

UPDATES FROM THE FIELD





Setting the Stage: Today's Moderator



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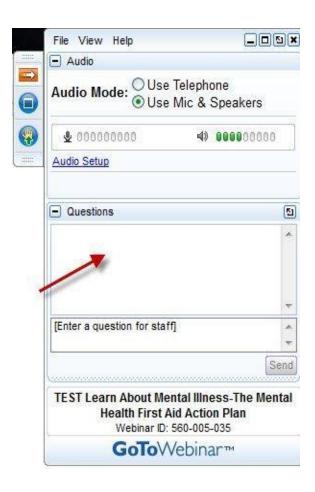


Slides for today's webinar will be available on the CIHS website:

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

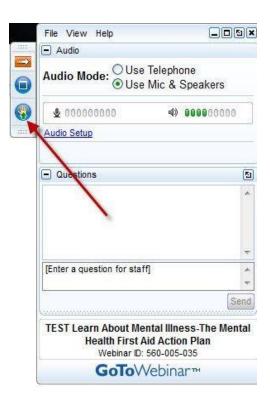
Follow-up and Evaluation

Ask for what YOU want or expect Ideas and examples added to the AOS Resource Center



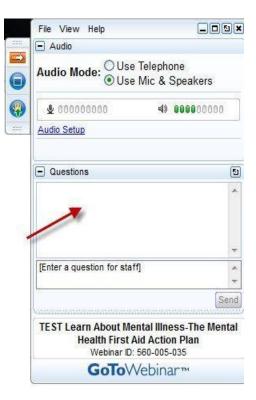


How to ask a question during the webinar



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.



- 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

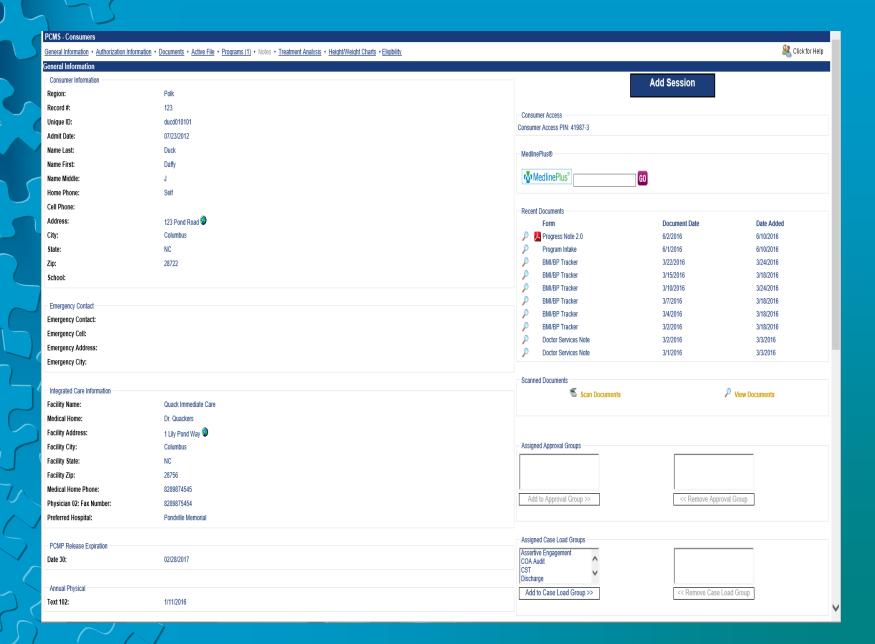
- Primary Care Medical Provider (PCMP)
- PCMP Agency, PCMP Agency Address, PCMP Phone & Fax
- PCMP Release Expiration
- Date of Annual Physical

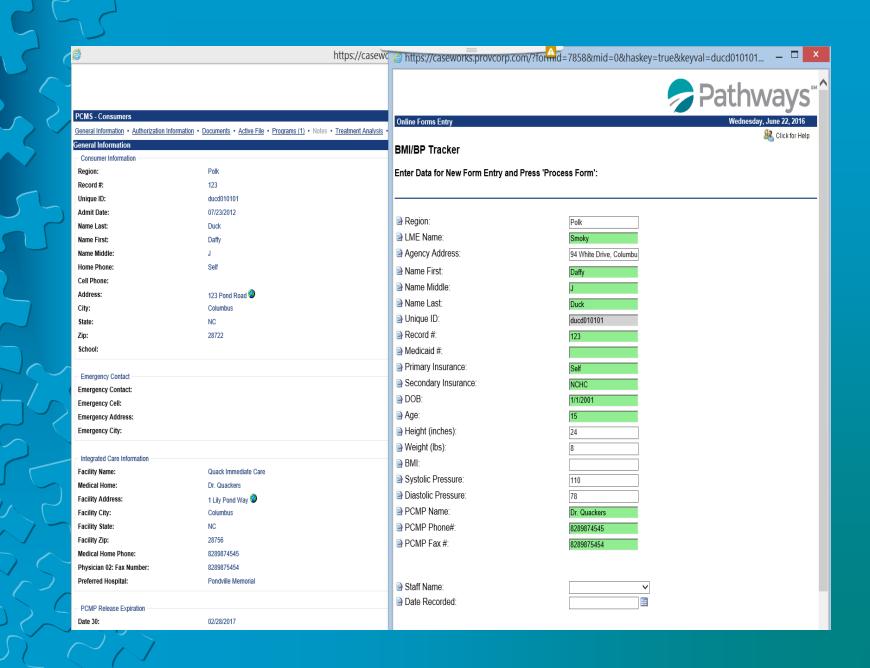
Contact Types (Clinical Documentation)

