Co managing Care NOTCH/NCSS

Informing Health Care Decisions

Northern Tier Center for Health (NOTCH)
Federally Qualified Health Center

- **NOTCH Partnership with *Blueprint for Health***
- ***2 Full time staff Nurse/ Clinical Care Coordinator***

NOTCH

* Engage patient in self management goal setting
* Collaborate with clinical staff to assess functional needs of patients, including ADL's, transportation, financial and psychosocial needs.
* Assist patients w/ obtaining community resources and all benefits to which they may be entitled
* Coordinate care with specialists and external disease management organizations
* Assist patient in acquiring affordable pharmaceuticals
* Assists providers with patient education and instructions, self management tools, counseling on healthy behaviors
* Collaborate with individuals who set up referrals to outside providers and maintain a referral tracking and follow up system
* Provide coordination with teachers, parents, other clinicians, community groups, and other professionals and programs when indicated
* Participate in hospital d/c planning to ensure PCP f/u and med reconciliation, assist in coordination of post hospital services

Northwestern Counseling & Support Services(NCSS)
Designated Agency

-Partnership with *FQHC (NOTCH)*

NCSS Partnership with: *Blueprint for Health*

4 full times Social Worker integrated at 6 Primary Care Offices.

1 LCMHC/LACD part time MAT clinician

- **NOTCH Contract: 5 offices in Franklin County – Full contract for all Behavioral Health Services 2 full time employees divided time at all NOTCH sites.**
- **HRSA Bi-Directional Health – FQHC providing primary care services at NCSS clinic 8 hours per week of direct care. 20 hours of nursing services.**


Active Collaboration
Mutual Satisfaction
Open Communication
Effective Liaison
Long-Term Perspective
TRUST

Implementation Plan to Share Information

- **NCSS will run report of all patients who identified NOTCH as PCP. Confirm valid release and consent to treat.**
- **If there is a 42CFR Part 2 indication. We will need a valid release before sharing information.**
- **NCSS will fax PCP list to confirm they are still active patients.**
- **NOTCH receives and confirms list and sends appropriate physical health information to NCSS.**

Goals to Co-Manage

- **Improved Health Outcomes for some of the most vulnerable adults with mental health and health conditions.**
- Pertinent information input in both charts/ Sharing of records
- Primary Care Visits
- Health Education specifically regarding nutrition and physical activity in relation to diabetes/obesity and cardiovascular disease.
- Behavioral Health Psycho-education
- Support medication compliance, understanding of medications and access/referrals for specialty care
- Telemedicine
- Education for PCP's
- Educational Health fairs
- Wellness groups

Shared Documentation for Care Coordination

- **Documents Sent by CMHC:**
  - **Psychiatric Evaluations**
  - **Recent Medication check note**
  - **ER Crisis notes will be sent via ER OR by clinician**
  - **Non- ER visit crisis notes will be faxed**

- **Receiving from the NOTCH**
  - **NOTCH will send recent pertinent med notes, including meds prescribed, recent labs and any changes or new diagnosis based on the list we have exchanged.**

Refer to CHT OR Outpatient Counseling

- Recent Diagnosis of Chronic Medical Codition
- Adjustments/Clear Stressors
- Trauma
- Coping Issues
- Personality Disorders
- Insomnia
- Anxiety
- Depression
- Seeking Pain Medication
- Recent Hospitalization (they were just evaluated at hospital
- Reported "BiPolar" with no documented history
- ADHD

Consider Direct Referral to Psychiatry

Overt, Psychosis
(unrelated to substance use and not due to delirium)

