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Initial development at
Intermountain Healthcare

Teamwork and medical Home in Rural settings: a case study with Care Management +

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Date: Sept, 2008

Overview

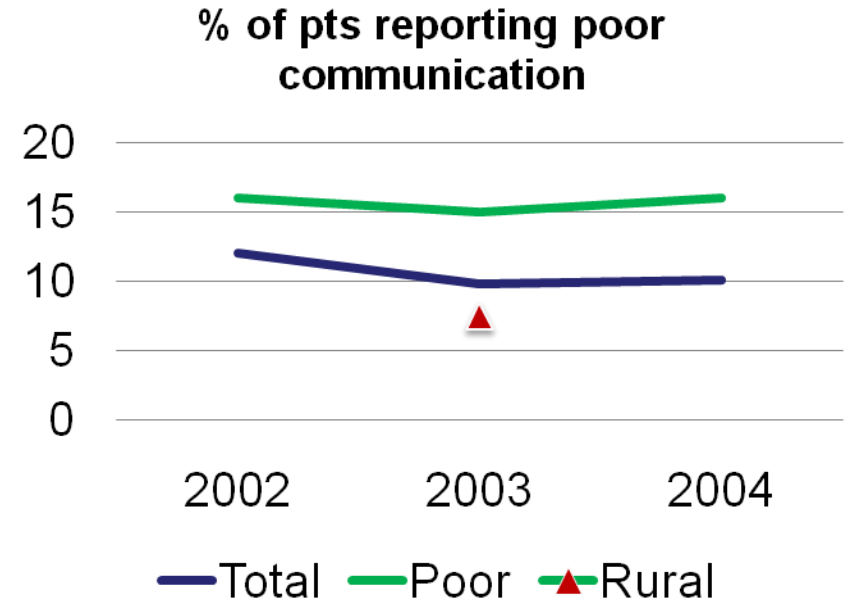
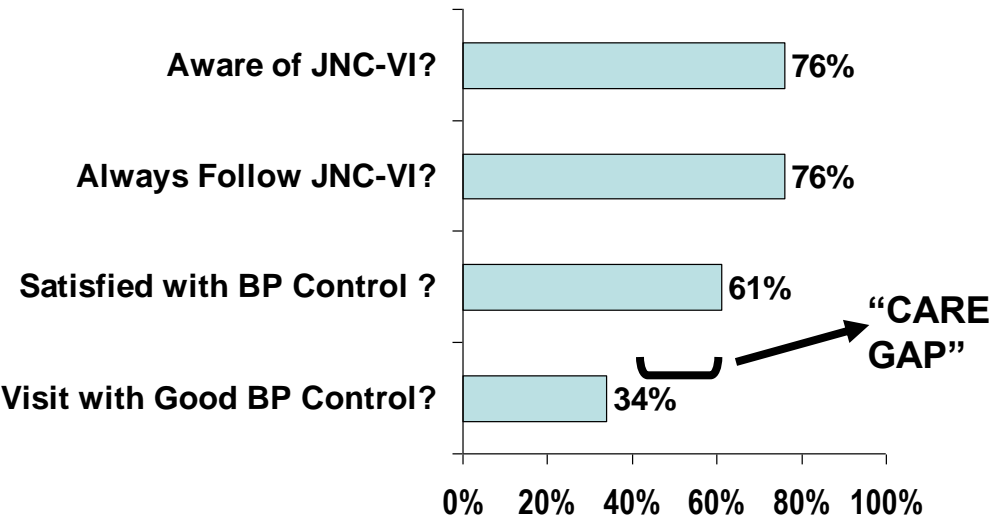
- The medical home concept requires teamwork, new roles, and a longitudinal approach to patient care.
- These changes require cultural, organizational, and measurement strategies.
- We study these changes under a program called Care Management Plus.

What are the gaps for high quality, patient-centered care?

Failure to consistently follow

...

