

What's Working

Some Like It 'Hot' Weld County Simplifies Complexities of Care



Carole Morgan of Greeley depends on a case manager to ensure she receives appropriate care for her complex health issues.

By Rebecca Jones
Photography by Howard Sokol

When Cindy Schmidt, a case manager for North Colorado Health Alliance, came into Carole Morgan's life, the Greeley woman was at the lowest point in her long struggle to survive.

Bipolar and a paranoid schizophrenic with a long history of substance abuse, Morgan, 53, was reeling from the overdose death of her fiancé and a badly fractured arm that had never healed correctly.

With the help of a multidisciplinary care team, Schmidt found Morgan a primary care provider, got her on the right medications to stabilize her mental health; housed her in a shelter for homeless women; lined up an orthopedic surgeon to treat her arm; and arranged to provide emergency food supplies, transportation, mental health services and budgeting assistance.

Mark Wallace, MD, MPH, president of the North Colorado Health Alliance and executive director of the Weld County Department of Public Health and Environment, calls finding and supporting Morgan and individuals like her "micro-hot-spotting" – "micro" because it boils down to one person at a time.

Morgan just calls it salvation. "I had lost my mind," she says. "Cindy saved my life."

"The main thing is that we've had a trusting relationship from the get-go," says Schmidt, a registered nurse. "I help her stay stable. We provide Carole with daily medication monitoring. And we're just a phone call away. Sometimes she just calls to say hello, which is fine with me. She's done really well."

Hot-spotting generally refers to a method of identifying individuals with complex health and social needs and pulling together all the resources needed to improve their lives and better manage their care. Often these people have little access to preventive or social services. (For more about hot-spotting, see story, [‘Hot-Spotting’ Cools Off Health Costs.](#))

Morgan is one of the success stories in a project Wallace launched in the spring that brings together various Weld County agency representatives to regularly assess how they can provide more holistic care to some of the county’s most challenging health care system users. Two groups meet weekly: one in Greeley, the other in Loveland.

“I’m impressed at how many people want to participate,” Wallace says. “People are always saying ‘I want to be a part of that.’ I think there’s a sense of relief and accomplishment when people get together to tackle these problems.”

In the process of developing individual care plans, confounding systemic issues often surface. For example, the team learned that one reason people went to the emergency room was because they weren’t eligible for an alternative treatment program without a physician’s clearance, and the quickest way to get that was at the ER, Wallace says.

“So we figured out we could avoid that costly ER visit by giving community-based providers the authority to give the clearance to get someone into an alternative treatment program,” he says.

Bus routes are another problem. Many low-income patients rely on public transportation to get to their health care appointments, yet there’s no easy bus route between health care facilities. “So we’re working with the city to create a different bus route,” Wallace says.

He calls that process of looking at systemic issues “macro-hot-spotting.” Between the micro- and the macro-hot-spotting, Wallace believes the county is broadening its definition of what health care providers really need to offer.

“Many of us have been affirmed in how important the social issues are in caring for and making a difference in people’s lives,” he says. “For a long time, people said things like housing, food, transportation, education and income were outside the purview of the health care system. ... But if I’m homeless and I don’t have a reliable source of nutrition, my doctor’s plan for treating my diabetes can be totally sent off track. We can’t abandon the social side of our patients’ lives.”

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