



ADVANCING INTEGRATED HEALTHCARE

Welcome

**NURSE CARE MANAGER/COORDINATOR BEST PRACTICE SHARING MEETING
JUNE 15, 2021**

Agenda

Topic <i>Presenter(s)</i>	Duration
Welcome & Review of Agenda <i>Susanne Campbell</i>	8:00-8:05AM
History - What's changed? Review of High Risk Framework <i>Vicki Crowningshield & Suzanne Herzberg, CTC-RI Practice Facilitators</i>	20 minutes
High Risk Data <i>Vicki Crowningshield & Suzanne Herzberg, CTC-RI Practice Facilitators</i>	15 minutes
Conversations with Care Coordinators <ul style="list-style-type: none">• Tri-County• Ocean State Pediatrics• PCHC	30 minutes
NCM / CC Core Curriculum Training <i>Susanne Campbell & Carol Falcone, NCM Facility</i>	15 minutes
NCM Survey & CTC-RI Strategic Planning <i>Susanne Campbell</i>	5 minutes

Why was the framework designed?

- Health plan algorithms focused on high cost/utilizations, but past utilization/chronic disease diagnosis does not reliably predict future utilization/negative health outcomes
- High-risk patient identification required by CTC PCMH-Kids common contract
- Part of NCQA requirements: Care Management and Support (CM)
 - Identifying Care Managed Patients (CM 01- CM 03)
 - Care Plan Development (CM 04-CM 09)

Framework Intentions

- Identify patients at-risk of negative health outcomes *before* they are in crisis
- Help focus care-management resources on those patients who can benefit most from supportive interventions
- To improve care value by targeting the right patients – not too many, not too few, but the right ones

Process of developing high-risk template

- Reviewed other high-risk assessments and national practices
- Obtained feedback from practices/care managers
- Examined EOHHS reports on different age groups with cost data to identify patterns of who might benefit from care management
- Brainstormed population health categories of children based on risk status
- Developed a framework based on three main areas and pilot tested it with PCMH Kids practices

Three general areas of framework

- High cost/high utilization
- Complex or multiple poorly controlled conditions
- Social, behavioral, and family issues

Category 1: High Cost/high utilization

- 2 emergency visits in 6 months
- 1 hospitalization for BH in 6 months
- Other based on clinical judgment /practice data/information

Category 2: Poorly controlled or complex conditions

Examples:

- ADHD plus other complicating condition such as anxiety
- Asthma and required oral steroids in the past 6 months
- NICU stay greater than 1 week
- Infant with neonatal abstinence syndrome
- Other:
 - Autism
 - Cerebral Palsy
 - Prematurity
 - Depression

Category 3: At risk based on gap in care and/or positive risk screen that is suggestive of family/social of determinant of health, environmental concern

- Child 9 months with less than 3 prevnar immunizations
- 2 year old missing 4th Dtap
- Positive screen for depression, substance use disorder and or sexually transmitted infection
- Positive screen for early childhood dental caries
- Postpartum depression screen
- Homelessness, (lives in shelter) or food insecurity
- Foster care/DCYF involvement
- Kindergarten: missing 2 MMR
- Other:
 - Smoker
 - BMI \geq 85 percentile
 - Sexually transmitted infection

Other

- Clinical judgement that child could benefit from care coordination

What's changed?

Updated Milestone Document

School aged children that are behind on immunizations with particular attention to MMR

CTC Expectations of High Risk Care Management

- Hire one full-time NCM/Care Coordinator for every 3000 attributed patients
- About 150 care managed patients per each full-time NCM/CC (i.e. 150 per 3000 patients)
- Engage with at least 50% of High Risk Patients
- Incorporate health plan and/or ACO high-risk lists
- Quarterly High Risk Reporting: <https://www.tfaforms.com/4731104>

Phreesia

Daniella Pierre, MPH, HCM

Chief Quality Officer- Tri-County Community Action Agency







Phreesia & NextGen

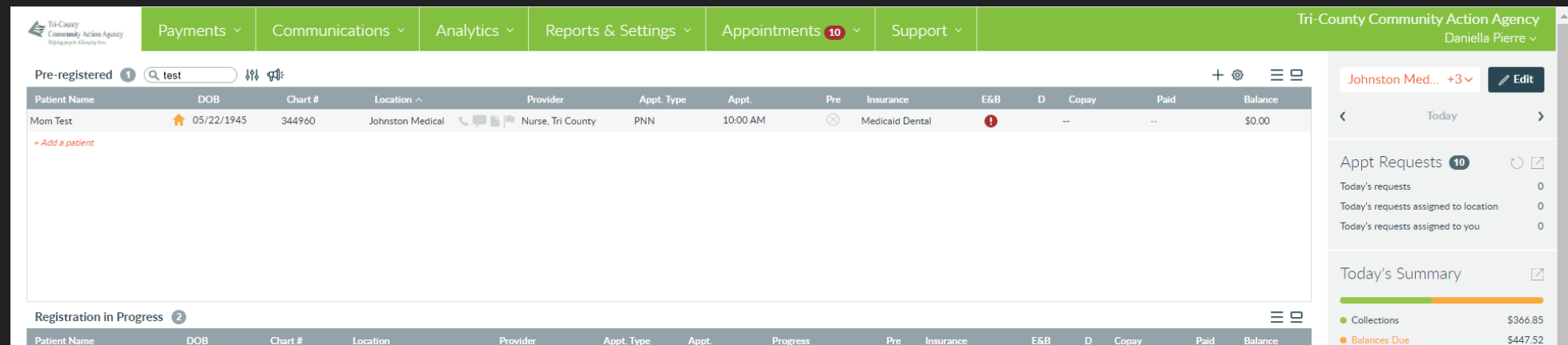
- Tri County implemented Phreesia to streamline and capture information such as preferred pharmacy, insurance, medical history, demographic information, clinical screeners and current medication lists.
- The tool integrates with NextGen
 - This includes our Pre-registration questions, policies, demographics and screening tools, which alleviates the chance of staff error and burden.
- Appointments booked through EPM are linked to Phreesia, which allows encounters to be created based on the appointment
- The platform also allows Front Desk staff to message patients about their appointment

