



Connecting you to a better life®

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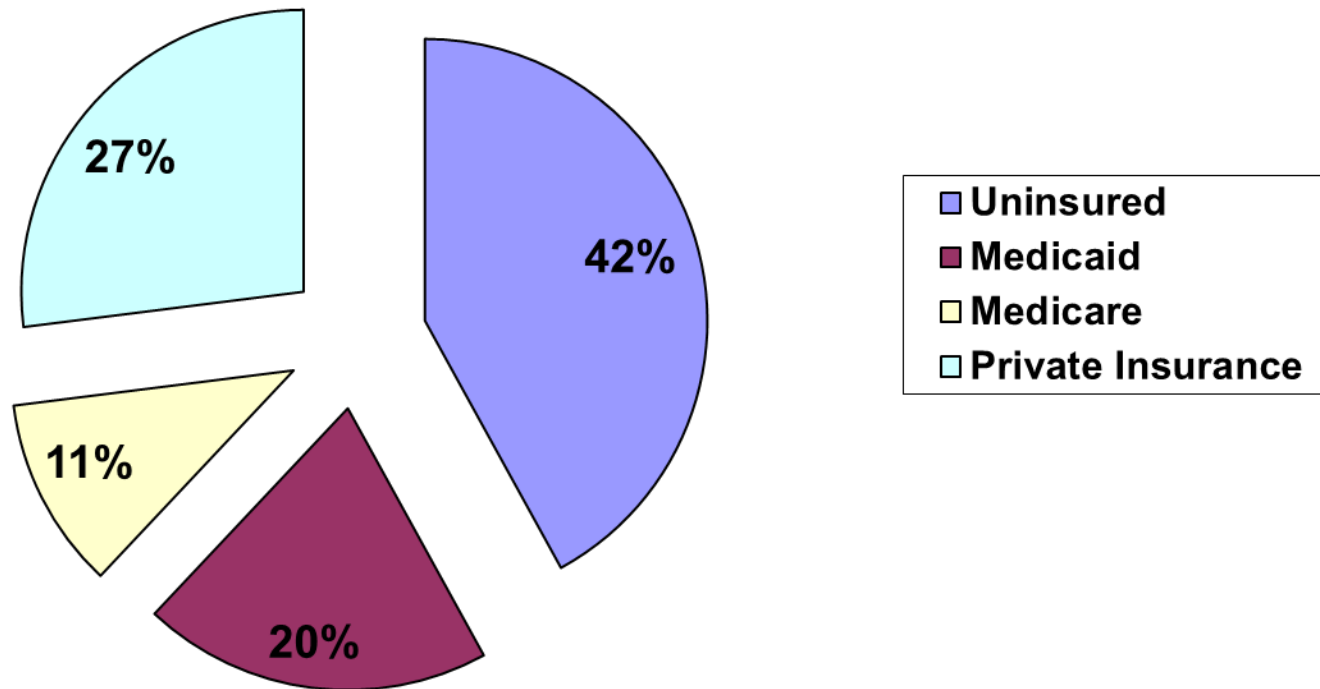
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RiverStone Health Clinic



- FQHC
- NCQA Level 3
Patient-Centered Medical Home
- Montana Family Medicine
Residency
- Integrated behavioral health and
clinical pharmacy

RSHC Patient By Payer Source



Source: RiverStone Health 2015 UDS Report

Services Provided

- Acute, chronic & well child and adult
- Prenatal care
- Procedures
- Group visits – Centering Pregnancy, Wellness, Diabetes, BH groups
- Chronic pain and Diabetes Pathways
- CLIA Waived Lab, Xray

Patient #1



- 56 years old
- Working as independent carpenter
- Had a stroke in 2014, recovered well
- Did not have insurance so avoided follow up care and did not refill medications due to cost
- Repeat stroke in February 2015
- 3 weeks in hospital and acute rehab
- Scheduled follow up at RiverStone Health

The Patient-Centered Medical Home

Changing Health Care Delivery -
A Team Approach to Care

PCMH Implementation Team

- Interdisciplinary Team
- Meets twice each month
- Identifies, tests and implements work flow changes to embrace PCMH model
- Feedback loop for continuous improvement

PCMH Features

- Expanded hours, same day appointments
- Daily huddles
- Case management
- Monthly team meetings
 - Managing panels of patients
 - Proactive outreach – preventive, high risk
- Data drives quality improvement

Our Teams

➤ Providers

- Physicians
- Non-Physician (PAs)
- Residents

➤ Staff

- RNs, LPNs and MAs
- Administrative – pre-visit planners, phones, front desk
- Care Coordinators – community resources, insurance enrollment

➤ Additional Services

- Behavioral Health
- Clinical Pharmacy
- Diabetes Nurse Educator
- Dietician



Patient #1



- Hospital follow up (prior to provider)
 - Receives confirmation call from AA
 - Hospital records printed and reviewed by chart prep
 - Scheduled with Clinical Pharmacist for med rec
 - Made recommendations based on hospital diagnosis
 - Nurse identifies lack of insurance; patient meets with Care Coordinator
 - Nurse also identifies he is still smoking

Integrated Behavioral Health

- 6.5 FTEs at various sites
 - LCPCs and LCSWs
 - Licensed addiction counselors
- Appointment based and point-of-care access
- Care provided within the scope of primary care
- Referral out for patients needing specialty care

Behavioral Health Services

- Resource questions
- Emergent concerns
- Diagnostic clarification
- Brief therapy - 6 to 8 sessions
- Lifestyle modification (smoking cessation, weight management, sleep hygiene, stress management)
- Chronic pain care planning
- Substance use issues

