



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 month
- 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>

Responding to Needs:

Identifying children/families at risk – Category 1

Account Name	2 ED Visits in 6 Mo Num	2 ED Visits in 6 Mo Den	2 ED Visits in 6 Mo - Actual	1 Hosp-Admit for BH in 6Mo Num	1 Hosp-Admit for BH in 6Mo Den	1 Hosp-Admit for BH in 6Mo Actual	Other Num	Other Den	Other Actual	Total High Risk Num	Total High Risk Dens	Total High Risk Rate
Adolescent Healthcare Center			0			0	10	10	100	10	10	100
Drs Concannon & Vitale LLC	1	1	100			0			0	1	1	100
North Providence Pediatrics	11	11	100			0			0	11	11	100
Ocean State Pediatrics	31	35	88.57			0	10	11	90.91	41	46	89.13
Partners in Pediatrics	6	7	85.71	0	0	0	11	12	91.67	17	19	89.47
PCHC (Capitol Hill)	0	3	0			0			0	0	3	0
PCHC- Central	0	9	0			0			0	0	9	0
PCHC (Chafee Health Center)	5	24	20.83			0			0	5	24	20.83
PCHC- Olneyville	7	24	29.17			0			0	7	24	29.17
PCHC (Prairie Avenue)	6	32	18.75			0			0	6	32	18.75
PCHC - Randall Square	0	9	0			0			0	0	9	0
Santiago	11	11	100			0	26	26	100	37	37	100
Tri-County			0			0	22	30	73.33	22	30	73.33

Responding to Needs:

Identifying children/families at risk – Category 2

Contract: Account Name	ADHD+ Num	ADHD+ Den	ADHD+ Rate	Kids w/ Asthma + Num	Kids w/ Asthma + Den	Kids w/ Asthma + Rate	NICU stay >1 week Num	NICU stay >1 week Dem	NICU stay >1 week Rate	Neo Abstinence Syndrome Num	Neo Abstinence Syndrome Den	Neo Abstinence Syndrome Num	Other Num	Other Den	Other Rate	Total HR Num	Total HR Den	Total HR Rate
Adolescent Healthcare Center			0			0			0			0	1	1	100	1	1	100
Drs Concannon & Vitale	48	58	82.76	4	4	100			0			0			0	52	62	83.87
North Providence Pediatrics			0			0			0			0	12	13	92.31	12	13	92.31
Ocean State Pediatrics			0			0			0			0	30	34	88.24	30	34	88.24
Partners in Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0	19	22	86.36	19	22	86.36
PCHC (Capitol Hill)	2	3	66.67			0			0			0	11	11	100	13	14	92.86
PCHC- Central	0	0	0			0			0			0	13	22	59.09	13	22	59.09
PCHC (Chafee)	0	0	0			0			0			0	4	4	100	4	4	100
PCHC- Olneyville	0	0	0			0			0			0	7	11	63.64	7	11	63.64
PCHC (Prairie Avenue)	0	0	0			0			0			0	23	38	60.53	23	38	60.53
PCHC - Randall Square	0	0	0			0			0			0	4	5	80	4	5	80
Santiago			0	11	14	78.57			0			0	74	75	98.67	85	89	95.51
Tri-County	32	60	53.33			0			0			0			0	32	60	53.33

Responding to Needs:

Identifying children/families at risk – Category 3

Contract: Account Name	>3 Prev nar Num	>3 Prev nar Den	>3 Prev nar Rate	missi ng 4th Dtap Num	missi ng 4th Dtap Den	missi ng 4th Dtap Rate	Depr essio n/SU D Num	Depr essio n/SU D Den	Depr essio n/SU D Rate	STD Num	STD Den	STD Rate	Dent al Carie s Num	Dent al Carie s Den	Dent al Carie s Rate	PPD Num	PPD Den	PPD Rate	SDO H Num	SDO H Den	SDO H Rate	FC/D CYF Invol veme nt Num	FC/D CYF Invol veme nt Den	FC/D CYF Invol veme nt Rate	Othe r Num	Othe r Den	Othe r Rate	Lead Num	Lead Den	Lead Rate	Total Num	Total Den	Total Rate			
Adolescent Healthcare Center			0			0			0			0			0			0			0			0			0			0			0	0	0	0
Drs Concannon & Vitale			0			0	4	5	80			0			0			0			0			0			0			0			0	4	5	80
North Providence Pediatrics			0			0			0			0			0			0			0		15	0	14	15	93			0			0	14	15	93.3
Ocean State Pediatrics			0			0			0			0			0			0			0	8	15	88.9	11	15	73			0			0	34	44	77.3
Partners in Pediatrics			0			0			0			0			0			0			0	4	2	100	2	2	100			0			0	6	6	100
PCHC (Capitol Hill)			0			0			0			0	0	0	0			0			0			0			0			0			0	0	0	0
PCHC (Central)			0			0			0			0	0	0	0			0			0			0			0			0			0	0	0	0
PCHC (Chafee)			0			0			0			0	0	0	0			0			0			0			0			0			0	0	0	0
PCHC (Prairie Avenue)			0			0			0			0	0	0	0			0			0			0			0			0			0	0	0	0
PCHC - Olneyville			0			0			0			0	0	0	0			0			0			0			0			0			0	0	0	0
PCHC - Randall Square			0			0			0			0	0	0	0			0			0			0			0			0			0	0	0	0
Santiago			0			0	24	24	100	3	3	100			0			0			0		16	0	16	16	100	1	1	100			0	44	44	100
Tri-County			0			0			0			0	5	5	100			0			0			0			0			0			0	5	5	100

