## Mosaic Medical (FQHC)

Name of Project	BRIDGES HEALTH (COMPLEX CARE CLINIC)	THE ANNEX: PRIMARY CARE FOR SPMI POPULATION	MOSAIC REDMOND PANEL MANAGEMENT
Stage of Project Development	Planning and Implementation	Planning and Implementation	Planning
Identification What is your target population and how did you identify them?	Identified patients at high risk for health care cost amenable to intervention. Identified with claims-based predictive algorithm. Provider referrals.	Severe and persistently mentally ill (SPMI) clients with physical co-morbidities being treated at an out-patient mental health facility in Douglas County. Most patients are dual-eligible.	Starting with diabetic patients at the Mosaic Redmond clinic.     Expanding to other major chronic conditions.
Intervention Which intervention(s) do you plan to use?	Specialty primary care clinic providing intensive whole-person, interdisciplinary care of limited duration.     Patient returns to PCP when stabilized by program.	Embedded primary care in mental health facility.	90-minute panel management/care coordination huddles.     Panel management specialist being hired.
Implementation  How do you plan to implement these interventions?	Comprehensive, individualized care plan developed by multidisciplinary team. Intervention can include:  Home visits  Office visits  Group visits  Phone/computer communication	Mosaic PCP and MA provide primary care on-site at mental health facility one day per week.     Expansion underway to provide primary care on-site five days per week and expand care team.	Clinic opened summer 2013. Financial analysis determined minimum number of patients to be seen daily to offset the blocked schedules.
<b>Workforce</b> Who in your organization will be implementing the work?	Providers RNs Pharmacists Behavioral Health Workers Nutritionists	Provider, MA primarily. County staff and psychiatrist at the facility. Administrative oversight from Mosic Medical's clinic administrator.	<ul> <li>Providers</li> <li>MAs</li> <li>Behavioral health workers</li> <li>Panel management specialist</li> <li>Data/reporting support</li> </ul>
Evaluation  How will you be evaluating this work?	Pre/post design General and disease-specific clinical measures Total cost of care ER and hospital use Patient experience Standardized outcome and screening tools	Clinical metrics     Compliance with recommended guidelines     No-show rates	Tracking standard quality and operational metrics.
Resources How are you funding this work?	PacificSource pays case management rate.  Mosaic Medical pays for clinic build-out and start-up.	<ul> <li>Funded through standard patient revenue streams.</li> <li>Space provided by county at no cost.</li> <li>Facility expansion needs funded by county.</li> </ul>	Mosaic savings/cash.     New Access Point grant from HRSA.     PacificSource Community Health grant for one year.
<b>Project Team</b> Project coordinators are indicated in bold.	Beth Patterson, Clinic Administrator beth.patterson@mosaic medical.org Dr. Christine Pierson, Medical Director christine.pierson@mosaicmedical.org Kate Wells PacificSource Kate.wells@pacific source.com John Ryan, COIPA jryan@coipa.org	Tamarra Harris, Director of Bend Operations tamarra.harris@mosaicmedical.org Dr. Tina Busby tina.busby@mosaicmedical.org Travis Sammons Deschutes County 541-330-4635	Nora Beck, Clinic Manager nora.beck@mosaicmedical.org Dr. Martin Smart, Medical Director martin.smart@mosaicmedical.org
Other comments	<ul> <li>Extensive community collaboration for nearly two years.</li> <li>Model can open to other payers.</li> <li>Flexibility in meeting patient needs.</li> </ul>	Program idea launched three years ago after string of premature deaths in this high-risk population.  SPMI patients can have difficulty accessing primary care due to their conditions as well as logistical /transportaiton barriers.	New clinic staffed by an experienced, high-performing and innovative team. Mosaic considers this a "testing ground" for developing an advanced team-based culture.