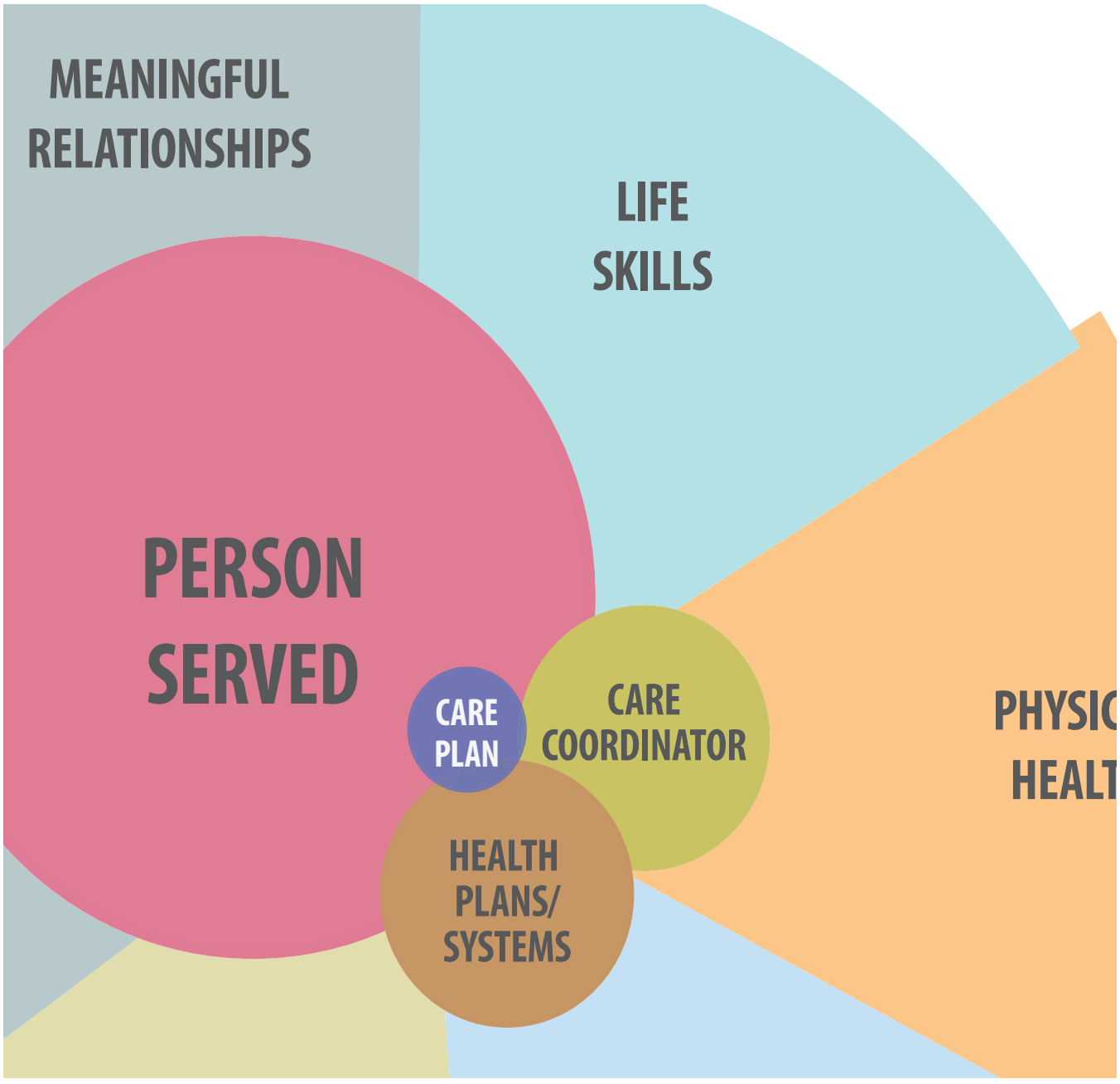
Care Coordination Services

Integrated Whole Person Care Across Connected Systems



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Understand the care coordination model and how it works at Telecare.

