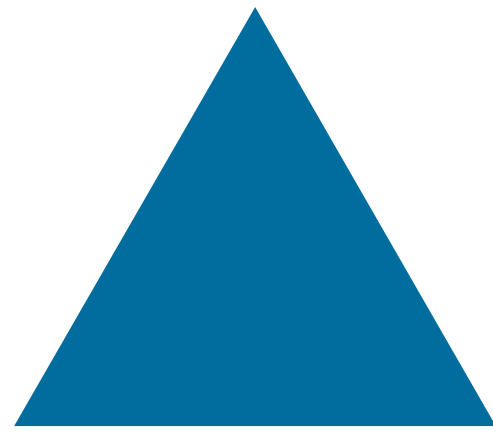


HEALTH WEALTH CAREER

# 2017 PCMH+ PROGRAM

## COMPLIANCE ASSESSMENT OF NORTHEAST MEDICAL GROUP

AUGUST 28, 2017



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# 1

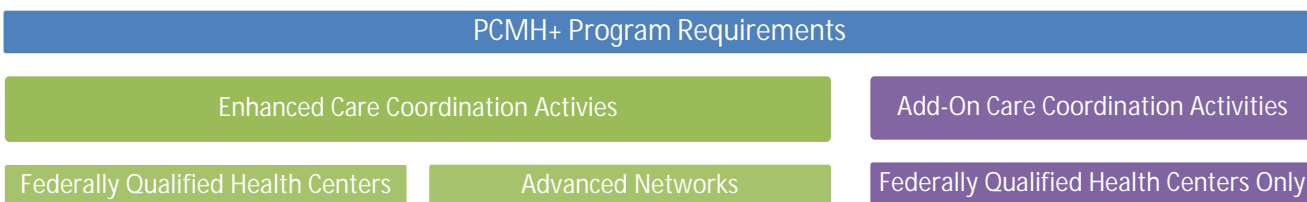
## INTRODUCTION

The Person-Centered Medical Home Plus (PCMH+) program is part of the Connecticut Department of Social Services' (DSS) investment in value-based purchasing and care coordination to reduce Medicaid expenditures while improving service quality and member health outcomes. PCMH+ builds on the DSS PCMH program started by DSS January 1, 2012 currently serves 61% of HUSKY Medicaid members and has successfully supported the practice transformation of 112 practices (as of September 2017) to achieve PCMH recognition. PCMH+ is a Shared Savings model where a participating entity (PE) that meets specific quality improvement targets and saves money for the program, may share in a portion of HUSKY program savings. The PE's quality measure scoring and PCMH+ program savings calculations, for Wave 1 (PCMH+ Program Year 1) will be conducted Fall 2018 and are not evaluated as part of this PCMH+ Compliance Review. This review is focused on evaluating PCMH+ PE compliance with PCMH+ program requirements, identifying best practices and opportunities for improvement.

DSS retained Mercer Government Human Services Consulting (Mercer) to evaluate the DSS PCMH+ program and conduct reviews of PCMH+ program operations for all nine PCMH+ PEs. PCMH+ PEs are required to have current National Committee for Quality Assurance Patient-Centered Medical Home recognition as a prerequisite for eligibility for the PCMH+ program.

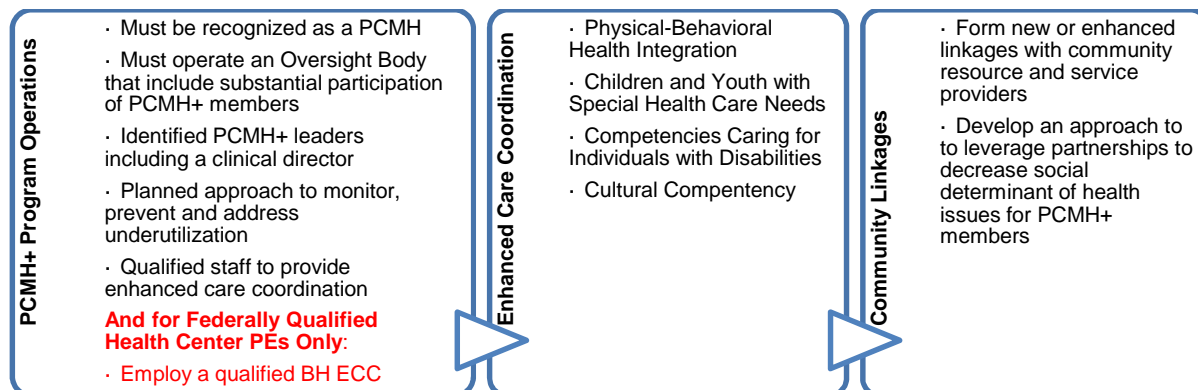
### PCMH+ PROGRAM REQUIREMENTS

PCMH+ expands care coordination provided to members through required Enhanced Care Coordination interventions and actively promotes physical and behavioral health integrated service delivery. The PCMH+ program requirements include enhanced care coordination activities and operational standards that all PEs must meet.



