Massachusetts One Care Demonstration:
Beneficiary Experience Research

Presentation to One Care Implementation Council
on behalf of the Medicare-Medicaid Coordination Office (MMCO)

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Agenda

- **Research Goals**
- **Methodology**
- **Key Findings**
  - Cross cutting findings and findings for key subgroups
- **Special Considerations**
- **Possible Next Steps**
- **Q & A**

Research Goals

- **Better understand whether and how care coordination and care planning services affected access for dually eligible individuals in One Care**
  - Medical care
  - Behavioral health care (BH)
  - Home- and community-based services (HCBS)
  - Related social needs (such as housing, food security, and transportation)
- **Employ a health equity framework to begin to understand the distinct experiences of beneficiaries**
  - Of racial and ethnic minority groups
  - Who do not speak English as their primary language
  - Are Deaf or hard of hearing
  - Are blind or have low vision

Methodology

- **Participants included "higher-risk" beneficiaries which the research team defined as:**
  - Those with multiple chronic conditions (MCCs)
  - Users of behavioral health (BH) services
  - Users of home-and community-based services (HCBS)
- **Completed 42 semi-structured telephone interviews conducted from July 2022 to August 2022 with One Care members living in community settings.[1]**
- **Oversampled beneficiaries who are from racial and ethnic minorities, Deaf or hard of hearing, and/or blind or have low vision.**

[1]Those enrolled in UnitedHealthcare Connected were ineligible for this study as 12 months of MMP experience were required to participate

Interview Guide

- **Used an interview guide developed in alignment with the Care Model Focus Initiative (CMFI) with input from MMCO and MassHealth**
- **Asked beneficiaries about:**
  - Care team coordination
  - Health assessments and care planning
  - Care during an episode of higher health needs
  - Relationship with their Care Coordinator
  - Health-related social needs (Social Determinants of Health)
  - Use of and access to Durable Medical Equipment (DME) and HCBS
  - Member protections
  - Suggestions for improvements

Participant Characteristics (n=42)

Characteristics	Count (N)
Race	
Asian, Non-Hispanic	1
Black, Non-Hispanic	11
White, Hispanic	13
White, Non-Hispanic	11
Multi-racial	6
Gender	
Female	22
Male	20
One Care Plan	
Tufts	10
Commonwealth Care Alliance	32
Other subgroups	
Blind or has low vision	12
Deaf or hard of hearing	6
Languages Spoken	
English-only	29
Spanish-only	8
Bilingual (English with another language)	5

Subgroup Analysis

/ English-speaking group (n = 23)

- Included participants who spoke English or bilingual with English but were neither blind nor had low vision

/ Blind or low vision group (n = 11)

- Included participants who spoke English who were either blind or had low vision

/ Spanish-speaking group (n = 8)

- Included participants who only spoke Spanish (i.e. were not bilingual with English) who may or may not have low vision

Cross Cutting and Subgroup Findings

Access and Quality of Medical Care

Cross-Cutting Findings
1. Most reported **satisfaction** with the access and quality of medical care through One Care. 2. Participants generally shared positive feedback about working with health teams, especially **how providers, coordinators, and informal supports communicated** with one another to facilitate their care. 3. Participants with recent in-patient hospitalizations were **satisfied with the after-care experiences** facilitated by their MMPs.

Subgroup Differences	
Spanish-speaking group	- Reported **less coordination** between their providers. - Had **fewer Emergency Department** visits and hospitalizations in the last year.

"Everything [I needed] was in place, from a visiting nurse to the proper medicine…[it] was all lined up [after my hospitalization]."

— Member of the English-speaking group

Access to DME and HCBS

Cross-Cutting Finding	
4. Most used MMPs to **access the DME and HCBS needed** to manage their health conditions.	
Subgroup Differences	
Spanish-speaking group	- Reported **fewer conversations with care coordinators** about the HCBS available through the MMP than other subgroups. - Many mentioned **friends and family helping with HCBS needs**.
Blind or low vision group	- Reported **barriers to getting DME approved** through the MMP.

"When I got my first surgery, [the plan] provided me with the brace… and canes and the sleep apnea machine."

