



Quality Improvement Initiatives



MHP Quality Improvement Initiatives

MHP is committed to the goal of improving the health of its members. To advance this objective, MHP has created the following initiatives:

- Hennepin Health - Improving Dental Care Access
- Hennepin Health - Housing Navigation Services
- Cornerstone Solutions (SNBC) - Member Events Quality Evaluation

Hennepin Health- Improving Dental Care Access

Hennepin Health is a county-based accountable care organization (ACO) that provides an innovative care delivery program serving the Medicaid expansion population residing in Hennepin County. It is a partnership between Hennepin County Medical Center (HCMC), Hennepin County Human Services and Public Health Department, NorthPoint Health & Wellness Center, and Metropolitan Health Plan that shares financial risk for low-income adults without dependents. Through the Hennepin Health ACO, a comprehensive and coordinated model of care is utilized. The model focuses on care coordination that addresses social factors affecting health, including the member's medical, dental, behavioral, and social needs. In addition, Hennepin Health contracts with other clinics and community organizations allowing greater access and resources for its members including dental services.

Due to low-income levels and a low prevalence of previous access to health insurance, the Hennepin Health patient population tends to be high utilizers of welfare services and crisis care. Prior to becoming an ACO, the individual partners had experience with individual initiatives aimed at coordinating care for the safety-net populations. Similar safety net concerns provided the incentive for the Hennepin Health Foundation to survey 71 dental clinics in Hennepin County in June of 2012 that found significant income and geographic-related disparities.

Rationale

According to the First-Ever Surgeon General's Report on "Oral Health Finds Profound Disparities in Nation's Population" (NIH, 2000) alerted Americans to the full meaning of oral health, and its important relationship to general health and well-being. The report illustrated profound disparities that can affect those who lack the knowledge of resources needed to achieve good oral care. Disparities for various oral conditions may relate to income, age, sex, race or ethnicity, or medical status (Surgeon General Report, 2000).

Adults with incomes at or above the poverty level guideline are twice as likely to report a dental visit in the past 12 months as those who are below poverty level. Members of minority racial and ethnic groups experience a larger percentage of oral health problems as well as those individuals with disabilities. Opportunities exist to expand the oral disease prevention and

health promotion knowledge and practices of the public through community programs and in health care settings (Surgeon General Report, 2000).

While Hennepin County residents have almost all health care services available to them, dental service is one area that continues to be limited in availability and continues to be addressed by the county.

As reported in *Dental Care in Accountable Care Organizations: Insights from 5 Case Studies* (Leavitt Partners) Hennepin Health Foundation surveyed 71 dental clinics in Hennepin County in June 2012 and found significant income and geographic-related disparities. The results determined that only 10 percent of surveyed clinics accepted patients on medical assistance, with only a small handful of those providing access to new patients with Medicaid or no insurance. Areas with the lowest levels of dental care access and utilization include Minneapolis neighborhoods in HCMC's primary service area.

Objectives

Strategies focus on working directly with eligible members to educate them on their dental benefits. MHP is working with Delta Dental to increase access to dental services, as well as enlisting the support of Hennepin Health's Community Health Worker (CHW), MHP care coordinators (MSHO/MSO+) and MHP care guides (SNBC), along with Delta Dental Plan of Minnesota (DDPMN) access care coordinators to assist members in obtaining a dental appointment.

Methodology

Data collection is an administrative query that compares MHP enrollment data against DDPMN claims data to identify which eligible health plan members have had a preventive and/or diagnostic dental service during the measurement period.

Hennepin Health utilizes an internal 12-page scorecard to track usage, cost and monthly health outcomes. For dental care, Hennepin Health monitors whether members have had at least one dental visit each year and also tracks each member's number of ED visits and reason for the visit.

Findings

Hennepin Health had been successful in improving dental care access for its members. Hennepin Health values preventive and restorative dental care and has innovative methods of increasing care. "Hennepin Health's ED diversion for dental" and care coordination model has been instrumental in moving care from the hospital and ED to outpatient settings.

NorthPoint was able to see an additional 655 Hennepin Health members in 2014 with 237 of those visits for new patients. NorthPoint hosted 168 Hennepin Health members for group visits in 2014. In 2014 there was an increase in members using the Access Referral process to obtain dental care as compared to 2013. In 2013, 262 Hennepin Health members used the process and 346 members used the process in 2014.

Hennepin Health has a comprehensive network of affiliated dental practices. Hennepin Health also contracts with a number of independent providers to increase member access, using the statewide CivicSmiles network. Currently, Hennepin's affiliated network includes 1,681 unique dentists in 3,328 access points. For Hennepin County, there are 622 unique dentists and 312 access points.

Conclusions

Hennepin Health identified the following issues:

- This population is highly transient.
- Members may not understand their dental benefits or how to access dental care.
- A major hurdle in coordinating dental and medical care is information sharing. Currently the sharing of EHRs between physicians and dentists is one-sided with dental providers able to view their patients' medical records but medical providers unable to view dental records.
- Primary care providers experienced a learning curve by adding dental needs to the primary care discussion but the clinic care coordinators have lifted the burden of that adjustment.
- Dental pain was one of the highest unnecessary cost drivers in the emergency department (ED).
 - Most ED visits for dental pain are addressed by a prescription for painkillers, This can be problematic for a population with high mental illness and chemical dependency
 - The lack of transportation is also a barrier for this subset of patients, so referrals to see a dentist are often left unanswered, causing the same patients to revisit the ED a few days later. For those reasons, Hennepin Health worked to improve and streamline access to same-day dental care.

