

Care Coordination Framework for People with Complex Needs: Identifying Lead Care Coordinators and Developing Shared Plans of Care



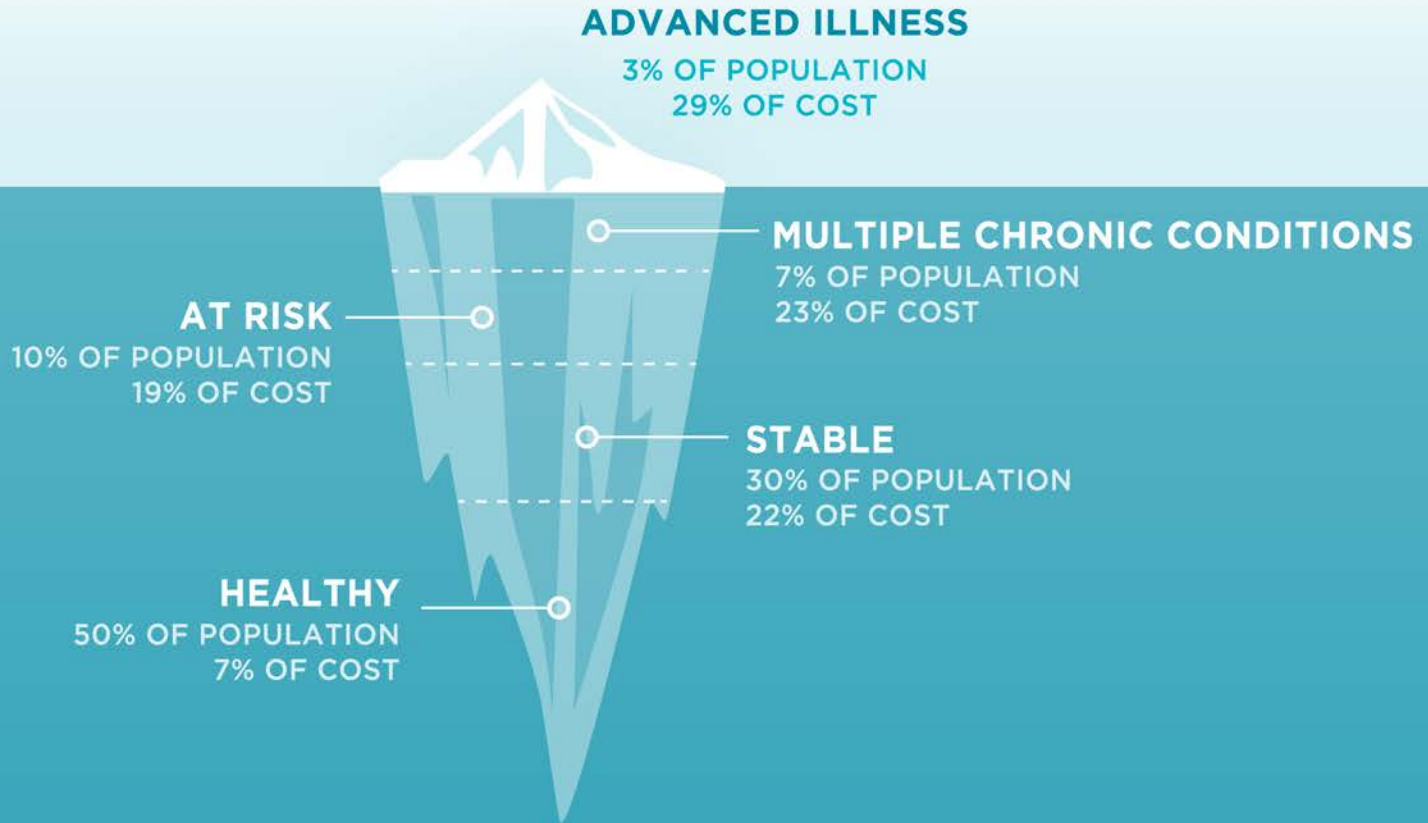
Lauran Hardin MSN, RN-BC, CNL
March 10, 2015

