

The below questions were raised during the MNCARES Study Clinic Webinar on April 14, 2021.

Topic: Study Inclusion

Q: What is the goal for total number of patients to be studied from each clinic or system; and over-all for all participating clinics?

A: We aim to include all adult (18+) care coordination patients from each participating clinic who meet the following cohort criteria:

- Historical Cohort (started care coordination between January 2018-February 2019)
- Primary Cohort (started care coordination during calendar year 2021)

We won't know the total number of patients from each clinic or system until the patient data are provided to us, but rough calculations have estimated each cohort size to be over 37,000 patients (among all participating clinics) for a total of over 75,000 patients in the study overall.

Q: Of the 329 participating clinics, what is the split between their coordination approaches (nursing-focused vs. social-focused)?

A: Using information most recently provided to the Health Care Homes program, we estimate a little over half the participating clinics (56%) are using the medical/nursing model, and a little under half (44%) are using a medical/social model. However, we won't have a precise answer to this question until after we complete a set of organizational and care coordinator surveys later this year.

Topic: Research Questions

Q: What is the hypothesis for this study? Is it expected that the nursing/medical model is less effective than a medical/social model?

A: Because of the nature of this study, we are not using a hypothesis (or pre-defined idea of what we expect to see). Instead, we are comparing the two models on a number of factors and outcomes. It may be true that each model has better outcomes in certain areas or for particular types of patients.

Q: Can you say more about comparing the long-term follow-up population characteristics with the Primary Cohort? Will some comparability be expected?

A: Outcomes at 12 months after the start of care coordination will be assessed for both the Historical Cohort and the Primary Cohort, and in addition, we will have the opportunity to assess outcomes over a longer period (up to an additional 3 years) in the Historical Cohort. We plan to compare 12-month outcomes between the Historical Cohort and Primary Cohort to investigate any

differences in how care coordination was working before and after the emergence of the COVID-19 pandemic. Due to the limited duration of the study (4 years, in total), we will not be able to directly compare the long-term outcomes of the Historical Cohort to those of the Primary Cohort. However, if outcomes in the two groups are found to be similar over the first 12 months, it may be reasonable to infer that a similar pattern may be expected for long-term outcomes in the Primary Cohort.

Q: How will you plan to distinguish personal attributes and skills of the coordinator vs. the discipline or education?

A: Personal attributes and skills are always important, but we think what clinics want to know is what more easily measured attributes are for more effective care coordination, things like training, experience, and panel size for each coordinator, and whether phone or in-person contacts are better. Then clinics can know how to maximize the effectiveness of their care coordinators outside of the less tangible personal attributes of specific individuals. However, we welcome every idea about what to measure that might contribute to that result. Please contact MNCARES@healthpartners.com with feedback about measurement.

Topic: Care system engagement

Q: How will the desired outcomes be communicated to the care coordinators?

A: The study team will distribute findings in many ways, including journal articles, personalized reports to participating clinics, and through the MNCM and HCH Program newsletters and special presentations toward the end of the study. Prior to the end of the study, we will also be discussing our findings with some care coordinators and clinicians to get their recommendations for how to best reach those who can act on the findings.

Q: To what extent will Certified Providers be involved in the study data collection? Could the study explore the influence of provider-driven referral to care coordination?

A: Thanks for this suggestion. We should have the ability to test whether clinics that rely heavily on clinician-driven referral and frequent clinician-coordinator communication obtain better outcomes. In order to get more such suggestions, we will be conducting qualitative interviews with primary care clinicians in late 2021 in order to help form important survey questions for the care coordinator survey that will be used to help us document the care coordination design and procedures at each clinic.

Topic: Data Submission to MNCM**Q: How soon before the data submission specifications are available?**

A: The Clinic Data Specifications are currently available on [MNCM Knowledge Base](#) and will soon be distributed by MNCM with instructions so that submission for the Historical Cohort (patients who started care coordination between January 2018-February 2019) can begin early in June.

