



March 19, 2015 Health Neighborhood Meeting
for RCCOs 3 and 5



Who is in the room today?

- From the RCCO State (HCPF, CDHS, CDPHE)?
- Other ASOs (i.e. CCBs and SEPs)? Members?
- Others from COA? Advocacy Organizations?
- Hospitals? Associations?
- Specialists? Health Alliances?
- Behavioral Health (BHOs, MHCs, MH/SUD providers)? Community Resources?
- Nursing Homes? County DHS?
- HCBS Providers? County Public Health?
- Class A Home Health? Others?

Survey: How do you define specialty care within your organization?

- Anything (any service) outside the primary care medical providers can provide
- Specialty care not available from PCMP's
- Specialty physical health care

Nutrition/education

Surgery

Dental

Behavioral health

Cardiology

GI

Orthopedics

Endocrinology

Neurology

Developmental evaluation

Dermatology

Psychiatry

Occupational Therapy

Survey: What types of specialties do you find challenging to locate and/or utilize with the clients you have?

- Orthopedics
- Urology
- Dermatology
- Mental Health
- Behavioral health specialists for refugees and immigrants
- Pain Management
- All of the Above

Specialty Care Context, Other Community Feedback

- **Complicating Themes**

- **Lack of network availability of specialty care providers**

- Reimbursement rates
- Medicaid stigma
- Separation between individual clinics and hospital systems
- Medicaid expansion /greater volume

- **Some of the Barriers**

- Transportation, complexities of conditions, and lack of well supported (or any) primary care *prior to the specialty care visit* can lead to overwhelm of specialty care providers, inappropriate referrals and no-shows

Innovative Strategies include:

- Development of directories of existing/available providers to help make connections where providers do exist
- Co-location and care agreements
- Care Management supports for pre-visit preparation, addressing barriers, and communication/coordination across providers
- Expanding the role of primary care providers to handle conditions that might be manageable at PCMP level
- Remote delivery of specialty care (i.e. telehealth) to provide access to areas with less availability
- Disease/Symptom Management programs to better equip patients to handle healthcare needs

Current Efforts in Colorado (touching R3+5): Directories

- HCPF <https://www.colorado.gov/pacific/hcpf/find-doctor>
 - Newer format; The Colorado Medicaid Directory
 - *Some 'holes'* in identifying all existing Medicaid providers
 - Lack of layers to understand capacity/parameters of taking new patients
- Variety of other efforts with geographic parameters (i.e. County, ADRC Region, etc.)
- Colorado Access *Health Neighborhood Directory* (in development)
 - Outreach campaign to thousands of providers for additional layers regarding provider availability/accessibility



Current Efforts in Colorado (touching R3+5): Co-Location and Care Agreements

- COA RCCOs, many PCMPs, and BHOs within the COA regions support co-location efforts (with significant efforts toward Behavioral Health integration)
- Many PCMPs have entered into direct arrangements with specialty care providers, to address gaps of significant volume.
- Co-located providers address areas of specialty care needs such as:
 - Behavioral Health
 - Substance Use Disorder
 - Oral Health
 - Multiple Sclerosis
 - Developmental Disability
 - Others

Current Efforts in Colorado (touching R3+5): Care Management

- **RCCO Care Management is a wrap-around that helps:**
 - **Connect patients to specialty care providers**
 - **Assess and address barriers to attendance (i.e. transportation, disease management, cognitive issues, etc.)**
 - **Assist with pre-visit planning**
 - **Aid in communication between specialty care providers, patients, and primary care providers**
 - **Support follow-up needs and care planning/implementation**

Other Care Management/Care Navigation systems support these efforts too.