The Situation



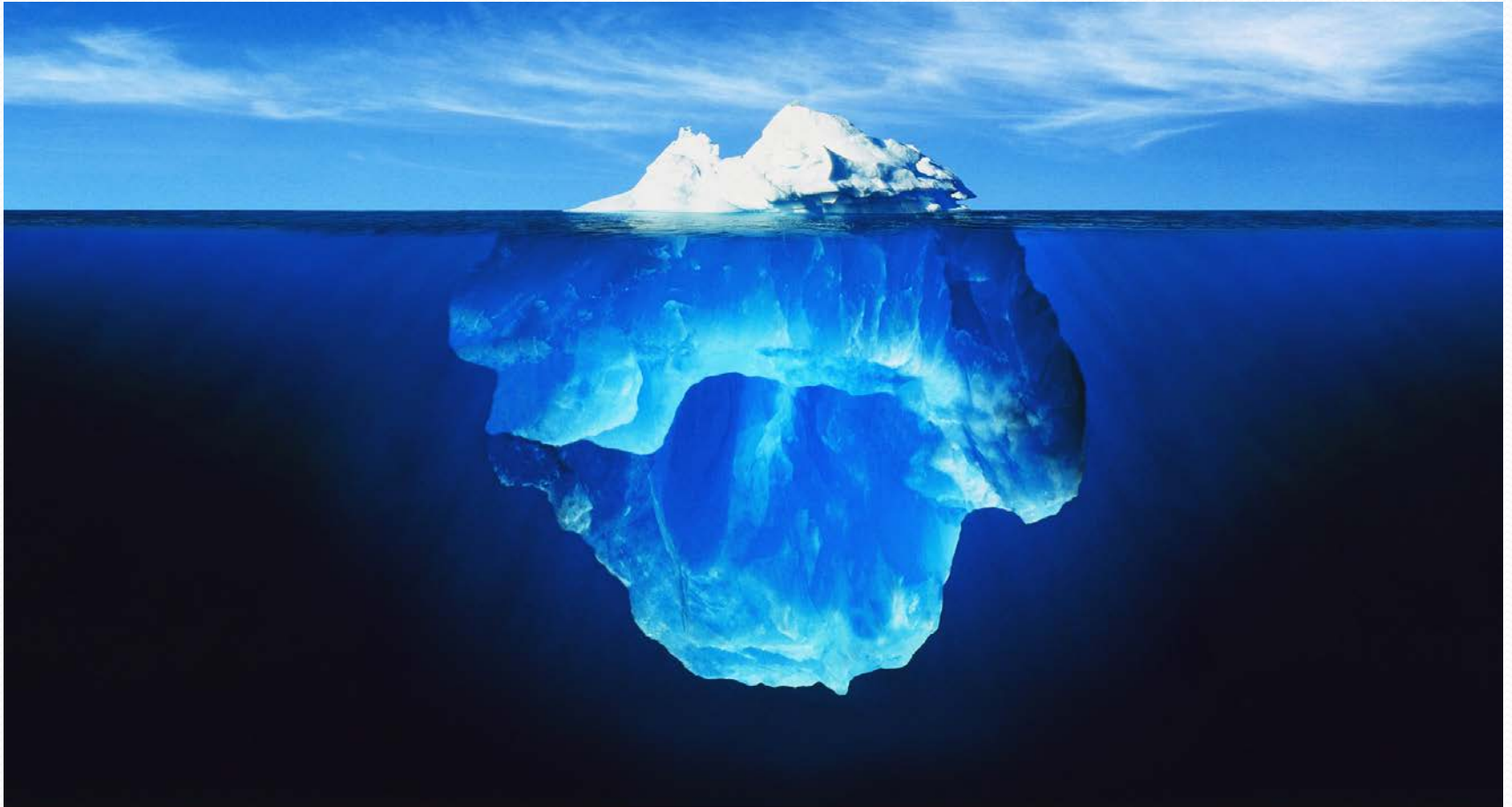
- Robert Wood Johnson Foundation reports 5% of the population uses nearly half of total healthcare spending (<http://www.rwjf.org/en/topics/rwjf-topic-areas/health-policy/health-care-costs/HealthCareCostsFastFacts.html>)
- Focus on the Elderly in the Literature
(<http://archive.ahrq.gov/research/findings/factsheets/costs/expriach/index.html>)
- Recent identification of impact of mental illness
<http://www.hcup-us.ahrq.gov/reports/statbriefs/sb184-Hospital-Stays-Medicaid-Super-Utilizers-2012.jsp>
- Successful Population Health strategies include management of these high cost patients

A Population View



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The Invisible Population



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One Patient's Experience.....

Middle Aged Man

(stock photo, aggregate story)

- Care Providers across Multiple Systems
- Multiple Specialists – fragmented medical record
- Multiple Procedures and Encounters



Where are we going today?



- Root Cause
- Cross
Continuum
Team
- Building Shared
Intervention



What is Root Cause?

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One Patient's Experience.....

Middle Aged Woman

(stock photo, aggregate story)

- Multiple Medical Diagnoses – Colon Cancer and Liver Disease
- Alcohol Abuse
- 30 ED visits and 8 inpatient admissions in 12 months
- The rest of the story.....





What are common Medical Root Causes?

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Medical Root Causes

- Lack of Evidence Based Treatment
- Lack of Symptom Management
- Polypharmacy and Medication Reconciliation
- Multiple Providers making Disease Management Plans
- Lack of Appropriate Referrals (Specialists, homecare, etc.)



What are common Psychiatric Root Causes?

