

Community and LTSS Care Partners: Strategies for ACO Collaboration

Findings from ACO Interviews and Discussion of Opportunities

October 19, 2020

■ Agenda for Presentation of Findings with Leadership

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1	Introduction/Project Goals	5
2	Overview of Current ACO Partnerships	10
3	Feedback and Discussion of Internal and ACO Interview Findings	40
4	Discussion of Opportunities and Questions	60
5	Next Steps	5

EXECUTIVE SUMMARY

HEALTH MANAGEMENT ASSOCIATES

■ COMMUNITY PARTNER PROGRAM OBJECTIVES

- **Objectives** (*summarized from MassHealth.gov*)
 - Improve **member experience, continuity and quality of care** for individuals with significant behavioral health and complex long-term services and supports needs;
 - Promote collaboration to **address social determinants** that impact an individual's stability and wellbeing, and leverage the existing community-based organizations serving populations with BH and LTSS needs;
 - Foster communications and care coordination across health, behavioral health, long term services and supports, and social services organizations in order to **deliver integrated care**.

■ OVERVIEW OF CCP/LTSS CP TA PROJECT GOALS AND OBJECTIVES

■ Goal:

- Develop strategies for enhancing and sustaining effective partnerships with ACOs to achieve the goals of the CP program.

■ Objectives:

- Assess the current state and explore perspectives on the future of the CP program and ACO-CP partnerships through interviews with key individuals at CCP/LTSS Care Partners and at ACOs;
- Evaluate responses and data to identify strategic focus areas based on CCP/LTSS Care Partners priorities and goals; and
- Develop a strategy and prepare for engaging ACOs for implementing recommendations and promoting further alignment between CCP/LTSS Care Partners and ACOs.

