Methods Report: Qualitative Evaluation of Commonwealth Care Alliance's Senior Care Options and One Care Plans

Report Prepared for Arnold Ventures

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Research bridging policy and practice

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Overview

This report describes the qualitative methods used in one piece of a two-part evaluation of Commonwealth Care Alliance's (CCA's) integrated care plans serving people dually eligible for Medicare and Medicaid in Massachusetts. These plans include CCA's One Care plan, which serves members aged 18 to 64 years, and its Senior Care Options (SCO) plan, which serves people aged 65 years and older. The other component uses quantitative methods based on a longitudinal analysis of claims costs to assess plan financial and service utilization performance. Drawing on interviews with CCA staff and others, along with a review of plan documents and other publicly available information, we sought to understand the plan's operations and the factors that influence them. Using purposive sampling to identify participants with expertise relevant to our research questions, we conducted key informant interviews with 22 individuals. These individuals represented different aspects of plan management, such as external relationships, clinical operations, plan operations, and member engagement; as well as three knowledgeable individuals external to the plan (two Board members and a Massachusetts policymaker). Interview protocols were tailored to the specific roles of the interviewees, drawing on a standard research protocol. In addition, we conducted 10 focus groups (two in Spanish) with 41 plan members to investigate member experience. The research team, from the University of Massachusetts Boston, signed a Non-Disclosure Agreement (NDA) with CCA.

Focus Groups

Recruitment

A multi-stage, purposive sampling approach was used to identify potential participants. Recruitment targeted participants from both CCA's One Care and SCO plans. The research team aimed to recruit participants for one focus group comprising Spanish-speaking members and one focus group comprising members with behavioral health challenges. The research team sought diversity in terms of age, racial identity, health status, and other characteristics, across all focus groups.

CCA provided the research team with a list of potential participants via a secure link, along with their contact information and information on the following member characteristics: age, gender, race, ethnicity, region of residence, program enrollment (SCO or One Care), primary language (English or Spanish), diagnosis of severe and persistent mental illness (SPMI), and diagnosis of substance use disorder (SUD). Individuals residing in a nursing home, with a dementia diagnosis, or whose tenure in the plan was less than 6 months were excluded. Some participants (7) were part of CCA's Member Voices Program, a consumer panel providing feedback on the plan to CCA management.

CCA sent potential participants a letter of support on behalf of the research team to each potential participant in March 2024. This letter was followed by direct phone contact by members of the research team. A pause in recruitment was initiated at the request of CCA, due to the co-occurrence of the annual CAHPS (Consumer Assessment of Healthcare

Providers and Systems) survey, a patient experience assessment required by the Centers for Medicare and Medicaid Services. The pause aimed to prevent possible confusion on the part of participants. Following the pause, recruitment continued until the research team met its target. One focus group was recruited from individuals using CCA's Boston Member Engagement Center, which serves individuals with SPMI/SUD. However, other focus groups also included individual with behavioral health challenges.

Individuals interested in participating went through a formal consenting process and were asked to consent to both participate and be recorded. After participating in the focus group, participants were compensated with a $25 gift card. The Institutional Review Board (IRB) at the University of Boston Massachusetts reviewed the proposed study and determined it to be exempt from IRB review.

Data collection

In total, ten focus groups were conducted. Focus groups were held between May 2024 and March 2025. Two focus groups were conducted in Spanish. Focus groups averaged about an hour in length (range 41 minutes to 1:35 minutes). Due to logistical and technical challenges connecting with this population, the number of participants in each focus group varied, ranging from 1-13 (two focus groups had only one participant attend) [Participant details: 5/28 (1); 5/29a (2); 5/29b (3); 5/31 (3); 6/7 (2); 7/31 (6); 8/1 (1); 8/6 (2); 2/18 (13); 3/5 (8)]. The eight English language focus groups were facilitated by one of the investigators. The two Spanish language focus groups were facilitated by someone hired for this task.

Focus groups were conducted both in person at "Engagement Centers" affiliated with CCA in Boston, MA and Springfield, MA (2 focus groups) and virtually, using Zoom (8 focus groups). Virtual focus groups were recorded using Zoom and in-person focus groups were recorded using a voice recorder. The audio recordings were then transcribed and reviewed by research assistants to ensure accuracy. The Spanish-language focus groups were translated into English by the facilitator for analysis and then checked by a Spanish-speaking research assistant. All focus group output was anonymized using pseudonyms to ensure participant confidentiality.

The focus group protocol was the same across groups and focused on capturing members' experiences with different aspects of support received through the plan, as well as overall plan satisfaction. The protocol is included as Appendix A. Parameters for investigation were derived from a literature review, prior qualitative research protocols, and background conversations with experts in the field. Focus groups were conducted until reaching saturation, or the point at which no new information emerged, and the researchers determined that sufficient data had been collected to understand the member experience.

