



MNCARES

Informing Care Coordination Strategies

MN CARE COORDINATION EFFECTIVENESS STUDY (MNCARES) UPDATE

A STUDY TO INFORM
CARE COORDINATION STRATEGIES

**Health Care Homes Advisory
Committee Meeting**
December 14, 2021

PCORI IHS-2019CI-15625
Co-Principal Investigators:
Leif Solberg, MD
Steven Dehmer, PhD (Presenter)



TODAY'S TOPICS

- Study Updates
- Care Coordination Model Definition
- Organizational Survey Findings
- Questions/Comments



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STUDY UPDATES

NEW PAYOR PARTNER JOINS STUDY!

- We are very pleased to welcome **Medica** as a payor partner on the study
- Payor partners now include Medica, UCare, Blue Cross and Blue Shield of MN, the MN Dept. of Human Services, and HealthPartners
- We estimate that these 5 payors cover health insurance for close to 80% of care coordination patients included in the study

IDENTIFICATION OF HISTORICAL COHORT PATIENTS COMPLETE

- Care systems identified Historical Cohort patients between June-October 2021
- Data submission were handled through a secure data portal built by MN Community Measurement
- Eligibility criteria: Adults starting care coordination in a participating clinic in 2018 or early 2019 (Jan 2018 - February 2019)
- 194 clinics from 38 participating care systems identified 11,023 eligible patients
- More to come on what we learn

OTHER DATA COLLECTION UNDERWAY

- We are currently collecting surveys from a random sample of 3,000 Historical Cohort patients
 - The survey focuses on experience with care and wellbeing during the COVID-19 pandemic
- Interviews with a small number of care coordinators, clinicians, and clinic leaders across the state are underway to help inform the design of a survey to understand how care coordination is being delivered at each participating clinic



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CARE COORDINATION MODEL DEFINITION

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- In preparation of a survey of care coordinators at each participating clinic, we are refining our definition of each approach to care coordination
- Our refined definition for the “Medical/Social” model requires the following 3 conditions:

1

There is at least one social worker (licensed or not) who is a part of the care team at that clinic, and

2

The social worker is responsible for assessing and coordinating social services for care coordination patients at that clinic, and

3

The social worker routinely interacts with both care coordinated patients and their clinicians at that clinic.

- All clinics not meeting these 3 conditions will be considered “Medical” model clinics



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ORGANIZATIONAL SURVEY FINDINGS

ORGANIZATIONAL SURVEY RESPONDENTS

Total Orgs

43

322 clinics

Medical
Model

22

109 clinics
(34%)

Medical/Social
Model

19

165 clinics
(51%)