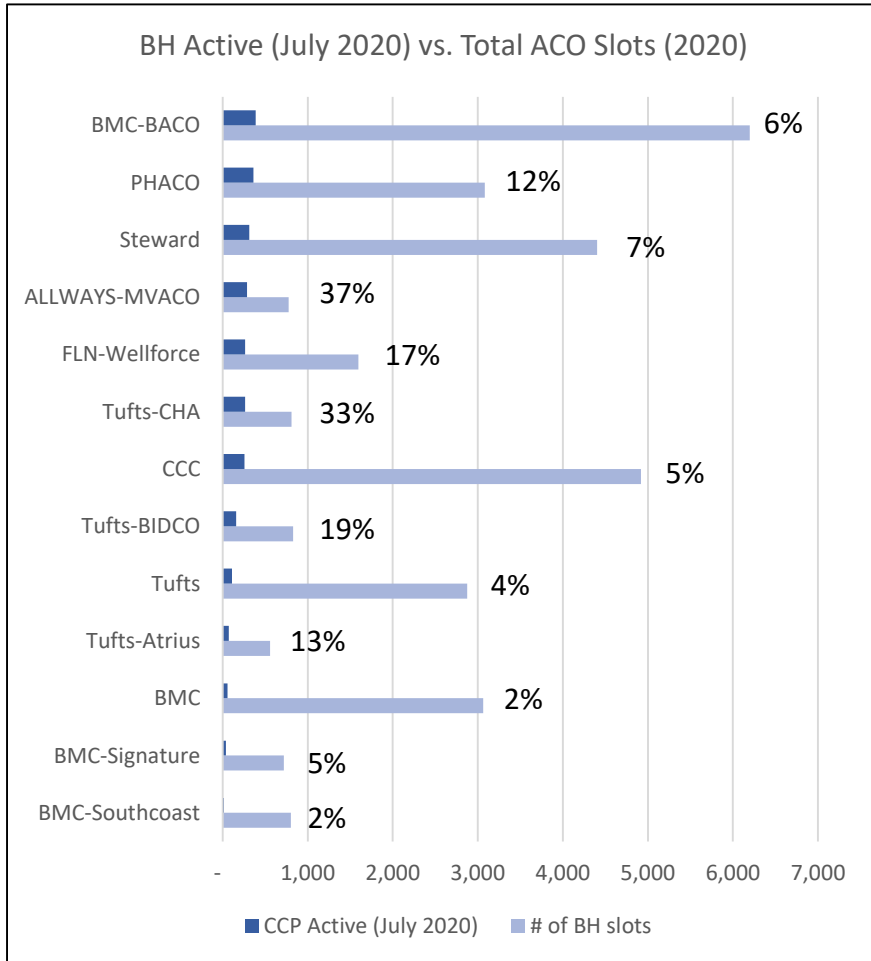


OVERVIEW OF CURRENT ACO PARTNERS

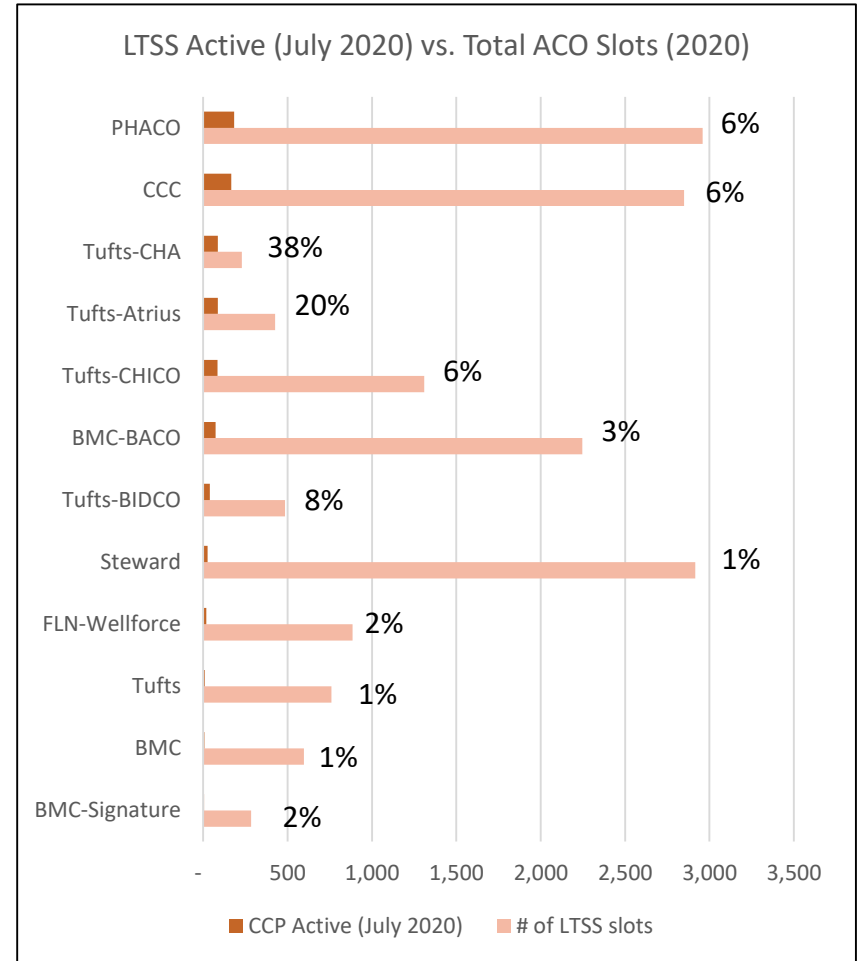
CCP/LTSS CARE PARTNERS DATA

CCP/LTSS CP NUMBER OF TOTAL ACTIVE BY ACO SLOT CAPACITY

TOP 3: BACO, PHACO, STEWARD

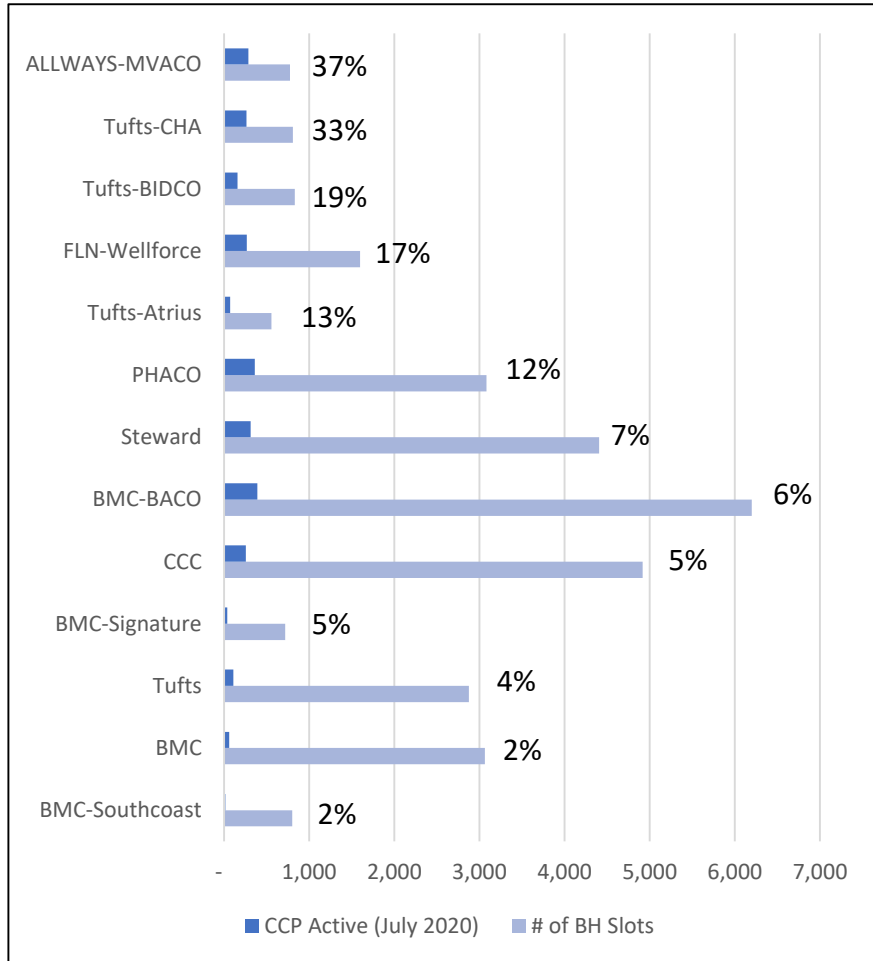


TOP 3: PHACO, CCC, CHA

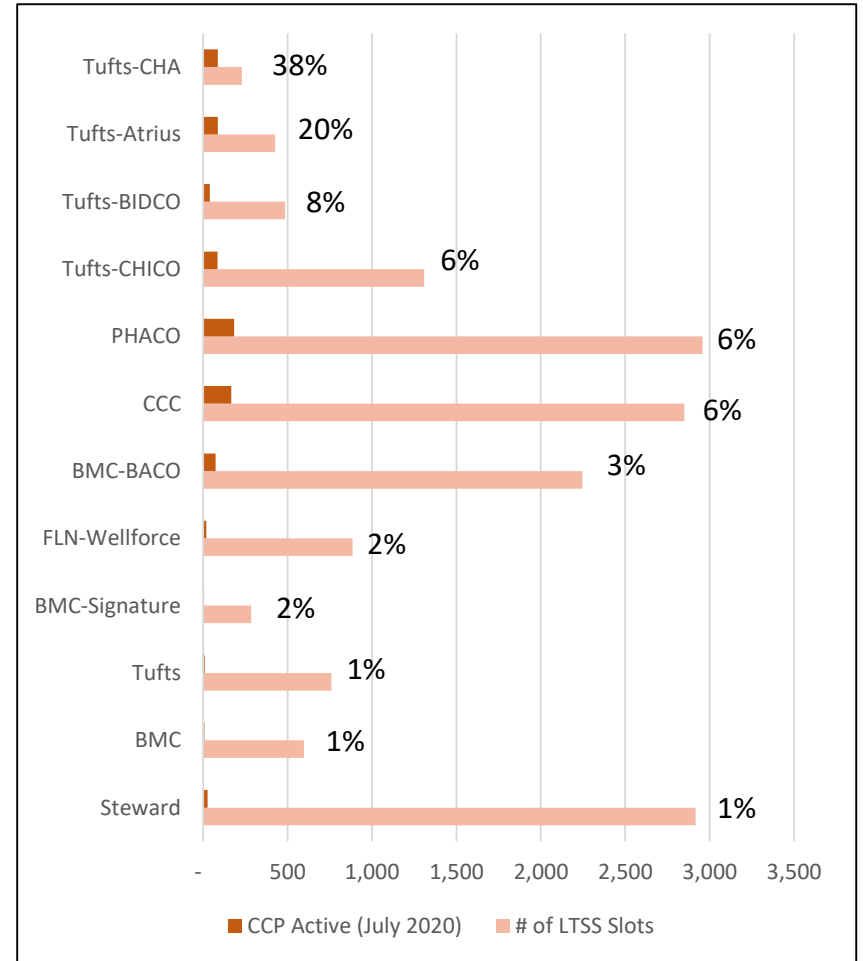


CCP/LTSS CP PERCENT OF ACO SLOT CAPACITY

TOP 3: MVACO, CHA, BIDCO



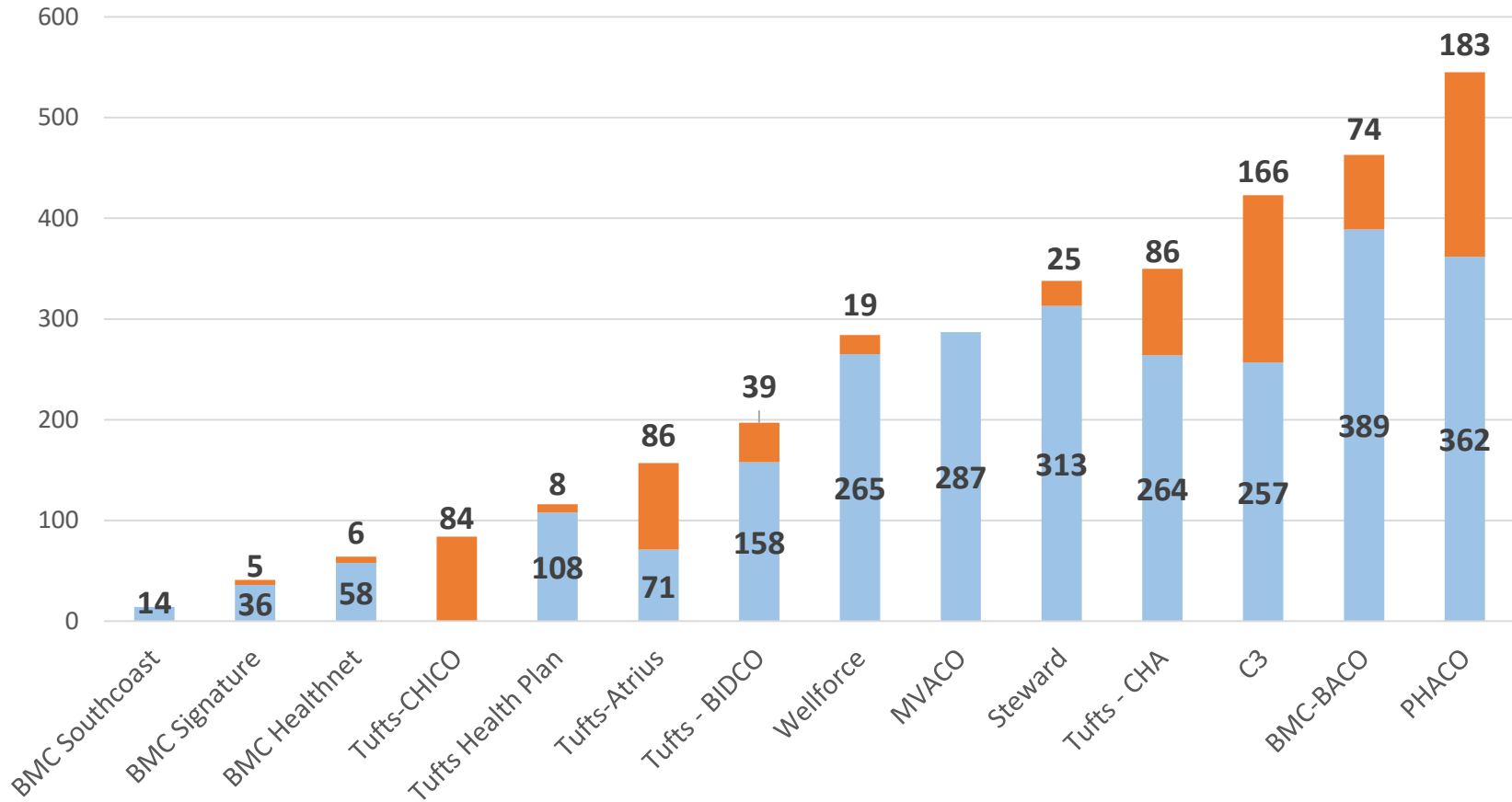
TOP 3: CHA, ATRIUS, BIDCO



CCP/LTSS CARE PARTNERS AND ACO MEMBERS

TOTAL ACTIVE MEMBERS
JULY 2020

