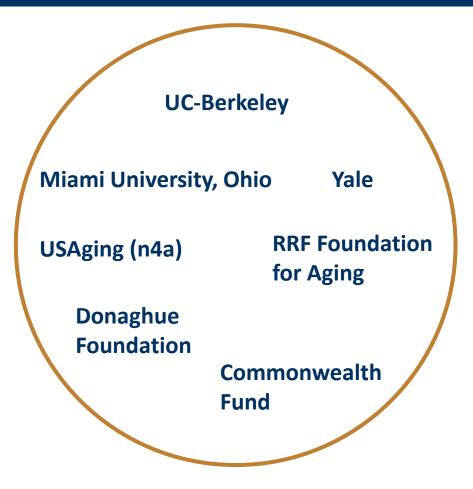


AAA partnerships with health care: impacts and trends

Amanda Brewster, PhD Assistant Professor, Health Policy and Management

Research partners & funders





Recent research



DOI: 10.1377/hlthaff.2019.01515

HEALTH AFFAIRS 39, NO. 4 (2020): 587-594 ©2020 Project HOPE— The People-to-People Health

Foundation, Inc.

Topics



AAA roles in service networks for older adults



Impacts of AAA partnerships on health care use



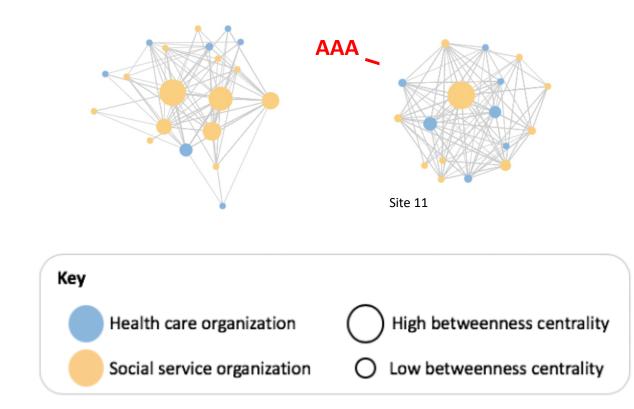
Trends and predictors of AAA contracting with health care



AAAs: hubs in cross-sector networks

1. AAA roles in service networks 2. Impacts of AAA partnerships 3. AAA contracting with health care

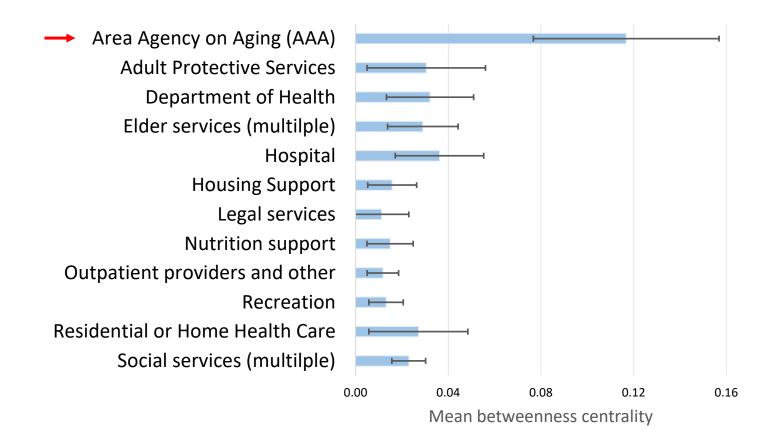
Central in collaborative networks of health care and social service providers



Berkeley Health

AAAs: hubs in cross-sector networks

1. AAA roles in service networks 2. Impacts of AAA partnerships 3. AAA contracting with health care



N=20 community networks



Impacts on health care use / spending?

1. AAA roles in service networks **2. Impacts of AAA partnerships** 3. AAA contracting with health care

- Use Area Agency on Aging (AAA) partnerships as indicator for collaboration across sectors
- Are changes in **AAA partnerships** associated with changes in health care use and spending for older adults?

County-level measures:

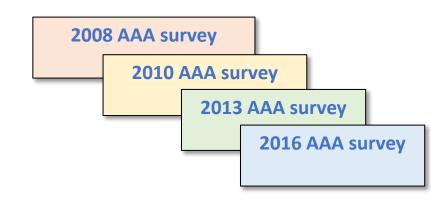
- 1. Medicare spending per beneficiary
- 2. Avoidable nursing home use (% residents with low-care needs)
- 3. Hospital readmissions rate



