Vital Connections:
Results of the
Specialty Care Initiative, 2008-2013

Sponsored by Kaiser Permanente Northern and Southern California Community Benefit Programs and the California HealthCare Foundation

KAISER PERMANENTE®

CALIFORNIA HEALTHCARE FOUNDATION

Center for Community Health and Evaluation
November 21, 2014

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The Road to SCI

Kaiser Permanente, CPCA, and CAPH – specialty care access discussions

SCI Planning Period
2007 - 2008

SCI – Sustaining and Spreading Promising Practices
2012-2014

2006	2007	2008	2009	2010	2011	2012	2013	2014

Survey of Public Hospitals and Clinics

SCI – Implementation Period
2009 - 2013
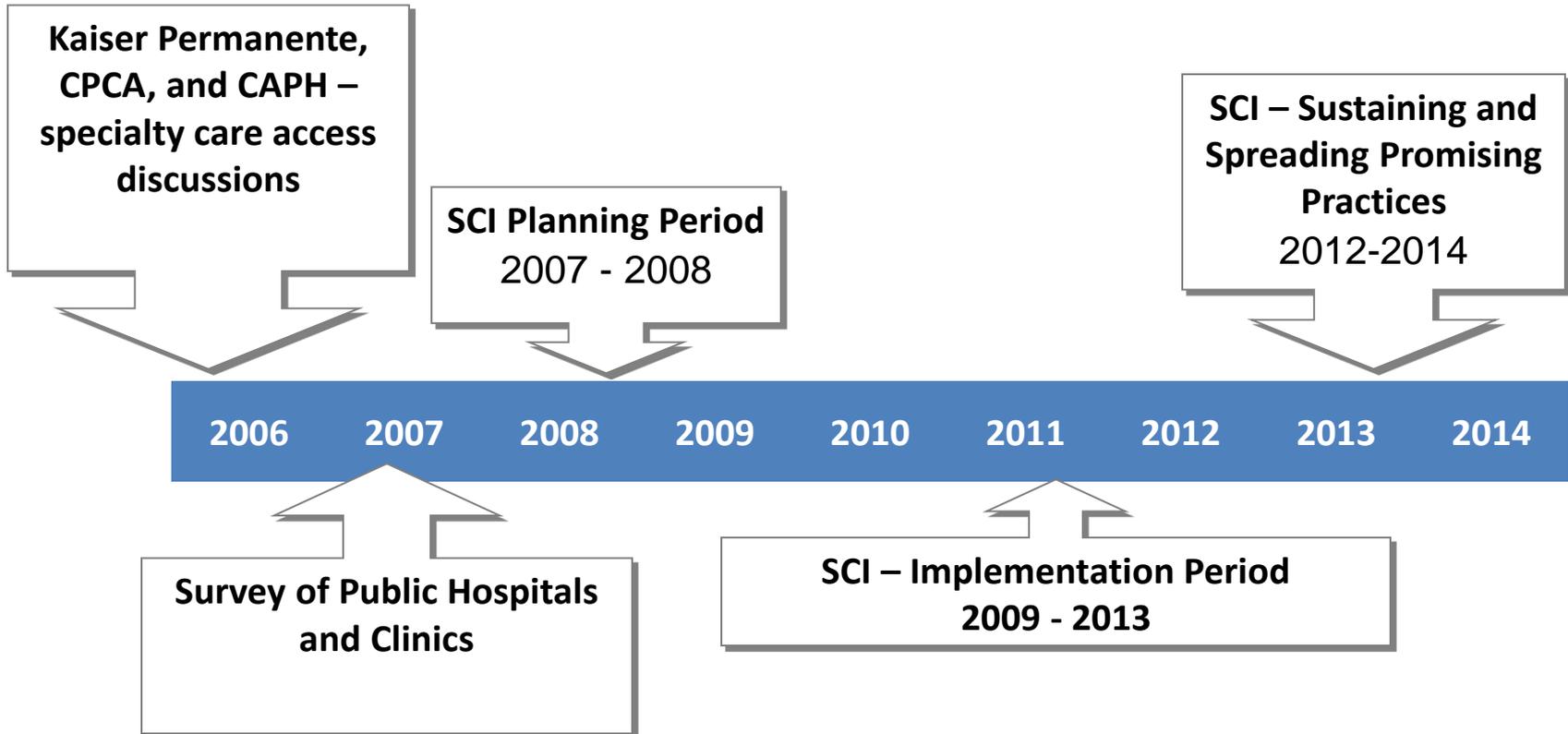
Today's presentation

SCI overview

SCI Results

- Coalitions
- Promising strategies
- Impact

**Conclusions & next steps**

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SCI overview

Specialty Care Initiative: Overview and history

- Beginning in 2007, the Specialty Care Initiative (SCI) supported **"coalitions"** to address challenges with access to specialty care services.

- Multi-funder statewide effort with California HealthCare Foundation and both Northern and Southern California Kaiser Permanente Community Benefit programs

- **28 coalitions** were supported through a planning period

- **24 coalitions** were funded to implement self-defined strategies

- **10 coalitions** were funded to support sustainability and spread of promising practices

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Specialty Care Initiative coalitions

California HealthCare Foundation

Kaiser Permanente
Northern California

Kaiser Permanente
Southern California

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SCI description

Inputs	Strategies	Outcomes			Impact
		Short-term	Intermediate	Long-term	
Funders: SCI $, staff, resources **Coalitions/ grantees:** Staff, grant $, resources, partnerships	**Coalition building** **Strategy Clusters:** • Embedding guidelines • Building/ expanding SC networks • Increasing PCP capacity & scope • Integrating care coordination	• Successful implementa-tion • Program scope/reach • Active, high functioning coalition	• Access to timely care • Appropriate referrals • Referral coordination • Availability of SC appts • Demand management • ↓No-show rates • Ability to track data • Sustainable coalition	• Spread of successful models/ strategies • Formalized relationships • Collaborative decision-making processes in place • Development of community-based solutions to access	• Efficient, integrated delivery system • Increased access to timely, cost-effective, appropriate care for un- and under-insured • Improved patient health outcomes

Evaluation goals

To assess the extent to which strong, sustainable coalitions exist	To identify promising strategies for improving access	To assess improvements in access to specialty care for the safety net population

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Data collection

Routine data collection	Grantee oral progress reports (semi-annual)
	Web-based coalition survey (pre/post)
	Quarterly reporting by coalitions (quantitative)
	Document review
	Funder/TA provider interview (annual)
Data collection with selected sites	Provider interviews (specialists & PCPs) (2011)
	Site visits (2011)
	Coalition member interviews (2013)

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Results: Key findings

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Key findings: Impact of SCI

Coalition approach → Relationships developed → Systems changes → Increased access to specialty care

Coalition approach → Awareness raised → Systems changes

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Coalition membership: A variety of partners

All (24) had the participation of the primary care safety net providers in the area
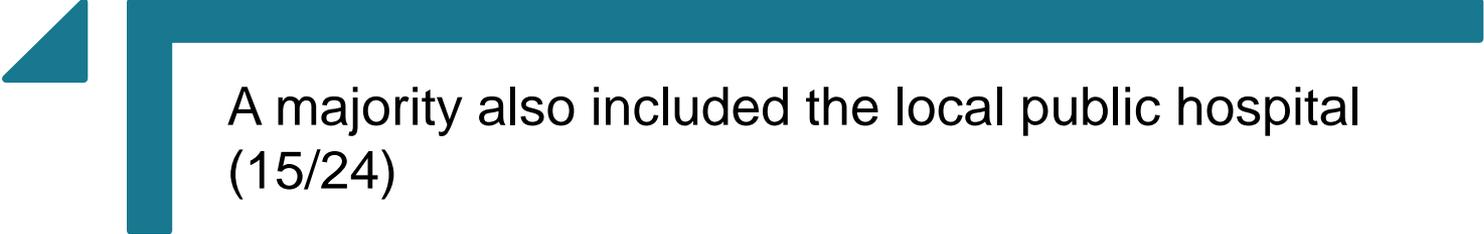
A majority also included the local public hospital (15/24)
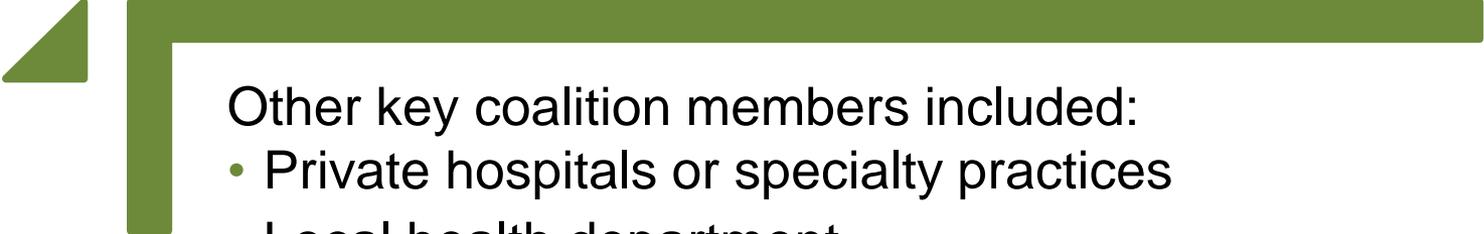
Other key coalition members included:
- Private hospitals or specialty practices
- Local health department
- Local health plan or other insurer
- Kaiser Permanente
- Regional clinic consortia

