

The state of the field of complex care

A message from the Complex Care Field Coordinating Committee

January 2021

Introduction

2020 was a year of hardship, sacrifice, and loss. Many of those hardest hit by the COVID-19 pandemic were people with complex health and social needs — individuals with chronic physical and behavioral health conditions living with social risks that placed them at particularly high risk of exposure. This included people who lived in congregate housing or were homeless, people who lived in rural or other high-isolation areas, and people whose employment responsibilities or status did not allow them to telecommute. Their poor health was exacerbated by both the virus and our country's policy response to it.

As we've long known, complex health and social needs are not evenly distributed across the population, but are instead concentrated among communities that experience racism and other systemic forms of oppression. Complex health and social needs, which we have been gathering as a community to talk about in our annual **Putting Care at the Center** conferences since 2016, have always been about real health complexities (physical and behavioral) as well as the social structures that create them, contribute to them, and make them harder to treat. Increased national attention to the consequences of racism sparked vital conversations about the deep inequities that persist in our society, particularly for communities of color. We hope these conversations will lead to lasting and far-reaching change in coming years.

While the last ten months have been incredibly challenging, they have also been a period of resilience, ingenuity, perseverance, and teamwork. Due to the unflagging efforts of countless complex care providers, consumers, and advocates, we have found opportunities, even advancement, within these challenges. As a field, we have continued to make progress implementing the recommendations outlined in the 2018 **Blueprint for Complex Care**. This brief aims to highlight a small portion of these developments.

About this brief

This brief was developed with guidance from the Complex Care Field Coordinating Committee (FCC), a group of five organizations tasked with coordinating and aligning the field-building activities outlined in the *Blueprint for Complex Care*. The Complex Care Field Coordinating Committee includes:

- Alliance for Strong Families and Communities
- Camden Coalition's National Center for Complex Health and Social Needs
- Center for Health Care Strategies
- Community Catalyst
- Institute for Healthcare Improvement

The brief was also developed based on data gathered through a field survey conducted in the fall of 2020, and from information and insights shared by presenters and participants of the *Putting Care at the Center 2020* virtual conference. It is one in a series of periodic updates aimed to help the complex care community assess progress and identify opportunities in this rapidly developing field.

Recent trends in the field of complex care

The field of complex care continues to mature as it amasses knowledge from practice and research, defines and refines its values and competencies, and develops a business case for expanded investment. The following represent highlights of accomplishments in 2020 for the field, but more research, workforce development, and expanded partnership with individuals with complex needs is necessary to strengthen the practice of complex care.

- Several randomized controlled trial (RCT) studies were published in 2020. While their results were mixed, they demonstrated the enormity of the challenges facing people with complex needs, the importance of rigorous research to refine and strengthen practice, and the need for improved measures of success.
- Significant work is being done to rethink measurement, including what is measured and for what purpose. IHI's **Measuring Complexity** report, commissioned by the National Center, catalogues current efforts and recommends steps to achieve more comprehensive and standardized measurement.
- Organizations are expanding and deepening the ways individuals with lived experience participate in research, quality improvement, program design and implementation, and advocacy. Initiatives like the National Center's consumer voices bureau **Amplify** can match trained consumers to opportunities and ensure they are appropriately compensated for their contributions.
- The newly developed **core competencies for frontline complex care providers** lay the foundation for standardized training and education of the complex care workforce. In the coming years these competencies will be used to develop comprehensive complex care curricula.

Expanded telehealth provides continued (and sometimes easier) access to essential health and social services for individuals with complex needs. Advocacy efforts have been effective in securing more flexible practice and financing policies related to telehealth beyond COVID-19, including reimbursement for low-intensity home visits and care planning services. Additional investments are necessary to ensure quality and equity.

- Telehealth can address long-standing access barriers for people with complex needs, including those with disabilities, unreliable transportation, mental health needs, and lack of proximate services.
- Effective use of telehealth requires thoughtful implementation, including provider education and resources to address patients' technology literacy and access.

There is growing interest in cross-sector collaboration to advance health equity and address social determinants of health. Success requires attention to differential power dynamics and financing between sectors and inclusion of strong community voice.

- More than two thirds of states require Medicaid managed care organizations to address social needs, with nearly half of them requiring collaboration with community-based organizations and other government programs

- Many complex care programs are pursuing cross-sector partnerships despite existing challenges, including lack of funding and limited capacity within under-resourced systems, including social services, public health, and mental health.
- These collaborative approaches are attracting new and diverse sources of financing, including venture capital and philanthropy.
- Many of these partnerships are still in their infancy and will require sustained leadership and financing to develop robust data-sharing, equitable governance structures, and coordinated systems of care.

As a community, we have long recognized the need to tackle the structural determinants of health, not simply health-related social needs. The Black Lives Matter movement and COVID-19 pandemic have laid bare the inequities our systems create and perpetuate. As a field we must seize this opportunity and speak up for systemic change.

- The incoming federal administration and other policy makers at the national level are discussing the necessary structural changes to address racism and disparities.
- Organizations are looking for ways to fight racism, beginning with identifying and addressing bias and inequity within their own organizations and partnering with BIPOC-led organizations.
- The new core competencies reflect the importance of advocacy: all frontline care providers should “use (their) collective power, privilege, and access to question the status quo and advocate for policy change.”

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.

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.

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