IDENTIFYING AND SUPPORTING FAMILIES WITH COMPLEX NEEDS

Addressing Social Health and Early Childhood Wellness

#### **SESSION OBJECTIVE**

Implement a registry and tracking system to enhance care to families with complex needs Defining Risk and Complex Needs

Advantages for Care Teams and Families

Simple Implementation Steps

Moving to Action: Team Time

### SESSION OUTLINE

### **ADDRESSING PAIN POINTS**



NOT ENOUGH TIME WITH PATIENT INCONSISTENT RECALL AND FOLLOW UP REQUIRES ADDITIONAL COORDINATION AMONG CARE TEAM

#### HOW DO WE IDENTIFY RISK?

**Psychosocial needs reflect pediatric risk** 

In contrast, adult medicine ascribes risk based on chronic conditions, hospitalizations, etc.

### WHAT IS RISK IDENTIFICATION?

Ongoing process ascribes risk status for each patient

- Identifies patients with complex care needs management
- Enables care team to customize appropriate level of care for pre-identified patient subgroups

 $\sum_{i=1}^{n} E$  sential clinical approach to customize care

### **ADVANTAGES FOR CARE TEAM**



Adequate time for appointment tailored to the needs of the patient & family



Enhanced pre-visit planning

Enhanced ability to coordinate care



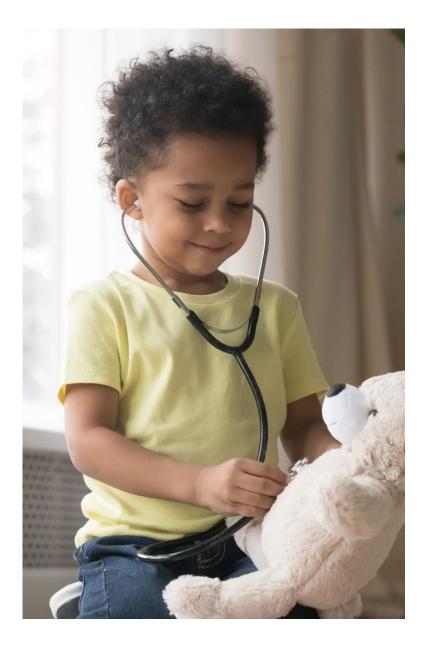
Continuity

#### ADVANTAGES FOR FAMILIES



#### Families

- Do not answer the same questions every call/visit
- Have one contact person in the practice
- Get more time at clinic visits
- Can almost always see primary provider
- Are relieved when they know special accommodations will be arranged ahead of time (eg, a quiet room, dim lights, extra set of hands in the room)



#### STRENGTHENS FAMILY RELATIONSHIP WITH CLINICAL TEAM

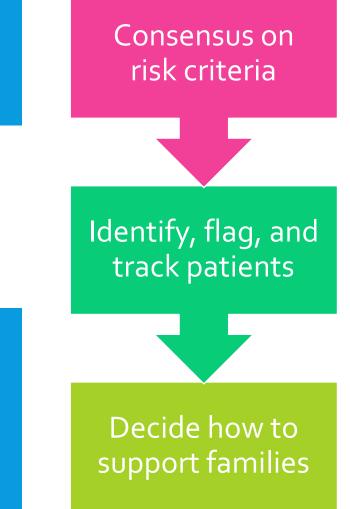
#### Families

- Feel heard and understood
- Feel empowered because they get to start where they want
- Receive whole family cares that values their lived experiences



# FAMILY ADVISOR REFLECTION

## 3 STEPS



#### STEP 1: CONSENSUS ON RISK CRITERIA

#### Gain consensus across QI team on risk criteria

Recommend starting with one or both:

- All families with positive screens/assessments
- All families with positive screens/assessment and referrals

Other considerations:

- Children with mental health concern
- Families with potential health hazards related to psychosocial circumstances
- Those with significant chronic/complex medical condition

STEP 2: IDENTIFY, FLAG, AND TRACK PATIENTS Identify and track patients meeting criteria:

Identify:

 Based on criteria selected, generate reports by selected z- codes and billing codes

Track:

- Add a flag in your EHR
- Add patient/families into the ASHEW Referral Tracking Sheet (to column 1) or other tracking mechanism

### ASHEW REFERRAL TRACKING

#### Social Determinants of Health Screening Tracking

\*This worksheet is for your practice's internal use only. Please use the dropdown menus for the columns "Well Child Visit," "Referral Made (Y/N)," and "Confirmed Referral Uptake? (Y/N)."

