SSTAR Community Partner Program

SSTAR

Overview of SSTAR

▶ Founded in 1977 as a private, not for profit organization.

▶ Original programs included:

  ▶ a 20 bed alcohol detoxification program,

  ▶ an outpatient alcohol treatment program,

  ▶ an education program for persons convicted of driving under the influence of alcohol

SSTAR in 2017

- ▶ 1700+ admissions to our Opioid Triage Center

- ▶ Approx. 1800 patients served in inpatient treatment

- ▶ Approx. 6000 patients served in the Health Center

- ▶ Approx. 50,000 visits in the Health Center

- ▶ Integrated EHR between behavioral health and medical for easier continuity of care

SSTAR Community Partner Program

- Partnered with Health First Family Care Center, Greater New Bedford CHC, Fellowship Health Resources, Martha's Vineyard Community Services

- Current geographic service areas include

  - Attleboro
  - Barnstable
  - Fall River
  - Falmouth
  - New Bedford

  - Oak Bluffs
  - Orleans
  - Taunton
  - Wareham

Patient Roster (Hypothetical)
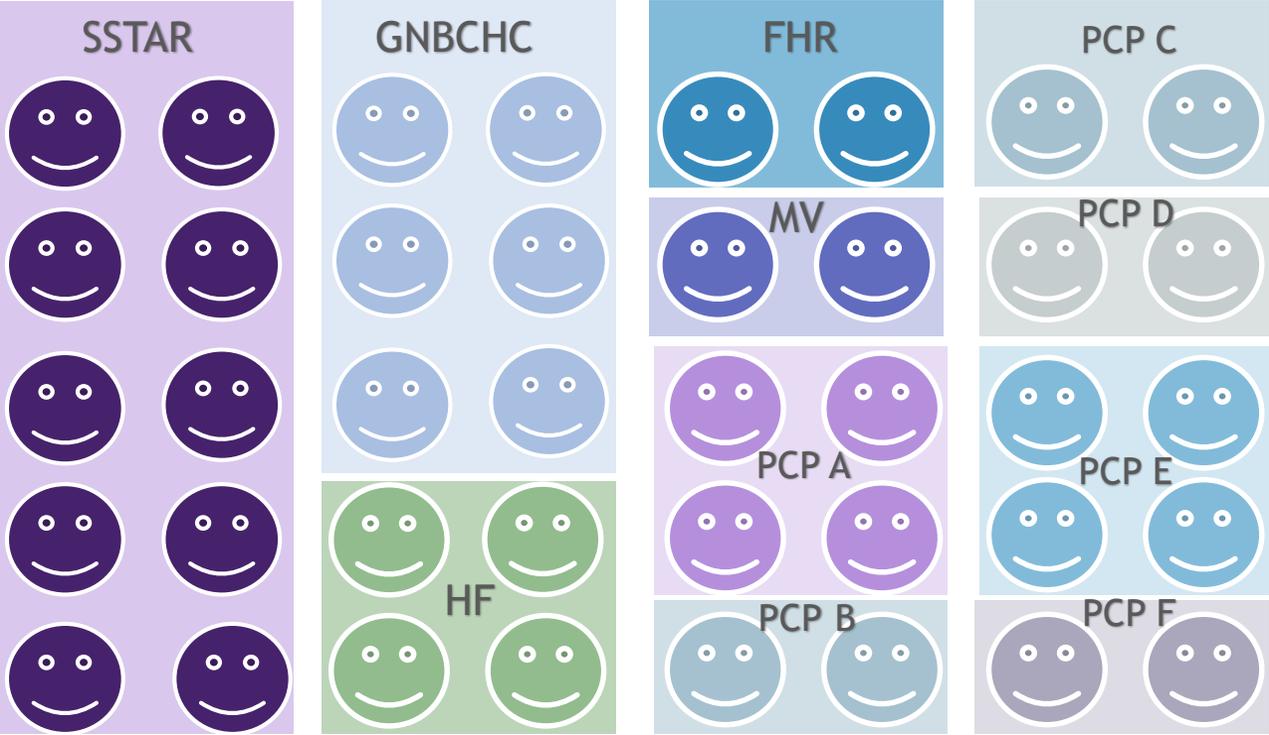
CP responsibilities include:

- Conducting an Assessment

- Developing a Care Plan

- Working with community service providers to book appointments/services as needed for enrollee

- Interface with enrollee ACO to assist in acquiring authorization for recommended services as necessary

- Follow-up with patient after hospitalizations to update care plan, facilitate patient arranging any post-hospitalization services as needed

- Working with patient PCP and other members of care team to ensure all are up to date on where patient stands, particularly as it relates to new medications that may have been prescribed (e.g. in hospital that pcp may not know about) and contents of care plan.

