MGH is an integrated service organization in central Maine serving approx. 190,000 individuals

- KRHA (PHO) 28 PC sites serve 115,000

KENNEBEC VALLEY COMMUNITY CARE TEAM

JOAN ORR MCHES, MBA—DIRECTOR ACCOUNTABLE CARE & KVCCT OPERATIONS
BECKY COLWELL RN, BSN, MBA—DIRECTOR OF INTEGRATED CARE MANAGEMENT

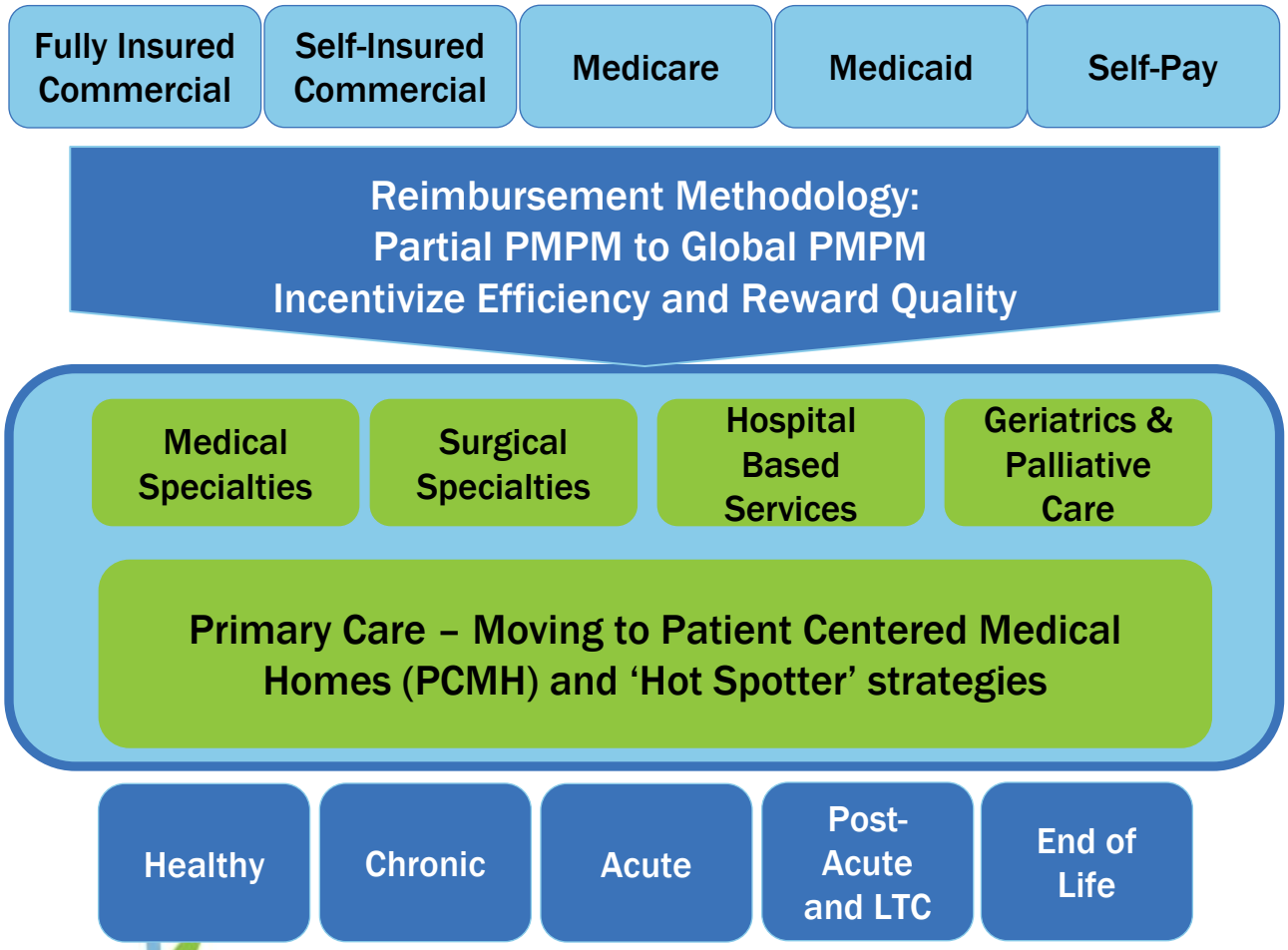
Jefferson Population Health Colloquium March 19, 2014

