

ATTACHMENT B

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP2 ANNUAL REPORT RESPONSE FORM

PART 1: PY2 ANNUAL REPORT EXECUTIVE SUMMARY

General Information

Full CP Name:	Boston Coordinated Care Hub
CP Address:	780 Albany Street, Boston, MA 02118

PY2 Annual Report Executive Summary

The Boston Coordinated Care Hub began 2019 with two overall goals that included scaling our program to greater than 1000 enrollees and improving the quality of care provided to our Behavioral Health Community Partner enrollees.

BP2 Goal #1: Scale BH CP beyond 1000 to accommodate more enrollees and to reach an economy of scale to support operations. At the end of December 2019, we had 1119 assigned MassHealth enrollees; of these enrollees, 928 (83%) had signed participation forms, and 790 (71%) were engaged which means intake was complete and primary care providers had signed the patient centered treatment plans. We have worked diligently over the past year to ensure that we have a trained workforce to provide high quality, person-centered care to our enrollees offering 80 plus workshops on topics related to substance use disorder, safety in the outreach setting, and suicide ideation among the few. At the end of BP2, we stabilized our numbers of assigned members and had modest success reducing care coordinator and nurse care manager caseloads to better match the intense needs our BH CP population that have a high burden of Substance Use Disorder accompanied with homelessness and housing instability. Improved staff workload will help reduce staff turnover and burnout.

We had planned to use DSRIP TA funds in BP2 to help inform the development of a financial model to support lower caseloads and lean administrative costs. We have deferred this analysis until BP3. We had hoped this analysis would inform how many enrollees we need in order to arrive at an economy of scale that allows us to meet these dual goals.

BP2 Goal #2: Improve Quality and Accountability Scores. A central theme to the work underway in BP2 is to develop processes that improve the care we deliver to BH CP enrollees and demonstrate our value to MassHealth and our contracted ACOs. Boston Coordinated Care Hub led the state in all BH CP metrics reported in July that includes Average Time to Care Plan Completions; Engagement Rate within 183 days of enrollment; Average Number of Qualifying Activities; Members with at least one QA conducted face to face; Percentage of Care Plan Compete/Signed PF); Percent of Members with at least one QA conducted where member was contacted; Percentage of PFs/Assigned Members; and Percentage of Care Plans Complete. We also plan in the 2nd half of this year to begin to ingest claims data from MassHealth and other

have plans using our own data sources (our SDH assessment and housing status assessment) to begin to better describe our assigned enrollee population, including demographics, social determinant of health needs, illness burden and more and share data with the ACOs about their enrolled BCCH members in the first quarter of BP3. Our IT staff will work with our vendors to refine our data dashboard to ensure that we have access to timely, informative, actionable data.