



“Keep my dog” and other simple member mandates

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Agenda

Introduction

- Organizational information
- Introduction of panelists

Foundation

- Approach
- Measures of success
- Goals & individualized care planning

Case Scenarios

- I want to keep my dog
- I want to work
- I want to be homeless

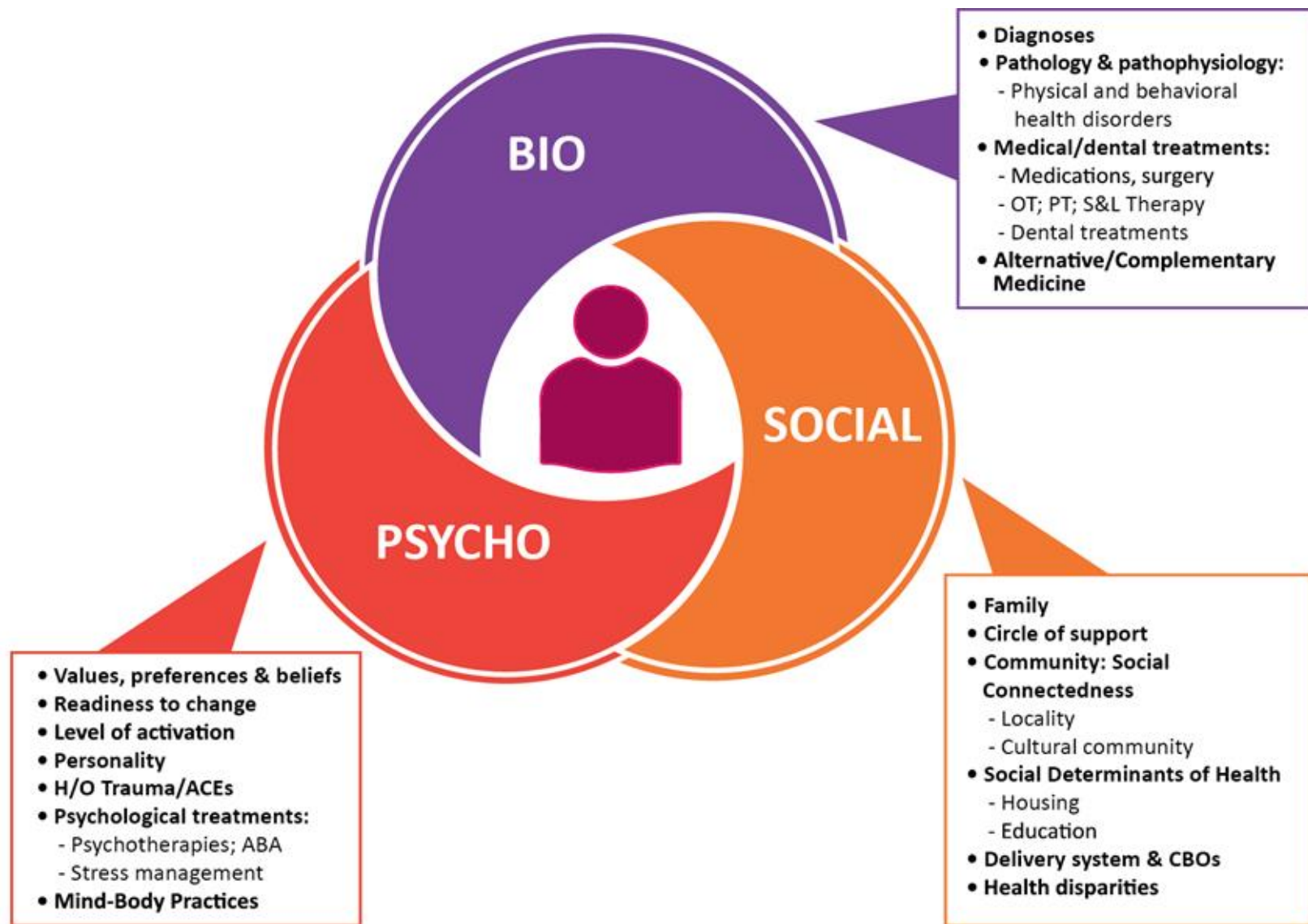
Summary

- Questions & answers
- Wrap-up

The foundation: Individualized care planning leads to preferred outcomes

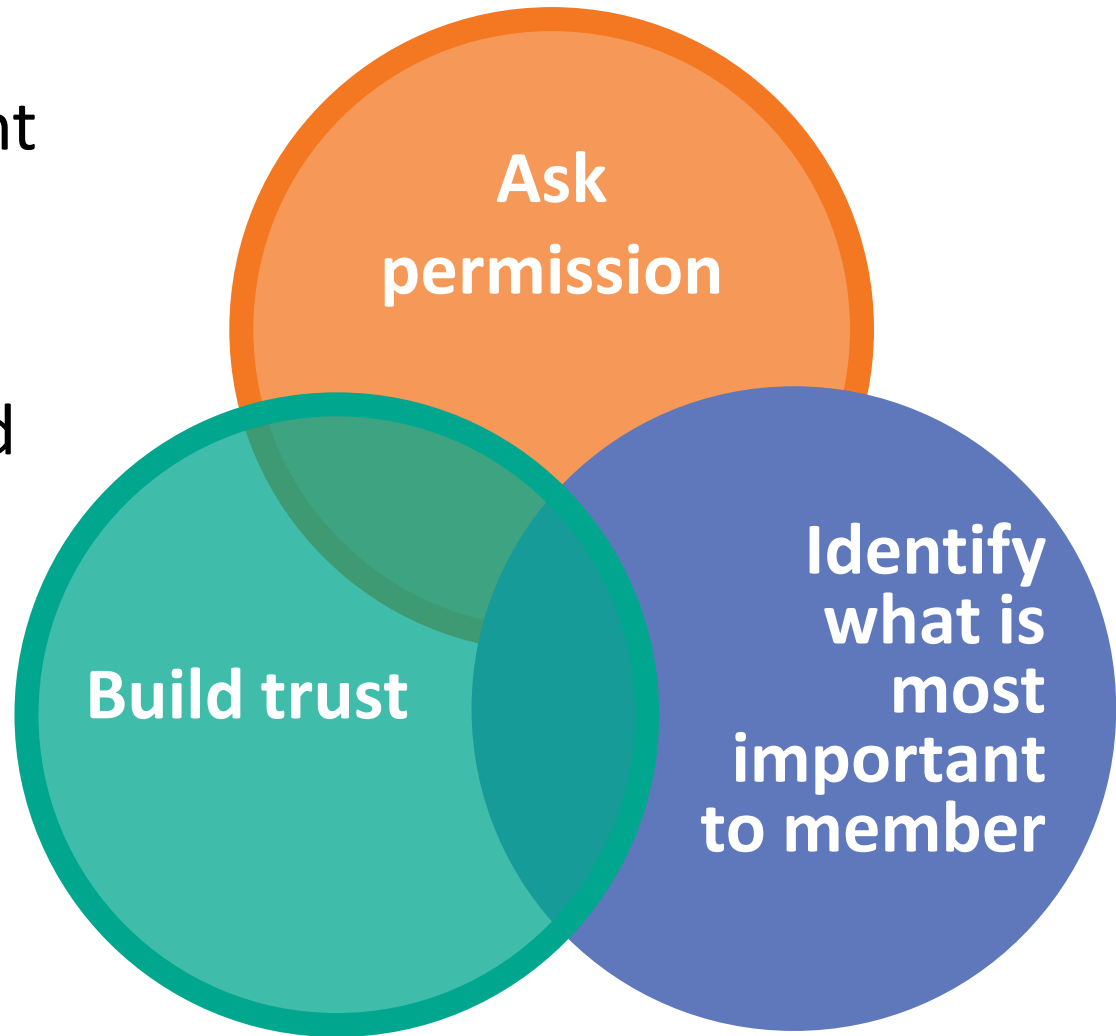


Integrated Biopsychosocial Approach

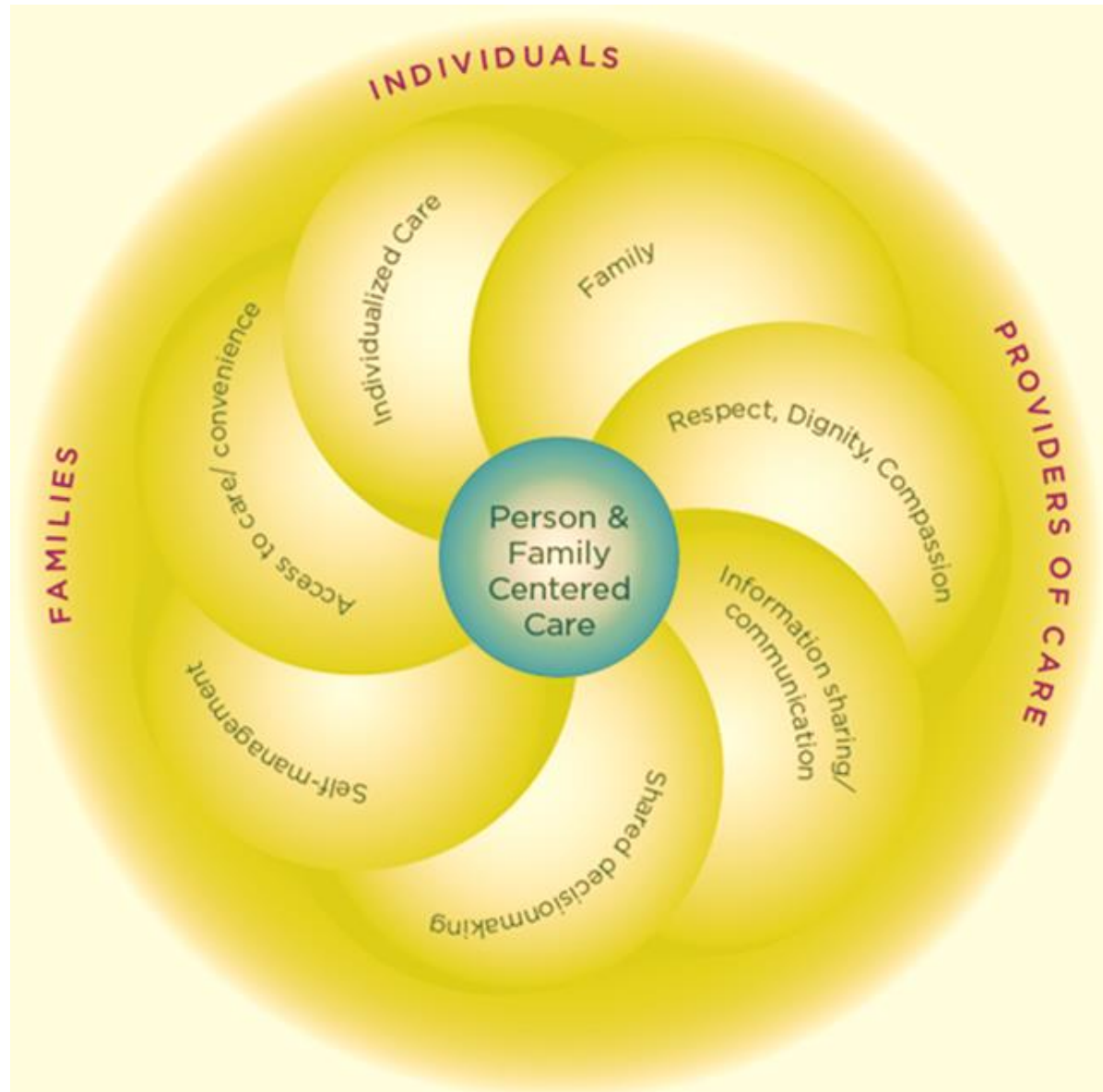


Rules of care coordination engagement

- Comprehensive needs assessment
- Individualized care Planning
- Access to needed Services
- Communication and monitoring



Person- and family-centered care core concepts



Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps in Person-Centered Care and Outcomes; National Quality Forum; AUG 2014 accessed 7/25/16 at:

http://www.qualityforum.org/publications/2014/08/priority_setting_for_healthcare_performance_measurement_addressing_performance_measure_gaps_in_person-centered_care_and_outcomes.aspx

Integrated Care Management (ICM)

Strategy: Person-centered care

- Each member is assigned a well-trained case manager
 - Face-to-face assessments and visits (at least 2 to 4 times per year)
 - Biopsychosocial needs, personal preferences and other supports are identified
 - Establish collaborative goals to support the member's needs and preferences
 - Services and supports provided by family and others are “supported”; not supplanted
-

Guiding principles of our program

- Use integrated, holistic approach rather than disease-specific or problem-focused
 - Support members in the most integrated/least restrictive environment
 - Facilitate transitions between systems of care
 - Engage each member, recognizing his/her strengths, capacities, and addressing critical physical, behavioral environmental and social needs
 - Employ evidence-based practices to create optimal outcomes for members
 - Provide for access to a continuum of services and supports, based on complexities of individual member needs/outcomes
-

I have to keep my dog!



I have to keep my dog!

What Matters to Our Members . . .

We Hear and Work With . . .

Understand who I really am

- I ran the place at work – now I can't run the washing machine.
- My dog and I are a team.
- I like living by myself w/ Happy.
- I don't want anyone else around.
- My kids have their own lives
- I'm a survivor

Make it easy to move between levels and types of care

- I was fine until those blisters came back.
- The leash gets wrapped around my legs and I've fallen.
- Now I can only drive in town.

