NCM Best Practice Sharing

Minutes

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| Date: Tuesday, March 8 2016 Start/End Time: 8:00 – 9:30 am | | | | |
| **Location**: RIQI 50 Holden Street, Providence RI (Washington) **Call in number**: 508-856-8222 Code: 2525 (Host: 2116) | | | | |
| Meeting Information: |  | **Attendees** | | |
| Meeting Purpose/Objective: Best practice sharing amongst CTC Care Managers : Assessment and Care Planning   * Power point presentation and sample documentation : Lorraine Tasso Aquidneck University Medicine * OHIC Cost Containment Requirements: focus on risk stratification assessment and care plan * CHT approach to risk stratification for referral to CHT using modified Cambridge Health Alliance tool * Learning opportunities: AHRQ, NCQA |  | Deb Hurwitz, CTC  Pano Yeracaris, CTC  Susanne Campbell, CTC  Candice Brown, CTC  Hannah Hakim, PCMH Kids  Lorraine Tasso, UM  Scott Hewitt, Brown  Virginia Paine, Tri-Town  Derek Matteson, EBCAP  Charlotte Crist, BCBSRI  Cameron Grant, Brown  Jenny Richard, South Coast SPN  Patti Nadeau Croper, SPN  Eileen Hogan, PCHC  Jennifer Olsen Armstrong, RIDOH  Shabnam Hashim, PCHC  Suzanne Herzberg, BPCTI  Dale Rogoff Greer, UHC  Elena Morgans, Lifespan  Deborah Garneau, RIDOH  Lois Teitz, CCAP  Donna Soares, UFM  Deborah A. Powers, PCHC | Claire Haynes, Thundermist  Aimee Schayer, Coventry Primary Care  Delaney Horsley, CPC  Evelyn Sanchez, CCAP  Angela M. Reda, Tri-Town  Danielle Jacques, Ocean State Medical  Katherine Roy, Affinity  Jeanne Schwager, RIC  Mehattie Dorsey, PCHC  Marilyn Saunders, EBCAP/EBFHC  Diane Howes, Southcoast Health  Yvette Chartier, UIM  Kathleen Congdon, Women’s Med Collab  Lauren Morton, BCBSRI  Maureen Claflin, Lifespan  Sandy Curtis, EOHHS  Ward Harrison, UMF  Deborah Andrade, PPGRI – CharterCare  Lucy Throckmorton,  Sandra Mota, Nardone  Kevin Kelley, Warwick  Hannah Hakim, PCMH Kids |  |
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| # | Owner / Time | Comments |
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| 1 | Susanne/Deb  5 minutes | **Welcome**   * Introductions * Review agenda   + Opening Remarks from Deb Hurwitz     - OHIC Standards and new definition for PCMH includes       * NCQA Level 3       * Competencies and Cost Containment Strategies       * Year over Year improvements       * Quality Measures     - CTC’s focus on meeting these criteria is a result of wanting practices to be eligible for their sustainability payment(s) by 2017, as these regulations will be enforced but CTC Practices will be ready to receive their sustainability payments |
| 2 | Susanne  15 minutes  Lorraine Tasso  NCM University Medicine  Aquidneck  20 minutes | **OHIC Update**  **Feedback from practice review of OHIC Transitions in Care functions from previous meeting**  **OHIC draft functions: Assessment and Care Planning**  **Nursing Assessment and Care Planning**   * Lorraine was supported by Dr. Gorelick in efforts to get everything she needed implemented into the eCW Medical record system * Initial nursing assessments take approximately 45 minutes to complete * General Health Issues section is used for next patient appointments to build ongoing patient relationships * Plan Section   + Treatment section consists of patient health educational documentation, and can be sent to the portal for email   + Diabetes Care Plan     - NCM is focused on goals for patient/family, barriers to goal, and progress to goal     - Action plan is the patient’s commitment to achieving goal(s)   + Weight Management Care Plan     - Goals are customized to patients from the Providers treatment plan * Patient care has been impacted by assessments as the NCM makes more engaged connections with patients. The patient is referred by a trusted doctor, and the NCM is able to capture patient information that will serve as the foundation to build trust relationships over time * Group Feedback:   + Move the Care Plan notes to the top of the document, or highlight the data in such a way as to avoid having to scroll through several pages of notes/data to view said information |
| 3 | Scott Hewitt  BVCHC  15 minutes | **Risk Stratification using modified Cambridge Health Alliance Tool**  Draft Referral/Intake Process to CHT   * Referrals to CHTs has not been rolled out yet, but will be in the upcoming months * The referral/triage tool is completed by the Practice and sent to the CHT * Score Calculations:   + If above cutoff, patient is accepted into High Risk   + If below cutoff, the patient is not accepted however, after review it could still be determined that the patient should be accepted into High Risk * What are Practices considering?   + Leverage technology as much as possible to identify rising risk patients – CurrentCare has Pharmacy data, can utilize patterns   + Reviewing the High Risk Report to determine who on the Care Team should be seeing the patients that are coming in the same day. Determine best utilization of resources and incorporate Nurses along with NCMs   + Conducting daily huddles with Nurse, Provider, MA, and NCM at the beginning of the day to review who is coming in that day |
| 4 | Susanne Campbell  10minutes | **Other learning opportunities**   * Self-Management of Blood Pressure Monitoring – March 24, 2016, from 8:30am-11:00am at the Radisson in Warwick   + Space is still available – CME and CEUs available   + Contact Jennifer Olsen for more information: [Jennifer.Olsen@health.ri.gov](mailto:Jennifer.Olsen@health.ri.gov) * AHRQ Shared Decision Making – May 19, 2016, from 8:30am-4:30pm at Shriners-Imperial Room in Cranston      * + Requesting attendance from at least 2 people from the organization to bring back information learned and share same with the organization * NCQA Strategies for Success on July 15, 2016 – free event |
|  | Deb/Susanne | **Next Meeting: 4/12/16 8:00 to 9:30 am RIQI, 50 Holden Street Providence RI** |
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**ACTION ITEM LOG**

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| **Added** | **Ref. #** | **Assignee** | **Action /Status** | **Due** | **Closed** |
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