What Does Your Hat Look Like? From Co-located to Integrated Care

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Leanna Plonka, MS, CRC, CPRP
About Us…..

Funded by CMS ED Diversion Grant starting in 2009

McKeesport, PA

Latterman Family Health Center

Mon Yough Community Service
OBJECTIVES

√ Identify reasons for integrated/wholistic care
  ▸ Define barriers/expectations to integrated care
  ▸ Develop tools for strong/collaborative relationships
  ▸ Establish “nuts and bolts” of daily operation
  ▸ Recommendations for showing sustainability
Individuals with serious mental illness suffer from:
  ◦ High prevalence of modifiable risk factors: obesity, tobacco and alcohol
  ◦ Consequences of living in a group home or shelter
  ◦ Higher rates of COPD and Diabetes
  ◦ Psychotropic medical side effects
  ◦ “Deceased public mental health clients have died at much younger ages and lost decades of potential life when compared with their living cohorts nationwide “

### The Concept
- Holistic service

### The Opportunity
- Well coordinated; organized; relevant care
- Increased consumer satisfaction

### The Potential
- Medical home
- Improved life expectancy
- Improved quality of life
System Changes

- HHS awards $26.2 million to expand primary care to individuals with behavioral health disorders

  Date: 9/24/2010 2:00 PM  Media Contact: SAMHSA Press Office

  - Milestones, Pittsburgh and Horizon House, Philadelphia

- Connected Care
  - Program to help Medicaid and Special Needs Plan (SNP) members diagnosed with serious mental illness.
  - Based on medical home approach with integrated care team and care plan

- BH integrated in PH pilot
- Dual residency program
OBJECTIVES

- Identify reasons for integrated/wholistic care
- Define barriers/expectations to integrated care
- Develop tools for strong/collaborative relationships
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- Recommendations for showing sustainability
Barriers

- Function in silos
  - Minimal means of communication, time demands, lack of relationship
- Privacy Laws
- Medical Record Systems
- Health Insurance/Billing
- Lack of regional models to duplicate
Barriers

- Language
- Targeting patients
- Scheduling
- Physical Space
## Expectations

<table>
<thead>
<tr>
<th><strong>Initial</strong></th>
<th><strong>Realistic</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration not Co-Location</td>
<td>Co - Location</td>
</tr>
<tr>
<td>Smooth process</td>
<td>Mistakes will be made</td>
</tr>
<tr>
<td>Cohort of patients waiting to be seen</td>
<td>Patients were difficult to identify</td>
</tr>
<tr>
<td>Patient care is #1 priority</td>
<td>Patient care is #1 priority</td>
</tr>
</tbody>
</table>
OBJECTIVES

- Identify reasons for integrated/wholistic care
- Define barriers/expectations to integrated care
  ✓ Develop tools for strong/collaborative relationships
- Establish “nuts and bolts” of daily operation
- Recommendations for showing sustainability
Shared Vision

- Treatment of the whole person, relationship with physical and mental health providers, reverse mental health statistics, use the ED for emergent visits
- Executive Director & Medical Director
- Equal investment from all levels of stakeholders
- Develop reverse co-location model
Education

- Latterman Family Health
- MD leadership in a PCP practice
- Emergency Room
- MYCS staff
Partners/Resource

- Latterman Family Health Center: Physicians, Physician Extenders
- Mon Yough Community Services
- UPMC McKeesport– Patient Navigator
- Grant Administrative Staff
- Behavioral Health/Public Health Consultant
Planning Committee

- Grant Administrator
- Mon Yough Community Services:
  - 2 Sr Managers
  - 4 Supervisors
    - crisis/intake
    - medication clinic
    - front office staff
    - billing
- Latterman Family Health Center:
  - 2 Physician Extenders
  - Practice Manager
  - Billing Supervisor
  - Medical Assistant
- Assistant Professor of Public Health. Behavioral & Community Health Sciences Associate Director. Institute for Evaluation Science in Community Health
Steering Committee

• In addition to the Planning Committee:
  
  – Administrator, Physician Services
  
  – Director, McKeesport Hospital
  
  – Medical Director, HealthChoices HMO
OBJECTIVES

- Identify reasons for integrated/wholistic care
- Define barriers/expectations to integrated care
- Develop tools for strong/collaborative relationships
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THE BASICS

