



# *SAMHSA-HRSA Center for Integrated Health Solutions*

## Who is Responsible for Care Coordination

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# ***SAMHSA-HRSA Center for Integrated Health Solutions***

**Slides for today's webinar are  
available on the CIHS website at:**

**[www.Integration.samhsa.gov](http://www.Integration.samhsa.gov)**

***under About Us/Innovation Communities***

# Today's Purpose

- Welcome
- Participating Organization Introductions
- Role definitions and competencies
- Organizational culture and changing roles
- Next Steps

# A Quick Update...



# Introducing...

Denver Health and Hospital Authority	CO	
Genesee Community Health Center	MI	
Green Door	DC	
Integrity House	NJ	
Lake County Health Department	IL	

# Defining Care Coordination

***Deliberately organizing*** patient care activities and ***sharing information*** among all of the participants concerned with a patient's care to achieve safer and more effective care. The ***patient's needs and preferences*** are known ahead of time and **communicated at the *right time to the right people***, and this information is used to ***provide safe, appropriate, and effective care*** to the patient.

Source: McDonald KM, Sundaram V, Bravata DM, et al. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies, Volume 7—Care Coordination. Rockville, MD: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services; June 2007.

# Care Coordination Elements

- Accountability
- Patient and Family Centered Support
- Cross Agency Relationships and Agreements
- Communication, Connectivity and Care Flow

# Why Define Competencies?



- Role clarification
- Recruitment
- Orientation and training
- Employee evaluation

# Care Coordinator Responsibilities

- Establish accountability (who is responsible for what)
- Develop and update integrated, whole health care plans
- Match, adjust and link services
- Ensure flow and exchange of information
- Provide navigation services or social services
- Make referrals and follow up
- Assist with medication reconciliation and management
- Provide self-management /disease management education and coaching

# Poll #1: In your system of care who fulfills care coordination responsibilities?

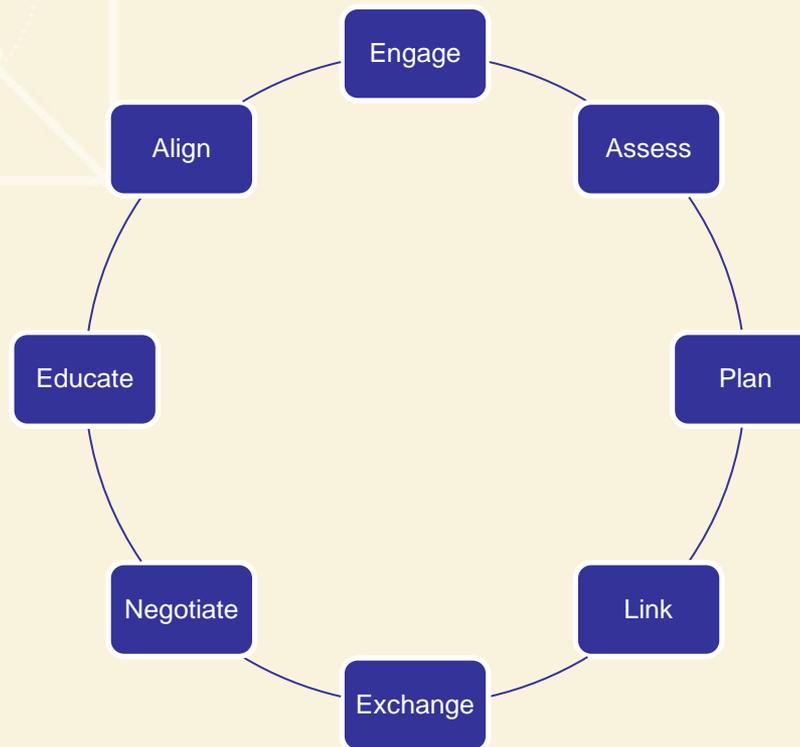
1. We have distinct CC staff roles
2. We have all or multiple members of a team share CC responsibilities
3. We use both approaches
4. We are still evaluating what is the best approach

## Competency - definition

Merriam Webster definition: the ability to do something well: the quality or state of being competent

Wikipedia: Competence is the ability of an individual to do a job properly. A competency is a *set of defined behaviors* that provide a structured guide enabling the identification, evaluation and development of the behaviors in individual employees [skills and behaviors]

# Care Coordination Competencies



## Poll #2: Our next steps...

1. Clarify roles - sense of purpose and role definition
2. Create job descriptions
3. Determine workflow for care coordination
4. Replicate Care Coordinator role in different settings within our system of care
5. Train additional Care Coordinators
6. Train all staff about Care Coordination
7. Establish accountability measures for existing Care Coordinators

# Care Coordination & Organizational Culture



# Silos, Silos Everywhere....



## Poll Question #3: What's Your Silo?

1. Primary care/medical services
2. Mental health services
3. Substance use treatment services
4. Behavioral health (both mental health and substance use treatment services)
5. Housing
6. Other
7. None—we don't have silos at my organization

# Breaking Down the Silos



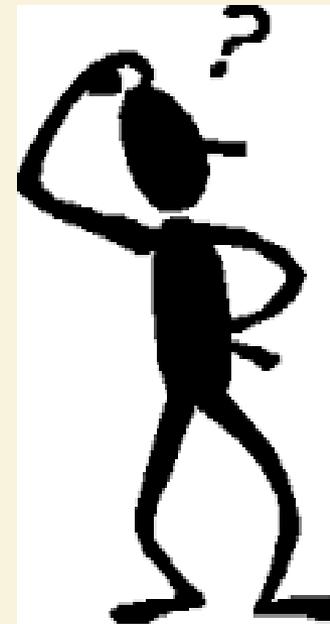
# Identify Your System-Level Barriers

- Electronic health records
- Clinical assessments
- Billing rules



## Cross-Train and Co-Locate Staff

- Who are you?
- What do you do?
- Why do you do it that way?
- How can you possibly help me?



# Embrace One Treatment Philosophy



# Questions.....



# What to Expect

January /  
February

- Further exploration of definitions and components of care coordination
- Complete self-assessment
- Review assessment results for use in work plans
- Create work plan for change process with coaching calls to refine work plans

March -  
June

- Implement work plans / PDSA cycle
- Focus topics based on needs of the group
- Team presentations
- Small group coaching call

July -  
September

- Focus topics based on needs of the group
- Sustainability strategies and lessons learned from the field
- Small group coaching call
- Curated materials for dissemination in September

# Next Steps

Visit **LinkedIn** group

**Next scheduled webinar:**

March 19 , 2015 1-2 pm EST

## Homework:

Complete draft of Innovation Work Plan

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