

Regional Health Care Safety Net Initiative

Health and Medicine Policy Research Group and U.S. Health Resources and Services Admin.

Community Collaboration Initiatives Highlighted in Panel Discussion¹

Name, Location, Start Date:

Palmetto Project and AccessNET (5 county area, South Carolina), 2002

Purpose/Objectives:

The purpose of the coalition is to create a continuum of care and a safety net for residents of a five county area of South Carolina without private health insurance. Its mission is to improve the health status of those residents through greater access to care, more effective coordination of services, and more efficient use of limited health care resources.

General activities/Program outcomes:

- In late 2005, with a grant from the Federal Healthy Communities Access Program, the Collaborative was able to create a unique **patient navigator network** to address barriers to care faced by its patients.
- The second is *an enhanced HIPPA-compliant records management system* to manage and share information to ensure that each patient receives the services he or she needs. This AccessNET Information Management System (AIMS) includes a database that's accessible to all providers and navigators, allowing patient information to be accessed and shared through consent.
- The third is a *health care information & referral service* that includes every provider of medical care to those without health insurance in the five counties. This service is available to any person in those counties either online or by way of a toll-free telephone number that connects them to a trained counselor.
- According to an evaluation that was conducted in 2006 of 1,000 AccessNET patients, there was a 27% reduction in health care costs to the target population, a 66% reduction in ER utilization by diabetic patients, and an 83% reduction in ER utilization by patients with cardiovascular disease.

¹ The information was compiled from personal correspondence and from websites associated with the community initiative. The information may not be comprehensive. For more information, please contact the initiatives directly.

- Encouraged by these early outcomes, the AccessNET partners initiated new efforts in the spring of 2008 to move the program forward, especially in its ability to serve local residents at high risk of chronic diseases. In the fall of 2008, the Palmetto Project was chosen by HRSA's Bureau of Health Professions as one of six out of 231 applicants for funding under the Federal government's new Patient Navigator Outreach & Chronic Diseases Prevention Demonstration Program. This grant, totaling more than \$900,000, will provide approximately 65% of AccessNET's funding through August 2010.

Process Information:

The non-profit Palmetto Project serves as the lead partner, and oversees administration of AccessNET operations and funding. Participating providers and agencies include Children's Care, Women's Health, Hollings Cancer Center, and College of Nursing at the Medical University of South Carolina; The Charleston County Medical Society's Medical Homes for Children Program; the area's two Federally Qualified Health Centers: (Franklin C. Fetter Family Health & Santee-St. James); The SC Department of Health & Environmental Control (DHEC) Region 7; Trident United Way's 211 Hotline; East Cooper Community Outreach; Tri-county Project Care; The SC Budget & Control Board's Office of Research & Statistics; and Charleston/Dorchester Community Mental Health

AccessNET was originally funded in late 2005 with a one year, \$1.2 million grant from the Healthy Communities Access Program (HCAP) of the U.S. Department of Health & Human Services. Subsequent grants from the CareEvolution Foundation of Michigan, the BlueCross BlueShield of Foundation of South Carolina, the Duke Endowment, and the Trident United Way enabled AccessNET's activities to continue through 2008. The state government provided funding to underwrite the creation of the healthcare information & referral service, which is now funded by donations from the private sector.

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Name, Location, Start Date:

Milwaukee Health Care Partnership (Milwaukee, Wisconsin), 2006

Purpose/Objectives:

The purpose of this partnership is to improve healthcare for the medically underserved in the greater Milwaukee area

General activities/Program outcomes:

- Supported the expansion of BadgerCare Plus for all children and custodial parents – 15,000 new MKE Co. enrollees since 2/2008
- Supported the expansion of BadgerCare for Childless Adults – transitioned 12,300 MKE general assistance recipients on 1/2009; program will be expanded statewide 7/15/09
- Increased health system contribution to FQHCs to expand medical homes for uninsured – from \$750,00 in 2008 to \$1.6 million contribution in 2009
- FQHCs hired 20 new providers and increased uninsured and Medicaid users in 2008 by 13%
- Secured \$85,000 from a private business foundation to implement automated PAP software in 10 clinic sites
- Conducted a comprehensive primary care access study which resulted in a coordinated 5 year FQHC growth plan
- Secured \$99,000 from WellPoint Foundation for medical homes for uninsured
- Implemented Microsoft ED IT Linking technology across 10 hospital ERs to improve clinical information for decision making and primary care referral support
- Increased Medicaid and uninsured primary care referrals to FQHCs from ERs – and improved the show rate and stick rate

Process Information:

The Milwaukee Health Care Partnership was formed in 2006 as a community-wide collaborative effort. The partnership has a mission to improve healthcare for the medically underserved in the greater Milwaukee area. It will focus on five priorities:

1. Expanding the capacity and capability of the Federally Qualified Community Health Centers – Milwaukee Health Services, 16th Street Community Health Center, West Side Community Health Center and Health Care for the Homeless;

2. Increasing the availability and accessibility of free and discounted medications for uninsured/underinsured people;
3. Working with Milwaukee County and the Health Policy Task Force to improve and expand the GAMP program;
4. Increasing the availability and accessibility of specialty care; and
5. Improving care coordination within and across emergency departments and connecting patients to a primary care medical homes.

