Huddles and Case Conference to Coordinate Complex Care

October 29, **2014**

We strongly encourage you join the call by receiving a call-back.

If you choose to dial-in, please be sure to use your **attendee #** found under the "Event Info" tab.

California HealthCare Foundation

California Improvement Network

Better Ideas for Care Delivery

Today's Speakers – Petaluma Health Center

Jason Cunningham, DO
Medical Director
West County Health Centers

Lisa Penny, MSW, MPA
Social Worker
Homeless Patient Aligned Care Team (HPACT)
VA Greater Los Angeles Health Care System

Thinking Outside the Box with High-cost Outliers

Jason Cunningham

Agency Medical Director

West County Health Centers

West County Health Centers

Caring for our Communities

a california health center

Clinical Sites:

- Primary Care – Occidental, Guerneville, Sebastopol
- Dental and Mental Health Services – Guerneville
- Teen Clinic – Forestville
- Graton Labor Center Outreach
- Forestville Wellness Center

Patients

12,990 individuals, 85% under 200% of poverty level

2013 Budget

$12.2 million

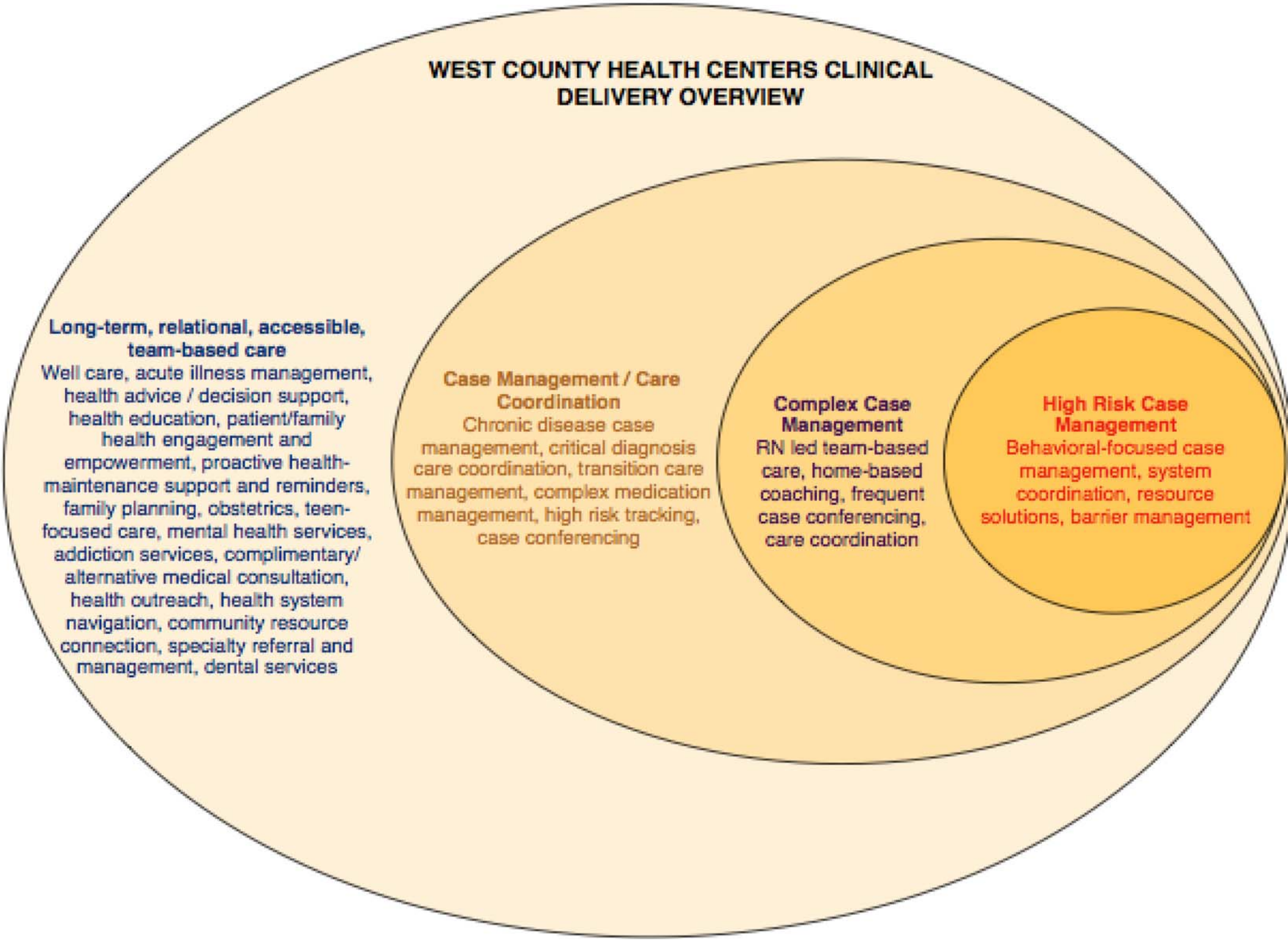
70% patient fees, 30% grants, contracts, fundraising

Staff and Providers

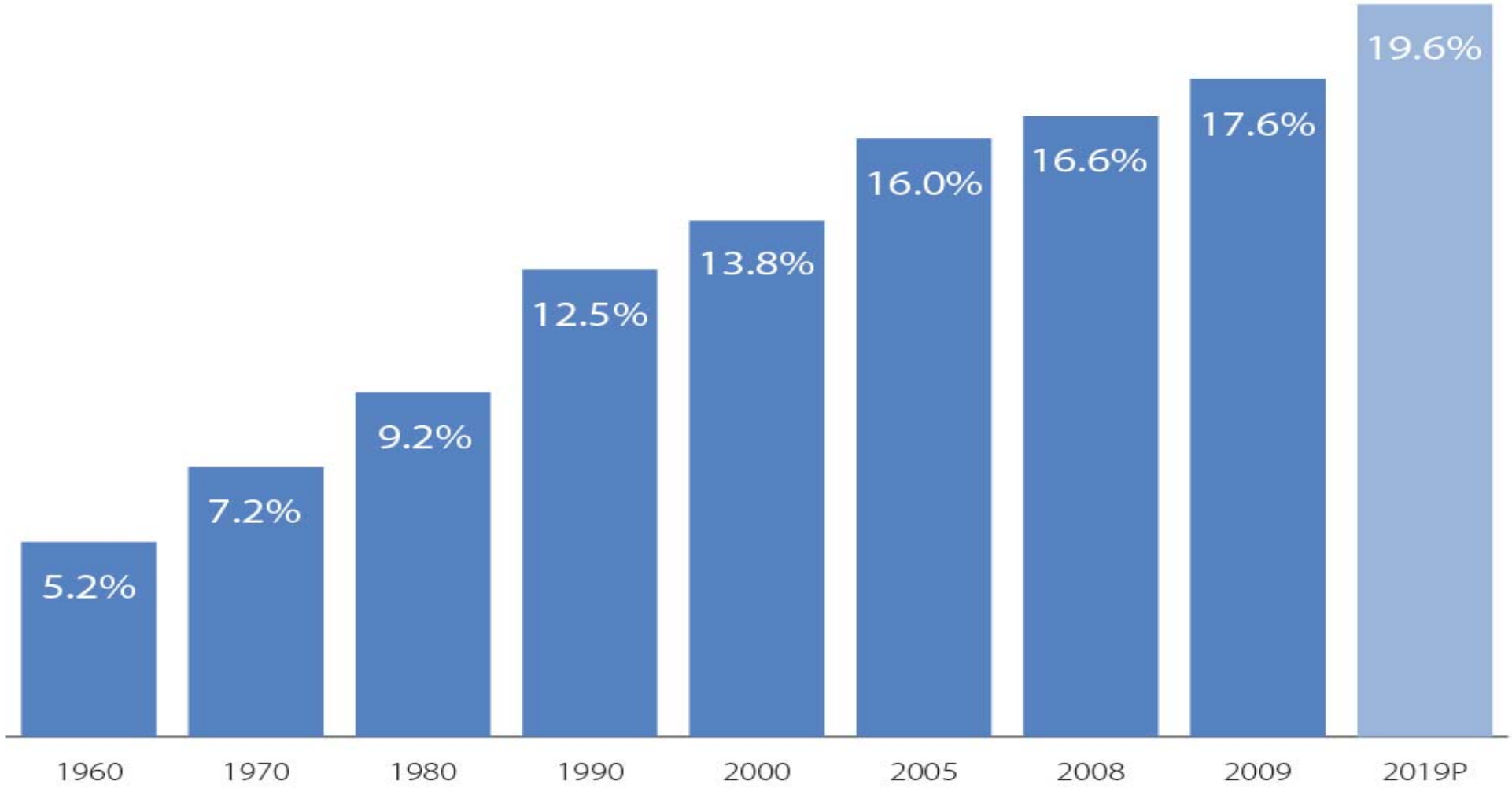
- 145 employees in seven locations; 119 FTEs
- 26 medical providers, 2 dentists, 7 mental health counselors, 3 behavioral health specialists, 2 patient navigators, and .6 FTE psychiatrist

