Building Your Community Care Team

Essentia Health
Ely Clinic

Minnesota Rural Health Conference
June 25, 2012

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Service Area

- Essentia Health – Ely Clinic (Ely Clinic)
  - Sole provider of primary care and specialty outpatient services
- Co-located with Ely Bloomenson Community Hospital (EBCH)
  - a non-affiliated critical access hospital
- Service Area = 6 communities, 7 townships
  - 12,214 residents + 15,000 seasonal residents
- Closest tertiary care facility is 50 miles away
  - Virginia Regional medical Center in Virginia, MN

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The Nature of Ely Clinic

- Professional, live here because we want to live here
- Community of limited resources
- In a position to do something (or at least try)
  - Community Health Council
- Have been a clinic of “firsts”
  - Anticoagulation
  - Electronic Health Record
  - Integrated Behavioral Health with Coordination
  - Primary Care Redesign (Phoenix Group)
  - Telemedicine (behavioral health)
  - DIAMOND
  - Current Primary Care Redesign Pilot Site

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Origins of Ely CCT

- Minnesota Department of Health facilitated several meetings focused on coordinating care for students with behavioral health concerns.
- Desire to coordinate care to maximize services, address gaps and meet overall patient needs.
- Strong commitment from all participants to create a care delivery model that would improve care for children/youth and their families who are experiencing mental health/behavioral problems.
- The Community Care Team stems from the groundwork laid in those meetings.

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CCT Timeline

- August 2009: Center Rural Mental Health Studies and Jean Larson (MDH) discussed needs of expanded mental health service for youth in Ely
- November 2009-May 2011: Meeting of mental health providers, school, clinic assessed needs and services, develop strategies
- March 2010—Wrote DHS grant, did not receive
- June 2011—Awarded MDH Community Care Teams grant.

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Project Components

1. **Build a Community Care Team**
2. **Increase Care Coordination**
3. **Increase Outpatient Mental Health Services**

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CCT Timeline

- July 2011—Two CCT members attended NASHP meeting in Vermont focusing on CCTs around the country, especially VT and NC
- September 2011—Care Team Leader hired
- Fall 2011—Team Leader met with individual agency administrators of large, complex organizations
- November 2011—Mental Health Resource Director hired to develop capacity of Mental Health Clubhouse

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CCT Timeline

- December 2012—CCT Administrative Collaborative met to lay foundation for CCT
  - First initiative identified: need for multi-agency ROI
- January 2012—Added Hospital and Nursing Home to CCT
- January 2012—RN Care Coordinators added to clinic
- Jan-March 2012—Administrative Collaborative met monthly
  - Created vision
  - Approved Shared ROI
  - Developed systems bilateral communication
  - Created Agency Services Database

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Original Focus

Youth And Adults With Behavioral Health Needs

Revised Focus

General Population

By adding a few more organizations to our process, the Community Care Team could meet the overall wellness needs in the area, not just the behavioral health population.

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Initial CCT Composition

- 2 School Districts
- 2 Mental Health Service Providers
- County HHS
- Primary Care Clinic
- Hospital—added in January
- Nursing Home—added in January
- 3 Community and Family Partners
- Jean Larson
- Care Team Leader

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Vision

- Adequate resources are available to citizens when needed to help them with their physical health, mental health and psychosocial challenges.

- Professionals in health, education, and public service are trained in recognizing when someone is confronted with such challenges and are prepared to provide an appropriate response in giving assistance.

- Patients and their supporters have the tools and resources to help them be a partner in meeting their wellness, treatment and recovery goals.

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CCT Timeline

- March 2012—First Direct Service meeting
  - The “Real” Community Care Team
  - Included expanded list or area service providers
  - Initial meeting had powerful feeling that “We’re all in this together”
  - 10 organizations, 17 individuals + family partners
- April-May 2012—CCT Grows & Develops
  - 17 Agencies
  - Approximately 40 individuals, plus family partners
- May 2012—Breakfast Organization Sharing
- June 2012—CCT Strategic Planning Session

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Ely Area Community Care Team

