NATIONAL
RURAL HEALTH
RESOURCE CENTER

Care Coordination and its Role in Transforming Local Health Care

Part Two

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The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Performance Improvement
- Health Information Technology
- Recruitment & Retention
- Community Health Assessments
- Networking

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Webinar Objectives

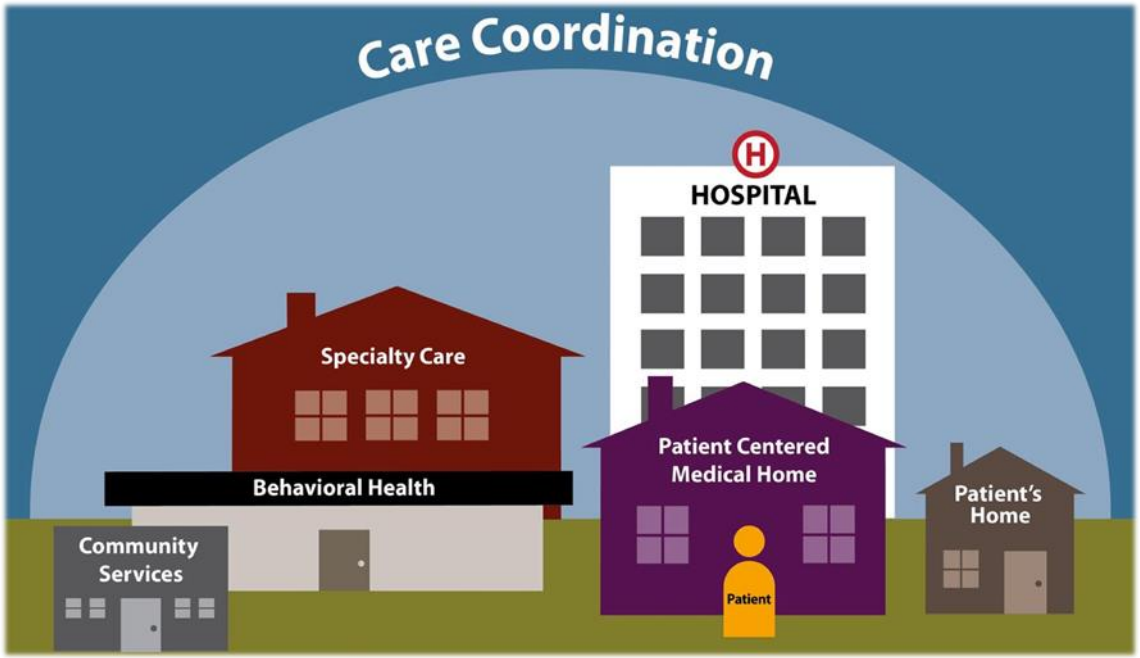
- Learn the fundamentals of care coordination with community partners
- Discover considerations for health care IT
- Address concerns in privacy and security when working with multiple entities
- Examine your organization's role in engaging local providers and community organizations in care coordination

Care Coordination: Part Two

- Care Coordination Components
  - Care Plan
  - Care Team
- Engaging your Community
- Privacy and security issues
- HIT Discussion

Four Components

- Target Population
- Assessment
- Care Plan
- Care Team



The Four Components

- **Care Plan**
  - An individualized plan of care that is developed with the person/caregiver and providers, to identify the person's needs
- **Care Team**
  - A team of interdisciplinary providers identified with the person and/or caregiver that represents the clinical, behavioral health, social services, long-term care and community resources needed to help meet the goals and outcomes of the person

Care Plan

- What is the function of the care plan?
- What approach is used in development?
- What is included?
- How will the plan be communicated to the team, person, and family?
- How will technology be used in this effort?

Care Plan

3. Care Plan

- Model is very family and is specific to that family.
- Try to include strengths and resources that the family has currently available to them
- We cannot force parent to do something they do not want to so try to focus on small goals and grow from there

3a. What approach to developing is being taken?	**3b. What is included (components of)?**
Family driven and patient centered	Interventions Family strengths are incorporated

3c. How will the care plan be communicated to the person, the care team?

- It is communicated to the family via care coordinator
- They must sign off on the care plan
- If they are under are under 12 they do not have to sign the care plan

3d. How will technology be used to perform these functions?

