

One Care Implementation Council Meeting
Department of Public Health (DPH) 250 Washington St.
Boston, MA
October 9, 2018 10:00 am – 12:00 pm

Council Member attendees: Crystal Evans, Dennis Heaphy (Chair), Jeffrey Keilson, David Matteodo, Henri McGill, Dan McHale, Dale Mitchell, Paul Styczko, Howard Trachtman (Vice Chair) and Sara Willig.

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass), Donna Kymalainen (UMass), Raymond Gomez (Tufts Unify), Joshua Krintzman (Commonwealth Care Alliance), Lisa McGlinchy (UMass - by phone), Rosanne Mitrano (MassHealth), Holly Robinson (CMS - by phone).

Unable to Attend: Suzann Bedrosian

Handouts: September 12th meeting minutes, agenda, MassHealth presentation, CCA presentation.

Documents will be available online at <https://www.mass.gov/service-details/one-care-implementation-council-0>

1. Welcome and Introductions

- Implementation Council (Council) Chair Dennis Heaphy announced that this meeting would be Howard Trachtman's last meeting, as he is resigning from the Council.
- The Chair also announced a change in the agenda; CCA would be presenting on women's health, but Tufts would present on women's health at a later date.
- Council Co-Chair, Howard Trachtman, opened the meeting and asked members and phone participants to introduce themselves.

2. Updates from MassHealth

- Corri Altman Moore, MassHealth Director of Policy, provided updates:
 - The deadline for the procurement for additional IC members has been extended to November 1, 2018 at 5:00 pm. She reiterated that current Council members do not have to apply, and that this procurement is to get *additional* members onto the Council. She reminded people that the application process is straightforward and simple; just a nomination form and a letter of recommendation.
 - MassHealth has received 25 responses to the Duals 2.0 request for information (RFI) that they posted in early September.
 - A question was asked if they are posted on line but Corri said they are very long and that MassHealth was currently reading them.
 - The Chair said he is working on submitting a response from the Council and is looking for input from Council members.
 - Jennifer Baron from CMS said the October 17 due date to send comments to CMS is not a hard date and comments after that date can be sent directly to her.
 - The Duals 2.0 Request for Responses (RFR) will be released in the next 1-2 months.
 - A milestone for One Care is that CCA will be accepting enrollments in Bristol County as of January 2019.
 - The original web site (called the Duals Demonstration web page) will be moved to a new section of the One Care web site called "One Care Administration Information." The direct link is: www.mass.gov/one-care-administrative-information. The original Duals web site will eventually be retired; if there are any problems, Corri suggested contacting MassHealth.
- Implementation Council member Crystal Evans and the Chair then introduced the CCA representative, Colleen Senterfitt, to speak on women's health.

3. Women's Health:

- Colleen presented the HEDIS measures data (Healthcare Effectiveness Data and Information Set from the National Committee for Quality Assurance or NCQA), CCA's performance on the measures and barriers for members.
 - A member commented that if the phone calls for member outreach were automated, then perhaps texting could be implemented (like CCA texts for dental appointments).
 - Colleen said CCA is trying a variety of campaigns for outreach, all conducted through CCA's consumer center quality team. They are being evaluated for their effectiveness. She said this strategy is based on successes that other health plans have used.
 - A member asked if there was an option to connect with a live person
 - Colleen said yes.
 - Another member asked if there was a mailbox for members to leave messages.
 - Colleen said most calls are during business hours and CCA is taking steps to make sure there is a female respondent to talk with.
 - Another member commented that utilizing LTS Coordinators and Certified Peer Specialists in this process may have more direct access and credibility. The member encouraged using these types of resources.
 - The member then asked if CCA's gap reports can identify gaps in populations by language or geography for behavioral health and medical diagnoses.
 - Colleen said they can see a member's model of care, geography and language which will help them figure out where they are making progress and where there may be opportunities for improvement.
 - The member asked if this data on specific gaps in service would be available for the Council, especially around language and geography.
 - Colleen said data will not be available for about 3-6 months. She expects she can share some data next March or April.
 - Another member asked about integrating the different screenings (breast and cervical).
 - Colleen said yes, CCA talks with women about all screenings.
 - Another member asked about how CCA approaches members who are binary or transitioning from female to male, as they may not identify as a woman.
 - Colleen said the language used is inclusive and they try to be as welcoming as possible for all members.
 - A member asked about breast cancer screening and how it compared with overall Massachusetts data.
 - Colleen did not have the data but compared the data to the overall US data. She said the *Healthy People* goal is 81%.