Medical Staff Ratios

- Provider : MA = 1:1.5
- Provider : RN = 1:1
- Provider : FO = 1:1.5


WEST COUNTY HEALTH CENTERS CLINICAL DELIVERY OVERVIEW
Long-term, relational, accessible, team-based care
Well care, acute illness management, health advice / decision support, health education, patient/family health engagement and empowerment, proactive health-maintenance support and reminders, family planning, obstetrics, teen-focused care, mental health services, addiction services, complimentary/ alternative medical consultation, health outreach, health system navigation, community resource connection, specialty referral and management, dental services
Case Management / Care Coordination
Chronic disease case management, critical diagnosis care coordination, transition care management, complex medication management, high risk tracking, case conferencing
Complex Case Management
RN led team-based care, home-based coaching, frequent case conferencing, care coordination
High Risk Case Management
Behavioral-focused case management, system coordination, resource solutions, barrier management

National Health Spending as a Share of GDP, 1960–2019*



*Selected rather than continuous years of data shown prior to 2008. Years 2010 forward are CMS projections (September 2010 data release). 2009 reflects a 1.7 percent contraction in GDP, a 4.0 percent increase in health spending, and revisions to the national health expenditure accounts, which resulted in recognition of higher spending levels.

Source: Centers for Medicare and Medicaid Services (CMS), Office of the Actuary.

CCI
CENTER FOR CARE INNOVATIONS

Health Home Innovation Fund

Final Program Report

Based on evalution data from
Desert Vista Consulting

In Camden, New Jersey, one per cent of patients account for a third of the city's medical costs. Photograph by Phillip Toledano.

MEDICAL REPORT

THE HOT SPOTTERS

Can we lower medical costs by giving the neediest patients better care?

BY ATUL GAWANDE

If Camden, New Jersey, becomes the first American community to lower its medical costs, it will have a murder to thank. At nine-fifty on a February night in 2001, a twenty-two-year-old black man was shot while driving his Ford Taurus station wagon through a neighborhood on the edge of the Rutgers University campus. The victim lay motionless in the street beside the open door on the driver's side, as if the car had ejected him. A neighborhood couple, a physical therapist and a volunteer firefighter, approached to see if they could help, but police waved them back.

"He's not going to make it," an officer reportedly told the physical therapist. "He's pretty much dead." She called a physician, Jeffrey Brenner, who lived a few doors up the street, and he ran to the scene with a stethoscope and a pocket ventilation mask. After some discussion, the police let him enter the crime scene and attend to the victim. Witnesses told the local newspaper that he was the first person to lay hands on the man.

"He was slightly overweight, turned on his side," Brenner recalls. There was glass everywhere. Although the victim had been shot several times and many minutes had passed, his body felt warm. Brenner checked his neck for a carotid pulse. The man was alive. Brenner began the chest compressions and rescue breathing that should have been started long before. But the young man, who turned out to be a Rutgers student, died soon afterward.

The incident became a local scandal. The student's injuries may not have been survivable, but the police couldn't have known that. After the ambulance came, Brenner confronted one of the officers to ask why they hadn't tried to rescue him.

"We didn't want to dislodge the bullet," he recalls the policeman saying. It was a ridiculous answer, a brushoff, and Brenner couldn't let it go.

He was thirty-one years old at the time, a skinny, thick-bearded, soft-spoken family physician who had grown up in a bedroom suburb of Philadelphia. As a medical student at Robert Wood Johnson Medical School, in Piscataway, he had planned to become a neuroscientist. But he volunteered once a week in a free primary-care clinic for poor immigrants, and he found the work there more challenging than anything he was doing in the laboratory. The guy studying neuronal stem cells soon became the guy studying Spanish and training to become one of the few family physicians in his class. Once he completed his residency, in 1998, he joined the staff of a family-medicine practice in Camden. It was in a cheaply constructed, bodike, one-story building on a desolate street of bars, car-repair shops, and empty lots. But he was young and eager to recapture the sense of purpose he'd felt volunteering at the clinic during medical school.

Few people shared his sense of possibility. Camden was in civic free fall, on its way to becoming one of the poorest, most crime-ridden cities in the nation. The local school system had gone into receivership. Corruption and mismanagement soon prompted a state takeover of the entire city. Just getting the sewage system to work could be a problem. The neglect of this anonymous shooting victim on Brenner's street was another instance of a city that had given up, and Brenner was tired of wondering why it had to be that way.

Around that time, a police reform commission was created, and Brenner was asked to serve as one of its two citizen members. He agreed and, to his surprise, became completely absorbed. The experts they called in explained the basic principles of effective community policing. He learned about George Kelling and James Q. Wilson's "broken-windows" theory, which argued that minor, visible neighborhood disorder breeds major crime. He learned about the former New York City police commissioner William Bratton and the Compstat approach to policing that he had championed in the nineties, which centered on mapping crime and focussing resources on the hot spots. The reform panel pushed the Camden Police Department to create computerized crime maps, and to change police beats and shifts to focus on the worst areas and times.

When the police wouldn't make the crime maps, Brenner made his own. He persuaded Camden's three main hospitals to let him have access to their medical billing records. He transferred the reams of data files onto a desktop computer, spent weeks figuring out how to pull the chaos of information into a searchable database, and then started tabulating the emergency-room visits of victims of serious assault. He created maps showing where the crime victims lived. He pushed for policies that would let the Camden police chief assign shifts based on the crime statistics—only to find himself in a showdown with the police unions.