- Physical Space
- Licensing & Quality Control
- Scheduling/Documentation
- Support Staff
- Orientation to BH services/resources
- Targeting Patients
Scheduling & Documentation

- Hours of Operation: 12–16 hours per week
- Creation of phone tree system for scheduling, triaging
- Still maintain 2 separate schedules
  - Monitored/maintained by MA
- Only documenting in PH medical record
Patient arrives → Check-in w/ Mon Yough Staff → MA takes pt to room. Checks insurance, takes vitals, documents chief complaint → Provider sees patient → Computer Alert sent to PH Staff → Plan for follow-up with appt scheduled in BH & PH EMR.
# Physical Health Billing

<table>
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<tr>
<th>Established Patient</th>
<th>99212</th>
<th>99213</th>
<th>99214</th>
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<tbody>
<tr>
<td><strong>History</strong></td>
<td>Problem Focused  - 1–3 elements of history  - No Review of Systems  - No past, family, social hx needed</td>
<td>Expanded  - 1–3 elements of history  - 1 pertinent Review of Systems  - No past, family, social hx needed</td>
<td>Detailed  - 4+ elements of history  - 2–9 review of systems  - 1 pertinent past, family, social hx</td>
</tr>
<tr>
<td><strong>Exam</strong></td>
<td>- 1 organ system</td>
<td>- 2–7 organ systems</td>
<td>- 2–7 organ systems  - at least 1 system more detailed</td>
</tr>
<tr>
<td><strong>Decision Making</strong></td>
<td>Straight Forward  - 1 point dx/mgmt  - Minimal risk</td>
<td>Low  - 2 points dx/mgmt  - Low risk</td>
<td>Moderate  - 3 points dx/mgmt  - Moderate risk</td>
</tr>
</tbody>
</table>

UPP - Department of Surgery
Orientation to Health Services

- Physician Extenders orientation for 2–3 days at MYCS
- Small group discussions with each behavioral health department
- Mon Yough handout for physical health services available
MYCS Health Care Center: for your consumer’s primary care needs

Physician’s Extenders (Toni Wilson and Lissa Lansdale) Services
The physician’s extenders at MYCS can perform the following services for your consumers:

- Diagnosing and treating acute illnesses, infections, and injuries.
- Diagnosing, treating and monitoring chronic diseases (e.g., diabetes, high blood pressure).
- Obtaining medical histories, conducting physical examinations —with the exception of flu shots and vaccines.
- Ordering, performing and interpreting diagnostic studies (e.g., lab tests, x-rays, EKGs).
- Prescribing medications—with the exception of controlled substances.
- Collaborating with physician’s and other health professionals as needed, including providing referrals.
- Counseling and educating patients on health behaviors, self-care skills, and treatment options.
- Prescribing physical therapy and other rehabilitation treatments.
- Providing health maintenance care for adults, including annual physicals, driver’s license physical examination and physical health disability determinations.
- Patient education including, for example smoking cessation and weight management.

Doctor’s (Dr. Seeyam Teimoori Nobandegani and Dr. Nekesha Oliphant) Additional Services (Serving Latterman patients)
Dr. Teimoori and Dr. Oliphant can provide the family practice services listed above, as well as:

- Medication management for chronic conditions
- Psychiatric services, psychiatric medication management
- Diagnostic psychiatric services
- Service provider consultation and patient education on uncontrolled psychiatric symptoms

At the Mon Yough location, these services cannot be performed:

- Pelvic/Gyne Exams
- Well Child Visits
- Sports Physical
- Vaccinations
- Blood Draw

Arrangements can be made for these services to be provided at Latterman Family Health Center main clinic or other appropriate locations.

CONTACT INFORMATION:
To contact any of the providers, please call:
Front desk at Latterman at (412) 673-4567 OR HealthFirst (412) 672-1000 then press 0 (zero).
Toni and Lissa’s direct voicemail line is: (412) 673-5504 ext 1648267
Any questions or concerns, please contact your supervisor or Leanna Plonka

Revised, January 2011
Goal: re-establish care with PCP or become new patient

Referrals from:
- Intake/Crisis
- Psychiatrists, Therapist, Service Coordinators

Flyers/Posters

Health Fair
MON YOUGH COMMUNITY SERVICES, INC
Internal Program Referral

Client’s Name:____________________ ID #:________________
Address:____________________________________________________
Phone Number:____________ SSN:_______DOB:__ Age:__

Staff member: Please ask this exact question:

“If you had an ear ache tomorrow, what is the name of the doctor/clinic you would call to schedule a visit or talk to a nurse?”

