Healthy Outcomes Plan Application

Proviso

33.34

Sections A (1), C, D

South Carolina Department of Health and Human Services

Hospital(s): Colleton Medical Center____

HOP Name: Colleton Medical Center Community Access Program______________________________

Healthy Outcomes Plan (HOP) Application

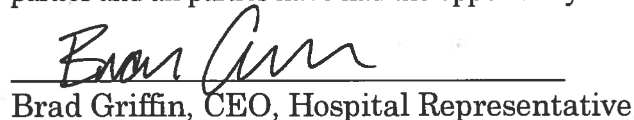
Proviso 33:34 Sections A (1), C, D

Application Cover Page

HOP Name	Colleton Medical Center Community Health Access Program
Application Date	August 30, 2013
Name of Hospital(s)	Colleton Medical Center
Name of Partner(s)	The Franklin C. Fetter Clinic Walterboro Adult and Pediatric Medicine

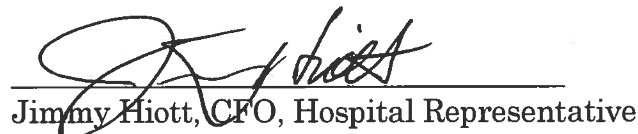
I attest that, on behalf of the above named hospital(s), I am the organization representative approved to submit a Healthy Outcomes Plan (HOP) process improvement proposal. I further attest that the partner(s) signature(s) is also the approved representative for the respective organization(s) to request participation in the HOP with the above named hospital. Additionally, I attest that all partners will participate in SCDHHS HOP evaluation activities.

By signing this form, the representatives certify that the information contained herein has been reviewed by all parties and all parties have had the opportunity to consult with their respective legal entity.



Brad Griffin, CEO, Hospital Representative

8/29/13
Date



Jimmy Hiott, CFO, Hospital Representative

8/29/13
Date

Hospital(s): Colleton Medical Center____

HOP Name: Colleton Medical Center Community Access Program_________________________________

LETTER OF INTENT TO COLLABORATE BETWEEN
[_Colleton Medical Center_]
and
The Franklin C. Fetter Clinic and Walterboro Adult and Pediatric Medicine

We, the "Parties" listed above, intend to develop a Collaborative Partnership based upon the following principles:

The Parties desire to undertake this collaboration to build on existing relationships and/or form new relationships in order to implement a new service delivery model that aims to coordinate care for the uninsured, high utilizers of ED services and the chronically ill, and to support the Triple Aim initiative which will lead to improved health of the population, improved patient experience of care and reduce per capita cost of health care.

The Parties recognize that this is a general overview regarding the roles of the individual parties in this proposal, and a formal Memorandum of Understanding between the Parties will be agreed upon and submitted by the beginning of the Performance Period, October 1, 2014, if selected for participation.

The Parties shall enter into good faith negotiations for the purpose of establishing a Memorandum of Understanding for each of the activities described in the Process Improvement Plan. The rights and obligations of each Party will be contained within the Memorandum of Understanding.

Consistent with applicable law and each Party's policies and procedures, the Collaborative Partnership may enter into agreements to support and perform each of the activities described in the Process Improvement Plan for the purpose of realizing any or all of the objectives of the collaboration.

The Parties agree to adhere to the highest scientific quality, values and ethical standards in their joint activities.

The Parties have designed this HOP Process Improvement Plan based upon a commitment to maintain an equal partnership and long term sustainability in a manner which maximizes their mutual ability to: generate and disseminate knowledge; apply that knowledge to solve priority health problems; and measure and assess improvement plan output throughout the collaboration.

The term of this Letter of Intent to Collaborate (LOIC) shall be for the duration of the performance period, if approved.

Either Party may terminate this LOIC without cause upon at least thirty (30) days' prior written notice to the other Party and agrees to notify the South Carolina Department of Health and Human Services of the termination.