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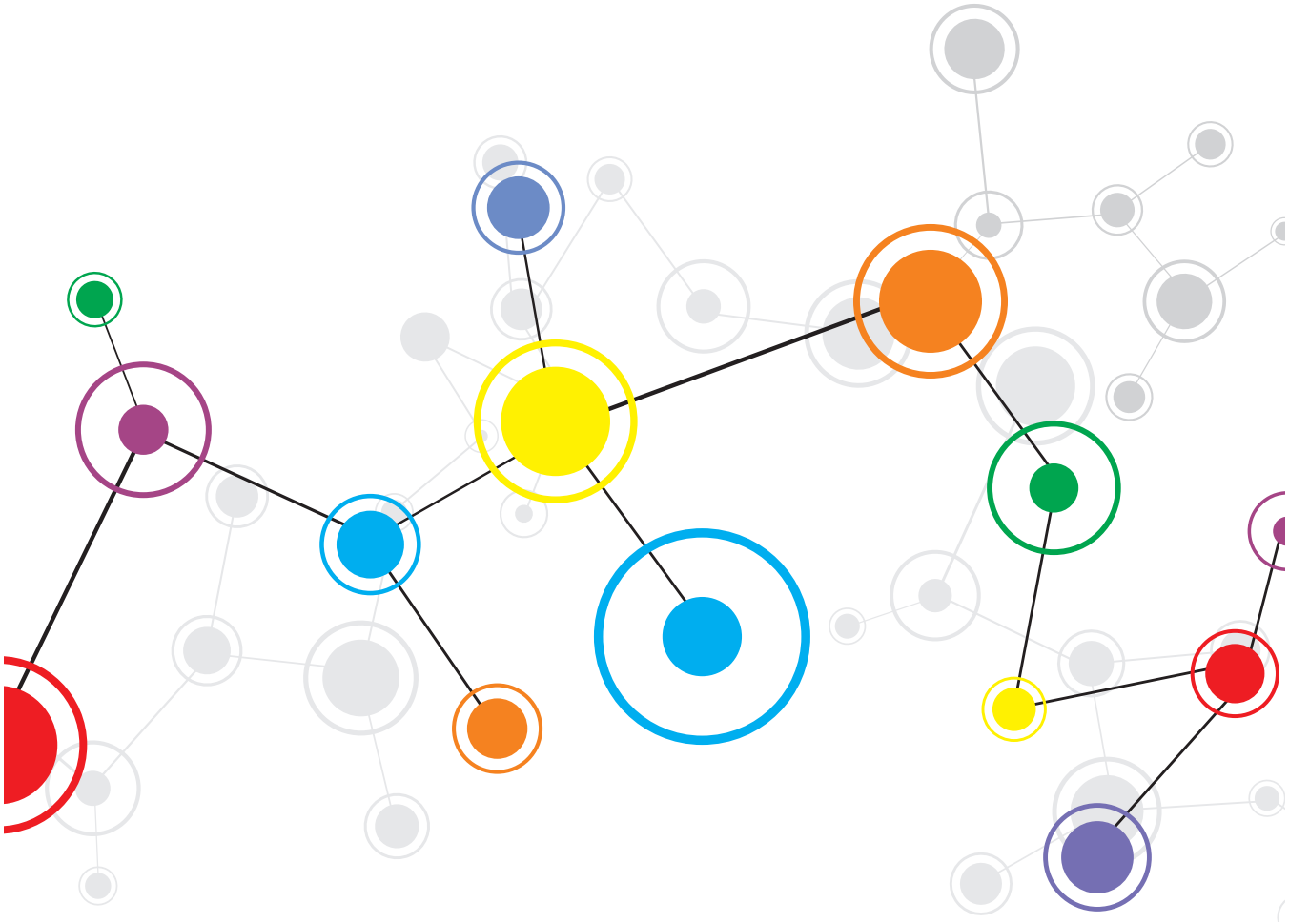
See how care coordination works in practice at our pilot program with Inland Empire Health Plan.

