FACILITATING CARE INTEGRATION IN COMMUNITY HEALTH CENTERS

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WHO ARE WE?

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Share a vision of care integration for community health centers

Define the need – the gap between our vision and the current situation

Outline the landscape of care integration strategies

Provide resources for better integration

Describe how we plan to share our resources

Follow the webinar at #CareIntegrationSafetyNet
WHAT IS CARE INTEGRATION?

Project funded by the Blue Shield of California Foundation
THINK OF AN EXPERIENCE THAT YOU HAD WHERE YOU FELT LIKE YOUR HEALTHCARE WAS WELL INTEGRATED.
WHAT IS CARE INTEGRATION?

“A system that has **components working together**”

- Patient

WHAT IS CARE INTEGRATION?

“Patient care that is coordinated across professionals, facilities, and support systems;

"Patient care that is **coordinated** across professionals, facilities, and support systems;

**Continuous** over time and between visits;

WHAT IS CARE INTEGRATION?

“Patient care that is **coordinated** across professionals, facilities, and support systems;

**Continuous** over time and between visits;

**Tailored** to the patients’ needs and preferences;

WHAT IS CARE INTEGRATION?

“Patient care that is **coordinated** across professionals, facilities, and support systems;

**Continuous** over time and between visits;

**Tailored** to the patients’ needs and preferences;

And based on **shared responsibility** between patient and caregivers for optimizing health”

WHAT IS CARE INTEGRATION?

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WHAT IS CARE INTEGRATION?

TWO FACES OF CARE INTEGRATION

Primary Care

Comprehensive Care

Coordination of Care
TWO FACES OF CARE INTEGRATION

Comprehensiveness

Bringing services into primary care
TWO FACES OF CARE INTEGRATION

Bringing services into primary care

Comprehensiveness
TWO FACES OF CARE INTEGRATION

Building relationships with services outside of primary care

Coordination
TWO FACES OF CARE INTEGRATION

Building relationships with services outside of primary care

Coordination
HOW DOES CARE INTEGRATION FIT INTO THE BIG PICTURE?

Source:
The typical primary care clinician interacts with 229 other providers in 117 different practices.

THE NEED
THE NEED
THE NEED
THE NEED
THE NEED
THE NEED
THE NEED

The probability that a clinician visit will result in a referral to another clinician almost doubled from 1999 to 2009.

42% of adults with health problems report problems with the coordination of their care.

THE NEED
THE NEED

10-73% of pediatric specialty referrals never receive the service

A quarter of first time prescriptions are never filled.

Another 30-40% are discontinued, not picked up on time, or taken incorrectly.

THE NEED

Exchanging data with outside practices or laboratories are two of the least often met criteria for meaningful use.

REPORT METHODS

- Research methods included:
  - Literature Review
  - Environmental Scan
  - Interviews
  - Advisory Committee Feedback

- Classified our findings into two pillars: Comprehensiveness and Coordination

- Organized each intervention by integration level, burden level, and cost
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<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
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<tbody>
<tr>
<td>Elena Alcala, MPH</td>
<td>Director of Clinical Services</td>
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<td>Community Health Partnership of Santa Clara County</td>
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<td>Alice Chen MD, MPH</td>
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<td>San Francisco General Hospital</td>
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<td>Jason Cunningham, DO</td>
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<td>West County Health Centers</td>
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<td>Justin Wu, MD</td>
<td>Associate Medical Director &amp; Clinical Informatics Officer</td>
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<td>Director of Development and External Relations</td>
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<td>California Primary Care Association</td>
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<td>Wendy Jameson, MPH, MPP</td>
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<td>Community Health Clinic Olé</td>
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<td>Holly Garcia, RD, MPH</td>
<td>Medical Home Manager</td>
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<td>Alameda County Medical Center</td>
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STRATEGIES FOR CARE INTEGRATION

Comprehensiveness: Bringing services into primary care
- Colocation of additional services into primary care
- Capacity building of primary care providers

Coordination: Building relationships with services outside of primary care
- Defining and developing a network of service providers
- Improving patient navigation and engagement
- Improving communication and collaboration
Marshfield Clinic partners with medical and dental schools.  
*Building Academic-CHC Partnerships*

**Why?**
- Preventative dental care treatment reduces the incidence of oral disease and is cost-effective
- Preventative and routine dental care reduces costly emergency department visits

**Result:** Provides a model of integration that begins in training and increases capacity for their CHC to offer oral health services.

