

Tufts COVID Analytical Approach

- The THPP analytics team has made several iterations of a COVID tracking report. The first version identified members at highest risk for poor outcomes to support Care Management outreach initiatives. Subsequent versions focused on utilization patterns to track capacity during COVID waves. The latest iterations have focused on the vaccine roll out to support Population Health teams as they monitor and provide support to at risk members. Dashboard views below can be drilled down to evaluate members for any specific chronic condition tracked by THPP (72 chronic conditions), gender, Race, Ethnicity, Language, PCP, City, Care Management engagement level, and age.
- The information is disseminated across the company to provide a common understanding of the membership.
- Vaccine data is collected from the PBM, COVAX reporting, MIIS data, and claims. The data is deduped for instances where multiple sources provide information on the member. The data and dashboards are refreshed once a week. Each source has different lags in the data and different refresh cycles. The MIIS data is the most comprehensive, but significantly lagged. Given the differences between State totals and reported rates across all members our data does appear to be a significant undercount of the two vaccination rate.
- This is supported by Call Center and CM outreach activities, which have found many members who have already received a vaccine. Data portrayed in this deck was last updated 5/4/2021

COVID Data by Sub Categories

Key Data Limitations

1. Positive COVID tests are not well documented and are often not submitted via claims.
2. Positive code test identification is dependent on providers using the COVID-19 ICD10 code which didn't exist until 3/30/2020
3. There is a substantial lag time for COVID vaccination data due to disparate data sources, claims data lag can be 60-90 days.

	N (%)	Gender		Age Band			Rating Category					
		F	M	20 - 44	45 - 59	60+	DC1	DC2A	DC2B	DC3A	DC3B	DF1
COVID positive test	207 (5%)	110 (5%)	97 (5%)	54 (4%)	93 (5%)	60 (4%)	37 (4%)	58 (4%)	24 (5%)	74 (6%)	2 (8%)	12 (31%)
COVID Admissions	27 (<1%)	9 (<1%)	18 (<1%)	6 (<1%)	11 (<1%)	10 (<1%)	4 (<1%)	6 (<1%)	4 (<1%)	13 (<1%)	0 (0%)	0 (0%)
Vaccinated	1474 (34%)	444 (20%)	432 (30%)	151 (12%)	378 (20%)	347 (31%)	204 (20%)	298 (20%)	79 (18%)	281 (22%)	6 (24%)	8 (21%)

Data reflects vaccination data from 5/4/2021 and a membership lookback to 3/3/2020. This data reflects source data lags per above limitations.
 Positive COVID tests are defined using ICD 10 codes
 COVID admissions identified by primary diagnosis description in pre managed data

COVID Data by Reported Race

- THPP is committed to taking a proactive approach to minimizing disparities. Vaccination is tracked by zip code and race to determine which communities might be experiencing disparities in vaccine rollout.
- Vaccination data by race is limited by reported data on race and categories with low overall volumes have rates that look inflated due to low N
- Data by race does not demonstrate racial disparities in Unify COVID vaccination rate.

Race	Vaccination	Positive Tests	Admissions
White	466 (20%)	84 (4%)	12 (<1%)
Unknown	100 (14%)	28 (4%)	5 (<1%)
Black/African American	162 (23%)	43 (6%)	3 (<1%)
Other	107 (18%)	35 (7%)	4 (<1%)
Asian American Pacific Islander	41 (27%)	9 (6%)	1 (<1%)

Numbers



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Vaccinations	Access	Transparency
<ul style="list-style-type: none">• 25% (876) of the current population is fully vaccinated• 43%(1477) of the current population is either fully or partially vaccinated <p><i>Please note data reflects substantial lag and likely reflects vaccination rates in early April</i></p> <p><i>Data shown on previous slides has a longer lookback period impacting the membership denominator. Above rates reflect vaccination status of current membership.</i></p>	<p><i>What percentage of people enrolled in your plan have turned down vaccination?</i></p> <ul style="list-style-type: none">• ~20% (438) of screened members have indicated vaccine hesitancy.• Vaccine hesitancy changes over time and care managers have observed substantial shifting. This number involves members who chose not to answer and were uncertain as to whether they would obtain the vaccine.	<p>We are aiming to reach 80% vaccination by July 1</p>