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Description of coalitions

Half already existed (12/24)
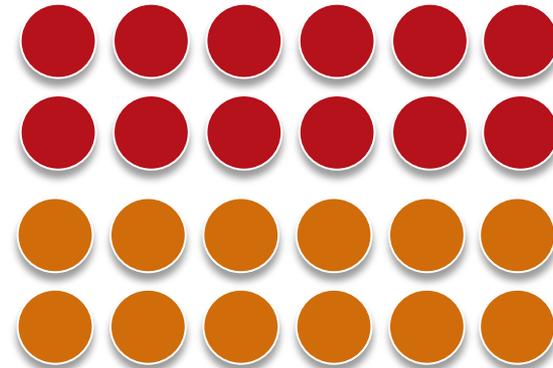
Membership ranged from 5 to 30
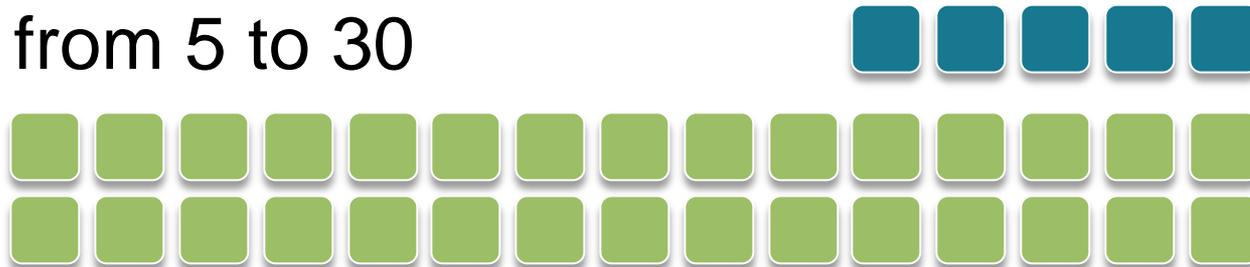
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Contribution/benefits of the coalition

Improving communication

Prioritizing strategies beneficial for the whole safety net

Promoting collaborative decision making

Getting & sustaining buy-in

Leveraging existing expertise & resources

Increasing understanding between partners

Distributing funding & other resources

Opportunity to develop new leaders
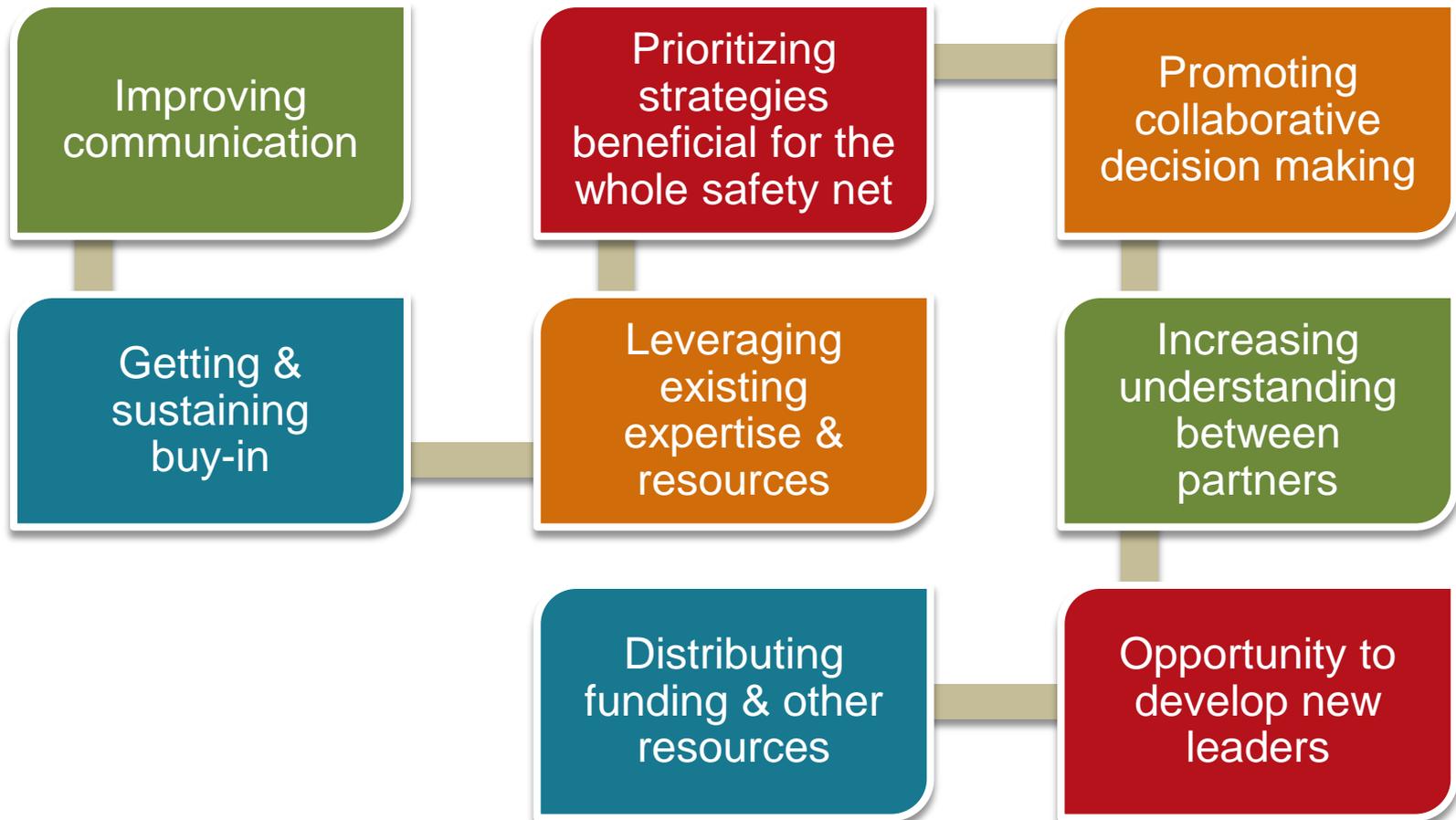
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Sustainability of coalitions

Over 60% of project leads indicated that the coalition will continue to meet.

Some coalitions were integrated into complementary groups working on health care access.

Relationships will be leveraged for future work

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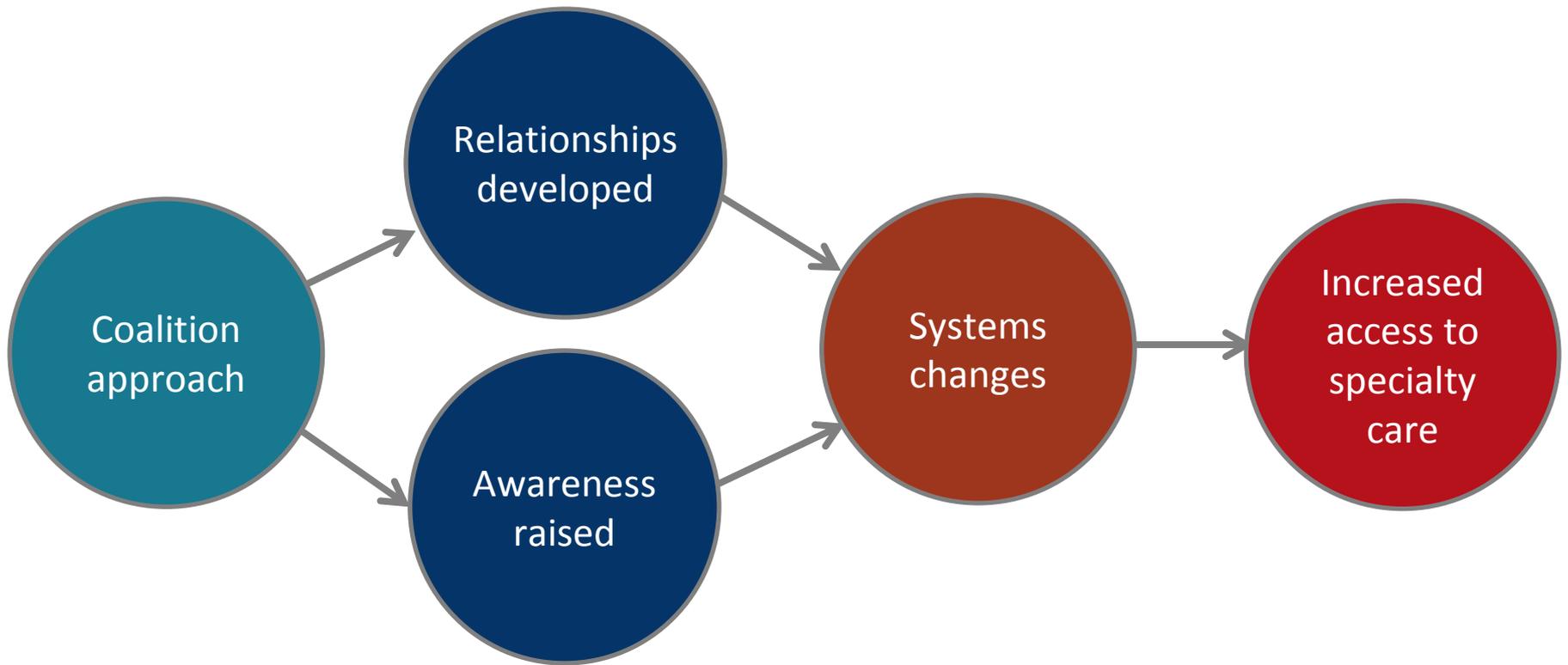
Impact of SCI

