



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 data-bbox="320 900 832 1080" 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 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 Den	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 Syndrom e Num	Neo Abstinence Syndrom e Den	Neo Abstinence Syndrom e 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 Num	>3 Prev Den	>3 Prev 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 Involveme nt Num	FC/D CYF Involveme nt Den	FC/D CYF Involveme nt Rate	Other Num	Other Den	Other 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Drs Concannon & Vitale	0	0	0	0	4	5	80	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	5	80		
North Providence Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	14	15	93.3	0	14	15	93.3	0	14	15		
Ocean State Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	15	88.9	11	15	73	0	34	44	77.3	0	34	44	77.3			
Partners in Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	2	100	2	2	100	0	6	6	100	0	6	6	100			
PCHC (Capitol Hill)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	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	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	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Santiago	0	0	0	24	24	100	3	3	100	0	0	0	0	0	0	0	16	0	16	16	100	1	1	100	44	44	100	0	5	5	100		
Tri-County	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

Responding to Needs: Identifying children/families at risk

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

The screenshot shows the Phreesia software interface. At the top, there is a navigation bar with the following items: Tri-County Community Action Agency, Payments, Communications, Analytics, Reports & Settings, Appointments (with a red '10' badge), and Support. The main content area displays an appointment for 'Mom Test' on '05/22/1945' at 'Johnston Medical' with 'Nurse, Tri County' as the provider. The appointment type is 'PNN' at '10:00 AM'. The insurance is 'Medicaid Dental'. The status is 'Pre-registered' with a 'test' badge. Below this, there is a section for 'Registration in Progress' with a '2' badge, showing a table with columns: Patient Name, DOB, Chart #, Location, Provider, Appt. Type, Appt., Progress, Pre, Insurance, E&B, D, Copay, Paid, and Balance. The balance is listed as '\$0.00'. To the left of the main content, there is a sidebar titled 'Review Icons' with the following items: 'Insurance Information Changed' (warning icon), 'Coronavirus' (virus icon), 'Dental Physician / PCP' (dental icon), 'Manual Updates in PM' (blue triangle icon), 'Power of Attorney' (attorney icon), and 'SDOH' (person icon). On the right side, there are two panels: 'Appt Requests' (10) and 'Today's Summary'. The 'Appt Requests' panel shows 'Today's requests' (0), 'Today's requests assigned to location' (0), and 'Today's requests assigned to you' (0). The 'Today's Summary' panel shows 'Collections' (\$366.85) and 'Balances Due' (\$447.52).

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

Registration in Progress (2)														
Patient Name	DOB	Chart #	Location	Provider	Appt. Type	Appt.	Progress	Pre	Insurance	E&B	D	Copay	Paid	Balance

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	Previous Last	First	Previous First	Middle	Nickname	Medical Record	
Test		Corinne			Cori	6244	
SSN	Birth Date	Age	Birth Sex	Current Gender	Gender Identity	Sexual Orientation	Preferred Pronoun
999-99-9999	02/04/2003	18 yrs.	Female	Male	Male	Straight or hetero	She, Her, Hers
<input type="checkbox"/> Exempt from Person Merge							

UDS

Homeless Status	School Based Hlth Center	Tribal Affiliation	Descendancy
Shelter			
Migrant Worker Status	Race	Blood Quantum	Primary Medical Coverage
	White:American Indian		BCBS Of RI
Language Barrier	Ethnicity	IHS Eligibility Status	Self Pay
No	Hispanic or Latino		<input type="checkbox"/> Consent To Treat
Public Housing Prcare	Veteran Status	Classification/Beneficiary	
	Not Collected Yet		

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, Corinne

Family Information

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

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

Tri-County Community Health Center
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!

Medical Record #
(For office use only)

Client Demographics

Tri-County CommunityAction Agency
Helping people. Changing lives.

Legal Name*	Last	First	Middle Initial	Preferred Name:
Legal Sex (please check one)*	<input type="radio"/> Female	<input type="radio"/> Male		Preferred Language (choose one):
*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.				
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 ()	Cell Phone ()	Best number to use: <input type="radio"/> Home <input type="radio"/> Cell		
Ok to leave voicemail? <input type="radio"/> Yes <input type="radio"/> No	Ok to leave voicemail? <input type="radio"/> Yes <input type="radio"/> No			
Address	City		State	ZIP
Email address:				
Occupation:				
Emergency Contact's Name		Phone Number	Relationship to you	
Preferred Method of Contact (check one): <input type="radio"/> Email <input type="radio"/> Letter <input type="radio"/> Call <input type="radio"/> Text <input type="radio"/> Other				
This information is for demographic purposes only and will not affect your care.				
1.) What is your annual income?	2.) Employment Status	3.) Racial Group(s)	4.) Ethnicity	
\$ / Annually	<input type="checkbox"/> No income <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 _____	<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 _____	<input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Not Hispanic/Latinx <input type="checkbox"/> Unknown <input type="checkbox"/> Choose Not to Disclose	
5.) Pronouns:	6.) Do you think of yourself as:	7.) Marital Status	8.) Country of Birth	
<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: _____	<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: _____	<input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____	<input type="checkbox"/> USA <input type="checkbox"/> Other	
9.) Veteran Status	10.) Who is your:	11.) What is your gender?	12.) Did you receive your COVID19 Vaccine?	
<input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	Primary Care Provider: _____ Dental Provider: _____	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No When? Where? _____	
If yes, which one and when?	If not, are you interested in us contacting you to set up an appointment for one?	Entregue la versión en español.	<input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> J&J	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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