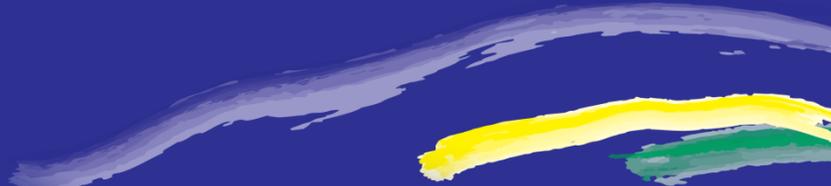
The logo for Aspen Pointe features the words "ASPEN" and "POINTE" stacked vertically in a white, serif font. Above the text are three horizontal brush strokes in shades of blue, yellow, and green, suggesting a mountain range or natural landscape.

ASPEN  
POINTE®

Wellness Integration Program

At the bottom of the slide, there are three horizontal brush strokes in shades of blue, yellow, and green, mirroring the ones in the logo above.



# ASPEN POINTE®

Cheryl Stine, Project Director  
Rick Jewell, Project Coordinator  
Evan Caster, Peer Health Coach



# Description of Program

- Wellness Integration Program Cohort V
  - Primary care in a behavioral health setting
  - Peak Vista, FQHC
  - AspenPointe, CMHC
  - NP Provider, MA, Receptionist, PHC's, Manager, Data Specialist, Nutritionist
- 

# Integration Model

- Type of partnership - embedded FQHC NP provider inside adult specialty mental health location
- 4 (10hr) days/week Monday - Thursday
- Staffing and other costs provided by partner - in kind PV Receptionist, PV Leadership, huddles, etc.
- Types of services on site -primary care, specialty adult mental health services, psychiatric services, recovery services, Quest lab phlebotomist, Genoa pharmacy
- IPAT level - 3.5



# Accomplishments

- Improvements seen in all health indicators
- Integration imbedded in the culture – over the past 2 years success at Moreno – In-clinic
- Care Coordination/Increased access to PCP
- Lessons learned to inform on-going integration

## Challenges

- Building a shared culture
- Supervision structure of two organizations
- Two EHRs
- Flow of lab and EKG information



# Lessons Learned

1. Leadership commitment at all levels
  2. Work on sustainability from the beginning
  3. Integrate roles into the larger system from the beginning
  4. “Boots on the ground” management is imperative
  5. Right people in the right roles
  6. Continual process improvement: Plan, Do, Check, Act
  7. Data informs the process
  8. Morning huddles for prep & coordination for patients
  9. Open and direct communication across partnerships
  10. Use resources: GPO, National Council trainings, other grant recipients, list serve
  11. Shared care coordination with-in partnership
- 

# Lessons Learned

1. What do you wish you knew then that you know now?

Work from the beginning at all levels on a shared vision of the integration project and road map to get there.

2. What is one piece of start-up advice you would give to Cohort VIII or future grantees?

Keep communication open, frequent, and transparent

Link back to the shared vision

3. What would you recommend grantees NOT do?

Don't put a process in place and then move on without continuing to nurture and evolve it.



# Moving Forward

- What will change about your model/services?
    - Has there or will there be any changes in your partnership arrangement? Yes – organizations have agreed not to pursue current bi-directional partnership
    - Will you expand the population you serve? Yes – to serve those seeking pcp who are NOT open to AP.
    - Are there any services you would add/subtract? Add more substantial comprehensive chronic pain/disease mgt. program
  - Describe biggest challenge and efforts to sustain services – Culture & hierarchy of supervision & management
  - What is one recommendation to newer grantees regarding sustainability? Start NOW – let the grant propel the vision of your integration, not be the vision.
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