Idaho Collaborative Partnerships: Two Years Later, Beyond the Tipping Point

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Background

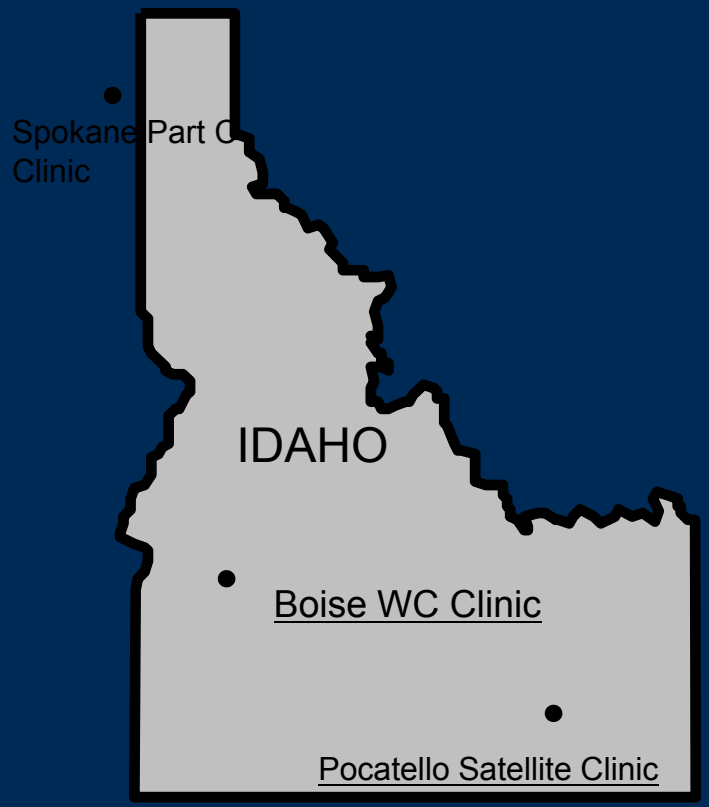
- In 2006 changes to RW Care Act focusing on core medical and support services
- Changed funding allowances 75/25 requirement
- Mandate for Part B to create statewide QM plan
- HIVQUAL for Part C clinics since 2005
- Community planning body in shambles

Background Cont.

- ADAP waiting lists 2004 -2005
- Medicare Part D Rollout
- Fragmented systems of care and prevention in very rural state
- ADAP/RWPB no institutional memory
- the combination of these factors created a state of critical mass in Idaho

Idaho- Demographics

Part B Medical Case Managers housed throughout state



BAIL OUT!!!

The life boat' full and it's sprung another leak!!!! Patches, where are the patches..??

There aren't anymore… ☹.

Wait, how did you get in here.. Least I'm not alone…

The boat is sinking, ***grab*** *the life jacket!!!* ..☠

OH NO!! Somebody used it to patch the lifeboat. ***SIGH…..***

The Tipping Point: Malcom Gladwell, 2000

Gladwell defines a tipping point as a sociological term:

"the moment of critical mass, the threshold, the boiling point"

Disaster or Opportunity?

- What could be a disaster could also be a great opportunity
- Chance to redefine the systems currently in place
- Create a new paradigm
- Create new partnerships and redefine old ones
- In 2008 we had a theory but not much of plan…

Accessibility of Care Services: Creating consistent and accessible service entry points

- Change from supportive to medical case management
- Combine Part B, C, and HOPWA intakes
- Patient registration forms vs. intake forms
- HIV Monitoring Labs
- Creating program specific CW data entry manual
- Data collection systems not combined

Turning Opportunity into Action

'When, Where and How to Begin??

- Back to basics for Part B and C
- Look at job functions of key personnel
- Consistency of service definitions
- Accessibility of care services
- Involvement of community and key stakeholders

Experiences: Successes

- Developing Policies and Procedures
  - RWPB and ADAP no policies ever written
  - Opportunity to get it right this time…
- Using reliable and valid assessment tools
  - SAMISS
  - Financial Assessment
  - HOPWA Homeless Screening Tool,
  - Domestic Violence HITS Scale
  - REALM

Experiences: Challenges

- Training of key staff with no resources
- Clinic vs. CBO confidentiality requirements
- Buy in and flexibility of those performing assessments
- Ensuring that information is shared
- MCM turnover in Part B funded agency

Statewide Quality Management Plan

Capturing data:

- CAREWare and Electronic Medical Records (EMR)
- Consistent definition of data elements
- Clinic based vs. community based MCM
- Contract responsibilities and MCM buy in
- Intake forms inconsistencies
- Patient buy in

Experiences: Challenges

- Lack of experience with quality management concepts
- Consumer involvement minimal
- Gathering baseline data from three different systems
- Indicator selection
- Quality improvement projects based on outcomes
- Represent Idaho Part C clinic patients only
- Constant training due to MCM turn over
- Lead staff burn out

Experiences: Successes

- Provides awareness and education to consumers and key stakeholders
- Quality Management Committee provides linkage to CPG
- Building relationships among consumers, providers, and state among others
- Providers learn about each other
- Consumers learn about provider issues

Community Planning Body Involvement

- Gain involvement of key stakeholders and community
- Combined care and prevention comprehensive plan
- Build statewide care and prevention capacity
- Educate planners at the table
- Recruit planning body members
- Fully integrate care issues into the group

Experiences: Challenges

- Resistance to change: longtime members afraid of repeating the past and the unknown
- Lack of knowledge of care issues and needs at the table
- Who is going to do the work to bring the CPG back to a functioning and capable body
- Role of the CPG: advocacy or advisory

Experiences: Successes

- CPG 14 members 2006—August 2010, 26 members and at least 6 TA staff
- More applications than slots available
- In constant motion or reinvention if you will
- Change is good—no more resistance
- Established regional planning groups in several areas of the state
- RPG's feed info to CPG from their local community

Next Steps: Beyond 2010

- Next planning cycle begins 2011
- Continue integrating care at the table
- Restructuring of CPG ongoing
- Continue to link data systems
- Quality Management
- Issues—ongoing training

Questions to ask of your systems:

1) Can combination and collaboration reduce workload?
2) Are their partnerships that can be built or revitalized?

Who, What, When, How?