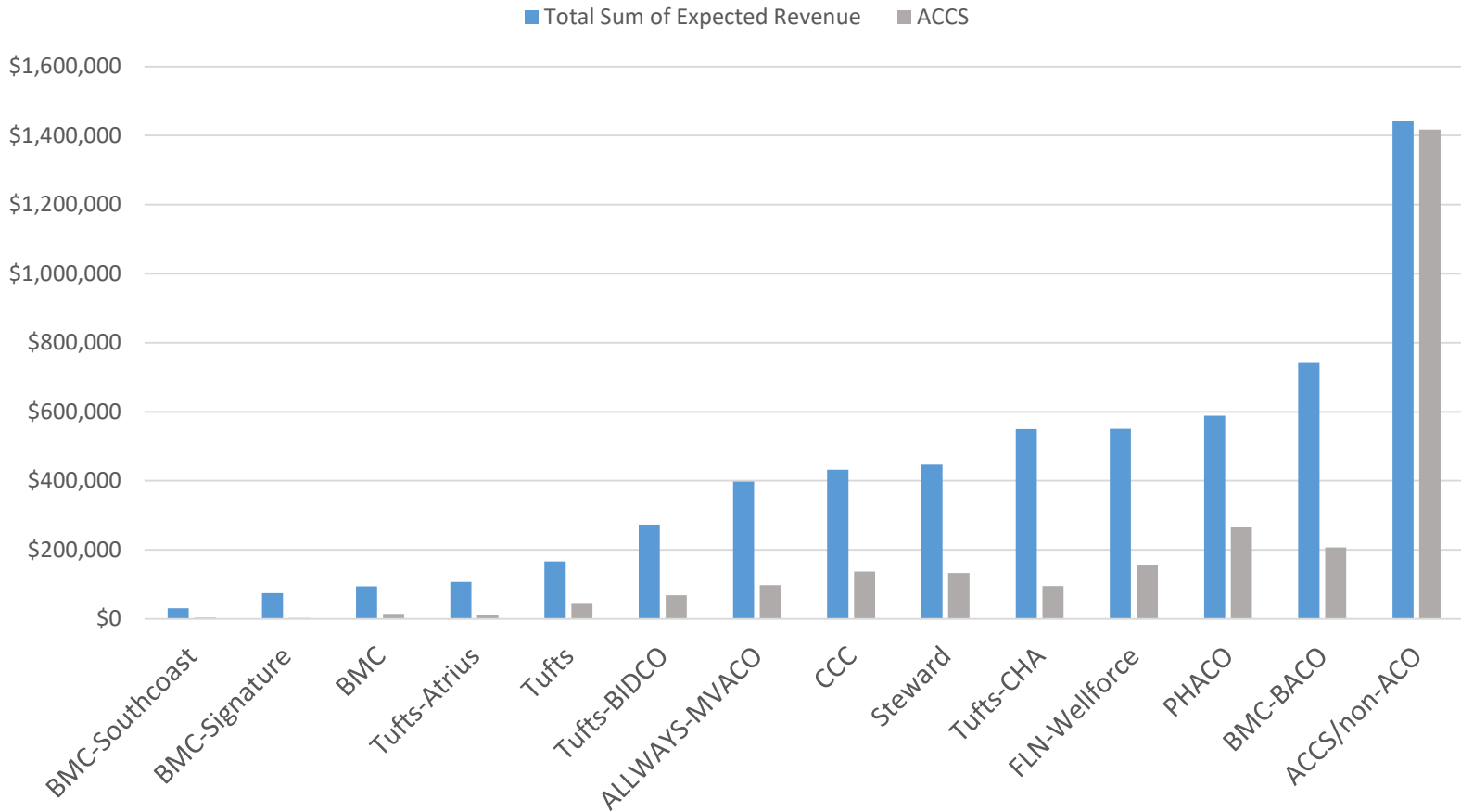
BH LTSS



CCP BH REVENUE BY ACO

Total Sum of Expected BH Revenue by ACO Jan - Sept 2020

Total Expected Revenue=\$5,897,000

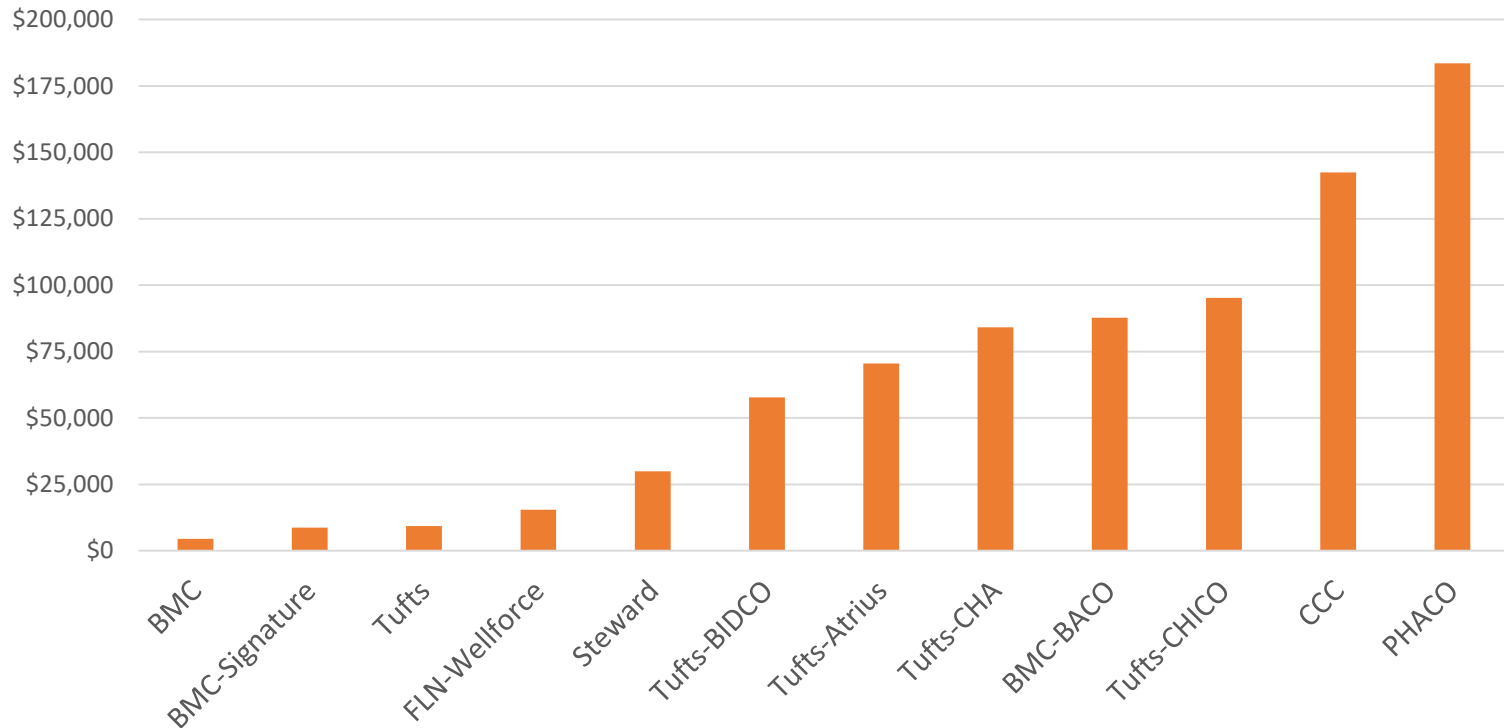


*Does not include Berkshire, Reliant, CHICO (<=\$500 expected revenue)

LTSS CARE PARTNERS LTSS REVENUE BY ACO

Total Sum of LTSS Expected Revenue Jan - Sept 2020

Total Expected Revenue = \$792,300



*Does not include Reliant (\$0 expected revenue)



Internal and ACO Interviews Findings

Internal: MAY 13 TO MAY 18, 2020

ACO: AUGUST 19 TO OCTOBER 9, 2020

INTERNAL INTERVIEWS DATA COLLECTION PROCESS

- Developed semi-structured interview guide in three domains:
 - General Experience with ACOs
 - Assessment of the Current State of the CP Program
 - Future Vision of Collaboration with ACOs
- Respondents included key individuals from: CCP/LTSS CP Management, CCP/LTSS CP Executive Leadership, Vinfen, Bay Cove, JRI and Mystic Valley Elder Services
- Interviews were one-hour and conducted by video conferencing (Zoom) between May 13 – May 18, 2020
- Six interview sessions had one to five participants and three interviewers (with one designated to take notes)

■ ACO INTERVIEWS DATA COLLECTION PROCESS

- Developed semi-structured interview guide for three focus areas:
 - General Leadership
 - Operations
 - Clinical
- Interviewees included: ACO executive leadership, clinical managers, operational managers.
- Interviews were one-hour and conducted by video conferencing (Zoom) with one to three participants and two interviewers (with one designated to take notes)
- From August 19 to October 9, 2020, conducted 27 interview sessions with 32 individuals across nine ACOs

