Using Technology to Connect Health Care for People with Mental Illness





May 7. 2015

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Today's Speakers



Jerold Greer Chief Information Officer Daymark Recovery Services



AJ Peterson
General Manager,
Director of
CareConnect[™] and
MyHealthPointe[™]
Netsmart Technologies



Billy West, Jr. Chief Executive Officer Daymark Recovery Services

How many people are viewing today's webinar from your computer?

- a. One
- b. Two
- c. Three
- d. Four
- e. Five or more

Are you a(n)...?

- a. Elected county official
- b. Behavioral health care officials/staff
- c. Health or Human Services Official/Staff
- d. Other



Is your county responsible for providing behavioral health services?

a. Yes

b. No

c. Not Sure



Is technology an integral part of your county's care coordination plan for individuals living with behavioral health conditions?

- a. Yes
- b. No
- c. Not sure





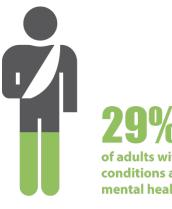
Using Technology to Connect Healthcare for People with Mental Illness

AJ Peterson, General Manager, Netsmart

Jerold Greer, CIO, Daymark Recovery Services

Billy West, CEO, Daymark Recovery Services

Care Co-Morbidities



29% © of adults with medical conditions also have mental health conditions



of adults with menta health conditions also have medical conditions

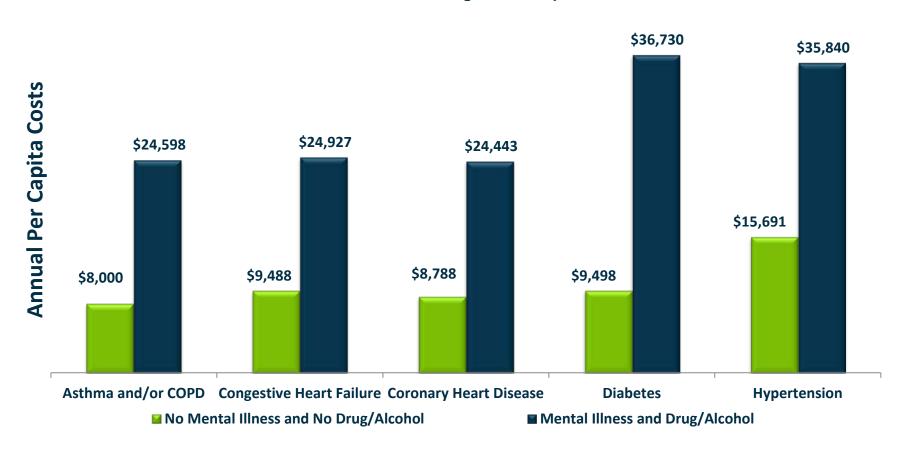
Affects all aspects of their life

- Increased emergency room visits
- Hospitalizations
- Substance abuse
- Homelessness
- Unemployment
- Legal involvement



Impact on Healthcare Costs

Behavioral Health Co-Morbidities Have Significant Impact on Healthcare Costs





Poor Care Coordination



Poor coordination of care cost an estimated \$25 billion to \$45 billion dollars per year (Donald M. Berwick, 2012). At least \$12 billion of that total is considered avoidable (Health Affairs, 2012)



Moreover, poor care coordination often result in reduced client outcomes. The most common adverse effects associated with poor transitions are injuries due to medication errors, complications from procedures, infections and falls. These poor transitions often occur due to lack of information sharing. (Health Affairs, 2012):

MOST LIKELY TO BE READMITTED #2 BEHAVIORAL HEALTH DISCHARGES #5 ALCOHOL/SUBSTANCE ABUSE

Key reasons for behavioral health readmissions following:

- Medication non-adherence
- Lack of engagement in outpatient services
- Substance abuse



Why Connect?

- Reducing Duplicate Entry in both systems
- Required data (Medications, Allergies, Labs, Services, Dx) updated in both systems
- Improved workflow, eliminates data entry errors, streamlines Care
 Coordination, increases Consumer satisfaction and outcomes
- Primary care physicians to proactively receive information about what happened in a Behavioral Health referral visit
- Team based approach to HealthCare





HIE Models – Central Repository

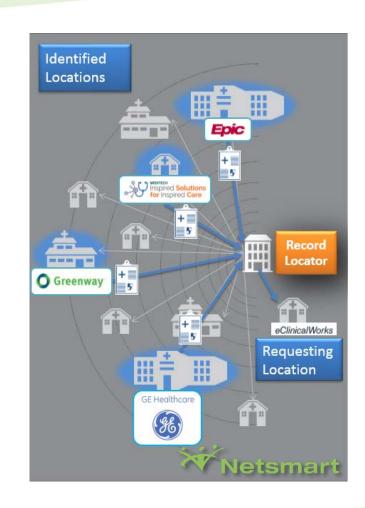
- Normalized aggregated data
- Patient Summaries (CCD)
- Consent Governance
- Syndromic Surveillance
- Immunization Registries
- Lab Results reporting





Record Location: Federated

- Gives physicians the whole picture and supports better patient care
- Urgent Care Scenarios: Consumers present in the emergency department
- Chronic Unexpected Scenarios: Consumers present without advance warning





Integration Solution

care /ke(ə)r/

Noun

The provision of what is necessary for the health, welfare, maintenance and protection of someone or something.

con nect/ka'nekt/

Verb

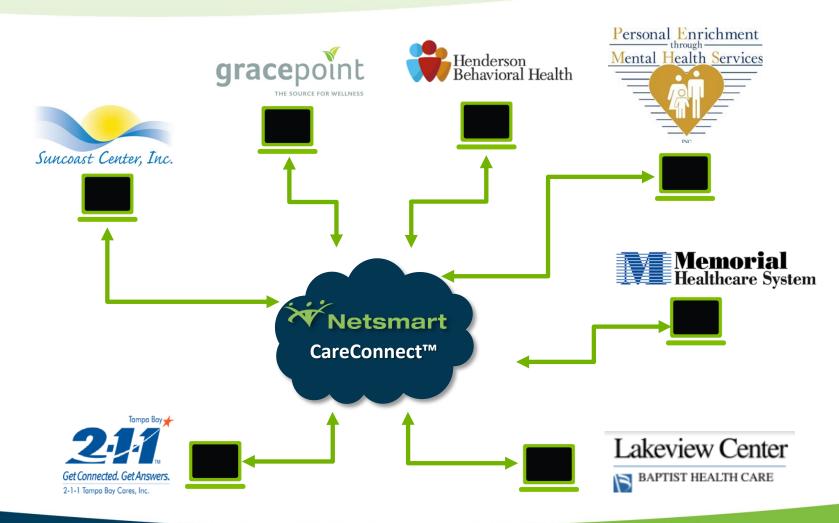
- 1. Bring together or into contact so that a real or notional link is established.
- 2. Join together so as to provide access and communication.



- Beyond Interoperability
- Focused On Integration
- Secure, reliable, and 'alwayson'
- Provides for an open and free flowing network
- Enables the sharing of information between and among providers



Florida Referral Network





Daymark RECOVERY SERVICES

Mission

Daymark® Recovery Services, Inc. is a mission driven, comprehensive community provider of culturally competent mental health and substance abuse services.

The Daymark® goal is for skilled medical and behavioral healthcare professionals to support citizens of all ages and their families with the greatest opportunity for recovery, independence and the highest quality of life.

We are committed to using the most current best practices and effective, research-based treatment programs to assist all citizens working toward achieving optimum health and recovery.



Key Points

of North Carolina MH/SA Service Delivery System

- Prior to 2001, most services were delivered by 42 regional single county or multi-county governmental systems that were largely monopolistic.
- In 2001, Legislation passed to require privatization of these services
- Capacity did not exist for the private sector to absorb these services
- For the most part, these 42 programs carved off their clinical arms into 501c3 organizations and started purchasing services from these organizations
- Daymark was created in this manner in 2004, starting as a 5-county program
- Market pressures have since resulted in provider consolidation, creating the environment for Daymark to grow to 33 counties, but in an environment that is competitive, far from monopolistic
- Legislative pressures have since resulted in consolidation of the original 42 regional programs into the current 7 regional Managed Care Organizations.