Topic: Patient Privacy and Exclusion from Research**Q: Do you anticipate that [patients] will be concerned with their information regarding care coordination involvement being given to a research group outside of the medical care system? How should we go about addressing privacy concerns with patients without losing trust?**

A: Although the study is subject to the highest standards of HIPAA compliance and continuous human subjects (research ethics) oversight in order to protect patient privacy, we understand patients may still be concerned about their information being used for research when they did not realize it. Here is some information that may help clinic personnel to communicate with patients about the study:

- We are following the standard of minimal necessary use, meaning we will only be using information that is needed to explicitly answer our research questions.
- The clinical data being used for this study is information routinely used to assess quality of care in Minnesota.
- The patient contact information requested will be used to invite patients to participate in the survey portion of the study. Patients may decline to respond to any surveys or interview invitations without affecting their relationship with their clinic, care team, or insurance plan.
- We are asking clinics to exclude patients who have told them that they do not wish to participate in research (e.g., by a research “opt out” or exclusion list).
- Researchers at HealthPartners Institute will not have access to identifiable person-level medical information. Instead, the study will rely on de-identified medical information to assess outcomes.
- The study is doing everything it can to ensure patient privacy is protected, including partnering with the patients’ Health Care Home to send invitations to participate in surveys and interviews.

If you hear of privacy concerns from patients, please ensure they are added to the applicable research exclusion list in your care system. If you encounter a patient that needs to be withdrawn from the study all together, you may contact support@mncm.org to discuss removing them from the study data.

Finally, you may also refer staff or patients to the HealthPartners Institutional Review Board (IRB) to discuss questions or concerns about privacy. Amy Fehrer, Senior Manager for Human Subjects Protection can be reached by mail at 8170 33rd Ave S, MS 23301A, Bloomington MN 55425, phone 952-967-5025, or Amy.A.Fehrer@HealthPartners.com

Q: Is each clinic or system responsible to know which patients have opted out of research with our existing processes - or is this a new process specific to this particular research study?

A: Yes, each clinic or system is responsible to know which patients have opted out of research under your existing processes. Please ensure any existing research exclusion list is applied prior to data submission. If you have questions about how to do this, please contact MNCARES@healthpartners.com.

Q: Are we supposed to submit an "opt out" form to patients prior this study to determine if they're wishing to be excluded? Or else how will we determine this?

A: No, there is no additional opt out form for this study. Instead, please apply any existing research exclusion lists prior to data submission. If you have questions about how to do this, please contact MNCARES@healthpartners.com.

Topic: Patient Surveys

Q: Do you anticipate any concern from patients when they are asked to complete a survey regarding their care coordination involvement (for the Historical Cohort) when it may have been several years since they were enrolled in care coordination?

A: It is always a challenge to ask patients to report information about things that happened in the past. That is why we will be primarily asking the Historical Cohort patients about their recent experiences during the COVID-19 pandemic instead of services they received years ago.

Topic: Care Coordinator Surveys

Q: Will the Care Coordinator survey be consistent for all clinics?

A: Yes, we will send the same survey to the lead care coordinator at each clinic. However, we do need separate answers from each clinic in a multi-clinic medical group, because there are often differences despite their common ownership and policies.

Q: Will it be possible to have more than one care coordinator complete the survey? I believe it would be beneficial to have multiple perspectives from organizations.

A: The objective of the clinic survey is to document in detail the design and procedures for implementing care coordination at each individual clinic. We will send the survey to one care coordinator per clinic; however, it would be permissible for more than one care coordinator to help complete the survey, should that be preferable or more efficient. Due to the factual nature of questions, we do not expect a need to obtain multiple perspectives from within each clinic. However, we will also be getting other information from organizational leaders and patients that should allow us to obtain a broader understanding of policies and practices.

Q: Will you be surveying the social workers as well?

A: Whoever is working as the lead care coordinator in each clinic will receive the survey, including those trained as social workers who hold that position. However, there is not a systematic survey of all social workers for this study.