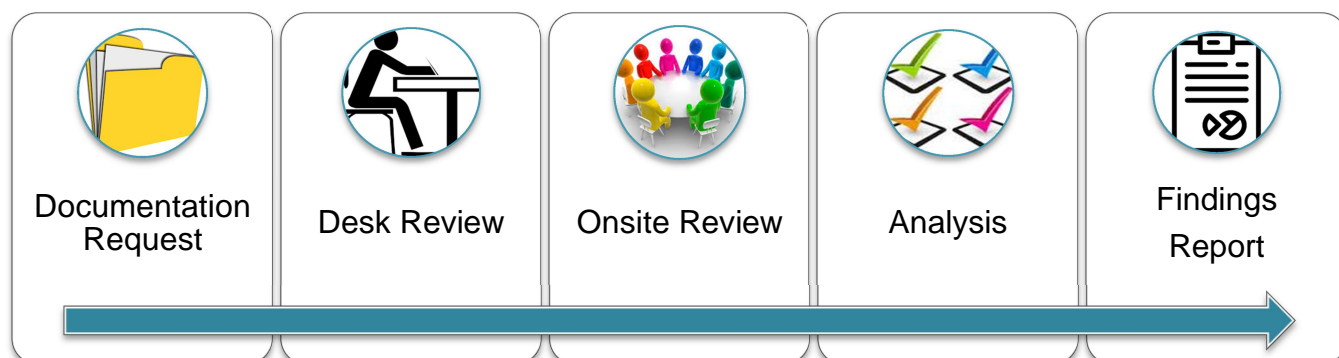
For PEs that are federally qualified health centers) there are additional “Add-On Care Coordination” requirements that further drive behavioral health (BH) integration within the practice, including a qualified BH enhanced care coordinator (ECC) on staff who is an active participant in the PE’s interdisciplinary team(s) and development of Wellness Recovery Action Plans for members with BH conditions. Since Northeast Medical Group (NEMG) is an Advanced Network, PCMH+ federally qualified health center “Add-on Care Coordination” requirements were not evaluated and are not noted in this report.

The following table provides a summary of the PCMH+ program requirements and the areas of evaluation for this review. Additional details regarding specific requirements are in Section 3.



### REVIEW METHODOLOGY

The PCMH+ Wave 1 program review focused on evaluating operations and service delivery, including compliance with program standards, quality and effectiveness in achieving the goals of the DSS PCMH+ program. The review evaluated the implementation and operations of the PE's PCMH+ program since the go-live date of January 1, 2017 through August 2017 and was organized into five phases presented in the following diagram:



### DOCUMENT REQUEST — JUNE 2017

Mercer developed a comprehensive PCMH+ Document Request that was shared with the PE in an effort to gather information regarding the PE's PCMH+ program. The request solicited a variety of documents, such as organizational charts, PCMH+ staffing, member participation in oversight, policies and procedures regarding care coordination, community linkages and assistance of members with special healthcare needs and disabilities, related to the PCMH+ program requirements. In addition, the Documentation Request solicited brief narrative responses to questions related to the implementation of the PCMH+ program in an effort to understand the PE's operations and approach to implementing the PCMH+ program within their practice(s).

### **DESK REVIEW — JULY 2017**

Mercer received information electronically and reviewed all documents submitted to evaluate the PE's compliance with PCMH+ program requirements as detailed within the PCMH+ Request for Information. Areas where Mercer could not determine that the process or procedure was fully compliant with PCMH+ program standards were noted for follow-up discussion during the onsite interviews.

### **ONSITE REVIEW — AUGUST 2017**

The onsite review for NEMG took place on August 9, 2017, at the offices located Stratford, Connecticut. The onsite review began with an introductory session with the Mercer team, DSS staff and appropriate NEMG leadership. After the introductory session, the track teams split out into concurrent sessions and concentrated on the following areas focused specifically on PCMH+ program operations and PCMH+ assigned members; Program Operations, Enhanced Care Coordination, Member File Reviews, Member Interviews and Community Linkages. Onsite interviews included the following NEMG staff:

- Kate Dangremond — Director of Population Health Management
- Dr. Arnold Dorosario — VP, Chief Medical Officer and Chief Population Health Officer
- Crystal Schindo — Program Administrator
- Robert McLean MD — Medical Director, Clinical Quality
- Liza Estevez — Manager, Patient Navigation
- Hayley Ball — Clinical Ambulatory Pharmacist
- Kate Roccon — Manager of Ambulatory Care Coordination
- Rick Coppola — Manager Practice Operations
- Jeanette Bogdan — Director, Ambulatory Care Coordination
- Kathy Tynam McKiernan — Manager, Ambulatory Care Coordination

### **ANALYSIS AND FINDINGS REPORT — SEPTEMBER 2017**

Information from all phases of the assessment process was gathered and a comprehensive analysis was completed. Results of this analysis make up this report.

