Hartsfield Health Systems
Consulting

Cross Sector Care Coordination Training

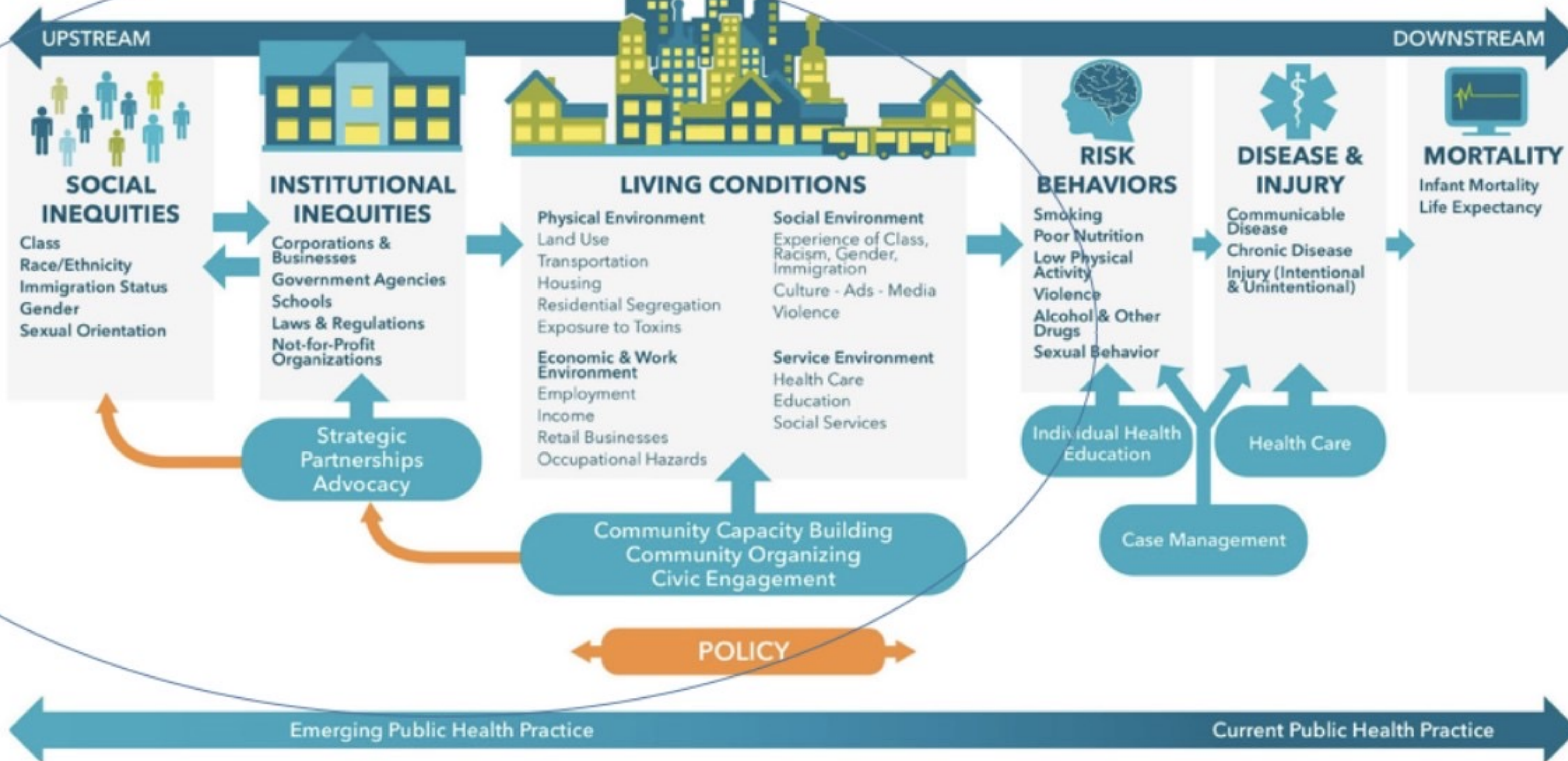
PATH COLLABORATION, PLANNING AND IMPLEMENTATION

February 15th, 2023

Objectives

1. Learn how coordinated, cross-sector care coordination reduces barriers to health care access and can address the social determinants of health.
2. Understand the facilitators and barriers to high-functioning cross-sector care.
3. Identify strategies and tools for efficient team-based care.
4. List strategies to improve care at a regional level.

