# Slide 1:

# **Findings from the One Care Member Experience Survey 2014**

The One Care Early Indicators Project Workgroup

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Presentation to the One Care Implementation Council

May 29, 2015

Slide 2:

# ***Presentation Overview***

## Goals of Survey 2 – called the One Care Member Experience Survey (OC-MES)

## OC-MES administration

## Responding members

## The key findings

## Some details on members’ experiences

## Overall summary

## Recommendations for the One Care program

# *Slide 3:*

# ***Overall Goals of the OC-MES***

## Developed by the **EIP Workgroup**

### Informed by prior EIP work

### Pre-tested with One Care members

## One Care Member Experience Survey (OC-MES)

### A comprehensive survey designed to capture members’ experiences and perceptions during the first few months they were enrolled in One Care

# *Slide 4:*

# ***One Care Member Experience Survey***

### Administered by UMMS Office of Survey Research

### Members were surveyed between June 2014 – Jan. 2015

## Mail, telephone and on-line versions in both **English & Spanish**

## 6,000 randomly-selected members in 3 cohorts of 2,000

#### Included members from **all 3 One Care plans**

#### Included **voluntarily and passively enrolled** members

## **1,933 responded (32% response rate)**

#### 54% mail; 42% phone; 4% online

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# ***OC-MES Domains (Topics)***

## Enrolling into One Care

## Your Care Team

## Assessment and Care Planning Process

### Assessing needs for Medical Services and Long-Term Services and Supports (LTSS)

## Your Individual Care Plan

## Your Care – Services You Need and Receive

### Medical Services and Long-Term Services and Supports (LTSS)

## Moving Into One Care

## Overall Perceptions of One Care

## Member Demographic and Disability Information

# *Slide 6:*

# ***Responding Members***

## Three cohorts

### 47% Cohort 1 (surveyed June – July 2014)

### 20% Cohort 2 (surveyed Aug – Oct 2014)

### 33% Cohort 3 (surveyed Nov 2014 – Jan 2015)

## Plan

### 55% Commonwealth Care Alliance

### 37% Fallon Total Care

### 8% Tufts-Network Health

## Enrollment method

### 40% Voluntarily enrolled

### 60% Passively enrolled

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# ***Demographic Characteristics – Responding Members***

* Age
	+ 8% 21-34
	+ 17% 35-44
	+ 34% 45-54
	+ 42% 55-64
	+ Gender
	+ 48% Male
	+ 52% Female
	+ .3% Transgender/other
* Sexual Orientation
	+ 92% Heterosexual
	+ 5% Gay/Lesbian
	+ 2% Bisexual
	+ 1% Asexual
* Homelessness
	+ 7% Homeless in the past year
* Ethnicity
	+ 21% Hispanic/Latino
* Race
	+ 65% White
	+ 13% Black/African American
	+ 1% Asian
	+ 4% Native American
	+ 15% Other
* Primary Language
	+ 79% English
	+ 12 % Spanish
	+ 8% Other
* Education
	+ 24% Less than HS
	+ 38% HS grad/GED
	+ 39% Some college or more
* Employment
* 16% Worked for pay in last 12 mo

*Slide 8:*

# ***Member Disability/Health Conditions***

(This slide includes a bar chart with the following categories and percentages.)

Mental/psychiatric disability 67%

Physical/mobility disability 57%

Long-term illness 47%

Visual impairment/Blind 29%

Learning disability 27%

Hearing loss/Deaf 15%

Developmental disability 11%

Alcohol/drug abuse 9%

Other 26%

(This text is shown under the bar chart.) 80% of members reported more than one condition

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## Key Findings

# **overall perception of one care**

# *Slide 10:*

# ***Member satisfaction with One Care is high***

(The following information was presented in pie charts.)

Satisfaction with One Care Plan

Satisfied = 80%

Neutral = 9%

Dissatisfied = 6%

Not sure = 1%

Declined + 4%

Satisfied with Services

Satisfied = 82%

Neutral = 8%

Dissatisfied = 5%

Not sure = 1%

Declined + 4%

# *Slide 11:*

# ***Majority of members plan to stay in One Care***

(The following information was presented in pie charts.)