- Another member asked about the significant drop in the number of breast cancer screenings.
 - Colleen said they do not understand why there has been a drop, but they are digging into that. CCA is wrapping cervical and breast cancer screenings into a single strategy and said the knowledge barriers are similar, as some women are not clear about how often they should have either of these screenings. Regarding accessibility to mammograms, she is pleased about how they are accommodating for members. She reiterated that CCA is working on educating all members about the importance of preventive screening.
- A member asked about the change in the care model at CCA.
 - Colleen stressed the importance of repetitive and proactive messaging (mailings, newsletters, calls) and education for members and the care partners agree with this. She said the *Member Voices* campaign helps inform them of what is working and what is not. Also, she said, the gap reports can identify the gaps in coverage – and that there may be four, five or six gaps for some members. She said the repetitive outreach may help encourage members to tell CCA about barriers they encounter.
- One audience member suggested that trauma may be a significant barrier for some members.
 - Colleen agreed and said trauma is tied to pain and embarrassment and that CCA performs trauma-informed care. She said they need to be careful about the language used and to “meet people where they are.” She also said CCA is trying to make this information available to providers as well.
- A member asked if there was a way to share resources, so members knew which providers may be particularly adept for members with trauma.
- Another member asked if CCA was aware if members were using certified peer specialists and recovery coaches.
 - Colleen said in CCA’s Commonwealth Community Care (CCC) clinics, women are using their PCAs as they are most comfortable with them for both facilitating mobility and helping with conversations.
- A member then pointed to the Department of Public Health (DPH), which represents people with disabilities and are proponents of making sure members are using peer specialists.
- Another member said additional barriers are health literacy and language.
- The Chair then said that any presentations made to the Implementation Council need to use state data rather than national data since Massachusetts is usually far ahead of other states across the country.
- Corri then asked if CCA had a mechanism in place with providers who may be aware of a member who is pregnant, so they can report it back. She also asked if MassHealth could do anything to help with that effort.

- Colleen said from a provider's perspective, it is challenging since there are so many payers. She said they have looked at claims data to see lab tests and ultrasounds for pregnancy and are able to identify more members who are pregnant earlier.
- A member asked if there is any difference in women who have a disability compared to those who do not regarding pregnancy.
 - Colleen said any woman, regardless of disability status (with just a few exceptions), knows when she is pregnant. And, she said, they are pretty good at getting pre-natal care. The struggle, she said, is getting breastfeeding and childhood education available to these new mothers, as they are not covered in the same way as other health services. The only data that are available is national and Massachusetts does well overall, except with disparities in outcomes for African-American babies.
- A member asked if postpartum care is automatic once CCA finds out they deliver the baby?
 - Colleen said not at this time, but they are changing the way they deliver care, as it is now claims-based.
- Another member asked about the role of the care coordinator to make sure that data are available.
 - Colleen said their recently-launched an in-house Doula program with non-clinical experts for prenatal and postpartum support. Studies have indicated that when women have Doula support, pre-term births decrease.
- A member asked if there are supports for women who lose a pregnancy.
 - Colleen said if members do not share this information, then CCA would not know. She also said that they now have a pregnancy report for providers to alert them and remind them about the Doula program, the features of which are:
 - State-wide services
 - Home visits
 - Contact with member throughout pregnancy, delivery and post-partum (up to one year)
 - Maternal attachment and care supports
 - Offers post-partum depression screening
- A member asked if there are benefits for assistive reproduction, but discussion determined that is not a covered service under One Care.
 - Colleen did say there was counseling from providers for this
- Another member asked about statistics on abortion service, which is a covered service. The Doula program includes abortions as well.
- Another member asked if CCA is clear to members about what the Doula program can offer (and what it cannot).

