## Increasing access to care for underserved patients in San Diego

April 14<sup>th</sup>, 2015 Barbara Mandel San Diego County Medical Society Foundation J. Nwando Olayiwola, MD, MPH, FAAFP Ashley Rubin, MS Center for Excellence in Primary Care

Webinar sponsored by: The Center for Excellence in Primary Care and the Center for Care Innovations Care Integration Resource Center funded by: The Blue Shield of California Foundation

### **Care Integration Resource Center**



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#### **Facilitating Care Integration**

Nearly half of adults with health issues report problems with the coordination of their care in the United States. As Community Health Centers (CHCs) and other safety net settings transform into Patient-Centered Medical Homes, their role in the larger medical neighborhood will become pronounced. However, challenges with care coordination are magnified in the safety net setting and continue to be increasingly complex.

In 2014, the <u>UCSF Center for Excellence in Primary Care</u>, with funding from the <u>Blue Shield of California Foundation</u>, completed a comprehensive literature review outlining strategies CHCs use to integrate into the medical neighborhood in the domains of primary care-specialty care, primary care-diagnostic imaging, primary carepharmacy, primary care-oral health and primary care-

hospital care. A conceptual model which was used to classify innovations and strategies for integration can be found in the full report <u>here</u>.

The <u>UCSF Center for Excellence in Primary Care</u> has partnered with the Center for Care Innovations to develop this online resource center. The purpose of this Care Integration site is to **disseminate** 









