Panel Discussion: Centralized and Coordinated Referral and Enrollment Processes

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• Lisa Ferretti, QTAC – NY, Center for Excellence in Aging & Community Wellness
• Karol Matson, Partners in Care Foundation
• Jennifer Raymond, Healthy Living Center of Excellence
Challenge

Organizations implementing CDSME are increasingly forming relationships with health care partners.

**Benefit**: Patient participation in CDSME helps health care organizations to achieve “Triple Aim” goals.

**Challenge**: How do organizations implementing CDSME successfully engage, enroll, and track participation for individuals referred by health care partners?
Introductions & Background
Our Mission: The Quality and Technical Assistance Center of NY supports public, private, health and community based partners to disseminate and deliver a series of evidence-based self-management programs that improve the health, wellness and quality of life in communities within and beyond New York State.

Values we are committed to:

- Reaching health disparity populations, persons with disabilities and older adults
- Supporting partners to engage people in activities that improve quality of life
- Improving and building community – clinical linkages
- Ensuring quality program delivery
- Building evidence to support adoption and sustained program delivery
- Creating value propositions that link providers with diverse funding streams for sustainability
Physician Referral and Feedback System

- Developed in partnership with the NYC DOHMH for use with NDPP
- Currently operating in NYC area accepting registrations for NDPP, CDSMP and DSMP (English and Spanish)
- Managed through a dedicated physician online referral/registration portal embedded with Compass by QTAC – NY our EBI online software program/data/referral/registration management system
- Additional support provided through the QTAC-NY Call Center
- Available for use statewide for all programs we support
- Testing planned for Medicaid billing and CBO reimbursements in a pilot project beginning this year
Partners in Care Foundation

Mission is to serve as a catalyst for shaping a new vision of healthcare by partnering with organizations, families and community leaders in the work of changing healthcare systems, changing communities and changing lives.

PARTNERSHIP. INNOVATION. IMPACT.

“This is our moment in health care history - we were born for this work.”
June Simmons, CEO
Partners in Care Foundation
Partners in Care Foundation
California Self-Management Technical Assistance Center

Partners in Care Foundation
Technical Assistance Center

Licensing & Quality Assurance
Coalition Administration

Data Entry & Management
Training
Communication Materials
Partnership Development
New System Partners
Partners at Home Network

• Establish the value proposition for integrated health care and social service systems
• Create CBO networks to deliver home and community based services
• Successfully contract with health plans
Vision: Transforming the healthcare delivery system, so that medical systems, community-based social services, and older adult collaborate to achieve better health outcomes and better healthcare, both at sustainable costs.

Key Features:
- Statewide Disease Management Coalition with website and multi-site license
- Seven (7) regional collaboratives
- Centralized referral, technical assistance, learning, and quality assurance
- Multi-program, multi-venue, across the lifespan approach
- Centralized entity for contracting with statewide payors  Diversification of funding for sustainability
- EBP integration in medical home, ACO and other shared settings
Obtaining Referrals

1. After you have established a relationship with a health care partner (physician offices, health plans, health systems, etc.), what is your process for obtaining referrals?
Engaging Potential Participants

- How do you engage potential participants to enroll in CDSME workshops?
- If an individual declines to enroll, are they contacted again in the future?
- If an individual enrolls, but does not attend the workshop, how are they re-engaged to enroll in another workshop?
Physician Feedback

3

- How do you provide feedback to health care systems after an individual completes a CDSME workshop? (For example, letters to physicians, etc.)
- Do you use specific forms?
Data Management

- Are you using any databases to help facilitate this process?
- Is feedback provided through the electronic health record?
Lessons we are learning...

• Creating the win-win-win
• Balancing organizational (physicians, CBOs) vs. individual (participant/patient) supply side and demand side
• Detailing at each level by trained personnel is critical to success
Lessons Learned

• This is a multi-team project that requires strong communication among team members

• Open and transparent communication between Partners and the managed care plan resulted in a robust outreach and referral process

• Participant testimonials provide compelling feedback to the managed care client
Lessons Learned

- Stay nimble and flexible
- Keep “community” at the core
- Seek “partnership”, not just contract with health care providers/plans
- Volume matters
- Never stop CQI assessments
Questions & Answers

Type your question into the chat box on the lower left-hand side of your screen.

For reference, the recording of this webinar will be available shortly on www.ncoa.org/cha.
Contact Information

Panelists:

- **Lisa Ferretti**, QTAC – NY, Center for Excellence in Aging & Community Wellness
  lferretti@albany.edu

- **Karol Matson**, Partners in Care Foundation
  kmatson@picf.org

- **Jennifer Raymond**, Healthy Living Center of Excellence
  jenniferraymond@hsl.harvard.edu