To address the identified issues, the following improvements in dental access occurred during 2014:

- Assigned care coordinators work to ensure that Hennepin Health members who have been assigned a care coordinator receive the appropriate care, which may include medical, dental, mental or social services. With all four ACO partners on the same EPIC

electronic health record (EHR) all can share patient data and work together to plan the best care strategy. Each member's care team has a designated primary coordinator. If a member goes to the ED experiencing an acute dental situation, the care coordinator can get the member to a dentist for care. The dentist or dental staff can look in EPIC and see who the primary coordinator is and give that person a call to let them know the patient was seen, the outcome of the visit and follow up as needed.

- As reported in *Dental Care in Accountable Care Organizations: Insights from 5 Case Studies* (Leavitt Partners) Hennepin County Medical Center and NorthPoint employ approximately 24 dentists who work closely with the ACO's care coordination staff to schedule timely follow-up visits and provide direction for quick access to services.
- HCMC dental clinic identified an increased need for dental care in the hospital and extended the hours of the dental clinic employing dental therapists and assistants to help the ACO expand capacity.
- HCMC has a hygienist working in the Coordinated Care Center, the ambulatory ICU treating Hennepin Health's most complex patients for half a day per week. There are plans to expand the space to include more dental services.
- Through a grant from Delta Dental of Minnesota Foundation, in 2014 a Community Health Worker (CHW) was stationed in HCMC's ED and urgent care to meet with Hennepin Health members experiencing dental pain. The CHW assesses members' needs, assists with filling a short-term prescription for pain medication and arranges an appointment with a dental provider either at HCMC or NorthPoint. Both locations offer rapid access appointments for Hennepin Health members. The majority of the ACOs dental services however are provided by NorthPoint Health & Wellness Center. To overcome the barrier of transportation and ensure the patient is able to keep the appointment, the community health worker can help to arrange a ride to the clinic. In addition to solving the patient's immediate dental needs, this coordination with NorthPoint also helps in creating a lasting relationship between patient and dentist, establishing a dental home for future dental needs.
- When a child aged zero to three is seen for a Well Child Check at a HCMC Pediatric Clinic, a dental provider joins the physician visit to provide the child with the first dental visit and the parent with education about prevention. HCMC also incorporates dental education into its prenatal programming. The mother receives dental care as needed along with education about the importance of preventive efforts such as avoiding sugared liquids in bottles.
- Using some 2013's reinvestment funds, Hennepin Health financed a pilot project at NorthPoint with the goal to increase access to dental services for its members and to use dental as a pathway to bring in more members that were not previously engaged in the medical home. Hennepin Health found that many members are unaware that dental

care is available to them. As part of the pilot project, community outreach staff travel around the community to ask and answer dental health questions, informing people of their coverage at Hennepin Health and locating those with dental needs. These community outreach workers educate and encourage members to understand the importance of oral health, bringing them in to receive dental services. In an effort to coordinate across the care continuum, while members are addressing their dental needs, they are also taught about other primary care services that would be beneficial to their health. When a member is brought in to receive dental services, they are connected with a community health worker staffed in the dental department to discuss the importance of primary care, making recommendations and coordinating further services within the ACO. This outreach, in an underserved area of Minneapolis, has been successful in bringing in new members to the medical home and has enabled Hennepin Health to improve their same- or next-day dental access, which has greatly supported their work with the ED.

- Due to a Hennepin Health reinvestment initiative, NorthPoint served an additional 655 Hennepin Health members with 237 of those visits being with new patients. Hennepin Health members were referred for same-day emergency, and next-day new patient and walk-in appointments. NorthPoint offers an array of dental services including preventive care, restorative care, emergency care, digital x-ray, prosthodontic care, and pedodontic care.
- NorthPoint found that the Hennepin Health member population tends to prefer walk-in and same-day access so NorthPoint implemented group visits for Hennepin Health members. NorthPoint hosted 168 Hennepin Health members for group visits in 2014. The group receives health education, an orientation to the clinic services and access to individual appointments such as dental or a mental health visit. NorthPoint has a physical capacity to serve over 23,000 patients per year.
- In addition to the dental services offered at HCMC and NorthPoint, Hennepin Health has a comprehensive network of affiliated dental practices. Hennepin Health contracts with a number of independent providers to increase member access, using the statewide CivicSmiles network. Currently, Hennepin's affiliated network includes 1,681 unique dentists in 3,328 access points. For Hennepin County, there are 622 unique dentists and 312 access points. Unlike the employed dental providers, the affiliated dentists at the community practices are not part of the risk-sharing and are not incentivized directly by Hennepin Health to meet the same performance or quality measures.
- As an effort to decrease ED visits, Hennepin promotes the dental benefit to its members through mailings, care coordination staff, marketing campaigns and member events.
- Delta Dental provides guidance in preparing educational materials for members on oral health. Delta Dental also has a mobile application that allows members to upload dental

information and find participating dentists. Delta Dental offers “My Dental Score” through an online assessment that will identify areas of concern and help members find appropriate treatment.

