

MA DSRIP TA marketplace

Model ACO MA DSRIP TA APPLICATION

1. Is your organization an ACO or a CP? *

- ACO
 - CP
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2. Which TA Card is supporting this TA project? *

- Year One
 - Year Two
 - Year One and Year Two Combined
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3. Please identify the person in your ACO or CP who is directly accountable for the progress and successful completion of the requested TA: *

Name:	John Smith
Title:	ACO Program Manager
Organization:	ACO #1
Email:	(email)
Phone number:	(phone)

4. Please describe your proposed TA project, including the goals of the project and the objectives to be achieved through the use of TA Card funding. Please also provide any other details that would help your TA Vendor help you achieve your TA project goals. (Max: 2-3 paragraphs):

Our ACO recently hired 18 Community Health Workers (CHWs) to serve as an integral component of our practices' care teams. We have a solid understanding of the important role of CHWs, their capacity to address health-related social needs, and the holistic perspective they bring to primary care. Although a couple of our practices have experience employing and deploying CHWs, we do not have a well-established process for integrating CHWs into workflows and request TA support to accomplish this. We would like to engage a TA Vendor to assist us in developing standard processes for integrating CHWs into care teams that can be easily adapted to and implemented by individual practices.

The goals of our TA project are to:

- Outline the potential challenges and opportunities associated with integrating CHWs into care teams in our ACO's primary care practices
 - Develop standard processes for integrating CHWs into care teams in our ACO's primary care practices that are grounded in that understanding
 - Test those processes by implementing them in a small sample of practices
 - Revise standard processes based on lessons learned and make recommendations for ACO-wide rollout
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5. Please identify the Competency Area(s) the requested TA is intended to strengthen: *

Core Competency 1: Respect, understand, and engage MassHealth members

Core Competency 2: Honor, enlist, and develop provider and care team insights and capabilities

Core Competency 3: Access, apply, and exchange data across all entities involved in MassHealth member wellness and care

Core Competency 4: Develop and implement financial models that promote provider and staff buy-in and advance the achievement of quality benchmarks, appropriate utilization of care, and long-term organizational sustainability

Core Competency 5: Provide coordinated care and/or complex care management that is highly responsive to MassHealth member needs and preferences

Core Competency 6: Actively develop and maintain a foundation of, and disseminate up-to-date knowledge in, all areas relevant to building and running a high performing, sustainable MassHealth ACO or CP

6. Please explain how the requested TA will strengthen your ACO/CP within your identified Competency Area(s). (Max: 3 paragraphs): *

The proposed TA project will strengthen our ACO within Competency Area #1, since well-prepared CHWs whose expertise is leveraged effectively are uniquely capable of both: 1) engaging members from diverse backgrounds in care, and; 2) helping healthcare providers better understand the needs and preferences of those members. This project will also strengthen our ACO within Competency Area #2 in regards to engaging providers as key members of a care team and providing resources that support their development and effectiveness in new models of care.

7. If there is overlap between the requested TA and the work supported by DSRIP Participation Plan funds, please explain how the requested TA is not duplicative of other DSRIP-supported efforts. (Max: 3 paragraphs) If there is no overlap, please write “not applicable.” *

Our ACO is leveraging DSRIP Participation Plan funds to pay for CHWs attending CHW core competency training. Although there could be potential for overlap, the DSRIP funds are strictly for training while the TA project funds would enable our ACO to understand and implement best practices for integration of already trained CHWs.

This TA project is not duplicative of any other DSRIP-supported efforts at this time.

8. Please describe how the proposed TA project will advance the goals outlined in your DSRIP Participation Plan. If your proposed TA project does not align with your DSRIP Participation Plan goals, please provide a brief rationale. (Max: 2 paragraphs): *

The proposed TA project addresses the management priority of provider engagement and model of care implementation across the ACO. These CHWs will serve as critical resources in the implementation of the model of care across all practices in the ACO. A key gap in the current implementation is around member engagement and connecting members to community-based resources to address social determinants of health once needs are identified. These CHWs will fill critical gaps and allow the ACO's model of care to be implemented across practices.

Additionally, CHWs will play a critical role on the care team, offloading work from primary care providers and mid-level practitioners so that they can work at the top of their licenses. Providers are currently experiencing an increased volume of work related to the ACO program, and CHWs will offload critical functions and serve as integral members of the care team.

9. Please identify the TA Vendor(s) that you would like to engage. MassHealth and Abt (the Managing Vendor) will match you with a TA Vendor based on your identified TA Vendor preference, TA vendor capacity, and TA needs. MassHealth will honor an ACO's or CP's first priority vendor selection to the greatest extent possible. *

First preference	Vendor 3
Second preference	Vendor 1
Third preference	Vendor 2

10. From which TA Domain did you select your TA Vendor(s)? *

Community-Based Care and Social Determinants of Health
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11. Please explain your TA Vendor preference (e.g., existing relationship with this vendor, aware of their subject matter expertise, etc.). If you do not have a TA Vendor preference, please write "not applicable." *

We have heard numerous good remarks related to [TA Vendor] strengths in the area of integrating community-based workers into workflows. We have also had a brief phone conversation with [TA Vendor] regarding the proposed TA project, which was extremely positive.

12. Please identify the anticipated start and end date of the proposed project, as well as the related estimated cost. Please note that the estimated cost should not exceed the ACO's currently available TA Card funding.

Start Date	July 2018	Estimated Cost	\$150,000 This is a rough estimate based on our brief initial conversation with [TA Vendor].
End Date	November 2018		

13. Is the project described in this application the initial phase of a multi-year project that the ACO will continue in subsequent TA program years? *

Yes

No

Unknown – Please explain:

14. ACOs and CPs will receive an allocation of TA funding (i.e., a new TA Card) in each of the five years of the 1115 waiver. Please briefly describe 3-4 potential TA projects that your ACO or CP might wish to undertake using your TA allocation in future years. This information will help us ensure that we engage a complement of TA Vendors with the capacity to meet upcoming ACO and CP TA priorities. It will also give us a better sense of ACOs' and CPs' overall planning related to their use of TA funds.

Please note that TA funding allocation amounts will vary from year to year for individual ACOs and CPs. *

We would like to engage a TA Vendor to implement and upskilling training initiative across a subset of our staff.

In an effort to enhance our communication capabilities, we would like to work with a TA Vendor to refine an existing application, optimize its use among current providers, and spread it across the ACO.