# North Region LTSS Community Partnership Follow-Up to BP1 Annual Progress Report

## Executive Summary

The North Region LTSS Community Partnership (NRLP) launched its operations supported by a technology platform and its component EHR. To accommodate the programmatic requirements, NRLP staff designed appropriate workflows in concert with the database vendor to ensure appropriate documentation and communication capacities. As this process unfolded, the vendor encountered difficulty making key adjustments, which in turn obliged NRLP to develop significant (although successful) work-arounds that necessitated additional investment from non-DSRIP funded resources. To ameliorate this situation, NRLP requested and received Technical Assistance support for engaging ECG Management Consultants to assess the issues and propose potential solutions to the challenges affecting our technology-related operations.

During BP1, NRLP re-assessed and significantly changed its staffing model. Initially designed to site staff at the three partner agencies located at various point throughout our service region, the benefits of centralization to form a more cohesive corps of Community Partner Coordinators (CPCs) focused on conflict-free case management became clear. Intentionally working through the multiple dimensions of this issue among the NRLP partner agencies, the decision to centralize was uniformly embraced and subsequently approved by Mass Health.

The new staffing model aggregated supervisory oversight into a single LTSS Coordination Manager role. In early fall, NRLP experienced a change in this role as the former Manager transitioned to a new position elsewhere in the network and NRLP hired a Certified Nurse Care Manager to fulfill the duties going forward. Bringing significant community health experience to her work, the new Manager provided key clinical knowledge supports as well as hands-on training supports around best practices in care coordination. At the same time, NRLP also re-designed its overall staffing model to create: 1) an Outreach Specialist, who with support from the NRLP’s Call Center, manages the initial outreach efforts for newly assigned members; and 2) Care Transitions Specialist (an RN) who focuses on critical hospital and discharge team connections. Both the Outreach and Care Transitions specialists work in tandem with the CPCs.

NRLP also focused on building out a comprehensive training program for its CPCs provided through the expertise of the NRLP partner agencies around key population health issues. Of particular importance was an emphasis on enhancing CPC skills for addressing the LTSS needs of pediatric enrollees. At the same time, the Quality Management Committee has been working on establishing a robust framework for ensuring that NRLP operations meet National Committee for Quality Assurance standards as well as Mass Health LTSS quality benchmarks.

During BP1, NRLP has developed fuller relationships with its partner ACOs, sharing information and tweaking procedures in ways that both meet requirements and facilitate greater support for our mutual enrollees. Ongoing discussions around a full range of collaboration issues have resulted in smoother operations and greater engagement of all stakeholders.