Recommendations

- Continuing care coordination efforts as demonstrated by having the CHW located in the ED and urgent care.
- Hennepin Health is working on creating an interface between its members’ medical and dental records that will allow increased shared planning among those providers.
- HCMC has a hygienist working in the Coordinated Care Center, the ambulatory ICU treating Hennepin Health’s most complex patients for half a day per week. There are plans to expand the space to include more dental services.
- In the future, HCMC and NorthPoint pediatric clinics will schedule an early dental visit at the same time as a child’s Child and Teen Checkup (C&TC) visit for those children who have not yet received one. Hennepin Health will send all children an annual birthday card with a C&TC and dental visit reminder enclosed. Upon completion of these well-child visits, Hennepin Health will mail a gift card to the child.

Sustainability

Hennepin Health tracks usage, cost and health outcomes by using a 12 page scorecard.

Hennepin Health tracks whether members have had a dental visit and also tracks the number of ED visits. Hennepin Health could potentially use the data to determine the occurrence of dental visits in the ED.

Each year staff from Hennepin Health’s four partners has the opportunity to submit reinvestment initiative proposals that address observed needs based on both data and staff encounters with members. Hennepin Health’s Operations and Finance Committees evaluate the proposals based on their potential to improve patient outcomes, produce a return on investment, and be financially sustainable after Hennepin Health reinvestment funding is depleted. Projects are evaluated at the end of the pilot period to determine effectiveness. Projects deemed effective receive consideration as a permanent part of the benefit set for Hennepin Health members. With the use of reinvestment funds, NorthPoint continues to see benefits of having a program in place that expands outreach efforts such as increasing oral health visits and linking members to primary care and care coordination services. CHWs will remain a constant and significant factor in care coordination.

Hennepin Health- Housing Navigation Services

Since 2012, housing has consistently been identified as a top barrier to improving the health of Hennepin Health’s members. Acknowledging the link between housing instability and expensive

health care utilization, Hennepin Health began to include housing interventions in its approach to care coordination and service integration. Through care coordination efforts, this health reform initiative strives to improve quality of care and patient experience while lowering overall costs. Interventions to address housing instability include the Hennepin Health Social Services Navigation Team and Hennepin Health's partnerships with the Minneapolis Public Housing Authority and the Hennepin County's Heading Home Hennepin initiative.

The social service navigation focuses on finding housing for homeless members or those with unstable housing. They complete the Life Style Overview document and a housing referral form and work in conjunction with the clinic care coordination staff to find housing options to meet the member's need. By partnering with the Minneapolis Public Housing Authority (MPHA), Hennepin Health leases up to eight interim housing units from MPHA in the Elliot Twins building in Minneapolis' Elliot Park neighborhood. The units are reserved for Hennepin Health members who are homeless and either in inpatient care or have recently discharged from inpatient care. Members identified with high risk for hospital re-admission due to lack of housing and social supports receive up to 90 days of housing. While there, they receive in-home nursing and/or case management support services to address their medical or mental health needs. The social service navigation team then assists the member with securing longer-term supportive housing placement. The partnership with Hennepin County's Human Services and Public Health Department (HSPHD) is another way to reduce housing instability. Their involvement ranges from contracts with shelter and group residential housing providers to large-scale efforts to address homelessness via efforts such as Heading Home Hennepin, a 10-year plan to end homelessness in Minneapolis and Hennepin County by 2016. Heading Home Hennepin connects with over 120 local nonprofit organizations, government agencies, businesses, faith-based alliances and concerned citizens allowing Hennepin Health to have access to multiple housing resources.

Rationale

As outlined in the Minnesota HIV Epidemiological Profile – General Minnesota Demographics report, homelessness is also seen as a social determinant of health. In 2012, an estimated 10,214 people were homeless in Minnesota. According to the 2012 Wilder Homelessness Survey, this number has increased by 10 percent since 2009 with the largest reported increase among persons age 55 years and older (48% increase). Despite this increase of homelessness among older people, persons age 21 and under still account for the largest proportion of homelessness (46%).

According to the Wilder 2012 Minnesota Homeless Study, Hennepin County had 4,316 homeless individuals which was an increase of nearly 7% from 2009 when 4,035 individuals

were homeless. As reported in the Housing + Health Innovations in the Field (National Housing Conference, Center for Housing Policy (June 2015) Hennepin Health serves over 10,000 members. Approximately 30 to 50 percent of this population has unstable housing or is homeless or living in a homeless shelter.

Objectives

Housing has consistently been identified as a barrier to improving the health of Hennepin Health’s members. Utilizing care coordination to address the social determinants of health that drive health care utilization, this initiative strives to improve quality of care while lowering overall costs.

Methodology

According to Hennepin Health’s Housing Navigation Results Summary (June 2015), when primary care clinic-based care coordination teams identify that a medically complex or frequently-hospitalized member is experiencing homelessness or is precariously housed, they make a referral to Hennepin Health’s social service navigators. The navigators assess each member’s situation and match them to available supportive housing options.

The results are determined by comparing the rate at which 123 members who were housed through housing navigation from 2012 through mid-2014 who used the emergency department, the psychiatric emergency department, were admitted to an inpatient hospital, and used outpatient clinic visits prior to and following their housing placement. Utilization rates are reported on a per 1000 member month basis, and the pre-and post-periods are each 12 months in duration. To be included in the evaluation, members needed a minimum of three months in both the pre and post periods. All outcomes are calculated from the electronic health record data.

Findings

Hennepin Health members housed through housing navigation services saw significant reductions in acute care utilization following placement as demonstrated in Table 2 below.