- Essentia Health-Ely & Babbitt Clinics
- Community Hospital
- Nursing Home
- 2 Mental Health Agencies
- 2 School Districts
- County Public Health & Human Services
- 2 Community/Family Members
- Free Clinic
- Parish Nurse
- Community College
- Mental Health Clubhouse
- Head Start
- Hospice & Palliative Care
- Local youth & Family Non-profit
- Local Respite/Caregiver Support Nonprofit
- Food Shelf

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Agency Representatives Include:

- Nurse Care Coordinator
- Registered Nurse
- Nurse Practitioner
- Social Worker
- Admissions Director
- Therapist
- ADAPT Counselor
- Family Advocate
- Teacher

- Dean of Students
- School Counselor
- Public Health Nurse
- County Social Worker
- Parish Nurse
- Non-profit Executive Director
- Food Shelf Coordinator
- Family Advocate
- Non-profit Direct Service Staff

**Community & Family Partners

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Future CCT Agencies

- Niche Services
- Group Homes
- Dentistry
- Alternative Wellness Practitioners
- ?

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CCT Structure

- Still Evolving
- Monthly Meetings May Include Opportunities to:
  - Network
  - Learn About Other Services
  - Case Management
  - Address Specific Concerns
  - Work Together on a Project
  - Develop Tools and Systems for Collaboration

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CCT Care Coordination Timeline

- January –March 2012 Develop Care Coordination Forms and Systems
  - Strengths-based intake
  - Care Plan
  - Crisis Prevention Plan
- March 2012—Request Patient recommendations from partner agencies
- March 2012—Pilot Community-based Care Coordination by clinic RNs with special emphasis on youth
- April Ely Clinic HCH site visit
- May 2012—Pilot Community-based Care Coordination by partner agencies

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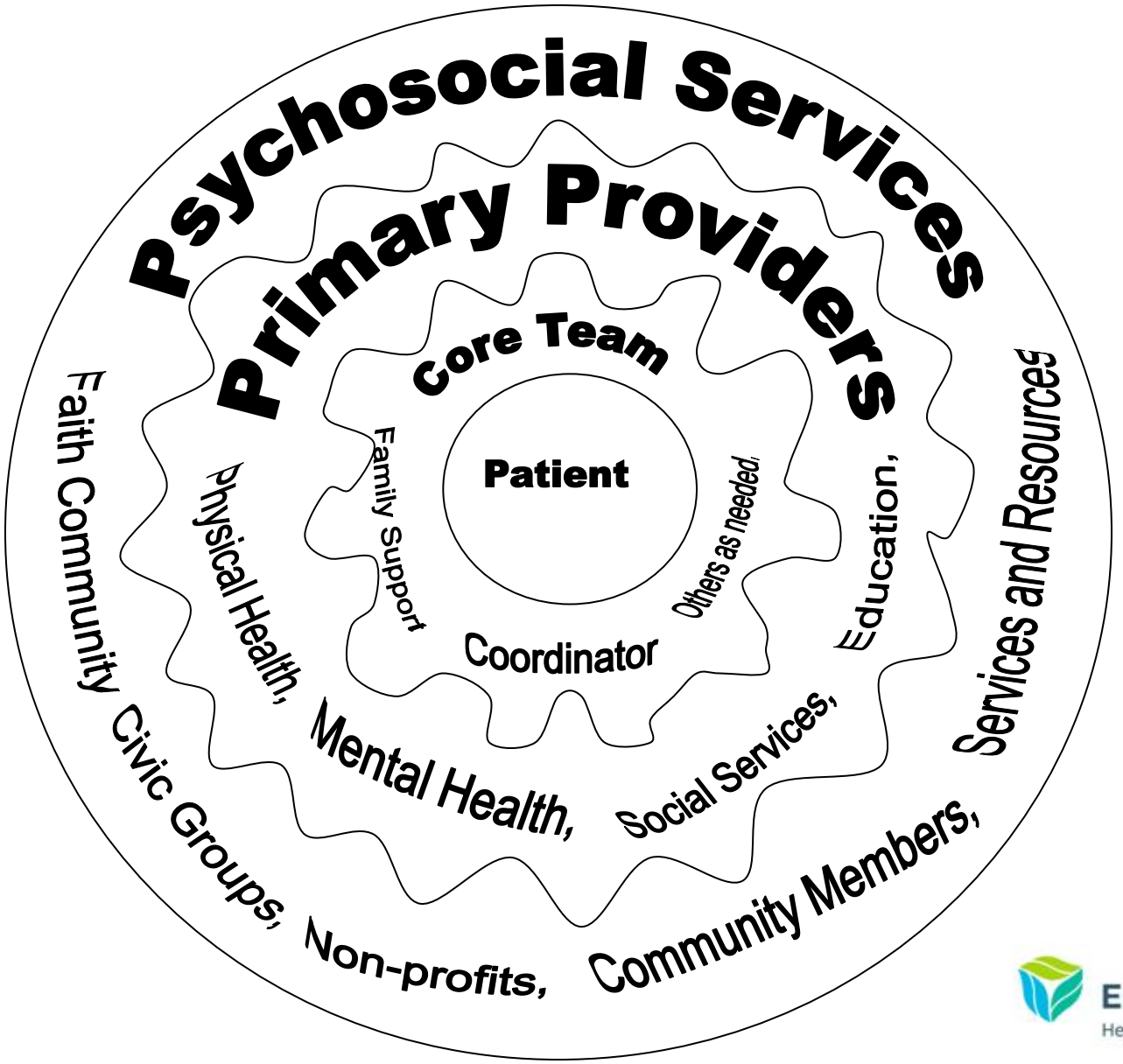

