



A National Nonprofit Leadership Organization

## ***Examining Evidence-Based Programs for Special Needs Populations: Findings from Two Planning Grants*** (September 2017 to October 2018)

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### **Executive Summary**

#### ***Purpose***

The Special Needs Plans Alliance (SNP Alliance) and select member special needs health plans worked under two planning grants (Implementing Improved Care) in 2017 and 2018 to review and select evidence-based (EB) programs designed to improve health outcomes in defined subgroups. The first planning grant involved facilitated discussions and analysis to define one or more subgroups within their enrolled members. The group examined fourteen better care practices for specific complex chronic care populations and selected two programs that met a set of selection criteria. Building on the work completed, the second grant involved five health plans that reviewed the two programs selected—(1) Critical Time Intervention (CTI) and (2) Community Aging in Place-Advancing Better Living for Elders (CAPABLE).

#### ***Programs***

**Critical Time Intervention (CTI)** <https://www.criticaltime.org/> – The CTI is a time-limited, relationship-based support program focused on individuals with behavioral health and social risk factors who are undergoing a critical event to improve their ability to manage. CTI is carried out in three distinct phases, usually spanning nine months.

**Community Aging in Place – Advancing Better Living for Elders (CAPABLE)**

[https://nursing.jhu.edu/faculty\\_research/research/projects/capable/index.html](https://nursing.jhu.edu/faculty_research/research/projects/capable/index.html) – CAPABLE is a time-limited program focused on older adults with functional limitations living in the community. The goal is to improve function and quality of life through focus on the person’s goals for daily living. CAPABLE enhances the person’s ability to successfully move around within their home and conduct daily living tasks. An interprofessional team makes a series of consecutive home visits which build the self-care skills of the older adult based on his/her articulated goals.

#### ***Decision Criteria***

The plans thoroughly reviewed these programs and determined the feasibility of piloting one of the two programs within their organizations in 2019 for specific members. Plans considered fit and their readiness for implementation and had a set of decision criteria including:

- Alignment with strategic priorities, balanced with other priorities;
- EB program evidence on effect/impact;
- EB fit with organizational care models and workflows;
- Workforce/staffing, training, and supervision issues;

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- Internal capacity to manage a pilot and participate in evaluation;
- Timing;
- Expected costs and benefits;
- Start-up funding; and
- Legal or liability considerations.

### **Key Factors**

Several factors supported progress over six months. These included:

- (1) A structured, facilitated collaborative learning approach;
- (2) Engagement of the EB developer;
- (3) Distilled/curated information on the EB programs;
- (4) Individualized technical support around the EB programs;
- (5) Access to training materials and the EB protocol;
- (6) Identified champion;
- (7) Leadership receptivity; and
- (8) Organizational resources .

Several factors impeded progress or negatively affected the ability to move ahead. These included:

- (1) Upfront investment cost;
- (2) Alternative efforts already underway;
- (3) Stretched staff (e.g., lack of bandwidth, workforce or staffing concerns);
- (4) Other organizational readiness or timing considerations;
- (5) Training concerns (e.g., when to train, cost of training);
- (6) Protocol concerns (e.g., lack of detail on expected actions by EB program staff; intellectual property barriers in accessing information);
- (7) Documentation and evaluation uncertainty.

### **Results**

Two health plans reviewed and considered the CTI program. They liked the program's phased approach, the use of peer-workers, and the emphasis on engagement of the individual.

However, both organizations decided they could not pursue a pilot in 2019 to test implementation. The primary reasons for not moving forward were: constrained internal capacity, lack of resources/cost to self-fund a pilot, and overlap with their existing approaches.

Three health plans reviewed and considered the CAPABLE program. They appreciated the member-driven approach, the focus on functional status and the member's goals, the iterative visit structure of the interprofessional team, and the tangible home modifications that would be available to the individual. Two of the three health plans initially agreed to go forward in 2019 with a small pilot (e.g., 50 to 100 participants). However, one health plan had to drop out due to a key champion leaving the organization; with additional capacity concerns around project management and participation in the evaluation. Another health plan could not self-fund the pilot—internal resources could not be stretched to cover the start-up costs. In addition, there was some overlap with existing services to members.

## **Conclusion**

This was a valuable six to eight-month planning effort conducted via a streamlined yet thorough review process. The format, actions, and technical support made good use of expertise, group learning, and organizational capacity toward informed decision-making about conducting a pilot. The five health plans received and contributed to important learning on opportunities and challenges around implementation of the EB program they reviewed. The review revealed strengths within each plan's current approach for these special populations. In some cases, their own enhanced-care approach already encompassed several of the core elements of the EB program.

Ultimately, four out of the five health plans decided that there were more factors which weighed against conducting a 2019 pilot of the EB program than supporting a decision to move forward. The three most common barriers to implementation were: start-up costs to implement and evaluate a pilot, internal staff capacity limitations in 2019, and overlap with existing approaches which were already robust. All plans reiterated the value of these EB programs. They stated that, if future funding could be secured to cover some of the direct costs of the program to test and affirm proof of concept and fit, then a small-scale pilot with evaluation would be feasible and readily considered.

These special needs plans and the SNP Alliance continue to promote the implementation of evidence-based programs such as these. We are encouraged by the recent expansion signaled by CMS/HHS to consider special supplemental health benefits for people with chronic conditions; we see programs like CTI and CAPABLE fitting into the definition of allowable services.

## **For More Information**

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**Special Needs Plan Alliance** - For more information, contact Deborah Paone, DrPH, MHSA, Project Lead/Co-Director for these grants at the SNP Alliance: [dpaone@snpalliance.org](mailto:dpaone@snpalliance.org). See also: [www.snpalliance.org](http://www.snpalliance.org)

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**The Commonwealth Fund** - supports independent research on health care issues and makes grants to improve health care practice and policy. For more information, visit: <https://www.commonwealthfund.org/>



**The SCAN Foundation** – is advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit [www.TheSCANFoundation.org](http://www.TheSCANFoundation.org)