Table 2: Members housed through Housing Navigation Services

Activity	12 Months Pre-Housing	12 Months Post-Housing	% Change
Inpatient Admissions/1000	33.2	27.8	-16.27%
ED Visits/1000	151.1	98.9	-34.55%
Psychiatric ED Visits/1000	14.9	12.2	-18.12%
Outpatient Visits/1000	4140	5008	20.97%

Of the 123 members who were housed through housing navigation from 2012 through mid-2014, the results are as follows:

- Members were admitted to a hospital 16% less often after placement in housing.
- Members visited the ED 35% less often after placement in housing.
- Members visited the psychiatric ED 18% less often after placement in housing.
- Members received outpatient clinic visits 21% more often after the placement in housing.

In 2014, there were 55 referrals for housing with 26 members (47.27%) being housed through social service navigation services.

Conclusions

The social service navigation team members attend case consultations and team meetings throughout partner locations and are integral to the quality of care coordination throughout service transitions. Hennepin Health members housed through housing navigation services saw significant reductions in acute care utilization following placement which in turn led to reduced associated health care costs. There may be limitations with the data. Given that participants are prioritized for housing due to medical complexity and high utilization, some of the observed reductions may be explained by a natural regression to the mean. Results are unadjusted observations and may not be repeatable or generalizable.

Housing needs for a subset of Hennepin Health's members may continue to be difficult for members who use drugs, alcohol and/or have a felony conviction as this can exclude them from several housing options such as subsidized housing ("Section 8"). Even with these challenges, Hennepin Health's social services navigation team and clinic care coordination staff continue to influence the HSPHD's extensive housing network to find members an immediate bed for the night, short-term housing options and long-term rentals while also influencing the development of new housing that meets the needs of its members.

Recommendations

Families experiencing homelessness are under significant stress and often live in a day-to-day survival state which can have an impact on family and child health. One way Hennepin Health can address the needs of homeless families is through its partnership with HSPHD's Healthcare for the Homeless clinics at People Serving People and Mary's Place, two family shelters located in downtown Minneapolis and at YouthLink, a drop-in center for homeless youth. All of these clinics share Hennepin Health's EPIC health record, which lends itself to seamless care coordination between primary care clinics and social service programs.

One pilot program at People Serving People is a grant-funded initiative to provide prenatal support and education services. The prenatal classes are held in the shelter to build peer support and a sense of community among homeless pregnant women, and provide them with an opportunity to share their experiences. Holding classes at the shelter also increases access, and eliminates barriers such as transportation and child care.

Recommendations include providing housing and social service navigation to families that are at high risk due to medical fragility and complexity.

Sustainability

Programs such as this do not have a sustainable funding source, despite their potential for future cost savings. Hennepin Health's financial and governance structure allows flexibility to support such programs as part of the health benefit and reinvestment into the system.

Hennepin Health has funded a reinvestment initiative for Employment Pays Housing Navigation. The project provides a .75 full time equivalent (FTE) employee to provide housing navigation to employed clients wishing to use HOME vouchers to find a suburban landlord to rent an apartment from.

There are challenges for sustaining the activity as there are not enough Group Residential Housing (GRH) beds and other affordable housing units available to meet the demand among Hennepin Health members. There is also a shortage of units with supportive services for individuals with complex needs. Another challenge in addressing the housing needs of Hennepin Health members is the difficulty of investing in permanent affordable housing for its members as people go on and off the health plan frequently and once off the health plan, they would no longer be eligible for housing.

Cornerstone (SNBC)- Member Events Quality Evaluation

The Minnesota Department of Human Services (DHS) administers the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for public managed care programs on an annual basis. While the CAHPS survey is a valid satisfaction monitoring tool in the general sense, it is difficult to be intentional on improving any of the specific measures. The CAHPS survey does not have the ability to identify specific members who may have answered questions in a manner that would permit follow-up by MHP. For example, if a member said they rate the care coordination they receive as poor, MHP would not have the necessary information needed to investigate and correct specific issues that were raised.

In an effort to supplement the CAHPS data, MHP conducted a satisfaction survey in early 2014 through the front lobby/walk-in customer service desk at MHP. The survey covers many of the same questions as the CAPHS survey and is still anonymous, but members will have the opportunity to leave their contact information with the survey if there is any specific concern they wish MHP to follow-up on for them. MHP's front lobby area receives a high volume of member traffic – about 800 members per month. Although the survey is limited to those who present there, it has the potential to serve as another platform for collecting member satisfaction data and incorporating changes as appropriate.

MHP's Cornerstone Solutions is a Special Needs Program that provides coverage for people ages 18-64 who have been certified disabled, have Medical Assistance (MA) and live in the service area. They also may have Medicare Part A and Part B. Minnesota Senior Health Options (MSHO) is for individuals who are age 65 or over, receive Medical Assistance (Medicaid) from the state, have both Medicare Part A and Part B and live in the service area. Minnesota Senior Care Plus (MSC+) is for individuals age 65 or older who qualify for Medical Assistance (Medicaid).

Effective January 1, 2015 MHP stopped offering a Medicare product, terminated its contract with the Centers for Medicare and Medicaid effective December 31, 2014. MHP worked with all of the regulatory guidelines and focused on transitioning care for the Medicare members previously services under the MHP Medicare products.

Cornerstone Solutions hosts member events called "member gatherings" as a way to obtain periodic feedback from members on satisfaction with care, problem identification, and suggestions for improving the delivery system (DHS SNBC Contract Section 7.4). This allows MHP to continue to fine tune its Special Needs Basic Care Program to continuously improve, to better meet the needs of members, and to adapt quickly to change as it is the members who drive improvements and refinements to MHP's programming.

