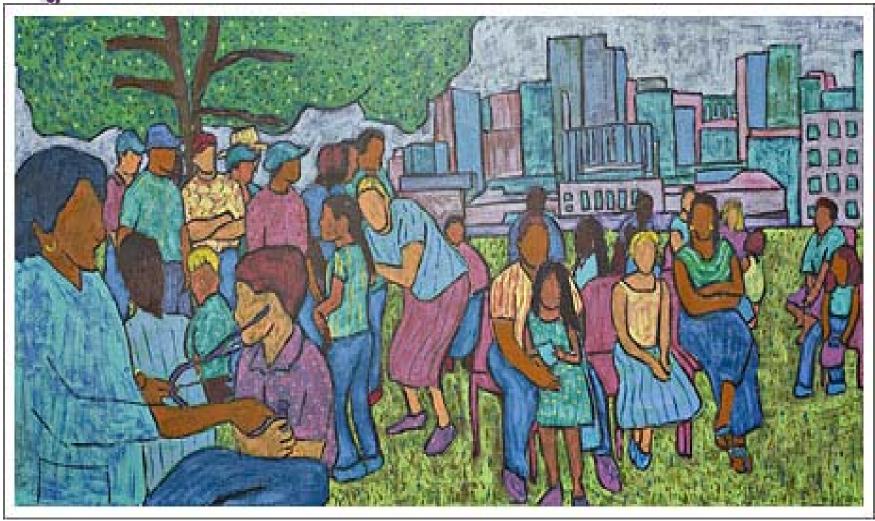
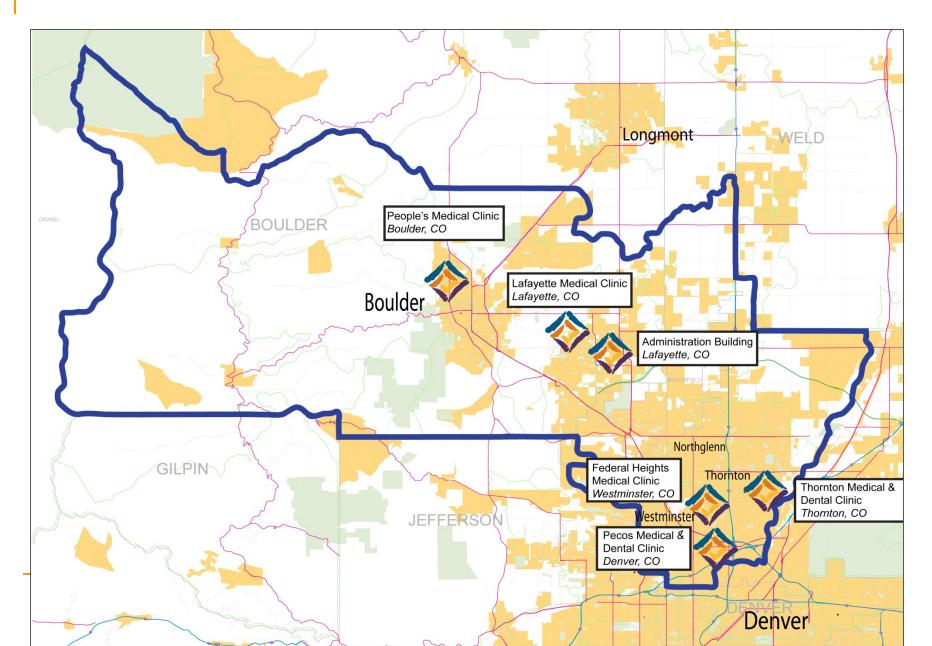
\diamond

Clinica Family Health Services



Health Care for the Community

Clinica FHS Service Area and Locations



Clinica's Patient Demographics 40,962 patients in 2012 205,293 visits

45 Medical Clinicians, 6 Dental, 13 Behavioral Hlth

- 44% 18 and younger
- 26% women of child-bearing age (20-44 yrs)
- 3,027 pregnant women & 1,592 deliveries in 2011
- 3% over the age of 65
- 97% patients living at or below twice the poverty level
- 71% below poverty



Clinica's Patients' Payers

- 43% Uninsured and low income Most < Pov</p>
- 44% Medicaid
- 6% State Child Health Plan
- 4% Medicare
- 3% Privately Insured



Key PCMH Initiatives (The Big 6)

- To improve patient centered-population based management.
- **#1 Continuity**
- **#2 Access**
- #3 Improved care delivery model
- **#4 Improved office efficiency**
- **#5 Improved IS design**
- #6 Patient activation and self-management



#1 Continuity of Care

- Everyone assigned a PCP/Pod team
- Measure continuity every three months
- Measure panel size and manage un-assigned every month



