NATIONAL COUNCIL for Mental Wellbeing

Population Health Management (PHM) Part 3: Clinical Pathways for Population Health

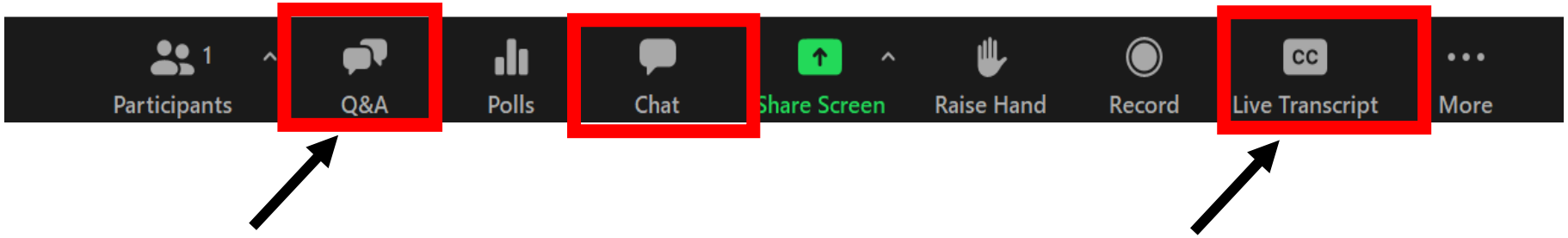
Tuesday, February 7th from 2-3pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

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Disclaimer

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SAMHSA

Substance Abuse and Mental Health Services Administration

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Payer
- Policy Maker
- Other (specify in chat box)

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Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

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Webinar Series Details

Upcoming Series Sessions:

- March 9th from 2-3pm
  ET: Population Health Part 4- Real World Examples for PHM

Past Series Sessions:

- Part 1: Intro to Population Health
- *Part 2: Measurement-Informed Care*

Today's Speaker

Nick Szubiak, MSW, *LCSW*
Principal, NSI Strategies

NSI STRATEGIES
CONSULTING SUPPORT FOR INTEGRATED HEALTHCARE ENVIRONMENTS

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Learning Objectives

After this webinar, participants will be able to:

- **Understand** how population health management improve team's and organization's level of care integration.
- **Explore** the value of a core implementation team and understand how to develop one in integrated care settings.
- **Identify** key steps that support full implementation of population health management in integrated care.
- **Learn** how to utilize existing continuous quality improvement (CQI) processes to integrate population health management for sustained implementation within integrated care.

Series Overview To-Date

Part 1 Webinar Recap
Introduction to Pop Health

- Basic concepts of population health management
- Described the value that population health management strategies bring to integrated care organizations, including optimizing resources and improving equitable care pathways.
- Explored how to utilize population health approaches to support equitable integrated care and best meet the needs of marginalized communities.
- Identified opportunities for using PHM to support the adoption of changed clinical pathways post COVID-19.

Part 2 Webinar Recap
Measurement Informed Care

- Key components of a strategic plan for utilizing PHM strategies to improve patient outcomes
- Selecting PHM metrics based on key components of a strategic plan
- Identified strategies to use data as a tool for accelerating change, improving patient outcomes and increasing equity in integrated care.
- Explored opportunities for collecting and utilizing data to understand and address social determinants of health needs and cultural and linguistic characteristics of populations within integrated care settings.

Steps to Full Implementation

Core Implementation Team

- Administration Support
  - Operations
  - Finance
- Medical Director
- Information Technology
- Behavioral Health Team
- Primary Care Providers
- Nursing & Medical Assistants
- Quality Improvement process
- Policy and Procedures

Integrated Care Team

Bring in your Champions

Four things that champions do:

1. Educate (customized message)
2. Advocate (understand/explain why changes are needed)
3. Build relationships
4. Navigate boundaries (between professions/units)

