

Environmental Survey Questions for PCEP Summit

May 6, 2011

Introduction: The primary care extension program (PCEP) is a model of care that was developed to take advantage of community networks as a means of improving quality of medical care and community health through two mechanisms, namely, local technical support of practices and linkage with community resources. PCEP is a framework of care intended to support a variety of models of practice. Optimal effectiveness is likely to come when PCEP is aligned with primary care practices based on patient-centered medical home model (PCMH). The PCEP model provides assistance for the transformation of primary care to the medical home model. While the medical home model represents an improvement in health care delivery and outcomes, unaddressed social determinants of health often impact a patient's ability to follow through on his or her care plan. Public health programming may be able to impact some of these barriers with the use of lay health workers who straddle the gap between the patient in the community and the medical practice. The PCEP model incorporates Health Extension Agents (HEAs) to perform this outreach function.

There are many projects in Illinois focusing on aspects of these two components of the PCEP model (practice transformation and linkage with community resources). Our goal is to create an environmental survey of the various projects to create a resource database for existing and new projects and enhance the opportunities for synergy. Please complete the following questionnaire:

1. Name of your project:
 - Office of the Future
 - PEDS CARE (Prevention, Early Detection, and Screening for Children At-Risk Emotionally)
2. Key project personnel, roles and contact information: Jerry Kruse, MD, Shirley Longlett, MS, Rhonda Kewney, MS
3. Is there information on a website? No URL? No
4. What is the target population?
Family Medicine Patients under the age of 18
5. Provide a short description/overview of project:
 - Office of the future is a project to improve quality of care for patients by changing/streamlining office practice and processes to assure that physicians and staff are all working at the top of their licenses to provide comprehensive, high quality, patient-centered care in an efficient, cost-effective manner.
 - PEDS CARE is a project (within the residency clinic and the office of the future project) supported by the Illinois Children's Healthcare Foundation, Blessing Hospital and SIU Quincy Family Medicine Residency/Clinic to coordinate and integrate children's behavioral healthcare within the medical home.
6. Describe the elements of practice transformation within your project. Are you using the medical home model? Are you using a standard definition or evaluation tool for medical home model?
 - Quincy Family Medicine is using the medical home model and is striving to meet the NCQA's criteria for a PCMH and is in the process of applying for NCQA PCMH

certification. The addition of care coordination of patients with chronic disease and children with behavioral problems as well as offering children's behavioral, mental health and psychiatric services on site has been transformational within our practice.

7. Describe the elements of community linkages within your project.

- Quincy Family Medicine has a long history of working with the community to improve the health of people in our county. Beginning with teaching our residents about Community Oriented Primary Care, faculty have been participating with other community agencies including the local health department, United Way, county extension services and many other social agencies. Faculty was and is active in the development of the Access Health Adams County (AHAC), a community-based initiative to provide access to healthcare to the low-income population in our county. The initiative, a community collaboration spearheaded by the Adams County Health Department, has three main components: Community Service Link (an information system that facilitates social and health services referrals); Care Management (assists eligible individuals to appropriate and effectively use the health care system); and the Physician Led Access Network (formalized network of providers who care for the uninsured). Over the first 2-3 years, AHAC has significantly decreased inappropriate use of the ER by its enrollees and has increased the number of people with a medical home.
- The PEDS CARE project contracts with Blessing Behavioral Healthcare for psychiatric services on site and with the local mental health center for group and in-home services as needed.
- PEDS CARE staff is also involved in the local All Our Kids Early Childhood Network (AOK,) a community-based collaboration that is committed to developing a high-quality, well-coordinated, easily-accessible system of care that will promote positive growth and development for children 0-5 and their families.
- We are currently collaborating with the mental health community, the schools special education association, Blessing Hospital, 2 other medical groups, and many other agencies to develop a system of children's mental health care so that every child may have access to the social and emotional supports necessary to maximize his/her potential.

8. Describe key collaborative relationships.

- SIU faculty serves in leadership roles on the AHAC Board and Planning Committees
- Participation in the Community Service Link and in the Physician Led Access Network as referral resource for the uninsured.
- SIU faculty assisted Director of AHAC is writing an rural network development and outreach grants for continued funding
- An outgrowth of the PEDS CARE program is a new children's community mental health initiative to enhance the system of care in Adams County for children's mental health. SIU Quincy Family Medicine, Transitions of Western Illinois (local mental health agency), and the Special Education Association of Adams County share the leadership role in this grant initiative. This grant is supported by the Illinois Children's Healthcare Foundation.

9. Length of time in existence: about 2 years

10. Describe the funding of the project.

Office of the future project was initially funded through a residency training grant from the Illinois Department of Public Health Center for Rural Health. The PEDS CARE portion is funded by the Illinois Children's Healthcare Foundation. Both projects are further supported by Blessing Hospital and fees collected for services rendered.

11. Describe how you intend or are currently evaluating the project. What outcomes are you tracking?

Patient satisfaction surveys, # of patients seen, provider satisfaction, # of referrals made to PEDS CARE; income vs costs; certain quality benchmarks for chronic disease management.

12. What are the results of the project to date?

- Patient and provider surveys indicate a high level of satisfaction with services and ease of accessibility in both projects
- Average about 9.5 new patients per month referred to PEDS CARE
- 28% of referred children are diagnosed with ADHD; 28% with Adjustment Disorders; 22% with Depression or Anxiety disorders; 5% with OCD; 4% with Autism; the rest with a variety of problems/disorders
- Provided a variety of services from individual, parental counseling, groups for kids, groups for parents, psychiatric assessments and management, in-home and in-school counseling/assessments

13. Briefly list key challenges and successes?

Challenges:

- Mental health disparity in re: reimbursement
- Lack of reimbursement for care coordination activities
- Mental health rules and regulations that provide stumbling blocks to integrating care within a medical home.
- Sharing mental health and medical records, HIPPA laws and mental health accountability act
- How to code appropriately to be reimbursed for mental health services—depends on the medical home setting, ie. FQHC, RHC, private, etc

Successes:

- This initiative has created a change in the practice culture, increasing the awareness, acceptance, and valuation of behavioral services within the clinic.
- Physicians are readily identifying childhood behavior problems and making appropriate referrals.
- Patients are more comfortable seeking help within the clinic rather than going elsewhere for services. Patient and provider satisfaction rates are high.
- Patients appreciate the friendly, non-judgmental atmosphere.
- Children in group treatment feel accepted and look forward to coming.

- Providers are pleased with the easy interaction and feedback received from the mental health professionals.

14. What support or resources do you need in order to expand or replicate your project?

- Reimbursement for care coordination activities
- Reimbursement for preventive services
- Reimbursement for home visits
- Physician and mental health “champions” of integration in order to overcome the challenges encountered

Please complete by June 1, 2011 and send to Margaret Kirkegaard at mkirkegaard@automated-health.com.