

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

#### Part 1. BP4 Annual Report Executive Summary

Like BP3, the headline in BP4 was the COVID-19 pandemic. Our model remained mostly hybrid with staff returning to outreach at least 2 days per week after receiving COVID vaccinations. With COVID vaccinations, on board we were determined to return to more face-to-face visits with our enrolled population. We continued our previous year's work to connect enrollees to primary care and behavioral health care especially for those that had not been seen in the previous year due to the pandemic. We also modified our data warehouse to pull in COVID vaccination data through EHR and MassHealth claims so that we could outreach and navigate our enrollees to complete their vaccination series.

Like many employers in Boston and across the country, we struggled with staff turnover and therefore reaching our desired enrollment goal of 1200 was an ongoing challenge. We needed to increase the wages of staff particularly for care coordinators and Registered Nurses in order to stay be able to recruit and retain staff which resulted in BHCHP absorbing these costs because the MassHealth program budget remained the same and has not been adjusted to reflect the changing labor market.

Year 4: (January 2021-December 2021)

- *Goal: Stabilize enrollment at 1200.* At the end of BP3, we were at 1126. At the end of BP4, we were at 1154. Our challenge remains workforce turnover which prevents us from reaching our desired goal of 1200.
- *Goal: Improve our Accountability Score.* We look forward to receiving our accountability score from MassHealth in BP5 and focusing on ways to improve our care model. In BP4, we secured a TA contract with a vendor to improve our data hub (warehouse) capacity to digest claims data and display it in a way that staff may use to direct enrollee care. *Challenge:* The population our BH CP serves are very high risk with an average risk score more than 2x as high as the average risk score of other BH CPs. According to Mathematica, 88% of our population has been linked to SUD and our TCOC are approximately is twice the statewide BH CP average. Although, we may perform well on several process measures, we know that our enrollees utilize emergency room and hospital services at far greater rates than comparative populations.
- *Goal: Identify staff whose roles may be consolidated to adapt to declining DSRIP revenue.* We concluded our contract with a TA vendor in 2021 whose helped us to identify areas in our budget where our costs might be reduced to correspond with the declining DSRIP

infrastructure support. *Challenge:* We have worked over the years to reduce the caseloads of our frontline due to the high complexity of our population and we did not want to increase their caseloads in response to declining CP funding. We decided not to replace a manager position (Team Coordinator) and a Social Worker who both left our program in 2021. This resulted in modest budget reductions but were not sufficient to offset significant salary increases needed to recruit and retain staff in this very competitive workforce environment.

- *Goal: Develop strategy to relaunch CAB.* With the COVID-19 pandemic, we have suspended our regular bimonthly in-person CAB meetings. Many of our enrollees have barriers connecting to the Internet and not owning smart phones or computers. Therefore, we have put efforts to reconvene the CAB on hold and instead leverage feedback from BHCHP CAB to help inform program/system improvements. We value consumer input and will explore new strategies to gather their input as we emerge from the pandemic.