Hospital(s): Colleton Medical Center

HOP Name: Colleton Medical Center Community Access Program

Institution: Colleton Medical Center
Name and Title: Jimmy Hiott, CFO
Date: August 30, 2013

Institution: The Franklin C. Fetter Clinic
Name and Title: Rueben Pettiford, CEO
Date: August 30, 2013

Institution: Walterboro Adult and Pediatric Medicine
Name and Title: Dr. John G. Creel, Medical Director
Date: August 30, 2013

Institution:
Name and Title:
Date:

HOP Application Form

Hospital	**Colleton Medical Center** Colleton Medical Center is an accredited 135-licensed bed hospital located in Walterboro, SC. In 2012, the hospital served more than 36,000 patients and treated 26,995 individuals in its Emergency Room. CMC has been recognized as a Top Performer on Key Quality Measures by the Joint Commission for the second year in a row and is one of only 14 hospitals in South Carolina to make this prestigious list.
Partner(s)	**The Franklin C. Fetter Clinic** The Franklin C. Fetter Family Health Center, Inc. (FCFFHC) is a private, non-profit corporation that provides quality, affordable culturally sensitive primary health and home care services to children and adults. FCFFHC has eight different sites, a Home Health Program and pharmacy locations serving residents in Berkley, Charleston, Colleton, and Dorchester Counties. Colleton Medical Center has had no previous or current relationship with the Fetter Clinic. **Walterboro Adult and Pediatric Medicine** Walterboro Adult and Pediatric Medicine employs two physicians, as well as two mid-level staff, to serve both children and adults. This primary care facility is located in Walterboro. Colleton Medical Center has had no previous or current relationship with Walterboro Adult and Pediatric Medicine.
Partner(s) Lead(s)	Rueben Pettiford, CEO, Franklin C. Fetter Clinic Dr. John G. Creel, Walterboro Adult and Pediatric Medicine

Hospital(s): Colleton Medical Center

HOP Name: Colleton Medical Center Community Access Program

HOP Implementation Sites	The Franklin C. Fetter Clinic 302 Medical Park Drive, Suite 200 Walterboro, SC 20488 Walterboro Adult and Pediatric Medicine 447 Spruce Street Walterboro, SC 29488
Clinical Lead	Elizabeth Varnadoe, Case Management Director Colleton Medical Center, 843.782.2480 Elizabeth.Varnadoe@hcahealthcare.com
Administrative Lead	Jimmy Hiott Chief Financial Officer 843.782.2604 James.Hiott@hcahealthcare.com
Name of HOP	Colleton Medical Center Community Health Access Program
Background and Rationale	Colleton County is a predominantly low income, rural area. In 2012, the estimated population was 38,153 people, the median household income from 2007 to 2011 was $31,700, and 22.8% of the population was below the poverty level. According to the 2010 census, 7.6% of the population received supplemental security income, 3.1% received cash public assistance income, 19% received food stamps or SNAP benefits, and 66% of the total population is at or below a 12th grade education level. From a health care perspective, 32% of the population is uninsured and more than 27.6% of Colleton Medical Center ED visits year-to-date are uninsured or charity care patients. Five hundred eight (508) unique individuals have been identified during the base line measurement period of April 1, 2012 to March 31, 2013 as having visited CMC's Emergency Department. These individuals presented with the primary diagnosis of a behavioral health condition, severe ENT infection, or diabetes. Analysis of this patient population indicates that 366 (72%) reside within Colleton County, with 250 (68%) of that 366 residing in the Walterboro zip code. The high utilization of Emergency Services results from interacting social determinants including access to local health care, lack of food, housing, and public or private transportation, payments required prior to care in physician offices, and lack of knowledge on how to navigate the health care system and locate services. This problem is compounded by the 1,056 square miles defining the county and the prevalence of primary care physicians who are centrally located. Currently, two practices in the Walterboro area are designated as Rural Health Clinics. A third practice is designated as a Federally Qualified Health Center. In working with these facilities, Colleton Medical Center strives to overcome the limitations and difficulties imposed by the rural spread of the land. There is still a need for more coordinated care, and the expense of transportation and medical bills often leads to the Emergency Department being used as a primary care facility or the population waits until emergency care is necessary before seeking help. By aligning with area physicians and services, we are planning to capitalize on face-to-face encounters with patients and provide education to better manage medical conditions. Once a patient care plan is developed, the patient will have an obtainable

