Cultivating External Partners as a Strategy in Achieving Your Hospital’s Community Benefit Goals

Association for Community Health Improvement Annual Conference
March 2010

© This work may be reproduced without permission, provided original credit is given in writing on the reproduction to Ascension Health.
1. Hospital leaders will be given a perspective on the Community Benefit activities that can best be accomplished through community-wide partnerships.

2. Non-hospital leaders will be given a clearer understanding of the Community Benefit goals of their local nonprofit hospitals.

3. Both hospital and non-hospital leaders will learn about some of the common communication and goal differences between institutional healthcare providers and community-level organizations, as well as strategies to cultivate trust and shared goal creation.
1. Overview
2. Description of the Access Leadership Planning Program
3. St. Joseph Health System and HealthKey
4. Columbia St. Mary’s and the Milwaukee Health Care Partnership
5. *The Rest of the Story*
6. Session Toolkit
7. Audience-to-panel discussion
Our Strategic Direction

Healthcare That Works
Healthcare That Is Safe
Healthcare That Leaves No One Behind

Vital Presence
Empowering Knowledge
Trusted Partnerships
Inspired People
Our Mission . . .
Directs us to serve all persons, particularly those poor and vulnerable, toward improving the health of individuals and communities.

Our Vision . . .
Propels us to contribute to the building of a strong, vibrant Catholic health system in the U.S.

Our Values . . .
We are called to: Service of the Poor, Reverence, Integrity, Wisdom, Creativity and Dedication.
FY08 Systemwide Statistics

- Discharges: 700,074
- Available beds: 18,012
- Number of births: 76,891
- Total surgical visits: 533,983
- Home health visits: 553,849
- Clinic visits: 1,758,195
- Emergency visits: 2,322,427
- Physician office visits: 4,417,967
- Total outpatient visits: 16,875,334
- Employees: 107,000
What, and For Whom, is 100% Access and 100% Coverage?

100% Access and 100% Coverage means that all persons, particularly those who are uninsured or underinsured, receive healthcare services and health insurance that:

1. Creates and supports the best journey to improved health outcomes for each individual, and
2. Is financed in an adequate and sustainable fashion.

Strategies
What does the process look like?

1. Initial kick-off conference call
2. Assessment site visits
3. Assessment report completed using the 5-Step Model to 100% Access and 100% Coverage as an organizing construct
Ascension Health’s 5-Step Model to 100% Access and 100% Coverage

1. Develop Community-wide Formal Infrastructure
   • Leadership Coalitions
   • Shared Information Systems
   • Catalyst Funding

2. Community Service Gaps Filled (Dental/Pharmaceutical/Mental Health)

3. Care Models Achieve Improved Health Outcomes

4. Private Physicians Volunteer as Medical Homes/Specialists for the Uninsured and Underinsured

5. Sustainable Funding is Achieved for Care (State/local government; business; community partnerships)
4. Report delivered to CEO in draft form so they have an opportunity to modify
5. Plan developed in conjunction with CEO and key members of leadership team
6. CEO responsible for incorporating Access Leadership Plans into our Integrated Strategic and Financial Plan documents as well as any local tactical planning documents

7. CEO and Access Leadership Advisor monitor progress via regular conference calls
The System Office Role

- Define the destination (our 2020 Vision) with input from leaders
- Support the hospital leadership as they map their way to the destination
- Support their effort through an organizing construct
- Avoid being prescriptive
- Provide implementation support
Goal 1: Community Benefit activities best accomplished through community-wide partnerships

Fertile Ground for External Partnership Includes:

- Efforts that are “Community-wide,” and multi-site
- Efforts that involve enhanced revenue, accessible to an external player
- Efforts that require neutral participation of multiple players
- Situations where a respected neutral organization is already on-the-ground, working in a key area of service
Community Experience
Providing Access to Healthcare for the Uninsured and Underinsured

HealthKey

Serving the Counties of:
Alcona • Arenac • Iosco • Ogemaw • Oscoda
What is HealthKey?