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## SUMMARY OF FINDINGS

### NEMG PCMH+ PROGRAM OVERVIEW

NEMG, a medical foundation affiliated with Yale New Haven Health System (YNHHS), is the Lead Entity for the NEMG Advanced Network. NEMG was established in 2010 by YNHHS to support the delivery of better integrated, high quality care by physicians who practice in communities served by YNHHS. In support of that mission, NEMG has grown to include over 300 practices in the last six years which include 150 primary care providers and other clinicians in over 40 specialties serving New Haven, Bridgeport and Greenwich communities.

NEMG serves 6,964 PCMH+ members with 13 ECCs, who are all bachelor prepared registered nurses. Seven are embedded within 10 practice sites and three are housed centrally within the organization to target more global needs of PCMH+ members. NEMG's ECCs are paired with providers and are integrated into the health care team providing enhanced care coordination activities. In addition to the ECCs, NEMG has two patient navigators who are community health workers, charged with linking members, including PCMH+ assigned members, to community resources.

NEMG created a PCMH+ Advisory Committee that is responsible for program oversight, solicitation of member feedback and approval of relevant policies and practice standards related to PCMH+. Currently, there are four PCMH+ members serving on the committee. In addition, NEMG operates Patient and Family Advisory Councils which they are expanding to ensure broad member and family representation across the geographic service area.

NEMG reports the following monthly care coordination contacts: April 2017: 26 contacts; May 2017: 34 contacts; June 2017: 38 contacts; July 2017: 17 contacts.

### STRENGTHS

REVIEW AREA	STRENGTH
Program Operations	NEMG has created a PCMH+ Advisory Committee to support the goals and policies of their PCMH+ program. Four PCMH+ members participate. Transportation and day care services are offered to all PCMH+ Committee members who attend.
	NEMG utilizes EMMIPrevent™, a tool utilized to send recorded calls to members on behalf of their physician to address gaps in care and offer the member the opportunity to connect directly with the practice to schedule an appointment.
Physical Health-Behavioral Health Integration	NEMG universally screens members for BH conditions.
	NEMG is in process of hiring an independently licensed social worker with BH experience who will facilitate warm hand off referrals to BH when there is a positive screening, build a network for BH external provider referrals and develop a formal BH referral process.
Competencies in Care for Individuals with Disabilities	NEMG utilizes Epic® to complete a comprehensive assessment of all members which identifies the needs of members with disabilities (including an activity of daily living assessment).

REVIEW AREA	STRENGTH
Cultural Competency	NEMG employs a Diversity Officer who is evaluating data and staff training to identify opportunities to address health equity and cultural needs of members. NEMG is rolling out new staff training and monthly forums to increase staff capabilities to assess for cultural needs and preferences (e.g., Unconscious Bias and caring for special populations such as LGBTQ members). NEMG has also held member forums to gather information about the best methods to address unique cultural needs and preferences of members.
	NEMG places a heavy emphasis on hiring a diverse workforce. Managers are required to undergo training twice per year which focuses on hiring and supporting a diverse workforce. NEMG demonstrates a strong understanding of the value of addressing cultural needs at all levels of the organization, including infusing culturally competent practices into member care.
	NEMG collects basic cultural needs and preferences such as preferred language, race, ethnicity and religion. To delve deeper, NEMG uses motivational interviewing and open-ended questions to gain additional insight into a member's culture.
Community Linkages	NEMG maintains a referral database in Epic <sup>®</sup> which houses all community linkages and resources.
	NEMG maintains a comprehensive list of community linkages and resources and has established partnerships with other federally qualified health centers, local hospitals, community BH providers, health departments, a health education center, food pantries, housing authorities, recovery programs and other local entities that mutually care for NEMG membership.
Member File Reviews	The pharmacist schedules member appointments, conducts diabetes education and screens all new members for depression using PHQ-2.
	NEMG collects a comprehensive set of cultural preferences and needs which are clearly documented in the member record. Elements include preferred language, and religious or spiritual beliefs that may impact treatment. In addition to cultural preference, NEMG collects a comprehensive set of social determinants of health factors.
	NEMG reviews member discharge lists and calls members to ensure that needs for durable medical equipment, meals, transportations, follow-up appointments, etc. have been addressed.

