



**Session Title: Care Coordination Staffing Models**

<p><b>Initial Questions</b></p>	<ul style="list-style-type: none"> <li>• How are you staffing the care coordination role?</li> <li>• What other staffing roles have you included in your model? How are you managing case loads? What is working well?</li> <li>• How are you meeting the requirement to conduct case conferences (e.g., team composition, frequency, mode of communication, etc.)?</li> <li>• How is your health home team engaging primary and behavioral health care providers?</li> <li>• What are some models for encouraging a high level of engagement across the spectrum of providers?</li> </ul>
<p><b>HH to Begin Conversation</b></p>	<ul style="list-style-type: none"> <li>• Irene Kaufman, NYC Health and Hospitals Corp.</li> <li>• Joseph Twardy, Visiting Nurse Service of Schenectady &amp; Saratoga Counties</li> </ul>
<p><b>Key Issues</b></p>	<ul style="list-style-type: none"> <li>• Need public education campaign for providers and potential enrollees</li> <li>• Need to value/maintain existing patient-provider relationships</li> <li>• Need to build from/around existing staff resources</li> <li>• Need to develop effective working relationships between care coordinators and primary care clinicians</li> <li>• Need to implement effective training models for downstream providers</li> </ul>
<p><b>Best Practices</b></p>	<ul style="list-style-type: none"> <li>• Invest in provider engagement activities – need broad buy-in for this model to work</li> <li>• Schedule regular site visits and webinars for purposes of training downstream providers</li> <li>• Share entire enrollee list with all providers in network</li> <li>• Design health home model in connection with larger system (e.g., HHC is aligning/building from patient-centered medical home initiative)</li> <li>• Deploy a “navigator” team to handle initial engagement/assignments, moving people through the system and connecting with downstream providers; could also manage lower-acuity enrollees (as VNS Schenectady is doing).</li> <li>• Employ morning “huddles” for care teams, with well-structured agendas (e.g., who to watch out for, what issues to focus on)</li> </ul>

<b>Follow-Up Opportunities or Questions with Action Items</b>	<ul style="list-style-type: none"><li>• Collaborate on public education campaign</li><li>• Share more detail on staffing models across health homes</li><li>• Use next meeting to further delve into issue identification and problem-solving</li></ul>
<b>Additional Comments</b>	<ul style="list-style-type: none"><li>• Broad consensus that staffing models will vary within each health home network based on the need to leverage existing resources</li><li>• Is the goal to develop and spread a “best practice” model down the road, or should the focus be on outcomes rather than structure/process?</li></ul>