

Health Share of Oregon

<i>Name of Project</i>	INTENSIVE TRANSITIONS TEAM (ITT)	CARE TRANSITIONS INNOVATION (C-TRAIN)	TRI CO 911 SERVICE COORDINATION PROGRAM
Stage of Project Development	Implementation and Evaluation	Implementation and Evaluation	Implementation and Evaluation
Identification <i>What is your target population and how did you identify them?</i>	<p>Prioritizes enrollment of those on acute care unit with a psychiatric reason as primary factor of admission. Also serves clients in an ER and at risk of psychiatric hospitalization or those who have had multiple contacts with the behavioral health crisis system.</p> <p>Serves all payer types in Washington County, but currently serves only Health Share patients in Clackamas and Multnomah Counties (may expand to all payers).</p>	<p>Clients on inpatient medical (and some surgical) wards who have mixture of high medical risk coupled with primary care access and/or psychosocial issues (needs assessment identifies appropriate patients and “dose” of intervention)</p> <p>Serves all payer types at OHSU, but currently serves only Health Share patients at Legacy sites (may expand to all payers)</p>	<p>Washington, Clackamas, and Multnomah county residents who call 911 frequently for emergency medical services (EMS) when other health and social services would more appropriately serve their needs. Clients are identified by data analysis or through direct referrals from EMS response partners (fire and ambulance) in the three counties.</p> <p>Serves Health Share of Oregon Medicaid members.</p>
Intervention <i>Which intervention(s) do you plan to use?</i>	<ul style="list-style-type: none"> ITT is a behavioral health-focused intervention harnessing short-term (30-45 days) intensive services for clients in need of transitional behavioral health support. Focus on connecting clients to community behavioral health provider. 	<p>Major components:</p> <ol style="list-style-type: none"> A Transitional Care Nurse who bridges care and provides self-management patient education Pharmacy consultation to tailor medication regimens, assess barriers, and provide support for discharge medications Clinic and hospital linkages that promote improved access and care coordination Monthly multi-disciplinary CQI meetings 	<p>Major components define the work of the program’s LCSW’s:</p> <ul style="list-style-type: none"> Provider Notification and Consultation: supports existing providers of client care through referral brokering and facilitating communication across service agencies. Short-Term Intensive Case Management: direct engagement with client to mutually identify health goals and connect them to health, housing, and other social services. Care Coordination: communication and coordination with providers already connected to the client to strengthen and support care.
Implementation <i>How do you plan to implement these interventions?</i>	<ul style="list-style-type: none"> The ITT program was developed and first implemented in Washington County. The Health Commons grant funded the hiring of additional staff for the program’s spread to Multnomah and Clackamas Counties, as well as additional funding for the existing Washington County program. 	<p>The C-Train program was developed and first implemented at OHSU in 2009 to serve uninsured and underinsured patients. The Health Commons grant funded the hiring of additional staff for the program’s spread to three Legacy hospitals (Emanuel, Good Samaritan and Mt. Hood), as well as additional FTE at OHSU.</p>	<p>The program was developed and implemented by Multnomah County EMS staff.</p>
Workforce <i>Who in your organization will be implementing the work?</i>	<p>Main program staff:</p> <ul style="list-style-type: none"> ITT Clinicians (2 in Clackamas, 3 in Multnomah, 3 in Washington) Program Managers in each County (supervise ITT clinicians) ENCCs in each County (support client referrals) Project Director Project Lead Project Manager 	<p>Main program staff:</p> <ul style="list-style-type: none"> Transitional Care Nurses (3 at OHSU, 1 at Emanuel, 1 at Good Sam & 1 at Mt Hood) Pharmacy staff (partial FTE funded at each site) TCN Managers (1 at OHSU and 1 for Legacy sites) Physician Leads (partial FTE funded at each site) Project Director Project Manager 	<p>Main program staff:</p> <ul style="list-style-type: none"> 1 Program Lead 3 Licensed Clinical Social Workers (LCSWs) employed by Multnomah County EMS
Evaluation <i>How will you be evaluating this work?</i>	<p>Evaluation relies on:</p> <ul style="list-style-type: none"> Operational program data Medical claims Patient surveys Qualitative interviews Total costs of care Hospital and ED utilization Experience of care 	<p>Evaluation relies on:</p> <ul style="list-style-type: none"> Operational program data Medical claims Patient surveys Qualitative interviews Total costs of care Hospital and ED utilization Experience of care 	<p>Evaluation relies on:</p> <ul style="list-style-type: none"> Operational program data Medical claims Patient surveys Qualitative interviews Total costs of care Hospital and ED utilization Experience of care
Resources <i>How are you funding this work?</i>	<ul style="list-style-type: none"> Health Commons Grant funded by CMMI In-kind support from Health Commons partners 	<ul style="list-style-type: none"> Health Commons Grant funded by CMMI In-kind support from Health Commons partners 	<ul style="list-style-type: none"> Health Commons Grant funded by CMMI In-kind support from Health Commons partners
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