

## 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:	Community Care Partners, LLC
CP Address:	66 Canal Street, Boston, MA 02114

#### Part 1. BP3 Annual Report Executive Summary

CCP maximized on DSRIP investments in BP4, allocating funding to several critical initiatives. With the ongoing public health crisis, CCP maximized on remote options where applicable to promote ongoing care coordination via video conferencing and boost telehealth with other healthcare providers. DSRIP funding was allocated to implement a new secure Intranet Platform. This platform provides Care Teams with one-stop access to CCP updates, resources, newsfeeds, ACO information, MassHealth information, workflow tools, Quality and Performance reports, training calendar and resources, TA project and Consumer Advisory Board pages. Reception to the new intranet has been positive, particularly with regard to the efficiencies it promotes for Care Teams. CCP engaged a firm to develop an enhanced marketing plan for CCP. The firm paved the way for CCP on social media (LinkedIn, Facebook and Twitter) and created video vignettes launched throughout BP4 of Enrollees and Care Coordinators telling impactful stories. The firm also drove the development of a new CCP website which was launched in July 2021.

CCP has had continued success in hiring and retaining Care Coordinators who are bilingual in English and either **Spanish, Chinese/Cantonese, Vietnamese, Haitian Creole, Cape Verdean, French, Polish and Russian**. CCP has 8 Spanish speaking CHWs serving Hispanic immigrant communities in the North Region, particularly in Lawrence. CCP has an RN Clinical Care Manager bilingual in **Swahili/English** and a Care Coordinator bilingual in **Khmer/English**. Recruitment bonuses targeting language capacity continue to support our efforts to sustain a multilingual workforce.

CCP has had success in further developing and sustaining the Consumer Advisory Board. CAB members contributed instrumental feedback to a variety of workflow tools including new Practice Pathway tools - the Assessment Tool of a new Enrollee's relationship to their PCP, and the PCP Appointment prep tool which can be used for any sort of medical/specialist appointment. CAB Members contributed recommendations on a Follow Up After Discharge Tool for Care Coordinators. And they contributed invaluable feedback on the initial Member Survey launched in Q4. The survey was circulated via email to 1,000 Enrollees and had a 10% return rate. In fact, 87% of the respondents included feedback in text fields in addition to completing checkboxes. While the sample proved to be very small, the overall process will serve to inform future Member Surveys on a larger scale.

CCP has been actively seeking to pave Emergency Department (ED) and / or Inpatient Unit (IP) pathways with our ACO partners such that ED and IP staff can work more collaboratively with BH CP staff, coordinate warm hand offs to the BH CP, and ensure BH CP staff are part of discharge planning. While this opportunity tends to be more complicated than we might hope, we are in discussions with CHA, BMC, and CHICO. Meanwhile, Wellforce has begun to add alerts to CMT so that EDs and IPs know that a patient is a BH CP Enrollee, and know who to contact on the BH CP team. MGB has begun to add alerts in EPIC so Providers know that a member is a BH CP Enrollee. Everett Hospital's RN CMs are coordinating warm hand offs for CCP's Metro North Team. Lawrence General is flagging ED visits for CCP's Lawrence Team, and Lowell General's POC is coordinating warm handoffs for CCP's Lowell Team. Also of note, CCP currently has shared access with three ACOs: MGB (EPIC), MVACO (Athena) and (CHA) EPIC.