One Person's Story

Discover how care coordination has impacted the life of one individual with complex needs.

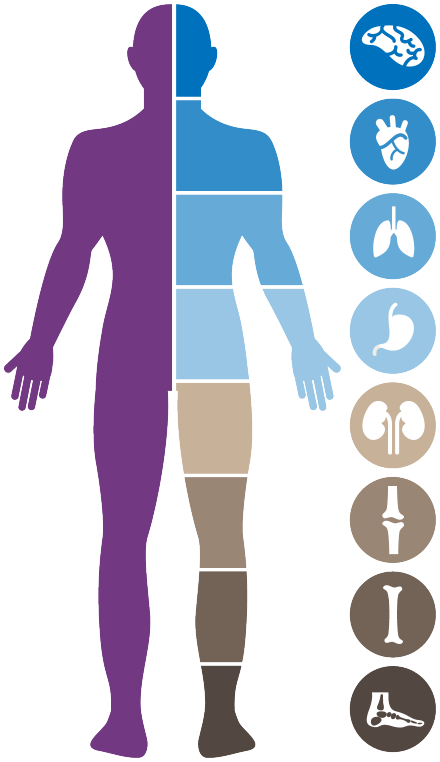


Care Coordination Basics

Integrated Whole Person Care Across Connected Systems

Overview

Care coordination is the deliberate organization of patient care between different systems, providers, and services. It facilitates the appropriate delivery of care across systems, keeping those services coordinated and aligned for both the person served and for providers. Care coordination makes a dramatic impact in the lives of people with serious mental illness and complex needs — while saving money and improving outcomes.



THE CHALLENGE

The people who are often the most difficult to serve well are those with extraordinarily complex needs. They show up in ERs with serious mental illnesses, substance abuse issues, and significant, but often preventable, health problems. They often have housing issues and very little money. They've burned out friends and family relationships. They often lack any meaningful connections to doctors or vital community supports. These individuals can cost a great deal to serve — and they consume a disproportionate share of available resources. Providers and systems struggle to serve these individuals in a way that is both effective and financially sustainable.

THE POTENTIAL BENEFITS OF CARE COORDINATION

For Health Plans

Care coordination enables health plans to enrich their utilization management and cost control by extending their resources and services into the community. It allows them to reach their members in a more tangible, hands-on way — cultivating personal connections and relationships, helping clients set and achieve health goals, and keeping them connected to the care and services they need.

For Persons Served

Care coordination enables patients to access care, stabilize their issues, reduce use of emergency and crisis services, improve their health, and take proactive steps towards healthy, hopeful lives.

