

# SNMHI Summit 2011

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## Care Coordination

### Health West, Inc: American Falls

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Session 3A

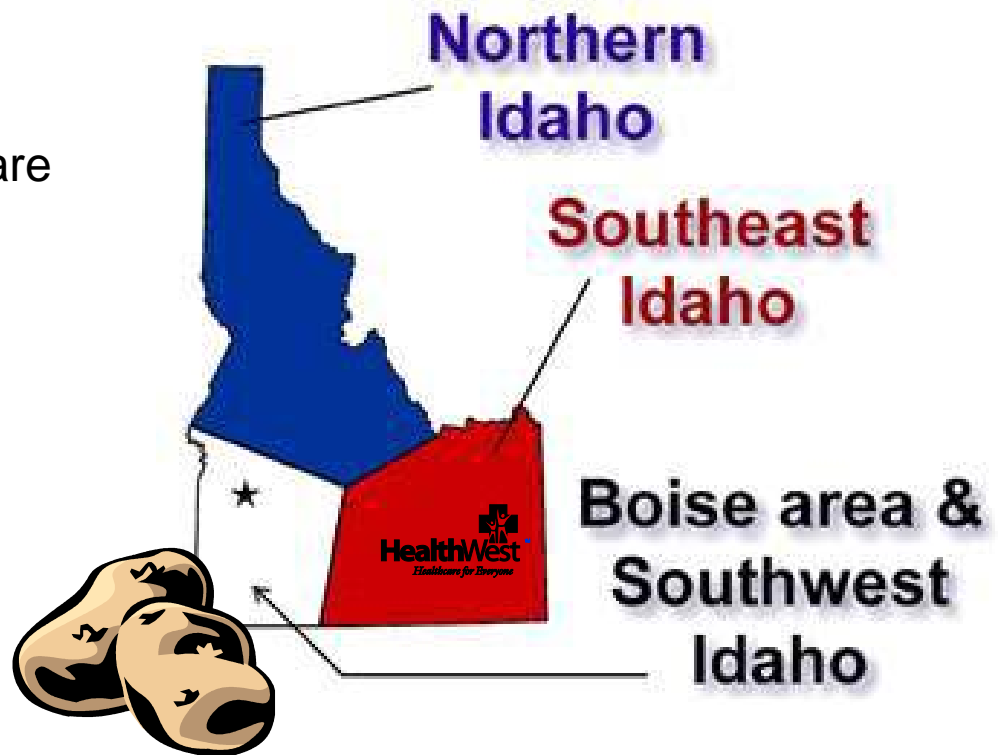
March 8, 10:30AM-12:00PM



MacColl Institute at  
Group Health Cooperative

# Health West, Inc.

- FQHC, Migrant & Community Health Center
- 6 clinics throughout Southeast, Idaho
  - Pocatello
  - Aberdeen
  - American Falls
  - Downey
  - Lava Hot Springs
  - McCammon
- Primary and Mental Health Care
- 9,000 patients in 2010
- 25,000 patient visits in 2010
- Ethnicity:
  - White 64%,
  - Hispanic 29%
- PCMH Initiative



# Team Members



## Everyone:

- Administrators
- Clinic Managers
- Providers
- Support Staff
- Patients

# ED Diversion

- In 2008, Idaho Medicaid spent \$17.8 million on ED claims
  - 25% (\$4.1 million) was paid for participants with 6 ED visits or more
  - 49% of these high utilizers were Health West Patients
    - We are one of the very few providers to take adult Medicaid patients
- Idaho Medicaid approached HW & IPCA to help decrease the use of non-essential emergency room Medicaid patient visits
- We have Medicaid patients who use the ED HOW MUCH????
- In the Pocatello clinic:
  - 41 Medicaid patients with 6 or more non-essential ED visits w/in the last yr
  - 11 of these patients had 10 or more non-essential ED visits w/in the last yr
  - Some patients were using the ED 10 or more times every month
- We did some research on these patients...

