

Performing Provider: Community Care Collaborative

Project Name: Expanded Primary Care Hours at Community-Based Outpatient Settings

Project Identifier: 307459301.1.2 Pass 3

Provider: The Community Care Collaborative (CCC) is a new multi-institution, multi-provider, integrated delivery system. Launched in 2012 by Central Health, Travis County's Healthcare District, and the Seton Healthcare Family, Central Texas' largest hospital system, and now joined by Austin Travis County Integral Care, the County's Local Mental Health Authority, this 501(c)3 will integrate safety net providers in Travis County in a ACO-like model. Patients will receive navigated, patient-centered care that will lead to better health outcomes, increased satisfaction with the system, efficient delivery of services, and lower costs.

Intervention(s): Through this project, the CCC will expand primary care access through evening and weekend hours at targeted clinic locations in the CCC provider network. In addition, this project will expand primary care access through the opening of the new Southeast Health and Wellness Center in DY4. In conjunction with the fourteen other DSRIP projects that build critical infrastructure, expand access to care, and ensure that patients receive the right services in the right place at the right time, this project will provide a medical home for low-income patients who are at risk of using the Emergency Department (ED) for non-emergent medical issues.

Need for the project: A limited number of existing community-based outpatient clinics offer appointments after 5:00 PM. An analysis of ED visits by uninsured and underinsured patients in Travis County shows that many patients continue to utilize the ED for non-emergent visits throughout the evening, as late as 11:00 PM. This project will provide a medical home and access to care for low-income patients who are at risk of using the ED for non-emergent medical issues.

Southeast Travis County, home to the proposed Southeast Health and Wellness Center, has consistently been identified as an area with high levels of poverty and limited healthcare infrastructure. Approximately 46% of the surrounding population lives below 200% of the Federal Poverty Level.

Target population: The CCC will cover approximately 50,000 patients at or below 200% FPL. These patients, and others who need to use the system, will be able to access clinic services through expanded hours.

Category 1 or 2 expected patient benefits: Through this project, the CCC expects an increase of 5,000 primary care visits in DY3, 15,000 primary care visits in DY4, and 25,000 primary care visits in DY5

Category 3 outcomes:

1.23 Tobacco Use: Screening and Cessation

1.28 High Blood Pressure Screening

1.21 Adult BMI Assessment Final approval for this project's Category 3 selection is still pending.

Title of Project: Expanded Primary Care Hours at Community-Based Outpatient Settings

Category / Project Area / Project Option: 1.1.2 Expand existing primary care capacity

RHP Project Identification Number: 307459301.1.2 Pass 3

Performing Provider Name: Community Care Collaborative

Performing Provider TPI: 307459301

Project Description

Overall Project Description

The Community Care Collaborative (CCC) is a 501(c)3 public-private partnership that will redesign the Travis County indigent healthcare delivery system. The CCC was created in 2012 by Central Health, the taxpayer-funded Travis County Healthcare District, and the Seton Healthcare Family, Travis County's largest hospital system. Austin Travis County Integral Care, the designated provider of community-based behavioral health and development disorder services for Travis County, has also recently joined the CCC as a partner. The CCC's overarching goal is to provide high quality, cost effective, patient centered care that improves health outcomes for its targeted population. The CCC, through its contracted provider network, will initially serve a defined patient population of 50,000 uninsured individuals at or below 200% of the Federal Poverty Level and who meet other established eligibility requirements.

The operational objectives of the CCC are to create effective coordination between providers across the continuum of care; increase and integrate capabilities of providers' Electronic Health Record (EHR) and the system's Health Information Exchange; and aligns payments with outcomes, rather than outputs. With significant public investment in the transformation of the indigent healthcare system, the CCC will develop and implement accountable care organization (ACO) and patient-centered medical home principles by establishing a strong, comprehensive primary care base, collective responsibility for care of patients across the delivery continuum, payments linked to quality improvements, and reliable and progressively stronger performance measurement and reporting.