In 2014, MHP held member events for Cornerstone Solutions Special Needs Basic Care (SNBC) program, Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) members. Member events were combined and all SNBC, MSHO and MSC+ members were invited to one event. A decision was made to combine the stakeholder's groups into one member gathering for all MHP SNBC, MSHO and MSC+ members due to ongoing low attendance at the MSHO/MSC+ senior only gatherings.

Rationale

MHP's contract with the Department of Human Services (DHS) mandates that MHP offer a stakeholder's group and MHP has chosen the member event format. Member events are held

twice a year. MHP offers these member gatherings as a forum to highlight aspects of the Cornerstone program, inform members of any changes that have occurred with the program and provide information and services. Another important purpose of the member events is to gather feedback from members on their experience and satisfaction with the program and what improvements they would like to see. Feedback is then used to report back to members and DHS what was learned and what MHP is doing as a result. The feedback may lead to changes directed at program improvement for Cornerstone Solutions members.

Objectives

The objectives include meeting regulatory requirements for providing members with information on health plan services and benefits. Strategies include obtaining consumer feedback and analyzing data in order to implement programmatic changes based on outcome information.

Methodology

The SNBC Member Events involve collecting information from members to evaluate what is working well, exploring problems, and obtaining solutions to better serve SNBC communities. Every meeting contains information for members on how to access plan benefits and services and advanced directives.

Each member event includes a survey, both written and verbal. Two events are held annually. Once a year MHP used the uSPEQ[®] survey tool which is a standardized survey and produces data sets on client demographics and service delivery. The survey administered at the other event is created in-house. For that survey MHP determines what information it would like from members and based on that survey questions are developed. With the in-house survey demographic information is not collected. For members attending the events, they are given a gift card but must complete the survey to receive their gift card.

Member events are structured much like a health fair. Stations are set up and scattered around in a large area with each station representing a health topic. Examples of stations from past events include: a Medical Director who is available to meet with members and answer questions, nurses who are available to take members' blood pressure, and a station on diabetes. Each event has a theme that is used largely for inspiration and decorative purposes. Themes have included "Passport to Health," a baseball theme, winter and spring themes. The themes are incorporated to make it fun and attractive and enhance the member experience.

Care guides are expected to participate fully in the member events held twice a year. Each care guide agency may be asked to run a station, assist with registering members, guide members around the event, greet taxis and/or serve light refreshments. There are member event

planning meetings in which care guides are also expected to participate. Care guides are welcome to submit ideas about stations or improving the member event process. Care guides are asked to personally invite members on their caseload. MHP sends out a mass invitation, but there is nothing that replaces the personal invitation.

Due to large attendance, the event is spread over two days, with members invited based on where their last name is in the alphabet, with the option of attending the day it was most convenient. Members received invitations by mail and care guides reminded members with personal phone calls. On the day of the event members check-in and register for the day and are given a tracking card that orients them to the variety of stations they can attend. Among the various topics offered, members are also encouraged to attend specific sessions such as member presentation, written feedback and verbal feedback.

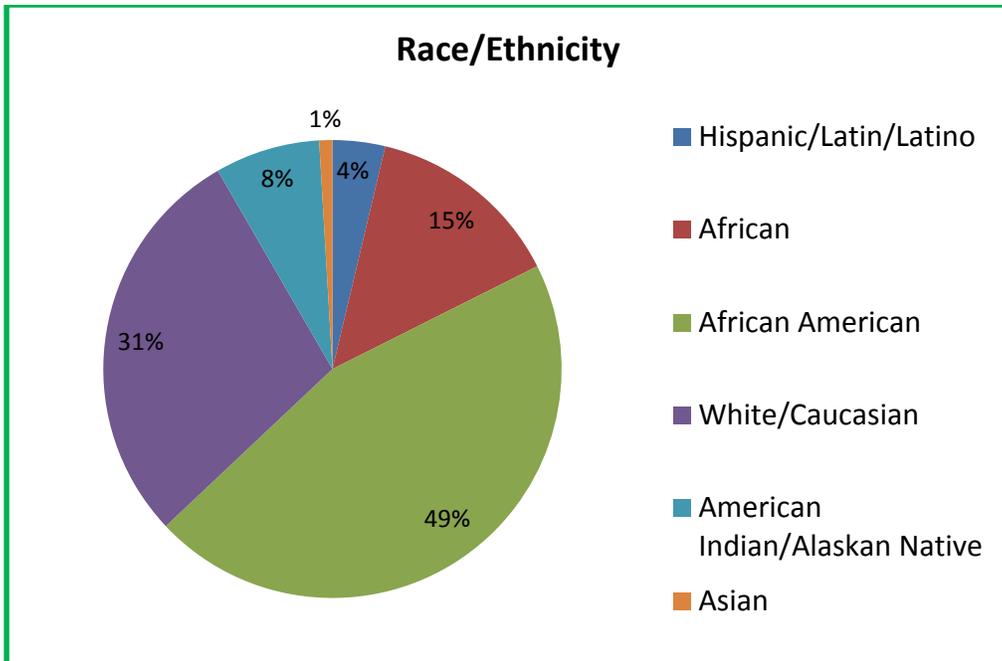
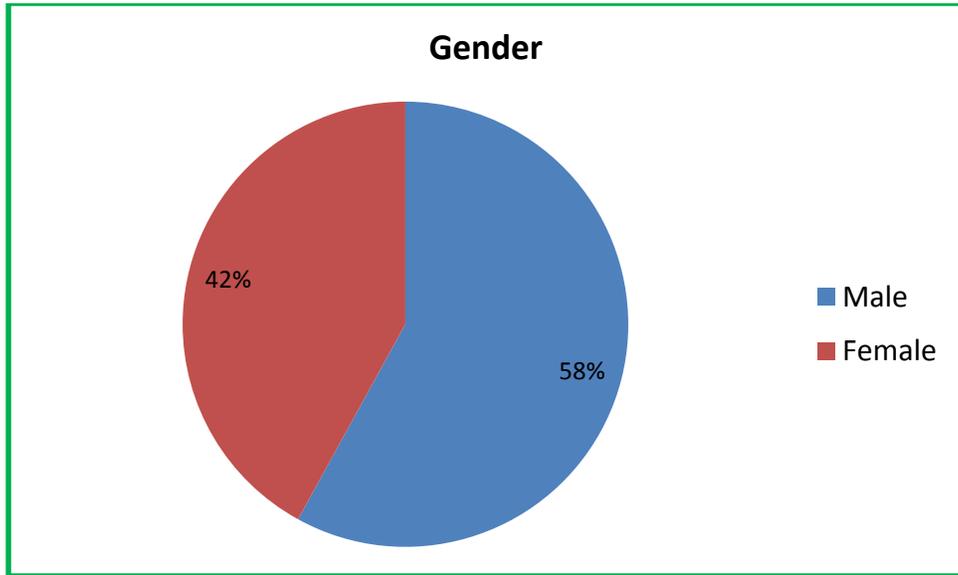
At each event there was a high care guide to member ratio for the member feedback and written survey stations to assist members in completing these requirements. In addition, members were provided the opportunity to meet one-on-one with their own care guide in private meeting rooms. Care guides were available to update member's health risk assessments as needed.

