

Paul R. LePage, Governor

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To: Amy Dix, Director of Value Based Purchasing

From: Valerie J. Ricker, Public Health Nursing Manager 

Date: May 17, 2016

Re: PHN and OMS Project Plan

Enclosed is the project plan for the Office of MaineCare Services and Public Health Nursing emergency department and member education project. As agreed at our last meeting, I obtained Ken's signature and am now sending it to you for Stefanie's signature. Once you obtain her signature please return the document with original signatures to me.



PHN Office / Division Project Work Plan

Office / Division: Office of MaineCare Services

Date: April 21, 2016

Director: Stefanie Nadeau

Director's Designee (Additional Point of Contact): Amy Dix and Tracy Emerson

Section I is to be completed by the Office/Division prior to collaborative meeting with PHN project manager to complete the remaining sections. The PHN proposal to assist in achieving goals and objectives will be based on the information provided in section I.

- (I) Project Objective (Define the specific goals, objectives and/or outcomes sought for what specific population.)

Statement of Desired Goal / Objective / Outcomes (Must be approved by Office Director):

- 1) To reduce ED overutilization for MaineCare members under 21 years.
- 2) To connect identified MaineCare members with appropriate resources in the community, provide support to members when community supports are not being accessed or available and connect members to a health care provider.

Objectives: Components, deliverables, milestones, dependencies

SMART Objectives: Specific, Measurable, Attainable, Results-oriented, Timely

Goals: The End Result; time-bound, percent increase/decrease sought for what specific populations)

- 1) A public health nurse with pediatric experience will review the member education request forms (MERF) and review the medical records and claims of MaineCare members less than 21 years of age identified through the ED Collaborative.
- 2) MaineCare members less than 21 years of age will have a designated primary care provider that is utilized for non-emergency health care services.
- 3) Reduction in emergency department or urgent care medical services for the individual MaineCare member in the ED Collaborative program

Target Population (Must be approved by Office Director):

- 1) MaineCare members less than 21 years of age with frequent use of the emergency department or urgent care for non-emergency health conditions
- 2) Parent/Guardian of MaineCare members less than 21 years of age whose child has frequent utilization of the emergency department or urgent care for non-emergent health conditions

(A) Office/Division & Stakeholder (target population; providers; family; etc.) Requirements

- 1) Who are key individuals in this effort

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- a) OMS – Tracy Emerson, Emergency Department Collaborative Manager, Amy Dix, Director of Value Based Purchasing, Audrey Pratt, Health Services Consultant and Loretta Dutil, EPSDT Coordinator
- b) PHN – Steve Garascia, PHN Supervisor, Valerie Ricker, PHN Manager
- 2) Past collaboration – Public Health Nursing (PHN) services with MaineCare members for Early Periodic Screening Diagnosis and Treatment (EPSDT) follow up and targeted case management services for pediatric MaineCare members
- 3) Best practice standards – Public Health Nursing Scope and Standards and ED Collaborative program with adult MaineCare members
- 4) Risks – Members difficult to reach. Unable to get a provider due to past behaviors.
- 5) Demonstrated success – ED Collaborative Program with adult MaineCare members, PHN services related to EPSDT services. As of January 2016, there are 172 children known to the ED Collaborative. MaineCare has been care managing members in the ED project for over 5 years.
- 6) Standards to measure the deliverables –PHN nurse will do 20 ED research and reviews per day. PHN nurse will research and review 12 MERFS per day.
- 7) Other

B) Success Criteria

- 1) When completed/implemented
 - MaineCare members less than 21 years of age and identified through the ED Collaborative will:
 - a) decrease emergency department and urgent care utilization
 - b) utilize their primary care office for non-emergency medical issues
 - c) utilize other resources identified
- 2) Link what success looks like with customer requirements
 - Chronic health conditions will be effectively managed for stability
 - Reduction in MaineCare expenditures for the individual member
 - Education to the member on immunization and well child visits
- 3) Supports office/division and stakeholders requirements
- 4) Other

II) Proposed Project Scope of Work

PHN shall complete a plan, a functional description, that clearly describes how PHN personnel can assist the office/division to achieve objectives/goals/outcomes. The plan will be subject to amendment at collaborative meeting, and must be approved by the division director prior to submission.

- A) Work Plan (approach to meeting goals, objectives, outcomes):
 - 1) One PHN II position (Public Health Nurse OMS Liaison) will be embedded in the ED Collaborative at least two days/week to work with MaineCare members or parents/guardians of MaineCare members less than 21 years of age identified through

