

Care Management Plus: Assessing Primary Care's Readiness for Interdisciplinary Teams and System Redesign

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CM+

care
management
plus

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www.caremanagementplus.org

Care Management Plus: Dissemination of Information Technology Tools for the Care of Seniors

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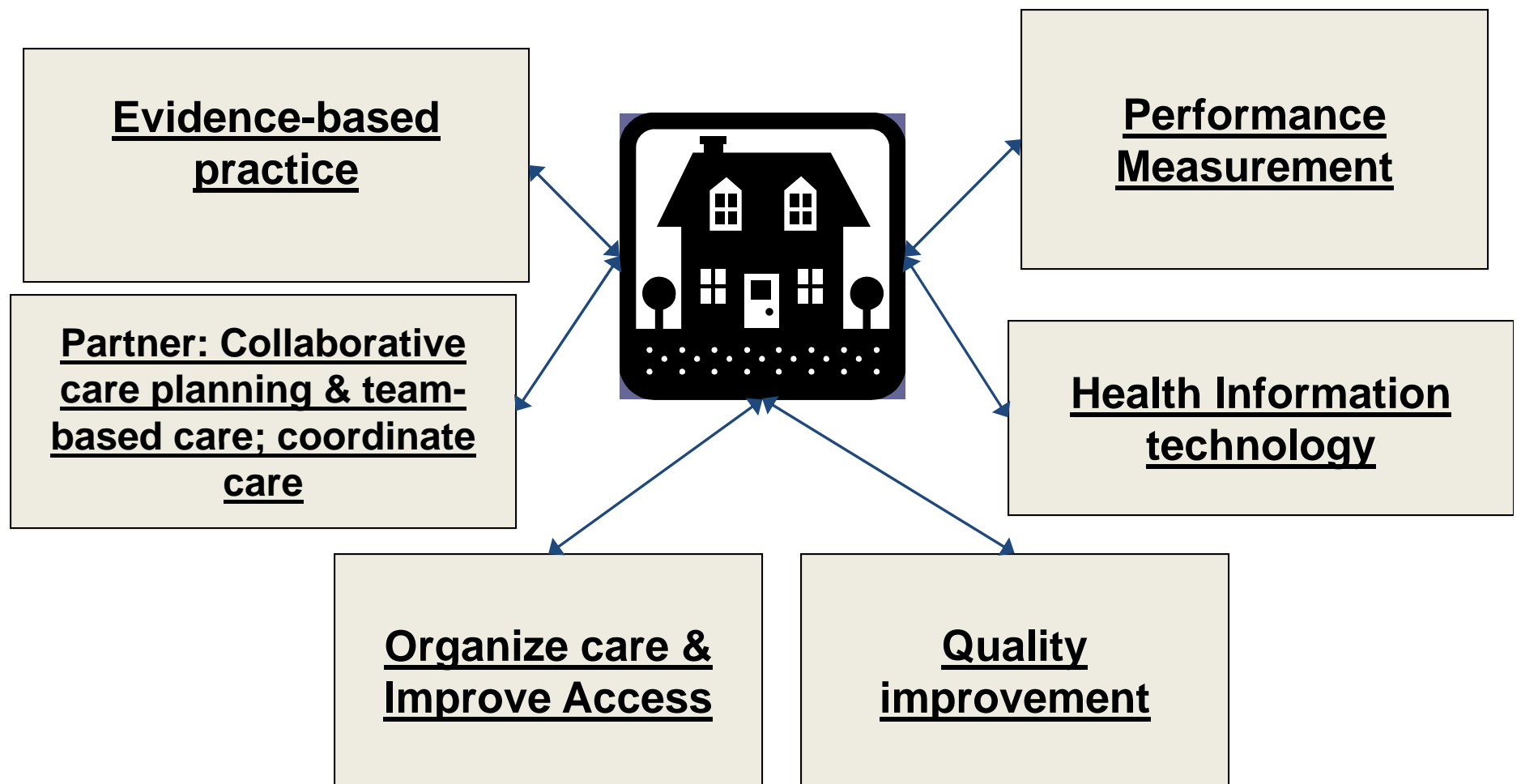
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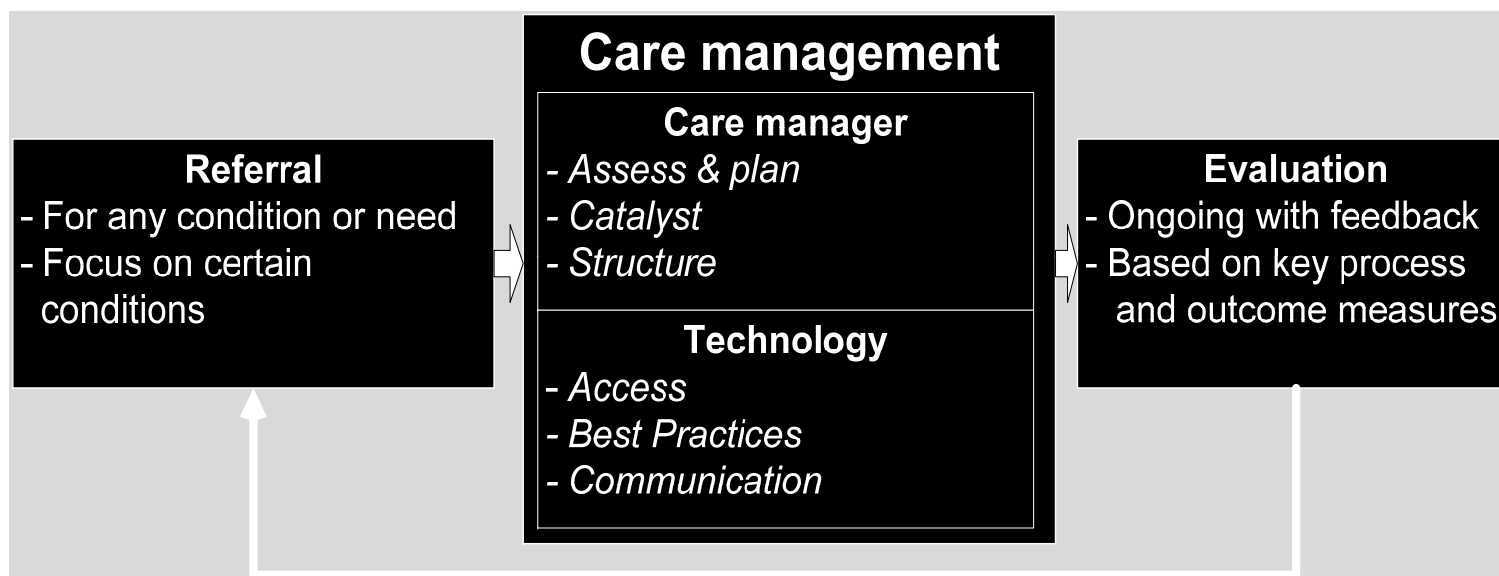
Objectives