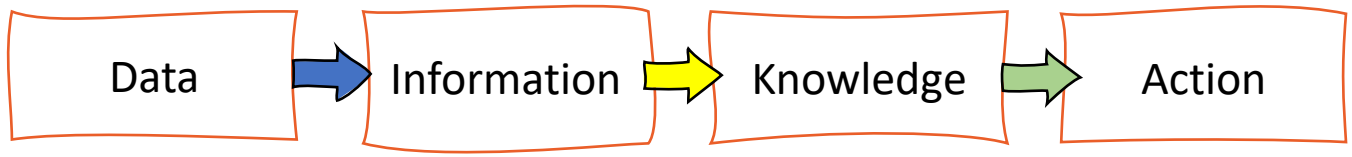
Requires:

- Skilled communication
- Must be personable, well-respected, capable of building intra-organizational relationships
- Excellent institutional knowledge

Source: Soo et al, Healthcare Quarterly 2009: 123-8

Continuous Quality Improvement (CQI)

What is data?	Granular or unprocessed information
What is information?	Information is data that has been organized and communicated in a coherent and meaningful manner
What is knowledge?	Information evaluated and organized so that it can be used purposefully



Care Pathways

A protocol based/standardized set of clinical and administrative workflow process steps that staff engage in to assist a patient with a social determinant, physical and/or behavioral health need.

A Care Pathway operationalizes Care Management components into replicable, measurable workflow steps.

The Care Pathway is the Intersection of…

Clinical processes expressed in evidence-based practices

Administrative processes expressed in the staff workflow

The patient's recovery/treatment plan expressed in their life everyday

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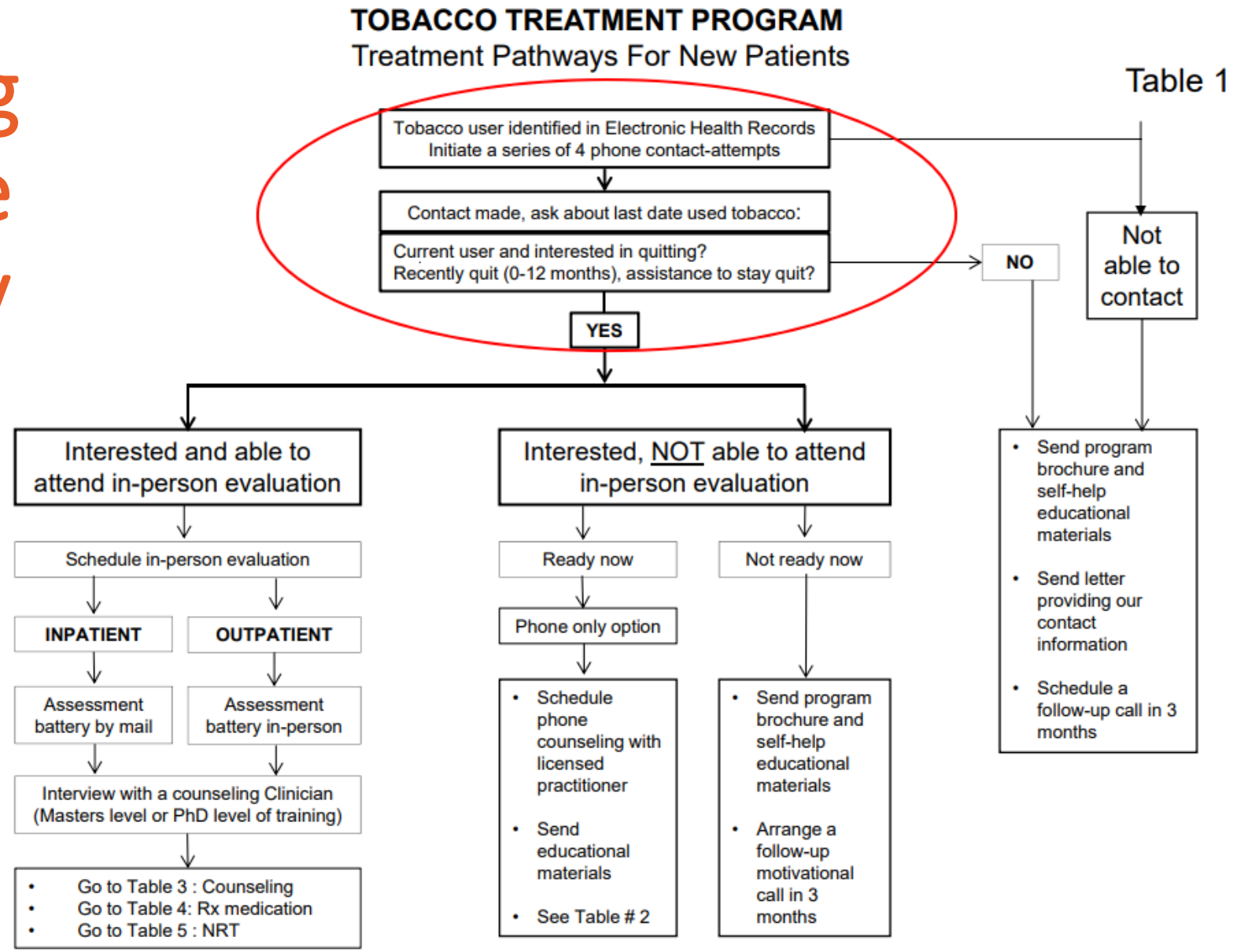
Mapping the Care Pathway



