HealthVine

Cincinnati Pediatric Society Resource Fair

October 14, 2021

HealthVine │OVERVIEW

Mission & Vision

HealthVine is a network of pediatric care providers and organizations [backed by Cincinnati Children's] that connect to help children be healthier, more effectively and affordably. Through the power of collaboration, and using our combined expertise, we coordinate care and support services for families that enable children to thrive by living their healthiest lives.

Patient Population

135,000 CareSource-covered youth up to age 19 as well as young adults ages 19 to 21 in the Aged Blind and Disabled (ABD) program who reside in eight counties in Southwest Ohio including Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren.

Delegated Services

HealthVine is assuming accountability for care management, utilization management and quality improvement. Member services and programs through CareSource will not change.

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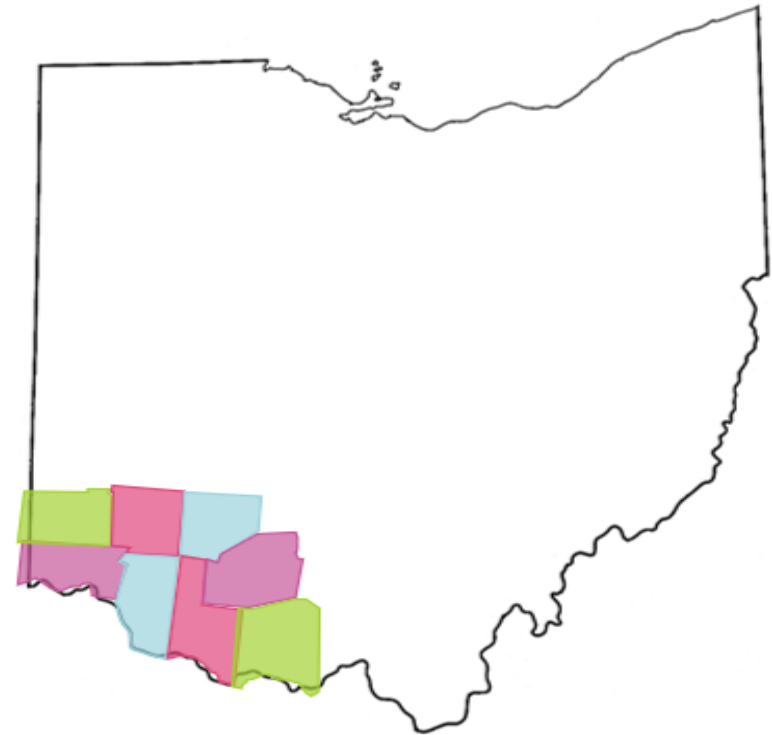
HealthVine │ Behavioral Health Organizations and Primary Care Practices Engaged
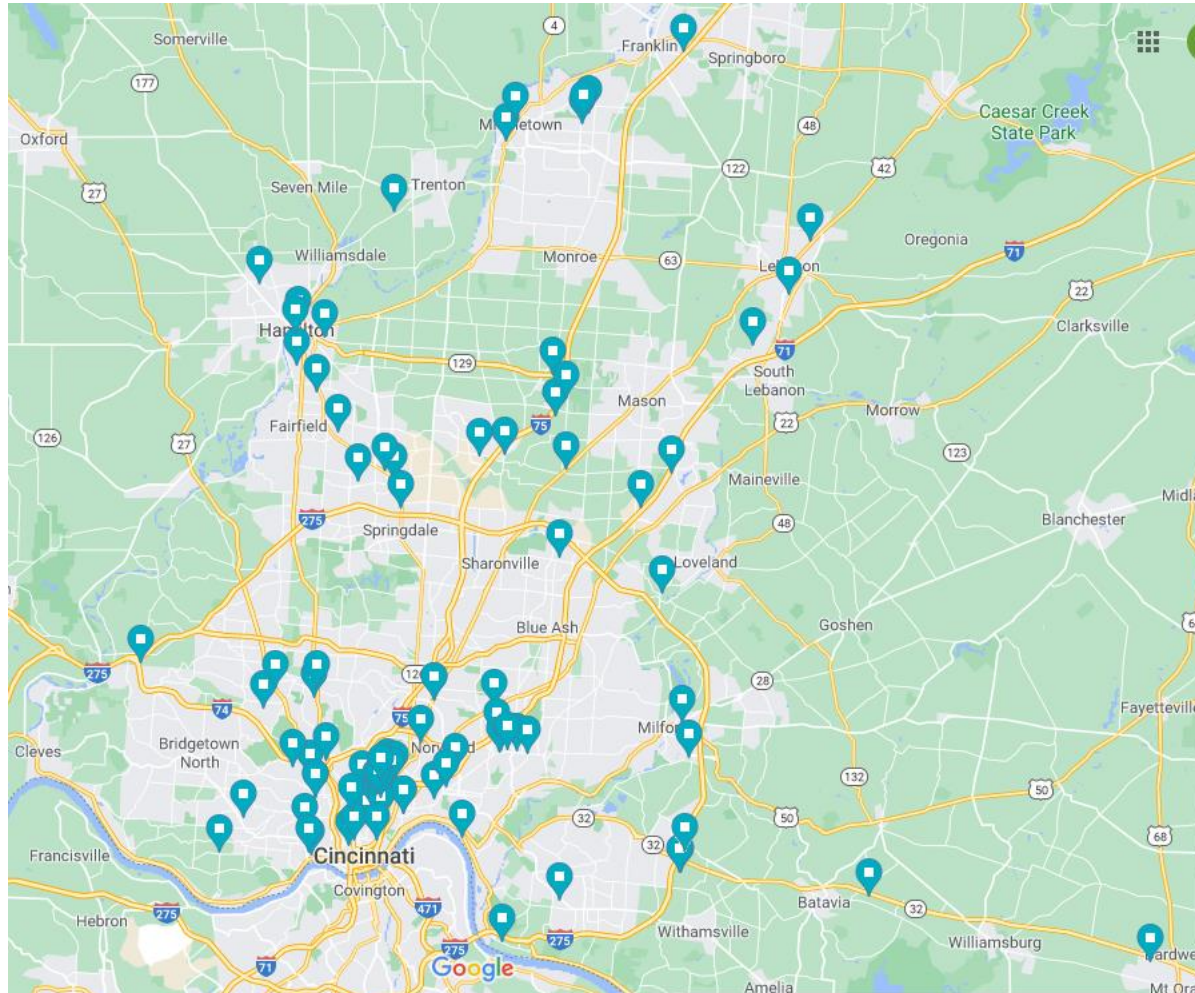
Primary Care Practices:
18 Practice Groups/Single Locations have joined, which includes an additional 66 practice locations
>72,000 Patients (~63%)
~533 providers