Key outcome: Relationships

Formalized relationships—largely through the development and strengthening of the local coalitions*

*Important for all of the strategies implemented

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Relationships across health systems

Impact of SCI
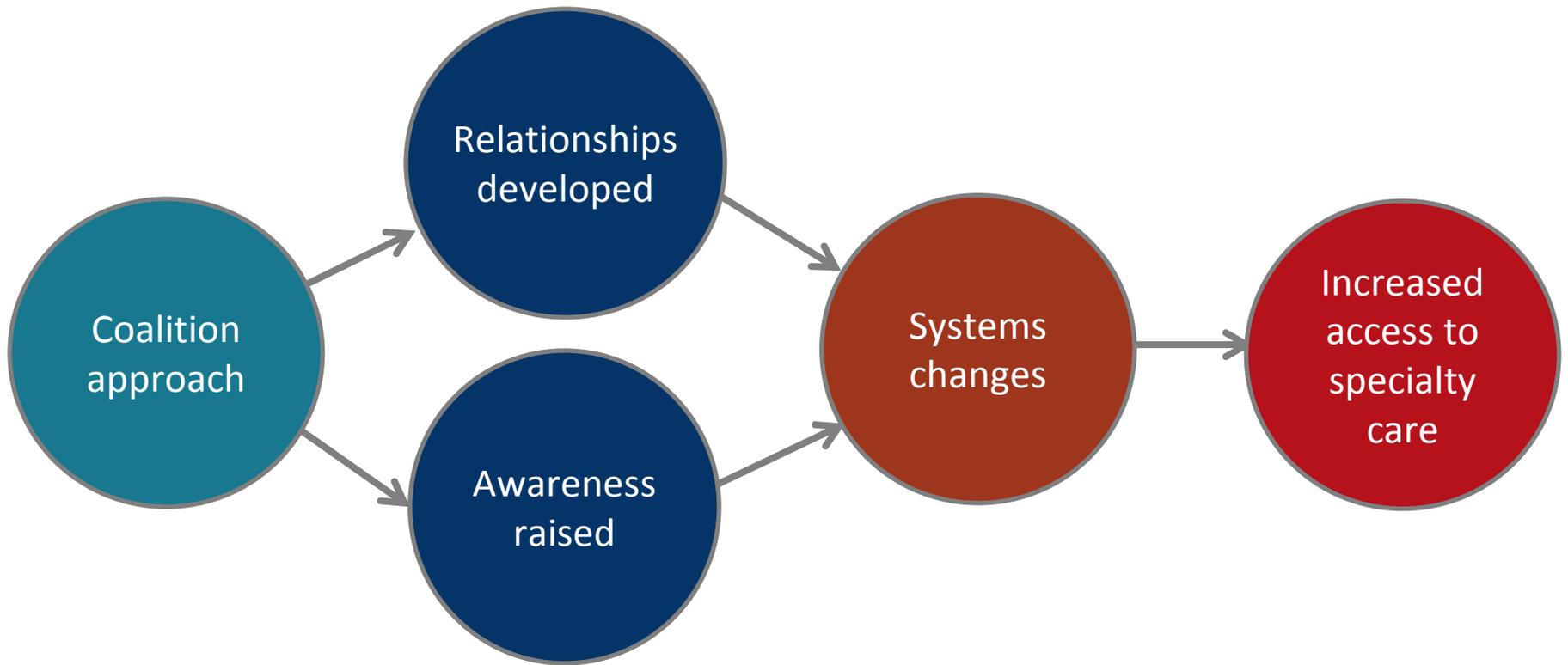
Strategy clusters

Embedding guidelines

Building networks

Increasing PCP capacity

Care coordination

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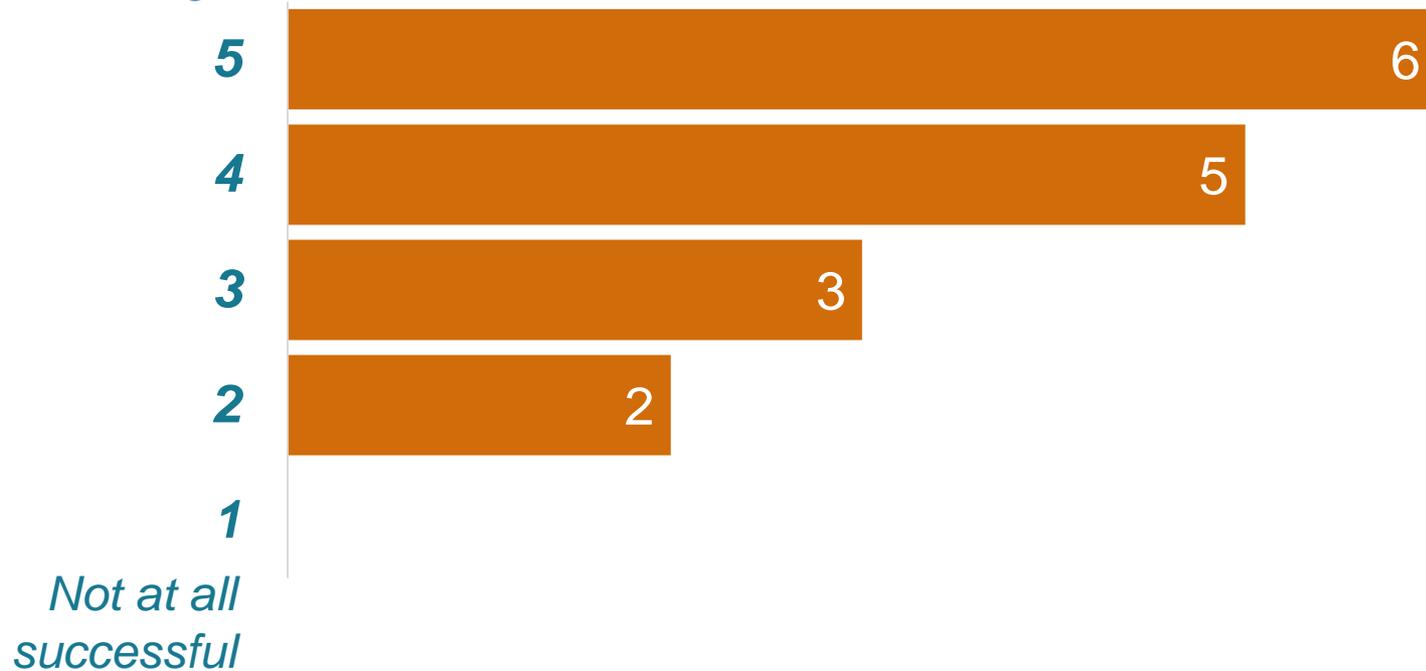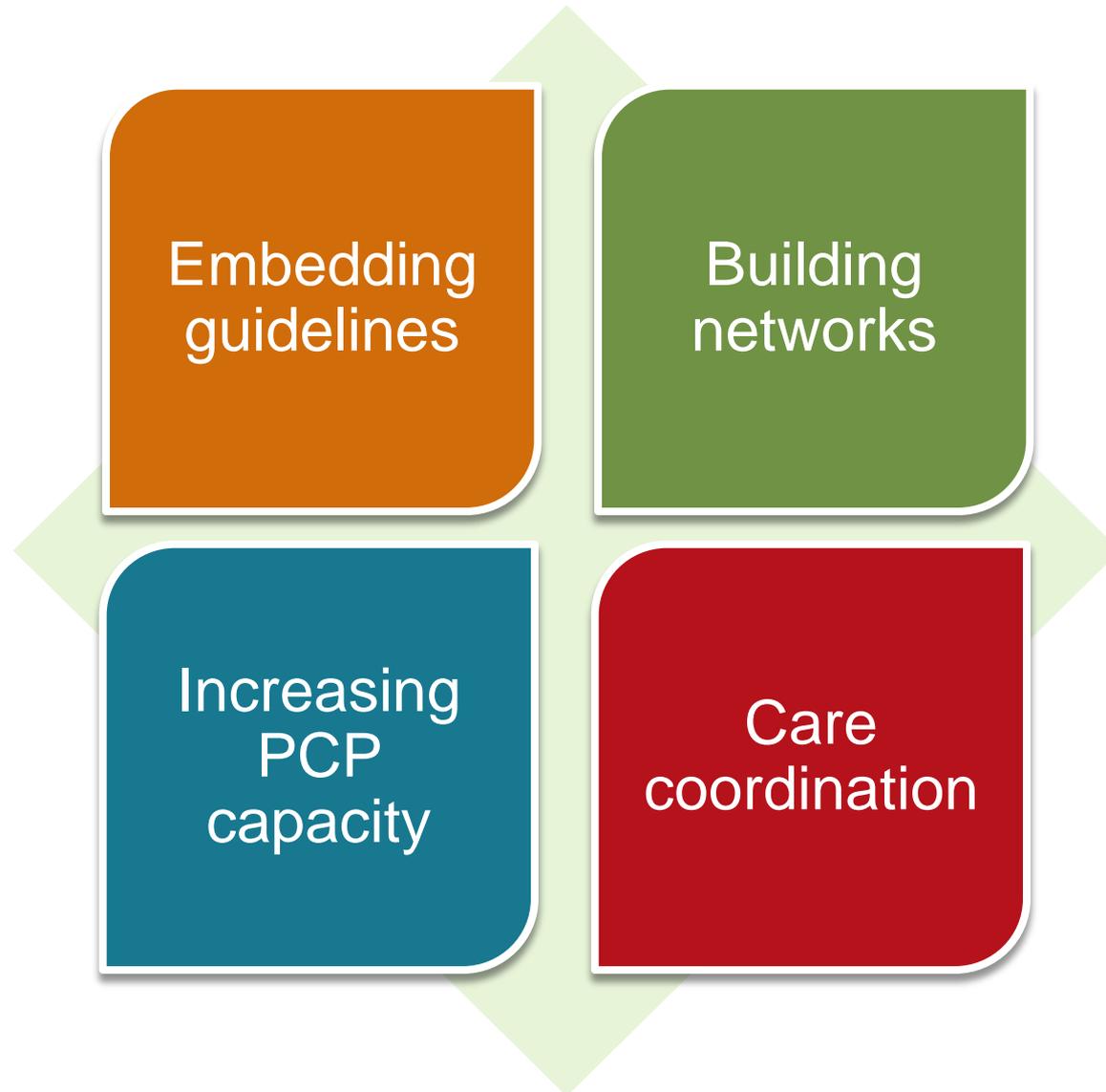
Promising practices: Strategy cluster learnings

Embedding guidelines into the referral process

Most effective when:

- Engage and build up relationships between providers

- Created through collaborative process – specialists and primary care providers – to ensure the guidelines are possible

- Are tied to referral process and/or system improvements

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Promising practices: Strategy cluster learnings

Building/expanding specialty care networks

Most effective when:

- Build up relationships between providers

- Identified a provider champion to advocate, recruit

- Improved and integrated coordination between providers

- Developed systems for information exchange

