

Integration of Clinical Practices Guidelines within a Central Texas Healthcare Network



Building Bridges: Improving Health
through Program Integration Conference



Shaping Healthy Communities.

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CEO

Background

- LSCC started as Georgetown Community Clinic in 2002 and was financially supported by a Board of Directors and local community organizations
- Federally Qualified Health Center status was achieved in 2004. As new sites were opened beyond the City of Georgetown, the GCC name was formally changed to Lone Star Circle of Care.
- Today, LSCC has 17 total clinic sites in Central Texas, with 15 located in Williamson, 1 in Travis, and 1 in Bell, connected by a state-of-the-art electronic medical record system which helps monitor disease management and promotes continuity of care
 - Adult & Pediatric primary medical care
 - Psychiatry & psychotherapy for adults and children
 - Comprehensive OB/GYN
 - Dentistry for adults and children
 - Chronic disease prevention & disease management
 - Wellness Classes



Mission and Model

- Every new clinic that opens under our network is in direct alignment with our mission, which is a commitment to “the energetic and steadfast pursuit of quality, accessible, and sustainable primary healthcare for Central Texas residents, focusing on the uninsured and underserved.”

A Complete Medical Home

All the services a patient might require are available through LSCC’s clinics: Family/Adult, Pediatric, Dental, OB, Mental Health, Class A Pharmacy, expanding Senior Health.

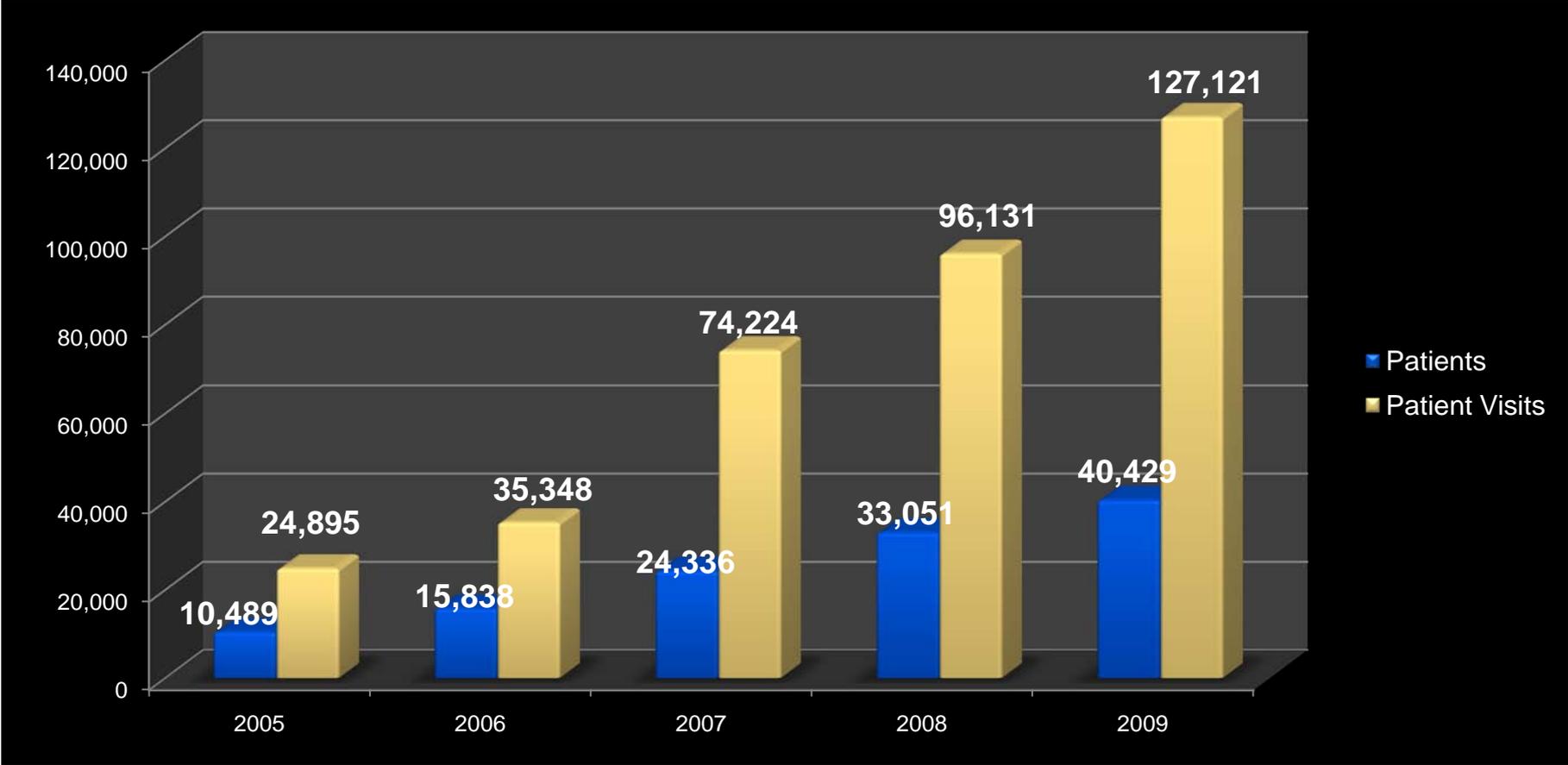
An Adaptive Funding Formula

LSCC has identified an adaptive funding formula that blends public healthcare dollars with investments from hospitals, charitable foundations and private donors, making it possible for any healthcare provider to serve uninsured and underserved patients.

