Interest in a Proposed Community Care Hub in La Plata County

KEY INFORMANT INTERVIEWS & QUESTIONNAIRE

Conducted by
The La Plata Healthcare Improvement Coalition (LPHIC)
Community Care Hub Task Force
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LWV **LEAGUE of WOMEN VOTERS** OF LA PLATA COUNTY

LPHIC
La Plata Healthcare Improvement Coalition

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Executive Summary

A series of key informant interviews were conducted with 21 health and social service organizations in La Plata County to elicit feedback on barriers clients face and gauge provider perspectives on the concept of a Community Care Hub coordination model. As leaders in the local health ecosystem, these stakeholders offered important insights into existing gaps and needs as well as recommendations that will shape efforts to enhance access and delivery of services.

Methods

In-depth interviews consisting of 11 open-ended questions were completed during January 2023. The questions covered topics such as client barriers around healthcare and social determinants, satisfaction with current referral processes, and concerns related to adopting new coordinated technology platforms. Detailed notes were analyzed through qualitative methodology to extract prevalent themes from the responses, which were quantified based on frequency of mention across the 21 interviews.

Results

Challenges & Barriers
The most widely cited barriers clients face were around access to services (14 mentions), communication and coordination among agencies and providers (10 mentions), transportation (10 mentions), and cost (7 mentions), indicating substantial inequities.

Care Coordination Satisfaction
Coordination between organizations earned mixed reviews, with room for improvement in communication (9 mentions), sharing information about available services and resources (5 mentions). But some interviewees also noted "strong relationships."

Referral Process Improvement
Many cite lack of a shared, centralized platform to track referrals and outcomes (9 mentions). Top concerns included challenges with existing technology platforms (8 mentions) including the added burden and integration complexity.

Adopting a Web-base Referral Platform
Participants express interest in a centralized software platform for managing client referrals but raise concerns about the potential complexity (14 mentions), data security and privacy (12 mentions), time investment to implement and use (11 mentions), cost (8 mentions) and interoperability with existing systems (5 mentions).

Participation in a Navigation Network
Support emerged for the potential value of coordination and information exchange benefits (18 mentions), though some cited time commitment and logistical concerns (14 mentions).

Organizational Capacity
Some organizations noted being at or near capacity (12 mentions) currently but many recognized the need for expansions and had the ability to scale up services if needed (8 mentions).

Backbone Entity
Respondents emphasize the importance of community input in running a CCH (13 mentions) with leaders having strong organizational capacity and expertise (12 mentions). Recommendations included creating a new entity (6 mentions), leveraging existing entities (5 mentions) but having neutral leadership without conflicts of interest (4 mentions).

Funding Approaches
There is strong agreement on the need for diverse funding sources (19 mentions) with multiple, collaborative funding models (18 mentions). Reliance on grants alone was seen as risky by many (14 mentions).

Governance
A diverse (18 mentions) and balanced governing body is needed with representation from the community and CCH organizations (14 mentions).

Implementation Concerns
Broad concerns (23 mentions) emerged regarding time, cost and logistics of participating in a CCH. Seeing platform functionality and integration with existing tools (21 mentions) were commonly mentioned as important by interviewees, as was data privacy and security (14 mentions).

General Sentiments
Overall strong support (18 mentions) emerged for the concept of a CCH and respondents see the value in participation, partnership and collaboration (11 mentions).

Conclusion & Recommended Next Steps
The results of this study show a strong interest, particularly among local CBOs, in the value of a CCH in La Plata County. Further discussions with Mercy Hospital, Axis Health System, Animas Surgical Hospital and other local healthcare providers are warranted to evaluate their interest in participating in the formation of a CCH, since the success of the CCH is dependent on screening and referrals from healthcare providers.

Based on community input and feedback, the proposed next step is to develop a business, or "strategic", plan to establish a roadmap for creating and sustaining a CCH in La Plata County.

Introduction

The La Plata Healthcare Improvement Coalition (LPHIC), an effort organized by the League of Women Voters of La Plata County, launched in June of 2023 with over 65 individuals and volunteers participating, including leadership of Mercy Hospital, Animas Surgical Hospital, Axis Health System, La Plata County, City of Durango, Town of Bayfield, Southern Ute Indian Tribe, Local First Foundation, Durango School District 9R, Fort Lewis College, United Way, Community Foundation, Compañeros, Region 9 Economic Development District of Southwest Colorado, Pediatric Partners of the Southwest and many others.

LPHIC members met monthly in five work groups – Accessibility, Affordability, Availability, Community Benefit, and Healthcare Data – with facilitated discussions focused on strengthening and improving our local healthcare system.

The workgroups identified a need in La Plata County to improve both access to healthcare and care coordination. In particular, due to the significant percentage of residents uninsured, underinsured, or insured through Medicaid, the concern exists that access is likely limited as a result of "social determinants of health (SDOH)" such as issues with housing, food security, transportation, employment, finances, etc. An LPHIC sub-group was formed to research how communities across the country are addressing these issues through the formation of Community Care Hubs.

Community Care Hub Concept

Communities across the country are dealing with similar issues and there is a growing movement where healthcare organizations, public health systems and community-based organizations (CBOs) are partnering to create integrated community care coordination systems. Community Care Hubs (CCHs) are typically nonprofit organizations that serve as a centralized administrative and operational interface between health care entities (e.g. payers or provider organizations) and a network of CBOs that provide social services.

The CCH provides training and support to the network providing tools, processes and an IT referral platform to assist with identifying individuals with modifiable risk factors and connecting them to services, tracking outcomes and, in some cases, contracting with payers that directly tie payment back to those outcomes (see CommonSpirit Health – Pathways Community HUB Initiative).