Through this project, the CCC will expand primary care access for underserved Travis County residents through extended clinic hours, staffing, and service locations. These patients will benefit from increased access as described in this project, but also the fourteen other DSRIP projects that the CCC is proposing. These fourteen projects are:

- Chronic Care Management Project
- Patient Centered Medical Homes
- Disease Management Registry
- Mobile Clinics to Underserved Areas
- Dental Care Expansion
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- Gastroenterology in Community Clinics
- Pulmonology in Community Clinics
- Integrated Behavioral Health for Diabetics
- Telepsychiatry in Community Clinics
- STI & HIV Screening and Treatment & Referrals
- Pregnancy Planning
- Community Paramedic Navigator Project
- Comprehensive Patient Navigation
- Centering Pregnancy

The CCC provider network will include more than 30 community-based outpatient clinics located in low-income areas throughout Travis County. While selected clinics offer extended hours, approximately 80% of these clinics are currently open only Monday through Friday from 8:00 AM to 5:00 PM, with no evening or weekend appointments available. This project will establish evening and weekend hours at additional clinic locations in the CCC provider network. After-hours appointments will include a dynamic mix of scheduled routine primary care visits and walk-in acute care capacity. Scheduling will be responsive to the needs of the local community, with adjusted availability of appointment types throughout the year to accommodate periodic fluctuations in demand, such as school physicals or seasonal allergies.

Expanded access will be accomplished by contracting with and/or hiring additional primary care physicians, nurse practitioners and support staff. In addition, this project will expand primary care access as Travis County's renovated Southeast Health and Wellness Center which is expected to open in late 2014. The center will become a key service site in the CCC's constellation of community-based outpatient clinics where our contracted providers will offer multi-disciplinary, integrated care to low-income residents of Travis County. A portion of this DSRIP project will be dedicated to planning and renovating this existing medical facility (currently occupied by the VA) to meet the needs of these patients and provide them with care that emphasizes whole health, prevention, and wellness.

Project Goals:

- Incrementally increase access to primary care appointments;
- Provide a medical home for low-income patients who are at risk of using the Emergency Department (ED) for non-emergent medical issues;
- Reduce unnecessary ED visits;
- Improve patient satisfaction;
- Improve management of chronic conditions.

How the Project is Related to RHP Goals

This project supports the following RHP goals:

- Goal 1 - Prepare and develop infrastructure to improve the health of the current and future Region 7 populations.
- Goal 2 - Reduce health system costs by expanding opportunities for patients and families to access the most appropriate care in the most appropriate setting.

Challenges or Issues Faced by the Performing Provider

Recruiting providers and support staff, particularly those willing to work evenings and/or weekends, may be a challenge. It may also prove difficult to alter behavior patterns for patients accustomed to utilizing the ED for routine primary care. A 2012 analysis of uninsured and underinsured patients in Travis County found that approximately 50% of ED visits provided during regular clinic hours (8:00 AM-5:00PM on weekdays) did not require immediate care or could have been provided effectively and safely in a primary care setting. Many of these patients lived within 2 miles of an existing community-based outpatient clinic but still chose to utilize the ED instead. In addition, patients living in close proximity to existing outpatient clinics with extended hours continued to visit the ED for non-emergent medical issues during evening hours when these clinics would have been open.

How the Project Addresses those Challenges

In order to ensure appropriate staffing, the CCC will offer financial or other incentives as needed to recruit qualified providers and support staff to work during extended hours. To encourage patients to take advantage of expanded hours, the CCC will advertise new hours through mailers to existing patients and flyers in clinic lobbies and waiting rooms as well as local EDs. Patient education will include information about appropriate emergency department utilization and examples of health conditions which can be treated effectively and safely in a primary care setting.

Patients presenting to the ED for routine primary care will receive information from ED personnel about nearby clinics which offer extended hours. The CCC's related Community Paramedic Patient Navigation Program (Project ID 307459301.2.6) will reinforce this project by helping to connect frequent utilizers to appropriate primary care services.

5-Year Expected Outcome for Providers and Patients: Through this project, the CCC expects an increase 5,000 primary care visits in DY3, 15,000 primary care visits in DY4, and 25,000 primary care visits in DY5. This project addresses core components A through C to expand primary care clinic space, hours, and staffing, as outlined in the Rationale section below. With this increased primary care access, the CCC aims to reduce unnecessary ED visits, improve patient satisfaction, and improve management of chronic conditions.