"He has no clue," the president of the city police superiors' union said to the Philadelphia *Inquirer*. "I just think that his comments about what kind of schedule we should be on, how we should be deployed, are laughable."

The unions kept the provisions out of the contract. The reform commission disbanded; Brenner withdrew from the cause, beaten. But he continued to dig into the database on his computer, now mostly out of idle interest.

Besides looking at assault patterns, he began studying patterns in the way patients flowed into and out of Camden's hospitals. "I'd just sit there and play with the data for hours," he says, and the more he played the more he found. For instance, he ran the data on the locations where ambulances picked up patients with fall injuries, and discovered that a single building in central Camden sent more people to the hospital with serious falls—fifty-seven elderly in two years—

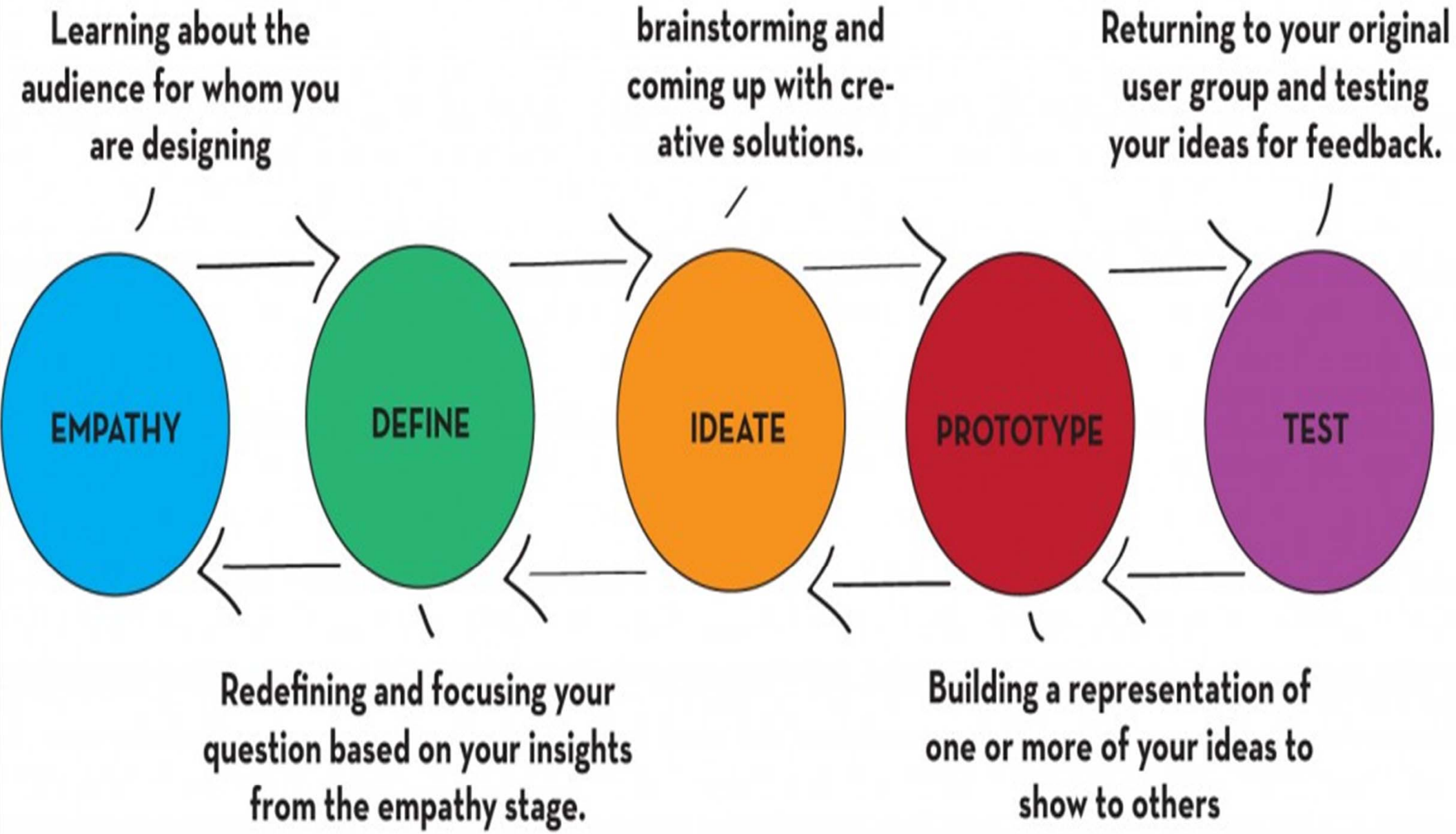
Think Outside the Box

Cremation Center of Southern Utah

435-986-9100
www.CremationCenterSu.com
1316 S. 400 E. A5
St. George, UT 84790

SU-0000127053


Design Thinking
Produced By Katherine Davis
IDEO
60
MINUTES


Learning about the audience for whom you are designing
brainstorming and coming up with creative solutions.
Returning to your original user group and testing your ideas for feedback.
EMPATHY
DEFINE
IDEATE
PROTOTYPE
TEST
Redefining and focusing your question based on your insights from the empathy stage.
Building a representation of one or more of your ideas to show to others