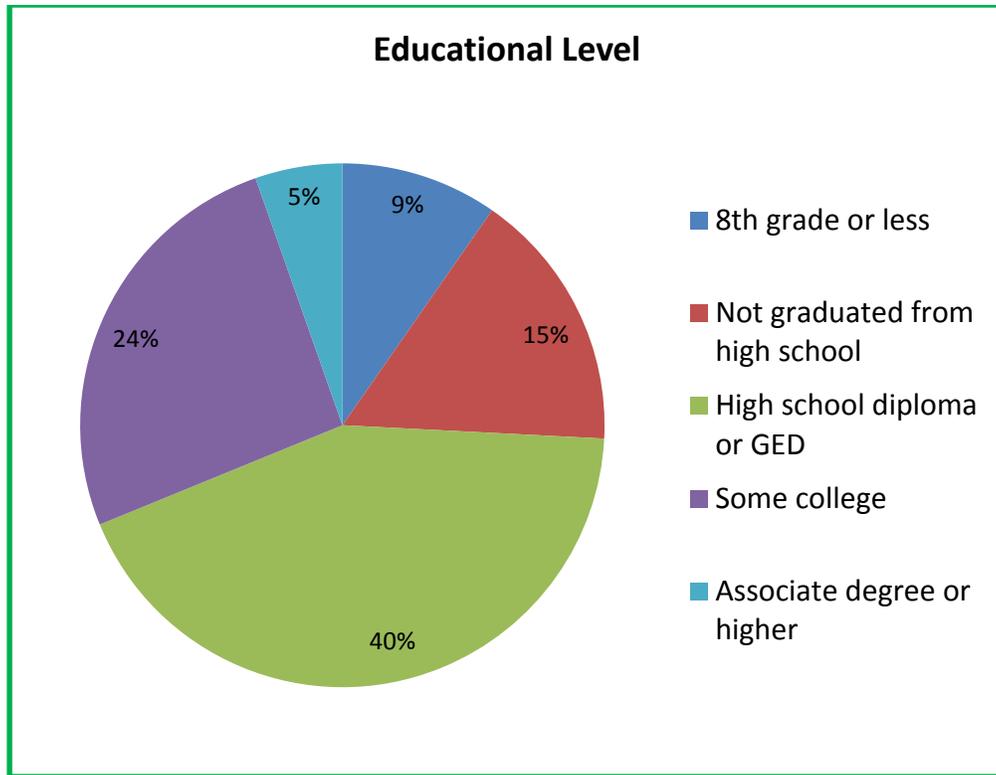
Member feedback is solicited at the member gatherings. This feedback is gathered and written up in a report. This feedback is taken seriously by the Cornerstone administration and is used to report back to members and DHS what was learned and what MHP is doing as a result. Changes have been implemented because of the events that have greatly improved our programs. At one of the first gatherings, MHP received the feedback that respect is very important to members and this generated a motto and marketing campaign for MHP: Health. Care. Respect.

Findings

The member gathering for April 2014 included 22 MSHO/MSC+ attendees and 162 SNBC members for a total of 184 members. The totals for the October gathering were 16 MSHO/MSC+ and 149 SNBC attendees for a total of 165 members. The member events have become part of MHP's model of care, especially for SNBC members.

Table 3: 2014 Member Event Demographic Information





In-house survey questions varied for each member event. At the April event, feedback was sought on how their care guides could better assist them, what they need to improve their own health and describing any problems in getting services from the health plan. The feedback from the October event focused on satisfaction, concerns and areas for improvement.

