

PASSPORT
HEALTH ★ PLAN



Integrated Health Care Models: Practical Implementation

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Objectives

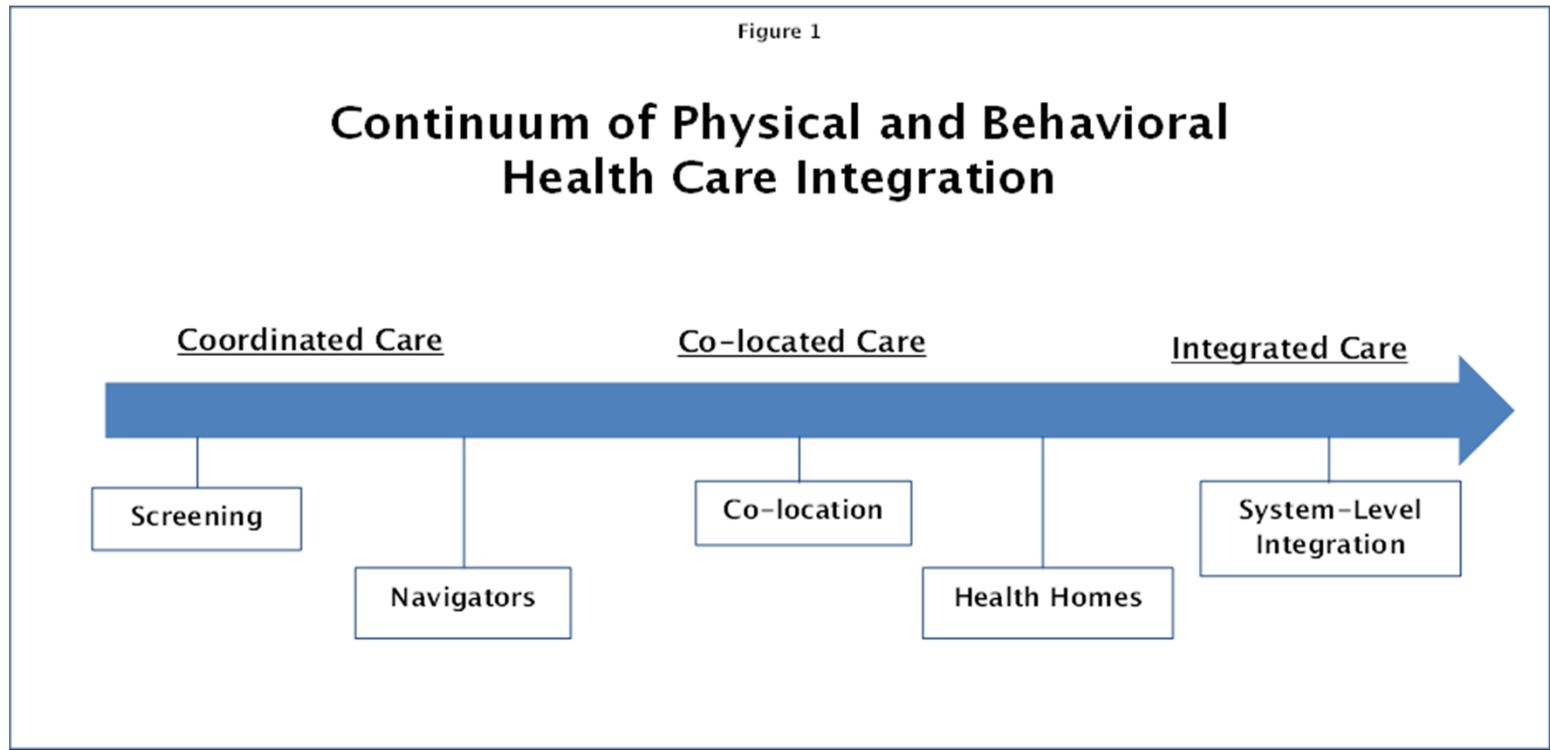
- Participants will be able to identify at least three models of integration on the healthcare integration continuum
- Participants will be to identify the solutions to barriers to the implementation of these models based upon local experiences

Integrated Care Framework



- SAMHSA-HRSA: http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf

Integration Continuum



Kaiser: <https://kaiserfamilyfoundation.files.wordpress.com/2014/02/8553-integrating-physical-and-behavioral-health-care-promising-medicaid-models.pdf>

NCQA PCMH 2014

Content and Scoring

1: Enhance Access and Continuity

- A. ***Patient-Centered Appointment Access**
- B. 24/7 Access to Clinical Advice
- C. Electronic Access

2: Team-Based Care

- A. Continuity
- B. Medical Home Responsibilities
- C. Culturally and Linguistically Appropriate Services (CLAS)
- D. ***The Practice Team**