Community Partner Program is heavily reliant on the relationships that are developed and maintained between the ACOs, PCPs, and other service providers

Complexities arise…

- ▶ Different ACOs want to exchange information in different ways

- ▶ Different PCPs have different capabilities for sending/receiving information

- ▶ CP Contract broadly defines requirements for types of data to be exchanged, but details are negotiated between individual parties

Primary CP focus so far

- ▶ Develop agreements between ACOs on
  - ▶ File Exchange
  - ▶ PCP sign-off processes
  - ▶ Timeframes
  - ▶ Key Points of Contact
- ▶ Develop Technology to allow for documentation and information exchange
- ▶ Hiring Staff
- ▶ Developing Policies and Procedures

CP Technology – How to Document

eHana Care Management
Platform

Pros:

▶ All documentation will be centralized

▶ Consistent workflows across all care teams

▶ Central reporting on patient status, productivity, and billing
Patients can easily be passed between care teams if necessary

▶ New feature implementation costs split between all CPs using ehana

Cons:

▶ Sacrifice integration between patient PCP record and care management record

▶ Added complexities transmitting information between SSTAR the CP and SSTAR the Health Center (or Health First or GNBCHC etc.)

▶ Higher upfront implementation costs

▶ Have to learn a new system

# Community Partner Program:
The Health Center Perspective

On the health center side, there are two broad issues we have to take into consideration.

▶ How do we ensure proper communication between CP care team and medical staff

▶ How to we interact with the technology on a practical level.

SSTAR Community Partner Program: Health Center Role

Primary involvement of Health Center staff

- ▶ Care Plan Sign-off
- ▶ Medication Reconciliation
- ▶ General Communication/Collaboration
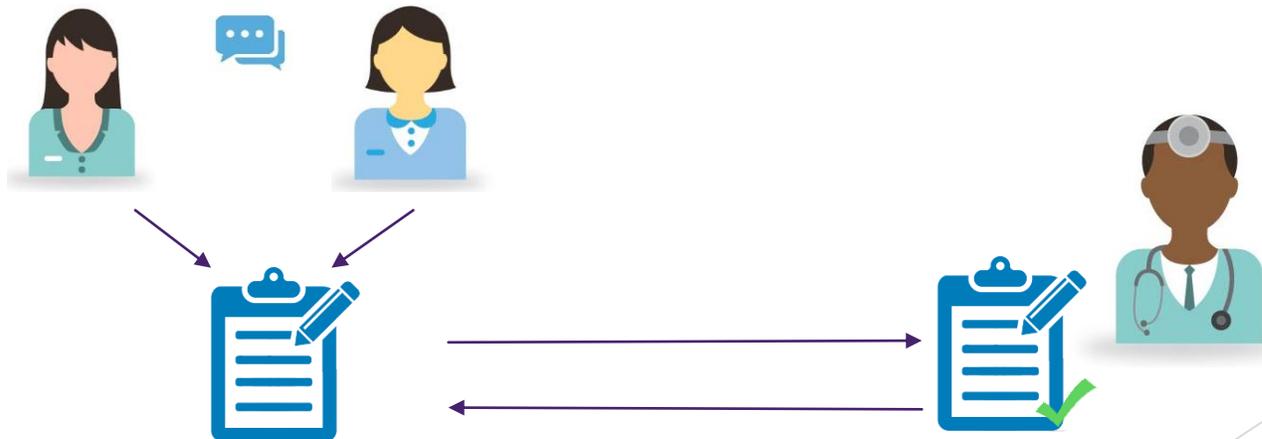
What does the average Health Center need to be prepared for?

▶ Receiving Care Plans for sign-off (your ACO may be helping with this to a greater or lesser extent depending)

▶ Transmitting Signed-off care plans – Different CPs may have different capabilities for receiving them

▶ Receiving contact from CP staff who may be informing you of hospitalizations, concerns with medications, new medications you might not be aware of, other relevant issues

▶ Incorporating signed care plans into your own EHR so you have a record of them

▶ Coordinating with any Care Coordinators you have on staff to ensure you aren't duplicating roles

What does the average Health Center need to be prepared for?

Receiving Care Plans for sign-off (your ACO may be helping with this to a greater or lesser extent depending)

▶ The CP payments are almost entirely dependent on the PCP or PCP designee sign-off. Your ACO and CP partners both have quality metrics around this issue.

▶ If you don't have a process worked out with your ACO on how these documents will be signed off you will likely be **hounded** for this documentation

SSTAR Community Partner Program

- ▶ SSTAR will be monitoring care plan sign-off

- ▶ The Health Center is adding care-plan sign-off to its Quality Management metrics and will be monitoring them monthly

- ▶ The ACO that SSTAR, GNBCHC, and Health First all belong to (BACO) is placing Care Coordinators and RN staff in the member agencies

- ▶ These staff can be utilized to work with providers to help sign off on care plans.

- ▶ Care plans can be e-faxed to SSTAR and automatically routed to Medical Records who can scan them to the patient's chart and task to the appropriate staff