■ ACO BACKGROUND INFORMATION

- ACOs contract with up to 27 CPs
- Vary in percentage of ACO population assigned to CP program: from 1-5%
- Not all ACOs reported they are not at capacity for CP slots, particularly for LTSS slots
- Some ACOs are using a modified assignment algorithm
- ACO organizational structure for management of the CP program varies, and many ACOs or their providers have other care management services

■ ACO INTERVIEW FINDINGS KEY THEMES

1. Value of CP program
2. Relationship between ACOs and CPs
3. CP communication, engagement and integration
4. Perspectives on CP and ACO goals and priorities
5. Attributes of “preferred” partners and referrals
6. Challenges and best practices of the CP program

“The CP program helps people function outside the medical system. People have a better chance of doing well in the community.”

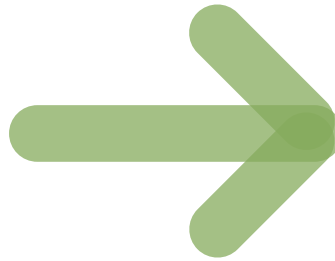


ACO RESPONDENT

WHAT IS THE VALUE OF THE CP PROGRAM?

From internal interviews:

- + Provides “whole person care”
- + In the community
- + Understands member needs “on the ground”: in homes, families, lifestyles
- + Addresses social determinants of health
- + Helps members navigate the system of care
- + Connects members to a wide range of resources
- + Can have “longer term” relationships



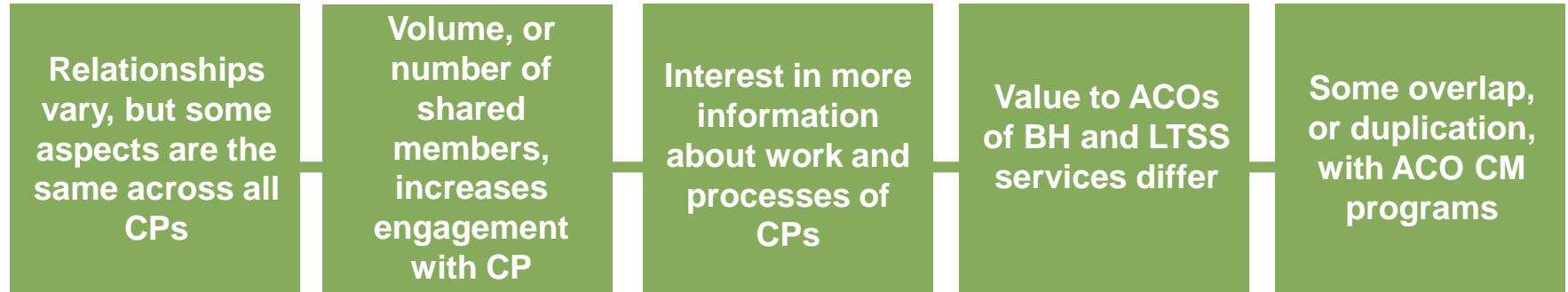
From ACO interviews:

- + “Boots on the ground”
- + Has community connections
- + Understands member needs
- + Addresses social determinants of health
- + Helps members navigate the system of care
- + Connects members to a wide range of resources
- + Can have “longer term” relationships