(Staff: you are trying to elicit the correct PCP name/clinic. Be careful to avoid specialist’s information, such as cardiology, etc.)

Integration of Care:
Doctor/Practice:___________________________________________
Doctor/Practice Address:_______________________________________
Practice Phone Number:________________ Fax Number:______________

1a. “Have you seen your primary care provider (PCP) in the last year? _____Yes _____No
1b. “Are you satisfied with the care you receive?”______ Yes __________ No
   If yes, encourage routine follow-up with established PCP
   If no, then continue below:

2. Would you like to receive your primary health care on site at Mon Yough?____________Yes ______ No
   If yes, schedule appointment w/ physical health at Mon Yough
   If no, further encourage routine check-up, sick visits with PCP
Mon Yough Community Service  
Latterman Physical Health  

Process for Changing PCP to Latterman  

To check if Latterman is assigned as the PCP – check the client’s insurance card for the Latterman clinic telephone number not the PCP name.  

<table>
<thead>
<tr>
<th>Insurance Company*</th>
<th>Member Services Telephone #</th>
<th>Time Frame To Change PCP-Comments and Additional Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>Do Not Accept</td>
<td></td>
</tr>
</tbody>
</table>
| Blue Cross/Blue Shield Highmark | 800-241-5704 | 1<sup>st</sup> – 15<sup>th</sup> = 1<sup>st</sup> of the following month  
16<sup>th</sup> – end of month = 1<sup>st</sup> of the subsequent month  
Most plans follow this general rule with a few exceptions. |
| Cigna             | 800-882-4462                | Same Day                                                      |
| Gateway (Medical Assistance HMO) | 800-392-1147 | 1<sup>st</sup> – 24<sup>th</sup> = 1<sup>st</sup> of the following month  
25<sup>th</sup> – end of month = 1<sup>st</sup> of the subsequent month  
Special Instructions: If the member requests to change his or her PCP immediately, an exception to the guidelines can be made if the situation warrants.  
*Procedurally we will collect the following information and call to see if the client’s PCP can be changed immediately as an exception:  
*Client Name  
*Current PCP  
*Last visit to PCP  
*Medical Condition/Symptoms |
Medical Care
for
Mon Yough Community Services patients

Who can get services?
- Patients with Latterman Family Health Center and Health First Medical Associates as their primary care physician (PCP)
- Adults who have a chronic or acute medical condition
- Children who have an acute medical condition

Our focus is on:
- Adults who have a chronic or acute medical condition but who don’t see their PCP on a regular basis
- Adults and children who often use the emergency room for minor medical conditions
- Adults and children who do not have a regular PCP

We can provide acute pediatric/adult visits and services for conditions such as:
- Bronchitis
- Common colds
- Coughs
- Ear infections
- Sinus infections
- Sore throat/strep throat
- Upper respiratory infections
- Skin rashes
- Pink eye
- Minor injuries/abrasions
- Uncomplicated urinary tract infections

We can provide adults with a chronic condition services such as:
- Screenings and management of diabetes, high blood pressure, and high cholesterol
- Care for and management of asthma and COPD, which are fairly well-controlled

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<table>
<thead>
<tr>
<th>Family Medicine - Physicians and Residents</th>
<th>Certified Physician Assistants and Certified Registered Nurse Practitioners</th>
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</thead>
<tbody>
<tr>
<td>Family/Psychiatric Residents</td>
<td>We see patients Monday through Friday during daylight hours.</td>
</tr>
</tbody>
</table>

We see patients by appointment.

