Care Coordination with Community Resources

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OVERVIEW

Learning communities can serve as a powerful forum for dialogue and sharing of tools and best practices among clinic teams for improving the care of patients and families. The goal of the learning community is to improve the delivery of care by increasing competencies in key areas. Specifically, this learning community will expand current knowledge in the journey to best practices in care coordination that extends beyond the boundaries of traditional clinical care into incorporating community resources and the importance of including an advisory board or council.

OBJECTIVES

- Develop a care coordination advisory board/council and identify community resources
- Develop/improve upon a care coordination model that is specific to clinic and community needs
- Implement and refine a care coordination model based on experience and feedback from community resources/partners

RECRUITMENT GOALS AND OUTCOMES

During the planning sessions it was decided that recruitment efforts would focus on clinics that were certified health care homes. In focusing on certified health care homes, it was assumed that these clinics had internal care coordination teams established and expanding to incorporating community partners was the next logical step. Recruitment efforts also focused on clinics who had a willingness to share data and/or data processes as well as the ability to devote the necessary time and resources to participate fully in the learning community.

The recruitment goal was to have signed participation agreements for five clinics. Participation agreements explained the objectives of the learning community, expectations for attendance at each learning event, homework and the learning community goals. At first outreach, five clinics responded and submitted signed participation agreements. The five clinics were:

- Bluestone Physician Services
PARTICIPATION IN LEARNING EVENTS

The learning events were well attended by all five clinics. Staff from all clinic perspectives attended and included care coordinators, nursing supervisors, data analytics staff and providers.

CURRICULUM DEVELOPMENT AND OBSERVATIONS

FEEDBACK AND EVALUATION

Kick–Off Webinar: Understanding Care Coordination

Curriculum Development and Observations
A curriculum outline was developed prior to recruitment and was defined in the recruitment flyer. The kick-off webinar was designed to outline the expectations for the learning community including participant expectations in terms of time, preparation and homework. The webinar platform was utilized to share a standardized definition of community care coordination and then revisited it at each event. Participants learned who was participating in the collaborative as well as about each other’s care models. This webinar enabled us to learn about where each clinic was in terms of assembling an advisory board/council as well as determining board/council role(s).

Participants were assigned the task of identifying up to three relevant areas they wanted to work on in regard to increasing their community resources. Participants would then share these areas up the upcoming in-person workshop.

Feedback and Evaluation
Overall, the kick-off meeting feedback was positive. There was audio difficulty which was incorporated as a process improvement in the planning process for the next webinar. Participants agreed the meeting was beneficial and were eager to get started and begin learning from each other.
Upon completion of the webinar participants were asked to complete an online evaluation rating their level of agreement of the following questions using a Likert scale of 1 (Strongly Disagree) to 5 (Strongly Agree), as well as one Yes/No question. Participant scores were collectively averaged and are listed below.

N=12
- The presentation(s) increased my knowledge in this topic - 4.25 / 5
- The objectives of the presentation(s) were met - 11/12 Yes
- Overall I had a positive experience with today’s webinar - 4.33 / 5

In-Person Workshop: Developing a Care Coordination Model/Schematic

Curriculum Development and Observations
The curriculum for the in-person workshop was designed to provide an interactive learning environment. The day began with introductions and participants sharing their expectations for workshop. The morning was structured to set the stage for the day’s learning activities.

An agenda was provided prior to the workshop, however, listening to participants share their expectations for the workshop proved to be an important exercise as the requests for additional components of care coordination were then incorporated into the day’s curriculum.

In setting the stage, we revisited the standardized definition of community care coordination that had been shared in the kick-off webinar. A discussion around the definition of health was had, encouraging participants to think beyond the medical model of health.

Multi-faceted role(s) of a care coordinator were identified, including who could/should be preforming those roles. Components of an appropriate assessment and individualized care plan were reviewed, as well as the care planning process in care coordination and inclusion of electronic health record documentation. As part of a previous homework assignment, clinic participants then shared the target populations they had identified.
Mental health was identified as a target population for three of the five clinics, therefore was used for the basis of the brainstorming work. Participants began with the WHO definition of health; what are the physical, social and mental well-being needs for someone with mental health issues. Thirty-five community resources were then identified in a second brainstorming activity. Clinic participants shared successful strategies in care coordination as well as what should be considered in the referral process to community resources. How clinic participants keep, store and use their community resource directories/repositories was also conveyed.

The latter half of the workshop was spent digging deeper into the roles of an advisory board/council and how they would support care coordination improvement efforts.

Homework for the next webinar was to identify components of their care coordination models that were in need of revisions, and to use the steps identified from the in-person workshop to build community provider resources for their target population.

