

ATTACHMENT APR

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) PY1 ANNUAL PROGRESS REPORT

General Information

Full ACO Name:	Tufts Together with Cambridge Health Alliance (CHA)
ACO Address:	1493 Cambridge Street, 7 th Floor, Cambridge, MA, 02139

Part 1: PY1 Progress Report Executive Summary

1.1 ACO Goals from its Full Participation Plan

- **Goal 1: Care Management** -- CHA seeks to strengthen its existing care management program and enhance its EHR capabilities.
- **Goal 2: Behavioral Health Inpatient Utilization** – CHA seeks to identify and implement targeted interventions for members at risk for inpatient behavioral health, thereby reducing inappropriate utilization.
- **Goal 3: ED Utilization**-- CHA seeks to reduce unnecessary emergency department and implement strategies to enhance access for patients with urgent care needs and same day appointments, as well as afterhour's coverage.
- **Goal 4: Post-Acute Utilization** -- CHA seeks to focus on directing patients to efficient and high quality preferred facilities, as well as actively and safely transitioning patients back to the care of their PCPs when their intense post-acute needs are complete.
- **Goal 5: Disease Management** – CHA seeks to reduce costs through disease management efforts for patients with diabetes, hypertension, chronic obstructive pulmonary disease (COPD)/asthma and heart failure/cardiomyopathy.
- **Goal 6: Radiology Management** – CHA seeks to reduce unnecessary radiology utilization.
- **Goal 7: Outmigration** – CHA seeks to reduce outmigration of services, focusing on inpatient medical surgical and obstetrics services.
- **Goal 8: Health & Wellness services provided by MCO** -- This program is targeted toward all members. These members account for 100% of TCOC. The ACO estimates that 15% of the cost of this population is impactable.
- **Goal 9: MCO Prior Authorization program w/24-hr nursing** -- This program is targeted toward all members. These members account for 100% of TCOC. The ACO estimates that 15% of the cost of this population is impactable.
- **Goal 10: MCO PBM Discount relationship** -- This program is targeted toward all members. These members account for 100% of TCOC. The ACO estimates that 15% of the cost of this population is impactable.
- **Goal 11:** CHA seek to complete service level contracts and cross training of CHA and community-based staff.

- **Goal 12:** CHA seeks to integrate behavioral health (BH) with physical health services and coordinate the care of individuals receiving social services, BH care, and/or long-term supportive services (LTSS) from community partners (CPs).
- **Goal 13:** CHA seeks to achieve outreach to new or inactive members in the attributed Medicaid ACO primary care panel population.
- **Goal 14:** CHA seeks to increase engagement with primary care or care management for new or unengaged attributed members.
- **Goal 15:** CHA seeks to a) successfully report on all required metrics, b) work to understand its specific baseline performance with MassHealth goals and/or market performance, and c) evaluate and select two measures for performance in subsequent years from either the MassHealth quality metric slate or other reliable, validated measures.
- **Goal 16:** CHA seeks to meet the full requirements of the ACPP contract through supportive services in the areas of administrative support, labor benefits and overhead, regulatory, compliance, accreditation, network and community provider evaluation and management, actuarial services, population health (PH) analytics, and program evaluation.

1.2 PY1 Investments Overview and Progress toward Goals

CHA and THPP developed a shared vision to drive exceptional outcomes in quality and member experience in a cost-effective manner for members who entrust the ACPP with their healthcare. The following programmatic and infrastructure investments have been successful and will continue to meet the ACPP's vision. We made significant progress in all domains in PY1, which we highlight below.

MCO Investments:

Care Management and Clinical Oversight

- THPP invested in nurse care managers, BH care managers and community health workers (CHWs) to support continuity of care activities, risk stratification and enrollment of members into Care Management (CM) Programs. THPP and CHA resources worked closely to create infrastructure and workflow integration, allowing CHA to take on responsibility for complex care management and LTSS assessment and ongoing care management starting in February of 2019.

Clinical Pharmacy & Reporting

- THPP provided electronic claims extracts including eligibility, medical & pharmacy claims, and performance-reporting package (membership/PCP details, Cost & Utilization data, high-cost claimant activity and a report on provider leakage) to profile where members access services. THPP developed a high-level pharmacy report, including top drugs, therapeutic classes, etc. as well as a settlement report that profiled the financial performance (profit/loss) of the risk contract.

