Integrating Primary Care & Wellness: Sustaining Integrated Care Innovation Community

UPDATES FROM THE FIELD

integration.samhsa.gov
Setting the Stage:
Today’s Moderator

Madhana Pandian
Associate
SAMHSA-HRSA Center for Integrated Health Solutions
Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/Innovation Communities
Our format...

**Structure**
Short comments from experts
Specifics from their point of view

**Polling You**
Every 20-minutes
Finding the “temperature” of the group

**Asking Questions**
Watching for your written questions

**Follow-up and Evaluation**
Ask for what YOU want or expect
Ideas and examples added to the AOS Resource Center
How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)
Setting the Stage:
Today’s Moderator

Brie Reimann
Deputy Director
SAMHSA-HRSA Center for Integrated Health Solutions
Overview of Today’s Webinar

• Check-in with Teams

• Presentation by Family Preservation Services

• Discussion/Questions

• Next Steps
Check-in Poll

How are people doing with your work plans?

a.) On Target!
b.) We are very distracted by other things
c.) Run into some delays/barriers we’re working through
d.) We really need help with…
e.) We’d like to share that we learned…
Integrated Care
Sustaining Change

Putting the Pieces Together
Family Preservation Services of North Carolina, Pathways
June 30, 2016
Family Preservation Services of NC/Pathways

- Pathways provides Behavioral Health services in 37 states nationwide.
- Within NC, we serve approximately 6,600 consumers at 10 different sites across the state.
- We provide a complete continuum of care for children, adolescents, families and adults with mental health needs, substance abuse needs and co-occurring intellectual and developmental disabilities.
Integrated Care – Gathering Information from Outside Portals

- CCNC Artemis Portal
- CMT ProAct Portal
Portal Information Outcomes

- Improved provider relationships
- Decrease in high $$$ claim exposure
- Better patient care

- Sharing information
  - Currently working on receiving Primary Care Medical Provider (PCMP) information on all Medicaid consumers (WNC)
  - Identifying “at risk” consumers
EHR Updates

• **Client Profile Updates**
  • Primary Care Medical Provider (PCMP)
  • PCMP Agency, PCMP Agency Address, PCMP Phone & Fax
  • PCMP Release Expiration
  • Date of Annual Physical

• **Contact Types (Clinical Documentation)**
  • Integrated Primary Care
  • Crisis Response
  • Employer
  • ED Admit/Hospitalization D/C F/U

• **BMI/BP Tracker**
  • Enter Height, Weight, BMI, Systolic and Diastolic
  • PCMP information is pulled from Consumer Profile
  • Print & fax to Primary Care Medical Provider
### Consumer Information

- **Regist:** 202
- **Record #:** 123
- **Unique ID:** dec010101
- **Admit Date:** 07/03/2012
- **Name Last:** Desk
- **Name First:** Delta
- **Name Middle:** J
- **Home Phone:** 4567890
- **Cell Phone:**
  - **Address:** 123 Pussy Road
  - **City:** Columbus
  - **State:** NC
  - **Zip:** 28722
- **School:**

### Emergency Contact

- **Emergency Contact:**
- **Emergency Cell:**
- **Emergency Address:**
- **Emergency City:**

### Integrated Care Information

- **Facility Name:** Quick Immediate Care
- **Medical Home:** Dr. Quackers
- **Facility Address:** 1 Lily Pond Lane
- **Facility City:** Columbus
- **Facility State:** NC
- **Facility Zip:** 20234
- **Medical Home Phone:** 829876543
- **Physician #2 Fax Number:** 829867543
- **Preferred Hospital:** Panhandle Memorial

### PCNP Release Expiration

- **Date:** 03/08/2017
- **Annual Physical:** 01/01/2016

### Recent Documents

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<td>BRMPF Tracker</td>
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<td>Doctor Services Note</td>
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### Scanned Documents

- **Scan Documents**
- **View Documents**

### Assigned Approval Groups

- **Add to Approval Group >>**
- **Remove Approval Group**

### Assigned Case Load Groups

- **Add to Case Load Group >>**
- **Remove Case Load Group**
BMI/BP Tracker

Enter Data for New Form Entry and Press 'Process Form':

