



Proven Strategies in Enhanced Care Management

Learnings from a multi-county ECM provider

CONTENTS

Today's Agenda

1. **Introduction** to Pair Team
2. **CalAIM**: Expectation vs. Reality
3. Accomplishing CalAIM's Goals: **Proven Strategies**
4. **Recommendations** for the future of CalAIM

Part I

Introduction to Pair Team

INTRODUCTION

Pair Team Enables ECM for Health Plans

We are an ECM provider which partners with your PCPs and community-based organizations to build ECM Networks.

In 9 Months Since Launching ECM

1,000+

members
enrolled

3+

engagements /
member / month

Some of Our Partners



California
Health Care
Foundation



A Public Entity
Inland Empire Health Plan



INTRODUCTION

We are partnered with CHCF to support the rollout of ECM across California

The screenshot shows the top navigation bar of the CHCF website. On the left, there are social media icons for Twitter, LinkedIn, YouTube, Facebook, and Instagram. In the center is the CHCF logo, which consists of a stylized map of California with a person's silhouette inside, followed by the text "California Health Care Foundation". On the right, there is a search bar with the word "Search" and a magnifying glass icon. Below the navigation bar, there is a horizontal menu with the following items: "About CHCF", "Our Work", "The CHCF Blog", "Publications", "Grants", "Innovation Fund", "Events", and a dark purple button labeled "SIGN UP". Below the menu is a dark blue banner with the text "CHCF BLOG" in white. The main content area features a large heading: "Tech Startup Dives Into Medi-Cal Enhanced Care Management". Below the heading is a sub-heading: "Pair Team, a CHCF investee, supports delivery of services established through the CalAIM initiative".

**Scan Here for Full
Article**



INTRODUCTION

We provide ECM services and build ECM Networks

Multidisciplinary Care Team

- We employ virtual-first NPs, RNs, and LCSWs for a **clinically-integrated ECM** program

Partnership Model

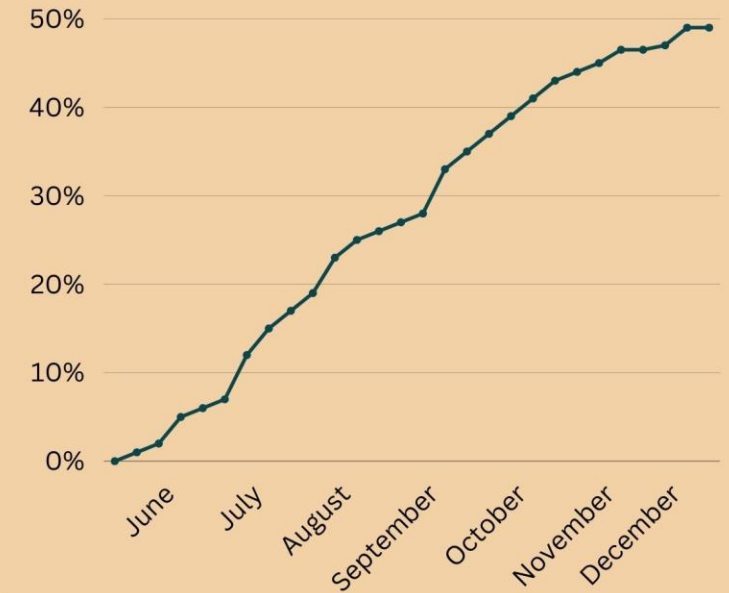
- We **enable ECM participation** with our community partners, establishing **closed-loop referral pathways**

Engagement Model

- Alongside direct outreach, our partners **identify and screen individuals** who may be eligible for ECM

49% Enrollment in 6 Months

486 members enrolled
from 984 eligible members



INTRODUCTION

Experienced team of technologists, clinicians, and Medicaid policy leaders.



