

# Upper Chesapeake Health

## MDCTO-0115

### Summary Information

*Maryland Primary Care Program, 2018 Application Cycle*

#### **CTO Overview**

CTO Information			
Application ID Number	MDCTO-0115		
Status of the Proposed CTO	The proposed CTO is owned and operated by a healthcare organization and is currently in existence.		
Organization Site Name	University of Maryland Upper Chesapeake Health System, Inc.		
DBA Name	Upper Chesapeake Health		
Website (if applicable)			
Ownership & Legal Structure			
Owned by Health Care Organization	Yes		
Name of Parent Organization	University of Maryland Medical System		
Legal Structure	A Maryland 501 C3 Organization		
Service Area			
Counties Served	Harford County		
Partnerships			
Formal Partnerships	Health Department, LHIC, UHCC/UMUCH Regional Partnership, United Way, Office on Aging, Community Action Agency, Beacon Health (FQHC)		
Informal Partnerships			
Services Offered			
Tele-diagnosis	Currently in place		
Tele-behavioral health	Planned for future		
Tele-consultation	Currently in place		
Remote Monitoring	Currently in place		
Other			
HIT			
CRISP Connectivity	We currently educate and support practices on the use of services from the State-Designated Health Information Exchange (CRISP).; We assist practices in establishing electronic health information exchange with CRISP or a community-based health information exchange network.; We use CRISP to view data.; We send administrative encounter data to CRISP on a regular basis.; We send clinical data (CCDAs or QRDAs) to CRISP on a regular basis.		
HIT Product Name	NextGen Ambulatory EMR	CRISP Care	N/A
HIT Vendor	Next Gen (Ambulatory)	GSI Health (Care Management	Meditech (Hospital)

## Care Team Members

Category	Currently in place: How many?	Planned for future: How many?
Administrative Support	N/A	N/A
Behavioral Health Counselor	3	5
Billing/Accounting Support	11	11
Care Managers - RNs	10	15
Care Managers - Medical Assistants	23	23
Care Managers - Referral Coordinator	1	1
Community Health Workers	12	17
Data Analysts	1	1
Health IT Support	2	3
Licensed Social Workers	4	6
Nutritionist	N/A	N/A
Pharmacists	1	2
Practice Transformation Consultants	2	3
Psychiatrist	N/A	N/A
Psychologist	N/A	N/A
Other	N/A	N/A

## **Vision**

The University of Maryland Upper Chesapeake Health (UMUCH) CTO will catalyze the transformation of Primary Care in Harford County, Maryland, by partnering with physicians to provide comprehensive medical and social care that addresses patient needs. Importantly, this modernized care must recognize multiple factors that influence health including the acuity, utilization status, and patient position along the continuum of care to provide the most appropriate intervention at the most opportune time. These needs may change over time. As a result, this CTO will furnish a bundle of services to primary care practices that help optimize the health status of patients in our shared community. The UMUCH CTO will accomplish this by expanding existing resources within the Wellness Action Teams of Harford and Cecil counties (WATCH) program. WATCH currently deploys interdisciplinary teams for high and rising risk Medicare patients, leveraging analytic tools, a CRISP-hosted care management system, and innovative technologies such as virtual visits and remote patient monitoring for chronic disease management. In addition, UMUCH has embedded multiple behavioral health specialists within the primary care setting to address mental health conditions that may otherwise go undiagnosed or untreated. Further, the WATCH program has already established key partnerships with community resources including those in the Health Department, Office on Aging and Community Action Agency by embedding community health workers within these organizations. These key connections are not only difficult for Physicians to make, but it is also challenging for providers to stay well versed in these program offerings. A care delivery model that includes asynchronous support from a team of clinicians at the direction of a primary care provider should also include opportunities for patients to provide feedback on this new model. UMUCH has long supported continuous process improvement that includes the voice of the patient via our Patient and Family Advisory Council. The UMUCH CTO will support practices in the development of these councils that often provide unexpected insight into the true challenges patients have maintaining health. UMUCH appreciates the difficulties that many primary care physicians face operating a community practice. Our goal is to compliment these offices by addressing the gaps in services, enabling physicians to focus their efforts on thorough diagnosis and treatment through comprehensive interactions with patients. In total, UMUCH will offer services and expertise that maximize the capabilities of the primary care practice and foster the optimal health of our community.

## **Approach to Care Delivery Transformation**

UMUCH is well positioned to assist in the transformation of care by leveraging investments in programs and capabilities identified as key drivers of the MDPCP. The CTO will expand the existing WATCH program to provide participants with interdisciplinary teams that manage medical and social challenges. Comprised of RNs, SWs, CHWs and supported by behavioral health specialists and a pharmacist, these teams engage with patients- even directly in the patient's home. The documentation of these activities is recorded in a system that is hosted by CRISP and viewable by all providers with appropriate access. Early identification of medical issues and social barriers to care is critical for transformation. UMUCH will assist practices with implementing standardized screening tools, including the Patient Health Questionnaire (PHQ-9) and other evidence-based instruments that help to match patients with resources. WATCH has also developed analytical tools that drive continuous improvement. For example, our Data Warehouse highlighted the heightened readmission risk for patients with COPD within four days of discharge. As a result, these patients are prioritized such that care now results in a virtual visit with a nurse prior to the PCP appointment. This IT system was developed with the assistance of CRISP and allows the program to stratify patients using CCDs and other data feeds. UMUCH has initiated practice transformation activities through the NCQA PCMH program. The CTO will leverage this experience by conducting workflow analysis and assisting with the implementation of LEAN daily management dashboards. The CTO will use stratification data to ensure that patient need and provider expertise is aligned so low risk and low utilizer patients receive care from the care team, while complex and chronic patients have visits in greater depth with the MD. UMUCH is excited to support practices in our community and modernize the care for residents of Harford County.