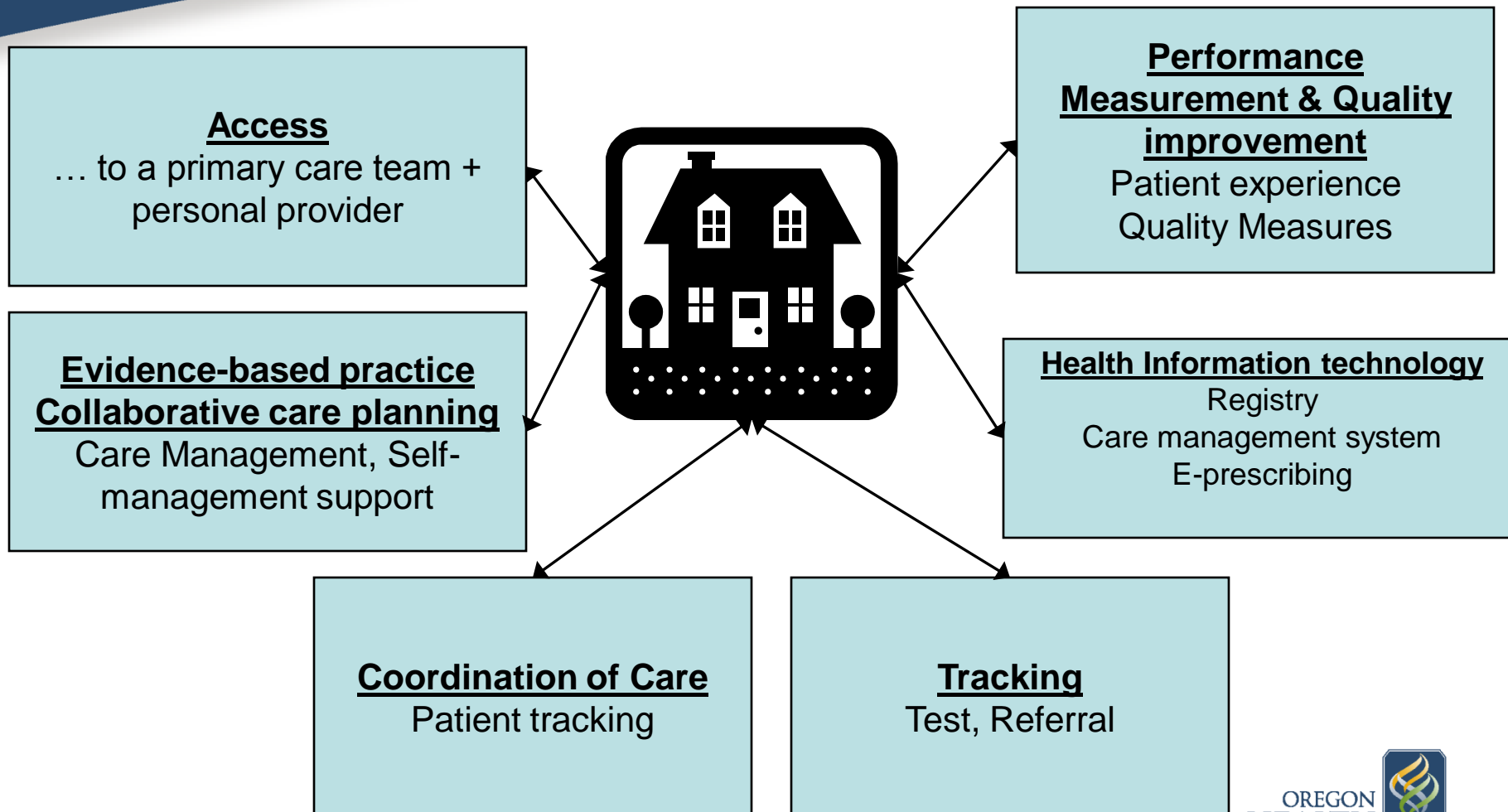
Failure to consider patient needs



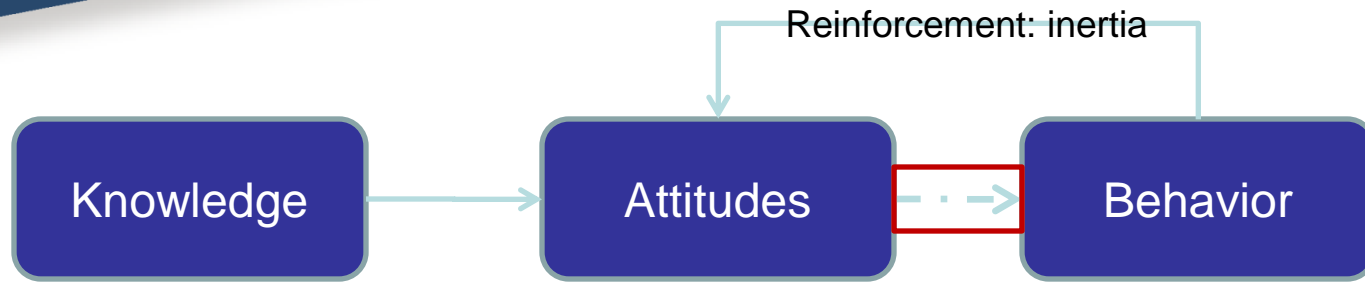
(Oliveria et al. Arch Intern Med. 2002;162)

What is a medical home?

Adapted from the NCQA and joint statement criteria



Knowledge, attitudes, and behavior lead to failure to improve health.

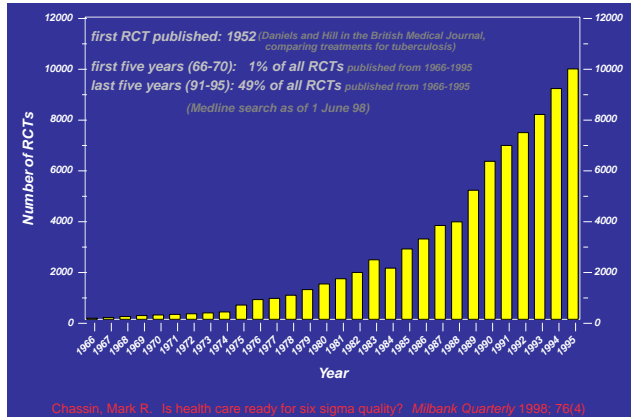


“Don’t know”

“Don’t agree”
“Don’t care”

