Contact Information

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Physician Organization Name:	Northern Physicians Organization
Practice Name:	Grand Traverse Children's Clinic
Practice Address:	3537 W Front St Ste G Traverse City MI 49684
How many physicians in practice:	Six
Description of care team (number of care team members and their degrees/qualifications, at the time of the best practice activity):	Britney Maike RN Kara Holcomb LMSW Stu Rockefellow PharmD

Executive Summary (5-8 bullet point, must include summary of results)

- Care Management program was underdeveloped and underutilized.
- Structure was added to program via oversight, constant monitoring, and marketing of services to patients and staff.
- Patient referral mechanisms were implemented and tweaked, including automatic referrals, to increase the number of patients seen by Care Managers.
- From 2016 to 2018 we've been able to help five times as many patients in our CM program.
- Care Management is an integral part of the Care Team with high patient and provider satisfaction, now expanding to include a pharmacist.

Category of Submission (see page 1): Care Management (CM) Workflow

Title of Submission: How to successfully build your Care Management program

When did the intervention start and end? (1-2 sentences)

January of 2017, I began overseeing the Care Management program. The intervention hasn't ended, we continue to make improvements and grow.

Goal of the Program/Intervention: (1-2 sentences)

To help all patients achieve their health goals and provide additional support for the family. Additionally, to assist the providers in delivering complete overall quality patient care through better management of asthma, obesity, anxiety, depression, behavioral concerns or ADHD.

Who developed the program/intervention (2-3 paragraphs):

Care Management began at this practice in July 2015. Throughout 2016 the program remained underdeveloped. January 2017, we made some adjustments in the care team. We began marketing our Care Management program internally and externally. We put flyers about the program in every exam room and the waiting room. I sent portal messages to all portal enabled patients explaining our program and the benefits for their child/family. Patients began to inquire about an appointment prior to the physician referring.
I also began conversations with the entire staff on how to make Care Management part of our culture, meaning we needed to speak of the program (and its benefits to our patients) more often.

Also, the Care Managers would look ahead at the schedule for the week and send messages to the providers if they saw a potential patient that could benefit from Care Management. This was a constant reminder for the providers that there was Care Management. We also tracked every potential patient, starting with a telephone encounter to our Nurse CM; she would follow-up with any patient that did not schedule while in the office. We also tracked every patient encounter (face to face or telephone) on a spreadsheet.

Just recently, we added a pharmacist to our team, with the intent that he would assist in medication therapy and education for those patients with asthma. He's also available for answering any pharmacy related questions from our providers.

How were patients identified for the program/intervention? (1-2 paragraphs):

Initially, patients were only identified by the physicians. The referrals were very few since we didn't have physician buy-in at the start of the CM program. So, then we created "automatic referrals" (our RN CM would work these reports), which, consisted of patients that had a diagnosis of ADHD, Anxiety, Obesity or Asthma. We also implemented our Health Leads Survey (Social Determinants of Health). This survey tool is used to address issues that may not come up during a patient visit, but, can have an impact on the health and lives of patients. It helps to identify
families that could benefit from assistance accessing community resources.

How was success measured? Please delineate whether metrics were process-based or outcome-based (2-3 paragraphs)

Results are outcome-based. PHQ 2 or 9 (measures the severity of depression) scores decrease after having 4-6 care management visits.
Additionally, the following are patient/parent stated testimonials:

- This service has been amazing! I was not sure if I needed to take my daughter to Munson for a panic attack and we were able to be seen by Kara. This was an invaluable experience for my family! I even brought my son back because these skills are so life-changing. He has a learning disability and really needs this support. Perfect support for my family during this challenging and emotional month! So thankful for Kara's support! Thank you!
- Kara has been very helpful. I enjoy seeing her.
- We had a very specific problem and we were able to work through it. Thank you.
- My son looks forward to coming to visit with Kara and is working through his feelings and mood differently based on her tools given.
- Kara is a fantastic CM!! She provided excellent advice and thought as to how to handle my son's problems. She genuinely cares!
- Previous to coming to Kara, I didn't understand why I felt the way I did. After spending a few visits with Kara, I was able to understand what I was experiencing. I am forever grateful for Kara, and my life is filled with much more happiness now and less worrying. So, thank you Kara for changing my life for the better.

What were the program results? Include qualitative data/graphs (2-3 paragraphs)

Enormous growth and the value and importance of the program were seen by the physicians and our patients. See attached graph.

Were any new tools; processes, or resources developed to aid in the implementation of the program/intervention? (1-2 paragraphs)

Health Leads Resource Guide (created by our RN CM), Monthly meetings, CM flyer, warm hand-offs, tracking system, Fruit & Veggie Rx Program, Fit Kids 360, Community Family Support Mtgs.

