

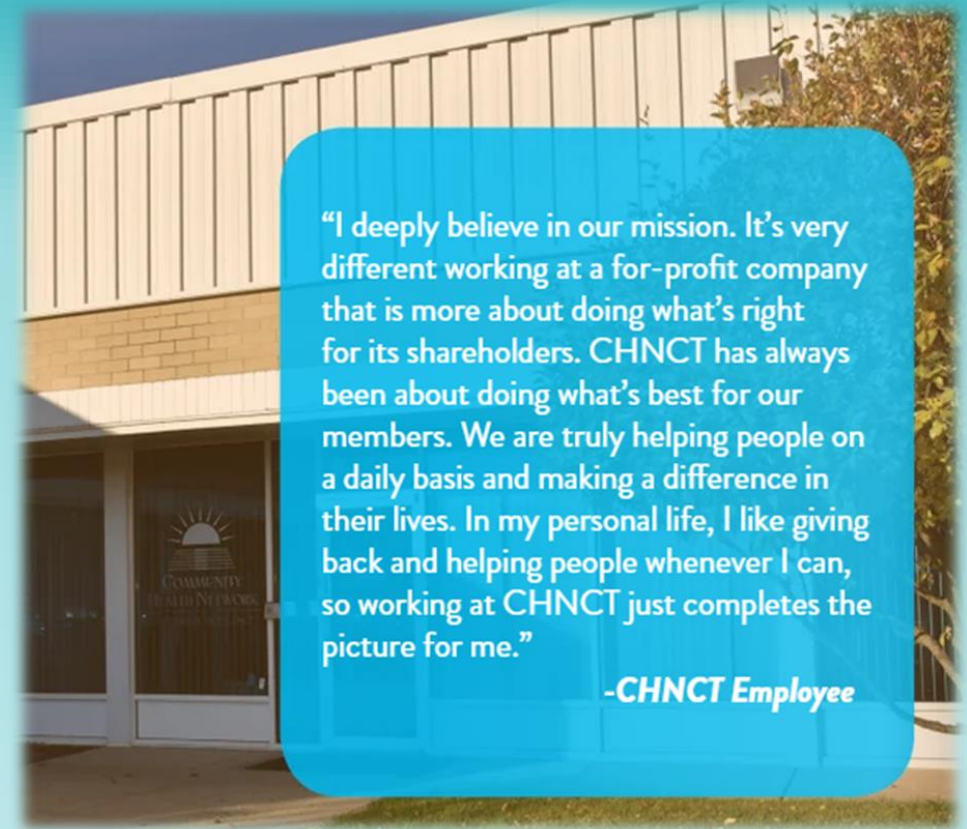
Presentation to the Medical Assistance Program Oversight Council (MAPOC)

January 2022



Who We Are

- Community Health Network of Connecticut, Inc.® (CHNCT) is a not-for-profit 501(c)(4) organization founded in 1995 by a group of Federally Qualified Health Centers (FQHCs). They had a vision to create a health plan that would bring managed care to underserved populations in the same way that FQHCs bring them medical services.
- CHNCT has partnered with the Connecticut Department of Social Services (DSS) first as a Managed Care Organization (MCO) in 1995, an Administrative Services Organization (ASO) for the SAGA Program in 2004, and MCO for the Charter Oak Health Plan in 2008.
- Since 2012, CHNCT has served as the medical ASO for the HUSKY Health program.
- CHNCT is a certified Quality Improvement Organization (QIO)-like entity, enabling DSS to obtain additional federal match for certain medical and quality review functions.



Case
Management
Expires 08/01/2022



Disease
Management
Expires 08/01/2022



Health Utilization
Management
Expires 11/01/2024

HITRUST
CSF Certified

Agenda

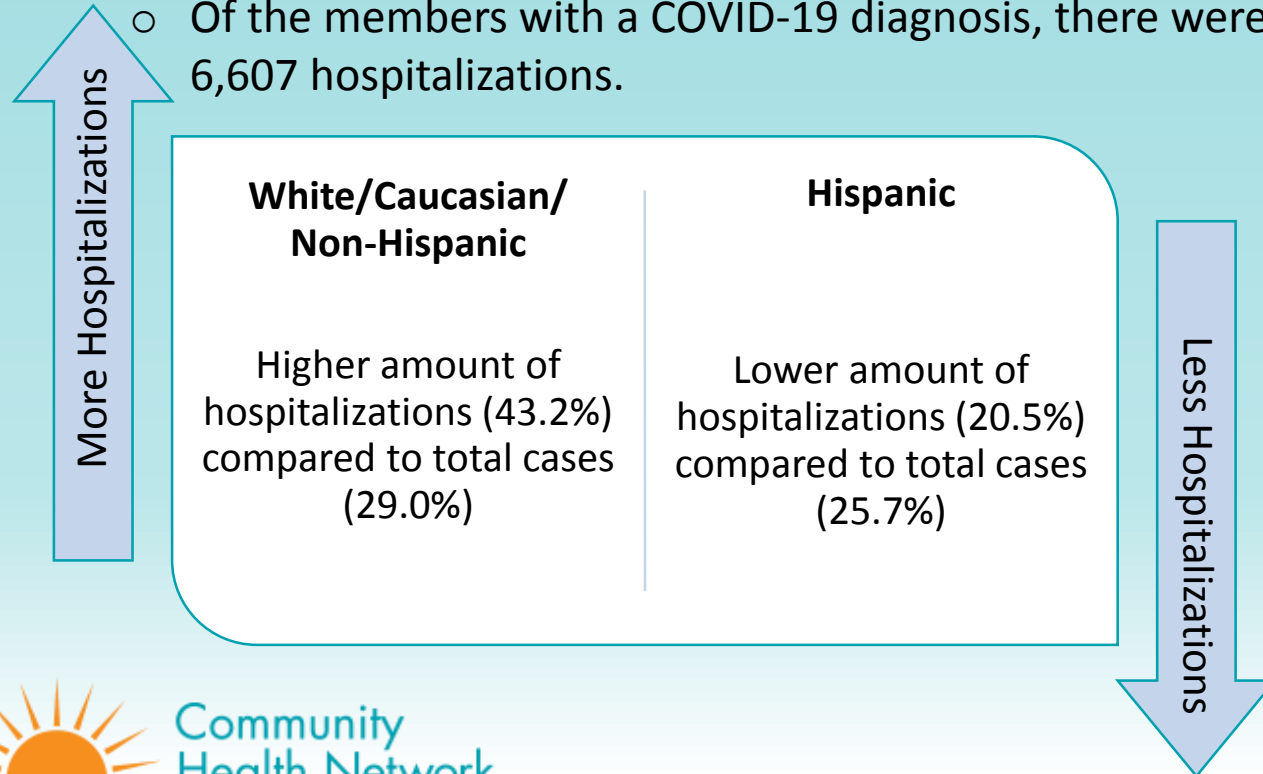
- COVID-19 Impact
- Telehealth
- Health Equity
- Social Determinants of Health
- Member Engagement
- Provider Engagement
- Opioid Harm Reduction
- Intensive Care Management
- Challenges & Opportunities
- One Member's Story

COVID-19 Impact

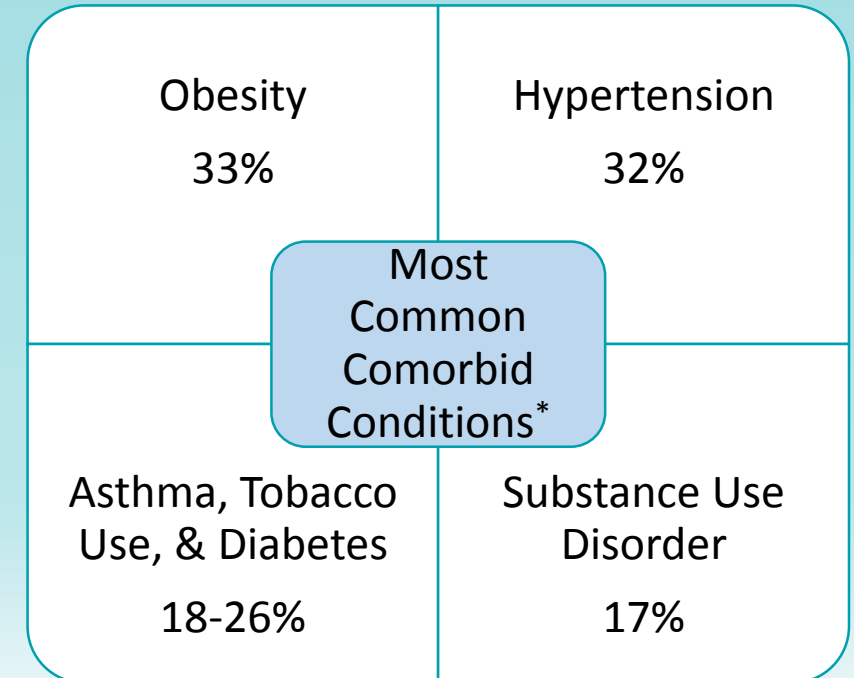
COVID-19 Impact on HUSKY Health Members

COVID-19 Monitoring

- CHNCT began monitoring the COVID-19 impact on HUSKY Health members in March 2020.
 - 80,577 HUSKY Health members were diagnosed with COVID-19 through September 2021.
 - Of the members with a COVID-19 diagnosis, there were 6,607 hospitalizations.



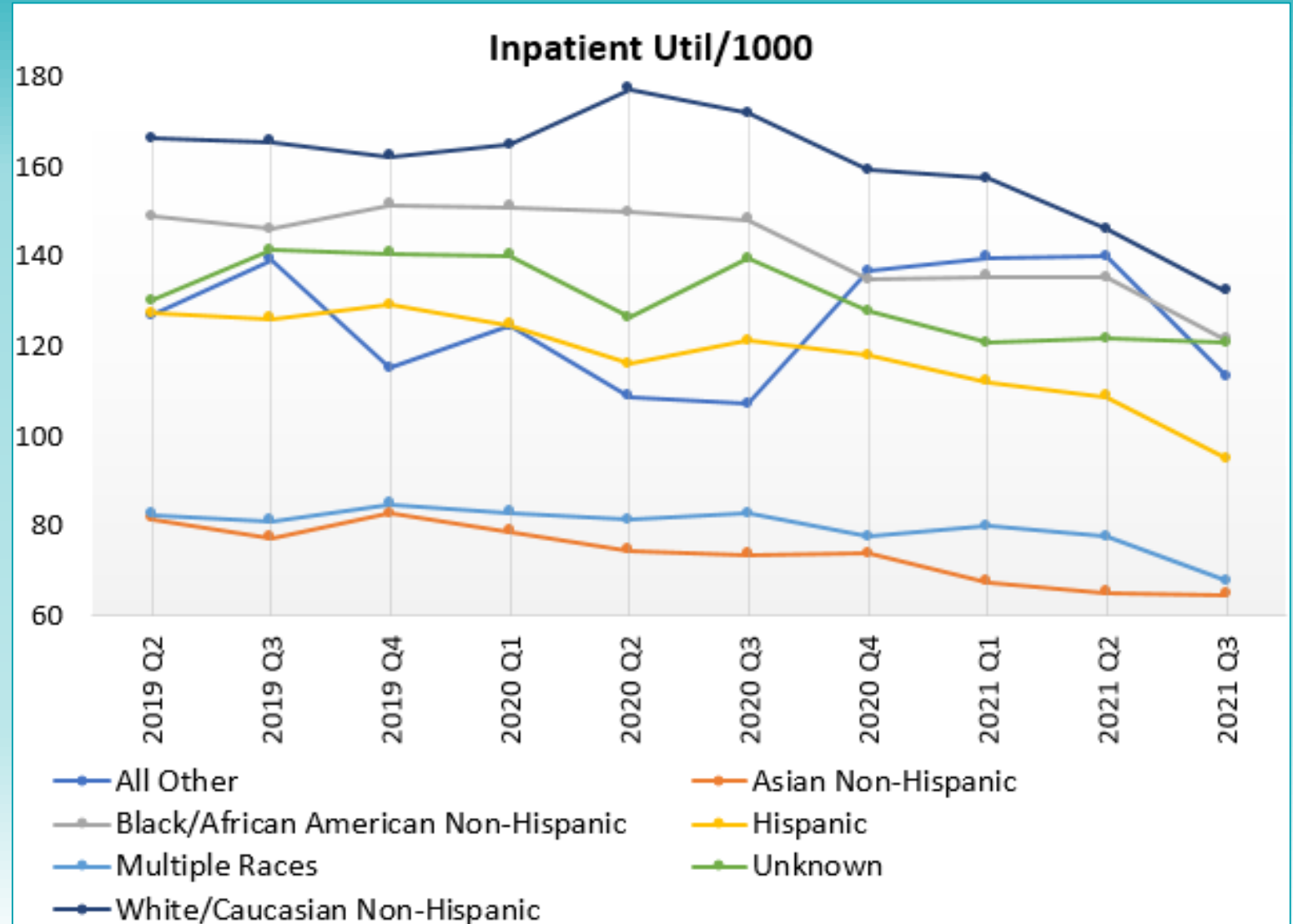
When looking at our members with COVID-19, the average age is 38, with a range from newborn to 110 years old.