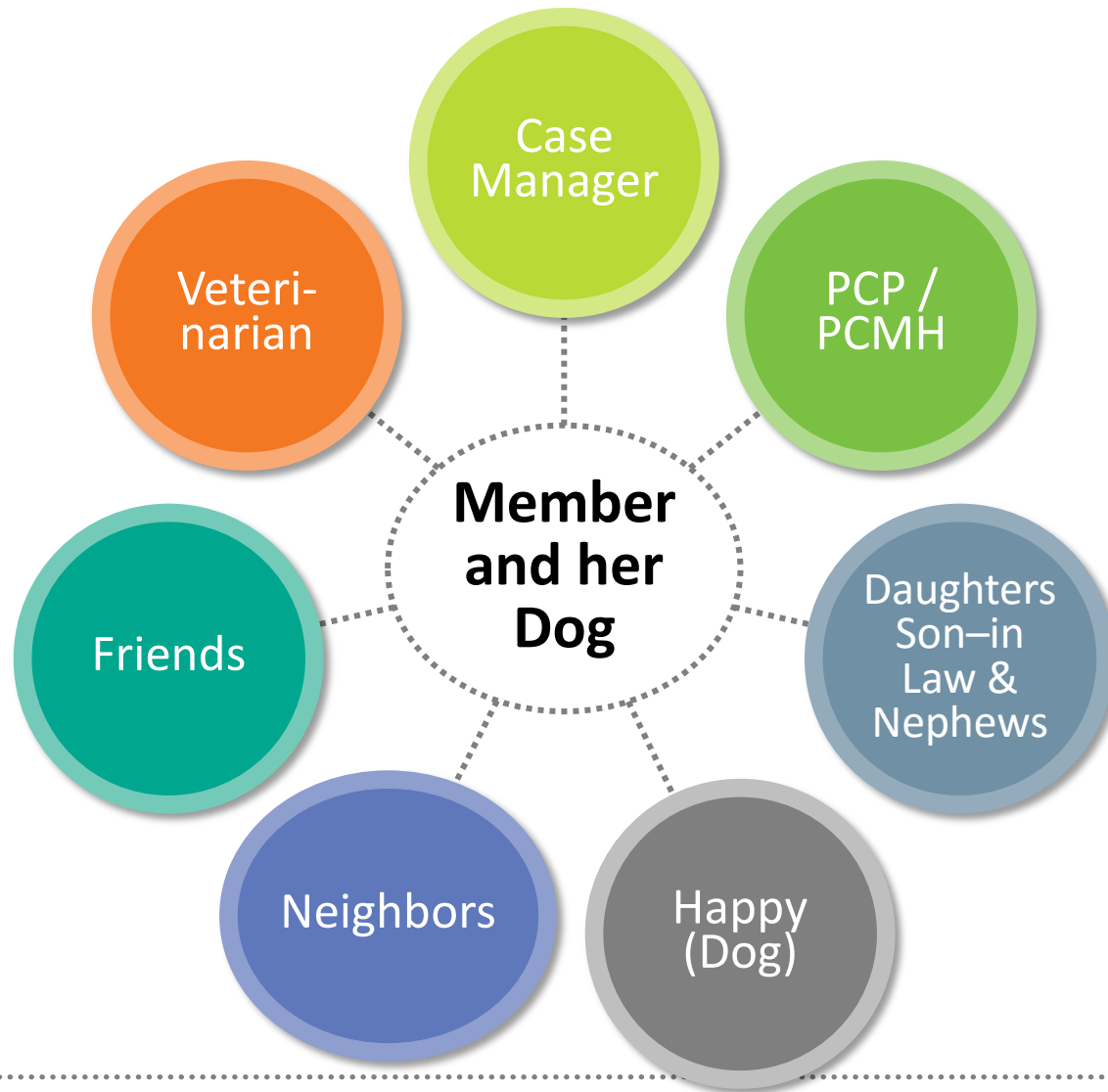
Help me get all the services/supports I need to achieve what is important to me

- I don't feel comfortable going to church anymore – I can't remember names.
- I don't like people going through my stuff. I worked hard for it.

I have to keep my dog!

What Matters to Our Members . . .	We Hear & Work With . . .
<p>Live where I want and with whom I want w/o compromising my health / safety</p>	<ul style="list-style-type: none">• I go nowhere without my dog.• I can do this all by myself – the old way. I don't want computers or alarms.• I will stay here until I die – no nursing homes for me, they killed my mother!
<p>My strengths, capabilities and resources are always part of the solution</p>	<ul style="list-style-type: none">• I have friends around here to walk my dog with – she needs exercise every day.• I love my kids but they are busy.
<p>Care is more likely to do good than harm to people like me.</p>	<ul style="list-style-type: none">• What can my doctor do for me now? He's quirky, but I don't mind seeing him.

