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40TH

National Mental
Health and Addictions
Conference & Expo
MARCH 2010

See you in San Diego, May 2-4, 2011



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

Integrating Medical and Behavioral Healthcare Poster Presentation

**THE 'VIRTUAL' MEDICAL HOME:
A PUBLIC-PRIVATE PARTNERSHIP**

**APS Healthcare
and
Cobb/Douglas Community Services
Board**

A PARTNERSHIP BETWEEN...

 APS Healthcare
Disease Management - GA

and

Cobb/Douglas
Community Services Board

Bob Climko, MD, MBA
Deborah Strotz, MPA
Cheryl Holt, MA, NCP



Providing Mental Health, Mental Retardation
and Substance Abuse Services



- Our Mission: Improve the health of those we serve
- We connect all the players in the healthcare equation: participants, practitioners, and payers
- We deliver person-centered, provider supportive services that optimize expenditures and improve health
- In Georgia, through our telephonic and field-based Disease Management Services, we educate individuals and their caregivers on important medical and behavioral factors that contribute to overall health
- We encourage members to adopt healthy behaviors that can make a significant impact on their health outcomes
- We foster strengthened relationships between members and providers, increasing use of preventive services, reducing use of unnecessary emergency services
- We address the hidden obstacles that stand in the way of individuals seeking appropriate care that is critical to improving outcomes

COBB/DOUGLAS COMMUNITY SERVICES BOARD

- The Cobb/Douglas Community Services Board (CSB) provides mental health, developmental disability, and addictive diseases services to residents of the metro-Atlanta counties Cobb, Douglas, and Cherokee
- Our Philosophy of Care is to maximize satisfaction and outcomes through respectful, evidence based interventions with responsible use of resources
- Our Core Values are individual empowerment, customer driven care and supports, passion for innovation and integrity, and focus on community
- CARF accredited, nationally recognized evidence-based practices providers to children, adolescents, adults, and families
- Services include: Community based, outpatient, crisis stabilization, supportive housing, residential treatment, supported employment, adult detention, peer support, day programs, integrated primary care, and diverse grant funded initiatives
- Public corporation, sub-unit of state government, serving approximately 11,000 clients each year



Providing Mental Health, Mental Retardation
and Substance Abuse Services

PUBLIC-PRIVATE PARTNERSHIP

Our mission:

**Enhancing positive health
outcomes for clients with
serious behavioral
health disorders**



STRATEGY: THE 'VIRTUAL' MEDICAL HOME

- Identify, coordinate, and link care between Cobb/Douglas CSB, the behavioral health provider, and primary care providers
- APS Healthcare's information system, Care Connection™, provides the foundation for the 'Virtual' Medical Home
- Make available claims-driven data regarding:
 - Services and medications
 - Health Coach and behavioral health provider activity and plan of care to all providers through Care Connection™

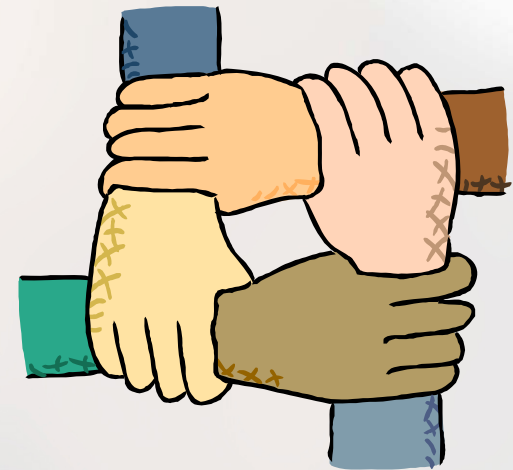
STRATEGY: THE 'VIRTUAL' MEDICAL HOME (continued)

- Through capacity building and blending of separate structures, community behavioral health and private disease management, the 'virtual' medical home system is created
- The system consists of:
 - Vast array of best practice services
 - Consumer empowerment strategies
 - Human and social capital
 - Proprietary information systems
 - APS Healthcare Care Connection™
 - CareLogic

