How high-risk care coordination made a difference with a child or family:

* Family with adopted triplets, now 6 years old (patients since NICU discharge). Initially considered HR due to prematurity (29 wks) & CP. Between the 3 children additional dx now include (but not limited to): fetal alcohol syndrome, developmental delay, VSD, ASD, ODD, DMDD, anxiety. Family relies heavily on NCM/PCP/Staff for emotional support including older siblings and widowed mother. Coordination of multiple ED & hospital admits (medical & psych), coordination with insurer, specialty referrals including HBTS, GI, Neuro, Ophthalmology, Urology, ENT, Psych. – Anchor Pediatrics
* 3-year-old patient considered HR due to asthma and multiple hospital admits. Additional dx include mixed developmental disorders, sleep disorder, obesity, eating disorder, anxiety, ADHD. Parental support by NCM/PCP/Staff needed due to DCYF involvement, parental conflict w/parental medical & psych issues, multiple social challenges, transportation needs, coordination with multiple specialists including Psych, Pulmonary, Nutrition, ENT and Allergy. – Anchor Pediatrics
* 10 yr. old male with 2 ED visits for asthma exacerbation (and subsequent admissions) with history of obesity, environmental/food allergies. Follow up resulted in patient/family education regarding disease, improved medication management, creation of asthma action plan, scheduled future appointments and enrollment in asthma camp. – Hasbro
* 18 mo. old male with 3 ED visits for 2 non-emergent diagnoses, one near-drowning. Frequent missed appointments, not seen for primary care since 8 months of age. Multiple outstanding immunizations. Follow up resulted in catch-up of vaccinations, growth/developmental screening and support for mom with history of depression. Had stopped going for counseling and interested in resuming at time of appointment. Subsequent follow up appointments scheduled. – Hasbro
* It has helped to keep patients up to date and the parents held to task of keeping the scheduled WCC. – Children’s Medical Group
* It has also helped narrow down our no show and cancelled appointments. We have our nurse call the patients to remind them of their appointment and to let them know that it is important to come. She is also able to answer any questions the parent/caregiver may have regarding the immunizations. – Children’s Medical Group
* Between May 2017 and February 2018, a patient was admitted to Hasbro Psych unit or Bradley Hospital 4 times for suicidal thoughts and attempts. Patient went on High Risk Care Management in August 2017. Our Care Coordinator came onboard in November 2017 and began monitoring this patient. Since that time, the Care Coordinator has worked closely with the patient and her family to ensure they were connected to appropriate services and providers. Since beginning care management this patient has made good progress in her treatment and has reached out to the office to keep Care Coordinator informed of how well she is doing. – Coastal Bald Hill Pediatrics
* (Behavioral Health Hospitalizations) Eve has been hospitalized twice for suicide attempts within five months. Upon discharge, follow up services were not sufficient to keep her stable. High-risk manager worked closely with grandparent to activate an acute residential stay in June. Patient is now more stable and has outpatient services. Further consideration is being made for home-based services if she decompensates. – Coastal Narragansett Bay Pediatrics
* (Gender Dysphoria, ASD, OCD) Andy’s dysphoria was significantly triggered by large breasts. He is status post bilateral breast reduction/mammoplasty and exhibited anxiety immediately after top surgery. He now fixates on bottom surgery. He is on the highest dose of SSRI. Home resource support was facilitated as he needed services for psychiatrist who has experience working with autism/gender dysphoric patients and complexities. – Coastal Narragansett Bay Pediatrics
* (ADHD) Logan has severe ADHD/anxiety confirmed through neuro-evaluations, school observation and all caregiver agreement. Father refuses medication options at this time (Brother had ADHD requiring meds and now battles drug addiction). High risk care management has assisted with consistent BH treatment with occurs at NBP with school coordination. Parent psychoeducation is provided. Patient has improved with social issues and enuresis. – Coastal Narragansett Bay Pediatrics
* (Complex Condition) Morgan has autism and is minimally verbal with autoimmune thyroiditis and on an SSRI for self-harm. High risk management has assisted with home-based care, applied behavioral analysis services and has greatly assisted in finding specialized schooling. With appropriate placement in a specialized school and services, he now exhibits strong progress in learning, small steps with expression and engagement. – Coastal Narragansett Bay Pediatrics
* (PPD, DCYF) Lilly is an infant whose mother was screened with PHQO and had an elevated score. Through high-risk investigation, it was discovered that the family was homeless after a domestic violence issue. Father was charged with reckless endangerment of child. High-risk intervention provided multiple safety checks, DCF CT involvement and updates, housing and domestic violence resource for parent. Without high-risk intervention it is felt that the mother would not have activated many services for her family due to her mental status at that time. – Coastal Narragansett Bay Pediatrics
* (DCYF/Family Services) Brayden is a patient with encopresis. He has had family disruption as his mother has drug abuse without father involvement. DCYF has petitioned the court to obtain TPR if in one-year mother has not achieved sobriety. Maternal great aunt and uncle are caregivers currently and are in the process of obtaining legal guardianship. He is receiving home related care management for medication and socialization therapy from the Kent Center. He will be entering the third grade and has a 504 plan. NCM has provided guidance and resources to aid in support for home situation and his medical condition. GI confirmed encopresis was due to behavioral situation and not medical. Behavioral modification has improved encopresis. – Coastal Narragansett Bay Pediatrics
