WELCOME TO MNCARES!

A STUDY TO INFORM
CARE COORDINATION STRATEGIES
TODAY’S PRESENTERS

Sandy Larsen
MN Community Measurement

Bonnie LaPlante, R.N.
MDH Health Care Homes

Steve Dehmer, Ph.D.
HealthPartners Institute
HOUSEKEEPING

- Listen mode
- Chat for technical assistance
- Q&A
- Polling
- Recording available after live session
POLL:

WHAT IS YOUR ROLE IN YOUR ORGANIZATION?
What is MNCARES?
What can we learn from this study?
What is the role for clinics and care systems?
When are the next steps?
WHAT IS MNCARES?
MN CARE COORDINATION EFFECTIVENESS STUDY
TWO APPROACHES TO CARE COORDINATION

- Health Care Homes Rule Allows for Flexibility and Innovation
- Various models of Care coordination across the Minnesota
- Primarily fall into two categories
  - Medical Model
  - Social model
A BRIEF STORY ABOUT CARE COORDINATION
FROM A PATIENT'S PERSPECTIVE
MNCARES PROJECT OVERVIEW

- Minnesota Care Coordination Effectiveness Study (MNCARES)
- Official title: Comparing Two Approaches to Care Coordination for High-Cost/High-Need Patients in Primary Care
- Funder: Patient-Centered Outcomes Research Institute (PCORI)
- Study period: May 2020-2024

Acknowledgement: The research reported in this presentation was funded through a Patient-Centered Outcomes Research Institute® award (IHS-2019CI-15625).
COLLABORATING PARTNERS

Certified Health Care Home Clinics

Payor Organizations

Blue Cross Blue Shield of MN
MN Dept. Human Services
UCare
HealthPartners

Patients
HEALTH CARE HOMES TEAM

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Integration Specialist

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Practice Improvement Specialist
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MNCARES Clinic Liaison
PATIENT ACKNOWLEDGEMENT

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Community Health Strategist

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Consultant, Trainer
Impetus – Let’s Get Started LLC,
MNSure Navigator

Melissa Winger
Patient Advocate, HCH Advisory Committee Member

Phil Deering
Health Care Improvement Consultant
STUDY OBJECTIVES

Aim 1: To compare the outcomes from a “nursing/medical” model versus a “medical/social model” for patients.

Aim 2: To identify the key components of both models that are associated with better outcomes.

Aim 3: To explore how other organizational, community, care process, and patient factors explain differences in the models and outcomes.
Study Outcomes

- Care Quality
- Healthcare Utilization
- Patient-Reported Outcomes
TWO GROUPS OF PATIENTS WILL BE INCLUDED

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<th>Historical Cohort</th>
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QUESTIONS?
WHAT CAN WE LEARN FROM THIS STUDY?
POLL:

WHAT DO YOU WANT TO KNOW ABOUT THE BEST WAYS TO APPROACH CARE COORDINATION?
CARE SYSTEM AND CLINIC PARTICIPATION

Enrolled:
335 clinics
represents 48 care systems

84% enrolled

Declined/No Response:
63 clinics
represents 22 care systems
CLINIC ROLES

- Submit Patient Data
- Clinic Staff Surveys
- Clinic Staff Interviews
## Dashboard

**Welcome, Steve!**

You are logged into the MNCARES Clinic Submission Portal. The MNCARES Portal will allow you to upload and validate data required for the project. For more information on how to get started, please click [here](#) to watch the video tutorial. Click [here](#) to download the MNCARES Specification document.

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<th>Historical Submission</th>
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<td>Upload Problem List File</td>
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MEASURES TO PROTECT DATA AND PATIENT PRIVACY

- HIPAA
- DATA ENCRYPTION
- USER ACCESS CONTROLS
- MINIMUM NECESSARY
- IRB APPROVAL
- DE-IDENTIFIED DATA
QUESTIONS?
WHEN ARE NEXT STEPS?
ANTICIPATED TIMELINE

2021
- Q2: Clinics submit Historical Cohort patients to MNCM portal

2021
- Q3: Survey of Historical Cohort patients
- Q3-Q4: Survey of care coordinators

2022
- Q2: Initial study findings of the Historical Cohort

2022
- Q1-Q2: Clinics submit Primary Cohort patients to MNCM portal
POLL:

WHO AT YOUR ORGANIZATION SHOULD WE KEEP INFORMED OF THE STUDY FINDINGS?
POLL:

HOW CAN WE MOST EFFECTIVELY SHARE STUDY FINDINGS WITH YOU?
THANK YOU!
WE WELCOME ANY QUESTIONS:
MNCARES@HEALTHPARTNERS.COM