

# Complex Care Startup Toolkit

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## Program design: **Planning**

This document is part of the Complex Care Startup Toolkit, a practical collection of guides, templates, and other tools to launch and grow a new complex care program. Find the full toolkit at [www.nationalcomplex.care/startup-toolkit](https://www.nationalcomplex.care/startup-toolkit).

Planning is an ongoing process throughout the lifecycle of your complex care program. Continually convening the right stakeholders and asking the right questions will help improve your program design and impact. These comprehensive planning tools are collected here to support programs from idea generation to care delivery. Keeping a written methodology of your planning processes will allow for future replication and auditing for quality improvement. Good plans allow for the flexibility to learn, grow, and change program design as new experiences and insights are gained throughout the process.

## Key considerations

1. Convene a team in the early stages and ask the following questions: What challenge are we trying to solve? Can we do this? Should we do this? What challenges can it cause?
2. Consider a variety of complex care models when determining what is best for your community and setting.
3. Consider the workflow and staffing resources needed. For more information on staffing, see **Onboarding and training**.
4. How will consumers and families be involved in the planning and implementation of this project?
5. Understand who your supporters are and how to strategically move the project along by completing stakeholder analysis and stakeholder mapping. More information about that process can be found in *Assessing community and target problem*.

Below, find resources you can use as you work through each of these key considerations.



## Resources

**Key consideration # 1:** Convene a team in the early stages and ask the following questions: What challenge are we trying to solve? Can we do this? Should we do this? What challenges can it cause?

- **Needs assessment and decision-making tool**  
This tool helps you to assess the need for a program from multiple viewpoints and inform decisions on program development.
- **Assessing community needs and resources**  
This how-to guide and resource library helps you to help identify and assess community concerns, needs, and assets.
- **Organizational needs assessment**  
This list of guiding questions helps you to determine if you can/should move forward with developing a complex care management program.
- **Crafting a vision statement**  
This guide helps you to build an inspiring organizational vision statement.
- **Scope of service decisions, targets, and resource information tool**  
This tool helps you to define your scope of service and identify and build a resource inventory to support project implementation.

**Key consideration # 2:** Consider a variety of complex care models when determining what is best for your community and setting.

- **100 Million healthier lives change library**  
This searchable and peer-reviewed implementation library helps you to understand what others have done that work and don't work to improve health, well-being, and equity with people and communities. The library includes sections on economy, education, environment, equity, food, health, housing, and transportation.
- **State map of complex care programs**  
This interactive map of national complex care initiatives lets you filter by target population, care model components, insurance status, and geographical location to help you to gain familiarity with complex care models.
- **Quick reference guide to promising care models for patients with complex needs**  
This summary guide helps you to gain familiarity with a range of target populations, key features, and evidence of impact for diverse care models for adults with complex needs.
- **Time and effort in care coordination for patients with complex health and social needs: Lessons from a community-based intervention**



This research paper helps you to plan for complex care coordination staffing patterns, model design, and implementation.

- **Effective care for high-needs patients: Opportunities for improving outcomes, value, and health**

This detailed publication helps you to understand how to better manage the care of the high-need population.

- **Redesigning care for high-cost, high-risk patients**

This article helps you to design care delivery for individuals with complex needs.

- **Tele-social care: Implications and strategies**

This guide helps you to plan and train for the delivery of social care activities via telephonic or virtual video-based platforms.

- **Home-based primary care New!**

This collection of resources helps health care organizations understand the benefits, care models, and implementation approaches of home-based primary care.

**Key consideration # 3:** Consider the workflow and staffing resources needed. For more information on staffing, see **Onboarding and training**.

- **Action plan workbook**

This comprehensive guide helps you to support your organization's efforts to plan and implement a systematic approach to identifying your participant's unmet social needs and navigating them to resources in their community.

- **Care planning for patients with frequent hospitalizations: A toolkit**

This comprehensive guide helps you to create effective care planning systems that expand participant access to the healthcare system, empower participants to become their own advocates, and improve health outcomes.

- **Logic model template**

This template helps you to describe the connection between program activities and outcomes, and also is useful in identifying gaps in program design or unanticipated consequences.

- **Sample project charter and template**

This template helps you to foster accountability and transparency and to help facilitate project leadership, task management, stakeholder engagement, goal attainment, and value creation.

- **Example workflow of an intervention**

This example helps to inform your staffing, timing, tasks, and participant milestones.

- **Sample care model and staffing for an intensive outpatient care program pilot**

This example helps to inform the types of staff and typical participant to provider ratios, as well as expectations for interaction between care teams across care settings.



- **Medications for addiction treatment toolkit**

This toolkit helps program administration and clinical care teams to establish effective programs to treat opioid use disorder using medications for addiction treatment (MAT).

## Key consideration # 4: How will consumers and families be involved in the planning and implementation of this project?

- **Organizational-level consumer engagement: What it takes**

This report helps you to support an organization's or system's consumer engagement strategy.

- **Organizational-level consumer engagement: Case study**

This case study of an FQHC helps you to inform your development and implementation of participant and families engagement strategies at the organizational and system levels.

- **Accelerating child health care transformation: Key opportunities for improving pediatric care New!**

This report provides guidance on how providers, payers, and policymakers can improve pediatric health care by centering families in care planning and delivery.

- **Community-based participatory research: A strategy for building healthy communities and promoting health through policy change New!**

This report provides information on community-based participatory research (CBPR) principles and how to use the CBPR model within your own research and planning to involve community members.

- **Person and family engagement toolkit: A guide for measure developers New!**

This comprehensive toolkit helps health care organizations implement person and family engagement partnerships to improve consumer health outcomes.

## Key consideration # 5: Understand who your supporters are and how to strategically move the project along by completing stakeholder analysis and stakeholder mapping.

- More information about that process can be found in **Assessing community and target problem.**

### 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 pro-grams 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.