CARE/CASE MANAGEMENT
Montana Primary Care Association
November 7 & 8 2018

SERVE VULNERABLE POPULATIONS:
2017 over 107,000 patients in Montana,
70 CHC sites
ACTION taken that Makes a Difference to the patient, family and population.

Happens OUTSIDE Of the F2F visit.

Makes the patient BETTER
WHY WE CARE

The Problem:

We spend a lot of money on health care: $3.3 trillion/18% of GDP in

National Health Expenditures as a Share of
Gross Domestic Product, 1987-2016

The share of GDP devoted to health was 17.9% in 2016.
Proportional Contribution to Premature Death

- Genetic predisposition: 30%
- Behavioral patterns: 40%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%
Uniform Data System

Under reform: Every health center submits each year under ENABLING SERVICES
Establishing & Understanding Roles & Responsibilities of Clinic Team

Primary Care Clinician

Psychiatrist / APRN

Community Therapists

Therapist

Clinic Staff:
RN, MA, Reception, Billing

Clinic Manager

Nutritionists

Community Resources

Chief of Staff

Care Advocates

Care Manager

Care Guide

Social Worker

Pharmacists

Physical Therapists

Peer Mentors

NAMI (National Alliance on Mental Illness)

CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder)
<table>
<thead>
<tr>
<th>Titles for Case/Care manager Activity:</th>
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</thead>
<tbody>
<tr>
<td>case manager</td>
</tr>
<tr>
<td>navigator</td>
</tr>
<tr>
<td>care manager</td>
</tr>
<tr>
<td>coach</td>
</tr>
<tr>
<td>outreach worker</td>
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<tr>
<td>enabling services</td>
</tr>
<tr>
<td>community outreach worker</td>
</tr>
<tr>
<td>assister</td>
</tr>
<tr>
<td>insurance specialist</td>
</tr>
<tr>
<td>sliding fee assistance</td>
</tr>
<tr>
<td>nurse case manager</td>
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<tr>
<td>discharge planner</td>
</tr>
<tr>
<td>RN</td>
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<tr>
<td>social worker</td>
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<tr>
<td>Medical assistant</td>
</tr>
<tr>
<td>dental assistant</td>
</tr>
<tr>
<td>team support person</td>
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<tr>
<td>patient advocate</td>
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<tr>
<td>patient care team support</td>
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<tr>
<td>team member</td>
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<tr>
<td>team leader</td>
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<tr>
<td>care coordinator</td>
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</tbody>
</table>
Complex care/Super utilizer:

TEAM Care takes place outside the clinic:

Patient gets BETTER
Save money
TRANSITIONS OF CARE
MEDICATION RECONCILIATION
most often happens on the phone:
hospital pharmacy, hospitalist, nursing home
patient stabilizes
prevents readmissions
saves money

Clinical Pharmacist:
F2F and is paid
ORAL HEALTH

Behavioral health warm handoffs
PHQ
Well child visits
School outreach
Nursing home outreach
Chronic Disease management
Follow up/phone /specialty care
Transportation
Insurance enrollment
Medical Legal Partnership
Legal assistance for health related issues:

HOUSING
FAMILY ISSUES
HEALTH COVERAGE
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