Hospital(s): Colleton Medical Center

HOP Name: Colleton Medical Center Community Access Program

	goal and the ability to seek assistance in their new medical home, as opposed to emergency care. Physicians will also be able to closely monitor compliance and revise the Patient Care Plan, as necessary, to ensure its effectiveness. The long-term goal is to align uninsured patients to receive care in the most appropriate manner. Therefore, another component of this strategy will be to motivate patients to seek the benefit of services outside of their primary care physician to help improve quality of life, including mental health, drug and alcohol abuse counseling, career development, and proper nutrition.
Targeted Population and Inclusion Data	The population was structured by total medical condition, health care costs, and utilization. The target population was further defined as any uninsured individual who visited the Colleton Medical Center Emergency Department more than four times during the time period of April 2012 to March 2013. After analyzing this data and to achieve the required panel size of 155 patients, the parameters were narrowed to include high utilizers with three or more ED visits. Finally, we eliminated any individual who had been enrolled in Medicaid or another Health Affordability Program since March 2013. Each patient in this target population is affected by one or more of the targeted conditions as described in I.A.2.5 of Healthy Outcome Plan Guidelines. Specifically, the targeted patients share a high propensity for behavioral health issues, severe ENT infections, and diabetes. The patients are all uninsured and are using the Emergency Department instead of developing a relationship with a primary care physician. Clinical characteristics of the targeted population include behavioral health conditions, severe ENT infections, and/or diabetes. Data indicates the targeted population also share a number of social and demographic characteristics including the following: • Age: 84% between the ages of 20 and 60 • Race: 49% identified as "white" and 48% as "black" • Gender: 54% identified as female and 46% identified as male • Marital Status: 65% indicated a status of single, 18% indicated a status of married, and 11% indicated a status of divorced The targeted sample represents 72% of the estimated total population meeting the program's requirements.
Strategic Objectives	By implementing the Community Health Access Program, Colleton Medical Center strives to achieve the following: • Increase in number of patients with Social Determinants Screening • Improve access to and utilization of quality affordable care • Reduce ED utilization • Establish a medical home
Strategic Measures	The data gathered will provide the following metrics: • Percent of successful contact with target population within 30, 60, 90 days of program

Hospital(s): Colleton Medical Center

HOP Name: Colleton Medical Center Community Access Program

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Percent target population with Social Determinants Screening within first 30, 60, 90 days of program enrollment
Percent target population connected to one or more community services as a result of Social Determinants Screening
Percent target population established with a medical home (primary care physician) and type of encounter
Percent of target population with a Health Affordability Programs Eligibility Screening
ED utilization rate
Prevalence of targeted conditions- behavioral health issues, hypertension, diabetes
Medication utilization/compliance

</td></tr>
<tr><td>Description of HOP</td><td>
PASSPORT is the state Medicaid eligibility program that will be used to screen the target population for eligibility for Health Affordability Programs. Patients will be screened before this plan is implemented, within the first 30, and 90 days of implementation.

After establishing the target population of 180 to 200 patients, initial interest phone calls will be conducted to confirm that the 155 patient quota is obtained. At this time, patients who wish to participate will be asked about their current Medical Home status, as well as given information about the partners in our plan. Participants will be informed that during the term of this plan, they will receive monthly phone calls to track their progress and the following questions will be asked of each individual:

Have you recently been enrolled in Medicare, Medicaid, or any other Health Affordability Program?
Have you recently been connected with a community service program? If so, what type of program?
Do you have a medical home (primary care physician)?
Have you had any primary care encounters recently? If so, how many, what type, and was a care plan established for you?
Have you had any visits to the Emergency Department or any inpatient stays?

ED Utilization and reports from both clinics will be obtained weekly and analyzed for tracking and trending. Progress will be tracked:

<u>Daily</u>
Participants will be identified, and the case manager will be notified, if they visit the ED. The partners will provide reports of participants who do not show up for scheduled appointments.