The CCH may also facilitate collaboration between local entities that have requirements to conduct periodic community health needs assessments, participate in developing community health intervention strategies, and manage and maintain a community healthcare data dashboard.

The hub model relies on existing local care coordinators, community health workers or patient navigators to engage at-risk individuals, register them with the CCH, identify barriers to needed health and social services, assist them with accessing care or services, follow up to ensure compliance, and document their progress on a regular basis. Ideally, participants are met with, face-to-face, and provided support with:

- Non-medical, health-related "social care"
- Chronic disease prevention & management
- Health promotion/preventive medicine
- Health literacy and advocacy

Interest in a CCH in La Plata County

To evaluate the interest of establishing a CCH in La Plata County, the LPHIC subgroup developed and shared with LPHIC members **a proposal** that described, in general terms, what a CCH is and how it operates. A quantitative online questionnaire (18 questions) and a qualitative key informant interview question-set (11 open-ended questions) were developed to gather data from existing community-based organizations and healthcare providers about their current care coordination practices, methods and capacity, as well as their opinions and perspectives on successes, gaps and the potential of a CCH to improve navigation across the health and social services landscape La Plata County.

Methods

Beginning in the fall of 2023 a cohort of 21 La Plata County health and social services organizations were recruited via email and/or phone call to participate in the CCH feasibility study. Representatives from the following organizations agreed to participate:

4 Corners Children's Clinic	Housing Solutions for Southwest
6th Judicial District Attorney's Office	LPC Collaborative Management Program
Axis Health System	Manna - The Durango Soup Kitchen
Axis Senior Reach	Mercy Hospice House
Comfort Keepers	Pediatric Partners of the Southwest
Community Connections	Pine River Shares
Compañeros	Southern Ute Health Center
Durango La Plata Senior Services	Tri-County Head Start
Durango Primary Care	San Juan Basin Area Agency on Aging
Durango School District 9R	Women's Resource Center
Good Food Collective	

Online Questionnaires

Online questionnaires were created using a Web-based form-generating tool (Gravity Forms) and an automated summary report was generated.

Key Informant Interviews

Online video interviews via Zoom were scheduled and participants were emailed a link to the CCH proposal and an online questionnaire. Participants were instructed to review the proposal and complete the questionnaire no later than 24 hours prior to the Zoom meeting. They were further informed that the Zoom video meetings would be recorded and transcribed, and that although their organizations would be identified as participants in the study, their personal identities and interview responses would be kept anonymous.

The Zoom interviews were conducted by a team of LPHIC volunteer members, trained in advance on the interview process and provided with an interview script. All 21 key informant interviews were conducted between November, 2023 and January, 2024.

The Zoom meetings were recorded and automatically transcribed by the Zoom transcription option. The video and transcription file were downloaded and transcribed responses to each question were labeled with an id number and aggregated into a single document. A sample of 8 interviews were analyzed by an LPHIC volunteer/data scientist with experience in qualitative research to identify and quantify key themes based on frequency of mention. Transcribed responses from all interviews were then uploaded to two different AI engines (Anthropic and ChatGPT) for identification of key themes, frequency of mentions and sample quotes. The results were compared with the subset of 8 manually reviewed questions and confirmed to be valid. Responses between both AI engines were also validated against one another.

Results - Online Questionnaire

What services does your organization provide? (Check all that apply.)

Choice	Frequency
Senior support services	10
Other	10
Food security	9
Behavioral/mental health	8
Transportation	8
Training & education	8
Primary care	6
Housing	5

Choice	Frequency
Financial aid	5
Insurance enrollment support	5
Substance use treatment	4
Utilities	4
Employment services	4
Public health	2
Child care	1

How does your organization currently share or access electronic clinical information with/from other medical providers (outside your organization) involved in the care of your patients? (Check all that apply.)

Choice	Frequency
We make and/or receive electronic referrals	6
We send electronic prescriptions to pharmacies	6
We provide and/or receive electronic test results	5
We have read-only access to another provider's EHR (directly or through a portal)	3
We participate in two-way data exchange (sending and receiving) through an HIE	3

Choice	Frequency
Not applicable	3
We offer other providers read-only access to our EHR (directly or through a portal)	2
We have read-only access to a Health Information Exchange (HIE) such as Contexture/CORHIO	2
Other	1

Which of the following areas do you screen for with your clients/patients?

Choice	Frequency
Food insecurity	15
Housing instability	15
Transportation	15
Depression	11
Substance use	10
Suicide	9

Choice	Frequency
Unemployment	8
Childcare	7
Memory/dementia	7
Other	6
None	2

Roughly, how many clients/patients does your organization serve per month?

Choice	Frequency
1-50	3
51-100	4
101-150	2
151-200	0
201 +	12

Roughly, what percentage of these clients/patients do you estimate are La Plata County residents?

Choice	Frequency
none	0
1-10%	0
11-25%	0
26-50%	6
51-75%	4
76-100%	11

What are your sources of funding?

Choice	Frequency
Grants	18
Donations	14
Fee for service	14
Federal Government	13
State Government	12
Other	3

How many staff does your organization have that are able to either send or receive client/patient referrals as part of their regular duties?

Choice	Frequency
None	3
1-3	11
4-6	2
7	6

Where do these client/patient referrals typically come from? (Check all that apply.)