Mixed
Model

2

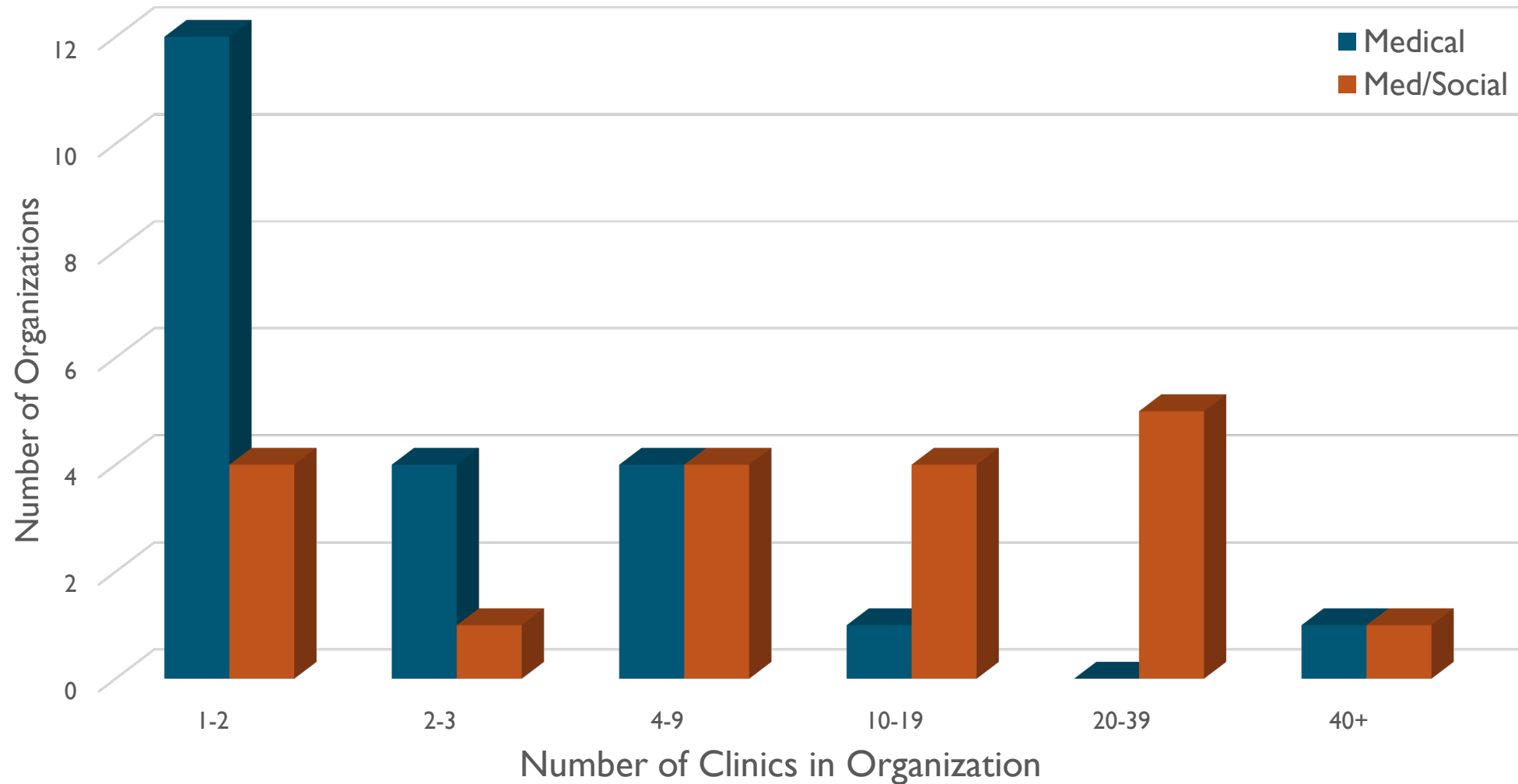
48 clinics
(15%)

ORGANIZATIONAL SIZE & LOCATION