- Background: Care Management Plus model
www.caremanagementplus.org
- Role of the interdisciplinary team and information technology tools in practice redesign
- Discuss the steps of implementation of Care Management Plus – focus on assessing the primary care team's readiness

Elements of a Medical Home: Primary Care



Care Management Plus: MODEL DESIGN Flexible, Proactive, Fills in Gaps



Components

Care Manager with special training: geriatrics, motivational interviewing

Tech: Patient Summary, Care Manager Tracking tool

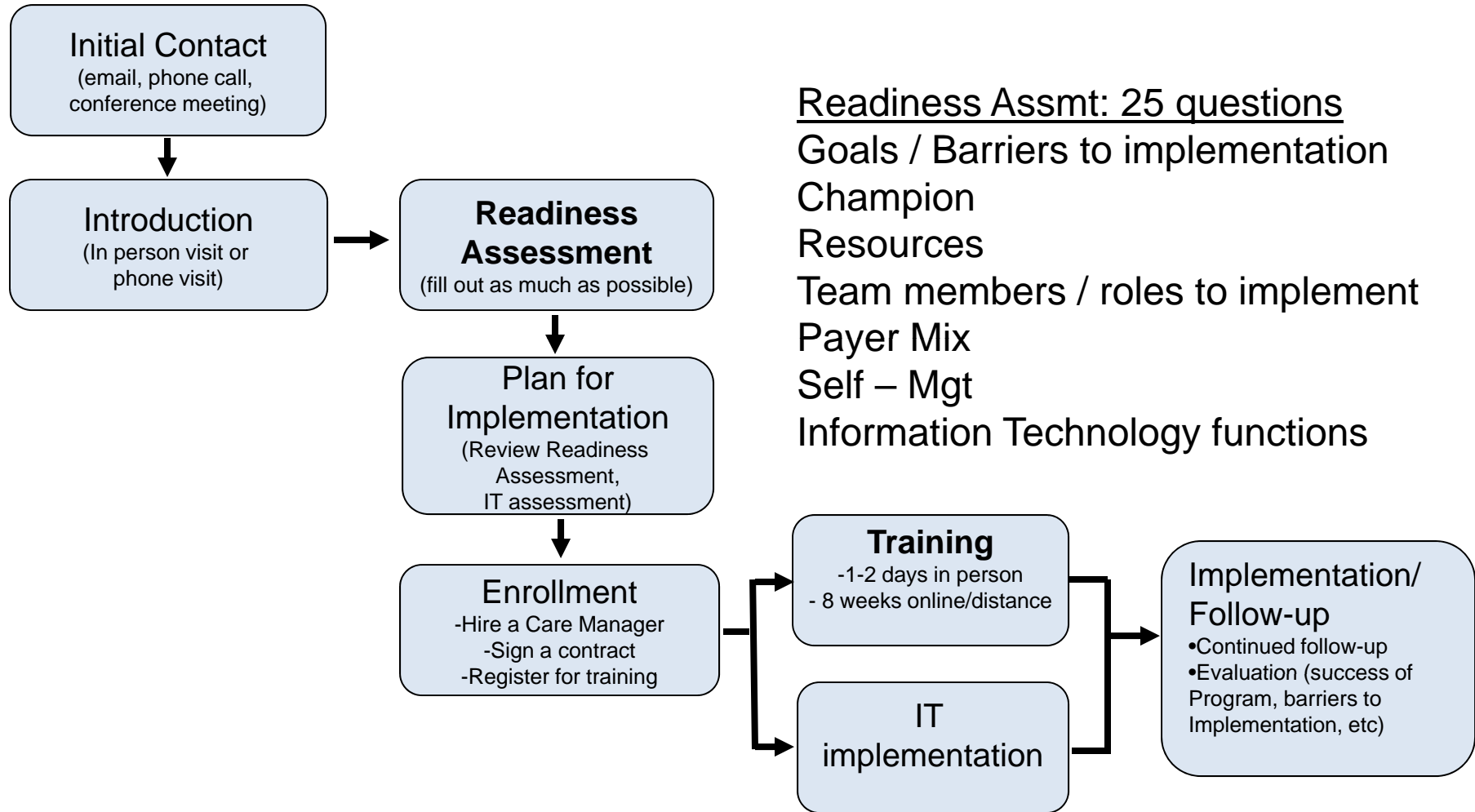
Environment: quality improvement, population



Dorr, AcademyHealth, 2006

Dorr, JAGS, Dec 2008

Process of Implementation



Readiness Assessment

Reimbursement

Capitation case rate

No P4P

SITES Anonymous

PROVIDERS

11 MDs (4 Clinic, 6 Hospitalists, 1 Cancer Center); 25 RNS; 1 LPN; 10 PT/OT/STs; 1 wound specialist; 1 Cancer Center patient navigator

CARE MANAGERS

1 CM

POPULATION SEEN:

100% Complex Patients

Chronic Illness / Delivery

Chronic Care Model; SBAR; Care Transitions; telehealth monitoring; Stanford Group Model –Kate Lorig (several Leaders and Trainer); CDE's do Diabetes Education groups outpatient. Plans to increase group offerings for COPD & CHF & Advanced PHR. Plan to use patient activation measure to assess self-management needs

Information Technology:

EHR – Meditek 4.2e & Meditek Client Server & PTCT Live Clinical Model
Practice Management System – Centricity –live in late April 2010

Training



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Care Management Plus Training

1st: Conference: 1- 2 days (CEU / CME: 8-12 hours credits)

- Care Manager, Clinic Manager, Physician Attend
 - Model & Outcomes of Care Management Plus
 - Role of Care Manager
 - Motivational Interviewing
 - Diabetes, Depression, Dementia, Geri Assessment/Tools
 - Patient/Family Assessment and Caregiver Support
 - Case Discussion
 - Quality Improvement for the office & Population View
 - Use of Care Manager Tracking Database
 - Introduction to On-line learning

2nd: On-line learning: 8 weeks (CEU: 20 hours credit)

