CCA Care Coordination Update

commonwealth care alliance®

Topics to Cover

- Care Coordinators
  - Types of coordinators
  - Visits
  - Turnover
  - Responsibilities

Visit Types

Care Partner: RN/BH

Telephonic or virtual visits

Fully remote staff, never on-sight or in-person

Email for communicating with members

RN or CHW Hybrid

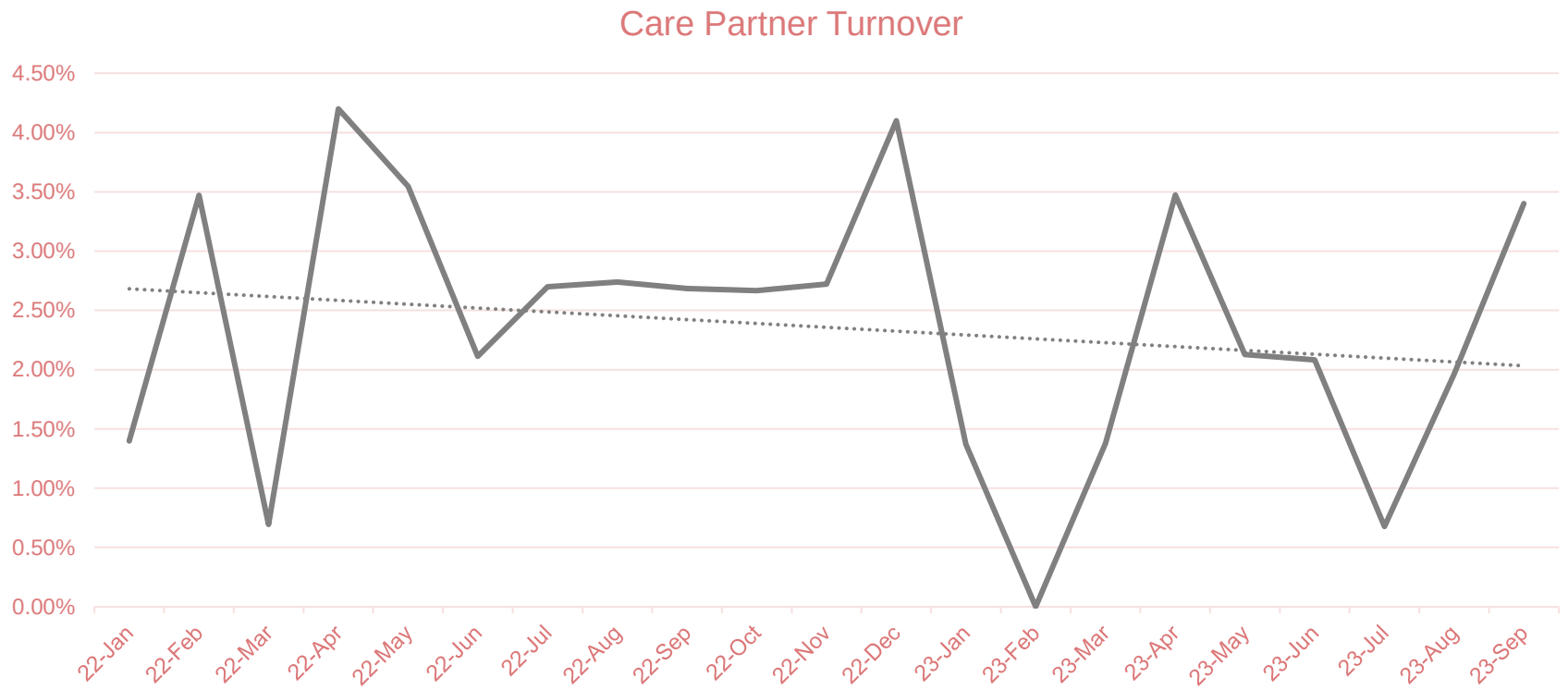
Hybrid

In person or telephonic visit based on member preference or need

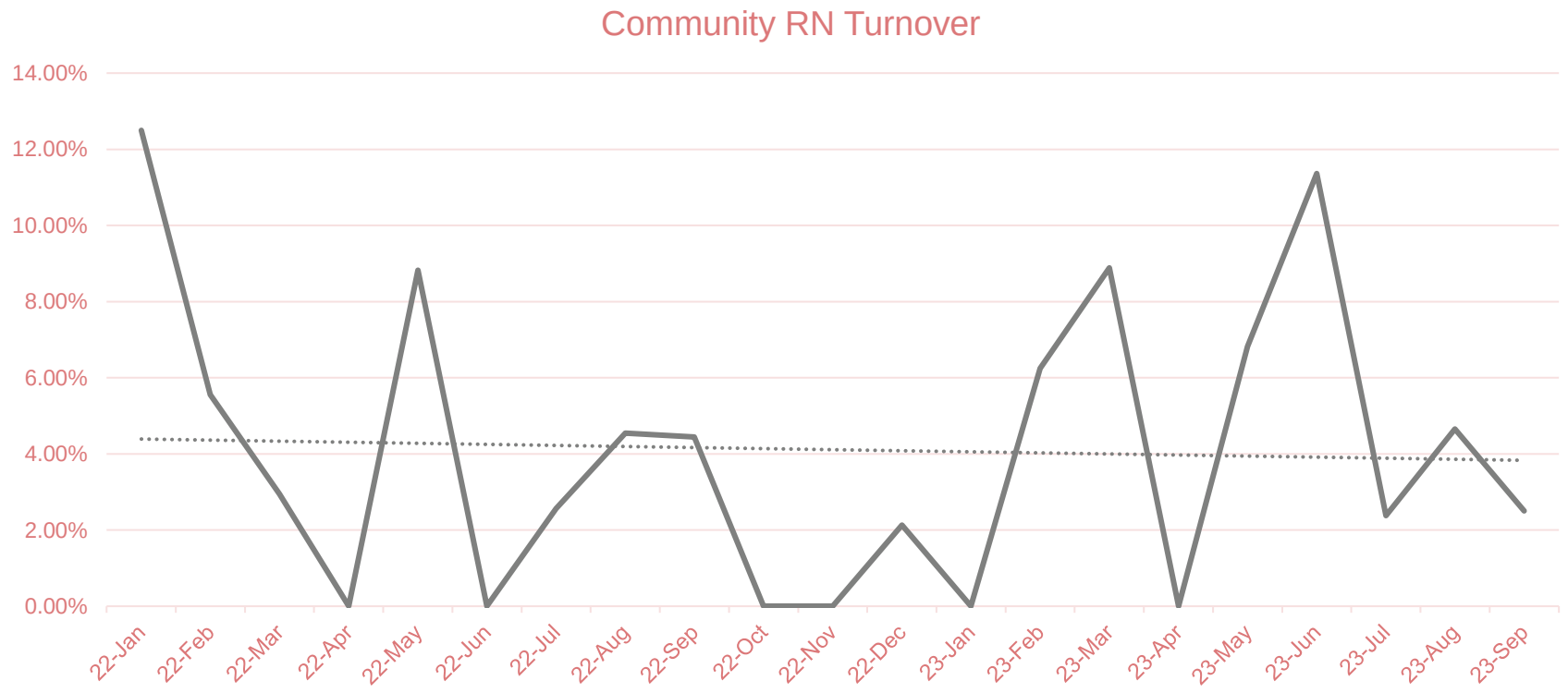
Some telephonic or virtual visits

In-Home Visits

Care Partner Turnover



Community RN Turnover



Care Partner Role

- Fully telephonic
  - Nurse or Social worker
  - Work from home, geography not considered
- Hybrid, panels
  - Work some telephonic, some in the community
  - Nurse for high and medium risk members
  - Community health worker for low-risk members
- Both have access full in-community care team
  - Nurses, Nurse practitioners or physician assistants
  - Social worker
  - Community health worker
  - PT/OT

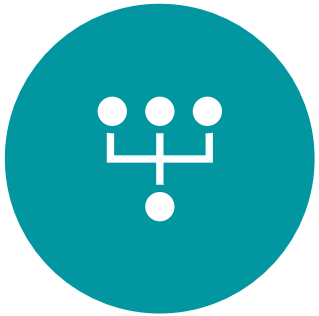
Care Partner Responsibilities

- Routine member outreach
- Care plans
- Coordinating with LTSC for services and community support
- Updating PCP
- Engaging with member to meet medical and behavioral goals
- Assist in closing gaps in care, i.e. mammogram screening, diabetic follow up

Care Partner Staffing