Choice	Frequency
Self-referred	16
Non-government social service agencies	14
Medical healthcare providers	12
Behavioral healthcare providers	12
Government social service agencies	12
Public health department	11
Other	6
Unknown	1

What methods do external organizations typically use to refer clients/patients to you? (Check all that apply)

Choice	Frequency
They provide their clients/patients with our info and have them contact us.	19
They call us with the client/patient present.	12
They email us and include their client's/patient's contact info.	8
Other	2
They generate the referral using their electronic referral platform.	1

How many times per month is your organization unable to accept a client/patient referral?

Choice	Frequency
None	11
1-10	6
11-20	0
21-30	0
More than 30	2
Unknown	2

How many client/patient referrals each month does your organization typically receive from external organizations (i.e. other than your own)?

Choice	Frequency
None	1
1-25	12
26-50	3
51-75	1
76-100	1
100	2
Unknown	2

What are typically the reasons for turning away clients/patients? (Check all that apply.)

Choice	Frequency
Ineligibility	7
Other	4
Lack of funds	3
Lack of staff capacity	2
Lack of expertise	0
Unknown	0

Do you currently use software in any way to manage how you send or receive referrals?

Choice	Frequency
Yes	12
No	9

What type of organizations do you typically make client/patient referrals to? (Check all that apply.)

Choice	Frequency
Government social service agencies	17
Medical healthcare providers	15
Non-government social service agencies	15
Behavioral healthcare providers	14
Public health department	11
Other	3

If yes, what type of software do you use? (Check all that apply.)

If "No" please explain why. (Check all that apply.)

Choice	Frequency
Cost	5
Lack of expertise	5
Not enough demand to justify	4
Lack of capacity	3
Would interrupt our existing workflow	3
Other	0

Choice	Frequency
Electronic health record (i.e. EHR, EMR, etc.)	6
Email program (e.g. Outlook, Gmail, Apple Mail, etc.)	5
Spreadsheet (i.e. Excel, Google Sheets, etc.)	3
Customer Relationship Management (i.e. CRM)	2
Web-based referral platform (e.g. Unite Us)	2
Calendar program	1
Other	1

How many client/patient referrals each month does your organization typically make to external organizations (i.e. other than your own)?

Choice	Frequency
None	1
1-25	11
26-50	3
51-75	1
76-100	0
100	6
Unknown	0

How do you typically make referrals to external organizations? (Check all that apply.)

Choice	Frequency
Provide the client/patient with info about the organization	18
Phone call	12
Email	12
Through our referral software	5
Fax	5
Other	1
Text	0

Please indicate your level of satisfaction with the following aspects of your software systems or processes for managing referrals?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not applicable
Subscription and/or maintenance cost	0	1	5	3	1	2
Time required to learn	0	2	3	3	2	2
Time required to use	0	2	2	4	2	2
Ease of use	0	3	2	3	2	2
Client/patient security & privacy	0	0	1	4	5	2
Tracking & reporting capabilities	0	3	2	4	1	2
Customer support	0	1	2	3	3	3
Ability to customize	1	5	1	3	0	2

For each of the following, please indicate which method(s) your organization uses for client/patient management.

	Software (e.g. EHR, CRM,	Non-software method (paper-	Multiple methods	Not applicable
Creating client/patient records	12	2	5	3
Identifying local client/patient resources	5	3	14	0
Sending referrals to other organizations	1	4	14	3
Receiving referrals from other organizations	2	8	10	2
Tracking when unable to accept a referral	3	0	5	14
Conducting client/patient screening	8	2	9	3
Tracking client/patient encounters	15	2	4	1
Tracking & reporting on client outcomes	14	2	2	4
Scheduling appointments	14	2	5	1
Setting follow-up reminders	9	2	8	3

Results - Key Informant Interviews

1. What challenges, if any, do you see with your La Plata County clients or patients getting the support and follow-up they need for their healthcare and social needs? (21 responses)

Access to Healthcare Services: (Mentioned 14 times)
Many respondents highlighted challenges related to accessing healthcare services, particularly for undocumented immigrants and those without insurance. Issues include long wait times, lack of providers/capacity, lack of awareness of services, and affordability.

A lot of people choose not to go get healthcare because they just don't want to be in debt.

The big challenge is getting access to healthcare. Appointments can be booked far out, and cancellations lead to further delays.

Sometimes the time it takes to get into a provider can be daunting. You know there are times people are waiting 4 to 6 months to get in to see someone. And in the meantime, of course, their symptoms are being exacerbated.

Communication and Coordination: (10)
Respondents emphasized the lack of communication and coordination among agencies and providers, leading to duplication of services, inefficiencies and lack of follow-up.

A lot of duplication of services going on... No one knew who else was involved.

All these agencies are somehow not connected, and even providers don't know what's out there.

The big challenge is you provide a referral and you don't know if the individual ever calls the provider or the entity that you refer to, and then you, if they do contact them, you never know the outcome.

They get a little ways in their progress, and then they have to start from scratch again.

Transportation Barriers (10)
Transportation emerged as a significant barrier, particularly for seniors and low-income individuals, affecting their ability to access healthcare services and social support.

Transportation is a massive problem...

Medicaid will get them to their appointment, but then they may have to wait 5 or 6 hours for their ride to pick them back up and get them back.

Transportation continues to be a barrier for many of our patients.

2. How satisfied are you with the level of care coordination between your organization and other health or social service organizations in La Plata County? What is working well and what areas do you think need improvement? (20 responses)

There was reasonable satisfaction (10 mentions) with the status quo of the relationships and coordination between partners locally.

It's taken time but we have developed strong relationships with our partners and are working well together.

It's a small community, especially if we're just talking about County because we are regional organizations. So I do think we communicate well.

