

Commonwealth of Kentucky  
Cabinet for Health and Family Services (CHFS)  
Office of Health Policy (OHP)



**State Innovation Model (SIM) Model Design**  
**July Increased Access Workgroup**

**July 23, 2015**  
**1:00 PM – 4:00 PM**

# Workgroup Agenda

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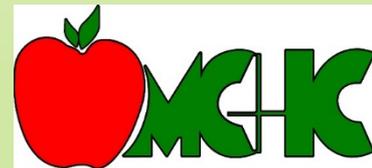
- **Welcome and Introductions** 1:00 – 1:05 PM
  - **Brief Stakeholder Presentations** 1:05 – 1:55 PM
    - Effective Rural Health Care Models
      - *Mike Caudill, Teresa Fleming – Mountain Comprehensive Healthcare*
      - *Ernie Scott, Kayla Combs – UK Kentucky Office of Rural Health*
    - Virtual Medicine
      - *Rob Sprang – UK, Kentucky Telecare*
      - *Jamie Couch – Manchester Memorial Hospital*
    - Consumer Convenience
      - *Devon Shelton – Baptist Health*
    - Behavioral Health
      - *Don Rogers – Bluegrass.org*
    - Home-based Care Services
      - *Alice Bridges – KentuckyOne*
    - Oral Health
      - *Dr. William Rich – Department for Medicaid Services*
  - *Break* 1:55 – 2:05 PM
  - **Breakout Activity Instructions/Brainstorming** 2:05 – 2:25 PM
  - **Breakout Activity (4 rotations, 15 minutes each)** 2:25 – 3:25 PM
  - *Break* 3:25 – 3:40 PM
  - **Breakout Activity Report Out** 3:40 – 3:55 PM
  - **Next Steps** 3:55 – 4:00 PM
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# Effective Rural Health Care Models

# Mountain Comprehensive Health Corporation

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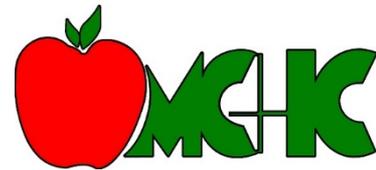
**INCREASED ACCESS =  
IMPROVED QUALITY**



July 2015

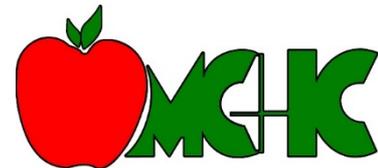
# Increased Access:

- 5 clinic locations
- 16 school based clinics
- New Clinic in Pineville, KY to open Fall, 2015
- Extended hours -Wednesdays at Whitesburg Clinic- open from 8:30 am-8:00 pm



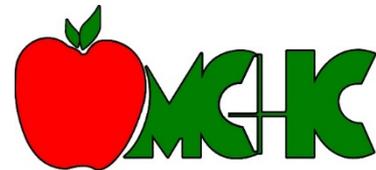
# Increased Access:

- Ancillary Services available
- Fast Track Clinic- See a provider within 15 minutes
- Saturday Clinic at 3 locations(4 w/Pineville)
- After Hours Nurse Advice Line



# Improved Quality

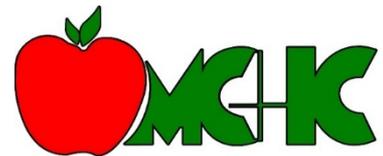
- MCHC formed the Quality Care Services Group (QCSG) in Fall 2014
- The QCSG is led by a member of MCHC's Senior Leadership Team



# Improved Quality

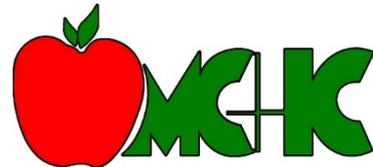
The QCSG Team is made up of:

- Director of H.I. Mgmt & Quality Services
- PCMH Coordinator
- Registered Nurses
- Medical Assistants
- Other patient focused staff
- Other staff as duties allow



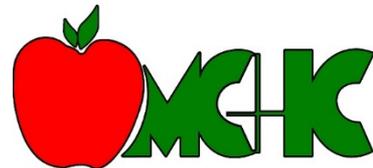
# Action Plan

- Charts are proactively reviewed for the next day's appointments to identify care gaps
- Charts are reviewed post visit for walk ins to promote patient care planning



# Action Plan

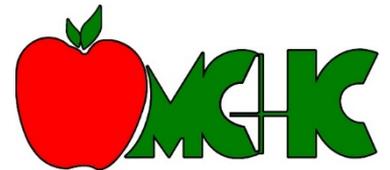
- Alerts are placed in the system in two locations to ensure staff can address care issue at time of visit
- Notes from alerts show up on Huddle Sheet so staff can plan ahead (send for labs, etc)
- Quality Team members audit to ensure that patient received services indicated



# Action Plan

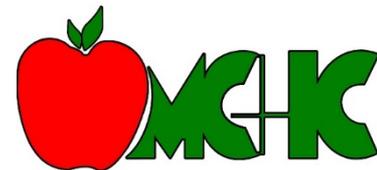
Patient records are reviewed on a systematic basis for the following:

- Annual preventive/wellness visits (adults and children)
- Cervical cancer screening
- Breast cancer screening
- Colon cancer screening



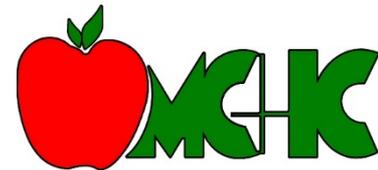
# Action Plan

- Call lists are developed using multiple sources and then cross-referenced to avoid duplication of effort.
- Once a patient is contacted by phone three (3) times without success, a letter is sent to the patient.
- All attempts to communicate with the patient are documented in the patient's electronic medical record.