**Most common comorbid conditions amongst members hospitalized with COVID-19.*

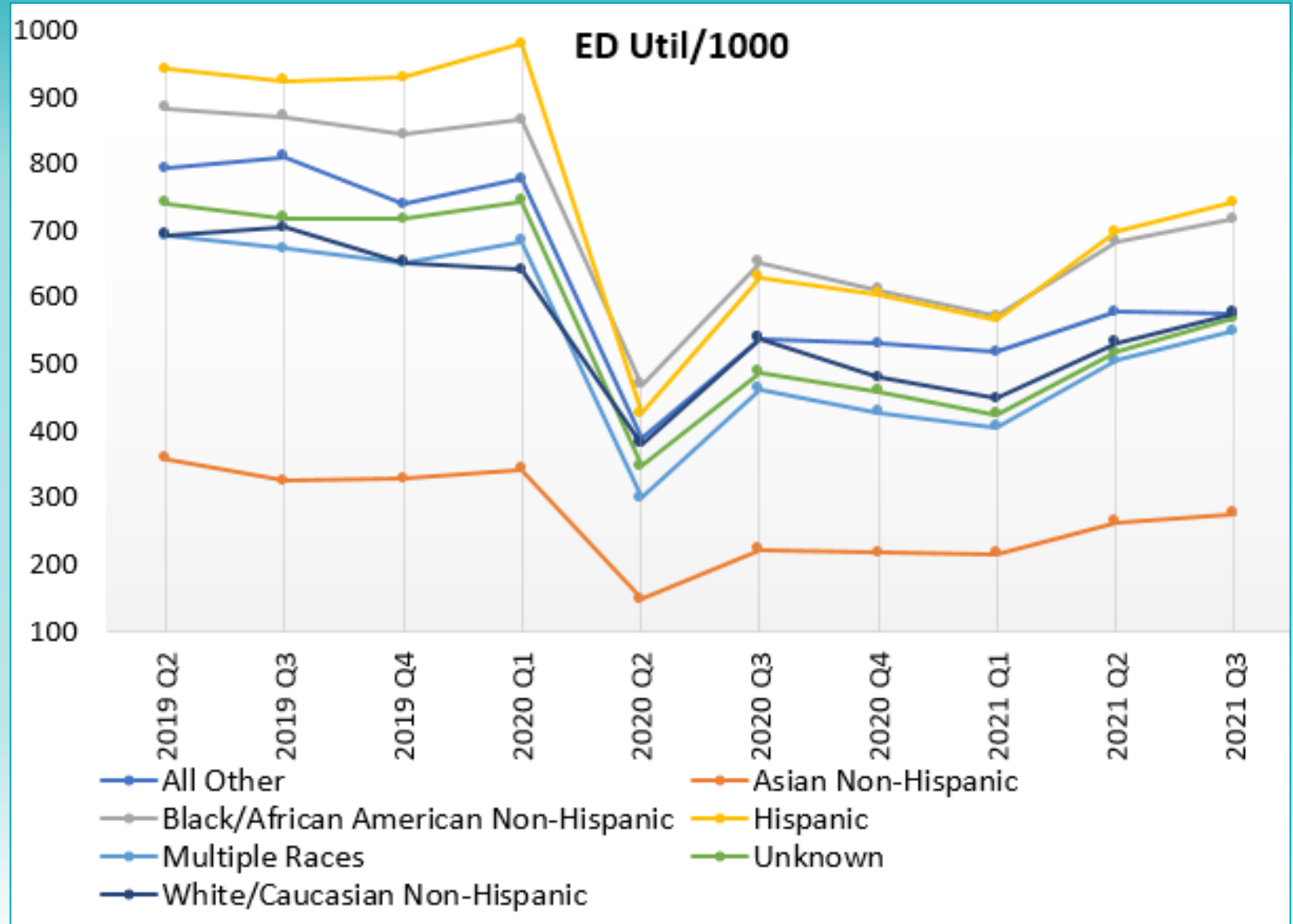
COVID-19 Inpatient Hospital Services

- When comparing the second quarter of 2020 to the same period in 2019, overall member utilization of hospital services **decreased by 5.3%** for inpatient admissions.
- When comparing the second quarter of 2021 to the same period in 2020, overall member utilization of hospital services **decreased by 0.3%** for inpatient admissions.



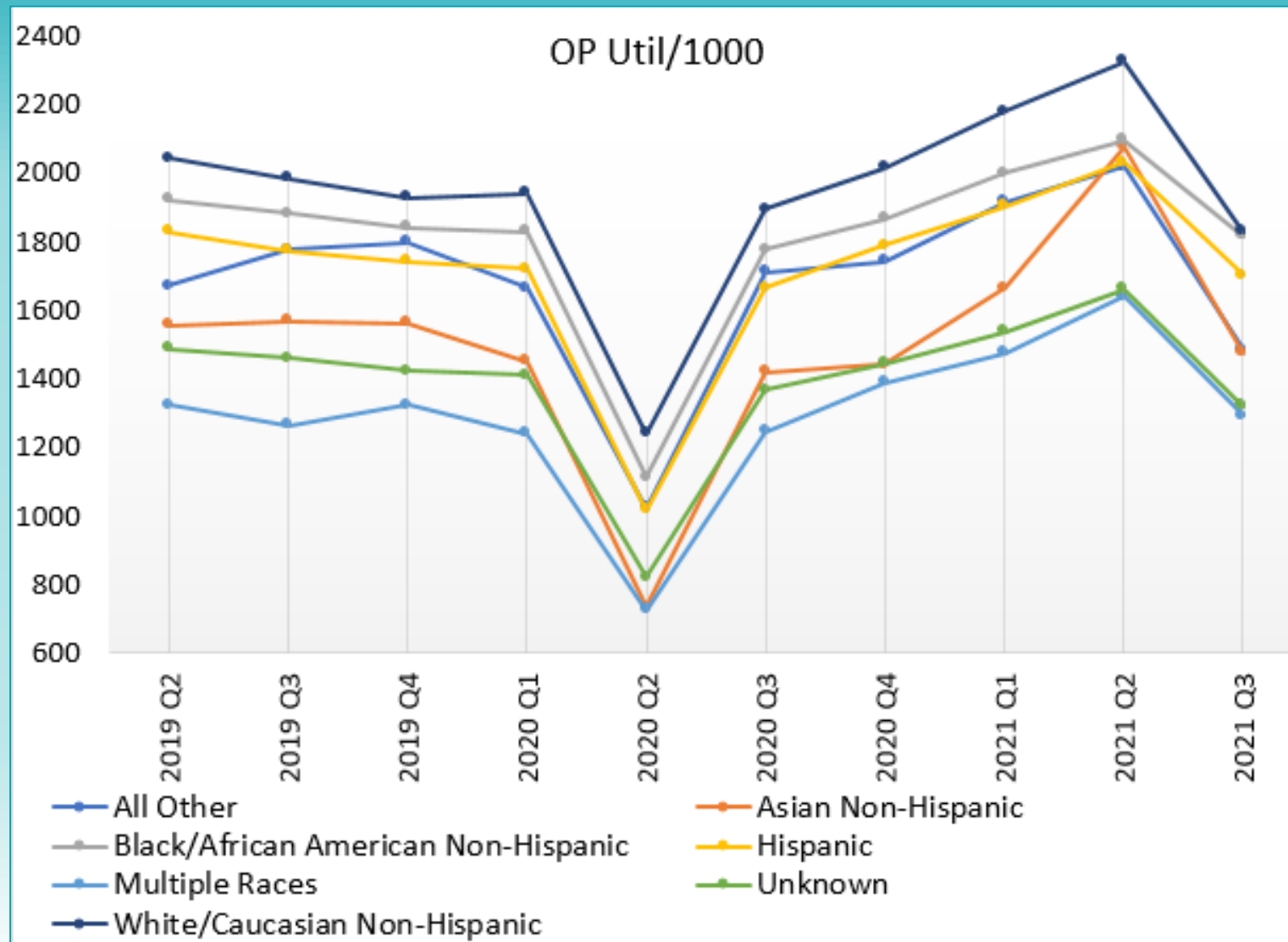
COVID-19 Emergency Hospital Services

- When comparing the second quarter of 2020 to the same period in 2019, overall member utilization of emergency hospital services **decreased 52.5%** for ED visits.
- When comparing the second quarter of 2021 to the same period in 2020, overall member utilization of emergency hospital services **increased 52.8%** for ED visits.



COVID-19 Outpatient Hospital Services

- When comparing the second quarter of 2020 to the same period in 2019, overall member utilization of outpatient hospital services **decreased 45.6%**.
- When comparing the second quarter of 2021 to the same period in 2020, overall member utilization of outpatient hospital services **increased 113.1%**.



COVID-19 Complications & New Conditions

Some HUSKY Health members experienced significant COVID-19 related complications that were newly diagnosed at discharge.

Acute or Chronic
Renal Failure
987 (23.9%)

Coronary Artery Disease
554 (12.8%)

Chronic Respiratory Failure
427 (10.1%)

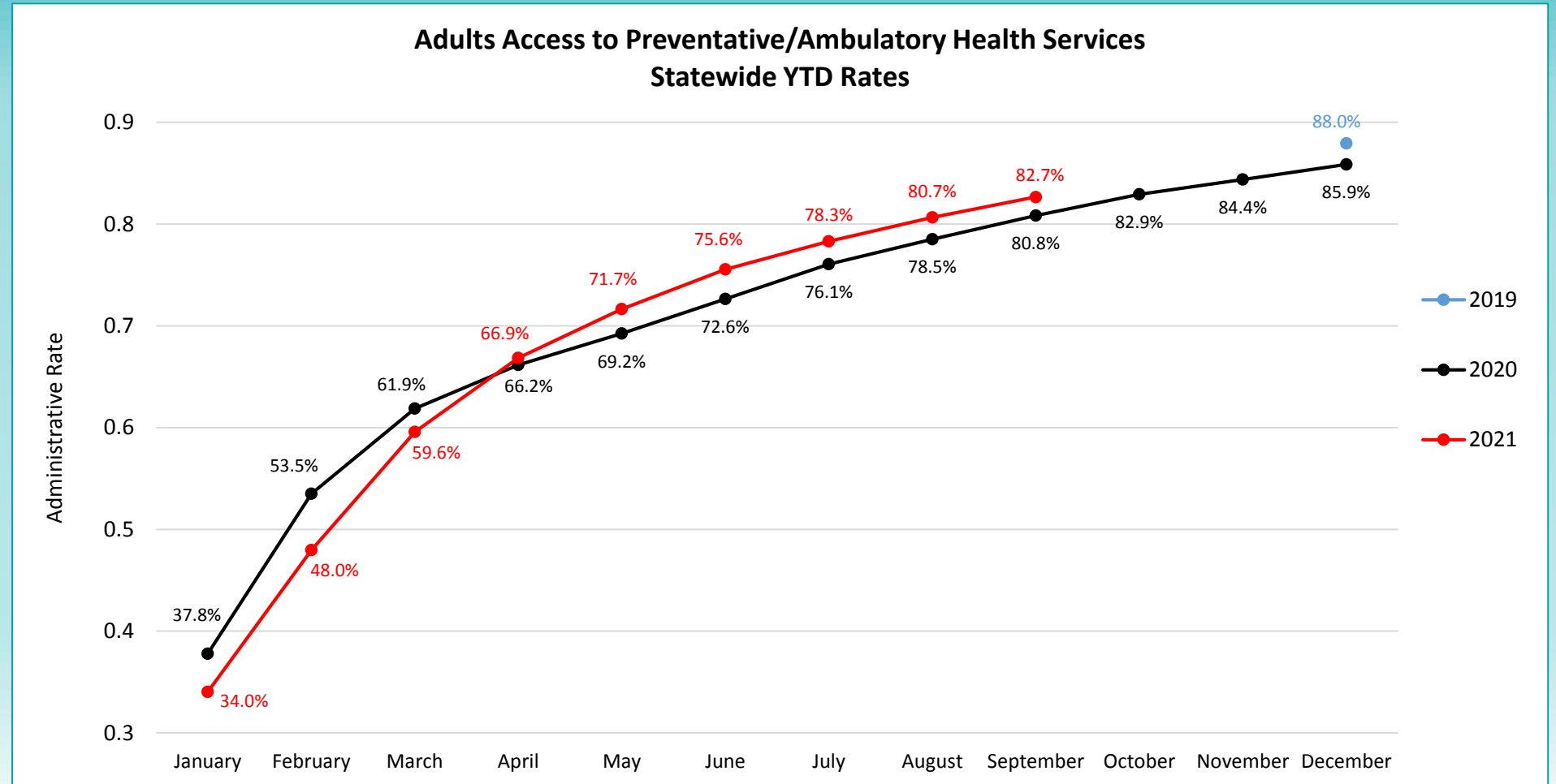
Cerebrovascular Accident
(CVA)
184 (3.2%)

Members on Dialysis
74 (1.9%)

Members Needing
Amputation
25 (0.4%)

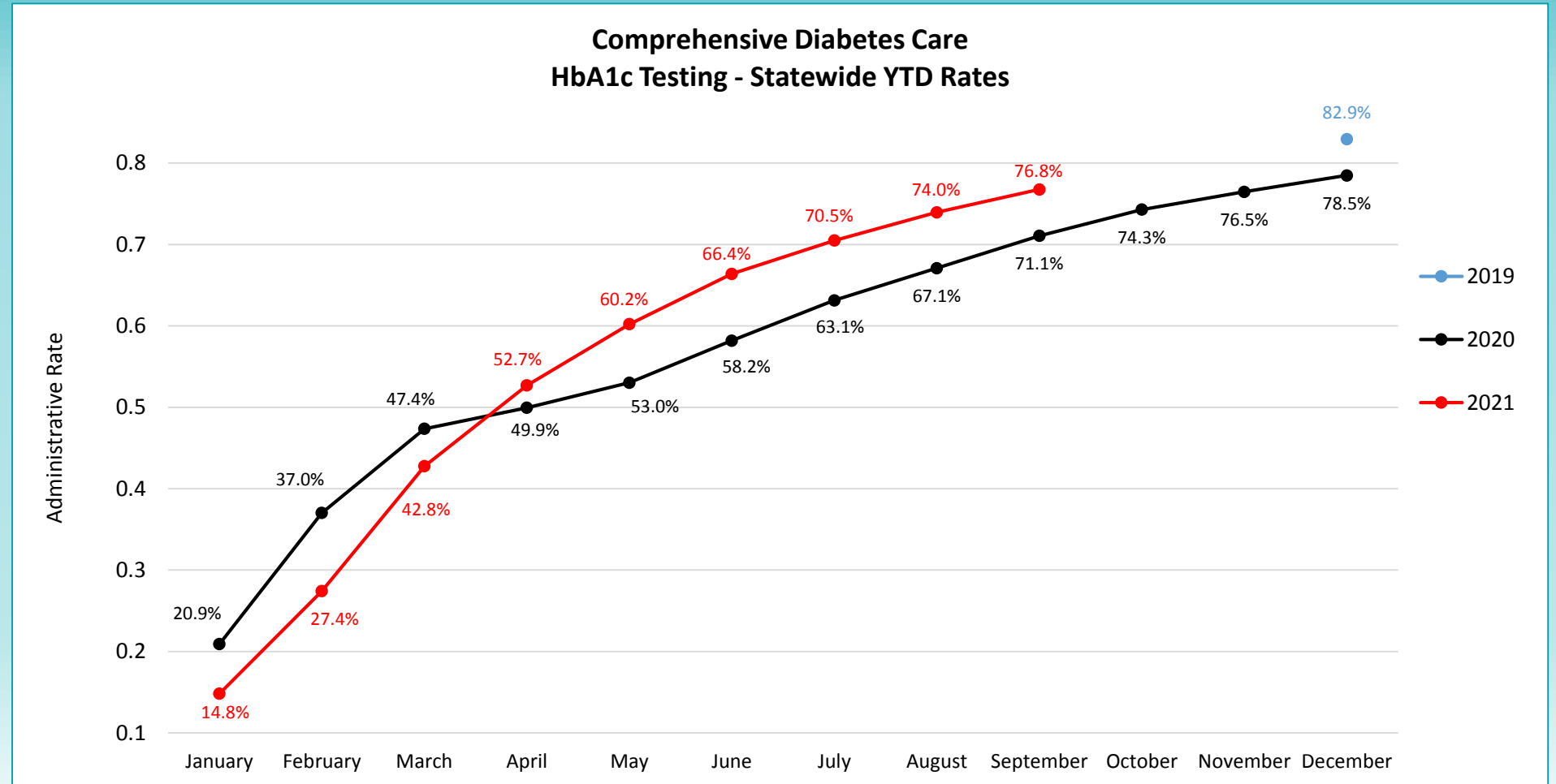
COVID-19 Impact on Preventive Services

- Adult preventive services utilization slowed dramatically after the first quarter of 2020, but in 2021 the preventive services increased again, surpassing 2020's numbers.