■ RELATIONSHIP BETWEEN ACOs AND CPs

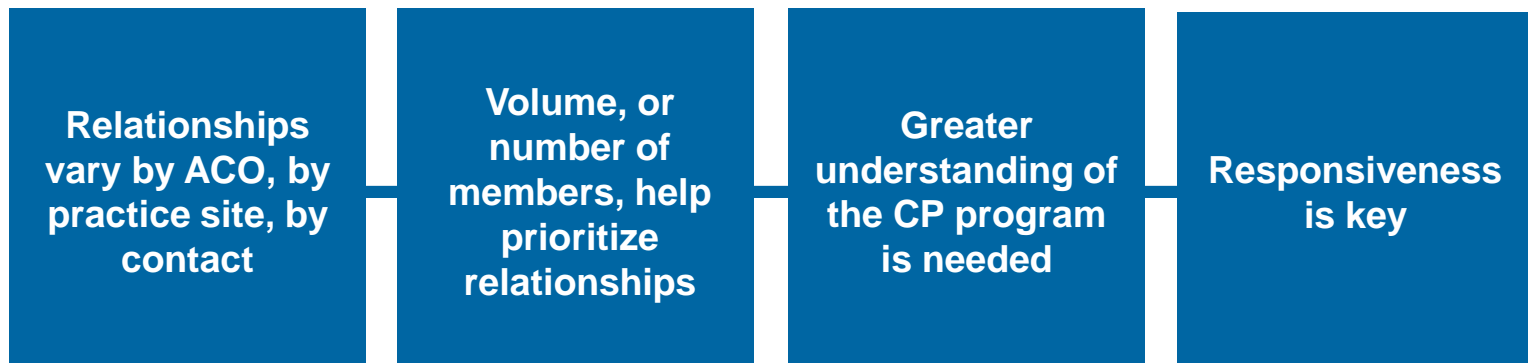
RELATIONSHIP WITH CPs

from ACO interviews



RELATIONSHIPS WITH ACOs

from internal interviews



COMMUNICATIONS, ENGAGEMENT, INTEGRATION

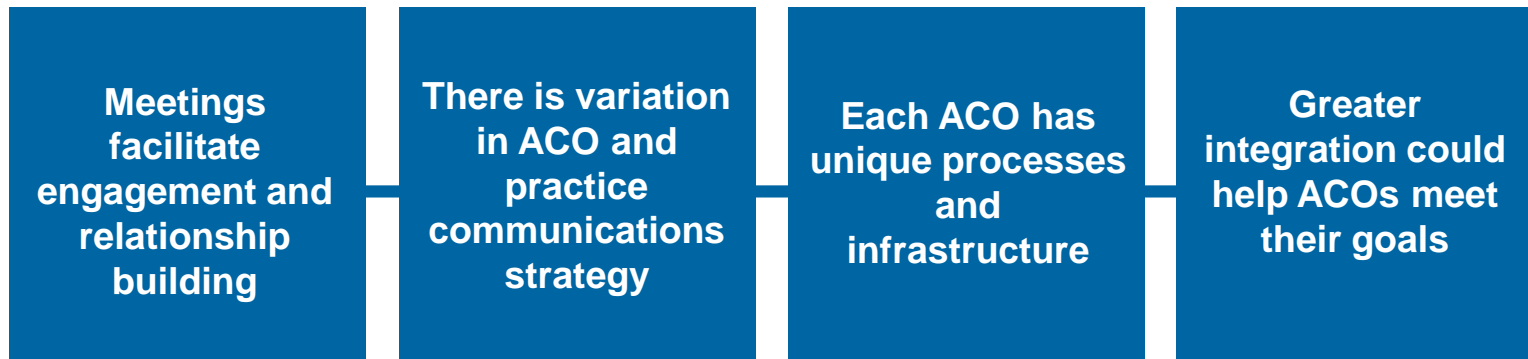
COMMUNICATIONS, ENGAGEMENT, INTEGRATION

from ACO interviews



COMMUNICATIONS, ENGAGEMENT INTEGRATION

from internal interviews



CP GOALS/MEASURES OF SUCCESS AND PRIORITIES

CP GOALS/MEASURES OF SUCCESS

from ACO interviews



CP GOALS AND PRIORITIES

from internal interviews



ACO GOALS AND PRIORITIES

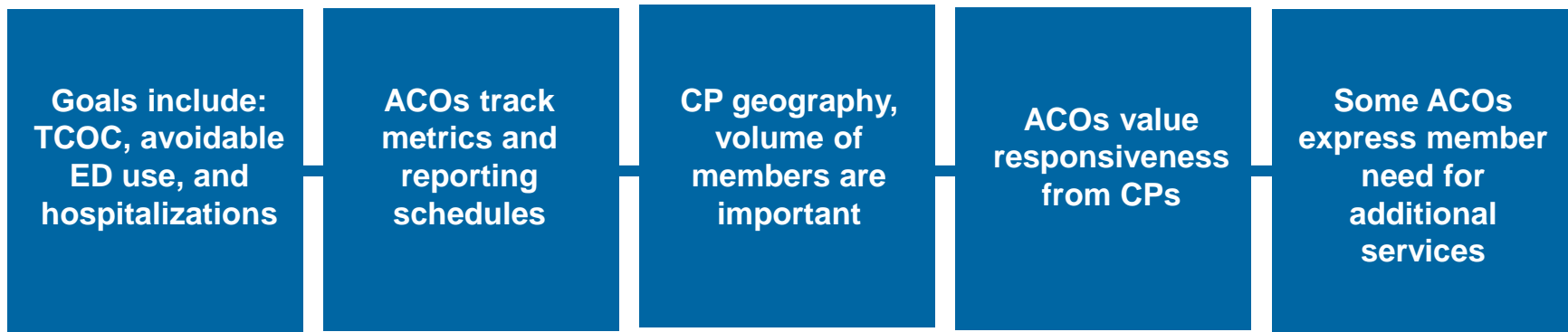
ACO GOALS AND PRIORITIES

from ACO interviews



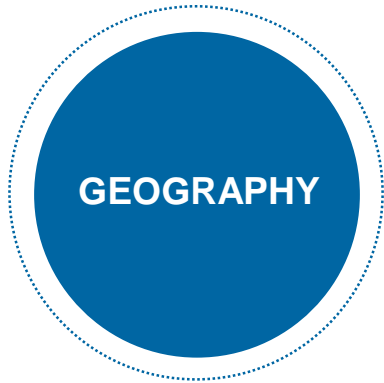
PERSPECTIVES ON ACO GOALS AND PRIORITIES

from internal interviews

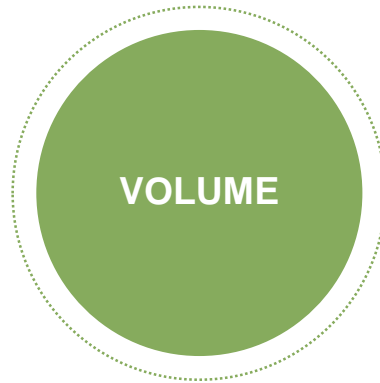


■ CONSIDERATIONS FOR REFERRAL/ATTRIBUTES OF PREFERRED PARTNERS

from ACO interviews



Large geographic reach preferred for some ACOs; others preferred local community presence.