A Mission to Partner

We fulfill our mission when we partner with others to expand access to healthcare. The LSCC formula can be adapted and configured to compliment any existing model – from nonprofit to for-profit.

Growth Trends



*2010 Projections: 230,000—270,000 visits depending on timing of new clinic openings



Performance

	2005	2006	2007	2008	2009	2010 Projection
Total Patient Visits	24,895	35,348	74,224	96,131	127,121	230,000- 270,000*
Total Clinics	4	6	8	9	17*	25**
Total Operating Budget	\$5.4 M	\$5.7 M	\$10.5 M	\$14.4 M	\$26 M	\$50 M
Federal Grant	\$650,000	\$643,500	\$651,500	\$651,500	\$747,100***	\$747,100
Non-operating Revenue (Grants/Donations)	\$512,446	\$1,166,593	\$2,087,875	\$3,700,000	\$11.2M	\$14M
Total Uncompensated Care	\$818,160	\$1,119,360	\$2,364,960	\$4,000,000	\$7M	\$10M

*Depending on timing of new clinic openings in 2010

**Two of these sites are clinical hubs, totaling 75,000 square feet of new clinical space.

***Increase due to stimulus funding and will continue in future years





Key Elements of the FQHC and LSCC's Model that contribute to Improvement of Disease Management and Continuity of Care



Benefits of the FQHC Model

- Prospective Payment System (PPS) reimbursement rates for Medicare/Medicaid/CHIP encounters
 - A true cost-based reimbursement
- Federal Tort Claims Act coverage (the federal equivalent to an occurrence-based malpractice plan for providers and is provided to FQHCs at no cost)
- 340b drug pricing—the ability to acquire medications at significantly discounted rates, and pass these savings onto uninsured and underinsured patients
 - Key factor in disease management
- Ability to directly employ physicians in Texas; can also contract for services
- Safe Harbors that protect arrangements between hospitals and FQHCs
- Access to HRSA grant and program funding exclusive to FQHCs

Additional Benefits Brought by LSCC

- Direct provision of medical, dental, and mental health services promotes care coordination and continuity within and outside the LSCC network
- LSCC medical clinics are fully live on a CCHIT certified EHR/EPM solution (NextGen) which includes electronic claims submission and provides an “outcome-based, reimbursement ready” platform for future changes in reimbursement policies
 - New clinic sites open live on the system
- Leadership Role in the Integrated Care Collaboration
 - Members pay dues to support the Health Information Exchange
 - Asthma & Diabetes Care Coordination Programs
- Centralized Call Center structure for scheduling, referrals and case management activities
- Joint Commission Accreditation
- Health Home Designations & Pilot Projects





Strategies and Outcomes

resulting from Improved Care Coordination and
Continuity of Care



Strategy: Partner with Hospitals and other Investors to Open New Clinics and Expand Service Lines

- LSCC OB/GYN in Round Rock—St. David’s Round Rock
- A.W. Grimes Medical Center—Seton Medical Center Williamson
 - Family medicine
- Ben White Health Clinic—St. David’s South Austin
 - ER Diversion “Access” clinic; primarily serves chronically ill adults who have not had access to a medical home in 10+ years
 - On average, 25% of the patient visits each month are from hospital referrals
- Belton Pediatrics—Scott & White
- Seton/LSCC Clinics at TAMU
 - Family medicine, pediatrics, adolescent, OB/GYN, behavioral health, senior, Class A Pharmacy
 - Seton sponsored, LSCC clinics

Strategy: Partner with Hospitals and other Investors to Open New Clinics and Expand Service Lines

- Lake Aire Medical Center—Georgetown Health Foundation
 - Family medicine, pediatrics, behavioral health, senior, Class A pharmacy
- Dell Children’s Medical Center of Central Texas
 - Hutto Pediatrics – opening July 2010
 - Cedar Park Pediatrics – opening July 2010
- Ben White Dental Clinic – St. David’s Community Health Foundation
 - Opening Summer 2010
- Family Practice Clinic with S&W
 - Opening Summer 2010

Outcomes: Partner with Hospitals and other Investors to Open New Clinics and Expand Service Lines

- Since 2006, LSCC's capacity has increased by 748+% with no additional 330 grant funds
- Significant expansion of adult and pediatric medical and dental services and expansion of service area
- Creation of comprehensive OB program
- Creation of Integrated Behavioral Health model
- Addition of Adolescent Service line and Development of Senior Care Service line

Strategy: Develop Integrated Behavioral Health Model

- Program focused on coordinating treatment of the patient's physical and mental health is completely funded by non-federal grants and patient revenue
- To truly integrate behavioral health services into primary care, LSCC “embeds” therapists into primary care medical clinics
 - Psychiatric referrals from medical to behavioral health are made via the embedded therapist
- Psychiatrists are primarily staffed in space dedicated to the behavioral health service line, and this space is co-located with LSCC's multi-service line clinics
- Patients can establish care with LSCC via medical or behavioral health
 - Providers refer patients to other service lines
- We are instituting screening tools for primary care to help detect behavioral health needs

Strategy: Develop Integrated Behavioral Health Model

- Psychiatric patient slots are blocked each day to allow for emergency appointments
- Records are shared on the EHR and providers use the tasking function to communicate in addition to regular meetings
- Internal Behavioral Health Integrated Council—comprised of service line medical and behavioral health directors and administrative staff
 - Meets monthly to establish care coordination, new processes, promote communication and teamwork, etc.

Outcomes: Integrated Behavioral Health

- 40% of bipolar and depressed adult patients who have been in treatment for more than 6 months have experienced a 50% or greater reduction in standardized depression screening tool scores
- 60% of children under age 18 who have been in treatment for more for more than 6 months have experienced a 50% or greater reduction in standardized depression screening tool scores
- Nearly 60% of behavioral health patients utilize another LSCC service
- Teen screen tool saved the life of a pregnant teenager who planned to commit suicide later that day
- We are a national model for other community health centers

Strategy: Develop Comprehensive Obstetrics Program

- In response to increasingly high volumes of underinsured pregnant women presenting to the ER having little or no prenatal care, Lone Star Circle of Care established its Obstetrics and Gynecology model in 2006
- Program is focused on the provision of comprehensive prenatal, labor and delivery, post-partum, and gynecological care for uninsured and underinsured women in Central Texas
- Program has nearly eliminated “no doc” patients as there is now a medical home model available to all women regardless of insurance status

Outcomes: OB Clinical Quality Indicators

	Average OB Appointments per Delivered Patient
2nd Qtr 2009	11.24
3rd Qtr 2009	10.68
4th Qtr 2009	11.02
1st Qtr 2010	11.57

Care Coordination across the LSCC Network:

- 88% of women return for post-partum visit
- 71% of babies delivered by a LSCC OB return to LSCC for their pediatric medical home

Outcomes: OB Clinical Quality Indicators

	Benchmark	LSCC	Williamson County	Texas
Low Birth Weight 1500-2499 grams	$\leq 5.0\%$	5.0%	6.6%	8.4%
Very Low Birth Weight <1500 grams	<0.9%	0.3%	1.1%	1.5%

- LSCC is 20% better than the Williamson County low birth weight average which is 6.6%
- LSCC is 72% better than the Williamson County very low birth weight average which is 1.1%
- Benchmarks are from Healthy People 2010

Outcomes: OB Clinical Quality Indicators

	Benchmark	LSCC	Williamson County	Texas
Pre-term birth (< 37 weeks gestation)	$\leq 7.6\%$	11.0%	12.0%	13.7%

- Average gestational age
 - LSCC = 38.9 weeks
 - National = 37.2 weeks

Strategy: Reduce preventable ER and hospital visits related to Asthma

- In June 2009, LSCC expanded upon a highly successful Asthma program created by Seton
- ICC data is used to identify patients who visited the ER or were admitted to the hospital for a preventable asthma-related condition
- Respiratory Therapists visit the patients' homes, provide education including how to identify asthma triggers, connect patient to medical home if needed
- RTs follow up with the patients at 30, 60, 90 days, 6 months

Outcomes: Reduce preventable ER and hospital visits related to Asthma

- The pilot program was shown to reduce asthma-related ER visits by 40%, in-patient hospitalizations by 95%, and created an ROI of \$5.50 for every \$1 invested in the program
- Given the asthma program's success, Seton has created a diabetes program based on the same model using certified diabetic nurses and registered dieticians that LSCC will participate in



Overcoming Challenges

that could arise when establishing care coordination
and disease management programs



Overcoming Challenges

- Identifying investors and partners for projects
 - Cast a wide net--try not to be exclusive to get as many to the table as possible
 - Make it win/win whenever possible—helping your partner could lock in a recurring investment and if the patient/client is better served, everyone wins
 - Maximize patient/client revenue (if possible) and any other benefits you can bring to leverage with other investments
 - Think about and plan for sustainability from the beginning—and involve your investors and partners

Overcoming Challenges

- Keep your (and your partner's/investor's) focus on the big picture
 - Don't get bogged down in details that won't help achieve your outcome
 - Don't throw in the towel because of politics—determine a work around or solution where most are happy and you achieve your goal
 - Be flexible where you can
 - Clearly define processes, expectations and projected outcomes to avoid unintended consequences
 - Don't compromise your overall desired outcome or moral compass for any investor/partner

Overcoming Challenges

- Approach new strategic initiatives from a viewpoint that anything is possible
 - Connect with organizations that have launched similar projects and learn from their successes and mistakes
 - Challenge the status quo
 - Do your own research to identify any red tape that could prevent your progress vs. listening to “the way its always been done”
 - Never give up! Your patients/clients are depending on you!

