

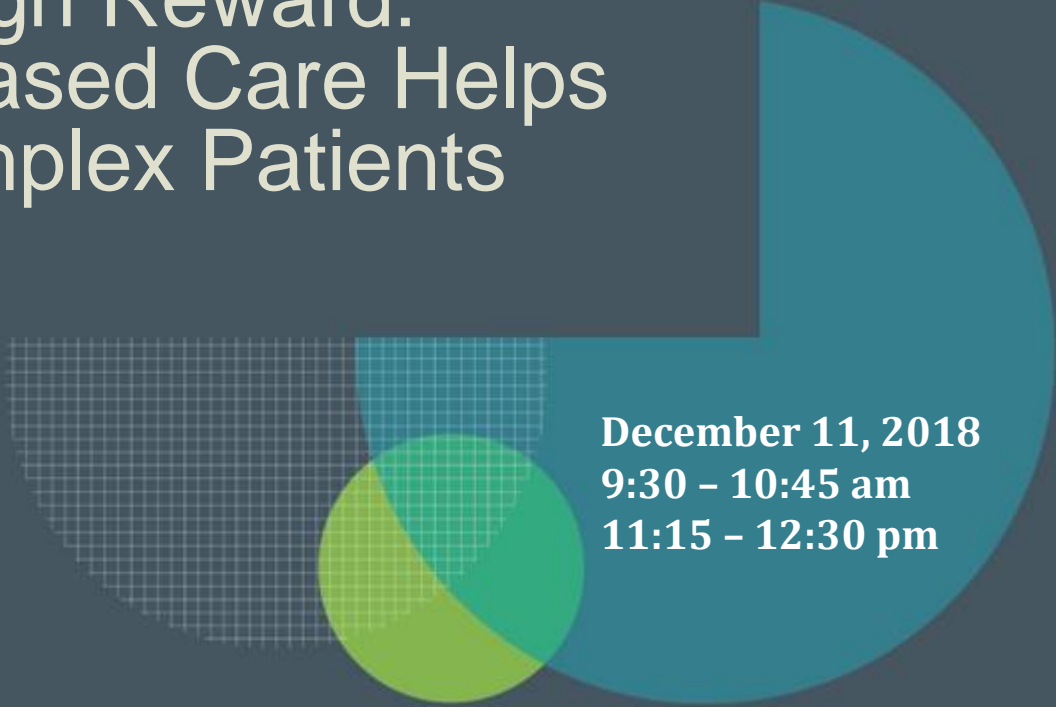


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A7B7

This presenter has
nothing to disclose

High Risk, High Reward: How Team-Based Care Helps the Most Complex Patients



December 11, 2018
9:30 – 10:45 am
11:15 – 12:30 pm

#IHIFORUM

Nothing to disclose

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- Deborah Satterfield, MD, Vanessa Casillas, PsyD, Mary McLaughlin Davis, DNP, ACNS-BC, NEA-BC, CCM and Kathleen Fraser, MSN, MHA, RN-BC, CCM, CRRN today have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.



Speakers

- Deborah Satterfield, MD
 - Area Medical Director at Providence Medical Group
- Vanessa Casillas, PsyD
 - Director of Psychology at Providence Medical Group
- Mary McLaughlin Davis, DNP, ACNS-BC, NEA-BC, CCM
 - Senior Director of Care Management at Cleveland Clinic
- Kathleen Fraser, MSN, MHA, RN-BC, CCM, CRRN
 - Executive Director of The Case Management Society of America



Session Objectives

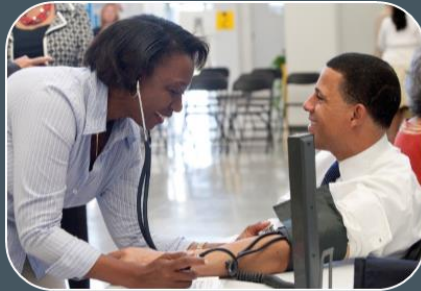
- Apply effective techniques for leading a team-based approach to deliver high-value care to targeted populations
- Describe and take next steps to integrate complex case conferences into primary care
- Describe process for Case Management Integration and Care Transitions across the continuum of care

Understanding Health Complexity

- Presence of both medical and behavioral conditions
- Multiple chronic conditions
- Severe and persistent mental illness
- Social barriers
- Health system barriers



Triage for Complexity



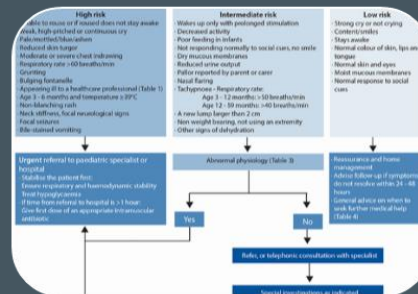
Health Risk Assessments and Screenings



Claims History



Pharmacy History



Risk Algorithms: Predictive Modeling



Complexity = Risk

- Multifaceted Challenges
 - Medical conditions
 - Behavioral/mental conditions
 - Social concerns
 - Poor access to care and services
 - Impairments or disabilities
 - Financial concerns



Patient Concerns

- Individuality
- Preferences
- Respect
- Relief from suffering
- Illness understanding
- Uncertain future



Integrated Case Manager

- **Understands**

- Core signs and symptoms of the diagnosed condition(s).
- The types of therapies that may be prescribed.
- Common classes of medications used to treat a condition.
- When should improvement be expected once treatment has been initiated.
- How to document progress or lack of progress.

