# Improve Access to Care Workgroup | Quarterly Report Form

Reporting Period: Quarter Ending 03/31/15

Contact Information				
Provider Organization: Corpus Christi Medical Center				
Primary Contact: Chris Nicosia Email: chris.nicosia@hcahealthcare.com				

## Goals

## Goal(s):

- Increase the number of primary care physicians in our 501a by 1 for 2014 and an additional 1 for 2015
- Increase the number of primary care physicians in our Hospitalist group by 2 for 2014 and an additional 2 for 2015

## Plan

## Plan for Implementation and Achievement:

- Expand the approved search parameters currently in place with the recruitment agencies
- Increase the number of candidates to be interviewed by the groups
- Shorten the interview window to ensure the groups can make decisions quickly
- Increase the number of places where the hospital can source candidates

### Do

#### **Actions Taken:**

• All of the above steps were implemented in late Q2

## Study

- Progress Towards Goal(s):
  - We have one active contract for a new physician in our 501a. The start date of this contract is 9/1/15.
  - o Recruitment efforts continue for a second new physician to join our 501a
  - Hospitalist group has increased to 18 from the baseline of 12
- Challenges:
  - Difficult to recruit to Corpus Christi

## **Next Steps:**

- Continue recruitment efforts to recruit physicians for the 501a
- Develop 2-3 year plan for primary care recruitment plan to include all groups on our campus
- Develop expansion plan for FP residency continuity of care clinic

# Collaborate

# **Share Successes and/or Request Assistance**

• No assistance required at this time

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Reporting Period: May 2015

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**Provider Organization:** Citizens Medical Center

Primary Contact: Cherie Brzozowski, CQO | Email: cbrzozowski@cmcvtx.org

## Goals

## Goal(s):

• Ensure breast cancer patients receives advocacy and best treatment possible based on appropriate decisions made with complete understanding of all available information.

# Plan

## Plan for Implementation and Achievement:

- Redesign referral process
- Implement a navigator

#### Do

## **Actions Taken:**

- Created a Lean Team
- Hired a Navigator

#### Study

## **Review and Evaluate:**

- Progress Towards Goal(s):
  - o Physicians Meeting
  - o New flow chart developed
- Challenges:
  - o Different expectations between physicians

## Act

## **Next Steps:**

Monitor referrals to the navigator

# Collaborate

# **Share Successes and/or Request Assistance**

Involved physicians in referral process

# Improve Access to Care Workgroup | Quarterly Report Form

Reporting Period: May 2015

Contact Information				
Provider Organization: Coastal Plains Community Center				
Primary Contact: America Contreras	Email: acontreras@coastalplainsctr.org			

## Goals

## Goal(s):

• To ensure that every eligible individual is offered an opportunity to access primary care services.

### Plan

#### Plan for Implementation and Achievement:

- Primary care Navigators will be hired for every service site
- Policy and Procedures will be written addressing service access
- Navigators will be trained on policy and procedures
- Written notification will be made available defining all services in each service area.

### Do

### **Actions Taken:**

- At time of Intake, every individual will be assessed for primary care eligibility
- Referrals will be made to the Navigator via a warm hand off procedure
- Navigators will register individuals for primary care services and individual will receive a doctor's appointment, a reminder call, and will be met by Navigator on the day of the appointment

## Study

- Progress Towards Goal(s):
  - O We continue to receive a lot of referrals to Salud y Vida primary care program. AT midyear we reported having served 470 in Primary Care and 74 clients in Substance Abuse services for DY4. As of April 2015, we reported our DY 3 Carry forward QPI targets and in this report our Center served 1232 individuals in Primary Care and 139 individuals in Substance Abuse Services.

- Challenges:
  - o Accepting clients with insurance who have to change providers to CACOST providers
  - o Providing individual and group skills training on living a healthy life styles
  - Medication costs
  - A mutual agreed upon formulary
  - Identification of high utilizers and determine method of minimizing services delivered by provider

# **Next Steps:**

- Monitor medication budget
- Identify individuals that have a high utilization of service
- Initiate case management meetings to develop interventions to reduce high utilization
- Extend primary care education to more individuals, initiate group therapy
- Train Navigators to assist on implementing smoking cessation program for our Center.

# Collaborate

## **Share Successes and/or Request Assistance**

- Success: In DY4, 470 individuals received primary care at midpoint. We are on task for meeting our target for DY4.
- Success: Have trained Navigators in DEEP training so that they can provide skills training, and education on Diabetes and High Blood Pressure
- Assistance: Will look at in depth training regarding hyperlipidemia
- Assistance: Investigate process to certify Navigators as Community Health Workers

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Reporting Period: 05/19/2015

Contact Information			
Provider Organization: DeTar Healthcare System			
Primary Contact: Jac	e Jones	Email:	jace.jones@detar.com

## Goals

## Goal(s):

- Expand access to chronic disease management and pre-natal clinics
- Expand access to behavioral health programs
- Expand clinic hours
- Increase Primary Care Providers

# Plan

### Plan for Implementation and Achievement:

- Align stakeholders in local and rural areas
- Get approval for needed staff
- Staff buy in for extended hours
- Develop budget and impact analysis
- Align rural and local providers to benefit of the programs
- Develop patient forms and progress notes in EMR

# Do

#### **Actions Taken:**

- Opened clinics for extended hours
- Aligned stakeholders and potential collaborators
- EMR notes developed
- Accreditation approved

#### Study

- Progress Towards Goal(s):
  - o Accepting 3<sup>rd</sup> and 4<sup>th</sup> year students to rotate in clinic
  - o Met Chronic disease program QPI metrics
  - o Residency clinic is offering Saturday hours
  - o Met with rural county officials and had great success in our programs
  - o Pre-Natal project growing in rural areas

- Challenges:
  - o PCMH guidelines
  - o Documentation in EMR
  - o Staff buy in

# **Next Steps:**

- Start build out
- Continue marketing program
- Continue to engage rural providers

# Collaborate

# **Share Successes and/or Request Assistance**

- Enrollment in Pre-Natal clinics has increased in the rural areas
- Increased communication between local primary care providers and IOP
- Younger physicians

# Improve Access to Care Workgroup | Quarterly Report Form

Reporting Period: DY4 Q2

Contact Information			
Provider Organization: Driscoll Children's Hospital			
Primary Contact: Michelle Ramirez Email: michelle.ramirez@dchstx.org			

## Goals

## Goal(s):

• Increase overall operating hours by 4% each demonstration year from baseline hours collectively across the three available urgent care/non-emergent care settings

# Plan

## Plan for Implementation and Achievement:

- Meet with medical staff to discuss future hours at each urgent care location
- Discuss a date of expansion
- Discuss coordination of medical staff for additional operating hours
- Discuss marketing efforts for changes to operating hours

### Do

## **Actions Taken:**

- Maintaining expanded operating hours on the weekends in the Quick Care-McAllen and Saratoga Urgent Care (Corpus Christi) in April
- Maintaining expanded Summer operating hours on the weekend in Victoria-After Hours Clinic starting in June
- In DY5 we will expand our Urgent Care/Non-emergent care operating hours

#### Study

- Progress Towards Goal(s):
  - o We have been tracking the number of patients seen during the expanded time frame
  - o We are working to expand Laboratory and Radiology services in the Urgent care setting
- Review times and locations of expansion hours starting in October 2015
- Challenges:
  - Still competing with expanded hours from outside pediatric facilities which could affect staffing and patient volume

## **Next Steps:**

- Discuss staffing coordination with future expanded operating hours at each clinic location
- Review patient access times and flow for future expanded operating hours for DY5
- We will be working with the Driscoll Healthplan to provide location information on our nonemergent clinic via text messaging to Healthplan Members recently seen for a low-acuity visit in the emergency room

# Collaborate

## **Share Successes and/or Request Assistance**

- We have already experienced an increase in patient volume from year over year
- Increased access to primary care services by offering more operating hours during the weekend outside of pediatrician office hours

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Reporting Period: May 2015

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**Provider Organization:** Lavaca Medical Center

Primary Contact: Bill Emery Email: wemery@lavacamedcen.com

## Goals

## Goal(s):

• Increase number of primary care clinic appointments and visits.

## Plan

# Plan for Implementation and Achievement:

• Increase clinic hours, stay on track with plan to recruit additional physician NLT Sept, 2016.

#### Do

#### **Actions Taken:**

- Continue tracking increasing visits with first additional physician.
- Working with providers in order to plan the increase of the clinic's hours.
- Recent meetings for increased activity of Physician Recruitment.

## Study

## **Review and Evaluate:**

- Progress Towards Goal(s):
  - o Excellent and on track according to time table.
- Challenges:
  - o None to report.

## Act

#### **Next Steps:**

• Increase operational hours of the primary care clinic NLT September 1, 2015.

## Collaborate

## **Share Successes and/or Request Assistance**

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# Improve Access to Care Workgroup | Quarterly Report Form

Reporting Period: July 2014 – May 2015

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**Provider Organization:** Memorial Hospital (Gonzales Healthcare Systems)

Primary Contact: Leslie Janssen | Email: ljanssen@gonzaleshealthcare.com

#### Goals

## Goal(s):

Increase use of rural health clinics rather than emergency room for primary care

## Plan

# Plan for Implementation and Achievement:

- Expand hours of clinic in Waelder.
- Locate new clinic space or location on which to build new clinic.

#### Do

#### **Actions Taken:**

- A new mid-level practitioner was hired and the clinic hours in Waelder were doubled from half days to full days Monday through Friday in November 2013.
- Negotiations with the City of Waelder were begun to try and find a new location for the clinic.

## Study

- Progress Towards Goal(s):
  - An agreement was reached with the City of Waelder in December 2013 for donation of land for a new clinic.
  - Final approval of the land donation and the go-ahead to build the new clinic was given in August 2014.
  - We're seeing a significant increase in the number of patients using the clinic in Waelder. We saw a 36% increase in 2013-14 over 2012-13 and we're seeing a 16% increase in visits so far this year. We have also seen a decrease of about 11% in emergency department visits from the Waelder zip code.
  - o Plans for the new building are being developed and additional funding sources identified.
  - The plans for the building have been completed pending results of a grant application for additional funds that has been submitted.

## Challenges:

- The current clinic is in an old low income housing complex and is in poor repair. Some patients won't come to the location and it's difficult to staff.
- We still face some ingrained habits in that patients, particularly unfunded patients, still think
  if they go to the emergency department for services they don't have to pay for them. It's
  difficult for them to understand it's actually less expensive to go to the clinic.
- We're seeing some decrease in the use of the ER by families, but have seen an increase among working males.

## Act

## **Next Steps:**

- Plans for the new clinic need to be developed and construction initiated.
- Patient education on the benefits of using the clinic versus the emergency department.

## Collaborate

# **Share Successes and/or Request Assistance**

• The expanded clinic hours do appear to be having an impact on reducing emergency department visits.

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Reporting Period: May 2015

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**Provider Organization:** Otto Kaiser Memorial Hospital

Primary Contact: Vincent Sowell Email: Vincent.sowell@okmh.org

## Goals

## Goal(s):

• Improve use of tele-medicine.

## Plan

## Plan for Implementation and Achievement:

• Education of internal and external staff (contracted physicians, EMS, etc.), promotion of positive results.

## Do

#### **Actions Taken:**

 In-services for staff, creation of tele-medicine standing protocols, continued promotion of positive patient experiences to staff and community.

## Study

#### **Review and Evaluate:**

- Progress Towards Goal(s):
  - Staff & physicians have become much more comfortable with the technology and the processes that have been put in place. Our volumes for the service have gone up dramatically since we started the program.
- Challenges:
  - o Getting new ER physicians and new EMS personnel trained and in-serviced without missing opportunities to use the system.
  - o IT challenges (connectivity, bandwidth) can never be totally removed, but as of now, those issues have subsided.

## Act

#### **Next Steps:**

 We have begun incorporating Tele-Medicine training into our orientation for nurses and new ER physicians.

# Collaborate

# **Share Successes and/or Request Assistance**

• We have had several successful TPA administrations through the program.

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Reporting Period: May 2015

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**Provider Organization:** Refugio County Memorial Hospital District

Primary Contact: Hoss Whitt Email: hwhitt@rcmhospital.org

## Goals

## Goal(s):

- Improve access to primary care
- Hire additional physicians
- Increase clinic volume
- Decrease E.D. visits for ACSC

## Plan

### Plan for Implementation and Achievement:

Hire two additional physicians to replace the physicians that resigned in 2014

### Do

## **Actions Taken:**

- Temporarily filled the open physician positions with locum tenens.
- Contracted with a physician recruiting service
- Finally hired two full-time physicians, Dr. Katasha Perry and Dr. Joseph Dillon Jenkins.

#### Study

- Progress Towards Goal(s):
  - o Dr. Perry began seeing patients on April 13, of 2015.
  - o Dr. Jenkins is scheduled to start at our Rural Health Clinic on June 1, 2015.
- Challenges:
  - Our goal was to increase the volume of the clinic by 1100 patients in 2014, instead our clinic volume declined due to our physician shortage.
  - We have been unable to reduce our ACSC's in the E.D. due to the limited availability of primary care access.

## **Next Steps:**

• After the clinic is fully staffed with providers, we will begin a marketing campaign to recapture the patient volume that was lost.

# Collaborate

## **Share Successes and/or Request Assistance**

• Although the loss of two physicians in the last half of 2014 had a significant detrimental effect in our ability to achieve our goals and metrics, it was a major win for the organization to recruit two exceptional physicians in less than one year.

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Reporting Period: May 2015

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**Provider Organization:** Yoakum Community Hospital

Primary Contact: Karen Barber | Email: kbarber@yoakumhospital.org

## Goals

## Goal(s):

• Hire Allied Health Professional for Medical Office Building

## Plan

# Plan for Implementation and Achievement:

N/A

#### Do

#### **Actions Taken:**

• FNP has been hired and is seeing patients

#### Study

### **Review and Evaluate:**

- Progress Towards Goal(s):
  - o FNP saw 636 patients between October 1, 2014 and March 31, 2015
- Challenges:
  - o Retirement of an FNP in the Medical Office Building

## Act

### **Next Steps:**

• Business plan for FY 16 projects a 10% increase over total FY15 visits

## Collaborate

## **Share Successes and/or Request Assistance**

Provider has seen a total of 1571 patients since July 2014