Build

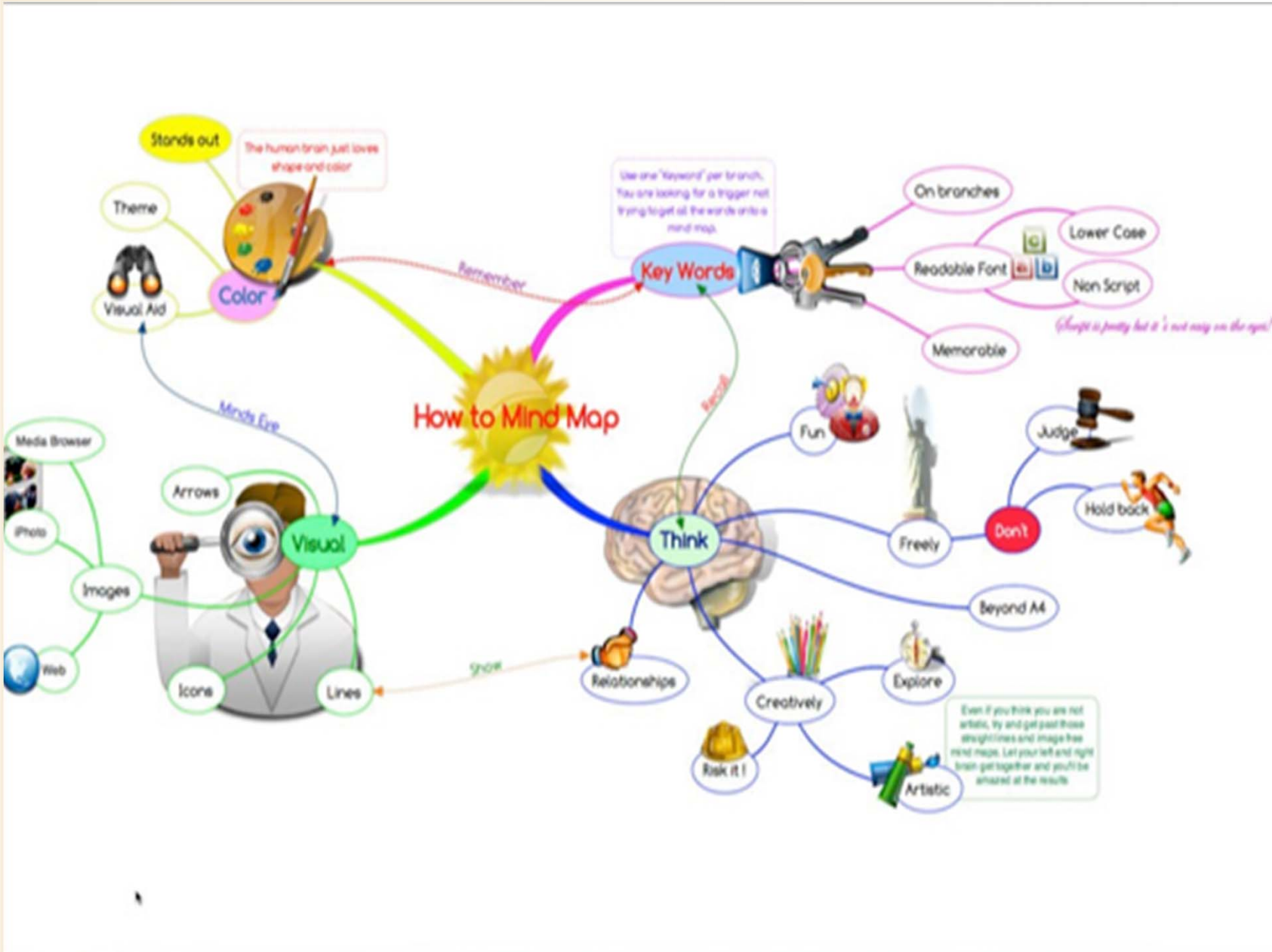
CASE CONFERENCE

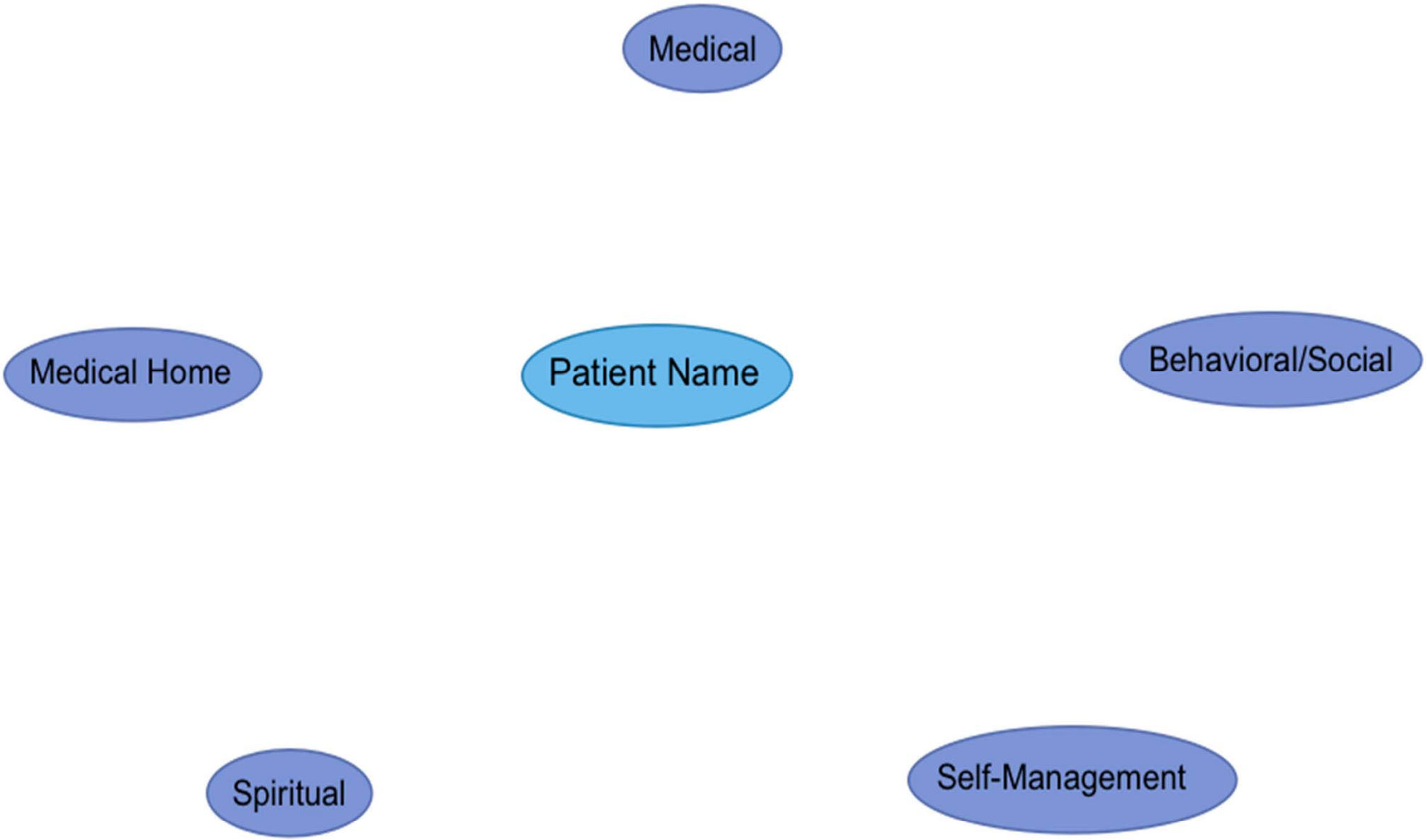
DEEP DIVE (2 HOURS FOR FIRST CASE CONFERENCE FOR A TEAM, 1½ HOURS FOR EACH ADDITIONAL)