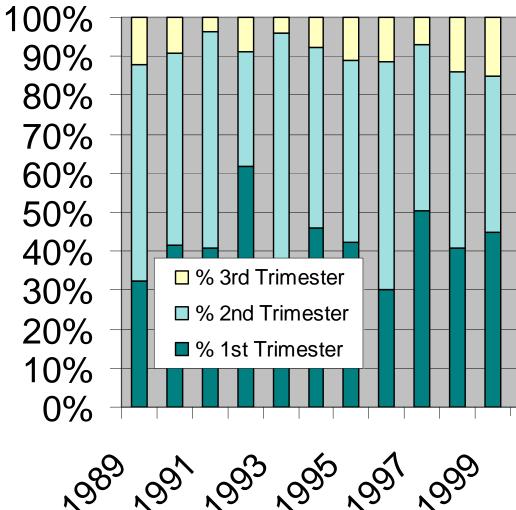
Why it matters?

- Data shows that improved continuity results in:
 - Fewer visits to the emergency room
 - Improved patient satisfaction
 - Improved rates of preventive services completion (pap, mammograms, vaccinations)



#2 Access to Care – Advanced Access

TRIMESTER AT ENTRY FOR PRENATAL CARE





#3 Care Model - Group Visits

- Facilitated group process for patient activation
- •Care setting in space designed for groups
- Patients invited on basis of chronic disease history and utilization patterns
- •The goal is patient activation
- Patients remain in same group for continuity



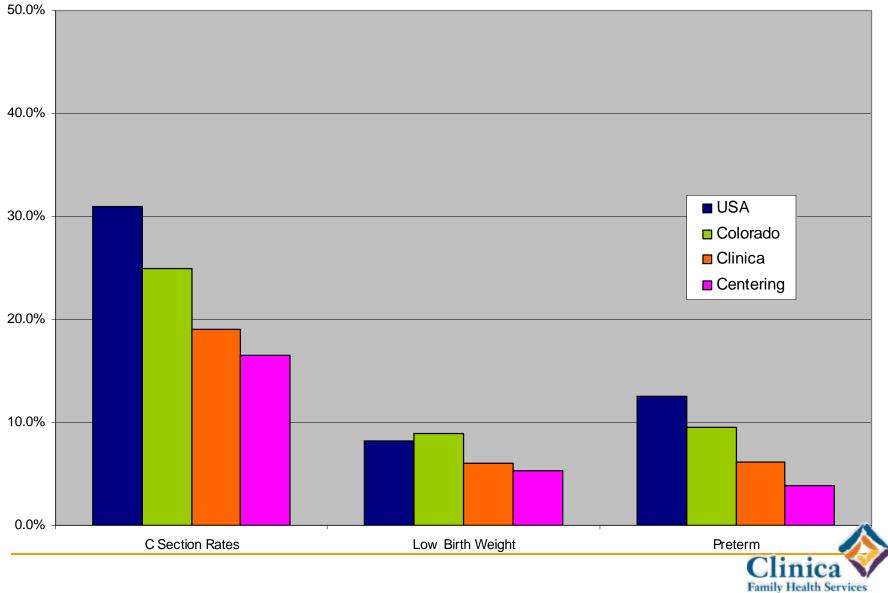


Teen Parent group





Improving Pregnancy Outcomes:



#4 Efficiency - Team Based Care

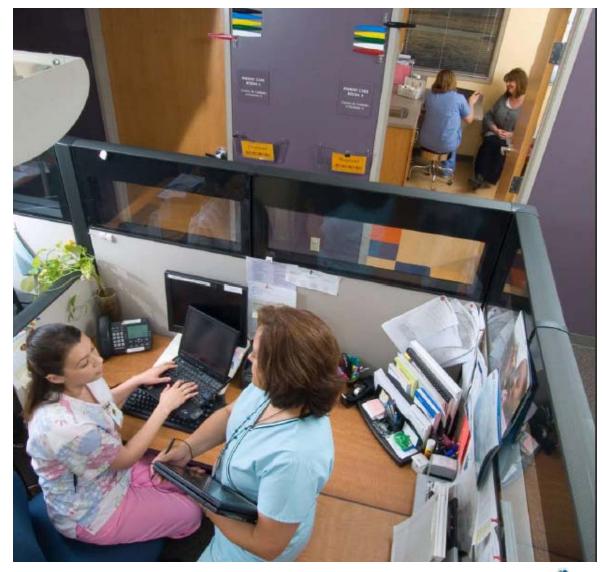
3 FTEs of Provider
3 FTEs of Medical Assistant
1 Nurse Team Manager
1 Behavioral Health Professional
2 Front Desk
1 Medical Records
½ Referral Case Manager
Dental Hygienist Tilmaleta Samuine

