

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

Impact on Specialty Care Access

Prepared by the Center for Community Health and Evaluation

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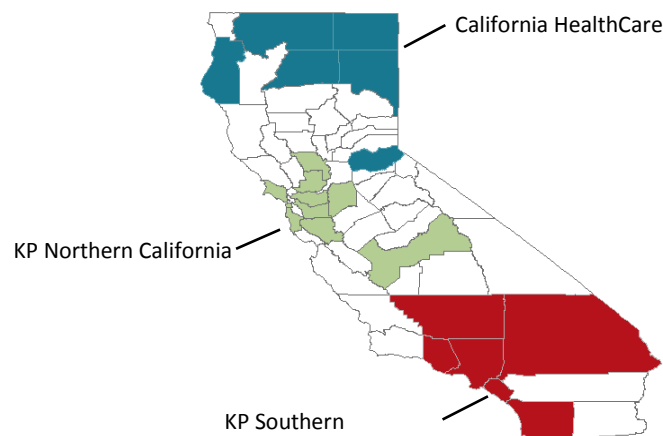


Background

The gap between the supply of specialty care for under- and uninsured patients and demand has been widening. In 2007, as a faltering economy pushed more people into the ranks of the uninsured, health care providers struggled to provide and coordinate specialty care to meet complex patient health care needs. In response, Kaiser Permanente Northern and Southern California Regions' Community Benefit Programs and the California HealthCare Foundation (CHCF) jointly funded SCI to devise more effective strategies for providing specialty care to the safety net population in selected counties (Figure 1). Recognizing that effectively addressing this

issue requires a coordinated response across health care delivery systems, SCI required a coalition-driven approach to developing community-based solutions for specialty care access. This summary provides an overview of the **impact of SCI on increasing access to specialty care.**

Figure 1. SCI counties, by funder



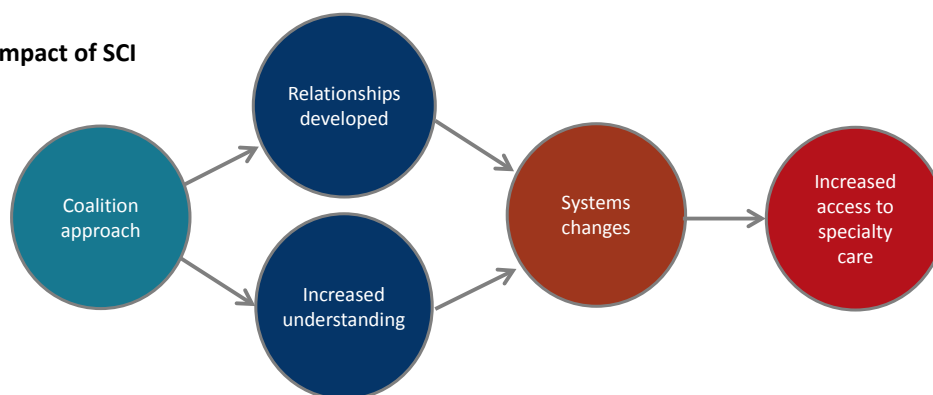
Methods

The Center for Community Health and Evaluation conducted a five year evaluation of the implementation of SCI. Data collection methods included review of grantee reports and documents, interviews with key project staff, site visits with selected grantees, web-based surveys of coalition members, and coalition reporting on quantitative measures of specialty care access.

Key Finding

The Specialty Care Initiative (SCI) coalition-based approach resulted in stronger relationships among safety net providers and helped increase understanding about challenges related to specialty care access. As a result, coalitions made sustainable, systemic changes in their local health systems that led to increased access to specialty care (Figure 2).

Figure 2. Impact of SCI



Impact of SCI

As mentioned above, SCI coalitions successfully built relationships and increased understanding of the issues, which led to systemic changes that improved access to specialty care for the safety net.

Relationship development & increased understanding

The requirement that SCI create changes across the delivery system using a coalition approach provided a mechanism for improving communication and increasing understanding and trust among partners. **Over 80% (17/21) of coalition leads stated that the relationships established or strengthened through SCI were one of their coalition's most significant accomplishments.** Coalitions highlighted the relationships developed between specialty and primary care at various levels (i.e., organizational partnerships, personal relationships between leaders and referral staff). This relationship building was combined with increased understanding of the access issues that existed within their health system and prompted people to work together on potential solutions. This laid the foundation for ongoing collaboration to more effectively respond to changes in the health care environment.

"The community partners understand that everyone is on the same side of the table, trying to get the patient high quality care. We're problem solving [and] working together. The longest term legacy from this grant is the relationships that have been built."