## OPPORTUNITIES

The Recommendations for Improvement Plan is found in Appendix A of this report.

Please note that identification of Children and Youth with Special Healthcare Needs, members with disabilities and transition age youth posed challenges for the majority of PEs and therefore the challenges identified at NEMG are not unique. The Department recognizes that definitions for these populations vary and identification of these members is new for PEs under PCMH+ and not straightforward. As such, DSS suggests that these topics be items for discussion at future provider collaborative meetings.

REVIEW AREA	OPPORTUNITY
Program Operations	NEMG, in partnership with Yale Internal Medicine Associates (YIMA), includes 43 practices which have achieved the National Committee for Quality Assurance Level 3 Patient-Centered Medical Home certification. Yale Medical Groups (YMG), YIMA's private practice focusing on adult primary care, is still in the process of obtaining the National Committee for Quality Assurance certification.
	NEMG's quality program description does not include the PCMH+ program or how the program will be evaluated.
	Enhanced care coordination member penetration rates are low for the 6,964 assigned PCMH+ membership. NEMG reports the following monthly care coordination contacts: April 2017: 26 contacts; May 2017: 34 contacts; June 2017: 38 contacts; July 2017: 17 contacts.
Underservice	While there was no evidence of underservice noted during the review, DSS recommends that all PCMH+ PEs develop an underservice methodology to monitor, prevent, and address under-utilization of clinically appropriate services that may be shared with DSS as requested.
Physical Health-Behavioral Health Integration	NEMG is standardizing the process to assess whether members have psychiatric advance directives. As this process becomes part of NEMG standard practice, there should be ongoing monitoring and oversight to ensure consistent opportunity for members to develop psychiatric advance directives.
	NEMG is in the process of developing procedures to collect Wellness Recovery Action Plans from members.
	NEMG is in the process of standardizing identification of transition age youth. NEMG envisions the lower age band for transition age youth to be 12 years of age.
Children and Youth with Special Health Care Needs	NEMG has not fully developed a definition of Children and Youth with Special Health Care Needs.
	NEMG is developing the process to obtain individualized education plans and 504 plans from families and methods to facilitate communication and coordination with the schools.
Competencies in Care for Individuals with Disabilities	NEMG is determining which trainings to provide to staff to increase competencies in care of members with disabilities.
Member File Reviews	NEMG does not currently have a flag in the medical record to easily identify PCMH+ members or members with disabilities, transition age youth or Children and Youth with Special Health Care Needs.
	Navigators complete social determinant screens in a separate medical record system; ECCs do not always know which members have been screened for social determinants of health and the ECCs did not have access the system at the time of this review.



# 3

## DETAILED FINDINGS

### PCMH+ PROGRAM OPERATIONS

#### A. PCMH+ Program Operations Requirements

As the PCMH+ program builds upon PCMH practice requirements, all PCMH+ PEs are required to be current participants in the DSS PCMH program and hold Level 2 or 3 Patient-Centered Medical Home recognition from National Committee of Quality Assurance or Primary Care Medical Home certification from The Joint Commission. Additional operational requirements include:

- Having an oversight body, supporting PCMH+ which includes substantial representation by PCMH+ members.
- Having a senior leader and a clinical director providing oversight for the PCMH+ program.
- Having sufficient care coordination staff to provide the enhanced care coordination required activities to provide timely care coordination to PCMH+ assigned members.
- Having a quality program, including annual goals and annual quality work plan that includes specific PCMH+ program goals and activities.
- Evaluating and utilizing the results of provider profile reports to improve the quality of care.
- Completing and submitting the PCMH+ monthly report based on specifications provided by DSS.
- PCMH+ Advanced Network PEs are required to have all practice sites recognized as PCMH practices within 18 months of the start of the program.

#### B. PCMH+ Program Operations Findings

- NEMG, in partnership with YIMA, includes 43 practices which have achieved National Committee for Quality Assurance Level 3 Patient-Centered Medical Home certification. YMG's, YIMA's private practice focusing on adult primary care, is still in the process of obtaining National Committee for Quality Assurance certification; a target date for completion was not provided.
- Provider profile reports and Care Analyzer member risk information provided by the HUSKY Administrative Services Organization, CHNCT, are used to check for accuracy against reports that NEMG has created in their electronic health record, Epic<sup>®</sup>, for gaps in care reporting. NEMG runs reports daily and monthly through their electronic health record to assess health risks of their population and identify cohorts of members who are in need of targeted, enhanced care coordination services before sending the reports to their ECCs for review and outreach. The CHNCT profile reports are sent to the Manager of Care Coordination by the program manager monthly. The Manager of Care Coordination separates these reports by practice and sends them to the ECC assigned to those specific practices for validation and review.
- NEMG utilizes EMMIPrevent<sup>™</sup>, a tool utilized to send recorded calls to members on behalf of their physician to address gaps in care and offer the member the opportunity to connect directly with the practice to schedule an appointment.