“Just don’t”
-Time
-Organizational
-Incentives

System
doesn’t
support

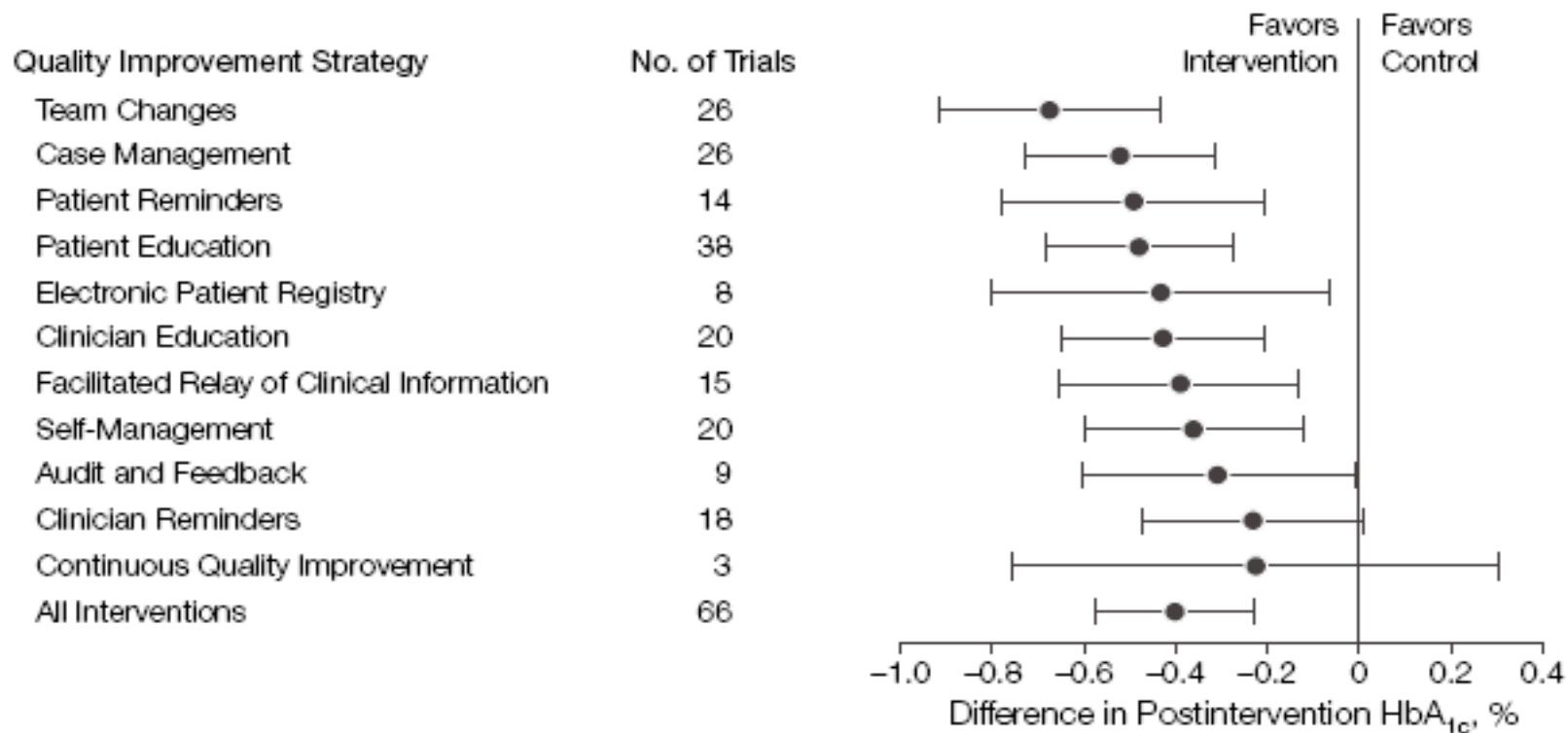


(Heavily) adapted from Lang et al (AEM, 2007) from Cabana, 2003.

What works the best to improve care?

66 trials of HbA1c reduction in Diabetes