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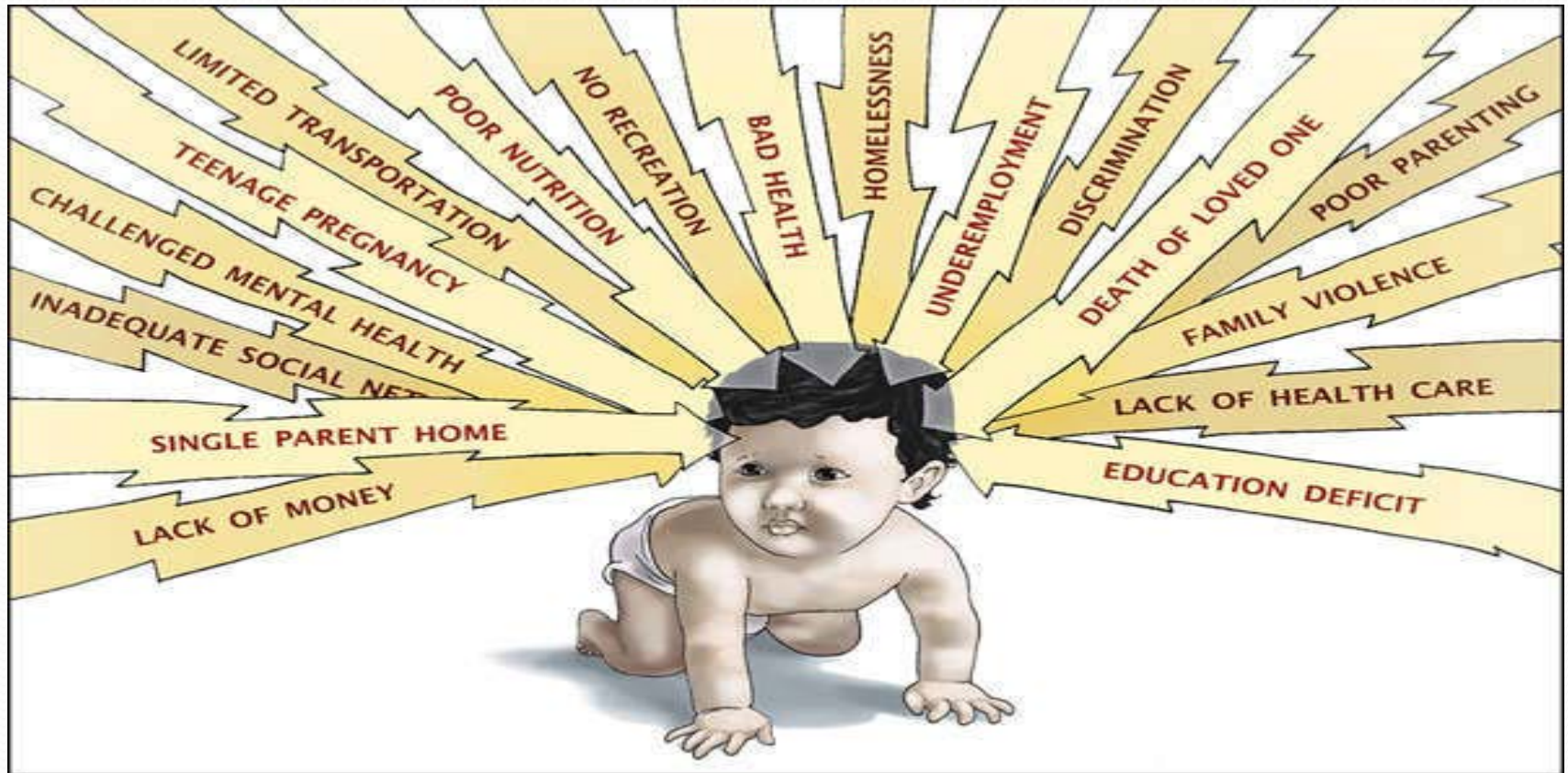
Mental Health and Substance Use Disorder

- 8.9 Million persons have co-occurring disorders
- Only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all.
- Untreated mental illness and substance use disorders lead to more deaths than traffic accidents, HIV/AIDS, and breast cancer combined
- Centers for Medicare and Medicaid Services (CMS) data show nearly one in four people with mental or substance use disorders lack health insurance. For those with both mental illness and substance use issues the figure is 30 percent
- (SAMHSA retrieved January 7, 2014 from <http://www.samhsa.gov/co-occurring/topics/data/disorders.aspx>)

Psychiatric Root Causes

- Lack of Diagnosis/Recognition
- Lack of Treatment
- Medication Issues
- Lack of Support Services
- Suicidality
- Unrecognized Trauma
- Co-occurring untreated addiction

Trauma Informed Care





What are common Social Root Causes?

Social Root Causes

- Safety
- Housing
- Transportation
- Access to Food
- Access to Employment
- Labeling/Bias



What are common System Root Causes?