- NEMG conducts a member satisfaction survey that includes all members, including PCMH+ members.
- NEMG has created a PCMH+ Advisory Committee to support the goals and policies of their PCMH+ program. This committee is comprised of clinicians and administrators working in key areas of the network that directly participate with the PCMH+ program, including primary care, BH, the emergency department, care coordination and clinical integration. Four PCMH+ members participate. The first PCMH+ Advisory Committee meeting was held in April 2017. Transportation and day care services are offered to all PCMH+ Committee members who attend.
- NEMG's quality program description incorporates program goals, quality measures, leadership team, committee structure, and the quality program's main four areas of focus, but does not include the PCMH+ program or how the program will be evaluated.
- Enhanced care coordination member penetration rates are low for the 6,964 assigned PCMH+ membership. NEMG reports the following monthly care coordination contacts: April 2017: 26 contacts; May 2017: 34 contacts; June 2017: 38 contacts; July 2017: 17 contacts.

## UNDERSERVICE

### A. Underservice Requirements

In order to ensure that savings within the PCMH+ program are not derived by practices that limit a member's access to medically necessary services, or that complex members with higher cost needs are not shifted out of a PE's practice. Requirements include:

- PEs will be disqualified from receiving shared savings if they demonstrate repeated or systematic failure to offer medically necessary services or manipulate their member panel, whether or not there is evidence of intentionality.

### B. Underservice Findings

- There was no evidence of underservice noted during the review.
- NEMG has a formal discharge policy for members who want to leave the practice which includes outreach to the member but does not have a process to monitor for underservice.
- NEMG is utilizing the PCMH+ program's Underservice Strategy Summary document as a guide to develop methods used to identify potential underservice or panel manipulation within the organization.
- NEMG conducts Peer to Peer audits (30 member files) for all treating clinicians that evaluate clinical care and adherence to clinical guidelines; report results are reviewed by the Chief Medical Officer for follow up.
- NEMG reports that practices and providers operate in a payor agnostic manner and do not know the member's payor at point of service.

## ENHANCED CARE COORDINATION

### A. Physical Health-Behavioral Health (PH-BH) Integration Requirements

Increased requirements for PH-BH integration align with the goals of the PCMH+ program and follow national trends in healthcare. PCMH+ PH-BH requirements include:

- Using standardized tools to expand BH screenings beyond depression; promotion of universal screening for BH conditions across all populations, not just those traditionally identified as high risk;
- Obtaining and maintaining a copy of a member's psychiatric advance directive in the member's file; and
- Obtaining and maintaining a copy of a member's Wellness Recovery Action Plan in the member's file.
- Expanding development and implementation of the care plan for transition age youth with BH challenges.
- For federally qualified health centers only: Develop Wellness Recovery Action Plans in collaboration with the member and family.

### B. PH-BH Integration Findings

- NEMG uses PHQ 2/9 to universally screen all members for BH conditions. The PHQ-2 is conducted by the medical assistant, and if positive, the primary care provider will complete the PHQ-9. The screening is completed in the electronic health record, Epic<sup>®</sup>. Epic<sup>®</sup> also prompts primary care providers to ask all members standardized substance use and abuse screening questions.
- NEMG does not currently have a process to refer members to BH when there is a positive BH screen. However, NEMG is in process of hiring an independently licensed social worker with BH experience who will facilitate warm hand off referrals to BH when a screen is positive, build a network for BH external provider referrals and develop a formal BH referral process. Long term goals for the social worker include: development of BH plans and coordination of BH care in collaboration with the primary care provider and ECCs. NEMG planned to have the social worker hired within approximately six weeks from the date of the review.
- NEMG is standardizing the process to assess if members have psychiatric advance directives. When the psychiatric advance directive is readily available, NEMG scans the psychiatric advance directive directly into Epic<sup>®</sup> in the media section of the electronic health record. This tab clearly flags the presence of a psychiatric advance directive.
- NEMG shared that providers remain uncomfortable broaching the topic of psychiatric advance directives with members. NEMG sees this as an opportunity for technical assistance and staff training which will increase provider knowledge and comfort level regarding psychiatric advance directives.
- NEMG is in process of developing procedures to collect Wellness Recovery Action Plans from members.
- NEMG is in process of standardizing the process to identify transition age youth. NEMG envisions the lower age band for transition age youth to be 12 years of age.