Partnership measures: Source

1. AAA roles in service networks **2. Impacts of AAA partnerships** 3. AAA contracting with health care

• National Survey of Area Agencies on Aging

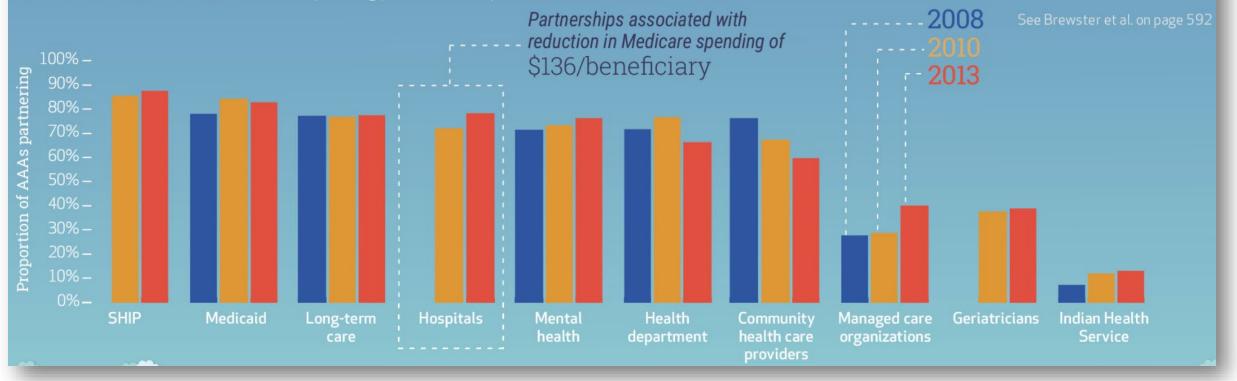






PARTNERING FOR HEALTH

More than 600 Area Agencies on Aging (AAAs) nationwide provide access to a range of social services to older adults to help them remain independent. These AAAs are increasingly partnering with health organizations, enabling them to address both medical and social needs. These partnerships have been shown to reduce avoidable health care use and spending; for example, partnerships with hospitals were associated with a reduction of \$136 in annual Medicare spending per beneficiary in 2008–13.



Source: Brewster et al, Health Affairs 2020

Berkeley Healt

Emerging evidence that AAA partnerships with health care reduce health care use and spending

1. AAA roles in service networks **2. Impacts of**

2. Impacts of AAA partnerships

3. AAA contracting with health care

• Livable Community Initiatives

- Funded initiative -> reduced low-care nursing home use by 0.98 percentage points (P=0.003)
- May indicate more advanced collaborative capacity in community

• AAA partnerships:

- with **hospitals** -> reduced Medicare spend per beneficiary by \$136 (P=0.01)
- with mental health organizations -> reduced low-care nursing home use by 0.50 percentage points (P=0.03)



AAA contracting with health care entities to fund services

1. AAA roles in service networks 2. Impacts of AAA partnerships 3. AAA contracting with health care

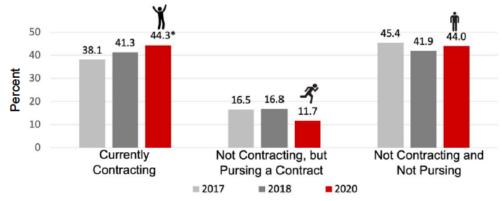
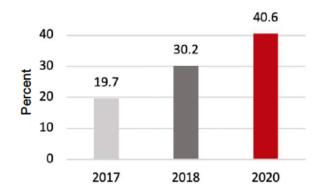


Figure 1. Status of CBOs Contracting with Health Care Entities, 2017-2020

*Statistically significant increase from 2017 to 2020 in proportion of CBOs reporting contracts.