Neil Batlivala
Digital Health
Technologist

CEO
Co-Founder



Cassie Choi, RN
Critical Care Nurse
Former: Columbia, UCSF

COO
Co-Founder



Todd Anderson
Former Head of Product
at Honor (Home Health)

CPO



Andrey Ostrovsky, MD
Former Chief Medical
Officer of Medicaid at CMS

Advisor



Greg Buchert, MD
Former CEO and President
at Blue Shield Promise

Advisor



Part II

CalAIM: Expectation vs. Reality

INTENT VS REALITY

The expectations for CalAIM often differ from the reality on the ground

Expectation

Reality

Problem

<u>Expectation</u>	<u>Reality</u>	<u>Problem</u>
Eligible members will participate	ECM providers are enrolling on average 8-10% of the eligible population. The majority of enrollees are already engaged with the healthcare system.	Engagement of the "Assigned but Unseen"
Equitable PCP participation in ECM network	ECM has significant admin overhead requiring a 'break-even' number of members that only FQHCs and large groups are able to achieve. Small groups do not have sufficient resources or bandwidth.	Provider Admin Overhead
ECM members will receive clinical care from their PCP	PCPs do not have the bandwidth to provide the 'trauma-informed' care required for such a high-needs patient population.	Provider Capacity and Lack of PoF Expertise

INTENT VS REALITY

The expectations for CalAIM often differ from the reality on the ground

Expectation

Reality

Problem

<u>Expectation</u>	<u>Reality</u>	<u>Problem</u>
Members prefer in-person engagement	Visiting a clinic may be a barrier to care -- however in-person care may be a monthly contracting requirement.	Contracting Inflexibility
Social referrals will be managed by CS network	Social referrals are consistently backlogged and dropped. Many nonprofits have a desire to join CS, but face barriers to contracting / implementation.	Lack of CS Capacity
MCPs and CBOs to jointly identify members	MCPs do not have the real-time data required and many eligible members are falling through the "algorithmic cracks". Additionally, members get lost during the referral process from the CBO	Data Sharing and Referral Pathways

INTENT VS REALITY

The expectations for CalAIM often differ from the reality on the ground

Expectation

Reality

Problem

<u>Expectation</u>	<u>Reality</u>	<u>Problem</u>
ECM services are consistent for all enrolled members	Variability in plan requirements and reimbursements makes it challenging to administer consistent care	Contracting Variability
No service duplication with ECM	Non-ECM care teams at MCPs and IPAs are providing duplicative care.	Administrative Transparency

Part III

Accomplishing CalAIM's Goals: Proven Strategies

PROVEN STRATEGIES

Members utilize **digital engagement** once trust is established

Allows for More Touchpoints


Members face fewer barriers to engaging via text/phone/call, so they engage more often.

Responsiveness Matters

We **always** respond in <1 hour -- as a result, 90%+ of our engagement is virtual.

3+

engagements per month



The graphic shows a circular orange background with a white text message conversation. On the right side of the circle is a circular profile picture of a female healthcare provider in blue scrubs. On the left side is a circular profile picture of a female member with long dark hair. The messages are as follows:

- Healthcare provider (green bubble): Hi Jacky, checking in to see if you have taken your medications today?
- Member (grey bubble): Hi, yes I have. Thank you for reminding me.
- Healthcare provider (green bubble): Great! I have also arranged groceries for you. It is ready for pick up at your local Helping Hands Pantry.
- Member (grey bubble): That is great. Thank you for your help.

Text, Phone, & Video

PROVEN STRATEGIES

Dedicated multi-disciplinary clinical members as part of the ECM team

Lead Care Managers

provide in-person and virtual support for social and clinical care navigation.

RN Care Manager

Complex clinical case management, follow-ups, education, and triage services.

BH Specialist (LCSW, LMFT)

Mental health services, including brief interventions and crisis intervention.

Nurse Practitioner

Comprehensive primary care and complex condition management.