Starting Point/Baseline

Baseline Data: Within the CCC, CommUnityCare operates the largest network of Federally Qualified Health Centers in Travis County. In Fiscal Year 2012 (October 2011 – September 2012), CommUnityCare provided approximately 200,000 primary care medical visits. During DY2, the CCC will establish a more comprehensive baseline of visits across all providers, including an analysis of after-hours utilization.

Rationale

Reason for Selection of Project Options and Components

An analysis of ED visits by uninsured and underinsured patients in Travis County shows that many patients continue to utilize the ED for non-emergent visits throughout the evening, as late as 11:00 PM. Expanding clinic hours will give patients additional choices for when and where they can access care and will help reduce barriers for low-income patients who cannot afford to miss work or school.

A December 2012 analysis published by *Health Affairs* found that patients with access to after-hours care had significantly fewer ED visits, compared with those who experienced more difficulty contacting a clinician after-hours (30.4 percent compared to 37.7 percent). Patients reporting poor health status as well as patients with no insurance or coverage through Medicaid or CHIP were significantly more likely to have difficulty contacting a clinician after-hours. Finally, patients who reported less difficulty contacting a clinician after-hours had lower rates of unmet medical need in the last twelve months (O'Malley, Ann S. *After-Hours Access to Primary Care Practices Linked With Lower Emergency Department Use and Less Unmet Medical Need*. Health Affairs, 2012).

Within Travis County, a 2011 analysis of ED visits by uninsured and underinsured patients found that almost 25% of ED visits did not require treatment within 12 hours. An additional 24% of visits required treatment within 12 hours, but care could have been provided effectively and safely in a primary care setting. Approximately 6% of ED visits required emergent care but were potentially preventable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.).

A subsequent 2012 analysis found that over 42,000 uninsured and underinsured patients in Travis County had one or more visits at local EDs but had no recorded visits at community-based outpatient clinics during the 12 months ending on April 30, 2012. Expanded primary care access is essential as the CCC seeks to influence patient behavior by shifting care to the most appropriate and cost-effective setting.

Improved access also will be important as the CCC focuses on patients with multiple chronic conditions who often require multiple appointments and longer visits. Approximately 20% of uninsured and underinsured patients in Travis County have two or more chronic conditions, and better primary care access will help reduce the likelihood that these conditions develop into acute episodes requiring costly emergency or inpatient care.

Southeast Travis County, home to the proposed Southeast Health and Wellness Center within this project, has consistently been identified as an area with high levels of poverty and limited healthcare infrastructure. Approximately 270,000 people reside within a 5-mile radius of the new Southeast Health and Wellness Center, and 46% live below 200% of the Federal Poverty Level. The CCC's related Mobile Primary Care project (Project ID 307459301.1.3) will further enhance this project by extending additional services to geographically underserved patients in more rural areas of Travis County and to those with transportation barriers to accessing care.

This project includes three core project components:

A) Expand primary care clinic space: The new Southeast Health and Wellness Center is scheduled to open in 2014 to expand primary care clinic capacity in Southeast Travis County. This 68,000 square foot medical facility formerly operated by the Department of Veterans Affairs will be renovated and modernized to provide multi-disciplinary, integrated care to low-income uninsured and underinsured residents. Additional planning activities for this project component will take place during DY2.

B) Expand primary care clinic hours: This project will establish evening and weekend hours at additional clinic locations in the CCC provider network. After-hours appointments will include a dynamic mix of scheduled routine primary care visits and walk-in acute care capacity. Project planning during DY2 will identify targeted clinic locations for expanded hours. Initially, this project will expand hours to 8:00 PM; a pilot program will evaluate the feasibility of longer hours at specific locations.

C) Expand primary care clinic staffing: The CCC will contract with and/or hire additional primary care physicians, nurse practitioners and support staff to provide care at the new Southeast Health and Wellness Center and during expanded hours at existing clinics. Project planning during DY2 will further identify future staffing requirements.

Reason for Selection of Milestones & Metrics

DY2 reflects project planning (P-X), including an analysis to identify targeted clinic locations for expanded hours and a plan for the development of the Southeast Health and Wellness. In order to increase primary care capacity,

DYs 3 and 4 include process milestones P-4, P-5, and P-1 to hire staff, increase clinic hours, and open the new Southeast Health and Wellness Center. Improvement milestones in DYs 3 through 5 will demonstrate improved access to primary care, including increased primary care visits (I-12). In addition, the CCC will document lessons learned in order to develop new methodologies or refine existing ones (P-X).