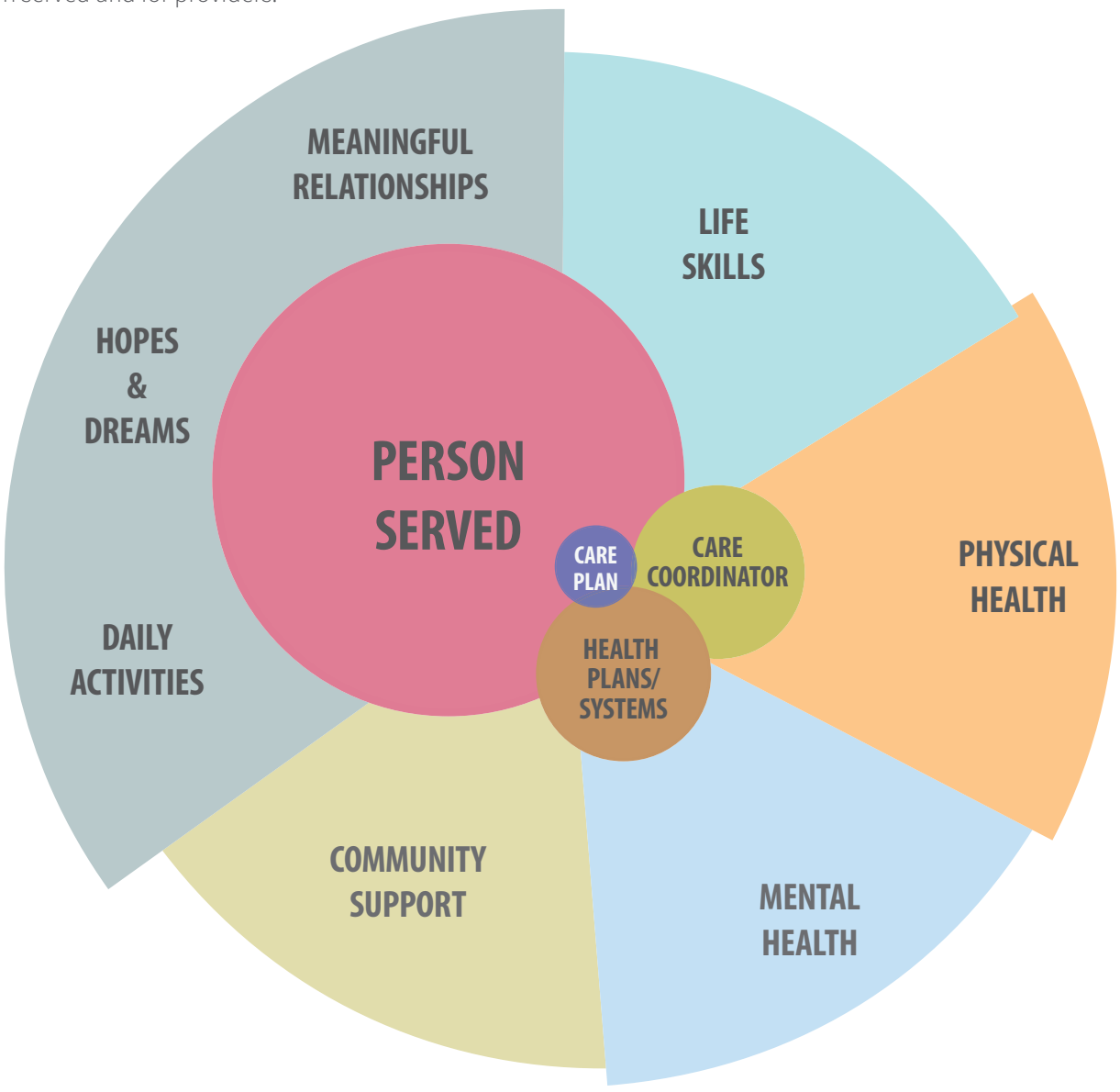
Care Coordination at a Glance

In general, the care coordination model incorporates these key elements:

- It's patient-centered and partnership-driven.
- It's population-based, serving a select group of targeted individuals.
- It's measurement-based and "treats to target." It aims to make an impact in specific, well-defined ways.
- It's evidence-based, using proven approaches that flex according to the patient's needs.
- It's accountable for results.

Care Coordination in Practice

Care coordination is the deliberate organization of patient care between different systems, providers, and services. It facilitates the appropriate delivery of care across systems, keeping those services coordinated and aligned for both the person served and for providers.



What Care Coordination Looks Like at Telecare

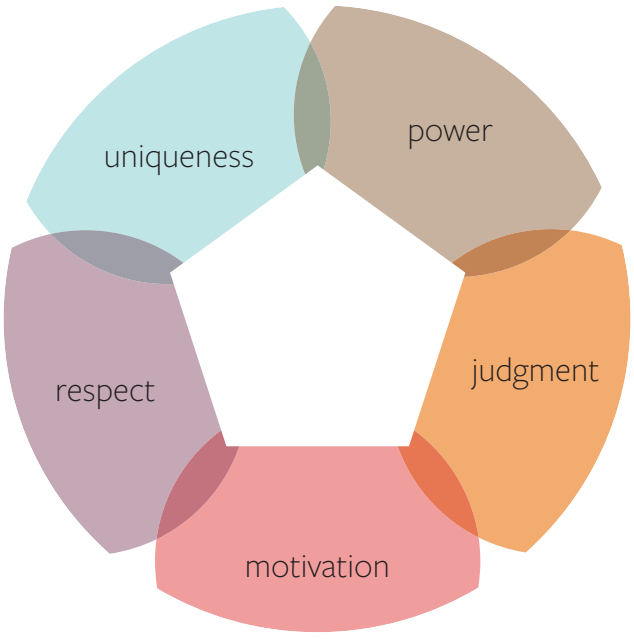
At Telecare, our care coordination services build a virtual health network around the person being served. We blend physical and mental health care by providing a dedicated, holistic approach. We work to ensure tight coordination between plans, community resources, and mental health providers. Care coordination thrives on connecting members to a more independent life by helping them manage their care effectively. Our care coordination services:

- Are currently offered in community-based programs using the Assertive Community Treatment (ACT) and Full Service Partnership (FSP) models
- Aim to be time-limited in duration (enrollment can run anywhere from 3 to 18 months)
- Focus on getting people stabilized, on track, and moving towards a more independent life as quickly as possible
- Work in closely aligned partnership with health plan care managers, including monthly reviews to ensure that care is coordinated, collaborative, and continually adapting to successfully manage shifting patient needs

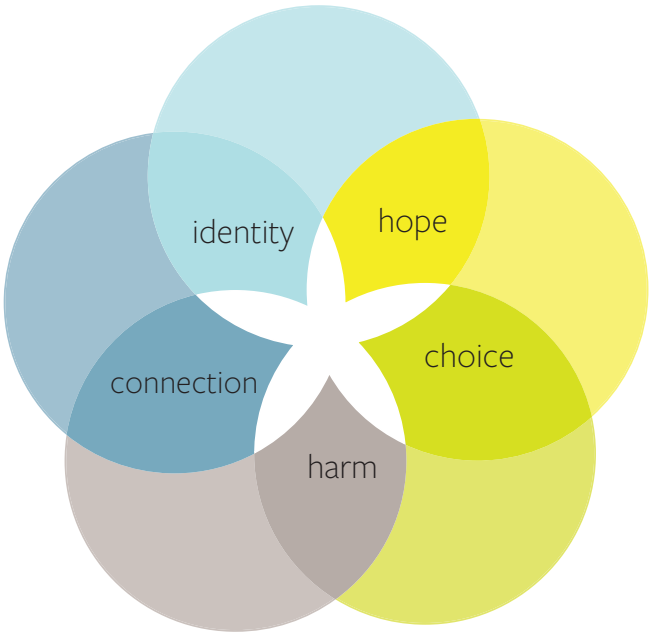
Using Our Recovery Focus to Build Trusting Relationships

All of Telecare's services are based on a strong recovery foundation focusing on person-centered services, strengths-based interventions and non-coercive communication. We reach out to a client directly from the hospital to start building trusting and non-judgmental relationships with them from the start. We work with their immediate needs and goals, guiding them by using our Recovery-Centered Clinical System (RCCS) conversations to gently spark discussion about key areas that can help awaken hope and bolster internal motivation for change.

Staff are trained in how to communicate empathy and build trusting collaborative relationships with clients, leading to improved treatment adherence. Many clients who are not initially interested in "mental health treatment" are interested in and motivated by improving family relationships, going back to school, getting a job, finding housing, and building life skills that will lead to successful outcomes for their personal goals.



The Culture



The Conversations

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Care Coordination Pilot

Inland Empire Health Plan and San Bernardino MAPS

The Challenge

Inland Empire Health Plan (IEHP) is a public health plan serving low-income families and individuals in two of the largest counties in the country: Riverside and San Bernardino, California. With healthcare reform and Medicaid expansion, IEHP's membership will expand significantly by 2015.

IEHP wanted to take proactive steps to improve services for their members with the most significant physical and behavioral health issues, including people who are eligible for both Medicaid and Medicare.