- Care Manager Completes

Implementation Success 😊

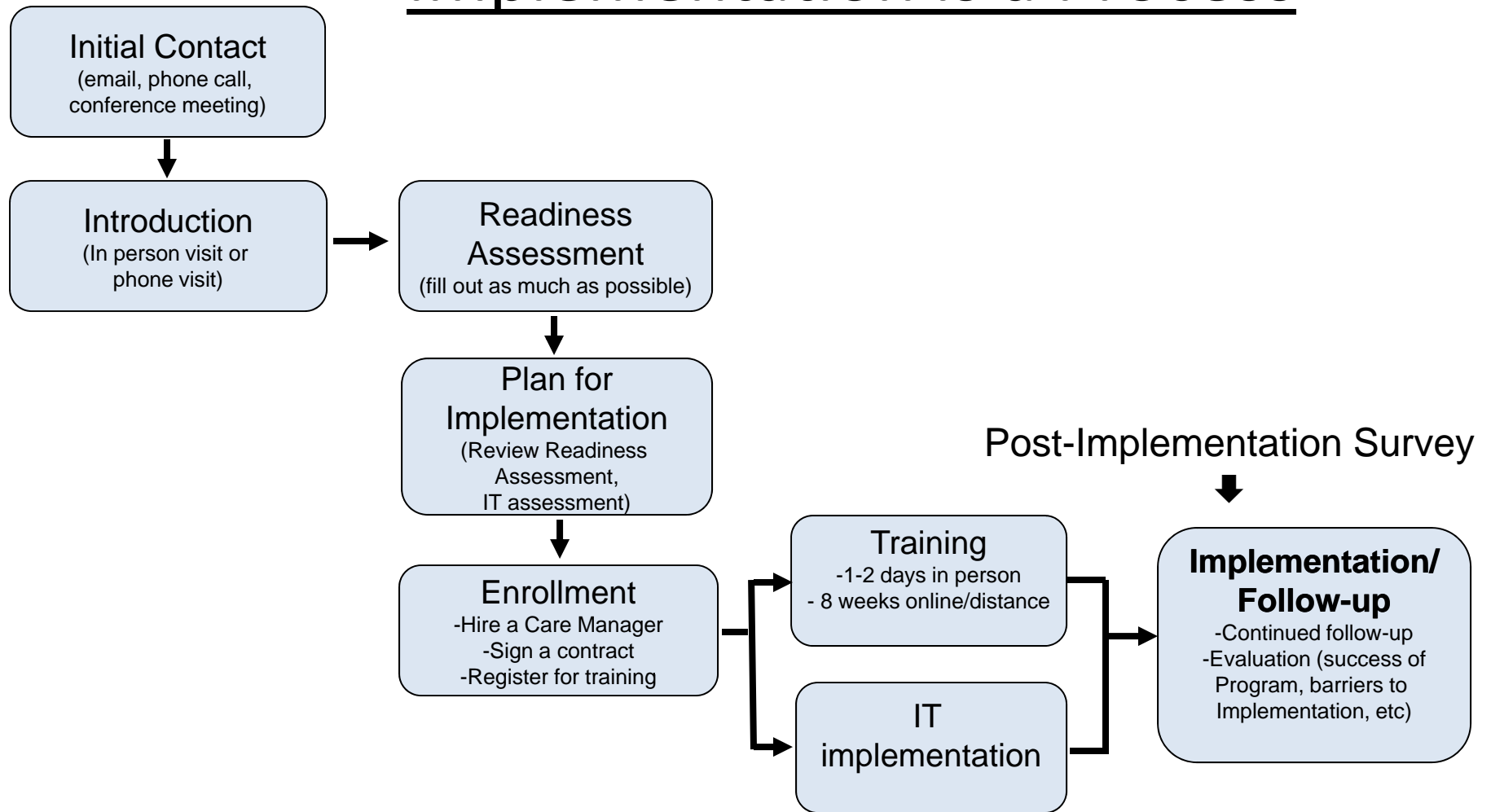
- Eight Trainings / 4 yrs
 - Sept 2010 wrapping up
- 8/10 care mgrs complete their in-person & on-line training
(Pass = score of $\geq 75\%$)

Discipline	#	(%)
CM		
Medical Assistant	2	1.1
Medicine	1	0.5
Nursing	157	85.3
Physical Therapy	1	0.5
Pharm D	2	1.1
SW	14	8
Other	7	4
Total	184	

Keys to Implementation Success

- Expertise: Team, Population Mgt
- Champion / Lead
- Defined role of CM
- CMs: RNs / LCSWs

Implementation is a Process



CM+: DISSEMINATION AND ADVICE FOR ADOPTERS

Care Manager

- Nurses or social workers best, other options for small clinics
- **Training** individual and team essential: core competencies – e.g., care of older adults, prioritization, behavioral / motivational interviewing, and assessments.

Health IT

- **Proactive, meaningful use for care coordination**: populations, reminders about care plans, summaries, performance measurement
- **Technical assistance is critical**: need to enhance use of HIT to be successful in the clinic.
- Use to measure implementation of components: we found **73% of components adopted**.

Reimbursement

- Reimbursement is critical to effective, sustainable models
 - **Pay for proactive care**: care coordination calls, goals, motivational interviewing, education
 - Per member per month with sustained usual care
- At-risk patient populations should be targeted, but not exclusively (flexible)

Goals of Health Care Redesign & Care Management Plus

- Improved care
- Increased coordination
- Decreased costs



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