Post Conference Advanced Track--Clinical Team Structure & Workflow

We're "Sense-makers"

- We work with people with multiple health needs and high utilization of services to improve their understanding and better coordinate their care according to their preferences, values and priorities.
- We take time to understand our patients' stories and vary our scope and delivery of care based on that fuller understanding

Implementing an ACO Framework Using Population Health Management



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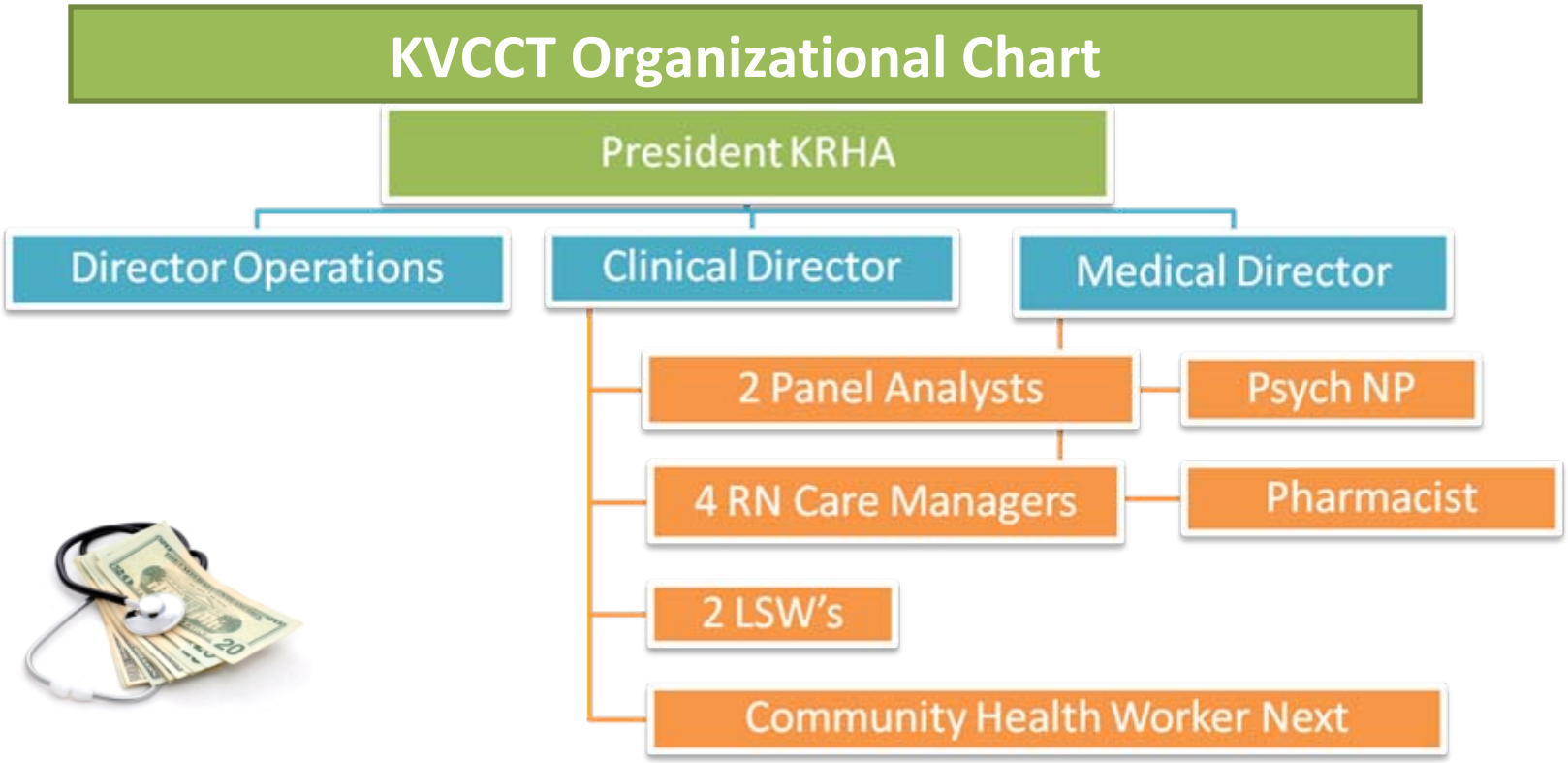
KVCCT Organizational Chart