CMO, Medical Directors and Care Management

- THPP's Medical director provided ongoing oversight and collaboration with the CM team, including clinical rounds and case reviews. This position played a significant role during the initial continuity of care period, working closely with the CHA ACO leadership and providers to ensure that utilization management policies and procedures were understood and executed appropriately.

MCO Prior Authorization Program with 24-hour Nursing

- THPP leveraged its relationship with a vendor that specializes in managing diagnostic services to support our overall radiology management program. We continue to staff and support a Health Direct 24/7 NurseLine for our MassHealth members. Activities include nurse triage calls, (with or without prescription refills, translation services, or general message/information calls), providing a valuable resource to our members as they transitioned to the ACO model.

Health & Wellness Services

- THPP reached out to all members 21 years of age or older to direct them to THPP's on-line health needs assessment. THPP implemented a new pediatric health needs assessment tool for the March 1, 2018 go-live, which included vendor implementation fees, project management support, analyst, and IT resources. Health Risk data is sent to CHA weekly via a secure data exchange.

MCO-PBM Discount Relationship

- THPP continued to use and expand our relationship with our Pharmacy Benefit Manager (PBM) to administer pharmacy benefits, utilize available tools (including real time utilization data), and look for additional program opportunities.

ACO Investments:

Community Needs Assessment and Outreach Investments

- We completed the baseline population and community needs assessment phase of our communities of Cambridge, Somerville, Malden, Everett and Medford and gathered demographic, health and social determinants of health (SDOH) indicators. We also hired a project manager to organize the outreach efforts. A multi-disciplinary CHA team directed and organized major campaigns throughout the year through mailings and outbound phone calls to members to engage them in primary care.

Complex and Transitional Care Management

- We expanded CHA's primary care-based investments in CCM, transitional care, CHA's Healthcare for the Homeless Program, BH department and post-acute (PA) clinical teams, and recruited a PA care manager to address the needs of patients placed in skilled facilities.

Mental Health (MH) & Substance Use (SU) Management

- We expanded existing CHA programs, such as integrated primary care-based BH; BH integrated program (HIP) for the treatment of the seriously mentally ill; specialty psychiatric and substance use resources for members that would not be appropriately addressed in the aforementioned programs; and continued development of CHA's tele-psychiatry and transitional care capabilities.

Medical Oversight, Medical & Utilization Management

- We developed utilization and stratification reports to identify opportunities to better manage PA care, understand which facilities are used, and track re-admission rates. This is part of our efforts to develop a program that is integrated with the existing MCO program and designed to reduce inappropriate and avoidable utilization.
- CHA's radiology department implemented a medical management program to coordinate high-cost radiology services within CHA and optimize evidence-based use of outpatient radiology services ordered by our clinicians.

Disease and Medical Management

- We hired a Senior Director, PH Management and Clinical Design to oversee PH management and clinical design responsibilities. We formalized a process for creating clinical guidelines; created registries for COPD, congestive heart failure (CHF), and hypertension; and developed a framework for long-term optimization of IT elements to manage specific disease states. We prioritized development of evidence-based guidelines for COPD, substance use disorder (SUD), CHF, diabetes and depression. We launched a CHA health and wellness website, including information about THPP programs.

Quality and Member Experience Performance Improvement (PI)

- We hired a Quality Management Metrics Manager to oversee contract and quality improvement projects to meet performance goals. The CHA quality team worked closely with THPP to identify and test options for clinical data sharing, as well as build a project plan and work flows for the ACPP metric slate. We expanded our quality and PI infrastructure and engaged a PI advisor to support BH efforts.