Figure 2. Postintervention Differences in Serum HbA_{1c} Values After Adjustment for Study Bias and Baseline HbA_{1c} Values



Shojania et al, JAMA 2006 vol 296, no 4, p 427

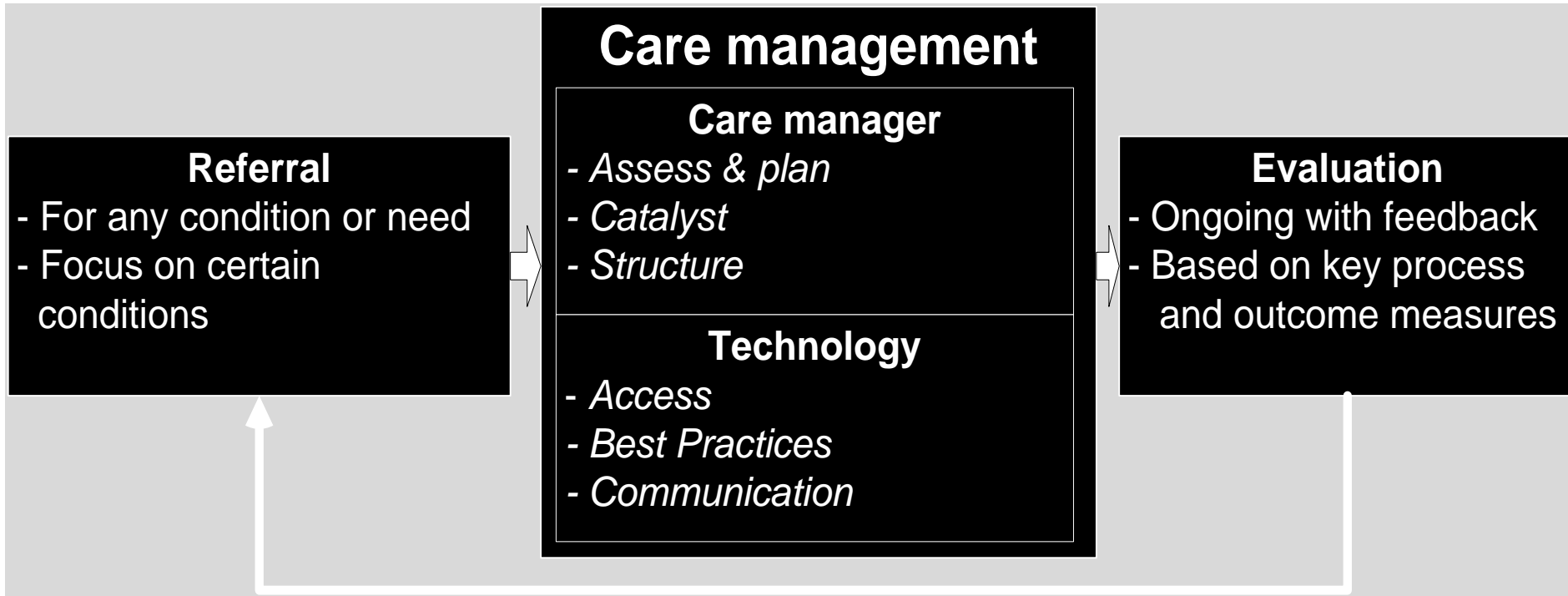
Can 'models of care' improve the transition to a medical home?