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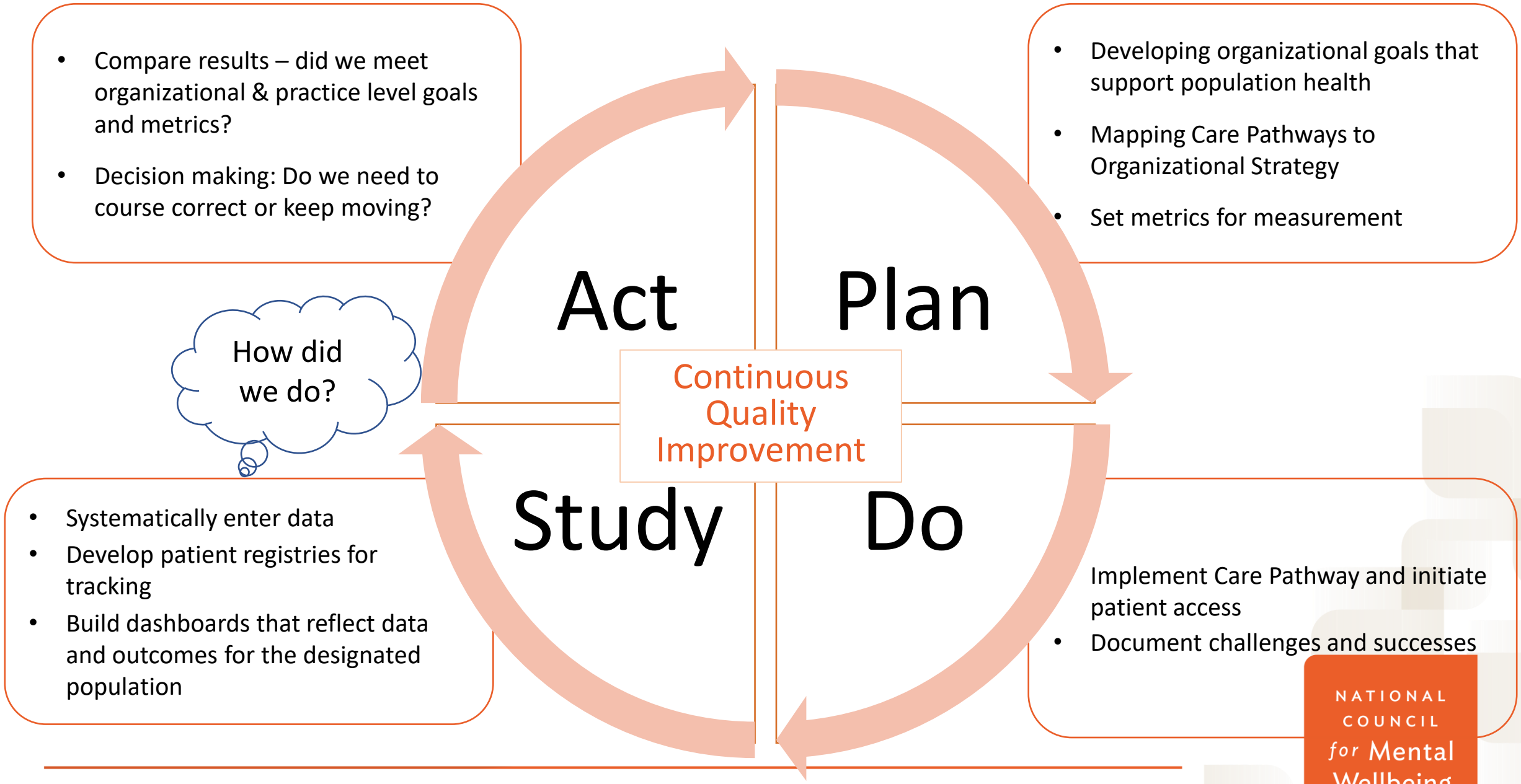

