

Healthy Outcomes Plan Application

Proviso

33.34

Sections A (1), C, D

South Carolina Department of Health and Human Services

Hospital(s): Lexington Medical Center

HOP Name: LMC's Diabetic Health Initiative

Healthy Outcomes Plan (HOP) Application

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

Application Cover Page

HOP Name	LMC's Diabetic Health Initiative
Application Date	August 30, 2013
Name of Hospital(s)	Lexington Medical Center
Name of Partner(s)	Lexington Medical Associates Welvista

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.

Hospital Representative

8/30/13
Date

In process

Partner Representative

Date

Partner Representative

Date

Hospital(s): Lexington Medical Center

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**Additional signature lines may be added for additional community service and primary care safety net partners participating in the proposed collaboration.*

LETTER OF INTENT TO COLLABORATE BETWEEN

[Welvista]

and

Lexington Medical Center

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 users 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.

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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.

Institution: Lexington Medical Center

Name and Title: Melinda P. Kruzner, Sr. VP and CFO

Date: 08/30/2013

Institution: Welvista

Name and Title: in process

Date: _____

Institution: _____

Name and Title: _____

Date: _____

Institution: _____

Name and Title: _____

Date: _____

Hospital(s): Lexington Medical Center

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HOP Application Form

Hospital	Lexington Medical Center
Partner(s)	Lexington Medical Associates Lexington Medical Center Foundation Welvista
Partner(s) Lead(s)	Brad Rogers, Assistant VP of Physician Network Operations Donna Alford, Practice Manager Dennis O'Conner, Director of Audit and Compliance Casey Spotts, VP of Physician Network Operations Russ Williams, MD – Lexington Medical Associates
HOP Implementation Sites	Lexington Medical Center – 2720 Sunset Blvd, West Columbia, SC 29169 Lexington Medical Associates – 120 East Medical Lane, West Columbia, SC 29169
Clinical Lead	Russ Williams, MD – Lexington Medical Associates – (803) 936-7210
Administrative Lead	Brad Rogers, Assistant VP of Physician Network Operations – (803) 939-4515
Name of HOP	LMC's Diabetic Health Initiative
Background and Rationale Maximum 1,000 words	<p>Lexington Medical Center identified uninsured patients who visited the emergency room for non-life threatening diabetic mellitus (DM) management issues.</p> <p>This population was identified as needing access to a primary care physician, a diabetic educator, and social work assessments. Lexington Medical Center's data shows these patients have not established themselves with a primary care provider because of lack of transportation, their ability to pay, and clinical non-compliance.</p> <p>Many of these patients are not highly educated. Homelessness and transient shelter are also a major gaps-in-care for this population. They are unable to control their nutritional intake, lack facilities for proper hygiene and medication storage and risk losing their shelter if anyone misinterprets their administration of insulin as using illegal drugs.</p> <p><i>Added 9/17/13:</i> We chose diabetes because when a chronic condition is appropriately managed in an ambulatory setting by a primary care physician a patient can avoid a trip to the</p>

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	<p>emergency room where the cost of care is much higher than a physician clinic. Also, primary care provides good chronic disease management which helps avoid costly inpatient admissions.</p> <p>We reviewed our emergency room data and identified uninsured patients who visited the emergency room for non-life threatening diabetic mellitus (DM) management issues. From April 2012 to March 2013, there were approximately 108,000 emergency room visits at Lexington Medical Center. Of the total emergency room visits, 28,227 were uninsured visits, and 1,345 of these visits to the emergency room involved a diabetic condition or a complication from diabetes. The average charge of a primary diabetic condition was about 1.5 times greater than the average emergency room patient visit. This population was identified as needing access to a primary care physician, a diabetic educator, and social work assessments. Lexington Medical Center's data shows these patients have not established themselves with a primary care provider because of lack of transportation, their ability to pay, and clinical non-compliance.</p> <p>Many of these patients are not highly educated. Homelessness and transient shelter are also a major gaps-in-care for this population. They are unable to control their nutritional intake, lack facilities for proper hygiene and medication storage and risk losing their shelter if anyone misinterprets their administration of insulin as using illegal drugs.</p>
<p>Targeted Population and Inclusion Data</p> <p>Maximum 1,000 Words</p>	<p>Lexington Medical Center generated a report containing all patients seen in the emergency department during the last year and identified the uninsured patients with a diabetes mellitus related diagnosis.</p> <p>Further analysis showed that a large majority of this population did not have an established primary care physician or financial means to establish a relationship with a primary care physician as a self-pay patient.</p> <p>Lexington Medical Center will attempt to contact all of the patients in this target population within the first 30, 60, and 90 days of the performance period. A report will be submitted within 30 days of each of the monthly performance periods demonstrating contact or attempt to contact these patients.</p>
<p>Strategic Objectives</p>	<p>The strategic objectives of LMC's Diabetic Health Initiative are:</p> <ul style="list-style-type: none">• Reduce ED utilization for non-emergent diabetes mellitus issues.• Improve access to nutritional counseling for uninsured DM patients• Increase the number of patients screened for pharmaceutical assistance for uninsured DM patients• Increase the number of uninsured DM patients screened for Medicaid and other financial assistance

