psychotropic

### [PROJECT 14]

### THE LOGIC OF USING HEALTH IT TO IMPROVE THE DELIVERY OF CHILDREN'S B. **HEALTH CARE IN WYOMING (as of December 30, 2010)**

#### **RESOURCES STRATEGIES OUTPUTS OUTCOMES IMPACTS** Longer-Term CHIPRA funding If a total health record ... Then real-time quality Short-Term data and service info will (THR) and telehealth If enough clinicians and services support Care be available to CME ...Then impacts will be families have the knowledge evident at the systems level, Management Entities providers and families. Experience & Skill of thev need of the new HIT (CMEs)... and in children's care quality Implementers at capacity... for children w/ severe - WY Planning Team for Number and type of emotional disturbance (SED). At-Risk Youth (PTAC) Assess elements to be Are aware of the new elements selected (from Depts of Health, included in THR that health IT system Family Srvcs, Education, support CMEs Improved timeliness and Workforce Srvcs, Understand the system access to care and its pertinence to Corrections) THR supporting CME is them developed Participate in state level - CHCS THR demonstration to Access local resources Improved quality of care assess if CME related fields (ex. REC) to enhance and more guidelineshould be incorporated into Buy-in from WY's skills to use the new based clinical decision THR demonstration the THR or should interface governor and Medicaid health IT making with the THR completed CHIP dirs/admins Number of trainings And enough clinicians Reduced racial and Stakeholder involvement completed: Number and Conduct training on change the way they work or from WY Health Info type of providers who ethnic disparities telehealth services access information ... Network, UofW. participated Community Mental Health Medium-Term Better care continuity Cntrs, UPLIFT, school Amount and type of across all providers districts, preschools, incentives developed Providers are willing Consider incentives, in **Human Service Agency** and motivated to use addition to meaningful use, **Directors** health IT to encourage CME providers More collaboration Number of CME to use the THR among clinicians, providers using the THR Have the opportunity to families, and community Baseline features: WY's use the new system service providers Total Health Record (THR) (e.g., hardware and Number of contracts Initiate with contracts software installed) initiated providers to specialty Improved prescribing Time for planning and conduct telehealth services Use the health IT, and monitoring of Number of CMEs using to support CMEs; encourage implementation submitting or viewing

telehealth services

data, and using it to inform action

use of telehealth services

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### [PROJECT 28]

# C. THE LOGIC OF USING A NEW PROVIDER-BASED MODEL IN CHILDREN'S HEALTH CARE DELIVERY IN WYOMING (as of October 25, 2010)

### RESOURCES

### CHIPRA funding & T/A

Implementers' Exp. & Skill:

- WY Planning Team for At-Risk Youth (PTAC) (from Depts of Health, Family Srvcs, Education, Workforce Srvcs, Corrections)
- CHCS

### Buy-in from:

- Governor
- Medicaid Director
- Families and youth
- Providers
- Agency directors

### Stakeholders involved:

 WY Health Info Network, UofW, Community Mental Health Cntrs, UPLIFT, school districts, preschools, Human Service Agency Directors

Baseline features: Grant activities build on SAMSHA systems of care grant, PRTF/RTC planning, U of Washington contracts, and Total Health Record (ARRA)

Time for planning and implementation

TA from Wraparound Milwaukee (CME prog.) and other TA

### **STRATEGIES**

If Wyoming implements a Care Management Entity (CME) for children w/ severe emotional disturbance (SED) and at risk for residential placement...

Participate in a Learning Collaborative (LC) facilitated by CHCS with Maryland and Georgia

Develop a CME

## Implement a CME Location types of

### Cat. E

Utilize health information technology to support care coordination and CME Functions

Cat. B

Ensure Medicaid children are being prescribed psychotropic medications according to WY standards

### **OUTPUTS**

...Then it will enhance its capacity to serve and support children with SED in the community.

Number of LC sessions, number of attendees, types of attendees

Achievement of learning objectives re: restructuring the financing of care for children with SED, discharge & transitional planning practices; develop an RFI/RFP; select CME provider.

Location, number and types of services provided by CMEs

Number and characteristics of children participating in CME programs

Quantity and usefulness of patient data available in Total Health Record and other tools; requirement development for HIT system to support care coordination.

Identify children who are prescribed too many medications at subtherapeutic levels for their age.

### **OUTCOMES**

### Short-Term

If providers and families are knowledgeable about CMEs...

Understand care values systems, principles & operating characteristics, and medical home concepts

### Medium-Term

And they are able and motivated to use them...

Partnering Providers:

- Believe in CMEs
- Have the skills to implement and/or work with CMEs
- Are motivated to implement the CME model

### Patients & Families:

- Receive relevant health education
- Better understand their conditions and how to manage them
- Receive help arranging care or other services
- Are more involved in care decisions

### **IMPACTS**

### Longer-Term

...Then impacts will be seen at the delivery system level, and in children's care quality.

Increased access to home and community-based services

Reduced use of residential or inpatient treatment

Reduced use of psychotropic drugs

Clinical decisions are more evidence-based

Improved clinical and functional outcomes for children with SED

Care is more efficient (reduced costs per child served, reduced duplication of effort)

Increased family sustainability