Getting to Cross Sector Teaming



(2015). Barhii.org. https://www.barhii.org/enlarged-framework

Cross Sector Care Coordination in Population Health Management

APM Design	Payer-Provider Collaboration	Person-Centered Care
Payment Structure & Financial Risk	Collaboration on APM Design & Provider Engagement	Patient Engagement
Benchmarking & Utilization	Data Sharing & Analytics	Health Equity
Quality Measurement	Care Management Support	
Patient Attribution	Leadership & Organizational Culture	Benefit Design
Multi-Payer Alignment		
DESIGN	IMPLEMENTATION	

Key Components for another day:

- Shared Data Systems Infrastructure
- Payment and Billing Efficiencies

Poll: Getting to know our population

Building an Effective Team

Benefits of Interdisciplinary Care Teams

Enhanced Access to Care

Improved quality, safety, and reliability of care

Enhanced health and functioning in those with chronic conditions

More cost-effective care

Improved client experience

Reduced provider burnout

Team-Based Care: (2019). Ihi.org. https://www.ihi.org/communities/blogs/team-based-care-optimizing-primary-care-for-patients-and-providers-

DREXLER/SIBBET

Team Performance Model®

ORIENTATION
1.
WHY am I here?

1–Resolved
- Purpose
- Team identity
- Membership

1–Unresolved
- Disorientation
- Uncertainty
- Fear

TRUST BUILDING
2.
WHO are you?

2–Resolved
- Mutual regard
- Forthrightness
- Reliability

2–Unresolved
- Caution
- Mistrust
- Facade

GOAL CLARIFICATION
3.
WHAT are we doing?

3–Resolved
- Explicit assumptions
- Clear, integrated goals
- Shared vision

3–Unresolved
- Apathy
- Skepticism
- Irrelevant competition

COMMITMENT
4.
HOW will we do it?

4–Resolved
- Assigned roles
- Allocated resources
- Decisions made

4–Unresolved
- Dependence
- Resistance

IMPLEMENTATION
5.
WHO, does WHAT, WHEN, WHERE?

5–Resolved
- Clear processes
- Alignment
- Disciplined execution

5–Unresolved
- Conflict/confusion
- Nonalignment
- Missed deadlines

HIGH PERFORMANCE
6.
WOW!

6–Resolved
- Spontaneous interaction
- Synergy
- Surpassing results

6–Unresolved
- Overload
- Disharmony

RENEWAL
7.
WHY continue?

7–Resolved
- Recognition & celebration
- Change mastery
- Staying power

7–Unresolved
- Boredom
- Burnout

CREATING

SUSTAINING

A model for team-based organization performance | Academy of Management Perspectives. (2023). Academy of Management Perspectives.
https://journals.aom.org/doi/abs/10.5465/ame.1999.2210313 Model Diagram at https://www.thegrove.com/grove-tools

What's In a Name?

Provider	Client
Care Manager	Patient
Case Manager	Member
Care Coordinator	Resident
Service Coordinator	Customer
Social Worker	Person

Core Components of Team Members

- Open to change
- Define a shared purpose
- Clear roles and responsibilities
- Consistent and reliable: Trust
- Communicates

People First - Meet Maria

- Lives in San Rafael, CA in HUD Affordable Housing
- 57 years old
- Receives SSDI as her main income source
- Lives with her mother, Clara, who is 83 and frail.
- Easy going person, drives and pretty independent.
- Wears portable oxygen most days.

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Why Maria?

1. What 3 things would you most like to know from Maria?

2. Why do you think that Maria is on the MIF list as a complex patient?

Build From Where You Are

Who are the most frequent partners working with complex populations?

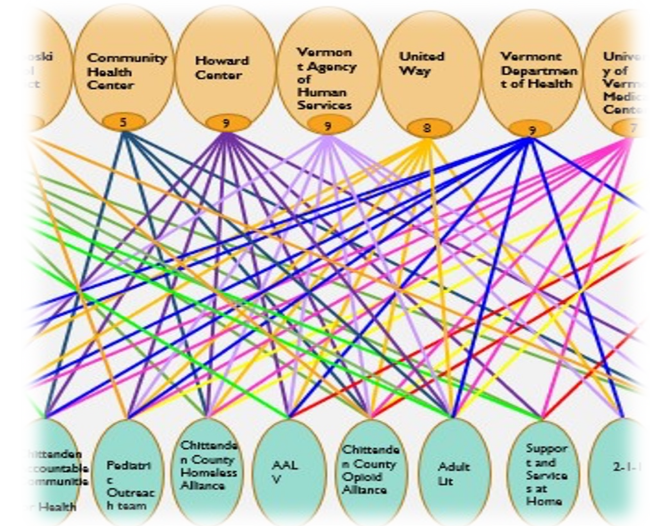
Who is missing?

