Community and LTSS Care Partners: Strategies for ACO Collaboration

Findings from ACO Interviews and Discussion of Opportunities

APPENDIX

October 19, 2020

APPENDIX

Overview of ACP Partners

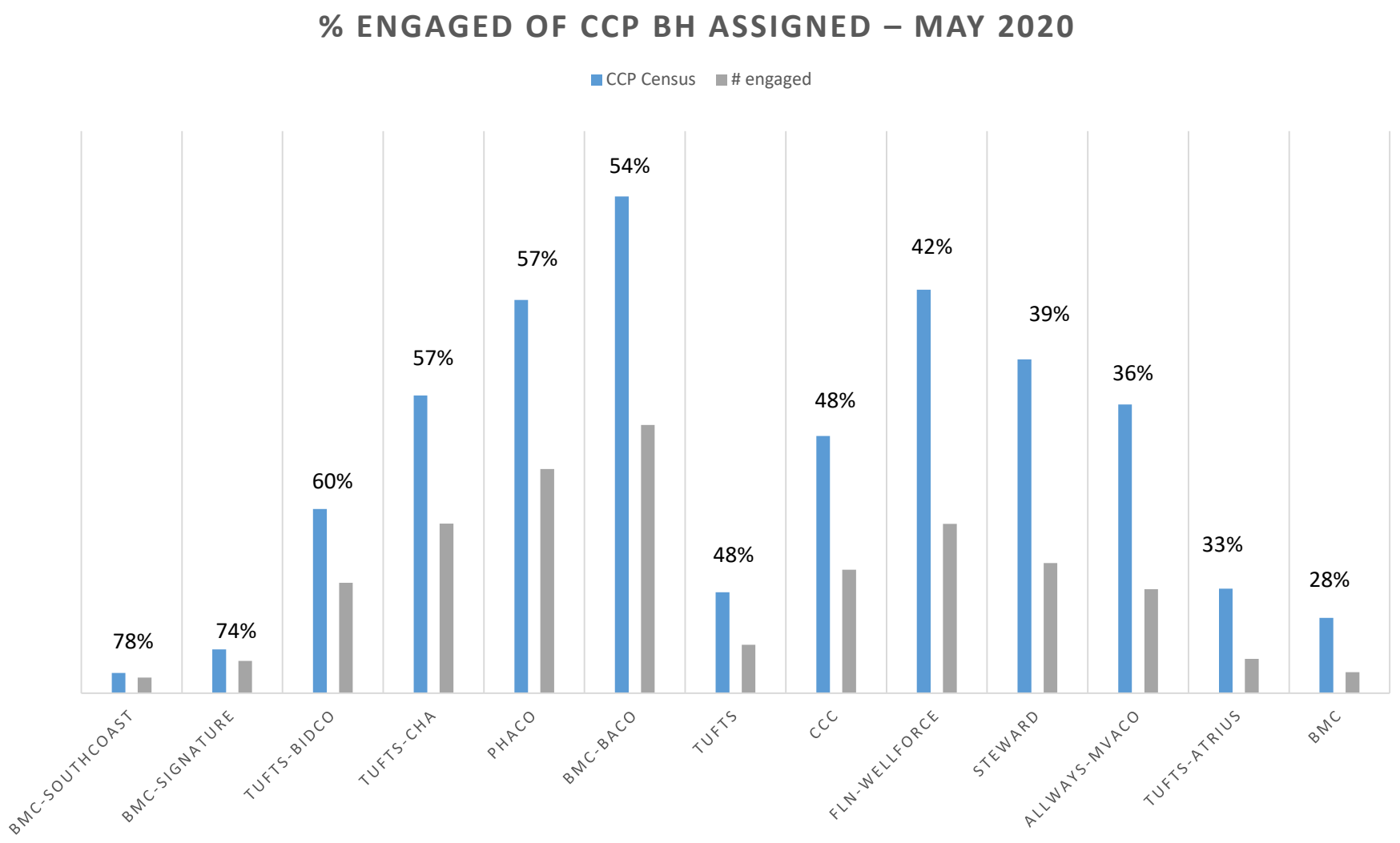
ADDITIONAL DATA

CCP/LTSS CP PERCENT OF ACO SLOT CAPACITY

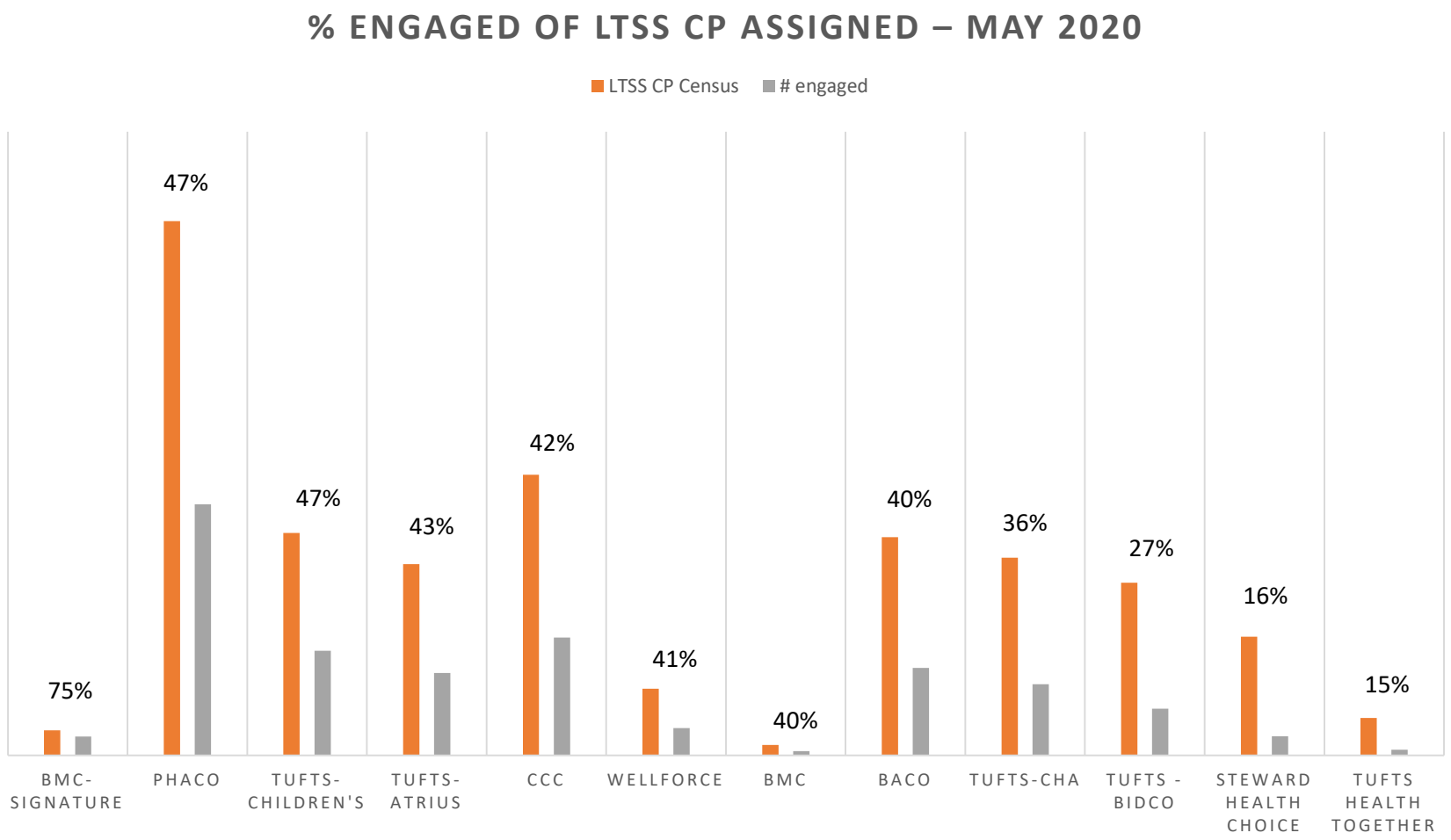
	ACO/MCO Name	# of BH slots (2020)	CCP Active (July 2020)	% of Total ACO Slots
1	ALLWAYS-MVACO	775	287	37%
2	Tufts-CHA	809	264	33%
3	Tufts-BIDCO	829	158	19%
4	FLN-Wellforce	1,596	265	17%
5	Tufts-Atrius	557	71	13%
6	PHACO	3,082	362	12%
7	Steward	4,404	313	7%
8	BMC-BACO	6,199	389	6%
9	CCC	4,919	257	5%
10	BMC-Signature	718	36	5%
11	Tufts	2,874	108	4%
12	BMC	3,063	58	2%
13	BMC-Southcoast	801	14	2%