About Daymark

- Provides care in 33 counties at 37 locations
- Provides approximately 50,000 persons with mental health and substance abuse services annually
 - Largest psychiatric provider in the state, with 53 MDs and 40 Nurses
 - Largest outpatient MH/SA provider in the state
 - Largest Walk-In Crisis provider in the state
 - Largest Mobile Crisis provider in the state
- Provides a continuum of care
 - Crisis walk-ins (walk-in advanced access)
 - Core outpatient services
 - Enhanced services
 - Residential and facility-based crisis services



Hallmarks of Service

Advanced Access (Walk-In)

As part of a more robust outpatient clinic offering Assessments, Individual Therapy, Group Therapy and Medication Management

Enhanced Service Continuum

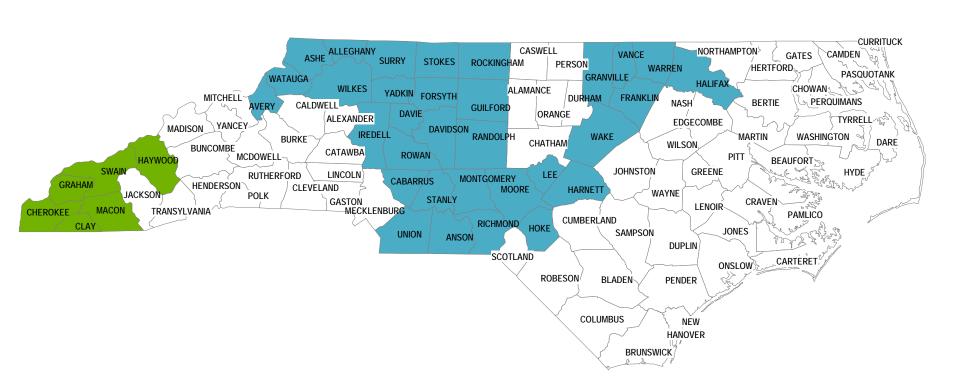
To refer within continuums of care based on medical necessity

Electronic Health Record

Netsmart 2014 ONC CERHT CareRecord™



Daymark Footprint





Two Areas of Focus

Mobile Crisis Command Center

Providing 911 call center type functionality to our MH/SA crisis service array

I-CARE

- Integrated Care Alerts for Review and Engagement
- A workflow system designed to facilitate the absorption of hospital, primary care, and specialty care information into the mental health workflow

Both developed by Daymark on top of the Netsmart CareRecordTM Technology Stack.



MOBILE CRISIS COMMAND CENTER



Mobile Crisis Command Center

- Mobile Crisis is a service that dispatches MH/SA staff in emergency situations 24/7—any time, any place
- One of many services created in NC to fill in gaps when the original CMHC structure was dismantled
- Started in 2006, managing calls with cell phones, charts with paper in the field

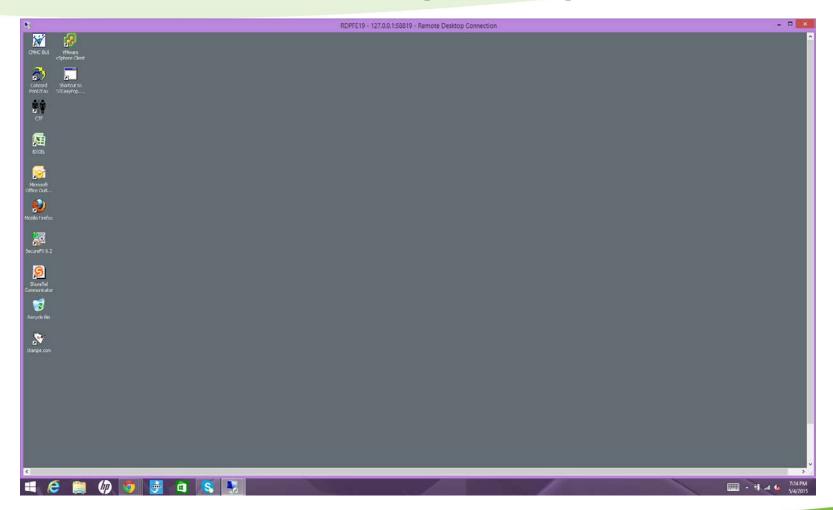


Mobile Crisis Command Center

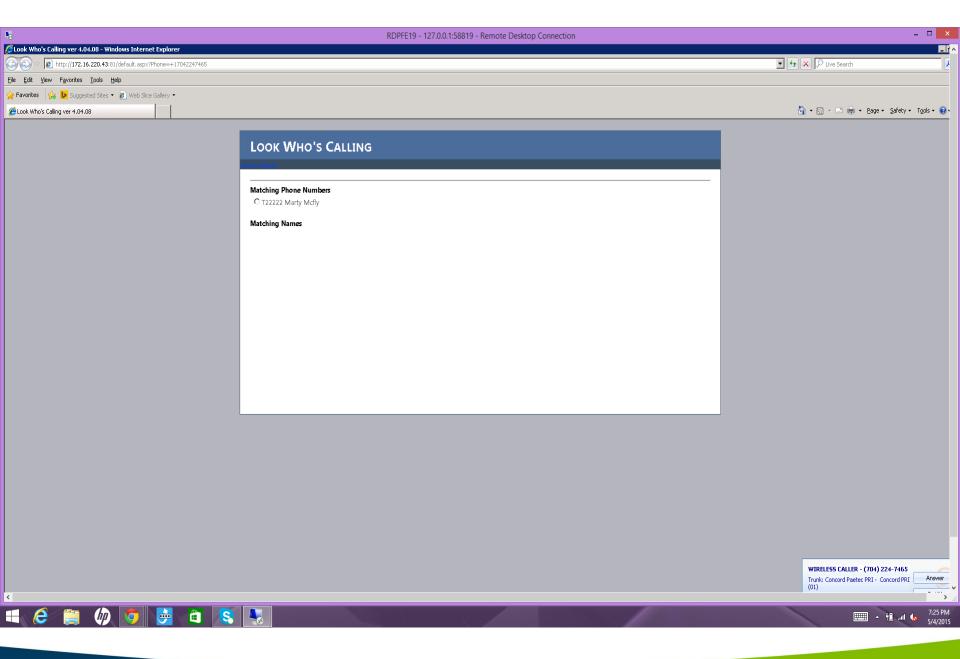
- Quickly became apparent that more infrastructure was needed to manage the service.
 - Centralize calls to call center (Inpatient Unit)
 - "Look Who's Calling" VOIP Application
 - Laptops with 4G to the field, server access only
 (no stolen data issues as Netsmart CareRecord accessed only in private cloud)
 - Command Center Software



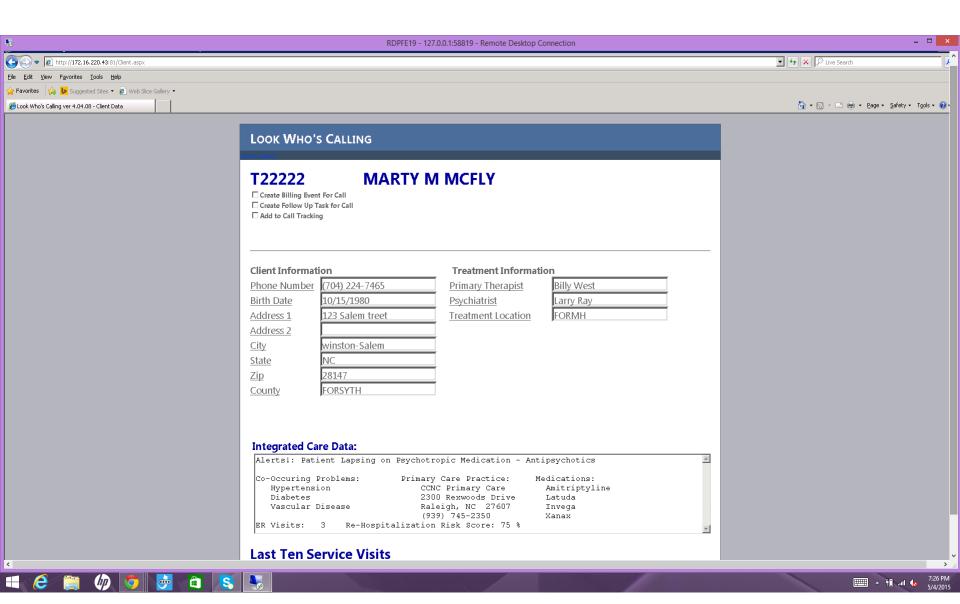
Mobile Crisis Call Center Crisis workstation prior to phone call