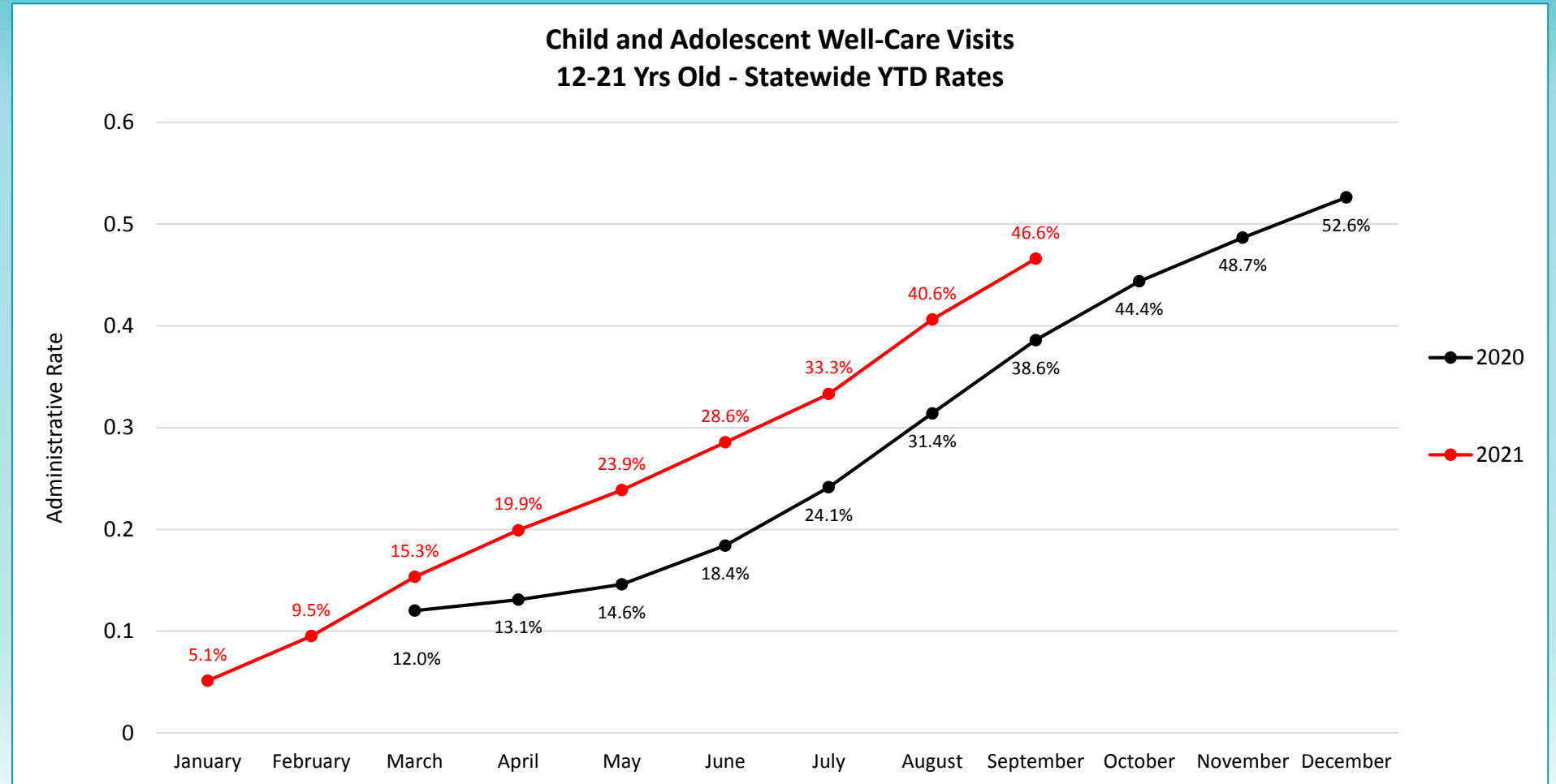
COVID-19 Impact on Preventive Services

- Hemoglobin A1c testing rates slowed dramatically after the first quarter of 2020, but have rebounded in 2021.



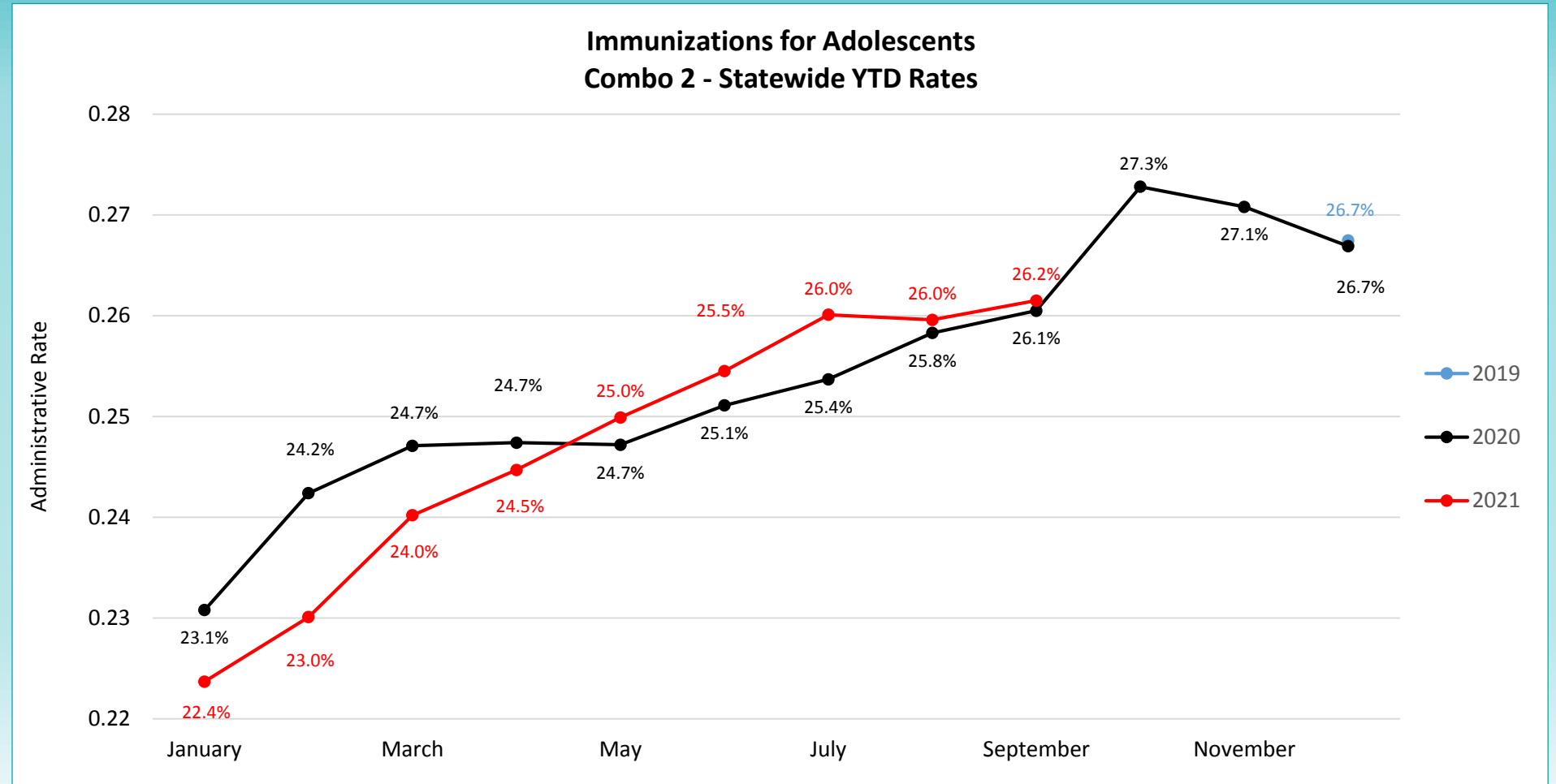
COVID-19 Impact on Preventive Services

- Child and adolescent well-care visits (12-21 years old) slowed during the second quarter, but started to improve by the third quarter; they have returned to pre-pandemic levels in 2021.



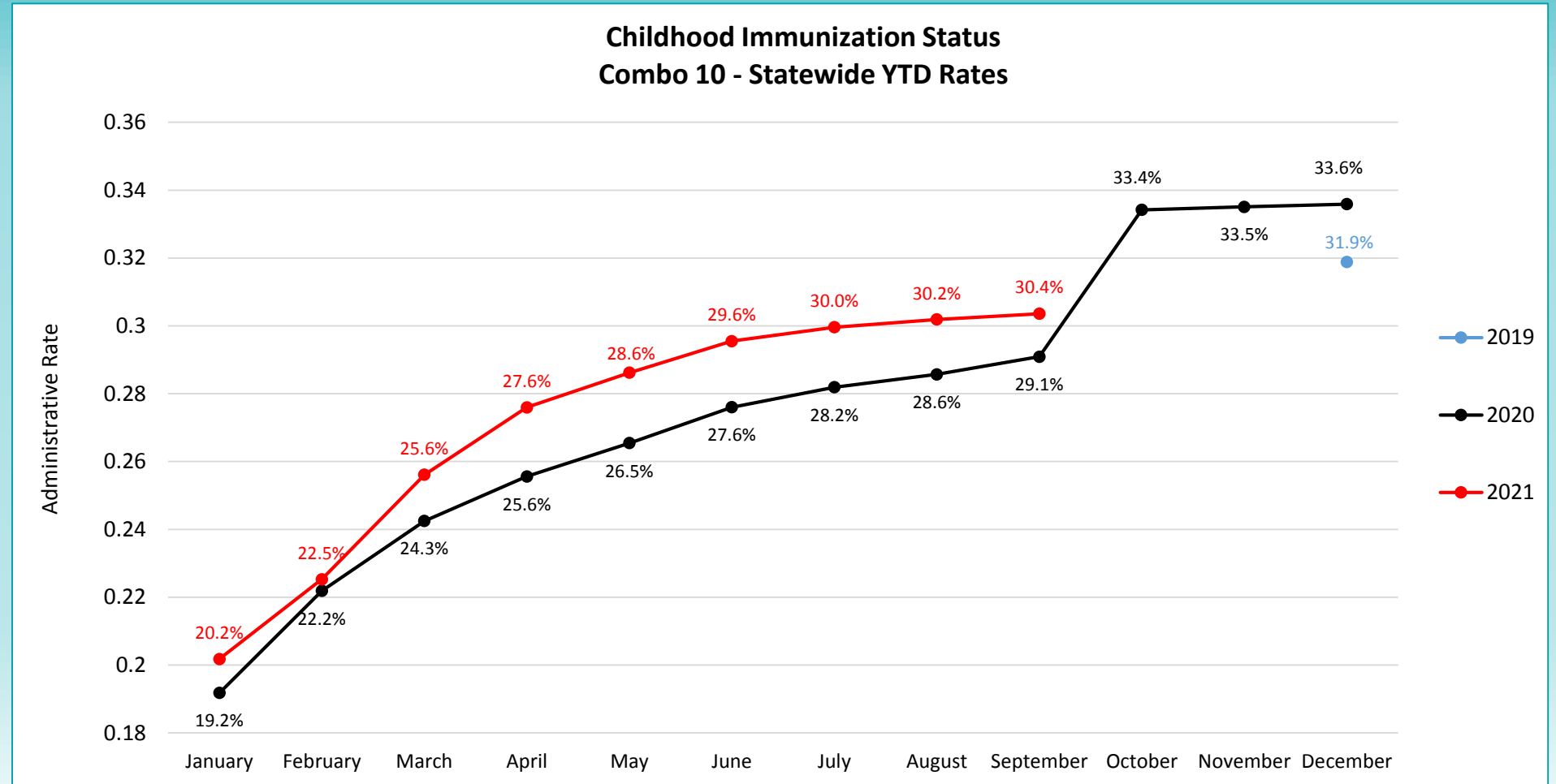
COVID-19 Impact on Preventive Services

- Immunizations for adolescents saw a decrease as the pandemic spread in 2020, although began to rebound by the end of the year. 2021 utilization increased fairly consistently.



COVID-19 Impact on Preventive Services

- Childhood immunizations saw a decrease as the pandemic spread in 2020, although began to rebound by the end of the year. 2021 utilization increased consistently.



COVID-19 Outreach Initiatives

CHNCT Conducted Two Member Outreach Campaigns

Risk Mitigation Outreach

- April – November 2020
- 21,097 HUSKY Health members
- Focus on targeting members at greatest risk of severe COVID-19 illness and poor outcomes

Vaccination Outreach

- February – June 2021
- 23,109 HUSKY Health members
- Focus on members with the highest incidence of COVID-19 hospitalizations and death and residence in a ZIP code with a high Social Vulnerability Index (SVI) score

Ongoing Evidence-based COVID-19 Interventions

Coaching

- Risks and risk mitigation strategies.
- The importance of preventive and chronic condition care.
- Signs and symptoms of COVID-19.
- Where and how to get tested.
- When to seek care.

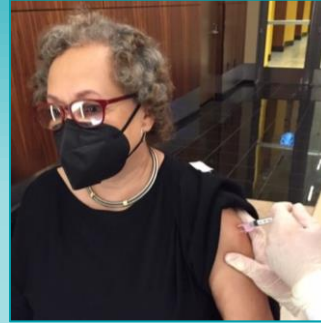
Vaccination Promotion Efforts

- Vaccine coaching and facilitation (i.e., address vaccine hesitancy and dispel myths).
- Monitor guideline updates and disseminate factual information, as new guidance is published.

COVID-19 Outreach Outcomes



Testing:* Members successfully contacted had a higher rate of testing when compared to members not successfully contacted, based on claims data (38.0% vs. 26.2% respectively). This difference is statistically significant.



COVID-19 Vaccinations:** Members successfully contacted had a higher rate of COVID-19 vaccination when compared to members not successfully contacted, based on vaccine administration claims (27.3% vs. 19.3%); a statistically significant difference. The greatest increase in vaccination rates for successfully outreached members was seen in the 25-34 and 35-44 year old cohorts.

Note: Higher rates of COVID-19 testing and vaccinations were seen in members contacted across all race/ethnicity categories, except for the Asian Non-Hispanic cohort.



COVID-19 Diagnoses: Members successfully contacted had a lower rate of COVID-19 diagnosis compared to the entire HUSKY Health population (7.0% vs. 8.5%).

COVID-19 Outreach Outcomes



COVID-19 Hospitalizations: Members successfully reached had a higher rate of hospitalization compared to the entire HUSKY Health population (1.2% vs. 0.7%). This outcome may be due to the fact that CHNCT's outreach targeted high-risk members of the population, for whom hospitalization would be a more likely occurrence.

Note: Higher rates of hospitalization were seen in members contacted across all race/ethnicity categories, except in the White/Caucasian/Non-Hispanic cohort, in which the hospitalization rate was lower in those we contacted; however, the difference was not statistically significant.



Preventive Care: Members successfully contacted had a higher rate of preventive care claims, compared to members who could not be reached. This is a statistically significant difference. This outcome was observed across all race/ethnicity categories, except for the Asian Non-Hispanic cohort (representing only 600 of 33,105 members). Black/African American/Non-Hispanic members had the statistically significant highest rate of preventive care claims after a successful contact.