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- the ED Collaborative (the plan will be re-evaluated at three months from initiation and every 3 months throughout the project)
- 2) The PHN OMS Liaison will provide consultation and technical assistance to the ED Collaborative staff
 - 3) The PHN OMS Liaison will check assigned OMS voicemail for messages at least every morning during the remainder of the work week and document in Office of MaineCare Services record and follow up as needed
 - 4) The PHN OMS Liaison will consult with the ED Collaborative Nursing Supervisor on cases that may benefit from a home visit
 - 5) If ED Collaborative Nursing Supervisor agrees with referral for a nursing home visit, the PHN OMS Liaison will make a referral to the PHN Central Referral and will reach out to the MaineCare member for a warm handoff to the Public Health Nursing Program
 - 6) PHN Central Referral (staffed Monday through Friday 8 am to 5 pm) will distribute any referrals to the PHN Field Nurse providing services in the geographic area where the MaineCare member lives
 - 7) The assigned PHN will contact (by phone) the referred MaineCare member/family within 24 hours of receipt of the referral and will have the first in person visit within 5 days of receiving the referral (if this is not possible due to holiday or other extenuating circumstance, PHN Central Referral will contact the PHN OMS Liaison to provide an update on the status and continue to pursue contact)
 - 8) On the first in person visit, the PHN will conduct an assessment of the client (parent/guardian, child, both) that includes medical history, physical assessment, psychosocial assessment, assessment of home safety, and client goals. These areas will be reassessed periodically throughout the time the PHN works with the MaineCare member/family
 - 9) Based on the above assessment the PHN will develop a nursing care plan which outlines the nursing diagnoses, plan for achieving outcomes, implementation and evaluation
 - 10) The PHN OMS Liaison will monitor CareFacts for progress of referral and communicate progress to the designated ED Collaborative staff member(s) in a standardized format
 - 11) All staff within the Maine CDC Public Health Nursing Program and the Office of MaineCare Services agree to keep consumer data confidential as required by applicable state and federal law
- B) Deliverables:
- 1) One PHN II will be designated as the PHN OMS Liaison and will be embedded two days a week within the ED Collaborative
 - 2) The PHN OMS Liaison will provide telephonic ED Collaborative intervention services with MaineCare members less than 21 years of age identified through the ED Collaborative
 - 3) After consultation with the ED Collaborative Nursing Supervisor the PHN OMS Liaison will refer MaineCare members for PHN services through the PHN Central Referral, if appropriate

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- 4) PHN OMS Liaison will send a referral to PHN Central Referral for assignment to the PHN in the geographic area where the member lives
 - 5) The assigned PHN will contact (by phone) the referred MaineCare member/family within 24 hours of receipt of the referral and will have the first in person visit within 5 days of receiving the referral (if this is not possible due to holiday or other extenuating circumstance, PHN Central Referral will contact the PHN OMS Liaison to provide an update on the status and continue to pursue contact
 - 6) The assigned PHN will document client services and outcomes in the PHN electronic health record (CareFacts)
 - 7) The PHN OMS Liaison will transfer pertinent data from CareFacts to the ED Collaborative data system
 - 8) The PHN OMS Liaison will provide quarterly progress reports on agreed upon outcomes/metrics in a standardized format
- C) Roles and responsibilities:
- 1) PHN OMS Liaison - will be the point of contact for consultation and technical assistance to OMS and ED Collaborative staff related to medically complex MaineCare members less than 21 years of age, will provide consultation and technical assistance to PHNs assigned to ED Collaborative referrals on an as needed basis and will participate in quality improvement activities
 - 2) ED Collaborative Nursing Supervisor – will be the point of contact for the PHN OMS Liaison and provide guidance on ED Collaborative Program specific protocols and practices
 - 3) PHN Field Nurse – will provide PHN services to MaineCare members referred for PHN services
 - 4) PHN Project Manager – will meet monthly until June 2016 (and then reassess with the goal to move to quarterly) with the OMS Project Sponsor to review agreed upon data reports of the less than 21 years of age MaineCare member ED Collaborative to identify improvement opportunities using quality improvement processes. The PHN Project Manager will also provide supervision, consultation and technical assistance to the PHN OMS Liaison and PHN management team.
 - 5) OMS Sponsor – will meet monthly until June 2016 (and then reassess with the goal to move to quarterly) with the PHN Project Manager to review agreed upon data reports of the less than 21 years of age MaineCare member ED Collaborative to identify improvement opportunities using quality improvement processes.
 - 6) PHN Informatics Consultant – will provide regularly scheduled agreed upon aggregate data reports to achieve sharing of appropriate documentation on individual clients with the ED Collaborative data system and conduct ad hoc outcome evaluations
- D) FTE Requirements:
- 1) PHN OMS Liaison – 16 hours per week embedded within the ED Collaborative Program and monitor ED Collaborative assigned voice mail at least every morning during the remainder of the work week. Each Monday and Wednesday the PHN OMS Liaison will be embedded within the ED Collaborative; in a week with a Monday holiday the PHN

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OMS Liaison will be embedded on Tuesday. For planned absences, the PHN OMS Liaison will notify the Health Services Consultant two weeks prior to the absence. For unplanned absences the PHN OMS Liaison will notify the Health Services Consultant or Emergency Department Collaborative Manager by 7:45 am by telephone. If the PHN OMS Liaison is absent due to illness, the liaison will adjust her/his schedule to make up the missed day during that week.