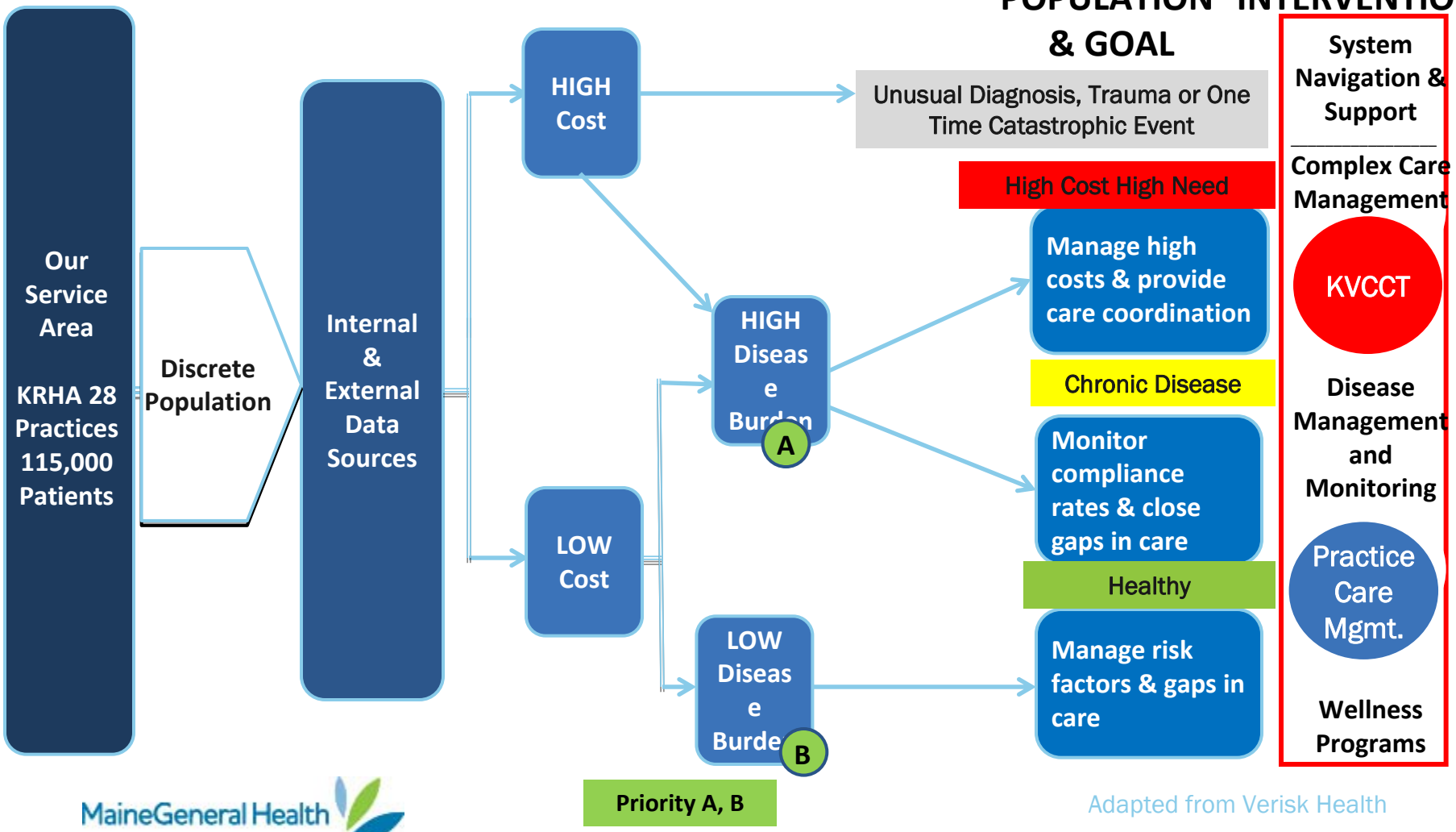


Current Funding is from Advanced Payment for PCPs & Care Coordination

- **MAPCP Pilot Project (ending December 2014?) $325,000**
- **ACO Contracts with Commercial Payers $625,000**
- **Long-term Sustainability thru VBP contracts**

+ MaineCare (Medicaid) 5-1-14 & MSSP 1-1-15

Framework for Population Health Management



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Adapted from Verisk Health

Our Patients

(Medically Complex but NOT Too ….)

- 131 Patients Since its inception (May of 2012)
  - Currently Active in CCT – 63
  - Pending - 11
  - Graduated – 57

The jury is still out but

Category	12 Months B4 CCT	To Date After
# ED Visits	439	108
Admissions	185	36

Above does not include:

- Discharged – 52 patients enrolled but did not reach goal.
- Declined – 48

  This is a tough population to engage!
- Care Coordination – 395

  These are mostly commercial patients managed in collaboration with a payer or practice care manager

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Our Work/Patient Needs

Average length of time in the CCT 170 days
(includes 7 days a week)

33% have poly-pharmacy
55% need social services
46% needed health education
71% needed community support/resources

Average # of visits per patient 11

- 3.6 home visits
- 8.3 phone visits