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	<ul style="list-style-type: none">• Increase the number of uninsured DM patients screened by social workers• Improve access to a primary care physician or other low cost/free option for uninsured DM patient's routine care.
Strategic Measures	<p>Lexington Medical Center will use the following metrics to gauge the program's success:</p> <p>Care Metrics</p> <ol style="list-style-type: none">1. % successful contact with the target population with in the first 30, 60, 90 days of the program.2. % of target population established with a medical home3. % of target population with a Patient Care Plan within the first 30, 60, 90 days of the program.4. % of patients who have at least one primary care encounter including preventative care, screenings and interventions. <p>Cost Metrics</p> <ol style="list-style-type: none">1. ED utilization rate2. Inpatient utilization rate3. Total Charges per patient <p>Health Metrics</p> <ol style="list-style-type: none">1. A1C readings for each patient visit2. Blood pressure readings for each patient visit3. Weight for each patient visit4. Medication utilization and compliance <p><i>Added 9/17/13:</i> LMC will add the following metrics to our application:</p> <ul style="list-style-type: none">• % target population with Social Determinants Screening within first 30, 60 and 90 days of program enrollment. –<ul style="list-style-type: none">○ % of target population connected to one or more community services as a result of Social Determinants Screening.<ul style="list-style-type: none">▪ Type of community service referral, per patient. Examples: housing, nutrition/food, mental health or Dr.ug and alcohol resources, etc. <p>Lexington Medical Center sponsors Medicaid intake workers. In addition to assisting patients with Medicaid eligibility, these workers will also be used to assist individuals eligible for health care coverage through the Marketplace created by the Affordable Care Act.</p>
Description of HOP Maximum 1,000 Words	<p>The patient will be seen by Dr. Russ Williams at Lexington Medical Associates. Dr. Williams is a board certified Internal Medicine physician.</p> <p>Dr. Williams will assess the patient's medical condition, social determinants and</p>