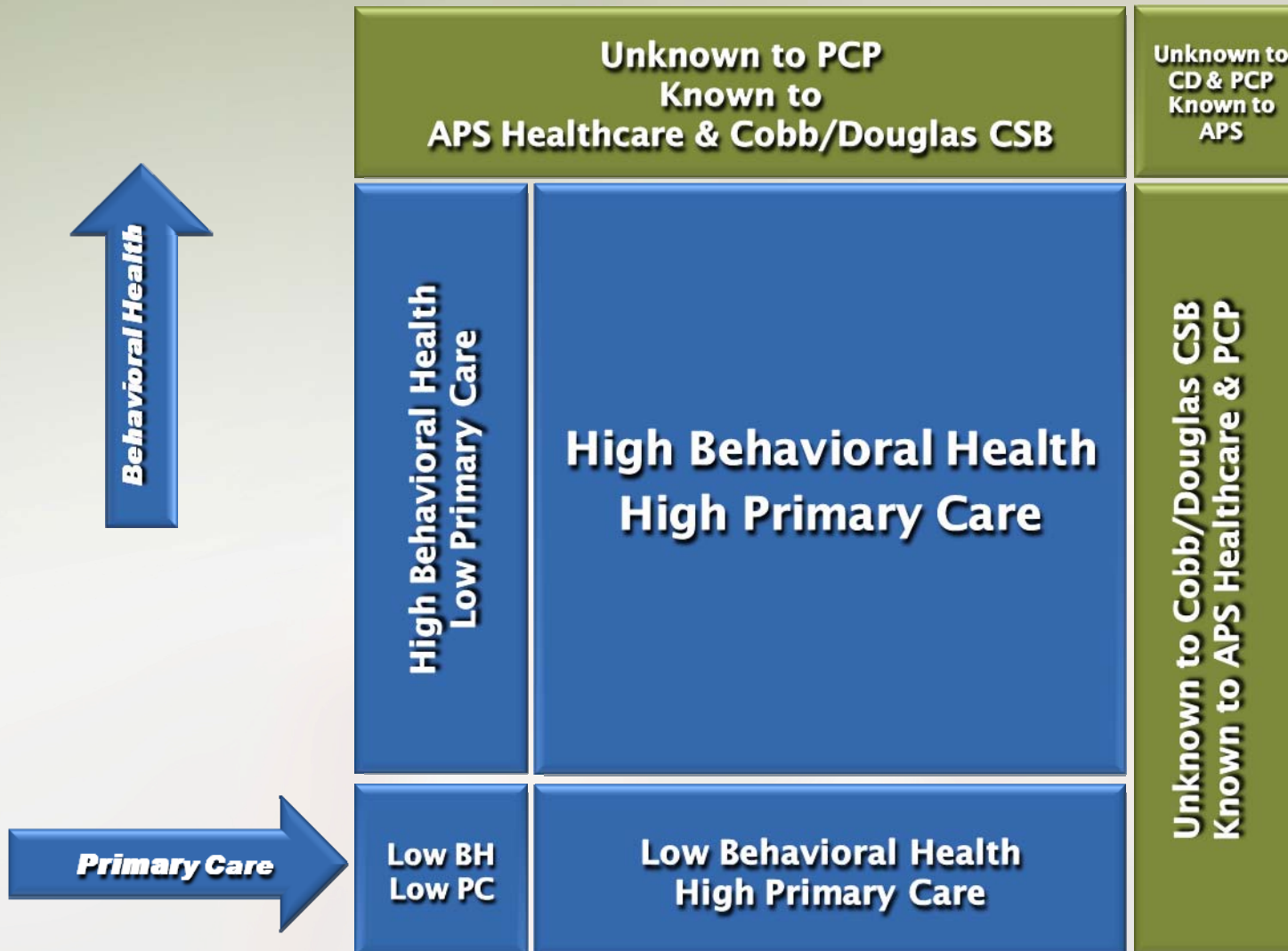


THE SYNERGISTIC EFFECTS OF A PUBLIC-PRIVATE PARTNERSHIP

- Public and Private: The best of both worlds
- More efficient allocation of resources
- Accountability transparency
- Less duplication of services
- Increased client choice



OUR FOCUS IN THE NCCBH 'SEVEN' QUADRANT MODEL



The green area represents those clients who would not typically be afforded total health management without using our 'Virtual' Medical Home involving a disease management strategy

