

Optimizing Care Systems for People with Intellectual and Developmental Disabilities

Innovative Models of Care and Care Coordination

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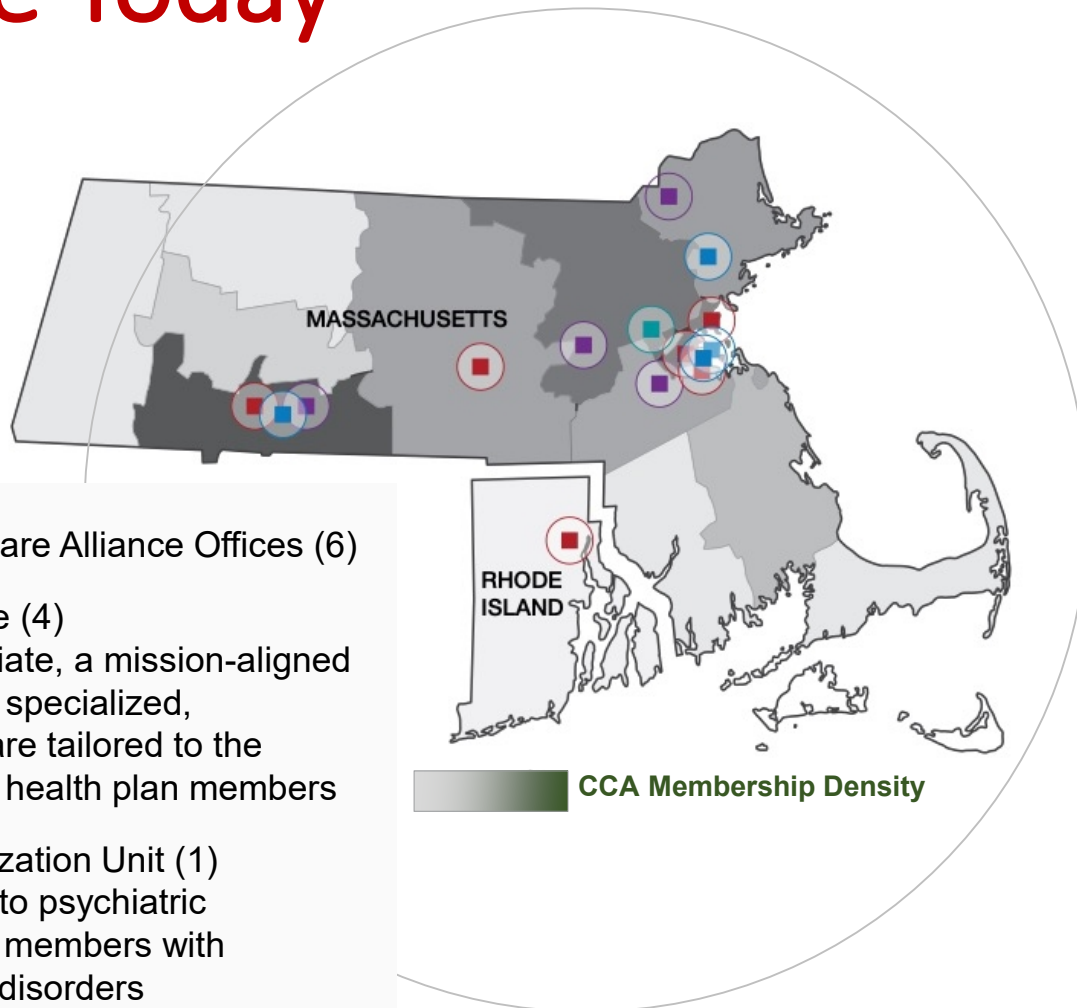
Improving care for people with disabilities and chronic health needs



Commonwealth Care Alliance Today

- Based in Boston, CCA is an integrated care system that has earned national recognition for its proven expertise in complex care coordination and delivery
- Dedicated to leading the way in transforming the nation's healthcare for individuals with the most significant needs
- Mission to improve the health and well-being of people with significant needs by innovating, coordinating, and providing the highest quality, individualized care
- Nationally recognized for innovative model of care proven to improve quality and health outcomes while reducing overall cost of care
- Named a *Top Place to Work* (including for Diversity) by the Boston Globe