Three of IEHP's most significant service goals were to:

- Reduce medical ER use
- Reduce psych re-admissions
- Reduce psych bed days

IEHP wanted an approach that was cost-effective, clinically effective, and aligned with their mission of organizing and improving the delivery of quality, accessible, and wellness-based healthcare services for their community.

> "You have reached the patients and changed their ED usage. It is attributable to your team's interventions. We did a control study and did not see change like this in the control group."
>
> *— Dr. Peter Currie, Ph.D., Clinical Director of Behavioral Health, Inland Empire Health Plan (IEHP)*

Dr. Peter Currie discusses the benefits of an integrated system of care in our care coordination video online. For more information, please visit: www.telecarecorp.com/may2014news

The Approach

To achieve this, IEHP partnered with Telecare Corporation to implement a care coordination pilot program. Care coordination is the deliberate organization of patient care between different systems, providers and services. It facilitates the appropriate delivery of care across systems, keeping services coordinated and aligned for both clients and providers.

IEHP PILOT PROGRAM AT A GLANCE

- Program name: IEHP/MAPS
- Opened June 2011 (5 members); expanded in 2013 (15 members); expanded in 2014 (50 members max).
- Program was designed as an add-on to an existing ACT-based program which had clinical, psychiatric, and administrative team infrastructure. A care coordinator position that works exclusively with IEHP was added for the pilot.
- Services include a full array of community-based behavioral health supports, with the addition of health-focused care coordination services.

Pilot Program Outcomes

Dr. Peter Currie, Ph.D., is Clinical Director of Behavioral Health at IEHP. Dr. Currie was the driving force behind the IEHP/MAPS program, and behind IEHP's adoption of care coordination as a strategy for addressing the needs of their members with complex physical and mental health needs.

"In 2009, IEHP took an in-depth look at the behavioral health services our members were receiving and found that outpatient mental health services were under-utilized, and substance abuse treatment was nil," said Dr. Currie. "When our primary care providers referred people for behavioral health services, they did not know if their patients actually received those services. It has to do with the segregated nature of mental health services in our system."

"Privacy standards have been used as an excuse not to coordinate care. To serve clients well, we need to build in feedback loops between mental health and primary care. In our model, we are making care coordination an expectation. In other words, the behavioral health provider does not get paid unless there is coordination of care. It's incredibly important for the people we serve and their families to know that their doctors and therapists are willing to communicate with each other to improve the care they provide," said Dr. Currie.

"The IEHP/MAPS program has demonstrated that separate is not equal. Parity is not enough. Parity is a mandate and integration is the work that has to be done. Care coordination is not the answer by itself, but it's a tool that helps us really move toward the integration of behavioral health and physical health care in a meaningful way."

Dr. Currie advises other health plans to develop direct relationships with behavioral health providers. "Direct relationships are the best. Minimize the use of middlemen who can limit access." He adds, "Your behavioral health providers should contract at the highest possible level of the funding stream, directly with health plans when possible. They also need to demonstrate value by measuring results and proving return on investment."

IMPROVING ACCESS & SPEED OF CARE

One of IEHP's goals was to ensure speedy access to care. The IEHP/MAPS program meets this goal by seeing all clients within seven days of discharge from hospitalization and immediately providing related documentation to IEHP.

IMPACT ON MEDICAL ER, PSYCH RE-ADMISSIONS & PSYCH BED DAYS

For each member in the IEHP pilot, information was collected six months prior to enrollment in the program. The following is a summary of reductions in utilization from pre-Telecare and post-Telecare.

51%	81%	76%
REDUCTION IN PSYCH HOSPITAL ADMISSIONS	REDUCTION IN ED UTILIZATION COSTS	REDUCTION IN PSYCH BED DAYS
Pre Pilot 36	Pre Pilot $265.63	Pre Pilot 347
Post Pilot 14	Post Pilot $50.06	Post Pilot 84

In Summary

In the short time the IEHP/MAPS program has been in operation at Telecare, it has enlightened us on several points. We learned that relationships and engagement matter – two of the most essential ingredients that impact care and help members more effectively manage their own health.