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System Root Causes

- Inaccurate Medical Record
- Lack of Access
- Hours of Operation/Capacity
- Formularies
- Barriers to Information Sharing

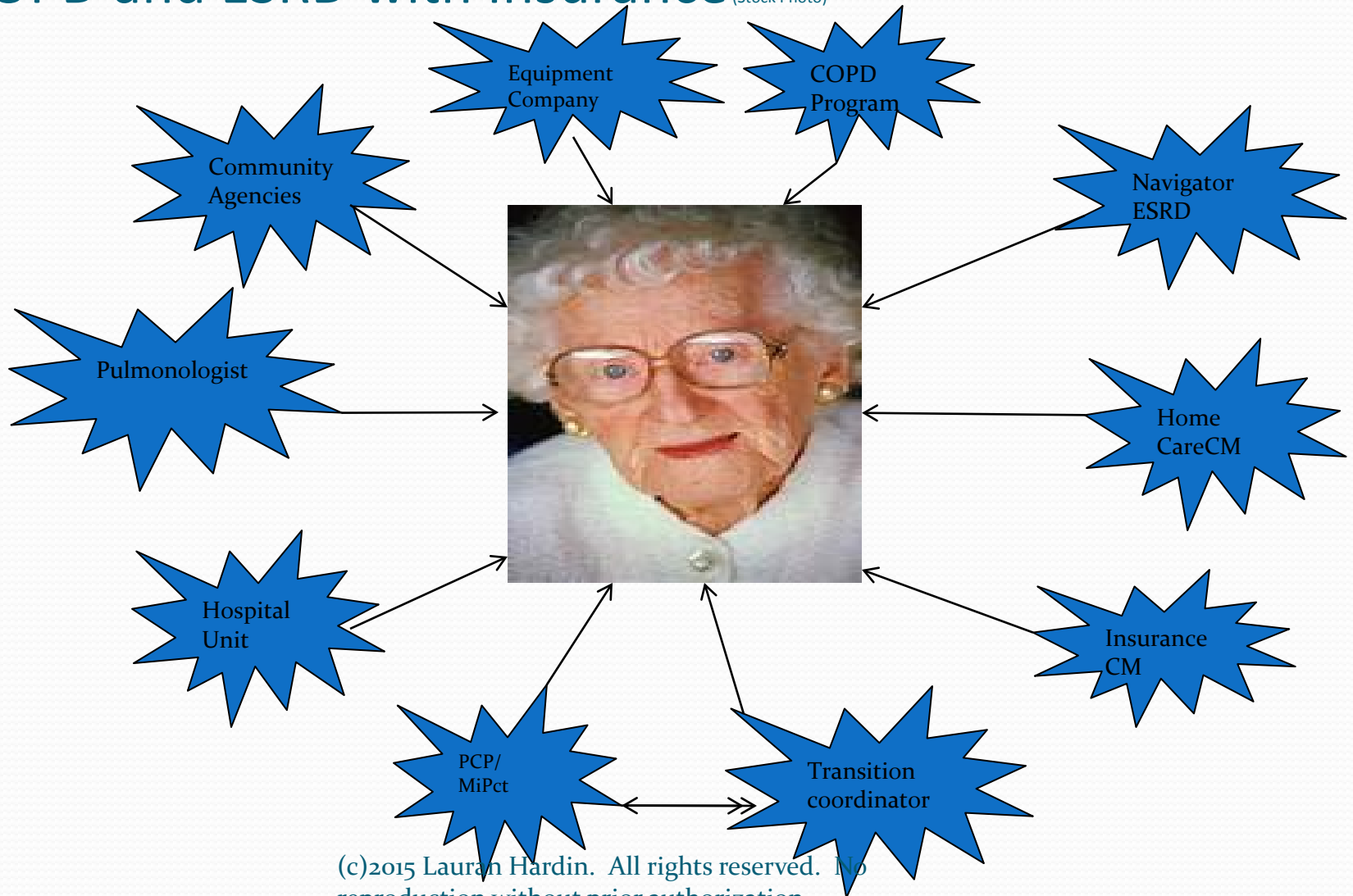


What is a Cross Continuum Team?