PROVEN STRATEGIES

In-house **community partnership** team

Partnership Formation

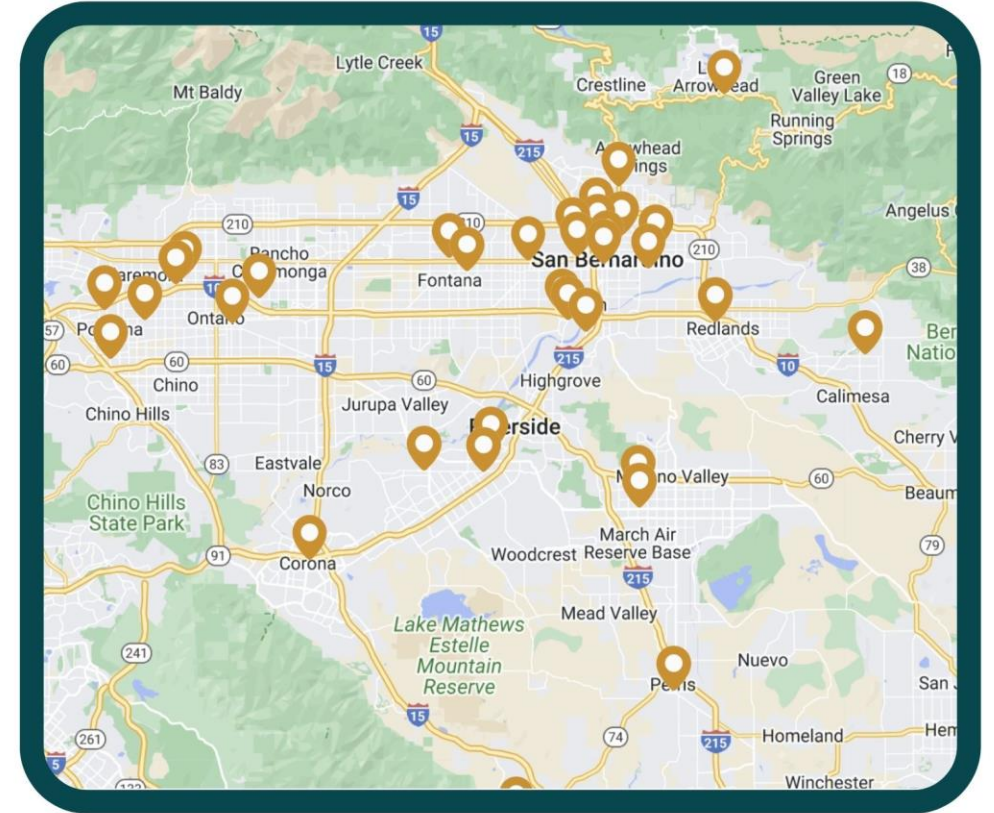
- Dedicated team performs outreach to local community-based organizations beyond what Community Supports offers

Educate Community about CalAIM

- Evangelize the program and coordination with our ECM program

Two-Way Referral Pathways

- Alongside outbound referrals, setup screening workflows to identify/refer eligible individuals



PROVEN STRATEGIES

Primary care **coordination with smaller groups**

Lightweight PCP Partnerships

- **Reduce barriers** to ECM participation by only having PCP provide a subset of relevant clinical services

Financial Benefit for PCPs

- Offer clinics financial incentives to participate in the ECM ecosystem

Expand ECM Network

- Allows small, resource-constrained clinics to **participate in ECM care delivery**

PROVEN STRATEGIES

Data and reporting of enrolled members (and care plans) with partners

Continous Sharing

- Reports are **shared** with attributed PCP, IPAs, and even CBO partners

Support Coordination

- Care plan sharing and referral tracking leads to **better-coordinated services**

Reduced Duplication

- Enhanced coordination between systems leads to a **reduction in duplicated services**

Part IV

Recommendations

LOOKING AHEAD

Our recommendations for **the future of ECM**

1. **Standardization** of reporting requirements

2. **Flexible** reimbursements that account for quality of ECM services

- Do rates include clinical care? Are quality outcomes included?
- FFS --> PMPM

3. **Data sharing** between at MCPs, IPAs, and ECM providers

- Not just enrollment reports, but also services being provided and care plan documentation

4. **Timely responses** to requests for rosters or attestations

Thank you



Neil Batlivala
CEO & Co-founder
neil@pairteam.com

Cassie Choi, RN
COO & Co-founder
cassie@pairteam.com