

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

June 11th Plan Presentations

May 14, 2019

Format

- Plans will respond to two case studies. Both case studies have had direct input from Council members as well as people from the disability community in One Care.
- The case studies focus on the role of the care coordinator.
- IC members will discuss presentations by the plans and make recommendations.

WHY EXAMINE CARE COORDINATION?

Many One Care members are content or happy with One Care and have had their lives greatly enhanced by their care. But some 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.

WHY ARE WE ASKING THE PLANS TO 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 strengthen the care coordinator role and care coordination experience of members prior to the start of One Care 2.0

PLANS, FOR EACH CASE STUDY, WILL ADDRESS:

- What are the concerns, problems, challenges raised?
- Why did this happen?
- Who are the decision-makers?
- 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 will changes to policies, practices and procedures strengthen their care coordination model?
- What are the quantitative and qualitative methods Plans will use for ongoing quality improvement?

CONSIDERATIONS Plans will make in developing their responses:

- Identify components in each category that acts as a **barrier** or as a **facilitator** for each case study;
- Identify the Plans' *care coordination model* and their stated *goals*.

KEY QUESTIONS FOR COUNCIL MEMBERS TO CONSIDER

What are the common themes you can identify?

How might an LTS Coordinator, Certified Peer Specialist or Certified Recovery Coach address concerns raised in the case studies?

Recommendations for best practices?

Recommendations for quality measures?