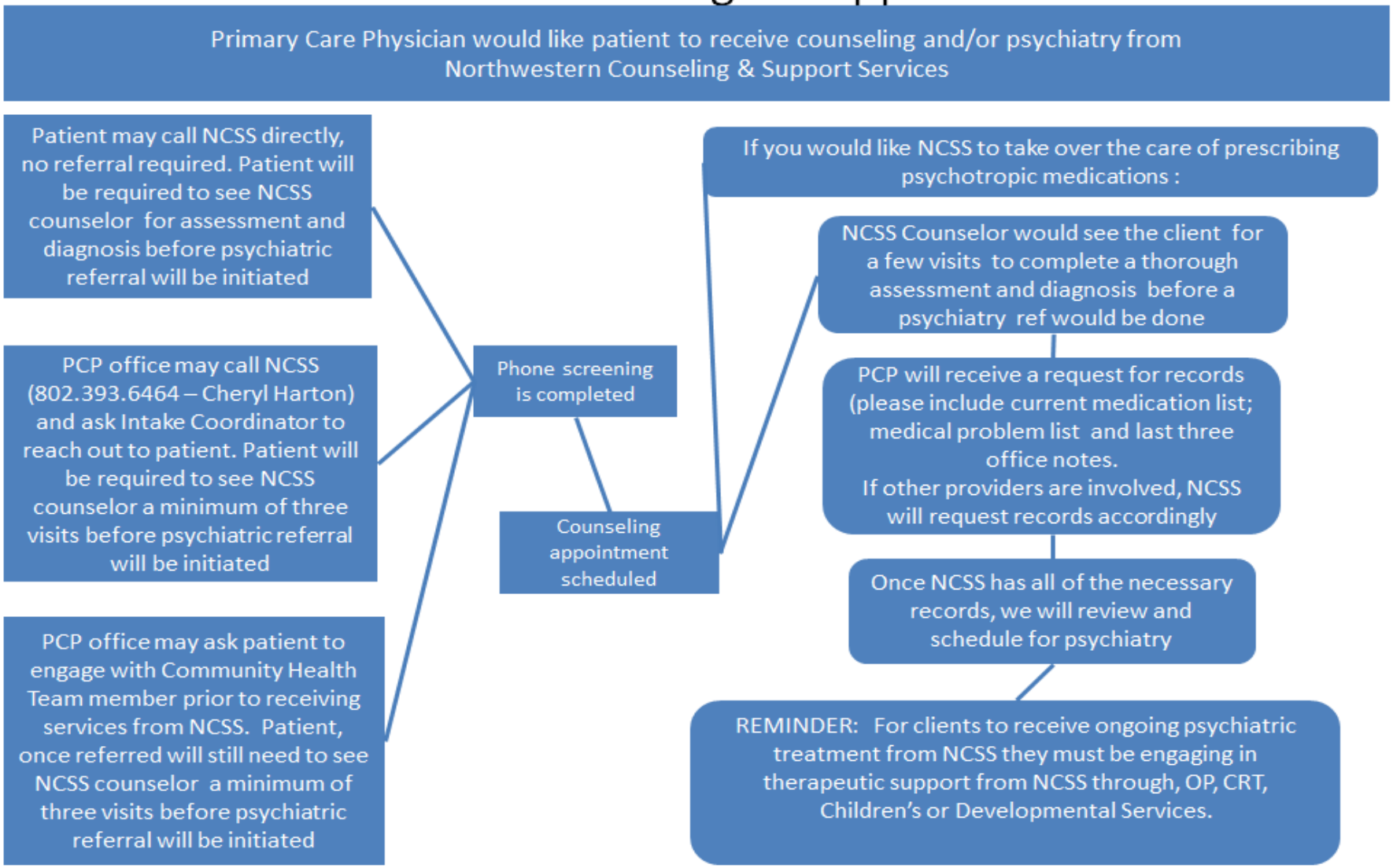
Treatment-Refractory Depression with Multiple Failed Med Trials
(and patient is or had engaged in psychotherapy)

Severe, Treatment-Refractory Anxiety
(if patient has not responded to psychotherapy)
Exclusion: Likely drug/benzo-seeking behavior

Complicated Differential Diagnosis

Follow NCSS Psychiatry Protocol

Requesting counseling and/or ongoing psychiatry from Northwestern Counseling & Support Services



Requesting a 1x Psychiatric Evaluation from Northwestern Counseling & Support Services

Prescribing Provider would like a Psychiatric Consultation for Diagnosis Clarification and/or Medication Recommendations
(Use Community Health Team if in your office for assistance if needed)

Prescribing Provider to complete the NCSS Psychiatry Referral form provided to your office – Please be clear what the question is.