- Reviews of components indicate multifaceted approach may increase success
- Change is a multistep process
- Team-based approaches are generally more successful; teams require development
- *Implementation success* depends on cultural change

Casalino, 2005
Weingarten, 2003
Shojania, 2006
McDonald, 2006

Care Management Plus fills in core gaps in many clinics through a proactive, flexible system.

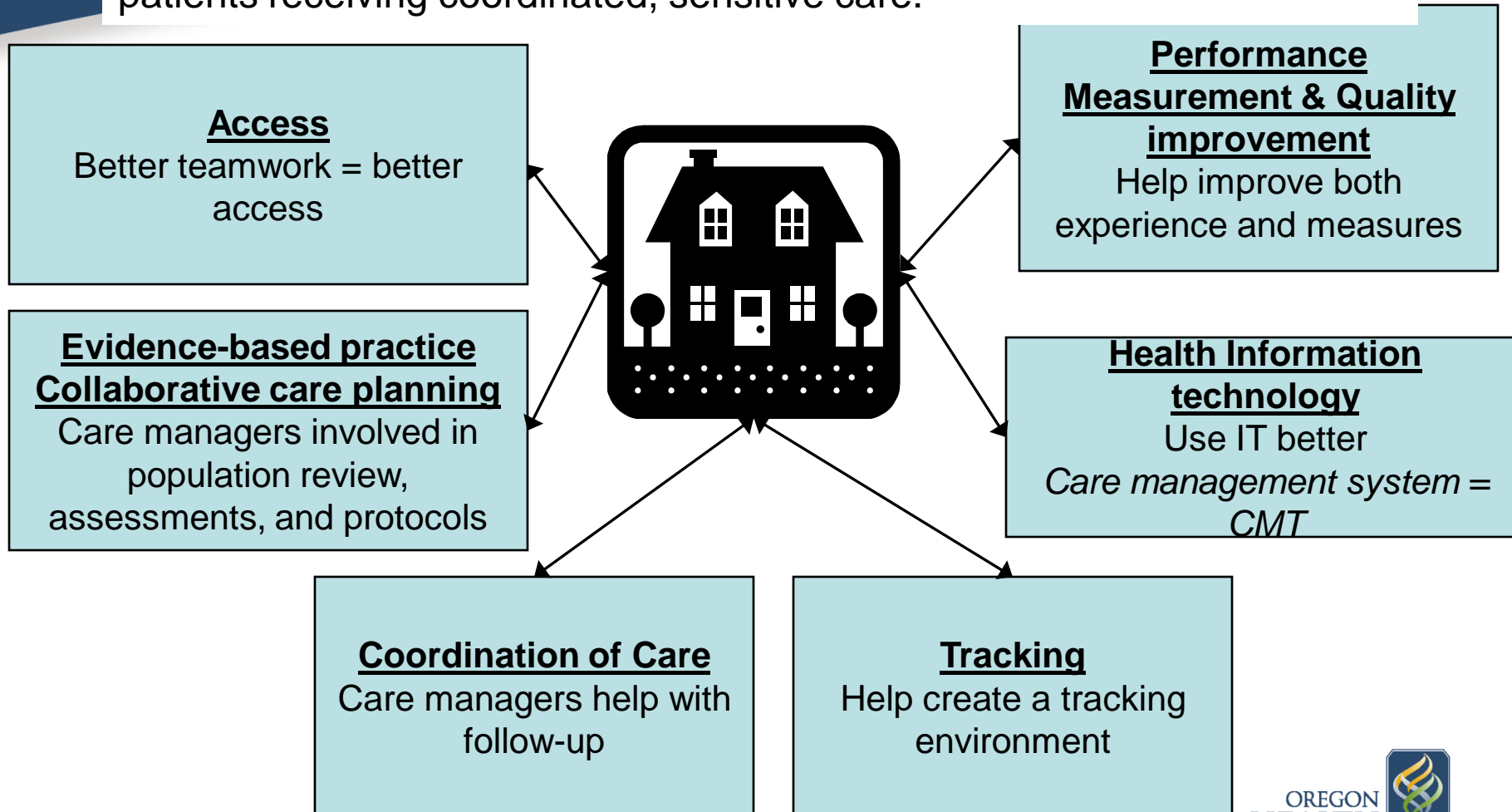
In primary care clinics



Larger infrastructure: Electronic Health Record, quality focus

Care Management Plus can help create a medical home.

Care Managers act as a guide, coordinator, and helper to facilitate patients receiving coordinated, sensitive care.



Does teamwork improve care?

- Patient experience: work with care manager improves perception of the practice; also improves staff experience = better service
- Quality, downstream benefits
 - Odds of admission (any cause) were reduced by 27-40% for patients with complex diabetes.
 - Odds of dying were also reduced.

Teamwork and collaborative care planning

Patients are taught to self-manage and have a **guide** through the system.

Care managers receive special training in

- Education, motivation/coaching