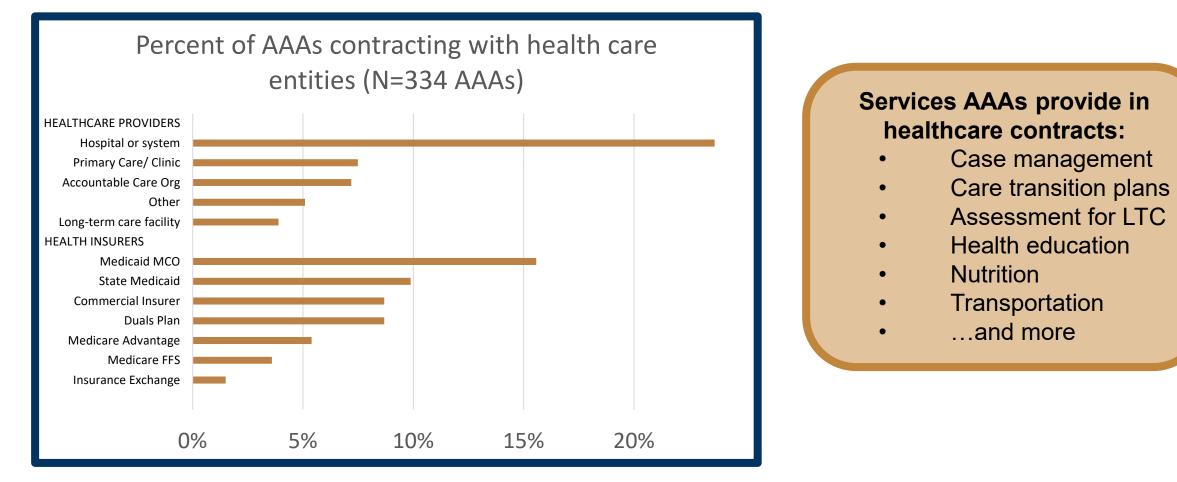






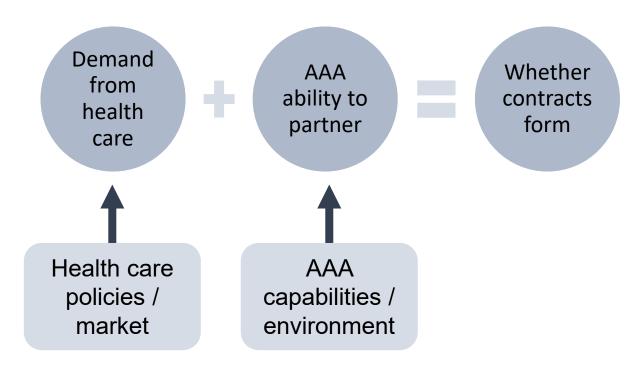
AAA contracting with health care entities

1. AAA roles in service networks2. Impacts of AAA partnerships3. AAA contracting with health care



What facilitates this contracting?

1. AAA roles in service networks 2. Impacts of AAA partnerships 3. AAA contracting with health care





State policy and AAA features shape whether contracts form with health care

		AAA has contract with any HEALTH CARE DELIVERY ORG	AAA has contract with any INSURER
Characteristic	Value	Odds Radio	Odds Ratio
Organizational structure	Ind. NGO Local Govt COG/RPDA	1.00 0.34*** 0.35*	1.00 0.36* 0.44
	Other	0.36	0.54
Area Served	Urb/Suburb	1.00	1.00
	Rural	0.29*	0.30**
	Mix	0.48	1.00
AAA Business capabilities scale	Quartile 1	1.00	1.00
	Quartile 2	1.09	0.75
	Quartile 3	1.10	2.18*
	Quartile 4	2.13	6.41***
Other AAAs in state contract as part of a CBO network	No	1.00	1.00
	Yes	1.17	5.29***
State has MLTSS	No	1.00	1.00
	Yes	0.41*	0.87
Count of state delivery system reforms to promote integrated health care	0-1	1.00	1.00
	2-3	1.28	1.28
	4-5	3.97**	3.01
Observations • * p<0.05 ** p<0.01 *** p<0.001		334	334

Results presented as exponentiated coefficients from logistic regression models or Odds Ratios (O.R.). Models adjust for % population age 60+, % population below poverty, PCP density, and hospital bed density.

Berkeley Health

What facilitates contracting?

1. AAA roles in service networks 2. Impacts of AAA partnerships **3. AAA contracting with health care**

- AAA contracts with health care delivery organizations are more likely if:
 - States adopted many delivery system reforms for integrated care (Health Homes, CPC+, DSRIP, PCMH, SIM)
 - States do not have MLTSS
- AAA contracts with **insurers** are more likely if:
 - ✓ AAAs have high business capabilities
 - There is a state CBO network that contracts together



Measure of business capabilities

1. AAA roles in service networks 2. Impacts of AAA partnerships 3. AAA contracting with health care

Survey-derived scale capturing extent to which AAA was...

- Developing legal structure
- Conducting external competitor analysis
- Conducting market analysis
- Developing a business plan
- Providing services to private pay consumers
- Expanding capacity to operate 24/7
- Exploring risk-based business models
- Developing value proposition
- Developing marketing materials/ hiring a marketing firm
- Conducting internal assessment to understand organizational strengths and weaknesses
- Enhancing infrastructure capacity, including IT
- Implementing culture change
- Understanding costs and developing rate structures



Conclusions

1. AAA roles in service networks 2. Impacts of AAA partnerships 3. AAA contracting with health care

- Policies to help health care funding support services via AAAs should consider **both demand and supply**.
- **Different strategies** likely needed to foster funding flows to CBOs from health care delivery organizations vs. health insurers.





Thank you!

amanda.brewster@berkeley.edu