**Feedback and Evaluation**
Participants were very engaged in the workshop and appreciated the sharing opportunities. Several participants clearly labored with the formal processes for building, storing and sharing community resources. Staff turnover and defined care coordination roles seemed to head these obstacles.

Upon completion of the workshop, participants were asked to complete an online evaluation rating their level of agreement of the following questions using a Likert scale of 1 (Strongly Disagree) to 5 (Strongly Agree), as well as one Yes/No question. Participant scores were collectively averaged and are listed below.

N=8

- The presentation(s) increased my knowledge in this topic- 4.2 / 5
- The objectives of the presentation(s) were met- 8/8 Yes
- Overall I had a positive experience with today’s workshop- 4.67 / 5
Webinar: Progress Report, Models in Action

Curriculum Development and Observations
Each learning event was designed to build off the previous one, therefore this webinar began by reflecting upon activities that took place at the prior in-person workshop. Clinics shared their homework updates and were asked to communicate any new insights or practices they may have incorporated.

This webinar featured a guest speaker from Essentia Health-Ely, a health care home that has established best practices in identifying and working with community partners and resources on an ongoing bases.

Several of the clinics in the collaborative continue to struggle with integrating community resources, however they continue to make progress. Additionally, clinic participants have not yet incorporated external stakeholder resources to their advisory board/councils.

Feedback and Evaluation
Very positive feedback was received in regard to the guest speaker.

Upon completion of the webinar, participants were asked to complete an online evaluation rating their level of agreement of the following questions using a Likert scale of 1 (Strongly Disagree) to 5 (Strongly Agree), as well as one Yes/No question. Participant scores were collectively averaged and are listed below.

N=8
- The presentation increased my knowledge in this topic- 4.0 / 5
- The objectives of the presentation(s) were met- 8/8 Yes
- Overall I had a positive experience with today’s webinar- 4.38 / 5

Webinar: Measurement, Digging Deeper

Curriculum Development and Observations
The goal of this webinar was that clinic participants understand the value of data collection and analysis for improving care coordination. The webinar began by defining what data analytics was and how it’s used in health care. Participants then shared two areas they were currently collecting data on and what they were using it for. Data being collected included:
• Advance Directive Use (through the EHR)
• Benchmarking customized interventions for tracking follow-up after discharge
• Data from clinical dashboards such as vascular studies, hypertension and diabetes management
• Minnesota data measurement, claims data to analyze high end users and patient satisfaction surveys (different from HCAHPS)

One of the clinics in the collaborative hired a data analytics staff person who is part of their care coordination team. This person was also a guest speaker for this webinar. He shared how their clinic was collecting and using data in the following topic areas:

• Making use of data received from the state
• Prioritizing interventions
• Central resource repositories

In addition, participants reported two new community resources they had added to their resource directories/repositories, as well as progress made on establishing/improving their advisory boards/councils.

Feedback and Evaluation
Participants were engaged in this session. One participant shared that although they are not a large organization, they could see the bigger picture in regard to a care coordination model that they could one day move to.

Upon completion of the webinar, participants were asked to complete an online evaluation rating their level of agreement of the following questions using a Likert scale of 1 (Strongly Disagree) to 5 (Strongly Agree), as well as one Yes/No question. Participant scores were collectively averaged and are listed below.

N=5
• The presentation increased my knowledge in this topic- 4.8 / 5
• The objectives of the presentation(s) were met- 5/5 Yes
• Overall I had a positive experience with today’s webinar- 4.8 / 5
Technical Assistance: One-on-One Calls

One-on-one phone calls were held with all five clinics. These calls were to provide them with an opportunity to discuss questions and concerns they had in identifying and/or reaching out to community resources and building/improving upon their advisory boards/councils.

The calls were scheduled to be a ½ hour in length and a script was developed and similarly used for each call.

The calls began by sharing the objectives:

- Anticipated outcome of the call
- Communicating issues/barriers to incorporate community resources into care model and advisory board/council
- Specific questions/issues related to either topic and/or the learning collaborative itself

Overall, the calls were very successful. Notes from the calls were summarized and put into two categories; Progress and Challenges/Barriers. The summary was then shared during the next webinar, Our Story: First Draft.

Progress Summary

- Community resource connections are being made
- Successful integration of advisory board/council members and processes was occurring
- The breadth of geography creates uniqueness to care models
- There is benefit in this collaborative in learning from each other

Barriers/Challenges Summary

- The breadth of geography creates uniqueness to care models
- Competing priorities
- Time
- Clarification needed on learning community deliverables

Based upon the results of the one-on-one technical assistance phone calls, it was decided that we spend time in the next webinar to review the objectives
and deliverables of the learning community. In addition, participants were reminded that the deliverables from this learning community would assist them in meeting the re-certification criteria related to ongoing partnerships with community resources.

