

# VSH Futures Care Management Work Group

December 15, 2006  
Minutes

**Next Meeting : January 26, 2007, 108 Cherry Street, Burlington**

Participants: Paul Landerl, HCHS; Richard Lanza, LCMH; Peter Thomashow, CVMC; Stan Baker, HCHS/DS; Michael Hartman, WCMH; Stuart Graves, WCMH/NKHS; Jeff Rothenberg, CMC; Sandy Steingard, HCHS; Greg Miller, Retreat Health Care; Tom Simpatico, VSH/UVM; Joe Lasek, HCHS; Todd Mandell, ADAP

Chair: Bob Pierattini, FAHC/UVM

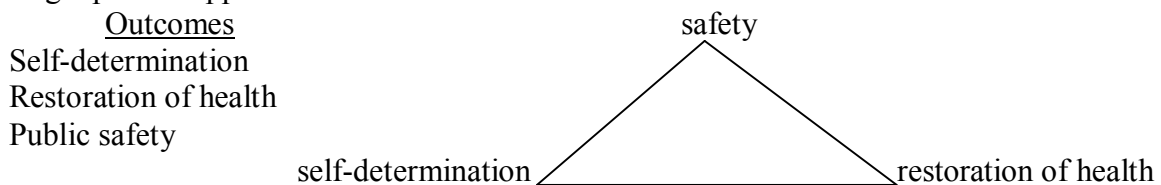
Staff: Beth Tanzman, Bill McMains, Cindy Thomas, VDH

Agenda:

- De-brief Public Oversight Commission hearing 12/13/07
- Follow-up discussion on Electronic Medical Records and technology to facilitate communication of clinical information
- Care management pilot program: proposed by the CRT Directors

Futures Plan and Public Oversight Commission Hearing

The work group participants had a wide ranging conversation about the Futures plan and the lack of cohesion among Mental Health Stakeholders to support the plan. Participants observed that there is a triangle of different concerns that are difficult to reconcile in a single plan or approach.



In addition, participants offered that there is competition for resources between the inpatient and community services systems.

The relative value of co-location of VSH successor programs with FAHC (or a medical center environment generally) was discussed.

Electronic Medical Records and Use of Technology

Participants provided feedback on the November FAHC grand rounds featuring an Electronic Medical Record (EMR) system developed at Duke called the Clinical Research Information System (CRIS). Tom described a study committee being convened to evaluate two different approaches to EMR systems and to make recommendations

back to the Secretary of AHS about possible implementation. One concept under consideration is that the state Agency of Human Services would sponsor the purchase and implementation of a central EMR that then individual hospitals and health care providers could connect to.

Stuart Graves moved that *the Care Management Work group support the concept of a state-sponsored EMR system for all health providers and that such a system should further the goals of the MH Care Management system implementation as a priority.*

Sandy Steingard seconded the motion. The motion passed unanimously.

Care management pilot program: proposed by the CRT Directors

The CRT directors offered a proposal to pilot a care management system at the four existing adult mental health crisis bed programs. Several questions were raised even as participants endorsed the importance of a pilot to gain experience. The work group agreed to discuss the proposal further at the next meeting.

The proposal is attached to these minutes.

# DRAFT

## Care Management Field Trial Proposal

12/06

The Vermont Council and the CRT Directors propose a field trial for the Care Management System. The field trial would include 5 new FTE staff including a project leader / Care System Coordinator, the 4 existing DA's that have crisis beds, DMH data analysis, the LOCUS, the Level of Change criteria and implementation of 4 Care Management Principles (1.22 - Admission/exit criteria & transportation, 1.11- Least restrictive environment, 1.13 - Boundary of competency, 4.0 - Quality improvement).

The design of the field trial would employ 1 FTE – Care System Manager - at each center that has a crisis bed program (WCHM, HCHS, HCRS, UCS). This Care System Manager would work with the clinical treatment teams that are involved in the admission and discharge of clients from their crisis bed program by integrating existing case review discussions into the completion of the LOCUS and Level of Change criteria. For each admission to the crisis bed program, a discharge case review meeting would also be held with the referring program. For each discharge from the crisis bed program, an admission case review meeting would also be held with the receiving program.

All of the Care System Managers would send electronically the LOCUS and Level of Change information to the Care System Coordinator. The Care System Coordinator with the help from existing data analysis staff from DMH would analyze the data using a quality improvement process. The data would be reviewed at a program and systems level across 6 areas – establishing baseline information, clinical protocols, care management & recovery principles, training, program strengths and needed resources. The data would then be brought back to the crisis bed programs by the Care System Manager. The crisis bed staff would discuss the data across the same 6 areas. The emphasis is: *data is information in a quality improvement model*. It would not be used to reward or sanction providers.

A sub-workgroup of the Care Management Workgroup would be developed to field test the Governance Body. Members of this Governance Workgroup would be volunteers and include consumers, family members, representatives from the DAs with the crisis beds, a medical director, CRT director, DMH staff, technical assistance staff who are doing the data analysis, and the Care System Coordinator. The Governance Workgroup would follow the same 4 Care Management Principles as they establish their quality improvement process to look at the data as information on a program and systems level around baseline for crisis bed admissions and discharges, clinical protocols, care management & recovery principles, training, program strengths and needed resources in the 6 identified areas.

### Budget

5 FTE's at \$45,000.00	\$250,000.00	(note, 5FTE @ \$45,000 = \$225,000)
5 lap top computers	\$ 7,500.00	
5% admin cost for 5 positions	\$ 14,125.00	
Travel for 5 positions	\$ 25,000.00	
Total	\$296625.00	