There was recognition of "room for improvement" (10) with the most prevalent sentiment (9) that communication breakdowns exist around information sharing, referral confirmations and

tracking/reporting on outcomes. There were five mentions about the lack of understanding and awareness of what services and resources were available in the community.

There are silos and I don't know what's out there. I mean, I'm learning what's out there, but only through, you know, banging my head against the wall and talking to a lot of different people in the County.

We just don't know enough of who's out there and what their services are.

3. Please expand on what, if any, aspects of your current referral system or processes could be improved upon? (18 responses)

Based on the responses provided, there are several aspects of the current referral systems or processes that could be improved upon:

Communication and follow-up difficulty in tracking referrals and outcomes (9)

Many organizations lack robust tracking mechanisms for referrals, making it challenging to monitor the progress of referrals and outcomes for clients. Some respondents highlighted issues with communication and follow-up in the referral process, including delays in receiving feedback from referral recipients and lack of closure on referrals.

You're not getting a lot of that follow through from the organization side.

The loop is not closed...You might hear like a month later, oh, we never got that referral.

Challenges with technology platforms (8)

Respondents mentioned issues with the technology platforms they use for referrals, including difficulty in integrating different systems, lack of user-friendliness, and cumbersome processes.

We've got different systems for different entities. So you know, it's a little spread out.

Even if something's interoperable, it still requires time and staff to get these things set up and to monitor them.
Most of our systems are state systems... They don't necessarily talk to each other.

We went through a process of investigating probably 15-20 different client management systems... It proved to be very cumbersome.

Our current EHR system doesn't have a great tracking mechanism for... when the referral was made.

Our EHR doesn't send a referral... we're kind of that intermediary.

Lack of a centralized referral application or software (6)

Many organizations rely on personal connections or manual methods for referrals, which can be inefficient and inconsistent.

We don't use a system. At this point, there's no way of tracking those referrals.

I'm spending quite a bit of time trying to figure out what agency does what and who and how do I communicate with them?

If there was one centralized referral Hub, that everyone is using and has all the information in one place that would be amazing.

Inaccurate or outdated resource directories (2)
Some respondents mentioned that the resource directories they use are not always accurate or up-to-date, which can lead to inefficiencies and missed opportunities for referrals.

We could improve upon having better knowledge of what services are out there and available.

The resource directory we use is not always accurate and up to date, but that's mainly what we use.

For now, it's hit or miss with calling local providers and it depends on who you get as to whether they are helpful or not.

Barriers to information sharing (2)
Legal and contractual barriers to sharing patient information can hinder the efficiency of referral processes, particularly when making referrals to external partners.

4. Community Care Hubs that we've reviewed from around the country typically provide a Web-based software platform for organizations to all use to manage the referral process. Features of these platforms often include providing screening tools, directories of service providers, client or patient consent, secure email messaging, automated email reminders, integrations with existing EHR or other software systems, and tracking and reporting. What concerns, if any, might you have with adopting a new Web-based software system and workflow for managing your client referrals? (21 responses)

Implementation challenges and workload concerns (14)
Participants express interest in a centralized software platform for managing client referrals but raise concerns about the potential complexity, time investment, and interoperability with existing systems.

My biggest concern would be the amount of time and workload involved in adopting a new system, especially if it adds more tasks to existing roles.

It would be amazing to have a central database... But it would be kind of scary to have another piece of software to use.

The issue is whether there is duplication of effort. Is this approach more or less effective

than what we're already doing?

Even if something's interoperable, it still requires time and staff to get these things set up and to monitor them.

My biggest concern it'll be something that's really, really hard for us to do. And I do believe that the State's gonna mandate it at some point to have some sort of platform like this.

Data security and privacy (12)
Participants highlight concerns about patient data security and privacy, emphasizing the need for assurances regarding HIPAA compliance and data ownership.

Patient data security is always a concern, especially with new systems handling sensitive information.

Who owns the data and how interoperable the system is with other existing platforms are significant concerns.

Privacy really does concern us... Who actually is seeing the data?

It's hard to get a government agency to adopt new technology... Their biggest concern is probably the privacy piece.

User adoption and usability (11)
Concerns are raised about the usability of the platform, potential barriers to adoption among staff and clients, and the need for adequate training and support. Participants highlight the importance of staff training and support to ensure successful adoption of the new platform, particularly for individuals with limited technical proficiency.

Training requirements and ensuring that staff can easily learn and adapt to the new system would be important.

The biggest barrier is making sure the system is user-friendly and that people will actually use it.

My biggest concern would be the amount of time... Is it realistic that one person could do that?

My main concern would be... adding another system that they have to learn.

I think our biggest barrier is making things simple and easy, or else the providers don't use them.

I just don't think people will do it... I frankly honestly don't see it happening.

Cost considerations (8)
Participants express concerns about the cost of implementing and maintaining the new software platform, including ongoing subscription fees and the need for continuous support.

Another concern would be the cost associated with adopting and maintaining a new system.

I worry about funding, you know a lot of these platforms are free for a short time, and then they're not anymore.

Integration with existing systems and data ownership (5)
Concerns are raised about the interoperability of a new software platform with existing Electronic Health Record (EHR) systems and other software tools used by organizations. Questions arise about the ownership and management of patient information within the platform, including responsibility for data breaches and compliance with privacy regulations.

Integration with our current systems would be crucial to avoid duplication of efforts and information.

Who owns the data and how interoperable the system is with other existing platforms are significant concerns.

Is the referral platform going to be compatible to our other existing software?