—Member of the English-speaking group

"It took a year to get a cane, and I had to buy it myself."

—Member of the blind or low vision group

Health Assessments and Care Planning

Cross-Cutting Findings
5. Most recalled **completing a health assessment** with their MMP. 6. Participants shared generally **positive experiences** with health assessments, though few recalled the care plan. 7. The few with negative health assessment experiences reported an unmet need for services.

Subgroup Difference	
Spanish-speaking group	- **Less likely to report they completed a health assessment** with a member of their MMP.

"I feel like I was very involved [in the care planning process] and [my CC] was helpful to linking me to what I need."

—Member of the English-speaking group

Care Coordinator Transitions

Cross-Cutting Finding

8. Transition to a new care coordinator **impacted health care**; though some **reported improvements** after the switch, others reported **disruptions in care**.

"I talk to [my new CC] every two weeks. She asks me questions like she really cares about my situation… before [her], it was some lady, but I don't remember."

— Member of the blind or low vision group

"[My previous CC] reached out during COVID. She called every other week. Then I switched to another person. Nowhere near. The only time I hear from my worker is when I go to the hospital. She never calls to see what I need."

— Member of the English-speaking group

Social Determinants of Health

Cross-Cutting Findings
9. Most reported adequate **access to nutritious food** and **transportation** to health appointments. 10. Several participants reported **housing as an unmet social need**, citing affordability and safety concerns.

Subgroup Difference	
Spanish-speaking group	- More likely to report that **all their medical and social needs were met**.

"I don't have transportation right now, but I get rides through [my MMP.] I otherwise wouldn't be able to make it to those appointments."

— Member of the English-speaking group

"My family is helping me pay for this apartment because it was the only thing I could find. It's $2200 a month. I make $1200 a month."

— Member of the blind or low vision group

Additional Subgroup Findings

MMP-Initiated Contact with Member

Subgroup Differences	
English-speaking	- Most reported **quarterly contact** from their care coordinator. - Most found MMP written materials **accessible**.
Blind or low vision	- Most reported **monthly contact** from their care coordinator. - About half of this group **could not easily access written materials** sent by their health plan.
Spanish-speaking	- Most reported contact from their care coordinator **once every six months**. - Most reported they received **written materials in Spanish**.

"They reach out to me and send me a lot of pamphlets in the mail."

—Member of the English-speaking group

"I told [my CC] that we need a more accessible format, and she said, 'well, that's the way it happens to work.'"

—Member of the blind or low vision group

Member-Initiated Contact with MMP

Subgroup Differences	
English-speaking	Most reported it was **easy to contact their care coordinator** and get help from the MMP when they needed it.
Blind or low vision	Some reported **difficulty navigating** the MMP's automated phone system and getting a care coordinator call back.
Spanish-speaking	Over half reported **difficulty reaching** Spanish-speaking MMP workers on the phone, and **slow MMP response** when beneficiary requested assistance.

"Since I'm legally blind, I have a hard time with the extensions [at my MMP.]"

—Member of the blind or low vision group

"When you call, it says it's a Spanish hotline but someone answers who doesn't speak Spanish, and they say they don't have anyone, and they put you on hold."

—Member of the Spanish-speaking group

Special Considerations

- **Small sample size**
- **Oversampled individuals who did not speak English, were blind or had low vision, or were Deaf or hard of hearing.**
  - We did not successfully recruit members who were Deaf and used American Sign Language as their primary language.
- **Beneficiaries choosing to participate may have felt more strongly (positively or negatively) about their experiences with One Care.**
- **Though this research was conducted under a CMS contract, the findings are not an indication of the MMPs' compliance (or lack thereof) with the three-way contract (TWC).**

For Consideration

- Consider how relevant provisions in the TWC are being applied, specifically by:
  - Improving accessibility for members who are blind or have low vision by identifying alternative ways for members to contact their care coordinators and receive communication from the plan.
  - Ensuring equitable education and outreach about plan-offered services, such as HCBS, to those who do not speak English.
  - Developing procedures and training for staff when members move to a new address.

Questions?