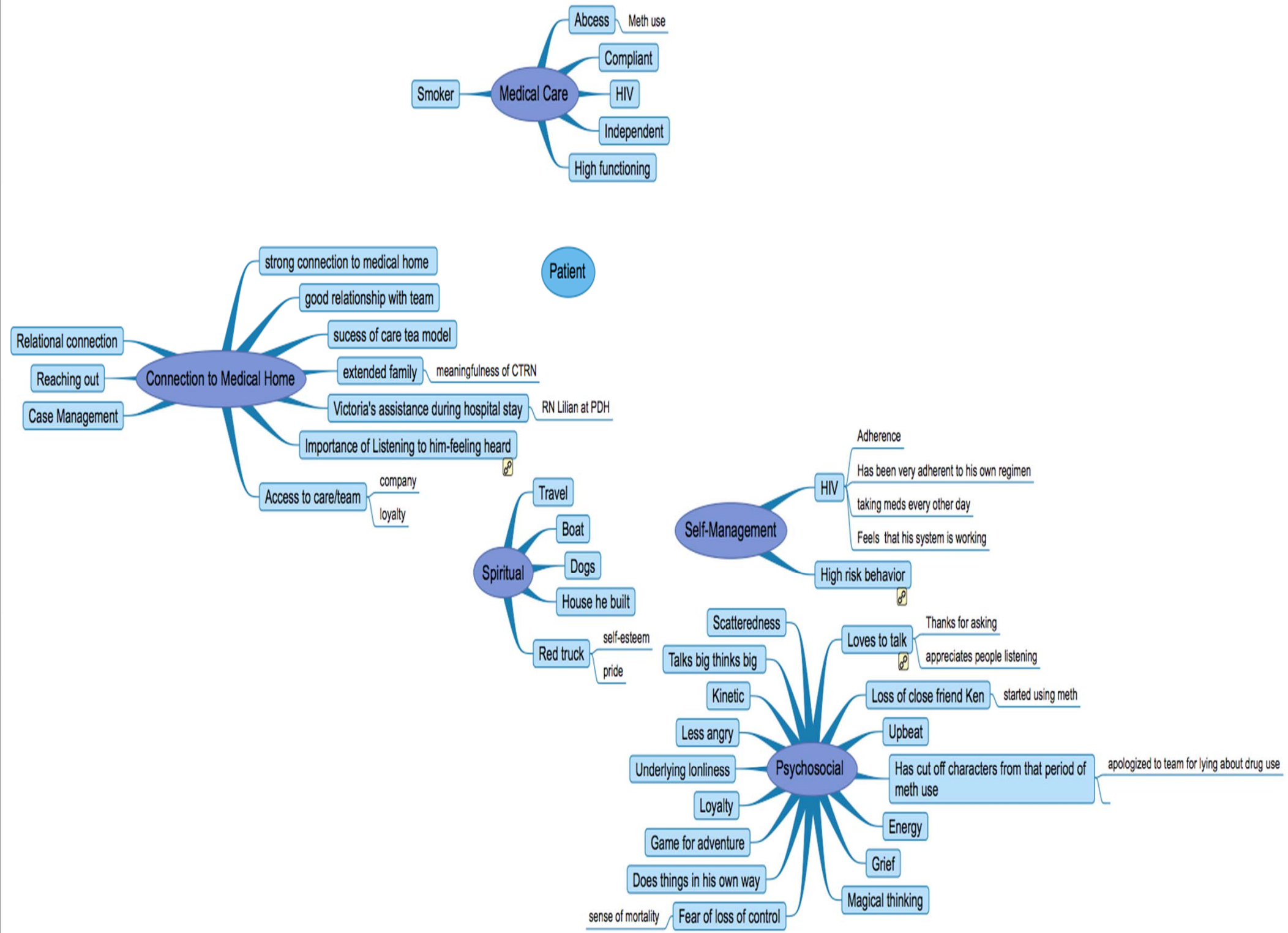
½ Hour: Information Gathering

10 Minutes: Narrative Writing Session

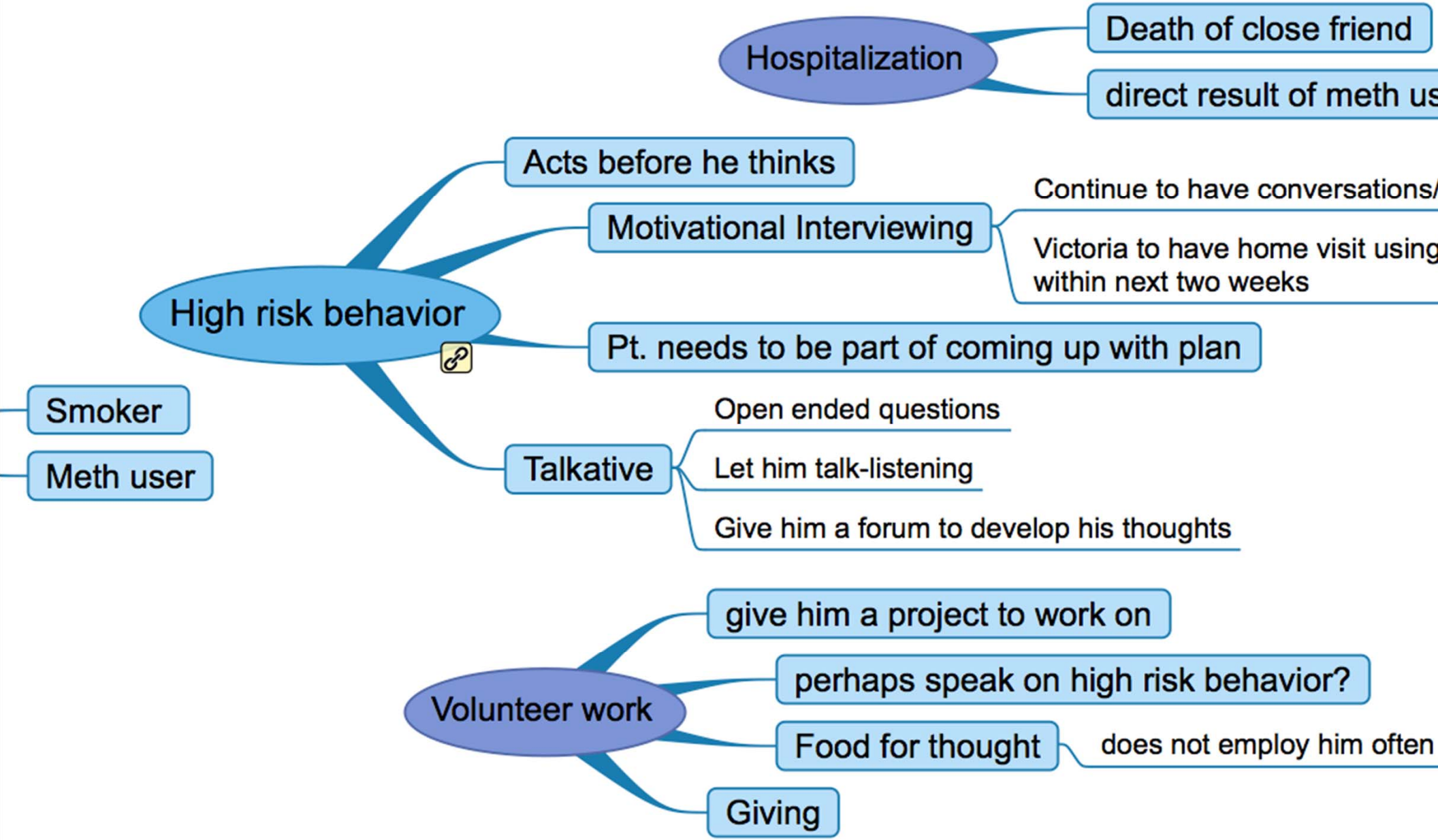
20 Minutes: Brainstorming




Medical
Medical Home
Patient Name
Behavioral/Social
Spiritual
Self-Management


Patient
Medical Care
Smoker
Abcess
Meth use
Compliant
HIV
Independent
High functioning
Connection to Medical Home
Relational connection
Reaching out
Case Management
strong connection to medical home
good relationship with team
sucess of care tea model
extended family
meaningfulness of CTRN
Victoria's assistance during hospital stay
RN Lilian at PDH
Importance of Listening to him-feeling heard
Access to care/team
company
loyalty
Spiritual
Travel
Boat
Dogs
House he built
Red truck
self-esteem
pride
Self-Management
HIV
Adherence
Has been very adherent to his own regimen
taking meds every other day
Feels that his system is working
High risk behavior
Psychosocial
Scatteredness
Talks big thinks big
Kinetic
Less angry
Underlying lonliness
Loyalty
Game for adventure
Does things in his own way
Fear of loss of control
sense of mortality
Loves to talk
Thanks for asking
appreciates people listening
Loss of close friend Ken
started using meth
Upbeat
Has cut off characters from that period of meth use
apologized to team for lying about drug use
Energy
Grief
Magical thinking

