uncommon vision  
uncommon compassion  
uncommon care®

What We Do uncommon care®

A focus on complex care for high-need individuals

CCAs model care is at the core of our mission. It grows out of a culture that values meaningful care partnerships, ensuring that every individual is treated as a whole person, and respecting each person’s dignity, autonomy, voice and choices. And it is based on our deep understanding of what puts people at risk, together with our unmatched ability to find and engage hard-to-reach individuals.

Community focus to ensure the most appropriate site of care

- Address unmet social determinants of health (SDOH), behavioral health and medical needs
- Integrate environmental and community supports
- Coordinate long-term services and supports
- Provide acute care through community paramedicine program
- Engage Crisis Stabilization Units
- Seamless integration of care coordination, care delivery and care partnership
  - Eliminate gaps in care by coordinating SDOH, transportation, Rx management and more
  - Deliver comprehensive medical and behavioral health care
  - Partner with members, providers and others across the continuum
  - Leverage embedded relationships with external providers
  - Provide interdisciplinary team-based care and communication
- Innovation to address members’ unmet needs
  - Advance predictive analytics for data-powered decision-making
  - Augment direct care with virtual care, telehealth, videoconferencing and remote patient monitoring
  - Foster a culture of continuous improvement

Social Determinants of Health Strategy

While CCA clinical and non-clinical functional areas are very active in addressing social risk factors, CCA does not have a clearly articulated comprehensive strategy or roadmap to serve as the basis for setting priorities and allocating resources across the many different priorities we have to impact social-risk factors and unmet social needs. Given the growing evidence of the value of such efforts in terms of improved health and financial outcomes and decreased disparities in health outcomes and quality of care, now is a good time for the development of an enterprise-wide strategy to guide our efforts.

Goal: Develop a proposed CCA enterprise-wide strategy to address social risk factors and unmet social needs among our members.

CCA One Care

An integrated approach for those who need it most

A Massachusetts demonstration Medicare-Medicaid Plan (MMP) for individuals between 21 and 64 who are eligible to Medicare and MassHealth Standard or Commonwealth Senior Care Options (SCO) 2019 membership: 20,517

For a health care system, CCA One Care program was recognized as a Regional Medicare Plan of the Year.

Growth and Achievements

Since 2016, CommonwealthCare Alliance One Care was the fastest-growing plan of its kind in Massachusetts, based on net enrollment volume. CCA was also a leader nationally, with the second-highest net enrollment growth among all MMPs, ranking in the second-small MMP demonstration plan category in the country.3 In Massachusetts, CCA expanded our leadership in the win-through an agreement with Valley Medical Group in Northampton and Pittsfield Counties. Once again, in 2019 CommonwealthCare Alliance One Care was the fastest-growing plan of its kind in Massachusetts, based on net enrollment volume. CCA was also a leader nationally, with the second-highest net enrollment growth among all MMPs, ranking in the second-small MMP demonstration plan category in the country.3

Clinical Results

CCA uncommon care® model has demonstrated success in building care partnerships that will lead to each member and improving care for people with significant needs, while at the same time reducing the long-term costs of care by reducing avoidable hospital readmissions and hospital care.

Social Determinants of Health Approach

CCA One Care Options

Helping seniors with chronic health needs live safely at home

A Medicaid Special Needs Plan for people who are 65 and older and eligible to MassHealth Standard

2019 membership: 11,390*

Who are our members?

- 75.6% have a physical and/or mental health condition
- 68.8% have a substance-use disorder
- 31.9% have a disability and/or chronic condition
- 9.3% have a more physical disability (such as blindness, deafness, or mobility issue)
- 7.6% have a more mental disability (such as autism, schizophrenia, or severe intellectual disability)

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Workgroup Activities: CCA will convene a cross-functional workgroup to perform the following activities:

1. Assess the risk factors and unmet social needs of the populations served by CCA and specifically among CCA members. Review and analyze CCA data to identify disparities in healthcare and allocate resources across the many different opportunities we have to impact social-risk factors and unmet social needs. Given the growing evidence of the value of such efforts in terms of improved health and financial outcomes and decreased disparities in health outcomes and quality of care, now is a good time for the development of an enterprise-wide strategy to guide our efforts.
2. Develop a new CCA enterprise-wide strategy to address social risk factors and unmet social needs among our members.

Findings from the workgroup will then be presented to a Steering Committee made up of CCA leadership to develop an over CCA strategy and program proposal to address social risk factors and unmet social needs among our members.

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