# **Slide 1:** Findings from the One Care Quality of Life Surveys 2017-2022

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# Slide 2: Report Background

* One Care financial alignment demonstration integrates Medicaid and Medicare services for working-age dual eligible members with disabilities into managed care organizations (MCOs) that receive capitated payment from Medicare and MassHealth.
  + One Care has been offered through two MCOs, Commonwealth Care Alliance and Tufts, since 2016, and in 2022 MassHealth included a plan offered by UnitedHealthcare as a third option.
* One Care offers additional services compared to the fee-for-service (FFS) program:
  + Individualized Care Plan (ICP)
  + Care Coordinator
  + Long Term Supports Coordinator (LTS-C)

*Note: this footnote is included on each slide beginning with this slide. “© 2023. The consulting and operations division of UMass Chan Medical School. Confidential”.*

# Slide 3: Report Background – 2

In response to CMS requirements and the One Care Implementation Council’s request to capture and report any perceived change in members’ experience with health care services due to the One Care Demonstration, UMass Chan has been implementing an annual survey

* For a sample of One Care members since 2017
* For a sample of working-age dual eligible members enrolled in FFS since 2019

# **Slide 4:** Questions Covered in Member Experience Surveys

Questions Covered in One Care Survey

* Reason for and ease of enrollment in One Care
* Members’ care team and satisfaction with their care team
  + Care Coordinator
  + LTS-C
* Utilization of ICP
* Assessment and care planning process

Questions Covered in Both One Care and FFS Surveys

* Members’ care team (primary care provider/personal doctor) and satisfaction with their care team
* Assessment of medical and long-term services and supports (LTSS) needs and how well those needs were met
* Overall satisfaction with healthcare experience

# **Slide 5:** COVID-19 Public Health Emergency

* In March 2020, COVID-19 was declared a Public Health Emergency (PHE)
* In response to the Covid-19 PHE, the One Care program required plans to contact all members to identify their needs and facilitate access to personal protective equipment (e.g., masks for those receiving in-home services) and vaccines

# Slide 6: Research Questions

Q1: How well did One Care members rate their experience with their primary care provider compared to FFS members?

Q2: How well does One Care meet members’ needs for medical and behavioral health services and LTSS?

Q3: What was the impact of the One Care program’s actions during the COVID-19 Public Health Emergency (PHE) on members’ reports of how well One Care medical and behavioral health services and LTSS met their needs?

*Slide footnote:*

Note: All results were weighted and reported at the population level

# **Slide 7:** Survey Implementation

* Survey administered annually between January and May
* Survey administrated in English and Spanish
  + Two-wave mail survey
  + Five telephone follow-ups

# **Slide 8:** Results

# **Slide 9:** Response Rate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Response rate | Response rate  by program | |
| Survey implementation year | Number of respondents | Overall | One Care | FFS |
| 2019 | 2,646 | 38.4% | 38.0% | 38.8% |
| 2020 | 2,853 | 41.4% | 41.7% | 41.0% |
| 2021 | 2,485 | 36.1% | 35.7% | 36.5% |
| 2022 | 2,234 | 32.4% | 32.0% | 33.0% |

# **Slide 10:** Q1: Experience with Care Team

# **Slide 11:** Experience with Primary Care Provider or Personal Doctor

* Between, 2019 and 2022, on average, 96% of One Care and FFS members had a primary care provider (PCP) or personal doctor and the majority reported visiting their PCPs in the last 12 months
  + There was a slight, but significant, decline in members’ visits to their PCP in 2021 and 2022 – a period that overlaps with the COVID-19 Public Health Emergency period. A similar pattern was seen among FFS members

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = Yes, Red = No, and Green = Don’t know/Not sure.*

One Care Members’ Visits with PCP

2019

Yes 95%

No 4%

Don’t know/Not sure <1%

2020

Yes 94%

No 5%

Don’t know/Not sure <1%

2021

Yes 89%

No 10%

Don’t know/Not sure <1%

2022

Yes 90%

No 9%

Don’t know/Not sure <1%

FFS Members’ Visits with PCP

2019

Yes 96%

No 4%

Don’t know/Not sure <1%

2020

Yes 95%

No 5%

Don’t know/Not sure <1%

2021

Yes 90%

No 10%

Don’t know/Not sure <1%

2022

Yes 88%

No 11%

Don’t know/Not sure <1%

*Slide footnote:*Questions  
Do you have a doctor or nurse you see as your Primary Care Provider (PCP)?

Have you had a phone, video or in-person visit with yourPrimary Care Provider in the past 12 months?

# Slide 12: Care Coordination

* **Between 2019 and 2022, an average of 77% of One Care members reported having a Care Coordinator (data not shown)** 
  + On average, 10% of members reported not having a Care Coordinator while 13% of members did not know whether they had a Care Coordinator
* **The majority of those who reported having a Care Coordinator said they had met with their Care Coordinator in the last 12 months** 
  + There was a **significant increase** in the percentage of members who had contact with their Care Coordinator during 2021 and 2022, the period of the COVID-19 PHE, as shown in the chart below.

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = Yes, Red = No, and Green = Don’t know/Not sure.*

Had Contact with Care Coordinator

2019

Yes 79%

No 18%

Don’t know/Not sure 3%

2020

Yes 79%

No 17%

Don’t know/Not sure 3%

2021

Yes 90%

No 8%

Don’t know/Not sure 2%

2022

Yes 89%

No 9%

Don’t know/Not sure 2%

*Slide footnote:*Questions:

Do you have a Care Coordinator/Manager under your One Care plan?

Have you had a phone, video or in-person meeting with your Care Coordinator/Manager in the past 12 months?