What are you proudest of regarding this submission? Why does this work matter? (1-2 paragraphs)

1) Growth of the program (please see attached graph)
2) Patient successes (please see above patient testimonials)
3) Physician buy-in (please see below physician assentation's)

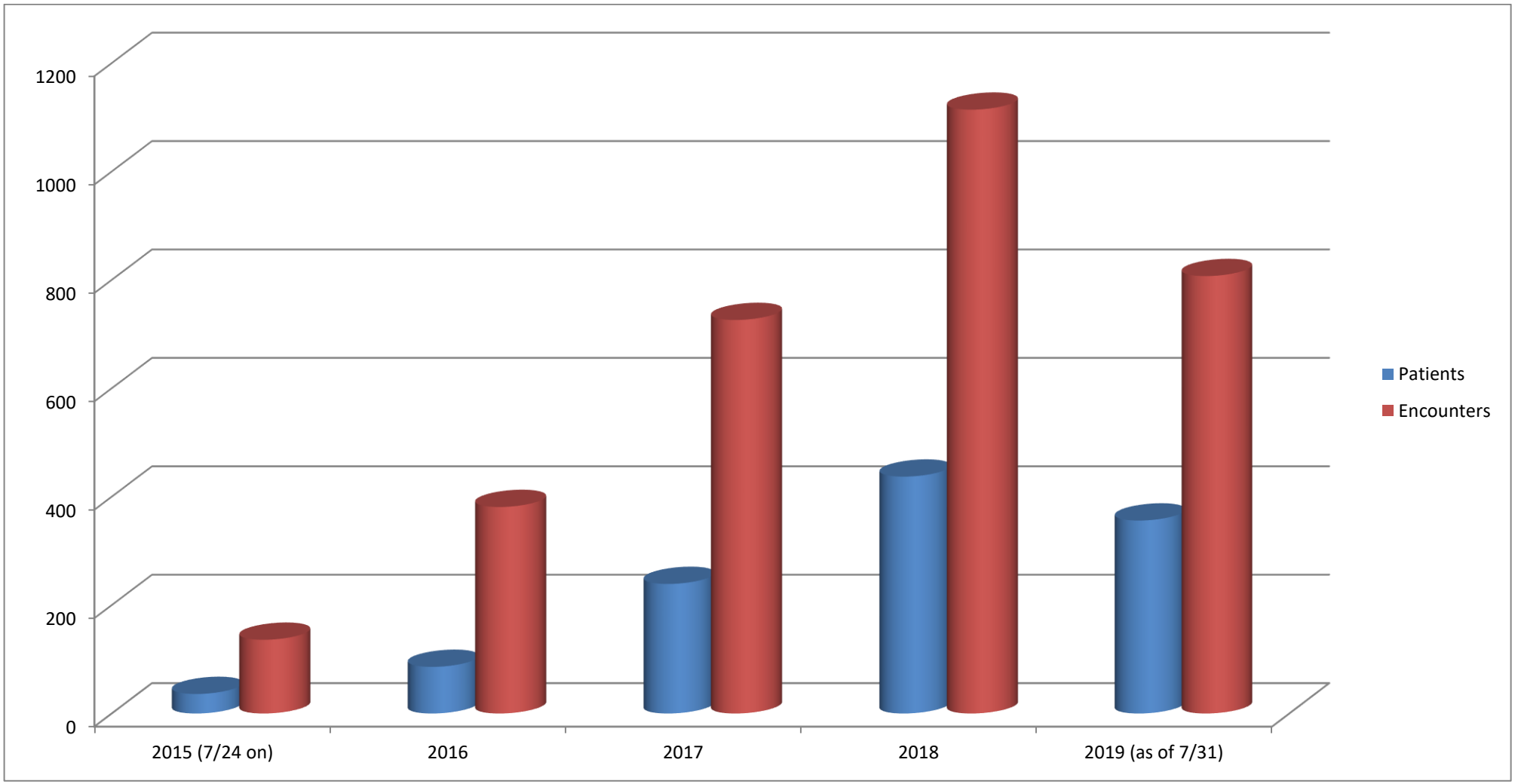
- The care management team has been a huge asset to our clinic! At a recent visit, a preteen was in an anxious crisis and our care manager was able to carve out some time to immediately teach her some useful coping mechanisms. The family was so grateful! CM is helpful in keeping patients on track with healthy eating, proper use of asthma medications, and discussion of ADHD meds. They are tremendously beneficial for our patients and their families.
- Having a consistent provider available -especially for families who are in crisis - has been immensely helpful. It is actually a value to the patient.
- I have been very impressed with the ability of our Care Management team to quickly and effectively give kids who have mental health issues the initial care they need. It is very difficult to get this care

anywhere else on a timely basis. For some of our patients, this initial care and some CM follow-up is all they need. My hope is that we can expand this success.

This work matters, because these are people's lives that are in turmoil or turned upside down. When given coping skills or a helpful resource, the issue at hand doesn't seem quite so traumatic; it becomes manageable for the patient and/or family. Many people can't afford counseling services and many pediatric patients don't want to see a "counselor", but, they're comfortable coming to the physician's office to "speak to someone" or get advice.

How will your organization use the funds if your submission wins? (1 paragraph)

If our submission wins, we would use the funds to continue to expand our ability to help patients. We see a great need for a baby pantry of some capacity here in our office. Many young families struggle to give their newborn a good start. We would like to have formula and diapers available for those families. Secondly, we are currently evaluating if we need to increase the hours of our CM team to better meet the needs of our patients. The funds would offset the cost increase to have staff here more hours. Extra funds would also be used to thank our employees through non-monetary incentives. We highly value our employees and understand the importance to keep key members of our team in order for us to be as effective.



	Patients	Encounters
2015 (7/24 on)	**36**	**136**
2016	**86**	**381**
2017	**239**	**726**
2018	**437**	**1,114**
2019 (as of 7/31)	**356**	**807**