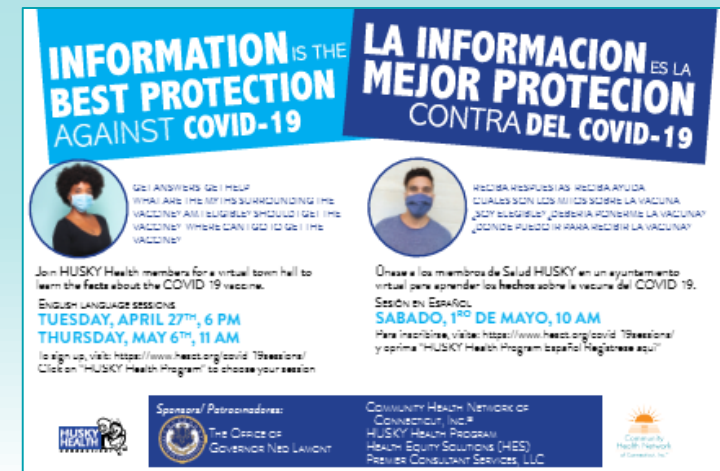
COVID-19 Education

Member Education

- Worked with the Connecticut Department of Public Health and community partners to create communications to provide members with important information on COVID-19 and community testing sites.
- Promoted high-risk community testing sites at health centers.
- Informed members through social media and a HUSKY Health member web page of the pop-up COVID-19 testing program administered by 16 FQHCs, with direct links to their web pages identifying testing locations/times.
- Once the COVID-19 vaccines were available to the public, CHNCT shared vaccination information via the same avenues as used for the testing sites, and also created the “Get the Facts. Get the Vax.” social media campaign highlighting everyday reasons one might consider the vaccine and sharing a link to the CDC’s *Myths and Facts about COVID-19* web page.*

Health Equity Town Hall

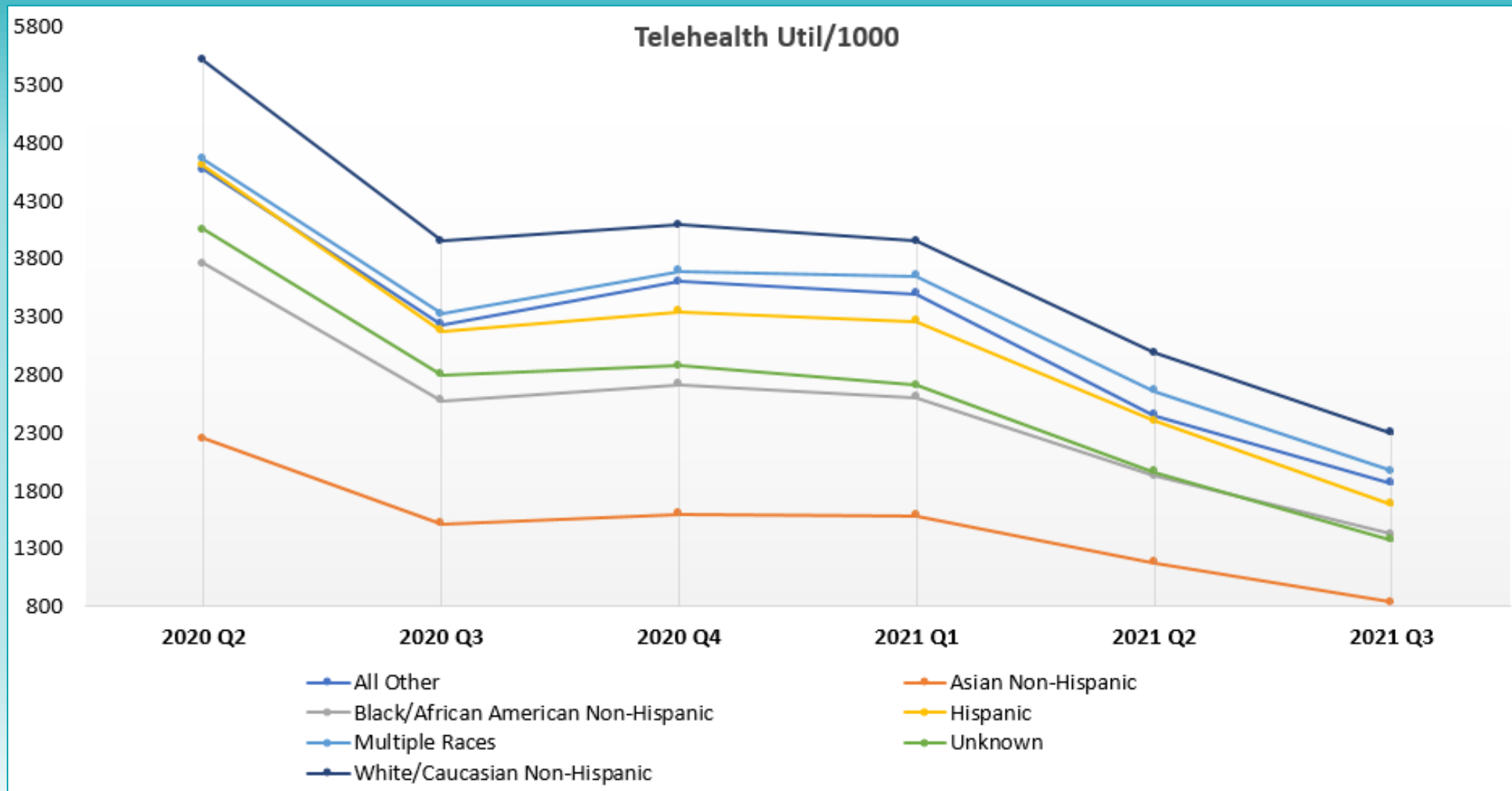
- CHNCT partnered with Health Equity Solutions (HES) to offer a series of virtual town halls to provide the facts and dispel the myths around the COVID-19 vaccine.
- This town hall targeted Black/African American and Hispanic HUSKY Health members, ages 18 and up, who resided in one of the 50 ZIP codes identified by the Department of Public Health with high SVI scores as target areas for COVID-19 vaccine efforts.
- Sessions were held in both English and Spanish, with nearly 230 attendees.



Telehealth

Telehealth Usage by Race/Ethnicity

475,744
HUSKY Health
members had
4,283,668
telehealth visits
between
March 2020
and
September 2021.



Member Experience with Telehealth

- CHNCT surveyed HUSKY Health members to learn about their experiences with telehealth services.
- A total of 800 members were surveyed in 2021; 801 members were surveyed in 2020.
 - 400 responses were from members who utilized medical telehealth services.
 - 400 responses were from members who utilized behavioral health telehealth services.

Device Used: Smartphone, Personal Computer/Laptop, and/or Tablet*

- Smartphones continued to be reported as the most used device for telehealth visits.

Telehealth Service Used: Telephone/Audio Only & Video with Audio/Telephone*

- Nearly two-thirds of members reported using “video with audio/telephone” for their appointment.

What Members Liked:

- More than seven out of ten surveyed liked not having to travel to the office; nearly one-half reported liking having “less time waiting for the appointment to start” and roughly one third of the members reported it “took less time to get an appointment.”

What Members Didn't Like:

- Two-fifths reported there was “nothing” that they did not like about telehealth.
- One-fifth indicated they “found it too hard to talk to the doctor/felt less personal,” which increased over 2020.
- Others indicated “it was hard to use and had problems connecting to telehealth,” “didn't have a private space to have their appointment,” or telehealth “used too many minutes on their phone.”

Provider Experience with Telehealth

- A provider experience survey regarding telehealth was conducted in both 2020 and 2021.
- A total of 1600 providers were surveyed in 2021, compared to 1800 in 2020.
- There were a total of 203 provider responses in 2021 compared to 238 in 2020.

Survey Questions		2020 %	2021 %
What type of telehealth method(s) do you use?	Audio only	27.1%	21.4% ↓
	Video with audio	69.6%	71.0% ↑
	I don't offer telehealth at this time.	3.3%	7.5% ↑
Did you find telehealth to be an adequate replacement for an in-person visit?	Yes	73.9%	73.1% ↓
	No	26.1%	26.9% ↑
Did you experience any technical difficulties when visiting with your HUSKY Health patient via telehealth?	Yes	34.3%	32.2% ↓
	No	65.7%	67.8% ↑
When offering appointments to HUSKY Health members via telehealth, did you notice a reduction in missed appointments?	Yes	43.0%	43.3% ↑
	No – Same amount of missed appointments	33.3%	32.7% ↓
	No – I did not notice if there was a reduction	23.7%	24.0% ↑
Will you continue to use telehealth after the COVID-19 crisis?	Yes	83.6%	90.6% ↑
	No	16.4%	9.4% ↓

Health Equity

Health Equity

CHNCT is committed to building healthier communities for our members in which race, ethnicity, and economic status do not impact health outcomes.

To achieve this, CHNCT:

- Undertook a number of staff trainings in Equity, Diversity, and Inclusion.
- Created a Health Equity, Diversity, and Inclusion Team.
- Offered a Project ECHO® session for providers regarding racism and its impact on the mental health of black, indigenous, and other people of color. Continuing Education Units (CEUs) were offered to attendees.
- Reviews all health outcome measure results and develops data analytics by race/ethnicity, geography, and socioeconomic factors to identify disparities.
- Offers tools and resources, such as CultureVision™, to providers and staff to ensure our efforts towards improving equitable care for HUSKY Health members are successful.

Health Equity, Diversity, and Inclusion Team

- Led by our CEO, this is a diverse team including staff of all levels, race/ethnicities, and LGBTQ+ representation.
- This team plays a role in reviewing the design of new interventions, as well as modifying existing programs to address identified health disparities.
- Made modifications to CHNCT's Mission and Values statement and corporate policies.

Health Equity

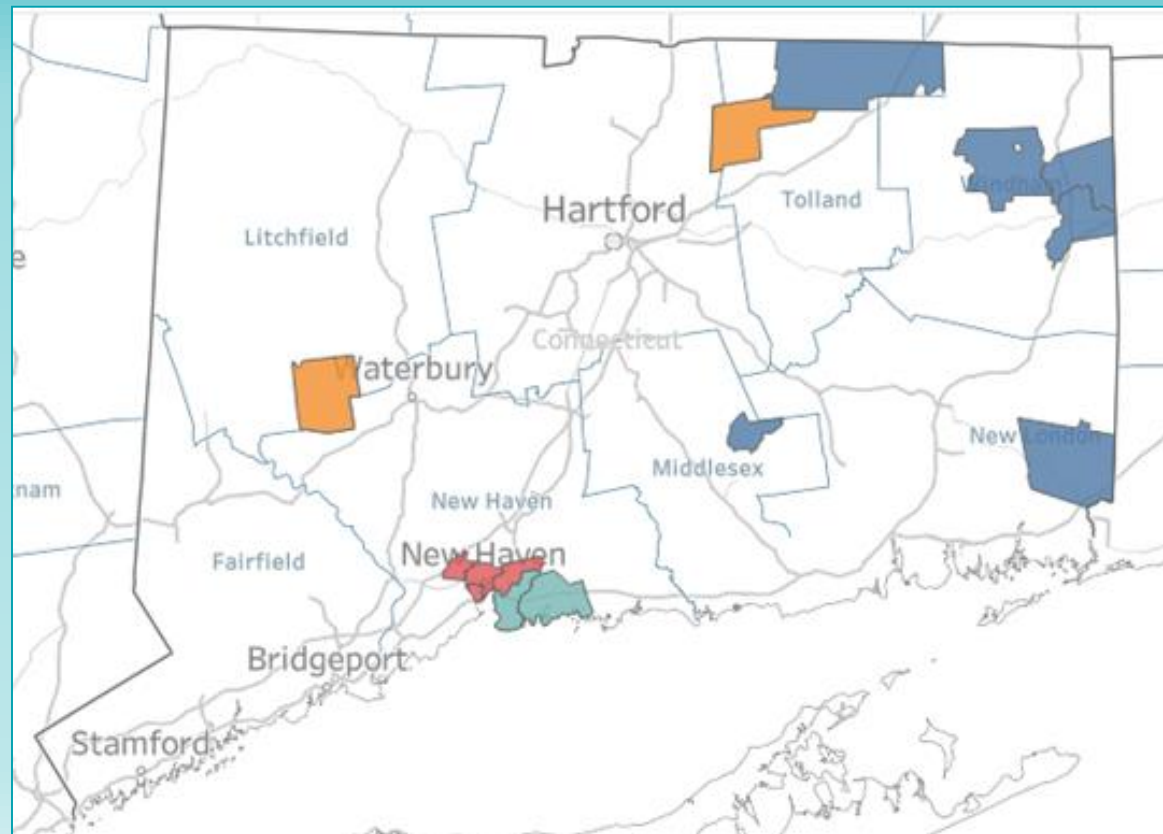
- CHNCT conducts a “Secret Shopper” survey of providers’ offices, where a call is made by a third-party posing as a HUSKY Health member to see if providers are accepting new patients, if an appointment can be made, how long it will take to get an appointment, etc.
- In 2021, when providers were surveyed, the “HUSKY Health member” making the phone call provided either a multicultural or non-multicultural name to help identify any possible disparities.
- **Secret Shopper Results:** Overall, we found that more providers were accepting patients when the “HUSKY Health member” used a non-multicultural name (90.4%) compared to a multicultural name (82.4%). Pediatricians were the only provider-type surveyed where this did not occur.