Responding to Needs: Identifying children/families at risk

Account Name	Category 1			Category 2			Category 3			Total High Risk Patient Population		
	Total High Risk	Total High Den	Actual Rate	Total High Risk	Total High Den	Actual Rate	Total High Risk	Total High Den	Actual Rate	Total High Risk	Total High Den	Actual Rate
Adolescent Healthcare Center	10	10	100	1	1	100	0	0	0	11	11	100%
Drs Concannon & Vitale LLC	1	1	100	52	62	83.87	4	5	80	57	68	90.5%
North Providence Pediatrics	11	11	100	12	13	92.31	14	15	93.33	37	39	94.9%
Ocean State Pediatrics	41	46	89.13	30	34	88.24	34	44	77.27	105	124	84.7%
Partners in Pediatrics	17	19	89.47	19	22	86.36	6	6	100	42	47	89.4%
PCHC (Capitol Hill Health Center)	0	3	0	13	14	92.86	0	0	0	13	17	76.5%
PCHC (Chafee Health Center)	5	24	20.83	4	4	100	0	0	0	9	28	32.1%
PCHC (Prairie Avenue)	6	32	18.75	23	38	60.53	0	0	0	29	70	41.4%
PCHC - Randall Square	0	9	0	4	5	80	0	0	0	4	14	28.6%
PCHC-Central	0	9	0	13	22	59.09	0	0	0	13	31	41.9%
PCHC -Olneyville	7	24	29.17	7	11	63.64	0	0	0	14	35	40%
Santiago	37	37	100	85	89	95.51	44	44	100	166	170	97.6%
Tri-County	22	30	73.33	32	60	53.33	5	5	100	59	95	62.1%

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

Tri-County Community Action Agency
Phreesia's Easing Way

Payments Communications Analytics Reports & Settings Appointments 10 Support

Tri-County Community Action Agency
Daniella Pierre

Pre-registered 1 test

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
+ Add a patient													

Registration in Progress 2

Patient Name	DOB	Chart #	Location	Provider	Appt. Type	Appt.	Progress	Pre	Insurance	E&B	D	Copay	Paid	Balance
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Johnston Med... +3

Appt Requests 10

Today's requests 0

Today's requests assigned to location 0

Today's requests assigned to you 0

Today's Summary

Collections \$366.85

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: [blank], Nickname: [blank], 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: [blank], Tribal Affiliation: [blank], Descendancy: [blank]

Migrant Worker Status: [blank], Race: White/American Indian, Blood Quantum: [blank], Primary Medical Coverage: BCBS Of RI, Self Pay: ☐

Language Barrier: No, Ethnicity: Hispanic or Latino, HHS Eligibility Status: [blank], Consent To Treat: ☐ Consent To Treat Date: [blank]

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

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	

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

(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!

fax 401-351-6613
www.tricountyri.org

Tri-County Community Action Agency Helping people. Changing lives.				Client Demographics		Medical Record # (For office use only)
Legal Name* Last First Middle Initial		Preferred Name:				
Legal Sex (please check one)* <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>		<input type="checkbox"/> Female <input type="checkbox"/> Male		Preferred Language (choose one :) <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português Other _____		
Date of Birth	Month / Day / Year	Preferred Pharmacy & Address:				
Your answers to the following questions will help us reach you quickly and discreetly with important information.						
Home Phone () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone () Ok to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		Best number to use: <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Address		City		State	ZIP	
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						
This information is for demographic purposes only and will not affect your care.						
1.) What is your annual income? \$ _____ / Annually <input type="checkbox"/> No income 1a.) How many people (including you) does your income support? _____		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) (check all that apply) <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 _____		
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: _____		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 _____ 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 If not, are you interested in us contacting you to set up an appointment for one? <input type="checkbox"/> Yes <input type="checkbox"/> No		9.) Who is your: Primary Care Provider: _____ Dental Provider: _____		
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