- Disease specific protocols (**all staff included**)
- Care for seniors / Caregiver support
- Connection to community resources

Health information technology in the medical home

- Elementary – the ABCs ...
- **Access** to (and adding to) knowledge and information
- reminding about **Best** practices
- **Communication**
- (plenty of other roles)

Call

Care Manager Encounter Tickler List

Care Manager: Ann Larsen

Sched. Dt. and Time	Encounter Type	Enc. Reason	MMH	First Name	Last Name	Phone Number	Pri
2/17/04	Telephone Contact	DM F/U				(801)	Wo
2/17/04	Telephone Contact	DM F/U				(801)	Wo
2/17/04	Telephone Contact	DM F/U				(801)	Wo
2/17/04	Telephone Contact	DM F/U				(801)	Wo
2/17/04	Telephone Contact	Depression F/U				(801)	Obi
2/17/04	Telephone Contact	Dep F/u				(801)	Sm
2/17/04	Telephone Contact	DM F/U				(801)	Wo
2/17/04 6:30 AM	CM Office Visit					(801)	Wo
2/17/04 9:00 AM	Class					(801)	Smt
2/17/04 9:00 AM	Class					(801)	Met
2/17/04 9:00 AM	Class					(801)	Obi
2/17/04 9:00 AM	Class					(801)	Wo
2/17/04 10:40 AM	MD Office Visit	DM F/U				(801)	Wo
2/17/04 1:50 PM	MD Office Visit	DM F/U				(801)	Rur
2/17/04 3:00 PM	CM Office Visit					(801)	Wa
2/17/04 3:50 PM	MD Office Visit					(801)	Wo