	2021			2021 – Multicultural Name			2021 – Non-Multicultural Name		
	# of resp. Yes/Not w/o ref.	Total N	%	# of resp. Yes/Not w/o ref.	Total N	%	# of resp. Yes/Not w/o ref.	Total N	%
Providers Accepting HUSKY									
Overall	297	343	86.6%	136	165	82.4%	161	178	90.4%
Adult PCP	125	149	83.9%	55	72	76.4%	70	77	90.9%
Pediatrician	70	76	92.1%	35	37	94.6%	35	39	89.7%
OB/GYN	54	59	91.5%	24	27	88.9%	30	32	93.8%
Cardiology	37	45	82.2%	18	23	78.3%	19	22	86.4%
Neurology	11	14	78.6%	4	6	66.7%	7	8	87.5%

Health Equity Study & Results

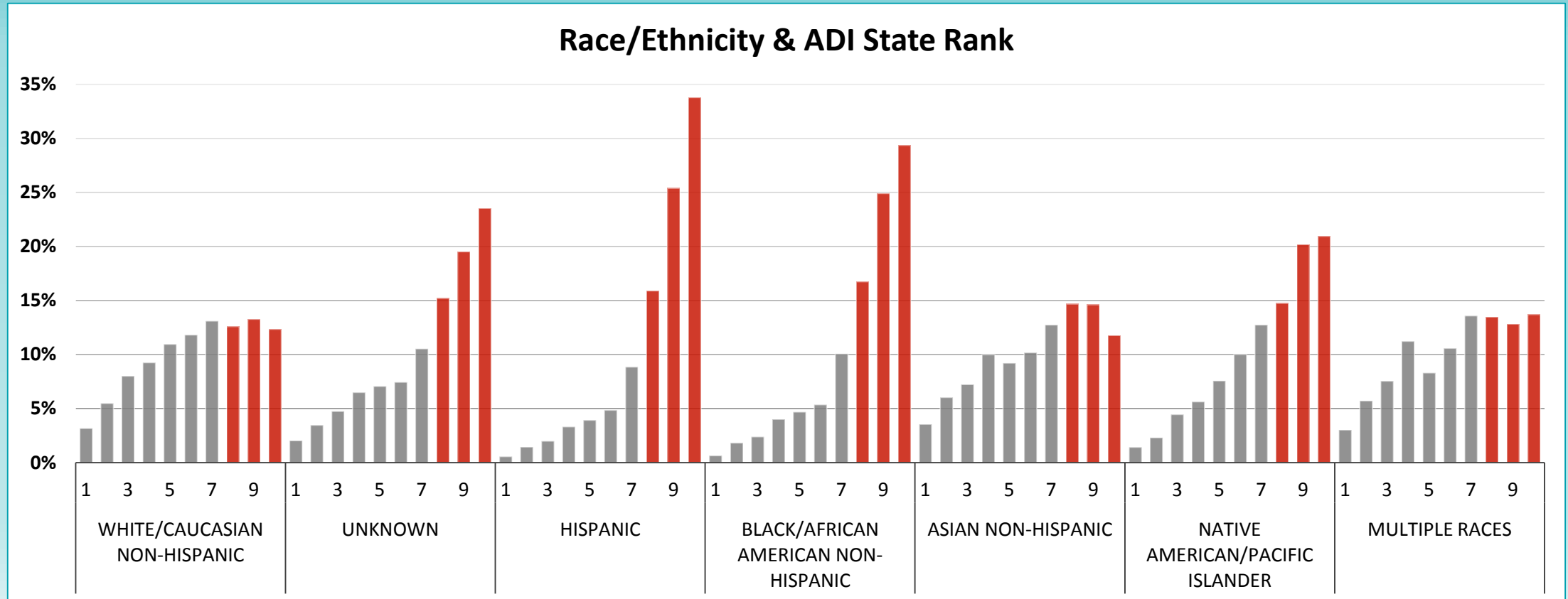
- All ASO Health Equity Study commissioned by DSS.
- All ASOs challenged to analyze utilization and quality measure data by race/ethnicity and ZIP code.
- Correlation made to socioeconomic factors.
 - Initial analysis using “The 5 Connecticuts”: Wealthy, Urban Core, Urban Periphery, Suburban, Rural.
 - Greater specificity using the University of Wisconsin’s Area Deprivation Index (ADI).
 - ADI is a composite measure of neighborhood socioeconomic disadvantage that uses 17 census measures capturing education, employment, income, poverty, and housing characteristics, ranked on a score of 1–10, least disadvantaged to most disadvantaged.
- Challenged to identify the greatest disparities to address through future interventions.

“The 5 Connecticuts”



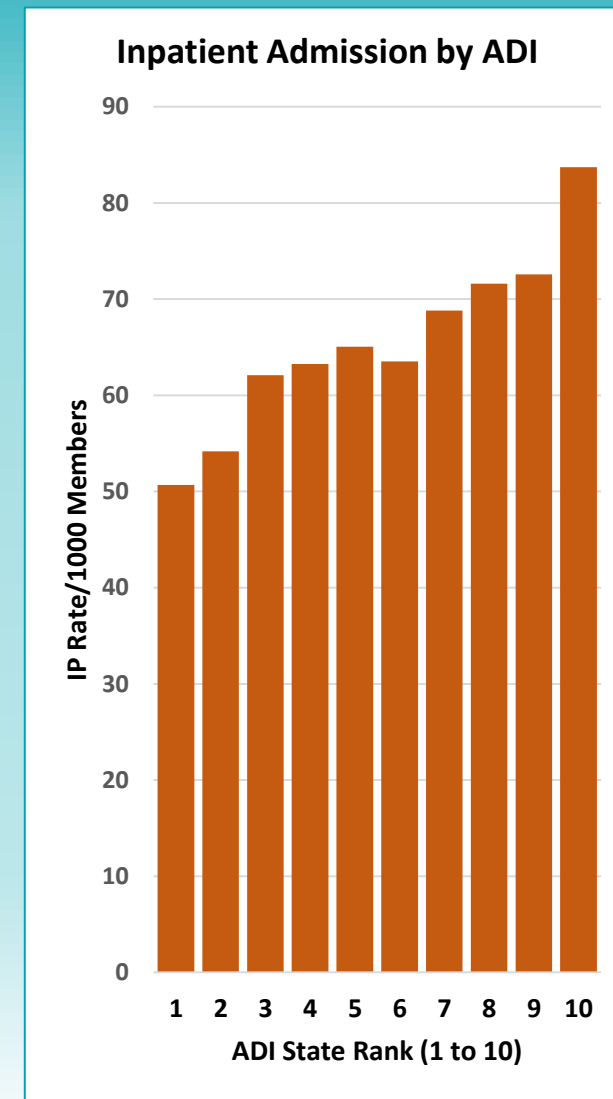
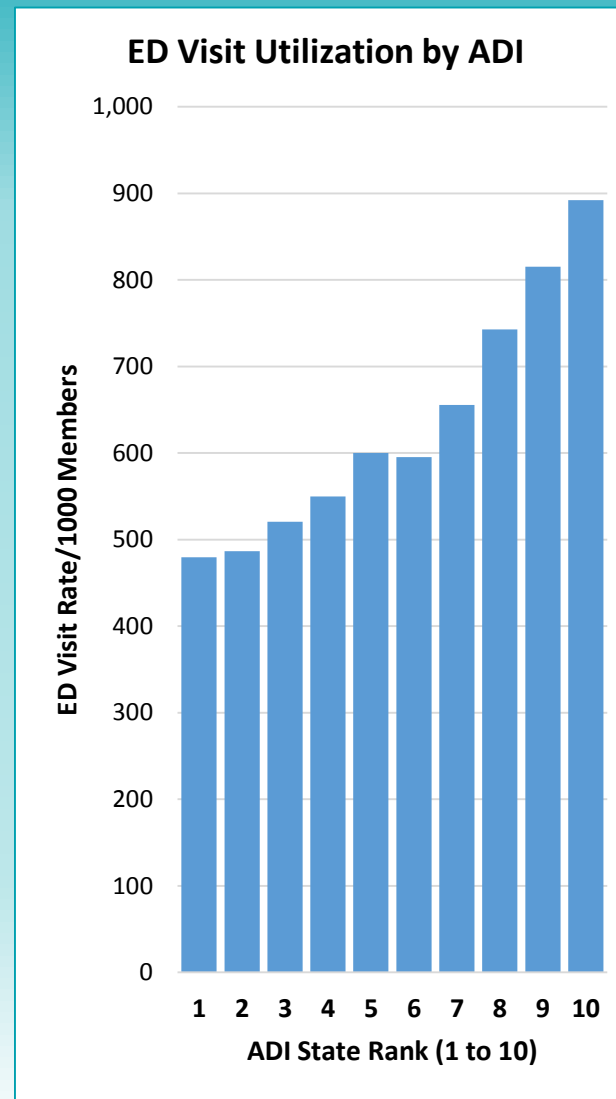
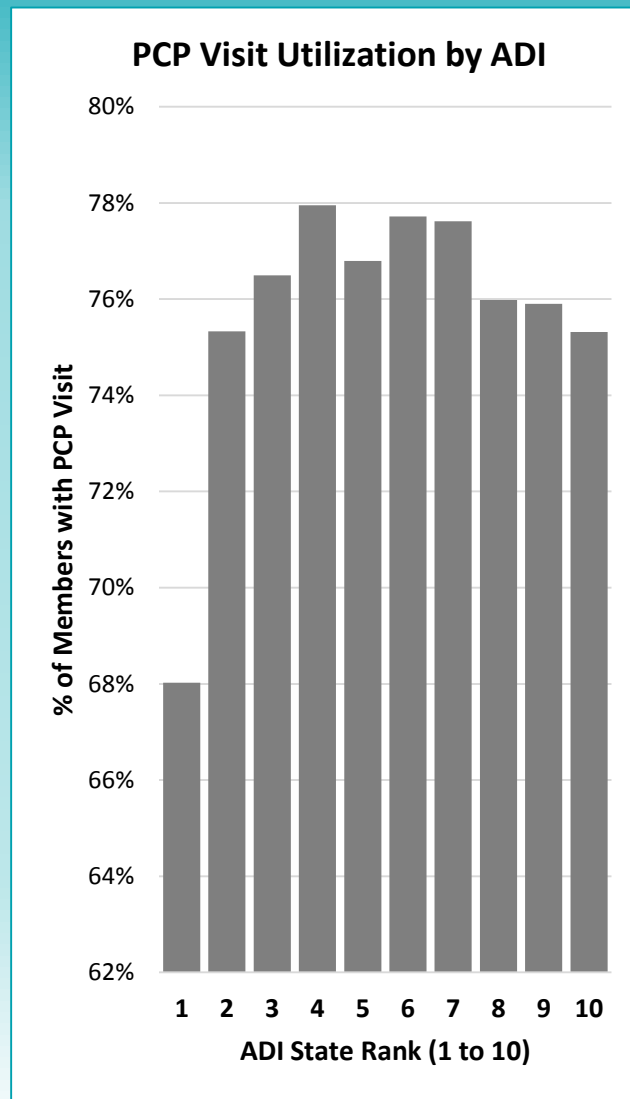
HUSKY Health Population by ADI

- Members in Hispanic, Black/African American Non-Hispanic, Native American/Pacific Islander, and Unknown categories have the highest percent in the most deprived neighborhoods.



HUSKY Health Utilization by ADI

- PCP Utilization rate was flat across ADI levels.
- Higher ADI levels (7-10) were associated with higher ED utilization rates.
- Inpatient Admission rates were highest in ADI level 10 (most deprived).



Disparities in Quality Measures

- Greatest racial/ethnic disparities by town.
- ZIP codes were aggregated into cities/towns.

Breast Cancer Screening (HEDIS® MY2019)

	Members	Rate
Grand Total	2,143	50.3%
Hispanic	572	61.7%
Native American/Pacific	8	50.0%
NEW HAVEN Black/African American	855	48.2%
Asian Non-Hispanic	25	48.0%
Unknown	355	47.3%
White/Caucasian Non-H	328	39.3%

Cervical Cancer Screening (HEDIS® MY2019)

	Members	Rate
Grand Total	9,987	51.7%
Hispanic	2,681	54.9%
Black/African American	3,773	52.6%
NEW HAVEN Unknown	2,149	50.7%
Asian Non-Hispanic	134	47.0%
White/Caucasian Non-H	1,196	44.7%
Native American/Pacific	54	31.5%

Immunizations for Adolescents - Combo2 (HEDIS® MY2019)

	Members	Rate
Grand Total	1,044	21.0%
Multiple Races	5	40.0%
Hispanic	357	26.3%
White/Caucasian Non-H	51	23.5%
NEW HAVEN Unknown	268	20.9%
Black/African American	351	15.7%
Native American/Pacific	7	0.0%
Asian Non-Hispanic	5	0.0%

Child and Adolescent Well-Care Visits (HEDIS® MY2019)

	Members	Rate
Grand Total	9,790	59.9%
Multiple Races	73	67.1%
White/Caucasian Non-H	589	62.6%
Hispanic	3,398	61.8%
BRIDGEPORT Asian Non-Hispanic	201	61.2%
Black/African American	2,601	59.2%
Unknown	2,905	57.6%
Native American/Pacific	23	43.5%

Immunizations for Adolescents - HPV (HEDIS® MY2019)

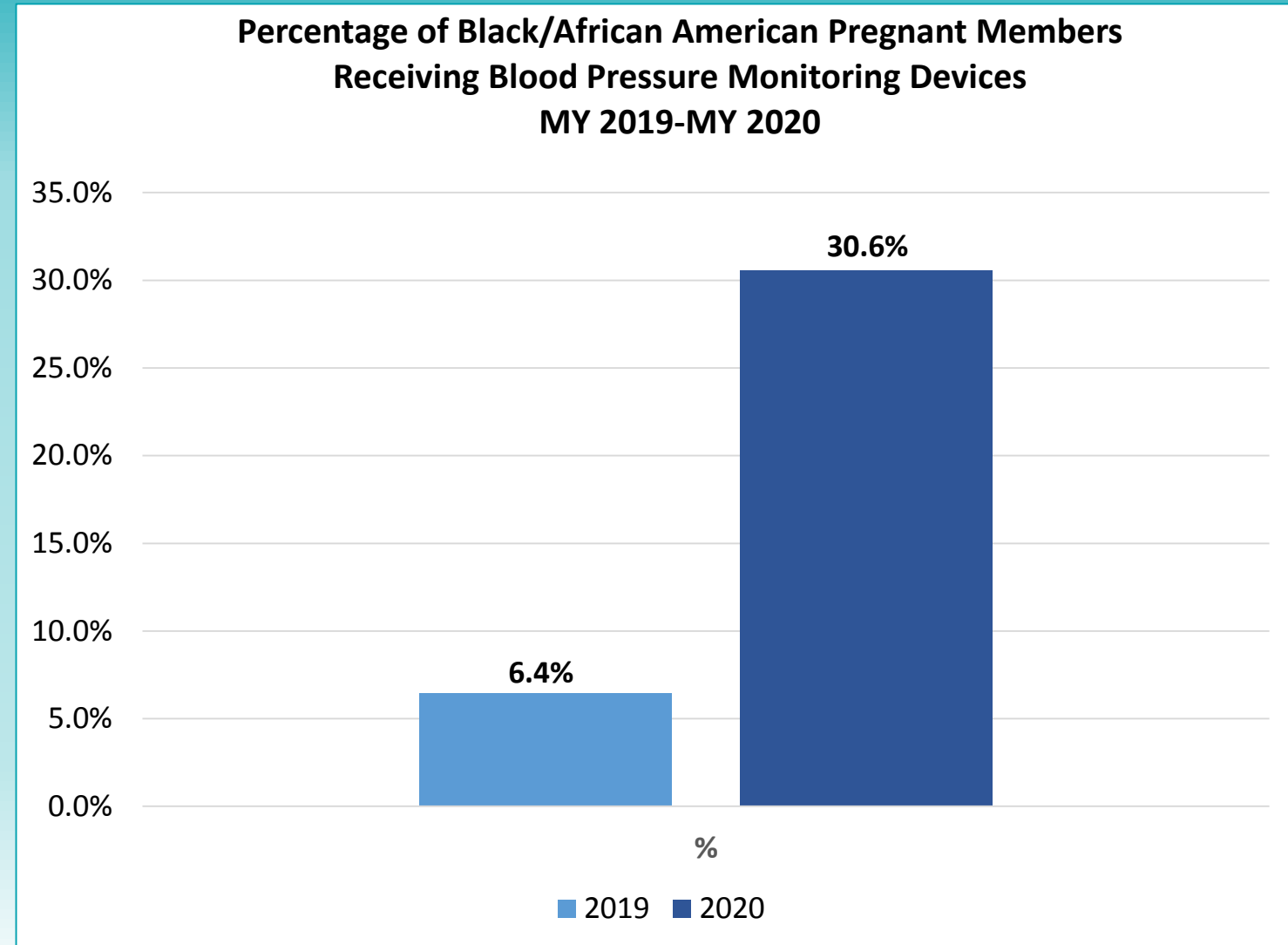
	Members	Rate
Grand Total	1,044	22.8%
Multiple Races	5	40.0%
Hispanic	357	27.7%
White/Caucasian Non-H	51	27.5%
NEW HAVEN Unknown	268	22.4%
Asian Non-Hispanic	5	20.0%
Black/African American	351	17.7%
Native American/Pacific	7	0.0%

Childhood Immunization Status (HEDIS® MY2019)

	Members	Rate
Grand Total	1,046	26.5%
White/Caucasian Non-H	55	41.8%
Asian Non-Hispanic	17	41.2%
Multiple Races	11	27.3%
BRIDGEPORT Unknown	559	26.8%
Hispanic	222	25.7%
Black/African American	181	20.4%
Native American/Pacific	1	0.0%

Health Equity Intervention Example: High-Risk OB

- According to the CDC, “American Indian, Alaska Native, and Black women are two to three times more likely to die of pregnancy-related causes than white women. Almost two thirds of pregnancy-related deaths are preventable. Recognizing the urgent maternal warning signs, getting an accurate and timely diagnosis, and quality care can save lives.”¹
- The Intensive Care Management (ICM) team educates members about the risk of preeclampsia, encourages self-monitoring of blood pressure, and coaches members about when they should notify their physician about elevated readings. In addition, targeted outreach is made to Black/African American pregnant members because of their increased risk.