Network Management, including Community Partner Management

- We made investments in staffing and evaluation tools to support and monitor effectiveness of preferred provider relationships (Visiting Nurse Associations (VNA)s, Skilled Nursing Facilities (SNFs), Palliative Care, Aging Service Access Points (ASAPs), Para-Medicine, BH, and LTSS

CPs. We developed work flows to transfer information to our CPs, including setup secure file transfer folders and exchanged information to confirm connectivity. The ACP also expanded care management support, both through staffing and expanded policies and care plans, to work closely with Community Partners for Behavioral Health and Long Term Services and Supports. By involving and working closely with Community Partners, members have been able to receive care at the local level, in a manner that works with their specific health and cultural needs. Effective coordination of this work has also prevented duplication of resources or members being missed for potential support

Infrastructure Support for ACO Partner DOI/HPC/MH/NCQA Requirements

- We hired a Director, ACO Regulatory Compliance position to maintain all certifications and accreditations necessary to function as a MassHealth ACO. This position serves as the primary contact for all communications with MassHealth, THPP and regulatory bodies.

Infrastructure Population Management and PH Analytics, IT and other Investments

- CHA has made strong progress in this domain. Examples include:
 - ✓ The roll out of CM systems and reporting tools to support complex care and BH care managers in their work.
 - ✓ The implementation of risk stratification predictive models that identify patients at high risk of future utilization for screening and enrollment into the various CHA CM programs.
 - ✓ The implementation of CHA's electronic health record (EHR) system "Healthy Planet" data platform (includes importing claims data from CHA's insurer, matching patients to the EHR, and incorporating claims and EHR data into a single data warehouse.)
 - ✓ We created a joint CHA-THPP Prescription Utilization Work Group to identify and address issues related to trends in utilization, generic vs. brand name use, etc.

Community & Disparities Assessment and Workforce Development and Training

- We rolled out a social determinants of health screening program in all primary care centers and most psychiatry areas. We deployed an electronic workflow using the patient portal tablets (Welcome) to most primary care and psychiatry areas.

Referrals, Billing & Coding Investments

- Our referral management business group compiled a complete list of referrals needed for a restructure of the functionality. Our PI team led the effort to develop the workflow and we hired three contractors to build the referrals. We reviewed our current system structure, planned our future structure and gathered data to streamline processes, improve efficiencies/data accuracy.

1.3 Success and Challenges of PY1

Successes

Strong, Collaborative Governance Structure: We created a strong governance structure, including a joint ACP Governing Board; Patient and Family Advisory Council (PFAC); and Compliance, Finance, Quality, and Joint Operating Committees, which meet to identify and address challenges. We set up work groups with representatives from CHA and THPP to address issues of member transition, member engagement, disease management, and quality measurement. These work groups created and adapted work flows to avoid duplication and ensure that the member gets the right service, at the right time, and in the right location. Our leadership teams worked together to prepare for CCM delegation to CHA and NCQA CCM Accreditation. These programs will enable our partnership to manage the care of our most vulnerable populations at the provider level.

Functional and Organizational Integration: We combined efforts to promote functional and organizational integration. We developed joint policies, procedures and workflows in all service areas to optimize coordination and reduce duplication. Our clinical teams met regularly to identify high-risk members and develop joint care plans for the most vulnerable populations. This collaboration excelled our approach to delegated CM, regular BH planning meetings and co-management of BH utilization. We shared data to improve collaboration and direct care management activities. Reports exchanged included, but are not limited to, day of admission, adult and pediatric stratification, high-cost claimant, gaps in care, leakage, eligibility, and high-level pharmacy reports. In PY2, these reports will continue to develop to provide insight to the ACO and direct CM activities.

Challenges

SUD Patients' Needs Assessment: We worked to exchange information regarding our members to ensure optimal care. Patients with SUD accounted for 11.5% of our ACPP membership and 33.4% of the cost (based on claims paid through Jan 2019 for visits between Nov 2017 and Oct 2018.) Given the federal law and regulations around substance abuse confidentiality, CHA does not receive patient-level information about SUD admissions, compromising its ability to identify patients who could benefit from CM and care coordination. Our medical management team is developing a set of evidence-based guidelines for various disease conditions. Our plan is to incorporate evidence-based approaches to this challenge in our SUD guideline.

High BH Prevalence: We face the important challenge of the high prevalence of BH conditions in patients who are not engaged in BH care. This puts various strains on our system, including how to find these patients, engage them in primary care rather than through the ER, assist them in accepting that relapse is part of the problem and develop a partnership in the treatment of their multiple chronic conditions. We look forward to working through these challenges in close coordination with our CPs.