

# Access Supports for Living & HRHCare Montefiore PPS

## Our Cohort

(Data reflects Sept. '15 to Feb. '16)

Adult Behavioral Health members diagnosed with diabetes

≡ 67 

## Our Actions

### Patient Story

Male BH patient with **very high blood pressure** developed **trust in the NP** through multiple brief visits and is **now compliant with medication** to control his blood pressure.

### Process Improvement

#### Patient Identification

- Identified eligible patients
- Educated BH Practitioners to identify how a patient would benefit from PC
- Voluntary universal medical screenings

#### Care Planning

- Use motivational interviewing to identify patient goals
- Share PC progress notes with BH Practitioners
- Multidisciplinary huddles

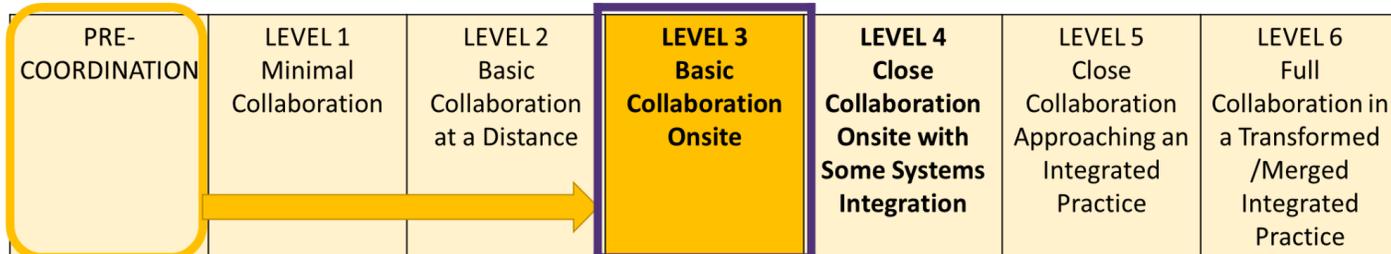
#### Management

- Multidisciplinary case conference meetings to track/monitor patient progress

#### Follow-Up

- Collaborative management of patients and support to maintain health status

### Level of Integrated Practice



### Lessons Learned

- Leveraged PPS's clinical depth and best practice knowledge to support integration effort through active conversation
- Well-established partnership allowed freedom for front line practitioners to work together
- Communication needs to transcend importance of integration to increase BH Practitioner comfort level to talk about Primary Care with patients

## Our Impact

### Patient Engagement

72 patients connected to PC

271 Total PC visits



ED Utilization Rate

.07

.08

14%



PC Visit rate within 6 Months

49%

64%

31%



Number of Patients Connected to PC

-

72

-



7-Day Follow-Up rate

44%

25%

-43%



Smoking Cessation

-

6%

-



BP within Range

31%

58%

84%

Baseline (Mar. '15 – Feb. '16)    MAX Program (Mar. '16 – Aug. '16)    %Δ

\*Calculations are based on self-reported data from Action Team