- 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





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

	CENSUS		PARTIAL INFORMATION					COMPLETE INFORMATION							
	4/18/2016	5/9/2016	6/15/2016	4/18/2016	5/9/2016	6/15/2016	% 4/18/16	% 5/9/16	% 6/15/2016	4/18/2016	5/9/2016	6/18/2016	% 4/18/2016	% 5/9/2016	% 6/18/2016
Asheville	2047	2074	1961	1081	1093	1495	52.81%	52.70%	76.24%	14	62	150	0.68%	2.99%	7.65%
Charlotte	351	367	381	22	32	54	6.27%	8.72%	14.17%	0	1	8	0.00%	0.27%	2.10%
Durham	359	369	333	19	32	46	5.29%	8.67%	13.81%	0	0	0	0.00%	0.00%	0.00%
Green River	1982	2034	1619	384	384	287	19.37%	18.88%	17.73%	0	0	0	0.00%	0.00%	0.00%
Magnolia House	165	176	178	64	75	76	38.79%	42.61%	42.70%	0	0	0	0.00%	0.00%	0.00%
PK Asheville	468	488	515	52	58	146	11.11%	11.89%	28.35%	0	1	27	0.00%	0.20%	5.24%
PK Green River	323	293	266	8	9	9	2.48%	3.07%	3.38%	0	0	0	0.00%	0.00%	0.00%
PK Rutherford	256	248	181	44	50	49	17.19%	20.16%	27.07%	0	0	0	0.00%	0.00%	0.00%
Polk	215	233	239	51	65	64	23.72%	27.90%	26.78%	0	0	0	0.00%	0.00%	0.00%
Rutherford	1070	1098	992	560	577	502	52.34%	52.55%	50.60%	0	0	0	0.00%	0.00%	0.00%

BMI Tracker/Med Services Inspection

		April Med Services	April Medicaid Med Services	April BMI/BP Trackers
	Asheville	260	138	163
	Charlotte	28	23	21
	Durham	70	40	0
1	GVR	112	41	70
	PK Ashe	65	13	20
)	PK GVR	20	3	11
7	PK Ruth	17	9	10
	Polk	42	25	13
	Ruth	301	154	178

Training and Chart Audit Tool

INTEGRATED CARE PROJECT			
REGION:	DATE:		
Any City, USA	5/18/2016		
	3/16/2010		
EQUIPMENT SETUP:			
Satisfactory	Yes		Notes:
USAGE CORRECT:			
	Yes		
TRAINING PROVIDED:			
Provided	Yes		Observed staff obtaining BP, weight and height
			done. Jane will make sure all staff are obtaining BP
			correctly.
UPDATED CONSENT FOR TREATMENT & ACKNOWLEDGEMENTS ON FILE:			
Unique Client Identifier			Notes:
123456	Yes		Consent dated 4/26/16
345678		No	Consent dated 3/31/15
PRIMARY CARE COMMUNICATION FORM IN PLACE:			
Unique Client Identifier	Primary Care Info Form	Release of Information	Proof of Documents Faxed
123456	Yes	Yes	Yes
234567	Yes	Yes	No fax to primary care physician noted in chart
345678	No	No	No - Receives primary care from the ED
BP AND BMI RESULTS FAXED TO PRIMARY CARE PROVIDER:			
Unique Client Identifier			Notes:
123456	Yes		
234567		No	
345678		No	Receives primary care from the ED
CCNC PORTAL BEING RUN ON INTAKE:			
Unique Client Identifier:			Notes:
123456		No	This is a focus of the Any City office. Target date is set
234567		No	for mid June.
345678		No	
513070		110	

Work Flow Inspection Tool

INTEGRATED CARE PROJECT		
REGION:	DATE:	
Any City, USA	5/18/2016	
X - X	0.10.2010	
REGIONAL WORKFLOW FOR PRIMARY CARE COORDINATION:		
Able to identify 1 primary office they are working on the model with?	Yes	Notes: XXX Pediatrics
REGIONAL WORKFLOW FOR ED ADMIT FOLLOW-UP:		
How are you building relationships with the hospitals?		Notes: Staff recently trained ED Social Worker, XX and her team
		in Care Coordination. FPS has two additional trainings
		coming up with Behavioral Hoealth 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
		moist vulnerable populations.
Harmon hair and Calle dark and a large dark and a large		The wind was about the Conference of the Confere
How are you being notified by the hospitals whenever they have a		The hospital engages the Any City office by three methods.
client of FPS in their ED?		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 can not get a live person on the phone.
What other activities are you doing with the hospitals, i.e. Assertive		Once a call has been made for Assertive Engagement,
Engagement, Peer Support? Explain the process of how this works.		the supervisor or an identified Peer responds directly to the
		hospital. If there is an immediate need for an assessment,
Observations:		and the client can not be transported to FPS, a therapist is
Clients waiting for appointments appeared comfortable		identified to respond. If FPS is currently engaged or
Office staff very friendly and inviting		identified as open with the client, the identified CST team
3) Client privacy noted		member or ACTT team member will respond for Assertive
4) Charts neat and organized		Outreach.
5) Wait time for clients < 5 minutes		
Office environment clean comfortable		
Staff very accomodating by retrieving selected files quickly		
// Dani very accombining by retrieving selected thes quickly		
\sim \wedge /		



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



Questions/Discussion







Next Steps

July Webinar Topic "Sustaining Change"

 Be on the Lookout for an Evaluation Email!

Coaching is Available Just Ask!

Webinar Schedule

Webinar Number	Date	Time
July #7	Jul. 28	3 – 4pm
August #8	Aug. 25	3 – 4pm

Listserv

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 - <u>jeffc@thenationalcouncil.org</u> and Madhana Pandian - <u>madhanap@thenationalcouncil.org</u>