The research team also conducted an extensive review of both empirical and policy-related literature on integrated care models for dually eligible individuals. Moreover, the research drew on internal CCA materials provided by a CCA study liaison.

Participants

In total, 41 individuals attended the focus groups. Participants represented a mix of SCO (20) and One Care (21) members. Demographic information was provided by CCA, including age,

race/ethnicity, gender, primary language spoken (English or Spanish), program (SCO or One Care), and major health conditions (see Table 1).

Table 1: Focus Group Participant Characteristics

Variables	SCO[a]		One Care		Total	
	N	%	N	%	N	%
Number of Participants	20		21		41	
Age (M, Range)	75.6	66-91	55.6	32-65	65.4	32-91
Gender (Female)	10	50%	11	52%	21	51%
Race						
White	14	70%	12	57%	26	63%
Black	5	25%	9	43%	14	34%
AIAN[b]	1	5%	0	0%	1	2%
Ethnicity (non-Hispanic)[c]	11	55%	18	86%	29	71%
Spanish-language	5	25%	0	0%	5	12%
SPMI[d]	4	20%	13	62%	17	42%
SUD[e]	2	10%	13	62%	15	37%
Region						
East	11	55%	17	81%	28	68%
West	9	45%	3	14%	12	29%
Cape	0	0%	1	5%	1	%

Notes. N = 41. [a]SCO =Senior Care Options. [b]AIAN = American Indian/Alaskan Native. [c]One person had missing data for ethnicity. [d]SPMI = Severe and Persistent Mental Illness. [e]SUD = Substance Use Disorder.

Analysis

The research team used NVivo14 to support thematic analysis. The analysis relied on both an inductive and deductive coding process. The deductive process began prior to engaging in coding, when codes were generated a-priori based on the focus group protocol, research questions, and previous knowledge acquired through review of the literature and familiarity with the CCA context. The inductive process allowed for initial codes to be modified or discarded and additional codes to be added as the analysis progressed. To derive the inductive codes, a subset of three transcripts was coded to develop an initial coding tree. This initial tree was discussed in team meetings and the tree revised to reflect team consensus. All transcripts were then coded separately by two people and then reviewed by a third. Any new codes were discussed at team meetings and incorporated into the coding tree where appropriate. On completion of coding, each research assistant independently identified themes arising out of the codes and their immersion in the data; these themes were discussed until consensus was reached and themes used to organize the data.

Key Informant Interviews

Recruitment

In total, 17 interviews took place with 22 people. A purposive sampling approach was used to identify a mix of participants across roles with expertise relevant to the research questions. Interviews were conducted with CCA employees and partners across managerial and executive roles focused on member engagement and enrollment (4), provider network and partnerships (5), policy and advocacy (2), operations (4), and community services (4). Two board members and a Massachusetts policymaker were also interviewed. Interviews averaged around one hour in length.

A representative from CCA assisted the researchers with identifying and contacting suitable individuals, initially sending an introductory email to potential interviewees. Research assistants then followed up with each participant to gain consent and to schedule the interviews. The Institutional Review Board (IRB) at the University of Massachusetts Boston reviewed the research and determined it to be exempt from IRB review.

Data collection

The interviews took place between February and August of 2024. Most interviews were conducted one-on-one except for 4 interviews where two (and in one case three) individuals with similar roles were interviewed together. All interviews were conducted virtually using Zoom and recorded with the interviewees' consent. Interviews were transcribed and then reviewed by individual research assistants to ensure accuracy. Transcripts were anonymized to ensure participant confidentiality.

A research protocol was developed covering the study's key areas of investigation. The goal was to understand plan operations and the factors affecting them. This protocol is included as Appendix B. Issues addressed included the plan's model of care, provider network management, approach to utilization management, and other operational processes. The protocol was tailored to each interviewee's role with CCA due to key informants' differential expertise.

A list of guiding questions was provided to each participant prior to the interview, but participants were not limited to responding to only those points. Interviews were conducted until reaching saturation, or the point at which no new information emerged and the researchers determined that sufficient data had been collected to understand program attributes.

Analysis

The research team used NVivo14 to support a thematic analysis. The analysis relied on both an inductive and deductive coding process. The deductive process began prior to coding, when codes were generated a-priori based on the overall key informant interview protocol and investigator knowledge of the literature and familiarity with CCA. The inductive process allowed for initial codes to be modified or discarded and additional codes to be added as the analysis progressed. To derive the inductive codes, a subset of six transcripts was coded to develop an initial coding tree. This initial tree was discussed in team meetings and the tree

revised to reflect team consensus. All transcripts were then coded separately by two people and then reviewed by a third. Any new codes were discussed at team meetings and incorporated into the coding tree where appropriate. On completion of coding, each research assistant independently identified themes arising out of the codes and their immersion in the data; these themes were discussed until consensus was reached and themes used to organize the data.