ASCENSION HEALTH had a vision.....
Uniting us in one spirit intent on one purpose -
Caring for all persons with *special attention* to those who are poor and vulnerable.
A Comprehensive Approach

Program Components:
- Medicaid eligibility screening/enrollment
- Primary Care Home
- Pharmaceutical Assistance
- Connectivity; pulling together
- Coordination of Care: Eliminate fragmented care & reduce unnecessary ER visits
- Case Management and Disease Management
- Community Outreach Activities and serving as a One Stop Resource Center
Project Impact & Outcome Measures

• 96% of clients were assigned medical home/made at least one visit

• 83% of clients received free/discounted prescription drugs

• $2,450,000 medication cost savings to uninsured clients

• 52% to 5% reduction in avoidable IP hospitalizations

• 99% appropriate ER use
What Benefit is HealthKey to its Community?

- Strategic planning session December 2009
- Engage community
- Assessment tool developed
- TRUE needs of community
Background

- Partnership Commissioned January, 2007
- Initiated by Health System CEOs
  - Concern about growing uninsured / underinsured
  - ED Utilization
  - Well intended, fragmented efforts
- Support from State Department of Health Services
Mission

• Improve health care for underserved populations in Milwaukee County

• Goals
  + Expand Coverage
  + Ensure Access
  + Improve Care Coordination

• Objectives
  + Improve health & health care outcomes
  + Reduce the total cost of care
Priorities

• Coverage
  - Expansion of BadgerCare / Health Care Reform
  - Outreach and Enrollment

• Access
  - Primary Care Access
    • FQHC Capacity Building
    • Free and Community Clinics
    • Medicaid Access
  - Specialty Access
  - Medication Access
  - Behavioral Health Access

• ED Care Coordination
Partnership Role

- Convener
- Clearinghouse
- Planner
- Broker
- *No Direct Service*
- *Evolving Structure*
- Catalyst
- Funding conduit
- Monitor
- Advocate
Community Assessment

Uninsured Population

• Estimate 90,000-100,000 individuals
  - 20% Eligible; not enrolled
  - 20% Undocumented
  - Others
    • Adults > 200% FPL
    • Employed w/o affordable insurance
    • Newly unemployed
Community Assessment

Medicaid Population

251,168 (26% of Milwaukee County population)
171,648 BC+ (68% children; 90% HMOs)
16,079 BC+ CORE (Childless Adults)
52,752 SSI - Elderly/Blind/Disabled
10,689 Other State Programs

Total Underserved Population

+ 350,000 Uninsured and Medicaid
Percent Vulnerable Population

Average vulnerable population as percent of total population - 32%

50% - 78% population is vulnerable
32% - 49% population is vulnerable
18% - 26% population is vulnerable
11% - 17% population is vulnerable
Physician Supply

- Primary Care Access Study suggested that there is an adequate number of primary care physicians in Milwaukee County.

- Zip codes with the highest levels of poverty have the lowest number of primary care physicians.

- These zip codes account for:
  - 45% of total county population
  - 71% of total county vulnerable population
  - 27% of total primary care physicians
### Gap in Access to Primary Care

Eight (8) zip codes account for 47% of the gap in access to vulnerable population (Uninsured and Medicaid)

<table>
<thead>
<tr>
<th>Zip Codes</th>
<th>Access Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,000–12,000</td>
<td>4,000–7,000</td>
</tr>
<tr>
<td>2,500–4,000</td>
<td>&lt; 2,500</td>
</tr>
</tbody>
</table>

---

Copyright © 2003 Microsoft Corp. and/or its suppliers. All rights reserved.

---

Map showing various zip codes and their access to primary care, with highlighted areas indicating high gaps in access for vulnerable populations.
Avoidable ED Utilization

Over 161,000 primary care treatable ED visits in 2008; 101,000 made by Medicaid and Uninsured individuals

Ten (10) zip codes generate 60% of the primary care treatable ED visits

Same zips codes have
- highest rates of poverty
- lowest concentration of primary care providers
- largest gap in access
Progress Against Plan - Coverage

Expansion of BadgerCare

- Over 34 new community enrollment sites
- Established Application Fee Trust Fund
- Over 40,000 new Milwaukee County enrollees since 2/09
  - +25,000 pregnant women, children & custodial parents
  - +15,000 adults without children in home
Progress Against Plan - Access