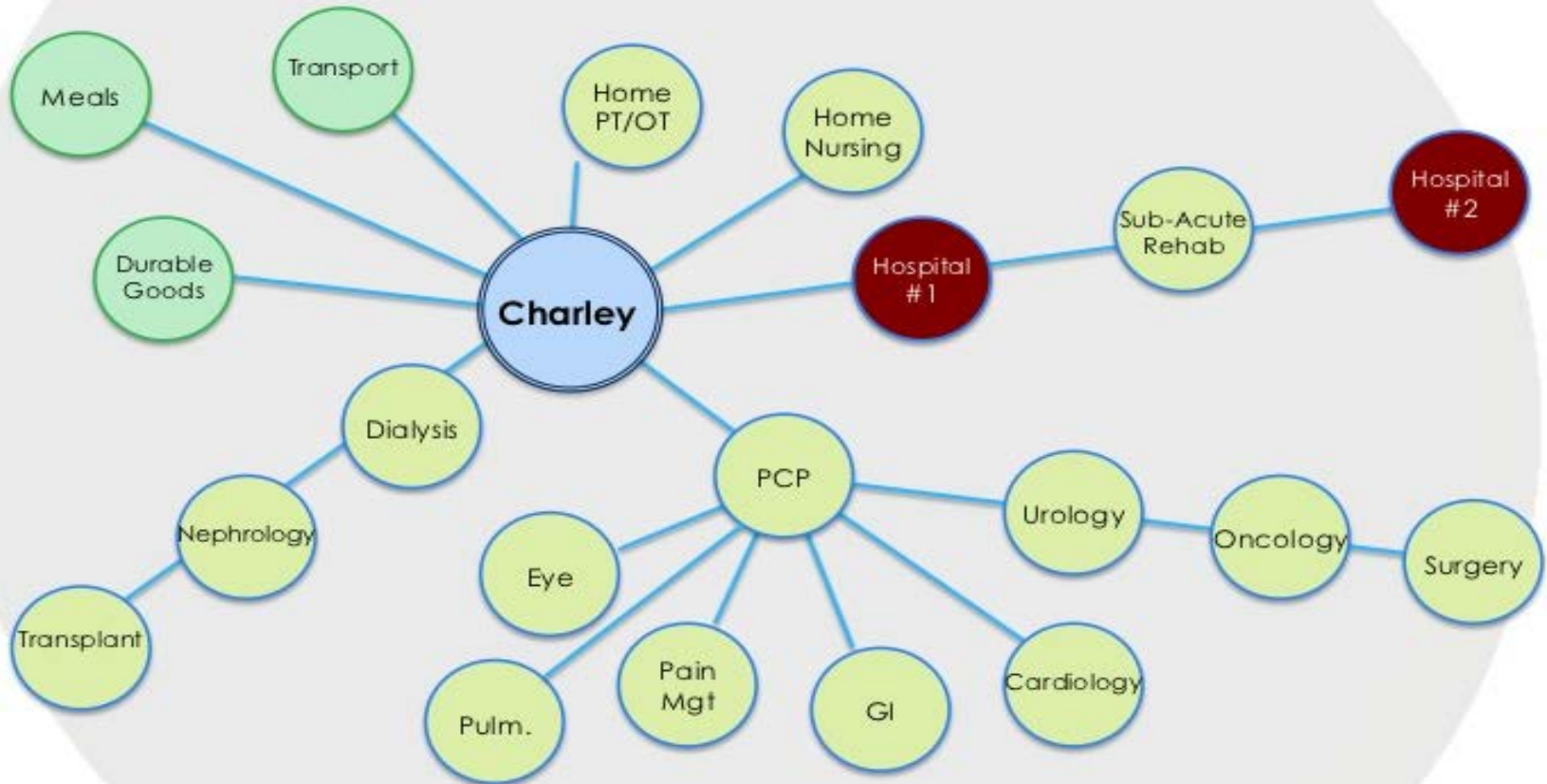
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A Common Array of Care Managers for a Patient with COPD and ESRD with Insurance

(Stock Photo)

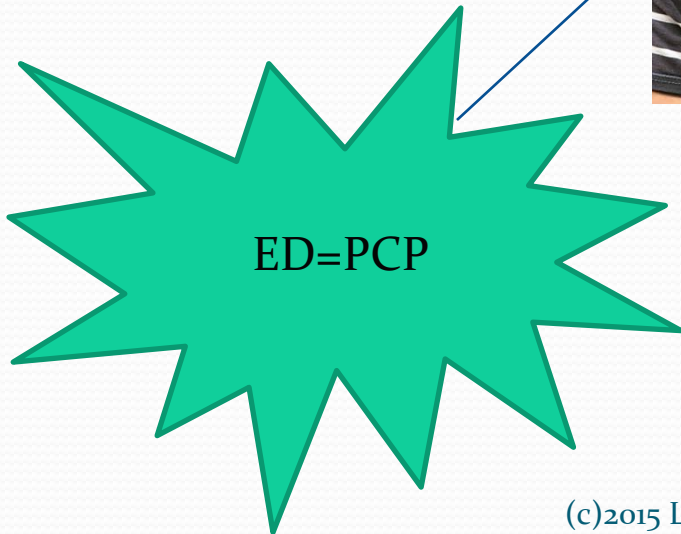


Problem



Patient with Asthma and Diabetes and no Insurance: ED = PCP

(Stock Photo)



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Cross Continuum Team Identification



- All providers impacting patient outcomes
- Doesn't have to be an official healthcare provider
- Helpful to have a Relationship for Life

Cross Continuum Team Identification



- What roles are in your team?
- What roles will you partner with?



Let's Practice....

MSSP Patient

(Aggregate Patient Story/Sample Outcome Numbers/Stock Photo)

Elderly Woman

7 Inpatient Admissions
and 6 ED Visits in 12
months

- Who is her CC Team?
- What might be her root causes?