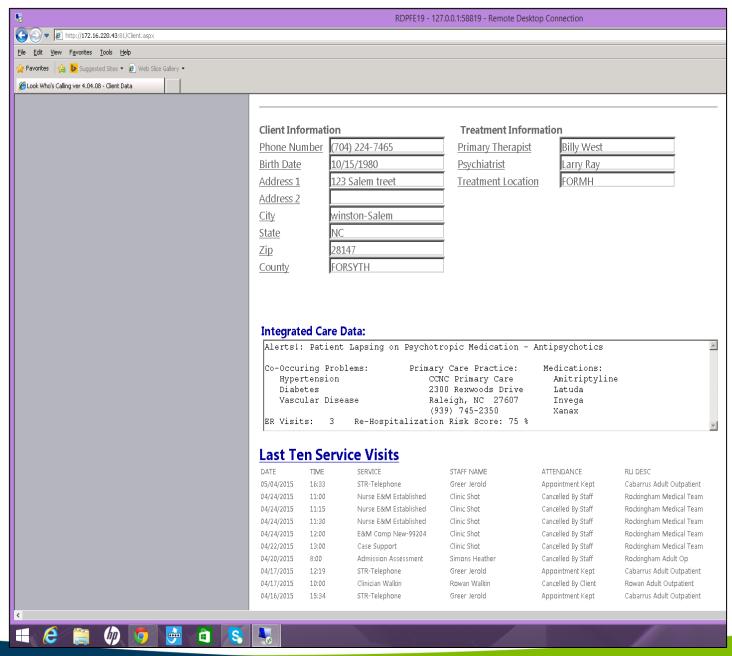


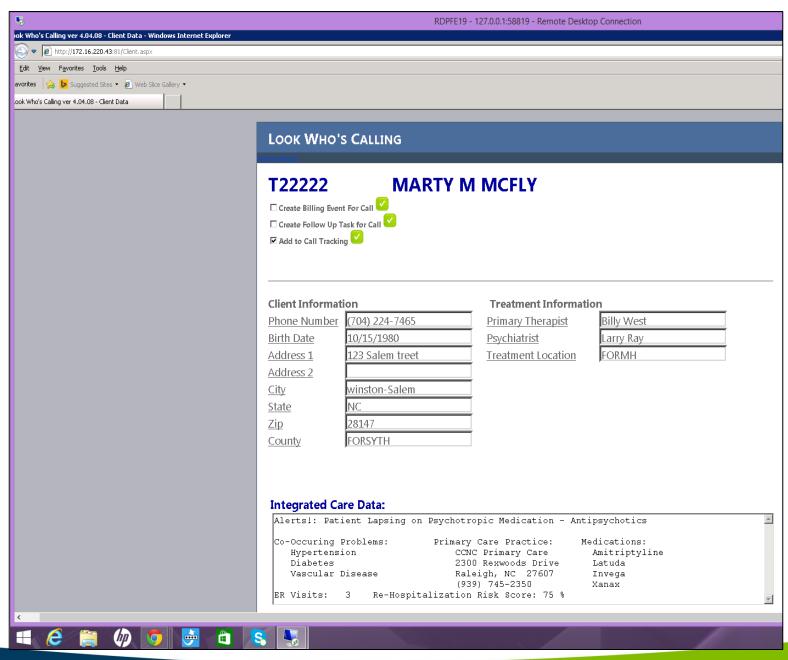














CMHC/MIS

Daymark Recovery Services, Inc.

<u>Daymark</u> Monday, May 04, 2015 *Jerold Greer*

Clinical Front Desk Staff Phone Dir Web Apps Parms

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Mobile Crisis Command Center

New Call

View Faxes

			eeds Needs igned Follow-up Da	ashboard											
Calls Edit		Calls Ass	agned Follow-up Da	ashboard											
	. Time														
Date			Client \$	Location \$	County \$	Duration \$	Staff \$	Detail \$	Status						
04/18/2015	3:46	6 am	Confidential	Confidential	Wilkes	16 Days 15 Hours 42 Minutes	SHELNUT MARK	Monitoring Client	Assigned to Staff						
04/28/2015	10:30	30 am	Confidential	Confidential	Vance	6 Days 8 Hours 58 Minutes	BROCK WANDA	Working on Placement	Assigned to Staff						
04/30/2015	10:30	30 pm	Confidential	Confidential	Wilkes	3 Days 20 Hours 58 Minutes	SHELNUT MARK	Working on Placement	Assigned to Staff						
05/01/2015	11:28	28 am	Confidential	Confidential	Union	3 Days 8 Hours 0 Minutes	MOLER MARK	Monitoring Client	Assigned to Staff						
05/01/2015	5:44	4 pm	Confidential	Confidential	Stanly	3 Days 1 Hours 44 Minutes	STALEY SALAS JILL	Monitoring Client	Assigned to Staff						
05/02/2015	11:24	24 am	Confidential	Confidential	Watauga	2 Days 8 Hours 4 Minutes	GARDINER VIRGINIA	Monitoring Client	Assigned to Staff						
05/02/2015	9:19	9 pm	Confidential	Confidential	Granville	1 Days 22 Hours 9 Minutes	DARCY KATHRYN	Needs Further Placement	Needs Follow-up						
05/03/2015	7:31	1 pm	Confidential	Confidential	Vance	23 Hours 57 Minutes	BROCK WANDA	Working on Placement	Assigned to Staff						
05/04/2015	1:47	7 am	Confidential	Confidential	Vance	17 Hours 41 Minutes	BROCK WANDA	Working on Placement	Assigned to Staff						
05/04/2015	5:31	1 am	Confidential	Confidential	Stokes	13 Hours 57 Minutes	CASHATT LAURA	Other Follow-up (Specify)	Needs Follow-up						
05/04/2015	9:23	3 am	Confidential	Confidential	Alleghany	10 Hours 5 Minutes	BILLINGS MORGEN	Monitoring Client	Assigned to Staff						
05/04/2015	1:09	9 pm	Confidential	Confidential	Vance	6 Hours 19 Minutes	BOGGAN LAKEISHA	Needs Face-To-Face	Needs Follow-up						
05/04/2015	1:23	3 pm	Confidential	Confidential	Davidson	6 Hours 5 Minutes	THOMPSON KITTY	Needs Phone Follow-up	Needs Follow-up						
05/04/2015	2:15	5 pm	Confidential	Confidential	Davidson	5 Hours 13 Minutes	SARGENT LATARSHA	Monitoring Client	Assigned to Staff						
05/04/2015	2:24	4 pm	Confidential	Confidential	Davidson	5 Hours 4 Minutes	ANTHONY DANIEL	Working on Placement	Assigned to Staff						
05/04/2015	3:04	4 pm	Confidential	Confidential	Mecklenburg	4 Hours 24 Minutes	MCGEE GORDON TRIMIKA	Working on Placement	Assigned to Staff						
05/04/2015	3:11	1 pm	Confidential	Confidential	Iredell	4 Hours 17 Minutes	HENDREN JUSTIN	Monitoring Client	Assigned to Staff						
05/04/2015	3:52	2 pm	Confidential	Confidential	Stokes	3 Hours 36 Minutes	BELL MARK	Monitoring Client	Assigned to Staff						
05/04/2015	3:59	9 pm	Confidential	Confidential	Rockingham	3 Hours 29 Minutes		Needs Phone Follow-up	Needs Follow-up						
05/04/2015	4:14	4 pm	Confidential	Confidential	Davidson	3 Hours 14 Minutes	SARGENT LATARSHA	Monitoring Client	Assigned to Staff						
05/04/2015	4:15	5 pm	Confidential	Confidential	Granville	3 Hours 13 Minutes	WILLIAMS CASSANDRA	Monitoring Client	Assigned to Staff						
05/04/2015	4:17	7 pm	Confidential	Confidential	Davidson	3 Hours 11 Minutes	SARGENT LATARSHA	Monitoring Client	Assigned to Staff						
05/04/2015	4:37	7 pm	Confidential	Confidential	Forsyth	2 Hours 51 Minutes	ANTHONY DANIEL	Currently Working On Call	Assigned to Staff						
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05/04/2015	5:43	3 pm	Confidential	Confidential	Wilkes	1 Hours 45 Minutes	PRICE SHANNON	Monitoring Client	Assigned to Staff						
05/04/2015	6:03	3 pm	Confidential	Confidential	Wilkes	1 Hours 25 Minutes	PRICE SHANNON	Currently Working On Call	Assigned to Staff						
05/04/2015	7:14	4 pm	Confidential	Confidential	Watauga	14 Minutes	GARDINER VIRGINIA	Currently Working On Call	Assigned to Staff						
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<u>Daymark</u> Monday, May 04, 2015 *Jerold Greer*