Social Determinants of Health (SDOH)

SDOH – Help Understanding Benefits (HUBs)

- In 2017, CHNCT established Community Engagement HUBs throughout the state, allowing for a HUSKY Health presence in communities with the highest concentration of members. A HUB is a central location for members who need **Help Understanding their Benefits**. This has improved CHNCT's ability to reach members who may be unaware of the health and community resources available to them.
- At a HUB site, Community Engagement staff assess members' social needs, provide on-the-spot resources and referrals, and connect members with immediate needs (such as homelessness, food insecurity, etc.) to resources.

CHNCT has a number of HUB program partners and sites including:

- Alliance for Community Empowerment, Inc.
- American Job Centers
- Catholic Charities Archdiocese of Hartford
- Connecticut Foodshare
- Christian Community Action
- Hamden Department of Labor
- Hispanic Health Council
- Keefe Community Center
- Women, Infants, and Children

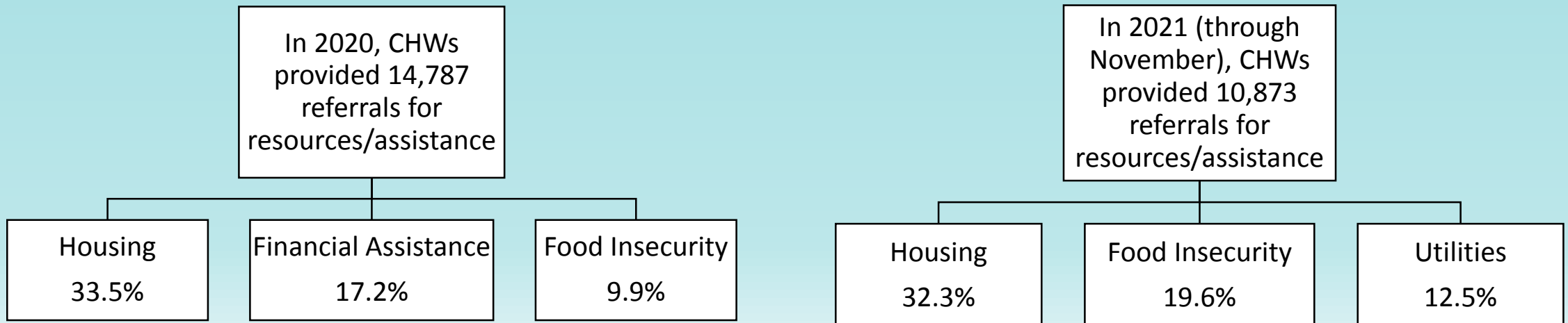
Total HUB Partners & Sites:

- HUB partners: 33
- HUB sites: 73

Note: a HUB partner (e.g. Connecticut Foodshare) may have multiple sites across the State.

SDOH – Community Engagement

- CHNCT's certified Community Health Workers (CHWs) serve as ambassadors for the HUSKY Health program, helping members navigate the healthcare system while finding community resources to help meet their basic needs.
- Resources include help with housing, food insecurity, education, employment, and more.
- Due to COVID-19, CHW staff were unable to meet with members in the community, as they usually would (e.g. at HUB sites, shelters, food pantries, soup kitchens), but they still kept in touch by:
 - Phone, 2-1-1 texts, and emails to members.
 - Monthly collaborative meetings with community partners.
 - Quarterly emails to HUB partners, including important information they could share with HUSKY Health members.



SDOH – Community Engagement

- CHNCT has Community Health Educators (CHEs) who work with community-based organizations and community partners to offer educational workshops.
- Due to the pandemic, the CHEs could not be out in the community but were able to switch to a virtual platform.
- The Fat Attack™ curriculum was conducted virtually 17 times.

The screenshot shows the 'Fat Attack' website interface. At the top, there's a navigation bar with links: [Foods](#), [What is Fat?](#), [What Can I Do?](#), [Request a Fat Attack™](#), [Videos](#), and [Links](#). The main heading is 'How Fatty is Your Food?'. Below it, a paragraph explains the tool: 'Look up the fat content of your food in Fat Attack™, a fun and interactive educational tool designed to increase awareness about the amount of fat in popular fast food meals. Play Fat Attack™ and discover how to make healthful food choices. Click on the links above to learn more, including how you can request a Fat Attack™ workshop at your school or event.'

To the right, there's a 'Your Fat Target' section with a target graphic. Text explains: 'Your daily fat target is based on age, gender, calories and activity level. The chart below shows recommended ranges of total fat and saturated fat for different age groups of men, women, and children for a sedentary activity level. If you are younger, your target will be at the low end of the fat gram range.'

Below this is a table titled 'Recommended Daily Fat Consumption in Grams*'. It lists four groups with their respective fat and saturated fat ranges:

Group	Total Fat Range (g)	Saturated Fat Range (g)
man age 19 or over	62g – 81g	< 22g – 29g
woman age 19 or over	50g – 62g	< 18g – 22g
teenager age 9 to 18	47g – 80g	< 16g – 27g
Child age 2 – 8	39g – 47g	< 11g – 16g

Footnote: * The Fat Attack grams of fat numbers were adapted from the USDA Guidelines, 2015-2020. Source: USDA Guidelines 2015-2020. <https://www.cnpp.usda.gov/USDAFoodPatterns>

Logos for 'HUSKY HEALTH' and 'Community Health Network of Connecticut, Inc.' are at the bottom.

Our CHEs worked with a number of community partners, including:

- Community Hope Center
- DSS Social Workers
- Family Life Center
- Keefe Community Center
- Summerfield Townhouses Community
- Women, Infants, and Children (WIC)

SDOH – Unite Us Pilot

- CHNCT partnered with Unite Us, an outcome-focused technology company that builds coordinated care networks of health and social service providers.
- The Unite Us platform allows our CHWs to connect HUSKY Health members with SDOH needs to community organizations who can directly address those needs through electronic referrals.
- This platform enables CHWs to track the progress of referrals, along with the outcome documented by the community organization who assisted the HUSKY Health member.
- The pilot took place in Fairfield and New Haven counties.
- CHNCT plans to move forward with statewide expansion by end of 2022.

Unite Us Referrals

- Total referrals submitted through December 10, 2021: **2,554**
- 1,232 (48.2%) were resolved
- The remainder are in process



SDOH – Community Transition Program (CTP)

- CHNCT will launch a new Community Transition Program (CTP) for members recently released from correctional facilities.
- Through this program, CHNCT will help HUSKY Health members with needed medical and SDOH support to maximize the opportunity for a successful transition back into the community.
- The CTP will utilize the Unite Us technology to receive referrals from Reentry Programs.
- Types of referrals may include helping the member:
 - Find a doctor (medical/behavioral health/dental).
 - Obtain appointments.
 - Determine transportation needs.
 - Secure community resources to support basic needs.
- By using the Unite Us technology with the CTP referrals, CHNCT will be able to effectively provide ongoing support for HUSKY Health members reentering the community, ensuring they have access to equitable healthcare services and community resources.



Member Engagement

Getting Healthcare Back on Track

- As providers' offices began seeing patients in the office again, CHNCT worked on initiatives to encourage members to get their healthcare "back on track."
- The goal of this outreach was to connect with members who may have delayed preventive screenings and other visits due to the COVID-19 pandemic.
- During welcome call outreach, new members were, and still are, encouraged to select a PCP, given a summary of benefits, asked if any community resources are needed, and are also given information about COVID-19 testing and vaccination sites.





Getting Healthcare Back on Track

“Get Back on Track” Automated Call and Email Results:

- A total of more than 126,000 automated calls, with a 40% success rate.
- A total of more than 155,000 emails delivered, with a 42% open rate.

A member newsletter was also released, with its main article informing members how to “get back on track.” The newsletter included:

- How to prepare for medical appointments.
- The importance of having a PCP.
- How to keep up with preventive care including well-exams, vaccines, dental, hearing and vision exams, even during COVID-19.
- Tips for stress management and better sleep.



[Vea este correo electrónico en español](#)

Let HUSKY Health help you get back on track with your appointments!

Did you or a family member miss a well-visit or immunization (vaccine or “shot”) due to coronavirus (COVID-19)? Do you need help finding a primary care provider (PCP) to get your wellness visits back on track? If so, we are here to help you!

Need a doctor or appointment?

Whether you’re looking to see your personal doctor (Primary Care Provider or “PCP”) to catch up on a missed well-visit or immunization due to COVID-19, or if you need to see a specialist, HUSKY Health can help you schedule your appointment. Not sure who to schedule your appointment with? We can help with that too!




Our Member Engagement Team will help you make the appointment you need. Please call us at

1.800.859.9889

from Monday – Friday from 8:00 a.m. to 6:00 p.m.

Stay Connected with the HUSKY Health Program
Visit our website: portal.ct.gov/HUSKY and click “Information for Members”

Follow us on social media: @HUSKYHealthCT



HUSKY Health Spotlight
Vol. 2 Created for Members by Members 2020

Like us: HUSKY Health CT @HUSKYHealthCT

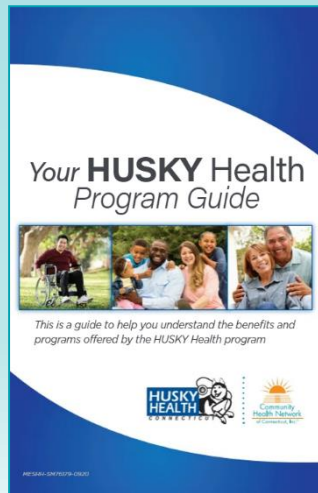
Getting Your Healthcare Back on Track
Preparing for Your Medical Appointment

- ☐ Check your provider’s website or contact the office about new safety protocols in place. This may include:
 - ▶ No toys or reading materials in the office. If these have been helpful in the past, pack a few items in your bag for your family’s use.
 - ▶ If you are used to having a support person with you or accompanying someone else to their appointments, ask your provider how they are managing this now.
 - ▶ Changes in how appointments are spaced may mean a change in office hours.
 - ▶ Some patients may be asked to use a separate entrance based on their symptoms, immune system, or how the office is managing traffic flow. You may need to call from outside the office to be let into the provider’s office.
 - ▶ Social distancing at check-in and check-out.
 - ▶ Wearing a face mask.
 - ▶ You may be contacted before your appointment checking on your symptoms. Answer honestly!
- ☐ If your provider’s website has a member portal, learning to use it may help you:
 - ▶ See what care, screenings, or vaccines you may have missed.
 - ▶ Complete any pre-registration materials.
 - ▶ Communicate with your provider. This may be easier and faster than trying to reach your provider by phone.
 - ▶ Schedule an appointment.
- ☐ Schedule your appointment as far in advance as possible.
- ☐ Fill out any paperwork needed BEFORE your appointment.
- ☐ Make sure to bring the following things with you:
 - ▶ Your HUSKY Health ID card. You may also be asked to show photo ID.
 - ▶ A list of the medications and supplements you take
 - ▶ Questions and concerns you want answered. Write them down!
 - ▶ Any forms/paperwork you need signed



Member Advisory Workgroup

- Members have a voice in improving the HUSKY Health program by participating in the monthly CHNCT-sponsored Member Advisory Workgroup.
- The Member Advisory Workgroup is comprised of a culturally diverse group of HUSKY Health members who reside across Connecticut.
- CHNCT partnered with Veyo, Beacon/CT BHP, and CTDHP who conducted presentations on the HUSKY Health benefits they provide.