FQHC Expanded Capacity

- 10,590 new Medicaid and Uninsured patients served between Q1 2008 and Q1 2009 (+14%)
- Health systems contributed $1.6 million for uninsured
- Submitted ~ $23 million in ARRA funding requests
  - $5 million new one-time funding committed
- Facility expansion planning underway

Free and Community Clinic Analysis

- 25 Medical Nursing Clinics
- Draft Recommendations
Progress to Plan - Access

Implemented Medication Assistance Programs

- *Drug Assistant* PAP Software
  - 566+ patients served; 1383 new prescriptions filled; estimated value +$1.2 million
- Implementing *Dispensary of Hope* program in 10+ clinics
- Expanded 340b

Increased Behavioral Health Access

- Enhanced IP access to private & county hospitals
- Secured public/private investment and increased OP crisis and respite beds
- Eliminated police diversions, significantly reduced ED wait times and improved care management
- Comprehensive study underway
Progress to Plan - Care Coordination

Implemented ED Linking - HIE

- 22 hospitals (10 Milwaukee Co.) and 1 FQHC
- IP, OP and Medicaid data
- FQHCs, HMOs, BHDs expansion pending

Piloted ED Assessment & Referral Process

- Increased number of referrals
- Improved “show rate” and “stick rate”
- Recommendations for community-wide adoption pending
Progress to Plan - Collaboration

- Secured over $4.6 million in new private funding
  - Coordinating Health Systems’ Shared Community Investments
- Improved Communications
  - Intra Stakeholder Groups: Health Systems, FQHCs
  - Inter Stakeholder Groups
- Created a forum for addressing issues / leveraging opportunities
Continuing Challenges

POVERTY RATE
- 50% of African-American Males Unemployed
- Racial and ethnic disparities
- Public Health Outcomes

ECONOMY
- Increasing demand for public and affordable private insurance options
- Less public & private philanthropic funding available
Continuing Challenges

STATE AND FEDERAL GOVERNMENT

• Change in State Administration and Dept. of Health Services
• Federal Health Care Reform
• Fragile State of Public Health Infrastructure

PROVIDERS

• Declining revenue; focused attention on financial viability
• Managing payer mix; access
Critical Success Factors

- Public / Private Membership with “$kin in the Game”
- Engagement of Leadership at Highest Level
- Dedicated Consortium Staff
- Focused Community-Wide Plan
  - Implementation Tracking
- Accountability
  - Outcome and Improvement Measurement
- Continuous Communications
- Perseverance
Goal 3: Common Communication and Goal Differences
Goal 3: Common Communication and Goal Differences

The Rest of the Story
In order to save the island...
Pressing on...
1. Foster collaborative spirit through ongoing communication, and shared goal setting.

2. Engage the right level of leadership.

3. Partnership moves at the speed of trust.

4. Clarify expectations at the front end.

5. To ensure downstream sustainability, metric the effort’s outputs and understand each output’s financial return.
1. Hospital leaders will be given a perspective on the Community Benefit activities that can best be accomplished through community-wide partnerships.

2. Non-hospital leaders will be given a clearer understanding of the Community Benefit goals of their local nonprofit hospitals.

3. Both hospital and non-hospital leaders will learn about some of the common communication and goal differences between institutional healthcare providers and community-level organizations, as well as strategies to cultivate trust and shared goal creation.
Name:

Title:

Type of Organization:

Question:
For more information, please contact:

Cathy Maxwell, Executive Director, St. Joseph HealthKey and Chief Advocacy Officer, St. Joseph Health System
(989) 362-9755 or cmaxwell@sjhsys.org

Paul Westrick, Vice President Mission Integration and Advocacy, Columbia St. Mary’s
(414) 326-2657 or pwestric@columbia-stmarys.org

Joy Tapper, Executive Director, Milwaukee Health Care Partnership
(414) 232-0481 or jtapper@wi.rr.com

Christopher F. Palombo, Project Manager, Access Leadership, Ascension Health
(314) 733-8302 or cpalombo@ascensionhealth.org