CBC Health Home CMA Sustainability Survey Findings: Part II

Top Priorities in Addressing Quality

CBC and the Health Home (HH) Board have undertaken a series of activities aimed at better understanding issues currently affecting NYC Care Management Agencies (CMAs). CBC designed and circulated a comprehensive survey tool with the intent of collecting vital information and direct feedback to more closely understand the NYC CMA landscape.

The CBC CMA Sustainability Survey was designed and developed with the intent to comprehensively capture CMA staffing issues, workflow challenges, and feedback regarding their HH Care Management (CM) Services focused on the following domains:

1. CMA Sustainability & Workforce Challenges
2. Outreach: Impact of Rate Changes on Growth of CM program
3. CMA Financial: Direct & Indirect Cost of Operating a CMA
4. HH Enrollment Trends-Across All Acuity Levels for both Adult & Health Homes Serving Children (HHSC) Programs
5. CM Health Information Technology (HIT) Platform
6. HH CMA Finance, Billing & Tracking
7. CBC HH Added Value

The CMA Sustainability Survey development included feedback directly from HH CMAs, an external Financial Consultant and internal CBC HH staff.

The Survey was developed in Survey Monkey and consisted of 147 questions across the 7 domains listed.

The survey was sent to all 47 CBC Adult HH & HHSC CMAs with 42 respondents, including 12 CBC HH Board Members.

Findings: The CMA Sustainability Survey highlighted that on average, CBC CMAs subcontract with 4 Designated Lead HH's (4 was the median number). CMAs identified the need for more Policies & Procedures standardization across Lead HHs and Managed Care Organizations (MCOs). CMAs identified the multiple layers of non-aligned policies and reporting metrics as a significant barrier/challenge in creating programmatic efficiencies, measuring staff performance, and monitoring HH members' needs and overall health outcomes.

CMAs identified the following administrative and supervisory needs in addressing Quality Oversight and Quality Improvement within CBC HH:

1. Increased Access to Aggregate Data: CMAs requested greater transparency across the network regarding CBC Adult HH & HHSC Quality Improvement Performance Measures. In general, CMAs are interested not only in how they are performing, but how their performance measures against comparable providers.
2. Administrative Oversight Reports: Currently, there is no existing weekly CM Documentation Status Reports that could be used to understand a CMAs census, outstanding deliverables, and CM team or

borough productivity. Consequently, CMAs communicated they are unable to be proactive in addressing HH documentation requirements, CMA benchmark performance, or quality improvement issues in a timelier manner.

3. More Training & Learning Collaboratives: CMAs identified enhanced training and learning collaborative opportunities specific to (a) HH Documentation & HARP Workflow; (b) Conducting Internal Case Record Reviews; (c) Motivational Interviewing & Engaging "Difficult to Engage Members"

Remedial Next Steps: Across the sector, there was clear recognition that data is needed to drive CMA provider performance and support improved health outcomes. Additionally, the network articulated an understanding that performance management needs to move beyond Quality Assurance process measures to include Continuous Quality Improvement (CQI) outcome measures.

In 2018, the SDOH issued the first HH Performance Report Card to establish annual improvement targets related to the following indicators: HH Enrollment, Retention in Care Coordination, PMPM Costs, Change in Preventable Cost PMPM (from prior year), and Avoidable Utilization and Quality Composite Scores of selected HEDIS measures. Most recently, the SDOH Adult HH Redesignation and HHSC Site Visits included a score on **CMA Performance Metrics**, comprised of: an aggregate score specific to HARP Conversion and CBC's network rates in closing gaps in care for an expanded HEDIS measures data set. These HEDIS Performance Metrics are not unique to SDOH and align directly with projects funded by MCOs and DSRIP PPS's as key performance indicators.

Over the last year and in light of the CMA Sustainability Survey findings, CBC HH has identified and developed the following **Quality Management Reports** to drive data transparency, access, monitoring, and programmatic decision-making:

1. Adult & HHSC CMA Performance Reports [see Appendix A]: (Quarterly) Developed as a result of recommendations from the network to move toward a CQI process whereby CMAs would have the opportunity to more holistically address, identify, and improve on performance indicators specific to HH members served. The report currently focuses on SDOH-mandated documentation measures, inclusive of HARP, with the goal to expand the report to include outcome/gaps in care measures. CBC HH performance improvement activities, learning collaboratives, technical assistance, and trainings will be informed by CMA Performance Reports going forward.
2. Enhanced Documentation Reports: (Monthly) Will more effectively and timely measure documentation requirements so CMA administrators and supervisors can better understand individual staff productivity, Care Team activity and/or CMA borough specific process measures. Four initial reports: 1) Adult HH Documentation, 2) HHSC Documentation, 3) Hospital Alert Follow-Up, and 4) HH CMA Billing are anticipated to be rolled out as Care Plan Activity Summary (CPAS) reports in Q4 2019. By Q1 2020 these reports will be available in GSI Health Population Health Self-Serve application so CMAs may access them without relying on CBC to disseminate. Please see CBC Health Home CMA Sustainability Survey Findings: Top Priorities in Addressing Technology Challenges.