- **Knows**

- Resources needed to gain additional medication information.
- How a patient should be monitored for their condition.
- What constitutes a good response to treatment or how to look for non-responses.
- When and what to report if a patient is not making progress.



An Integrated Case Management Approach Supports Population Health Improvement

Establishes trusted patient-case manager relationships

Is an holistic approach

Prioritizes risk for targeted intervention to reduce use of resources

Requires case managers to be life-long learners

Supports a case manager functioning at the top of their license

Demonstrates patient-centered care

Supports demonstration of positive health outcomes, improved quality of life and quality measures



PMG Risk Stratification

- Risk stratification algorithm that assesses for:
 - Emergency department visits
 - Hospital admission
 - High-risk medications or polypharmacy
 - Weighted co-morbidity
- Stratifies our entire patient population monthly into 4 risk tiers:
 - Very Intense
 - Intense
 - Moderate
 - Low

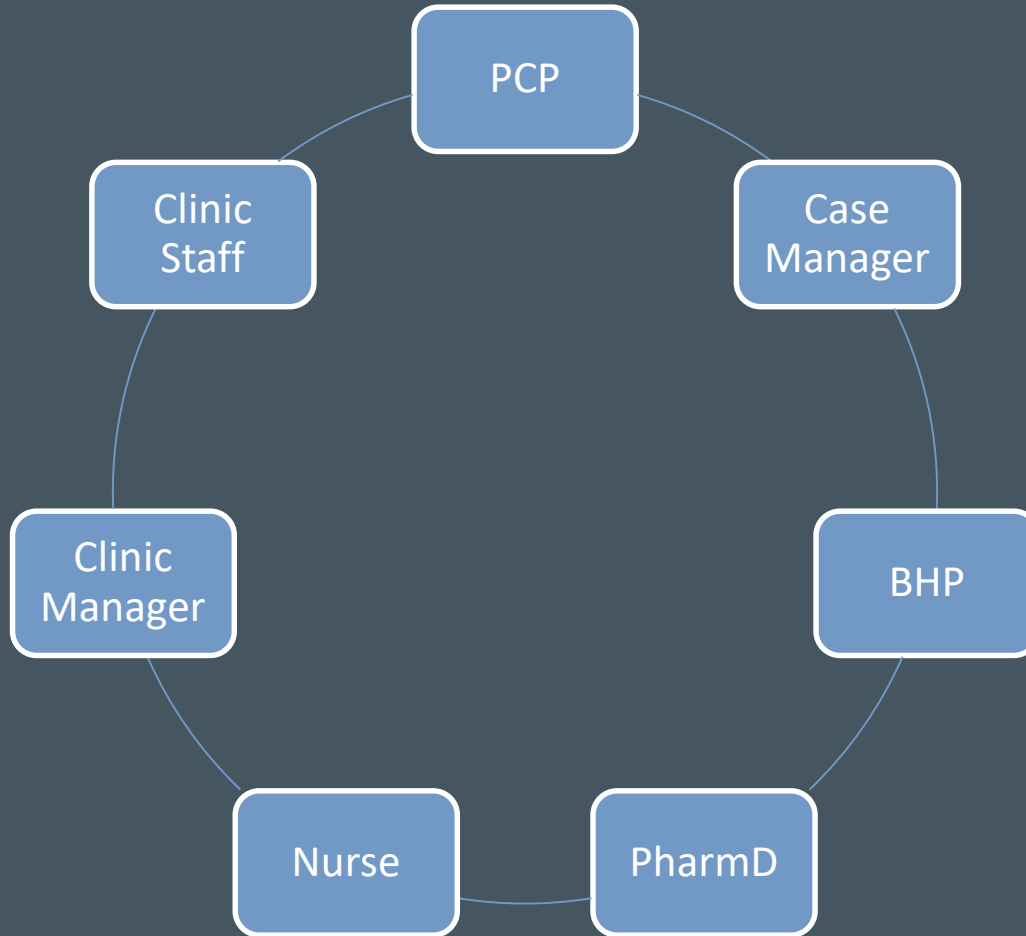


Validation Process

- PCP/Care Team reviews risk level assigned by methodology
- Adjust patient's risk level as needed based on clinical judgment and patient knowledge
- The risk level can be changed by utilizing the Health Maintenance Module in Healthy Planet
- The risk level designated by the PCP/Care Team will override the risk level assigned by the methodology



Care Conferences



Pre-Care Conference Work

- Identify reason for referral to care conference
- Consider the following and be prepared to discuss:
 - Patient's current status
 - Patient goals and preferences of care (not disease specific)
 - Barriers to care including SDOH and physical barriers
 - Patient's support system
 - End of life goals of care
 - Mobility and fall risk if applicable
 - Score of most recent SLUMS or MoCA if applicable
 - Date of most recent medication review by PharmD if applicable



Care Conference Tips

- Identify a facilitator for the meeting
- Take notes!
- Document who is in attendance
- Have EHR available to review if needed
- Allow for discussion with each person
- Identify action items and responsible team member
- Ensure everyone agrees on the plan



Post-Care Conference Work

- Document the plan in the patient's chart!
- CC the plan to all care team members
- Let other service areas know about the plan if needed
- Schedule time to review plan with the patient
- Develop a contingency plan for goals
- Schedule follow-up care conferences as needed



Best Practices

- Anyone on the care team can request a care conference
- Set aside dedicated time for conference
- Create a process to complete the pre-work!
- Create a process to document the care plan!
- Consider co-visits with the patient and care team



Audience Cases and Questions