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Mobile Crisis Command Center

New Call View Faxes

All Active Calls Edit	Active Calls	My Active Calls		p Dashboard					
Date		Time			County \$	Duration	Staff	Detail	Status
04/18/2015		3:46 am	Confidential	Confidential	Wilkes	16 Days 16 Hours 27 Minutes	SHELNUT MARK	Monitoring Client	Assigned to Staff
04/28/2015		10:30 am	Confidential	Confidential	Vance	6 Days 9 Hours 43 Minutes	BROCK WANDA	Working on Placement	Assigned to Staff
04/30/2015		10:30 pm	Confidential	Confidential	Wilkes	3 Days 21 Hours 43 Minutes	SHELNUT MARK	Working on Placement	Assigned to Staff
05/01/2015		11:28 am	Confidential	Confidential	Union	3 Days 8 Hours 45 Minutes	MOLER MARK	Monitoring Client	Assigned to Staff
05/01/2015		5:44 pm	Confidential	Confidential	Stanly	3 Days 2 Hours 29 Minutes	STALEY SALAS JILL	Monitoring Client	Assigned to Staff
05/02/2015		11:24 am	Confidential	Confidential	Watauga	2 Days 8 Hours 49 Minutes	GARDINER VIRGINIA	Monitoring Client	Assigned to Staff
05/02/2015		9:19 pm	Confidential	Confidential	Granville	1 Days 22 Hours 54 Minutes	DARCY KATHRYN	Needs Further Placement	Needs Follow-up
05/03/2015		7:31 pm	Confidential	Confidential	Vance	1 Days 0 Hours 42 Minutes	BROCK WANDA	Working on Placement	Assigned to Staff
05/04/2015		1:47 am	Confidential	Confidential	Vance	18 Hours 26 Minutes	BROCK WANDA	Working on Placement	Assigned to Staff
5/04/2015		5:31 am	Confidential	Confidential	Stokes	14 Hours 42 Minutes	CASHATT LAURA	Other Follow-up (Specify)	Needs Follow-up
5/04/2015		9:23 am	Confidential	Confidential	Alleghany	10 Hours 50 Minutes	BILLINGS MORGEN	Monitoring Client	Assigned to Staff
5/04/2015		1:09 pm	Confidential	Confidential	Vance	7 Hours 4 Minutes	BOGGAN LAKEISHA	Needs Face-To-Face	Needs Follow-up
5/04/2015		1:23 pm	Confidential	Confidential	Davidson	6 Hours 50 Minutes	THOMPSON KITTY	Needs Phone Follow-up	Needs Follow-up
5/04/2015		2:15 pm	Confidential	Confidential	Davidson	5 Hours 58 Minutes	SARGENT LATARSHA	Monitoring Client	Assigned to Staff
5/04/2015		2:24 pm	Confidential	Confidential	Davidson	5 Hours 49 Minutes	ANTHONY DANIEL	Working on Placement	Assigned to Staff
5/04/2015		3:04 pm	Confidential	Confidential	Mecklenburg	5 Hours 9 Minutes	MCGEE GORDON TRIMIKA	Working on Placement	Assigned to Staff
5/04/2015		3:11 pm	Confidential	Confidential	Iredell	5 Hours 2 Minutes	HENDREN JUSTIN	Monitoring Client	Assigned to Staff
5/04/2015		3:52 pm	Confidential	Confidential	Stokes	4 Hours 21 Minutes	BELL MARK	Monitoring Client	Assigned to Staff
5/04/2015		3:59 pm	Confidential	Confidential	Rockingham	4 Hours 14 Minutes		Needs Phone Follow-up	Needs Follow-up
5/04/2015		4:14 pm	Confidential	Confidential	Davidson	3 Hours 59 Minutes	SARGENT LATARSHA	Monitoring Client	Assigned to Staff
5/04/2015		4:15 pm	Confidential	Confidential	Granville	3 Hours 58 Minutes	WILLIAMS CASSANDRA	Monitoring Client	Assigned to Staff
5/04/2015		4:17 pm	Confidential	Confidential	Davidson	3 Hours 56 Minutes	SARGENT LATARSHA	Monitoring Client	Assigned to Staff
5/04/2015		4:37 pm	Confidential	Confidential	Forsyth	3 Hours 36 Minutes	ANTHONY DANIEL	Currently Working On Call	Assigned to Staff
5/04/2015		5:43 pm	Confidential	Confidential	Wilkes	2 Hours 30 Minutes	PRICE SHANNON	Monitoring Client	Assigned to Staff
5/04/2015		6:03 pm	Confidential	Confidential	Wilkes	2 Hours 10 Minutes	PRICE SHANNON	Monitoring Client	Assigned to Staff
5/04/2015		7:14 pm	Confidential	Confidential	Watauga	59 Minutes	GARDINER VIRGINIA	Currently Working On Call	Assigned to Staff
5/04/2015		8:13 pm	Confidential	Confidential	Cabarrus	0 Minutes			Pending Assignment

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View Faxes

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04/30/2015	10:30 pm	Confidential	Confidential	Wilkes	3 Days 21 Hours 48 Minutes	SHELNUT MARK	Working on Placement	Assigned to Staff	
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05/04/2015	1:47 am	Confidential	Confidential	Vance	18 Hours 31 Minutes	BROCK WANDA	Working on Placement	Assigned to Staff	
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05/04/2015	8:13 pm	Confidential	Confidential	Cabarrus	5 Minutes	MCGEE GORDON TRIMIKA		Assigned to Staff	

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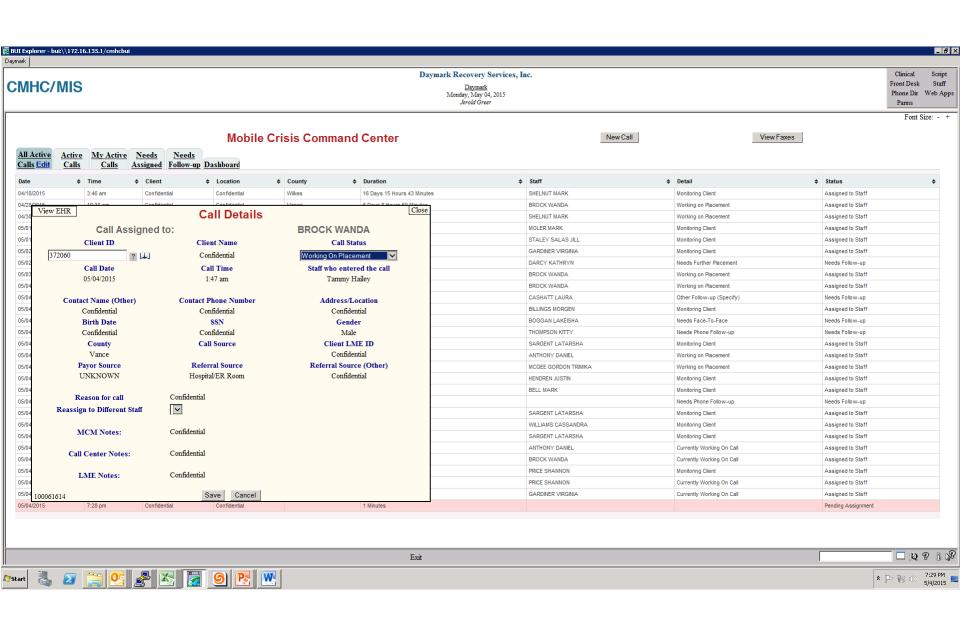