University of Colorado Denver Dept of Family Medicine - Colorado Area Health Education Center
Endoscopy Training for Primary Care (ETPC)

Why?
• CRC third most common cancer diagnosis
• Disparities in morbidity and mortality in rural and medically underserved areas
• Lack of access to endoscopy/colonoscopy services

Result: In the first 4 years, primary care providers completed over 2,300 colonoscopies

Project Access San Diego
Defining and developing a network of service providers

Why?
- Coordinate across many providers independently seeking high-cost diagnostic imaging services

Results: High levels of coordination and low cost services for patients

Source: http://sdcmsf.org/project-access-san-diego-pasd/
COORDINATION:
PATIENT NAVIGATION AND ENGAGEMENT

Patient Assistance Programs Enrollment Navigators
Assisting with patient navigation for access to pharmaceuticals

Why?
• Many patients unable to pay for their medications
• Pharmaceutical assistance available through companies, but difficult to navigate

Preliminary Results: $4 - $11 saved for each $1 invested

WellSPACE Health
*Interim Care Program*

Why?
- Homeless patients discharged from hospital needed place to recover
- WellSPACE nurse could provide care in Salvation Army Shelter

Results: Lower hospital costs and reduced inpatient bed days

1. There are many different strategies for care integration that require vastly different resources and buy-in. If you lack resources or neighborhood buy-in, there are still options!
LESSONS LEARNED

2. There is not one ideal solution. Innovations are based in context.
3. Care integration is fundamentally about strengthening relationships – between members of the medical neighborhood and between providers and patients.
4. CHCs find remarkably innovative workarounds to imperfect data systems.
5. CHCs need better resources to share successes and challenges in innovation.
Our report is available on line at . . .

NEXT STEPS
COLLABORATION

Project funded by the Blue Shield of California Foundation
COLLABORATION

Project funded by the Blue Shield of California Foundation
Center for Care Innovations

Veenu Aulakh
Executive Director

Sarah Frankfurth
Director of Operations

Andrew Hudson
Communications Associate
Innovation happens when the right people, ideas and resources come together. CCI seeks out creative projects, experts in the field and companies that are advancing health innovation. We encourage you to explore these ideas and use them to revolutionize care in your communities.

To improve access to care, safety net organizations need to get the most out of every day—and out of every member of their team. In the current managed care environment, however...
WEBINARS
INTEGRATION INSTRUMENT

Medical Neighborhood Care Integration Assessment (MNCI-A)

DIRECTIONS FOR COMPLETING THE SURVEY

This survey is designed to assess the perceived level of integration into the medical neighborhood for practices, as represented by the domains in the Center for Excellence in Primary Care-Blue Shield of California Foundation’s March 2014 report, “Facilitating Care Integration in Community Health Centers.” The survey will focus on overall success of integration and strategies used for integration in each of 6 domains.

Answer each question from the perspective of one physical site (e.g., a practice, clinic).

Please provide name of your clinic/organization

Please describe your role at the site (i.e. clinician, nurse, manager, medical assistant)

Please note how many sites are part of your organization

If you have multiple sites, for which site will you be responding? (one, multiple, all)

Primary Care- Specialty Integration:

Overall success of integration: How much do you agree or disagree with each of the following statements? Please indicate your degree of agreement from 1=Strongly disagree to 10=Strongly agree.

In answering these questions, please consider the most common specialty services your patients tend to need, excluding diagnostic imaging services.

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<tr>
<th></th>
<th>Strongly disagree</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Strongly agree</th>
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<tr>
<td>a. Access: Most of the patients at my clinic have adequate access to specialty services when they need them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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<td>b. Information access and transfer: When I refer patients to a specialist, the specialist has access to the important information about the patient's medical history and reason for referral.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>c. Information access and transfer: After a patient sees a specialist, I receive timely information from the specialist about the assessment and care plan.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
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<td>d. Relationships: PCPs at my practice have a good working relationship with most of the specialty care providers involved in our patients’ care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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QUESTIONS