

## ATTACHMENT B

### DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP3 ANNUAL REPORT RESPONSE FORM

#### PART 1: BP3 ANNUAL REPORT EXECUTIVE SUMMARY

##### General Information

<b>Full CP Name:</b>	Southeast Community Partnership
<b>CP Address:</b>	500 Victory Rd, Quincy, MA 02171

#### Part 1. BP3 Annual Report Executive Summary

This report covers the activity and use of DSRIP funds from January 1, 2020 through December 31, 2020 by the Southeast CP. Southeast CP is a partnership of Aspire Health Alliance (formerly South Shore Mental Health) and Gosnold. Family Continuity operates as an affiliated organization. SECP used DSRIP investments to support technology, workforce development, administration and infrastructure, integration with ACO/MCOs, quality management, consumer advisory board, and overall program operational goals for Budget Period 3 (BP3).

In BP3, SCP strengthened its relationships with the ACO/MCOs. SECP participates in monthly meetings and high-risk rounds reviews with three key ACO/MCO partners: Tufts Atrius, BMC BACO, Southcoast, and Steward Health Choice Network. These monthly meetings focus on individual clients and working together to ensure the best care for each member.

SCP has quarterly meetings with BMC MCO, Tufts MCO, Partners and C3. These meetings are process oriented rather than individualized case conferences; they are focused on problem solving and creating better workflows. During quarterly meetings, ACO/MCOs have been supportive in making sure documented processes are working; providing key contact people for information sharing and shared case management of members; problem-solving around issues with primary care physicians and/or workflows between ACO/MCO, PCP practices, and CPs; and generally working with SCP to provide the most effective care for our enrollees. These meetings are also utilized for data sharing and review of outstanding care plans.

In order to monitor the quality metrics finalized by the CMS for the BH CP program, SCP established a monthly Quality Improvement Workgroup. This work group continues to focus on utilizing the dashboard that was developed to oversee performance on key quality metrics and to better understand the areas of strength and needs of development.

Technical Assistance funds were used for projects with two TA vendors, Milliman and eHana. These projects, which were comprised of auto tagging high risk member records and records requiring action, the creation of benchmarking reports, the calculation of certain quality metrics, and the development of detailed enrollee utilization reports, began in late BP2 and were completed in BP3. TA vendor Advocates for Human

Potential began a series of training opportunities for all CP staff, covering topics such as substance abuse disorders, hoarding, anxiety, and homelessness.

SCP's Consumer Advisory Board has continued to be very active and committed to supporting our program. After a brief pause during COVID, the Consumer Advisory Board has returned to its critical work. The last meeting focused on challenges during the pandemic, telehealth experience, and overall CP experience. The board make up has fluctuated due to the virtual nature and not all members being able to join virtually. It is expected when meetings can be held in person that this will no longer be a problem.

In order to manage changes in the BH CP program and monitor quality measures, SCP has found it extremely helpful to build designated teams and workgroups. In addition to the monthly Leadership and Quality Management Team and the Hub Management Teams, Clinical Care Manager team meetings were also held, with an opportunity to give hub updates, discuss referrals, ACO communications, ED follow-ups, and high-risk ACO meetings. Through the work of these teams, SCP has been able to centralize procedures for managing denials, conduct research for re-enrollment of members, improve documentation, and monitor achievement on key quality measures.

Key lessons learned in BP3 are the importance of fostering strong relationships with ACO/MCOs to provide integrated care for our mutual members, building a designated workgroup to monitor quality measures, and developing internal teams and procedures to manage changes in the program. As part of our culture of continuous improvement, we have maintained our constant research into and dissemination of best practices as this program continues to develop.