

CARE ALLIANCE OF WESTERN MASSACHUSETTS (CAWM)

Budget Period 1 Annual Report: June 1 2018 to December 31, 2018

Summary

Technology: Continued, uninterrupted use of a stable platform (eHana EHR) with an expanded number of features and reporting. Implementation of ADTs through eHana (nightly refresh from Patient Ping) and anticipated expansion of ADTs from MAeHC and CMT. Set up of Cortext (secure texting from Imprivata) and purchase of IT consultancy hours to cross check assigned members with partner to determine existing LTSS service relationships.

Workforce Development: CAWM retains talented and relatively stable workforce of Care Coordinators. Following a few months of startup, CAWM altered our staffing to include expansion of a centralized team for Data and Quality Management. Implementation of a new program was challenging and required constant education of all parties---members, CPs and ACO/MCOs. As one partner agency decided not to continue as part of the CAWM LTSS CP effective November 30, 2018, reassignments of members was needed.

Operational Infrastructure: The greatest unknown in this first startup period is looking forward to a period of stability and sustainability. It is understood that there are many operational and start up challenges. What is unknown (and new for the medical community) is the integration of home and community based LTSS as part of a person's overall health and well-being. Understanding the social determinants of health in their life and addressing what is most important to them is the place Care Coordination starts. The structure of what is considered "qualifying" v. other activities which are critical to complete but not considered qualifying has been challenging from a reimbursement perspective. In addition, ACOs/MCOs are not clear on the method of identification or stratification of elements on which to base LTSS referrals. Overall, lower volume than anticipated coupled with startup challenges have resulted in BP1 not presenting a "steady state". BP2 should provide more experience and capacity to examine and readjust as necessary to serve members more holistically by their ACO/MCO, primary care team and associated LTSS community partner.

Integration with ACOs and MCOs: Relationship building and role clarity have been the two biggest opportunities and challenges during BP1. CAWM contracts with several ACOs/MCOs and each one is structured somewhat differently with unique protocols and practices. This has been a time of moving from planned Documented Processes to real time situations. The need to problem solve presents regular opportunities for relationship building. An initial element of relationship building has been understanding what each party (ACO/MCO, PCP team and LTSS CP) has attempted to reach members. A success of this period has been improving data and building history regarding a member's contact information and the best method to reach them.

Quality Management Activity: A significant investment of capacity building resources was made during BP1 in quality management including systems that provide electronic tracking, quality reporting, internal data sets (outcomes measures and metrics). This information will be vital to monitor and improve performance based on value-based measures.

A primary goal of this LTSS CP initiative is to improve the quality of care coordination for those in need of these supports. Central to the success of this program is a robust Quality Improvement Plan which employs a systematic approach to improving processes and outcomes through following CQI principles: quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems; focus on the process rather than the individual; recognize both internal and external customers; and use objective data to analyze and improve processes.

The Quality Management Committee commenced quarterly meetings during BP1. Data elements and core processes have been explored and launched to meet our Quality Measures. The IHI model for improvement will be utilized as it addresses a simple yet core concept for improvement. Data elements and core processes have been explored and launched to meet our Quality Measures. Complementary reports, alerts, event notifications through our eHana Care Management platform will contribute to the support of this initiative. Techniques such as Cause and Effect diagrams, RCA and PDSA tools implemented for rapid cycle time improvement and creation of consistent processes across our continuum of care are on the forefront of our indicators for improvement. In February 2019, we demonstrated increased productivity with member outreach through 4 cycles of rapid response, PDSA cycles.

We will continue to utilize this fundamentally sound and proven approach to improvement. We have collected success stories from the field demonstrating value, commitment and improvement concepts with internal as well as external consumers. This underscores quality and demonstrates metrics with meaning for all involved in the program. Quality will be defined as meeting or exceeding the expectations of our internal and external customers.

Consumer Advisory Board: Care Coordinators explain and invite all members to participate in the Consumer Advisory Board (CAB) when presenting Member Facing Materials as they introduce the LTSS component of their primary care team. As of December 31, three members had agreed to join the CAB. As of January 31 (month one of BP2), the number of CAB members increased to 5. In December, individual calls were placed to each CAB member explaining the process of quarterly meetings going forward, providing more detail on the program, answering questions and ascertaining when the best time of day and week it would be for them to meet. All were receptive and this ground work prepared CAWM for regularly quarterly meetings commencing in BP2 (CY2019). The first quarterly meeting was held in March 2019.

Lessons learned: The first 7 months of operation have been a constant learning and adjustment period. The workforce has remained fairly stable with the exception of the exit of one CAWM partner effective November 30, 2018. eHana has been a responsive partner with the platform and this reliability has been a positive experience. It has taken a concerted effort of the core management staff to build rapport and relationships with ACO/MCO partners as well as demonstrated competency of care coordinators to build working relationships at the practice and member levels. The administrative complexities cannot be overstated from the formatting requirements, attention to detail and learning the nuances of individual ACO/MCO

processes. For care coordinators, learning to work in an environment of precise coding of activities and performance /prioritization of activities has been a new experience.