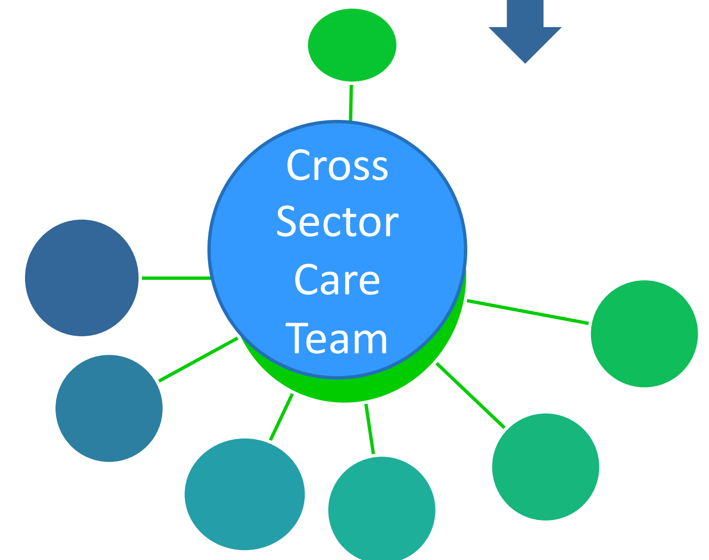
What does the data tell you?

Who is the right person in the organization?

Is it the person coming to meetings?

What are the existing collaboratives in your region?





Workflow Development

DEVELOP A SHARED PROTOCOL

- Where is a feasible intersection of everyone’s systems?
- Consistency: Ad Hoc is always more time consuming.
- Address cultural competency / cross sector understanding ground rules up front.

ACKNOWLEDGE SECTOR BARRIERS

- Where do team members have flexibility?
- Where are things out of their control?
- How can you support each other’s pain points?
- Our systems may move more slowly than client needs.

Sharing Client Lists

HIPAA permits health care providers to disclose to other health providers any protected health information (PHI) contained in the medical record about an individual for treatment, case management, and coordination of care and, with few exceptions, treats mental health information the same as other health information.

45 CFR 164.501 *Guidance: Treatment, Payment, and Health Care Operations*. HHS.gov

Working Together - Maria

- Maria has lived with her mom most of her life except for when she lived with a friend for a few years in her 20’s.
- She is a fabric artist and enjoys working with her hands.
- Highlight of her days are when she volunteers at the local elementary school teaching art. She does not want her health to jeopardize this.
- Strong family history of cancer.
- She takes more than 10 medications and over the counter pills.
- She struggles from a lifetime of multiple chronic conditions.
- Of all her conditions, the Lymphedema in her legs causes the most disruption to living her life and creates a lot of distress.
- Her screenings indicate moderate nutritional risk, and high BMI.

Set SMARTER Goals:

