Total Care Collaborative

Accountable Communities for Health

The Total Care Collaborative is a partnership between **Vail Place**, a mental health resource center, and **North Memorial Hospital,** along with community partners such as **Broadway Family Medicine Clinic** and **Portico HealthNet**. The Accountable Community for Health (ACH) project is building a system of care for adults experiencing behavioral health disorders and co-occurring physical health diseases. The ACH reaches out to patients based on their health conditions, barriers to health improvement, and overall pattern of utilization of health care and community-based services.

Care Model

The ACH is improving case management, referrals, and post-discharge follow up for patients hospitalized at **North Memorial's psychiatric unit**—a high-risk population with high healthcare utilization. Under the ACH approach, Vail Place case managers work directly with North Memorial staff to engage patients in case management services at admission and ensure patients receive the required support post-discharge. The ACH has aligned work flows between clinic staff, care coordinators, and community paramedics. The ACH is also using a "**hot-spotting**" approach that will use data and referrals to identify additional patients that might benefit from collaborative care. Care teams are using a collaborative space at North Memorial to coordinate services for the clients.

Location

Northwest portion of **Hennepin County**.

Target Population

The ACH is focused on Medical Assistance patients that are included in North Memorial's **Integrated Health Partnership** program.

Community Paramedic visits patient at home to help manage medications and care plan.

Key Partners

- Broadway Family Medicine Clinic†
- North Memorial Health Care*†
- Portico
- Vail Place‡

**Accountable Care Organization*
†Health Care Home
‡Lead organization

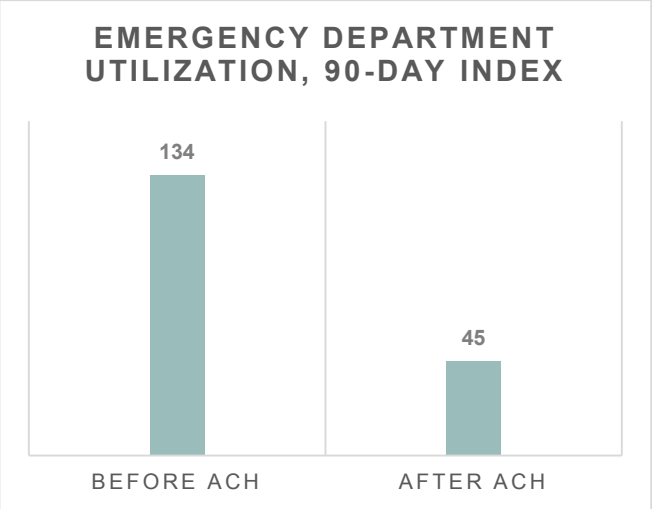
Success Story

Joe has bipolar disorder, borderline intellectual functioning, diabetes, cancer, kidney disease and hypertension. He was hospitalized three times in six months and struggles with depression. While he resided in an assisted living facility prior to his last hospitalization, social workers at North Memorial and Vail Place arranged for cognitive testing that revealed his need for a residence with more intensive, 24-hour care.

The hospital social worker reached out to Joe's family, therapist, and physician, and assigned a case manager to work with Joe. The case manager helped Joe find an appropriate adult foster care home where he would receive help to keep his insulin injections on track. Joe is doing well at the adult foster care facility. The case manager recently referred him for a vocation training program and occupational therapy.

Measurement

One way the ACH is measuring success is by tracking a reduction in **emergency department utilization** of formerly discharged patients from North Memorial's psychiatric unit. When comparing a 90-day period prior to the ACH project to a 90-day with the ACH's case management in place, North Memorial observed a 66% decrease in emergency department utilization, from 134 visits to 45.



Population Health

The ACH is identifying broad, community-based factors that affect care transitions and readmission. ACH will participate in North Memorial's upcoming **community health needs assessment**, sharing findings and perspectives from the project.

Sustainability

The ACH expects its enhanced care coordination, streamlined referral process, and health information sharing to continue well after the grant project ends. ACH partners are also exploring ways to link community-based services into **value-based payment** models.

Minnesota Accountable Health Model – SIM Minnesota

This project is part of a $45 million **State Innovation Model** (SIM) cooperative agreement awarded to the Minnesota Departments of Health and Human Services in 2013 by the Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

About $5.5 million of SIM funds are dedicated to 15 **Accountable Communities for Health** (ACH) grant projects. ACHs meet the clinical and social needs of a defined population through person-centered, coordinated care across a range of providers.

ACH grantees were selected through a competitive process. Awards were for $370,000 over a two-year period, 2015-16. Minnesota is evaluating if community-led ACH models result in improvements in quality, cost, and experience of care.