Behavioral Health Organizations:
16 Organizations have joined

Engaged 11 Community Benefit Organizations

MM

HealthVine │ PRACTICE INCENTIVES

Care Management
- Care management support for HealthVine Patients
- Social Investment Fund

→ HealthVine-enrolled patients

Education and Training
- Project ECHO
- Behavioral Health, Utilization and Care Management Webinars
- Support to meet CPC goals

Improved Behavioral Health Access
- MHC3
- Integrated Behavioral Health
- Utilization Management

Quality Improvement
- QI resources, project support to assist practices in capturing performance-based incentives

Information Sharing
- Epic Link and Healthy Planet Access
- Practice Dashboards

→ Entire practice population benefits

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HealthVine Care Management

HealthVine Care Management │FRAMEWORK

Care Management Team

- Patient Level Care Management
- Practice Liaison Care Management
- Population Health Outreach

Care Management Support

- Coordination of Care
- Needs Assessment
- Depression/Anxiety Screening
- Health Education
- Mitigate Social Determinants of Health
- Connect with Evidence-Based Treatment
- Connect with Community Resources

Care Management Programs

- Care Transitions
- Chronic/Complex Conditions
- ED Utilization
- Newborn and Maternal Health
- Foster Care
- Transition to Adulthood

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HealthVine Care Management │ TEAM ROLES

Practice Liaisons
- Dedicated resource to provide information on care management resources
- Support for practices with internal care management or care coordination services

Operations Coordinator
- Monitor and communicate with healthy and low risk members, those with stable conditions, and members who have met care management goals
- Utilize HealthVine dashboards/reports to identify new members, births, and current members with rising risk

Care Managers
- Engage and communicate with medically and psychosocially complex patients and families
- Partner with the healthcare team, patient, and family to develop and implement a plan of care

Social Workers
- Provide crisis intervention, supportive counseling, resources and referrals; typical interventions include abuse/neglect/dependency, intimate partner violence, suicidality and other mental health concerns, family crisis and significant impact of social determinants of health
- Consultation for providers on any psychosocial or ethical issue concerns regarding patients