FQHC - Meeting the Needs of Vulnerable Populations

(Aggregate Patient Story/Sample Outcome Numbers/Stock Photo)



Male 48 years old
50 ED Visits and 4
Inpatient Admissions in
12 months

- Who is his CC Team?
- What might be his root causes?

Dual Eligible Patient

(Aggregate Patient Story/Sample Outcome Numbers/Stock Photo)

Middle Aged Woman

8 Inpatient Admissions
and 14 ED Visits in 12
months

- Who is her CC Team?
- What might be her root causes?



Coordinating Across Specialties

(Aggregate Patient Story/Stock Photo)



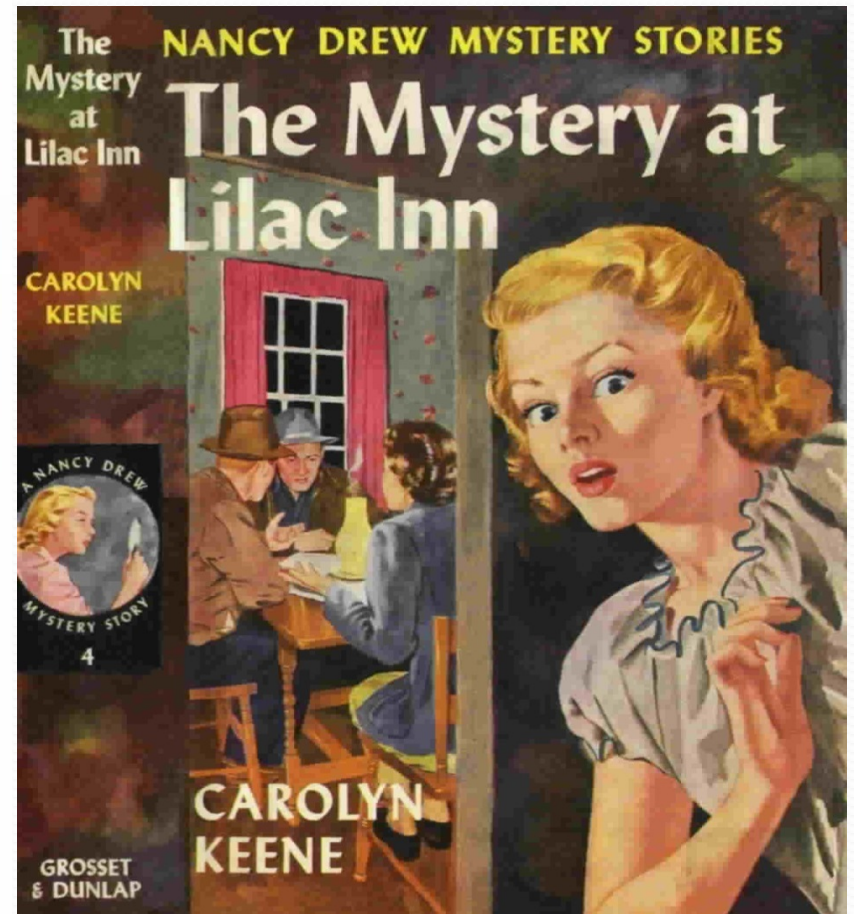
Young Pregnant Woman

9 Inpatient Admissions and
15 ED Visits in 6 months

- Who is her CC Team?
- What might be her root causes?

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Seeing Differently....no matter where you work...



First Awareness.....Then Action



- Time for a break.....

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Care Coordination Framework for People with Complex Needs: Identifying Lead Care Coordinators and Developing Shared Plans of Care PART 2



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What are the
roles in your
Interdisciplinary
Team?

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Interdisciplinary Team

- Physician
- Case Manager
- MSW
- Pharmacist
- Psychiatrist
- Community Health Worker/Health Coach
- Resource Coordinator
- Financial Services Support
- Risk/Patient Relations

Key Functions

- Chronic Disease/Medical Management
- Medication Reconciliation
- Care Transitions Navigation
- Health Promotion & Education
- Mental Health/Trauma Informed Care
- Access to Resources
- Preventive Care
- Shared Plan Cross Systems
- Building Trust



What tools
do you need
for
intervention?

Tools

- **Business Associates Agreement**

Contract between a HIPAA covered entity and a HIPAA business associate (BA) that is used to protect personal health information (PHI) in accordance with HIPAA guidelines.

<http://www.camdenhealth.org/cross-site-learning/resources/engagement/hospitalprovider-agreements-for-super-utilizer-interventions/>

- **One Contact Person**

Referrals

Questions

- **Huddles**

Coordinate care

Treatment planning

Identification of new opportunities for collaboration

- **Integrated Consent**

Additional Tools

- IRB
- Photo/Story Permissions
- Evidence Based Evaluation Tools
- EMR / Documentation
- Data Analysis Tools

<http://www.camdenhealth.org/about/resources-2/>



How will you
build
partnerships?

