Collaborative Care Management

Lessons Learned

Goals of CoCM

Improve

- Depression outcomes
- Optional, Anxiety outcomes

Increase

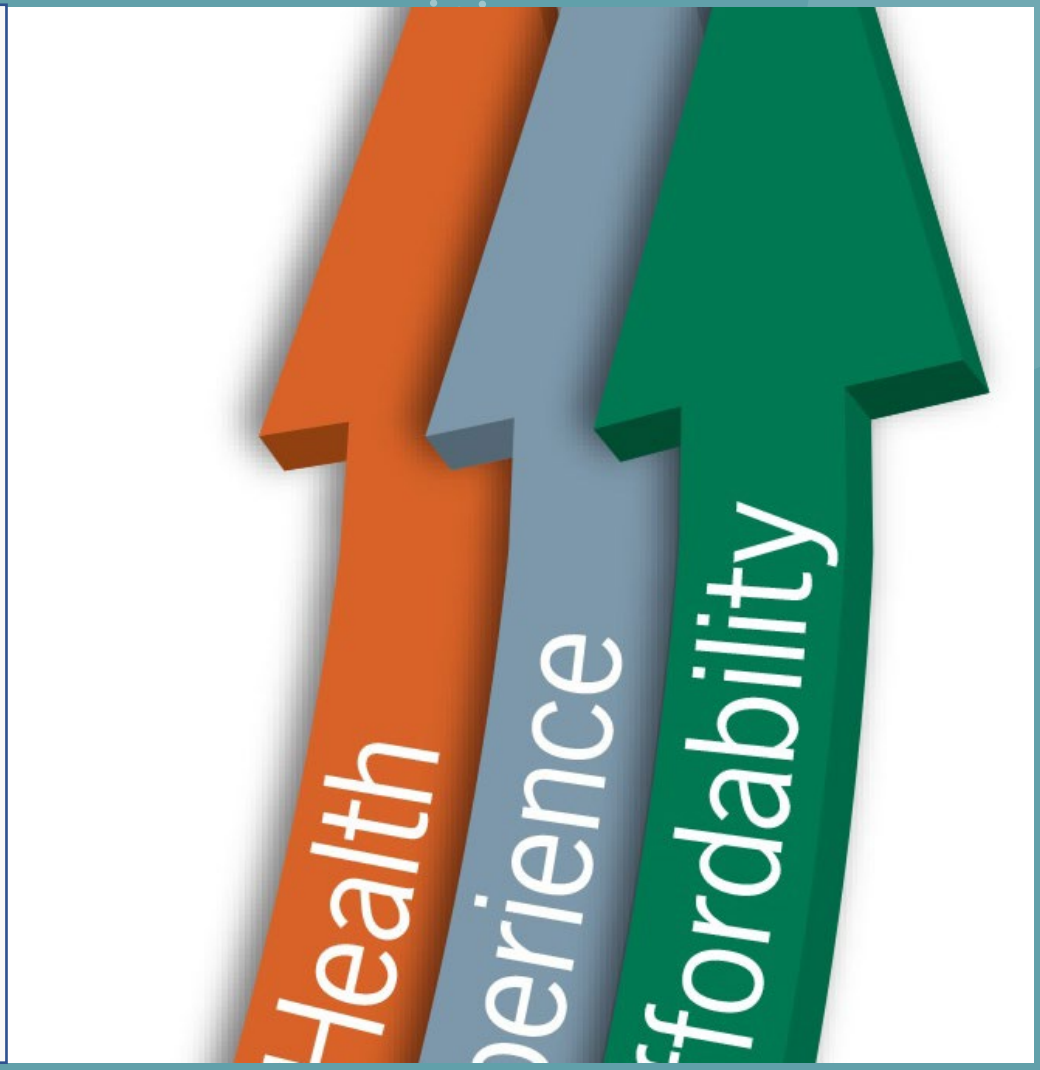
- Clinical satisfaction
- Patient satisfaction

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

- Explore what makes it worthwhile for leaders and staff
- Look for champions at all levels
- But in the end, if nobody really wants to sign-up, leave.
- Have “back-up” champions.
- 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

Identify the incentives

Be clear about standardization vs local tailoring

Set clear goals and measures; create front-line run charts

Look for variation and have fun exploring why

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

Lesson #6

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)

Social determinants of health become critical

- 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

Partners Lessons Learned

Questions - Thoughts