### **A. Children and Youth with Special Health Care Needs Requirements**

Children and Youth with Special Health Care Needs and their families often need services from multiple systems – health care, public health, education, mental health and social services. PCMH+ Children and Youth with Special Health Care Needs requirements include:

- Holding advance care planning discussions for Children and Youth with Special Health Care Needs.
- Developing advance directives for Children and Youth with Special Health Care Needs.
- Including school-related information in the member's health assessment and health record, such as: the IEP or 504 plan, special accommodations, assessment of member/family need for advocacy from the provider to ensure the child's health needs are met in the school environment.

### **B. Children and Youth with Special Health Care Needs Findings**

- NEMG is developing their definition of Children and Youth with Special Health Care Needs. NEMG notes that many children receive services at school-based health centers and/or are served by surrounding federally qualified health centers.
- NEMG is developing a process to obtain IEPs and 504 plans from families and methods to facilitate communication and coordination with the schools.

### **A. Competencies Caring for Individuals with Disabilities Requirements**

PCMH+ requirements for individuals with disabilities pertain to members with physical, intellectual, developmental and BH needs, and includes:

- Expanding the health assessment to evaluate members with disabilities for needed accommodations in order to remain at home or access medical care or community resources.
- Adjusting appointment times for individuals who require additional time to address physical accommodations, communication needs and other unique needs.
- Developing and requiring mandatory staff disability competency trainings to address the care of individuals with physical and intellectual disabilities.
- Acquiring accessible equipment to address physical barriers to care (e.g., wheelchair scales, a high/low exam tables) and adaptive equipment for communication.

### **B. Competencies Caring for Individuals with Disabilities Findings**

- NEMG conducts pre-visit planning to assess whether members need additional assistance during appointments. This may include the need for a longer appointment, adaptive equipment and communication needs. This information is included under the instructions on the daily schedule and is reviewed during the morning huddle to ensure all team members are aware of the unique needs of members prior to their appointments.
- NEMG has purchased adaptive equipment (such as bariatric equipment) to increase the accessibility and comfort of members with disabilities during the office visit. NEMG ensures access to adaptive communication devices for members with hearing impairments or other communication barriers.
- NEMG utilizes Epic® to complete a comprehensive assessment of all members which identifies the needs of members with disabilities (including an activity of daily living assessment). The completion of the social determinants of health screening may also capture disability-related needs.

- NEMG is determining which trainings to provide to staff to increase competencies in care of members with disabilities.

### **A. Cultural Competency Requirements**

Incorporating a member's cultural preferences and acknowledging that culture can expand beyond language and ethnicity is a key tenet of the PCMH+ program. Cultural sensitivity can help inform care coordination and other service interventions to better assist the member, particularly with regard to social determinant of health and community resource needs. The following are PCMH+ program Cultural Competency requirements:

- Conducting annual cultural competency training that includes methods to address the needs of members with disabilities for all practice staff.
- Expanding the individual care plan to include an assessment of the impact culture has on health outcomes.
- Integrating culturally and linguistically appropriate services (CLAS) standards as defined by the U.S. Department of Health and Human Services, Office of Minority Health.

### **B. Cultural Competency Findings**

- NEMG employs a Diversity Officer who is evaluating data and staff training to identify opportunities to address health equity and cultural needs of members. NEMG is rolling out new staff training and monthly forums to increase staff capabilities to assess for cultural needs and preferences (e.g., Unconscious Bias and caring for special populations such as LGBTQ members). NEMG has also held member forums to gather information about the best methods to address unique cultural needs and preferences of members.
- NEMG places a heavy emphasis on hiring a diverse workforce. Managers are required to undergo training twice per year which focuses on hiring and supporting a diverse workforce. NEMG demonstrates a strong understanding of the value of addressing cultural needs at all levels of the organization, including infusing culturally competent practices into member care.
- NEMG collects basic cultural needs and preferences such as preferred language, race, ethnicity and religion. To delve deeper, NEMG uses motivational interviewing and open-ended questions to gain additional insight into a member's culture. For example, NEMG asks questions about dietary preferences based on culture and familial customs and preferences. NEMG is also in process of converting all bathrooms to be gender neutral and is converting signage to inform members of the change.
- NEMG is developing a cultural evaluation tool that will be housed in Epic<sup>®</sup>. The tool will be accompanied by a training plan for staff and will be completed in collaboration with members. The tool will result in a more robust assessment of cultural needs and preferences.

## **COMMUNITY LINKAGES**

### **A. Community Linkages Requirements**

In an effort to meaningfully impact the PCMH+ members' social determinants of health, PEs are required to develop contractual or informal partnerships with local community partners, including organizations that assist the community with housing, clothing, utility bill assistance, nutrition, food assistance, employment assistance, education, child care, transportation, language and literacy

training, and elder support services, and to further develop processes to link members to resources and community supports.