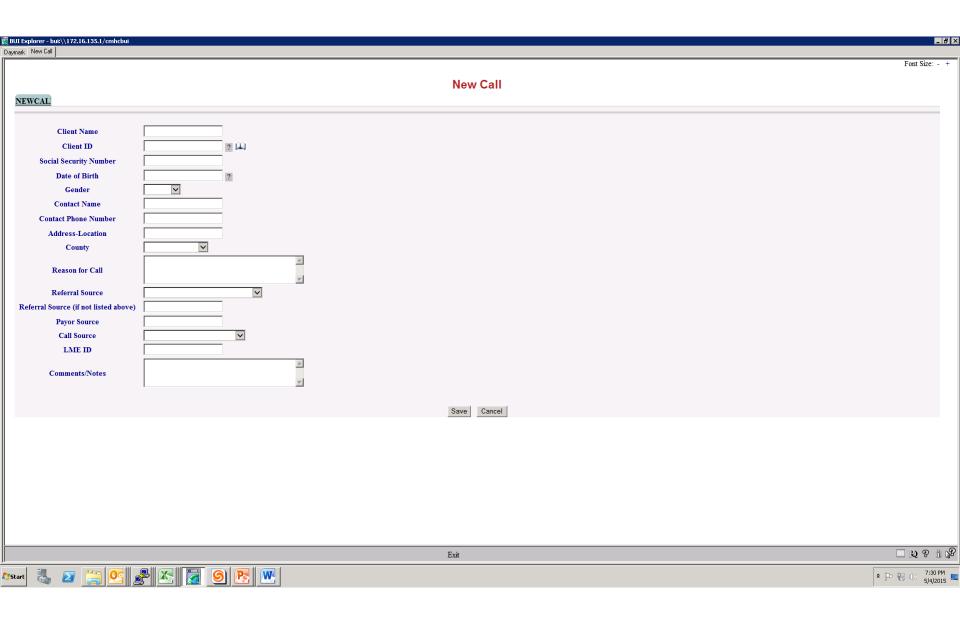


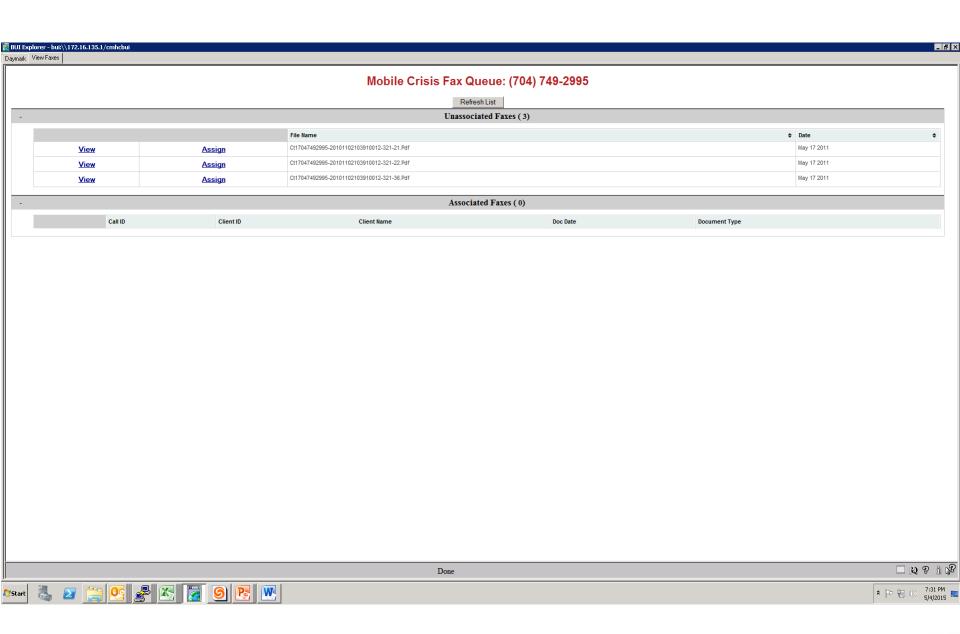














I-CARE

ntegrated

Care

Alerts for

Review and

Engagment



Why I-CARE?

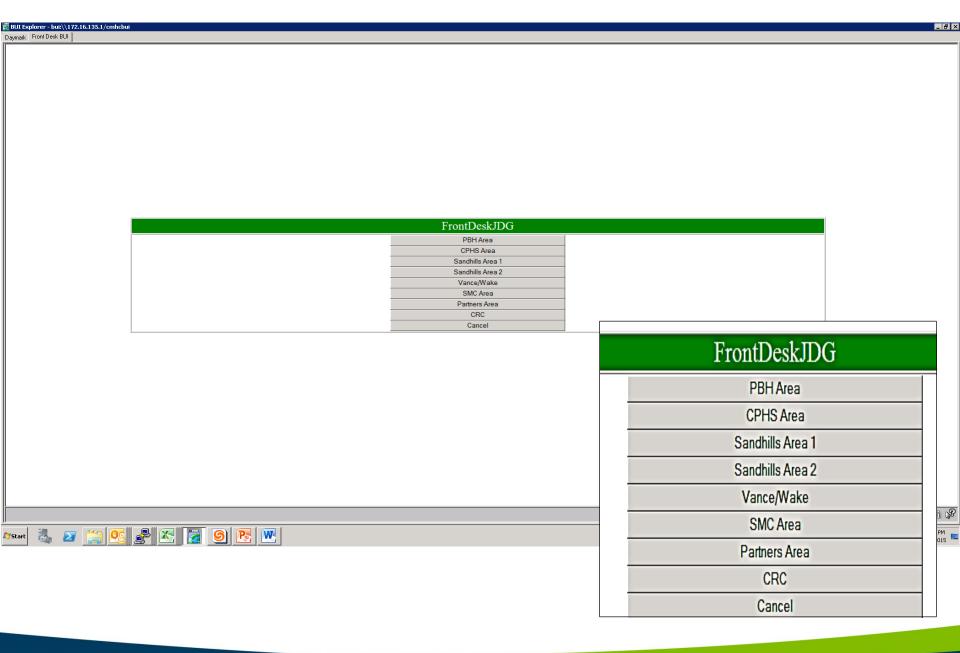
- Communication between mental health professionals and other care providers, from hospitals to primary care providers to other specialty care providers has always been problematic, by no means a problem exclusive to Daymark
- The normal protocol for communication...
 - get consent for release
 - send to other providers
 - wait 3 months until next session



Why I-CARE?

- I-CARE is acknowledgement that information is much more valuable when
 - Acquired in real time
 - Embedded into Workflows
 - Disruptive
- Signing on to other systems not required
- Augments standard HIE model
- Even sends E-Mail to Therapist when patient has been hospitalized anywhere in state







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Daymark Front Desk BUI

Classic View	Client Focus	Staff Focus	Preferences	Quick Appt	MySpace
CABARRUS	LEXINGTON	ROWAN	STANLY		UNION
Today View	Today View	Today View	Today View		Today View
All Clinicians	All Clinicians	All Clinicians	All Clinicians		All Clinicians
AOP	AOP				
SA	SA	Molly Froelich	Teresa Baker		Tom Addis
CY	CY	Anastasia Harm	Kimberly Bush		Michael Arena
MD	MD-CH	Colin Johnson	Lori Davis		Kimberly Bush
TEST	MD-AD	Frances Johnso	Sharon Edward	<u> </u>	Gloria Cave
Jillian Baugh	ES	Amy Jones	Barbara Grant-	<u> </u>	Don Clise
Marisa Black	Ross Baker	Grace Kimbur	Karen Green		Randy Diaz
Alicia Bullock	June Basnight	Matthew Leach	Elizabeth Harke	1	Andrea Dry
Terry Carriker	Courtney Butler	Amber Lemoine	Ilanit Lazar		Jenny Edminsor
Jessica Crowe	William Collins	Geneva Lopez	Sheri Stephens	:	Annie Fongheise
Journana El Saf	Katherine Hall	Sarah Deese	Angela Louie		Joan Griffin
Vanessa Feaste	Michelle Hende	Phillip Nofal	Roxanne Morga	1	Teresa Holmes
Valerie Gilbert	Margie Hodgin	Rasheed Onafu	Jacita Petway		Radmila Hollna
Jenna Hannigar	Roger Holt	Blanca Pina	Melina Rice		Denise Logan
Susan Holtz	Judy Horey	Heather Hedrick	Amy Riggs		Angela Louie
Courtney Huffma	Melissa Kirkland	Ashley Randolp	Elizabeth Ritte	r I	Christie McAlee
Julie Killion	Taylor Krumroy	Joanne Shaver	Scott Smith		Meg Melton
Michaela King	Sherry McCurdy	Screening	<u>Telemedicine</u>		Amy Medlin
Janice Mascari	Melissa Medlin	Jessica Sides	Screening clinic	2	Phillip Nofal
Sean Miller	Kayla Newman	Eric Smith	Hospital Discha	1	Chin Ho Pak
Philip Nofal	Cheryl Rozanov	Darren Steele	Walkin-Therapi	<u> </u>	Andrew Phillips
Caroline Ramos	Jan Russell	Ashley Von Rue	Walkin-Medica	1	Courtney Ross
Ashley Searing	Screening	Telemedicine			Cheryl Rozanov
Sandra Smiley	Nina Scherer	Walkin-Therapis			Screening
Chalyce Smith	Jodi Shaver	Walkin-Medical			Devendrah Shal
Michelle Smith	Deresha Simmo				Stormy Silas
Anthony St Louis	Geri Snoke				Dana Suggs
Sam Strumolo	Delores West				Samantha Weid
Kim Sturdivant	Michelle Wray-N				Whitney Wyndha
Katherine Walte	Telemedicine				Stephen Yount
Screening	Nurse				Wei Zhang
Hospital Discha	Walkin-Therapis				CRC Union
					Hospital Discha
 					Interpreter
					Walkin-Therapis
II					Walkin-Medical
					