# Slide 13: Care Coordination-2

* **On average, the majority of One Care members who had a visit with their Care Coordinator were either extremely satisfied (70%) or somewhat satisfied (23%) with their Care Coordinator** 
  + The results were consistent between 2019 and 2022

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = Extremely satisfied, Red = Somewhat satisfied, Green = Somewhat dissatisfied, and Purple = Extremely dissatisfied.*

Satisfaction with Care Coordinator

2019

Extremely satisfied 71%

Somewhat satisfied 23%

Somewhat dissatisfied 4%

Extremely dissatisfied 2%

2020

Extremely satisfied 71%

Somewhat satisfied 23%

Somewhat dissatisfied 4%

Extremely dissatisfied 2%

2021

Extremely satisfied 68%

Somewhat satisfied 24%

Somewhat dissatisfied 5%

Extremely dissatisfied 3%

2022

Extremely satisfied 69%

Somewhat satisfied 22%

Somewhat dissatisfied 5%

Extremely dissatisfied 4%

*Slide footnote:*Question:

How satisfied are you with your Care Coordinator?

# Slide 14: Long Term Supports Coordinator (LTS-C)

* **Between 2019 and 2022, on average, 48% of One Care members reported their One Care Plan offered an LTS-C in addition to a Care Coordinator**
  + On average, 28% of One Care members did not know or were not sure if their plan offered a LTS-C in addition to a Care Coordinator

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = Yes, Red = No, and Green = Don’t know/Not sure.*

Plan Offered LTS Coordinator

2019

Yes 47%

No 25%

Don’t know/Not sure 28%

2020

Yes 48%

No 23%

Don’t know/Not sure 29%

2021

Yes 50%

No 22%

Don’t know/Not sure 28%

2022

Yes 47%

No 24%

Don’t know/Not sure 29%

*Slidefoot note:*   
Question**:** Did your One Care plan offer you an **LTS Coordinator** in addition to a Care Coordinator/Manager?

# Slide 15: Long Term Supports Coordinator (LTS-C)-2

* **Between 2019 and 2022, an average of 24% of One Care members reported having an LTS-C in addition to a Care Coordinator**
  + On average, 31% of One Care members did not know or were not sure if they have an LTS-C in addition to a Care Coordinator

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = Yes, Red = No, and Green = Don’t know/Not sure.*

Had LTS Coordinator

2019

Yes 24%

No 45%

Don’t know/Not sure 31%

2020

Yes 26%

No 43%

Don’t know/Not sure 31%

2021

Yes 25%

No 44%

Don’t know/Not sure 30%

2022

Yes 22%

No 47%

Don’t know/Not sure 31%

*Slide footnote:*Question**:**

Do you have an **LTS Coordinator** in addition to a Care Manager?

# Slide 16: Long Term Supports Coordinator (LTS-C)- 3

* **Among members who reported having an LTS-C, an average of 84% reported having contact with their LTS-C during the past 12 months**
  + There was a slight increase in members who met with their LTS-C in 2021 and 2022, a period that coincided with the COVID-19 PHE period. This increase was not significant.

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = Yes, Red = No, and Green = Don’t know/Not sure.*

Met with LTS Coordinator

2019

Yes 79%

No 13%

Don’t know/Not sure 8%

2020

Yes 83%

No 11%

Don’t know/Not sure 6%

2021

Yes 88%

No 10%

Don’t know/Not sure 3%

2022

Yes 86%

No 9%

Don’t know/Not sure 5%

*Slide footnote:*Question:

Have you had a phone, video or in-person meeting with your LTS Coordinator in the past 12 months?

# Slide 17: Long Term Supports Coordinator (LTS-C)- 4

* **On average, the majority of One Care members who had a visit with their LTS-C were either extremely satisfied (73%) or somewhat satisfied (22%) with their LTS-C.** 
  + The results were consistent between 2019 and 2022 and there was no significant change in satisfaction level during the study period.

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = Extremely satisfied, Red = Somewhat satisfied, Green = Somewhat dissatisfied, and Purple = Extremely dissatisfied.*

Satisfaction with LTS Coordinator

2019

Extremely satisfied 75%

Somewhat satisfied 20%

Somewhat dissatisfied 3%

Extremely dissatisfied 2%

2020

Extremely satisfied 73%

Somewhat satisfied 22%

Somewhat dissatisfied 3%

Extremely dissatisfied 2%

2021

Extremely satisfied 71%

Somewhat satisfied 24%

Somewhat dissatisfied 4%

Extremely dissatisfied 1%

2022

Extremely satisfied 74%

Somewhat satisfied 23%

Somewhat dissatisfied 3%

Extremely dissatisfied 1%

*Slide footnote:*Questions:

Have you had a phone, video or in-person meeting with your LTS Coordinator in the past 12 months?

How satisfied are you with your LTS Coordinator?

# **Slide 18:** Individualized Care Plan

* Between 2019 and 2022, nearly half of One Care members (53%) reported having an ICP, however, 26% did not know or were not sure if they have one
* For those who reported having an ICP, the majority (80%) reported having their ICP updated within the last 12 months and agreed with what is in their ICP (92%)
  + However, only 62% reported their Care team discussed ways to change a member’s ICP if needed, and 15% did not know or were not sure if the care team discussed this option
* In general, those who have an ICP completely agreed (77%) or agreed somewhat (19%) their ICP includes services they need

*Slide footnote:*Questions:

Do you have an Individualized Care Plan that tells you the services you will get under One Care?

When was your Individualized Care Plan last updated?

Do you agree with what is in your Individualized Care Plan?

Did your Care Team discuss ways to change your Individualized Care Plan, if needed?

Overall, my Individualized Care Plan includes the services I need.

# Slide 19: Q2: Medical and LTSS Needs

# Slide 20: Use and Need for Medical Services

Between 2019 and 2022, One Care members’ needs for medical services were consistent. On average:

* 95% used or needed prescription medication
* 76% used or needed specialty care

Between 2019 and 2022, FFS members’ needs for medical services were consistent. On average:

* 93% used or needed prescription medication
* 75% used or needed specialty care

We found statistically significant differences between One Care and the FFS program when it comes to members’ use of and needs for medical services except for specialty care

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = One Care and Red = FFS.*

Prescription medications\*

One Care 95%

FFS 93%

Specialty care NS

One Care 76%

FFS 75%

\* Denotes significance level of <0.05,\*\*\* significance level of <0.0001, and NS denotes not statistically significant

# Slide 21: Use and Need for Medical Services-2

Between 2019 and 2022, One Care members’ needs for medical services were consistent. On average:

* 79% used or needed oral health/dental care
* 25% used or needed physical, occupational or speech therapy

Between 2019 and 2022, One Care members’ needs for medical services were consistent. On average:

* 79% used or needed oral health/dental care
* 25% used or needed physical, occupational or speech therapy

We found statistically significant differences between One Care and the FFS program when it comes to members’ use of and needs for medical services except for specialty care

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = One Care and Red = FFS.*

Oral health or dental care\*\*\*

One Care 79%

FFS 70%

Physical, occupational, or speech therapy\*\*\*

One Care 25%

FFS 20%

\* Denotes significance level of <0.05,\*\*\* significance level of <0.0001, and NS denotes not statistically significant

# Slide 22: Use and Need for Mental Health and Substance Use Services

Between 2019 and 2022, the needs for mental health and substance use treatment were consistent. On average:

* 58% of One Care members used or needed mental health services
* 49% of FFS members used or needed mental health services

We found no statistically significant differences between One Care and the FFS program when it comes to members’ use of and needs for substance use treatment

* 6% of dual eligible members needed substance use treatment

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = One Care and Red = FFS.*

Mental health services\*\*\*

One Care 58%

FFS 49%

Substance use treatment NS

One Care 6%

FFS 6%

\*\*\* Denotes a significance level of <0.0001 and NS denotes not statistically significant

# Slide 23: Use and Need for LTSS

Between 2019 and 2022, One Care members needs for long-term services and supports were consistent.

On average:

* 42% used or needed medical equipment and supplies
* 38% needed help with personal care and everyday tasks
* 32% needed help doing things in the community

Between 2019 and 2022, FFS members’ needs for long-term services and supports were consistent.

On average:

* 31% used or needed medical equipment and supplies
* 26% needed help with personal care and everyday tasks
* 29% needed help doing things in the community

We found statistically significant differences between One Care and the FFS program when it comes to members’ use of and needs for LTSS

*Note: the following data is shown in a bar graph. Colors are noted here in case the presenter mentions them during the meeting. Blue = One Care and Red = FFS.*

Medical equipment and supplies\*\*\*

One Care 42%

FFS 31%

Help with personal care and everyday tasks\*\*\*

One Care 38%

FFS 26%

Help doing things in the community\*

One Care 32%

FFS 29%

\*\* denotes significance level of <0.05, \*\* significance level of <0.001, \*\*\* significance level of <0.0001

# Slide 24: Use and Need for LTSS-2

Between 2019 and 2022, One Care members’ needs for long-term services and supports were consistent.

On average:

* 12% needed help with day program services
* 8% needed help with assistive technology

Between 2019 and 2022, FFS members’ needs for long-term services and supports were consistent.

On average:

* 9% needed help with day program services
* 6% needed help with assistive technology

We found statistically significant differences between One Care and the FFS program when it comes to members’ use of and needs for LTSS

*Note: the following data is shown in a bar graph. Colors are noted here in case the presenter mentions them during the meeting. Blue = One Care and Red = FFS.*

Day program services\*\*\*

One Care 12%

FFS 9%

Assistive Technology\*\*

One Care 8%

FFS 6%

\* denotes significance level of <0.05, \*\* significance level of <0.001, \*\*\* significance level of <0.0001

# Slide 25: Use and Need Transportation

Between 2019 and 2022, One Care members’ needs for long-term services and supports were consistent.

On average:

* 36% needed help with transportation to community activities
* 47% used or needed transportation to medical services. We found a significant difference in the use of these services in 2021 and 2020, most likely due to the COVID-19 PHE

Between 2019 and 2022, FFS members’ needs for long-term services and supports were consistent.

On average:

* 30% needed help with transportation to community activities
* 38% used or needed transportation to medical services. We found a significant difference in the use of these services in 2021 and 2020, most likely due to the COVID-19 PHE

We found statistically significant differences between One Care and the FFS program when it comes to members’ use of and needs for transportation services

*Note: the following data is shown in a bar graph. Colors are noted here in case the presenter mentions them during the meeting. Blue = One Care and Red = FFS.*

Help with transportation to community activities\*\*\*

One Care 36%

FFS 30%

Help with transportation to medical services\*\*\*

One Care 47%

FFS 38%

\*\*\* denotes a significance level of <0.0001

# **Slide 26:** Meeting Needs for Medical Services

* **Between 2019 and 2022, we found significant differences in how well medical needs were met among One Care members versus FFS members for the following services:**
  + Prescription medication: 90% of needs for prescription medication were very well met among those enrolled in One Care compared to 84% in the FFS program
  + Specialty care: 80% of needs for specialty care were very well met among those enrolled in One Care compared to 76% in the FFS program

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Blue = One Care and Red = FFS.*

Prescription medications\*\*\*

Very well One Care 90%; FFS 84%

Somewhat One Care 8%; FFS 15%

Not at all One Care 1%; FFS 1%

Specialty care\*\*\*

Very well One Care 80%; FFS 76%

Somewhat One Care 15%; FFS 20%

Not at all One Care 5%; FFS 5%

\*\*\* denotes a significance level of <0.0001

*Slide footnote:*Questions:

How well does your One Care plan meet your needs for prescription medications?

How well does your One Care plan meet your needs for a specialist?

# **Slide 27:** Meeting Needs Medical Services-2

* **Between** **2019 and 2022, we found significant differences in how well medical needs were met among One Care members versus FFS members for the following services:**
  + On average, 65% of needs for physical therapy (PT), occupational therapy (OT) or speech therapy services were very well met among those enrolled in One Care compared to 55% in the FFS program
  + On average, 66% of needs for oral health/dental care services were very well met among those enrolled in One Care compared to 50% in the FFS program

PT, OT or Speech therapy\*\*\*

Very well One Care 65%; FFS 55%

Somewhat One Care 22%; FFS 27%

Not at all One Care 13%; FFS 17%

Oral health or dental care\*\*\*

Very well One Care 66%; FFS 50%

Somewhat One Care 24%; FFS 28%

Not at all One Care 11%; FFS 21%

\*\*\* denotes a significance level of <0.0001

*Slide footnote:*Questions:

How well does your One Care plan meet your needs for physical, occupational, or speech therapy?

