Health Link: Essentials of Care Coordination Infrastructure for Pediatric Provider Organizations
5/21/18
Sonni Vierling

• Sonni serves as the Vice President for Community-Based Programming for Orchard Place. She has provided oversight for the Integrated Health Home Program for the past four years. *Orchard Place is a children’s mental health organization that provides inpatient, outpatient and community programs serving 9,000 children annually.*

• She previously worked at the Iowa Department of Public Health where she ran statewide programs that ranged from increasing access to healthcare coverage to improving early childhood assessments and follow-up care in medical practice settings.

• At a local level, Sonni managed child health programs and worked directly with children and families for a number of years as a case manager.

• She has worked in public health and human services for over 25 years at both community-based and state level organizations.

• Sonni received a BA in Psychology at Grinnell College and an MA at the University of Iowa in Education and Women’s Studies.
Learning Objectives

At the end of this webinar you will:

1. Identify key components for building effective care coordination infrastructure

2. Understand the benefits of participating in interdisciplinary care team meetings

3. Learn approaches for provider engagement

4. Discover ways to showcase program data that demonstrate the value-added impact of Integrated Health Homes / Health Links on member outcomes
In July 2013, Iowa officially launched the first of three phases of the Integrated Health Homes, starting in the more urban counties.

By 2014, 31 agencies were identified and began delivering IHH services across the state in all 99 counties.

Orchard Place was among the first phase. This gave us the advantage of making early headway on program development. Yet as trailblazers, we often felt as if we were building the plane as we were flying.

Approximately 6 months into the first year of implementation, all Integrated Health Homes assumed the responsibility of and transfer of individuals receiving the Medicaid service “Targeted Care Management.”

The Integrated Health Homes outcomes have been measured and reimbursed based upon performance. IHH is one of the only Medicaid funded services in Iowa that has been under performance-based contracting now for more than 4 years.
Iowa’s Pediatric Patient System of Care

**Chronic Care Health Home**
For children with a chronic condition (asthma, diabetes, hypertension, mental health, substance abuse, obesity)

**Medical Home**

- **Baseline Tier**
- **Chronic Tier**
- **Complex Tier**
- **Critical Tier**

**Tier 1** (1-3 Chronic Conditions)
- **Tier 2** (4-6 Chronic Conditions)
- **Tier 3** (7-9 Chronic Conditions)
- **Tier 4** (10 or more Chronic Conditions)

**Integrated Health Home**
Designed to serve small, integrated populations who have especially complex and critical mental health and medical care needs.
IHH Service Integration & Team-based Model

Learning Objective 1
Frequency of Family Contact

• Care teams provide a minimum of monthly care monitoring with at least quarterly contact with a family.

• Monthly care monitoring can be:
  • Monitoring for gaps in service
  • Contacting the family by text, phone call, or email
  • Sending a monthly IHP newsletter on upcoming events & health-related information, or resources specific to their child’s needs.
  • Connecting with member’s interdisciplinary team
Lessons Learned

First Things First:

1. Focus on internal staffing & supportive infrastructure
2. Create workflows & prioritize development of Policies and Procedures
3. Develop trauma-informed work culture
4. Build effective teams and practice open communication
5. Conduct a stakeholders’ inventory with service providers of needs for member care
6. Convene regular local IHH provider meetings to collaborate on developing unified integration paradigm shift messages
7. Take time to measure, acknowledge and celebrate successes
Approach to Care that Resonates with Providers

• Apply Do For – Do With – Cheer On philosophy of care
• Use Risk Stratification
• Serve as translator between provider system and parents’ needs
• Help to ensure clinical gains in the home environment
• Establish effective feedback/communication loops
Example of Impact

Des Moines Register On-Line Interview

Tony Leys, tleys@dmreg.com  Published 2:39 p.m. CT March 22, 2018 | Updated 12:45 p.m. CT

Kailyn Haegele, a junior at Lincoln High School, says her mental health has improved since she's been receiving counseling services from Orchard Place, which focuses on children with mental health issues. Bryon Houlgrave/The Register

Incentivize provider partners to engage in integration meetings

1. Go to where they are.
2. Complete Stakeholder Inventory and bring along for feedback.
3. Identify critical events that warrant necessity to coordinate. Develop workable communication strategies. Build from these successes.
4. Reinforce what IHH brings to the table that takes off of their plate.
5. Find and focus on the early adopters.
6. Collaboratively train with other IHH agencies on the value of IHH.
7. Develop integration processes to exchange member information for better coordination.
8. Open communication and feedback loops are key.
Use Data to Drive Quality and Tell Story

1. Use member outcome data to inspire staff & other providers.
2. Facilitate meaningful discussions about how to drive data.
3. Continuously review data to pull out value-added trends to regularly share with providers and state decision makers.
4. Important to show successes when there is cause for celebration. Metrics can keep focused on goal and staff increase data literacy.