Communication Strategies



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Vaccinations	Access	Transparency
<p><i>What are the specific ways you are communicating with members about the vaccine? SMS surveys to determine vaccine intent</i></p> <ul style="list-style-type: none"> - Direct member phone calls from care management - Vaccine resources on THPP website <p><i>Strategies you are relying on most?</i></p> <ul style="list-style-type: none"> - Care manager direct communication with member - Enterprise level communications and support around vaccination <p><i>What communication strategies are being used to reach BIPOC groups? THPP is working with a multicultural marketing firm to ensure informational materials are created through the lens of cultural competency. For Unify members, care management is continuing to treat all members as individuals, tailoring communications and ensuring to be respectful of decisions. The aim is to ensure members are appropriately informed.</i></p>	<p><i>What is being done to follow up with members who refuse vaccination? When a member refuses the vaccine, their assigned Care Manager will attempt to identify the member's rationale for their decision. During subsequent member engagement, staff will inquire if the member has changed their minds and if they have any questions. Care management is balancing education with respect of member's autonomy.</i></p> <p><i>Are people who refuse vaccines automatically contacted by a trusted member of their care team? Care managers offer to discuss information about the vaccine and refer members to discuss with their healthcare providers.</i></p> <p><i>What is being done to make sure any automated communication accounts for the specific needs of the member regarding their vaccine? Unify is relying on a 1:1 approach and leveraging care manager relationships to ensure that communications are appropriately tailored to the individual.</i></p>	<p><i>How are you addressing vaccine hesitancy? Care managers identify those who are vaccine hesitant and offering to have follow-up conversations. In Worcester, specific materials have been developed to support education for those who are vaccine hesitant. CBH outreach specialists are deployed to identify if members need additional information. If there is not a firm no both CBH and THPP continue outreach.</i></p> <p><i>What steps are you taking to ensure that One Care members can make informed decisions about whether to get the vaccine, what vaccine might be best for them, and whether that vaccine is available through their One Care Plan? As care managers are not independent healthcare providers, it is not within scope to direct a member towards one vaccine. Member specific vaccine guidance should come from a PCP and/or specialty care provider. All federally approved Covid vaccines are covered by THPP. Care managers direct members to official guidance and their doctors as appropriate.</i></p>

Data and Analysis



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Vaccinations	Access	Transparency
<p><i>How do you determine who is eligible for vaccination?</i> All members are eligible for vaccination. Prior to vaccination eligibility being open to the general public, care managers were consulting state guidance.</p> <p><i>How do you determine who qualifies for an in-home vaccination?</i> We are following state guidance for the home bound vaccination program and referring members into the program. Care managers will call and make the referral to register member. This triggers a call back from the state. CBH in home vaccinations in Worcester targeted individuals who did not qualify for the home bound program and those who faced substantial barriers to receiving a vaccine in the community.</p> <p><i>How do you determine who must go to a clinic to be vaccinated?</i> Directing members to the clinic is the first tier strategy, for any member who does not meet the EOHHS homebound definition. THPP aims to leverage community resources and mass vaccination sites.</p>	<p><i>What data is being collected on these members? For example, are you asking if they are being vaccinated elsewhere and why that might be the case?</i></p> <p>Care managers are regularly checking in with members to determine vaccination status, hesitancy, and any barriers.</p> <p>Vaccination data is collected from multiple sources (claims, MIIS, PBM, COVAX). However, depending on the location members may not be required to provide their health insurance information when they receive a vaccination.</p>	<p><i>How often can the Implementation Council expect an update on vaccination rates?</i></p> <p>THPP can provide a monthly update on vaccination rates.</p> <p><i>How can the Implementation Council support the vaccination effort?</i></p> <p>Lending your voices in your community and directing your networks and community members to evidence based and vetted information (e.g. state and federal guidance, providers, care managers etc.). We have observed, in particular through the CAC, that peer to peer engagement can be very powerful.</p> <p>As COVID vaccination will be an ongoing effort, we could benefit from early feedback about member engagement strategies.</p>

