Introduction

The Blueprint for Complex Care draws on input from hundreds of providers, payers, consumers, policymakers, researchers, and administrators on the current state and future direction of complex care. The final document outlines 11 recommendations to advance the field. In response to the Blueprint’s recommendations, a Field Coordinating Committee (FCC) was launched this year to oversee field-building activities taking place across the country. This “state of the field” brief was developed by the Field Coordinating Committee to capture trends they are seeing in the rapidly developing complex care field.

Why do we need a Field Coordinating Committee?

The Blueprint states that improving outcomes for people with complex needs requires extensive collaboration. As a result, there is a need for a single body to coordinate and align the field-building activities underway and be accountable to fulfill the Blueprint’s recommendations. In 2019, the National Center launched the FCC with five organizations chosen based on their investment in developing the field, strong networks, and system-level perspectives. The organizations are:

- Alliance for Strong Families and Communities
- Camden Coalition’s National Center for Complex Health and Social Needs (project lead)
- Center for Health Care Strategies
- Community Catalyst’s Center for Consumer Engagement in Health Innovation
- Institute for Healthcare Improvement

The primary charge of the FCC is to support the ongoing development of the field of complex care. Its first task was to create working groups on core competencies and quality measures for the field; the former working group was launched in 2019 through an open nomination process. Stay tuned to the National Center newsletter for updates and opportunities to get involved with working groups and the FCC’s work!

What are recent trends in complex care and how can we discuss them as a field?

While the field of complex care is still in its early formation and its practice varies considerably, we have identified certain trends that impact all stakeholders in complex care. This list is not exhaustive, but includes important highlights. We are interested in your perspective – are you seeing the same trends? Which trends are the most promising? What did we overlook? We hope that you’ll share your thoughts and reactions with your colleagues here at Putting Care at the Center 2019.

To continue the conversation after the conference, we have created a new LinkedIn Group, the Complex Care Resource Exchange, to get your feedback and provide a forum for ongoing conversation and education. We invite you to share your thoughts on the trends here and ask others to do the same. Join the group here: [http://bit.ly/CCResourceExchange](http://bit.ly/CCResourceExchange).
Recent trends in the field of complex care

Widespread engagement by health systems and payers to meet social needs
- Health systems and payers are incorporating social needs, often through screening and referrals using community resource libraries, as well as through the co-design of interventions, data and resource sharing, and collaborative evaluation.
- There is a tension between developing new services within healthcare that address social needs and supporting the existing social sector infrastructure.
- New payment and funding options exist to pay for social needs in publicly funded programs, including increased flexibility/new guidance regarding the use of Medicaid and Medicare Advantage funds and adding social benefit spending to payers’ medical-loss ratios.
- Unfortunately, recent federal and state policy changes to safety net programs, including SNAP benefits, have negatively impacted individuals with complex needs.

Recognition of consumer and community engagement, health equity, and institutional racism
- While complex care programs may regularly prioritize the input of individuals with lived experience, the expertise of these individuals is still often excluded in mainstream healthcare.
- The complex care field is increasingly aware of and willing to name structural racism and poverty as a root cause and health equity as a goal.

Growing interest and investment in complex care programs
- Programs are emerging from diverse entities, including accountable care organizations, health systems, clinics, health plans, employers, and community-based organizations.
- Adoption is fueled by the desire for better results and the expansion of value-based payment and downside risk arrangements.
- Venture capital funding and IT start-ups are playing a larger role in both technology and care delivery.

Diversifying and increased credentialing of the complex care workforce
- There is increased regulatory activity around certification, licensing, and payment for community health workers (CHWs) and peer health navigators.
- Clinical models are moving away from solely healthcare-centric providers to diverse care teams, including CHWs and peer counselors, EMT/paramedics, community pharmacists, and others.

About the Camden Coalition of Healthcare Providers
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.

Through our National Center for Complex Health and Social Needs (National Center), the Camden Coalition works to build the field of complex care across the country. Launched in 2016, the National Center exists to inspire people to join the complex care community, connect complex care practitioners with each other, and support the field with tools and resources that move the field of complex care forward.

www.camdenhealth.org | www.nationalcomplex.care

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