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Promising practices: Strategy cluster learnings

Increasing PCP capacity/scope of practice

Most effective when:

- Trainings were used as vehicle for expanding relationships between providers

- PCP and Specialists engaged in designing the curriculum – making it practical, "case conference" format

- Trainings were convenient, easy to access, incentivizing providers

- Had structured objectives to track PCP competency post-trainings

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Promising practices: Strategy cluster learnings

Integrating care coordination

Most effective when:

- Build leadership support for care coordination activities

- Identify and implement tools/systems to support improvements

- Standardize communication – across systems and within a larger system

- Knowledge of specialty care environment, referral processes, access points

- Defining care coordination approaches that work specifically for the coalition's environment

- Engage physicians and staff about the objectives and importance of care coordinators

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Coalitions participated in more than one cluster

Number of coalitions:
- 2009 (orange)
- 2011 (blue)
- 2013 (green)

Number of clusters:
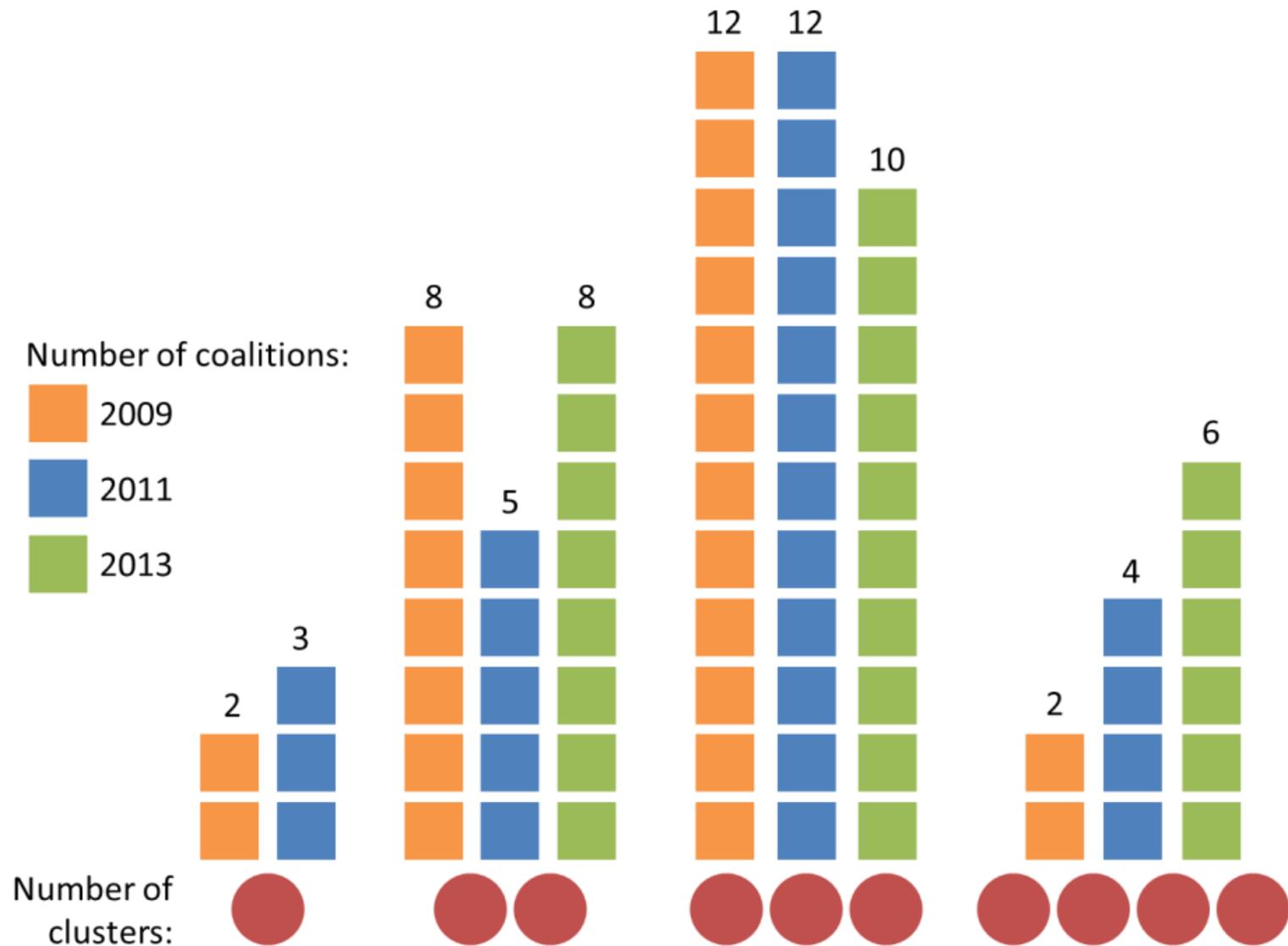
# Tracking & reporting on data

