

Health Integration Project

ATCIC Staff Guidelines



What is the Health Integration project (HIP)?

HIP is a collaborative effort between CommUnity-Care and ATCIC to provide primary care services to meet the physical health needs of ATCIC consumers.

Primary care services are provided at two ATCIC locations on alternating days. The CommUnity-Care medical team includes a family medicine physician, a medical assistant, a registered nurse, and a medical admitting clerk.

Who is Eligible for Services?

ATCIC consumers eligible for HIP services are required to meet the following criteria:

- Currently Assigned to eligible ATCIC program/unit (251/257 LOC1 & LOC3, 271, 222, 255, 475, 422, 486)
- Client will need a funding stream (i.e. MAP, Medicaid, Medicare, private insurance, etc...)
- If Consumer has a legal guardian, the guardian will need to be able/willing to sign consent
- Clients referred to HIP services will have referral forms completed prior to receiving services.

ATCIC consumers are also expected to meet a minimum of two of the following criteria:

- Consumer is not receiving primary care services from a community provider and is able to access this provider as needed.
- Consumer has a long standing (chronic) physical health condition
- Consumer reports having been admitted to an Emergency department 2 or more times in the past month
- Consumer is likely to experience **substantial** difficulty in accessing community primary care services due to complications related to the behavioral health diagnosis and/or associated functional impairments.

Referral Process

Referrals may only be completed by ATCIC staff and the two referral documents are completed prior to referral to HIP team. These documents may be submitted electronically to both Matthew.Rich@atcic.org and to Sophia.TurrubiarTE@communitycaretx.org before scheduling an appointment. The two documents include:

- HIP Referral Form – please complete all relevant fields
- NOMs Form – Read to consumer in a fashion that permits them to make an informed choice.
- For Baseline Assessments only complete sections “Record Management”, A-E, and G
- For ALL Reassessments complete sections “Record Management”, B-G, I, and K only

After forms are completed and e-mailed please call Sophia at 804-3913 to schedule an appointment.

If appointment is urgent please arrive at clinic with consumer and completed paperwork. **Criteria utilized to define urgency include:**

- Recent onset of a rash, Urinary tract infection symptoms, Fever, Nausea, Vomiting, Diarrhea, Upper Respiratory Tract infection symptoms

PLEASE NOTE: If consumer complains of chest pain, symptoms indicating a heart attack or other serious physical symptoms please call 911 to have consumer transported to closest emergency department.

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Integration

The goal for our ATCIC consumers is that our staff actively engage and support individuals in addressing their healthcare needs. ATCIC staff and the CommUnity-Care primary care team function as an integrated care team to address consumer needs. This integrated effort may include attending appointments with consumer, 1:1 skills training, behavioral planning, psych rehab, and case management.

Dedicating time to support follow through for consumers enrolled in HIP will be beneficial for both staff and the consumer. It is a way for staff to be both productive and effective for consumers they work with that have complex medical needs. A strong relationship between mental and physical health has been demonstrated empirically, and a goal pursued and accomplished in this area can be expected to be beneficial to one's overall wellness, including mental health.

***PLEASE NOTE:** It is not in Dr. Vander Straten's scope of care for this effort to prescribe psychotropic medications for ATCIC consumers.

Communication

The advantage to an integrated model of care is the increased potential for consistent and productive communication. Through consistent efforts to increase communication, the integrated team approach will assist our consumers to improve their overall healthcare and to sustain improved outcomes.

Primary Care Team Contacts

- Scheduler – Sophia.Turrubiarte@communitycaretx.org
- Physician – David.VanderStraten@communitycaretx.org
- Nurse – Elizabeth.Dimitry@communitycaretx.org
- Medical Assistant – Alice.Kelly@communitycaretx.org

For Scheduling or to contact team by phone call
(512) 804-3913 Team Fax# - (512) 276-6633

HIP Unit Number is 236

HIP Case Manager:

Amiee Kellogg
(512) 804-3921

Amiee.Kellogg@atcic.org

Questions and Concerns

Program details and program documents may be found on the HIP intranet page. To access, open the ATCIC intranet page, select "H" from the top of the page, then select "Health Integration Project".

For **any** questions or needs regarding the Health Integration Project (HIP) please contact:

Matthew Rich

(480) 242-7129

Matthew.Rich@atcic.org

Deborah Delvalle, Associate Director

(512) 922-2620

Deborah.Delvalle@atcic.org

Locations

Mondays and Wednesdays

825 E Rundberg Ln Austin, TX 78753 Suite F

Tuesdays, Thursdays, and Fridays

1631 E 2nd St Austin, TX 78702 Building D