![Data Analysis Story Diagram]
Member Outcomes

*(Based on an Independent Evaluation)*

Caregiver Survey Tiers for Orchard Place IHP Enrolled Participants after 2 Years of Enrollment

July 1, 2013 through September 30, 2015 (n = 1,093)

- **Green**: Low Acuity
- **Yellow**: Moderate Acuity
- **Red**: Severe Acuity

<table>
<thead>
<tr>
<th>Time</th>
<th>Green</th>
<th>Yellow</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>41%</td>
<td>30%</td>
<td>19%</td>
</tr>
<tr>
<td>3 mos</td>
<td>40%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>6 mos</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>9 mos</td>
<td>34%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>12 mos</td>
<td>37%</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>15 mos</td>
<td>35%</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>18 mos</td>
<td>39%</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>21 mos</td>
<td>37%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>24 mos</td>
<td>47%</td>
<td>33%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Moderate: $p = 0.573$
Outcomes from MCO Claims Data

Iowa’s Pediatric Integrated Health Homes (PIHH) are effective in helping children and adolescents remain in their communities and in decreasing the use of expensive emergency room and inpatient treatments.

There has been a significant cost avoidance in recent years, which is projected to continue as these PIHH youth develop the skills and support system needed to manage their mental illness into adulthood. The effectiveness of the PIHH model over a three-year period is demonstrated by the Orchard Place PIHH data below.*

PIHH is working for Iowa’s children:

- **33%** Reduction in emergency room visits
- **75%** Reduction in inpatient admissions
- **0** Re-admissions

PIHH is avoiding costs to Iowa’s Medicaid program and saving Iowans money:

- **$217,000** in all-cause re-admission savings
- **$789,000** in inpatient admission savings
- **$134,000** in emergency room savings

Total Medicaid cost avoidance: **$1,140,000**

*Statistics were calculated using available data from Medicaid managed care organizations.*
Value-added Partnerships

**Integrated Health Program**

**Care Coordinator Network**

Orchard Place Pediatric Integrated Health Home brings the very best of our community together for a child and family when they need it.

"Making these targeted community connections decreases the amount of time a child and family need to stabilize and prevents future crises." - Sonni Vierling, MA, Vice President Orchard Place PIHH

**Community Partners that we work with include:**

**11 Schools and School Districts**
- Ankeny Community Schools
- Carlisle Community Schools
- Des Moines Public Schools
- Diocese of Des Moines
- Catholic Schools
- Indianola Community Schools
- Norwalk Community Schools
- Saydel Community Schools
- SE Polk
- Urbandale Community Schools
- Waukee Community Schools
- West Des Moines Comm. Schools

**5 Hospital and Clinic Groups**
- Broadlawns
- Clinica Familia
- Mercy Medical Center
- Unity Point Health Des Moines
- University of Iowa Hospitals and Clinics

**55 Community Agencies**
- Amerigroup Case Managers
- AHCA Home Health and Long Term Care
- Ask Resources
- Beleft
- Bidwell Riverside
- Boys and Girls Home
- Bremwood
- Central Iowa Psychological Associates (WDM Location)
- Child Psychiatric and Associates
- Children’s and Families of Iowa (Domestic Violence Shelter and Advocates)
- Children’s Square
- ChildServe
- Community Action
- Compass Clinical
- Counseling for Growth
- Courage League
- CSA – transitioning children to adult services
- CYFUM
- Des Moines Pastoral
- Easter Seals
- Evelyn Davis Community Center
- Family Clinica
- Foodbanks of Iowa
- Four Oats
- Free Store (furniture resource)
- General Assistance
- Heartland AEA
- Homeless Shelters in DM area
- Homestead
- House of Mercy
- Iowa Coalition of Domestic Violence
- Iowa Department of Public Health
- Iowa Family Services
- Iowa State Training School for Boys – Eldora
- Iowa State University Extension
- Jackson Recovery
- Kavaller and Associates
- Lifeworks
- Lutheran Services of Iowa
- Man-Up
- NAMI
- Next Step Counseling
- Polk and Warren County DHS
- Polk and Warren County Juvenile Court Services (UCSA, JCSA)
- Primary Healthcare
- Refugee Services (Monsoon)
- Section 8 Housing
- St. Vincent DePaul
- Tanner Place
- Visiting Nurse Services of Iowa
- Wildwood Hills Ranch
- Woodward (Sequel)
- YES3 – shelter and IHH program
- Young Women’s Resource Center
- Youth Homes of MidAmerica
Key Takeaways

The key takeaways from today’s webinar include:

• Focus on internal infrastructure (i.e. staff as your most valuable resource)

• Focus on relationship building (i.e. Open communication/feedback loops with members, staff and partners are all equally important and key to success)

• Use data in creative ways to drive improvement as well as the meaning behind the work.
THANK YOU