How well does your One Care plan meet your needs for oral health or dental care?

# **Slide 28:** Meeting Needs for Behavioral Health Services

* **Between 2019 and 2022, we found significant differences in how well behavioral health needs were met among One Care members versus FFS members:**
  + On average, 78% of needs for mental health services were very well met among those enrolled in One Care compared to 70% in the FFS program
  + On average, 76% of needs for substance use services were very well met among those enrolled in One Care compared to 72% in the FFS program, this difference was not significant

Mental Health Services\*\*\*

Very well One Care 78%; FFS 70%

Somewhat One Care 15%; FFS 22%

Not at all One Care 7%; FFS 8%

Substance Use Services NS

Very well One Care 76%; FFS 72%

Somewhat One Care 12%; FFS 18%

Not at all One Care 11%; FFS 10%

\*\*\* denotes a significance level of <0.0001, and   
NS denotes not statistically significant

*Slide footnote:*Questions:

How well does your One Care plan meet your needs for mental health services?

How well does your One Care plan meet your needs for substance use services?

# **Slide 29:** Meeting Needs for LTSS

* **Between 2019 and 2022, we found significant differences in how well needs for LTSS services were met among One Care members versus FFS members for personal care and everyday tasks:** 
  + Personal care and everyday tasks: 63% of needs for help with personal care and everyday tasks were very well met among those enrolled in One Care compared to 56% in the FFS program, this difference was statistically significant
* **Between 2019 and 2022, we found no significant differences in how well needs for LTSS services were met among One Care members versus FFS members for help doing things in the community:** 
  + On average, 46% of needs for help doing things in the community were very well met among those enrolled in One Care compared to 43% in the FFS program, this difference was not significant

Help with Personal Care & Everyday Tasks\*\*\*

Very well One Care 63%; FFS 56%

Somewhat One Care 22%; FFS 28%

Not at all One Care 15%; FFS 17%

Help with Doing Things in the Community NS

Very well One Care 46%; FFS 43%

Somewhat One Care 26%; FFS 32%

Not at all One Care 28%; FFS 25%

\*\*\* denotes a significance level of <0.0001, and NS denotes not statistically significant

*Slide footnote:*Questions:

How well does your One Care plan meet your needs for help with personal care and everyday tasks?

How well does your One Care plan meet your needs for help with doing things in the community?

# **Slide 30:** Meeting Needs for LTSS-2

* **Between 2019 and 2022, we found significant differences in how well needs for LTSS services were met among One Care members versus FFS members for:** 
  + Medical equipment and supplies: on average, 74% of needs for medical equipment and supplies were very well met among those enrolled in One Care compared to 64% in the FFS program
* **Between 2019 and 2022, we found no significant differences in how well needs for LTSS services were met among One Care members versus FFS members for:** 
  + Assistive technology: on average, 37% of needs for help with assistive technology were very well met among those enrolled in One Care compared to 35% in the FFS program
  + Day program services: on average, 56% of needs for help with day program services were very well met among those enrolled in One Care compared to 54% in the FFS program

Medical Equipment & Supplies\*\*\*

Very well One Care 74%; FFS 64%

Somewhat One Care 17%; FFS 26%

Not at all One Care 8%; FFS 10%

Assistive Technology NS

Very well One Care 37%; FFS 35%

Somewhat One Care 18%; FFS 24%

Not at all One Care 46%; FFS 41%

Day Program Services NS

Very well One Care 56%; FFS 54%

Somewhat One Care 18%; FFS 21%

Not at all One Care 26%; FFS 25%

\*\*\* denotes a significance level of <AC0.0001, and NS denotes not statistically significant

*Slide footnote:*Questions:

How well does your One Care plan meet your needs for help with medical equipment and supplies?

How well does your One Care plan meet your needs for assistive technology?

How well does your One Care plan meet your needs for day program services?

# **Slide 31:** Meeting Needs for Transportation

* **Between 2019 and 2022, we found significant differences in how well transportation needs were met among One Care members versus FFS members:**
  + Transportation to medical appointments: on average, 71% of needs for transportation to medical appointments were very well met among those enrolled in One Care compared to 58% in the FFS program
  + Transportation to community activities: on average, 58% of needs for help with transportation to community activities were very well met among those enrolled in One Care compared to 50% in the FFS program

Medical Transportation\*\*\*

Very well One Care 71%; FFS 59%

Somewhat One Care 20%; FFS 24%

Not at all One Care 10%; FFS 17%

Community Transportation\*\*\*

Very well One Care 58%; FFS 50%

Somewhat One Care 23%; FFS 28%

Not at all One Care 18%; FFS 22%

\*\*\* denotes a significance level of <0.0001

*Slide footnote:*Questions:

How well does your One Care plan meet your needs for transportation to medical appointments?

How well does your One Care plan meet your needs for transportation to the community?

# **Slide 32:** Use or Need of Medical and Behavioral Health and LTSS Services – Comparison to FFS

* **Compared to FFS members** 
  + Significantly more One Care members reported that they used or needed medical services, except for specialty care and substance use treatment.
  + Significantly more One Care members reported that they used or needed all types of LTSS.

# **Slide 33:** Results: Q2 Meeting Medical and LTSS Needs

* **Between 2019 and 2022, an average One Care member had 5.13 medical and LTSS needs compared to 4.45 needs for an average member enrolled in the FFS program.** 
  + On average, 87% of the medical and LTSS needs were met for both One Care and FFS members.

*Note: the following data is shown in bar graphs. Colors are noted here in case the presenter mentions them during the meeting. Red = Needs met and Blue = Needs.*

The number of combined medical, BH, and LTSS needs for an average One Care member and the number of those needs met

LTSS services

Needs met 1.21%

Needs 1.55%

Medical services

Needs met 3.24%

Needs 3.58%

Medical and LTSS services

Needs met 4.45%

Needs 5.13%

The number of combined medical, BH, and LTSS needs for an average member enrolled in the FFS program and the number of those needs met

LTSS services

Needs met 0.95%

Needs 1.21%

Medical services

Needs met 2.87%

Needs 3.24%

Medical and LTSS services

Needs met 3.82%

Needs 4.45%

Note: **Medical services** include Specialty care, mental health services, substance use treatment, physical occupational or speech therapy, oral health or dental care, prescription medications, and transportation to medical appointments. **LTSS** includes help with personal care or everyday task, medical equipment and supplies, assistive technology, doing things in the community, transportation to community activities, and day program services.