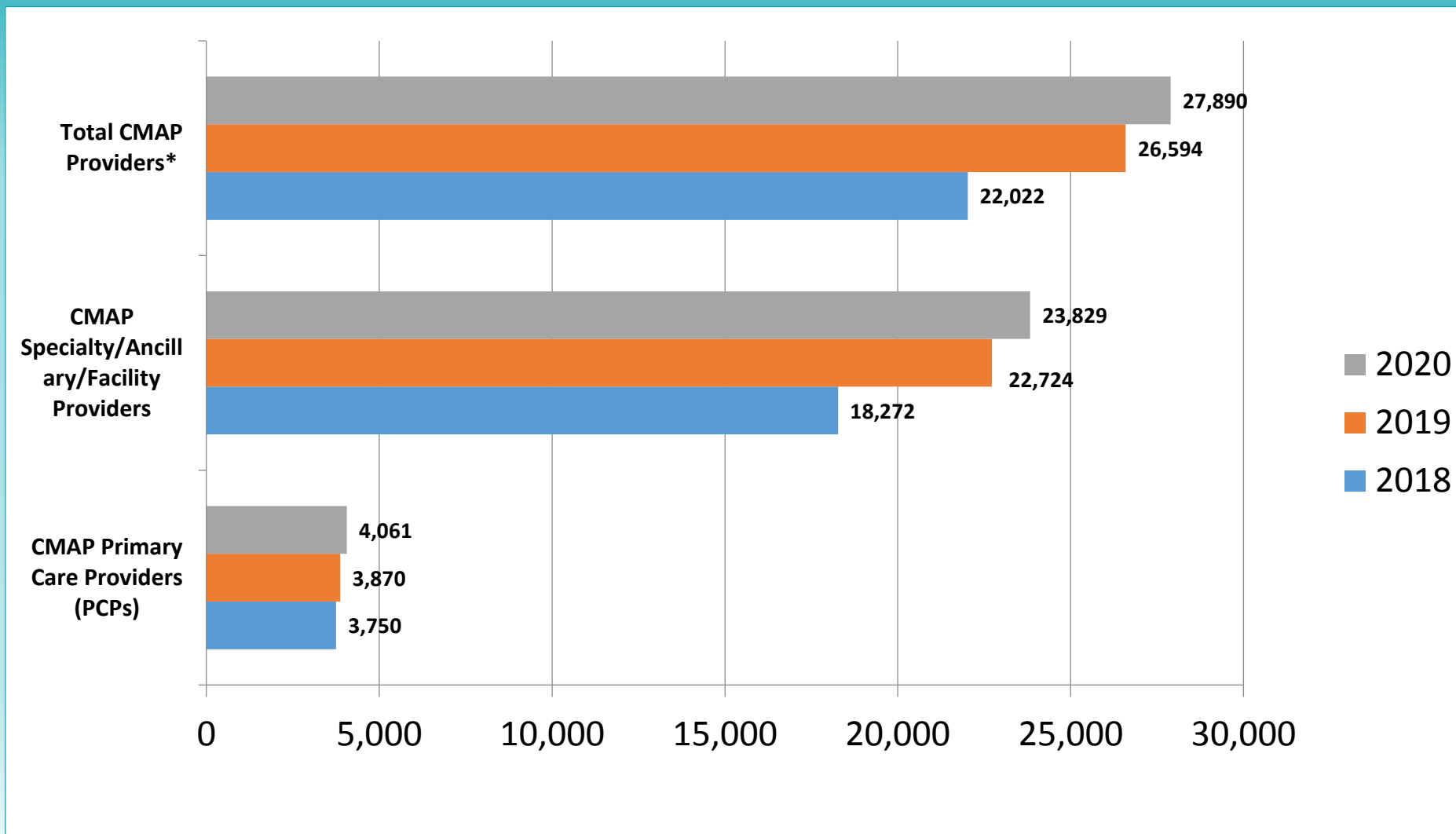


The Member Advisory Workgroup:

- Provides feedback to clinical staff on educational materials.
- Reviews member materials (e.g. emails, website).
- Produces the HUSKY Health member newsletter, created by members for members.
- Assists with creating materials that are shared with members, providers, and community partners.
- Helped develop and improve the HUSKY Health Program Guide sent out to all new members.
- Developed member-friendly benefit grids that are currently posted on the HUSKY Health website.

Provider Engagement

Provider Access

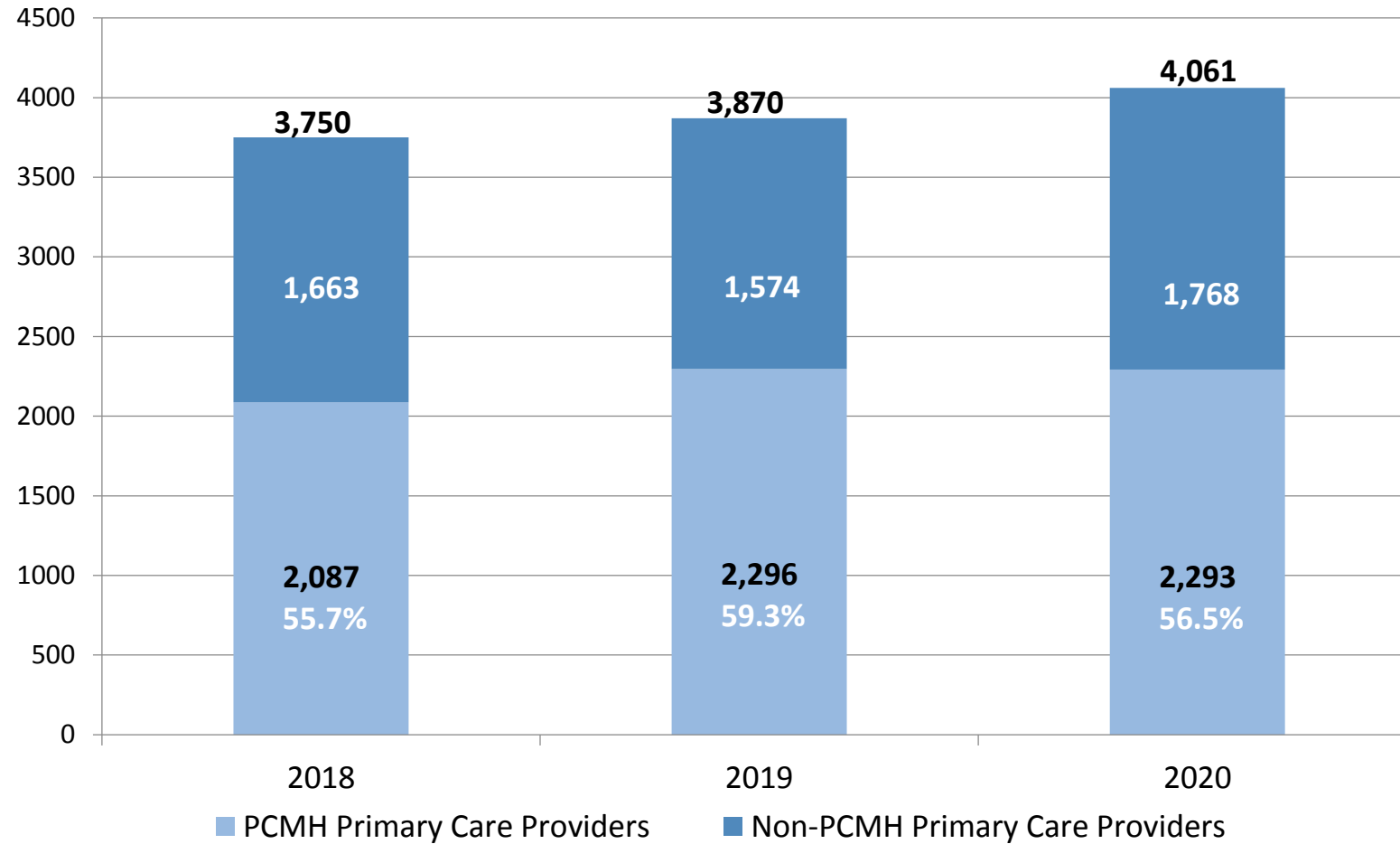


**Total CMAP Providers only includes in-state and border providers.*

PCPs and PCMHs

77.1% of attributed members receive care at a PCMH.

Non-PCMH PCPs & PCMH PCPs - Totals



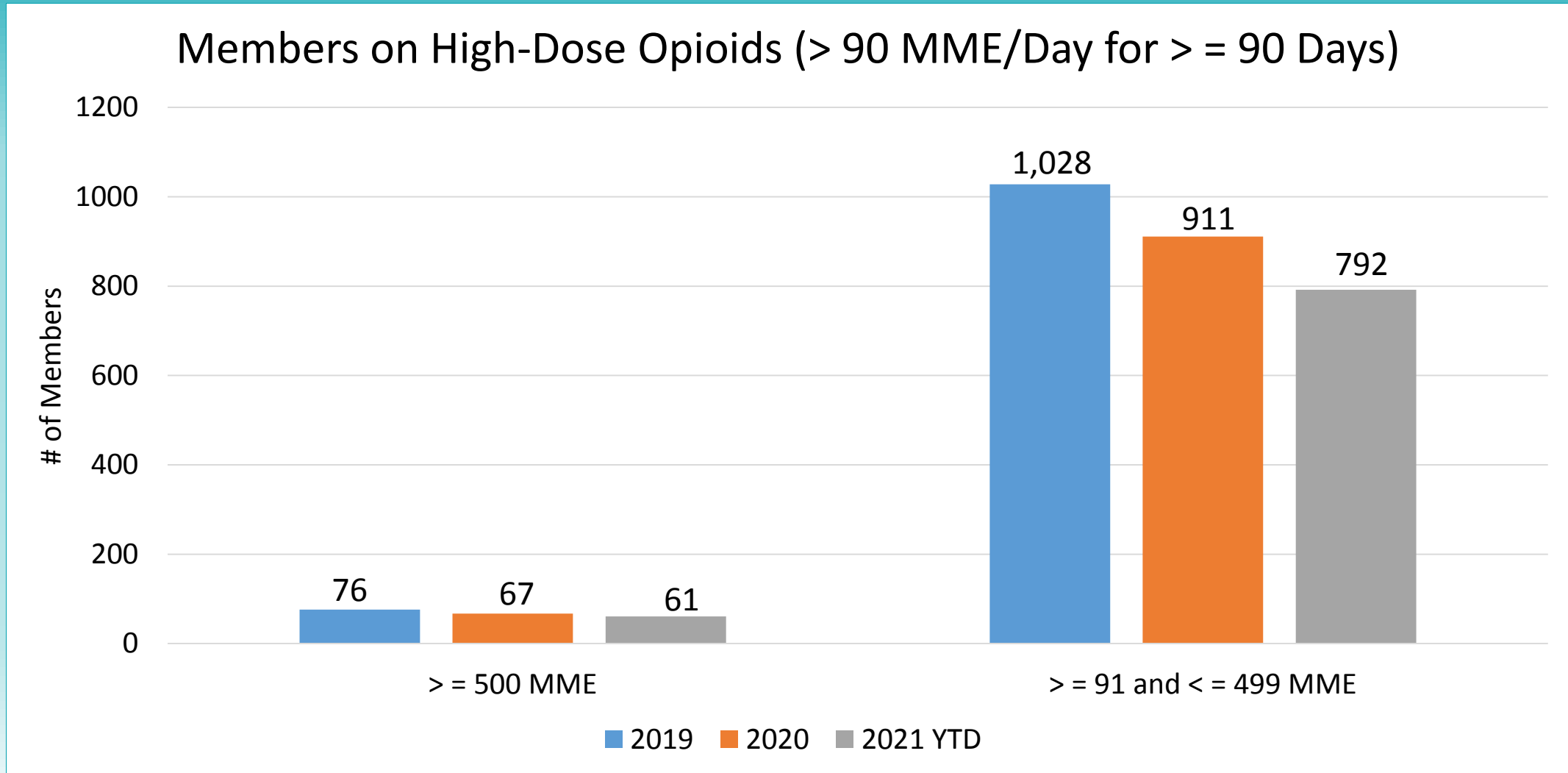
Opioid Harm Reduction

Opioid Harm Reduction

- Recruitment of Medication Assisted Treatment (MAT) prescribers.
 - Provider names are mapped in the CT BHP MAT directory.
- Quarterly PCP mailings for members on high-dose opioids and members on combined opioids and benzodiazepines.
- Monthly notification to obstetric providers (or PCPs) and ICM outreach to pregnant members who have filled an opioid prescription in the prior month.
 - Year-to-date, **95** members have been identified as having filled prescriptions for opioid medications while pregnant.
- ICM outreach to members on high-dose opioids and CT BHP referral for pregnant members with opioid use disorder (OUD) not currently engaged in treatment.
- Annual *Essentials of Behavioral Health in Primary Care Conference*, a co-sponsored event with CT BHP/Beacon Health Options.
- *Behavioral Health Topics in Primary Care* monthly Project ECHO® Clinic, a collaboration with CT BHP/Beacon Health Options.

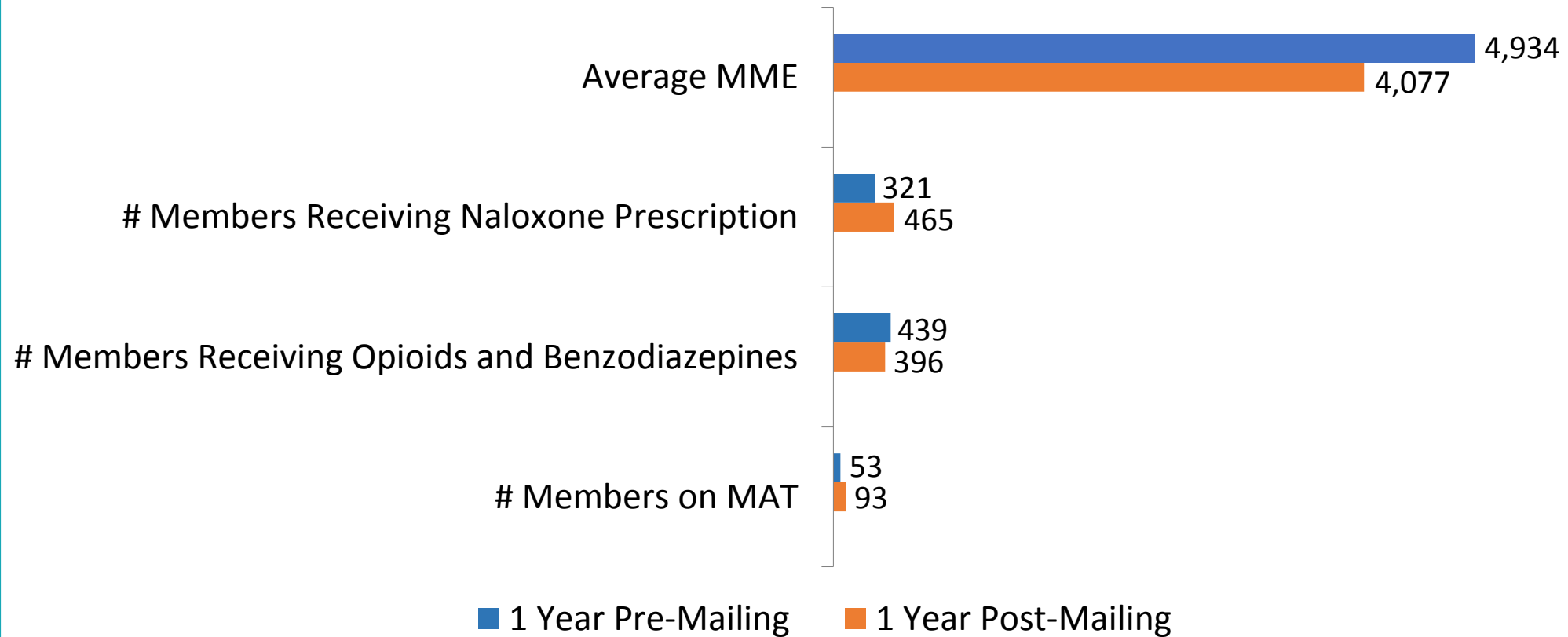


High-Dose Opioids



High-Dose Opioids Quarterly PCP Mailing

2020 Outcomes One Year Pre-Mailing and One Year Post-Mailing 996 Letters Sent



Intensive Care Management (ICM)

Intensive Care Management (ICM) Overview

- ICM has dedicated, culturally competent care teams in place to address the unique needs of members diagnosed with multi-chronic conditions (including those that pose a risk of poor dental health), children with special healthcare needs, co-occurring physical and behavioral health needs, organ transplants, gender dysphoria, sickle cell disease, and members transitioning from inpatient care to home.
- The ICM approach:
 - Comprehensive, person-centered assessment.
 - Collaboration with members, providers, ASOs, and community-based services.
 - Development of holistic care plan, with interventions designed to support member-established goal attainment.