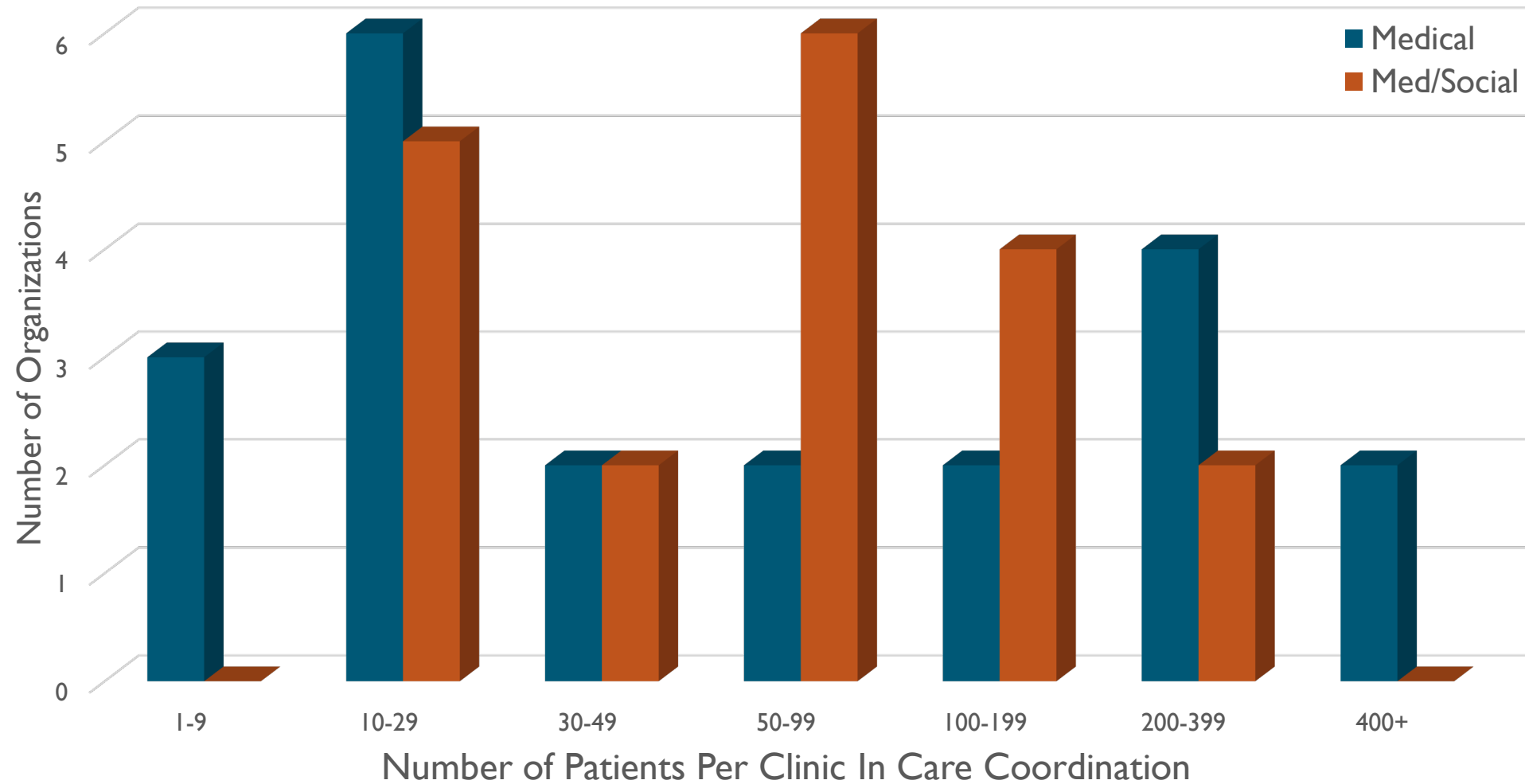
	Urban (N=23)	Rural (N=20)
Small (N=33)	14	19
Large (N=10)	9	1