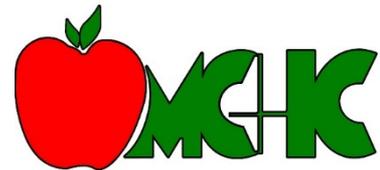
# Action Plan

- Quality Team members are assigned based on either certain chronic diagnoses or on specific payers, thereby promoting accountability
- Team meetings are held on a regular basis to find areas of improvement in the processes
- Ongoing customizing of our EMR, to optimize the system in identifying gaps and meeting measures



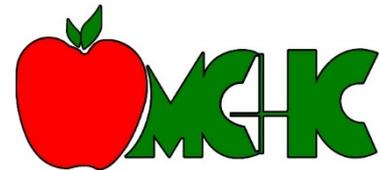
# COMMUNICATION IS KEY!

- Patients
- Providers/Staff
- Payers



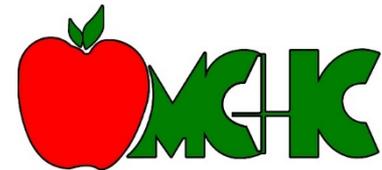
# QUESTION -IS IT WORKING?

- In the first six months of 2015, we have almost reached the levels that were attained during the whole years of 2013 and 2014.
- We have seen an increase in our preventive care and chronic disease monitoring visits.
- UDS reported Cancer Screenings have also improved.



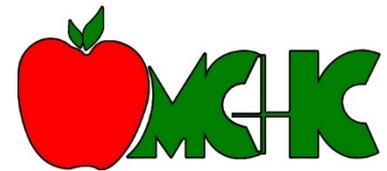
# SELECTED MEASURES

UDS Measure:	2013 <u>12 MONTHS</u>	2014 <u>12 MONTHS</u>	January-June 2015 <u>6 MONTHS</u>
Colon Cancer Screening:	41%	44.73%	41%
Cervical Cancer Screening:	40%	42.63%	39%
Tobacco Assessment:	95%	92.8%	90%
Diabetes <= 9:	60%	66.5%	57%



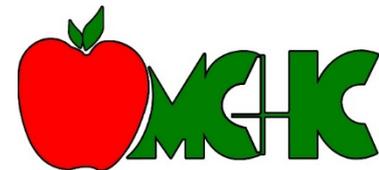
# COLLABORATE WHEN YOU CAN!

- We have partnered with Million Hearts<sup>®</sup> to improve timely diagnosing of patients with elevated blood pressure.
- Since January, 119 patients have been newly diagnosed with hypertension that previously had elevated blood pressure .
- Our UDS reported controlled hypertension has increased from 54% in 2014 to 60% in the first six months of 2015



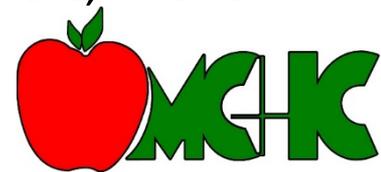
# COLLABORATE WHEN YOU CAN!

- American Cancer Society – HPV vaccinations to prevent cervical cancer.
- Colorectal cancer screenings project
- Collaborate with payers to manage members
- ACO





- MCHC has partnered with the Letcher County Farmer's Market to provide access to locally grown fresh fruits and vegetables through the FARMACY program.
- The FARMACY program allows MCHC patients that have certain diagnoses to receive a dollar per day per family member each week to purchase local produce from the Letcher County Farmer's Market.
- Through July 20, 2015, there were 156 households issued vouchers, with a 77% redemption rate.



# Coming Soon!

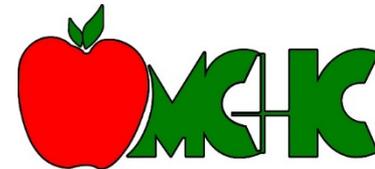
New MCHC Central Office at Former Whitesburg High School Campus



Pineville, Kentucky clinic



**OPTOMETRY SERVICES IN OUR  
WHITESBURG MEDICAL/DENTAL CLINIC-  
FALL 2015**



# Rural Health Network Innovations



# What is a Rural Health Network?

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- Three or more separate health care entities
- Formalized (bylaws, MOA, etc.)
- Eligible to apply for HRSA ORHP Network grants
- Definitions for comparison:
  - Coalition – Community-level partnerships on single topic (formal or informal)
  - Collaboration – Informal partnerships, 3 or more health care entities, shared goals

# HRSA ORHP Network Grants

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- Currently 8 Active Grantees in KY
- Innovative approaches to complex issues (access)
- Reoccurring grants available:
  - Rural Health Network Development
  - Rural Health Network Development Planning
  - Rural HIT Network Development
  - Rural Health Workforce Development
  - Delta State Rural Development Network Grant Program
  - Rural Health Care Services Outreach

- For more info:

<http://www.hrsa.gov/ruralhealth/about/community/index.html>

# Golden Triangle Network

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- Serves Three Rivers HD District
- 2 CAHs, FQHC, LHD, Home Health, BHO
  - Managed by Three Rivers Health Department
- Some early funding support from the KORH, self-sustained currently
- Addressed access issues in Owen Co. through development of Triad Health (FQHC)
- Currently looking at access issues linked to transportation

# Project Home

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- Based in Estill County; serve Estill, Powell, Lee, Owsley, Breathitt, and Wolfe
- CAH, 2 FQHCs, 3 BHOs, PCCs, EMS, 2 LHDs, CAP, and Chamber of Commerce
  - Managed by: Marcum & Wallace Memorial Hospital
- Network Planning, Outreach Grant (2)
- Care Coordination/Patient Navigation for reduction of ED recidivism; linkage to Health Home
- Sustainability in question, lack of MCO reimbursement for Care Coordination activities

# Western Kentucky Rural Healthcare Network

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- Based in Western Delta Region; serves 7 counties
- 5 CAHs, 1 Small Rural Hospital, AHEC
  - Managed by: Purchase AHEC
- Network Planning, USDA RUS DLT grantee; self-sustained currently
- Came together in 2004 to provide a formalized network that could provide a local continuum of care while reducing barriers to access
- Meeting regularly (CEO/peer groups) to share information, pool resources, address access/other community issues

# Coalfield Regional Healthcare Network

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- Based in Hopkins County; serves Hopkins, McLean, Webster, Caldwell, and Muhlenberg
- Regional Hospital, CAH, 2 FQHCs, AHEC, Community College, and LHD
  - Managed by: West KY AHEC
- Delta grantee, seeking Workforce grant; currently self-sustaining
- Strong focus on education and training of rural providers & pipeline programs

# Thank You!

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- If you would like more information on Kentucky's Rural Health Networks contact us at the KORH:
  - 606-439-3557
  - [Ernie.scott@uky.edu](mailto:Ernie.scott@uky.edu)
  - [Kayla.combs2@uky.edu](mailto:Kayla.combs2@uky.edu)
  - [Chris.salyers@uky.edu](mailto:Chris.salyers@uky.edu)

# Virtual Medicine

# **Telehealth Opportunities in Kentucky**

**Improving the health of all  
Kentuckians**







**Telehealth can help  
overcome the problems of  
access and cost**

*We Extend Healing*



Manchester Memorial Hospital

*Extending the healing ministry of Christ*

# Advanced ICU



Manchester Memorial Hospital

*Extending the healing ministry of Christ*

# High-Risk OB – UK/Blue Angels



Manchester Memorial Hospital

**Willowbrook  
Women's Center**

"It provides a measure of comfort to the mother when we can tell her immediately what's going on and if necessary we can intervene more quickly, which is always the best option for both mother and baby."  
-Dr. John O' Brein

**Reaching for Rural**

USING STATE OF THE ART VIDEO TELE-CONFERENCING TECHNOLOGY TO REACH RURAL AREAS OF KENTUCKY



Manchester Memorial Hospital

*Extending the healing ministry of Christ*

# Tele-Pulmonology



Manchester Memorial Hospital

*Extending the healing ministry of Christ*

# School Tele-Peds



Manchester Memorial Hospital

*Extending the healing ministry of Christ*

# Consumer Convenience

# Behavioral Health



bluegrass.org

# Access to Services at Bluegrass

# Access Now

- With increasing demands to become more efficient and accessible, Bluegrass is constantly focused on improving access.
- Currently Bluegrass has an average wait time from call to first appointment of about 13 days in our outpatient clinics.

# Specialty Initiatives for Hospital Discharge

- In an effort to reduce hospital readmissions and better engage individuals discharged from Eastern State Hospital, Bluegrass has developed a pre-discharge engagement process.
- Licensed Clinical Social Worker who is a Bluegrass employee makes face to face contact with patients being discharged to our region prior to discharge.

# Specialty Initiatives for Hospital Discharge

- A screening is done using the Level of Care Utilization System (LOCUS) and the client is guided into the appropriate service based on the level of care determined.
- Service options include regular outpatient, targeted case management, and Assertive Community Treatment.

# Specialty Residential Programs

- Bluegrass operates a residential Substance Abuse Program (Schwartz Center) and an Adult Crisis Stabilization Program.
- Access for these programs is typically immediate or next day.

# Issues that Impact Outpatient Access

- Fail to keeps
  - Take up time slots and push out schedules.
- Efforts to address FTK
  - o We are using more open clinics and modified scheduling to account for the 30-40% fail to keep rates we experience at intake.
  - o We are piloting open access in one unit currently

# Issues that Impact Outpatient Access

- Staffing patterns, particularly in small units
- Efforts to address the issue:
  - We are moving toward a more flexible pool of staff that can cover across programs. This has resulted in a much more stable access pattern with some of the turnover we recently had in Fayette County

# Issues that Impact Outpatient Access

- High volume emergency services particularly connected to our Jail Triage service
  - We do about 1,300 emergency jail evaluations per year in our region, many of which occur during clinic hours.
- Efforts to address the issue
  - We switch to using telemedicine for jail emergency evaluations which has drastically reduced the numbers of emergencies done by

# Issues that Impact Outpatient Access

- Non-direct service activities required
  - We have increased the usage of meetings by video reducing drive time by staff
- Outdated scheduling and data infrastructure with limited reporting functions
  - We recently installed a new EMR which includes scheduling software and an analytics package giving us access to real time and more comprehensive data.