Screening	Nurse				Wei Zhang CRC Union Hospital Discha Interpreter Walkin-Therapis

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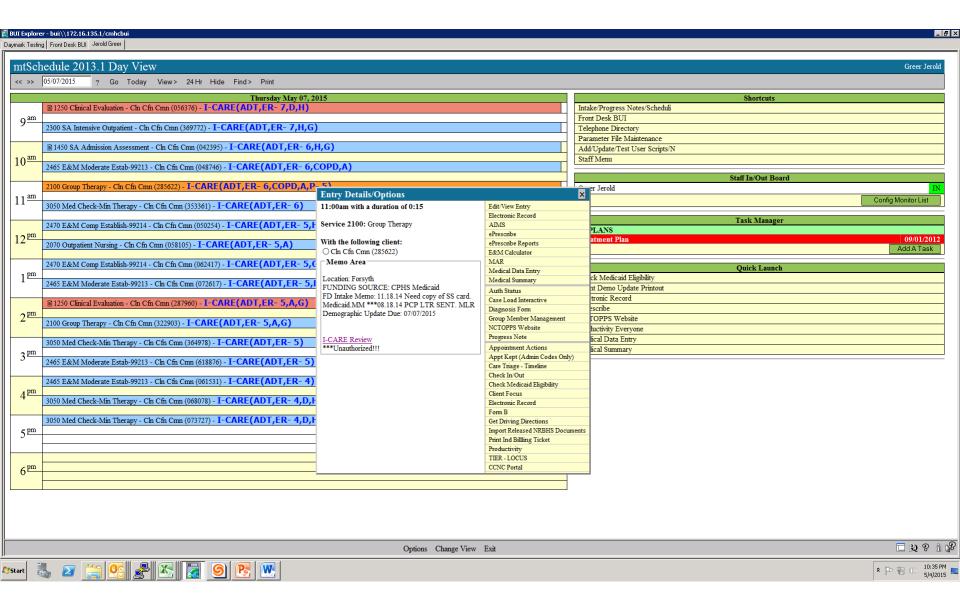






BUI Explorer - bui:\\172.16.135.1/cmhcbui _ B × Daymark Testing | Front Desk BUI | Jerold Greer | Front Desk BUI | Jerold Greer | mtSchedule 2013.1 Day View Greer Jerold << >> 05/07/2015 ? Go Today View> 24 Hr Hide Find> Print Thursday May 07, 2015 ■ 1250 Clinical Evaluation - Cln Cfn Cmn (056376) - I-CARE(ADT, ER-7, D, H) Intake/Progress Notes/Scheduli Front Desk BUI 2300 SA Intensive Outpatient - Cln Cfn Cmn (369772) - I-CARE(ADT, ER-7, H, G) Telephone Directory Parameter File Maintenance ■1450 SA Admission Assessment - Cln Cfn Cmn (042395) - I-CARE(ADT, ER-6, H, G) Add/Update/Test User Scripts/N 10^{am} Staff Menu 2465 E&M Moderate Estab-99213 - Cln Cfn Cmn (048746) - I-CARE(ADT, ER-6, COPD, A) Staff In/Out Board 2100 Group Therapy - Cln Cfn Cmn (285622) - I-CARE(ADT, ER-6, COPD, A, P-5) Greer Jerold 11 am Config Monitor List 3050 Med Check-Min Therapy - Cln Cfn Cmn (353361) - I-CARE(ADT, ER- 6) Task Manager 2470 E&M Comp Establish-99214 - Cln Cfn Cmn (050254) - I-CARE(ADT, ER-5, H) TXPLANS 12^{pm} Treatment Plan 2070 Outpatient Nursing - Cln Cfn Cmn (058105) - I-CARE(ADT, ER- 5, A) Add A Task 2470 E&M Comp Establish-99214 - Cln Cfn Cmn (062417) - I-CARE(ADT, ER-5,G) Quick Launch Check Medicaid Eligibility 2465 E&M Moderate Estab-99213 - Cln Cfn Cmn (072617) - I-CARE (ADT, ER-5, D, COPD) Client Demo Update Printout Electronic Record ■ 1250 Clinical Evaluation - Cln Cfn Cmn (287960) - I-CARE (ADT, ER-5, A, G) ePrescribe NCTOPPS Website 2100 Group Therapy - Cln Cfn Cmn (322903) - I-CARE(ADT, ER-5, A,G) Productivity Everyone Medical Data Entry 3050 Med Check-Min Therapy - Cln Cfn Cmn (364978) - I-CARE(ADT, ER-5) Medical Summary 2465 E&M Moderate Estab-99213 - Cln Cfn Cmn (618876) - I-CARE(ADT, ER-5) 2465 E&M Moderate Estab-99213 - Cln Cfn Cmn (061531) - I-CARE(ADT, ER-4) 3050 Med Check-Min Therapy - Cln Cfn Cmn (068078) - I-CARE(ADT, ER-4, D, H) 3050 Med Check-Min Therapy - Cln Cfn Cmn (073727) - I-CARE(ADT, ER-4, D, H, C, IVD, G) 5 <u>pm</u> 6^{pm} **□** N 8 1 18 Options Change View Exit Start 👢 🗾 🥞 🥵 🚱 🔯 💆 🧐 👺 ₩









		<u> </u>	Additission Discharge Transfer Tristory Over Last 70 Days			
Admit Date	Discharge Date	Facility	Reason	Reason 2	Setting	ER ADT
04/28/2015	04/28/2015	Wake Forest Baptist Medical Center	Abdominal Pain	abdominal pain	ED	6
04/28/2015	04/28/2015	Wake Forest Baptist Medical Center	Post-op Exam	Generalized pain	Outpatient	6
04/28/2015	04/28/2015	Wake Forest Baptist Medical Center	Abdominal Pain	Post-op Exam	Outpatient	6
04/22/2015	04/23/2015	Annie Penn Hospital	"Assault, asthma, copd"		ED	6
04/16/2015	04/16/2015	Wake Forest Baptist Medical Center	Pancreatitis	Pancreatitis	ED	6
04/14/2015	04/15/2015	Annie Penn Hospital	Pancreatitis		ED	6
03/31/2015	03/31/2015	Wake Forest Baptist Medical Center	CHOLELIANGIOGRAM	cholecystitis	Outpatient	6
03/31/2015	03/31/2015	Wake Forest Baptist Medical Center	Other specified disorder of gallbladder		Outpatient	6
03/25/2015	03/25/2015	Annie Penn Hospital		Abd pain	ED	6
03/11/2015	03/12/2015	Moses H Cone Memorial Hospital	ABD PAIN		Inpatient	6
03/11/2015	03/12/2015	Moses H Cone Memorial Hospital	ABD PAIN		ED	6
03/06/2015	03/06/2015	Annie Penn Hospital			Outpatient	6

CCNC Portal Access

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I-CARE Reaches out beyond our own system to look at key event and chronic condition indicators that our staff may not know about.