Yellow = Referral made more than 3 (but less than 4) weeks ago with no referral follow-up documented

Red = Referral made more than 4 weeks ago with no referral follow-up documented

Patient ID	▼ Well Child Visit	Date of Screen (MM/DD/YYYY)	Screening Result (screen used, score and areas of concern)	Referral Made?	▼ Date of Referral (MM/DD/YYYY)	Date of Follow-up on Referral (MM/DD/YYYY)	Confirmed Referral Uptake? (Y/N)		
	24-month	8/10/2020	Concern	Yes	8/10/2020	9/9/2020			
	6-month	9/20/2020	Concern	Yes	9/20/2020	10/20/2020			
	6-month	10/1/2020	Concern	Yes	10/1/2020				
	15-month	9/22/2020	Concern	Yes	9/22/2020	10/22/2020			
	48-months	9/13/2020	Concern	Yes	9/13/2020	10/1/2020			
▶ Screening Data Summary Perinatal Depression Tracking SDOH Screen Tracking Socia (+) 🗄 🕢									

### SDOH Z CODES

Z-codes	Z03.89	encounter for observation for suspected mental condition		
		encounter for other specified counseling (altered parent-infant		
	Z71.89	attachment)		
	Z76.2	encounter for foster care		
	Z76.81	encounter for expectant parent(s) pre-birth pediatrician visit		
	Z71.9	encounter for medical advice/counseling NOS		
	Z73.810	behavioral insomnia of childhood, sleep onset type		
	Z73.811	behavioral insomnia of childhood, limit-setting type		
	Z73.812	behavioral insomnia of childhood, combined type		
	Z73.819	behavioral insomnia of childhood		
ACE-related	Z62.81-	hx of abuse in childhood		
	Z62.810	hx of physical & sexual abuse		
	Z62.811	hx of psychological/emotional abuse		
	Z62.812	hx of neglect		
	Z62.819	hx of abuse unspecified		
		family disruption due to death of family member, bereavement		
	Z63.4	(includes assumed death)		
	Z63.5	family disruption due to divorce or separation		
	Z63.72	alcoholism and drug addiction in family		
	Z63.8	exposure to domestic violence		
		Persons with potential health hazards related to socioeconomic		
SDoH		& psychosocial circumstances		
		Problems related to education & literacy		
	Z55.0	illiteracy & low level literacy		
	Z55.1	schooling unavailable & unattainable		
	755.2	failed school examinations		

#### STEP 3: DECIDE HOW TO SUPPORT FAMILIES

Select one or more strategies to support families:

#### 1. Flag for Complex Needs

 Utilize scheduling template to allow extra time for patients with flag

#### 2. Pre-visit Planning

- Assign staff as complex care coordinator to schedule and identify families' needs prior to visit
- In daily huddles review, plan, and prepare for complex needs visits
- 3. Protocols for Complex Needs Patients
  - More frequent visits
  - Follow up calls
  - Always same provider(s)
  - Proactive reminders
- 4. Integration with behavioral health, social worker, and family navigators
- 5. Optimize billing and coding

### RECAP



#### Identifying and tracking risks will

- Improve care through population management
- ✓ Increase efficiency
- Strengthen support to and relationships with families
- ✓ Engage family advisors

### 2021 CODING

#### 2021 Time Ranges for Office-Based E/M Services

New Patient	2021 Total Time Range	Established Patient	2021 Total Time Range
99202	15-29 mins	99212	10-19 mins
99203	30-44 mins	99213	20-29 mins
99204	45-59 mins	99214	30-39 mins
99205	60-74 mins	99215	40-54 mins

**Note:** 99201 was deleted and 99211 does not have typical time as it will be reported for nurse-only visits or very brief physician visits not meeting the level 2 criteria.

### POLL

To what degree, if any, are you using a tracking system?

- Not implementing
- Partially implementing
- Fully implementing

### 3 STEPS

#### **Team Time Instructions**