# Home-based Care Services

# Health Connections Initiative



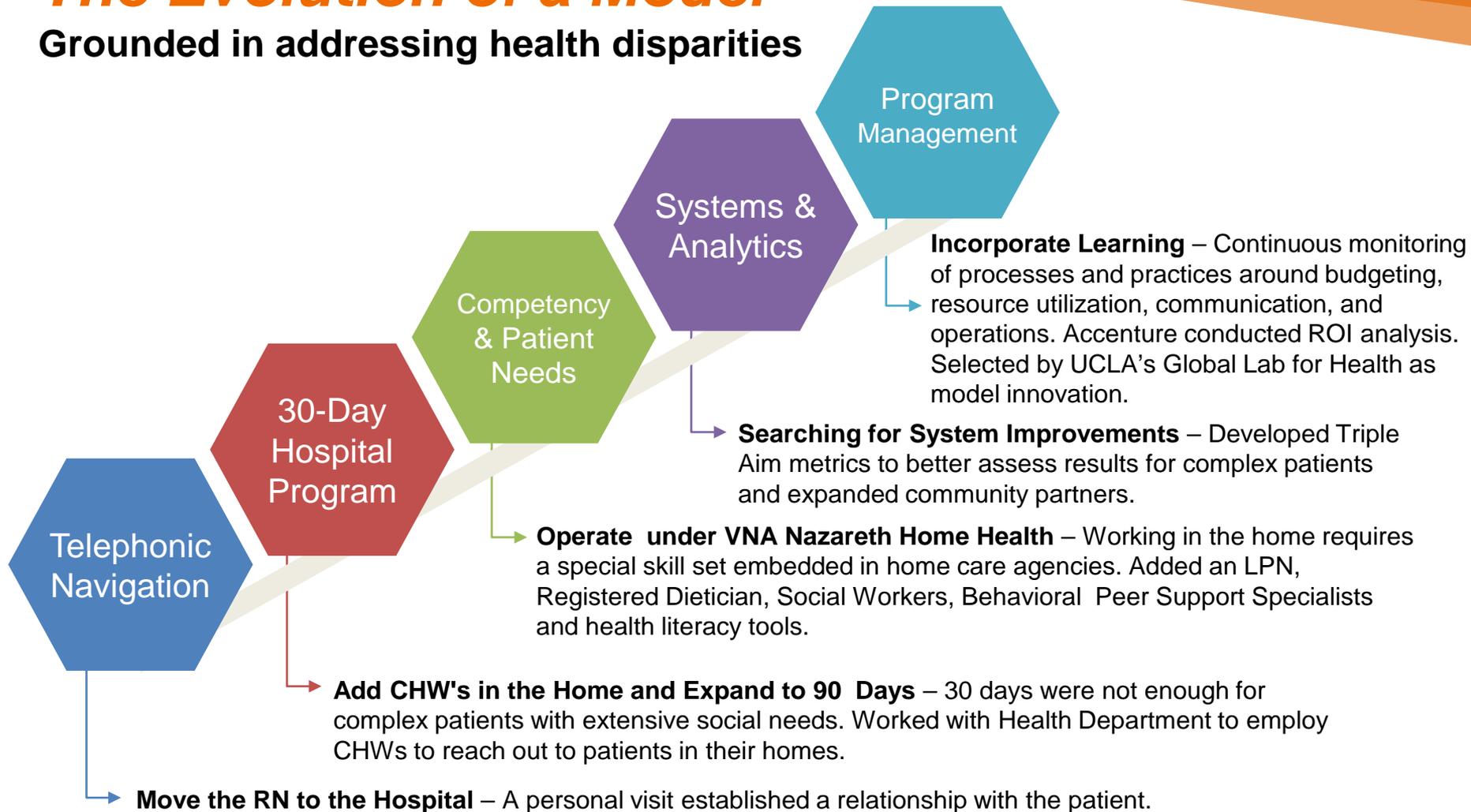
# Overview

**Health Connections Initiative** is a pilot program funded by the Catholic Health Initiatives Mission & Ministry Fund to test a community-based care management model to support the most challenged, challenging, complex and vulnerable patients.



# The Evolution of a Model

Grounded in addressing health disparities



2010

2015

# Background

Based on strong evidence that a large number of ED visits and hospital admission of “super utilizing” patients could be prevented by relatively inexpensive and coordinated early interventions.



# Overview

An evidence-based nurse-led interdisciplinary care team that includes:

- Lead RN
- LPN
- Social Worker
- Registered Dietitian
- Peer Specialist
- Community Health Worker

