

# Progress in implementing the recommendations in the *Blueprint for Complex Care*

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Complex care is a growing field that seeks to improve health and well-being for people with complex health and social needs — those with multiple medical, behavioral health, and social needs that intersect to drive poor health and well-being outcomes. Effectively addressing the root causes of poor health cannot be achieved by individual organizations alone. Doing so requires a coordinated effort across many organizations, communities, and states to align common goals. For over five years, a diverse and growing community of providers, payers, consumers, policymakers, researchers, and administrators have been working independently and in coordination to advance the complex care field.

Released in 2018, [\*The Blueprint for Complex Care\*](#), a joint project of the Camden Coalition's National Center for Complex Health and Social Needs, the Center for Health Care Strategies, and the Institute for Healthcare Improvement, provides a strategic plan to support these multidisciplinary innovations and accelerate opportunities to improve care for individuals with complex health and social needs. The document contains [\*\*11 recommendations\*\*](#) for strategic next steps, organized under the Strong Field Framework. This brief presents notable achievements in advancing these recommendations since the *Blueprint's* release and highlights additional activities for the next phase of advancing the field of complex care.

## Shared Identity

<i>Blueprint recommendation</i>	<i>Notable achievements</i>
#5 - Engage allied organizations and healthcare champions through strategic communication and partnership.	<ul style="list-style-type: none"> <li>National organizations involved in advancing complex care and health equity convene monthly to provide mutual support and improve the efficiency and effectiveness of their work.</li> </ul>
#11 - Foster peer-to-peer connections and learning dissemination.	<ul style="list-style-type: none"> <li>There's an increasingly robust community of complex care practices that is being supported through conferences, learning collaboratives, webinars, office hours, and other resource exchanges.</li> <li>The National Center created a <b><u>complex care start-up toolkit</u></b> that features top resources from across the field to support new and growing programs.</li> <li><b><u>The Better Care Playbook</u></b>, hosted by the Center for Health Care Strategies (CHCS), is a go-to resource for curated evidence on best practices.</li> </ul>
<i>Priority actions</i>	
<ul style="list-style-type: none"> <li>Create a messaging campaign containing accessible language and messaging for the field. (In progress)</li> </ul>	

## Standards

<i>Blueprint recommendation</i>	<i>Notable achievements</i>
#1 - Develop core competencies	<ul style="list-style-type: none"> <li>The <b><u>Core competencies for frontline complex care providers</u></b> were released in October 2020.</li> <li>The <b><u>Core competencies implementation toolkit</u></b> was released in September 2021.</li> </ul>
<i>Priority actions</i>	
<ul style="list-style-type: none"> <li>Develop the capacity of the complex care workforce by offering a range of educational and training programs for individuals and care teams.</li> <li>Develop a suite of complex care training, both synchronous and asynchronous, grounded in the core competencies that results in a complex care certificate. (in progress)</li> </ul>	

## Knowledge Base

<i>Blueprint recommendation</i>	<i>Notable achievements</i>
#2 - Develop quality measures	<ul style="list-style-type: none"> <li>• The <b><u>Current state of quality measurement report</u></b> was released in August 2020.</li> <li>• Core complex care measures were developed and tested by the <b><u>Advancing Integrated Models</u></b> (AIM) learning collaborative.</li> <li>• A <b><u>report on use of PROMs in complex care</u></b> was released by the National Center.</li> <li>• National Committee for Quality Assurance developed and tested a <b><u>person-driven outcome (PDO) measure to</u></b> measure what matters most to individuals and their families.</li> </ul>
#3 - Enhance and promote integrated, cross-sector data infrastructures	<ul style="list-style-type: none"> <li>• The <b><u>Data Across Sectors for Health (DASH) initiative</u></b> is leading an array of community-level, multi-sector data integration efforts.</li> <li>• Adoption of community-level referral platforms and information exchanges (e.g., UniteUS, Healtify) designed to connect healthcare and social care organizations continues to grow.</li> <li>• The <b><u>Gravity Project continues</u></b> to advance the standardization of social needs data.</li> </ul>
#4 - Identify research and evaluation priorities	<ul style="list-style-type: none"> <li>• CHCS is leading a <b><u>PCORI-funded effort</u></b> to develop a complex care research agenda and framework.</li> </ul>
<b><i>Priority actions</i></b>	
<ul style="list-style-type: none"> <li>• Identify and promote standard quality measures to demonstrate value more comprehensively, and enable research and comparative evaluations of programs' delivery and impact.</li> <li>• Convene a practice-based research network to answer relevant and timely questions, and translate research findings into practice.</li> </ul>	