Region: Polk
LME Name: Smokey
Agency Address: 94 White Drive, Columbus
Name First: Duffy
Name Middle: J
Name Last: Duck
Record #: duc0810101
Unique ID: duc0810101
Medicaid #: 123
Primary Insurance: Self
Secondary Insurance: NC HC:
DOB: 11/2/2001
Age: 15
Height (inches): 24
Weight (lbs): 6
BMI:
Systolic Pressure:
Diastolic Pressure:
PCMP Name: Dr. Quackers
PCMP Phone#: 82898/75445
PCMP Fax #: 82898/75464

Staff Name: 
Date Recorded: 

Integrated Care Information
Facility Name: Quick Immediate Care
Medical Home: Dr. Quackers
Facility Address: 1 Lily Pond Way
Facility City: Columbus
Facility State: NC
Facility Zip: 28756
Medical Home Phone: 82898/75445
Physicians 2: Fax Number: 82898/75454
Preferred Hospital: Pondville Memorial

PCMP Reference Information
Date 2d: 02/20/2017
Sample Med Appt. Work Flow #1  
(Think Dr. Office)

- Consumer arrives & confirms PCMP info
- Admin collects Height, Weight, BMI & BP
- Records information on slip of paper & hands to provider
- Provider initials paper & puts in basket for data entry (Admin. insures this happens)
- CMT Data Entry person gathers slips regularly and enters into CMT within 5 days
- CMT Data Entry person completes BMI/BP Tracker in PCMS
- CMT Data Entry person prints BMI/BP Tracker & faxes to PCMP
Sample Med Appt. Work Flow #2
(Think Dr. Office)

- Consumer arrives & confirms PCMP info
- Admin collects Height, Weight, BMI & BP
- Admin completes BMI/BP Tracker in PCMS immediately
- Admin prints BMI/BP Tracker & faxes to PCMP minimally by end of day
- Provider reviews BMI/BP Tracker in PCMS during visit
- CMT Data Entry person runs PCMS report based on BMI/Tracker & enters data in CMT
Process Inspection

Monthly Reporting: Data Completion and Compliance
Quarterly Metrics Review
Future Pay for Performance
## PCMP Inspection & Trending

<table>
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<th>CENSUS</th>
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# BMI Tracker/Med Services Inspection

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<tr>
<th>Location</th>
<th>April Med Services</th>
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<th>April BMI/BP Trackers</th>
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<td>PK GVR</td>
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<td>PK Ruth</td>
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<tr>
<td>Ruth</td>
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### INTEGRATED CARE PROJECT

<table>
<thead>
<tr>
<th>Region: Any City, USA</th>
<th>Date: 5/18/2016</th>
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#### Equipment Setup:
- Satisfactory: Yes

#### Usage Correct:
- Satisfactory: Yes

#### Training Provided:
- Yes

#### Updated Consent for Treatment & Acknowledgements on File:
- Unique Client Identifier: 123456
  - Yes
  - Consent dated 4/26/16
- Unique Client Identifier: 345678
  - No
  - Consent dated 3/31/15

#### Primary Care Communication Form in Place:
- Unique Client Identifier: 123456
  - Yes
  - Yes
  - Yes
  - Yes fax to primary care physician noted in chart
- Unique Client Identifier: 234567
  - Yes
  - Yes
  - No
- Unique Client Identifier: 345678
  - No
  - No
  - No

#### BP and BMI Results Faxed to Primary Care Provider:
- Unique Client Identifier: 123456
  - Yes
- Unique Client Identifier: 234567
  - No
- Unique Client Identifier: 345678
  - No

#### CCNC Portal Being Run on Intake:
- Unique Client Identifier: 123456
  - No
  - This is a focus of the Any City office. Target date is set for mid June.
- Unique Client Identifier: 234567
  - No
- Unique Client Identifier: 345678
  - No
## INTEGRATED CARE PROJECT