Phreesia



- Pre-registration is automatically sent to patients three days prior to their appointments via text message or email.
 - This is based on the patient's preferred method of contact
- 1 hour before the appointment, patients will confirm their information and complete clinical screeners based on event type, age and date of last screening
- If patients do not complete registration on their phone or computer, Front Desk Staff will provide the patient with a tablet in office.

Review Icons

- Insurance Information Changed 
- Coronavirus 
- Dental Physician / PCP 
- Manual Updates in PM 
- Power of Attorney 
- SDOH 



The screenshot displays the Phreesia software interface for Tri-County Community Action Agency. The top navigation bar includes: Payments, Communications, Analytics, Reports & Settings, Appointments (10), and Support. The main content area is titled "Pre-registered" and contains a search bar with "test" and a table of patient records.

Patient Name	DOB	Chart #	Location	Provider	Appt. Type	Appt.	Pre	Insurance	E&B	D	Copay	Paid	Balance
Mom Test	05/22/1945	344960	Johnston Medical	Nurse, Tri County	PNN	10:00 AM		Medicaid Dental		--	--	--	\$0.00

Below the table is a "+ Add a patient" link. At the bottom, there is a "Registration in Progress" section with a search bar and a table with columns: Patient Name, DOB, Chart #, Location, Provider, Appt. Type, Appt., Progress, Pre, Insurance, E&B, D, Copay, Paid, Balance.

On the right side, there is a sidebar with "Johnston Med... +3" and "Edit" buttons, "Appt Requests (10)" with a refresh icon, and "Today's Summary" with a bar chart showing Collections (\$366.85) and Balances Due (\$447.52).

UDS Demographics

- Not only does Phreesia allows us to capture information to help with clinical measures such as Depression Follow up plan, it allows us to automatically integrate information needed for HRSA.
- Race and Ethnicity is important to capture especially for targeted health improvement plans and outreach.

Modify Patient Information

Last: Test, First: Corine, Middle: , Nickname: , Medical Record: 6244

SSN: 999-99-9999, Birth Date: 02/04/2003, Age: 18 yrs, Birth Sex: Female, Current Gender: Male, Gender Identity: Male, Sexual Orientation: Straight or heteros, Preferred Pronoun: She, Her, Hers, Exempt from Person Merge:

UDS

Homeless Status: Shelter, School Based Hlth Center: , Tribal Affiliation: , Descendancy:

Migrant Worker Status: , Race: White, American Indian, Blood Quantum: , Primary Medical Coverage: BCBS Of RI, Self Pay:

Language Barrier: No, Ethnicity: Hispanic or Latino, IHS Eligibility Status: , Consent to Treat Date: / /

Public Housing Pri Care: , Veteran Status: Not Collected Yet, Classification/Beneficiary:

Sliding Fee Schedule Verification

Sliding Fee Sched	Eff Date	Exp Date
Tri-Town Sliding Fee - Medical/...	09/01/2015	12/31/2017

Head of Household: Test, Corine

Family Information

Family Size	Annual Income	Ref	Verify Date	Eff Date	Exp Date	% Pov
1	\$10,000.00		09/01/2015	09/01/2015	08/31/2016	100
2	\$0.00		03/01/2021	03/01/2021	04/10/2021	100
1		Y	04/12/2021	04/29/2021	05/08/2021	100

The head of household must be set before you can enter family size and income. The head of household can only be set for patients (a chart exists). Changes to the Family Information will affect the patient head of household.

OK Cancel

SDoH Outreach Project

- Due to staff changes and the pandemic we were not able to capture demographic information effectively
- A new initiative at Tri-County is to send out a client demographic sheet quarterly which has updated terminology surrounding SOGI

fax 401-351-6613
www.tricountyri.org

(Enter Date)



Greetings!

We at Tri-County Community Health Center, strive to create a safe, welcoming and affirming environment for all of our patients regardless of how they may identify or where they come from. With this goal in mind, we believe strongly in health equity and providing access to comprehensive primary care for our entire community. In order to provide you with the best care, we are updating our health records and would like to be sure that we have all of your demographic and identity information correct.