Population Tickler

Remind about communication tasks

Facilitate the nuts and bolts of teamwork

Before 3/10

IHC. Also detail

do. wait pay at

pm free 8:30-3:30

5 people

Test

who 14 people

Home 2-3 who

Back 2-3 who

Turn on 5:15

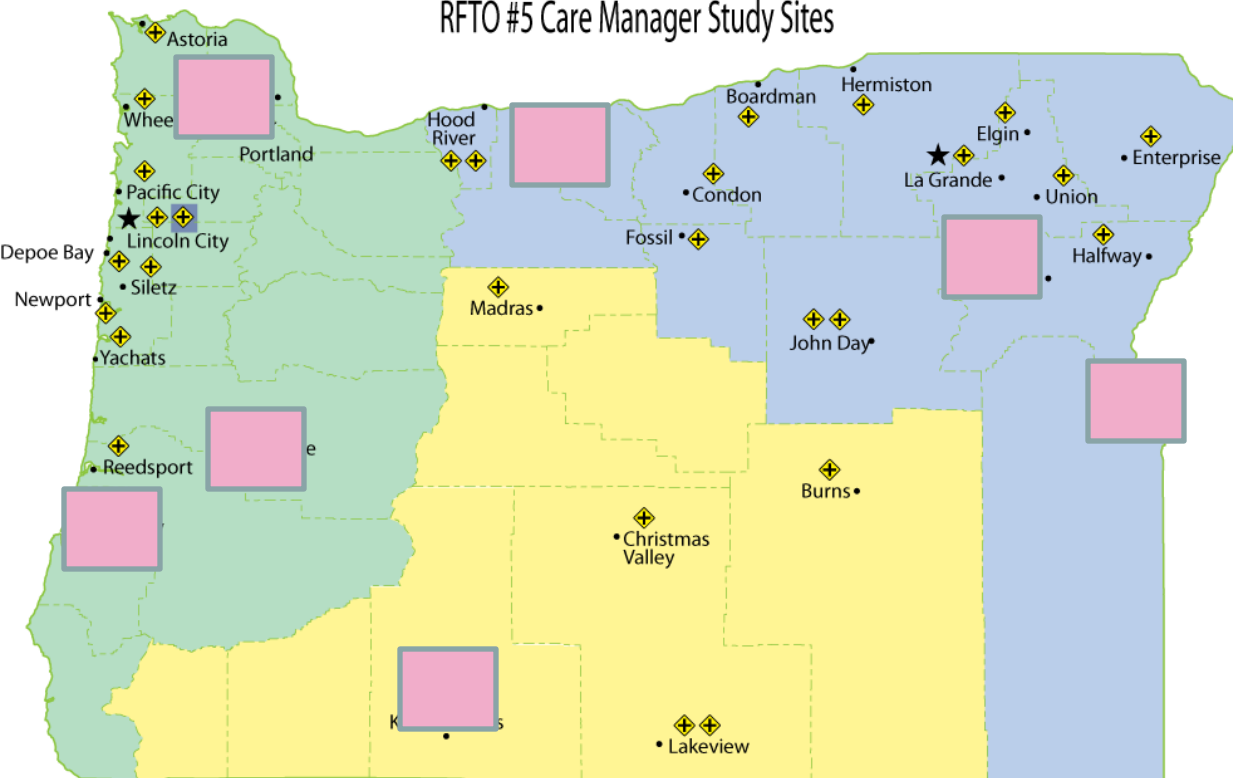
7-10 deep 3:00

If from cat effluents

Dr. McBride

Testing CM+ : Rural collaborative

Oregon Rural Practice-Based Research Network
RFTO #5 Care Manager Study Sites



- Study Sites
- Backup Site
- ◆ Member Clinics
- ★ ORPRN Office

- Early implementation sites**
- Treasure Valley Pediatrics
 - Klamath Open Door
 - MidColumbia Medical Center
- Later implementation sites**
- Eastern Oregon Medical Associates
 - OHSU Scappoose
 - North Bend Pediatrics

Summary

- Changing practice and culture requires systematic approaches to teamwork: we try to create one with CM+
- Other panel members will discuss these changes

Additional details

Thanks! The Care Management Plus Team

- OHSU

- David Dorr, MD, MS
- K. John McConnell, PhD
- Kelli Radican
- Hanh Tran
- Rachel Burdon
- Nima Behkami