Integrated support of members in their community - the Integrated Care Team



Ongoing collaboration and measures of success

Established joint goals with success measured by “team’s” health and well-being

Measures of success

- **Return to “normal” weight (both member & Happy)**
- **Improved activity level, safety, medication adherence**

Transitions . . .

- **After 2 years, transition to Memory Care Assisted Living**
 - **Keeping the dog**
 - Initial daily visits with Happy with ongoing access
 - Member controls when and where
 - Open adoption of Happy by family acquaintance
-

I want to work!

Meaningful employment



I want to work!

What Matters to Our Members	We Hear and Work With . . .
Understand who I really am	<ul style="list-style-type: none">• Lives at home with parents who accept him for who and where he is and work tirelessly to support his goals• Past success using plans to reach his goals, exceeding others' expectations
Make it safe & easy to move between levels or types of care	<ul style="list-style-type: none">• He will do the best he can – Let's find the right place to support him.• He knows what he wants and to help with planning and goal setting to get there
Help me get all the services/supports I need to achieve what is important to me	<ul style="list-style-type: none">• He's Interested in food services• We need someone to support him. There are vocational experts in the community• I can do it if I keep practicing

I want to work!

What Matters to Our Members	We Hear and Work With . . .
Live where I want and with whom I want w/o compromising my health / safety	<ul style="list-style-type: none">• He feels supported in new environment• He's learning the job – with support by his coach, social cueing and repetitive skills
My strengths, capabilities and resources are always part of the solution	<ul style="list-style-type: none">• I fixed all the carrots by myself.• (Store owner) came in today – He said I'm doing good!• Mom, it would help if I could drive.
Care is more likely to do good than harm to people like me	<ul style="list-style-type: none">• I'm doing it by myself!• I have my schedule• I'm working today

Integrated support of members in their community - the Integrated Care Team



Ongoing collaboration – meeting needs through meaningful employment

Established joint goals – Training and preparation to work in the community, attain and sustain employment.

Measures of success: Quality of life, maintain support

- Same job for 11 years – using computer to print schedule
- Development of new skills – drives to work

As his work requirements and situations arise

- Assure reintroduction of coach is available to assist with patterning new cues and new situations
 - Ongoing communication & evaluations w/ community partner
 - Transitioning case to Div. of Dev. Disabled for ongoing case management
-

I choose to be homeless!



I choose to be homeless!

What Matters to Our Members

We Hear and Work With . . .

Understand who I really am

- My Mom doesn't understand what I need right now
- I can do this without her help
- My friends are there for me when I need them

Make it safe & easy to move between levels or types of care

- I sometimes prefer to stay with friends or at a shelter when Mom and I don't get along
- Just because I don't sleep in the same bed every night doesn't mean I don't need some help

Help me get all the services/supports I need to achieve what is important to me

- I will work to keep minutes on my cell phone so my workers can call
- I will only use the services when I need them
- I want to introduce you my friends and give you their phone number so you can get in touch with me

I choose to be homeless!

What Matters to Our Members	We Hear and Work With. . .
Live where I want and with whom I want w/o compromising my health / safety	<ul style="list-style-type: none">• This usually doesn't last long• I'll be back home soon• I want keep my services
...My strengths, capabilities and resources are always part of the solution	<ul style="list-style-type: none">• This is really hard but I need my independence• I'm so very thankful that my friends are close by
Care is more likely to do good than harm to people like me	<ul style="list-style-type: none">• Without this team pushing me, I don't know where I would be

Integrated Support of members in their community - The Integrated Care Team



Ongoing collaboration – allowing him to decide where he lays his Head at night

Established joint goals – Working together to set up Personal Care Attendant services where he spends his time. Creating a trusting environment that allows for bumps in the road.

Measures of success:

- **Met goals of care plan – from instability to independence**
- **Gained autonomy** - He put himself on multiple waiting lists for low-income housing in his neighborhood after gaining the confidence that he can execute a strong plan.

As his needs changed:

- Understanding his rights to make decisions
 - Trusting his ICT to meet other medically related needs
-

Individualized care planning leads to preferred outcomes



In Summary . . .

Our Foundation

- Bio-psychosocial approach & systems of care
- Member-centric measures of success
- Prioritized goals & individualized care planning

Individualized Care Planning In Action

- My dog and I - *Choice and control*
- Meaningful work and independence - *Workforce*
- Services where I lay my head – *Service delivery*

Moving Forward

- Questions & answers
- Wrap-up

Thank you