The following indicates some of the shorthand utilized in I-CARE

1. ADT

Admission/Discharge/Transfer information on file

2. ER-4 OF THE ADT Information

Analyzes how many are ER visits and creates a separate alert based on this information, counting how many of the ADT listings are ER visits.

Note, new system being implemented will require our therapists, system enforced, to document their behavioral healthcare intervention when ER visits are 3 or more.

3. P-5

Indicates that 5 unique pharmacies were utilized by the patient in the last 12 months

- H = Hypertension
- A = Asthma
- COPD = COPD
- IVD = Vascular Disease
- C = Cancer
- G = GI disease
- L = Liver disease
- K = Kidney disease

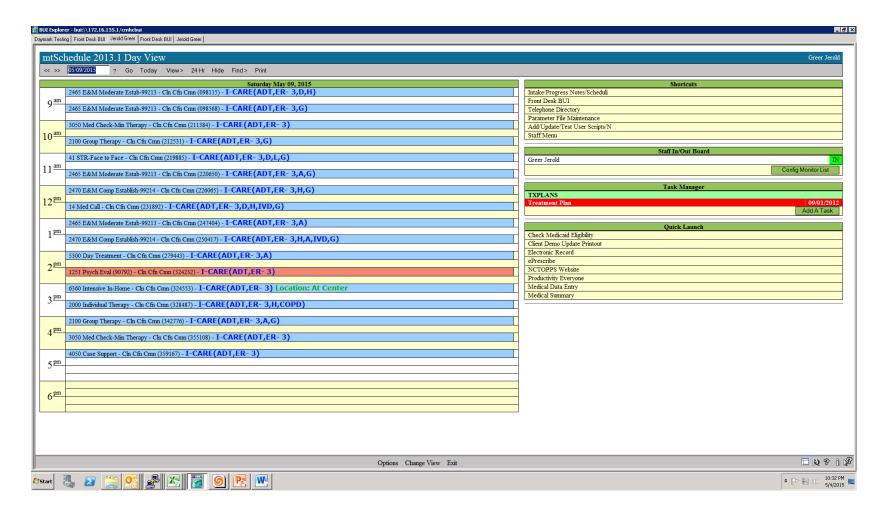


I-CARE: My subsequent day

Doymank Testing Front Desk BUI Jerold Green Front Desk BUI Jerold Green	_[6]×
Daymark Teating Front Deak 800 Januar Urea Pront Deak 801 Jeroar Saver	
mtSchedule 2013.1 Day View	Greer Jerold
<>> 051082015 ? Go Today View> 24 Hr Hide Find> Print	
Friday May 08, 2015	Shortcuts
4130 Act Team - Cln Cfn Cmn (222019) - I - CARE (ADT, ER - 4, H, A) Location: At Center	Intake/Progress Notes/Scheduli
9 ^{2m}	Front Desk BUI
8 Telephone Call Non-Bill - Cln Cfm Cmn (223997) - I - CARE (ADT, ER-4)	Telephone Directory Parameter File Maintenance
3050 Med Check-Min Therapy - Cln Cfn Cmn (228777) - I - CARE (ADT, ER - 4, D, H, IVD, G)	Add/Update/Test User Scripts/N
10 200	Staff Menu
2000 Individual Therapy - Cln Cfn Cmn (263754) - I - CARE (ADT, ER - 4)	
5999 MCM Screening - Cln Cfm Cmn (287770) - I - CARE (ADT, ER - 4, D, H, COPD, A, P - 7)	Staff In/Out Board Greer Jerold
1,1 am	Config Monitor List
3050 Med Check-Min Therapy - Cln Cfn Cmn (289551) - I-CARE (ADT, ER- 4, COPD, C, G)	Corning Monitor List
2100 Group Therapy - Cln Cfn Cmn (301336) - I-CARE (ADT, ER- 4, H, COPD, A)	Task Manager
12 pm	TXPLANS
4050 Case Support - Cln Cfn Cmm (350870) - I-CARE(ADT, ER- 4)	Treatment Plan 09/01/2012 Add A Took
1251 Psych Eval (90792) - Cln Cfn Cmn (040964) - I-CARE (ADT, ER- 3, D, K, H, G)	
1231 FSych Eval (90/92) - Ciri Ciri Cirii (10/0904) - 1 **CARE (ADT FD 2)** 1 pm	Quick Launch
4050 Case Support - Cln Cfn Cmn (048279) - I-CARE(ADT, ER- 3)	Check Medicaid Eligibility Client Demo Update Printout
	Electronic Record
3050 Med Check-Min Therapy - Cln Cfm Cmm (049511) - I-CARE (ADT, ER- 3, D, H, L, G, P- 4)	ePrescribe
2 pm 2000 Individual Therapy - Cln Cfn Cmm (061643) - I-CARE (ADT, ER- 3, D, H, COPD, A, G)	NCTOPPS Website
	Productivity Everyone
3050 Med Check-Min Therapy - Cln Cfn Cmn (071782) - I-CARE(ADT, ER- 3, H, COPD, A)	Medical Data Entry Medical Summary
3 pm 2465 E&M Moderate Estab-99213 - Cln Cfm Cmn (072354) - I-CARE(ADT, ER- 3, D, H, L, COPD, A, G, P- 7)	Wedta Sunnay
4350 Peer Support - Cln Cfn Cmn (078561) - I - CARE(ADT, ER- 3)	
4 Pm 3050 Med Check-Min Therapy - Cln Cfin Cmn (093379) - I-CARE (ADT, ER-3)	
355 Steel Circles out History - Carlot (HDT) Circle (HDT)	
3050 Med Check-Min Therapy - Cln Cfn Cmn (093531) - I-CARE(ADT, ER- 3)	
5 pm	
6 ^{pm}	
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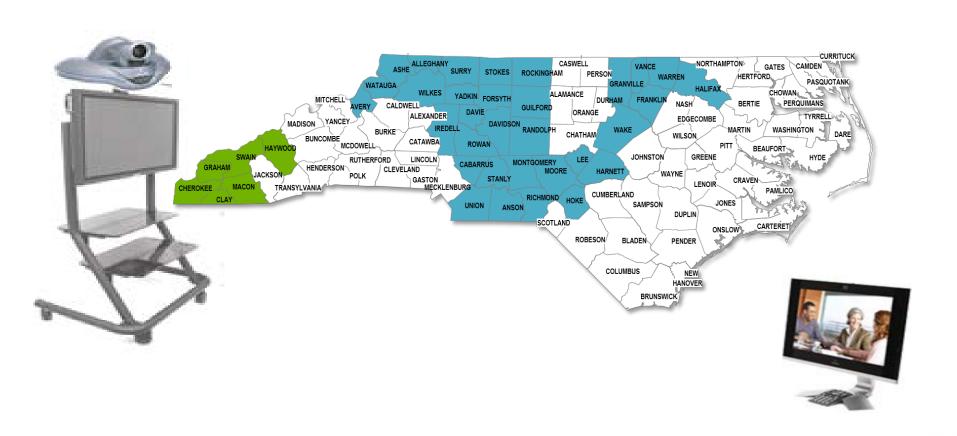


One more day of examples ...