Updated 10/2021

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- The map displays the states of Massachusetts and Rhode Island. Shading indicates the density of CCA membership, with darker green representing higher density. Various colored squares and circles are placed across the map to denote the locations of different CCA services. A legend on the left side of the map provides a key for these symbols.
- Commonwealth Care Alliance Offices (6)
 - CCA Primary Care (4)
CCA's clinical affiliate, a mission-aligned practice providing specialized, comprehensive care tailored to the complex needs of health plan members
 - CCA Crisis Stabilization Unit (1)
CCA's alternative to psychiatric hospitalization for members with behavioral health disorders
 - CCA Complex Transitional Care (4)
A one-of-a-kind, collaborative consult service to ensure smooth hospital discharges for our members

CCA Member Demographics



CCA One Care

51

average age

- 76.1% have a major physical and/or behavioral health disability
- 69.8% have severe mental illness, such as schizophrenia, bipolar disorder, or severe depression (excluding substance-use disorders)
- 31.9% have a substance-use disorder (excluding tobacco and nicotine)
- 8.9% have a major physical disability, such as paralysis, spinal cord injury, multiple sclerosis, muscular dystrophy, cerebral palsy, or ventilator dependency
- 7.1% have been documented as homeless during their enrollment
- 7x cost of caring for One Care—eligible population averages \$3,217 per member per month, 7 times the average for MassHealth MCO patients

Updated 10/2021. Statistics as of 12/1/2020, except as noted.