## **B. Community Linkages Findings**

- NEMG uses a brief social determinant of health and resource needs tool.
- NEMG maintains a referral database in Epic® which houses all community linkages and resources. NEMG utilizes student volunteers to manage the database. This includes tracking the outcomes of referrals to linkages to ensure the outcome is successful for the member and the management of contact information is up-to-date.
- NEMG maintains a comprehensive list of community linkages and resources and has established partnerships with other federally qualified health centers, local hospitals, community BH providers, health departments, a health education center, food pantries, housing authorities, recovery programs and other local entities that mutually care for NEMG membership.

## **MEMBER FILE REVIEWS**

### **A. Member File Review Process**

PEs were instructed to provide 30 member files for the onsite review, from which the team would select 20 for review. A variety of files were solicited including those of:

- Five PCMH+ members who received at least two care coordination contacts since January 1, 2017.
- Five PCMH+ members who have a BH condition.
- Three PCMH+ members who are transition age youth or Children and Youth with Special Health Care Needs.
- Two PCMH+ members who have moved to another provider. If there were zero PCMH+ members who have moved to another provider, the PE was asked to provide two additional members who are either transition age youth or Children and Youth with Special Health Care Needs.
- Three PCMH+ members who are disabled.
- Two members who have transitioned from CHNCT Intensive Care Management Program.
- Five PCMH+ members who have not received a care coordination contact since January 1, 2017.
- Two members who have refused care coordination supports. If there were zero members who have refused care coordination, the PE was asked to provide two additional files for members who have been linked to community resources to address social determinants of health.
- Three members who were linked to community resources to address social determinants of health.

To accommodate multiple reviewers, the Mercer and DSS teams requested that member clinical records be printed for onsite review. If printed clinical records were not an option due to challenges with the electronic health record, NEMG was asked to provide files electronically during the onsite session.

We asked that files include:

- Member demographics.
- All member assessments, screenings and clinical referrals.
- Member diagnosis, problem lists and medications.
- Care coordination notes, contacts, referrals or other supports provided.
- All clinical and care coordination notes and contacts from January 1, 2017–June 30, 2017.
- Member plan of care.
- Member's IEP (if applicable).
- Member's Wellness Recovery Action Plan or other recovery planning documents (if applicable).
- Member's advance care directives (if applicable).
- Other notes and documentation that support clinical and social support of member from January 1, 2017–June 30, 2017.
- Other documentation that is related to the PCMH+ program or care coordination supports.

Reviewers included two Mercer representatives who reviewed a total of 20 member files.

## **B. Member File Review Findings**

The files were not available in the printed form and reviewed electronically with the ECCs. There was limited evidence in the files reviewed to determine if members were in the PCMH+ program. Several files selected by NEMG contained information and contact before the program review period and were not relevant to this review.

- Cultural preferences and needs were clearly documented in the member record. Elements include preferred language, and religious or spiritual beliefs that may impact treatment.
- NEMG reviews hospital discharge lists and calls members to address needs for durable medical equipment, meals, transportations, follow-up appointments, etc.
- NEMG collects a comprehensive set of social determinants of health factors which are documented in an electronic record that is separate from the primary electronic health record, Epic<sup>®</sup>. Elements include: living arrangements, support systems, type of residence, financial problems, transportation issues and means, nutrition adequacy.
- NEMG does not currently have a flag in the medical record to easily identify PCMH+ members or members with disabilities, transition age youth or Children and Youth with Special Health Care Needs.
- The NEMG pharmacist provides diabetes education and screens identified at-risk members for depression.
- There was evidence of staff using Connecticut 2-1-1 for community referrals, coordination with aging and disability centers, and connecting members with the Connecticut partners for health and BH services.
- NEMG maintains a separate electronic medical records system that the Navigators (staff supporting the clinical teams and not Enhanced Care Coordinators) use for screening and documenting social determinants of health. As the Navigators complete social determinant screens in this separate medical record system, ECCs do not always know which members have been screened for social determinants of health and the ECCs did not have access the system at the time of this review.
- There was evidence of standardized assessments and plans of care for members.



## MEMBER INTERVIEWS

### A. Member Interview Process

Healthy, satisfied members are key to the success of the PCMH+ program. The compliance review therefore obtained input from current PCMH+ members and/or their families/designated representatives, focusing on the member's experience with the PCMH+ program; in particular, their experience with PCMH+ care coordination, and their satisfaction with identification of unmet service, social or resource needs.

The PE invited members (and/or their representative) who were assigned specifically to the PE's PCMH+ program to voluntarily participate in an interview designed to solicit their experience with PCMH+ and their ECC if they had received PCMH+ care coordination. Mercer requested that priority be given to members who participate on the PCMH+ oversight committee or to members with at least one PCMH+ care coordination contact. Face-to-face interviews with members were preferred with the understanding that the interview team would accommodate members' schedules during the onsite review and conduct phone interviews if necessary.