Our previous state

Separate Silos

- By Medical Specialty
- “Other People” do behavioral health
- Only in My Building
- Reinventing the Wheel



Separate Silos

- Location
- Treatment Plans
- Prescriptions
- Coordination



The Effect of the Silos

- Duplication
- Fragmentation
- Increased Cost
- Missed Opportunity
- Tough to solve complex problems alone
- Poor Patient Experience

Developing Partnerships

“It’s not important how clever individuals are; what really matters is how smart the collective brain is”

- Matt Ridley

Our Own Lens



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Our Shared Lens



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Steps to Developing Partnerships

- Define the need for a partnership
- Identify potential partners - similar goals
- Meet with potential partners to discuss the goal
- With partners, determine shared goals and activities
- Clearly identify what each partner brings to the table *
Resource(s)

* Areas of cooperation/collaboration to reduce redundancy in services, bring together resources, or enhance/increase programs or initiatives

- Develop and implement a shared action plan
- **Evaluate results**



Let's
Practice....
Who will be
your key
partners?

Models of Care are Evolving

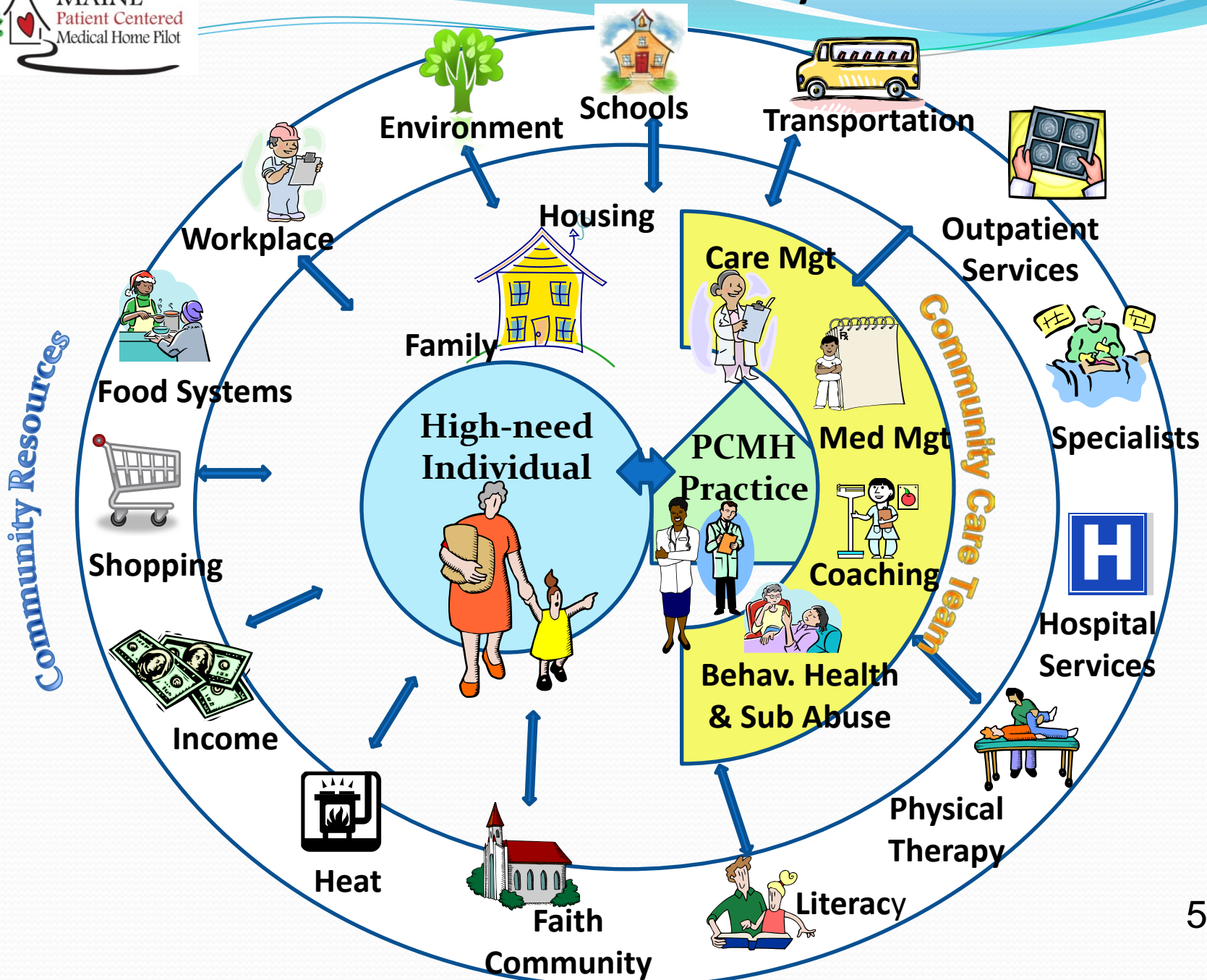


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How do you
build a cross-
continuum
plan?