> "That 81% reduction in ED utilization is really the tip of the iceberg. You have taken a very high-risk, high-utilization population and dramatically reduced ED usage simply by being close enough to the member to get them linked with proper healthcare resources. It was not magic. It is just what wraparound services can do because you are actually out there, with the member, taking them step-by-step through getting their needs met."
>
> *— Dr. Peter Currie, Ph.D., Clinical Director of Behavioral Health, Inland Empire Health Plan (IEHP)*

It's been exciting to see that care coordination services can improve the way that people access healthcare. The specific skills of mental health professionals—particularly those who work with very complex needs—can make a highly effective contribution in the larger healthcare arena. This pilot has shown us that we can help clients stop the cycle of ED usage by building health and mental health stability, managing crises, identifying their personal goals and motivations, and fully utilizing the resources available through primary care. The real-life, positive impacts of care coordination are gratifying and quantifiable.

For More Information:

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One Person's Story

Charles Receives Coordinated Services Through IEHP and MAPS

The IEHP/MAPS program specializes in serving people with complex health and behavioral health needs. Clients in the program range in age from 30s to 50s and are identified by IEHP for referral into the care coordination program. Like Charles, most of the clients in the program are coping with a wide range of factors that affect their health and well-being. Care coordination is a powerful approach— it flexes and adapts to an individual's needs while creating a virtual health network around that person. Services are patient-centered and partnership-driven. By working together, the program, the clients, and IEHP are able to reach their goals and achieve healthful, positive change.

Charles's Starting Point

Charles entered the IEHP program with a variety of needs:

- Medical: Diabetes mellitus, hypertension, gastroesophageal reflux disease (GERD), obesity.
- Psych: Major Depressive Disorder, severe auditory hallucinations, withdrawal.
- Other: History of previous heroin use. Physical, mental and sexual abuse from a parent. Dropped out of high school. Lived in group home for two years prior to entering IEHP/MAPS.

Prior to admission, Charles was calling 911 two to three times a month and had been placed on a psychiatric hold for at least seven days at a time. When a doctor evaluated him at the MAPS offices in March 2013, Charles had multiple suicide attempts, and was recently discharged from a two-week stay at a behavioral health facility following a threat to walk into traffic.

Charles, the IEHP team, and Dr. Peter Currie of IEHP were gracious enough to share their experiences in a video interview.

You can view this on the Telecare website on our May 2014 newsletter page: telecarecorp.com/may2014news

Charles's Care Coordination Plan

ENGAGEMENT & STABILIZATION:

To engage Charles in the beginning, a team made up of a care coordinator, nurse, and psychiatrist alternated meeting with him three times a week at his home. Alternatively, IEHP provided transportation for Charles to go to the MAPS office.

"What makes a big difference is the level which we're able to engage with them," said Cheryl Stebbings, team leader at MAPS. "We're fortunate to be able to take a person out for coffee, and when we're able to meet people on that level we're not just an official care coordinator or nurse—we're just another person across the table drinking coffee with them. It builds trust at a level you don't necessarily get if you're going to a doctor's appointment at an office. It really helps people turn that corner and start building strong relationships with us."

> "A person is a whole unit: medical, physical, psychiatric. Even though our main focus is on the psychiatric part, there are a lot of medical-type services we provide."
>
> *- Cheryl Stebbings, team leader at MAPS*

"Charles had a hard time staying out of the hospital for even a week," said Jerica Gailey, Charles's care coordinator at the program. "We provided a 24-hour crisis line, so whenever he was feeling depression or was experiencing auditory hallucinations he could use that service instead of immediately going to a psych unit or calling 911."

CARE TRANSITIONS:

When an individual is hospitalized, the IEHP/MAPS program responds quickly. IEHP requires that the program meet with hospitalized individuals within seven days of hospitalization. But whenever possible, the care coordinator strives to meet with people at the hospital either before they are discharged or within 72 hours of discharge. Periodically, IEHP will identify a person who is currently in the hospital, but not yet enrolled or engaged in the IEHP/MAPS program. IEHP will sometimes refer these clients to the program and the care coordinator will reach out immediately in these cases as well. "When we have someone who has been hospitalized, a licensed team member will follow up within seven days, and within 30 days the patient will have seen a psychiatrist," said Cheryl Stebbings.