- The member also asked if CCA had a list of OB/GYN or internists who specialize in working with women who have disabilities in Massachusetts.
 - Colleen said they are working on compiling that list.
- The member followed up asking if they talk with members about their personal experience with providers.
 - Colleen said they hope to get input into their *Member Voice* program through interviews and focus groups.
- Raymond Gomez from Tufts expressed his enthusiasm for this topic and looks forward to their own presentation soon. He asked if the CCA HEDIS measures are specific to the One Care population or included all CCA members?
 - Colleen said only breast cancer screening crosses over into SCO. and the others are only for the One Care population.
- A member asked if CCA works with providers (Family Health Center in Worcester or South Shore Medical Center) who already offer services around pre-natal and post-partum care for immigrant populations and for people with disabilities.
 - Colleen said that for cervical and breast cancer screenings, they have provided comprehensive gap reports to review with providers, small and large. Some, she said, have better systems in place and more resources in place than others but she meets with them “where they are.”
 - She said CCA likes to share what it hears from provider groups, so all can learn.
 - Colleen said her participation in the maternity group at the *March of Dimes* provides an opportunity to meet with many OB providers and hospitals across Massachusetts.
- The Chair then asked the Massachusetts Department of Public Health (DPH) staff about their feedback on CCA’s presentation and identify what is being done at DPH to promote women’s health.
 - DPH representative said they are in the process of adding some disability questions to claims data. She said it is a good opportunity to get more state-level data and asked to whom to send information to at MassHealth?
 - Corri suggested the information can be sent to Malinda Ellwood and Daniel Cohen.
- The Co-Chair said the goal today for the women’s health presentation was not to fix everything but to hear from the plans and to assemble a work group and asked who wanted to volunteer?
 - Colleen Senterfitt from CCA
 - Sara Willig from the Council
 - Malinda Ellwood and/or Tina Barbosa from MassHealth
- Corri asked if there should be some direction for the work group on women’s health but the Chair suggested the work group should decide

when they meet. The Chair also said this work group would not last forever and that the members can decide on the outcomes they are looking for, with a timeline in mind. He said he hopes some experts in this field would be part of the work group.

- A member asked about the behavioral needs of pregnant women in this work group and asked if CMS could contribute in this area.
 - Jennifer Baron from CMS said she would be happy to help and will talk with Crystal directly.
- A member suggested that representatives from the recovery communities would be appropriate for this work group.
- Another member offered an outside friend to participate in the work group.
- Another member asked if individuals at ASAPs, LTS Coordinators or Council members can contribute their expertise.
- A member asked about health needs for women who are homeless, and a Council member suggested *Boston Health Care for the Homeless Program*. The member also asked about healthcare access for women who are homebound.
 - Colleen said it depends on the type of service as cervical cancer screenings can be done at home, but mammograms cannot, due to the equipment needed.
- Another member brought up psychological, social and mental health needs of women, as well as isolation and depression issues.
- Tufts did not present on this topic, nor did they participate in the discussion around it. The plan representative, Mark Margiotta, apologized for this and said they would be able to present on this topic at the next IC meeting.

4. Additional Council Business:

- Procuring new Council members
 - Regarding procuring new Council members, the deadline has been extended to November 1. The Chair said he has been in communication with several other Council members and cited a few instances where there are some misunderstandings circulating. He explained:
 - A Council member does not need to be enrolled in One Care but does have to be enrolled in MassHealth, or be a family member representing a MassHealth enrollee;
 - The Council and MassHealth can increase the geographic locations of the meetings to accommodate those individuals who live outside the Boston area by utilizing a remote webinar system (like Zoom);
 - Involvement on this Council is an active process, where there has been a good deal of progress and that joining the Council would be a good opportunity to impact change, develop best practices and

impact the entire system. An example is the learnings that the ACO system where much knowledge has come from the improvements made in One Care;

- A Council member does not need to be an expert in any field but be willing to speak beyond their own experiences and address larger systems changes.
- Corri said they are looking to fill 2-4 spots on the Council but it is best to have a competitive process and would like to see a robust pool of applicants.
 - A Council member said they continue to reach out to the well-rooted consumer health movement as well as to the plans.
 - Josh Krintzman from CCA said they posted this opportunity on their web site and through other channels and have received interest.
 - A member said he is reaching out to groups that may not currently have representation, particularly the southeast Asian and Latino organizations.
- When the Co-Chair opened the meeting to audience members, Kimberley Warsett from the Massachusetts Department of Public Health (DPH) spoke about needing more representation from people with disabilities, people of color, people of differently levels of education to partner with the department.
 - The Chair said he has been a co-chair of this committee for a while but will be cycling off soon.
- A Council member asked about letter to CMS that the Chair was writing on behalf of the Council.
 - The Chair said he is drafting a letter with the goal of moving One Care forward and to protect the population-based approach.
- Corri then presented Howard Trachtman, Council member and Co-Chair since 2013, with a certificate of appreciation, as Howard is resigning after this meeting. Also, certificates for Florette Willis, also a Council member and co-chair since 2013, and Lydia Brown were presented in absentia.

5. Adjournment

- The Co-Chair noted the upcoming meetings and then asked and received a motion, and a second, to adjourn the meeting.

Upcoming Meetings:

Tuesday, November 13, 2018
10:00 am -12:00 pm
Health Policy Commission (HPC)
8th Floor
50 Milk Street
Boston

Tuesday, December 11, 2018
10:00 am -12:00 pm
Department of Public Health (DPH)
2nd Floor
250 Washington Street
Boston