Team 3, AtoZ

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**Project:** How might our institution’s response to health care reform be shaped by innovation in our approaches to patient care and community wellness?

Our “recasting” of the project

- Manageable size/scope
- Focus on mental health
- Provide better access to care and effective interventions
Why mental health?

- Affordable Care Act (ACA) includes mental health care, comparable to coverage for physical ailments (parity)
- Clear need in Colorado (e.g., high suicide rates)
- Important to University on basis of need in CO as well as potential lead-in to other services
- Generalizable (next slide)
Generalizable concepts

• Alternative model for delivery of health care
• Task shifting of personnel who deliver health care
• Use mobile health (mHealth) technology for assessment, feedback and increased communication between provider and clinic
• Be able to conduct outcomes research (e.g. CREW)
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- **Michael Kahn**, CREW and EPIC
- **Sheana Bull**, Colorado School of Public Health
- Our **LITeS colleagues**
- **CCTSI** and **LITeS leadership**
Mental Health Care Challenges in CO

- Poor reimbursement rates
- Waiting list 3-4 mo up to 2 yrs
- Service gap (need for para-professionals)
- Better access in geographic areas of need
Disruptive Innovations

• New or Different Business Models
• Simple, Affordable, Convenient

• Disruptive Innovations in Mental Health
  – New Models of Delivery
    • Technology, e.g., Telehealth, eHealth, mHealth
  – Decentralization
    • Locations:
      – Everyday settings in the community
Depression Center

• Unable to meet Community needs
  • Long waiting lists; untreated patients

• Examining new models
  • Tele-health collaboration with CO Access
  • Community systems of care

• Alternative models
  • Possible outreach through Little Clinics
Cognitive Assessment

• The Affordable Care Act mandates a Medical Annual Wellness Visit, including a brief cognitive assessment.

• The Alzheimer’s Association convened a panel of experts who designed a brief algorithm for detecting cognitive impairment.

• If impairment is detected, person is referred for further tests.

• The UPI/Mini Clinics could carry out the Annual Wellness Visit.
UPI/The Little Clinic

The Little Clinic (TLC): mini health clinic, located in King Soopers grocery store, and affiliated with CU Health Partners
  – 12 in Denver Metro area in accessible locations

Low Cost and easily accessible health care
  – There is a strong need in our community
  – Can expand to telehealth, etc.

UPI hopes to partner for referrals and clinical trials
Leverage Clinical Data for Research

- Compass (néé CREW, Clinical Research Enterprise Warehouse)
- Single unified, campus-wide data source
- Provides strong opportunity for comparative effectiveness and other patient-centered outcomes research
- Funded by UCH/Children’s Hospital, health plans, UPI, and School of Medicine
- Directed by Michael Kahn
- All EPIC clinical data will funnel into CREW, but The Little Clinic data not connected
Recommendations & Action Plan

• Enhanced collection of data on mental health of community residents served by TLC/UCH collaboration

• Development of data integration between TLC data in eClinicalWorks into UCH EPIC Care Elsewhere

• Strengthen mental health capacity of TLC and UCH
Integrate mental health and behavior screening into operations of TLCs

- Train community health workers to integrate memory and depression screening into TLC
- Screen for mental health problems at TLC
- Deliver brief behavioral counseling to mild cases at TLC
- Integrate Tele/E/m health approach to monitor and support behavioral health
- Refer more severe cases to UCH
- Conduct Outcomes research
AtoZ Summary

How might our institution’s response to health care reform be shaped by innovation in our approaches to patient care and community wellness?

- Build on TLC partnership for mental health as example of alternative delivery system to enhance access and efficiency.
  - Task-shifting
  - Technology
  - Strengthen data systems for outcomes research