ATTACHMENT B

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP4 ANNUAL REPORT RESPONSE FORM

PART 1: BP4 ANNUAL REPORT EXECUTIVE SUMMARY

General Information

Full CP Name:	Boston Allied Partners (BAP)
CP Address:	1 Boston Medical Center Place, Boston, MA 02118

Part 1. BP4 Annual Report Executive Summary

Boston Allied Partners (BAP) had a productive Year 4, despite staffing changes and shortages. BAP's team was able to manage these setbacks with agility and to effect: Throughout BP4, BAP met its finance, business operations, staff education, technology, and quality management needs and expectations. BAP completed its workforce development TA project with UMass Medical School, Commonwealth Medicine, while continuously adjusting its practices to match the shifting CP landscape, in the context of the COVID-19 pandemic.

Outreach and care coordination. With an LTSS Outreach Coordinator in place, BAP was able to centralize, better monitor, and evaluate the effectiveness of initial outreach to newly-assigned members. When such a member agrees to participate in BAP, the Outreach Coordinator assigns them a Care Coordinator and promptly arranges an intake appointment/call. This move has continued to be a boon to the program, leading to more frequent touchpoints with members and increases in agreement to participate. BAP plans to leverage this role to help improve member engagement in Year 5.

Technology. Having contracted with eHana as our new electronic health record system (EHR), BAP management had all staff registered and trained in its use and continued monitoring performance of relevant tasks, as to ensure proficiency and quality. BAP, in collaboration with 19 other CPs, eHana, and UMass Medical School, completed a TA project involving the analysis of EHR data to gain greater insight into total cost of care (TCOC) and operational trends, which would further inform programmatic decisions. At the end of BP4, BAP also began exploring a new TA project: The adoption of a cloud-based learning management system to optimize staff onboarding and ongoing education.

Workforce Development. New and existing staff completed all state mandated trainings, alongside other didactic modules deemed relevant and necessary by BAP's Management Team: In this vein, BAP invested in a workforce development TA project with UMass Medical School, Commonwealth Medicine. The project entailed educational sessions geared towards our Care Coordinators, with tools and best practices for optimal member engagement and the meeting of members' identified needs.

ACO/MCO Integration. Throughout BP4, BAP made significant operational strides that led to better communications and greater collaboration with our ACO and MCO partners. Among them were timelier information-sharing (e.g., member documents, key performance metrics), the establishment of case conferences between our Care Coordinators (CCs) and ACO care management teams, and having a CC embedded within the Pediatrics office at Boston Medical Center for enhanced day-to-day collaboration.

Quality Management. BAP's Quality Management Committee (QMC) met once per quarter during BP4 and reviewed BAP's standing based on eHana data and metrics reports from Mathematica. BAP's stakeholders on the QMC concurred that the program's performance was strong across the board, with some room for improvement identified and included in BAP's revised quality improvement (QI) plan.

Consumer Advisory Board. Member feedback during Consumer Advisory Board (CAB) meetings remained positive throughout Year 4. One persistent challenge for BAP was the size and consistency of attendance by enrolled members and their relatives. BAP's management team will continue working to improve on this front during BP5 by galvanizing the CCs, who are best positioned to persuade members.