Thank you to all who attended the webinar on March 13, 2012. This follow-up document contains questions asked during the webinar and answers provided by the faculty, Ryan Kielbasa. A recording of the webinar and the presentation materials can be accessed on the Michigan Primary Care Association’s Resource Library webpage at www.mpca.net/resource-library.html (scroll to “Behavioral Health”).

Webinar Overview:
This webinar provided an overview of the evaluation study being done at the Durham Clinic, an integrated health home run by Cherry Street Health Services in Grand Rapids, Michigan. The study seeks to determine whether the delivery of health care through a multi-disciplinary team using the chronic care management model delivers better symptom management and reduced impact of the illness on patients’ desired functioning.

Faculty:
Ryan Kielbasa is the research assistant for health home services at Cherry Street Health Services. He manages the daily operations and data analyses of the Chronic Illness Treatment: An Integrated Approach study. He also serves as research assistant on several national research projects conducted at Cherry Street Health Services in cooperation with the National Institute of Mental Health, Harvard University, and Massachusetts General Hospital. He holds a Bachelor’s of Science degree in psychology and applied statistics from Grand Valley State University.

Questions & Answers:
Q: Do you have patients who have not adopted this model easily? And what is the physician’s reaction to a patient who is not activated and informed?
A: I have not heard of any of patients who have not adopted the model easily. Rather, all the patients I have heard from express nothing but joy over finally having a team of doctors working together to help manage their conditions. As to the question of under-activated patients; this is something we are very accustomed to seeing in the clinic. Truthfully, it is the very reason we do things the way we do. As I mentioned, a major goal of the clinic is to help patients become more involved in their care—this goal is shared by every provider on the team. Should a physician have a pre-contemplative patient whom he/she thinks could benefit from motivational interviewing, the physician might recommend the patient meet with a health coach (there will likely be one available to meet with the same day). I’d like to note that the team atmosphere of the Durham Clinic is what makes interactions like this possible. All providers have worked together to very intentionally create and foster a culture of mutual respect, understanding, and (dare I say) camaraderie that is so central to this model. Our providers know that the entire team is working toward the same goal and that they are supported by the strengths and skill-areas of their teammates. Therefore, all of our providers can be confident that a patient has access to everything they need to successfully manage their conditions.

Q: When will you begin collecting data for evaluation?
A: We are currently in the participant recruitment/enrollment phase and have been collecting survey data on newly enrolled participants since October. We just started the process of pulling health data from the EHR. We will likely begin gathering claims data at the end of the enrollment phase (this spring).
WEBINAR SERIES
Behavioral Health, Primary Care Integration

EVALUATING THE INTEGRATED APPROACH TO CHRONIC CARE MANAGEMENT

Q: Was there a specific role planned for Peer Specialists?
A: Yes. We have a certified Peer Support Specialist who works with patients who have a severe and persistent mental illness. She is kind of our expert on how to navigate the system and helps patients do the same. She also runs groups for our patients.

Q: Is there a plan for how a Peer Support Specialist will be integrated into the clinic?
A: See above. Our Peer Support Specialist is integrated into the clinic and accessible to our patients just like all of our providers are.

Q: What is the certification required of the Health Coaches and the process for choosing them?
A: They are all LMSWs and most have their CAADCs (Certified Advanced Alcohol and Drug Counselor). There was an interview process geared toward picking out specific characteristics that we felt were essential.

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