CPCPracticeSpotlight23

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Blending Care Coordination with Wellness Counseling: Low-Cost, Low-Intensity Intervention Supports Preventive Care

Telluride Medical Center, Telluride, Colorado
Independent; 3 physicians, 2 PAs, 1 APRN; 4,792 patients

Sept. 26, 2014

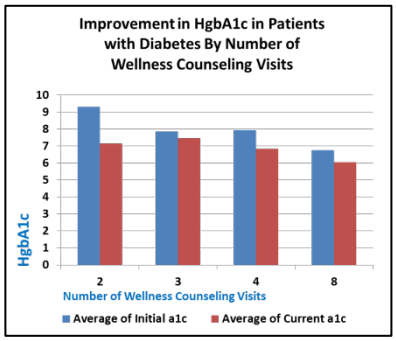
This innovation addresses CPC Milestone 2.

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: Recognizing some patients are more willing to collaborate with their health care teams to actively improve their health, clinical leadership at **Telluride Medical Center** sought strategies to leverage this willingness to better support these patients as well as assist patients seeking help in self-management to prevent worsening conditions and to lower risk factors for disease. Located in far southwestern Colorado, Telluride is a seasonal resort community that permanent residents support through service-industry jobs. Because few community health care resources are available, patients frequently turn to this clinic for information and support for all of their health care needs.

Innovation: In March 2013, this practice began to explore wellness counseling as an additional care management strategy by creating two hybrid positions on the care management team to coordinate care and provide wellness counseling to patients with diabetes.

To identify patients who would most likely benefit from this enhanced care management, Telluride staff meet monthly to review charts of patients recently treated in the clinic. Ideal candidates for wellness counseling are patients who express to the PCP a willingness to improve their wellness management. With physician sign off, patients are referred to wellness counseling.



The care manager then calls patients to schedule the initial wellness counseling visit. During the two-hour intake appointment, the counselor educates patients on the condition(s) that qualified them for counseling, provides educational materials to take home and emphasizes the root causes and lifestyle changes needed to manage symptoms. Using motivational interviewing techniques the counselor works with the patient to build a care plan specific to the patient's goals, preferences and willingness to make changes. They discuss barriers to success and problem-solve together to identify workable, sustainable solutions. They also create a schedule for ongoing follow-up sessions, which can vary from weekly, monthly or longer intervals, although most patients are seen monthly. Follow-up sessions occur in the clinic or by telephone and are scheduled in 60-minute blocks, during which the wellness counselor will review the patient's progress toward goals, take all vitals and review any new lab reports (based on patient's diagnosis), and update medication history. Caregivers and family members are welcome to participate with the patient in the counseling sessions.

As the clinic began to see success with patients with diabetes, services were expanded to include patients with changing health status, such as a new diagnosis of pre-diabetes, hypertension or weight reduction.

In June 2014, Telluride began to administer a Patient Activation Measure (PAM) at all initial wellness visits to further refine how the clinic identifies candidate for wellness counseling. This score along with the clinician's assessment is brought to the monthly care management meetings for evaluation for wellness counseling referrals.

About the Patient Activation Measure: This assesses patient's knowledge, skill and confidence for self-management. A clinical assessment of these abilities helps shape goals appropriate to the patient's level of activation. As patients gain success with initial goals, they build confidence and develop the skills they need for effective self-management.

TMF Health Quality Institute

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When the project began, a care manager and wellness counselors saw wellness patients on Thursdays. By August 2014, the practice PCPs' confidence in the effectiveness of counseling and their resulting increase in referrals pushed the need for counseling appointments to six days per month. Word-of-mouth referrals from satisfied patients also increased the requests for counseling appointments.

Generally, six patients are seen per day, but scheduling can flex from three to 10 patients, depending on visit length (initial intake versus follow-up visits). To date, 84 patients are enrolled in wellness counseling for a range of conditions and diagnoses, including irritable bowel disease, eating disorders and depression.

Practice data is showing consistent improvement across disease management in measures such as blood pressure, BMI, LDL and smoking cessation attempts. For example, one data point shows improved HgbA1c results over the series of counseling sessions (see graph above).

The practice charges $25 (intake) and $10 (follow up) per session, simply to prevent no shows. Only a small number of patients are paying for the counseling sessions, and that income returns to the general funds. Insurance has not reimbursed for visits. Patients who cannot pay are not billed. Funding for these positions stem partially from CPC funds, state funds and grant monies from a private community foundation called Tri County Health Network. Practice leadership sees such value in these positions that budgets have been adjusted to accommodate the services. They see a reduction in ED use and hospitalizations, but have no firm data at this time to directly correlate with participation in this program.

Ideal candidates for this hybrid role could be a registered nurse, registered dietitian, exercise physiologist or another discipline with a background in motivational interviewing and lifestyle management training.