✓ Data quality issues resolved

✓ Implementation of data collection systems

✓ Use of data to drive decisions

Now ●

● **Then**

Initial challenges and issues with data quality & availability

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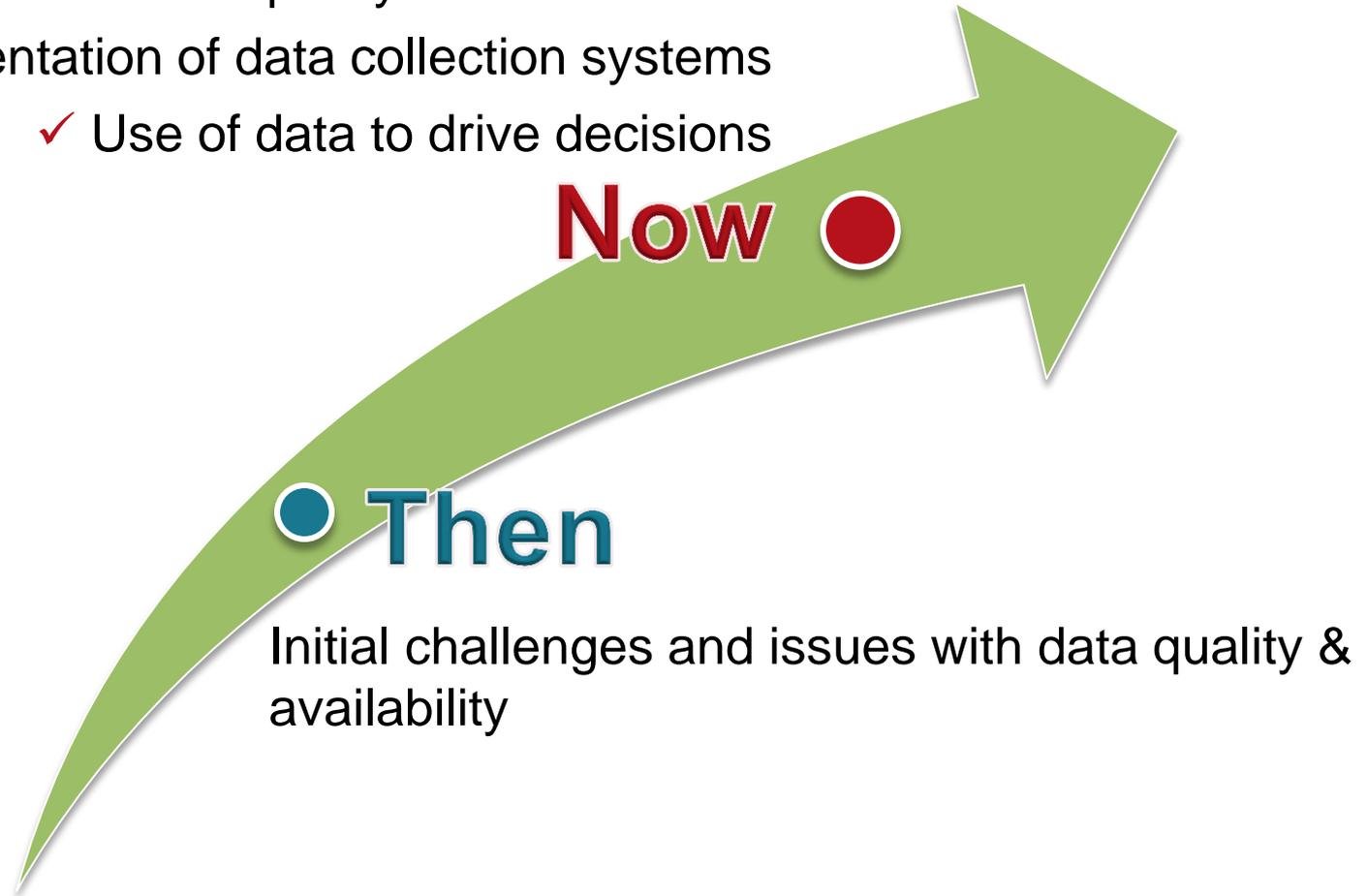
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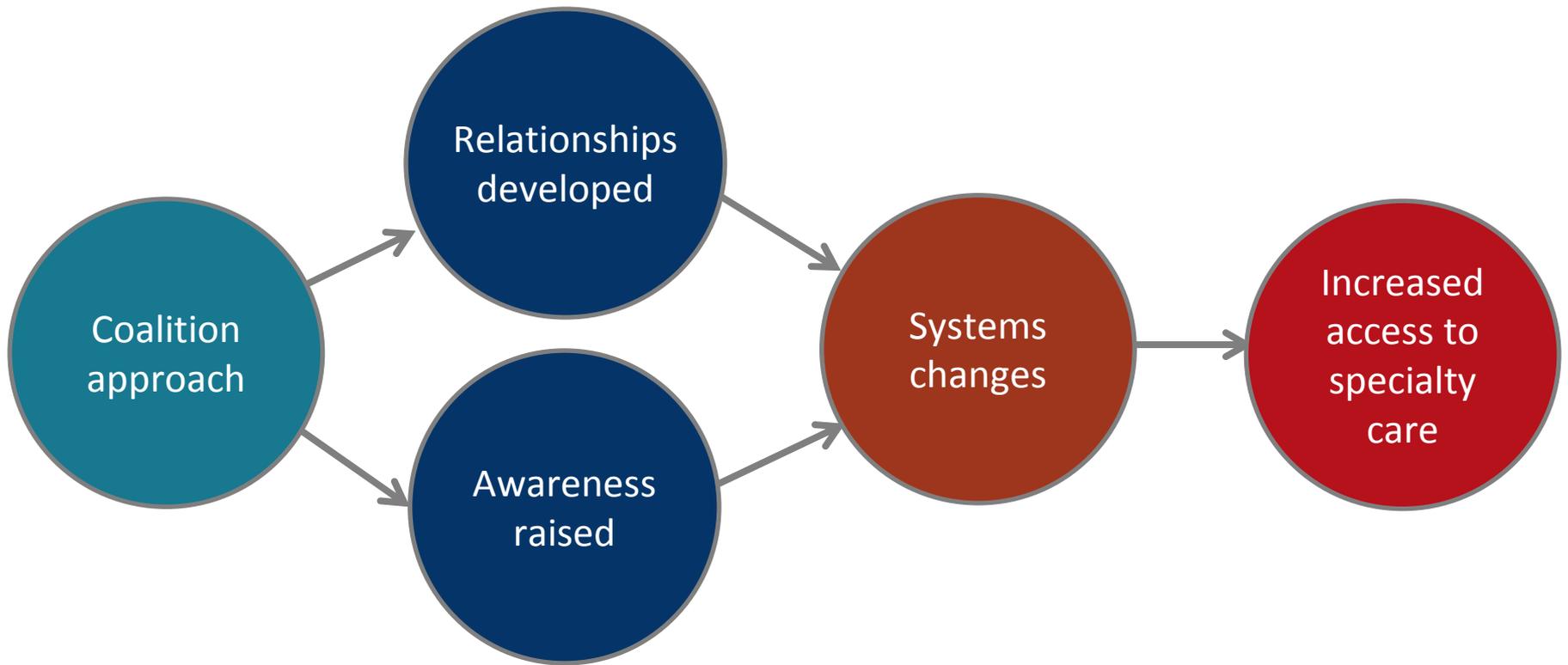
SCI Impact on Access—Intermediate Outcomes

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Increased access to timely specialty care

Coalitions reporting improvement: **90%** (19/21)

- Reducing or eliminating backlogs of referrals by raising awareness of problem and following up with patients

- Implementing referral coordination

- Offering specialty care consult or resources in a primary care setting

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San Francisco Specialty Care Steering Committee's GI Workgroup