* HR family, mom called me crying because she had lost her job and could not afford the ADHD medicine for her son. I looked into several options for her. I was able to provide her with a discount card for her to be able to afford the medication. - Coastal Toll Gate Pediatrics
* HR family, I called mom to check in (4-year-old with noonan syndrome) and mom was having difficulty getting him into school. Mom is single and lives with a friend. She did not have 3 proofs of residence, so they were not letting him attend. I helped coordinate between mom and the school and was able to help mom get what she could, and I was able to provide information and he was able to start school. - Coastal Toll Gate Pediatrics
* A family which had reached out for help with setting up a 504 plan at school with our RIPIN coordinator. At the school meeting mom disclosed that with patient's new diabetes diagnosis the before/after school care could not accommodate, and she would be forced to leave her employment. RIPIN coordinator was able to discuss with NCM who worked with nursing agency to find a nurse to check BS and deliver insulin at the after-school program. Family continues to work with NCM and RIPIN as they transition from 504 to IEP and coordinating nursing services for school breaks and summer vacations. - Coastal Waterman Pediatrics
* A family of three-year-old with hx of failure to thrive still undergoing testing for undetermined metabolic/genetic disorder for which NCM coordinated with insurance to obtain blocked nursing hours to support working family to help with ADL, G tube feeds etc. When family lost health coverage nursing agency was able to contact NCM to work with DHS and expedite coverage with NHP and loss of services did not have to occur. Recently NCM, RIPIN coordinator and home care nursing agency attended school meeting to work on plan for start of full day school next year as there were many concerns with lack of support services provided by the school district. Patient now has a full IEP, CNA supports at school and nursing supports in the home allowing dad to continue to work full time. NCM continues to work closely with PCP/in home nurse and specialists to coordinate ongoing care and specialty referrals. - Coastal Waterman Pediatrics
* We encountered a 17 y.o. man who came into the office with chlamydia multiple times. This patient was not aware of the long-term effects that STD’s can cause even though we sat with him a couple of times and explained how there was preventative measures that he could take, and there’s also a possibility that STD’s could affect him physically and socially. Since it’s treatable, adolescents may believe that it is not something they should be alarmed by. This patient would always come in for STD testing almost sure they would come back positive, knowing he would get a prescription and it would go away. Until one day I felt like this young man needed to somehow look at this from a different point of view, I asked him what his future goal was, and he said he wanted to join the Air Force. So, I mentioned to him, do you realize that all these positive results will always be in your medical record your entire life? Do you feel like this would be something that you want us to keep attaching to your medical record? He just looked at me and asked do you think they will ask me for it and I said yes. This young man met with an Air Force recruiter months later and the recruiter said to him they would need his entire medical record for him to join. Fortunately, it didn’t affect him, but it did make him feel embarrassed. He then noticed that these are decisions he could have made a better choice with. On the bright side, of all our conversations and his new and better decisions have made him a smarter young man. – Cranston Pediatrics
* Patient diagnosed with ADHD and anxiety struggling at school. Helped with 504 and referred for counseling. Frequent outreaches to family noted that over period of time with counseling, school issues improved. – East Greenwich Pediatrics
* Patient with positive postpartum depression screen was referred to Woman & Infant day program and closely monitored by psychiatrist. After several trials of medication, one mad a significant difference. Mom noticeably more engaged with infant. – East Greenwich Pediatrics
* Without the Family Questionnaire we may not have been able to capture that a family is having a hard time buying medication or food. With this questionnaire we are able to get this information and for example after a single mother filled this out and we became aware that she needed a food bank for food and was working multiple jobs just to keep a roof over her family's head our practice decided to "Adopt" them for Christmas and were able to give them a wonderful Holiday Season. – Kingston Pediatrics
* Patient with multiple complex medical issues was missing multiple appointments due to lack of transportation and maternal depression. Care coordination is able to track all appointments, arrange transportation, remind mom of appointments, follow up any missed appointments, coordinate with EI, (therapists even came in to the office for one of the patient’s appointments), help mom advocate for her child with specialists, get mom involved with community health workers for herself. – Pediatric Associates
* Patient born 28 weeks was in NICU for many months. When patient needed help with specialist referrals. The patient was almost a candidate for synagis but due to insurance changes, a prior authorization had to be completed 3 times. I became an advocate for mom to call on family’s behalf to help speed up the process. – Thomas Puleo
* Ran report of patients over 9 months of age with fewer than 3 prevnar. Identified a child who had not been seen since 2 weeks of age. Family was contacted after the missed appointments and always rescheduled, but never care in for the visit. Spoke to mom to try to understand why she continued to miss appointments. She was under the impression that her child only needed to be seen if she was sick or needed vaccines. She thought her child didn’t need vaccines until she was a year old. We discussed the AAP guidelines for physical exams / vaccine schedule and the importance of routine preventative care. Child has a current physical and an upcoming appointment to get caught up on vaccines. – East Side Pediatrics