5. Community Care Hubs often conduct short monthly online or in-person meetings with the various participating navigators or community health workers in their network to learn more about each other, discuss issues, brainstorm solutions, get additional training, etc. What are your thoughts on being part of a similar network in La Plata County? (20 responses)

Positive Attitude Towards Participation (18)
Many respondents express enthusiasm about being part of a network for community care hubs, highlighting the benefits of collaboration, networking, and sharing resources.

Frequency: Monthly or periodic meetings are generally seen as beneficial.

I'm very committed to participating in a group once a month. Sometimes you find that it keeps people interested and motivated. Being a part of a group of people doing the same things.

Collaboration and Networking: Participants value the opportunity to learn from each other, discuss issues, and brainstorm solutions.

Communication is always great...having a base for those conversations is really useful.

It's a great idea. I mean, we do small versions of that with different partners already.

I'm a big fan of those types of collaborations, and they require really strong leadership. But agendas have to be a really great use of time.

Resource Sharing: There's a recognition of the importance of sharing information about available resources, services, grants, etc.

To learn more about each other, discuss issues, brainstorm solutions, get additional training, etc.

Updates, what resources do you need? What resources do you have to share?

Concerns and Considerations (14)

Time Commitment: Some express concerns about the time commitment required for participation, considering other responsibilities.

It would be a matter of how much time commitment was required.

I know the County often runs those type of great meetings, you know, and gobs and gobs of people attend them. And you know we try. But it's a time thing.

Logistical Challenges: Coordinating meetings and ensuring attendance may be challenging, especially with varying schedules and responsibilities.

Administrative Burden: There's recognition that organizing and facilitating meetings can be labor-intensive, requiring administrative support.

Resource Constraints: Limited staffing and resources may hinder full participation and engagement.

Confidentiality and Legal Constraints: Concerns are raised regarding confidentiality, especially regarding discussing individual cases or sensitive information.

Meeting Effectiveness: Participants emphasize the importance of well-structured and focused meetings to ensure efficiency and effectiveness.

Accessibility: Ensuring accessibility for all members, including those with limited technological resources or language proficiency, is highlighted as important.

Willingness to Participate Despite Challenges (12)
Despite the challenges and concerns mentioned, many respondents express a willingness to participate in a network of local care providers.

We would want to participate.

We're in a really good place where we can get the info from our community members... So yeah, for me, I think it's a positive to make sure that we are networking with each other.

6. How would you describe your organization's capacity to scale should a local Community Care Hub increase the number of referrals you receive monthly? (20 responses)

Capacity Constraints and Challenges (12)
Respondents highlight existing capacity constraints, including limitations in staffing, resources, and infrastructure.

Currently, we're at maximum capacity.

We don't currently have capacity for current employees to do work with more people.

Scaling is not an issue for us...But we have way more referrals going out than coming in.

When the money's out it's out. We don't have enough funding to scale a lot.

Recognition of Need for Expansion & Room for Growth (8)
Despite current limitations, there's a recognition among some respondents of the need to expand in order to meet growing demands and serve more clients.

Right now, the organization is looking to expand capacity. So I'm hoping that with that means, yes, we can take more referrals, which is the goal with every organization.

We definitely have room for expansion.

I definitely have room for growth and could take it.

With our aging population, we expect to have to scale in order to meet the needs and demands. If we don't expand, then ultimately we will fail.

We went from 700 a month to 3,000... I think that we would probably be able to scale up if there was a need to do so.

We can get as big as Durango needs us to get.

7. If a Community Care Hub existed in La Plata County, what would your preference be for the "backbone" organization that runs it - an existing organization or a new one? If an existing organization, who? (17 responses)

Community Input and Leadership (13)
Respondents emphasize the importance of community input and leadership in running a Community Care Hub, whether through existing organizations, new entities, or community-led initiatives.

Existing Entity Preference: Some (5) express a preference for existing organizations due to their familiarity with the community and established relationships with stakeholders.

I think you're gonna have a better buy in from existing community members if it is an existing entity. Knowing providers, knowing Axis Health System, knowing Manna Soup Kitchen, and all these other entities, the Family Center... You're going to have a better outcome by having an existing entity. I just don't know who it would be.

My instinct is the County health department because those kind of functions belong there. An organization being out of a health-related space makes me nervous and adds complexity.

I think if it lived with the Department of Health and Human Services. If it's part of the county it will be centralized.

I always think it's better to use an existing organization. If there is one, that is, you know, the right thing. Possibly United Way? Or the La Plata County of Human Services?

New Entity Potential: Others (6) see the potential benefits of creating a new entity, citing flexibility, fresh perspectives, and avoidance of existing organizational constraints.

I think, to have it be the best quality that it could be. It would probably be best done not by an organization, but by an entity that does not currently exist.
I would not have the hospital do it... I think I would almost put an independent hub together. Not anything that's currently in existence.

I think that in some way, shape or form, there has to be community input or community members in a leadership position.

I would not want Mercy to be in charge of the whole thing. I would not want Axis to be in charge of the whole thing.

It has to be a diverse, collective people of impacted community members from any community.

Organizational Capacity and Expertise (12)
Consideration is given to the capacity and expertise of potential backbone organizations to effectively manage the hub's operations, including administrative functions, facilitation, and resource navigation. Several respondents suggest the involvement of an objective third party to manage administrative tasks and facilitate meetings, thereby avoiding organizational biases and turnover issues.

Alignment with Values and Functions (6)
The selection of a backbone organization is viewed in terms of alignment with the hub's goals, values, and required functions. Some suggest assessing potential entities based on their alignment with the character values necessary for effective hub management.