Systemic changes to improve specialty care access

These relationships allowed coalitions to make sustainable changes in practice—nearly 70% of SCI project leads gave high ratings (4-5 on a five-point scale) to their SCI effort's success at creating systemic change. **The extent to which systemic change occurred was largely tied to the scope and sustainability of strategies that were implemented.** SCI strategies that were likely to be fully sustained included: (1) internal systems change or "changing the way business was done" (e.g., improvements to communication and information flow, changes to the referral process, developing procedures that were integrated into clinics' workflow); (2) adding new services or positions that could be sustained through reimbursement mechanisms (e.g., public hospitals hiring new specialists or using mid-levels for high demand specialties); and (3) having an organizational partner take responsibility for continued work that aligned with their mission (e.g., offering ongoing provider trainings, offering additional services—screenings, surgery days, etc.). Coalitions also made sustainable changes in their data collection, tracking and reporting systems which led to an **increased capacity to track and report on specialty referral data.** The SCI requirement that they collect and report on referral data and develop new data systems helped prepare them for many of the requirements of health care reform.

"We [now] have a monthly dashboard that we use... There's now a focus on how quickly are patients able to get appointments. There's been a shift in the culture, from 'it's the county, what do you want us to do? You're going to have to wait' to that no longer being acceptable. [This work] was part of [what prompted that change]. With health care reform we are going to get evaluated on how quickly people get in... SCI complemented what was coming down the pike and we were better able to respond."

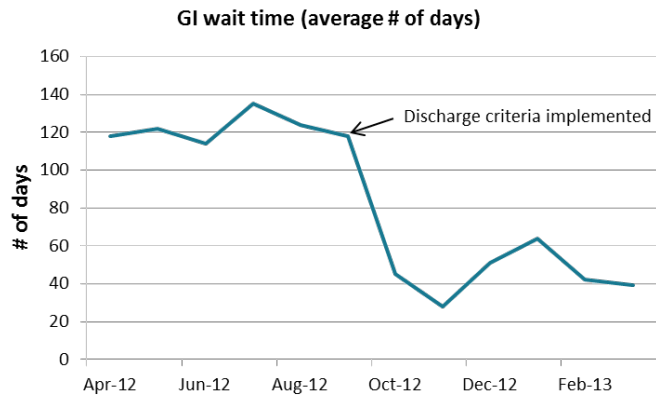
Increased access to specialty care

As a result of the systemic changes that occurred, the majority of SCI coalitions reported improvements in specialty care access, including improvements in: timeliness of care, referral coordination, demand management, availability of specialty care appointments, and appropriateness of referrals.

- **Improved timeliness of specialty care.** 90% (19/21) of coalitions reported increased access to timely specialty care. Fourteen coalitions reported decreased wait times resulting from their SCI work; six of these coalitions decreased wait time by reducing or eliminating backlogs of patients waiting for a specialty referral. Coalitions also impacted timeliness of care by raising awareness of the problem, implementing targeted referral coordination, devoting resources to following up with patients to determine current needs, and integrating specialty consult, procedures, or other resources in the primary care setting.

Example: Improved timeliness

The San Francisco Specialty Care Steering Committee’s Gastrointestinal (GI) Workgroup developed specific discharge criteria and guidelines for co-management of post-colonoscopy patients where an in-person follow up visit was not needed. After implementation of the criteria, 400 appointments were cancelled because they could be more appropriately managed in primary care, which substantially decreased wait time.



- **Improved referral coordination.** 71% (15/21) of coalitions reported improved referral coordination through relationship development, increased communication and information sharing, and more efficient referral processes. For 10 of these coalitions, referral process improvements targeted all specialties and benefitted the system as a whole. Strategies that had the most impact included: implementing centralized electronic referral systems and convening referral coordinators to discuss challenges and share best practices.

Example: Improved referral coordination

SCI provided an opportunity for two Los Angeles SCI coalitions to meet with the Director of the Cardiology Department at their local county hospital. Through this process, the cardiologist learned that there was backlog of patients referred for cardiology services that were never seen. He worked with his staff to follow up with patients, determine who still needed to be seen and clear the backlog. The cardiologist made himself accessible to the coalitions’ Primary Care Providers (PCPs) for consultation on challenging cases and helped to expedite urgent referrals.

“[The cardiologist] made himself available for consultation and triage. He’s helped with patients and we’ve been able to more effectively facilitate the referral process. Now in cardiology the wait time is down to 3 months for a routine visit, and we can get urgent appointments in more quickly.”

- **Improved demand management.** 57% (12/21) of coalitions reported improved demand management for specialty referrals—primarily through managing patients more effectively in primary care settings. Successful strategies increased the capacity of PCPs to manage basic specialty care needs through PCP training and opportunities to consult with specialists.

