



Physician HealthCare Network



CHILDREN'S HEALTH CARE  
OF PORT HURON

*A Division of Physician Healthcare Network, P.C.*

# MIPCT

CASE MANAGEMENT/COMMUNITY OUTREACH

# PHCN – MIPCT SITES

PHCN – ST. CLAIR

4154 S. RIVER ROAD

EAST CHINA, MI 48054

DR. LISA SCHEEL



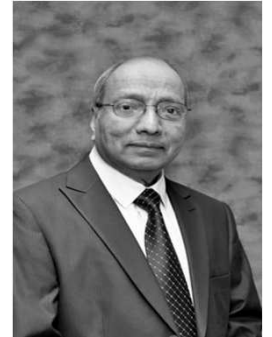
CHC – STONE STREET

1321 STONE STREET

PORT HURON, MI 48060

DR. DANIEL WILHELM

DR. SREEDHAR PAKNIKAR



CHC – YALE

105 COMMERCE DRIVE

YALE, MI 48097

DR. AMIT NANDI



CHC – FORT GRATIOT

3030 COMMERCE DRIVE

FORT GRATIOT, MI 48059

DR. DEV NANDAMUDI



# MIP ICT CARE MANAGERS

DEEPA NANDAMUDI, LMSW



LATONIA YOUNG, RN

GLORIA SHURKEY, LPN



# COMMUNITY RESOURCE CASE

- “During a group visit I heard a parent tell her child that she really wanted to try some of the recipes, but that she would have to wait until she got a stove that worked. We gave the parent some names of community resources that she could contact to see about getting a stove. I did a follow up call to parent and that she did get a stove but now the refrigerator was going and had sparks coming out of back. I gave the parent names of community resources to contact in regards to getting a refrigerator. When I did f/u call I found out that she was able to get a refrigerator from one of the community resources.”
- Gloria Shurkey, LPN

# WINNING CATEGORY: MOST IMPROVED-PEDIATRIC PRACTICE

## PRACTICE NAME: CHC FORT GRATIOT

- WHAT MADE A DIFFERENCE:
  - Dedicated process and staff focus on closing gaps in care
    - Office staff diligently follow up with parents by phone and via letters.
    - Each visit (regardless of reason for visit) is used as an opportunity to close gaps in care
  - ED calls are made to patients who visit the ED to remind them of extended access hours and arrange a follow-up visit, if appropriate
  - Using data to identify opportunities for improvement
    - Data analysis indicated that the most frequent driver of ED visits was constipation. Discussion with parents found that they didn't know what to do when their child was in pain, or how to prevent constipation
    - The practice offered a group visit that included how to prevent constipation (e.g., with a high fiber diet that is appealing to kids), and offered information on what to do if constipation reoccurs
    - Care Managers and physicians identified patients who could benefit
    - The group visit was held at a convenient time for parents (from 5:30 to 7:30) and was a hit!
    - Now, group visits are conducted for asthma, nutrition, and ADHD
- MiPCT

# WINNING CATEGORY: MOST IMPROVED-PEDIATRIC PRACTICE

## PRACTICE NAME: CHC FORT GRATIOT

- WHAT MADE A DIFFERENCE:
  - The Care Managers are centrally located but huddle once a week to discuss cases
  - One Care Manager is a social worker and has good relationships with community mental health agencies and behavioral health resources
  - Community resources are monitored and published on their website and in a hardcopy binder. All employees are trained on community resources and there are good relationships with local agencies. The practice helps the agencies by documenting activity for funders so that they can provide it to their funders as evidence of use
- HINTS FOR OTHER PRACTICES
  - The whole team must know they play important roles and that others depend on them
  - Connect your offices with community resources
  - Define and document processes. Create standard work and expectations.
  - Use your data to find out what your issues are; Add a midlevel or increase your after-hours schedule if needed.

# CARE MANAGEMENT

- A 6 year old patient was referred to a care manager for help with behavior issues. Care manager met with mother and conducted initial assessment. While conducting the medication review, it came to light that parent was giving her daughter homeopathic medications for her seizures. Mom stated she believed in alternative natural therapy. Per mom, her traveling homeopathic doctor told her that her daughter's symptoms would get "worse" before they got better. Mom stated that her homeopathic doctor also told her that toxins would be drawn out and cause some skin reactions. It turned out that the child had developed impetigo. Mom was reluctant to report the homeopathic medications to her daughter's pediatrician stating "it was not necessary". Mom was informed about drug interactions between seemingly harmless homeopathic medicines and her daughter's seizure medicines. The composition of the homeopathic medication could interfere with the seizure medicines. The care manager educated mom about seizure activity and what happens during a seizure using visual aids. The efficacy of homeopathic treatment was unknown and no clinical data was present to back its claims. Mom was also informed that her decisions were based on anecdotal success stories. Mom was encouraged to talk about this with her child's pediatrician. This was her self-management goal. With mom's consent, the care manager spoke to the pediatrician and informed him of this. The pediatrician spoke to the mom, and advised her to hold off on the homeopathic medication until her daughter had no active seizures. Mom weighed the pros and cons of alternative medicines and made the informed decision of holding off on homeopathic medicines until her child was older and had no active seizures. Mom stated that she did not rule out alternative medicines completely but was thankful in understanding that there could be drug interactions between homeopathic and allopathic medications.
- DEEPA NANDAMUDI, LMSW