Advancing Care Coordination: How Can We Improve Care Coordination For One Care Enrollees?

June 2019 Implementation Council Meeting

WHY EXAMINE CARE COORDINATION?

Care coordination is critical to enrollee engagement in care delivery, and satisfaction.

- **My Ombudsman** reports that care coordination ranks among **the top three concerns** for One Care enrollees.

- In March 2019, **MACPAC** reported variations in quality, methodology and the goals of care coordinators and care coordination. MACPAC found that **care coordinators can be a barrier** to members receiving appropriate care coordination, rather than a facilitator.

- **The IC** has an obligation to make recommendations to MassHealth and CMS that will improve care coordinator and care coordination experience of members prior to the start of One Care 2.0

WHY EXAMINE CARE COORDINATION?

Many One Care members:

- **Are content or happy with One Care and have had their lives greatly enhanced by the care.**
- **face real barriers to accessing adequate and appropriate care coordination services. This gap in care coordination impacts continuity of care and every aspect of a member's health.**

In addition, many members:

- still do not know or understand what their rights are under One Care or do not want to *rock the boat* and so go without needed services.
- report being satisfied or somewhat satisfied with One Care due to low expectations, lack of understanding of care coordination and services available to them under the One Care model.
- are intimidated by and afraid to confront medical professionals or anyone they perceive to have authority over access to services.

PLANS, FOR EACH CASE STUDY DESCRIBE:

- The presenting concerns, problems, challenges raised.
- Why these concerns etc. came about (*why did this happen*).
- Who the decision-makers are *including*:
  - their position in your plan / organization;
  - their overall responsibilities.
- What decision-makers need to do to resolve the concerns, problems etc. at the member level, the care team level, and the plan management level?
- How changes to your policies, practices and procedures will strengthen your care coordination model and the quantitative and qualitative methods you will use for ongoing quality improvement.

CONSIDERATIONS

In developing responses to the case studies:

- Identify what components of each category acts as a **barrier** or as a **facilitator** for each case:
  - utilization management;
  - care coordinator caseloads;
  - care coordinator competency assessments (including training);
  - care coordinator accountability and Plan tracking of member satisfaction with care coordination.
- Identify Plan's ***care coordination model*** and its stated ***goals*** including:
  - operationalizing *independent living and recovery models* are operationalized in care planning;
  - the role of the member in developing ad advancing care plan goals;
  - the role of the care coordinator in reducing the burden of coordinating services, communicating with providers and determining service authorizations from members.

KEY QUESTIONS FOR THE ONE CARE IC TO CONSIDER

TBD