# Meeting Minutes October 13, 2020 – One Care Implementation Council Meeting

Meeting Location:Zoom

Date:October 13, 2020 10:00 AM – 12:00 PM

Council Member attendees: Suzann Bedrosian, Crystal Evans (Co Vice-Chair), Dennis Heaphy (Chair), Jeff Keilson, David Matteodo, Paul Styczko (Co Vice-Chair), Kestrell Verlager, Sara Willig, Darrell Wright.

Key Stakeholders and Presenters: Toyin Ajayi (Tufts Unify), Corri Altman Moore (MassHealth), Richard Antonelli (Boston Children’s Hospital), Jennifer Barron (CMS), Laura Black (CCA), Maggie Carey (UMass), Amanda Cassel-Kraft (MassHealth), Leslie Diaz (My Ombudsman), Hilary Deignan (UMass), Tyler George (Tufts Unify), Sophie Hansen (CCA), Henri McGill (MassHealth), Ken Preede (CCA), Alysa St. Charles (UMass), Lori Tishler (CCA), Eric Weil (Tufts Unify), Danielle Westermann (Tufts).

Unable to attend: Dan McHale, Chris White.

Presentations/Discussions:

* IC Meeting Agenda;
* September 8th IC meeting minutes
* *MassHealth Presentation Implementation Council Meeting, October 13th*
* Dr. Richard Antonelli presentation *Care Integration: What is it? Can it be Measured? One Care Implementation Council October 2020*
* *October Implementation Council, Cityblock Health, One Care Program, October 2020*
* Commonwealth Care Alliance presentation *One Care Implementation Council Presentation, October 13, 2020*

[Documents available online](https://www.mass.gov/service-details/one-care-implementation-council)

# Executive Summary and Action Items:

## Welcome / review September 8th meeting minutes

Paul Styczko, Implementation Council (IC) Vice Co-Chair, opened the meeting and asked for a motion to approve the minutes from the September 2020 meeting. The motion was seconded and carried.

## MassHealth Update

Henri McGill, One Care Program Manager, presented *MassHealth Presentation Implementation Council Meeting, October 13th* updating the Council on the Implementation Council Recommitment process and current Flu Vaccination Requirements.

## Dr. Richard Antonelli Quality Measures

Richard Antonelli, MD, Medical Director of Integrated Care, presented *Care Integration: What is it? Can it be Measured? One Care Implementation Council October 2020,* describing how care integration and care coordination services improve care quality and outcomes.

## CCA and Tufts Unify Presentations

Toyin Ajayi, MD, Chief Health Officer Cityblock, Eric Weil, MD, Associate Chief Health Officer Cityblock, Mark Margiotta, Director, Product Strategy at Tufts Unify, and Tyler George, General Manager Cityblock, presented *Cityblock Health, One Care Program, October 2020,* describing Cityblock services for One Care members and examples of their COVID-19 support for members.

Laura Black, Senior Vice President, Commonwealth Care Alliance (CCA) Care Management and Clinical Services, and Lori Tishler, MD, Senior Vice President CCA Medical Services, presented *One Care Implementation Council Presentation October 13, 2020,* describing the CCC (Commonwealth Community Care) program care model for One Care members.

# Meeting Minutes:

## Welcome / review September 8th meeting minutes

Paul Styczko, Implementation Council (IC) Vice Co-Chair, opened the meeting and asked for a motion to approve the minutes from the September 2020 meeting. The motion was seconded and carried.

## MassHealth Update

Henri McGill, One Care Program Manager, presented *MassHealth Presentation Implementation Council Meeting, October 13th* updating the Council on the Implementation Council Recommitment process and current Flu Vaccination Requirements.

## Dr. Richard Antonelli Quality Measures

Richard Antonelli, MD, Medical Director of Integrated Care at Boston Children’s Hospital, presented *Care Integration: What is it? Can it be Measured? One Care Implementation Council October 2020,* describing how care integration and care coordination services improve care quality and outcomes.

## CCA and Tufts Unify Presentations

Toyin Ajayi, MD, Chief Health Officer Cityblock, Eric Weil, MD, Associate Chief Health Officer Cityblock, Mark Margiotta, Director, Product Strategy at Tufts Unify Health, and Tyler George, General Manager Citylock, presented *Cityblock Health, One Care Program, October 2020,* describing Cityblock services for One Care members and examples of their COVID-19 support for members.

Laura Black, Senior Vice President, Commonwealth Care Alliance (CCA) Care Management and Clinical Services, and Lori Tishler, MD, Senior Vice President CCA Medical Services, presented *One Care Implementation Council Presentation October 13, 2020,* describing the Commonwealth Community Care (CCC) program care model for One Care members.