GI wait time (average # of days)
April 2012–March 2013
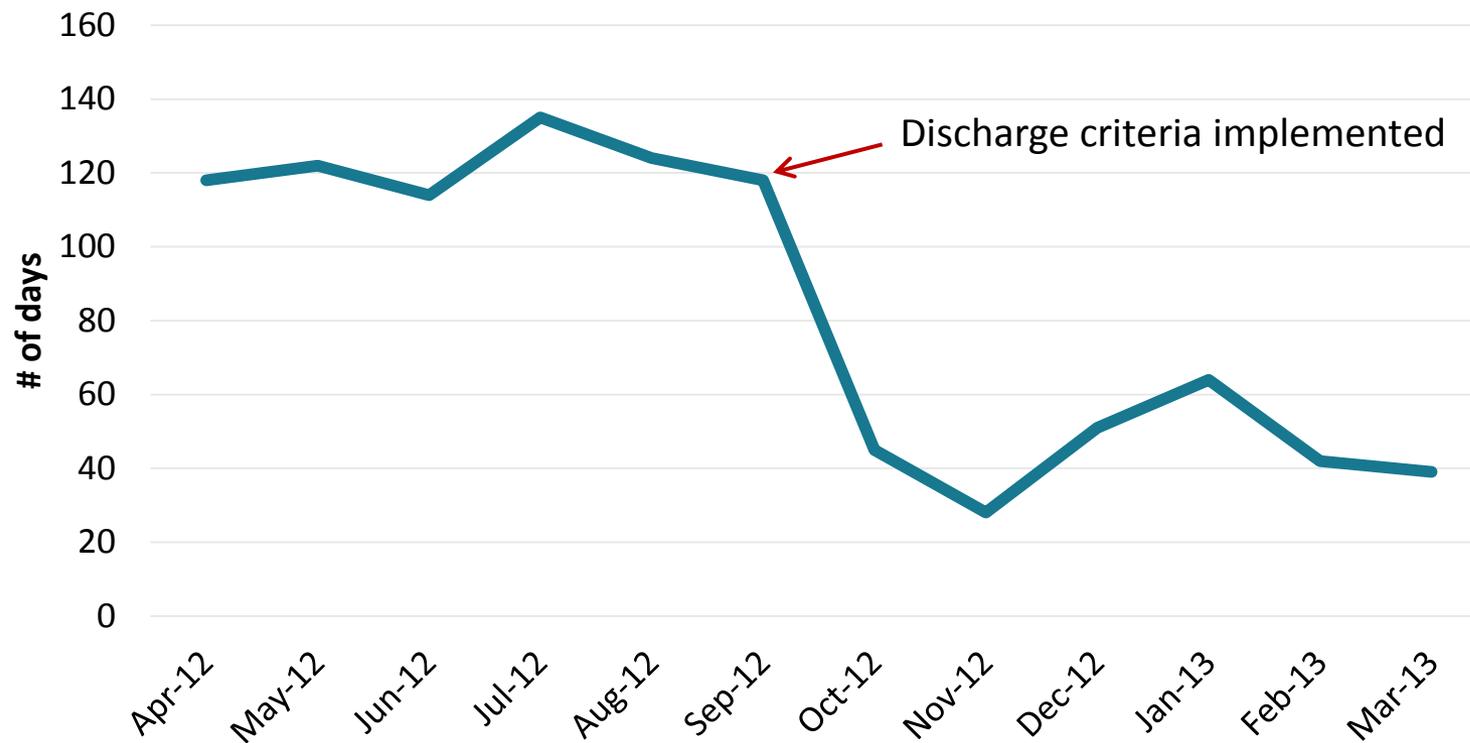
Improved referral coordination

Coalitions reporting improvement: **71%** (15/21)

- Relationship development

- Increased communication & information sharing

- More efficient referral processes (e.g., electronic referral)

- Convening referral coordinators

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# Humboldt County IRIS Steering Committee

Referrals Processed in IRIS
September 2009–June 2011
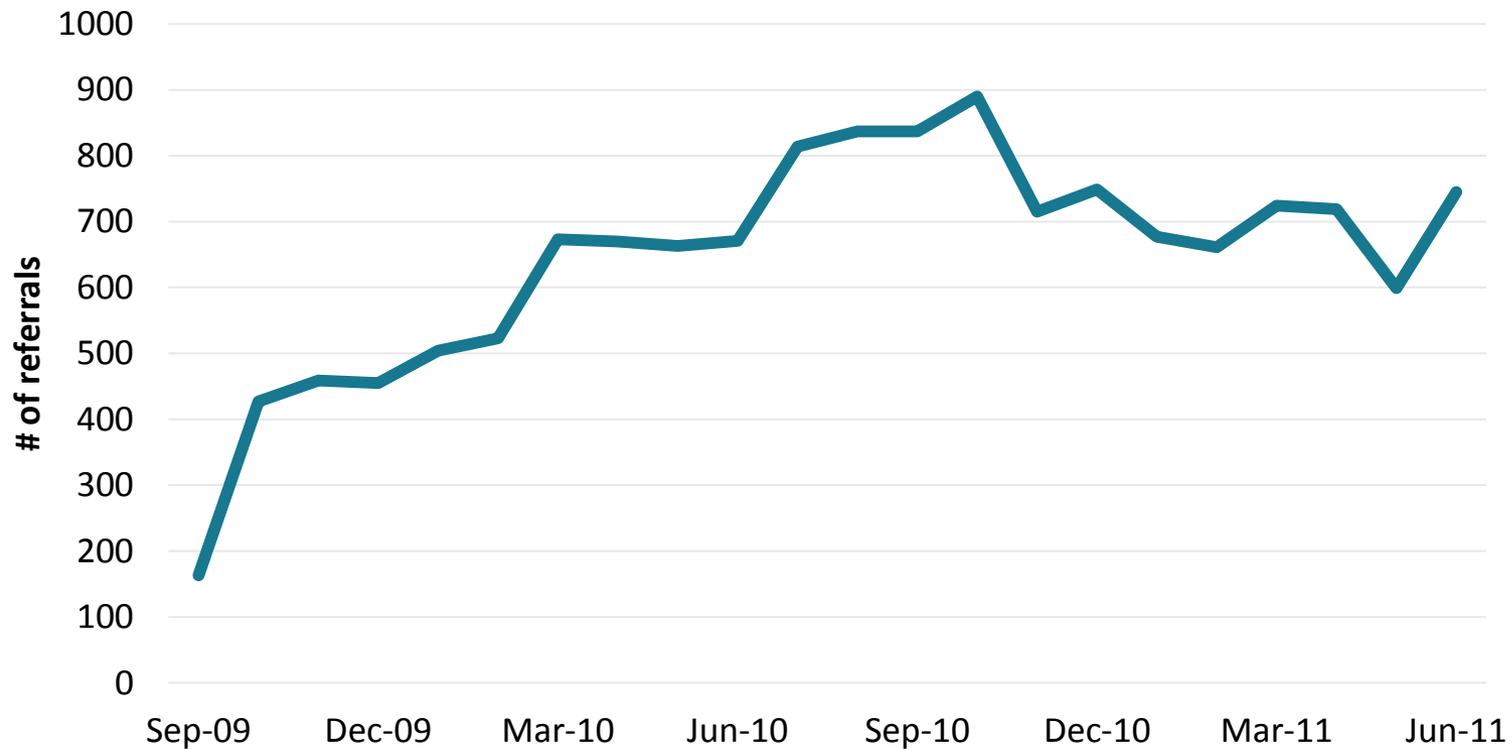
Improved demand management

Coalitions reporting improvement: **57%** (12/21)

- PCP training

- Consultation with specialists

- Implementing more accurate screening modalities

- Triaging referrals

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San Diego Countywide Specialty Care Coalition

eConsult 2012-2013

Total consults submitted: 154

Responded: 126

Effectively managed by PCP: 116 (92%)