- **System size:** Large systems have >10 certified HCH clinics
- **Urban:** a metropolitan area defined by RUCA code 1-3

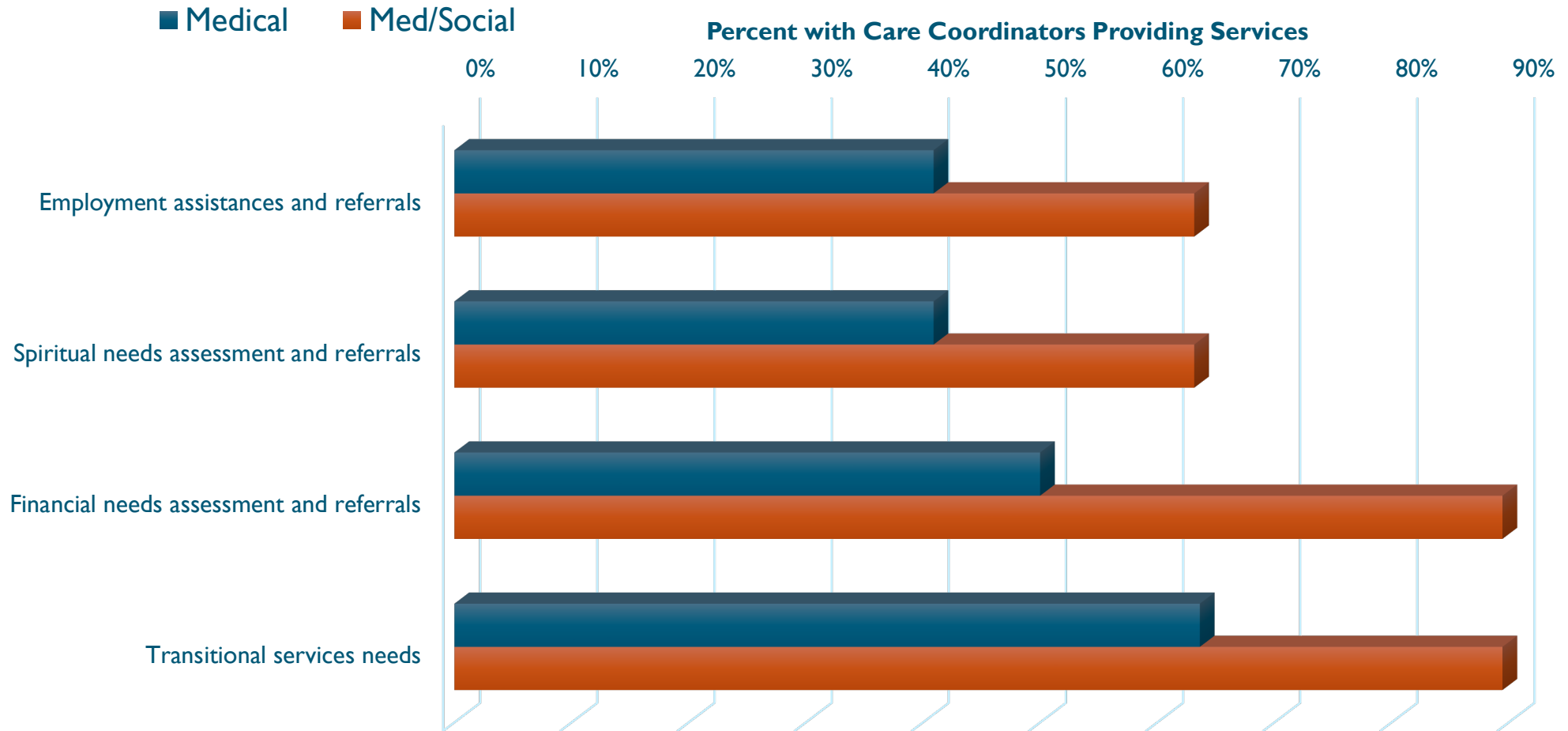
NUMBER OF PRIMARY CARE CLINICS IN ORG



NUMBER OF PATIENTS/CLINIC IN CARE COORDINATION