**If you are aware the client is receiving services with NCSS, when possible please contact staff directly.

PCP offices to fax NCSS Psychiatry Referral form along with demographic/contact information, current medication list, medical problem list and at least the last three office notes to 802.524.3894, ATTN: Cheryl Harton

Upon receipt, NCSS Intake Coordinator will contact the client to complete our intake screening.

If other providers are involved or have recently been prescribing any psychotropic medications (e.g. Benzodiazepine; Opiates; Stimulants; Methadone; Suboxone) , please provide records and/or names or prescribers if available. Should your office not have records, you will need to get the releases and records and provide those to NCSS.

The client/patient will be mailed a questionnaire(s) and be required to return these prior scheduling for psychiatry.

Once NCSS has all required documentation, the referral will go for final review and the Intake Coordinator will contact the client to schedule the 1x Psychiatric Evaluation or we will be in touch with your office with questions/concerns..

Once the evaluation is complete, a copy will be sent to your office with our recommendations.

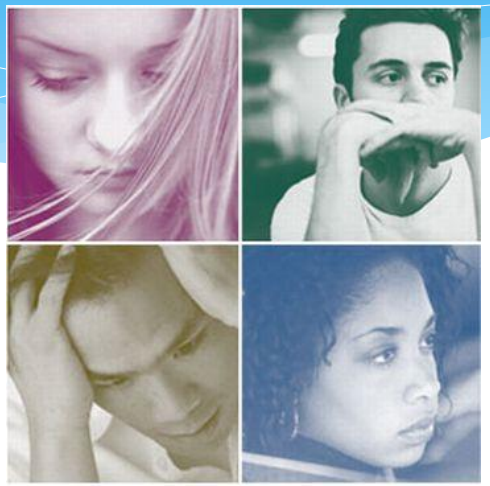
*How quickly a client can be seen is dependent upon NCSS receiving all of the necessary documents from both providers and clients.

Bi- Directional

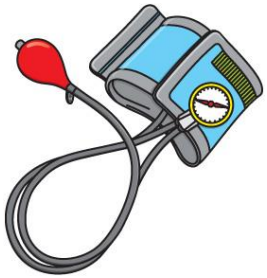
- Primary Care in the CMHC one day per week
  - Rotation of providers
  - Clear disclosure of model

- Focus population:
  - Adults in Outpatient Program
  - CRT clients (Community Rehabilitation and Treatment program)
  - Clients with no PCP
  - Lack of meaningful relationship with PCP
  - Patients who would rather see PCP at CMHC

Targets



- Depression Screening/ Referral
  - Every 3 months
- BMI
  - Reduction/ Education
- Diabetes
  - Lower A1C/Education
- Hypertension
  - 140</90



Strengths / Challenges

Strengths

- **Improving care by looking at the "whole person"**
- **Assisting PCP in increasing knowledge about mental health and recovery**
- **Increase NCSS staff's knowledge about how to support preventative and chronic care conditions.**

Challenges

- Fee For Service
- Two EMR's
- Communication
- Culture Difference between organizations
- Patients not wanting to share information
- 42 CFR

Why do this?

We are committed to providing excellent holistic and comprehensive care that integrates mental health and physical health for recovery and wellness at both the medical home and the community mental health center

Thank you

Questions?

Contact Information

Julie Parker, LCMHC
Outpatient/Crisis/Integrated Health Services Program Manager
Northwestern Counseling & Support Services
107 Fisher Pond Road
St. Albans, Vermont 05478
Phone: (802) 393-6462
Fax: (802) 524-3894

Deborah L. Green, RN
Care Coordination Team Leader
Northern Tier Center for Health (NOTCH)
44 Main Street, Suite 200
Richford, Vermont 05476
Phone: (802) 255-5597
Fax: (802) 255-5506