# Improving Health...

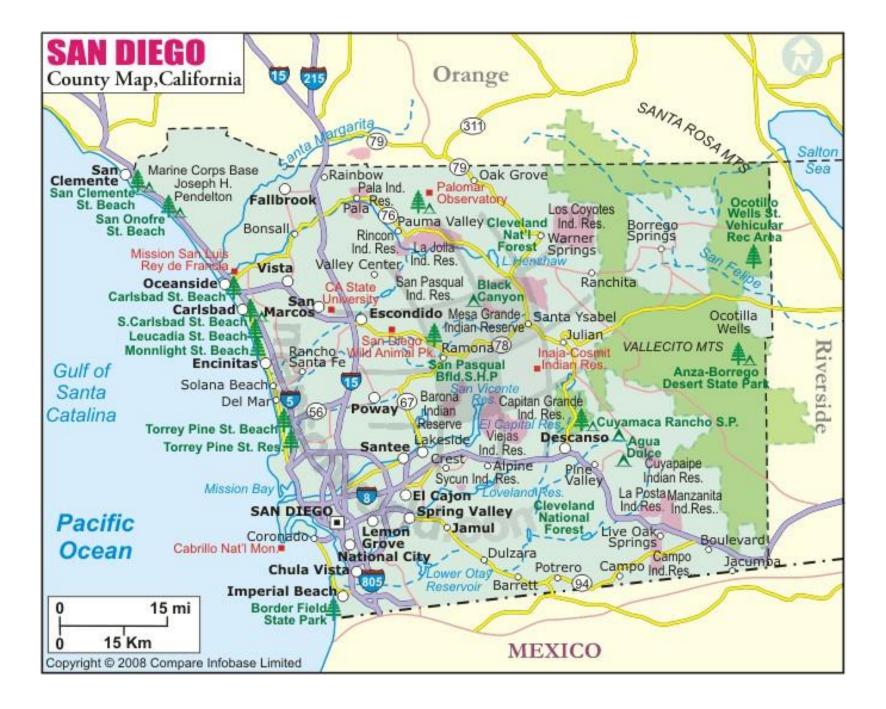


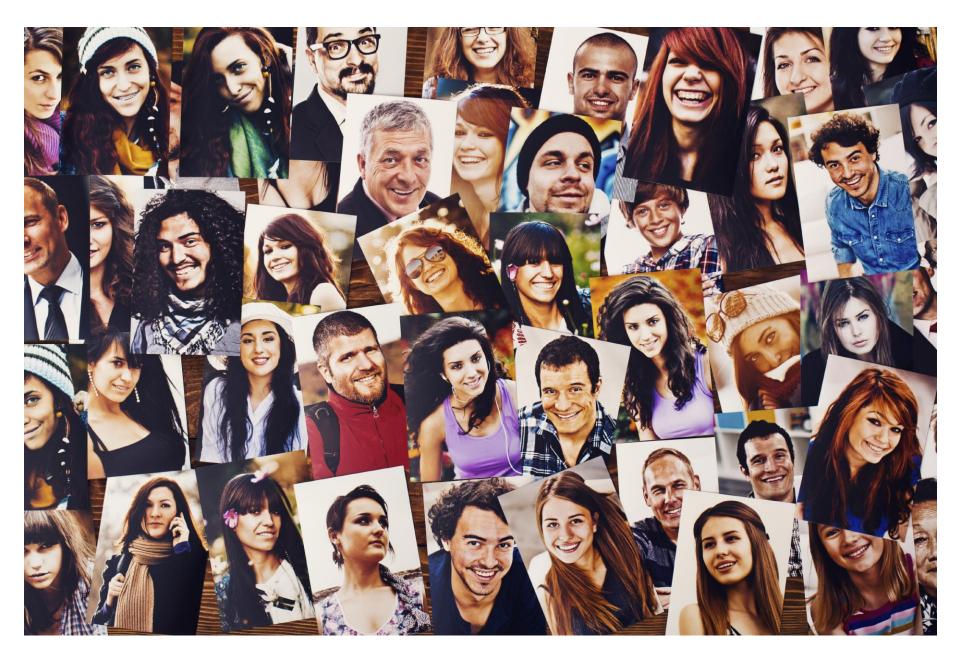
## **Changing Lives**



#### Our Mission:

#### To improve community health and wellness, access to care for all, and support for physicians through engaged volunteerism.







#### **Problem:**

- No publicly funded hospital or primary care system for uninsured.
- Inappropriate/excess use of Emergency Departments.
- Long-term disability due to lack of care.

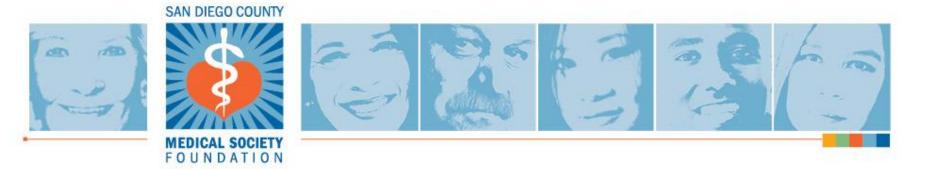




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#### Project Access San Diego

Pro bono specialty and surgical care to low-income San Diego County residents uninsured, with limited access to care.





















#### **Innovation: Collaboration**

- 80+ community clinics
  - Serving as safety net's safety net
- 625+ volunteer physicians, 10 hospitals and 14 outpatient surgical centers
  - Integrated and "Saturday Surgery Day" models



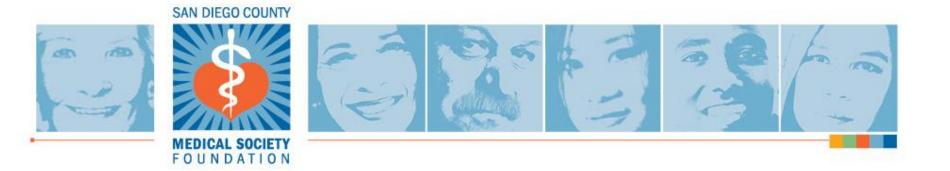


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# **6254 Physician Volunteers**





#### **Ancillary Health Partners**

#### Provide most testing, labs, imaging, physical therapy, prosthetics, medical devices, and other items pro bono.







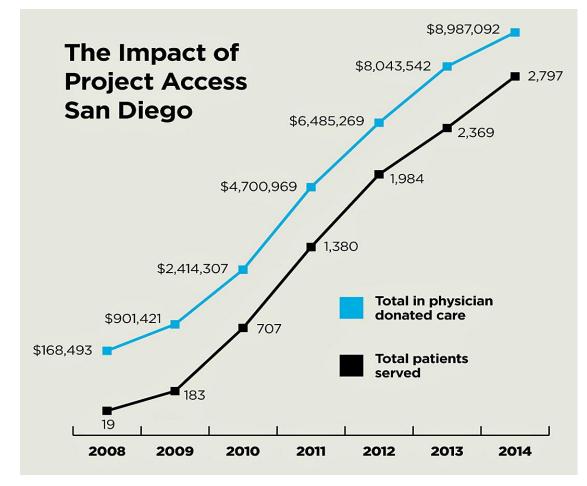
#### **Innovation: Patient Care Management**

- Intensive patient navigation
- Efficient specialty visits
- Enabling services (e.g. translation, transportation)
- 35% patients require surgery/procedures – improved preparation
- Excellent volunteer experience!