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CCT Model In Action

- Warm Handoffs
- Holistic View of Individuals
- Strong Community/ Provider Network
- Emphasizes Strengths of Each Service
- Fills in the Gaps
- Supports the Individual and Family

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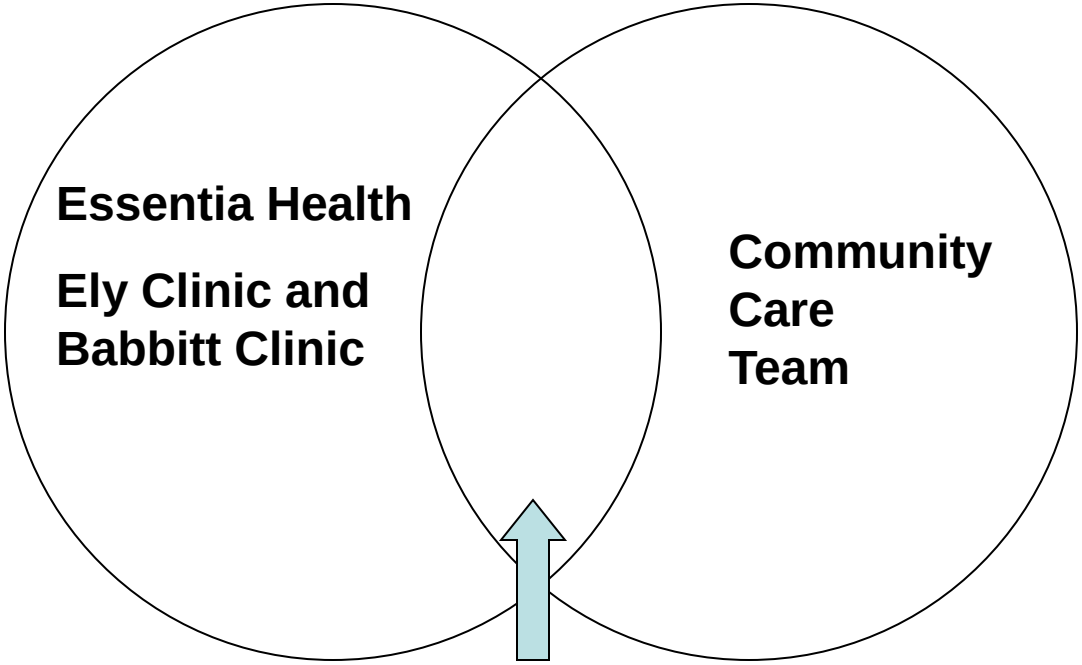
Ely Clinic's Internal Model



<u>Care Coordination Team</u>

- RN Care Coordination
- *Community Health Worker*
- *Behavioral Health Specialist*

