vouchers are issued. When service requests are accepted, eligible patients receive a printed voucher in the hospital for immediate use with participating vendors.

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PANOW phased hospitals into the program in order to keep pace with referral requests and address workflow challenges. During initial implementation, one PANOW staff member handled all C3CAP requests, after which PANOW hired additional staff, including a program manager and two support staff who answer phones, process referral requests, connect clients to PANOW's Pharmacy Bridge Program, and provide additional referral coverage when volume is heavy.

Integrating C3CAP into FamilyCare and Health Share CCOs have highlighted challenges that are unique to managed care plans. For example, Health Share faced initial challenges related to having supplies like bus tickets, phones, and shelter vouchers on hand to provide to members as needs arise. Unlike hospital-based referrals, where frontline hospital staff interact directly with clients, CCO members often receive referrals telephonically, therefore getting vouchers to members can be challenging. In these situations, services are arranged via telephone and sometimes payment is made via a credit card instead of a voucher. Where possible, vouchers are faxed directly to the service provider, bypassing the need for the patient to have the voucher in hand.

Information/Data Sharing

In 2009, PANOW collaborated with software company VistaLogic to develop CLARA to help support its Classic Program that coordinates health care services for low-income uninsured individuals. PANOW modified the

functionality and user portal of CLARA to better serve C3CAP's needs. Service requests from hospital and CCO care managers are entered directly into CLARA, and the data platform allows hospital and CCO staff to screen for eligibility and print vouchers in real-time. CLARA supports customized patient screening, data collection and reporting, and also enables information sharing among partnering organizations to support coordinated and appropriate care delivery. Several other entities, such as the Seattle-based Project Access Northwest and the Columbia River Gorge CCO in Oregon, have also adopted CLARA to support their social service referral programs.

> *CLARA [a care coordination platform] supports customized patient screening, data collection and reporting, and also enables information sharing among partnering organizations to support coordinated and appropriate care delivery.*

The data in CLARA enables health systems to track utilization and monitor user activity. It also allows PANOW and health care partners to identify areas of need and community challenges. The data platform is customizable, and some health care partners have added measures, e.g., readmission, to evaluate the program's efficacy. Kaiser Permanente has its staff submit data to CLARA on estimated avoided admissions, avoided readmissions, and avoided days from an inpatient stay as a result of the C3CAP program.

C3CAP faced some initial reporting hurdles. Several early social service requests were for types of services that were not pre-configured in CLARA resulting in uncategorized requests and difficulties determining accurate utilization. Over time, frequent request types have been identified and additional social service categories added to CLARA. These system fixes have allowed C3CAP to more accurately reflect the nature of the services provided, and enable the participating health systems to better understand client needs and services rendered.

Financing and Sustainability

To support C3CAP, PANOW charges health system partners an administrative fee to cover staffing, training, operations, and overhead costs, and a per transaction fee to cover CLARA costs. Both the administrative fee and transaction fees are renegotiated yearly. Typically, health systems and the CCOs provide upfront or quarterly payments for PANOW to pay the monthly costs of services, and PANOW invoices against that upfront funding.

The transaction fee is tailored and based on the level of effort required by PANOW to address specific requests. Issuing a bus ticket voucher, for example, requires less staff time than arranging for rent subsidies. PANOW tracks staff time to determine how much each transaction or request costs and negotiates accordingly with partners. As the program has grown, along with PANOW's operating costs, the administrative fee has increased to reflect increased utilization. All costs are covered by health care partners under the current funding model. C3CAP's costs account for roughly 30 percent of PANOW's overall annual budget of about $6.9 million.

C3CAP establishes rates for individual services with vendors and formalizes them with letters of agreement. Some rates are predetermined, such as cab fares, which are preset by the city. Other rates, including hotel room costs, are negotiated between PANOW and the vendor. Some services, such as the Respite Care Program, are delivered over days or months, and reimbursement is based on the level of intensity and duration of interaction with the patient. Vendors invoice PANOW for services based on the number of vouchers redeemed and the intensity of each service.

The health systems pay the administrative and transaction fees in a variety of ways. Providence Health and Services makes a quarterly unrestricted donation to PANOW according to their agreement. These donations are largely earmarked as community benefit funds, and Providence does not monitor use of funds at the patient level. PANOW uses these funds solely for C3CAP and related expenditures. Each quarter, PANOW reports program expenditures and remaining balances to Providence.

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Kaiser Permanente, on the other hand, uses operational funds to support C3CAP based on services rendered. Kaiser Permanente pays the administrative fee on a monthly basis along with a per transaction fee.

Health Share pays an administrative and a per transaction fee, but instead provides PANOW with upfront funding, which PANOW invoices on a retroactive basis per actual services provided. Estimating an appropriate level of 'pre-funding' to get from the CCOs in order to pay CCO expenses on their behalf can create cash flow challenges as expenses can vary dramatically month to month. However, PANOW is able to negotiate with CCOs, which have increased their upfront funding to PANOW as program use has grown.

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Monitoring and Evaluation

While CLARA provides hospital systems and CCOs the ability to monitor service utilization and successful referrals, it has been difficult to accurately measure how many hospital days have been avoided through the delivery of non-medical services. This is partly because of the complexity of conducting evaluations with a formal comparison group, since this means denying needed services to control group members. It is also difficult attributing how different services may have contributed to avoided hospital days, given the variety of variables at play. Despite these caveats, program

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leadership believe that the program is cost effective. Kaiser Permanente hospital staff noted anecdotally that the program needs a very few number of days avoided in the hospital to make it cost-effective. PANOW estimates that in 2017, 294 clients were able to avoid at least 736 days in the hospital by utilizing C3CAP services.