**Webinar: Our Story, First Draft**

**Curriculum Development and Observations**
The conclusions drawn from the one-on-one calls with each of the clinic participants influenced the curriculum development for this webinar. The webinar began by revisiting the learning community objectives and was followed by sharing the summary from the one-on-one calls.

The remainder of the webinar was spent digging deeper into the structure, roles and expectations of the advisory board/council, including both patients and community stakeholders.

Education and discussion were held in regard to the differences between a quality improvement team and an advisory council/board. A facilitated discussion was held about the value of bringing community stakeholders to the advisory board/council. The participants were able to identify the importance of including their specific community stakeholders as an integral part of their care coordination.

The roles and responsibilities of patients and family members were articulated, as well as desired characteristics of them being members of an advisory board/council. The challenges and processes in that recruitment process were also discussed. One participant shared how they invite the public to participate on their advisory board/council through their care coordination newsletter. That newsletter invitation was shared with the learning community participants, as well as a link to three Patient Center Medical Home organizations who have developed web pages that formalize their advisory board/council recruitment activity.

Best practices around a more formalized advisory board/council were provided, including:

- Providing a project description with goals and objectives
• Explaining criteria for membership (if any)
• Reviewing roles and responsibilities
• Reviewing time commitment
• Providing a confidentiality statement

Feedback and Evaluation
This webinar received positive feedback. One clinic participant shared that they had been combining their quality improvement team with their advisory board/council team and described it as being awkward. They shared that this session was very helpful for them in learning how to distinguish between the two and how to structure them more formally.

Another clinic participant shared they had a first meeting with their newly established disabilities population advisory board/council. When asked if they had an “a-ha” moment from that first meeting, they revealed that a major hospital in their community had seen a reduction in admissions and inpatient hospital placements from patients who had a care coordinator.

Upon completion of the webinar, participants were asked to complete an online evaluation rating their level of agreement of the following questions using a Likert scale of 1 (Strongly Disagree) to 5 (Strongly Agree), as well as one Yes/No question. Participant scores were collectively averaged and are listed below.

N=4

• The presentation increased my knowledge in this topic- 4.25 / 5
• The objectives of the presentation(s) were met- 4/4 Yes
• Overall I had a positive experience with today’s webinar- 4.25 / 5

Webinar: Making the Connections
Curriculum Development and Observations
This webinar was designed to bring participants and advisory board/council members together to respond and review care coordination processes. As noted in the previous learning event, some participants did not have a formalized advisory board/council in place, rather only had an internal quality improvement team which limited their ability to have external feedback on their care coordination model.
The learning event began by providing project background, overview and learning community goals and objectives so that the advisory board/council members understood the purpose of their attendance.

A brainstorming session was held asking participants “if they had the power to change anything about the way care is coordinated in their community, what would it be?” Their answer is shared in the feedback and evaluation section.

Feedback and Evaluation
This learning session was very well received. There were positive comments on the brainstorming session in that it was a positive way to facilitate a discussion via webinar.

One participant reported having joined their community care provider’s network as a strategy for increasing community resources and community awareness of their care coordination program.

Another participant commented on how their organization hadn’t thought of having a quality team and an advisory board/council as separate teams. They have since split the two and shared their success. They shared the various functions that different roles can play, such as patient and family vs community stakeholders as well as the value that their advisory boards/councils bring to their organization.

Answers from the brainstorming session included a participant who shared that it was an advisory board/council member who brought to their attention, that the outsourcing of the clinics billing system had been a challenge to their patient population and convinced them to go back to the original method of billing.

Another example shared was how it would be helpful to have education materials that describe the difference between a health care home and home health care. Another advisory board/council member shared their appreciation of how care coordinators provide them access to their primary care provider in a timely fashion and how quickly the health care home staff get back to her.
Upon completion of the webinar, participants were asked to complete an online evaluation rating their level of agreement of the following questions using a Likert scale of 1 (Strongly Disagree) to 5 (Strongly Agree), as well as one Yes/No question. Participant scores were collectively averaged and are listed below.

N=4

- The presentation increased my knowledge in this topic- 4.5 / 5
- The objectives of the presentation(s) were met- 4/4 Yes
- Overall I had a positive experience with today’s webinar- 4.5 / 5

**In-Person Workshop: Showcase, Community Reports**

**Curriculum Development and Observations**

The curriculum for the final in-person workshop was developed to be an interactive environment used for sharing and learning from each other.

