



CASESTUDY

Quality Improvement Planning with Select ACOs

CP: Eliot Community Human Services

Eliot Community Human Services (Eliot) is a Behavioral Health Community Partner (CP) providing community-based services to more than 50,000 individuals and families throughout Massachusetts each year.

TA Vendor: Health Management Associates

Health Management Associates (HMA) assists policymakers, providers, accountable care entities, community-based organizations, health plans and communities navigate the everchanging healthcare environment, with a focus on making publicly funded programs like Medicaid and Medicare operate more effectively.

Project Description:

HMA provided strategic planning support to help Eliot engage three ACOs to improve common quality measures by designing joint workflows to engage patients in behavioral health services at key points. Eliot selected a unique quality measure to focus on improving jointly with each ACO, tailored to the ACO's needs and interests.

TA Project Timeline: March – September 2020



Identified Challenge

Eliot pursued strategic planning and process implementation support to engage ACOs in developing coordinated workflows to improve ACO/CP shared quality measures, and to demonstrate Eliot's value as a behavioral health CP partner to MassHealth ACOs.

Background

In pursuing this TA opportunity, Eliot consciously identified a project with shared value for both itself and the ACOs they work with. In selecting shared quality measures, Eliot saw a bi-directional opportunity to partner with ACOs for improvement. Before beginning work, Eliot carefully considered which quality measures to use and which ACOs to partner with on each selected quality measure.

TA Project Objectives

Eliot sought TA from HMA in developing joint ACO-CP workflows related to select ACO/ CP quality measures in order to improve scores on quality measures for both Eliot and their partner ACOs. The main goals of the TA project were to form connections between the CP and ACO-affiliated hospitals providing inpatient mental health services, develop joint workflows to engage more MassHealth members in behavioral health services, and ultimately improve quality measures.



TA Project Development

Eliot and HMA began their work together through an informal conversation about opportunities for CPs to work with ACOs. Eliot and HMA then designed a two-phase project. The first phase focused on strategic planning and model design. During this phase, Eliot and HMA gathered background information on Quality Measures and ACOs' needs. In the second phase, Eliot and their partner ACOs developed and piloted the new workflows, and collected data to measure their impact.

Eliot tailored their selection of a shared quality measure to the needs of each partner ACO.

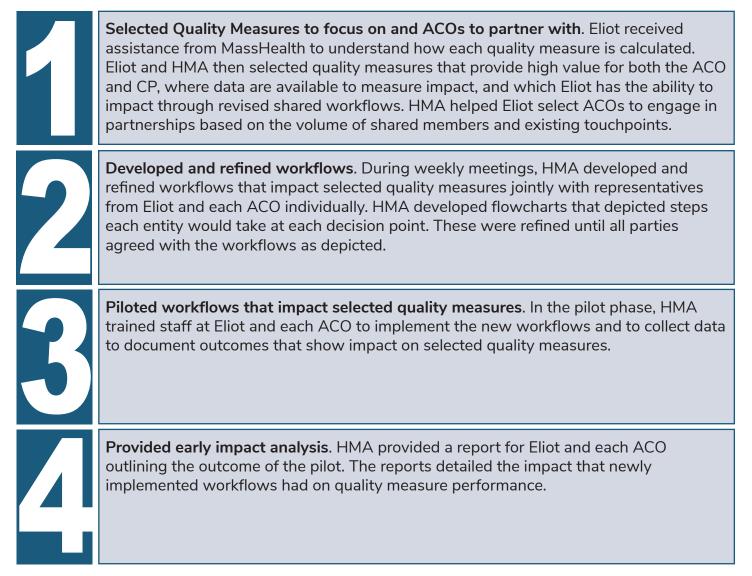
Percentage of assigned enrollees 18-64 with documentation of engagement within 122 days of the date of assignment to a Community Partner [MassHealth's CP engagement measure] (with Cambridge Health Alliance)

Follow-Up After Hospitalization for Mental Illness -7 days [**NQF 0576**] (with Community Care Cooperative)

ACO/CP readmissions measure is Plan All Cause [NQF 1768] (with Wellforce)

TA Activities

HMA completed four main TA activities with Eliot as part of this TA project:



Outcomes and Global Impact:

Via this TA engagement, Eliot learned more about the criteria different ACOs use when deciding whether to refer patients for behavioral health CP services. Eliot staff now meet with each ACO monthly to review shared patient rosters. Staff discuss new patients, care plan progress for existing patients, and reasons for any disenrollments. This helps Eliot continuously improve their outreach and engagement processes. All three of the ACO partnerships focused on shared quality measures have resulted in improved CP engagement with MassHealth members. This has led to a more positive experience for MassHealth members in inpatient settings as well as longer community tenure following a behavioral health hospitalization.

We were able to demonstrate a reduction in hospital readmissions by approximately 17% and improve the rate of follow-up appointments with a Behavioral Health CP as well as medication reconciliation by 30%. We were also able to demonstrate improved rate of follow-up after hospitalization by 14%.

— Eliot TA project team member