# Slide 34: Q4: Impact of One Care Program’s Actions during the COVID-19 PHE

# Slide 35: COVID-19 Impact on Medical Services

* **The difference-in-differences (DID) analyses showed a positive but marginal impact of One Care program actions during the COVID-19 PHE on members reporting their medical needs were well met.**
* The marginal effect was positive and significant for 2 out of the 7 medical and behavioral health needs
  + 11.3% of One Care members reported having their needs for physical, occupational, or speech therapy very well met during PHE (67.2%) compared to the expected 55.9%
  + 7.3% of One Care members reported having their needs for oral health and dental care very well met during PHE (65.2%) compared to the expected 57.9%

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | PT, OT or  Speech Therapy | | Oral Health or  Dental Care | |
|  | FFS | One Care | FFS | One Care |
| Reported before COVID-19 PHE (Before March 1, 2020) | | | | |
| Very well met | 60.2% | 62.3% | 55.5% | 65.7% |
| Difference between One Care and FFS |  | 2.1% |  | 10.2% |
| Reported during COVID-19 PHE (on or after March 1, 2020) | | | | |
| Very well met | 53.7% | 67.2% | 47.7% | 65.2% |
| Difference between One Care and FFS |  | 13.5% |  | 17.5% |
| DiD estimate  (during PHE-before PHE) |  | 11.3% |  | 7.3% |
|  |  | \* |  | \* |

\* denotes a significance level of <0.05

# Slide 36: COVID-19 Impact on Medical Services-2

* The marginal effect was positive but not significant for 4 out of the 7 medical and behavioral health needs
  + Specialist services
  + Mental health care services
  + Substance use treatment
  + Transportation for medical appointments
* The marginal effect was negative but not significant for 1 of the 7 medical and behavioral health needs (i.e., prescription drugs)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Specialist | | Mental Health services | | Substance Use Treatment | | Prescription Medications | | Transportation to Medical Appointments | |
|  | FFS | One Care | FFS | One Care | FFS | One Care | FFS | One Care | FFS | One Care |
| Reported before COVID-19 PHE (Before March 1, 2020) | | | | | | | | | | |
| Very well met | 79.2% | 81.5% | 74.6% | 77.5% | 70.3% | 61.4% | 85.2% | 91.1% | 57.7% | 68.0% |
| Difference between One Care and FFS |  | 2.3% |  | 2.9% |  | -8.9% |  | 5.9% |  | 10.3% |
| Reported during COVID-19 PHE (on or after March 1, 2020) | | | | | | | | | | | |
| Very well met | 75.0% | 81.0% | 69.7% | 77.9% | 75.7% | 73.7% | 84.7% | 89.9% | 58.5% | 73.9% |
| Difference between One Care and FFS |  | 6.0% |  | 8.2% |  | -2.0% |  | 5.2% |  | 15.4% |
| DiD estimate (during PHE-before PHE) |  | 3.8% |  | 5.2% |  | 6.9% |  | -0.7% |  | 5.4% |
|  |  | NS |  | NS |  | NS |  | NS |  | NS |

NS denotes not statistically significant

# Slide 37: COVID-19 Impact on LTSS Services

**We found no significant impact of One Care actions during COVID-19 PHE on members reporting their LTSS needs were well met, where access to needed LTSS in general declined during the COVID-19 PHE.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Personal care and everyday tasks | | Medical equipment and supplies | | Assistive Technology | | Doing things in the community | | Transportation to community services | | Day program services | |
|  | FFS | One Care | FFS | One Care | FFS | One Care | FFS | One Care | FFS | One Care | FFS | One Care |
| Reported before COVID-19 PHE (Before March 1, 2020) | | | | | | | | | | | | |
| Very well met | 56.4% | 63.1% | 66.5% | 74.9% | 41.6% | 39.5% | 43.8% | 42.7% | 47.7% | 56.9% | 55.3% | 57.2% |
| Difference between One Care and FFS |  | 6.7% |  | 8.5% |  | -2.2% |  | -1.1% |  | 9.3% |  | 2.0% |
| Reported during COVID-19 PHE (on or after March 1, 2020) | | | | | | | | | | | | |
| Very well met | 56.6% | 62.7% | 65.0% | 73.3% | 33.9% | 28.2% | 44.4% | 42.2% | 50.1% | 59.3% | 54.1% | 51.7% |
| Difference between One Care and FFS |  | 6.1% |  | 8.3% |  | -5.7% |  | -2.2% |  | 9.2% |  | -2.4% |
| DiD estimate |  | -0.6% |  | 0.0% |  | -3.6% |  | -1.1% |  | -0.1% |  | -4.3% |
|  |  | NS |  | NS |  | NS |  | NS |  | NS |  | NS |

NS denotes not statistically significant

# Slide 38: Conclusions and Policy Recommendations

# Slide 39: Summary and Conclusions - The Care Team and Care Planning

* 96% of One Care members had a PCP, and the majority reported visiting their PCPs in the last 12 months
  + Compared to the survey years 2019 and 2020, around 9% of members reported not visiting their PCP or personal doctor in 2021 and 2022 – a period that overlapped with the COVID-19 PHE period
* There was a significant increase in the percentage of members who had contact with their care coordinator in the last 12 months in 2021 and 2022, a period that coincided with COVID-19 PHE (10 percentage points increase from 79% in 2019-2020 to 89% in 2021-2022)
* During the study period, 2019-2022, 23% of One Care members reported having an LTS-C in addition to a care coordinator. However, 31% of One Care members did not know or were not sure if they had an LTS-C in addition to a care coordinator.
* 53% of One Care members reported having an ICP, however, 26% did not know or were not sure if they have an ICP.
* For those who reported having an ICP, 80% reported having their ICP updated within the last 12 months and 92% agreed with what is in their ICP.