Financial Considerations (5)
Concerns are raised about the financial implications of hub management and the need for

sustainable funding models to support administrative roles and logistical requirements. Discussions revolve around how funding contributions from multiple organizations could support a shared administrative position to mitigate turnover and ensure continuity.

Flexibility and Adaptability (3)
The importance of organizational flexibility and adaptability to meet the evolving needs of the community and participating facilities is highlighted. Respondents stress the need to avoid getting stuck in rigid mind sets and instead maintain openness and adaptability to address community needs effectively.

8. How would you envision a Community Care Hub in La Plata County being sustainably funded? (19 responses)

Diverse Funding Sources (19)
Respondents suggest a variety of funding sources to sustain a Community Care Hub, including grants, memberships, state funding, joint funding by participating organizations, and private sector investments. Grant writing and fundraising efforts are seen as essential for securing initial funding and sustaining operations. Membership-driven models are proposed, where organizations pay membership fees for access to the hub's services. Some express hope for state funding to support the hub's operations.

Collaborative Funding Models (18)
There is consensus on the need for collaborative funding models involving multiple stakeholders to ensure sustainability. Suggestions include joint funding by participating organizations, possibly supported by county government or other entities. Braided funding, combining public and private sources, is viewed as crucial for stability.

Financial Challenges and Considerations (14)
Concerns are raised about the potential challenges of securing sustainable funding and avoiding reliance on short-term grant funding. Participants express concerns about starting initiatives reliant on grant funding that may not be sustained in the long term. Some acknowledge the need for financial expertise in developing sustainable funding models.

Community Contribution (8)
There is interest in exploring community contributions to funding the hub, such as through membership fees, sliding scale programs, or mutual aid practices. Sliding scale programs are suggested to accommodate varying socioeconomic statuses within the community.

Exploration of Funding Mechanisms (7)
Participants express interest in exploring various funding mechanisms, including tax levies, private sector investments, and foundation dollars, to support the hub's operations.

> *It'd be great if it could be funded through state.*

> *It has to be collaboratively funded... Those funds would have to be matched by individual organizations... It may have to be that whoever is running this have enough capacity to facilitate collaborative fundraising and or independent fundraising through like the State.*

Grant funds are just such soft money. They can go away the next year... I also see efficiencies whenever we're able to do something regionally and have... support coming from multiple counties.

Grant funding and possibly collaboration between existing nonprofits.
Perhaps jointly funded by participating organizations as a line item in their budgets. Although, without additional funding, most organizations wouldn't be able to do that. We couldn't.

It has to be collaboratively funded. I don't think, for example, the County is gonna fund something like that entirely. They might support it and fund it partially. But the those funds would have to be matched by individual organizations, whether that's done collaboratively or yeah, just by you know, individual contributions.

That's an issue, because we don't want to start something and shut it down, or get a grant for 4 years, and say, Oh, hope you enjoyed it, you know. Goodbye.

9. What sort of governance or advisory board do you think would be necessary to launch and manage a Community Care Hub in La Plata County? (19 responses)

Representation and Diversity (18)
Respondents emphasize the importance of diverse representation on the governance or advisory board, including community members, professionals from various fields (medical, financial, social services), and representatives from relevant organizations. Community members impacted by the hub's services should have a voice on the board. Inclusion of professionals with expertise in healthcare, finance, and other relevant areas is deemed essential.

A mix of community and entities running things.

I think, following kind of something similar to what we have, where we have a board of directors that provides different perspectives.

There is your advisory group for potentially a hub. You need those players. So a mix of community and entities running things.

I think it would have to be an advisory board like that. Is it volunteer base? I don't know. Sometimes when it's volunteer based people don't have as much skin in the game, but I think that's what it needs to be. It has to be a diverse, collective people of impacted community members from any community.

You need those players. So a mix of community and entities running things... If you were to keep those main players at the table... Then that could be, whether you call it a sub group or a sub. There is your advisory group for potentially a hub.

I think an Advisory Board would be needed just to be there to give you advice and make

sure you're staying on track... I think there should be professionals on the board, but I also think that there should be people that are involved with it that are being taken care by of it. The consumers.

Balanced Oversight (14)

There is a consensus on the need for balanced oversight to ensure effective management of the Community Care Hub. Boards should comprise individuals from different sectors and backgrounds to provide varied perspectives and expertise. Some caution against adding unnecessary layers of governance to prevent administrative burdens.

I do think it needs to live within a health type of organization, because you already have a board of health that oversees the Health Department.

I think the smallest amount of additional layers of oversight is best given the administrative burdens that people have.

Collaborative Decision-Making (10)

Collaboration among stakeholders, including organizations already involved in healthcare initiatives, is seen as crucial for successful governance. Buy-in from all partners involved in the hub is necessary to ensure its success.

I think your LPHIC coalition has a good start with that. You've got players for Mercy. You've got several. You already have the basis of that hub and I would say, if you were to keep those main players at the table.

Operational Considerations (7)

Respondents discuss practical considerations such as the need for trained staff, expertise in technology, and clarity in roles and responsibilities. Boards may require individuals with technical expertise in areas like software development and IT support. Discussions revolve around the hub's organizational structure, including whether it should function as a nonprofit entity.

Adaptability and Flexibility (4)

Considering the evolving nature of community needs, there's an acknowledgment of the need for adaptability and flexibility in governance structures. Governance structures should be able to accommodate changes in demographics and community needs over time.