Please take a few moments to complete the demographic sheet attached to this letter. Once completed, please mail it back to us using the self-addressed envelope included by (insert date). By updating your information, you will automatically be entered into a raffle to win a gift basket! Please make sure you update your phone number on the sheet attached so you don't miss the chance to win the gift basket!

If you have any questions or need help in completing the demographic sheet, please call (401) 519-1940 and our staff will be happy to assist you!

We are here when and if you need us!

 Client Demographics			Medical Record # <small>(For office use only)</small>
Legal Name* Last First Middle Initial Preferred Name:		Legal Sex (please check one)* <input type="checkbox"/> Female <input type="checkbox"/> Male <small>*While Tri-County recognizes a number of genders / sexes, many insurance companies and legal entities unfortunately do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronouns are different from these, please let us know.</small>	
Date of Birth Month / Day / Year		Preferred Language (choose one :) <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português Other _____	
Home Phone () - () - () <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone () - () - () <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address _____ City State ZIP		Best number to use: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Email address: _____			
Occupation _____			
Emergency Contact's Name _____		Phone Number _____	
Relationship to you _____		Preferred Method of Contact (check one) <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Other	
<small>This information is for demographic purposes only and will not affect your care.</small>			
1.) What is your annual income? \$ _____ / Annually <input type="checkbox"/> No income	2.) Employment Status <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____	3.) Racial Group(s) <small>(check all that apply)</small> <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Native American / Alaskan Native / Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____	4.) Ethnicity <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Not Hispanic/Latinx <input type="checkbox"/> Unknown <input type="checkbox"/> Choose Not to Disclose
1a.) How many people (including you) does your income support? _____	7.) Do you think of yourself as: <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Other: _____	8.) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	5.) Country of Birth <input type="checkbox"/> USA <input type="checkbox"/> Other _____
12.) Pronouns: <input type="checkbox"/> She, Her, Hers <input type="checkbox"/> He, Him, His <input type="checkbox"/> They, Them, Theirs <input type="checkbox"/> Ze, Hir <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Other: _____	9.) Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	11.) What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Male to Female/ Trans Woman <input type="checkbox"/> Female to Male/ Trans Man <input type="checkbox"/> Genderqueer or not exclusively male or female	
13.) Did you receive your COVID19 vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Where? _____ If yes, which one and when? <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> J&J		9.) Who is your: Primary Care Provider: _____ Dental Provider: _____	
If not, are you interested in us contacting you to set up an appointment for one? <input type="checkbox"/> Yes <input type="checkbox"/> No		Entregue la versión en español. 	

Care Management Strategies

Ocean State Pediatrics & PCHC

- How are high risk patients identified?
- How has care coordination benefited patients?
- Quality measure improvements made?
- Use for NCQA annual reporting?
- Health Equity?

Applications Open!

Nurse Care Manager/Care Coordinator Standardized Core Curriculum (GLearn) Program

12-15 week program for Nurse Care Managers and Care Coordinators

- Interactive web-based module
- Weekly facilitated collaborated discussions
- Case Study Capstone Presentation
- Earn up to 18.5 RN CEU's and 18.54 CCM credits

Applications due July 23rd. More details and application materials can be found here:

<https://www.ctc-ri.org/file/ncm-cc-core-curriculum-training-application-6-14pdf>

“Building Capacity for Comprehensive Primary Care”

It is the provision of whole-person, integrated, accessible, and equitable health care by the inter-professional team who are accountable for addressing the majority of an individual’s health and wellness across settings and through sustained relationships with patients, families and communities.

National Academy of Sciences (2021)

“Building Capacity for Comprehensive Primary Care” - Survey Questions

Factors that help you to be successful in providing high quality team based care?

Gaps in providing high quality team based care?

Ways that CTC-RI/PCMH through our learning community has strengthened your ability to provide high quality team based primary care?

How do you see your practice & primary care changing to provide high quality team based care?

What could CTC-RI/PCMH Kids do to improve your competency in providing high quality team based primary care?

What could CTC-RI/PCMH Kids do improve your practices’ ability to provide high quality team based primary care?

Telehealth Webinar: Virtual Care & Patient Self-Monitoring Tools– Strategies for RI Adult Primary Care Practices

June 29th, 12 to 1pm:

[Register Here](#)

Join CTC-RI, EBCAP, Healthcentric Advisors, and the Northeast Telehealth Resource Center for a conversation about:

- EBCAP’s experience with the “Transforming Care at Home Pilot”
- Using remote patient monitoring strategies to engage high-risk patients
- Patient feedback and case study data from RI practices using HCA’s platform

Friendly Reminders

Date	Deliverable / Meeting
July 1 st	PCMH Kids Stakeholder meeting
July 20 th	NCM – Review & Discussion of Survey Results for input to the CTC-RI Strategic Planning efforts
July 23 rd	NCM / CC Core Curriculum Applications due
July 28 th	Next Practice Reporting/Transformation Meeting: Orientation for CAHPS Survey



ADVANCING INTEGRATED HEALTHCARE

Thank you
Stay Healthy and Safe

NEXT MEETING: JULY 20, 2021