

Red, Yellow, Green:
Patient Actualization System
Brockton NHC- MA

Presenters

Tim Comeaux, LICSW- HIV Program Director
Ben Lightfoot, MD- HIV Physician
Marie Jeantine- HIV Adherence Coordinator

Brockton Neighborhood Health Center

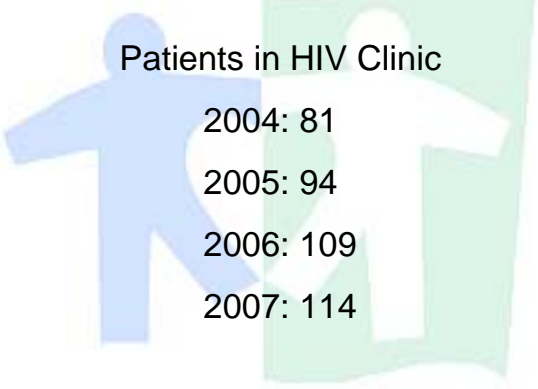


Brockton Neighborhood
Health Center

Community Health Center
Serves over 13,000 Patients

2007: 114 patients in HIV Clinic

HIV Primary Care Team Model



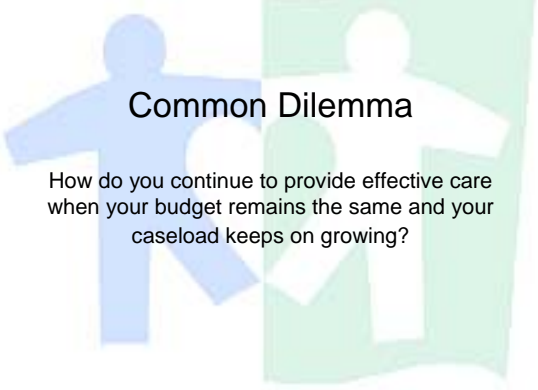
Patients in HIV Clinic

2004: 81

2005: 94

2006: 109

2007: 114



Common Dilemma

How do you continue to provide effective care when your budget remains the same and your caseload keeps on growing?



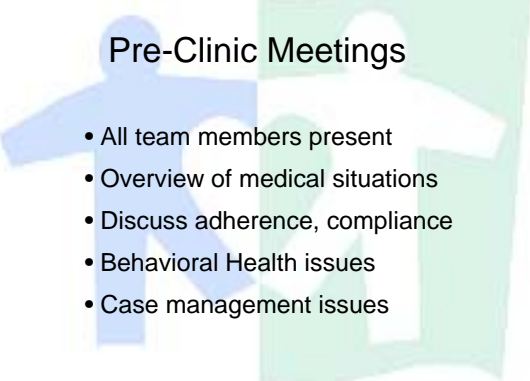
VIP Team Members

- 2 Doctors
- Adherence Coordinator
- Social Worker
- 2 Minority Access Coordinators
- Nutritionist
- Collaboration with Case Mgmt.




Weekly Format

- Wednesday Clinic, 2-6:30 pm: All team members present
- “VIP” slots on other days- allow for better appointment availability
- Team members- book many of the VIP appointments



Pre-Clinic Meetings

- All team members present
- Overview of medical situations
- Discuss adherence, compliance
- Behavioral Health issues
- Case management issues



Clinic

- SW and Nutritionist have scheduled visits
- Active referrals among team
- Insurance problems/ issues with access to medications
- Crisis intervention




Post-Clinic

- All team members
- BAMSI Case Management
- Discussion of patients' situations and any new developments
- Plan follow-up, who is responsible
- Plan for no-shows



“Red, Yellow, Green” System

- System developed by VIP CQI team
- Interventions for “red” patients
- Reclassify patients every 6 months
- Behavioral health, social issues



Beginnings

- HIV Qual meetings: Nanette Brey Magnani
- Conference Call: 16th St. Community Health Center in Milwaukee
- Decision to use R,Y,G model
- Pilot: Classify patients on one clinic day
- Attempt to roll out system by categorizing each week's clinic patients