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**75%** Reduction in Work Days Missed

**902** Surgeries and GI Procedures **9,444** Specialty Healthcare Appointments

**\$8.8 Million** in donated care thanks to Physicians, Hospitals, Surgery Centers & Ancillary Healthcare Providers







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#### **Patient Criteria & Demographics**

- Household income < 350% FPL</li>
  - 90% < 100% FPL
- Uninsured and not eligible for public benefits
- Reside in San Diego County
- Referred by community health center or primary care MD





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#### Key Partners

- Community clinics
  - to reach target population
- Physician volunteers, 14 surgery centers, 10 hospitals, and other healthcare centers
  - to provide pro bono specialty and surgical care

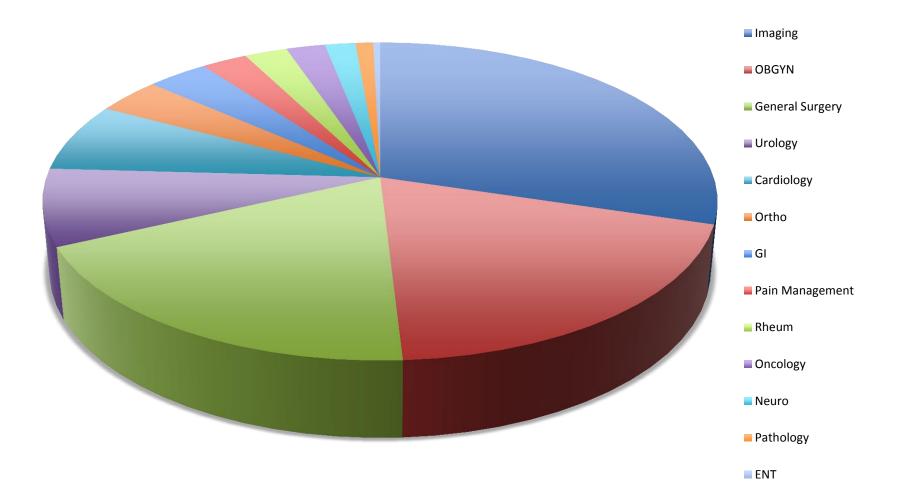






#### **Diagnostic Imaging Key to Care**

- #1 Need
- Few providers decreasing









#### **Program Model**

- 100 Access-type programs in US
- Project Access Dallas model
- Unique both specialty consults and surgeries
- West Coast partners
- Communities Joined in Action







#### San Diego Has Unique Challenges

- MediCaid not available to undocumented residents
- No County-paid hospital or clinics
- FQHCs cannot provide broad specialty care







#### **Funding Sources**

- Corporate and foundation grants
- Individual donations
- Fundraising events
- Limited funding from hospitals







#### **Funding Challenges**

- Foundation grants typically focused on new programs
- Individual donations low
- Perceptions re population served
- Need to diversify services
- Make the case to stakeholders







#### **Funding Challenges**

 Who do the services benefit, and are they willing to contribute?







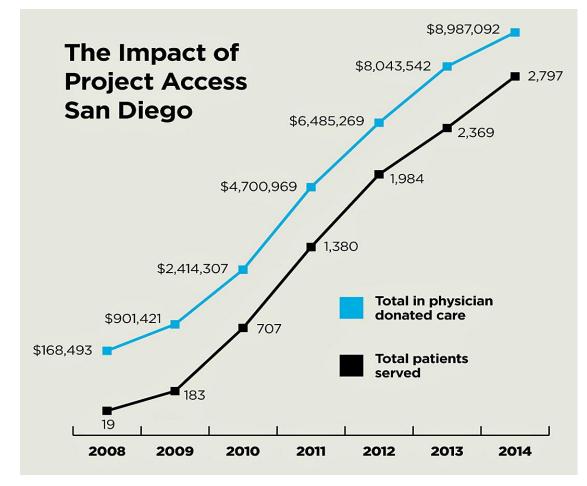
#### **Leverage**

#### Every \$1 in contributions leverages \$2.30 in pro bono care















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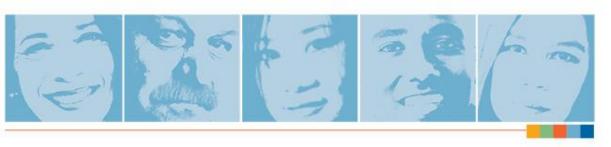
#### **Results**

- 2,700+ lives improved
- 88% reduction in emergency department visits
- 94% reduction in hospital days
- 75%+ fewer number of work days missed





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**Results** 

- Improved Health, Changed Lives
- Healthcare system money saved
- People back to work, contributing to economy









#### **Increasing Capacity**

- eConsultSD 95% do not require face to face visit
- Colorectal cancer screening & diagnostics
- Breast cancer screening









#### **Lessons Learned**

- Relationships are key
- Funding can be a challenge
- Physician recruitment and retention are factors for success







Care Integration Resource Center http://www.careinnovations.org/knowle dge-center/facilitating-care-integration/

#### For further inquiries about the San Diego Medical Society Foundation Contact:

Barbara Mandel, MBA Executive Director San Diego County Medical Society Foundation 858.300.2780 direct Barbara.Mandel@sdcms.org