3: Population Health Management

- A. Patient Information
- B. Clinical Data
- C. Comprehensive Health Assessment
- D. ***Use Data for Population Management**
- E. Implement Evidence-Based Decision-Support

* Must pass element



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Content and Scoring (Continued)

4: Plan and Manage Care

- A. Identify Patients for Care Management
- B. *Care Planning and Self-Care Support**
- C. Medication Management
- D. Use Electronic Prescribing
- E. Support Self-Care and Shared Decision Making

5: Track and Coordinate Care

- A. Test Tracking and Follow-Up
- B. *Referral Tracking and Follow-Up**
- C. Coordinate Care Transitions

6: Measure and Improve Performance

- A. Measure Clinical Quality Performance
- B. Measure Resource Use and Care Coordination
- C. Measure Patient/Family Experience
- D. *Implement Continuous Quality Improvement**
- E. Demonstrate Continuous Quality Improvement
- F. Report Performance
- G. Use Certified EHR Technology

*Must pass element



Case 1

- A 9 year old girl with cerebral palsy presents to your clinic as a new patient with the chief complaint of foot pain. You walk in and notice she is in a wheelchair and appears sad. You discover a broken orthotic brace and due to poor fit, she has a small ulcer on her ankle.
- She is here with her grandmother who was recently given temporary custody of her and 4 siblings. Her grandmother doesn't know about the patient's medical history, medications, or subspecialists. She mentions that the other 4 young children (who are present in the room) developed a very itchy rash this week and she's worried they have scabies.

Case 2

- A 15 year old male presents for an adolescent well check. You notice he hasn't been seen since age 11. At that visit, his diagnoses included asthma, ADHD, mild cognitive delay, and obesity. Since that time his BMI has gotten exponentially higher and he now weighs 325 lbs.
- You sit down with the child and mother and ask about any concerns or problems. Mom says, "He's fine. He is just here to get his shots."

Case 3

- As you start to knock on the door of a duo well child check during a busy Friday afternoon you overhear the mother yelling into her cell phone. You review the charts and notice a history of maternal drug abuse listed on the 4 month old's newborn record and the 2 year old's growth chart shows poor weight gain consistent with failure to thrive as well as previous CPS involvement.
- You walk in and find the 4 month old lying on the exam table unattended and crying. The 2 year old is wildly spinning on your exam chair. Mom continues to yell into the phone and doesn't acknowledge you when you enter the room.

Case 4: Integrated Primary Care and Preventative Care Visits

- A mother brings in her daughter for a 2 year old well child check. The family is well known to the pediatrician and she observes that the mother looks more tired than usual and that the toddler is much clingier. The mother also mentions that one of the older sibling's teachers has told her that he probably has AD/HD and needs medication.

A Best Practice Behavioral Health Consultation Model for Integrated Care

- Shared work space for providers with daily sit-down rounds prior to seeing patients; face to face feedback provided to team members as needed throughout the day
- Staff ratio of 2:1.2 (physician: behavioral health provider)
- Behavioral health providers with appropriate training for the setting
- At least one behavioral health provider always available for curbside consult; flexibility of providers



A Best Practice BH Consultation Model for Integrated Care cont...

- Integrated preventative care visits
- 20-30 minute behavioral health intakes that include intervention during intake session; same day intakes available
- 15-20 minute follow up behavioral health AND behavioral medicine intervention appointments; usually 4-6 sessions
- Use of evidenced based interventions and patient satisfaction scales
- Group behavioral health/behavioral medicine sessions to address population prevalent problems
- Referral to traditional mental health services for more complex care cases (primary care office co-located as well with a traditional mental health provider's office)



Case 5: Specialty Integrated Care

- All patients newly diagnosed with a pediatric cancer or life threatening hematological condition have a triage intake with the pediatric psychologist as part of the practice's standard of care. Prior to seeing a new brain tumor teen and her mother, it is noted by the medical team during rounds that something "just seems off" about the patient's mother and that her parents are divorced. They have concerns about the patient's care after discharge.

Case 6: Benefit of Trans-disciplinary Team Approach in Specialty Care

- The patient is a 7 year old male with AML who will require a stem cell transplant. His family is originally from Mexico. The patient and his mother are already well known to the pediatric psychologist who originally addressed patient coping and pill swallowing who is now meeting with the mother (and interpreter) following the consent conference for transplant as part of the standard of care for HSCT patients/families.

References

- [http://www.integration.samhsa.gov/integrated-care-models/A Standard Framework for Levels of Integrated Healthcare.pdf](http://www.integration.samhsa.gov/integrated-care-models/A%20Standard%20Framework%20for%20Levels%20of%20Integrated%20Healthcare.pdf)
- <http://www.aafp.org/practice-management/transformation/pcmh.html>
- <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>
- <https://www.pcpcc.org/>

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