The Milwaukee Healthcare Partnership is not a direct-service entity. The role of the partnership is to act as a central coordinating structure, enabling community partners to achieve the five priorities.

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Name, Location, Start Date:

Primary Care Coalition of Montgomery County, (Montgomery County, Maryland), 2000

Purpose/Objectives:

The main purpose of this coalition is to be the catalyst for the development of a comprehensive and integrated system of community-based care that provides access and health equity to all.

General activities/Program outcomes:

- Developed 12 clinics
- Will serve 22,000 adults in FY 2009
- County funding at \$11 million annually
- All patients have access to diabetic rx, monitors, strips, and education. Metrics are collected and outcomes are impressive and improving.
- All patients have access to 32 point of care generic medicines managed by a P&T committee
- All clinics have electronic medical record; 7 use PCC developed shared, open-source record; 2 FQHC use commercial emr's, one clinic uses extension of hospital emr. PCC is working on integrating at least demographic data across the population.
- Early and continual participant in IHI Triple Aim Initiative; currently participating in Specialty Care Waste and ED reduction interest groups.
- Just starting projects with the five non-profit hospitals and clinics to reduce avoidable ED visits (CMD grant) and matching specialty care supply and demand (state grant)
- Also member of the Regional Primary Care Coalition that included coalitions for the DC metro region (4) and local/regional foundation
- Also have behavioral/mental health programs in three primary care clinics.

Process Information:

The Primary Care Coalition is not a true coalition, but a 60 staff 501 c 3 organization that serves as the “systems integrator”, administering all county funding to clinics and CBOs while providing network infrastructure including EMR, RX, I&R, specialty care, QA/QI, etc. The organization began in 1993 when United Way provided a grant to allow for the establishment of a physician referral system. In 2000, a foundation offered money to create an infrastructure that integrated systems of care. In January 2004, the county launched “Montgomery Cares,” and the

budget was quadrupled. The Primary Care Coalition leverages and enhances core funding by acquiring complementary grant funding and then allocates these resources throughout the county. The Primary Care Coalition mitigates competition among hospitals and clinics and between government and the private sector. The Primary Care Coalition practices “unilateral” collaboration in order to advance its mission and vision.

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Name, Location, Start Date:

Access to Care, Suburban Cook County, Illinois, 1988

Purpose/Objectives:

The Access to Care program is a unique public/private partnership making primary health care and the ancillary pharmacy, laboratory and radiology services available to those individuals caught in the gap between eligibility for public health insurance programs (All Kids, FamilyCare, Medicaid, Medicare) and having private insurance. The program provides affordable diagnosis and treatment to individuals and families for a small co-payment per visit, procedure or prescription medication.

General activities/Program outcomes:

Over 90,000 people in suburban Cook County and northwest Chicago have been served in the 20 year history of Access to Care. Almost 400,000 individuals living in suburban Cook County and Northwest Chicago do not have health insurance. The program annually serves about 13,000 low income individuals.

Process Information:

Access to Care contracts with local providers throughout Cook County and pays them a discounted rate to provide services. Physicians volunteer to participate and choose the number of patients they will add to their practice. They are nominally compensated. Access to Care is a successful public-private partnership. Most funds are public, while the private sector gives in-kind contributions that amount to \$5,000,000. Access to Care is a \$11 million dollar program with a \$6 million dollar budget.

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Name, Location, Start Date:

Access DuPage, DuPage County, Illinois, 2002

Purpose/Objectives:

Access DuPage is a collaborative effort whose mission is to provide access to medical services to those people in DuPage County, IL who lack access because of economic reasons.

General activities/Program outcomes:

Access DuPage has served over 10,000 DuPage county residents that at one point did not have any access to medical services. Access DuPage assigns each eligible person to a primary care physician or a clinic that provides ongoing primary physician care. Most lab and x-ray services ordered by the assigned primary care provider are covered by the program and available at any local DuPage County hospital. Most (not all) prescription drugs ordered by the assigned primary care physician are covered and available at any Walgreens in DuPage County. For each of these services, Access DuPage enrollees pay a small fee.

Process Information:

Access DuPage is funded through the generous contributions of hospitals, government agencies, foundations, and the private sector. There are over 225 organizations working together in DuPage county to achieve this mission. It is sustained by the services donated by physicians and hospitals, or provided at highly-discounted rates from participating vendors.

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