# Slide 40: Summary and Conclusions – Members’ Needs for Medical and LTSS Services

* One Care members had higher medical and LTSS needs compared to members enrolled in the FFS program
* A higher percentage of One Care members reported having their medical and LTSS needs very well met compared to FFS members
* In general, medical needs were better met than LTSS needs

# Slide 41: Summary and Conclusions -The Covid PHE

* There was a significant increase in the percentage of members who contacted their care coordinator during the Covid PHE in 2021 and 2022.
* A significantly lower percentage of members who reported contacting their PCP during the Covid PHE.
* One Care benefits had a positive but marginal impact during the COVID-19 PHE on the percentage of members reporting their medical needs were well met but did not have a significant impact on the percentage on LTSS.

# Slide 42: Policy Recommendations

* Continue efforts to enhance members’ access to Care Coordinators and LTS-Cs.
  + Engage community health workers in outreach activities
  + Build capacity so that, by default, all members can be assigned an LTS-C
  + Require plans to actively reach out to members to inform them of benefits associated with having an LTS-C
* Enhance LTSS and address the gap in LTSS needs.
* Enhance access to oral health and dental care services, physical, occupational, or speech therapy, and medical transportation
* Conduct further research to understand the barriers to utilizing LTS-Cs and services
* Conduct further research to understand how members can be more engaged in the care planning process and how the ICP impacts their access to healthcare.

# Slide 43: Research Team

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# **Slide 44:** Thank You

ForHealth Consulting at UMass Chan Medical School

# Slide 45: Additional Slides

# Slide 46: Methods: Sampling

**Sample Frame**

* Received MH enrollment files
* Identified members enrolled as of December of the survey measurement year for 90+ days
* Selected three random samples based on members’ enrollment in One Care plans (Tufts and CCA) and FFS
* Each sample was given a weight value representing the enrollee in each health plan

**Exclusion criteria (sampling)**

* Members selected for the QoL Survey in the survey measurement year
* Members enrolled for less than 90 days
* Invalid contact information (e.g., phone number)
* Reside outside MA
* Reported primary language other than English or Spanish\*

**Ineligibility criteria (survey implementation)**

* Unable to complete the survey due to:
* Physical and mental incapacity
* Communication barriers
* Deceased

*\* Due to restrictions in survey administration. However, most of the members have English as their primary language by default, regardless of the actual primary language spoken at home*

# Slide 47: Methods: Sample Weights

* Compared observed characteristics of respondents and non-respondents to explore the potential for non-response bias
* Used inverse probability weighting to address bias due to non-response
* A binary variable was created to differentiate respondents from non-respondents in the sample file
* Logistic model estimated the probability of response based on the individual-level and MH regions covariates
* Non-response weights were generated as the inverse of the response probability (1/p)
* To mitigate extreme weights, these weights were stabilized by dividing the mean weight in the sample by each observation weight value
* The final weight was the product of the population weight and the non-respondent weight

**All results were weighted and reported at the population level**

# Slide 48: Methods: Analyses Q1: Experience with Care Team

* Used multinomial/logistic regressions to control for changes in members’ characteristics:
  + Changes among One Care members’ during the study period includes changes in age, language spoken at home, MH regions, and reported long-term illness and a problem with alcohol or drug use
  + Changes among FFS members’ during the study period includes changes in age, education, MH regions, and reported problem with alcohol or drug use or learning disability
* Compared members’ healthcare experience among those enrolled in One Care to those enrolled in the FFS program using multinomial/ordered logistic regression models controlling for age, gender, race/ethnicity, language spoken at home, education, MH regions, reported physical disability, mental or psychiatric condition, long-term illness, learning disability, and visual impairment
* Findings were reported as statistically significant (significant), i.e., not explained simply by chance based on a p-value of ≤.05

# Slide 49: Methods: Analyses Q2: Medical and LTSS Needs

* Descriptive analysis of use/needs of medical services and LTSS, and how well those needs were met.
  + Tested for change in members’ needs and their perception of how well their needs were met between 2019 and 2022 using logistic and multinomial logistic regressions to control for the change in members’ characteristics over time.
  + Estimated the percentage of reported needs for medical services and LTSS and percentage of medical and LTSS needs that were well met or somewhat met by One Care and FFS plans.
* Since a member might have more than one need, we estimated the numbers of medical services and LTSS an average member used/needed and construct a “needs met” index to compute the percentage of all reported medial and LTSS needs that were well or somewhat met.

# Slide 50: Methods: Analyses Q3: Impact of One Care Program Actions during the COVID-19 PHE

* Used ordered logistic regression to derive the difference-in-differences estimates associated with how well One Care met members’ needs for medical services and LTSS controlling for members’ characteristics:
  + Responses prior to March 1, 2020 (n=2,746) were designated as pre-COVID, and responses on or after March 1, 2020 (n=7,459), were designated as having occurred during the COVID pandemic.
* Conducted a deterministic sensitivity analysis assigning the pre-COVID-19 PHE period to the surveys conducted in 2019 and 2020 (asking about services in last 12 months) and the PHE to the surveys conducted in 2021 and 2022
  + Responses to surveys conducted in 2019-2020 (n=5,499) were designated as pre-COVID, and responses to surveys conducted in 2021-2022 (n=4,719), were designated as having occurred during the COVID pandemic.