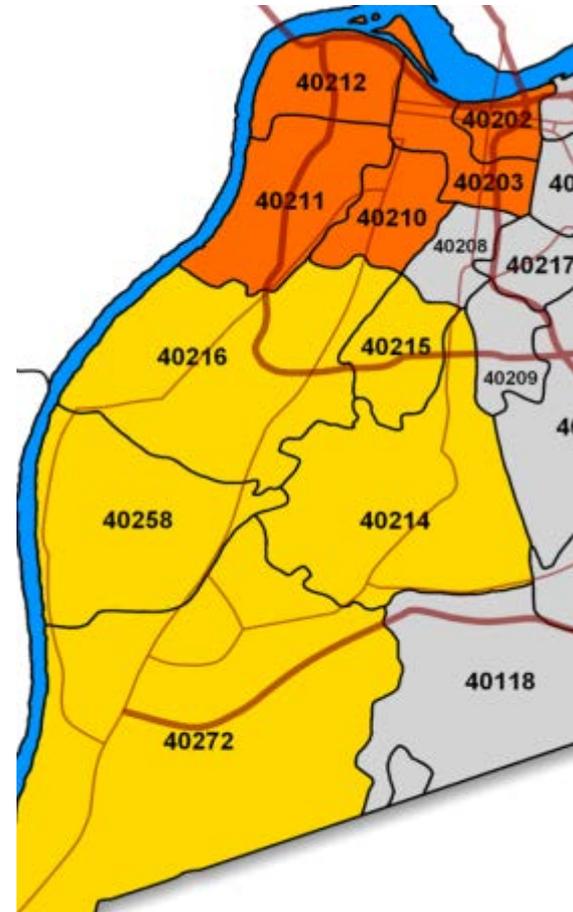


# Selection Criteria

Patients who live in low-income neighborhoods with high readmission rates identified through “hotspot” mapping

At hospital discharge, have a LACE score of 11+ (readmission risk assessment tool)

Payer source of Medicaid, Medicare, Dual-eligible or Uninsured



# Partners

## Grantee Organizations:

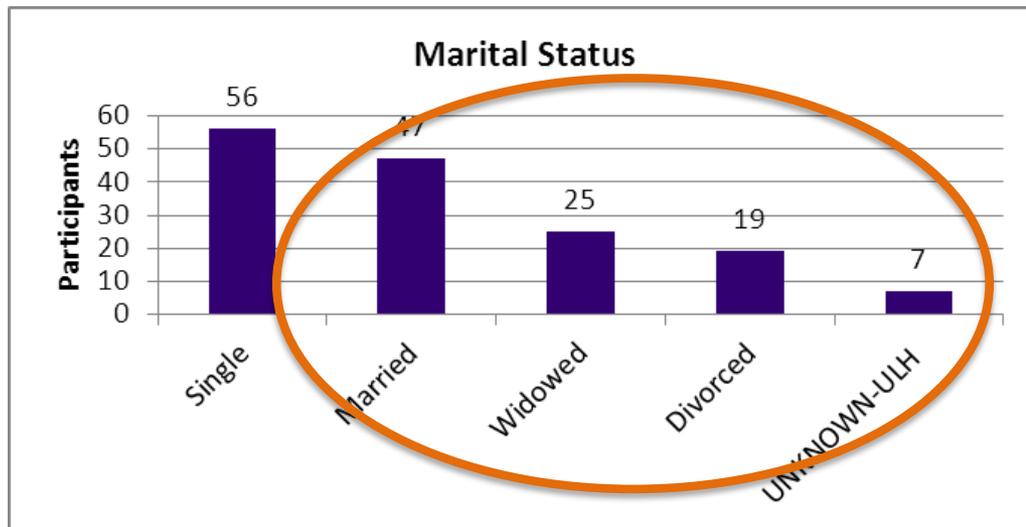
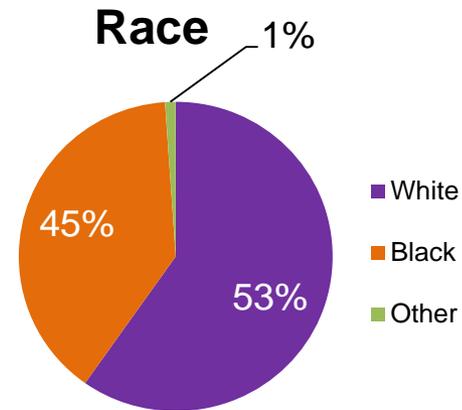
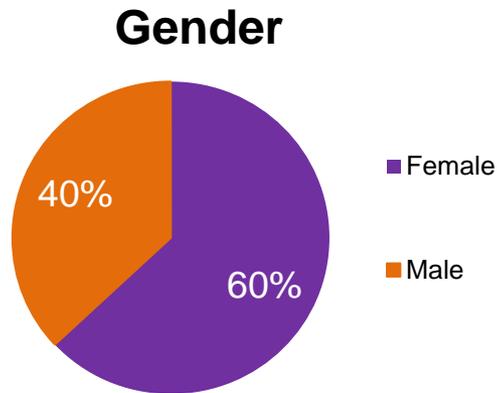
- KentuckyOne Health (Louisville)
- St. Vincent Health System (Little Rock)
- VNA Nazareth Home Care
- Catholic Health Initiatives

## Steering Committee:

- FQHCs
- EMS
- Seven Counties Services
- Volunteers of America
- KentuckyOne Physician Group

