About SBCHC
Overview of the Health Center.

Partnering with Azara
Purpose, benefits and objectives.

Challenges
How we’re working to improve.

Managed Care
Who we are and what we do.

Impact of Risk Stratification
How the tool impacts CCM and SBCHC

Questions
Questions and discussion
About SBCHC

Services
15,152 Patients
68,138 Visits

Care Team
25 Attending PCP’s
25 Resident PCP’s

Recognition
FQHC | PCMH
HIMMS 6

Technology
OCHIN-EPIC EHR
Azara DRVS
Managed Care Department

The Managed Care Team coordinates care for patients, their families and their care teams to improve patient outcomes and quality of care.

CLM
Complex Case Management for high risk patients.

Data Entry
Report requests and data entry for outside results

Special Populations
Breast Health & Cervical Cancer Screening

Outreach
Screening tests, preventative health

ED/ADM/DC
Follow Up
Done for all SBCHC patients.

2.5 FTE RN | 1 FTE Navigator
Complex Care Management

- Intake Meeting & Care Plan Development
- Ongoing patient support and follow up
- Coordinate External Care Team
- Coordinate Internal Care Team
- Track/review/upload outside results
- Referral Tracking

CCM RN
Identify Patients for Case Management Old Way

PCMH

Manual Analysis
Internal Sources
External Sources
Mission
The Why behind the What

Team
Right people at the table

Development
Six weeks – Excel workbook

Testing
4 months of use in practice

Updates
Azara visit

Risk Stratification Timeline
Risk stratification helps us separate patients into high, moderate and low risk categories to improve workflows and provide better, higher quality care.

01 Improve existing CCM program
   Patient identification, dashboards, reporting

02 Identify staff education needs
   Resource expansion, utilization

03 Identify patient education needs
   Social determinants of health
Case Management Challenges

- Anticipated challenges
- Transition
- Patient Situations
- Enrollment
- CCM vs. Care Team
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