- .6 visits co-accompanying patients to their provider

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Care Team Roles

Current Care Management Team			Future/Scaling-Up
Panel Analysts	**RN Care Managers**	**SW Care Managers**	**Community Health Workers &/or Lay Navigators**
✓ Stratify claims & utilization data ✓ Identify high-cost high need individuals ✓ Create actionable reports ✓ Track service data ✓ Track referrals ✓ Office/clerical support	✓ Comprehensive assessment ✓ Medication Reconciliation ✓ Communicate with PCP and other providers ✓ Develop care plan with patient	✓ Community resources ✓ Housing ✓ Transportation ✓ Financial ✓ Food, Heating Oil ✓ MaineCare	✓ Coach and support patient & family to reach their identified goals ✓ Accompany to medical visits ✓ Connect to community supports

Medical Director	Psychiatric N.P./Psychiatrist	Pharmacist
✓ Medical resource ✓ Approach to providers ✓ Clarity around goals	✓ BH treatment resource ✓ Knowledge of BH resources and processes ✓ Guidance and wisdom for tough cases	✓ Resource for all things medication ✓ Considerations for discussion with PCP

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Considerations in determining team structure

- Program Model
- Service location
- Population served
- Community Resources Available
- Team mix
- Clarify roles
- Opportunities for community collaboration