	ACO/MCO Name	# of LTSS (2020)	CCP Active (July 2020)	% of Total ACO Slots
1	Tufts-CHA	228	86	38%
2	Tufts-Atrius	426	86	20%
3	Tufts-BIDCO	484	39	8%
4	Tufts-CHICO	1,309	84	6%
5	PHACO	2,959	183	6%
6	CCC	2,850	166	6%
7	BMC-BACO	2,246	74	3%
8	FLN-Wellforce	884	19	2%
9	BMC-Signature	284	5	2%
10	Tufts	759	8	1%
11	BMC	597	6	1%
12	Steward	2,916	25	1%

CCP PERCENT ENGAGED ACO MEMBERS



LTSS CARE PARTNERS PERCENT ENGAGED ACO MEMBERS



CCP/LTSS CARE PARTNERS AND ACO PARTNERSHIPS

As of October 2020:

ACO Integration Initiatives					
ACO	**Integration Programs**	**Monthly Admin Meetings**	**EHR Access**	**Case Reviews**	**Embed CC**
Atrius		Pending		Pending	
BIDCO	ACO Change Teams/Exploring MVP Program	Pending		✓	Pending
BMC BACO		✓	Pending	✓	Pending
C3		✓		✓	Pending
CHA		✓	✓	✓	Pending
CHICO		✓		Pending	
MVACO	MVP Program		Pending	✓	
PHACO		MGH and BWH		BWH and MBH	
Steward		✓			
Tufts MCO				✓	
Wellforce	ACO Change Teams	Pending	✓	✓	Pending

Internal Interviews – Key Themes

MAY 13 TO MAY 18, 2020

Interviewees from CCP/LTSS Care Partners reported that the value of the CP program to ACOs are:

- Provides “whole person care”
- In the community
- Understands members’ needs “on the ground”: 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

VALUE OF CP PROGRAM AND RELATIONSHIP WITH ACOs

- The CP program provides value to ACOs and members, but greater understanding is needed: ACOs seem aware that the CP program can provide value but generally have a limited understanding of the program, with some confusion around differences between BH and LTSS programs.
- Relationships with ACOs vary widely: Respondents indicated that relationships can be driven by an individual contact, ACO structure, or communication processes.
- "Level of responsiveness is key": Interviewees "preferred" ACOs that were more responsive, often related to individual relationships. Processes could be facilitated through care teams on the ground and appropriate infrastructure.
- Volume, or number of members, can be an important factor: More referred members help prioritize resources for both CPs and ACOs.

ACO AND PROVIDER PRACTICE COMMUNICATION, ENGAGEMENT, COMMITMENT

- Communications and engagement with ACOs are facilitated by regular meetings: Quarterly meetings, "meet-and-greets", monthly meetings have improved communication and engagement; these activities could be expanded.
- Lack of understanding of the structure of ACOs is challenging: Generally, the structure within ACOs is unknown which affects communication and engagement.
- There is variation in communications processes with ACOs: Interactions are not structured or standardized. ACOs have different preferences for communications and approach.
- Connections and communications with provider practices can improve integration: There is limited ability to document and communicate CP activities and successes to ACOs.

PERSPECTIVES ON CP PRIORITIES AND GOALS

- CPs value and track additional metrics not tracked by ACOs: CPs track touches, or connections, in addition to ACO measures, such as “engagement,” or “time to graduation”.
- Intensity of services vary by member needs: Some members require much higher level intensity of specialization of services than others. Rates are the same across all members.
- Greater integration can help achieve ACO goals: Shared records and communication with care teams are important for greater integration.
- Limited understanding of the CP program, particularly the LTSS program, affect ACO relationships: ACOs do not have a full understanding of the services included in the CP program, and who can benefit from the program.