## Leadership and Grassroots Support

<i>Blueprint recommendation</i>	<i>Notable achievements</i>
#6 - Value the leadership of people with lived experience	<ul style="list-style-type: none"> <li>• The National Center launched <b><u>Amplify</u></b>, a consumer-speakers bureau.</li> <li>• The National Center, in partnership with National Consumer Scholars, released the <b><u>exploring consumer engagement experiences</u></b> brief to help organizations meaningfully partner with community members and elevate consumer voice.</li> <li>• There is growing recognition of the importance of meaningfully partnering with people with lived experience in <b><u>research, program design and quality improvement</u></b>, and <b><u>organizational governance</u></b>.</li> </ul>
#7 - Strengthen local cross-sector partnerships	<ul style="list-style-type: none"> <li>• There has been tremendous growth in cross-sector collaboration between healthcare and community-based organizations, and new structures and <b><u>resources</u></b> for organizing complex care ecosystems.</li> <li>• The National Center is leading the <b><u>Community Ecosystems Learning Collaborative</u></b> and producing resources on cross-sector collaboration</li> <li>• The National Center has convened three cohorts of local organizations looking to catalyze their complex care ecosystem through a <b><u>regional convening</u></b> in their community.</li> </ul>
<b><i>Priority actions</i></b>	
<ul style="list-style-type: none"> <li>• Promote meaningful partnerships of complex care with individuals and families with lived experience in all areas of complex care through toolkits, learning communities and other technical assistance.</li> <li>• Develop national structures for capacity building, data sharing, and financing to strengthen the role of community-based organizations in addressing social needs.</li> </ul>	

## Funding and Supporting Policy

<i>Blueprint recommendation</i>	<i>Notable achievements</i>
#8 - Promote expanded public investment in innovation, research, and service delivery	<ul style="list-style-type: none"> <li>Federal relief bills included significant new funding opportunities to strengthen human services, public health and behavioral health infrastructure, and service capacity.</li> <li>A growing number of states are making large-scale investments in complex care, including enhanced care management and provision of social services and supports, as part of statewide transformation efforts (eg., <a href="#"><u>California</u></a>, <a href="#"><u>Massachusetts</u></a>, and <a href="#"><u>North Carolina</u></a>).</li> </ul>
#9 - Leverage alternative payment models	<ul style="list-style-type: none"> <li>The AIM initiative leveraged payer partnerships to advance supportive payment models.</li> <li><a href="#"><u><b>Building the value case for complex care toolkit</b></u></a> helps program leaders obtain sustainable investment and payer contracts.</li> <li>There are numerous efforts to build CBO capacity and create CBO networks to support contracting and payment for social care.</li> </ul>
<i>Priority actions</i>	
<ul style="list-style-type: none"> <li>Enable CBOs to become a functional part of the healthcare delivery system through capacity-building and design of systems, including technology and payment models supported by state Medicaid requirements.</li> </ul>	

## About the Camden Coalition

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver better care to the most vulnerable individuals in **Camden** and **regionally**.

The **National Center for Complex Health and Social Needs** (National Center), an initiative of the Camden Coalition, connects complex care practitioners with each other and supports the field with tools and resources that move complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.