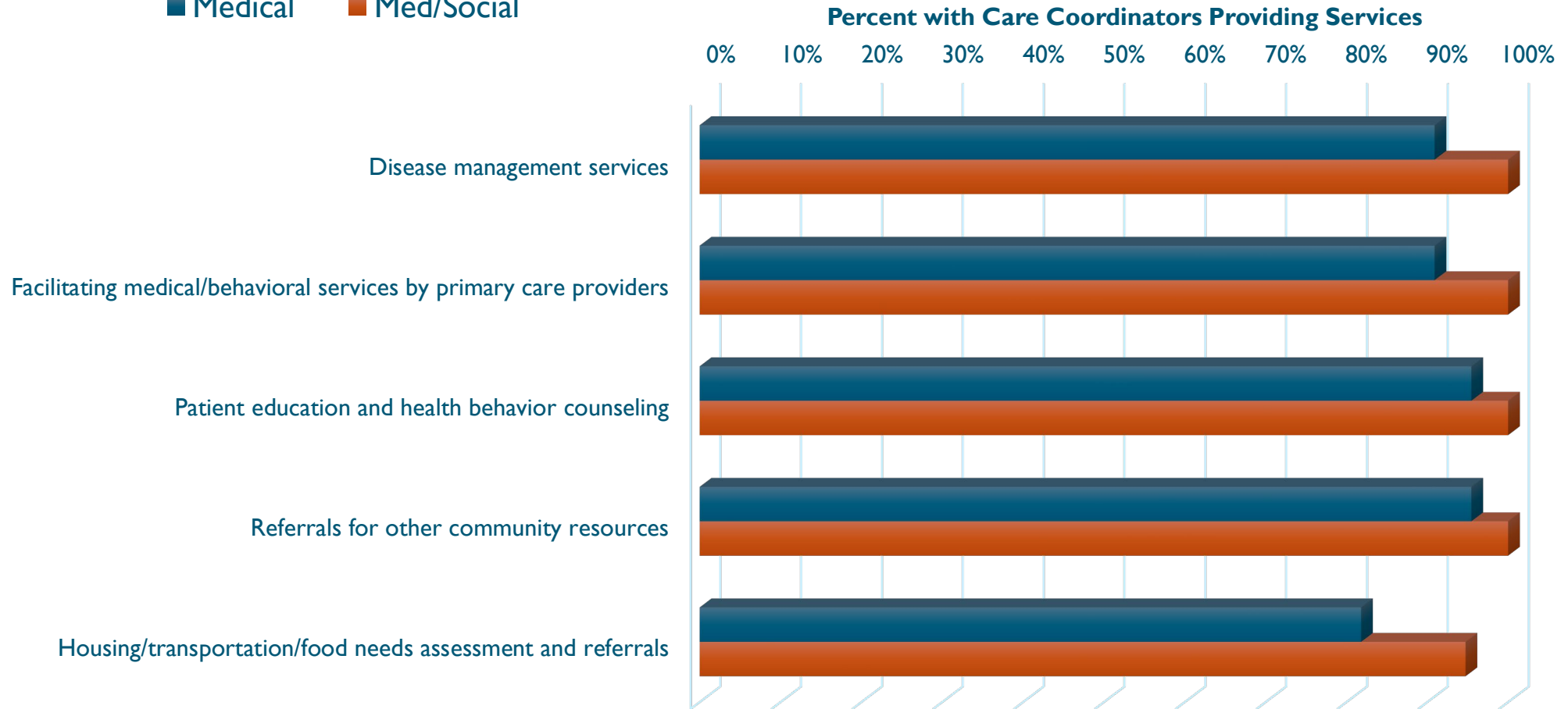


DO CARE COORDINATORS IN YOUR MEDICAL GROUPS PROVIDE ANY OF THE FOLLOWING KINDS OF SERVICES?



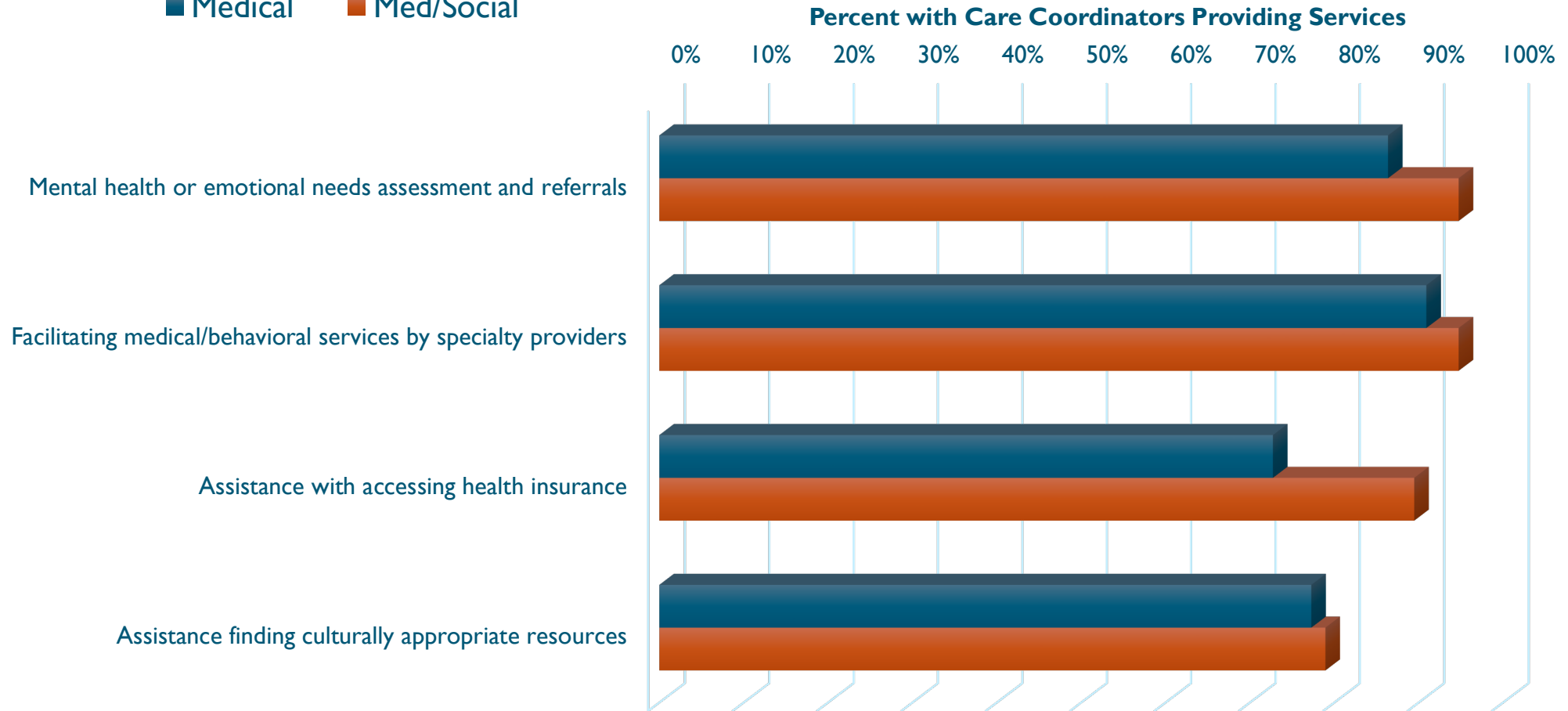
DO CARE COORDINATORS IN YOUR MEDICAL GROUPS PROVIDE ANY OF THE FOLLOWING KINDS OF SERVICES?