PERSPECTIVES ON ACO PRIORITIES AND GOALS

- ACOs value responsiveness from CPs: Respondents felt that ACOs valued responsiveness from CPs – timely and effective communications from CP contacts. "They want us to help them solve their problems."
- Volume and geography are important to ACOs: Criteria for preferred CP partnerships may include volume of members and geography in relation to ACO area.
- Goals include reducing total cost of care, avoidable ED use and readmissions: Although respondents felt these were ACO goals, they expressed need for greater integration and more data/information.
- Some ACOs express need for additional services: Some ACOs are able to identify and communicate member needs (e.g. housing), and others do not express any additional needs.

POTENTIAL OPPORTUNITIES *BASED ON INTERNAL INTERVIEWS*

- Communicate the value of CPs/Marketing: Increased understanding and awareness of CP services and value could improve communications and engagement. Identify ways to use data and information to help ACOs and providers understand CP value.
- Examine referrals process: Understanding the referral process and increasing the predictability of volume can assist with prioritizing staffing and resource allocation. Consider opt-out vs. opt-in process.
- Enhance clinical integration and communications: Connections and communications with provider practices for greater integration can improve outcomes.
- Explore how the CP program can be expanded to benefit members: Additional members could benefit from the CP program. Members could also benefit from full scope of services provided by CP organizations and initiatives beyond the CP program.

ACO Interviews – Key Themes

AUGUST 19 TO OCTOBER 9, 2020

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

ACOs reported that aspects of the CP program that are valuable are:

- "Boots on the ground"
- Has community connections
- Understands members' 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

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

VALUE OF CP PROGRAM AND RELATIONSHIP WITH CPs

- Relationships with CPs can vary but some characteristics are the same across all CPs: Respondents indicated that relationships can be driven by an individual contact, CP structure, or communication processes. Frequent staff turnover can be an issue. Centralized email or point of contact can be helpful.
- Volume, or number of members, with specific CPs increases engagement with CP: More frequent communications with CPs due to larger number of referrals improves relationships and effectiveness. Having many CP partners makes it difficult to prioritize relationships.

VALUE OF CP PROGRAM AND RELATIONSHIP WITH CPs

- Differences between BH and LTSS CP program: Several respondents commented that BH CP program provided greater value because of the need to connect members to BH services. Some felt the LTSS CP program could provide more value if it was enhanced to mirror the BH program and was less fragmented. Several respondents saw value in the LTSS CP program because it connects members to equipment, e.g. DME.
- Overlap with of ACO care management services: There is some overlap with ACO CM programs. Providers may also be interacting with multiple CM programs. There may be some duplication, but the CP program can provide added value. The challenge is that the CPs do not have access to ACO data and infrastructure.

CP COMMUNICATION AND ENGAGEMENT

- Timely and frequent communications are important to ACOs: Respondents reported that relationships were enhanced by timely and frequent communications from CPs, particularly when CPs proactively reach out to ACOs. Quick responses from CPs were considered important for managing high-risk members.
- Communications and engagement with CPs are facilitated by regular meetings: Quarterly meetings, monthly meetings, and case reviews have improved communication and engagement.
- ACOs are interested in understanding the processes of CPs: Some respondents acknowledged that more information about the work and processes of CP care coordinators would be helpful. ACOs were interested in more feedback on CP interactions with their members. Using measurable, aggregated metrics was suggested.

CP-ACO CLINICAL INTEGRATION

- Connections and communications with provider practices can improve integration: ACOs are interested in more effective communications with provider practices to improve care for members. Provider satisfaction and reducing burden on providers are important considerations. Small number of members with a practice was cited as a challenge.
- Data sharing is an important element of clinical integration: ACOs recognized that the ability to share data is important (with provider practices and hospitals) but limited, and EHR access may not be always be feasible. ACOs commented on potential for sharing data between CPs and ACO/MCO care managers.
- PCPs could benefit from greater understanding of the CP program and its value: Respondents commented that if PCPs understood the value and impact of the program for their patients, they may be more engaged. In addition to CP staff turnover, there may also be PCP turnover.

