



PCMH User Group Highlights 8/27/2015

Slides from presentations and handouts are attached to email and on website. Area Agency on Aging Disability handouts under Community Resources. Slides and Highlights under PCMH User Group.

Heidi Gustine and Ronda Cram from Area Agency on Aging

AAA (Area Agency on Aging): A non-profit organization funded by the Older Americans ACT. Care management program for individuals age 60 and over. Help with basic support to stay in home while maintaining independence and safety, i.e. Medication management, home making, and emergency buttons. Services include:

- ✚ Information and assistance
- ✚ Options counseling
- ✚ MMAP
- ✚ Education for healthy lifestyles
- ✚ MI Choice Waiver program
- ✚ Nursing Facility Transition program
- ✚ Caregiver Respite program

Aging and Disability Services

- **(866) 642-4582** – A one-stop phone number to identify resources needed. The Call Center is available for patients who need access to community resources, providing information and assistance about different programs available. Calls returned within 24-48 hrs.
 - Not for crisis situations.
 - Social Worker/RN answer calls and help determine what can be done for each person.

Ronda Cram, Social worker Options Counseling:

Focus: Helping individuals, families, and caregivers identify needs and priorities for disease processes, financial issues, or housing needs. Patient may be referred to other organizations for assistance, if appropriate. All community resources available are “tapped into”.

- Patients may be met in home or office.
- Help sort through family dynamics.

Example: Pt. was in the hospital and soon to be having surgery and worried that once discharged to a nursing home, he would never leave it. Rhonda met with the patient and had a conversation about options that the patient was unaware of including programs, and discharge plan other than to a nursing home. Through the conversation, Rhonda was able to alleviate the patients’ concerns and allow the patient to focus on other things.

My Choice Waiver program: Medicaid: A nursing home level of care for patients age 18 and older with severe cognitive and or severe physical limitations. Skilled nursing services for patients with Oxygen dependency, requiring dialysis, or end of life care. Care provided in home setting (AFC).

Nursing facility transition - Subcomponent of My Choice Waiver Program: A nursing home setting, helping with the transition back into the community.

- Focusing on the caregiver and how they are dealing with providing care to their loved one to create confident caregivers
- If a patient needs help in their home, pt. or family member may call to AAA and an appt. is set up to discuss options. Patient screening will be completed to have a broad picture of what the patient may need.
- Patient may be placed on a waiting list, depending on needs.
- Patient is followed and changes are made as necessary.

Disability Network: Covers most of Northern Michigan and is available to come to practices as well as patients' home. Disability Network may work with a patient even if the patient is also getting assistance from Munson.

- Disability Network walks patients through the transition back into the home setting.
- Assists with child's needs in classroom and home setting.
- Workforce readiness from graduation and beyond.
- Provide transportation for disabled, and help patient build support networks.

TRANSPORTATION: J Cole Enterprises 7843 Hillside Drive, TC, MI 49685, (231-360-1339 or 231-935-4009) is available to safely transport patients from post sedation procedures back to home and get patient settled in. They are not able to provide in-home care.

For Brochures and other materials to distribute about the ADRC (Aging and Disability Resource Collaborative), please contact: adrc.nwmi@gmail.com.

Rene A. Louchart, B.S., R.D.H., Oral Health Coordinator from Traverse Health Clinic:

Oral health impacts overall medical health. Medical health illnesses shown to have a connection to poor oral health:

Alzheimers: oral spirochetes

Cardiovascular Disease: *P. gingivalis*; strokes

Diabetes: advanced glycation end products

Pregnancy Problems: pre-term low birth weight

Child Caries: bacteria passed from parent

Sleep Disorder: biofilm

Cancer: bacteria

Kidney & Lung Disease: bacteria

Erectile Dysfunction: inflammation

Rheumatoid arthritis: biofilm

Xerostomia (dry mouth) can be associated with any of these conditions.

Salivary bacterial composition of **overweight** people differs from nonoverweight people.

Dental Disease is a Chronic Disease and deserves Treatment.

People with less than 10 teeth are 7 X more likely to die.

Rene led a local study focused on patients living with Diabetes. Abnormal BMI, A1C, BP and Glucose ranges were shown to have a strong connection to poor oral health. **It is possible to dramatically improve the oral health and medical health of patients by providing dental care.**

Dental Clinic Goals:

- ✚ Access to quality oral services
- ✚ Reduce pain with toothaches, etc.
- ✚ Provide oral health literacy

Dental clinics available:

- Dental clinics North (1-877-321-7070)
- Northwest Michigan health Services (1-231-947-3476)

Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.

Margaret Mason via tele-conference and Sandra Stimson from BCBSM

Margaret Mason from BCBSM was available to answer questions regarding the BCBSM PDCM program.

- ❖ Close to the end of the year, NPO will ask practices to attest that they are providing PDCM according to criteria. This will be done annually.
- ❖ If practice is meeting criteria and has billed for PDCM for 1% of eligible patients (2% next year), practice should receive 5% PDCM uplift next year, starting 7/1/16.
- ❖ There does have to be a physician in the practice since it is the physician who receives the uplift.
- ❖ Training needs to be completed by July 1, 2016. Practice needs to be ready to state they are a proponent of Care Management at that time. This means the practice needs to be actively participating in PDCM and have submitted PDCM claims for at least 2% of their BCBSM population.
- ❖ Starting in October, NPO will receive monthly lists to show PDCM eligible patients, which NPO will distribute to practices.
- ❖ Practices need to submit claims for Care Management services to show the impact of Care Management.
- ❖ BCBSM is trying to change the way care management plan is classified – trying to get it reclassified as a preventive service to reduce impact on patients with high deductible plans.
- ❖ BCBSM will take back for discussion the request that BCBSM Case Managers send notes back to the PCP.

Next meetings:

- Sept. 29, Tuesday
 - Cathlyn Sommerfield, PhD, from CS Research and Consulting will share the results from the “What Matters to You?” focus groups conducted with NPO PCP patients and local employers. Marie Hooper and Cathlyn will then discuss the next steps: using these results for a community-wide survey. 60 minutes
 - Kris Elliott, NPO will share high level recent patient satisfaction survey results. 30 minutes
- The October 28th meeting is rescheduled so as not to conflict with the Priority Academy scheduled for that date. The meeting will be Wednesday, Nov. 11th.