Collaborative Care Management

Lessons Learned
Goals of CoCM

**Improve**
- Depression outcomes
- Optional, Anxiety outcomes

**Increase**
- Clinical satisfaction
- Patient satisfaction

**Decrease**
- Unnecessary hospitalization and ED use
- Costs

**Expand**
- Workforce roles
More Lessons Learned

- Tap into experienced staff
- Establish community partnerships
- Take a collaborative approach
- Supportive leaders
- Composition of the case review team
- Effective communication strategies
Key Components

- A DEFINED CARE MANAGEMENT PROCESS
- SYSTEMATIC CASE REVIEW TEAMS
- CARE MANAGEMENT TRACKING SYSTEM
- SYSTEMATIC TREATMENT INTENSIFICATION
- MONITORING FOR POTENTIALLY PREVENTABLE EVENTS
- ROUTINE DATA REPORTING & QI PROCESSES
Lesson #1

Work to win the hearts and minds of both leadership and staff at proposed implementation sites
Recommended Actions #1

1. Explore what makes it worthwhile for leaders and staff.
2. Look for champions at all levels.
3. But in the end, if nobody really wants to sign-up, leave.
4. Have “back-up” champions.
5. Make the initiative the standard of how care is delivered.
Lesson #2

CoCM metric results need to involve similar incentives, support, standardization, measures and feedback as other conditions.
Recommended Actions #2

1. Identify the incentives
2. Be clear about standardization vs local tailoring
3. Set clear goals and measures; create front-line run charts
4. Look for variation and have fun exploring why
5. Engage front-line staff in regularly reviewing results and brainstorming interventions to improve the results
Lessons #3

Not enough staff in clinics or care delivery systems understand measurement and how to use it for effective quality improvement.
Recommended Actions #3

- Create a learning environment.
- Use their own data to teach QI principles.
- Make it practical and useful.
- Put real people and stories with the data.
Lesson #4

Variation in any measure is likely to be huge, not only between medical groups, but within the medical group. No one is best at everything.
Recommended Actions #4

- **Expect**
  Expect variation; be “on a hunt” for its causes.

- **Make**
  Make it a badge of honor to find variation and act to improve outcomes.

- **Create**
  Create transparent reporting systems that make it easy to see variation in relationship to place, process, payment and people.
Lesson #5

Don’t assume that because an organization believes a process is implemented, that it is consistently used.

Measure and monitor key processes and outcomes.
Recommended Actions #5

1. Determine key process variables (KPVs) for the model.
2. Make them visible and part of everyday work.
3. Have staff measuring daily or weekly on KPVs.
4. Create “thinking slow” time for staff to look at the KPVs and brainstorm ways to improve.
Clinics and clinicians are not accustomed to feeling responsible to reduce preventable events that decrease costs as part of the critical results of integrated care.

Systems and people need to change to reach this goal.
Recommended Actions #6

- Create measures or proxy measures for these outcomes.
- Engage staff from the bottom up in decreasing PPEs (e.g., potentially avoidable admissions and ED visits).
- An area where staff probably feel even less comfortable.
- Is probably key to the need results from the integration of behavioral health into primary care.

Social determinants of health become critical.
Partners Lessons Learned

Questions - Thoughts