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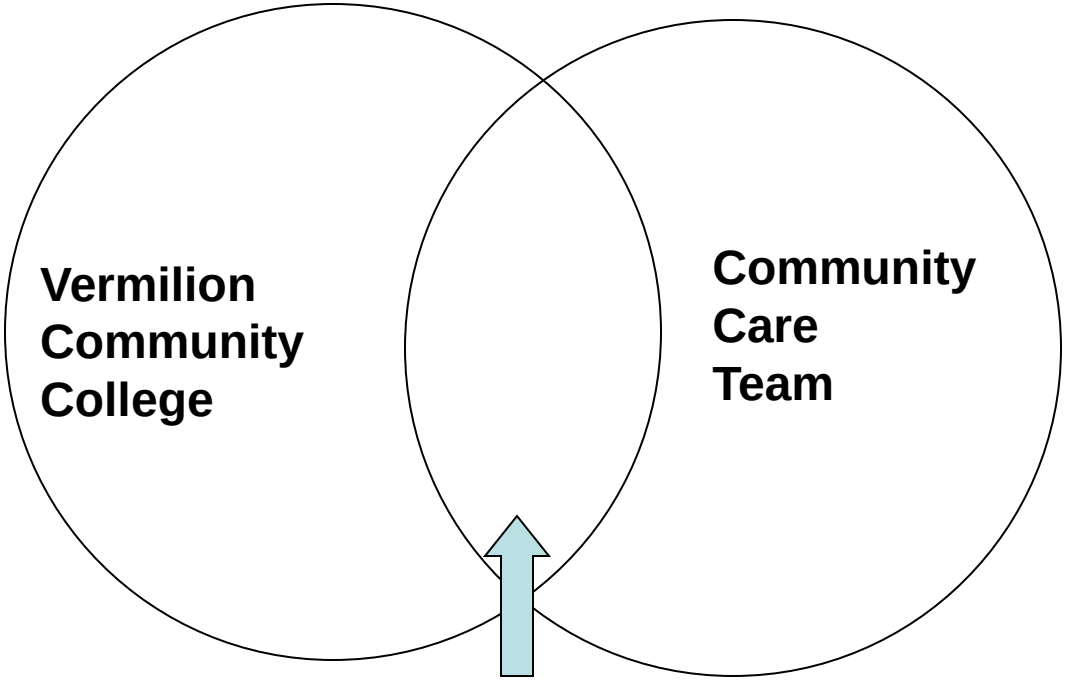
Example of Other Potential Internal Models