**REGION:** Any City, USA  
**DATE:** 5/18/2016

### REGIONAL WORKFLOW FOR PRIMARY CARE COORDINATION:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Notes</th>
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<tr>
<td>Able to identify 1 primary office they are working on the model with?</td>
<td>Yes</td>
<td>XXX Pediatrics</td>
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### REGIONAL WORKFLOW FOR ED ADMIT FOLLOW-UP:

<table>
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<th>Question</th>
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<th>Notes</th>
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<tbody>
<tr>
<td>How are you building relationships with the hospitals?</td>
<td></td>
<td>Staff recently trained ED Social Worker, XX and her team in Care Coordination. FPS has two additional trainings coming up with Behavioral Health and her team and Social Workers and their team in the ED. WW and VV of FPS attend the monthly Buncombe County Crisis Provider Meeting with representatives from the hospital that includes Physicians, Behavioral Health supervisor, Social Work Supervisor as well as representatives from MCM, NDC, SMC, DSS, RHA, BCSO, APD and October Road. WW has a regular meeting to discuss FPS’s development towards an integrated care model. In addition, WW is on the ED Discharge and Communication Education committees for the Buncombe Crisis Group. He has met to discuss strategies for the community’s most vulnerable populations.</td>
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</table>

| How are you being notified by the hospitals whenever they have a client of FPS in their ED? | | The hospital engages the Any City office by three methods. One of the methods is through the Any City’s office’s centralized referral process and coordinator. If the client is already engaged with FPS for services, the hospital notifies the ACTT and CST Supervisor. The hospital is now calling the Peer Support Supervisor, for Assertive Engagement. The FPS staff are training the hospital staff to now call the supervisor on duty at FPS if they cannot get a live person on the phone. |

| What other activities are you doing with the hospitals, i.e. Assertive Engagement, Peer Support? Explain the process of how this works. | | Once a call has been made for Assertive Engagement, the supervisor or an identified Peer responds directly to the hospital. If there is an immediate need for an assessment, and the client cannot be transported to FPS, a therapist is identified to respond. If FPS is currently engaged or identified as open with the client, the identified CST team member or ACTT team member will respond for Assertive Outreach. |

### Observations:

1. Clients waiting for appointments appeared comfortable  
2. Office staff very friendly and inviting  
3. Client privacy noted  
4. Charts neat and organized  
5. Wait time for clients < 5 minutes  
6. Office environment clean comfortable  
7. Staff very accommodating by retrieving selected files quickly
Spring into Health Day

Stations:
- Physical Exercise
- Nutrition
- Dental Hygiene
- Smoking Dangers
- Hand Washing
- Effects of Stress
- BP & BMI Measurements

Set Up and Details:
- All Day Event (PSR)
- Split into groups
- 30 minutes/station
- Scavenger Hunt Activities sheet
- Door prizes
- Certificates for each participant
Spring into Health Day

What Worked:
- Scavenger Hunt
  - Engaged
  - Informal, relaxed, fun environment
  - Large amount of information
- Staff Engagement
- Physical Environment
- BP & BMI Data Collection
- Positive Feedback

What Didn’t Work:
- Review time per station
- More staff & equipment for BP & BMI measurements
- Client testimonials separate from groups
- Scavenger Hunt sheet distracting
Integrated Care Puzzle Complete
Next Steps

• July Webinar Topic “Sustaining Change”

• Be on the Lookout for an Evaluation Email!

• Coaching is Available Just Ask!
# Webinar Schedule

<table>
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<th>Time</th>
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<td>July #7</td>
<td>Jul. 28</td>
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<td>August #8</td>
<td>Aug. 25</td>
<td>3 – 4pm</td>
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Look for updates from: sustaining_integration_ic
Thank you for joining us today!

Please take a moment to provide feedback by completing the survey at the end of today’s webinar.

If you have additional questions/comments please send them to:

Jeff Capobianco - jeffc@thenationalcouncil.org and
Madhana Pandian - madhanap@thenationalcouncil.org

integration.samhsa.gov