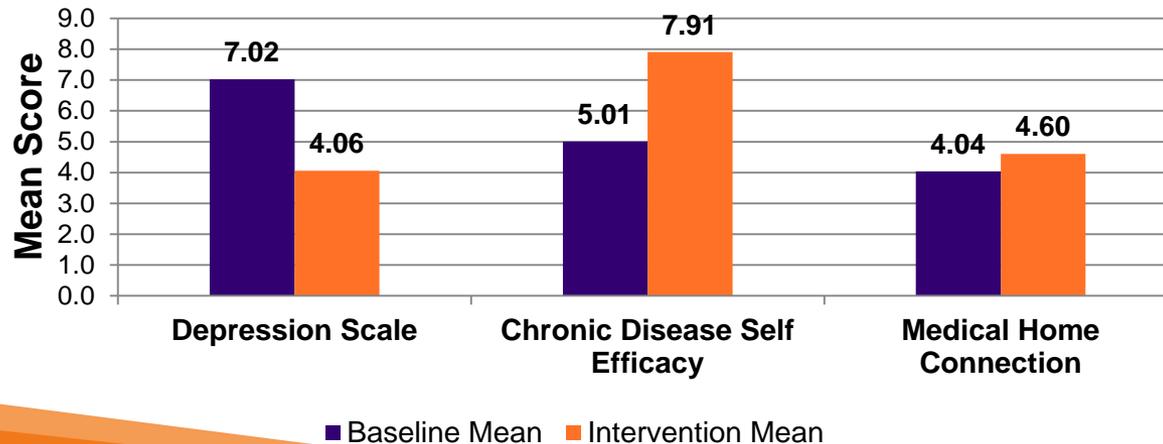
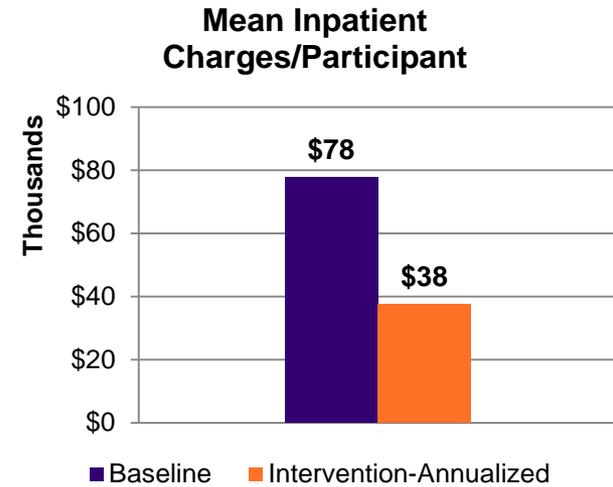
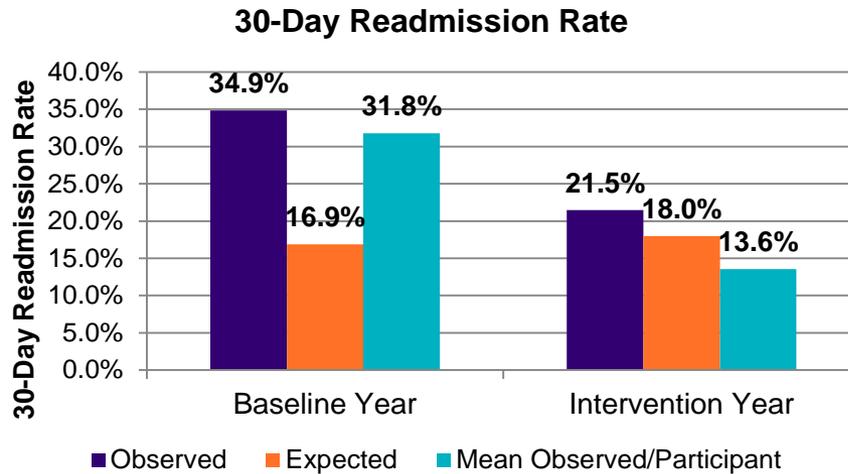


# Our Participants



# Triple Aim Success Measures

Better Health - Better Experience - Lower Cost



# Return on Investment

## Variable Cost Model Yields Positive Result

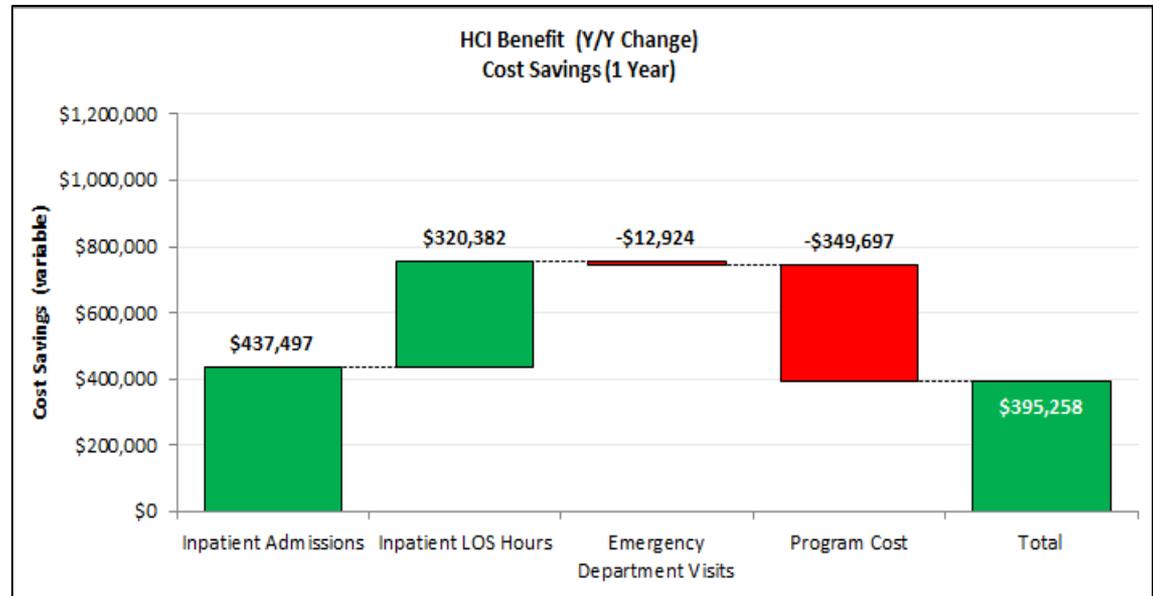
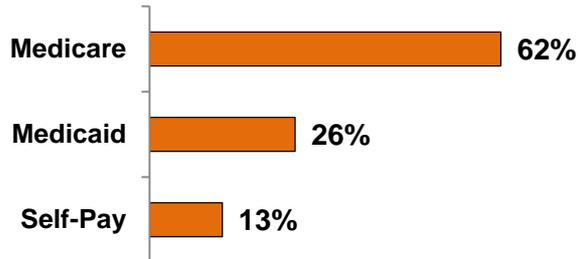
# 113%

1 Year Return on Investment (ROI)

# 72 Patients 317 Encounters\*

Sample Size (Annual)

\* Encounters: Total Inpatient Admissions and ED Visits in the pre-enrollment year



\*Not Included – additional benefit from lower Readmission penalty

# Return on Investment

Contribution Margin Model Yields Negative Result

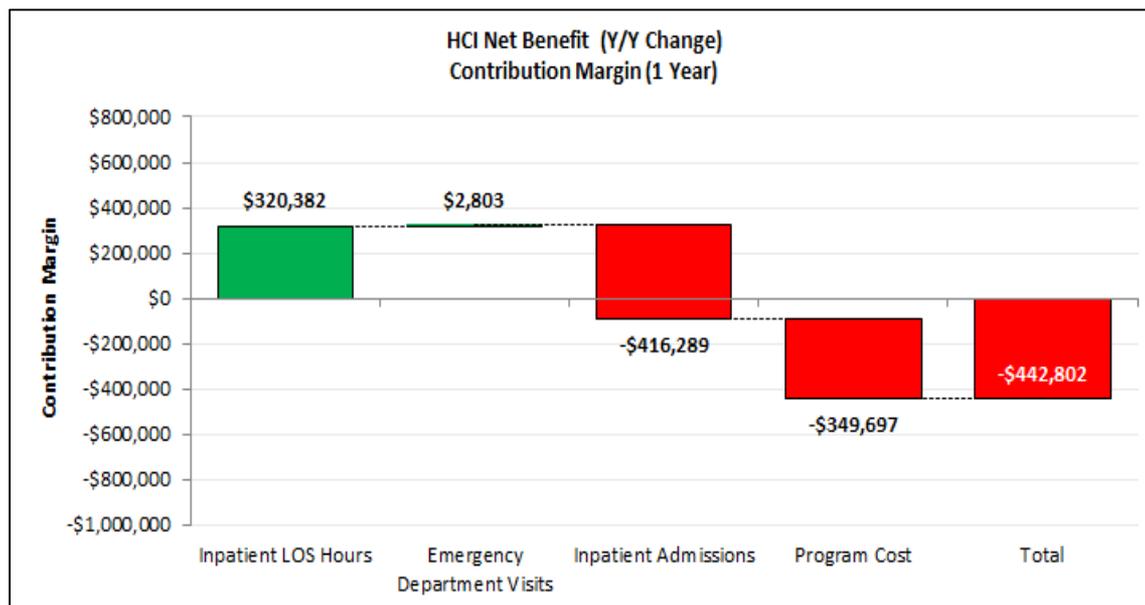
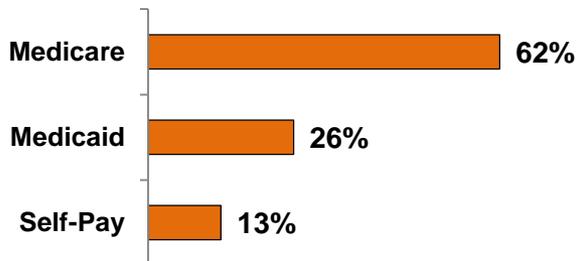
## -127%

1 Year Return on Investment (ROI)

**72 Patients**  
**317 Encounters\***

Sample Size (Annual)

\* Encounters: Total Inpatient Admissions and ED Visits in the pre-enrollment year



\* Not Included – additional benefit from lower Readmission penalty

# Future Considerations

- Serve more people through prospective enrollment
- Partner with MCOs on a shared savings model to sustain the program



# Keys to Success

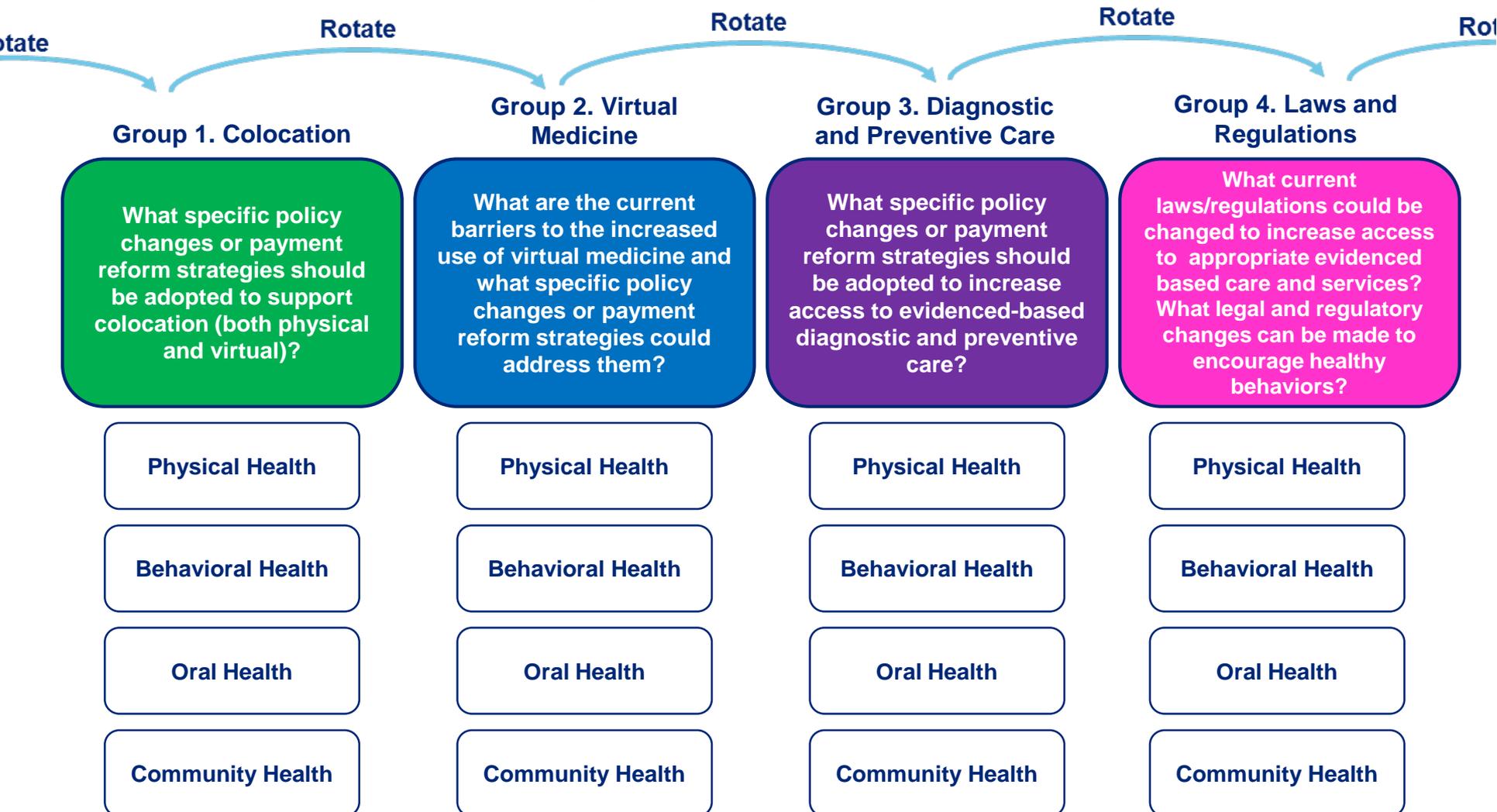
- ✓ Eyes in the home
- ✓ A team with a heart for the work
- ✓ Love and support



# Oral Health

# Breakout Activity Instructions and Brainstorming

During today's workgroup, participants will conduct a breakout activity structured around four core design elements of the current Increased Access Strategy in the KY SIM Straw Person. We will form four groups and rotate to discuss these four key design components for 15 minutes each.



**Next Steps**

## Next Steps

- The August full stakeholder meeting is scheduled for **Tuesday, August 4, 2015** from **1:00 PM – 4:00 PM** at the **Kentucky Historical Society** (100 W. Broadway Street, Frankfort, KY 40601). No advance registration is required. This meeting will feature a presentation from **Christopher Koller**, President of the **Milbank Memorial Fund (MMF)**.
- The August workgroups will differ from previous months. We will use the August workgroup sessions to solicit stakeholder feedback on the draft **Value-based Health Care Delivery and Payment Methodology Transformation Plan** to be submitted to CMS in mid-September. The draft plan will be circulated in advance of two identical feedback sessions to provide stakeholders with review time and options for providing input.

Workgroup	August Date	August Time	August Location
August KY SIM Workgroup Session #1	Wednesday, August 26 <sup>th</sup>	9AM – 12PM (lunch 12-1PM)	Kentucky Historical Society, 100 W Broadway St, Frankfort, KY 40601
August KY SIM Workgroup Session #2	Thursday, August 27 <sup>th</sup>	12PM – 4PM (lunch 12-1PM)	Kentucky Historical Society, 100 W Broadway St, Frankfort, KY 40601

- Also, please **SAVE THE DATE!** The KY SIM team is planning a **KY SIM Innovation Summit** scheduled for **Tuesday, September 29<sup>th</sup>** from **12 – 5PM** at the **Sloan Convention Center** in **Bowling Green, KY** before the annual **KHIE eHealth Summit**. Additional details and registration information is forthcoming.
- Please visit the dedicated Kentucky SIM Model Design website: <http://chfs.ky.gov/ohp/sim/simhome>
- Please contact the KY SIM mailbox at [sim@ky.gov](mailto:sim@ky.gov) with any comments or questions

**Thank you!**

**Q&A**