■ Medical ■ Med/Social

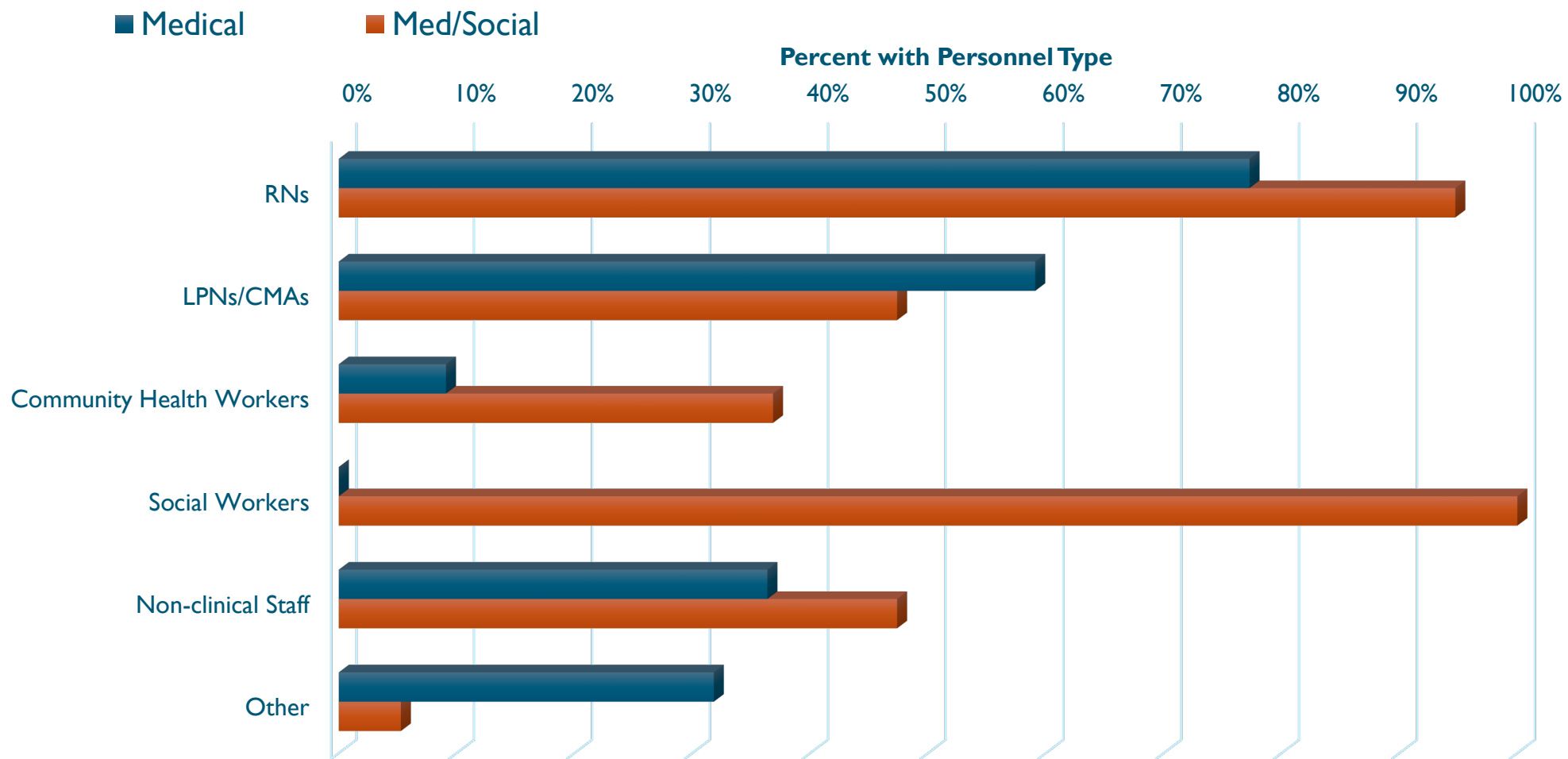


WHICH OF THE FOLLOWING TYPES OF PERSONNEL ARE INCLUDED ON CARE COORDINATION TEAMS?

■ Medical ■ Med/Social



WHICH OF THE FOLLOWING TYPES OF PERSONNEL ARE INCLUDED ON CARE COORDINATION TEAMS?





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THANK YOU!

QUESTIONS OR
COMMENTS?

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