Appendix A: Focus Group Protocol Discussion Guide

Focus Groups with CCA Members

MODERATOR AND PARTICIPANT INTRODUCTION (5 minutes)

- Introduction: Hello, my name is XXX, and I'm a professor at UMass Boston. I'm working with a team of people from UMass Boston to talk to people who get healthcare and other services through Commonwealth Care Alliance – you might know it as CCA. We want to hear about your experiences with the health plan. The goal is to provide feedback to CCA and health plans like CCA about what is important to plan members.
- Introduce RA: this is XXX. She'll be helping me run the focus group and taking notes. [IF ONLINE] If you have any tech issues, please get in touch with her. You can use the chat function or call her at XXX. [IF IN-PERSON] If you need anything, please ask her.
- So, has anyone been in a focus group before? Here are the ground rules: there are no right or wrong answers. We want all your opinions and don't expect everyone to agree –all voices are welcome. We have a limited amount of time and will want to hear from everyone, so I may move things along.
- Confidentiality:
  - We will do our best to keep everything as confidential as possible. Nothing you say will be tied to your name; in our reports, responses are combined.
  - However, we cannot guarantee that participants will refrain from sharing their experiences during or once they have completed the research study, although we ask that you not do so
  - We will be talking about health issues and concerns that can be very personal to people. We know that these things are sometimes hard to talk about. We want you to feel that this is a safe environment. So, please do not provide any more detail than you feel comfortable with. Remember that participation is voluntary and you can opt out at any point.
- Disclosures:
  - These conversations are audio and video recorded for note-taking purposes
  - [ONLINE: Could you please indicate that you consent to participate in this conversation?]
  - Please let us know that we have your consent to record.
  - Questions?
- Participant Introductions
  - Name (first name only)

QUESTIONS (50 minutes)

1. How did you end up enrolling in CCA? (SCO only)
   - Did anyone reach out to you to give you information about CCA?
   - Did you hear about it through friends or community organizations?
   - What about the plan made you want to join?
   - How important was it for you to choose your plan?

2. All of you are here because you get your healthcare and other services through Commonwealth Care Alliance. Is there any way that it's different from any other health insurance plan?
   - Do you get certain types of help you wouldn't get through other health plans?
   - Do you get certain benefits you wouldn't get through other health plans?
   - How does it affect your access to providers?

3. Our healthcare system is really, really hard to navigate. Do you feel that CCA helps you when you need services or supports?
   - How do you feel about the care planning process, when you sat down with people to talk about the services you need?

     Probes:
     - Do you feel you were listened to and your preferences were taken into account?
     - Do you feel that everyone who should have been involved was involved (family members, physicians, etc?)
     - Did you leave the meeting with a clear sense of what would happen next?

   - Do you feel like there's someone to contact when you need help with your services or supports?

     Probes:
     - Do you know who to call if you need help? Do you recognize the term "care partner"?
     - Is that person someone you feel you can trust and talk to about your needs?
     - Do you feel that person is helpful in helping you get what you need?
     - What do you do if you find it hard to find someone to help you? Have you ever lodged a **complaint** about anything? Did you ever lodge a formal **grievance**?
     - Do people from CCA reach out to you to **check up** on how you're doing?

   - Do you have a GSSC/LTSC?

     Probes:
     - Do you know what their job is and how it's different from that of your care partner?
     - Has your GSSC/LTSC been helpful to you? In what way?

4. Do you feel you're getting the services you need through CCA? Why or why not?

   - General:

     Probes:
     - Do you feel that you are able to see the doctors and other providers you need to see?
     - Do you get any other services needed to stay healthy?
     - Do you often have trouble with the logistics of healthcare – such as making appointments or getting the equipment you need?
     - What makes it easy or not easy to get the help you need?
     - Do you ever go to the emergency room because you aren't able to get the help you need?
     - Do you feel your providers and care coordinator understand your individual needs? Do they have the information they need (speak to each other)?

- Do you feel your providers and care coordinator understand your family circumstances and cultural background?
- If you had a healthcare event – if went to the hospital or emergency department, for example -- did someone follow up with you and help you with what you needed afterwards?

• Specific:

Probes:
- If you have specific health needs, do you feel that they are being addressed well?
- Do you have a **primary care** doctor who you see when you have health concerns? What is your experience with them?
- Do you see any **specialists** for specific health issues? What is your experience with them?
- Are you able to find help for mental health needs when you need it? Do you feel that the **mental health services** you get are helpful?
- If you are struggling with **addiction**, does CCA help you with that?
- If you need **support on a day to day basis in your home** (for help with bathing or that kind of thing), do you feel you're getting what you need?
- What about your access to **medical equipment**?
- And what about things that aren't strictly health-related, like housing, transportation, or food? Does CCA help you with those sorts of things?