PATIENT ACTUALIZATION SYSTEM

Red color: yellow;">Yellow color: green;">Green

MEDICATION ADHERENCE	Doesn't pick up medications in over a week	Detectible Viral Load for patients on treatment HAART	¹ Not on meds ² Adherence to meds ³ Undetectable Viral Load
ADHERENCE TO MEDICAL APPOINTMENTS	No kept or made doctor appointments in 4 months	2 Consecutive missed appointments	Kept appointments
ACTIVE SUBSTANCE ABUSE	Daily use of heroin, cocaine	Occasional heroin, cocaine, methadone, suboxone use	¹ No substance use ² Occasional use of alcohol or marijuana
MENTAL HEALTH STATUS CHANGE	¹ Suicidal ² Severe depression	¹ Not in treatment ² Agitated ³ Aggressive ⁴ Anxious ⁵ Depressed	¹ In treatment ² No issues
HOUSING	Homeless	¹ In shelter ² Threat of becoming homeless ³ Frequent moves	Has stable housing

Pilot Project

- 1 clinic day's patients classified: 9 patients
- 6 Green, 2 Yellow, 1 Red
- Treatment Plans for Yellow and Red Patients within 2 weeks: Social Worker
- 1 Yellow patient was moved to Green 3 months later, other two patients stayed the same

Next Step

- Attempt to roll out system gradually
- Classify each week's clinic patients
- Difficulties: repeat patients
patients with no scheduled appts.
color system can be fluid
(especially green and yellow)
- Decision: Classify all patients at once



Social Work Student Intern

- Patrice Murphy, MSW
Bridgewater State College
Brockton Dept. of Social Services
- Capstone Project
- 16 hours per week for 12 months
- Fully initiated system, reviewed at 6 months



MODELS

Chronic Care Model

16th Street CHC- Milwaukee:
Conference Call



Chronic Care Model (CCM)

- Wagner and colleagues at Group Health
Cooperative of Puget Sounds
- Aim: to avoid medical complications instead of
treat problems as they arise
- Move away from acute illness model toward a
team approach

Source: Nutting et. al, 2007

CCM- Six Components

1. Community Resources & Policies
2. Health Systems
3. Self-Management Support
4. Delivery System Design
5. Decision Support
6. Clinical Information Systems

Source: HRSA CARE Action, January 2006

October 2007 (T1)

- Reviewed 94 patient charts
- Classified each patient
- List of "red" patients
- Interventions for "red" patients
- Intervention examples: treatment plan by SW, call / letter from VIP team member, check in with case manager

April 2008 (T2)

- Reviewed 84 of the 94 patient charts: 9 patients had transferred care, 1 patient deceased, 4 of the 10 had been "red"
- Classified each patient
- List of "red" patients
- Design interventions for "red" patients
- Next review date: October 2008

Data

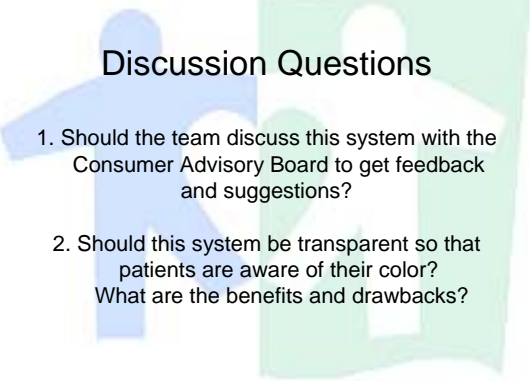
Level of Risk	T1	T2
Green	48.4%	59.8%
Yellow	35.5%	31.7%
Red	16.1%	8.5%

More Data

The percentage of patients who moved up in risk, moved down in risk and stayed the same in the three levels of risk at T2

Level of Risk	Green	Yellow	Red
Stayed the same (in T2)	85.4%	58.6%	25%
Moved down in risk (T2)	0%	31%	75%
Moved up in risk (T2)	14.6%	10.4%	0%

- ### Moving Forward
- Fully integrate R,Y,G system into pre- and post-clinic discussions
 - Routinely discuss options for interventions for "red" patients with the whole team
 - Increase the communication with case management about the program, as well as the amount they can assist with it
 - Collect data every 6 months to monitor progress



Discussion Questions

1. Should the team discuss this system with the Consumer Advisory Board to get feedback and suggestions?
2. Should this system be transparent so that patients are aware of their color? What are the benefits and drawbacks?



CHALLENGES

More Urgent Medical Issues

Lack of Time

Data/ Record Keeping



VIP Team and BNHC

- Model of multidisciplinary team approach to patient care
- Support from team members to help in difficult times, provide encouragement

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