Community Health Workers
- Connect with patients and families to assist in community navigation and support
- Educate patients about how to use health care and social service systems
- Outreach to patients about health care needs and promotion of well care
- Address all social determinants of health

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HealthVine | CARE MANAGEMENT SUCCESS STORY

Adolescent patient was chronically suicidal, struggled with complex mental health issues, trauma, and an eating disorder

6 behavioral health hospital admissions from Nov 2020-Feb 2021

HealthVine care management team was able to detect this high utilization pattern through our **Healthy Planet dashboard**

Patient enrolled in care management in February 2021 and was connected to a community health worker

CM team connected patient to DBT and trauma therapy with a private clinician – patient was seen within 24 hours due to severity of need

Patient feels empowered by her two new care team members and has been out of the hospital over 120 days

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Have patients who could benefit from HealthVine Care Management?

📞 **(855) 422-8894, Option 1**
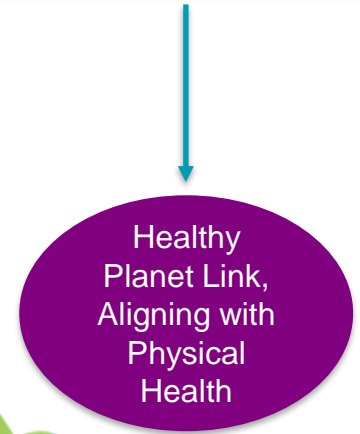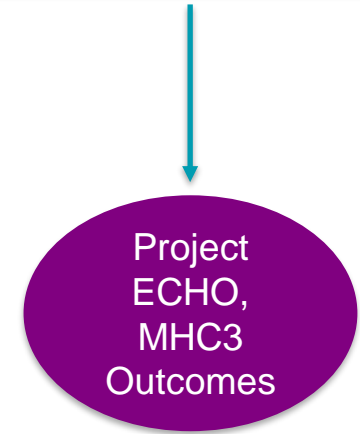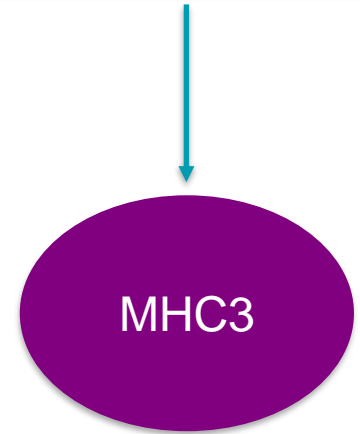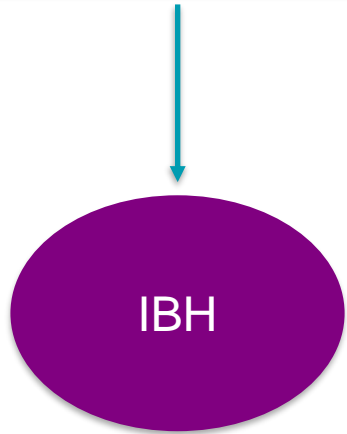
✉️ **HealthVine@cchmc.org**

👨‍⚕️ **Provider order via Epic Link**

If you have a patients already in Care Management with your practice, HealthVine is available to provide support as needed.

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HealthVine Behavioral Health

Strategic Plan for Promoting Behavioral Health

Behavioral Health Referral Tool: A New Resource for Providers
The Right Care, at the Right Level, at the Right Time