PERSPECTIVES ON ACO GOALS AND PRIORITIES

- Reducing avoidable ED use and readmissions and total cost of care: Almost all respondents commented that total cost of care, and utilization measures for avoidable hospital use were ACO priorities and goals.
- Increase in PCP visits: Some ACOs reported that having a PCP visit was important and could help reduce avoidable utilization.
- Quality metrics: Helping provider practices improve on their quality metrics was also cited as an ACO priority.
- Provider satisfaction: Provider satisfaction was important to ACOs; ACOs want to help them care for patients, improve quality, and reduce burden.
- Patient experience: Warm hand-offs, better coordination with ACO staff/care managers can improve patient experience.

PERSPECTIVES ON CP GOALS AND MEASURES OF SUCCESS

- Engagement of members and meeting care plan goals: Measure of success are ability to engage members, and meeting goals in the care plan.
- Community tenure and PCP visits: ACOs considered these to be important measures and related to ACO utilization metrics.
- Addressing SDOH: Respondents recognized the important role of SDOH in outcomes for their BH and LTSS CP members.
- Patient experience: ACOs considered it a priority to ensure that patients have a positive experience with CPs. Processes to reduce confusion about services and roles are helpful.
- Engagement in SUD treatment: One respondent commented that this metric is important for ACO BH CP members.
- Limitations of CP metrics: Timeline for measuring outcomes, minimal metrics, not shared with ACOs. ACOs are interested in evaluations of outcomes conducted by CPs.

ATTRIBUTES OF "PREFERRED" PARTNERS AND REFERRAL CONSIDERATIONS

- Geography: Depending on the geography of the ACO, large geographic reach was preferred for ease of administration; for others, targeted community presence was preferred.
- Volume of members: Greater volume of members leads to greater engagement and improved relationships, as well as simplifies administration. It was noted that existing relationships with members affects referrals/volume.
- Specialization: Member needs can be very specialized. ACOs recognized the need for specialized services for subsets of members, particularly for hard-to-reach members, such as those who are homeless.
- Quality: ACOs noted differences in "quality" between CPs based on engagement, responsiveness, flexibility, and experience of staff. Willingness to collaborate on outcomes and performance was cited an important consideration. However, the definition of "quality" and "performance" is still being explored.

CHALLENGES WITH CP PROGRAM OVERALL

- Administrative burden for ACO to manage the CP program: ACOs commented that they need multiple staff to manage the program and meet requirements. Staff capacity for completing LTSS comprehensive assessments was cited as a barrier to referrals.
- Capacity for data analysis and evaluation: Some ACOs have limited staff or data needed to conduct analyses and evaluate the CP program but interested in looking at the data. Several respondents commented that they do not have good data about/from CPs, and do not know if CPs are meeting ACO goals or providing a ROI.
- Measures for the CP program: Engagement was reported as one measure of success. Not all current performance measures are aligned with the ACO and may not reflect full benefit or impact of the program for members.

CHALLENGES WITH CP PROGRAM OPERATIONS OVERALL continued

- Ability to identify the "right" members: ACOs would like to identify members who could benefit from the program and who are impactable. Respondents discussed being more strategic about where to refer members.
- Provider buy-in and understanding: ACOs noted that to facilitate integration, provider buy-in will be needed but has been a challenge. Provider time is a barrier and not all providers do not have a full understanding of the program.

BEST PRACTICES AND INNOVATIONS WITH CPS

- Greater integration with provider practices: Case reviews, case conferences and sharing information with providers were reported as enhancing relationships with CPs.
- Shared records: Shared records with providers, hospitals and care managers would facilitate integration.
- Timely and frequent communication: Proactive outreach from CPs to ACO contacts was helpful to ACOs, as well as timely communication about staff changes.
- Warm hand-offs between ACO-CP staff and coordinated communications with patients: Need to coordinate across multiple organizations as part of internal ACO operations, and also when interfacing with patients.
- Other initiatives to address ACO goals: Interventions and pilots with hospitals or providers for follow-up after hospitalization, accompanying patients to PCP visits, and addressing issues at ACOs are valuable.
- Data analytics: Data and analytic tools can be used to support collaboration with ACOs on quality, outcomes or performance metrics.