CCA Senior Care Options

75

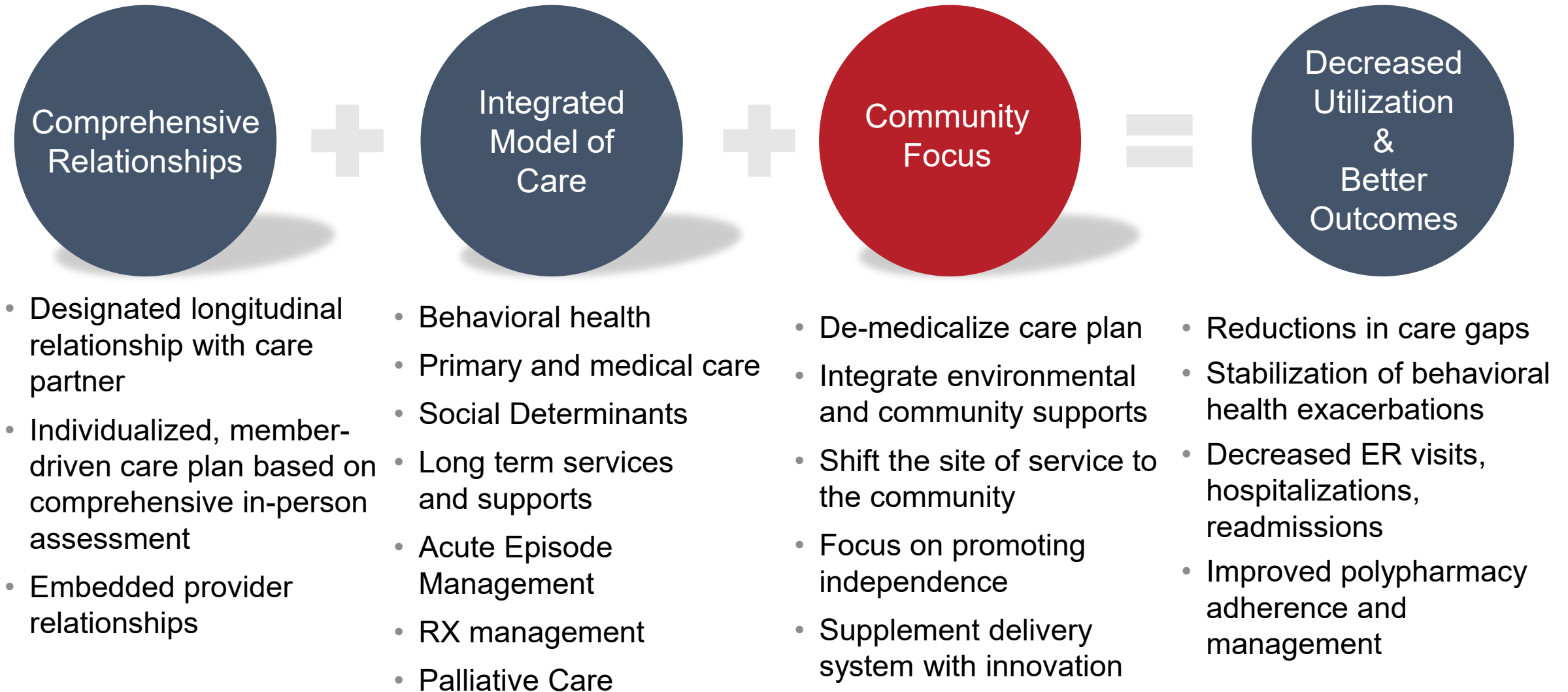
average age

- 71.4% of CCA Senior Care Options members are nursing home certifiable, yet are able to live safely and independently at home with our care and support
- 65.7% have four or more chronic conditions
- 60.3% have a physical and/or behavioral health disability
- 59.8% primarily speak a language other than English
- 53.2% have diabetes
- 9.4% have a major physical disability, such as paralysis, spinal cord injury, multiple sclerosis, muscular dystrophy, cerebral palsy, or ventilator dependency

CCA's Care Model



CCA's Focus on Engagement





The Problem

Member's care has been damaged by stigma

"My doctor thinks
I'm shopping for
drugs"
CCA member

"They just see me as an illness, not a person"
"They don't actually hear what I'm saying"
"They should listen to what I'm saying"
"They don't listen to me"

Time to Change, Stigma Shout Survey, United Kingdom, 2008

"My doctor said my
symptoms are
psychosomatic"
CCA member



Care models have been developed to serve patients with varying needs and under different payers

InstED

CCA **triages and responds to patient urgent care needs in members' own homes**, avoiding unnecessary ED visits. Specially trained paramedics communicate with on call staff and evaluate and treat members in their own residence.

Wrap Care Model

The model stratifies members into structures most appropriate for individual's needs. Each patient has **one Care Partner** in our clinical group based on **individual** medical, behavioral and social need.

Mobile Interprofessional Team

A team of on-demand multidisciplinary clinicians who **augment care partners through direct care delivery**, coordination and consultation as needed. Provide **episodic** support and **"on call" services** after hours.

Life Choices Palliative Care

An **alternative to traditional hospice** with a broader range of in-home services available throughout the course of serious illness, **not just end of life**. CCA RN palliative care clinicians work closely with care partners.

Crisis Stabilization Units (CSU)

Unlocked **crisis units** that help people in acute BH crisis to **stabilize and avoid hospitalization**. Offer rehabilitative and recovery focused services. Staffed by full time CCA LICSW and Psych NP.

Full Spectrum Primary Care

Commonwealth Community Care offers support beyond a traditional practice for high-risk members. Sites provide **enhanced primary care support** to members **who do not thrive in a traditional PCP model** due to physical and psychosocial disability.

Hospital To Home

This program provides **medical expertise** and **care coordination** across care settings while enhancing patient experience. Located at the inpatient setting, this program provides medical consultation with insight on individual members and expertise on caring for members with complex medical and psychosocial needs, particularly those with disabilities.

Engagement Center Goals



- Provide a community based, trauma informed alternative to emergency room settings for CCA members with subacute needs.
- Identify and assist members with overwhelming social determinants of health that result in psychiatric and/or medical admission.
- Promote an environment that allows for meaningful intergenerational interaction resulting in decreased isolation.
- Address gaps in required assessments for members who visit the engagement center
- Facilitate peer leadership and development.



Thank you!
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