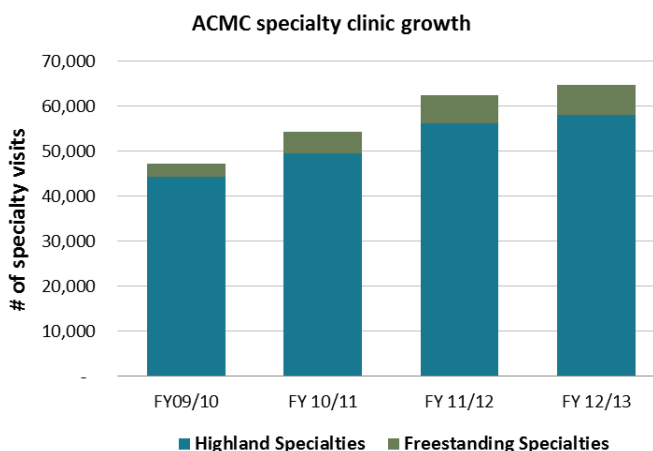
Example: Improved demand management

The San Diego Countywide Specialty Care Coalition implemented an electronic consultation system (eConsult) in early 2011. The system allows PCPs to obtain answers to clinical questions related to 12 different specialties from volunteer specialists. They found that **92% cases reviewed through eConsult could be effectively managed in the medical home**, thereby avoiding the need for a specialty referral.

- **Increased availability of specialty care appointments.** 52% (11/21) of coalitions reported increased availability of specialty care appointments. This was accomplished by: obtaining specialty services from volunteers; recruiting specialty organizations to provide services to safety net patients; using data to influence the recruitment of paid specialists; and expanding the use of mid-level providers in specialty clinics.

Example: Increased availability of specialty care

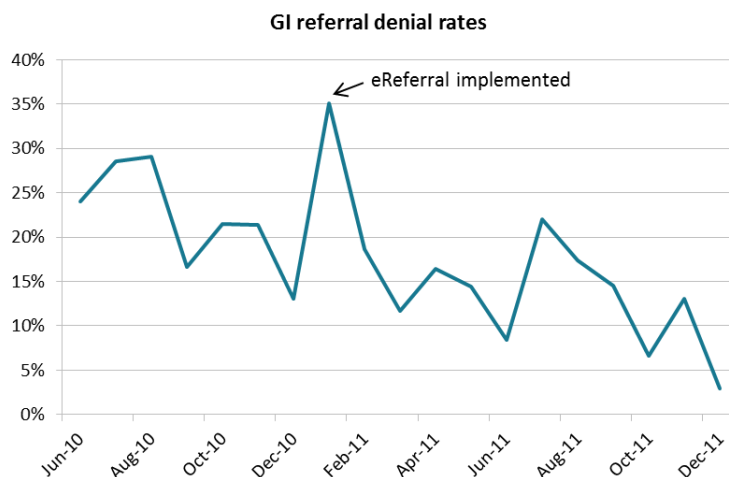
Alameda County Medical Center (ACMC) used an extensive review of its referral data to drive improvements in data quality, which informed specialty expansion and recruitment. As a result, it saw a 34% growth in specialty visits from fiscal year 2009-10 to fiscal year 2012-13.



- **More appropriate referrals.** 38% (8/21) of coalitions reported that SCI improved the appropriateness of referrals. The definition of “appropriate” went beyond clinical requirements and included referrals that were complete in terms of health information provided (e.g., lab results). Effective strategies included: implementation of and training on referral guidelines and processes; providing PCPs opportunities for training and consultation with specialists; and improving screening practices to be more accurate.

Example: More appropriate referrals

The Ventura County Safety-Net Specialty Care Access Coalition developed a centralized eReferral system for the Ventura County Health Care Agency. The coalition also developed and implemented guidelines in many specialty areas. A survey of primary care referral providers indicated that “satisfaction with the time it takes for a specialty referral to be processed” increased from 24% pre-eReferral to 95% post-eReferral; additionally, data show that denial rates decreased for some specialty areas after eReferral was implemented.



Conclusion

SCI created or strengthened coalitions to improve access to specialty care across their local delivery system. The coalition approach built and strengthened relationships among safety net providers in their county, which led to systemic changes that improved the timeliness of specialty care access, enhanced referral coordination, and increased the availability of specialty care appointments. Participation in SCI was also credited with positioning safety net organizations to more effectively respond to changes in the health care environment. The coalitions reported commitment to continuing to leverage the relationships that resulted from SCI to work towards more integrated health care systems that result in higher quality care for all of their patients.