<u>Weekly</u>
Reports will be pulled to audit participants who are not identified in the ED.

<u>Monthly</u>
Follow-up phone calls will be made to participants and meetings scheduled with partners.
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Hospital(s): Colleton Medical Center

HOP Name: Colleton Medical Center Community Access Program

	Reporting for Strategic Measures will be submitted: **Monthly**- For the first 90 days, progress will be tracked. **Quarterly**- Progress will be tracked and any trending will be identified. A case manager at Colleton Medical Center will be responsible for administering the initial Social and Cultural Determinants Screenings. This screenings will focus on factors in the patient's environment, such as unemployment, stress, social exclusion, work life, social support, food, and transportation. Based on the outcome of the assessment, patients will be referred to appropriate community outreach programs. The physician partner assigned to the patient will be responsible for developing a Patient Care Plan. Outcomes will be reported to the case manager monthly to track progress. Any patients in the target population presenting to the Emergency Department will be directed to the case manager prior to discharge. The case manager will then follow up with the primary care partner in an effort to further evaluate patient compliance. Should any behavioral health issues be identified during the screenings, patients can be referred to the Fetter Clinic's Behavioral Health clinic in Charleston, SC for outpatient services. CMC also houses a nineteen (19) bed psychiatric unit if inpatient treatment is necessary. Patients presenting to the ED will also be screened for behavioral health issues. Upon implementation of this strategy, it is expected that the majority of individuals who are uninsured and high ED utilizers will have been placed within a medical home. As patients under the care of a primary care physician, they will now have access to education and preventative care. The goal of the plan is to improve quality of life for participating patients, reduce ED visits for routine care and decrease patient care cost.
Resources Required for Implementation of HOP	CMC will commit 1.0 FTE to monitor the progress of the participants and track metrics. Hospital administration will be updated quarterly on plan progression and trends. The Fetter Clinic is open Monday, Tuesday, Wednesday, and Friday from 8:30a-5:00p and on Thursday from 10:00a-7:00p. This clinic employs an EHR, as well as the appropriate staff to handle the influx of new patients. Walterboro Adult and Pediatric Medicine is open Monday through Friday from 8:00a-5:00p. This clinic also uses an EHR for both practice management and billing, and has the staff necessary for implementing this plan. One case manager, on staff at each partnering facility, will be needed to follow the target population through this process and assist them with obtaining any additional services. This individual will also be responsible for communicating with and providing feedback to the case manager at CMC.
Reporting Capacity	The Fetter Clinic has the ability to track and report needed data through NextGen. This

Hospital(s): Colleton Medical Center____

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	system has reporting capabilities in which data can be extracted, trended, and analyzed. Walterboro Adult and Pediatric Medicine also have these capabilities. There is no issue with providing data suitable for evaluating the progress of this plan on a monthly and quarterly basis.
Performance Period	October 1, 2013 to June 30, 2014

LETTER OF INTENT TO COLLABORATE BETWEEN

________________ and ________________

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Institution: Franklin C. Fetter Family Health Center
Name and Title: Reuben J. Pettiford, CEO
Date: 8/23/13

Institution: ________________
Name and Title: ________________
Date: ________________

Institution: ________________
Name and Title: ________________
Date: ________________

South Carolina
Health & Human Services

LETTER OF INTENT TO COLLABORATE BETWEEN

Colleton Medical Center and Walterboro Adult and Pediatric Medicine

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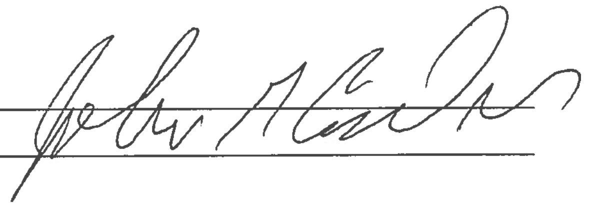
Institution: Walterboro Adult & Pediatric Medicine
Name and Title: John G. Creel, MD
Date: 8/29/13



Institution: __________
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