# Slide 51: Demographics

* Between 2019 and 2022, the One Care survey members had similar characteristics except for:
  + Age (increased among members 55+ years of age)
  + Language is spoken at home (increased among those speaking English as the primary language at home)
  + Residency based on MH regions (increased among members in Southeast and Western regions)
* Between 2019 and 2022, the FFS members had similar characteristics except for:
  + Age (percentage of age 55+ increased)
  + Education level (decreased among those with less than a high school degree, and increased among High school graduates or GED)
  + Residency based on MH regions (increased among members in the Western region and decreased among members in the Southeast region)
* One Care and FFS members were significantly different in:
  + Age (More 45–54-year-olds in One Care)
  + Gender (Proportion of Males higher in FFS)
  + Race/ethnicity (More Whites in FFS)
  + Language spoken at home (More English speakers in FFS)
  + Level of education (More HS Grad or above in FFS)
  + Region of residence (More FFS members resided in the Western region)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **One Care** | | | | | **FFS** | | | | |
|  | **2019** | **2020** | **2021** | **2022** |  | **2019** | **2020** | **2021** | **2022** |  |
| **# Respondents** | 1,498 | 1,641 | 1,403 | 1,255 |  | 1,145 | 1,210 | 1,078 | 975 |  |
| **$ of weighted respondents/population** | 5,367 | 6,218 | 6,011 | 5,845 |  | 14,640 | 13,935 | 18,456 | 16,829 |  |
|  | **One Care (%)** | | | | | **FFS (%)** | | | | |
| **What is your age now?** |  |  |  |  |  |  |  |  |  |  |
| 21 to 34 | 3.4 | 3.3 | 2.8 | 3.1 | \*\* | 3.2 | 4.1 | 4.2 | 3.4 | \*\*\* |
| 35 to 44 | 9.3 | 6.2 | 8.6 | 7.5 |  | 7.4 | 8.2 | 7.1 | 7.2 |  |
| 45 to 54 | 20.5 | 24.5 | 19.3 | 19.8 |  | 24.6 | 19.3 | 17.1 | 15.3 |  |
| 55+ | 62.1 | 62.3 | 63.9 | 63.7 |  | 61.4 | 64.8 | 67.9 | 70.9 |  |
| Missing | 4.7 | 3.8 | 5.3 | 5.8 |  | 3.4 | 3.6 | 3.8 | 3.3 |  |
| **What is your gender** |  |  |  |  |  |  |  |  |  |  |
| Male | 40.5 | 41.1 | 36.3 | 38.3 | NS | 42.8 | 39.0 | 40.7 | 41.2 | NS |
| Female | 54.4 | 54.9 | 58.3 | 55.7 |  | 53.8 | 56.9 | 54.8 | 55.3 |  |
| Others | .3 | .2 | .1 | .1 |  | .1 | .5 | .7 | .2 |  |
| Missing | 4.8 | 3.8 | 5.3 | 5.8 |  | 3.4 | 3.6 | 3.8 | 3.3 |  |
| **What is your race/ethnicity** |  |  |  |  |  |  |  |  |  |  |
| White (non-Hispanic) | 54.2 | 52.8 | 52.9 | 56.9 | NS | 72.5 | 72.2 | 74.6 | 75.0 | NS |
| Hispanic or Latino | 22.7 | 25.1 | 24.8 | 20.0 |  | 11.7 | 11.2 | 11.2 | 10.1 |  |
| Black (non-Hispanic) | 11.7 | 12.0 | 11.8 | 11.6 |  | 5.1 | 4.9 | 3.9 | 5.9 |  |
| Asian (non-Hispanic) | 1.0 | .7 | .9 | 1.1 |  | 1.1 | 1.3 | .5 | .4 |  |
| Others/Missing | 10.4 | 9.5 | 9.6 | 10.4 |  | 9.7 | 10.4 | 9.7 | 8.6 |  |
| **What language do you mainly speak at home** |  |  |  |  |  |  |  |  |  |  |
| English | 79.0 | 75.9 | 75.5 | 79.5 | \* | 87.2 | 86.5 | 87.2 | 88.8 | NS |
| Spanish | 13.8 | 17.7 | 16.3 | 12.7 |  | 6.8 | 7.1 | 6.6 | 6.0 |  |
| Others/Missing | 7.1 | 6.4 | 8.2 | 7.8 |  | 6.0 | 6.4 | 6.2 | 5.3 |  |
| **What is the highest grade or level of school you have completed?** |  |  |  |  |  |  |  |  |  |  |
| Less than HS graduate | 18.4 | 21.1 | 20.2 | 17.5 | NS | 19.8 | 14.8 | 14.3 | 13.5 | \* |
| HS grad or GED | 35.4 | 33.0 | 32.7 | 34.3 |  | 35.2 | 37.3 | 39.3 | 39.1 |  |
| Some college or more | 41.3 | 42.0 | 41.6 | 42.2 |  | 41.5 | 44.1 | 42.6 | 44.1 |  |
| Missing | 4.9 | 3.9 | 5.5 | 6.0 |  | 3.4 | 3.8 | 3.8 | 3.3 |  |
| **Region** |  |  |  |  |  |  |  |  |  |  |
| Western Region | 26.1 | 27.4 | 29.8 | 29.1 | \*\* | 24.6 | 29.1 | 40.1 | 40.6 | \*\*\* |
| Central Region | 16.8 | 15.4 | 16.4 | 15.1 |  | 9.0 | 8.8 | 8.7 | 8.3 |  |
| Northeast Region | 20.3 | 20.5 | 18.7 | 18.4 |  | 15.4 | 12.9 | 12.6 | 11.7 |  |
| Metro West Region | 13.9 | 13.6 | 13.1 | 12.2 |  | 9.0 | 9.2 | 9.7 | 10.3 |  |
| Southeast Region | 5.6 | 5.9 | 8.0 | 10.8 |  | 35.9 | 32.5 | 22.9 | 23.5 |  |
| Boston Region | 17.2 | 17.2 | 14.1 | 14.3 |  | 6.0 | 7.5 | 6.0 | 5.5 |  |

*Notes: Results presented at the population level. NS denotes not statistically significant; \* P-value<0.05, 88 P value <0.01. \*\*\* P-value <0.001, $ The R/E of respondents to the FFS survey were missing for some categories which did not allow us to estimate the significant change over time*