Specific, Measurable, Attainable, Relevant, Timely, Exciting, Resources

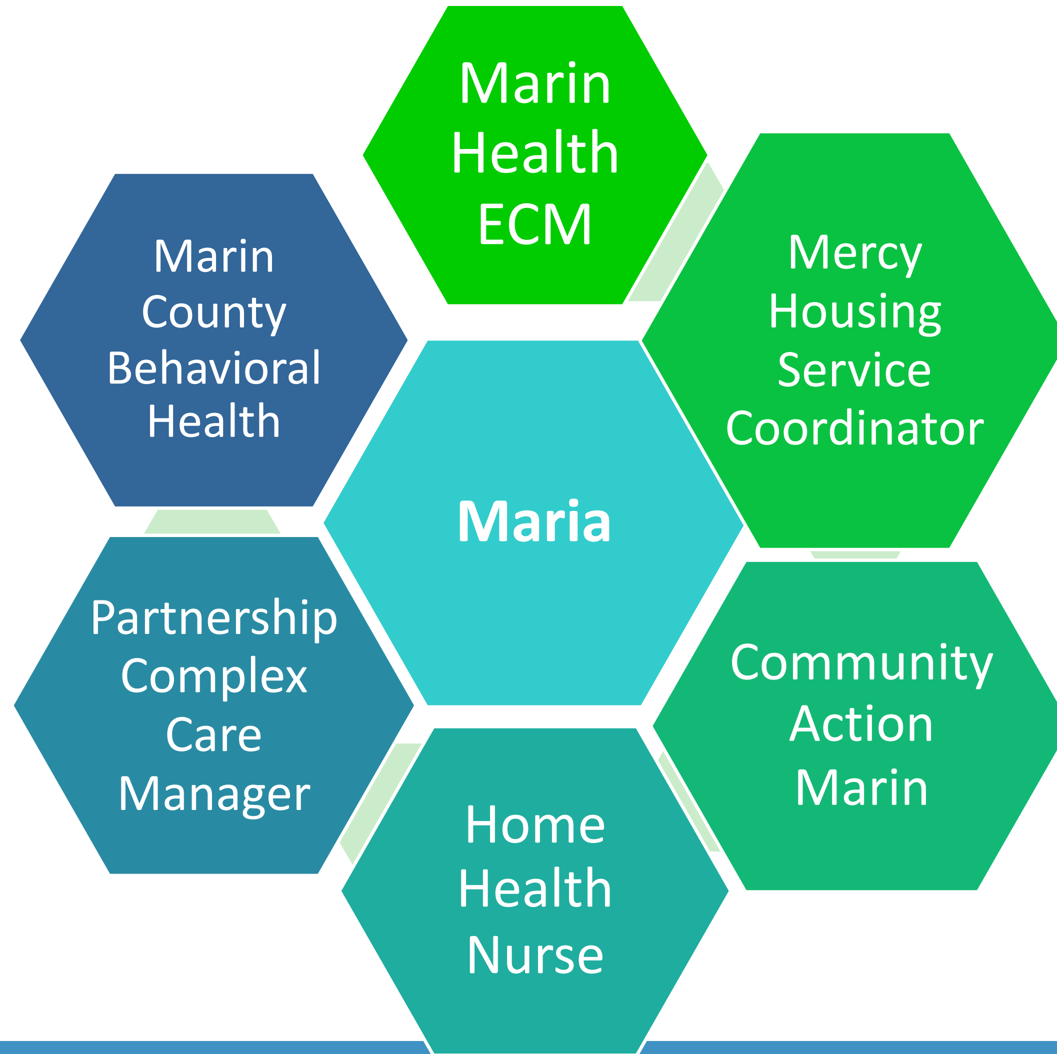
Specific	• *State exactly what you want to be able to do*
Measurable	• *Quantify exactly what you're going to achieve.*
Attainable	• *Is this goal reasonable enough to be accomplished? Make sure the goal is not out of reach.*
Relevant	• *Does it fit with the rest of your goals and is it a worthwhile task to pursue?*
Timely	• *When will goal be completed? Goals are more likely to be achieved if there is a time-frame tied to the goal.*
Exciting	• *Do things which really compel you and to which you're truly committed.*
Resources	• *What support do you need to increase the likelihood that you will meet your goal?*

What's Important TO Maria

Mobility: Maria's mother has been wrapping her legs so she can walk each day, but she is becoming unable to do so. Maria wants to keep getting leg wraps so she can maintain her functionality.

Art Volunteering: This activity is what helps Maria wake up each day and keep going. It brings her joy. She fears that without daily leg wraps, or with other health failures, she will not be able to continue.

Team Based Planning – A Negotiation



This diagram shows how an integrated care team can work to avoid duplication.

Consider the following 3 items when determining roles and responsibilities:

1. Task expertise /knowledge
2. Relationship to participant
3. Capacity to complete task in a timely manner

Leave with a plan

WHAT

- Will keep Maria out of the ED and hospital?
- Will keep her spirits up?
- Are the first steps?
- Who on the team can support and empower for which pieces?

HOW

- Focus on specific tasks
- Involve the whole team, discuss
- Find the hidden gems
- Who on the team can support and empower for which pieces?
- Make sure the outcome **includes an agreement about future actions**

Breakout Session

With your “Cross Sector Team” in the breakout team. Brainstorm some ways to meet help support Maria in meeting her two goals.