# Do you plan to stay in One Care?

Yes= 83%

No = 2%

Not sure = 12%

Declined = 3%

# Slide 12:

## Key Findings

# **Experience with the care team**

# *Slide 13:*

# ***Most members have met and are satisfied with their PCP***

## Since enrolling in One Care

## 89% have a PCP

### 66% stayed with PCP

### 23% new PCP

### 3% don’t have PCP

### 8% not sure/declined

## 84% have met with PCP

(The following information was presented in pie charts.)

Satisfied with PCP

Extremely satisfied = 64%

Somewhat satisfied = 21%

Somewhat dissatisfied = 4%

Extremely dissatisfied = 2%

Not sure/declined = 9%

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# ***Just over half of members reported meeting with a Care Coordinator***

## Since enrolling in One Care

## 71% were contacted by Care Coordinator

### 19% reported not contacted

### 10% not sure/declined

## Of those contacted:

### 73% met with Care Coordinator

#### 21% reported not contacted

#### 6% not sure/declined

(The following information was presented in pie charts.)

Satisfaction with Care Coordinator

Extremely satisfied = 65%

Somewhat satisfied = 26%

Somewhat dissatisfied = 4%

Extremely dissatisfied = 2%

Not sure/declined = 3%

(End of pie chart.)

* *Members who met with a PCP were significantly more likely to meet with Care Coordinator than those not meeting with PCP*

# *Slide 15:*

# ***Many members were unsure if they need/want or had been offered a LTS Coordinator***

(The following information was presented in pie chart.)

## Need/want LTS Coordinator?

Yes = 39%

No = 37%

Not sure = 20%

Declined = 5%

(End of pie chart.)

(The following information was presented in pie chart.)

## Offered LTS Coordinator?

Yes = 42%

No = 23%

Not sure = 30%

Declined = 5%

(End of pie chart.)

# *Slide 16:*

# ***Satisfaction was high among members who met with LTS Coordinator***

## Since enrolling in One Care

## About 44% of members who were offered an LTS Coordinator, reported meeting with one, or about 20% of all respondents

(The following information was presented in pie chart.)

## Satisfaction with LTS Coordinator?

Extremely satisfied = 68%

Somewhat satisfied = 25%

Somewhat dissatisfied = 3%

Extremely dissatisfied = 1%

Not sure/declined = 3%

(End of pie chart.)

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## Key Findings

# **Experience with Assessment and care planning process**

# *Slide 18:*

# ***63% of members reported that they had an assessment of their needs***

## Satisfaction with assessment was high

### 93% agreed that person(s) doing the assessment cared about their preferences, goals, strengths and interests

### 97% agreed that the person(s) treated them with respect

### 92% were satisfied with the assessment process

# *Slide 19:*

# ***More members reported being asked about medical needs compared to LTSS needs***

Medical

* **Prescription Meds** (89%)
* **Mental Health** (83%)
* **Transportation** (81%)
* **Oral/Dental** (75%)
* **Specialty** (75%)
* **Substance Abuse** (59%)

LTSS

* **Personal Care/Everyday Tasks** (73%)
* **Transportation** (73%)
* **Medical Equipment** (63%)
* **Community Activities** (53%)
* **Day Programs** (48%)
* **Assistive Technology** (32%)

# *Slide 20:*

# ***Only 38% of members reported having an individual care plan (ICP)***

(The following information was presented in pie chart.)

## Do you have an Individual Care Plan?

Yes = 38%

No = 24%

Not sure = 35%

Declined = 4%

(End of pie chart.)

# **Of those with an ICP**

## **Most** felt it included the services they needed (89%)

## **Most** agreed with what was in the ICP (85%)

## **Fewer** reported having received a written copy (67%)

## **Even** **fewer** said someone had discussed with them how to change the ICP (57%)

## Slide 21:

## Key Findings

# **Getting care under one care**

# *Slide 22:*

# ***OC-MES asked members if their needs for medical services and LTSS were being met under One Care***

(The following was presented in a bar chart.)

