One Care Implementation Council Meeting

February 12, 2016 1:00 PM – 3:00PM

1 Ashburton Place, 21st Floor

Boston, MA

Anticipated Attendees: Suzann Bedrosian, Bruce Bird, Rebecca Gutman, Dennis Heaphy (Chair), Jeff Keilson, Moses Mallard, David Matteodo, Dale Mitchell, Dan McHale, Olivia Richard, Bob Rousseau, Howard Trachtman (Co-Chair), Sara Willig, Florette Willis (Co-Chair)(by phone)

Unable to Attend: Lydia Brown, Joe Finn, Denise Karuth, Remon Jourdan, Vivian Nunez, Paul Styczko (by phone), Marilyn Spivak

Guests: Bob Seifert, UMass Medical School; Lois Simon, Commonwealth Care Alliance; Kris Bloch & Beau Thibedeau, Tufts Health Plan

Handouts: Agenda, Meeting Minutes from 1-15-16 (Draft), LTSS Subcommittee Meeting minutes from 1-29-16, Mass Home Care Comments, One Care Update. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: March 18, 2016
1:00-3:00 PM
Health Policy Commission
50 Milk Street – 8th Floor
Boston, MA

1) Welcome, Review of Agenda, and Approval of Meeting Minutes

Howard Trachtman, co-chair welcomed attendees and opened with meeting announcements.

A motion was made to approve the meeting minutes from the January 12th, 2016 Implementation Council meeting.

The motion was seconded.

The motion passed unanimously.

2) Facilitated Discussion with One Care Plans

Jeff Keilson provided an introduction to the facilitated discussion between the One Care plan representatives and members of Implementation Council. The topic of discussion, the integration of behavioral health, was determined by a work group made up of One Care plan representatives, MassHealth staff, and members of the Implementation Council.

Overview of Care Model

CCA

- CCA is both a provider organization as well as a payer organization. CCA has integrated behavioral health into its care model since the inception of their Senior Care Options (SCO) plan.
- Care teams include a behavioral health (BH) clinician and nurse practitioner (NP), who serves as the PCP, working closely together. The BH clinician and NP often conduct home visits together which was previously not possible in the fee-for-service system.

Tufts

- The Tufts Health Unify model is a managed care model and the plan does not provide direct services. The Unify model includes an integrated interdisciplinary care team with coordination services included to meet the member's needs.

Successes in Integrating Behavioral Health

CCA

- Two community respite and crisis stabilization units have been opened as diversionary sites of care for individuals who are at risk of an inpatient psychiatric hospital admission.
- Successes within the respite units include addressing medical issues on site and peer run group sessions.
- Conference calls with members and their care teams occur to discuss issues as they arise.

- Behavioral health intensive teams have been developed to provide intensive behavioral health practitioner involvement and oversight to members with severe and persistent mental illness.

Tufts Health Plan

- Care team co-management by medical and behavioral health as needed by the member.
- Care team members are well credentialed and have experience in community health.
- Community outreach teams made up of community health workers are included on care teams.

- A question was asked regarding the involvement of the Long Term Services and Supports Coordinator (LTS-C) on the care teams of both plans.
    - CCA noted that if the member wanted their LTS-C to be a part of the care team meetings, the care coordinator would engage the LTS-C and include them on care team conference calls.
- A question was asked regarding how well informed the plans' behavioral health clinicians are in trauma-informed care practices and the Recovery Model.
    - Tufts noted when hiring behavioral health clinicians, they sought staff who had relevant credentials and experience and who would be dedicated to the care model.
    - CCA considers behavioral health and medical staff equal partners on care teams. CCA trains not only behavioral health staff on trauma-informed care and recovery, but all staff. CCA also employs health outreach workers who are assigned to each care team.
- A question was asked regarding whether peer specialists working with CCA are paid and credentialed.
    - It was noted that peer specialists are paid and that CCA contracts with a Recovery Learning Community for peer support services and credentialing varies.
- A question was asked about access to alternative services to acute care services such as animal therapy, exercise and whole-health treatment. A follow up question was asked about how the plans ensure that plan staff reflect the diversity of their members.
    - Tufts gave an example of providing expanded services such as transportation services to a gym to assist a member in their recovery efforts.
    - Tufts noted that their leadership team is made up of a diverse group of individuals. Tufts leadership meets with their consumer advisory committee on a quarterly basis. Tufts has staff, including a vice president of diversity, dedicated to ensuring and promoting diversity with the organization.
- A question was asked of CCA regarding the newly developed respite homes, also known as crisis stabilization units. Are they successful and how long are individuals staying?

- CCA was inspired to build the respite homes after recognizing a lack of community beds for individuals who needed a less restrictive environment than an inpatient facility. CCA conducts a thorough financial and quality evaluation each month. The average length of stay at the units is 10.4 days where the average length of stay at an inpatient facility is 11.8 days.

Challenges in Integrating Behavioral Health

CCA

- Challenges include:
  - Finding BH providers willing to treat members with complex care needs;
  - High rates of members missing appointments and being dropped from provider caseloads; and
  - Resistance to integrated care due to concern about stigma;
- Mitigation strategies include:
  - Peer-based training for members and providers with the intention of better outcomes around engagement and decreased missed appointments; and
  - Increased staffing and expertise in psychopharmacology and overall BH expertise.