Care Coordination Team

- Student Support Services Staff

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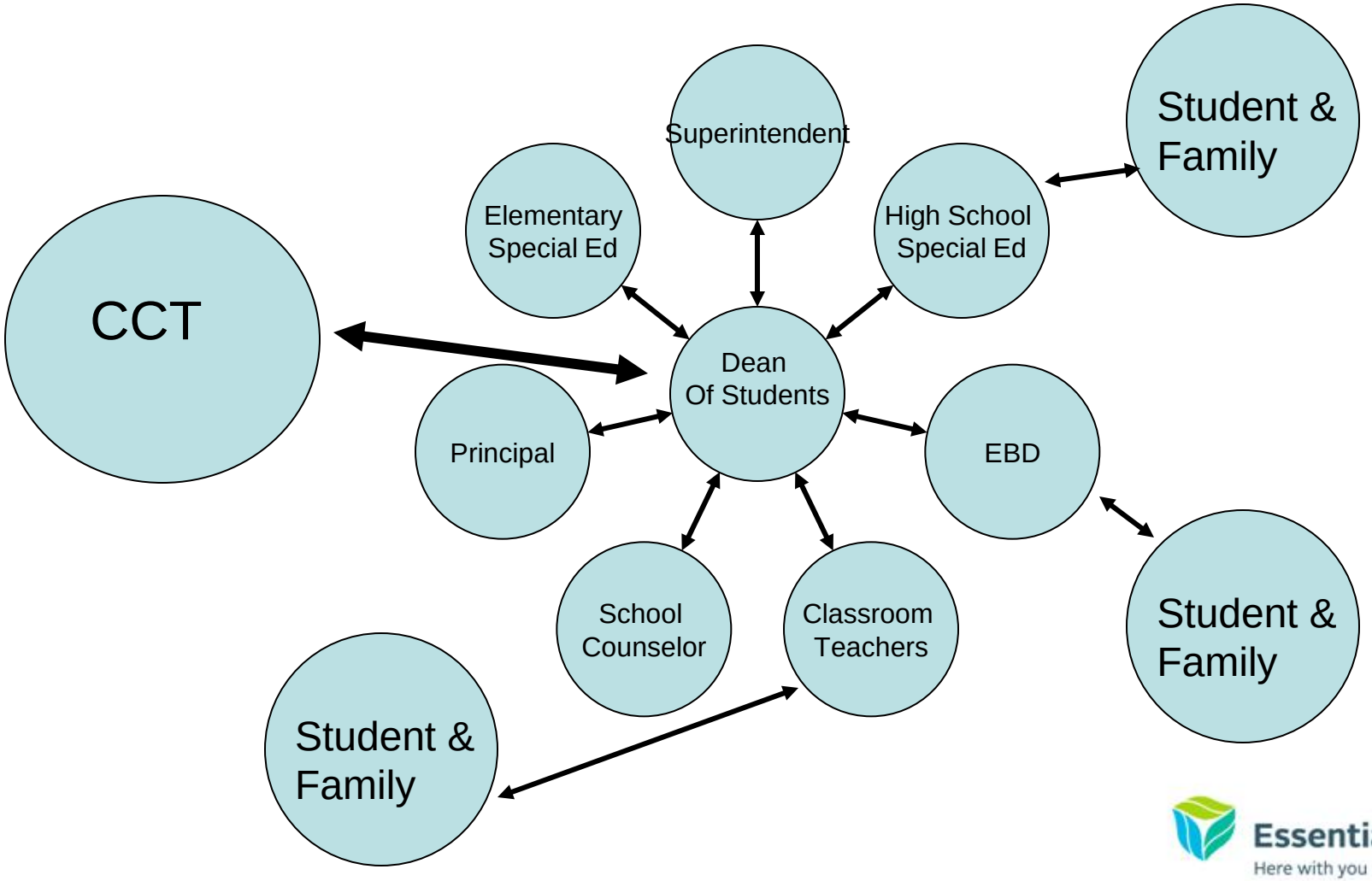
Example of Other Potential Internal Models



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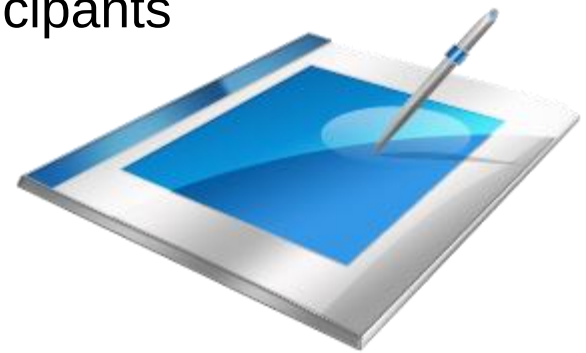
Process and Outcome Evaluation: Overall Project and Pilot

PROCESS EVALUATION

- Accomplishment of activities
- Data collection
  - Activity logs
  - Interviews with staff
  - Numbers of participants



OUTCOME EVALUATION

- Social Network Analysis
  - Care Coordination Team Administrators
  - Care Coordination team Front Line Staff
- Model for Improved Health Outcomes
- Satisfaction with the Model
- Change in Levels of Wellbeing

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Successes

- Shared Vision
- Multi-agency Release of Information Form
  - Facilitates continuity of care among CCT agencies
- Agency Services Directory
  - created to facilitate referral needs of service providers
- Increased Communication and Understanding
  - Began w/ administrators of large, complex providers
- Direct Service Staff Recognizing We’re In This Together
- Direct Service Staff Beginning To Look Beyond Their Own Niche When Needs Arise
- Created Bilateral Systems For Communication/Work Between CCT Agencies
- Supporting New Non-profit That Fills Large Gap