PIRC:
513-636-4124

Intensive Services

Intensive Outpatient Services

Outpatient Treatment

Prevention and Early Intervention Services
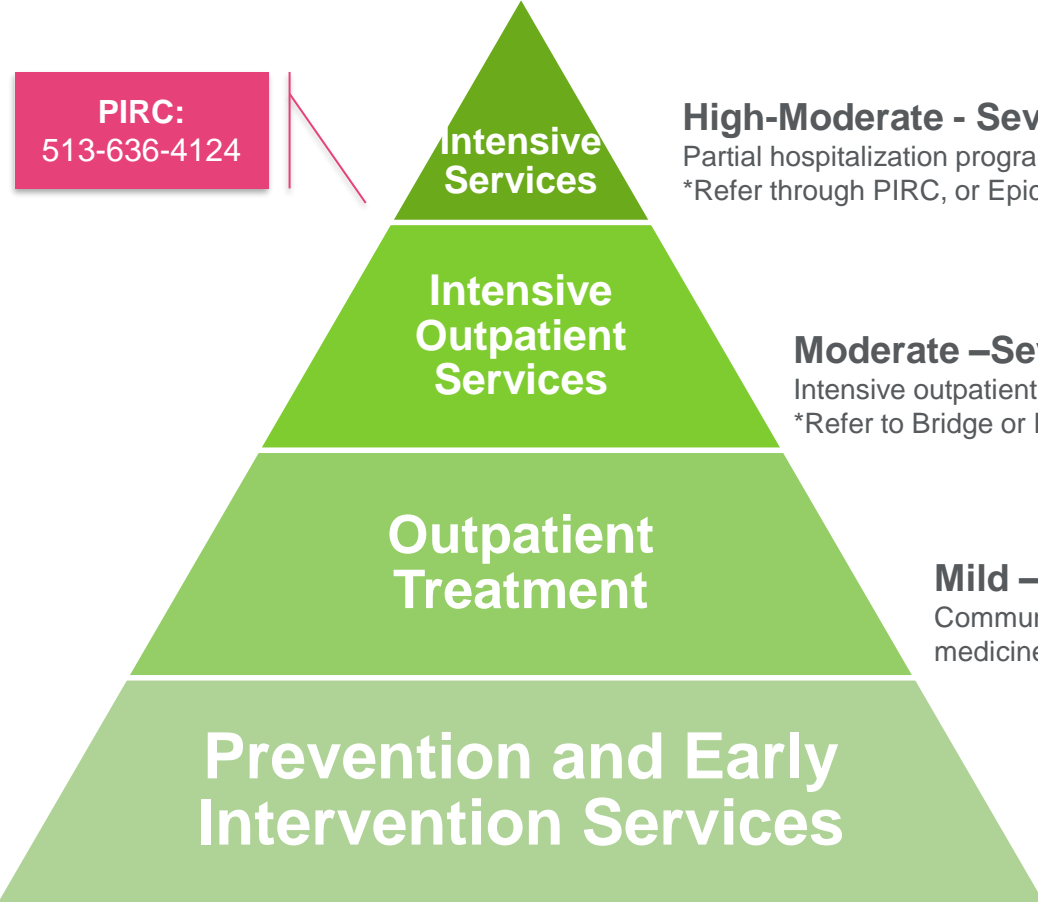
For ASD or developmental concerns:
Dept. of Developmental and Behavioral Pediatrics

High-Moderate - Severe Symptoms
Partial hospitalization program (PHP), Inpatient psychiatric hospitalization
Refer through PIRC, or Epic Link for PHP

Moderate –Severe Symptoms
Intensive outpatient program (CCHMC Norwood), Bridge Clinics, CCHMC EDs
Refer to Bridge or ED through PIRC

Mild – Moderate Symptoms
Community-based outpatient therapy programs, CCHMC behavioral medicine and clinical psychology or outpatient psychiatry

No Symptoms - Mild Symptoms
Community-based programs, school-based therapy programs, integrated behavioral health in primary care

Download the full tool here

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Project ECHO│ ENHANCING PROVIDER KNOWLEDGE AND SELF-EFFICACY IN BEHAVIORAL HEALTH

Courses integrate physical and behavioral health interventions

Didactics and case-based learning are used to spread evidence-based BH interventions
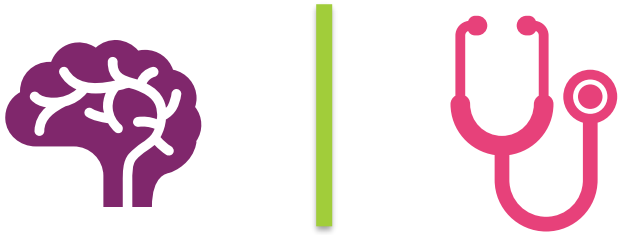
Mental Health Courses:

- **Pediatricians**: Anxiety, Depression, ASD, Advanced Series

- **Masters-level therapists**: Mental and Behavioral Health Treatment

- **Future state:** Expansion of support for children with ID/DD/ASD

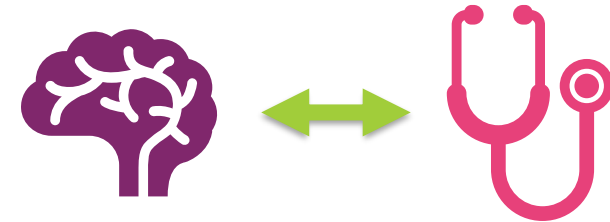**Sign up for upcoming courses at:** cincychildrensecho.com