The April event included topics on transitions in care, meet the Medical Director, maintain your medical assistance, economic assistance, advance directives, disease management programs, nutrition outreach, community service programs, crisis outreach for psychiatric emergencies, YMCA, bed bugs, Mental Health Association of Minnesota, transportation services at MHP and written and verbal feedback.

Verbal and written feedback from the April 2014 event can be summarized in three broad categories relating to care guide assistance, services, and member event recommendations. The findings were as follows:

Table 4: April 2014 Member Event Findings

Care Guide Assistance	Yes	No
Do you know who your care guide is?	84%	16%
Are you able to reach your care guide when you need to?	83%	17%
Does your care guide help you get the services that you need?	83%	17%
Services		

Care Guide Assistance	Yes	No
Do you know how to arrange for transportation for medical appointments?	96%	3%
Do you know how to get the medications you need?	79%	21%
Have you had problems getting the medications that you need?	38%	62%

When members were asked how satisfied they were with their care guide services, 83% reported being satisfied and 17% reported being dissatisfied. Members reported various ways their care guide could better assist them including:

- 34% verbalized there was nothing their care guide could do better
- 7% responded that their care guides could be better with communication
- 6% felt the care guide could provide more help with housing and
- 3% desired more frequent with their care guides

Members were asked if they had any problems getting services they needed from the health plan. Responses included:

- 27% report no problems getting services from MHP
- 4% wanted housing as a service they need from the health plan
- 3.7% reported transportation
- 3% want fewer or less drug copays
- 2% requested expanding to other clinics for both medical and dental
- 2% stated the medications aren't always covered

Members were also asked overall how satisfied they were with the pharmacy services at MHP and 65% were satisfied, 3.7% unsatisfied, and 28% reported they do not use a pharmacy.

Members had recommendations for improving member events. The recommendations are:

Table 5: April 2014 Member Event Recommendations

Member Event Recommendations
<p>What changes would you like to see at the Member Events?</p> <p>Areas doing well</p> <ul style="list-style-type: none"> • 24.5% reported no changes needed <p>Member event programmatic changes</p> <ul style="list-style-type: none"> • 7% would like smaller groups • 3.7% thought the service stations could have been quicker • More 1:1 guidance <p>Logistic changes</p> <ul style="list-style-type: none"> • 15% want better and more food • 8.5% wanted it at a different location (e.g. the library) <p>Future topics or information</p>

Member Event Recommendations
<ul style="list-style-type: none">• Provide information on smoking cessation• Offer more housing resources• Describe exercise options to improve health• Provide information on pain management services

Summary findings for the April event indicated that the event was successful. New stations provided valuable resources for members, for example, the Mental Health Association of Minnesota was well attended by members

The decision to combine the SNBC event with MHSO/MS+ event was well received by members and didn't make a difference in terms of attendance numbers. The senior's population may be less inclined to attend such events for a variety of reasons and MHP felt a good effort had been made in at trying to attract more seniors in the past with no significant results.

Topics at the October event included MHP Overview, written and verbal feedback, advance directives, transitions in care, pain management alternatives, how to maintain Medical Assistance eligibility, Mental Health Association of Minnesota, Meet Medical Director, Housing Resources, Flu Shots, tobacco cessation and Medicare Transition hosted by DHS. Members were provided with information on how to access health plan services, got assistance in obtaining monthly bus passes, had the option of receiving a flu shot, learned how to complete an advance directive. Members were also able to connect with their care guides at the event.

In response to previous feedback from the April 2014 event, members had requested information on exercise options so a YMCA station was added to the October member event. The YMCA is a benefit for all Cornerstone Solutions members and is provided free of charge. Members reported they like the YMCA benefit but only a fraction of the membership take advantage of that. It is hoped that with education and encouragement, the YMCA will become more fully utilized by Cornerstone Solutions members. Members asked about tobacco cessation at the April event so MHP added that to the October event.

Verbal and written feedback from the October 2014 event can be summarized in five broad areas including member's health perspective, preferred communication method, member satisfaction with providers/services, what's working well and areas for improvement/recommendations. At the October event MHP utilized the standardized uSPEQ® survey tool to collect information. The findings for 2014 were very consistent from the findings in 2013 with overall member satisfaction falling near 99% for many of the specific measures.

The findings and how they compare to 2013 are as follows:

Table 6: uSPEQ® Customer Input Survey Data for October 2013 and 2014

Measure	2014 HSPHD uSPEQ® Customer Input Survey Data Report (Survey dates: 10/26/2014 to 11/7/2014)	2013 HSPHD uSPEQ® Customer Input Survey Data Report (Survey dates: 10/1/2013 to 12/31/2013)
Member Health Perspective		
How do members view their health	<ul style="list-style-type: none"> • 7% Excellent • 15% Very Good • 39% Good • 32% Fair • 6% Poor 	<ul style="list-style-type: none"> • 11% Excellent • 21% Very good • 39% Good • 23% Fair • 5% Poor
Member Satisfaction with Providers/Services		
The amount of time I wait to get service is reasonable	94% agree	97% agree
Staff members make accommodations that meet my individual needs	95% agree	96% agree
I have the opportunity to make choices that are important to me	97% agree	99% agree
Staff treat me/my family with respect and courtesy	99% agree	99% agree
Staff members are respectful of my culture	99% agree	98% agree
I would recommend this organization to a friend or family	99% agree	98% agree
Overall I believe the services I get have helped or will help me/my family	98% agree	98% agree
I know where and how to get help I need in the community	91% agree	92% agree
I am generally able to do things I need to do without major barriers	84% agree	89% agree
Staff members explain to me what I need to do next to get the services I need or want	96% agree	94% agree

Preferred Communication Method:

When asked if members would like to receive information from MHP electronically, only 16 members wanted electronic information. The majority preferred to get information via traditional mail. Some members suggested getting a phone call or information directly from their care guides.

