

## ATTACHMENT APR

### DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) PY1 ANNUAL PROGRESS REPORT RESPONSE FORM

#### General Information

<b>Full ACO Name:</b>	Health Collaborative of the Berkshires
<b>ACO Address:</b>	725 North Street, Pittsfield MA 01201

#### Part 1. PY1 Progress Report Executive Summary

The vision of the Berkshire Fallon Health Collaborative ACO is to deliver integrated, person-centered care at the right time, right place, and at the right level of intensity using best practices. To this end, we have developed several priorities that will guide our use of DSRIP funds and our alignment with EOHHS' goals for Delivery System.

**Priority 1. Create high-value, integrated provider partnerships that address Members' medical, behavioral and psychosocial needs in a person-centered, culturally and linguistically appropriate manner.** We will develop and implement Care Coordination and Care Management programs, consistent with Model A Contract requirements, that include support services to manage Members with Special Health Care Needs and those who are Behavioral Health (BH) Community Partner (CP) and Long-Term Services and Supports (LTSS)-CP eligible. We will prioritize Transitional Care Management initiatives and invest in developing the necessary infrastructure as well as flexible services that target specific health-related social needs that help Members remain in the community with the help of services and supports.

We are committed to investing in new Information Technology (IT) and infrastructure that supports primary care integration with Behavioral Health (BH), LTSS and other services across the continuum. We seek to create the ability to share data and employ decision support tools that facilitate Care Management, Care Coordination and sharing of service utilization data (e.g., real-time Emergency Department [ED] utilization) across the network. We will also invest in workforce capacity and skill sets that will be needed across our network for re-deployment of staff, as well as new and expanded roles.

**Priority 2. Increase BH/LTSS integration through partnerships with PCPs, Community Partners (CPs) and Care Management staff.** As both an initial implementation priority and an ongoing part of our strategic vision, we plan to invest in developing strategies to maximize the collaboration with, and contribution of, newly selected EOHHS certified BH- and LTSS-Community Partners (CPs) to meet Members' LTSS and BH needs in an integrated manner. We will prioritize the development of work flows, best practice protocols, trainings and supports to create this integrated vision. We also plan to

invest in expanding community linkages between the ACO-PP and additional providers, CPs, and social services across our service area.

**Priority 3. Fund “flexible services” that address social determinants of health.** The MassHealth program establishes clear expectations that ACO-PPs make investments that address Members’ social determinants of health. We will support this requirement by investing in programs that ensure that Members’ social service needs are adequately assessed through our Comprehensive Assessment and, that linkages with social service organizations are established. Based upon funding authorization by EOHHS, we will invest in services such as housing stabilization, utility assistance, nutritional counseling, and counseling and supports around instability and violence.

**Priority 4. Build a foundation to expand our role in accountable care delivery.** We are committed to investing in incentives that promote quality outcomes and the integration of primary care with BH, LTSS, and Care Management services at the practice level. As a provider organization that has not participated in Value-based purchasing, this is a key priority.

We will invest in activities that will help partners embrace a transition to working to achieve value-based incentives. Some steps that we see as being essential to this process include, but are not limited to: developing data infrastructure to measure and share information regarding performance; developing clinical, operational and data workflows that support value-based incentives; educating providers regarding workflows, data and value-based opportunities; and, obtaining baseline data.

We also wish to fund a learning collaborative to jointly define Care Management processes, protocols and work flows among our HCB ACO partners to develop best practices. By moving toward these activities, Health Collaborative of the Berkshires will create a strong foundation for high quality, accountable care delivery.

**Priority 5. Materially improve Member experience and relationships with PCPs.** We plan to invest in initiatives that increase Member awareness of available health care services and education materials that increase Member understanding of health care needs and services. We will promote Member access to services and Member awareness of PCP choice, thereby strengthening critical primary care relationships, which we believe will lead to improved clinical outcomes and the reduction of avoidable medical costs.