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Successes

- Care Coordination Model that emphasizes use of the Community Care Team
- Care Coordination Tools and Systems that can be used by any CCT Service Provider

  ex: Crisis Prevention Plan

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Challenges

- Startup time from when grant awarded longer than anticipated
- Community Care Team needs it’s own Care Coordinator
- The need for service is urgent, but we have kept our focus on appropriate, sustainable development
- Previous experiences with collaborations have been mixed and affect willingness to try again
- Finding a common meeting time/ getting commitment to clear schedules

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Lessons Learned

- Support and Foundation by Administrators is Critical
- Direct Service Staff are Excited by Potential
- Even With Full Buy-in, Paradigm Shift Takes Time
- Building Relationships is Key
- Start with a Team Leader with Social Capital
- Planning with Many Partners Is Much More Challenging And Time-consuming Than Doing It Alone—Remember The Outcome

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Needs for Sustainability

Sustainable Funding Sources

- Health Payment Reform To Support Care Coordination And Community Care Teams For All Patients Who Need And Will Benefit From It
- Care Team Needs A Team Leader
- Implementation Opportunities (Startup Takes 3-5 Years)

Show Benefit To Community Care Team Participation

- Improve Patient Outcomes
- Decrease Each Organization's Cost
- Make Their Providers' Work Easier & More Successful

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Financing the CCT

- Care Coordination is a billable service under HCH certification, but difficult to make sustaining
- Exploring Community Health Worker Role
- Team Leader position critical but currently not billable
- Grants are how we got started
- Under ACO savings from CCT may fully justify cost
- CCT does not have to be housed in medical system—could be in other agency or its own non-profit

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Anticipated Outcomes

- Improved Patient Health/Wellness
- Greater Patient Engagement in their Health and Wellness
- Prevent Recurring Family and Individual Crises
- Reduced Long-term Costs
- Reduced Usage of Financially-Intensive Services (Emergency Department, Skilled Nursing)
- Identify and Address Gaps in Services
- Eliminate Duplication of Services

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Consent to Release and Exchange Personal Information Between Your Care Team Agencies

1. Purpose of the exchange of information: Coordination of your care
This release will permit the individuals and agencies you choose, to work together in a confidential, professional manner to meet your wellness needs.

2. Your basic information:

Name First MI Last AKA	**Date of Birth**
Address	

3. Type of information to be exchanged as it pertains to helping the team assist in your wellness:
Cross out and initial any item if you do not give this permission:

- **History and Physical**
- **Diagnoses**
- **Medications**
- **Progress Notes**
- **Care Plan or Treatment Plan**
- **School IEP & Assessments**
- **Immunizations**
- **HIV/Aids testing**
- **Emergency and Urgent Care Reports**
- **Discharge/Treatment Summary**
- **Mental and Chemical Health Diagnoses, Treatment Plan, Treatment Summary, Diagnostic Assessment and Medications**

4. Identify which of the following agencies and/or individuals are important in coordinating your care and give them permission to collaborate on your care by sharing information as noted above (Check the members to whom you'd like to give permission):

	Boundary Waters Care Center			Northwoods Hospice Respite Partners
	Center for Rural Mental Health Studies			Project Care Free Clinic
	Ely Bloomenson Community Hospital			Range Mental Health Center
	Ely Community Resource			St. Louis County Public Health & Human Services
	Essentia Health-Ely Clinic			St. Mary's Hospice and Palliative Care
	ISD 696			Northern Lights Clubhouse
	ISD 2142			Vermilion Community College
	Other:			Other:

5. When you sign this form it shows that you understand the following:

- You are giving permission for the written and/or verbal release and exchange of your personal information as indicated in section 3, between those named in section 4.
- No one will deny you help if you do not want us to share your personal information
- If you allow the release and exchange of information, this consent will expire in one year and/or you may cancel this consent at any time in writing to any agency listed above.
- If you submit a request to stop sharing your information, the request does not apply to information already shared before the time of your request.
- We shall release your information to protect the health/safety of you and/or others when required by law.
- Information released by an agency is no longer controlled by that agency and could be re-disclosed if it is no longer protected by federal or state privacy laws.

Signature		Date
Legal Representative Signature	Print Name/Relationship	Date

Created by Essentia Health—Ely Clinic Community Care Team Leader Heidi Favet heidi.favet@essentiahealth.org

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Questions?

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