# Our ED Frequent Flyers

- 38% of the patients were using the ED during our clinic hours
- 100% of the patients had a chronic health condition
- 97% of the patients were given a narcotic while in the ED
- 29% of the patients were not allowed to have narcotics at Health West
- 80% were over utilizing other serves besides the ED (either with a Healthy Connections Referral or at Health West)
- 80% of the patients had a mental health condition
- The majority of the patients were between the ages of 20-60yrs old

# Why the ED?

- Unaware of when to use the ED
  - Cognitive delays
  - Basic ED use education
  - Unable to identify how sick they really are
- Unable to get an appointment at Health West
  - ED is free
  - Want to be seen today (not morning people)
- Non-compliant Patients
  - Don't follow treatment plan
  - Don't see specialists when referred
  - Wait until they are too sick
- Drug seekers
- Social Experience
- Few that are really sick

# Next Steps...

- Expanded clinic hours
- Partnered with Care Coordinator Nurse at Hospital
  - Open communication
  - We could update the patients' charts
- Meet with Medicaid and IPCA on regular basis
- Followed the top 12 ED users
- With more research we discovered...

# Cry Out for a Care Manager

- We were blessed with Lori Seaton
- Responsibilities of our care manager
  - Educating patient on ED use and after hour call service
  - Coordinating services for patient at Health West
  - Helping patients access other resources in the community
  - Communicating with PMC's Nurse Case Manager
    - Rescheduling for HW
    - Documenting in Pt charts when no Narcotics
    - Pt education of ED use
  - Coordinating patients' services with other Healthcare providers in the community
    - Focusing on helping patients access mental health services
- Example for case ED patient



# ED Diversion Challenges

- Getting patients on board
  - Scared
  - No incentive to participate
  - Change is hard
- No reimbursement for case management services on the PCP level
- Getting outside providers to participate
- Medicaid can't provide the data
- No Health Information Exchange
  - We rely on our patients and the hospital for ED documents

# Project Recall

## *Before ....*

- Initially the burden of patient recall was on the patient
  - Recall was dependent on when (if) patient ran out of medications
- Patients' likelihood to maintain and improve their conditions was low
- Nurses were overloaded with extra paper and phone work
- Medical providers were unable to give optimal care

# Project Recall

## *Results...*

- Improve the quality and efficiency of care
- Decrease in no-show rate in primary care and behavioral health
- Decrease in no-show rate for outside referrals
- Increase in clinical productivity
  - Ensure patients come to office visits with updated lab results available
- Increase in patient and staff satisfaction
- Working on-Maximize EMR capacity by using built-in recall function
  - Created a standard protocol for doing patient recall
  - Preliminary assessments were performed to confirm that provider's plans were accurately reflected
  - Secondary step to confirm plans were translated into appropriate follow-up appointments
  - Employee training

# Creating & Maximizing Team Coordination

- Team-based care approach prevents sub-optimal care, maintains communication between the clinic and the patient, and promotes patient self-management
- Quality of care improves assuring that patients' chronic, acute, behavioral and preventive health care needs are met
  - Measured by P4P, UDS, etc.
- Staff & patient satisfaction has improved
  - Measured by patient and staff surveys

# Culture Shift

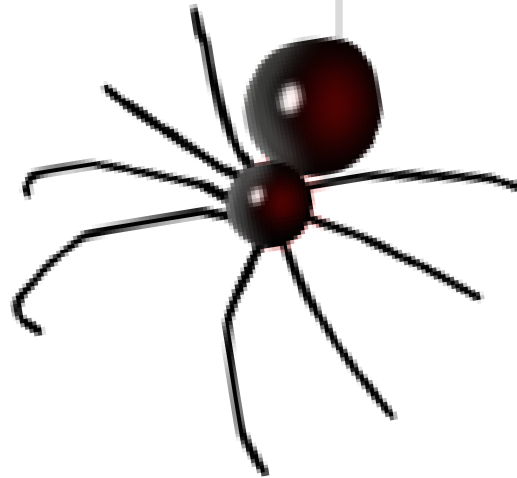
- There has been a cultural shift within the clinic among staff members and providers
  - Provider/nurse relationships have become more productive and communicative
  - Front staff is deeply threaded into the patients' care
  - Everyone at Health West is equally vested in patients' wellbeing
  - Empower staff to work at the top of their license
- Once the culture of the clinic has changed, then other changes can be implemented

# What have you done to overcome the challenges you've faced?

- Being Persistent
- Staying Focused
- Increasing the Use of Teams for Problem Solving



# Creating a Safety Net



Group Exercise – 3 levels of security

# Next Steps

- Expand Text Health Program
- Distribute Health West Patient Handbook
- Maximizing EMR capabilities through Meaningful Use
- Health Information Exchange
  - First step-local hospital
  - Eventually global medical network
- Becoming a certified PCMH
- Improve relationships with all health care entities



# Questions/Suggestions?



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