25 Minutes: Deep Dive "Nudge"



Next Steps and Care Plan

Complex Case Management Care Plan

Patient Name: _____ Date: _____

Meeting Participants:

_____

_____

Brief Narrative of last 6 months:

#1: Goal:

Action:

Who:

When:

#2 Goal:

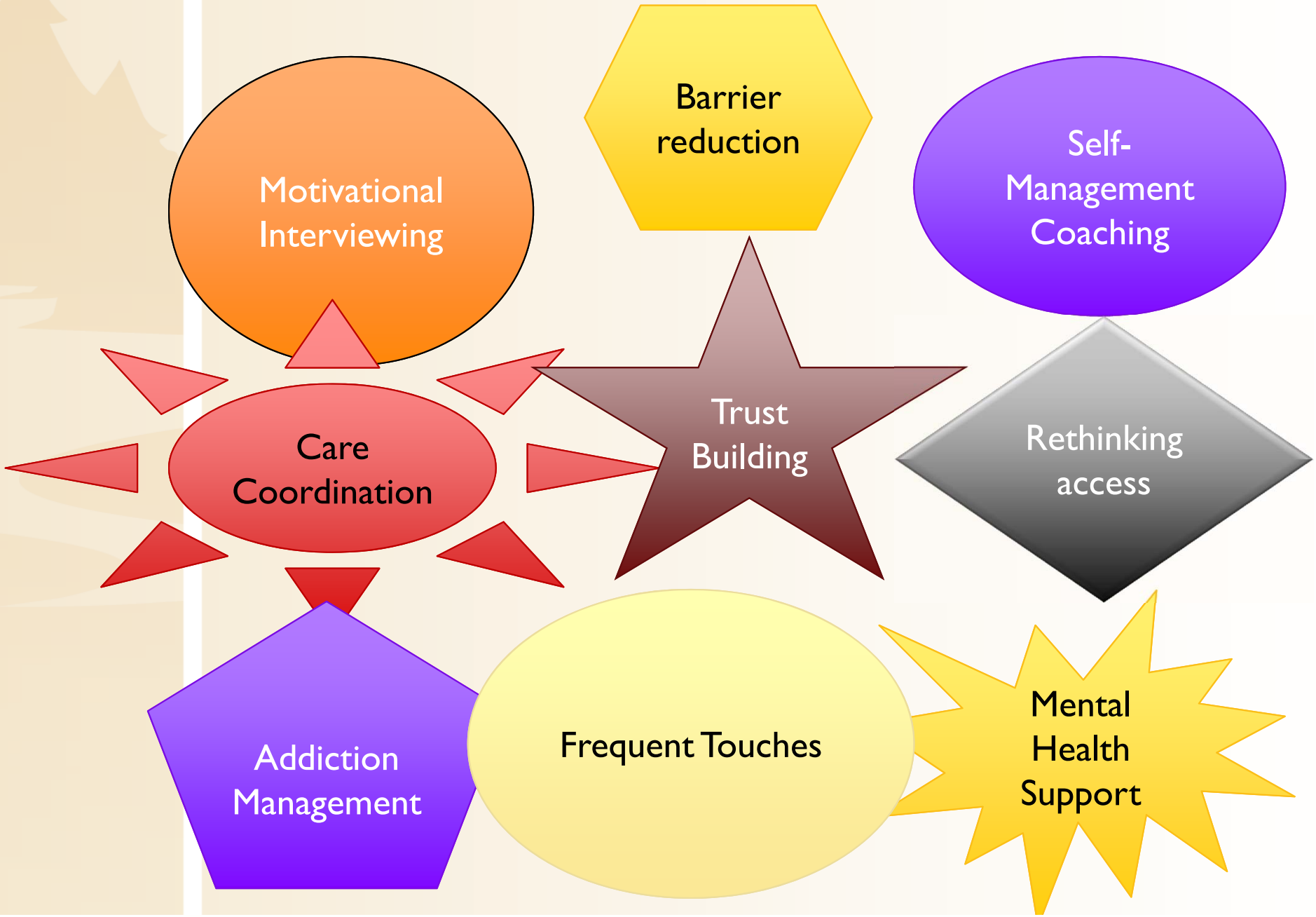
Action:

Who:

When:

#3 (if applicable) Goal:

Nudging


Motivational Interviewing
Barrier reduction
Self-Management Coaching
Care Coordination
Trust Building
Rethinking access
Addiction Management
Frequent Touches
Mental Health Support


West County Health

THANK YOU

VA GREATER LOS ANGELES HEALTHCARE SYSTEM

A Division of VA Desert Pacific Healthcare Network

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

HPACT:

Homeless Patient Aligned Care Team

Lisa Penny, MSW

ED HPACT Social Worker

VA Greater Los Angeles Healthcare System

Introduction

HPACT: Homeless Patient Aligned Care Team provides complex care management to homeless & at-risk of homelessness veterans.

Designed to break down barriers in accessing medical and mental health services, access to social work, housing and employment resources all things needed to create independence and wellness

Services Offered:

Medical Needs
Mental Health
Housing

Preventive Medicine:

Blood Pressure
Diabetes
Vaccines
Cholesterol
Cancer Screenings
Weight Loss
HIV/Hep-C

Unequal power
Gross inequity in power and opportunity disrupts both mental and physical health.

Poor education
The lower your education level, the less healthy you're likely to be.

Low income
Wealthier people tend to be healthier, no matter their race.

Social isolation
A lack of social support can lead to depression and even heart disease.

Pollution
Industrial toxins and car exhaust fuel asthma and cancer.

Sprawl
As suburbs spread and commutes lengthen, people walk less and sit more.

Cars as kings
Streets designed mainly for car traffic discourage walking and biking.

Unhealthy houses
Mold, pests, and unsafe conditions foster asthma, allergies, and injuries.

Food options
What's available and affordable naturally influences what we eat.

Health care access
If you're uninsured or have few clinics nearby, you're less likely to see a doctor.

Unsafe streets
Violence keeps people indoors and produces injuries, trauma, and chronic stress.

Find more detailed information on these and other health factors in the resources chapter and at upstreamists.org.