***EIGHT ESSENTIAL STEPS
FOR A SUCCESSFUL***

**INTEGRATED CARE
PUBLIC-PRIVATE PARTNERSHIP**

Step 1:

ESTABLISH THE MISSION OF THE PARTNERSHIP

- Merge goals and create a shared mission
- Continuously train/share with all staff (bottom to top)...help them connect the dots
- Ensure frontline champions



Step 2: IDENTIFY A COMMON LANGUAGE

- Integration of the partners requires a common language
- Clarity of communication enhances mutual understanding of cultures and roles
- A few examples of language differences:
 - IT systems: Care Connection vs. CareLogic
 - Who we serve: clients, members, or patients
 - Payer issues and contract deliverables
 - Management/flow structure
 - Outcomes: HEDIS vs. PERMES
 - Role: RN as Health Coach vs. direct care provider



Step 3:

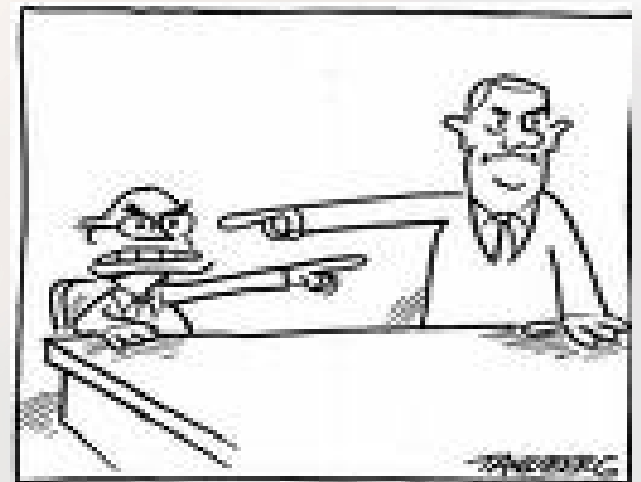
MAINTAIN PACING, FLEXIBILITY, AND CAPACITY

- Temper expectations...the flywheel requires significant front-loaded energy
- Gain early experience upon which to build
- Continually discuss mutual goals and disappointments
- Achieve balance between pushing and pulling
- Flexibility is critical; attempt to maintain the schedule; however...
...reality happens!



Step 4: DEVELOP SHARED SOLUTIONS

- Decision makers must be open to new ideas and problem solving
- Developing shared solutions maximizes organizational efficiency and capacity
- Transparent accountability is necessary
- Avoid the 'Blame Game'



Step 5: DETERMINE EXPECTATIONS

- Communicate individual and shared expected outcomes...on a frequent basis
- Address differences of opinions and internal conflicts
- Pilot at first to evaluate and adjust expectations
- Re-evaluate and respond
- The partnership creates enhanced outcome opportunities
- Maximize the capacity of each organization... trust and blend your resources



Step 6: DELEGATE TRUST

- Trust is necessary to overcome expected conflict
- Don't assume existing established trust and/or early trust among project leaders will automatically filter down
- Face-time is essential to establish and maintain trust
- Create the forums to maintain a system of checks and balances...and fidelity to the mission
- Constantly solicit feedback...force is futile and harmful



Step 7: CREATE EMPOWERMENT

- Occurs from the bottom up...not top down
- Empower early and create needed champions at all levels
- Spread the word to staff and management simultaneously and solicit feedback from everyone
- Encourage...don't shoot the messenger



Step 8: MEASURE OUTCOMES

- Establish outcome measurements early to universalize the partnership project
- Prepare to modify outcomes
- Time takes time...
...people have day jobs
- Success is spelled:
 - More efficient resource allocation
 - Less duplication of services
 - Increased client/member choice
 - Enhancing the lives of those we serve!



Our Clinical /Other Outcomes

- Project goals
 - Improved service access (% receiving Total Health Management)
 - Improvement in perceived quality of life (QOL)
 - HEDIS-based clinical outcomes measurements (for 2010)
- Early metrics suggest
 - 822 total shared members/clients
 - 104% increase in enrollment the first two months
- Enhancing the lives of those we serve!
 - Accessing community resources
 - Disease Management support
 - Improved health outcomes



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