# Kaiser Medi-Cal Communication Pathway for Eating Disorder Care Planning Options

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## Problem Statement

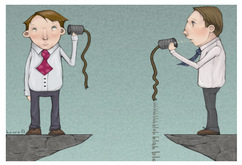
Kaiser providers treating Medi-Cal members, who have severe eating disorder symptoms, have limited communication and no care planning options to review with county mental health staff. Due to this gap in care, critical coordination time endangers lives and raises costs. Implementing a standard communication pathway will identify and link providers between agencies so discussion on care planning options can begin.

## Initial Discovery

**Original CHIP** was focused on improving documentation in electronic medical records to align high risk case managers in different departments to streamline treatment plans, reduce replication of roles, and improve outcomes.

**Pivot CHIP** after interviews revealed members with Medi-Cal policies were routed back to county for care planning, ***except*** members with eating disorders.

***Why were they not routed back to their county for care planning?**
***Why was there a gap in communication?**



**Eating Disorders have the highest mortality**
From Anorexia Nervosa and Related Eating Disorders 2016

**Without treatment up to 20% die**
**With treatment 2-3% die**
**20% no recovery**
**20% partially recover**
**60% full recovery**

## Discovery

**Kaiser interviews (50 in person, 25 calls) – Providers and leadership:**

- Members not referred to county, because belief there is nothing in the county.
- If providers wanted to refer they didn't know who in the county to refer to.
- County rarely authorized for eating disorder care.
- Limited data on previous referrals to county and tracking what happened.

**Actions**

- ➢Modified existing eating disorder form for providers to fill and fax to county.
- ➢Developed communication pathway from Kaiser provider to refer to county.
- ➢Outlined Kaiser documentation and tracking of communication in member chart.
- ➢Identify need to track referrals to county on a quarterly basis for leadership.
- ➢Monitor and report outcomes of referrals and/or trends to leadership.

**County Mental Health (30 calls) – County access line or identified staff:**

- County staff didn't know how to manage these referrals.
- County access staff or identified staff were not eating disorder trained.
- County leadership has to review each referral for authorization of care.
- County leadership has to use general funds for eating disorder care, due to Department of Health Services (DHCS) ***not covering*** eating disorder care.

**Actions**

- ➢ Identified county eating disorder referral pathway (county name, phone, fax).
- ➢ Created county eating disorder information and referral guide.

**Community Eating Disorder program & provider interviews (10 in person, 5 calls):**

- Confirmed county rates available.
- Eating disorder care levels for county to review:
  Inpatient, residential, day treatment (partial hospitalization, intensive outpatient).
- Identified services to public: seminars, community support, and education.

## Lessons Learned

1. If I had implemented "Train the Trainer Program" sooner, each regional eating disorder managers could have supported their providers with this new communication pathway.
2. There is a discrepancy between Kaiser and county mental health in how eating disorder care is defined, how it should be provided/delivered and by whom.
3. Discovered that there is a small Kaiser eating disorder Medi-Cal population that requires an immense time to coordinate complex care.
4. Identified that there is a lack of eating disorder specialists and budget for care in county mental health.
5. All discoveries from this communication pathway are completely transferable to any organization or provider.
6. My personal learning is to not hesitate to reach out and ask questions, because of my preconceived ideas of different agendas.


## Mission Model Canvas

**Key Partners**

- ✓Kaiser providers
- ✓Kaiser Leadership
- ✓Kaiser regional managers
- ✓Medi-Cal members
- ✓Family/caregivers
- ✓County Mental Health

CALIFORNIA Counties

| | |
|---|---|
| Alameda | Placer |
| Amador | San Francisco |
| Contra Costa | San Joaquin |
| El Dorado | Santa Clara |
| Marin | Sonoma |
| Napa | Yolo |

**Key Activities**

- ✓Develop communication pathway for providers
- ✓Develop referral form
- ✓Develop training
- ✓Develop measure tool of how things are progressing

**Key Resources**

- ✓ Kaiser regional managers
- ✓ Kaiser providers
- ✓ Kaiser leadership
- ✓ Budget $ =
  Staff time to develop training, and do training

**Value Propositions**

- ✓Kaiser providers will better articulate care needs to county mental health.
- ✓Kaiser Leadership will have reportable data for DHCS for improved Medi-Cal care.
- ✓County mental health will have better information to care for Medi-Cal members.
- ✓Medi-Cal members will have access to care and die less.
- ✓Family/caregivers will have increased support.

**Buy-in & Support**

- ✓Build county relationship
- ✓Use successful provider/ county stories
- ✓Engage Medi-Cal members to share stories (+/-)
- ✓Collect data for leadership
- ✓Feed data back to DHCS

**Deployment**

Formalize pathway:

- ✓ Staff training
- ✓ Inter agency coordination
- ✓ Develop digital referral
- ✓ Follow up tracking system
- ✓ Work out the kinks

**Beneficiaries**

- ✓Kaiser providers
- ✓Kaiser regional managers
- ✓Kaiser Leadership
- ✓County Mental Health
- ✓Medi-Cal members
- ✓Family/caregivers

**Mission Budget/Cost**

- ✓Project oversight and management - initially myself – then train the Kaiser regional manager to be "train the trainer"
- ✓Use existing workforce to implement pathway
- ✓Brief release time for training

**Mission Achievement/Impact Factors**

- ✓ Gather data NEW data to present to DHCS on high risk population needs
- ✓ Reduce long term costs associated with undertreated illness
- ✓ Increase quality of psych/medical outcomes
- ✓ Reduce costs with medical hospitalization due to poor coordinated care

## Next Steps

- ➢ **Pathway Implementation:**
  - Kaiser Walnut Creek Center of Excellence gets underway quarter 3, 2017.
  - All Kaiser Northern CA sites providers start by end of 2017.
- ➢ **Implement train the trainer program:**
  - All eating disorder managers and providers become trained in pathway at all Kaiser Northern CA sites.
- ➢ **Create a process for Kaiser providers to follow-up on referrals.**
  - Obtain a release of information from member.
  - Provider to communicate with county on 7th, 14th, and 30th days and document outcomes.
  - Provider to formally document data outcomes to manager.
- ➢ **Kaiser leadership begin collecting referral data for quarterly reports to the DHCS.**
  - Formally identify and document county and member outcomes.
- ➢ **By end of 2017, develop and distribute updated policies & procedures for communication pathway to all Kaiser Northern CA sites.**

**PROJECT GOALS:**

1. Develop optimal communication pathway between any California agency or provider and county mental health caring for a Medi-Cal member with a severe eating disorders.
2. Kaiser leadership to utilize new understanding of data to become advocates to activate positive change at the state policy level for Medi-Cal members with eating disorders.