Rishi Manchanda, The Upstream Doctors, TEDBooks, June 6, 2013

Complexity of WLA HPACT Patients

- Average of 7 diagnoses addressed in depth during 1st visit
- All diagnoses and issues were addressed at each visit
- Much higher than standard primary care practices
- 90 minutes average spent with patient during 1st visit

Patel, B. I. (2013). *Complex Care Management to Decrease Emergency Department Utilization: A Case Study of the Homeless Patient Aligned Care Team Demonstration Project at VA Greater Los Angeles Healthcare System.* Los Angeles.

Chronic Medical, Mental Health, & Substance Abuse Conditions

	% of patients
Chronic Medical Conditions	
Hypertension	52.9
Chronic Pain	31.4
Diabetes	24.3
Hepatitis C	22.9
Respiratory	12.9
Coronary Artery Disease	8.6
Congestive Heart Failure	8.6
Mental Health	
Mood Disorders	54.3
PTSD	28.6
Psychotic Disorders	21.4
Anxiety	17.1
Substance Abuse	
Alcohol	57.1
Tobacco	44.3
Cocaine	32.9
Marijuana	15.7

Patel, B. I. (2013). *Complex Care Management to Decrease Emergency Department Utilization: A Case Study of the Homeless Patient Aligned Care Team Demonstration Project at VA Greater Los Angeles Healthcare System.* Los Angeles.

Systems Design Innovation

Patient Huddle:

In addition to pre-visit and frequent team huddles, every patient visit ends with the HPACT team huddling with the patient to review goals and tasks

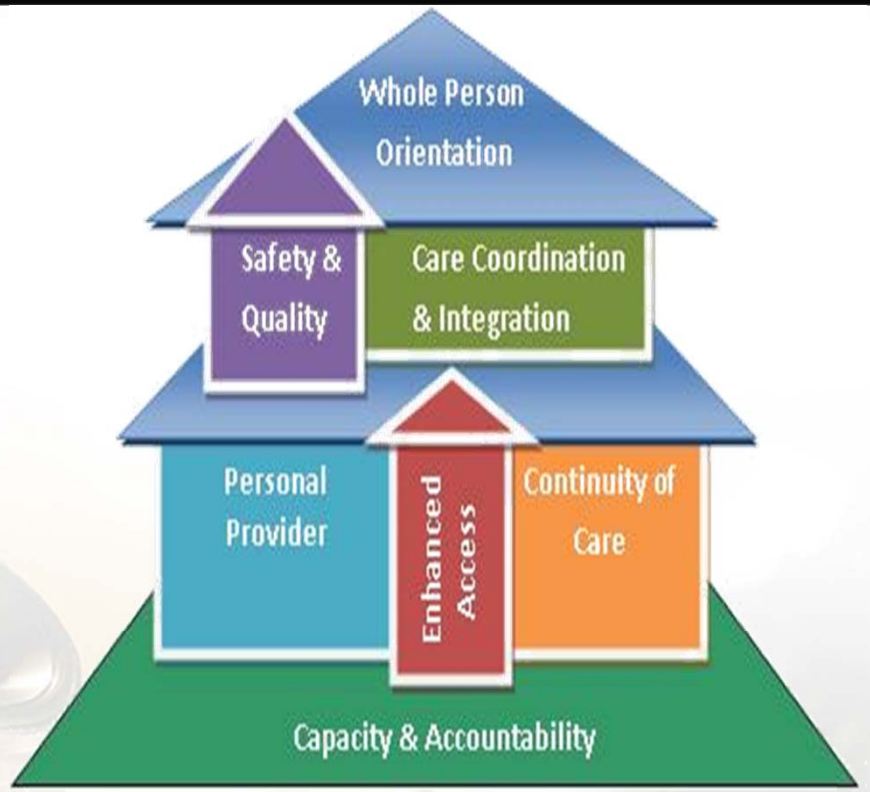
Care Management Tracking Tool:

Tasks are entered into a simple, secure spreadsheet that the whole team uses to track work, person responsible, and deadlines

Integrated Care Team

HPACT Team

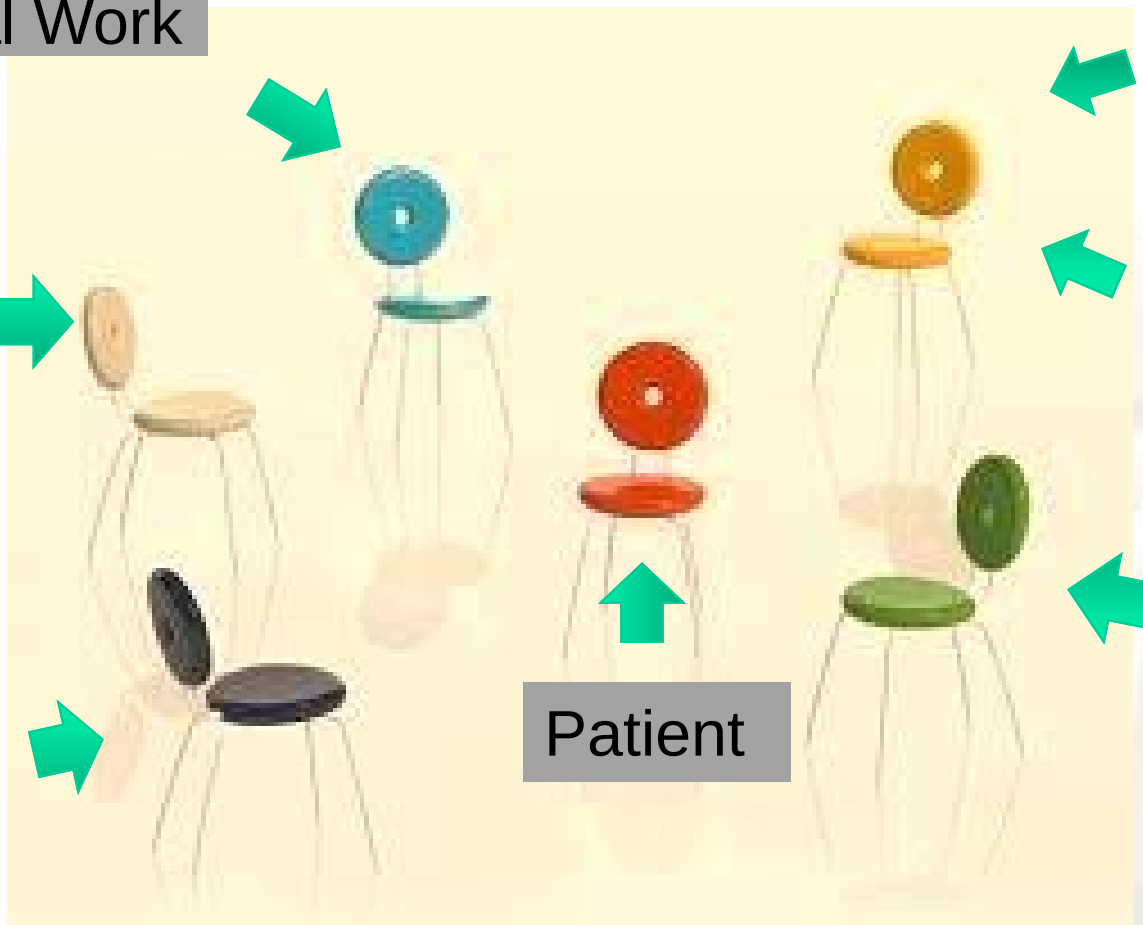
RN Case Manager
Social Worker
Primary Care Provider
LVN
Clerk
+
Lawyer (Medical-Legal Partnership)



