Burlington Service Area
Community Health Team

Pam Farnham, Manager Community Health Team
Medical Home Model

**Clinic**
- RN
- Medical assistant
- Scheduler
- Medical records

**CHT**
- Nutrition/CDE
- MSW
- RN
- Exercise/Fitness
- Health Educator
- Admin
- Practice extenders SASH, VNA, VCCI, VMC, other insurance/hospital care management programs
- Howard Mental health

**The Patient**

- Chronic Care Support
- Behavioral Health
- Acute Care Support
- Preventive Care Support

**Panel Manager**

**EMR/DocSite**

**Primary Care Provider**

**Community Health Team**

**Panel Management**

**Community**

**Specialty Referral**

**Psychiatric Referral**

**Howard Mental Health Panel Manager**
Models of CHT Services Provided

• **Core or functional CHT** – employees employed by the HSA (UVM medical Center that are deployed to the NCQA practices in our services area as needed

• **Embedded CHT services** - NCQA clinic employed staff that are doing work that is paid for with CHT dollars: care coordination, panel management, RD support, Health Coaching support

• **Core/embedded blended services** - HSA and NCQA clinic staff supporting patients in positive behavior change
Help patients set realistic goals & timelines for improving health, accessing resources and facilitating patients to become active self managers:

• **RN’s**: offer care coordination, medication reconciliation, chronic disease management, acute assessments after hospitalizations, transitions of Care, connection to appropriate community resources

• **Registered Dietician’s/CDE’s**: offer pregnancy and lactation support, healthy eating around infancy, childhood, adolescence and adulthood, chronic disease nutrition support: healthy weight loss and gain, nutrition education for diabetes management, hypertension management, cardiovascular disease, GI issues, GERD, sports nutrition supports, eating disorders supports for clients working with counseling

• **Health Coach**: offers basic nutrition and lifestyle supports using food logging, group supports and tobacco cessation

• **Licensed Social Workers**: offers psychosocial assessments of patients, home visits for older/disabled patients (who have difficulty getting out) assessing level of care and providing counseling for long range planning, Assistance with connection to community and financial resources, Support and assistance to caregivers of patients with dementia or other difficult chronic conditions, Brief mental health assessments ensuring follow-up and recommendations with primary care provider as well as making appropriate referrals for mental health and substance abuse counseling, Consult with other team members and primary care providers regarding patients with complex social and mental health needs, short term care management
Medication Assisted Treatment (MAT)

• Hub and Spoke Model of Care
  – Hubs provide daily dosing of Methadone or Suboxone for people needing a high level of care
  – Those needing a lower level of care can be treated with Suboxone in an office setting (Spokes)
  – Ability to transition people between these levels to ensure comprehensive services available
  – The spokes in Chittenden County are: Lund, CHCB, UVM Medical Center Primary Care, Comprehensive Obstetrics and Gynecology Services (COGS), and Pain Clinic, and independent primary care providers in the community
Women’s Health Initiative

• Multifaceted approach to offering services in OB/GYN practices where many women receive primary care services

  – Ability to stock long acting reversible contraception for immediate access
  – Implementation of mental health and resource screenings
  – Access to CHT social workers to meet with women who have been identified as needing additional mental health support or connection to community resources