Excel spreadsheet.

5. Leadership next steps

You can find Care Coordination tools here: https://www.ruralcenter.org/network-ta/resources/network-care-coordination-workshop

Care Team

- What is the interdisciplinary approach?
- Who is the coordinator / team leader?
- Who is a part of the care team?
- How will the care teams communicate with each other and the person?
- How will technology be used by the care team?

Care Team

electronically

4. Interdisciplinary Care Team

- Any service provider that is involve in that families services.
- Constant is a primary care physician/school/sometimes mental health provider/early childhood intervention/Care coordination.
- Very specific to each family

4a. Who is the coordinator?	**4b. What provider or partners are part of the care team?**
Need at least a bachelor's degree so they can bill for Medicaid. Bachelors in psychology or education is preferred.	Dependent on the client

4c. How will the care team communicate with the person, coordinator and amongst themselves?

- Biweekly team meetings and the staff is constantly on the phone with each other
- Supervised individual one on one meetings every other week
- Also meet on a need basis

4d. How will technology be used to perform these functions?

Text messages, email and phone…possibly in the future using video conferencing

6. Business Model?

Poll Time!

Please take the poll on your screen.

Community Engagement

Population Health Has Many Partners

Predictors of Health Status*

- 10% Clinical Care
- 10% Genes and Biology
- 40% Social and Economic
- 30% Behavioral
- 10% Environmental

The ah-ha: Health care providers can't change the U.S. health outcomes alone.

*Determinants of Health Model based on frameworks developed by: Tarlov AR. Ann N Y Acad Sci 1999; 896:281-93; and Kindig D, Asada Y, Booske B. JAMA 2008; 299(17): 2081-2083.

Community Engagement

- Know your community
  - Not-for-profit community organizations
  - Health care providers
  - Local and county government agencies
  - Schools and other educational institutions
  - Advocates and aid organizations
  - Faith-based organizations
  - Housing providers
  - Local businesses and business networks

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Community Engagement

- Engage in "conversation"
- Find a common vision around care coordination
- Collaboration
- Partnerships

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Poll Time!

Please take the poll on your screen.

Community Engagement

- Go where the community resources are
- Be accessible
- Take into account culture and circumstances
- Invest in ongoing relationships
- Foster community capacity

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Data Collection

- Having a system is only the beginning
- Data integrity and data standards are important
- Cloud-based systems for care coordination
  - Additional logins
  - Another data location
  - Ease of access
  - Limited ability to transmit

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Communication Systems

- Multiple communication methods
  - Query-based exchange (HIE)
  - Direct Secure Messaging
  - Telephone
  - EHR messaging
  - Others

- Don’t assume you will just use one and wait for that to be perfect, all the while using FAX for everything

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Privacy and Security Issues

- Privacy and security myths
- HIPPA
- FERPA
- 42 CFR Part 2
- State regulations

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Myth: HIPAA is a Patient Issue

- Patients expect their data to be secure
- Patients expect their data to be freely shared with others as needed for their health care
- Patients have the right to their health information electronically, if the provider has it stored electronically, but most patients don't know this (yet)
- Remember who they are comparing you to:
  - Banks
  - Vet
  - Delta Airlines…

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Myth: Disclosures Allowed Without Patient Consent

- HIPAA does not require consent in many instances, but MN state law does!
  - HIPAA allows sharing of information for Treatment/Payment/Operations, while MN law requires signed patient consent
  - Provisions for emergencies
  - MN Standard Consent Form to Release Health Information

    http://www.health.state.mn.us/divs/hpsc/dap/consent.pdf

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Don't Fall for These Myths!

"A single EHR will solve all of our problems!"

- Hogwash! What about LTC? Social Services? Behavioral Health? Hospice? Corrections?

"We think Direct is a short-term strategy, and we prefer to wait for statewide HIE."

- Bologna! We will use Direct and other things like phones even when we have query-based HIE

"Our patients are too old to access their electronic patient data!"

- Balderdash! Studies show otherwise. How many of us have a grandma/aunt/uncle using Facebook?

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Care Coordination

- Role in the Triple Aim
- Components
- HIT Considerations
- Community Engagement
- Privacy and Security Issues

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