BCBSM
Physician Group Incentive Program

Patient-Centered Medical Home and Patient-Centered Medical Home-Neighbor Domains of Function

Interpretive Guidelines

2015-2016
V1.0

10.0 Linkage to Community Services

Goal: Expand the PCMH-Neighborhood to include community resources. Incorporate use of community resources into patients' care plans and assist patients in accessing community services.

Applicable to PCPs and specialists.
When patient is co-managed by PCP and specialist, roles must be clearly defined regarding who is responsible for ensuring patients receive needed community services.

10.1

PO has conducted a comprehensive review of community resources for the geographic population that they serve, in conjunction with Practice Units

PCP and Specialist Guidelines:

a. The review may take place within the context of a multi-PO effort
b. Review should include health care, social, pharmaceutical, mental health, and rare disease support associations
    i. If comprehensive community resource database has already been developed (e.g., by hospital, United Way) then further review by PO is not necessary
    ii. Review may include survey of practice units to assist in identifying local community resources

10.2

PO maintains a community resource database based on input from Practice Units that serves as a central repository of information for all Practice Units.

PCP and Specialist Guidelines:

a. The database may include resources such as the United Way's 2-1-1 hotline, and links to online resources.
b. At least one staff person in the PO is responsible for conducting a semiannual update of the database and verifying local resource listings (PO may coordinate with Practice Unit staff to ensure resource reliability)
    i. During the update process, consideration may be given to including new, innovative community resources such as Southeast Michigan Beacon Community's Text4Health program
    ii. It is acceptable for staff to not verify aggregate listings (such as 2-1-1) if they are able to document how often the listings are updated by the resource administrator
c. Resource databases are shared with other POs, particularly in overlapping geographic regions
d. Portion of database includes self-management training programs available in the community

10.3

PO in conjunction with Practice Units has established collaborative relationships with appropriate community-based agencies and organizations

PCP and Specialist Guidelines:

a. PO or practice is able to provide a list of organizations providing services relevant to their patient population in which collaborative, ongoing relationships are directly established
    i. PO in conjunction with practice has conducted outreach to organizations and held in-person meetings or face-to-face events, at least annually, that facilitate interaction between practices and agencies where they discuss the needs of their patient population
b. Collaborative relationships must be established with selected agencies with relevance to patients' needs
c. Collaborative relationships need to be established directly with the individual agencies (not via 2-1-1) and involve ongoing substantive dialogue

10.4

All members of practice unit care team involved in establishing care treatment plans have received training on community resources and on how to identify and refer patients appropriately

PCP and Specialist Guidelines:

a. Training may occur in collaboration with community agencies that serve as subject-matter experts on local resources
b. Practice unit care team is trained to empower and encourage support staff to alert them to patient's possible psychosocial or other needs
c. PO or Practice Unit administrator assesses the competency of Practice Unit staff involved in the resource referral process at least annually. This may occur in conjunction with community agencies.
    i. For example, practice unit staff are able to explain process for identifying and referring patients to relevant community resources
    ii. Practice Unit is able to demonstrate that training occurs as part of new staff orientation

10.5

Systematic team approach is in place for educating all patients about availability of community resources and assessing and discussing the need for referral

PCP and Specialist Guidelines:

a. Systematic process is in place for the practice unit team to educate new patients and all patients during annual exam (or other visits, as appropriate) about availability of community resources, and assessing and discussing the need for referral
    i. Education process must include intake form and/or conversation in which patients are asked whether they are aware of or in need of community services
    ii. Practice support staff are empowered to alert practice unit staff to possible psychosocial and other needs
    iii. For example, Practice Units may develop an algorithm (or series of algorithms) to

guide the assessment and referral process

iv. Additional information about available community resources should be disseminated via language added to patient-provider partnership documents, PO or Practice Unit website, brochures, waiting room signage, county resource booklets at check-out desk, or other similar mechanisms

10.6

Systematic approach is in place for referring patients to community resources

PCP and Specialist Guidelines:

a. Practice Unit must be able to verbally describe or provide written evidence of systematic process for referring patients to community resources.
    i. For example, systematic process may consist of standardized patient referral materials such as a "prescription form", computer-generated printout that details appropriate sources of community-based care, or other documented process or tools.
    ii. Assessments that identify a patient with need for referral are documented in the medical record to enable providers to follow-up during subsequent visits
    iii. Patients should have access to national and local resources that are appropriate for their ethnicity, gender orientation, ability status, age, and religious preference, including resources that are available in other languages such as Spanish, Arabic, and American Sign Language.
    iv. For example, if Practice Units within a PO have a great deal of diversity within their patient population, the PO may amass specific information about services for those diverse patient groups. Practice Units may also share information about resources for diverse groups.

10.7

Systematic approach is in place for tracking referrals of high-risk patients to community resources made by the care team, and making every effort to ensure that patients complete the referral activity

PCP and Specialist Guidelines:

a. Practice units have the responsibility to identify those patients who are at high risk of complications/decompensation for whom referral to a particular agency is critical to reaching established health and treatment goals.
b. Referrals to community resources should be tracked for high-risk patients. Practice Units are encouraged to create a hierarchy to ensure that vital services (such as referrals to mental health providers) are being tracked appropriately. Specialists must ensure that PCPs are notified about referrals to community resources for high-risk patients.
c. The purpose of tracking the referrals is to ensure that these high-risk patients receive the services they need.

10.8

Systematic approach is in place for conducting follow-up with high-risk patients regarding any indicated next steps as an outcome of their referral to a community-based program or agency.

PCP and Specialist Guidelines:

a. Patients may be held partially responsible for the tracking process. For example, Practice Units may use technology such as Interactive Voice Response (IVR) for patients to report initial contact and completion, develop a "passport" that patients can have stamped when they complete trainings or attend a support group, or use existing disease registries such as WellCentive to track community-based referral activities.
b. Process includes mechanism to track patients who decline care and obtain information about reasons care was not sought.