5. For Spanish-speaking participants: As someone who speaks Spanish, how has your experience been being in the health plan?

Probes:
- Do your providers speak your language?
- Was it easy or difficult to find providers who speak your language?
- Since you joined CCA, have you used any interpreter services? How was your experience using interpreter services?
- Is it easy to get written materials or other information in your own language?
- Have you ever felt that your healthcare was affected by providers who don't understand your culture?
- Do you feel you have to rely on a family member to interact with the healthcare system? How do you feel about that?

6. Generally speaking, are you happy or unhappy with CCA? Why?
   • Do you feel they help you with your most important health needs?
   • Do you feel like you're getting high-quality care?
   • What do you most like about CCA?
   • What do you least like about CCA?
   • Do you plan on staying with CCA? Why or why not?
   • If you're not happy with CCA, would you opt out? Do you know that's an option to do so and how to do it?

WRAP-UP (5 minutes)

- Reminder re purpose of research and output: remember, we are here to understand what CCA does well and what it could do better, so that we can learn how to improve healthcare for people like you.
- Is there anything I haven't mentioned that you think I should have? Any last thoughts?
- If you give us your email, we can send you the gift certificate right away! (Discuss gift certificates.)
- Thank you and closing.

Appendix B: Key Informant Protocol
CCA Key Informant Protocol

(Adapted to specific respondents)

Opening

- Thank you for agreeing to participate in this interview and to speak with us today.
- My name is [NAME], [POSITION] from UMass Boston, and I am here with my colleague(s) [NAME], (and [NAME], a research assistant, will also sit in on the interview and take notes.
- We are speaking with you as part of an evaluation of CCA.
- Our discussion will last about 60 minutes.

With your permission, we would like to record the interview. Doing so will enable us to pay closer attention to what you are saying, while also facilitating analysis later on. The focus of the interview is to gather data that will be reported in the aggregate; it is possible that your answers may be identified with and tied to your role, so although you will not be identified by name it might be possible for others to know you were the one who provided the information. Do we have your permission to record? [ANSWER]

Background—explain the purpose of the interview

- Our goal today is to understand what makes CCA's SCO and OneCare programs uniquely effective. Descriptions of integrated care plans contain many common elements. We would like to understand what CCA does that's different; what elements are considered most important for the model; and what factors facilitate or hinder successful operations, both in terms of the plan itself and in terms of state policy. Do you have any questions about the project?
- Do you have any questions before we begin?

Questions

1. **Please clarify your overall job description and then your role in CCA.**
   a. What is your formal job title? How long have you held it?
   b. What background and training prepared you for this position?
   c. What are your formal roles and responsibilities with respect to the SCO and OneCare programs? To whom do you report?

2. **Let's start with your thoughts on what makes CCA successful and unique.**
   a. What distinguishes CCA from other plans that provide integrated care?
   b. What are the most important success factors?
   c. What are the most significant challenges?

3. What are important differences between One Care and the SCO, in terms of the model of care?

a. Differences attributable to regulatory or other requirements?
b. Design elements meant to respond to different population needs?

4. Please describe CCA's care management/coordination approach.

Probes:

- Person- and family- centered care
- Multi-disciplinary teams
- Targeting of/engagement with high-risk members
- Patient education and engagement
- Use of community-based organizations and community health workers
- Support for health-related social needs

5. How do you ensure member access to an adequate provider network?

a. How do you ensure an appropriate range of provider types?
b. To what extent are participating providers engaged with CCA's mission and philosophy?
c. How do you ensure culturally competent care?
d. How are you addressing provider burnout and staffing shortages?
e. How do these issues differ by provider type? (Eg, primary care providers vs specialists vs LTSS providers?)

6. How do you feel CCA's organizational culture supports or hinders its successful operation?

a. How do you attract and retain high-quality staff?
b. How do you create a culture of continuous quality improvement?

7. What specific internal policies or operations support or hinder CCA's successful operation?

Probes:

- Data infrastructure, assessment tools, data analytics
- Utilization management techniques
- Contracting arrangements

8. What specific external policies or operations support or hinder CCA's successful operation? (That is, factors tied to state policies or FAI requirements.)

Probes:

- State data infrastructure and systems
- Payment incentives
- MCO contract elements
- Other structural facilitators or barriers

9. **What is the most important thing that CCA learned from its accumulated experience of serving dual eligibles?**

10. **Any last thoughts, or questions I should have asked?**

Closing

- Thank you for your time and cooperation. We very much value your contributions. If you have any further thoughts, please feel free to contact me at [xxx]

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