

PCMH and THL Webinar Beyond Coordination: How Integrated Care is the Future of Personalized Medicine



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Agenda

Introduction

 Beyond Coordination: How Integrated Care is the Future of Personalized Medicine

• Q & A

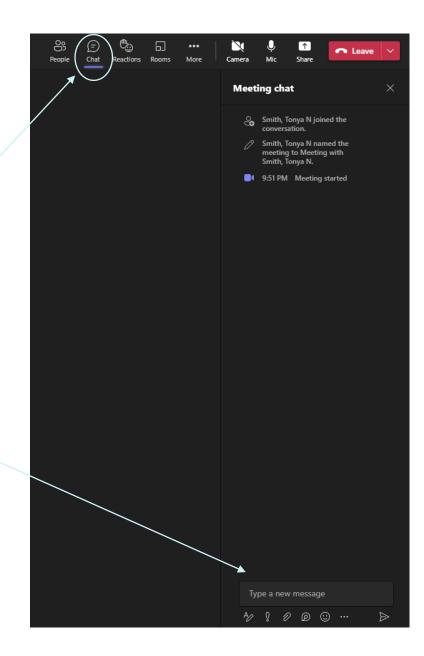
Conclusion



Interactive Webinar

Communicating during the webinar:

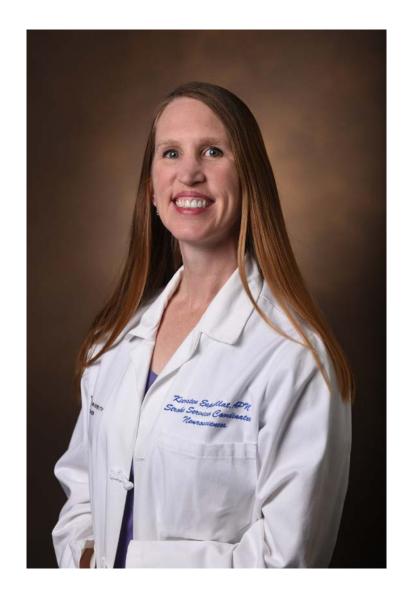
- For questions or comments during the presentation, please click on the **Chat** function
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INTRODUCING OUR TOPIC AND OUR SPEAKER



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Dr. Espaillat participates in several professional organizations and committees, including the American Heart Association Greater Southeast Affiliate Board. She was received recognition for her work on stroke legislation in the state of Tennessee by the American Heart Association. In 2019, she received VUMC's Jerita Payne Advanced Practice Nurse of the Year Award.





How Integrated Care IS the Future of Personalized Medicine

Disclosures

• No financial disclosures



Objectives

- Participants will be able to verbalize the difference between coordinated and integrated care
- Participants will be able to list two ways of modifying their current practice to become more integrated and personalized



Joe

48 year old male

Single

Urban environment

Food desert

Hypertension

Type 2 diabetes

Bipolar Dis<u>order</u>

Joe's Team Goals

Joe's BP will be less than 140/90 for 3/4 of the last visits to any member of his care team

Joe's A1C will be less than 8 after 3 months of a new therapy

Joe will report improved Bipolar symptom control

Joe will refill his medications within 5 days of script being "out"



Definitions

Coordination

Integrated

Personalized

Coordinated care

Level 1: Collaboration between primary care and behavioral health care is minimal. Screening, diagnosis, and treatment occur independently. Contact is limited to specific matters.

Level 2: Providers view one another as resources and communicate periodically about shared patients.

CCM is an advanced level of coordinated care.

Co-located care

Level 3: Providers work in one facility, but in separate systems; they communicate more often due to proximity and all-staff meetings. Referral is still the primary BHI process. There may be a sense of "team," but still no defined interactive protocols.

Level 4: Further movement toward integration may begin—eg, with a behavioral health provider embedded in a primary care office. The front desk schedules and coordinates appointments.

Integrated care

Level 5: Collaboration is strong, with primary and behavioral health care providers working as a team, communicating frequently. Respective roles are clearly defined, and practice structure is modified as needed to meet patient goals.

Level 6: Full collaboration, with a single health care system devoted to treating the whole person, is applied to all patients and not just targeted groups.

BHI, behavioral health integration; CCM, collaborative care model.





Coordinated Care for Joe

- Joe has BP reading of 175/95 at mental health visit
- Mental Health provider sends message to PCMH re: BP
- Joe leaves appointment with no changes to BP medication
- Communication between providers happened....





Integrated Joe

- Joe has BP reading of 175/95 at mental health visit.
- Joe's integrated team has an established goal of 140/90 and is utilizing an algorithm-based approach to managing
- Joe's mental health provider reviews previous notes and adjusts BP medication based on where Joe is in the algorithm
- Joe's PCMH provider is notified of the modification
- Follow up visit with PCMH provider is scheduled before Joe leaves







Moving Toward the Future

- Single framework plan with clearly defined Goals
- Shared knowledge of the patient progress in the Goals
- Documented current and next steps
- Continuous communication of goals
- Utilization of technology to push critical information



Question and Answer Session



Resources

References

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