### B. Member Interview Findings

NEMG arranged two interviews with PCMH+ assigned members, one in person and one by phone.

- Both members were receiving PCMH+ enhanced care coordination.
- The members had the same ECC and both were able to easily connect by phone with the ECC when needed. Both talk with their ECC weekly or more often.
- Neither member participates on the PCMH+ Advisory Committee but both appeared interested in finding out more about the meetings. One of the members expressed interest in sharing her experiences regarding obtaining assistance with her non-medical needs to help others in the same situation. The member indicated that assistance with transportation to the meetings would make attendance more likely.
- Neither member had issues accessing medical care. Both were able to make and attend appointments as needed. One member mentioned the emotional toll the death of her son had and she is working with her ECC to access BH assistance.
- Neither member was familiar with the process to file a complaint. However, both stated they had no complaints with their ECCs, their providers or in accessing medical care.
- The members noted that their ECC helped them with housing, food assistance, and transportation issues. The ECC supported the members in obtaining medical appointments when necessary, signing up for SSI, and with employment support, including taking a member to the library to look online for a job.



# APPENDIX A

## NORTHEAST MEDICAL GROUP RECOMMENDATIONS FOR IMPROVEMENT PLAN

REVIEW AREA	OPPORTUNITY	RECOMMENDATION
Program Operations	NEMG, in partnership with YIMA, includes 43 practices which have achieved the National Committee of Quality Assurance Level 3 Patient-Centered Medical Home certification. YMG, YIMA's private practice focusing on adult primary care, is still in the process of obtaining National Committee of Quality Assurance certification.	Provide National Committee of Quality Assurance certification status update for YIMA's private practice.
	NEMG's quality program description does not include the PCMH+ program or how the program will be evaluated.	Ensure quality program includes the PCMH+ program and the planned evaluation process.
	Enhanced care coordination member penetration rates are low for the 6,964 assigned PCMH+ membership. NEMG reports the following monthly care coordination contacts: April 2017: 26 contacts; May 2017: 34 contacts; June 2017: 38 contacts; July 2017: 17 contacts.	Evaluate current PCMH+ enhanced care coordination member penetration rate and develop a process to increase the number of PCMH+ members engaged in care coordination activities.
Underservice	While there was no evidence of underservice noted during the review, DSS recommends that all PCMH+ PEs develop an underservice methodology to monitor, prevent, and address under-utilization of clinically appropriate services that may be shared with DSS as requested.	Develop an underservice methodology to monitor, prevent, and address under-utilization of clinically appropriate services that may be shared with DSS as requested.
Physical Health-Behavioral Health Integration	NEMG is standardizing the process to assess if members have psychiatric advance directives.	Formalize processes to identify if a member has a psychiatric advance directive and methods to document or store the psychiatric advance directive in the member record.
	NEMG is in process of developing procedures to collect Wellness Recovery Action Plans from members.	Formalize procedures to collect and store Wellness Recovery Action Plans in member files.

REVIEW AREA	OPPORTUNITY	RECOMMENDATION
Physical Health-Behavioral Health Integration	NEMG is in process of standardizing the process to identify transition age youth. NEMG envisions the lower age band for transition age youth to be 12 years of age.	Formalize procedures to identify and flag transition age youth in the electronic health record.
Children and Youth with Special Health Care Needs	NEMG is developing their definition of Children and Youth with Special Health Care Needs.	Develop a process to identify and flag Children and Youth with Special Health Care Needs in the electronic health record as possible recipients for care coordination.
	NEMG is developing the process to obtain IEPs and 504 plans from families and methods to facilitate communication and coordination with the schools.	Develop a process to collect school information, including IEPs and 504 plans where applicable for incorporation into the member's plan of care.
Competencies in Care for Individuals with Disabilities	NEMG is determining which trainings to provide to staff to increase competencies in care of members with disabilities.	Consider implementing at least one to two trainings per year to increase competencies in care for members with disabilities. Trainings may be provided by external entities with expertise in the care of individuals with disabilities.
Member File Reviews	NEMG does not currently have a flag in the medical record to easily identify PCMH+ members or members with disabilities, transition age youth or Children and Youth with Special Health Care Needs.	Consider enhancing the member record to identify members with disabilities, members who are transition age youth, members who are Children and Youth with Special Health Care Needs and members who take part in the PCMH+ program.
	Navigators complete social determinant screens in a separate medical record system; ECCs do not always know which members have been screened for social determinants of health and the ECCs did not have access the system at the time of this review.	Consider integrating the social determinants of health platform into the electronic health record for all member needs and interventions to be centrally documented with access to all providers and ECCs.

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