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
The Road to SCI

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

SCI Planning Period 2007 - 2008

Survey of Public Hospitals and Clinics

SCI – Implementation Period 2009 - 2013

SCI – Sustaining and Spreading Promising Practices 2012-2014
SCI overview
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
SCI description

 Inputs
 Funders: SCI $, staff, resources
 Coalitions/grantees: Staff, grant $, resources, partnerships

 Strategies
 Coalition building
 Strategy Clusters:
 • Embedding guidelines
 • Building/expanding SC networks
 • Increasing PCP capacity & scope
 • Integrating care coordination

 Outcomes
 Short-term
 • Successful implementation
 • Program scope/reach
 • Active, high functioning coalition

 Intermediate
 • Access to timely care
 • Appropriate referrals
 • Referral coordination
 • Availability of SC appts
 • Demand management
 • ↓No-show rates
 • Ability to track data
 • Sustainable coalition

 Long-term
 • 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
## Data collection

<table>
<thead>
<tr>
<th>Routine data collection</th>
<th>Grantee oral progress reports (semi-annual)</th>
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<tr>
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<td>Web-based coalition survey (pre/post)</td>
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<td>Quarterly reporting by coalitions (quantitative)</td>
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<td>Document review</td>
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<td>Funder/TA provider interview (annual)</td>
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<table>
<thead>
<tr>
<th>Data collection with selected sites</th>
<th>Provider interviews (specialists &amp; PCPs) (2011)</th>
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<tr>
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<td>Site visits (2011)</td>
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<td>Coalition member interviews (2013)</td>
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Results: Key findings
Key findings: Impact of SCI

- Coalition approach
- Relationships developed
- Awareness raised
- Systems changes
- Increased access to specialty care
## SCI description

### Inputs
- Funders: SCI $, staff, resources
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### Strategies
- **Coalition building**
- **Strategy Clusters:**
  - Embedding guidelines
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### Outcomes
- **Short-term**
  - Successful implementation
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  - Active, high functioning coalition
- **Intermediate**
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- **Long-term**
  - Spread of successful models/strategies
  - Formalized relationships
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  - Development of community-based solutions to access
  - Efficient, integrated delivery system
  - Increased access to timely, cost-effective, appropriate care for uninsured
  - Improved patient health outcomes

### Impact
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
Description of coalitions

Half already existed (12/24)

Membership ranged from 5 to 30
Contribution/benefits of the coalition

- Improving communication
- Getting & sustaining buy-in
- Leveraging existing expertise & resources
- Distributing funding & other resources
- Prioritizing strategies beneficial for the whole safety net
- Increasing understanding between partners
- Promoting collaborative decision making
- Opportunity to develop new leaders
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.
Impact of SCI

Coalition approach

Relationships developed

Awareness raised

Systems changes

Increased access to specialty care
Key outcome: Relationships

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

*Important for all of the strategies implemented
Relationships across health systems
Impact of SCI

Coalition approach → Relationships developed → Awareness raised → Systems changes → Increased access to specialty care
Key outcome: Systems change

SCI Coalitions’ self-ranking of systemic change (n=16)

Resulted in systemic change

- 5: 6
- 4: 5
- 3: 3
- 2: 2
- 1: Not at all successful
Strategy clusters

- Embedding guidelines
- Building networks
- Increasing PCP capacity
- Care coordination
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
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
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
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
Coalitions participated in more than one cluster
Tracking & reporting on data

☑ Data quality issues resolved
☑ Implementation of data collection systems
☑ Use of data to drive decisions

Initial challenges and issues with data quality & availability

Now

Then
Impact of SCI

- Coalition approach
- Relationships developed
- Awareness raised
- Systems changes
- Increased access to specialty care
## SCI Impact on Access—Intermediate Outcomes

### Inputs
- **Funders:** SCI $, staff, resources
- **Coalitions/grantees:** Staff, grant $, resources, partnerships

### Strategies
- **Coalition building**
  - Strategy Clusters:
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### Outcomes
- **Short-term**
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- **Long-term**
  - Spread of successful models/strategies
  - Formalized relationships
  - Collaborative decision-making processes in place
  - Development of community-based solutions to access
- **Impact**
  - Efficient, integrated delivery system
  - Increased access to timely, cost-effective, appropriate care for un- and under-insured
  - Improved patient health outcomes
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
San Francisco Specialty Care Steering Committee’s GI Workgroup

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

Discharge criteria implemented
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
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
San Diego Countywide Specialty Care Coalition

eConsult 2012-2013

Total consults submitted: 154

Responded: 126

Effectively managed by PCP: 116 (92%)
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
Alameda County Specialty Task Force

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

# of specialty visits

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<tr>
<th></th>
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<th>FY 10/11</th>
<th>FY 11/12</th>
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<tr>
<td>Highland Specialties</td>
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<td>Freestanding Specialties</td>
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FY09/10 - FY 12/13
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
Coalition of Safety Net Access Providers (C-SNAP)

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

- Neurology
- ENT
- Gastroenterology
- Cardiology
- Dermatology
- Overall

Pre-4PatientCare vs. Post-4PatientCare
Impact of SCI

Coalition approach
Relationships developed
Awareness raised
Systems changes
Increased access to specialty care