



Partnership HealthPlan of California

Coordination of Care for Seniors and Persons with Disabilities

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Background on PHC

- One of 5 County Organized Health Systems (“COHS”) in California
- 4 county area in Northern California
- 150,000 MediCal members
- Full range of aid codes including SPD, CCS and LTC
- 31% are Seniors & Persons with Disabilities (SPD)

CCS

- Carved in for 3 out of 4 of our counties
- Memoranda of Understanding with CCS
- PHC CCS Liaisons dedicated to ensuring coordination of services
- PHC and CCS meet quarterly

Regional Center

- Identified through state eligibility data monthly
- Insure placement in medical home
- PHC Liaison coordinates services

Complex Case Management (CCM)

- Serves Persons with chronic conditions, often Seniors
- Health Care Guide conducts extensive member interview
- Intensive Case Manager (RN) develops individualized care plan and coordinates services with the members PCP
- Team facilitates:
 - Appropriate Referrals to specialists
 - Access to community resources, such as IHSS, support groups
 - Durable Medical Equipment
 - Referral to Home Nurse Practitioner as necessary

Home Visiting Nurse Practitioner


- Available for members with complex conditions or those with difficulty getting to PCP
- Available 24 hours a day, 7 days a week
- Able to provide prompt treatment of exacerbations
- Provides information regarding home environment and needs to CCM

Care Transitions Coach

- New program beginning April 2010
- To focus on creating a smooth transition as the member moves from one level of care to another.
- Interventions will include:
 - Visit to member while hospitalized
 - Visit to home within 7 days of discharge
 - 3 Phone calls within 45 days of discharge
- Tasks:
 - Complete Member's Personal Health Record
 - Medication Reconciliation
 - Facilitate exchange of information between providers
 - Encourage compliance with treatment plan and follow up with appropriate providers

Referrals

- Internal Data Reports
- Prior Auth and Concurrent Review Staff
- Primary Care Physicians
- Ancillary Providers
- Hospitals/SNFs
- Members



Partnership HealthPlan is moving away from specific disease management to a more “Patient Centered” management model to provide coordination of care tailored to the needs of the individual member.