Doctors Care model utilizes care management supports with a network of volunteer specialty care providers for the uninsured



Current Efforts in Colorado (touching R3+5): Expanding the Role of Primary Care

- ECHO - Bi-directional video to connect healthcare providers in a learning collaborative with national experts
 - Taps into pre-existing learning systems on a multitude of topics
 - Focus on: Clinical Practice Support, Quality Improvement and Population Health, and Community Disease Prevention
 - Target start date for implementation in first half of 2015, with many local providers in some level of formal commitment
 - Potential targets include: Chronic Pain, Dermatology, Orthopedics, Hepatitis C, Diabetes, Endocrinology, Cancer survivorship, Integrated addiction and psychiatry, complex care for pediatrics and adults, and child abuse.

Current Efforts in Colorado (touching R3+5): Expanding the Role of Primary Care (cont.)

- E-Consult – Allows PCMPs and specialists to securely share health information and discuss patient care through a web-based platform, around conditions that *may* require direct specialty care service.
 - **HCPF Program, working with CORHIO**
 - Rheumatology (initial target)
 - Robust CORHIO-based platform
 - Colorado Medicaid is working through billing issues
 - **CPACK – Colorado Psychiatric Access and Consultation for Kids**
 - Collaborative Including: Colorado Behavioral Healthcare System, Inc; Colorado Access; The Colorado Health Foundation, and Value Options
 - Training on Psychopharmacology and Evidence based therapies
 - Child psychiatrists provide consultation on a variety of topics: screening tools, accurate diagnosis, medication questions, and treatment considerations
 - Future of grant funded program uncertain



Current Efforts in Colorado (touching R3+5): Expanding the Role of Primary Care (cont.)

- E-consult, continued:
 - **Kaiser's Specialty Care for Underserved Populations program**
 - Clinica, MCPN, Salud
 - Allergy/Immunology, Cardiology, Endocrinology, Ophthalmology, Pulmonology, Rheumatology, Orthopedics, Gastroenterology, Dermatology
 - **Colorado Access' Access Care Services**
 - Initial focus on Child Psychiatry
 - E-consult and direct telehealth care
 - Piloting to start with two clinics soon

Expectations from E-consult: More appropriate referrals to specialty care, leading to increased satisfaction for specialty care providers and patients alike, and greater availability of specialists



Current Efforts in Colorado (touching R3+5): Remote Delivery/Telehealth

- E-Consult systems having supports to facilitate referrals for direct care, and telehealth may often be the most viable solution
- Direct care can be provided via video-based interface, or a variety of different monitoring technologies
- Potential applications include many aspects of: Behavioral Health, Physical Health, Home Health, Care Management, ...
- HB 15-1029 Creating parity between traditional and telehealth service delivery - Starting January 1, 2016, the bill removes the population restrictions and precludes a health benefit plan from requiring in-person care delivery when telemedicine is appropriate

Current Efforts in Colorado (touching R3+5): Disease/Symptom Management

- Care Management
- Self-Management groups at Medical Homes
- Consortium for Older Adult Wellness (COAW) supports the implementation of evidence based curriculum in areas such as:
 - Tai Chi for Diabetes, Arthritis, and Osteoporosis
 - N'Balance (fall prevention)
 - Healthier Living (healthy choices, self management, assists with disease management)
 - Chronic Pain Self-Management (coming soon)

<http://coaw.org/home.aspx>



Table Talk – Prioritization of our common clients having difficulty accessing specialty care

- What best practices do you use, at your organization, to assist in the process of accessing specialty care?
- How can we all further existing efforts?
- Warnings/Areas of risk with current directions?
- Thinking outside the box/other new solutions?
- What should the RCCO do, to assist in accessing specialty care?

REPORTING OUT FOR YOUR TABLE

Keeping the Conversation Going...

- **Colorado Access Specialty Care Provider Engagement Committee**
- **Local Health Alliances**

Survey: Future Topic Suggestions

- Behavioral health
 - Elder care
 - Services in local, smaller practices
 - Referral process
- Mental Health
- Nursing Homes
- Home Health

Interdisciplinary Case Review (3:30-4)