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:	Eliot BH CP
CP Address:	125 Hartwell Ave., Lexington, MA 02421

Part 1. BP4 Annual Report Executive Summary

Eliot has continued to function as a single entity providing BH CP. Our team is able to make program adjustments in real time that are responsive to the needs of members and in alignment with preferences of our ACO/MCO partners. While the ongoing pandemic continued to pose challenges during a substantial part of this reporting period, Eliot's BH CP used this time to intensify our working relationship with our ACO/MCO partners and our Members to remain responsive to evolving needs.

Eliot's BH CP expansion was approved to include: Quincy, Brockton and Gardener-Fitchburg effective December 2021. Our ACO/MCO partners were pleased to learn Eliot's BH CP now covers 214 cities and towns. Our Region/Service Area includes: **Greater Boston Region**: Boston-Primary, Revere, Somerville, Quincy; **Northern Region**: Beverly Gloucester, Haverhill, Lawrence, Lowell, Lynn, Malden, Salem, Woburn; **Southern Region**: Brockton; Central Region: Framingham, Gardner-Fitchburg, Waltham. Our Team is well positioned to provide care coordination and care management for members residing in all of our service areas by bringing with them extensive knowledge of local resources.

DSRIP investments have been key to achieving these long-term goals. Eliot has utilized DSRIP investments to focus on program start up, technology, recruitment/ retention of staff, marketing, supporting program operations. BP4 TA investments have provided opportunities to review workflows and impact on members and program services. Expertise offered by TA vendors has furthered our understanding of population health and the use of data to influence our approach to providing care that effectively meets member needs. Projects focused on ED/IP follow-up and diversion planning; analytic dashboards and member satisfaction have educated us on process improvement. Customized work provided insights into specific ACO/MCO shared member populations to strategize around shared performance and service gaps. We plan to continue in BP5 with a focus on supporting clinical and direct care staff's efficiencies through an in-depth review of internal workflows.

Key aspects of success as a CP rely on robust IT investment, including efficient and timely exchange of enrollee demographics, regular Member Status reporting, exchange of key clinical documents, shared Care Management workflows, population health dashboards, Quality/Accountability reporting, and PMPM

billing. DSRIP funding supports successful implementation of these and other technologies in a manner that would not otherwise be possible. Eliot has utilized infrastructure funding to build the CP platform with eHana and continue to refine work flows, dashboards and data collection. We have also utilized DSRIP investments to enhance our analytic resources and capabilities which has ensured we better understand our population through outcome reporting and data analysis. Our investment in tools such as Hexplora have enabled us to view member information, trends, data to compare with other sources of information such as Mathematica to get a more robust view of our population. Programmatic and staff realignments have been informed by information gleaned from these tools. Other technologies funded using DSRIP such as Monarch allowed us to manage very large files with member information to make comparisons to identify duplicative and gaps in information. LexisNexis and our own subscription to PatientPing and Collective Medical (event notification systems) has supported access to additional member information. ENS/ADT system allows our team access to real time notifications for member ED/IP events. Using the "spotlight" report tool in Patient Ping (now Bamboo Health), we have access to aggregated information via this reporting module. We increased our understanding and have learned about other ways to collect, analyze and use data. Eliot's IT staff have been instrumental in providing internal support for managing data through the creation of reports used by various team members to track member assignments, care manager productivity as a tool used in supervision to identify training needs, areas for skill building, and identifying resource needs for cohorts of our member population. These processes have been crucial to informing and refining service delivery.

Eliot has consistently evaluated each of our investments and participation in statewide investments through data collection pertaining to recruitment and retention as well as satisfaction survey, employee feedback and program benchmarks. We are better prepared to respond to the work that remains as integration continues forward. While there have been many technological gains, challenges related to information system integration, sharing of data with external partners to enhance member's experience remains. While several of our ACO partners are moving in a direction of allowing "view only" access into EPIC for example, barriers to a more comprehensive integrated system continue to be a challenge. We look forward to tackling these and other barriers experienced by members as we build upon lessons learned through DSRIP investment initiatives.