### **1.1 ACO Goals from its Full Participation Plan**

BFHC aims to accomplish through investments funded by the DSRIP program over the five-year period the below outlined goals and objectives. Goals are placed into one or more of the following four goal categories:

#### **1. Cost and Utilization Management**

- I. Reduce Emergency Department utilization to statewide market rate
- II. Reduce high cost imaging to statewide market rate

## **2. Integration of Physical Health, BH, LTSS and Health-Related Social Services**

- I. Reduce readmission and admission to hospital services to statewide benchmark
- II. Reduce readmission and admission of opioid and substance use disorder cases
- III. Develop and implement high functioning Information Technology interoperability between the Health Collaborative of the Berkshires and Fallon Community Health Plan

## **3. Member Engagement**

- I. Develop Care Navigation infrastructure, capacity, standard workflows and protocols with Fallon Health to be implemented within all ACO partner agencies
- II. Develop sustainable programs in alignment with the needs of Medicaid members and Berkshire County partnerships

## **4. Quality**

- I. Achieve annual quality goals established by the state and referenced in Appendix Q of the contract

### **1.2 PY1 Investments Overview and Progress toward Goals**

The DSRIP Plan is developed and approved by a joint work group reporting to the ACO's Governing Board. Below highlights the high-level summary of the investment approach:

- ACO Program Strategy: Develop care coordination and care management teams (care management pods) to manage Medicaid members, develop disease management programs to improve cost of care, integration of Behavior Health and Primary Care practices, and connect Medicaid with care management hospital services with primary care practice providers
- DSRIP Goals: HCB and Fallon Health share strategic goals to improve outcomes, reduce costs, and improve the overall quality of care for MassHealth Members. These goals are foundational to the creation of our ACO. Our shared strategic goals are to:
  - Transform and innovate to improve the health status and outcomes for MassHealth Members
  - Design and implement a network of high value providers who offer value over volume
  - Offer quality, patient-centered and cost-effective care that engages patients in their own health care in a culturally and linguistically appropriate manner
  - Deliver integrated care including physical and BH as well as psychosocial supports
  - Provide effective population health management for MassHealth Members in the Berkshire region
- DSRIP Investment Strategy: HCB DSRIP full participation plan allow Fallon Community Health Plan and the ACO to achieve three strategic objectives that align with our Model of Care. Those objectives include:

- Expand resources and capacity to allow HCB to provide care management service to the ACO population
- Assist with the creation of HCB population health model to support the unique health care and psychosocial needs of Medicaid members
- Automate system connections between Fallon, HCB, and other community partners
- PY1 Investment Updates:
  - Investment in Care Management Pods
    - The development and implementation of the care management pods is complete. The teams are located in all parts of Berkshire County where they interact with members and other health care professionals to provide comprehensive and integrated case management to members.
  - Investments to Support BH needs of Members
    - The development and implementation of a SUD team to help provide high touch support to high utilizing members struggling with medical co-morbidities and co-occurring SUD was completed during PY1.
  - Investments to Support Medical needs of Members
    - The development and implementation of a blood pressure management program to support members with uncontrolled hypertension was completed in PY1.
  - Investments to Create Automated Systems
    - Significant IT investments were made during PY1 to support real time information being transmitted to the care teams so that the teams could take immediate actions to outreach to patients during vulnerable moments such as presentation to the ED or an acute admission.

### **1.3 Success and Challenges of PY1**

Successes of PY1 included operationalizing of the Care Management Pods throughout Berkshire County. The Care Management Pods were successful in achieving all PY1 metrics which were largely process measures.

The challenges of PY1 included the rural geography of the region which impacts access to services as well as utilization rates of specific health care service lines. In order to tackle these challenges, the ACO made initial investments in remote care to provide expanded access via telehealth to services such as dermatology and diabetic retinopathy screening.

Integration of the CP program into the ACO workflow proved to be another challenge of PY1. Communication and expectations were often variable between the ACO and CPs. To address these problems the ACO implemented multidisciplinary meetings between the two groups to review expectations around processes and conduct targeted case reviews.

The ACO has struggled with scaling the Provider Practice targeting SUD patients. The practice has shown progress with addressing patient needs of those engaged and driving down utilization. However, it has been difficult to engage many patients in the program. The ACO has decided to close this practice in PY2 and focus the investments budgeted in this category on integration of SUD treatment into primary care provider offices. This will include the expansion of MAT waivers among providers in primary care and recovery coach training for the medical assistants supporting these providers. The ACO anticipates presenting a formal plan and budget amendment for this change in investment scope in the near future.