Maine PCMH Pilot Community Care Teams





Let's Practice....

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Seeing Beyond the Acute Episode of Care

(Aggregate Patient Story/Stock Photo)



Young 30 year old Woman

- Chronic Pain & Dependent on legally prescribed Narcotics (overuse)
- Borderline Personality
- Accessing multiple EDs for narcotics
- Multiple CT Scans
- Multiple EMS calls for transport to ED

?Root Cause

?Cross Continuum Team Members



Volunteers for a Cross Continuum Conference...

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Looking at more than Medical Disease.....

Young Man (Aggregate Patient
Story/Stock Photo)

- Complex Medical Disease
- Gastroparesis
- Substance Dependence
- In a PCMH

?Root Cause

?Cross Continuum Team



Cross Continuum Plans

- Do the Homework
- Think Ahead
- Be the Facilitator
- Make sure everyone is heard
- Identify responsibilities
- Follow up
- Reconvene when needed



What do you
need to build
and sustain
your team?

Key Tools

- A Noble Mission
- Role Clarity
- Rounds, Huddles and Collaboration
- Reasonable Measures of Success
- Carrying the Complexity
- Safety
- Disenfranchised Grief
- Celebrating Success

- <http://www.ahceducation.umn.edu/resources/index.htm>



How can you
engage the
community?

Key Elements for Success

- Community Wide Care Plans
- Narcotic Prescription Infrastructure
- Coalitions and Partnerships
- Unusual Allies

Ohio Community Collaboration

<http://www.healthy.ohio.gov/ed/guidelines.aspx>



Policy Issues and Complex Care

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Policy Issues



- HIPAA/42 CFR
- “Firing” Patients
- Home Bound status
- Criminalization of Mental Illness
- Guardianship & Competency
- Care Coordination payment
- Felony Records



Promising Practices for Complex Care

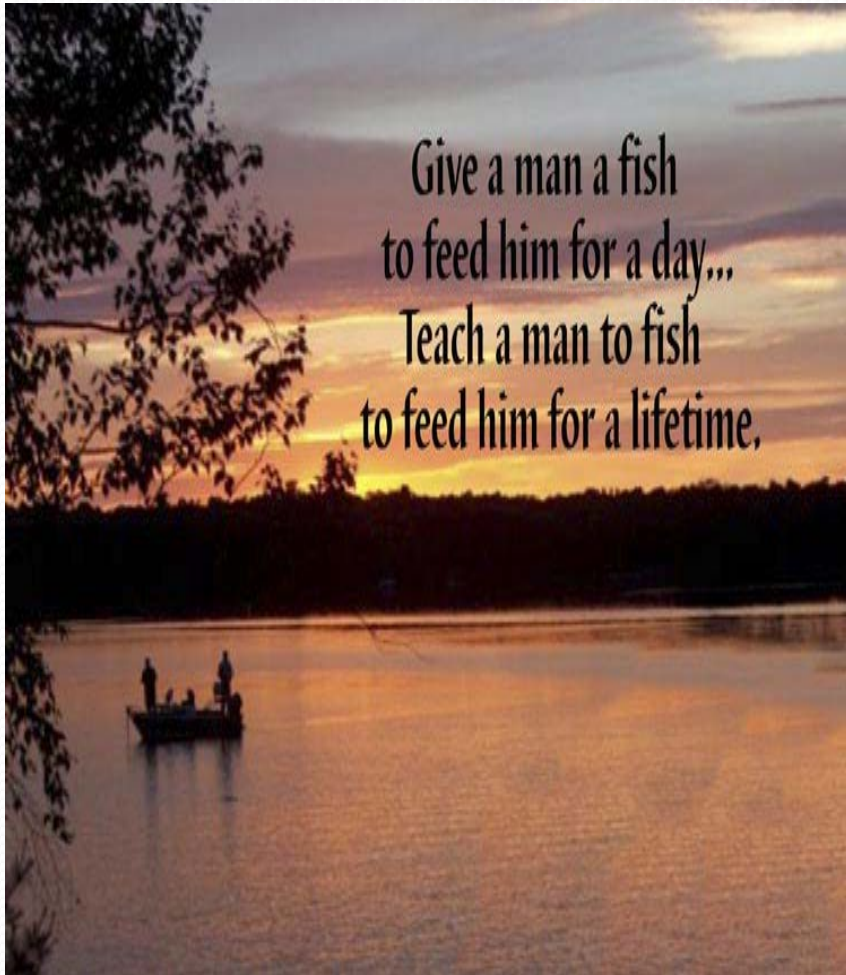
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On the Horizon

- Integration of Behavioral Health
- Housing First
- Community Intervention Teams
- Veterans & Mental Health Courts
- Psychiatric Advance Directives
- AIM Models



Questions?



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What's Next.....