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UPMC McKeesport
UPMC for You
Affiliate of UPMC Health Plan

If you have any questions or would like more information call 412-675-8855.
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- Establish “nuts and bolts” of daily operation
  ✓ Recommendations for showing sustainability
# Statistics

<table>
<thead>
<tr>
<th>MON-YOUGH</th>
<th>10-Apr</th>
<th>10-May</th>
<th>10-Jun</th>
<th>Jul-10</th>
<th>Aug-10</th>
<th>Sep-10</th>
<th>Oct-10</th>
<th>Nov-10</th>
<th>Dec-10</th>
<th>Jan-11</th>
<th>Feb-11</th>
<th>Mar-11</th>
<th>AVE</th>
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<tbody>
<tr>
<td>Available slots</td>
<td>40</td>
<td>47</td>
<td>36</td>
<td>44</td>
<td>36</td>
<td>60</td>
<td>55</td>
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<td>44</td>
<td>36</td>
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<td>28</td>
<td>44</td>
<td>31</td>
<td>22</td>
<td>30</td>
<td>22</td>
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<tr>
<td>No Shows</td>
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<td>14</td>
<td>13</td>
<td>9</td>
<td>7</td>
<td>11</td>
<td>16</td>
<td>20</td>
<td>11</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td># seen</td>
<td>14</td>
<td>16</td>
<td>4</td>
<td>12</td>
<td>20</td>
<td>17</td>
<td>12</td>
<td>24</td>
<td>20</td>
<td>16</td>
<td>21</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>% show</td>
<td>61%</td>
<td>53%</td>
<td>24%</td>
<td>57%</td>
<td><strong>74%</strong></td>
<td>61%</td>
<td>43%</td>
<td>55%</td>
<td>65%</td>
<td><strong>73%</strong></td>
<td>70%</td>
<td>68%</td>
<td>59%</td>
</tr>
<tr>
<td>% fill</td>
<td>35%</td>
<td>34%</td>
<td>11%</td>
<td>27%</td>
<td><strong>56%</strong></td>
<td>28%</td>
<td>22%</td>
<td>44%</td>
<td><strong>45%</strong></td>
<td>44%</td>
<td>38%</td>
<td>27%</td>
<td>34%</td>
</tr>
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<table>
<thead>
<tr>
<th>MON-YOUGH</th>
<th>Apr-11</th>
<th>May-11</th>
<th>Jun-11</th>
<th>Jul-11</th>
<th>Aug-11</th>
<th>AVERAGE YTD</th>
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<tbody>
<tr>
<td>Available slots</td>
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<td>45</td>
<td>40</td>
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<tr>
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<td>21</td>
<td>24</td>
<td>14</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>No Shows</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>8</td>
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<tr>
<td># seen</td>
<td>19</td>
<td>15</td>
<td>18</td>
<td>11</td>
<td>16</td>
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<td>% show</td>
<td>76%</td>
<td>71%</td>
<td>75%</td>
<td><strong>79%</strong></td>
<td>67%</td>
<td>74%</td>
</tr>
<tr>
<td>% fill</td>
<td><strong>45%</strong></td>
<td>38%</td>
<td>40%</td>
<td>28%</td>
<td>36%</td>
<td>37%</td>
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## Dual Residents and Physician Extenders Data April 2010 thru August 2011

<table>
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<tr>
<th>63 Patients</th>
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<th>No Show</th>
<th>Total Appts</th>
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<tbody>
<tr>
<td></td>
<td>26</td>
<td>52</td>
<td>20</td>
<td>98</td>
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<tr>
<td></td>
<td>27%</td>
<td>53%</td>
<td>20%</td>
<td>100%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th># of Scheduled Appts</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
<td>63</td>
<td>23</td>
<td>10</td>
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### Physician Extenders

<table>
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<th>196 patients</th>
<th>Cancel</th>
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<td></td>
<td>40</td>
<td>95</td>
<td>54</td>
<td>189</td>
</tr>
<tr>
<td></td>
<td>21%</td>
<td>50%</td>
<td>29%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of Scheduled Appts</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6+</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>83</td>
<td>49</td>
<td>21</td>
<td>9</td>
<td>5</td>
<td>22</td>
</tr>
</tbody>
</table>
Connected Care

- Total SNP ED Visits per 1000 for Connected Care members for the Latterman Family Health Center decreased by 46% for the 12 month period ending December 31, 2010.
- Non-emergent SNP ED Visits per 1000 for Connected Care members for the Latterman Family Health Center decreased by 50% for the 12 month period ending December 31, 2010.
Total MA ED Visits per 1000 for Connected Care Members for the Latterman Family Health Center decreased by 54% for the 12 month period ending December 31, 2010.

Non-emergent MA ED Visits per 1000 for Connected Care members for the Latterman Family Health Center decreased by 44% for the 12 month period ending December 31, 2010.
Sustainability

- Fiscal
- Improved health of patients
Q&A

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