Care Coordination



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Vaccinations	Access	Transparency
<p><i>What specific strategies are care coordinators doing to make certain everyone eligible for a vaccine can get it?</i></p> <p>Care managers have been conducting phone outreach to assess 1) vaccination intent and 2) barriers to vaccination. As barriers to vaccination are identified, care managers work with members to assist with finding and scheduling appointments. Barriers identified, include transportation and appointment access. To address transportation care managers are able to assist members with using their transportation benefit. Care managers will also assist members and caregivers with appointment scheduling.</p> <p>If a member is being outreached as part of normal case management process, care management will use the opportunity to check in on COVID vaccination status and intent, while respecting navigate member autonomy and choice .</p>	<p><i>What is being done to address access or time concerns One Care members may have about the COVID vaccine?</i></p> <p>Care managers are proactively working with members to determine access concerns and remove barriers. Access concerns largely related to transportation and finding and scheduling appointments. Care Managers will attempt to mitigate perceived barriers (i.e. transportation and computer literacy) by making vaccine appointments and scheduling transportation on the member’s behalf. If a member is a candidate for the State’s Homebound administration program and is willing, their assigned Care Manager will offer to call the program and register for them.</p>	<p><i>If a One Care member must go outside One Care to get the vaccine most appropriate for them, what is being done to help them identify where to get that specific vaccine?</i></p> <p>As THPP cannot provide vaccinations, directing and coordinating member vaccination is integral to the care management strategy. Care managers first identify barriers and then work with individual members to help them obtain an appointment and the resources needed to get to that appointment (e.g. transportation, scheduling, referral to EOHHS homebound program).</p>

Appendix

Unify COVID Vaccination| Risk Factors



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Age and certain high risk conditions defined by the CDC are the primary risk factors for COVID. THPP utilizes a risk matrix to monitor members who are at the highest risk and prioritize them for outreach and intervention.

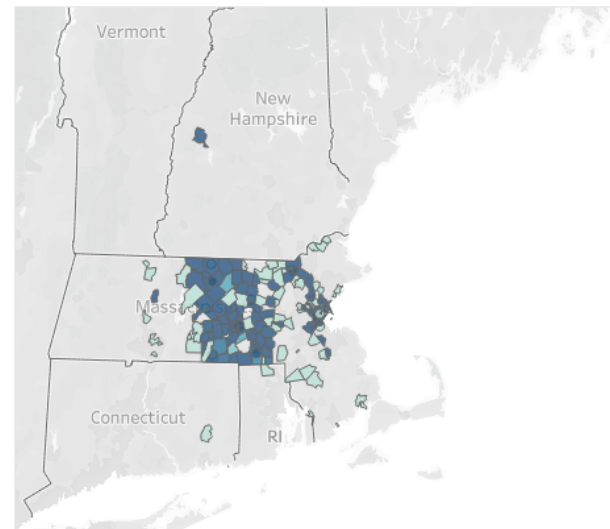
- Screenshot is meant to be illustrative only and does not reflect most up to date vaccination rates
- Chronic Conditions are based on 70+ chronic conditions that are tracked from claims as part of the segmentation and stratification work. On a monthly basis we analyze the claims to flag members identified for the conditions.
- Progressive diseases such as diabetes (metabolic syndrome, Diabetes Type 2, Diabetes Type 2 with complications) are considered as one condition in the count.

		Number of Chronic Conditions					Total
		0	1	2	3	4+	
Age	20-44	185 17 9.2%	58 3 5.2%	96 14 14.6%	107 12 11.2%	595 105 17.6%	1,041 151 14.5%
	45-54	120 16 13.3%	22 4 18.2%	46 12 26.1%	68 10 14.7%	601 146 24.3%	857 188 21.9%
	55-64	152 46 30.3%	45 12 26.7%	52 13 25.0%	71 14 19.7%	1,070 376 35.1%	1,390 461 33.2%
	65-74	2 0 0.0%	2 1 50.0%	4 2 50.0%	10 3 30.0%	163 70 42.9%	181 76 42.0%
	Total	459 79 17.2%	127 20 15.7%	198 41 20.7%	256 39 15.2%	2,429 697 28.7%	3,469 876 25.3%

Unify COVID Vaccination| Tracking Disparities

- Screenshot is meant to be illustrative only and does not reflect most up to date vaccination rates.
- THPP is committed to taking a proactive approach to minimizing disparities.
- Vaccination is tracked by zip code and race to determine which communities might be experiencing disparities in vaccine rollout.
- Reporting reflects the percentage of members for which we have race and ethnicity data.

Vaccinations by Zip Code (% Fully Vaccinated Out of Total Members)



Vaccinations by Race (85.3% reporting of 3,469)

