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# **Slide 1:**

CCA / Commonwealth Care Alliance

Implementation council meeting

November 18, 2016

Quality program overview

The Long Term Services and Supports Coordinator (LTSC) Role

CCA Quality Improvement Project

**Slide 2:**

**CCA Quality Improvement Program - Overview**

**The CCA Quality Improvement Program is designed to:**

* *Attend to all aspects of quality of care and service*
* *Understand the needs, expectations, and satisfaction of members and their care givers and implement improvements to incorporate these perspectives into care delivery and systems operations*
* *Continually improve organizational and clinical processes throughout the delivery system based upon analysis of available data and clinical, administrative, and member input.*

**Slide 3:**

**CCA Quality Improvement Program - Overview**

**The CCA Quality Program uses a wide variety of data sources**

* Claims data: medical, pharmacy, LTSS
* EMR and CCA CER data: care and care management
* Member Surveys: experience, satisfaction, outcomes
* Complaints and appeals
* Quality of care concerns
* Consumer advisory committees

Question: What important sources of data are we missing?

**Slide 4:**

**CCA Quality Improvement Program - Overview**

**Covering many domains of quality**

* ***Access***
* ***Utilization***
* ***Member experience***
* ***Member satisfaction***
* ***Member outcomes***
* ***Customer service***
* ***Transitions of care***
* ***Care coordination***
* ***Effectiveness of Care***
  + *Prevention and Screening*
  + *Cardiovascular Conditions*
  + *Respiratory Conditions*
  + *Diabetes*
  + *Behavioral Health*
  + *Musculoskeletal Conditions*
  + *Medication Management*
  + *Long Term Services and Supports*

Question: What important domains are we missing?

**Slide 5:**

**CCA Quality Improvement Program - Overview**

**The CCA 2016 One Care QIPs**

* Dental – Improve Member Experience
* Transportation – Improve Member Experience
* Cardiovascular Disease Prevention in Members with Diabetes
* Timely Completion of Initial/Annual Assessments
* Alternatives to Psychiatric Hospitalization
* Opiod Abuse/Misuse
* Transitions of Care – Preventing Readmissions
* **LTSS Coordinator Engagement**

Question: What other areas of focus should we consider?

**Slide 6:**

The Long term Services and Supports Coordinator (LTSC) Role

CCA Quality Improvement Project

**Slide 7:**

**Background**

**The LTSC Role**

* The LTSC role was envisioned by CMS/MassHealth and mandated as a service to be offered to all One Care members
* Key elements of the LTSC role
  + Advocate for the One Care member
  + Engaged at the direction of the member
  + A member of the CCA Interdisciplinary Care Team
  + Promotes independent living, the social model of disability, wellness and recovery model
  + Assesses for, and coordinates and manages Long Term Support Services
  + Assists with identifying and coordinating community resources

**Slide 8:**

**Background**

**Findings From 2014 Interviews**

* In the fall of 2014, CCA interviewed members regarding their experience with the offering of the service and with the service of their LTSC (if they had chosen to make use of the service)
* Common findings were as follows:
  1. The member was not aware of, or did not understand the role of the LTSC
  2. The member did not refuse, or did not recall refusing the service of an LTSC
  3. Members that were assigned an LTSC did not know who the person was or how they related to the rest of the care team.

**Slide 9:**

**Barriers noted**

1. Suboptimal communication with members  
   – content, timing, means
2. Lack of clarity/agreement within and/or between CCA and organizations providing LTSC services as to the specific roles and responsibilities of the LTSC
3. Overlap between the LTSC role and the roles of other care team members

**Slide 10:**

**Interventions**

* New consent form
* Enhanced referral process
* CCA staff education
* Reinforcement and building relationships

**Slide 11:**

**Findings of summer 2016 interviews**

* Member recall of LTSC referral offering was relatively low (51%)
* Member understanding of the role was relatively high (81%)
* Member awareness of the identity of their LTSC was moderate (67%)
* Meeting Needs: 64% reported that their LTSC met all or most needs
* Satisfaction: 56% reported being very satisfied with their LTSC

**Slide 12:**

**Comments from interviewees**

**What other things would be helpful?**

* Follow-up calls from LTSC to member re decisions/ideas
* Hearing from them more often
* LTSC should contact me from time to time to check on my situation and needs
* Stronger explanation of LTSC services at first assessment
* Finding housing and employment

**Slide 13:**

**Comments from interviewees**

**Other Comments**

* Everyone has been very nice and proactive, everyone who has reached me has had great intentions and is so pure of heart, and I feel very lucky to be a member. I would like to be contacted more by my LTSC.
* During initial assessment I didn’t know the services applied to me – I needed further clarification to understand it applied to me. I was very glad that I had an LTSC and only wish I had known that it would have been helpful earlier.
* Now that I know more about what they can do, I will call him when I need to.

**Slide 14:**

**Suggestions from CCA Consumer Advisory Committees**

* Change the name of LTSC to something easier to understand (e.g. “member LTSS advocate”)
* Include LTSC information to each member newsletter, website, and other print literature
* Include a description of the LTSC role and how to get connected in social media
* Member services calls to follow-up about services offered shortly after initial assessment

**Slide 15:**

**Suggestions from CCA Consumer Advisory Committees**

* Wait until one month after enrollment/assessment to offer LTSC
* At initial assessment members should be left with one-pagers for each possible member of their care team to better understand what services they are being offered
* The care manager should offer the LTSC during every follow-up contact with the member
* CCA (not just the care manager) should contact members more often to offer LTSC services

**Slide 16:**

**Addressing Opportunities for improvement**

**Interventions Under Consideration by CCA**

* CCA staff training on the LTSC role and on how to engage members in discussion of the value of the LTSC services
* Cross-organizational training to improve ability of LTSC to arrange to have member needs met
* More translations of the consent form
* Consider changing the name of the role
* Consider ongoing opportunities to introduce the LTSC role; not just at initial assessment
* Include LTSCs in care team meetings

Question: What additional insights and suggestions can you offer?

**Slide 17:**

**Addressing Opportunities for improvement**

Question: What additional insights and suggestions can you offer?

**Slide 18:**

**New priority QIP**

**Increase Cervical Cancer Screening Rate**

Questions:

* What do you think are the barriers: Member? Provider?
* Your ideas regarding possible ways to improve?

**Slide 19:**

Thank you

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