CURRENTLY HAVE 6 CARE PARTNER ROLE OPEN THAT WE ARE ACTIVELY RECRUITING

DO NOT TRACK THE DIFFERENCES IN TURNOVER, BASED ON LICENSURE



THE REPORTED TURNOVER RATES INCLUDES CP WHO MOVED TO OTHER ROLES WITHIN CCA, NOT NECESSARILY LEFT THE ORGANIZATION

Care Partner by Geography

MA	75%
NH	6%
FL	5%*
ME	2%
RI	2%
Others	9%*

* Staff lived in MA when hired and moved during COVID

Care Partner and Care Team Interaction

Care partners and clinical team huddle daily

- Discharges
- ED visits
- Escalated needs
- Follow up

Team meetings weekly

- Readmissions
- Challenges with community services
- Member concerns needing full team input

How the Care Team Works With Providers

- Staff update the PCP after a hospitalization or a change in status
  - Can be phone calls or secure messaging through their medical record
    - Update on member medical or behavioral health status
    - Request for community services
    - Request for DME/supplies
- Can assist with setting up appointments
- Work with the PCP to close care gaps (mammograms, colonoscopies)

Matching Member Needs and Preferences to Care Partner

- Primary reason for choosing a care partner
  - Member preference for visit type (in-person/virtual/telephonic)
  - Licensure based on member need, risk

- Secondary reasons, when possible
  - Member language preference, when possible
  - Align to PCP office, when possible