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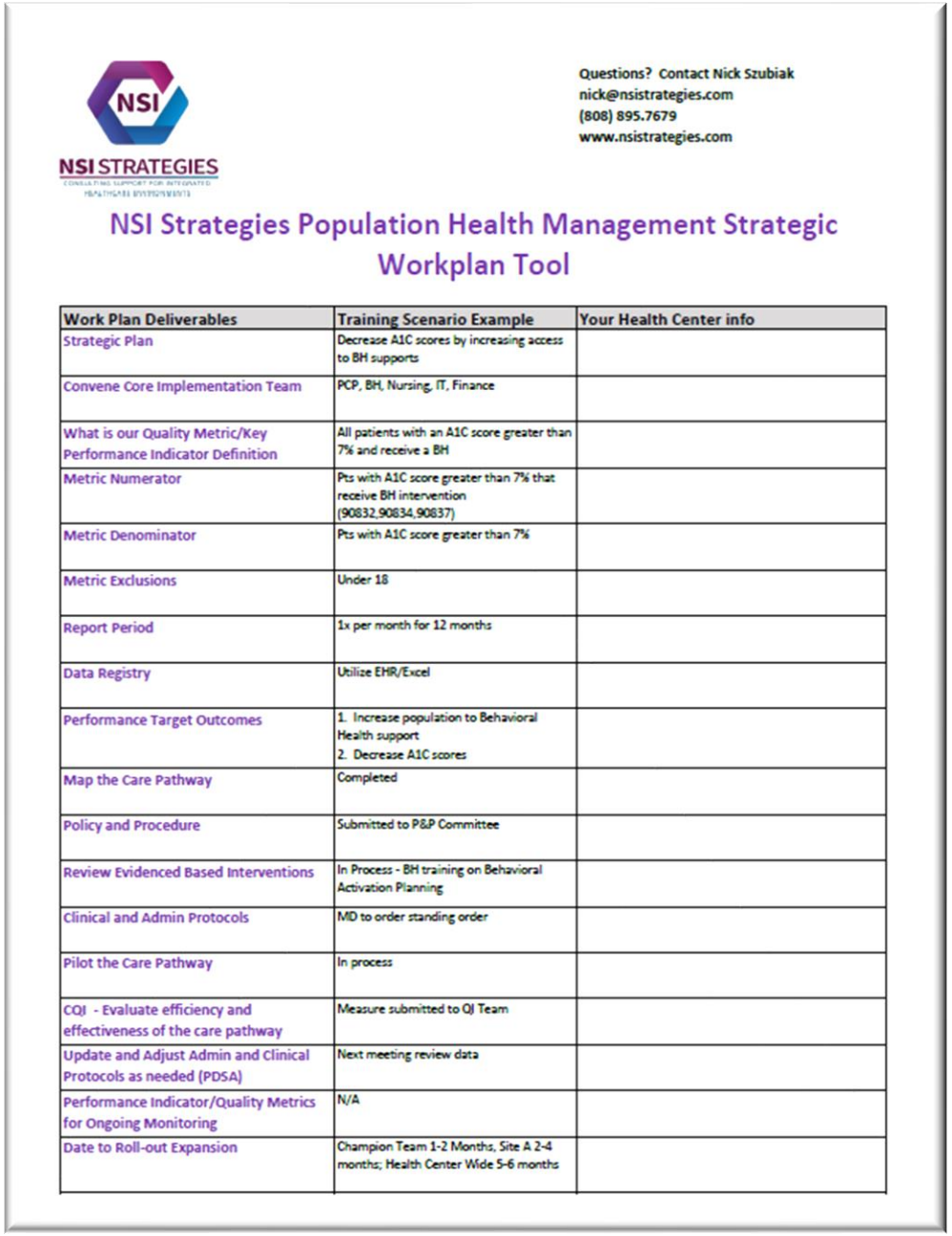
PHM Strategic Workplan Tool