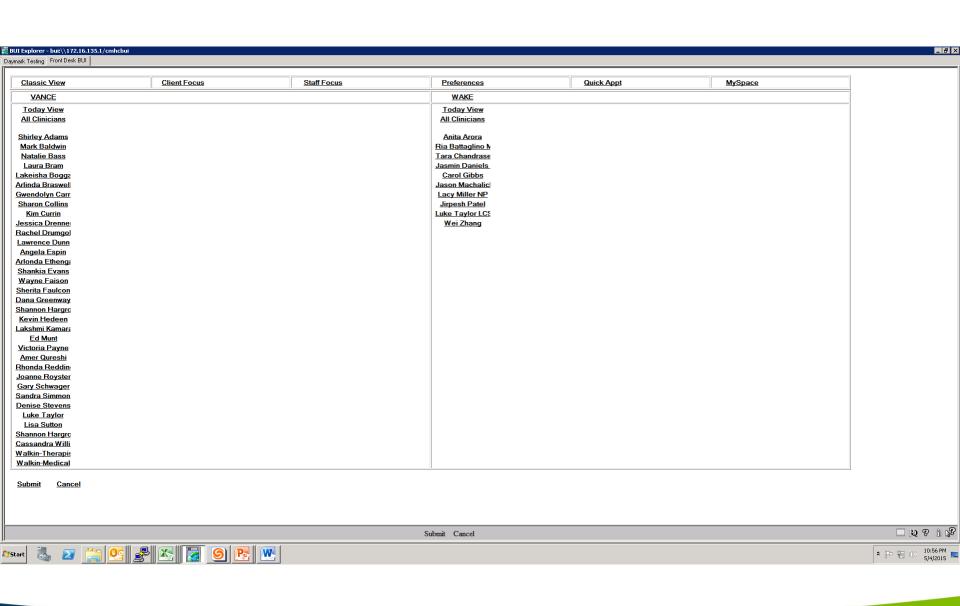
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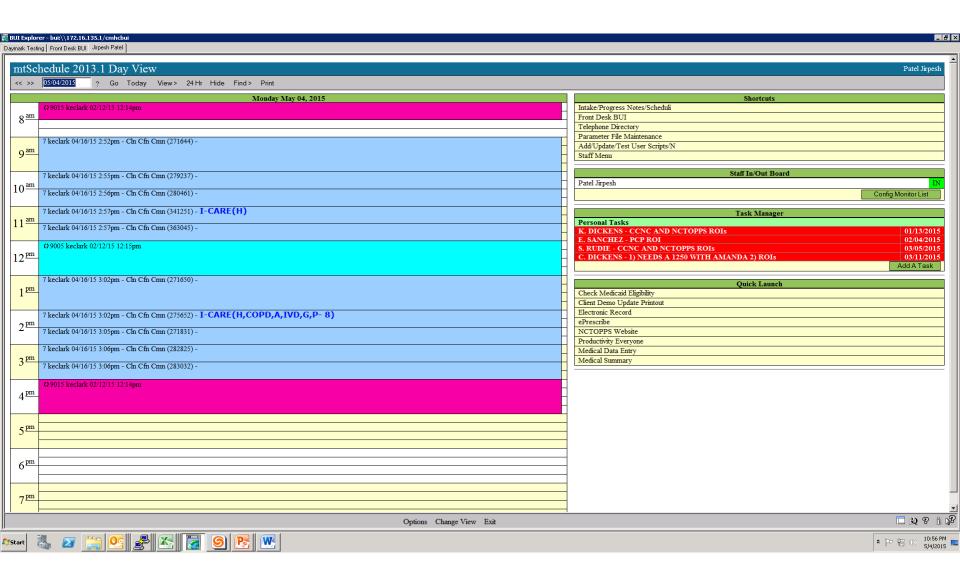


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PBH Area
CPHS Area
Sandhills Area 1
Sandhills Area 2
Vance/Wake
SMC Area
Partners Area
CRC
Cancel

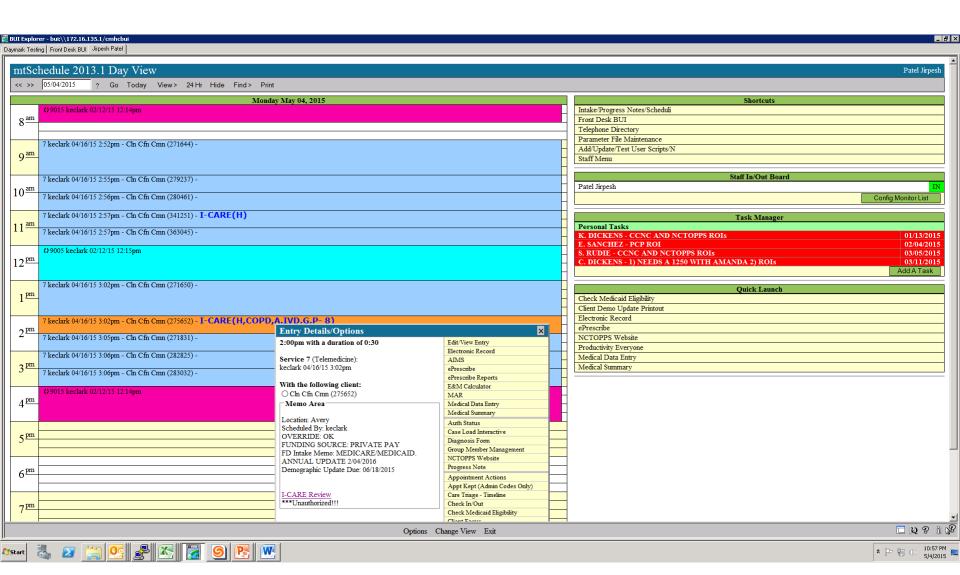








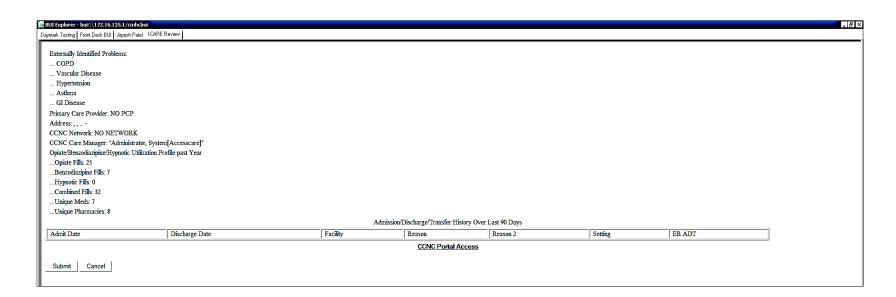






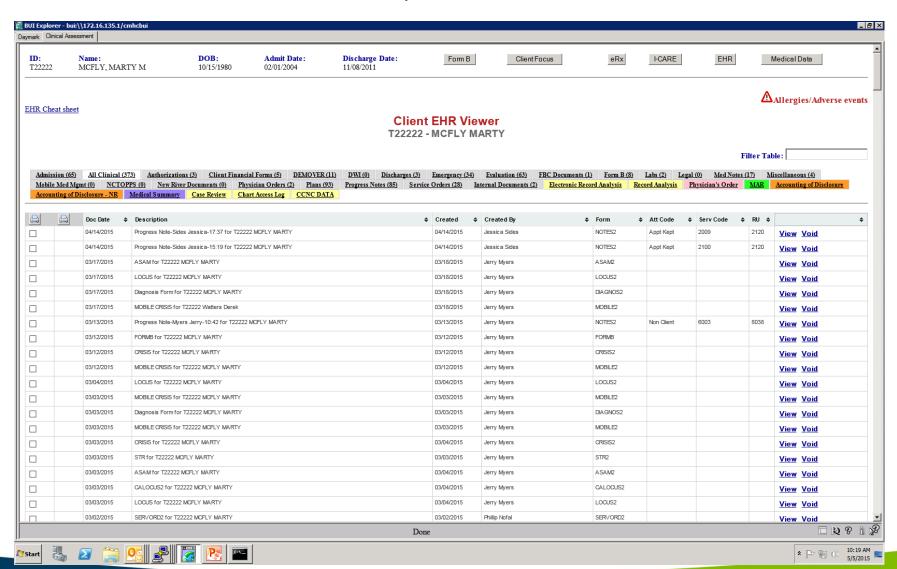
I-CARE Analytics

- Halfway across the state, psychiatrist is able to identify that
 - Despite all of their chronic conditions, they do not have a Primary Care Physician assigned
 - They are using Opiates and Benzodiazepines extensively
 - And they are obtaining these medications from 8 different pharmacies





I-CARE, EHR View







You may ask a question using the questions box on the right side of the webinar window.

The National Association of Counties, Council of State Governments Justice Center, and American Psychiatric Foundation announce the launch of:



A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

Stepping Up aims to unite local and state stakeholders around a common goal: to reduce the number of people with mental illness in jails. "Stepping Up" asks county policymakers to pass a resolution committing to key actions, including collecting data to determine the extent of the problem within each jail, developing a plan that draws on national research to combat the problem, and designing an approach to track progress going forward.

Please contact NACo Program Manager Nastassia Walsh at nwalsh@naco.org or 202.942.4289 for more information and visit www.stepuptogether.org



Continue the Conversation at the NACo Annual Conference, July 10-13, 2015

Don't Miss the Educational Sessions Covering Mental Health and Substance Use Disorders

Visit www.naco.org for more information



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