10. What questions would you need answered in order to consider participating in a Community Care Hub? (18 responses)

Operational Logistics (23)

Participants express concerns about the practical aspects of participating in a Community Care Hub, including time commitments, costs, and logistical considerations. Questions revolve around the amount of time required for participation and the impact on existing workflows. Participants seek clarity on the financial implications of participation, including any associated costs and the feasibility of integrating the hub with existing systems. Participants from government entities highlight the need to navigate bureaucratic approval processes before committing to participation.

Probably number one would be, have we done a cost analysis? The amount of time to provide direct oversight? I would want to know what that looks like... Obtaining approval as a government entity…

For me, it comes down to more logistics for my staff... How much time is this gonna take on the front end for my staff to learn the system? Who are the key players from my system that would be most involved in this?

I guess it comes back to the ease and the time commitment... I don't have time to be like really working through a ton of different like paper-worky type stuff.

Technical and Functional Considerations (21)
Questions are raised about the functionality and compatibility of the hub's software or referral platform with existing systems. Concerns about interoperability with existing software and systems are raised, emphasizing the importance of seamless integration. Participants express a desire to understand the ease of use and functionality of the hub's software or platform before committing to participation.

Is the referral platform going to be compatible with our other existing software?

Data Privacy and Security (14)
Privacy and security concerns are prominent, particularly regarding access to sensitive information and ensuring the safety of vulnerable community members. Participants emphasize the need for robust privacy safeguards to protect sensitive information, especially for vulnerable populations. Concerns are raised about the mechanisms for sharing information securely and responsibly between participating entities.

My concern is always their safety, and making sure that whatever access they do get, that they feel comfortable getting. And that's why I have been pleased with the Health Department.

Value Proposition and Impact (10)
Participants seek assurance that participation in the hub will add value to their organization and positively impact the community. Questions revolve around the scope and effectiveness of services offered by the hub, ensuring alignment with the needs of their organization and community. Participants emphasize the importance of receiving feedback and information on the outcomes of referrals made through the hub to ensure its effectiveness.

The biggest question would just be, is it useful for our practice and covering what our patients are needing... Getting that information back to us, because I think that's where we struggle is getting that information back.

11. Any other comments, questions or concerns you'd like to share about a Community Care Hub for La Plata County? (16 responses)

Support and Enthusiasm (18)
Participants express support and enthusiasm for the concept of a Community Care Hub, highlighting the potential benefits for the community. Participants acknowledge the need for a centralized hub to facilitate access to resources and services for community members. Many participants express excitement about the opportunity to collaborate and work together towards improving care coordination and accessibility.

Practical Considerations (12)
Comments reflect a focus on practical considerations such as confidentiality, inclusivity, and avoiding duplication of efforts. Concerns are raised about maintaining confidentiality and ensuring that sensitive information is protected within the hub. Participants emphasize the importance of making the hub inclusive and accessible to all members of the community, regardless of age, disability, or funding restrictions. Participants highlight the need to ensure that the hub's efforts do not duplicate existing services but instead complement and enhance the current care landscape.

Desire for Involvement and Collaboration (11)
Participants express a desire to be involved in the development and implementation of the Community Care Hub, emphasizing the importance of partnership and collaboration. Participants see value in partnership and collaboration, recognizing the diversity of perspectives and expertise that can be brought to the table. Despite potential challenges, participants express a willingness to participate in the hub's activities and offer support in various capacities.

I think there's a need for what you're speaking of... I do think there'd be buy-in from a lot of organizations to do something like this if it's membership-based.

I think it's a great thing... Anything we can do to improve care for everybody, and make sure that people have the care they need and the continuity of care, I think, is always a biggie for me.

I think it's a fabulous idea... I think it could really make such a positive difference and positive impact in our community and like community-wide.

I'm really impressed by the vision and process and I think thoroughness... Keep me in the loop as far as things progress.

I think it's exciting. And I'm looking forward to seeing the outcome and being a part of that.

I really am a proponent of what you're trying to do here.

Partnership collaboration that's extremely important. And it works well in this community.

It's speaking to a gap in what I can sense already.

Important to make it inclusive for the outlying areas of the County and that it doesn't duplicate effort.

I think if what I'm envisioning what you guys have been describing in the document and this short conversation, I think there's the need, there's a need for what you're speaking of.

General Limitations

This report relies on the opinions of a limited number of experts identified as having the community's pulse. It is possible that the results would have been different if an alternative set of informants had been interviewed. Several invited informants were not able to participate. The variety of interviewers could have resulted in some inconsistencies in data collection. Although LPHIC used a consistent process to review the interview data, it is possible that certain responses could have been misinterpreted. Additionally, some informants did not answer all questions from the question set.

Discussion

Current Care Coordination Landscape of La Plata County

Overall, informants in this study indicate a general satisfaction with their working relationships and levels of coordination with other community based organizations, agencies and providers. Frequently mentioned is that there is significant room for improvement in particular with information sharing, referral confirmations and tracking/reporting on outcomes. Informants commonly cite issues with community members accessing fragmented, siloed services.

Many informants express a lack of understanding and awareness of what services and resources are available in the community and mention that current resource directories may not be adequately maintained.

The lack of transportation is recognized as a barrier to access healthcare services and social support, particularly among seniors and low-income community members.

The informants in this study represent a wide range of organizations including the local hospital, federally qualified health center (FQHC), independent physician practices, government agencies, and non-profit social service providers. The size of these organizations and the volume of clients/patients served varies considerably. On average, respondents serve over 200 clients/patients per month, with the majority of those being La Plata County residents.

Referrals are made most frequently to government and non-government social service agencies, medical healthcare providers and behavioral healthcare providers. The majority of referrals are made by providing clients/patients only with written information. Also common is for the referring provider to call the referral-receiving organization on behalf of the patient/client or to email the client's/patient's contact information.