Charles meets with his nurse at MAPS to discuss any needs he may have or concerns he would like to address to his doctor.

COORDINATION:

To maintain a coordinated service plan with IEHP, the main care coordinator at the program faxes or emails progress reports monthly, and is in contact with IEHP on an almost daily basis. The program team and IEHP have monthly face-to-face meetings to provide regular updates and keep everyone involved. "It's been a dual learning experience," said Cheryl. "IEHP is learning how our program works, and we're learning their requirements."

HEALTH BUILDING:

Consistent engagement with the care coordination team has provided Charles the opportunity to focus on other factors contributing to his health—managing medication, enrolling in individual therapy and becoming active in the community. "A person is a whole unit: medical, physical, psychiatric. Even though our main focus is on the psychiatric part, there are still a lot of medical-type services we provide," said Cheryl Stebbings. "We're helping them get to appointments, helping them schedule appointments, and sometimes redirecting them to urgent care or a primary care physician. By stabilizing their psychiatric needs we can make an impact on the medical side as well."

ACHIEVING GOALS:

After working with Charles for several months on his depression and self-esteem issues, the team started working on his short-term personal goals to help him stay focused on the present and stay out of the hospital.
"It initially took several months before Charles was willing to work with us in the beginning. He would rarely come outside," said Jerica Gailey. They began with a goal of one week without hospitalizations, then increased to two. "And then he just made a commitment with IEHP and he went a full month without hospitalization," said Jerica. "He said, 'I don't want to go to a hospital again'— it's been eight months since he's been hospitalized."

CHARLES NOW

As of May 2014, Charles is still focusing on maintaining a healthy lifestyle with consistent medication management. He has completed his GED and his new goal is to become a certified peer support specialist and a mentor. Charles joined a gym to improve his physical health and cultivated a relationship with his roommate, whom he is currently mentoring. "He is taking his medication the way he should be taking it and he is attending therapy," said Cheryl Stebbings. "He really attributes all of his success to being able to work toward his goals and to staying in the IEHP program."

> "[My team] treats me like a human being. They don't judge me, they don't mock me and they don't use harsh words with me. For me, it's like a family."
>
> *- Charles, IHEP / MAPS member*

For More Information:

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About Telecare

Respect. Recovery. Results.

We strive to deliver excellent services and systems of care for people with SMI.

We specialize in serving individuals with serious mental illness and very complex needs. Founded in 1965, we're a family- and employee-owned organization delivering a wide range of services, from acute inpatient and crisis services, to community-based programs and longer-term inpatient programs.

We serve adults, older adults, and adolescents with mental illness, many of whom have co-occurring conditions or complex needs. The people who come to Telecare's programs have frequently failed out of other services, bounced between providers and hospital settings, or been denied admission to other programs due to the severity of their needs. We do whatever it takes to create an environment where people can tap into their hopes and dreams and move toward the lives they want.

Our Values

As an organization, we are guided by our core values of security, growth, and partnership. We believe this helps Telecare to provide outstanding services, create great places to work, and build for a brighter future.

- **Security:** Security is having a sense of grounding and solidity; having a secure foundation to grow from.
- **Growth:** Growth is the ability to learn, achieve, challenge ourselves, and reach beyond our old limits.
- **Partnership:** Partnership is to be of service, to be a part of something, to collaborate, and to share our own knowledge and experience to a greater purpose.

Our Culture

Telecare is an employee- and family-owned organization, with a culture that is open and inclusive. Diversity is one of our strengths — whether in age, race, gender, culture, religion, language, sexual orientation, ancestry, or beliefs. Employees and clients bring their unique life experiences and perspectives to this work, making it richer and more meaningful for us all.

We exist to help people with mental impairments realize their full potential.

Telecare Corporation | Respect. Recovery. Results.