Participants began by sharing a success story they had encountered within their care coordination model during the context of the learning community. As a part of the homework assignment for this event, the group was provided specific criteria to include in their story. Each clinic team was given five minutes to present their success story and had five minutes for questions and answers. Each team had a uniquely different story and it became obvious that there was significant value in these stories. It was suggested that the clinics share their stories at regularly scheduled intervals, such as team meetings, to remind their care teams of the tremendous value of care coordination.

Two innovative strategies emerged during the one-on-one technical assistance calls. Both clinics were invited to share these strategies during final workshop to help support the importance of growing the number of community resources and how creative thinking can lead to innovation and increased patient satisfaction with health care homes.

The first strategy was a collaboration between the Indian Health Board and the Native American Community Clinic. A medication reconciliation project,
which involved a medication management service, was created in response to the overwhelming need to address barriers that were preventing patients from taking their medications appropriately and consistently. Additional partners in this project include CEOs, representatives from the Department of Human Services, University of Minnesota, Leech Lake Twin Cities office and area pharmacies.

Within the scope of this project, patients work with a health professional who sits down with them, documents their medications and identifies any barriers/issue in taking their medications and stores all of the information in one place. Patients are educated on what and why their taking particular medications and how/when to take them.

Through this pilot project, 59% of the patients exhibited improved outcomes. Indian Health Board is focused on how they can provide this service to the mainstream public and are currently bringing people to the table to determine what this project will look like. There is also a grassroots effort to lobby with the legislature in advocating for the creation of another billable Medicaid service similar to the one identified in this pilot project.

The second strategy was Lakewood Health System’s endeavor to increase patient engagement to aid in improving services in their hospital, clinic and housing settings. Lakewood created two initiatives: The Voice and The Flash Mobs. The Voice provides patients and employees the ability to provide confidential, online feedback regarding positive and negative health care experiences.

In 2013, Lakewood’s Customer Relations Department changed their name to Customer Experience Department and is working diligently in assisting employees in embracing these initiatives. The Experience Council is made up of CEO, COO, various department vice presidents, physicians, financial department, board member(s) and patient(s). Employees who are involved in the customer experience are provided extensive training so that they are appropriately prepared to deal with communication via The Voice. When the Customer Experience Team receives feedback from a patient, family member or employee, they may be invited to sit on the advisory board/council and/or share their experience with the advisory board/council. This helps those involved to know that they are being heard. If a patient, family member or
employee is asked to participate on an advisory board/council, it’s called a Flash Mob. However, being asked to be a part of the Flash Mob is dependent on the experience encountered.

After the sharing of innovative strategies, participants were asked to break into small groups to identify challenges that are unique to mental health, as well as identify existing and needed resources that would be helpful to them in their care coordination role.

The final portion of the workshop consisted of a review and discussion around sustainability and its key components. Each clinic shared one or two of their current sustainability obstacles. A majority of those obstacles were related to staff turnover and provider buy-in. Various ideas and suggested solutions were shared by all participants to assist in problem solving each clinic’s identified obstacle(s).

Feedback and Evaluation

This final workshop received very positive feedback. When participants were asked if they would participate in another learning community collaborative, 90% indicated that they would.

A representative from the Minnesota Department of Health shared positive overall feedback on the workshop’s learning activities as well as commented on the powerful stories shared.

Upon completion of the workshop, participants were asked to complete an online evaluation rating their level of agreement of the following questions using a Likert scale of 1 (Strongly Disagree) to 5 (Strongly Agree), as well as one Yes/No question. Participant scores were collectively averaged and are listed below.

N=13

- The presentation increased my knowledge in this topic- 4.3 / 5
- The objectives of the presentation(s) were met- 13/13 Yes
- Overall I had a positive experience with today’s workshop- 4.7 / 5
LESSONS LEARNED AND SUGGESTIONS FOR NEXT LEARNING COMMUNITIES

Clinic Perspective

- Effective leadership is essential to an effective care coordination model
- Clinics struggle incorporating community partners into their care coordination models.
- Clinics are requesting additional assistance with care coordination for clients with mental health needs.
- There is confusion about the difference between a “quality” team and an advisory council function.
- Consider allowing participants to identify areas they believe would be most helpful for them in their care coordination models.

National Rural Health Resource Center and Stratis Health Perspective

- National Rural Health Resource Center and Stratis Health held weekly meetings to stay in communication and on track with the project’s objectives. This was extremely valuable. It provided dedicated time for review and reflection of the prior learning event to help adjust curriculum development to meet the ongoing needs of the participants.
- Monthly learning events are best to meet the needs and goals of the learning community. It is not too frequent that would interfere with competing priorities of the participants and not too far apart that the activities and lessons learned would lose traction.