The long-term impact of ICM on ED Utilization & Inpatient Admissions

Results of ED & Inpatient Utilization Analysis for Continuously Enrolled Members 2016 – 2020

14,163 Members		
	Engaged in ICM	Declined ICM
ED Utilization	-47.5%	-41.1%
Inpatient Utilization	-41.2%	-35.5%

Members who engaged in ICM experienced a greater decrease in both ED and inpatient utilization than those who declined ICM.

ICM Outcomes


Emergency Department Care Management (EDCM)

In CY 2020, EDCM managed 5,026 members. When comparing six months post-EDCM to six months prior, ED usage decreased by:

33.3%

Intensive Care Management

Members engaged in ICM in CY 2020 (12,893) experienced a decrease in ED utilization when comparing six months post-ICM engagement to six months prior. For example, ED utilization reductions were realized for members with the following conditions:

- 
- Asthma: 26.8%
 - Sickle Cell Disease: 31.1%
 - Perinatal Care: 42.2%
 - COPD: 24.1%
 - Diabetes: 27.4%

Inpatient Discharge Care Management (IDCM)

In CY 2020, IDCM managed 3,368 members. Of those:

91.0%

Had a follow-up appointment scheduled within 30 days*

54.7%

Had a visit within seven days of discharge

*Of the 91.0% of members with an appointment scheduled, 82.9% kept the appointment.

Support for Maternity Care – Hear Her

Hear Her Campaign

- CDC campaign seeks to raise awareness of potentially life-threatening warning signs during and after pregnancy, and to improve communication between patients and their healthcare providers.
- In January 2021, CHNCT's ICM Healthy Beginnings team developed and executed a Hear Her Campaign Action Plan, including:
 - Presenting materials to, and soliciting input from, the Member Advisory Workgroup (MAW).
 - Educating staff about the CDC's Hear Her toolkit.
 - Incorporating use of Hear Her campaign patient education materials and tools via HUSKY Health member emails, traditional mail, social media platforms, Perinatal Learning Groups, the member newsletter, and the HUSKY Health member website.

“A woman knows her body. Listening and acting upon her concerns during or after pregnancy could save her life.”

– Dr. Wanda Barfield, Director of CDC's Division of Reproductive Health



Post-COVID Program

CHNCT has implemented a Post-COVID ICM program.

Emergence of Post-COVID Conditions

- New, recurring, or ongoing symptoms and clinical findings four or more weeks after infection, sometimes after initial symptom recovery.
- Often encompasses both physical and mental health symptoms.
- Effects people who had mild or severe illness.
- Adversely effects function and quality of life.
- May be complicated by physical deconditioning at baseline, or pre-COVID comorbidities.
- Likely to disproportionately impact racial and ethnic minority populations who experienced a higher burden of COVID-19.

Long-term Impacts of COVID-19

- Long-term health effects are currently unknown.
- Members diagnosed with COVID-19 have sustained higher average costs incurred starting at the time of diagnosis and continuing for at least 12 months, regardless of whether they were hospitalized with COVID-19 or not, when compared to average PMPM for all HUSKY Health members.



Post-COVID Program

Profile of Highest Cost Driver HUSKY Health Members Diagnosed with COVID-19

Unattributed to a PCP (>25%)
Diagnosed with certain comorbid conditions:

Comorbid Condition	% of COVID-19 cases	Risk of COVID-19 Hospitalization
Hypertension	27%	5x greater
Obesity	20%	2.65x greater
Diabetes	16%	6x greater

Target Population:

- Diagnosed with COVID-19 who have also been diagnosed with Hypertension, Obesity, and Diabetes.
- CareAnalyzer® Resource Utilization Band (RUB) score = 5 (very high morbidity burden).
- Reside in a CT ZIP code with high CDC Socially Vulnerability Index (SVI) score.

Post-COVID Program Interventions

- Transition of care
- Referral to PCP
- Multi-disciplinary team approach (i.e. PCP, nursing, social work, dietitian, pharmacist, CHWs, etc.).
- Evidence-based coaching
- Referral to post-COVID programs/support groups

Challenges & Opportunities

Challenges & Opportunities

- Health Equity and SDOH
- Unattributed members/members not engaging in care
- Continued support of COVID-19 impacts
- Supporting DSS to notify members who may lose eligibility when Public Health Emergency provisions end



One Member's Story

Member Story – Jane*

Jane, a sixty-four year old female with a history of major depressive disorder and generalized anxiety, lost her job and then her apartment, leaving her homeless.

As she moved her belongings into a storage unit, Jane developed shortness of breath which led to her being admitted into the hospital. Jane was diagnosed with lung cancer, although treatment did not start while she was admitted to the hospital. The hospital transferred Jane to an intensive behavioral health inpatient facility where she had approximately a 30-day stay. From there, Jane was transferred from one inn to another, having no other place to stay.

Jane has little formal education and therefore has significant issues with health literacy. Notably, much of her follow-up treatment was delayed due to COVID-19 and she has virtually no support system in place.

Jane was referred to a CHNCT CHW to help with housing, transportation, and applying for Social Security Disability Insurance (SSDI). ICM assisted with scheduling appointments with Jane's PCP, multiple specialists and the CT BHP. ICM also connected her with an oncology nurse navigator. ICM educated Jane about her condition, which improved her health literacy regarding treatment options

Initial Outcomes: As a result of initial case management, Jane opted for the recommended radiation therapy, with a good outcome expected. She received permanent housing and was awarded SSDI. Jane also completed radiation treatment and achieved remission.

Member Story – Jane*

At an oncology follow-up appointment, Jane learned her cancer had returned; she refused additional chemotherapy.

After Jane and her ICM nurse had a series of long talks about the goals of treatment, Jane agreed to speak with a palliative care provider for a second opinion. After the appointment, Jane learned from repeat testing that her cancer had not returned, but instead she had scarring from radiation treatment. Jane was stunned to find out that she was still cancer-free and that she could plan on living many more years to come, with good care. ICM worked with Jane to facilitate access to COVID-19 vaccines, educate her about the importance of healthy eating and good nutrition, and develop a smoking cessation plan.

Final Outcomes: As a result of care coordination and care planning, Jane successfully reduced daily tobacco use, with nicotine patches and a smoking cessation counselor. She is working to change her eating habits. Jane is fully vaccinated against COVID-19 and has stable housing. She is fully engaged with her providers.

“Just making the appointments for me and getting me in touch with the right people was like a godsend. I had no direction, I didn’t know what to do. Getting me into a hospital that time for a rest for a few days. Then there was getting my life, straightening all that out. And then calling up and being concerned every couple of weeks. I appreciated everything. You did a lot with the paperwork and stuff. Because I was in no condition, I didn’t know how to go about a lot of things.” –Jane

Questions?

Disclosure

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Code sets are routinely updated. Please reference the current year's manuals when billing for services. Not all codes listed above are reimbursable. For a list of codes reimbursed by DSS, please refer to the Physician Office and Outpatient Services Fee Schedule on the Connecticut Medical Assistance Program website: www.ctdssmap.com.

Appendices

Member Experience with Telehealth

- CHNCT surveyed HUSKY Health members to learn about their experiences with telehealth services.
- A total of 800 members were surveyed in 2021; 801 members were surveyed in 2020.
 - 400 responses were from members who utilized medical telehealth services.
 - 400 responses were from members who utilized behavioral health telehealth services.

Device Used: Smartphone, Personal Computer/Laptop, and/or Tablet*

- Smartphones were reported as the most used device for telehealth visits totaling 82.0% over 81.9% in 2020.
- A personal computer/laptop was used 19.6% compared to 13.7% in 2020, and a tablet was used 8.5% compared to 4.5% in 2020.
 - For medical appointments, 85.8% of members used a smartphone compared to 78.3% for behavioral health appointments.

Device Used for Telehealth Visits	Overall 2020	Overall 2021	Medical 2020	Medical 2021	Behavioral 2020	Behavioral 2021
Smartphone	81.9%	82.0% ↑	85.8%	85.8%	78.0%	78.3% ↑
Personal Computer/laptop	13.7%	19.6% ↑	10.2%	16.3% ↑	17.3%	23.0% ↑
Tablet	4.5%	8.5% ↑	3.0%	6.5% ↑	6.0%	10.5% ↑

*Members could select more than one

Member Experience with Telehealth

Telehealth Service Used: Telephone/Audio Only & Video with Audio/Telephone*

- Nearly two-thirds of members (64.6% over 58.2% in 2020) reported using “video with audio/telephone” for their appointment, compared to 47.0% from 47.2% in 2020 of members who utilized “telephone/audio only.”
- The majority of members who utilized a “telephone/audio only” appointment format had a positive rating of 98.2% over 97.9% in 2020.
 - “Video with audio/telephone” was used more frequently for behavioral health appointments (65.8% over 61.3% in 2020) than medical appointments (63.5% over 55.1% in 2020).

Type of Telehealth Services Used	Overall 2020	Overall 2021	Medical 2020	Medical 2021	Behavioral 2020	Behavioral 2021
Telephone/audio only	47.2%	47.0% ↓	51.6%	48.5% ↓	42.8%	45.5% ↑
Video with audio/telephone	58.2%	64.6% ↑	55.1%	63.5% ↑	61.3%	65.8% ↑

*Members could select more than one

Quality Of Telephone/Audio Only & Video with Audio/Telephone	Overall 2020	Overall 2021	Medical 2020	Medical 2021	Behavioral 2020	Behavioral 2021
Telephone/audio only	97.9%	98.2% ↑	98.1%	99.3% ↑	97.7%	97.1% ↓
Video with audio/telephone	95.7%	97.9% ↑	96.4%	98.0% ↑	95.1%	97.7% ↑

Member Experience with Telehealth

What Members Liked:*

- More than seven out of ten surveyed (71.1% from 76.0% in 2020) liked not having to travel to the office.
 - More members using telehealth for a behavioral health appointment (73.8%) reported liking that they “did not have to travel to the office” than those who used telehealth for a medical appointment (68.5%).
- Nearly one-half (49.0% over 42.9% in 2020) reported liking having “less time waiting for the appointment to start.”
- Roughly one third of the members (33.0% over 31.2% in 2020) reported it “took less time to get an appointment.”

What Did the Members Like?	Overall 2020	Overall 2021	Medical 2020	Medical 2021	Behavioral 2020	Behavioral 2021
Did not have to travel to the office	76.0%	71.1% ↓	74.8%	68.5% ↓	77.3%	73.8% ↓
Less time waiting for the appointment to start	42.9%	49.0% ↑	45.4%	47.8% ↑	40.5%	50.3% ↑
Took less time to schedule an appointment	31.2%	33.0% ↑	35.9%	32.5% ↓	26.5%	33.5% ↑
Felt I had the doctor's full attention	33.5%	31.6% ↓	37.2%	30.8% ↓	29.8%	32.5% ↑

*Members could select more than one

Member Experience with Telehealth

What Members Didn't Like:*

- Two-fifths reported there was “nothing” that they did not like about telehealth (43.0% from 64.2% in 2020).
- One-fifth indicated they “found it too hard to talk to the doctor/felt less personal” (19.8% over 12.4% in 2020).
- Others indicated “it was hard to use and had problems connecting to telehealth,” “didn’t have a private space to have their appointment,” or telehealth “used too many minutes on their phone.”
 - A greater percentage of members using telehealth for a medical appointment (21.5%) indicated they “found it hard to talk to the doctor/felt less personal” than for a behavioral health appointment (18.0%).

What Did the Members Not Like?	Overall 2020	Overall 2021	Medical 2020	Medical 2021	Behavioral 2020	Behavioral 2021
Nothing	64.2%	43.0% ↓	67.1%	42.0% ↓	61.3%	44.0% ↓
I found it hard to talk to the doctor/felt less personal	12.4%	19.8% ↑	10.7%	21.5% ↑	14.0%	18.0% ↑
It was hard to use/I had problems connecting to telehealth	8.4%	15.5% ↑	8.0%	14.3% ↑	8.8%	16.8% ↑
I didn't have a private space to have my appointment	3.0%	15.4% ↑	3.0%	15.8% ↑	3.0%	15.0% ↑
Used too many minutes on my phone	2.2%	5.1% ↑	3.2%	4.5% ↑	1.3%	5.8% ↑

*Members could select more than one

Member Experience with Telehealth

- The table below shows the percentage of positive responses, “Strongly Agree” or “Agree,” combined for each of the five questions.
- The response options were: “Strongly Agree,” “Agree,” “Neither Agree nor Disagree,” “Disagree,” or “Strongly Disagree.”

	2020	2021	2020	2021	2020	2021
	Overall	Overall	Medical	Medical	Behavioral	Behavioral
Questions						
Telehealth worked just as good for me as an in-person appointment	72.0%	72.0%	70.6%	68.5% ↓	73.3%	75.6% ↑
It was easy to talk to my doctor and understand my doctor's instructions	92.2%	88.9% ↓	92.6%	89.1% ↓	91.8%	88.8% ↓
The quality of care I got from my doctor was very good, through telehealth	91.2%	86.2% ↓	90.1%	85.8% ↓	92.3%	86.6% ↓
Overall, I liked using telehealth	79.6%	83.0% ↑	77.6%	80.0% ↑	81.8%	86.1% ↑
I would use telehealth again	88.0%	87.4% ↓	88.0%	84.8% ↓	88.1%	90.1% ↑

Supporting HUSKY Health Members

- ✓ *Since 2012, Member Engagement Services has received over 2.6 million member calls, over 23,500 emails, and consistently exceeded its call center performance metrics.*



In 2020, CHNCT proactively reached out to members, successfully completing:

- More than 2.6 million successful emails regarding healthcare reminders, general HUSKY Health information, and COVID-19 testing sites and vaccination information.
- Over 1 million successful automated calls; healthcare messages.
- Over 22,600 referrals for assistance made regarding SDOH concerns.
- Over 8,800 new member Health Risk Questionnaire referrals received for PCP assistance.
- Over 9,600 referrals handled by the Escalation Unit to assist members with finding a provider or scheduling an appointment.
- Over 2,000 member grievances.
 - Top Reasons for a Grievance: Quality of Provider Services, Balance Billing, Provider Access.

Satisfaction Rating:

- 97.8% satisfaction rating from members after calling into the Member Engagement Services call center.
- 94.1% satisfaction rating from members with the ICM program.

The Provider Experience

- ✓ ***Approximately 500,000 provider calls received in the last six years.***



In 2020, CHNCT reached out to CMAP providers who were:

- Due to disenroll.
 - 34.5% (1,321) of providers re-enrolled after 30 days.
- Due to re-enroll within 120 days.
 - 69.0% (2,257) of providers re-enrolled after 30 days.
- Newly enrolled to confirm PCP status.
 - 24.0% (325) confirmed PCPs.
- Enrolled as Ordering, Prescribing or Referring (OPR).*
 - 12.0% (38) providers enrolled as full CMAP.

30 grievances received from providers in 2020

- Top Reasons: *Appointment No-Shows, Inappropriate Behavior.*

In 2020:

- Provider Engagement Services representatives made over 8,000 virtual visits (via phone and email) to primary care providers and specialists.
- 65% were routine check-in visits.
- No Provider Satisfaction survey was conducted in 2020 due to the impact of COVID-19.