- Intermountain Healthcare

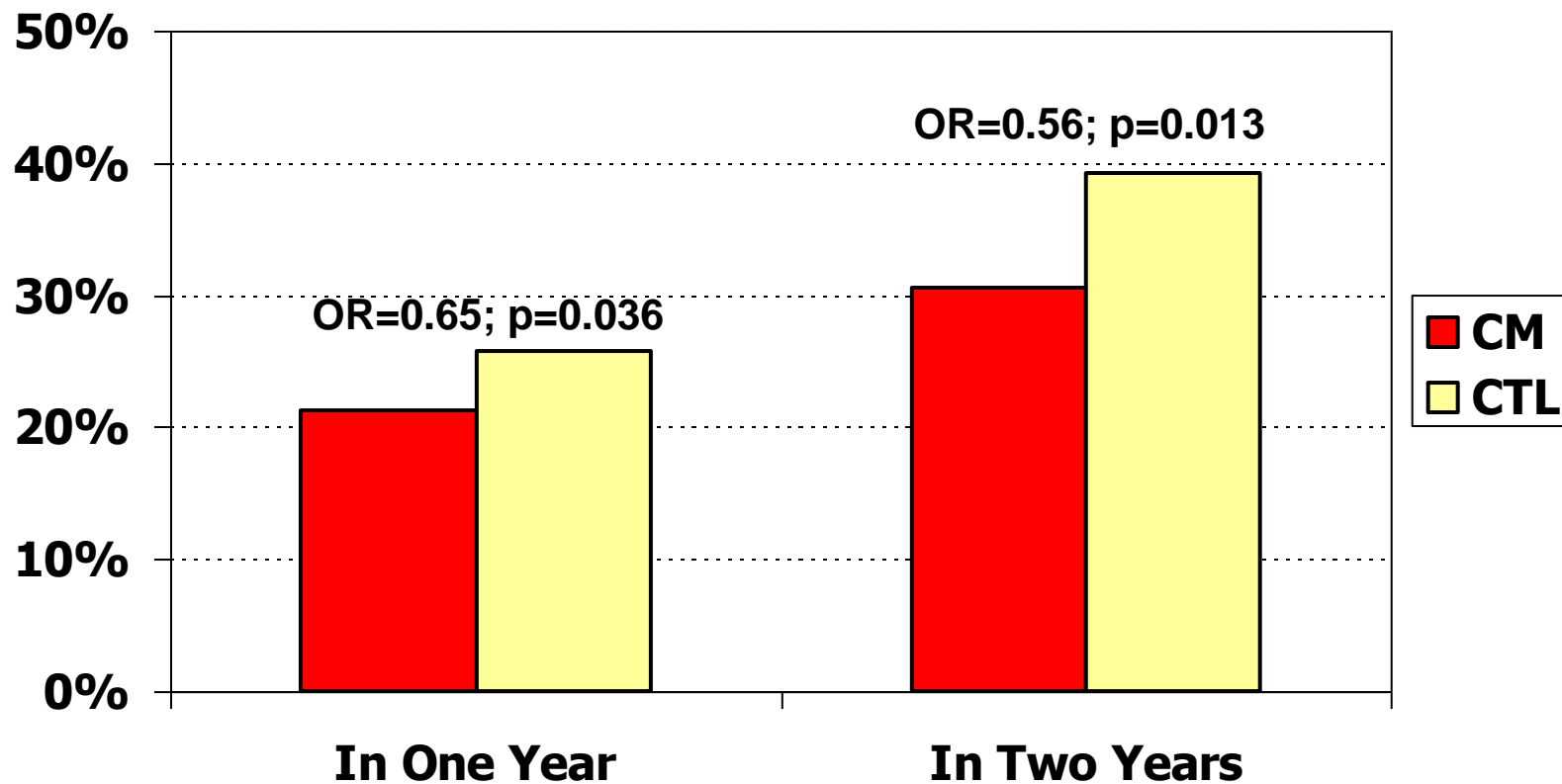
- Cherie Bruncker, MD
- Liza Widmier
- Mary Carpenter

Advisory board

- Tom Bodenheimer
- Steve Counsell
- Eric Coleman
- Cheryl Schraeder
- Heather Young

Informatics

- Adam Wilcox, PhD



Dissemination of CMP