### Questions / Comments:

* IC member asked how Cityblock is different from Tufts other care coordination programs and whether Tufts plans to expand Cityblock beyond Worcester eventually. IC member further asked if Tufts was planning to compare outcomes and quality measures for members in Cityblock versus those getting Tufts care coordination.
  + Tufts stated that all One Care members get the same benefits whether they have care coordination through Cityblock or Tufts but that the care models differ, with Cityblock offering integration of clinical care including primary care and behavioral health clinicians. Tufts stated that they will compare patient experience and outcomes in the two care models to determine whether to expand either care model to additional regions.
  + IC member asked if One Care members were assigned to Cityblock because of high care needs or if the designation was geographical.
  + Tufts stated that assignment to Cityblock is geographical.
* IC member asked how the Commonwealth Community Care (CCC) program differs from the rest of CCA. Member asked if CCA looks at how quality measures at the two different programs compare.
  + CCA answered that all members get the same care coordination and PCP care but that in CCC the care management is embedded in the member’s primary care.
* IC member asked how the models of care presented help people with autism access services that address long term services and supports (LTSS), social determinants of health (SDOH) and social isolation – especially members who do not reach out for services directly.
  + CCA stated that they reach out to members to inquire on needs and do not wait for members to call them. CCA stated they also created engagement centers to help members deal with isolation.
  + Cityblock stated that they also reach out directly to members, speaking to some members daily. Cityblock added that they also ask members about their experiences of isolation and loneliness as part of their COVID screens. Cityblock stated that one example of how they helped a member with loneliness was by helping a member get a new puppy when their dog died.
* IC member stated that while One Care is supposed to be a person-centered model of care many members do not seem to know who their care coordinator is. IC member asked how the plans make sure members know who their care coordinator is and what the coordinator can do for the member. IC member suggested that some members think of the care coordinator as like a case manager or social worker which is a more medical and paternalistic relationship.
  + Cityblock stated that when they first call members they are often, as expected, not sure of who they are, and the members can be skeptical of what role they are playing within Tufts and One Care. Cityblock acknowledged that it takes some time for a member to get to know their care coordinator when there is a program change but said that they are using scripts, talking points, and additional follow-up with members to ease the transition. Cityblock added that this is a continuous process and that they welcome feedback on how to improve this transition.
  + IC member stated that the number of different coordination and care team roles that exist in the care model can confuse members and asked Tufts/Cityblock if they sent member letters about the care coordination changes and did warm hand-offs (where the previous care coordinator introduces the member to the new care coordinator).
  + Cityblock sated that their explanations of the care coordination services focus on what the care model can provide members and not on the names of different services or care team members. Cityblock added that the member drives the care coordination hand-off, based on the member’s needs, with all members receiving notices of the change in the mail, along with a warm hand-off over the phone or in person.
  + CCA stated that all members across the program are introduced to the services prior to when the care partner meets the member.
* IC member stated that the new CCC care system requires members to call into a care center and go through a nurse who does not know the member or their care needs before they are able to reach the care partner which delays services and forces the member to repeat their story.
  + CCA stated that some members have expressed that they prefer the new care system and have been able to receive durable medical equipment (DME) more quickly than in the past. CCA acknowledged that there can be issues whenever there is a change in a system and suggested the member talk with CCA offline.
  + IC member stated that in the past a member could directly contact their care partner, and now there is a middle person who is triaging calls but not part of the care team and does not know the member that the member must talk to before they can reach their care partner.
  + CCA stated that the person answering calls is part of the care team.
  + IC member asked if the member has never met the person on the phone, are they part of the care team?
  + CCA answered yes, they are part of the care team.
* IC member noted that since May there has been unprecedented demand for beds and other assistance in psychiatric hospitals for behavioral health (BH) care. IC member asked if plans have noticed this trend as well?
  + Tufts confirmed that they have seen an increase in BH needs and stated they would like to partner with the BH hospitals to transition care into the home.
  + CCA stated that they have also seen increased BH needs.
  + IC member stated that they have seen both increased demand as well as increased acuity and suggested that whatever early interventions the plans could offer in member’s home would help to relieve the strain on hospitals.
* IC member asked how the plans’ care models incorporate certified peer specialists (CPS) and the long-term services and supports coordinator (LTS-C).
  + Tufts stated that they proactively communicate the benefits of the LTS-C and offer these services to all members. Tufts reported that they share information about both CPS and Recovery Coaches (RC) to all members who might benefit and stated they have seen an uptick in both member requests and internal referrals for CPS and/or RC.
  + CCA answered they can provide data on whether there have been increased requests for CPS/RC and LTS-C. CCA stated that every three months they ask members about their LTSS and other needs. CCA noted that many members did not want people in their homes due to COVID – especially during the period from March – May but that has changed a bit since then.

The meeting was adjourned.