Aiming for Better Outcomes and Lower Cost

SUCCESS STORY **BEHAVIORAL HEALTH**

At a glance

Community

- Behavioral Health

Location

- Upstate New York

Challenges

- Implementation of health homes
- Coordination of care across providers of behavioral health, primary and acute care
- Support four organizations coordinating care for 35,000 individuals

Solution

- CareManager™

Results

- Reduced emergency department visits and hospital stays
- Connected to multiple EHRs

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HHUNY Uses CareManager to Coordinate Care and Improve Health

Health Homes of Upstate New York (HHUNY) brings together four organizations that serve as regional hubs for 22 counties. “Health homes” are state-run Medicaid plans that coordinate care for enrollees with chronic conditions, including mental illness, substance use disorders, asthma, diabetes and heart disease.

The four organizations in HHUNY are Chautauqua County Department of Mental Hygiene (HHUNY Southern Tier), Lake Shore Behavioral Health (HHUNY Western), Huther Doyle (HHUNY Finger Lakes) and Onondaga Case Management Services (HHUNY Central). Together they support the care management work of 60 community-based agencies.

“The intention is that health homes will greatly improve outcomes for individuals involved and, as a result, will save tremendous amounts of healthcare dollars for citizens of the state,” said Adele Gorges, executive director of New York Care Coordination Program (NYCCP), the not-for-profit organization that created HHUNY. NYCCP is authorized by the State of New York to provide health homes for western New York.

Making the Connection with Multiple EHRs

To facilitate the exchange of authorized clinical information between providers using different electronic health records (EHRs), HHUNY uses CareManager. This solution aggregates clinical data to provide a broad picture at the population level, facilitates the exchange of authorized health information among providers, tracks clinical quality measures and outcomes, and manages authorizations and claims across care providers.

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>
> Adele Gorges
> Executive Director, New York Care Coordination Program

Care coordinators use CareManager when performing outreach and care management activities, and for management of the enterprise. If a person needs housing, transportation or employment services, the service plan will also address those needs.

"We look at the whole person as opposed to doing care management in more limited silos," says Gorges. "CareManager is the healthcare IT vehicle that gets it all done."

Reducing ED Visits and Hospital Stays

CareManager is working well for HHUNY, and Gorges says it is easy for care managers to use. She noted that a health home system is only as good as the communication among providers, and that a care management solution like CareManager is necessary to optimize health home performance. "We like the solution; we like its potential," said Gorges.

Indications are that the health home model is reducing emergency department visits and hospital stays for those participating, said Gorges, citing data released by the State of New York.

Gorges is optimistic about the future of HHUNY, which will have as many as 35,000 individuals enrolled at any one time. The goal is to discharge clients from the health home program after six months to three years of support, allowing the client to manage his or her own care. Then, she says, "Everyone benefits."

Learn more about Netsmart clients at www.ntst.com/Hear-From-Clients

About Netsmart

Netsmart innovates electronic health records (EHRs), solutions and services that are powerful, intuitive and easy-to-use, making accurate, up-to-date information easily accessible to care team members in behavioral health, social services and post-acute care. We make the complex simple and the data personal so our clients can concentrate on what they do best: provide much needed services and treatment that support whole-person care.

For 50 years, Netsmart has been committed to building and extending our common platform to improve care collaboration and tighten integration with health systems and automate referrals. We're making simple digitization more powerful by turning data into knowledge.