GLA VA-Huddles at Every Level

Patient and System Level

Coordination Required to Improve Outcomes Among Homeless Veterans



Complex Care Management Tool

- **Function**
  - Tracks tasks for team members
  - Shows progress towards competing tasks
  - Informs clinical encounters
- **Need**
  - VA lacks tool to perform this type of complex care management

- **Specifications**
  - Northwest Innovation Center – Portland, Oregon VA Medical Center
  - Secure SharePoint®
- **How Used**
  - Guides care management during, and outside of clinic
    - Pre/post team huddles

Care Management Tracking Tool

CREATE TASK INFORMATION

Service: Liver Transplant

Role: RN Care Coordinator

***Scheduled Date:** ...

Scheduled Time:

Tip: Type 'A' or 'P' to switch AM/PM

Task Type:

Task Reason:

To Do Notes:

SAVE Return to Task Tracker | SAVE Add New Task | Write CPRS Note

Care Management Tracking Tool

ADD TASK/PATIENT LOOKUP | TASK TRACKER | REPORTS | PREFERENCES | FEEDBACK | HELP

Service: Liver Transplant Role: Default (All) Panel: Default (All) Set Preference

Start Date: End Date: All Dates Created by me

GO Total Tasks(25) Overdue Tasks(18) Upcoming Tasks(7)

Task	Scheduled Date	Task Type	Last Name	First Name	SSN4	Created By	PCP	By Role	To Do Notes
1	6/18/2014	Radiology Follow-up	Pan	Peter	0011	McConnachie, Judy	Generic Doctor3	Provider	CLERK: confirm outside imaging studies received prior to 6/20 appointment
2	6/26/2014	Telephone Contact/Transition of Care	Mouse	Minnie	0011	McConnachie, Judy	generic doctor	Provider	call wife to make sure travel plans understood
3	6/27/2014	Record Review/Status Check	Man	Super	0012	McConnachie, Judy	Generic Doctor3	Provider	Check labs prior to appt
4	6/27/2014	Telephone Contact	Mouse	Minnie	0011	McConnachie, Judy	generic doctor	Provider	call again for xyz
5	6/30/2014	Telephone Contact/Coaching	Mouse	Minnie	0011	McConnachie, Judy	generic doctor	Provider	make sure remembers to bring all meds to appoint
6	6/30/2014	Record Review	Pan	Peter	0011	McConnachie, Judy	Generic Doctor3	Clerk	Confirm consult with prosthetics completed
7	7/31/2014	Record Review	Poppins	Mary	0011	Yang, Jianji	Generic Doctor2	Provider	review patient's Hep C status
8	7/31/2014	Telephone Contact	Poppins	Mary	0011	Yang, Jianji	Generic Doctor2	Clerk	Call patient to review lab results
9	8/21/2014	Radiology Follow-up/Preventative Care	Mouse	Mickey	0011	McConnachie, Judy	generic doctor	Provider	1 year CT due

View Task List by Task

Entering Date Range Manually

Results: HPACT Facility Summary

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Panel Size	133	149	157	170	177	205	805	837	3119	3212	3319	3393
% OEF/OIF/OND	8.27%	9.40%	9.55%	9.41%	9.04%	9.27%	7.70%	7.77%	8.02%	8.34%	8.68%	8.69%
% Women	1.50%	2.68%	4.46%	4.12%	3.95%	5.37%	0.99%	0.96%	0.32%	0.37%	0.33%	0.38%
% > Age 65	18.80%	18.79%	17.83%	21.76%	22.60%	30.24%	19.38%	18.76%	17.86%	17.71%	17.54%	17.77%
Patients Enrolled	25	20	12	43	20	81	619	48	2313	157	161	150
Patients Disenrolled	2	4	27	16	4	67	14	23	64	53	60	115
Disenrollees to HPACT	0	0	9	4	1	45	2	9	17	16	17	34
Disenrollees to PC Team	1	0	3	2	1	7	6	3	13	15	22	19
Disenrollees No Team	1	4	15	10	2	15	6	11	34	22	21	62
Outpatient Visits												
HPACT PCP Visits	19	10	11	0	2	6	91	112	422	531	571	87
Primary Care Visits	261	240	196	343	250	304	620	692	1317	1617	1973	447
ER Visits	58	52	46	57	81	92	81	85	249	322	323	300
Medicine Visits	72	64	55	86	130	198	204	280	888	1000	979	938
Surgery Visits	44	68	49	55	50	72	167	234	736	716	759	816
Mental Health Visits	307	314	340	439	540	1651	1605	1915	5966	6446	6965	8688
Mental Health Visit Detail												
Geropsych	0	0	0	0	0	0	0	0	0	0	0	0
Homeless	197	203	219	277	345	1340	653	712	1851	1929	2014	4376
Mental Health	24	45	41	96	112	194	323	400	1207	1514	1756	1227
MHICH	1	1	0	1	2	3	68	64	408	429	380	410
Psychosocial Rehab	9	9	4	4	9	3	187	201	1082	1005	1034	908
PTSD	7	6	6	1	0	6	51	46	202	222	220	238
Residential Rehab	16	4	8	9	13	37	49	101	252	335	394	376
Substance Abuse	53	46	62	51	59	68	273	390	955	1005	1156	1153
Vocational Rehab	0	0	0	0	0	0	1	1	9	7	11	0
Pre & Post Enrollment Utilization												
Pre 6 Month ED Encounters	261	298	292	277	291	343	347	370	367	363	419	418
Post 6 Month ED Encounters	336	371	318	328	326	381	396	407	412	425	472	457
ED Encounters % Change	28.74%	24.50%	8.90%	18.41%	12.03%	11.08%	14.12%	10.00%	12.26%	17.08%	12.65%	9.33%
Pre 6 Months Inpt Admits	51	52	52	46	46	52	50	59	57	54	55	62
Post 6 Months Inpt Admits	48	49	51	52	56	69	68	70	71	78	89	92
Inpatient Admits % Change	-5.88%	-5.77%	-1.92%	13.04%	21.74%	32.69%	36.00%	18.64%	24.56%	44.44%	61.82%	48.39%

Obstacles

- Veterans:
  - who need a higher level of care and also need substance abuse treatment
  - who have behavioral flags who need residential treatment
- inpatient discharges
- medications mailed out
- appointment phone confirmation
- services limited to veterans with homes
- buy-in from other employees
- employee burnout - lack of training
- limited resources
- transitional/temporary housing - must be medically/psychiatrically stable

Next Steps > Multi-Site Evaluations
(1) Care Management Tracking
(2) Patient-Team Huddle

West Los Angeles Building 402:
"a one-stop shop" for homeless Veterans

With local and national support, we aim to evaluate the patient-team huddle and the care management tracking tools in multi-site intervention studies

THANK YOU!

WLA ED HPACT

424-232-9025

VA GREATER LOS ANGELES HEALTHCARE SYSTEM
A Division of VA Desert Pacific Healthcare Network

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

www.losangeles.va.gov