Consumer and Family Member Collaborative
Recommendations on Care Management Summary

In 2021, the i2i Center for Integrative Health and the NC Community Health Centers Association were awarded a one-year grant related to value-based care from the Delta Center for a Thriving Public Safety Net. Under this grant, i2i convened a Collaborative group to define, **from the perspective of service users**, **the value of care management** as it is structured within the state's Medicaid managed care system. This Collaborative was able to consider care management across a broad context, including as a role that is crucial to addressing racial and health equity issues and the impact of the COVID pandemic.

The Collaborative's recommendations are both broad and specific and do not just affect care management agencies, but cut across stakeholder lines as well, and should be reviewed and considered for implementation by Care Management Agencies, NC DHHS, LME/MCOs, PHPs and Advocates.

A more detailed description of the Collaborative and its work is available in the full White paper - *Defining the Value of Care Management for Consumers, Families and Individuals with Lived Experience in North Carolina: A Collaborative Approach.* This summary provides information regarding process, focus, and recommendations.

Process

Throughout the Collaborative Meetings, regardless of the specific topic related to care management, one question drove the group through all discussions:

What would make care management valuable and successful from the perspective of the consumer and family?

The answers to this question could serve as the basis for defining value-based care for care management services.

To level participant knowledge, all Collaborative Members were provided with information and materials for each topic that included NC DHHS concepts, provider guidance materials, and national tools. It is important to note that discussions did not revolve around existing concepts, lists or tools. Rather, these resources served as a baseline to better understand the emerging managed care system and as reference points for Collaborative members in developing products and recommendations. This approach led to very different discussions than would typically occur around policy and implementation issues.

*The Collaborative membership consisted of:

- 7 Consumer/Family members familiar with the LME/MCO system
- 7 Consumer/Family members who serve on FQHC/CHC boards
- 3 providers within the LME/MCO system
- 3 providers within the FQHC/CHC system
- Ad Hoc representation from NC DHHS.

Areas of Focus

1. **Comprehensive Assessment**

- A distinctive theme regarding the comprehensive assessment relates to the importance that the initial assessment takes a ***person-driven approach***. The group noted a significant difference between person-driven (i.e., the individual/family is in the driver's seat when defining needs, issues, goals, success) and person-centered (professionals define areas of concern, goals, and success based on information about and discussion with the individual or family) and concluded that the person-driven focus is necessary to know how each individual consumer defines success in their treatment and supports.
- The Collaborative developed a consumer-care manager engagement sheet (see White Paper Appendix C) that consumers and families can use to guide the initial contact and help care managers understand them better.

2. **Racial and Health Equity**

- The Collaborative reached consensus on a definition for health equity:
  Health equity means that everyone has a fair and just opportunity to be healthy in mind, body, spirit and environment and to have adequate access to the supports and services that they need to be healthy. Health is defined by an individual, and may include dealing with past trauma, current conditions, disparities in society and anything else that an individual defines as a barrier to health and wellness.
- The Collaborative provided feedback (see White Paper Appendix D) to the NC DHHS Secretary on the Medicaid (ncmedicaidplans.gov) website under the "Search by Provider for a Plan" gender choices for both provider and patient being limited to "male" and "female;" as well as on the need for increased funding of community trusted and community lead wellness centers to address racially driven health disparities.

3. **Data Integration and Outcomes Guiding Principles**

- **Collaborative members reviewed the data points and outcome information available, and made the following suggestions:**
  1. Collect data that is meaningful to the consumers and families.
  2. Reimburse care managers for a focus on the needs of the consumers and families.
  3. Build flexibility into the care manager role to attain success as it is defined by the consumers and families.
  4. Reframe the system to include incentives for consumers and families as well as providers and payors.

4. **Care Management Qualifications and Training**
   Collaborative Members agreed that this is a significant area requiring a great deal of planning after reviewing available information; the following general gaps were identified:

- The importance of social connections.
- Lack of emphasis on a single plan across providers. Current system remains fragmented, needs alignment.
- Need for the care manager to take a *person-driven* approach to learn what is most important for the individual and assist them in achieving that.
- The need to include advocacy as part of the care manager role.
- Workforce is the major issue as the qualifications are very narrow:
  - The role must be adapted to each family and each situation
  - Beneficial to include peer support or family navigator role because they can build the trust and get to natural and general support issues. Can serve as an advocate more than any other person on a team yet they are not funded.
  - This is the pivotal role in managed care, and it has to be done right for the family and will help with not only the success of individuals, but for Medicaid Transformation as a whole

- This role must have compassion built into it
- Need enough of a workforce to have cultural competence

Topics/Areas to be considered in Care Manager Training and Qualifications:

- Trauma-informed care and understanding ACEs
- Addressing IMMINENT needs related to SDoH—housing and food that day
- Access to friends, social interaction and relationships—need a structured plan to make this happen
- Structural Determinants of Health
- Facilitating discussions around informed decisions making
- Recovery alternatives to forced treatment
- Individualization
- Strength-based approach in discussions.
- The importance and impact of family for the individual
- Integration between behavioral and physical healthcare—unified plan that can be shared
- Developing natural and culturally responsive supports
- Use encouraging questions of what success would look like
- The ability of peers to serve in meaningful roles in care management, to include monitoring, follow-up, and advocacy.
- Dual eligible and individuals in CAP/DA care management needs
- How are qualifications determined?
- Create a process (potentially an app) for professionals so they know the individual's goals
- Create a quick satisfaction survey for post-contact use to give the care manager immediate feedback. Consider making such feedback public
- Consider creating a state-level training to qualify both professionally degreed and non-degreed individuals as care managers
- Fund peer-run organizations to develop a training for care managers
- Include the parent story in training.

i2i Equal Voice Collaboration Model

Through this process, i2i has created a unique process, the i2i Equal Voice Collaboration Model that is receiving national recognition by the Delta Center. This model can be replicated and brings consumers, families, persons with lived experience, advocates, and professionals to the same table with an understanding and focus on the equal value of each perspective.

The Delta Center for a Thriving Safety Net produced three videos that describe the i2i Equal Voice Collaboration Model process and lessons learned from the participants. **Video 1** focuses on the Collaborative as a whole. **Video 2** addresses important aspects of the engagement process, consumer participation, and leveling the playing field; and the **Video 3** discusses the importance of rethinking how organizations engage with consumers and build trust.

Contact

i2i is available to facilitate the use of the i2i Voice Equal Collaboration Model to resolve complex issues for your organization and its stakeholders. Contact Ann Rodriguez at (919) 744-7937 or email ann@i2icenter.org .