

# Team 3, AtoZ



## *Team Members (in order of presentation):*

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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, feed back and increased communication between provider and clinic
- Be able to conduct outcomes research (e.g. CREW)

# Acknowledgements



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- ***Jonathan Woodcock***, Director of Memory and Dementia Clinic
- ***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

# Recommendations & Action Plan

## 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