# Slide 52: Members’ Reported Disabilities or Health Conditions

* Between 2019 and 2022, One Care members reported similar percentages of specific disabilities and health conditions except for the following conditions:
  + Problem with alcohol or drug use (lower over time)
  + Long-term Illness (higher over time)
* Between 2019 and 2022, the FFS members reported similar disabilities and health conditions, except for the following conditions:
  + Problem with alcohol or drug use (lower over time)
  + Learning disability (lower over time)
* Dual eligible members were more likely to have:
  + Mental or psychiatric problems (higher among One Care members)
  + Visual impairment or blindness (higher among One Care members)
  + Hearing loss or deafness (higher among FFS members)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reported Disabilities and Health Conditions$ | **One Care (%)** | | | | | **FFS (%)** | | | | |
| 2019 | 2020 | 2021 | 2022 |  | 2019 | 2020 | 2021 | 2022 |  |
| Physical disabilities that make it difficult to walk, move or get around | 59.13 | 59.79 | 59.90 | 59.90 | NS | 61.88 | 61.53 | 58.51 | 57.76 | NS |
| Mental or psychiatric problems (depression, anxiety, etc.) | 64.43 | 64.96 | 64.90 | 64.19 | NS | 59.67 | 62.04 | 57.98 | 59.68 | NS |
| Problems with alcohol or drug use | 8.93 | 5.66 | 8.44 | 6.23 | \*\* | 8.26 | 7.99 | 5.63 | 5.84 | \* |
| Long-term illness (diabetes, heart disease, etc.) | 53.00 | 56.39 | 54.59 | 60.85 | \*\* | 52.97 | 53.68 | 57.25 | 54.80 | NS |
| Developmental disability including intellectual disability or autism | 8.99 | 9.59 | 10.58 | 11.79 | NS | 11.27 | 11.67 | 12.21 | 9.12 | NS |
| Learning disability | 23.82 | 23.94 | 23.28 | 25.47 | NS | 24.41 | 23.54 | 23.34 | 19.49 | \* |
| Visual impairment or blindness | 28.62 | 29.21 | 27.61 | 28.20 | NS | 24.49 | 27.82 | 24.20 | 24.87 | NS |
| Hearing loss or deafness | 14.90 | 16.25 | 14.35 | 15.11 | NS | 15.66 | 19.23 | 17.35 | 17.39 | NS |
| Reported two or more disabilities | 74.34 | 76.63 | 74.80 | 75.52 | NS | 75.31 | 78.25 | 75.80 | 74.86 | NS |

*Notes: NS denotes not statistically significant; \* P-value<0.05, \*\* P-value <0.01*

$The percentage includes those in the stated disability category only

# Slide 53: Sensitivity Analysis: Medical Services

The sensitivity analysis showed a mainly positive but insignificant impact of One Care actions during COVID-19 PHE on members reporting their medical needs were well met except for:

* We found a significant improvement of 7.3% in One Care members who reported having their needs for oral health and dental care very well met during the PHE (64.2%) compared to the expected 56.9%.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Specialist | | Mental Health services | | Substance Use Treatment | | Physical, Occupational or Speech Therapy | | Oral Health or Dental Care | | Prescription Medications | | Transportation to Medical Appointments | |
|  | **FFS** | **One Care** | **FFS** | **One Care** | **FFS** | **One Care** | **FFS** | **One Care** | **FFS** | **One Care** | **FFS** | **One Care** | **FFS** | **One Care** |
| **Before COVID-19 PHE (2019-2020)** | | | | | | | | | | | | | | |
| Very well met | 77.0% | 81.5% | 72.7% | 78.7% | 67.0% | 66.2% | 54.9% | 65.0% | 54.6% | 66.3% | 84.6% | 90.5% | 58.0% | 70.3% |
| Difference between One Care and FFS | | 4.5% |  | 6.0% |  | -0.7% |  | 10.2% |  | 11.7% |  | 5.9% |  | 12.2% |
| **During COVID-19 PHE (2021-2022)** | | | | | | | | | | | | | | |
| Very well met | 75.2% | 80.8% | 69.4% | 76.9% | 80.8% | 75.2% | 55.9% | 67.0% | 45.3% | 64.2% | 85.0% | 89.8% | 58.1% | 74.6% |
| Difference between One Care and FFS | | 5.6% |  | 7.5% |  | -5.6% |  | 11.2% |  | 18.9% |  | 4.8% |  | 16.5% |
| **DID estimate (during PHE-before PHE)** | | 1.2% |  | 1.5% |  | -5.0% |  | 1.0% |  | 7.3% |  | -1.2% |  | 4.2% |
|  |  | NS |  | NS |  | NS |  | NS |  | \* |  | NS |  | NS |

\* denotes significance level of <0.05 and NS denotes not statistically significant

# Slide 54: Sensitivity Analysis: LTSS Services

We found no significant impact of One Care program actions on members reporting their LTSS needs were well met the during COVID-19 PHE, where access to needed LTSS in general declined except for medical equipment and supplies.

* We found a significant decline of 7.3% in One Care members who reported having their needs for medical equipment and supplies very well met during PHE (71.4%) compared to the expected 78.9%.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Personal care and everyday tasks | | Medical equipment  and supplies | | Assistive Technology | | Doing things in the community | | Transportation to community services | | Day program services | |
|  | ***FFS*** | ***One Care*** | ***FFS*** | ***One Care*** | ***FFS*** | ***One Care*** | ***FFS*** | ***One Care*** | ***FFS*** | ***One Care*** | ***FFS*** | ***One Care*** |
| **Before COVID-19 PHE (2019-2020)** | | | | | | | | | | | | |
| Very well met | 55.8% | 62.6% | 63.7% | 76.1% | 36.5% | 34.6% | 45.5% | 43.2% | 49.0% | 59.9% | 56.8% | 57.4% |
| Difference between One Care and FFS | | 6.8% |  | 12.4% |  | -1.9% |  | -2.4% |  | 10.8% |  | 0.6% |
| **During COVID-19 PHE (2021-2022)** | | | | | | | | | | | | |
| Very well met | 57.3% | 63.0% | 66.7% | 71.4% | 32.2% | 29.4% | 43.1% | 41.3% | 49.9% | 57.5% | 51.9% | 47.7% |
| Difference between One Care and FFS | | 5.7% |  | 4.7% |  | -2.8% |  | -1.8% |  | 7.6% |  | -4.1% |
| **DID estimate** |  | -1.2% |  | -7.5% |  | -0.9% |  | 0.6% |  | -3.3% |  | -4.7% |
|  |  | NS |  | \* |  | NS |  | NS |  | NS |  | NS |

\* denotes significance level of <0.05 and NS denotes not statistically significant