What's working well:

- The majority of members reported they are able to see the providers (e.g. doctors, dentists, specialists) they want to see.
- When asked what they like best about MHP/Cornerstone Solutions members responded with the following:
 - “everything” as all their needs were being met
 - having transportation such as bus passes and cab rides
 - accessible and responsive care guides
 - providers have good programs
 - no copayments
 - visiting nurse services
 - physical therapy
 - dental services
 - community resources like the YMCA
 - people at MHP actually care about the people

Areas for Improvement/Recommendations:

When asked what they would like to see different about MHP and Cornerstone Solutions, while many members said they are satisfied and nothing should change, other members provided suggestions as follows:

Transportation / housing / financial issues:

- Non-medical transportation options
- Get both bus and cab passes
- Offer same-day rides
- Have additional housing resources
- Provide assistance with unresolved bills and payments to providers
- Develop partnerships with businesses to help with employment/hiring

Benefits:

- For those who have Medicare, they would like to see co-payments discontinued
- Improving dental benefits to include 2 cleanings per year and expanding coverage
- Having a chance to get a gift card more frequently or use gift cards as an incentive when member's make their doctor's appointments

- Having more money on gift cards
- Having better prescription coverage
- Offer weight loss programs
- Having more member events

Care Guide assistance:

- Having more frequent check-ins with care guides
- Providing better care guide training
- Having more member events
- Having a more flexible job description for the care guides
- Faster phone response by care guides
- More frequent visits by care guides

As a result of feedback from the April event MHP had implemented changes and reported those to members. Members had asked for more information on fitness so exercise options available through the health plan were included in the member presentation. Care guides were given information on the fitness benefit to share with members. Members requested more information on tobacco cessation so the fall event included a station devoted to that. Members had wanted options for managing pain so one of the care guide agencies hosted a station on Pain Management Alternatives.

Since MHP stopped offering a Medicare product and terminated its contract with the Centers for Medicare and Medicaid effective December 31, 2014, MHP worked with all of the regulatory guidelines and focused on transitioning care for the Medicare members previously serviced under the MHP Medicare products. Therefore, the member event also offered an opportunity for MHP to help transition MSHO/MS+ members off the health plan by inviting DHS to host a station staffed by the Senior Linkage Line. In addition, SNBC members who were dually eligible were able to speak to an expert and get their questions answered correctly. Having this station was one of the reasons that the transition out of Medicare went smoothly.

Summary findings for the October event showed the event was successful. Members were enthusiastic about the stations, and members affected by the Medicare transition were vocal about how helpful it was that DHS had a station at the event and they received good information.

Conclusions

The SNBC Member Events are successful in collecting information from members to evaluate what is working well, exploring problems, and obtaining solutions to better serve SNBC communities. Having member events set up like a health fair using stations format where

members visit the presentations of their choice allowing them to attend each topic presented at their own pace allows active member engagement. At each member event, members are provided with results from the previous member survey as well as a description of how the health plan responded to their feedback including changes that were implemented. Members have come to rely on the gathering and make good use of the expertise available to them. Members receive excellent health information. Incorporating these events into the model of care also continues to be important in strengthening relationships between the members, the health plan and the member's providers. By getting regular feedback from members, it allows MHP to continuously improve to better meet the needs of members and to adapt quickly to change.

Recommendations

Recommendations include:

- Continue hosting at least two member events annually.
- As part of quality improvement, continue to provide additional information or presentations based on member feedback from previous member events.
- Continue to conduct the HSPHD uSPEQ® Customer Input Survey at least annually.
- For the in-house survey component, include some consistent evaluation questions so that quality can be measured and trended over time.
- Member events are also offered to Hennepin Health members (individuals between 21-64 years of age who don't have dependent children and are eligible for Medical Assistance). In 2016, MHP was granted a contract to serve families and children. Thus MHP may evaluate whether there are commonalities for future topics for member events so that a broader based quality improvement initiative could be implemented.

Sustainability

As long as member events continue to be well attended and members find the information beneficial, MHP will continue these sessions to provide forums for members to provide input for health improvement activities or initiatives. This activity is sustainable as MHP continues to receive feedback at each event and then implements changes at future events and revises policies and procedures and model of care as able in accordance with contract and health plan regulations.

Conclusions

MHP's mission is to serve as the "safety net" for clients located in Hennepin County and is displayed in the activities referenced above. Health literacy is the capacity to process basic health information and the ability to interpret medical information. Several members are homeless or reside in shelters. Few have transportation options other than the bus. Members have socioeconomic issues that impact their ability in accessing food, clothing and shelter.

Members often use the food shelf and do not have access to kitchen facilities. Many members also struggle with chemical dependency, mental illness, tobacco and many chronic conditions, and barriers for some can be overwhelming.

The examples above reflect how integration of services and the partnerships between MHP and other county and community entities can lead to real improvement. Going forward, MHP will continue to re-invest in improvement activities bringing value to its members as a managed care organization.

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