Building Community Care Teams

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Introduction to MN Community Care Teams: Why?

- Community Care Teams build on the development of Health Care Homes (HCH) – a focus of clinical system redesign in primary care
- For a fully functioning system of care in the community, it is essential that the services and programs outside the traditional health system be connected to and coordinated with the health services
- Most healthcare systems do not partner effectively with community resources leading to underutilization of community services and fragmentation of care
- Successful management support involves effective partnerships with community service organizations
- Integrated community care teams are an essential element of primary care redesign

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MN Community Care Team RFP

Planning Grant to Learn How to Develop Integrated Community Care Teams

- Timeline: One year planning grant. HCH Capacity Building dollars, Health Access Fund
- Develops community care team structure with formalized patient/family, community and healthcare provider collaboration
- Identify and understand key implementation elements and barriers
- Develop a dissemination plan
- Develop a sustainability plan
- Evaluates implementation steps and community partnerships

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Definition of a Community Care Team: Accountable for a Population

- Builds on community foundation such as local public health, social services, mental health, primary care and other services
- Forms community infrastructure with population-based representatives and meets on a regular basis
- Develops local oversight structure that emphasizes enhanced communication and decision making
- Defines a care implementation team that provides direct service support
- Develops transitional approach to care delivery systems, such as community referrals, hospitals, Long Term Care, mental health
- Focuses on prevention

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MN Community Care Team Grantees

- Essentia Health – Ely Clinic and Community - *Focus started on pediatric mental health, soon extended to broader population with community partnerships*
- HCMC, Brooklyn Park/Brooklyn Center Clinics and Community - *Focus is on diverse population in two Minneapolis suburbs. Population and community assessment completed, focus on diabetes and community / parish linkages*
- Rochester Mayo, Employee & Community Health Clinic and Community - *Wrap Around Team approach, focusing on the development of the core team structures for senior's population*

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Implementation Details:

- Each CCT started with defining their population
- All CCT's worked closely with care coordinators in HCH
- Each CCT implemented a core operations team and a broader CCT Community / Provider Team
- Each CCT used the ***Partnership Self-Assessment Tool*** created by the Center for the Advancement of Collaborative Strategies in Health
- Understand how collaboration works and what it means to create a successful collaborative process
- Assess how well the collaborative process is working
- Identify ways to make the collaborative process work better

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