A description of Maria’s information and her goals will be waiting for you in the breakout room.

There is No Right Answer.

Possibilities

"Flexibility is the key: explore bold ideas, listen, see what solutions are possible."

(Roberson et al., 2021, *JAMA Oncology*, *7*(4), 630. https://doi.org/10.1001/jamaoncol.2020.7891)

Plan In Action

Talked to primary care. She did qualify for outpatient Home Health PT As an outpatient in PT, she learned how to wrap her legs herself!

Marin Health ECM

Marin County Behavioral Health

Mercy Housing Service Coordinator

Maria

Partnership Complex Care Manager

Community Action Marin

Home Health Nurse

Explored private pay caregiver for leg wrappings

Not feasible financially - $300-$600 monthly.

Applied for LTSS Medi-Cal Waiver….***He did not meet eligibility criteria.***

Explored skilled nursing referral…***Services declined. Maria was not homebound and leg wrapping is considered maintenance.***

Possibilities

Maria had never been instructed on how to wrap her legs alone. She did not believe it was possible to do it herself. With encouragement, she now continues to manage her lymphedema and volunteer at the school.

Maria was told at the ER if she did not move into a nursing home once her mother was gone, she would end up with an amputated lower leg.

Lymphedema-related hospitalizations between January 1, 2012, and December 31, 2017, resulted in more than $1 billion of reimbursed costs in the US healthcare system.

(Roberson et al., 2021, *JAMA Oncology*, *7*(4), 630. https://doi.org/10.1001/jamaoncol.2020.7891)

Wellness Planning for All

Individual Planning

Test Member

Sex	Male
Pronouns	He/Him/His
DOB	31 Oct 1893
Email	Test.Member@Test.com
Primary Language	Norwegian Nynorsk; Nynorsk, Norwegian
Mobile Phone	(472) 555-0000
Home A	
Insuran	

Phys

Proble

Durab

Numb

Psychosocial Needs

Mental Health Screening:

- PHQ9 Score:

Substance Use I

- AUDIT C+ Score:

Trauma History:

Safety:

Support System

Housing Status:

Income Status:

Future Appointments

Referrals

Medical Provider (if no visit in the last 60 days):

Oral Health:

Mental Health:

Substance Use:

Other:

GOAL

Client Goals

Status	Not started
Due Date	

Care Contacts

Family / Caregiver

Name	Role	Contact information
Test Member	Patient	(472) 555-0000 (mobile) Test.Member@Test.com 1313 Mockingbird Ln Kristiania, CA 99999

Clinical / Community

Name	Role	Contact information
Sample Provider	Housing Case Manager	(707) 555-0000 (work) (707) 555-0000 (mobile)

Team Planning

February Team Meeting

Meeting Summary

Report Date	Care Coordination Team	Prepared By
2.15.23	Review ECM patients	

Status Summary

Reviewed priority individuals from this month's MIF list. The majority of folks are stable from last month. The group agreed that Maria was the top priority due to her mother's recent hospice admission.

Priority Individuals

Identifier	Status	Next Step	Person Responsible	By When
Maria	In Progress			

Team Updates / Actions

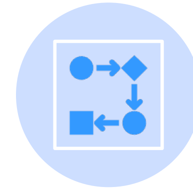
Item	Status	Next Step	Person	Due Date
Round 2 PATH CITED funding window.	What date in February do the applications open?	Stefani has contact at DHCS to ask.	Stefani	2/21/23
Round 2 PATH CITED funding window.	Can we apply as a team?	Sue will ask PHC if they know with 1st round.	Sue	2/21/23

Bringing it all Together

Take a moment and recognize the broader context.

Build the team. Connect the connectors. Who is not there?

Trust, safety, and communication.



Create a process, ensure agreement, and be willing to revisit.

Flexibility, openness, and negotiation.

Leave with a defined action plan.

Resources

- PHIL PATH Collaborative and Implementation Site
- Partnership Health CalAIM Resources and Trainings
- CMS Care Coordination Toolkit on Complex Care Interventions
- COACH Framework for working with Complex individuals
- Motivational Interviewing Network of Trainers
- Building practices to improve health equity
  - Health Leads
  - Centering Racial Equity Toolkit
- Home Modification Toolkit
- Early Interventions for Psychosis: First Episodes and High Risk Populations

Questions

Hartsfield Health Systems
Consulting

Thank You!

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