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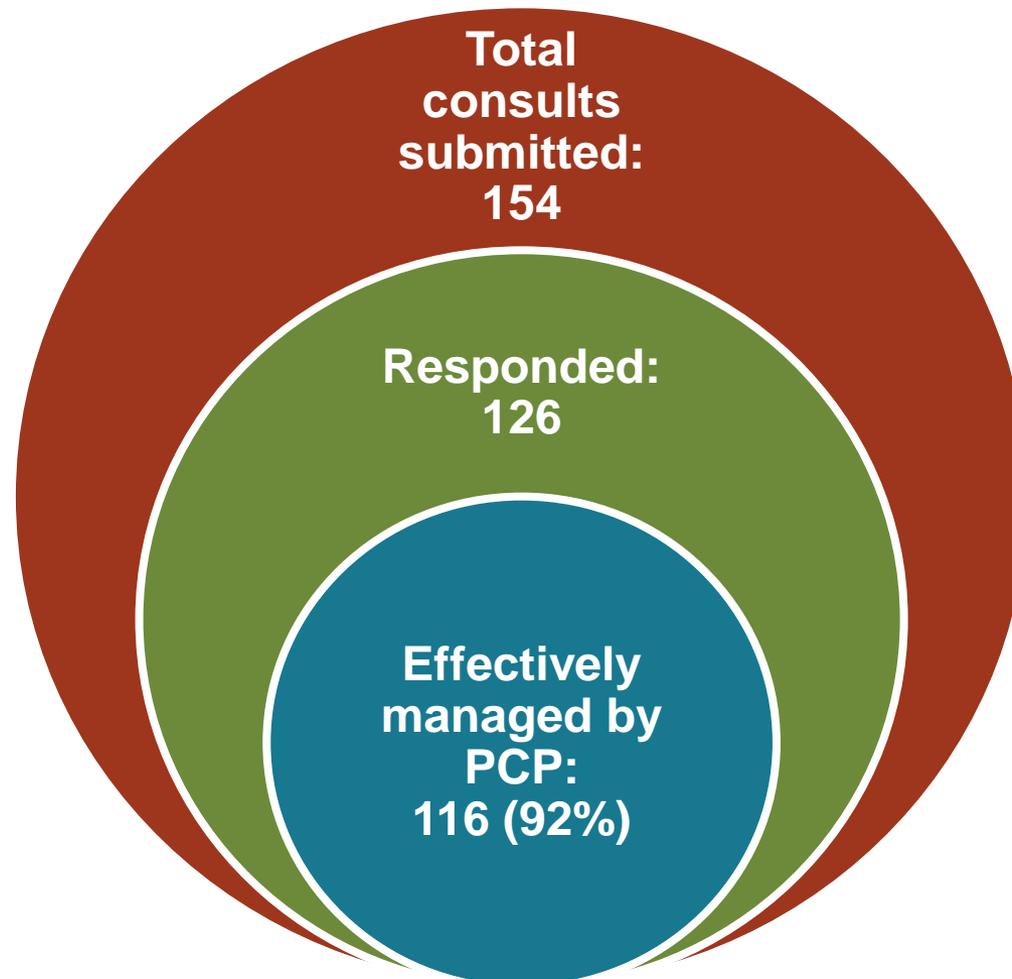
Increased availability of specialty care appointments

Coalitions reporting improvement: **52%** (11/21)

- Obtaining specialty services from volunteers
- Recruiting specialty organizations to provide services to safety net patients
- Using referral data to influence the recruitment of paid specialists
- Expanding the use of mid-level providers in specialty clinics

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Alameda County Specialty Task Force

Alameda County Medical Center Specialty Clinic Growth
FY 2010–2013
Overall 34% growth in specialty visits
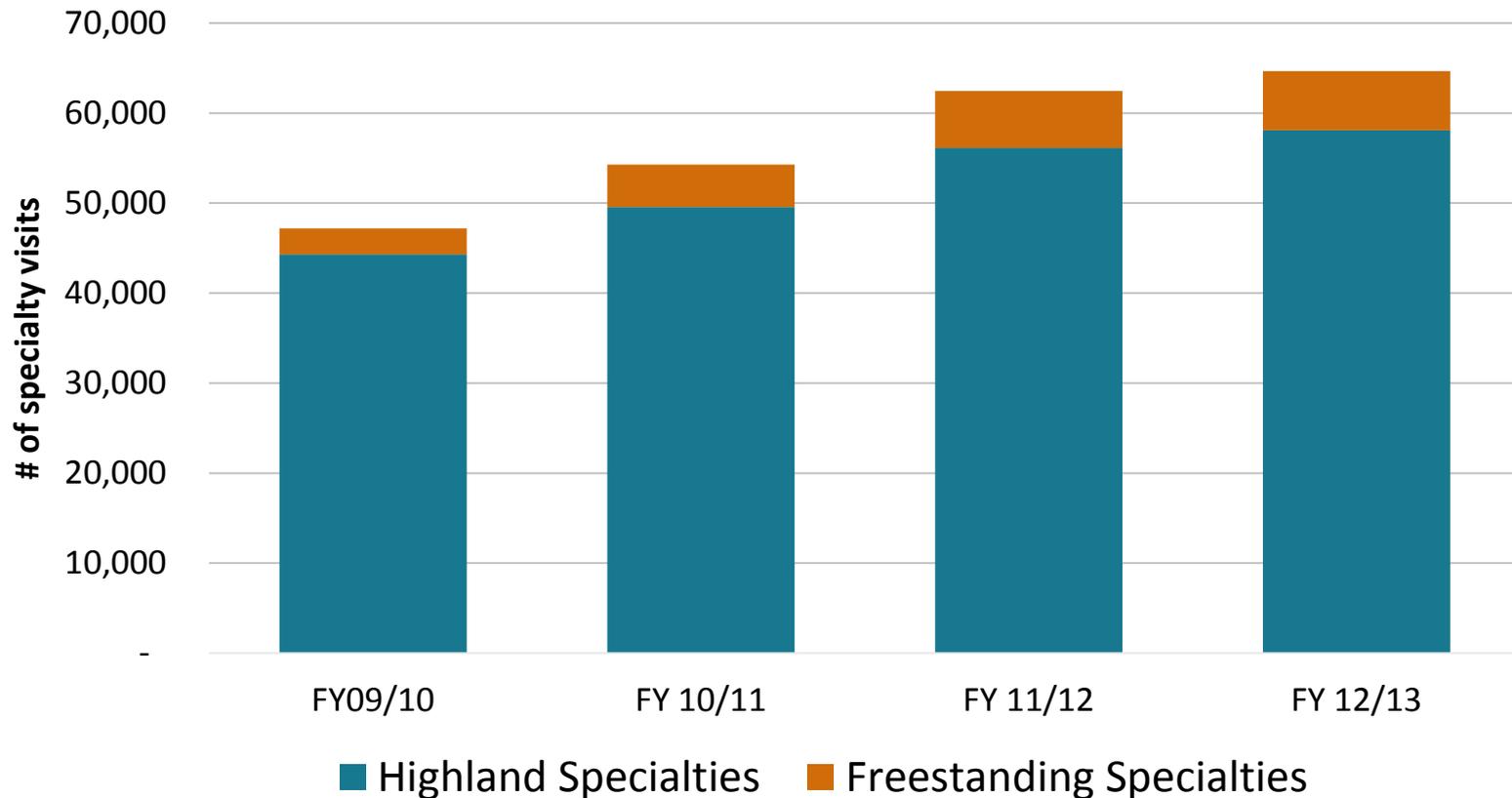
More appropriate referrals

Coalitions reporting improvement: **38%** (8/21)

- Referral guidelines

- Training on the referral process

- PCP capacity building (e.g., training, consulting with specialists)

- More accurate screening modalities

Ventura County Safety-Net Specialty Access Coalition

Ventura GI referral denial rates
June 2010–December 2011


eReferral implemented
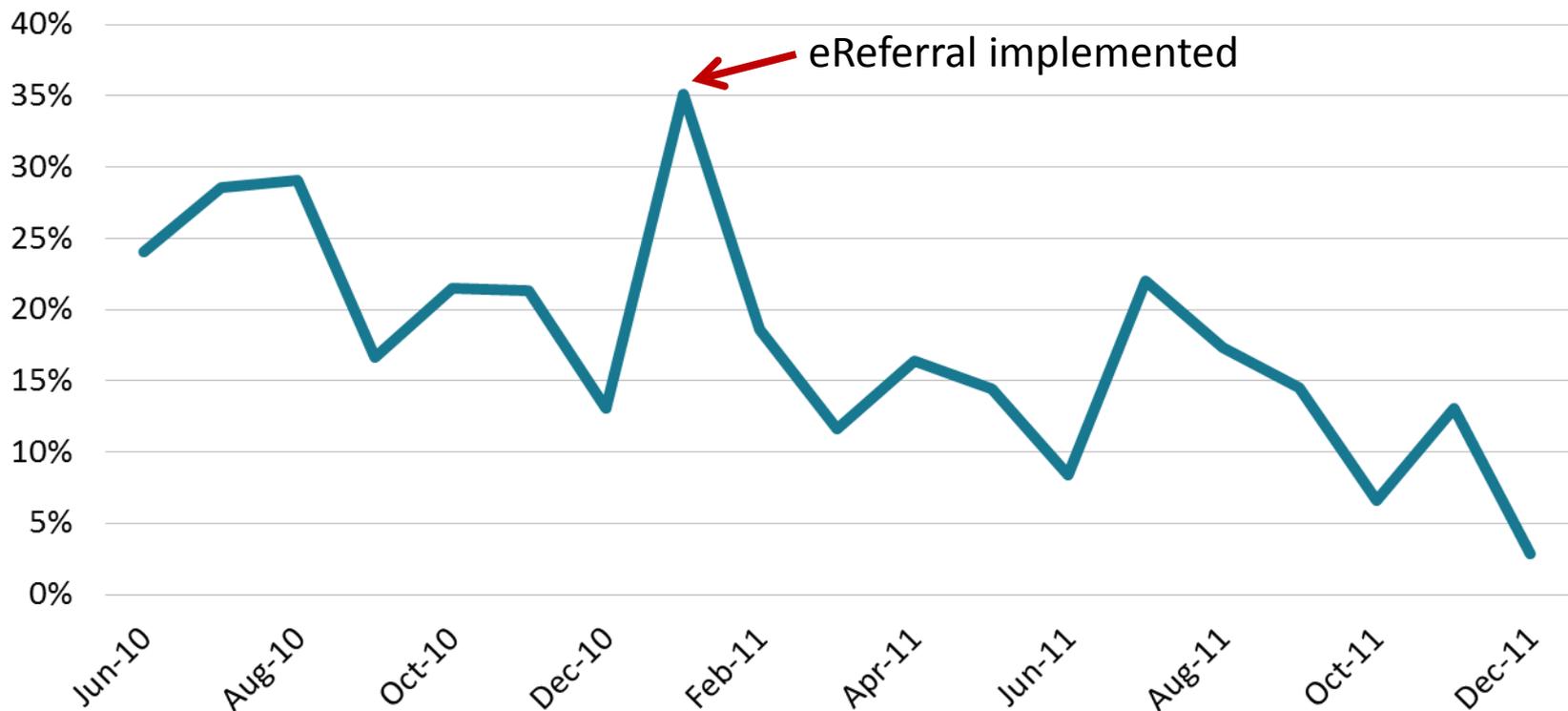
Decreased no-show rate