Longer-Term Strategy: CBC Quality Performance Management (QPM) Department, in collaboration with QMT/CQMT and the Clinical and Quality Oversight Committee, is working on Performance Dashboards that

will allow CMAs to drill down to member-level data as needed to address these performance indicators. Performance Dashboards will be utilized as a management and supervisory tool that will allow CMAs to view both aggregate and member-level data to identify performance trends over time, with the goal of driving proactive interventions. Ultimately, these dashboards will be leveraged by CBC's QPM Department to select network-wide CQI initiatives, technical assistance, training and learning collaboratives to achieve improved outcomes.

Thank you.

Jorge R. Petit, MD
President & CEO

Amanda Semidey, LCSW
VP, Care Coordination Services

Tracie Jones, LMSW
Senior Director, QPM

Appendix A-Adult & Health Home Serving Children Performance Report

CBC Health Home CMA Performance Report: Q2 - April 1, 2019 - June 30, 2019

CMA Name: Example

Overall HHSC Performance Level: Tier 4

Performance Benchmarks: **Tier 1: Average 0-34%** **Tier 2: Average 35-64%** **Tier 3: Average 65-79%** **Tier 4: Average 80-89%** **Tier 5: Average 90-100%**

	Measure	Collection Method	Definition	Description	Policy Reference	Tier Level	
1	**Current & Complete CANS-NY Assessment**	GSI Assessments Report	**At least 80%** of members enrolled for at least 60 days have their most recently due (initial or annual) CANS-NY assessment ***completed in full*** .	Completed in full = ***answering all required*** fields in the CANS-NY assessment so that it can be successfully submitted in UAS.	CBC Manual Policy # B.4.3 Assessments DOH Policy # HH0002	4	80% 77%
2	**Current & Complete Care Plan**	GSI Issues Report	**At least 80%** of members enrolled for at least 60 days have their most recently due (initial or semi-annual) care plan completed.	Completed = at minimum ***one manual*** update to the issues, goals and/or interventions in the care plan**.**	CBC Manual Policy # B.4.5 Care Plan DOH Policy # HH0008	5	93% 65%
		Targeted Case Record Review (CRRs) of 10 case records	**At least 80% of the case records reviewed** for members enrolled are found to have ***at minimum 80% of identified need areas*** included in the care plan	Identified need areas = located in comprehensive assessment and reflects the ***provision of HH core services to member*** as outlined in the Domain section of the care plan in GSI (excludes auto-populated goals).	CBC Manual Policy # B.4.5 Care Plan DOH Policy # HH0008	5	90% 100%
3	**Current 10 Elements Assessment**	GSI Assessments Report	**At least 80%** of members enrolled for at least 60 days have their most recently due (initial or semi-annual) 10 Elements Assessment completed.	Completed = successfully submitting assessment in GSI.	CBC Manual Policy # B.4.5 Care Plan DOH HH Standards and Requirements for HHs, CMAs and MCOs	4	80% 76%
4	**Successful Face-to Face Encounters**	GSI Encounters Report/MAPP Assessments Downloads	**At least 80%** of **HHSC Medium and High Acuity** members enrolled have the minimum required ***successful face-to-face encounters*** per month during reporting period.	Minimum required = ***one successful face-to-face*** encounters. Successful encounter type is defined as "Face to Face" or "In Field with Client" in GSI.	CBC Manual Policy # B.4.4 - Providing Core Health Home Services DOH CANS NY & Billing Guidance	4	87% 81%
5	**Post- Hospitalization Follow-Up**	GSI Encounters Report/Healthix RHIO Report	**At least 80%** of members for whom at least one RHIO alert was received within the reporting period, received timely follow-up from a care manager.	Timely follow-up = ***successful encounter*** with HH member or facility ***within two business days*** from date alert was received in GSI. Successful encounter type is defined as "Face to Face" or "In Field With Client" or "Phone" or "In Field Without Client" in GSI.	CBC Manual Policy # B.5.5 Hospital Admissions and Discharges	2	50% 49%

Additional Performance Indicators - Not Calculated for Tier Performance Benchmark

	Measure	Collection Method	Definition	Description	Policy Reference	Tier Level	Tier (%) Network Avg
6	**Successful Face-to Face Encounters**	GSI Encounters Report/MAPP Assessments Downloads	**At least 80%** of HHSC Low Acuity members enrolled for one full quarter have a minimum of ***one successful face-to-face encounter*** per quarter.	Successful encounter type is defined as "Face to Face" or "In Field with Client" in GSI.	CBC Manual Policy # B.4.4 - Providing Core Health Home Services	5	100% 90%
7	**Current & Complete HHSC or Adult Comprehensive Assessment**	GSI Assessments Report	**At least 60%** of members enrolled for at least 60 days have their most recently due (initial or annual) comprehensive assessment ***completed in full*** .	Completed in full = ***answering all required*** fields in the comprehensive assessment so that it can be successfully submitted in GSI.	CBC Manual Policy # B.4.3	3	72% 47%
8	**Documentation of Verification of HHSC Eligibility & Appropriateness**	GSI External Documents Report	**At least 70%** of members enrolled have appropriate documentation proving verification of eligibility and appropriateness uploaded to GSI External Documents.	Appropriate Documentation is defined as uploading documentation in GSI External Documents that matches Sub-Type drop-down that is supports verification and appropriateness as defined by the DOH and CBC policies.	CBC Manual Policy # B.3.4	4	86% 70%