[Download the tool]



NSI STRATEGIES

Questions? Contact Nick Szubiak
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NSI Strategies Population Health Management Strategic Workplan Tool

Work Plan Deliverables	Training Scenario Example	Your Health Center info
Strategic Plan	Decrease A1C scores by increasing access to BH supports	
Convene Core Implementation Team	PCP, BH, Nursing, IT, Finance	
What is our Quality Metric/Key Performance Indicator Definition	All patients with an A1C score greater than 7% and receive a BH	
Metric Numerator	Pts with A1C score greater than 7% that receive BH intervention (90832,90834,90837)	
Metric Denominator	Pts with A1C score greater than 7%	
Metric Exclusions	Under 18	
Report Period	1x per month for 12 months	
Data Registry	Utilize EHR/Excel	
Performance Target Outcomes	1. Increase population to Behavioral Health support 2. Decrease A1C scores	
Map the Care Pathway	Completed	
Policy and Procedure	Submitted to P&P Committee	
Review Evidenced Based Interventions	In Process - BH training on Behavioral Activation Planning	
Clinical and Admin Protocols	MD to order standing order	
Pilot the Care Pathway	In process	
CQI - Evaluate efficiency and effectiveness of the care pathway	Measure submitted to QI Team	
Update and Adjust Admin and Clinical Protocols as needed (PDSA)	Next meeting review data	
Performance Indicator/Quality Metrics for Ongoing Monitoring	N/A	
Date to Roll-out Expansion	Champion Team 1-2 Months, Site A 2-4 months; Health Center Wide 5-6 months	

Clinical Pathways Checklist

- Map the Care Pathway
- Policy and Procedure
- Review Evidenced Based Interventions
- Clinical and Admin Protocols
- Pilot the Care Pathway
- CQI - Evaluate efficiency and effectiveness of the care pathway
- Update and Adjust Admin and Clinical Protocols as needed (PDSA)
- Performance Indicator/Quality Metrics for Ongoing Monitoring
- Date to Roll-out Expansion

Managing and Sustaining the Change

- Population Health Management is your guide
- Manage and expect the ebbs and flows without judgement
- What works now may not later

Organization Spotlight

Cascadia HEALTH

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Thank you!

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NSI STRATEGIES

Consulting Support for
Integrated Healthcare Environments

Questions, Comments?

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References

- Soo S, Berta W, Baker GR. 2009, Role of champions in the implementation of patient safety practice change. Healthc Q. 12 Spec No Patient:123-8.

Tools & Resources

- Access for Everyone: Addressing Health Equity & Racial Justice within Integrated Care Settings
- Addressing Health Equity & Racial Justice NCMW Webpage
- **Past Training & Events - Recordings & Slides**
  - Understand Health Inequities, Health Disparities & Social Determinants of Health within Integrated Care Settings
  - Resources to Advance Health Equity through Integrated Health
  - Breaking Down Health Literacy, Cultural and Linguistic Barriers in Integrated Care Settings
  - SDoH: Screening for Patient Social Risks in Integrated Care Settings
  - SDoH: Integrated Care Screening Tools & Implementation Considerations
- University of San Francisco California – Social Interventions Research & Evaluation Network (SIREN)
- OCHIN/KP Social screening & referral implementation guide
- Other social care implementation guides
- Comparison of social screening tools
- NSI Strategies – Consulting Support for Integrated Healthcare Environments

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Upcoming CoE Events

CoE-IHS Office Hour: Understanding Suicide and Mental Health Disparities Among Black and African American Communities in Integrated Care

Register for the office hour on Thursday, February 16th from 2-3pm ET

CoE-IHS Webinar: Peers Part 1- Peer Support in Integrated Care Settings

Register for the Webinar on Tuesday, February 28th from 12-1pm ET

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Thank You

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