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	<p>mental health assessments. Dr. Williams will document a list of primary and secondary diagnoses on each patient. Using an Allscripts medical record, Dr Williams will place each patient on the appropriate medical pathway using evidence-based guidelines. A patient's initial evaluation will include a diabetic blood panel (i.e., hemoglobin A1C, liver panel, and kidney panel); blood pressure will be checked along with the patient's weight and medication history. Medications reconciliation will occur between transition points. Patients who need dietary counseling will be referred to nutritionist when appropriate. If there is a need to evaluate the patient's glucose levels, then a glucometer and strips will be provided by the Lexington Medical Center Foundation.</p> <p>Dr. Williams will assess each patient's behavioral/mental health care needs. When mental health problems are identified patients are referred to specialty providers for care. If a patient needs immediate care, they are referred to Lexington Medical Center's emergency department. If patients have chronic mental challenges, they are referred to either Lexington County Mental Health or Morris Village.</p> <p>If Dr. Williams determines there are social determinant needs, then the patient will be further assessed by an on-site licensed social worker. The social worker will work with the patient to apply for pharmaceutical programs. Lexington Medical Center has an existing relationship with Welvista to provide these uninsured patients access to prescription medications. The social workers also help uninsured patients gain access to medications using Patient Assistant Programs funded by pharmaceutical companies. The social workers will also work with patients and make referrals to the Harvest Hope Food Bank, The Council on Aging and Community Long Term Care. In addition, the social workers can assist the patients in obtaining gas, medication and cab vouchers that are provided by Lexington Medical Center and the Lexington Medical Center Foundation.</p> <p>Once the social worker completes the patient assessment patients are sent to an onsite DSS staff for a Medicaid eligibility assessment. Patients who attain Medicaid eligibility are referred to a medical home for primary care. They attempt to find a primary care physician close to a patient's home. When a primary care doctor can't be identified or when patients are not eligible for Medicaid Dr. Williams remains their primary care doctor. Once a patient becomes eligible for Medicaid they receive education on the Physicians Pharmacy Alliance so they can get medications directly delivered to their home.</p> <p>The social workers and DSS staff utilize the Benefit Bank, Community Health Center plans, Access Health SC to screen a patient's eligibility for Medicaid and other health affordability programs.</p> <p>The initiative will improve the overall health of the identified population by providing the proper tools for the management of DM. It will reduce ED utilization by providing patients with access to a low cost or free primary care physician at a convenient location that has the resources to provide medication and social work assistance to</p>
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	<p>uninsured patients. LMC believes this initiative will reduce its overall patient care cost by keeping these patients out of the ED for non-urgent care treatments.</p> <p><i>Added 9/17/13</i></p> <p>Lexington Medical Associates was created to provide access to patients who were receiving primary care in the emergency department for chronic conditions instead of emergent care. When an uninsured patient visits the emergency room with diabetic conditions they are identified and referred to Dr. Williams for primary and preventative care.</p> <p>Dr. Williams and his staff manage a patient's primary care needs and provide access to patients in a clinic environment so they don't revisit the emergency room for non-emergent conditions. Lexington Medical Associates has about 3,200 patient visits per year. There are approximately 1,500 unique patients in the practice. Dr. Williams often assists patients in finding primary care closer to their home so he continually adds capacity to his clinic to see new patients.</p> <p>For after hours and weekends, patients are given access to an answering service they can call for questions and assistance with no emergent needs. The answering service can connect patients to Dr. Williams should a patient consultation be necessary. Patients also have access to six urgent care centers around Lexington County where they can visit with a primary care physician.</p>
<p>Resources Required for Implementation of HOP</p> <p>Maximum 1,000 Words</p>	<p>LMC will utilize the established practice of Lexington Medical Associates for this initiative. Lexington Medical Associates was established in 2001 to provide quality health care to LMC patients who have no medical home, no health insurance or financial means to pay for their health care. Lexington Medical Associates contains the health care costs for patients who lack health insurance by managing care in a clinic environment instead of an inpatient location. They also provide access to primary and preventative care which reduces emergency room utilization.</p> <p>Lexington Medical Center Foundation is also a critical partner. The foundation is a non-profit 501(c)(3) organization started in 1990. A key part of its mission is offering financial assistance to in-need patients needing quality health services and patient-centered care.</p> <p>Resources for this initiative include:</p> <ul style="list-style-type: none">• <u>Physician</u> – provide initial assessment and on-going care to patient.• <u>Social worker</u> – provide social work assessment and programs that are available.• <u>Financial Counselor</u> – provide financial needs assessment and enroll patient in all available programs.• <u>Nutritional Counselor</u> – provide nutritional assessment and counseling to patient. <p><u>Physical Location</u></p>

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	<p>Lexington Medical Center – 2720 Sunset Blvd, West Columbia, SC 29169</p> <p>Lexington Medical Associates – 120 East Medical Lane, West Columbia, SC 29169</p> <ul style="list-style-type: none">• Lexington Medical Associates is located on the same campus as the hospital and its emergency room. <p><u>Requirements</u></p> <p>Our team is provided with an electronic medical record to document a patient’s plan of care and adhere to evidence-based guidelines. The clinic is provided with clinical support staff to assist physician in caring for a patient’s clinic needs. Admin staff are also allocated to answer patient phone calls, assist patients while they wait in clinic, and behavioral and mental health care needs. The clinic’s hours of operations are 8 to 5 pm Monday – Thursday. Friday’s hours are 8:00 am to 12:00 pm.</p> <p>Lexington Medical Center has provided our team with the resources necessary to complete the requirements of this proviso.</p> <p>Lexington Medical Center will utilize the Lexington Medical Center foundation to help meet the financial assistant needs of the target population that often create barriers to healthcare access. Dr. Russ Williams will provide primary care and a medical home for indigent patients who don’t have the financial means for this care and lack eligibility for federal or state assistance.</p>
Reporting Capacity	Lexington Medical Center has no apparent barriers on its capacity to report the outline metrics. The sources of data are Allscripts EHR, Lexington Medical Associates’ electronic records and practice management system, and EPIC, Lexington Medical Center’s electronic hospital application.
Performance Period	October 1, 2013 – September 30, 2014