

ATTACHMENT B

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP2 ANNUAL REPORT RESPONSE FORM

PART 1: PY2 ANNUAL REPORT EXECUTIVE SUMMARY

General Information

Full CP Name:	Riverside Community Partners
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Part 1. PY2 Annual Report Executive Summary

Riverside Community Partners saw a period of significant growth during BP2, going from an engagement rate of 5% in January 2019 to an engagement rate of 35% in December 2019. Across the Commonwealth, Community Partner Programs continued the iterative program development that characterized Budget Period 1, building off lessons learned in order to grow the program and provide high quality care to our members. During BP2 Riverside was able to focus on learning from early challenges in order to refine operations and improve engagement rates. The primary DSRIP activities revolved around staff retention, the development of a centralized outreach infrastructure, and the use of data and technology in order to improve quality and approach service provision with a population health perspective.

During BP2, several Affiliated Partner teams experienced challenges with staff turnover. The response to this challenge was two-fold: 1) implement a robust staff retention program utilizing a bonus structure, and 2) develop a centralized outreach strategy in order to shift the burden of data validation and labor-intensive outreach from care coordinators. In BP2 we developed a dedicated outreach and engagement project (see description below) that served as an incubator for centralized outreach workflows and processes.

At the end of 2018, one of Riverside's Affiliated Partners decided to withdraw from Riverside Community Partners. The transfer of more than 400 members was completed between December 2018 and February 2019, with other Riverside Affiliated Partners (primarily the Riverside and North Suffolk teams) absorbing the roster. The influx of new members was a challenge ably handled by our teams, however the bulk of the individuals that had been initially assigned to the Lynn team were unreachable due to invalid contact information. Riverside therefore utilized DSRIP funds to develop and execute a dedicated outreach and engagement project, carried out by a team of data and outreach specialists led by a project manager. This team has converted a

small percentage of previously unreachable members, but the primary outcome has been the development of centralized and systematic data validation and outreach efforts. These efforts will inform our outreach strategy moving forward into BP3.

Finally, while the bulk of technology funds had initially been earmarked for enhancements of our care coordination platform, that project was ultimately funded by Technical Assistance dollars. This freed up Riverside to seek out additional uses of technology to support our work. We engaged a vendor, Hexplora to support us in developing an integrated data warehouse that brings together claims data with data from our care coordination software as well as electronic health records of BHCP members who also receive care at other Riverside programs. Hexplora has built dashboards that allow us to visualize engagements rates, as well as our progress towards quality and HEDIS metrics. In BP3 this will allow us to understand our membership from a population health level and develop appropriate interventions to support their health outcomes.