Nearly 60% of informants currently use software to manage how they send referrals. Those that don't use software most frequently cite cost, lack of expertise and not enough demand as their reason.

A common concern is the lack of interoperability between existing, distinct software systems for organizations that have state and federal reporting requirements. Respondents indicate that duplicate entry of client/patient data into multiple database platforms is time-consuming and inefficient. Similarly, busy healthcare providers express concern about adopting a new referral application because of the potential disruption in workflow by having to log out of their electronic health record (EHR) to enter a referral into another platform.

Informants indicate concerns with the time, expense and complexity of adding a new software referral system. Also cited are concerns over data privacy and security.

Receptivity to a Community Care Hub

Strong support emerged for the proposed Community Care Hub concept as a way to streamline connections, reduce duplication across siloed systems, and improve outcomes. Informants express willingness to participate in a network of community providers and see the value of a Community Care Hub in increasing awareness of and coordination between care providers. Respondents express support for either establishing an independent organization to manage the Community Care Hub or having an existing organization, such as the La Plata County Public Health Department take the lead. Regardless, there is agreement in the value of a governance and leadership structure that incudes community members, professionals from various fields (medical, financial, social services), and representatives from relevant organizations.

There is general agreement that funding for the proposed Community Care Hub should come from variety of sources to contribute to the long-term sustainability of the organization.

Literature Review

The Rand Health Care recently published the results of their **two-year study** funded by the U.S. Department of Health and Human Services to examine innovative approaches to coordinating health and social care services. To evaluate different models and approaches based in the health systems, governments, or communities, they conducted both a literature review and key informant interviews with 14 individuals who either operate backbone organizations or who write about them as policy experts. They also conducted a series of six case studies, outlining similarities and differences in how CCHs address common challenges in coordinating health and social care services. An excerpt from their conclusions follows:

> ***Alignment, facilitation, and coordination:*** *Many backbone organizations, including Hubs, aim to fulfill three functions—alignment, facilitation, and coordination. Alignment involves developing shared knowledge and norms across a group of internal partner organizations. In the case of Hubs, this would involve aligning among CBOs within the network about what kinds of care and assessments are expected, which can improve the capacity of CBOs to address complex needs. Facilitation refers to the development of protocols and pathways to provide concurrent care by multiple providers, while*

coordination involves actively managing complex care at the individual level. The degree of alignment that can be achieved may be affected to a certain extent by the type of entity that is serving as a backbone organization. The strength of Hubs, compared with other types of backbone organizations, is related to alignment (i.e., their ability to organize networks of CBOs and provide the necessary bridging services that enable coordination of care across sectors).

Challenges of community involvement: *Engaging the communities in which patients live is an important component of addressing HRSNs. Hubs differ from other backbone organizations by being located outside the healthcare system and having strong connections with CBOs. However, even for the Hubs, formalizing governance structures and including community representatives in setting policy priorities remains challenging. Additionally, a one-way referral flow from health care entities through the Hubs to CBOs is common, limiting the ability of CBOs to influence care for individual community members.*

Hubs face familiar challenges: *The literature on backbone organizations consistently highlights challenges that these organizations face with respect to IT and financing. Challenges related to IT and financing are common in Hub operations. The lack of quality measures hinders accountability and the ability of Hubs to negotiate more flexible payment models.*

The Rand study findings and observations were consistent with what was found in La Plata County in this key informant study.

Conclusions & Recommended Next Steps

The results of this study show a strong interest, particularly among local CBOs, in the value of a CCH in La Plata County. Further discussions with Mercy Hospital, Axis Health System, Animas Surgical Hospital and other local healthcare providers are warranted to evaluate their interest in participating in the formation of a CCH, since the success of the CCH is dependent on screening and referrals from healthcare providers.

Conversations have begun between LPHIC and leadership from CommonSpirit Health to learn about the CCHs they have helped establish in a number of locations throughout the US and explore possible collaborations.

The LPHIC Community Care Hub task force intends to share the results of this feasibility study with the LPHIC membership to solicit feedback and provide additional information or clarification as needed. Task force members are continuing to review and meet with Community Care Hubs throughout the US and have begun reviewing and evaluating available referral software platforms.

Depending on the community response to this report, the LPHIC Community Care Hub task force may create an RFP (request for proposal) to solicit bids from business planning consultants experienced with CCH formation. The purpose of the business, or "strategic," plan is to establish a roadmap for creating and sustaining a CCH in La Plata County. Specifically, the plan would address the pros and cons of working with an existing entity versus establishing a

501(c)(3) to serve as the backbone organization. The plan would include guidance and recommendations in the following areas:

- Formation of a steering committee to develop and implement the CCH business plan
- Assessment of contracting interest and opportunities among payors and providers
- Charter board composition and recruitment
- Target populations and priorities for care coordination
- Staffing requirements, job descriptions, compensation, HR policies and procedures, etc.
- Partnership opportunities and agreements
- IT infrastructure licensing and training requirements
- Operations plan including recommended policies and procedures
- Marketing plan (including partner recruitment and support, community outreach, tracking and reporting, etc.)
- Financial analysis including capital requirements, cash-flow, operating budget, income/expense forecast, etc.
- Identification of potential funding sources
- Proposed time line for creating and launching the CCH

Acknowledgements

The League of Women Voters of La Plata County (LWVLP) is a nonpartisan, grassroots civic organization that empowers voters by encouraging informed and active participation in government. LWVLP works to increase public understanding of major policy issues through education, and to influence public policy through action and advocacy.

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