At the Center for Care Innovations we ...



Inspire innovation mindsets



Cultivate & share best practices



Build networks



Enrich skills

in Four Areas:

- Community-Centered Care
- Population Management
- Technology Solutions
- Innovation + Design Thinking

Transition to Value Based Payment – Mindsets

Whole Health and Population Innovation focused person wellbeing orientation



Transition to VBP: Actions

Social needs: screening and referrals

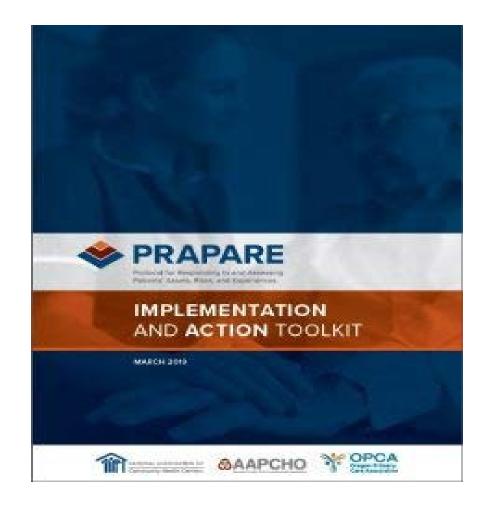
Data: strong analytics for care management and understanding cost, EDW, EHR pop software, risk stratification

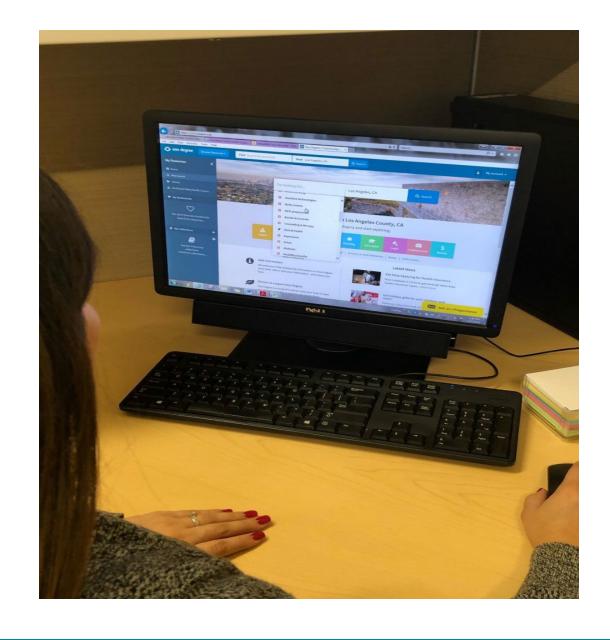
Partnerships: External -CBOs, payors, schools, law enforcement, transportation; Internal - breaking down silos

Virtual care: telehealth, texting, phone visits, technology for managing chronic disease

New and expanded care team roles: panel managers, pharmacists, community health workers, navigators, SUD counselors

Social Needs







Outbound Phone Calls Registry Recalls eCW Campaigns (Manual from eCW) (AutomatedRecalls) (by Staff) Measurement period: August 1, 2017—July 31, 2018 CENTIVE - Hypertension Control o Hypertension-BP not controlled at last Office Visit Hypertension-Not Seen in the Last 6 Months Hypertension-Team recalls for last BP not Quarterly Quarterly controlled (every 2 mo) COMPLIANCE FILTERS Providers + Moore, Jessica 2 52 10 Compliance is 10 percentage points above the organization's target of 75%. Diabetes-not seen in the last 3 months Diabetes-no A1c in the last 12 months Diabetes-Team recalls for A1c >9 (every 2 mo), namon 61 QIP recalls for eye exams & nephropathy screening Every 2 mo 500 Heart Disease-not seen in the last 6 months UDS Recalls for CAD/IVD on an aspirin (Annually) Compliance trend Compliance by Location Compliance by Provider Quarterly Chronic 110% -Asthma-not seen in the last 6 months Coumadin-Team patients with last INR out of Every 2 mo range or overdue (Ongoing) Williams, Lauren COPD-not seen in the last 6 months QIP-Monitoring Persistent Medications (pts tak-Denixt Nicole Quarterly ing ACE/ARB/Diuretic and are due for CMP) Pediatrics Well Child, 2-18 years—not seen in the last 1 year QIP Custon Campaign - 3-6 years due for WCC Measure Results All Patients Compliant Patient Excluded Patients Well Child, 2-20mo-not seen in the last 3 months Well Child Reminders, 2, 4, 6, 9, 12,15,18 mo QIP-3-6 years due for a Well Child Check Displaying 9 of 9 results Export + Search Reminds 1 mo before Risk Score Start Date End Date Patient Name MRN Provider Name Location Msrmt Value Numerator Cervical CA Screening—45-64 years with no pap in Cervical CA Screening—21-45 years with no pap in QIP—Patients due for a pap smear Exams forest. INCENTIVE - Hypertension Control 07/31/2018 Petaluma Health Center the last 3 years (Quarterly) INCENTIVE - Hypertension Control 08/01/2017 07/31/2018 MICAN Moore Jessicca Petaluma Health Center Breast CA/Well Woman Exam-50-69 years with no Medicare Annual Wellness Exam 08/01/2017 07/31/2018 TORK Wellness mammo in the last 2 years 08/01/2017 07/31/2018 110,410 INCENTIVE - Hypertension Control Moore, Jessicca Petaluma Health Center 08/01/2017 07/31/2018 10000 Colorectal Test Reminder—insure test ordered in Colorectal CA Custom Campaing—pts 50-75 with an Colorectal CA—pts 50-75 years with no insure test 11409 INCENTIVE - Hypertension Control 08/01/2017 07/31/2018 the last 3 weeks but not returned (Weekly) insure test in the past and now due in the last 1 year (Ongoing MA recalls) INCENTIVE - Hypertension Control 08/01/2017 07/31/2018 11/2000 Moore Jessicca Petaluma Health Center 153/96 18 miles Flu Shots Available (6mo and up) 2-23 months, overdue for a Dtap HEAD'S V INCENTIVE - Hypertension Control Moore, Jessicca Petaluma Health Center 08/01/2017 07/31/2018 16-23 months, overdue for any childhood vaccines Proposed: 6mo-8 years, 2nd flu shot due Social Risk Behavioral Risk Score Score Cost/ Clinical Risk Utilization Score **Risk Score**

Virtual Care

CareMsg Quick Guide

Interface LIVE DATE 08/28/2018

How to delete an appointment:

From the Appointments link select the Reminders tab > dick on the drop-down menu under. Name and select External ID

Enter patient MRN, appointment date and click Apply





Collaboration & Partnerships





New and Expanded Team Roles

People with lived experience
Patient Navigators
Community Health Workers
Behavioral Health Consultants
Panel managers

Expanded roles for nurses and non clinical staff

- Case management
- Integrated behavioral health (mild/moderate, SUD & MH)
- Care coordination
- Planned care and outreach functions