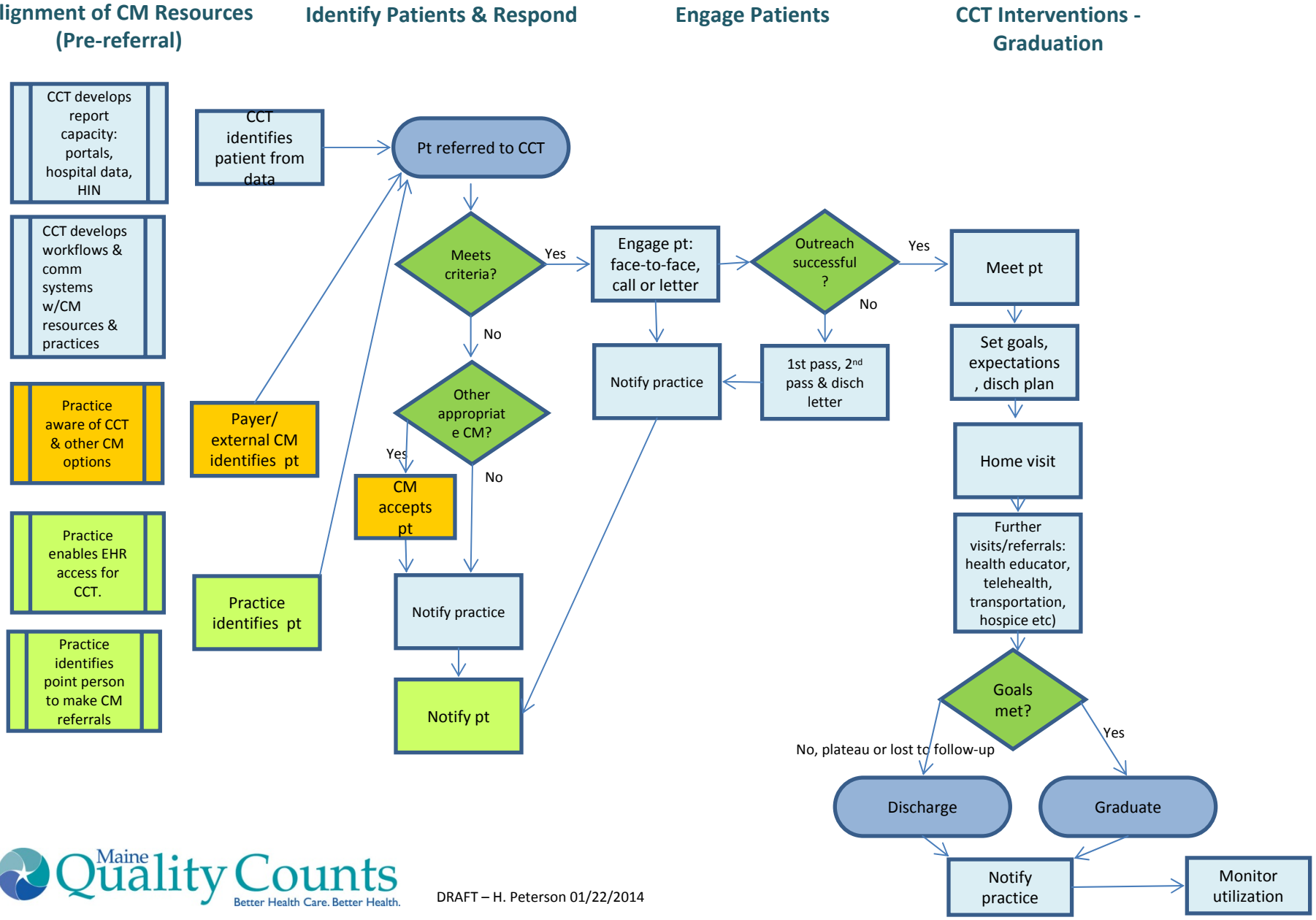
Some of our lessons & aphorisms

- From our Medical Director:
  - "If there is no clear reason to admit a patient, there will never be a clear reason for discharge." Have an exit plan.
- Frequent question in case conferences:
  - "Are you working harder than the patient?"
- From our Psych NP:
  - "Remember that we are responsible for the treatment we provide. We are not responsible for the outcomes."
- From Jeff Bezos:
  - "Be stubborn about the vision but flexible about the details."

Develop your own lessons learned, slogans, & favorite aphorisms!

- This work is not for the faint of heart
- Beware of the “my patient” syndrome – we cannot be successful without teamwork
- Listen to, support, and develop the core team

Draft—Maine Community Care Team Referral Process



Maine Quality Counts
Better Health Care. Better Health.

DRAFT – H. Peterson 01/22/2014

THANK YOU

This is difficult work with a very challenging population –

we can & do make a difference

but not with all patients & that is OK.

Patients might not be ready. You can't rescue everyone.

We need to recognize & celebrate our successes &

share the stories with ourselves, & other providers.

We appreciate your time to allow us to share ours with you!

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