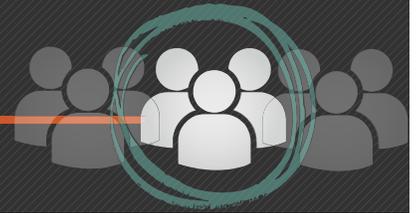


Digital Health for Complex Populations: Pilot Challenge

Designing digital health solutions that meet the needs of low-income, high-need individuals



Host Profile: Commonwealth Care Alliance

Website: <http://www.commonwealthcarealliance.org/>

Challenge Statement

Through this challenge, the Commonwealth Care Alliance (CCA) is looking to partner with a technology company to co-create and bring to market a mobile tool that will enable members to select, access and coordinate [transportation](#), [personal care attendants](#), and [home health services](#). These services, which accounted for more than \$90 million of spending for CCA members in 2015, are critical to members' health, but are offered in uncoordinated ways that do not leverage technology to facilitate patient or caregiver ease of access. Furthermore, each service has a patient-specific utilization cap that is tied to an individual's health needs. While some patients may have a transportation benefit of five rides per month, others who are less mobile or sicker may be able to access 10 rides per month. However, CCA members do not have a way to track their remaining allowable use for a variety of services without contacting a CCA care manager, who themselves find it difficult to access this data. Members are also limited in their ability to "shop" between service vendors, often relying on CCA staff to determine availability of a transportation option, personal care attendant, or homemaker on their behalf. The challenges associated with accessing these ancillary but critical support services often result in long wait-times, inefficiencies, and patient and provider dissatisfaction.

CCA envisions that this tool will allow members and caregivers to search for and schedule services, rate the quality of services received, and submit requests for services to be approved by CCA. Fed by CCA health plan data, members will also be able to track how much of their benefits are available in a given month, and use services accordingly.

CCA plans to pilot this tool with the 2,200 individuals who receive primary care and care management services through CCA's [complex care practice](#), including members in both the Senior Care Options and One Care programs.

Host Organization's Mission Statement

Commonwealth Care Alliance's mission is to provide the best possible care, tailored individually to the members we serve throughout Massachusetts – elders and people across the age spectrum with special healthcare needs. To accomplish this, CCA brings to scale proven clinical strategies that improve care and manage costs, within a team-based, consumer-directed, prepaid care delivery program.

Description of the Host Organization

CCA is a non-profit health care system created to provide the best possible care to individuals dually eligible for Medicare and Medicaid, including the elderly and people with disabilities. CCA operates a [Senior Care Options \(SCO\) program](#) (for dual eligible enrollees over age 65) and is the largest

organization participating in the [One Care Duals Demonstration in Massachusetts](#) (for dually eligible beneficiaries aged 21-64). Since its inception, CCA has integrated behavioral health into its community-based primary care delivery model. [This model](#) uses a multidisciplinary team approach, including nurse practitioners, nurses, behavioral health professionals, social services providers, and other professionals to support the primary care clinician. Teams collaborate with members, families, legal guardians, group homes, primary care practices and other social services providers in order to develop personalized, person-centered care solutions.

History of Tech Collaboration

In 2015, CCA began a pilot program to implement [MedMinder Pill Dispensers](#) for its members at highest risk of medication error. This digital tool has helped CCA reduce post-acute care costs related to medication management as well as medication errors. The original pilot focused on frail elders, and due to its success, CCA has since expanded its use to members with substance use disorders, dementia and other memory loss disorders, as well as members in CCA's palliative care program.

Preferred Partner Qualities

CCA is looking for a partner with strong consumer engagement capabilities, including the ability to develop easy-to-use interfaces that can easily be tailored to a highly diverse cohort of individuals including clinicians, para-professional staff, and CCA members. An ideal partner will also share a passion for developing new and innovative tools to meet the needs of complex populations, a group that has often been neglected in the development of digital health tools. Lastly, because CCA is looking to co-create and jointly bring this product to market with a partner, it is looking for a company with strong partnership development capabilities.

Resources Provided

CCA uses [eClinical Works](#) as its electronic health record, and anticipates leveraging its referral management functions for this project. Additionally, CCA will provide its partner with in-house feeds for authorized transportation, personal care attendants, and homemaking services in order to create the member-facing self-management profile. CCA will also leverage [MarketProminence](#), which tracks enrollee demographic information and eligibility, and [VisualCactus](#), CCA's provider network management tool that tracks information about the clinical professionals who provide services to CCA members. CCA data will be used to populate key aspects of the tool, such as lists of preferred personal care attendants.

This project will be led by staff from CCA's Care Delivery and Clinical Operations group and its Innovation team. Involved staff will include [Dr. Toyin Ajayi](#), chief medical officer; Iyah Romm, vice president of clinical operations and transformation; [Dr. John Loughnane](#), director of clinical innovations; and Brendan Livingston, project manager for innovation. Additionally, CCA has a robust IT department that will be available for this project.