Coalitions reporting improvement: **24%** (5/21)

- Case management
- Reminder calls/texts
- Intensive referral coordination

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Coalition of Safety Net Access Providers (C-SNAP)

No-show rates at Olive View-UCLA
pre/post 4PatientCare
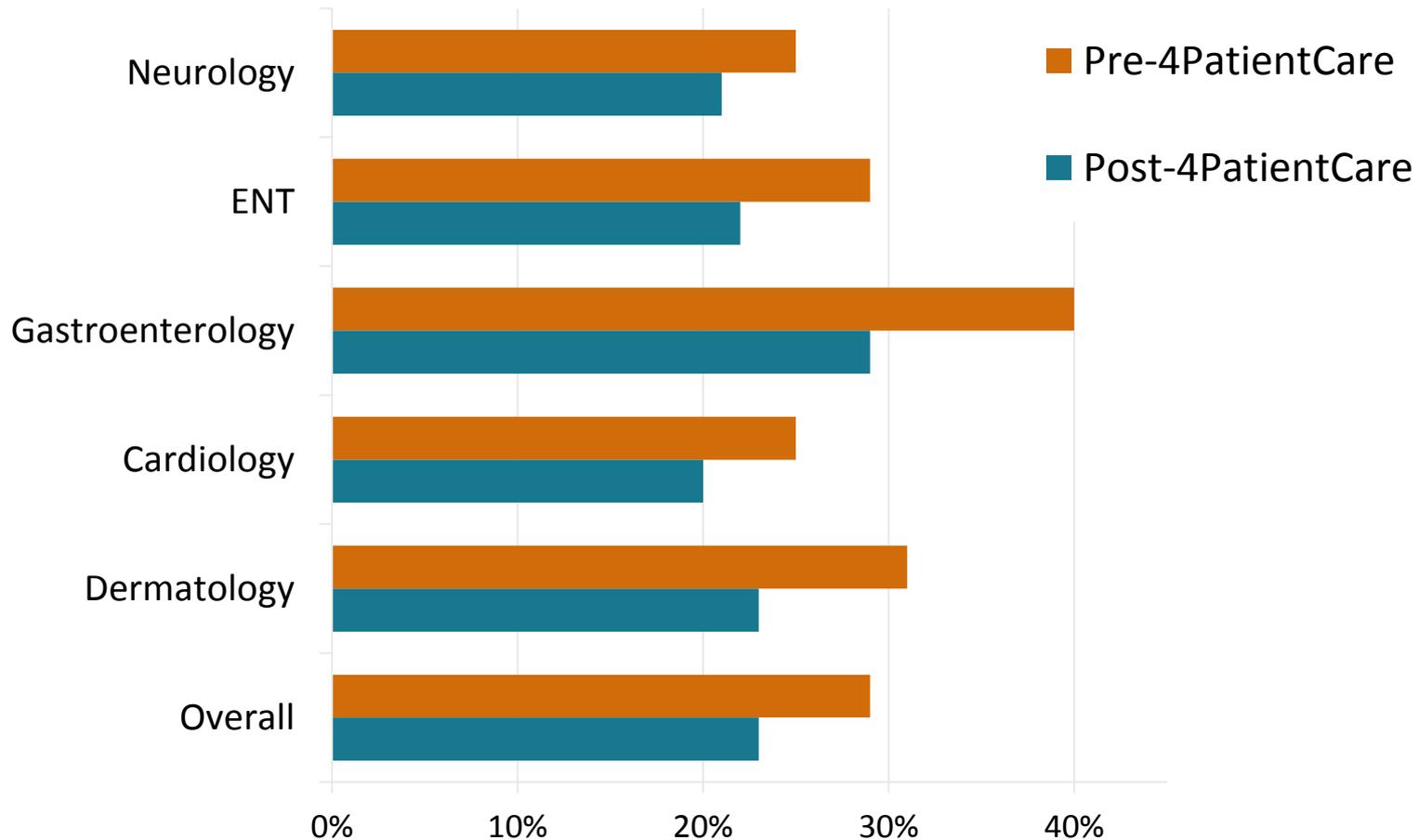
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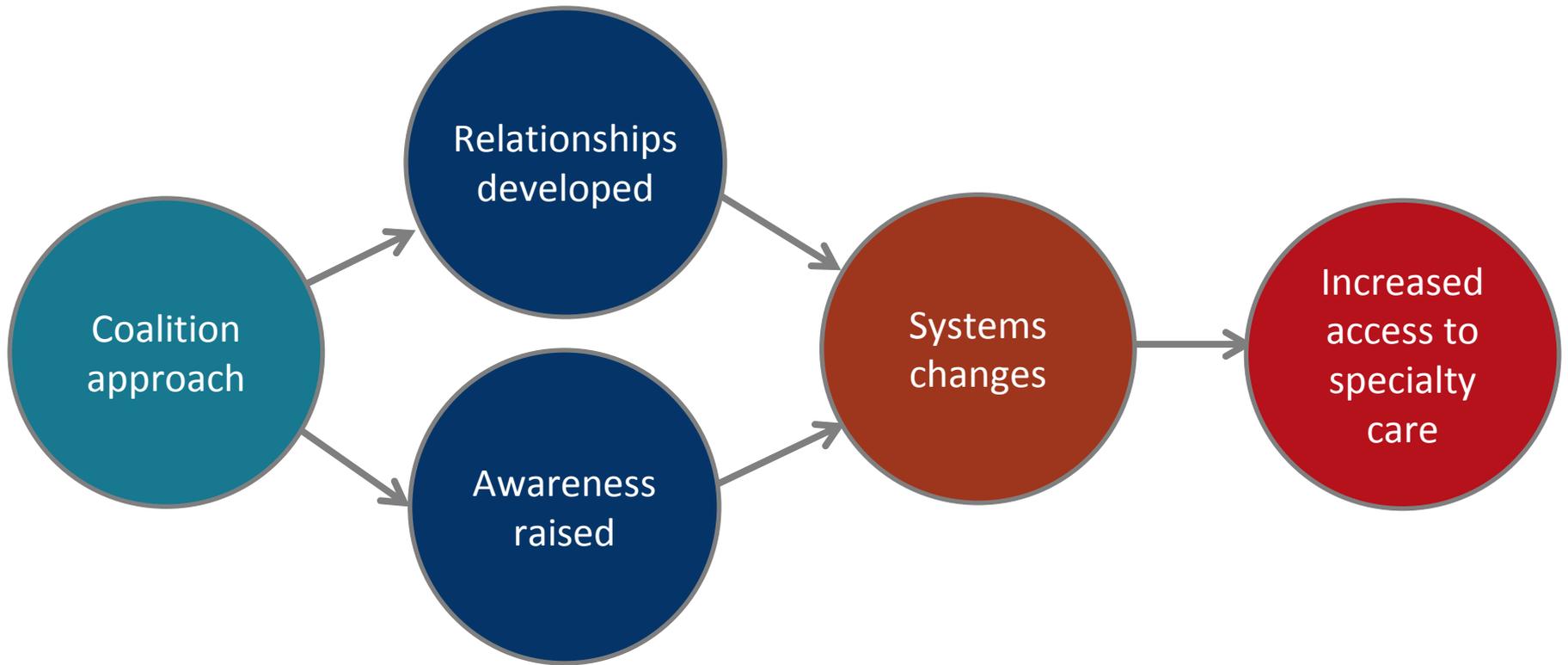
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