Epic Healthy Planet

Epic Healthy Planet: A Population Health Tool

Historically, physical and behavioral health systems have been siloed

Healthy Planet

A major innovation in bridging physical and behavioral health systems

- **Lack of comprehensive understanding of care**

- **Challenges in care collaboration**

- **Detrimental impact to overall care**

- **Allows physical and behavioral health systems to connect in new ways**

- **Facilitates collaboration**

- **Ultimately improves patient care**

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Healthy Planet │EXTERNAL ORGANIZATION VIEW

Practice Dashboard HP Link ⌄

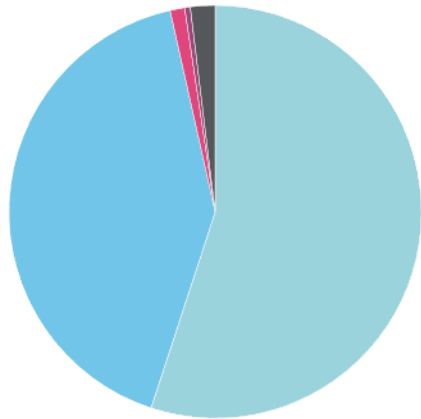Q3 2021 ⌄

Summary Level: Department
Department:

Count of Patients Attributed
14,134 Patients

Patients Active on HealthVine
4,348 Number of Patients Active on HealthVine

Breakdown of Risk Stratification

Legend:
- ☑ Low
- ☑ Medium
- ☑ High
- ☑ Intensive
- ☑ No Risk Stratification

Patients With Rising Risk of ED Visit or Admission
1,046 Patients With Rising Risk of ED Visit or Hospitalization

Patients With Recent Hospitalization
- 12 Patients Recently Discharged — Past 7 Days
- 3 Patients With Recent Behavioral Health Discharge — Past 7 Days
- 24 Patients Currently Admitted
- 1 Patients Currently Admitted for Behavioral Health

Recent ED Visits
- 103 Recent ED Visits — Past 7 Days
- 3 Patients With Recent ED Visits for Behavioral Health — Past 7 Days

UC and ED Visits Per 1000 Patients
The data source returned no results.

Hospital Admissions Per 1000 Patients
The data source returned no results.

HP Link My Panel Metrics

	YTD	QTD
Well Child Check 0-30 Months	<1 %	<1 %
Well Child Check 3-21 Years	<1 %	<1 %
Weight Counseling for Children and Adolescents	1 %	1 %
Childhood Immunizations	1 %	1 %
Diabetes A1c Testing	23 %	23 %

Number of Patients in Care Management
- 29 Patients Enrolled in Care Management Programs
- 74 Care Manager Assigned

Program Enrollment

	QTD
Newborn Program Enrollment	2/6
Newborn Program Patients Ready For Discharge	0/2
ED Utilization Program Enrollment	2/65
ED Utilization Program Patients Ready For Discharge	0/2
Chronic Conditions Program Enrollment	219/756
Foster Program Enrollment	5/10
Pregnancy Program Enrollment	0/1
Transition to Adulthood Program Enrollment	34/428
Care Transitions Program Enrollment	9/18

Annotations:
- HEDIS Scorecard Coming Soon!
- Care Management At-A-Glance
- Identification of Patients with Rising Risk
- Monitoring Admission, Discharge, and ED Utilization for Behavioral and Nonbehavioral Health

Epic Link | HealthVine Care Management Referrals

- **Care Management Referrals** for HealthVine patients can now be made in CCHMC Epic Link as well as via phone or email
- **Orders** are entered similarly to any other order in Epic Link – you will be prompted to enter additional information upon selecting the order
- **Best Practice Advisory** is enabled to remind you that these referrals are only for HealthVine/Caresource patients at this time

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Want to learn more about HealthVine?

- We would love to set up a meeting with your practice to further discuss how we can support your practice & benefits to becoming a HealthVine partner

Epic Link

- Please reach out if you do not yet have CCHMC Epic Link access

Resources

- Behavioral Health Referral Tool will be distributed via email
  - Also linked here
- Project ECHO: learn more and sign up here
- Slides from today's presentation will be distributed via email
- Informational webinars: Care Management, Behavioral Health, and Utilization Management
  - Accessible via provider portal at healthvine.cincinnatichildrens.org
  - Password: @HealthVine21!!

Discussion & Next Steps

Contact

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