Greater volume of shared members lead to great engagement, improved relationships, and simplifies administration.



Member needs can be very specialized. Recognized need for specialized services for subsets of members.



Includes: engagement, responsiveness, flexibility, willingness to collaborate and experience of staff.

*It was noted that defining CP “quality” and “performance” are still being explored.

■ CHALLENGES WITH THE CP PROGRAM OVERALL

ACO INTERVIEWS

- + Administrative burden for ACOs to manage the program
- + Capacity for data analysis and evaluation
- + Measures for the CP program are not aligned with ACO measures
- + Ability to identify the “right” members
- + Provider buy-in and understanding

INTERNAL INTERVIEWS

- + Administrative requirements and data needs for the program
- + BH integration is farther along than LTSS integration
- + Need additional tools to track and measure impact of CP program
- + Need for greater understanding of the impact of program on members

BEST PRACTICES AND INNOVATION ACO INTERVIEWS

Greater clinical integration +

Case reviews, case conferences, communication with providers

Shared records +

Sharing records with providers, hospitals, and ACO care managers

Timely and frequent communication +

Proactive outreach from CPs to ACO contacts, including timely communication about staff changes

+ Warm hand-offs

Coordinated communications with patients, coordinated communications with ACO

+ Other initiatives

Interventions and pilots with hospitals or providers to address ACO goals, providing services to meet member needs

+ Data analytics

Use of data to collaborate on quality, outcomes and performance



Discussion of Opportunities for Enhancing & Sustaining ACO Partnerships

POTENTIAL OPPORTUNITIES INTERNAL INTERVIEWS



Potential opportunities for exploration identified from Internal Interviews:

- + Communicate the value of CPs/Marketing
- + Examine ACO referrals process to assist with staffing and resource allocation
- + Enhance clinical integration and communications to improve outcomes
- + Explore ways CP program can expand its services to benefit more members
- + Explore ways to develop initiatives beyond the CP program

ACO considerations of future opportunities include:

- Collaboration with CPs is the “right thing to do”
- Administration of CP program by ACOs is challenging
- Some duplication/overlap exists with ACO CM programs
- PCP understanding of the CP program can be enhanced
- ACOs are interested in more data analysis
- Financial incentives and metrics are not aligned

■ ACO CONSIDERATIONS BEYOND THE CP PROGRAM



Innovations for integration:

Common dashboard, access to SUD data, explore how to integrate with use of telehealth, system for data sharing through MassHealth



Service gaps or member needs:

Street outreach, recovery coaches, housing services, food supports, transportation, BH services, BH CP for children, lists of targeted resources

■ GENERAL FOCUS AREAS FOR DISCUSSION OF OPPORTUNITIES

Communicate
value of CPs

Leverage
strengths of
partner
organizations

Increase
capacity for
data analytics

Enhance
integration and
communication

Enhance value-
add to existing
ACO programs

Collaborate
with ACOs on
outcomes and
quality

DISCUSSION QUESTIONS?



Are these the right focus areas? What is missing?



What are the right strategies for CCP? Why or why not?



What opportunities align with your current priorities?



What is the value and impact of the opportunity?



What is the feasibility? What resources would be needed?

■ POTENTIAL OPPORTUNITIES FOR ENHANCEMENT AND SUSTAINABILITY

Communicate
value of CPs

- Increased understanding and awareness of CP services by ACOs and PCPs and value could improve communications and engagement, particularly around specialization of services, if applicable.

Enhance
integration and
communication

- Connections and communications with provider practices for greater integration can improve outcomes, including accompanying patients to visits. Focus on efficient and effective ways to communicate about patients and reducing burden on providers.

■ POTENTIAL OPPORTUNITIES FOR ENHANCEMENT AND SUSTAINABILITY

Leverage strengths of partner organizations

- ACOs recognize that their members could benefit from full scope of services and the expertise provided by CP organizations.

Enhance value-add to existing ACO programs

- There is some duplication for CP services at some ACOs and practices, and ACOs have different needs. Explore ways that BH and LTSS program can be enhanced to achieve value for ACOs.

■ POTENTIAL OPPORTUNITIES FOR ENHANCEMENT AND SUSTAINABILITY

Increase
capacity for
data analytics

Collaborate
with ACOs on
outcomes and
quality

- Identify ways to use data and information to help ACOs and providers understand impact of the program on outcomes and performance. Work with ACOs to develop strategy for identifying members who could benefit from the CP program
- Collaboration with ACOs, providers and hospitals on interventions can help reduce inpatient admissions, readmissions and ED visits, and TCOC.
- CPs can work with ACOs and provider practices to identify priority quality metrics and targets for members.

DECISION MATRIX

	VALUE	PRIORITY	FEASIBILITY
Communicate value of CPs			
Enhance integration and communication			
Leverage strengths of partner organizations			
Enhance value-add to existing ACO programs			
Increase capacity for data analytics			
Collaborate with ACOs on outcomes and quality			
Other:			

■ RANKING OPPORTUNITIES





NEXT STEPS