Integrated Care Clinic

- Co-visits with our Behavioral health provider and Board Certified Psychiatric Pharmacist (BCPP)
- 1 hour appointment slots
- Patients referred to this clinic are often previously in psychiatry but can no longer access care, are discharged from our psychiatric center, or other treatment facilities

Behavioral Health Provider

- Review of available mental health records
- Request for additional records for review
- Full biopsychosocial history obtained
- Diagnostic clarification will be initiated
- Review status of funding source
- Consider referral to care coordinator

Psychiatric Pharmacist

- Review of all the patient's medications (not just their psych meds) to ensure that their co-occurring medical conditions are also being adequately treated
- The BCPP completes psychiatric medication histories and assess for adverse effects, looking for options that may be more effective or better tolerated

Next Steps

➤ **Outside of Mental Health Guideline**

➤ Referred back to specialty providers

➤ **Primary Care Physician**

➤ Review plan from Behavioral Health Provider and
Psychiatric Pharmacist

➤ Develop plan

Integrated Clinical Pharmacy Services

- Patient appointments in clinic
- Point-of-care services
- Collaborative practice agreements
- Pharmacy student rotations
- Comprehensive Medication Reviews
- Diabetes education
- Transitions of care: hospital follow-up



Psychiatric Pharmacy Services

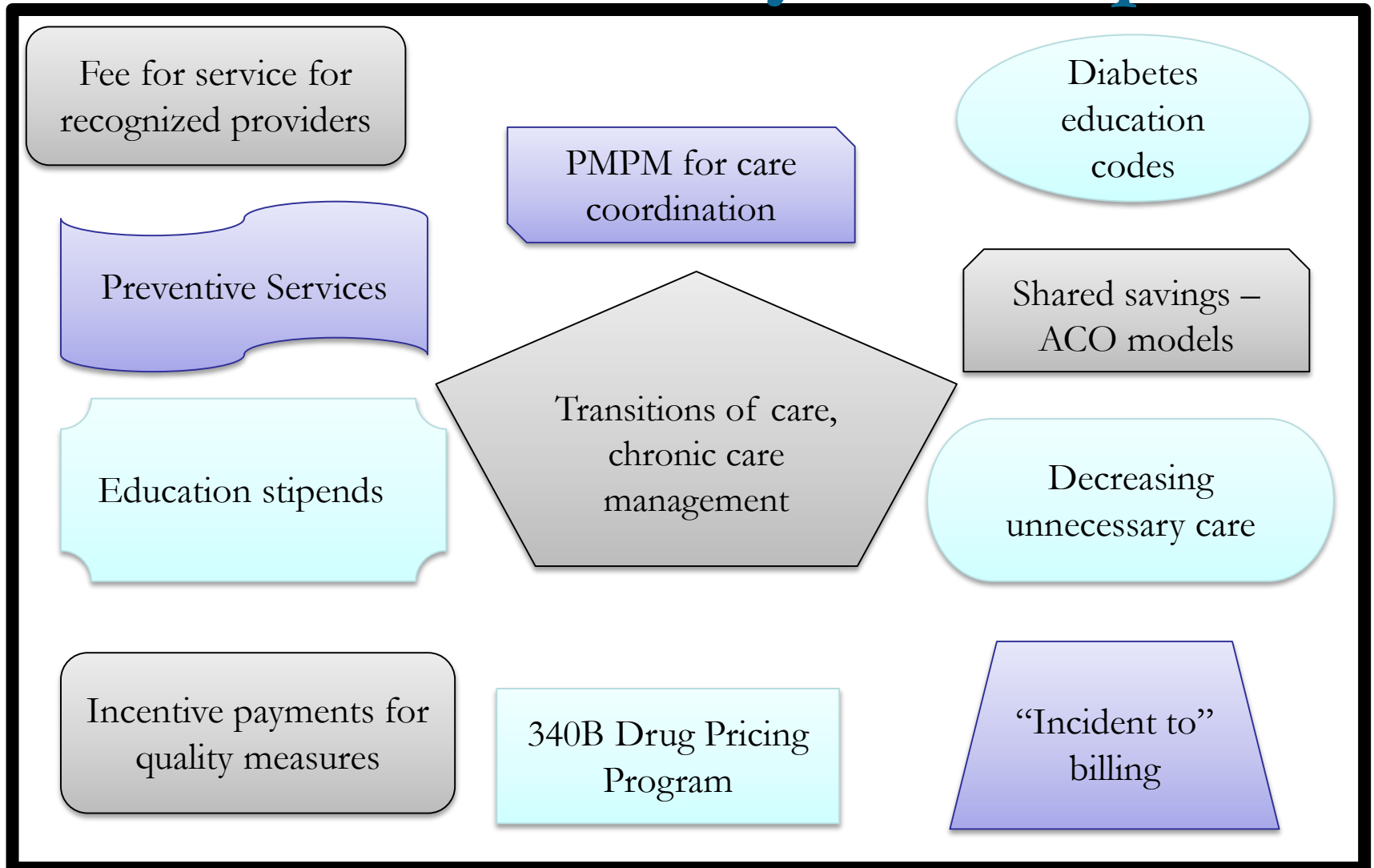
- Medication management for patients with mental illnesses
- Integrated Care Clinic
- Monthly consultations with community psychiatrist
- Residency education and didactics



Key Considerations

- Role delineation
- Communication – electronic, team meeting time
 - Collaborative treatment planning
- Lack of payment for pharmacist patient-care services
- Scheduling appointments, point of care services
- Non-billable services

PCMH Payment Options



Patient #2

- Depression, diabetes, COPD
- PCP - preventive care, cancer screenings, diabetes care
- BH provider - diagnostic clarification and therapy
- Care coordinator - enrolled in Medicaid HELP Act
- Pharmacist – Adjusted antidepressants, inhalers, diabetes education
- Patient - Quit smoking



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