

EXECUTIVE SUMMARY: The One Care Implementation Council has officially started a second three-year term. In this first year of this second term, 2017-2018, the Council would like to provide specific and measurable recommendations to MassHealth in three key areas as MassHealth engages in the plan procurement. In the coming years, the Council will focus on expanding the number of One Care plans serving eligible members.

WORK PLAN GOAL: By April 2018, the Implementation Council will make recommendations to MassHealth on One Care’s performance related to:

- 1) **Communication Access** for One Care members: Oct-Nov
- 2) **Quality** of One Care services: Dec-Feb
- 3) **Financial** sustainability of the One Care program: Jan-March

WORK PLAN OBJECTIVES (including *desired outcomes* for longer-term consideration in continuing work plan goals beyond April 2018)

AREAS OF FOCUS	METHOD/APPROACH	ACTION STEPS	DESIRED OUTCOME BY APRIL 2018	Longer term desired outcome
<p>1. Communication Access: Promote and increase communication access and accessible outreach/resources to individual members, especially for those in the deaf community.</p>	<p>Evaluate the current state and develop a future state</p> <p>Create a small communication access workgroup to identify 1-2 external experts to participate in this workgroup</p> <p>Gather information from the Plans</p> <p>Gather information from providers</p>	<ul style="list-style-type: none"> • Identify IC members for workgroup by Oct 13 • Create measurable goal(s) by Nov 6 • By Oct 24, identify available data sources • By Oct 13, request IC be on agenda of Tufts, CCA, and the Provider Council to learn: <ul style="list-style-type: none"> - how it ensures services are accessible to OC members who are deaf/ hard of hearing, blind/visually impaired, non-verbal, or 	<p>Identify whether gaps in communication access may be present for One Care members.</p> <p>If there are gaps, make recommendations to MassHealth for consideration and to be accounted for in the procurement process.</p>	<ul style="list-style-type: none"> • To assure people who are deaf/hard of hearing in One Care have info they need to access services in their plans • To provide opportunity for ongoing communication between deaf community and Council so IC can have ongoing understanding of needs

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		with literacy challenges. - whether they have experts in communication access or a point person that assures people get what they need.		
<p>2. Quality of Care: Obtain data from both providers and members in One Care to understand what works and what needs improvement, with attention to all aspects including care coordination, serving member with BH diagnoses, and DME</p>	<p>Create a small workgroup to review existing data</p> <p>Review and analyze existing data sources:</p> <ul style="list-style-type: none"> - All OC Surveys - Ombudsman - OC Plans grievance and appeals data - Reports from external quality review organizations (EQROs) <p>Communicate with Plans and providers, CCA Dept. of customer experience (Libby Graves) describes what people are using to access services not offered</p> <p>Information collected in virtual town hall listening sessions</p>	<ul style="list-style-type: none"> • Identify IC members for workgroup by Nov 6 • Create measurable goal(s) by Nov 13 • Conduct virtual and in-person listening sessions with One Care members and providers; ask Plans to advertise events in Nov-Dec • Schedule a virtual town hall “listening session” to hear from OC members with lived experience about One Care services and quality (first week in Dec) • By Oct 24, collect available data and determine whether it is in an accessible format • By early Oct, request IC be on agenda of Tufts and CCA to learn how plans select, procure, contract w/ vendors (people giving services/medical supplies) 	<p>Identify areas for quality improvement in One Care and make recommendations to MassHealth for it to consider in the appropriate part of the procurement process.</p>	<p>Goals include:</p> <ul style="list-style-type: none"> • To create a process for creating dialogue around quality informed by data and member experience • To help plans to better understand which services are most beneficial to members • To present findings to full Council to identify quality metrics to the address critical areas of weakness in quality • To assure all members of One Care have access to LTS-C and care coordination • To assure access to BH for people with BH needs • To identify whether treatment/services for particular conditions should be targeted for quality improvement • To generate best practice protocols for procuring DME

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		<p>and to generate plan strategies and proposals to apply value-based purchasing strategies to service providers including DME providers</p> <ul style="list-style-type: none"> • In Nov, connect with stakeholders who are working on quality measures • Host presentations by LTSCs and CPSs to inform the IC 		<p>including recommendations around service delivery and payment including consideration of APMs</p>
<p>3. Sustainability of One Care: Review existing data and collect additional data to support Council recommendations focused on financial stability and social return on investment.</p>	<p>Create a small workgroup to review existing financial and programmatic data</p> <p>Create an evaluation framework for evaluating the financial sustainability of the One Care program, based on consideration of plan experience and plan start up and investment costs</p> <p>Review existing data sources:</p> <ul style="list-style-type: none"> - All OC Surveys - Ombudsman - OC Plans grievance and appeals data - Financial reports - Reports from external quality review organizations 	<ul style="list-style-type: none"> • Identify IC members for workgroup by Oct 13 • Identify and analyze existing data on plan performance by Nov 13 • Determine what additional information is needed, if any by Nov 17 • Create measurable goal(s) by Nov 17 • Identify one or two specific focus areas or topics for data review (e.g. homelessness) by Nov 17 	<p>Identify promising practices based on considerations of member satisfaction and financials, and make recommendations to MassHealth for it to consider in the appropriate part of the procurement process</p>	<p>To create strategies for prioritizing most important requests and make recommendations to the full Council.</p> <p>To create a set of principles and recommendations to MassHealth and plans based upon analysis and synthesis of information gathered from OCO, providers and members</p> <p>To present recommendations to MassHealth</p>

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	Communicate with Plans to determine options for aggregating data review by population groups			

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