Providence's Center for Outcome Research and Education is currently conducting an evaluation on the effectiveness of meal delivery as a means to reducing readmissions and repeat visits to emergency departments by clients of C3CAP.

Lessons

Informants offered several lessons gained through the C3CAP program and partnership between PANOW and health care systems:

1. **Reduced Administrative Burden for Health Care Partners**: Partnering hospitals and CCOs see PANOW's C3CAP program as an effective pathway to ensure a safe discharge. The program serves as a single point of contact for health care partners and links their uninsured and low-income patients to a full range of nonmedical services. This relieves hospital staff of the administrative burden of coordinating with multiple vendors, and the pressure often faced when trying to connect complex patients to reliable and much-needed social services.

2. **Maximizing Vendor Relationships:** Hospital staff can rely on PANOW's deep community ties and extensive relationships with social service providers to connect clients with an appropriate referral. Furthermore, PANOW is not bound by the same federal rules related to gifting non-medical services applied in the hospital settings, giving them more flexibility to be responsive to a range of patients' needs.

3. **Automated Request System**: CLARA is the main mechanism of interaction for health systems with C3CAP. The secure, web-based platform allows frontline hospital staff and Health Share to submit requests 24 hours a day, seven days a week and, as appropriate, print a voucher for immediate use on-site. The ability to submit requests any time, day or night, is a boon to health systems. CLARA also allows health care providers to track patient utilization and associated costs, and provides information to monitor community need.

4. **Trusted Partnership with Vendors**: PANOW contracts with over 100 vendors in the metro Portland area. PANOW had to develop trust with these vendors who had experienced challenges with payment from hospitals, and were initially skeptical that PANOW would reliably reimburse for services. PANOW, however, was committed to strengthening these relationships, ensuring appropriate and timely payment, and covering any incidental costs caused by patients (e.g., damage by clients to hotels). This reliability with social service providers has ensured commitment from vendors to provide services to clients during vulnerable transition periods. Moreover, these successful and enduring relationships have helped demonstrate the value of the C3CAP program to health care partners.

5. **Estimating Costs:** Estimating program costs at the outset was difficult. It took some time to capture accurate program and resource utilization, as well as PANOW's time to administer referrals and follow up. This required flexibility and patience on the part of health care partners and community vendors, and some renegotiation of the administrative fee that PANOW charged health care partners.

6. **Financial Sustainability:** While health care partners are generally supportive of the program, hospital priorities can change, affecting funding decisions, which creates some uncertainty for the sustainability of PANOW's programs. Moreover, PANOW has to renegotiate different contracts with each health care partner on an annual basis, creating some capacity burden for the organization.

7. **Evaluation**: Ease of access to request and utilization data in CLARA allows some health systems, such as Kaiser Permanente, to collect data on patient utilization and related costs. While health care partners are committed to evaluating the effectiveness of social service programs, including those funded with community benefit dollars, evaluating whether the provision of social services actually results in avoided use of unnecessary care and hospitalizations remains challenging. This is due in part to the complexity of conducting rigorous randomized trials and withholding services from a comparison group as well as the many factors at play in determining the number of avoided hospital days. That said, demonstrating avoided

hospitalizations and associated costs will help PANOW ensure continued hospital systems and plan support and guarantee C3CAP's sustainability.

Future Plans

By the end of 2018, PANOW anticipates that additional CCOs will be participating in the C3CAP program. The program is also in early discussions with a third health care system. PANOW is open to offering new services, such as health navigation, working with new vendors (i.e., taxi, hotel, and ambulance providers), and expanding their service area, although funders are needed to pay for them. The eventual aspiration is for C3CAP to serve as a 'portal' for community health workers to connect their clients to needed services more directly.

More broadly, PANOW is also working with health care and community partners to develop a regional network to align payers and providers to create long-term solutions to address the full range of clients' social needs. The Regional Community Health Network (RCHN), currently in a pilot phase, consists of local community-based organizations, an RCHN navigator employed by each organization, PANOW, and other community partners. RCHN navigators use the C3CAP/CLARA portal to connect clients directly to services, and facilitate care coordination within their organizations and across all partners within the network. Currently, Kaiser Permanente, Oregon Health & Science University, and Providence Health and Services are referring Medicaid patients who have new diagnoses of or uncontrolled diabetes, and two or more social determinant needs, to PANOW and the RCHN network, to facilitate linkages to appropriate community-based services to address identified needs.

Advancing Community-Based Organization and Health Care Partnerships to Address Social Determinants of Health

This case study is part of *Advancing Community-Based Organization and Health Care Partnerships to Address Social Determinants of Health,* a project of the Center for Health Care Strategies and Nonprofit Finance Fund, made possible through support from Kaiser Permanente Community Health. Other resources include:

- **Additional case studies** featuring a partnership in Colorado that is improving access to nutritious food for vulnerable populations, and a collaboration in San Diego, California that is using an online Community Information Exchange to allow health and social service providers to facilitate care coordination for at-risk community members.

- **Technical assistance resources** that can be used to establish a common language and framework among partnering organizations, articulate the value of collaborative relationships, and determine total costs for cross-sector partnerships.

For more information, visit **www.chcs.org/cbo-collaborate** or **www.nff.org**.

CHCS Center for Health Care Strategies, Inc.

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Endnotes

[1] As of January 31, 2018, FamilyCare CCO no longer serves members of the Oregon Health Plan, and thus is not utilizing Project Access NOW to administer flexible, health-related services.

[2] Health-related services are non-covered services that are offered as a supplement to covered benefits under Oregon's State Plan to improve care delivery and overall member and community health and well-being.

[3] Office of the Inspector General. Special Advisory Bulletin: Offering Gifts and other Special Inducements to Beneficiaries, August 2002. Available at: https://oig.hhs.gov/fraud/docs/alertsandbulletins/sabgiftsandinducements.pdf.