Tufts

- Challenges include:
  - Lack of consistent modes of communication such as access to a phone or internet;
  - High rates of members missing appointments and being dropped from provider caseloads;
  - Working with families that are resistant to the care team or care model;
  - Timely response on Durable Medical Equipment (DME) requests and responses outside of regular business hours;
  - Unstable housing; and
  - Substance abuse.
- Mitigation strategies include:
  - A loan-a-phone program for members with inconsistent communication technology;
  - Engaging and providing support to families who may be resistant to a care team or model;
  - Working with utilization review team to process DME quickly internally;
  - Working with housing resources and community support programs to help members find stable housing; and
  - Meeting member where they are.

- Council members were asked what strategies they would recommend to the One Care plans to assist members to make their health care appointments and to not lose access to providers as a result of missed appointments.
    - Recommendations included:
        - Peer services such as certified peer specialist meeting and working with members to assist them in keeping them engaged has been helpful for some providers. Additionally, members should have access to peer services in emergency situations such as at the emergency department.
        - Meeting members where they are, either in their homes or communities and developing a rapport with the member can assist with engaging members.
        - Training for staff who interact with member on how to work with individuals with behavioral health issues and individuals who may be experiencing crisis. It was recommended that the first point of contact staff such as greeters, receptionists and security guards should receive training and should contribute to creating a welcoming and safe environment for all members.
        - Assign one point of contact, such as a care coordinator, to enrollees so that they can build rapport and trust with enrollees and support interactions with the healthcare system.
        - Make staff available to answer calls outside traditional business hours.
        - If approved by the member, provide emergency department staff with relevant medical history information that may help them in treating a member in the emergency department.
- A comment was made that members with behavioral health issues would benefit from having an assessment upon intake conducted by staff with behavioral health expertise who could help to identify alternative and non-medical interventions to assist the individual.
- A comment was made about the current addiction and overdose crisis within the state. Recovery coaching by peers was noted as a beneficial resource for individuals struggling with addiction.
    - It was noted that many people who are on opioids are prescribed the medication for needed pain management. Restriction of certain drugs could be detrimental to those using them appropriately.
- A Council member asked how the Council could provide support to the One Care plans.

  - It was noted a smaller meeting to discuss how the plans can encourage members to call and utilize a peer behavioral health line would be helpful. It was noted 95% of calls the line receives are for authorizations.
  - It was noted that the plans should work with both MassHealth and the Council to collectively help members to understand the One Care model of care and to disseminate information. As a result of passive enrollment, many members do not know much about One Care when then are enrolled.
- A comment was made that the Implementation Council could work with the plans on understanding and integrating the recovery model into their care models.
- In regards to some members not understanding the care model after being enrolled for a length of time, it was noted that members with less complex care needs often have less interaction with the program.

3) Work Plan Update

- Dale Mitchell provided an update on the Long Term Services and Supports (LTSS) Subcommittee that met recently to hear from stakeholders about LTSS under One Care.
  - It was noted that relationships between LTSS providers and the One Care plans have improved in many regards.
  - Stakeholders agreed that the LTS-C role has not been fully incorporated into care teams.
  - Some LTSS, such as transportation, are being accessed inconsistency.
  - No attendees noted experience with obtaining an approval for PCA assistance with cueing and monitoring.
  - The group plans to continue to meet to provide input to the Council and MassHealth on LTSS.

4) One Care Update

Corri Altman Moore and Jenn Maynard provided an update on One Care.

- MassHealth thanked the Council for the useful feedback gathered from the LTSS Subcommittee.
- An overview of encounter data was provided in preparation for data that is anticipated to be shared at the next Council meeting.
- A question was asked regarding which services will be included in encounter data.
  - It was noted that all services will be included in encounter data. However, for the first phase of analysis, only certain services will be included.

  - At the next meeting, quality indicators will be included with encounter data to provide a fuller picture of a certain set of services.
- A question was asked regarding where LTSS would be captured.
  - It was noted that LTSS will be included in future phases of analysis.
- It was noted that analysis will include comparisons of service utilization by members prior to enrollment in One Care as well as in One Care for varied durations of time.
- A suggestion was made to both look at service utilization by the same enrollees before and after enrollment in One Care and to look at a comparable group of members in the fee-for-service system.
- A question was asked regarding whether the data available around hospital utilization could be used to assess whether preventative services were contributing to readmission rates.
  - It was noted the first phase of analysis will include high level data on the number of members with stays and the number of stays for those members.
- A comment was made that the Council looks forward to seeing data on LTSS utilization and satisfaction.
- A comment was made that within another demonstration project, medical hospitalization increased initially as individuals accessed delayed services, then tapered down with time.
- Outreach sessions for the spring have been finalized and will include:
  - In Suffolk County: A presentation style event at the Codman Square Library in Dorchester, and drop-in events at Boston Health Care for the Homeless Program and Whittier Street Health Center.
  - In Worcester County: A presentation style event at the Fitchburg Public Library and drop in events at the Edward M. Kennedy Community Health Center and the Jacob Lewis Library in Southbridge.
- A Council member noted that the Council would like to be included in the process of reviewing the three-way contract for the extension of the demonstration.
  - It was noted that MassHealth will likely begin work on reviewing the contract this summer.
  - It was noted that the newly amended contract will be posted to the One Care website.
- A question was asked regarding the timeline for bringing on new One Care plans.
  - A timeline has not been determined for the possibility of procuring new One Care plans. It was noted that the plans would have to go through both a Medicare and Medicaid procurement process which is a lengthy process.

Next Council Meetings:

March 18, 2016
1:00-3:00 PM
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

April 15, 2016
1:00-3:00 PM
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA