

The Role of Academic Medical Centers in Safety Net Health Care Delivery Systems

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Presentation Outline

- What is a "Health Care Safety Net"?
- SJR179
- Richmond Urban Primary Care Initiative
- South Richmond Health Center (Hayes E. Willis Health Center)
- City Care Program
- Virginia Coordinated Care for the Uninsured Program (VCC)

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Growing concern for many health care administrators is where will the 47 million uninsured in the U.S. get health care services?



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Statistics on the Uninsured

- Over 50% are below 200% FPL; 25% are below the poverty line
- 41% are between the ages of 18 – 34
- 21% are under the age of 18
- Majority are white; however the uninsured are disproportionately Hispanic (14% of the population – 30% of the uninsured)
- 46% work full time and 28% work part-time

Source: Overview of the Uninsured in the United States: An analysis of the 2005 Current Population Survey, Department of Health and Human Services, Office of the Assistant Secretary For Planning and Evaluation, <http://aspe.hhs.gov>, 2005

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According to the Institute of Medicine:

"In the absence of universal comprehensive coverage, the health care safety net has served as the default system for caring for many of the nation's uninsured and vulnerable populations."

Institute of Medicine, *America's Health Care SafetyNet: Intact but Endangered* (Washington, D.C.:National Academy Press, 2000) p.2.

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Growth of the Health Care Safety Net

- Safety Net system has grown
- Varies by community
- Includes various configurations of providers such as public and private hospitals, community health centers (FQHC's), local health departments, free and school-based clinics and physician charity care.



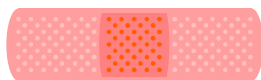
Laurie E. Folland, Kyle Kinser, John F. Hoadley, "The Health Care Safety Net: Money Matters but Savvy Leadership Counts", Issue Brief No. 66, August 2003, p.1.

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Safety Net Health Systems Have Two Distinguishing Characteristics:



- Maintain an “open door”
- Provide a significant proportion of the preventive, acute and chronic health care services delivered to uninsured, Medicaid and other vulnerable populations in their region

America's Health Care Safety Net: Intact, but Endangered”, Institute of Medicine Report, 2000

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The Uninsured seek care at Academic Medical Centers

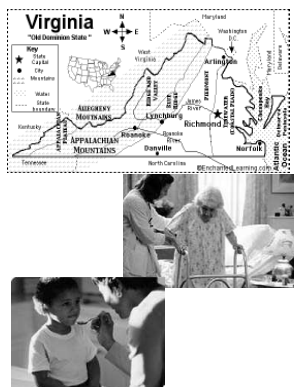
- High utilization of services by the uninsured in Emergency Rooms
- Provide specialty care for patients referred from primary care Safety Net facilities (free clinics and federally qualified health centers)
- Academic Medical Centers continuously struggle with “social admissions”

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Throughout the Commonwealth, communities are adopting strategies to address the issue of caring for the uninsured through the development of Safety Net Health Care Delivery Models



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VCU Health System and UVA Medical Center receive funding from the Commonwealth of Virginia to provide care to the Uninsured



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Virginia's Indigent Care Program

- Established in the late 1970's to provide coverage to the uninsured
- Virginia's Medicaid program only covers those who are pregnant, under 18, aged, blind or disabled
- Indigent Care Program marries federal DSH dollars and State General funds (50/50 match)
- Eligibility criteria:
 - Reside in the Commonwealth
 - U.S. Citizen
 - At or below 200% FPL
 - Meet asset test criteria

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VCU Health System is the provider of the majority of health care for the uninsured and underinsured in the Central Virginia region.

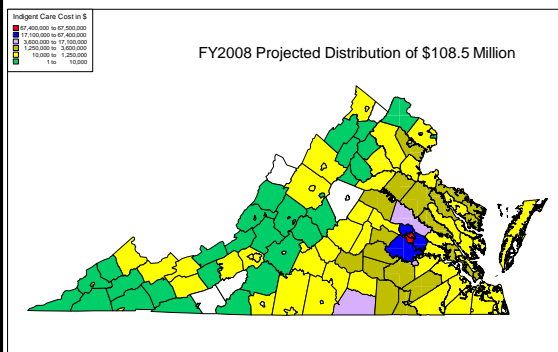
In FY 2007, the VCU Health System provided over \$100 million in indigent care to patients

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VCU Health System Indigent Care Distribution



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About The VCU Health System



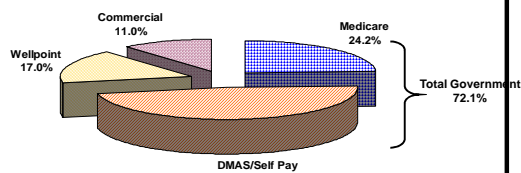
- **VCU Health System:** only academic medical center in Central Virginia, with 30,000 admissions and > 500,000 outpatient visits annually.
- **MCV Hospitals:** 779 licensed beds, with 80,000 emergency visits each year; region's only Level I Trauma Center.
- **MCV Physicians:** 550-physician, faculty group practice.
- **Virginia Premier Health Plan:** 107,000 member Medicaid HMO.

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Payer Mix

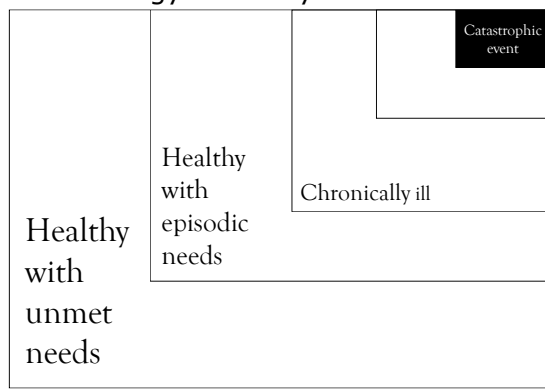


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The Ecology of Safety Net Care



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Presentation: Governor's Covering the Uninsured Conference, Dr. Sheldon M. Ratcliff, 2003

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Assessment of Primary Care Capacity

- In 1991, the Virginia General Assembly passed SJR 179
- Required all health departments to review the availability of primary care in their health districts
- Dr. Kim Buttery, Director of the Richmond City Department of Public Health (RCDPH) convened a group to assess this issue
- Study concluded that there was adequate primary care in Richmond City, however, there was a maldistribution of providers

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Richmond Urban Primary Care Initiative (RUPCI)

- A coalition of community leaders and health care providers including representatives from private practices, the RCDPH and the VCU Health System focused on improving access to primary care for City residents
- The group recommended that a primary care clinic be established in South Richmond



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South Richmond Health Center

- In 1992, RCDPH and VCU Health System partnered to establish the South Richmond Health Center (SRHC)
- Funding was received from foundations including the Virginia Health Care Foundation, the Jenkins Foundation and the Robert Wood Johnson Foundation
- In 1994, the RCDPH established a contract with VCUHS to manage the clinic and integrate traditional public health services into a primary care model

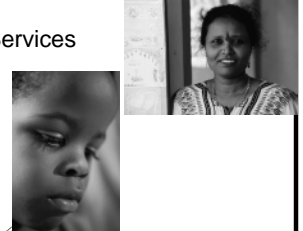
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Clinical Services for Low Income Patients

- Women's and Children's Services
- Family Medicine
- Screening and Treatment for STD's
- Arthur Ashe HIV/AIDS Early Intervention Program
- Case Management Services
- WIC
- Lab
- Pharmacy
- Financial Counseling



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Hayes E. Willis Health Center

- In 1996, the Center was renamed for its first Medical Director, Dr. Hayes Willis
- Annually serves over 4,000 patients
- Visit volume is approximately 12,000 visits/year
- Approximately 80% of patients are uninsured or have Medicaid
- Approx. 10% of patients are Hispanic population



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Expansion of the RCDPH/VCUHS Partnership

- In 1998, the RCDPH expanded the partnership with VCUHS
- The "City Care" program developed partnerships with community private practices and VCUHS clinics to provide care to 5,000 low income patients
- Partnership included the AIDS Drug Assistance Program (ADAP)
- Foreign Travel Immunization Clinic

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Goals of the City Care Program

- Integration of traditional public health and primary care services
- Continuity of care for uninsured patients
- Reduction in the inappropriate utilization of the VCU Health System's Emergency Room
- Reduction in the cost of health care services
- Leverage funding (Indigent Care and Health Department) to provide services



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Jenkins Care Coordination Program

- In 1998, received a 5-year grant from the Jenkins Foundation, for \$1.3 million
- Collaboration between RCDPH and VCUHS to identify patients who inappropriately sought care in the Emergency Department
- Program Goals:
 - Coordinate services across organizational boundaries
 - Increase appropriate and cost-effective utilization of health resources

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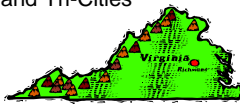
Virginia Coordinated Care for the Uninsured (VCC)

Geographic Distribution of the VCUHS Indigent Care Population

| Locality | Percentage |
|----------------------------|------------|
| Richmond City | 50.1% |
| Henrico/Chesterfield | 19.3% |
| Petersburg/Tri-Cities Area | 3.5% |
| Rest of the State | 21.5% |
| Out of State | .1% |
| Unknown | 5.5% |

Virginia Coordinated Care for the Uninsured (VCC)

- Established in the Fall of 2000
- Primary objective was to coordinate health care services for a subset of the patients who qualified for the Commonwealth's Indigent Care program utilizing managed care principles
- Target population is uninsured in the Greater Richmond and Tri-Cities



VCC Program Goals

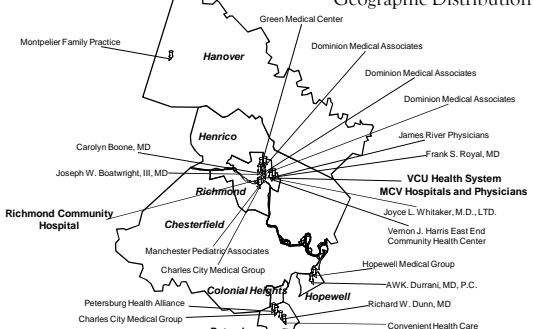
- Utilize managed care principles** to support a defined population
- Establish **primary care home**
- Educate patients** regarding access to care
- Reduce the overall cost** per unit of service
- Improve the health status** and outcomes of a population

Program Plan

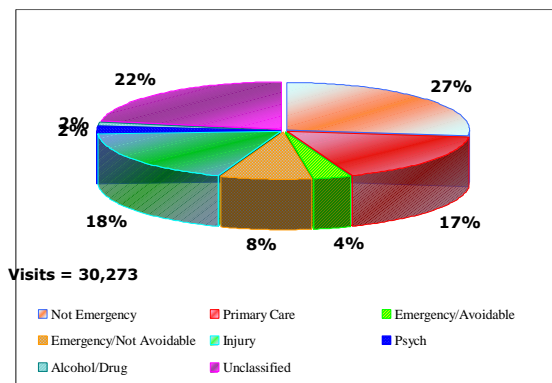
- Utilized existing Indigent Care program financial screening process to initiate enrollment
- Virginia Premier Health Plan served as third party administrator for the program (TPA)
- Assigned patients to a "medical home"
- Provided education to patients
- Utilized Jenkins Care Coordination program to assign Outreach Workers to the VCUHS

VCC Community Primary Care Sites

July 2001
Geographic Distribution



Emergency Room Visits: Reason for Visit



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Jenkins Care Coordination Highlights

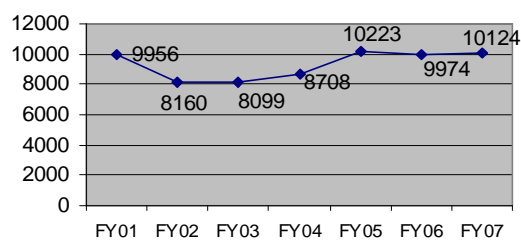
- Assisted VCC patients with the transition from VCUHS to community "medical homes"
- Reduced ED utilization by 14% in the first 3 years of the program (19% for patients enrolled for more than 18 months)
- Expanded the program through a grant from the Jesse Ball duPont Fund in 2004 to also assist Self-Pay "frequent flyers" who visited the ED

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VCC ER Utilization

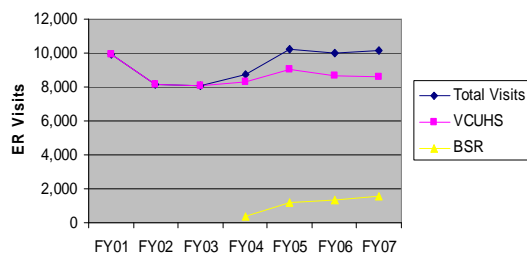


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VCC ER Utilization

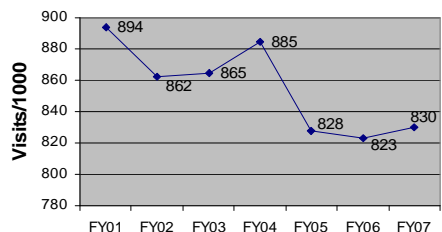


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VCC ER Utilization/1000 Enrollees

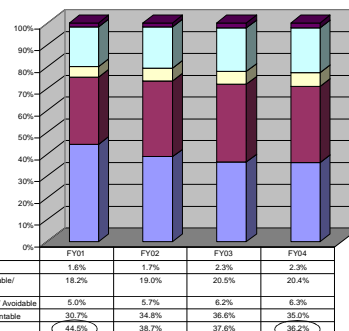


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1877-2017

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Classification of ED Visits for VCC Patients



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1877-2017

Inpatient Services

- Many admissions were for services that could be provided in community hospital settings
- The CMI for the VCC program in FY01 was 1.22 as compared to the Hospital average of 1.5
- Most prevalent discharge diagnoses for the VCC population were:
 - Psychoses
 - Disorders of the Pancreas
 - Chest Pain
 - Alcohol or Substance Abuse
 - Diabetes

This data led to the development of the idea to partner with a community hospital to provide services for the VCC patients with lower acuity



Bon Secours - Richmond Community Hospital (RCH) Partnership

- In January 2004, VCUHS partnered with RCH to provide inpatient, diagnostic, ancillary and emergency services for the VCC patients
- Goal of the partnership was to reduce the overall cost of caring for the VCC population by providing care in a lower cost setting
- Resulted in a reduction in the avg. cost/discharge for patients with similar diagnoses

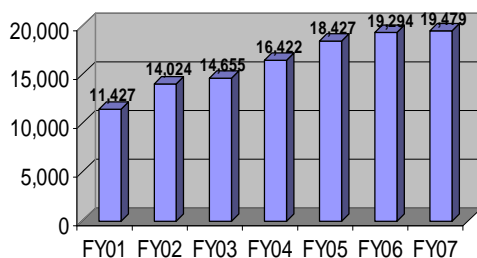


VCC Today

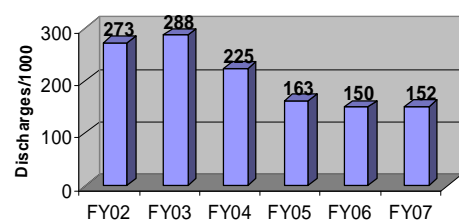
- Enrollment in FY08 was approximately 20,800 patients
- Over 50 Providers participating from Community Physician Practices and Safety Net Providers
- Community partnerships are driving costs down (primary care visits dropped from \$180 to \$90/visit)
- Program has resulted in reduced utilization of services
- In the process of requesting C... utilize DSH funds to support pr...

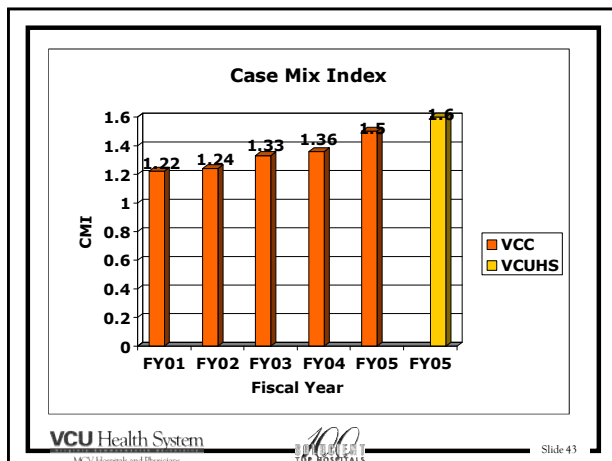


VCC Enrollment



VCC Discharges/1000 Enrollees





- ### Conclusion
- The role that Academic Medical Centers play is critical in a Safety Net Health Care Delivery System due to the resources available (financial, human, clinical)
 - Leveraging community resources through partnerships provides expanded opportunities to enhance access to care for the Uninsured
 - The history of the partnerships developed in the Richmond area demonstrate the level of success that can be achieved.
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“University-based urban academic medical centers... function most effectively and for the greater good when their care is a complement to, and not a substitute for, community health care providers.”

Hill, Laurence and Madara, James, “Role of the Urban Academic Medical Center in US Health Care”, Journal of the American Medical Association, November 2, 2005 – Vol 294, No. 17, p.2219.

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