Use/need a service

* Medical Services 94%
* Long Term Services/Supports 59%

Had unmet need for a services

* Medical Services 16%
* Long Term Services/Supports 34%

# *Slide 23:*

# ***Needs and unmet needs for specific medical services and LTSS***

|  |  |  |
| --- | --- | --- |
|  | **Do you** **use/need** | **If use/need, are needs** **being met under One Care** |
|  |  | Very Well/Somewhat | Not at all |
| **Medical Services** | % | % | **%** |
| Prescription Medications | 91 | **96** | **3** |
| Specialty Care | 62 | **87** | **8** |
| Mental Health Services | 54 | **85** | **10** |
| Substance Abuse | 7 | **77** | **18** |
| Transportation to Medical Appointments | 40 | **74** | **17** |
| Oral and/or Dental Care | 78 | **68** | **22** |
|  |  |  |  |
| **Long Term Service and Supports** |  |  |  |
| Medical Equipment and Supplies | 27 | **81** | **16** |
| Personal Care and Everyday Tasks | 26 | **68** | **25** |
| Transportation and Getting Places | 34 | **67** | **25** |
| Day Program Services | 11 | **66** | **27** |
| Help Doing Things in the Community | 17 | **53** | **40** |
| Assistive Technology | 8 | **36** | **57** |

# *Slide 24:*

# ***Overall, there were few differences in rates of unmet need by member characteristics***

* Rates of unmet **medical need** slightly higher for:
* Members reporting psychiatric disability, substance abuse, and younger members
* Rates of unmet **dental need** slightly higher for:
* Members reporting homelessness in past year and those reporting hearing loss/deafness
* Rates of unmet **LTSS need** slightly higher for:
* Members reporting learning disability and members who identified race as Black or Other/Non-White

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***A bit more on unmet needs***

## The differences in unmet need by member characteristics were similar to what is seen in general population

## There were no significant differences in unmet medical, dental or LTSS needs across the three One Care Plans

## There were no significant differences in unmet medical, dental or LTSS needs between voluntarily enrolled vs. passively enrolled members

## Members who met with a LTS Coordinator were significantly less likely to report unmet LTSS needs compared to those not meeting with LTS Coordinator

## Members who reported having an Individual Care Plan (ICP) were significantly less likely to report unmet medical, dental or LTSS needs compared to those without a ICP or who were unsure if they had one

# *Slide 26:*

# ***Summary Findings***

## Overall satisfaction with One Care is high

## Most members intend to stay in One Care

## Members who met with their PCP, Care Coordinator and/or LTS Coordinator expressed high levels of satisfaction with these Care Team members

## Findings suggest that members’ needs for medical services are more consistently assessed and addressed compared to LTSS needs

### Findings show that many members are unsure whether they had an individual care plan and suggest the need for greater attention to person-centered and member driven care planning

## Slide 27:

# ***Summary Findings***

## Many members are unsure whether they want and/or have been offered a LTS Coordinator and whether they want/need LTSS services

### Fewer members than anticipated reported working with a LTS Coordinator

### Findings suggest a lack of understanding among members about LTSS and the benefits of working with a LTS Coordinator

### There may be a lack of availability of LTS Coordinators

### PCPs and Care Coordinators have a key role in connecting members to LTS Coordinator services

## Overall, there were few differences in members’ experiences in One Care associated with demographic or disability characteristics

### However, findings do suggest that certain members may be more vulnerable and highlight the ongoing need to ensure cultural competence

# *Slide 28:*

# ***Recommendations***

## The One Care program could benefit from continued efforts to:

### Promote the person-centered model, moving members, PCPs, and Care Coordinators to understand why enrollees should be invested in and “drive” development of their individual care plan. MassHealth, the Implementation Council and One Care plans share in the responsibility to promote the model.

### Educate members, effectively and in an on-going manner, about availability of LTSS and role of LTS Coordinator. Care Coordinators and PCPs are essential to these efforts, and therefore must be fully knowledgeable of and invested in the integrated care model. The Implementation Council, MassHealth and One Care plans can support broad member education in this area.

### Enhance capacity within Community-Based Organizations to ensure availability of LTS Coordinators. Implementation Council members and CBOs must lead the way in this effort.

# *Slide 29:*

# ***Recommendations*** *(con’t.)*

### Ensure that LTSS needs are assessed and addressed. One Care plans and MassHealth must reinforce and continually manage toward this goal.

### Ensure that needs for substance abuse services are assessed. Members of the Care Team share this responsibility.

### Enhance access to and member understanding of coverage for dental services. Members of the Care Team share this responsibility.

### Ensure cultural competence across the One Care program to effectively serve all members.