

Complex need member ACO survey

Why we need your help

The Complex Care Committee of the Connecticut's Medical Program Oversight Council (MAPOC) needs your help. The Committee's charge is to "oversee and provide recommendations dealing with Medicaid initiatives and management of individuals on Medicaid who have intensive health care needs". We report to the full MAPOC and to legislative and administrative policymakers.

Accountable Care Organizations (ACOs) and PCMH Plus Participating Entities (PEs) are a growing part of Connecticut's healthcare landscape. As integrated systems of care, ACOs and PEs offer great promise to address the needs of members with complex needs. We are seeking your help in assessing how ACOs and PEs are working in Connecticut, to collect and highlight best practices, identify the challenges you've encountered, and ask how state policymakers can help.

Survey Monkey estimates it will take nine minutes to complete this survey. You can skip any question. If you are not the best person at your organization to complete the survey, please forward to them and let us know. If you have any questions about the survey or the Committee's work, please contact us at andrews@cthealthpolicy.org.

Thank you for your time and the important care you provide Connecticut residents.

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Identification of members with complex needs

Does your organization identify members with complex needs?

- Yes
- No
- To an extent (please specify)

How do you identify members with complex needs? (check all the apply)

- Total cost of care
- Referrals
- Predictive analytics
- Administrative data
- Clinical data
- Specific medical conditions
- From intake/screens
- ED or hospital use
- Other (please specify)

What do you know about your population of members with complex conditions?

- Most common medical conditions
- Demographics
- Timing of office visits, i.e. weekday, time of day
- Geographic distribution
- Payer source
- Social issues and service needs, i.e. food insecurity, housing, trouble affording medications, transportation, community and domestic safety
- Other (please specify)

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Interventions for members with complex needs

Do you have specific interventions for members with complex conditions?

- Yes
- Not yet but we are planning
- No

How do you engage members with complex needs?

Which strategies have you implemented for members with complex needs? (check all that apply)

	Yes, provided by our ACO/PE	Yes, provided by practices	Yes, provided by a contracted entity	In planning	No
Provide after-hours clinical response, i.e. telephone, telehealth or in-person assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visits by ACO/PE representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient and caregiver education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care transition services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member-focused website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individualized direct messaging to members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled clinics for hard-to-access services (i.e. vision screening for members with diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with social service needs, i.e. housing, food insecurity, legal assistance, domestic violence, transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Are your services provided to identified/at-risk members unless they refuse (opt-out) or do members have to affirmatively agree and commit to participate (opt-in)?

- opt-in
- opt-out
- mixed
- in planning

Do you work with Medicaid's Intensive Care Management programs (CHNCT and Beacon)?

- Yes
- No
- Hasn't come up
- Considering it

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Care coordination

Please describe your care planning process

Do you develop comprehensive, patient-centered care plans for members with complex needs?

- Yes
- No
- In planning
- Other (please specify)

Is care coordination delivered by a team?

- Yes
- No
- In planning

If so, which professionals are typically on the team?

Does the care management model differ by condition?

- Yes
- No
- Mixed

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Challenges

What challenges have you encountered in serving members with complex needs? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Payer interest, investment | <input type="checkbox"/> Clinician, staff or institutional commitment |
| <input type="checkbox"/> Member engagement | <input type="checkbox"/> IT, analytic resources |
| <input type="checkbox"/> Data | <input type="checkbox"/> Staff recruitment |
| <input type="checkbox"/> Attribution | <input type="checkbox"/> Identifying and connecting with community service and clinical partners |
| <input type="checkbox"/> Risk adjustment | <input type="checkbox"/> State/federal regulations, contracts, monitoring |
| <input type="checkbox"/> Other (please specify) | |

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Lessons learned

Which strategies have been most successful in caring for members with complex needs?

How do you evaluate the impact of your interventions for members with complex needs?

Do you have any outcomes you can share, especially reductions in total costs, ED visits or hospitalizations?

How can state policymakers help you serve your members with complex needs?

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Thank you

Name

Title

Organization

Email

We will share the results of this survey with all the participants. Thank you very much for your time and for the important care you provide Connecticut residents.

MAPOC's Complex Care Committee would like to meet with ACOs and PEs about their programs for members with complex needs and lessons learned. Are you interested?

- Sure
- No thanks
- Maybe