2020-07-28

# Improving Care Coordination between Accountable Care Organizations and Community Partners: Early Findings from the Massachusetts Delivery System Reform Incentive Payment (DSRIP) Program

Aparna Kachoria
*University of Massachusetts Medical School*

*Et al.*

# Improving Care Coordination between Accountable Care Organizations and Community Partners: Early Findings from the Massachusetts Delivery System Reform Incentive Payment (DSRIP) Program

Aparna Kachoria,[1] Amy Leary, [1] Faye Miller, [1] Laura Sefton, [1] Joanne Nicholson,[2] Jay Himmelstein [3]

[1] Public & Private Health Solutions, Commonwealth Medicine, UMass Medical School;; [2]\Institute for Behavioral Health, Brandeis University; [3]Department of Population Health Sciences, UMass Medical School

## Background

- Massachusetts' Medicaid and Children's Health Insurance Program (MassHealth/CHIP) initiated the Delivery System Reform Incentive Payment (DSRIP) program in 2017, as part of its section 1115 Demonstration.
- The Demonstration aims to (1) Coordinate care for Medicaid members, (2) Improve patient outcome, and (3) Reduce healthcare costs.
- Central to this program is the coordination of members' care between 17 ACOs and 27 Community Partner agencies (CPs) providing care coordination and other supports

## Study Objectives

- To describe barriers and facilitators to effective care coordination faced by ACOs and CPs in the first phase of the program implementation
- To describe strategies used by ACOs and CPs to respond to new contracting requirements and programmatic expectations related to the MA 1115 DSRIP Program.

## Methods

- Semi-structured interviews with leadership at 17 ACOs and 27 CPs
- Data analysis used a framework approach informed by the CFIR framework, the literature, the program logic model, and the evaluation design. ACOs and CPs each nominated 2 to 3 individuals best positioned to speak to different topics

## Results

- Ninety-four interviews were conducted with 99 interviewees across 44 organizations.
- The majority of interviewees were female, typically held managerial roles, and were with their organization prior to or at the time of DSRIP inception.

### Facilitators to Communication and Information Sharing

**Well-conceived communication strategies**

*"We have what we call "mutual member meetings", where we have the ACO team and the CPs meet routinely, at least once a month, to have internal case reviews to talk about signature process, things like that"*

**Clear roles and responsibilities**

*"The place where it works best is…where we have the regular, case-by-case coordination. Because our [CP] staff are connected to their [ACO] staff…Jane will call Joe & say, 'Hey, you know, Marty's in the hospital again. Do you want to come with me? We can both meet with him, & then we can figure out who's going to do what.'"*

**Designated points of contact**

*"So for the ones we're working with, it's all really good. I know who to call if something goes wrong, if we don't get a care plan back, I can get a live person."*

**Agreement on information sharing processes**

*"Some [organizations] really looked for that sustainable IT infrastructure, and a way to bring their practices together. Because they didn't have it, and they recognized that this was key to them being able to manage the population over time…it's smooth care coordination.*

**Timely programmatic response to issues**

*"And it's both, you know, I think it starts with [MassHealth's] culture, which is always listening. You know, always listening, thinking and thoughtfully processing, and closing the loop. And so, we always feel like, if we have a problem, that we have no reservations in bringing it to them."*

### Barriers to Communication and Information Sharing

**Lack of standardized/fully integrated health data systems**

*"We use a Dropbox with 2 of the 13 ACOs that we deal with. And then [ACO] has their own dedicated SFTP site…It would be great if we could make some progress with interoperability where we were receiving the transition of care forms directly into our care management [system]"*

**ACO-specific rules about provider communications**

*"ACOs have different rules about whether or not we're allowed to reach out to [clients] directly…& so we have different results..."*

## Conclusions

Communication & information sharing are key to building relationships and providing coordinated care

- Absence of communication limits relationship-building & member care.
- MassHealth's responsiveness, programmatic changes, & technical assistance enables organizations to make necessary adjustments to meet program goals.

Key communication and information-sharing strategies identified by ACOs and CPs:

- Designated points of contact
- Well-conceived and executed communication plans
- Effective information exchange

## Implications for Policy/Practice

- States need to consider the complexity of coordinating care with multiple community-based agencies and the importance of standardized processes for effective information sharing when promoting care coordination between health care and human service entities
- States should incorporate means of ongoing technical support and rapid cycle feedback to allow for continuous policy improvement in Medicaid delivery systems