- 2) ED Collaborative Health Services Consultant – 1 to 2 hours per week for consultation and technical assistance with the PHN OMS Liaison
- 3) PHN Project Manager – 2 to 6 hours per week for clinical consultation for PHN OMS Liaison, meetings with OMS Sponsor and quality improvement processes as needed
- 4) PHN Field Nurse – 1 to 4 hours per week for PHN services to referred MaineCare members; all Field Nurses will be ready to take referrals
- 5) PHN Informatics Consultant – 1 to 4 hours per month for data analysis and report development

E) Nursing Skill Set Requirements:

- 1) Knowledge of general pediatrics and special health care needs related to pediatrics
- 2) Clinical assessment of complex medically fragile pediatric clients
- 3) Education regarding the OMS ED Collaborative Program interventions and practices
- 4) Knowledge of and skill in utilizing motivational interviewing techniques
- 5) Knowledge of screening/assessment tools such as Edinburgh depression tool, Ages and Stages assessment tool

F) Identified Personnel:

- 1) PHN OMS Liaison – Patricia (Faye) Leeman, PHN II
- 2) ED Collaborative Health Services Consultant – Audrey Pratt, RN
- 3) PHN Project Manager – Steve Garascia, PHN Supervisor
- 4) PHN Informatics Consultant – Pam Correll, RN

G) Realistic Schedule:

- 1) Orientation of PHN OMS Liaison - October 26 through December 7, 2015
- 2) Implementation of PHN OMS ED Collaborative with MaineCare members younger than 21 years of age – December 14, 2015
- 3) Evaluate use of embedded staff and determine next steps – Initially monthly with goal to move to quarterly June 2016
- 4) Implementation of quality improvement processes– As needed

H) Other Requirements:

III) Project Structure & Communication (To be discussed in collaborative meeting.)

- A) PHN Project Manager: Steve Garascia and Valerie Ricker
- B) Office/Division Project Sponsor: Amy Dix and Tracy Emerson

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A and B above shall approve all plans for Office/Division and for PHN respectively; shall secure senior management agreements; and shall participate in all project planning and evaluation.

C) Team Operating Procedures –

- 1) Suggested meeting formats/conduct - PHN OMS Liaison meets every Monday and Wednesday with Health Service Consultant and PHN manager to confirm the day's work and provide answers to issues that have arisen
- 2) Clarify scope of task; identify the required actions - as noted
- 3) Identify ways to track and review the team's progress - PHN OMS Liaison will send a weekly summary of cases completed to the Health Services Consultant, PHN Project Manager and PHN Manager
- 4) Identifies future improvements - Processes will be evaluated on an as needed basis
- 5) Identify point(s) of contact with whom PHN will work – Health Services Consultant and Emergency Department Collaborative Manager

D) Communication Plan (As relevant)

- 1) Key messages to be communicated to target population
- 2) Key messages to be communicated to Office/Division personnel
- 3) Key messages to be communicated PHN personnel

Project Tracking, Evaluation and Measurement –

- A) Based on how success is defined, what data will be used to monitor progress and maintenance of achievement
- 1) Reduction in OMS expenditures for emergency department and urgent care services with members engaged in the ED Collaborative Program with increased utilization of primary care providers for management of chronic health conditions resulting in improvement or stability of the chronic health condition
 - 2) Number of referrals made to PHN and the number accepting PHN services
 - 3) Of those referrals accepting PHN services the change in knowledge, behavior and status (KBS) ratings from admission to discharge
- B) Who will be responsible for data collection and monitoring
- 1) MaineCare Utilization and Expenditure Report – OMS staff will provide a quarterly report
 - 2) Intervention Reports - PHN OMS Liaison will a) document interventions in the ED Collaborative data system per OMS protocol including date, number of member education request forms (MERFs), number of emergency department cases and number of referrals to PHN Program

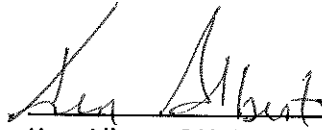
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and b) monitor CareFacts data for progress report on referrals for PHN nursing services twice per week

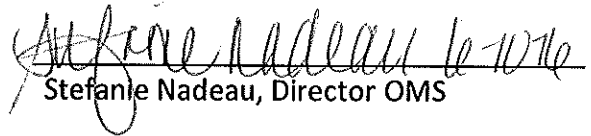
- 3) Aggregated PHN Data Report - PHN Informatics Consultant will provide monthly a) aggregated data on the number of referrals received from the ED Collaborative and MERFs, b) the number accepting PHN nursing services and c) change in KBS ratings from admission to discharge

C) Who needs to receive reports

- 1) MaineCare Utilization and Expenditure Report – PHN OMS Liaison, ED Collaborative Health Services Consultant, ED Collaborative Manager, PHN Project Manager, OMS Sponsor (Director, Value Based Purchasing), OMS Director, PHN Manager, Division of Disease Prevention Director and Maine CDC Director
- 2) Intervention Report – ED Collaborative Health Services Consultant
- 3) Aggregated PHN Data Report - ED Collaborative Health Services Consultant, ED Collaborative Manager, PHN Project Manager, OMS Sponsor (Director Value Based Purchasing), OMS Director, PHN Manager, Division of Disease Prevention Director and Maine CDC Director

 5.17.16

Ken Albert, RN, Esq., Director Maine CDC

 6-10-16

Stefanie Nadeau, Director OMS

