

Slide 1: Integrated Care Critical Incident Reporting Executive Office of Health and Human Services

October 2024

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PURPOSES ONLY

*Note: the following is a footnote on all slides:
“Confidential – for policy development purposes only”*

Slide 2: Agenda

Overview (*Note: this item is highlighted.*)

Implementation

Trend Identification and Policy Development

**Trend Identification and Policy Development:
Proposed Post CIR Falls Protocol**

Slide 3: Overview

- In 2023 and early 2024 the Integrated Care Team worked to update the Critical Incident Reporting (CIR) process.

Goals

- Our primary goal was to streamline CIR reporting across the entire Integrated Care network. This process aligned standards for reporting criteria, definitions, operational processes, submission forms,

and expectations regarding timelines across all One Care, PACE and SCO plans/orgs.

- Another goal for MassHealth was to create a process where we could gather cumulative data that would allow us to identify trends and develop policies to address those trends and issues.

Development Team

- The development of this process involved parties including:
 - Integrated Care Program Managers and Senior Contract Managers
 - Integrated Care Medical Directors
 - SCO, One Care, and PACE Medical Directors
 - MassHealth Office of Behavioral Health
 - MassHealth Waiver Team
 - MMP and DSNP partners at CMS

Slide 4: Agenda

Overview

Implementation (*Note: this item is highlighted.*)

Trend Identification and Policy Development

**Trend Identification and Policy Development:
Proposed Post CIR Falls Protocol**

Slide 5: Implementation

- [Bulletin 111](#) was issued by MassHealth in February 2024 with a March 18, 2024 implementation date for the updated CIR process.
- An aligned Critical Incident Report Template was issued and required to be used starting March 18, 2024.
- MassHealth held numerous trainings and information sessions for all SCO, One Care, and PACE plans prior to the March 18, 2024, implementation. Our goal was to ensure that all parties involved were fully aware of expectations and the intent behind the updated process.

Updated CIR Process/Lifecycle

1. Plan staff complete and submit the aligned CIR Reporting Form within 3 days of the incident occurring or within 3 days of when the plan learned of the incident.
2. Integrated Care Contract Managers perform the intake of the report by confirming the completion of the report and by making required reviewers aware of the CIR.
3. Each CIR is reviewed by the Integrated Care Team for program, contract, and clinical compliance.
4. The Integrated Care Contract Managers facilitate any follow up information the MassHealth is requesting from the plans.
5. After all reviews are complete, the report is closed.

6. All closed CIRs are then processed to extract the deidentified data for trend identification.

Slide 6: Agenda

Overview

Implementation

Trend Identification and Policy Development

(Note: this item is highlighted.)

Trend Identification and Policy Development: Proposed Post CIR Falls Protocol

Slide 7: Trend Identification and Policy Development

- The final goal was to create a way in which we could utilize the data in these critical incident reports to identify trends and further develop policies.
- With the implementation of a standardized excel CIR template MassHealth has been able to gather data such as:
 - Type of incident
 - Member Enrollment status
 - Location of incident
 - Housing status
 - Member Age
 - Member Race
 - Member Primary Language
 - Other entities involved (PCP, DMH, Guardian, DPPC, etc.)

- MassHealth has been able to take this deidentified data and identify trends within the report critical incidents.
- The next step that MassHealth is taking after identifying a trend, is to find ways to address that trend. We have begun to actively seek out experts in the fields associated with the incident trend identified. This allows us to gather evidence-based methods to consider as we develop future policies.

Slide 8: Agenda

Overview

Implementation

Trend Identification and Policy Development

Trend Identification and Policy Development: Proposed Post CIR Falls Protocol (*Note: this item is highlighted.*)

Slide 9: Trend Identification and Policy Development: Proposed Post CIR Falls Protocol

- Preliminary data has allowed the Integrated Care Team to identify falls with a fracture as an incident type that accounts for many of the critical incidents reported. ***Please note this is preliminary data that the MassHealth is continuing to analyze.*
- **Falls with a Fracture:**

- **Integrated Care:**
 - For the 5 months March-July 2024, there were over 500 critical incidents reported across SCO, PACE, and One Care. Around 50% of these involved a fall with fracture.
- **One Care:**
 - For the 5 months March-July 2024, there were over 80 critical incidents reported in the One Care program. Around 30% of them involved a fall with fracture.

Slide 10: Trend Identification and Policy Development: Proposed Post CIR Falls Protocol

Plan should initially report fall; then they have 3 weeks to do a follow-up assessment with the proposed elements below organized by the 5M's framework. If a member is admitted IP, assessment should be within three weeks after discharge to the community. Elements to be included in critical incident reporting:

If fall-related critical incident is associated with two or more falls (including current incident) over the past six months:

1. Multimorbidity

- Orthostatic blood pressure and evidence of managing hypotension if detected
- Review and update of care plan and document any changes

- Screen for substance use disorder
- Visual acuity has been addressed after the fall

2. Medications

- Review of medication by PCP to evaluate for deprescribing medications that may increase fall risk
- Offer of pharmacy D MTM evaluation for potential of drug deprescribing (SCO and One Care, not PACE)

3. Mobility

- Physical therapy evaluation
- Has the member been referred for evidenced based treatment such as but not limited to: OTAGO, physical therapy strength and balance exercise, Tai Chi, Matter of Balance?
- Home visit with environmental assessment such as a Get Up and Go Test (basic home mods, i.e. grab bars, CAPABLE, etc) within the past six months to decrease fall risk; can be with any clinical discipline

4. Mentation

- Cognitive screening (due to evidence base of linking cognitive screening with exercise program)

5. What Matters Most (specifically with regards to falls & safety)

- Review and update of care plan reflecting 'What Matters Most' and in the member's own words
- Offer a personal emergency response system (PERS)

Please ensure also that the care plan is updated to document all of the above.