Unique Community Need Identification Number

- CN.1 – Inadequate access to primary care
- CN.8 - High rates of non-emergent emergency department usage and potentially preventable inpatient admissions
- CN.9 – High rates of chronic disease

How the project represents a new initiative for the Performing Clinic or significantly enhances an existing delivery system reform initiative

A limited number of existing community-based outpatient clinics offer appointments after 5:00 PM. This project will establish evening and weekend hours at additional clinic locations in the CCC provider network. Scheduling will be responsive to the needs of the local community, with adjusted availability of appointment types throughout the year to accommodate periodic fluctuations in demand, such as school physicals or seasonal allergies.

This project also enhances the capacity of the existing delivery system by renovating the existing Veterans Affairs Clinic for future use as the Southeast Health and Wellness Center. This clinic is strategically located to provide care to low-income residents in an underserved area of Travis County.

Related Activities Funded by U.S. Dept. of Health and Human Services (DHHS) None

Related Category 3 Outcome Measures Selected:

- 1.23 Tobacco Use: Screening and Cessation
- 1.28 High Blood Pressure Screening
- 1.21 Adult BMI Assessment

Final approval for Category 3 outcome measures is pending.

Relationship to Other RHP Projects

How Project Supports, Reinforces, Enables Other Projects

The CCC's fifteen projects are all interrelated and will provide high quality, cost effective, patient centered care that improves health outcomes for its targeted population. The CCC projects most closely related to Expanded Primary Care Hours at Community-Based Outpatient Settings are outlined below.

List of Related Category 1 & 2 Projects *(RHP Project ID Number)*

- 307459301.1.3: Mobile Primary Care
- 307459301.1.4: Expansion of Dental Services
- 307459301.1.8: Telepsych in Federally Qualified Primary Health Clinics
- 307459301.2.1: Patient-Centered Medical Home Project
- 307459301.2.6: Community Paramedic Patient Navigation Program

List of Related Category 4 Projects

RD-1: Potentially Preventable Admissions

Relationship to Other Performing Clinics' Projects in the RHP

Central Texas Medical Center is proposing a similar intervention (Project ID 121789503.1.1) to expand primary care hours and capacity for uninsured and underinsured residents in Hays County, approximately 30 miles south of Austin. With its aim to improve management of chronic conditions, this project also has a similar target population to University Medical Center Brackenridge's Chronic Care Management for Adults (137265806.2.6) and ATCIC's project to Integrate Primary and Behavioral Health Care Services (133542405.2.1).

Plan for Learning Collaborative

Plan for Participating in RHP-wide Learning Collaborative for Similar Projects

RHP 7's performing providers, IGT entities, and anchor recognize the importance of learning from each others' implementation experiences and will make regular efforts to share ideas and solve problems. Region-wide, anchor-led meetings will be held at least annually and will offer an opportunity to share, listen, and learn what providers have encountered while implementing their DSRIP projects. RHP 7 envisions continuing the regular, anchor-led calls that are open to all performing providers and IGT entities, as launched during plan development. These calls have brought value to the process, and will be continued on a schedule that will be helpful throughout the waiver period. Further, the region will continue to use its website (www.texasregion7rhp.net) to share information, updates and best practices as has been done during this first waiver year.

As useful, Central Health as RHP 7's anchor, will foster the development of topical learning collaborative; e.g. smaller meetings than the annual regional summit - that will bring together all levels of stakeholders who are

involved in DSRIP projects that share common goals, outcomes, themes or approaches. This multi-pronged approach should allow for continuous improvement of regional projects, which will in turn better serve RHP 7's low-income population and transform its healthcare delivery system.

Project
Valuation

**Approach and Rationale/Justification for Valuing
Project**

In valuing its projects, the Community Care Collaborative considered the extent to which the project fulfilled the Triple Aim, supported Waiver goals and addressed community needs. The size of the required investment was also considered, which included considerations of personnel, equipment, time and complexity. Finally, the CCC reflected on the scope of the project: the number of patients that would be affected, including the type of patients; the number of patient visits or encounters; how many providers or staff members would be added; the costs that would be avoided as a result of the project; and the “ripple effect” the project would have on all members of the healthcare system. These factors were weighed against the amount of funding available.