Care Planner for Huddles

Person Nbr	Patient Name	Provider	Phone Number		Age	Last Visit	Next	Appt
			(He	ome)	40	08/24/2011 Alp	11:40 Alper Appt 10:00	on 09/08/2011 at) am for PM with , Amy on 09/22/2011 at) am for PM with , Amy
Alerts				Vitals				
Past Due -	- Universal SBIRT S	creen		BP 120/7 8/24/2	Sec.	Height 66.0 8/24/2011	Weight 177.2 8/24/2011	BMI 28.60 8/24/2011
Active Me	edications	/	\frown	Activ	e Pro	blem List		
Brand Na SEROQUE NEURONT MS CONT	E 4, IN 6,	/26/2011 /30/2011	Stop Date Onty 4/26/2012 120 4/1/2012 270 9/24/2011 90	Date 4/7/2	011	DX Code 296.42 724.2 278.0	DX Desc Bipolar 1, manic, manic, mani	currently or recent
Labs								
LDL 77 1/7/2010	Creatnine Po 0.95 4.4 1/22/2010 1/2	93						
Self Mana Last SM D 3/3/2011 Tobacco	Date Current Tobacco							
Lasked A			seling Document					
5/19/2011	4/26/2011	Tobac	co Flowsheet					



#5 Information Technology





Patient Centered Registry

Planned Care Registry Outreach

Print Date: 5/10/2012

< / ∃

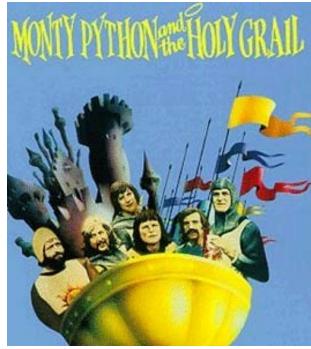
Melissa	PCP: Russell, Amy	Edit	Date Reviewed:	Schedule OB Appt by 06/01/2012
		2.10	Comments:	PN Plus Status Undetermined
DOB: 1994	Last Visit: 05/04/2012 Bulkacz, A-		Call Attempt:	
Age: 18	OB		Call Status:	
Phone:	Payer: Pending Medicaid			
Maria	PCP: Russell, Amy	Edit	Date Reviewed:	1 Admission(s) in last 30 days - Last
			Comments:	Admission on 04/26/2012
DOB:1957	Last Visit: 05/01/2012 Bulkacz, A-		Call Attempt:	1 Discharge(s) in last 30 days - Last
Age: 55	RE		Call Status:	Discharge on 04/29/2012
Phone:	Payer: Medicare Clinica New FQHC		Conduction action have been a	1 ER Visit(s) in last 30 days - Last Visit on
857-xxx-xxxx (Home)	Next appt:			04/26/2012
Rosa	PCP: Russell, Amy	Edit	Date Reviewed:5/4/2012	Past Due - Last BP >== 140/90
			Comments: Phone number out of service,	
DOB: 1976	Last Visit: 01/27/2012 Russell, A-		sent letter.	
Age: 35	BRF		Call Attempt:2nd Call	
Phone:	Payer: Clinica N Sliding Scale		Call Status:Sent Letter	
720-xxx-xxxx (Home)	Next appt:			
Rosa	PCP: Russell, Amy	Edit	Date Reviewed:	Past Due - BP >== 140/90
			Comments:	Past Due - Eye Exam
DOB:1958	Last Visit: 12/16/2011 Russell, A-		Call Attempt:	Past Due - Foot Exam
Age: 53	DIA, 12/16/2011 Stevens, R-		Call Status:	Past Due - LDL Lab
Phone:	Payer: Clinica N Sliding Scale			Past Due - A1c 7 - 9
720-xxx-xxxx (Home)	Next appt: Appt on 05/18/2012 at			Past Due - Microalbumin
	10:00AM for DIA-Complete DM			Past Due - SM Goal
Language: Spanish	Recheck with Russell, Amy			Past Due - Last BP >== 140/90
ACO: N	10 10			06/16/2012 - DM Visit
Pregnant:				



#6 Patient Activation

What Self-Management Support Is not:

- Didactic patient education
- Waiting for patients to ask for help
- Sage on the stage
- You should...
- Finger wagging
- Lecturing





It's not just the PCP It's the TEAM

- Relationships are the key for patient activation
- Everyone assigned a PCP/Pod <u>team</u>
- Measure panel size and manage unassigned every month



Key Redesign Initiatives (The Big 6)

- **#1 Continuity**
- #2 Access
- **#3 Improved office efficiency**
 - Patient centered redesign of work flow
 - Collaborative co-located team approach to patient care
 - Everyone works at the top level of their license

#4 Improved care delivery model

- □ Choice of group care or one-on-one visits DM, WCC, ADHD...
- □ Telephonic care, secure email, patient portal...

#5 Improved IS design

- Care teams do the right thing: when the patient is in the clinic and when they are not
- Outcomes are real time and accurate

#6 Patient activation and self-management

