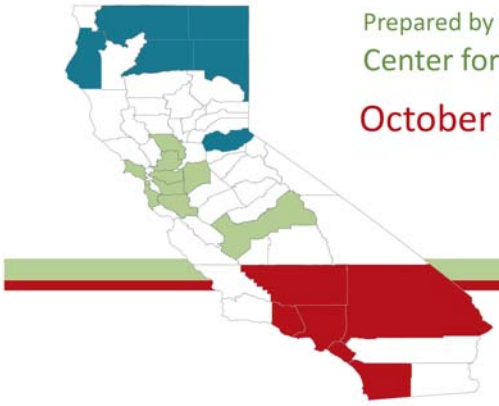
Kaiser Permanente and California HealthCare Foundation

Specialty Care Initiative

Evaluation Report: Executive Summary



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Introduction

The gap between the supply of specialty care for under- and uninsured patients and demand has widened. A faltering economy has pushed more people into the ranks of the uninsured, while health care providers struggle to provide and coordinate specialty care to meet increasingly complex patient health care needs. To devise more effective strategies for providing specialty care to this patient population, the California HealthCare Foundation (CHCF) and Kaiser Permanente Northern and Southern California Regions' Community Benefit Programs jointly funded the Specialty Care Initiative (SCI) in 2007. SCI funded 28 community coalitions with 1-year planning grants; 24 of these coalitions then received additional implementation funding. During the first year of implementation, three coalitions withdrew from the initiative, leaving 21 coalitions to continue with the intiative. (See Page 6 for a map of funded coalitions.)

This executive summary presents highlights from an evaluation of SCI conducted by the Center for Community Health and Evaluation (CCHE). The evaluation focused on the strategies the 21 coalitions implemented to improve access to specialty care and assessed the functioning of the coalitions themselves. SCI implementation began in January 2009; this report includes findings through September 2011.

Evaluation Overview

The evaluation was guided by **three questions** (see box). To answer the questions about specific strategies/models, CCHE grouped the strategies pursued by the coalitions into four clusters:

- **Embedding guidelines into the referral process** — better managing demand for specialty care appointments by promoting appropriate referrals.
- **Building and expanding specialty care networks** — increasing the number of specialists available to serve safety net populations.
- **Increasing primary care provider (PCP) capacity and/or scope of practice** — reducing demand for specialty care by increasing PCP capacity to manage basic specialty care needs.
- **Integrating care coordination** —improving referral coordination and patient navigation.

Specialty Care Initiative (SCI) Evaluation Questions

- How successful has the overall SCI been in stimulating the implementation of new strategies/models among coalitions and improving access to specialty care?
- Which strategies or models appear to be the most successful and have the greatest potential for replication?
- How successful has SCI been in spurring new, stronger and more sustainable coalitions?

Evaluation data collection methods included reviews of grantee reports and documents, interviews with key project staff, site visits with selected grantees, Web-based surveys of coalition members, and coalition reporting of four quantitative measures of specialty care access (referral volume, disposition of referral (i.e., denials), wait time, and no-show rates).

Strategy-Specific Progress

Coalitions made significant progress in each of the four strategy areas and much of that progress has the potential to be sustained and replicated. The following is a brief summary of progress along with a summary of the issues related to sustainability and spread.

Embedding Guidelines into the Referral Process

Participation: 20 of the 24 coalitions (83%) pursued this strategy

Progress: Many coalitions made significant progress developing guidelines early in SCI, which was an effective mechanism for engaging and building relationships between specialty and primary care providers. As the initiative progressed, coalitions shifted their focus from guideline development to improvements in referral processes and systems. Key challenges associated with these efforts included changing clinic workflow (i.e., existing practices) and designing referral guidelines and systems that were appropriate for users with varying levels of clinical expertise. In spite of these challenges, coalition efforts resulted in many systemic changes that are likely to continue beyond the grant period.

> *"What works is relationships and then systems…and then the systems have to work to build relationships."*
> - Humboldt County IRIS Steering Committee

Factors influencing sustainability & spread

- Referral system improvements require an initial investment to develop and implement. Continual updating and maintenance is needed, but does not require significant financial resources to sustain.
- System improvements (both electronic and manual) are facilitated by engaging key stakeholders in discussions about current practice, making changes to workflow, and developing referral tools to address identified issues.
- Existing guidelines and referral tools can assist in spreading successful referral processes. However, these tools must be customized to the local health care environment to be effective.

Increasing Primary Care Provider (PCP) Capacity/Scope of Practice

Participation: 17 of the 24 coalitions (71%) pursued this strategy

Progress: Coalitions implemented many different strategies to enable PCPs to manage routine specialty care needs without a referral. Approaches included formal trainings with primary and specialty care providers, mentoring opportunities where a PCP shadows a specialist to learn basic diagnostics and procedures (mini-fellowships), and facilitating consultation between PCPs and specialists (often electronically through an eConsult system). Coalitions found that activities within this strategy were particularly effective at developing relationships between PCPs and specialists. Key challenges for training activities related to coordinating the training and evaluating the impact of the event. For consultation, coalitions struggled with reimbursement for providers, integrating it into current workflow and resolving liability concerns.

> *"We're improving patient care, treating patients that otherwise wouldn't be treated….We're reserving consults for appropriate cases, getting my skill level increased and improving my ability to reach out to others without a specialty visit."* - San Diego Countywide Specialty Care Initiative Coalition

Factors influencing sustainability & spread

- Most activities in this cluster require some continual financial investment for coordinating activities, providing incentives to providers, and ongoing monitoring and evaluation.
- Data on the impact of training activities can build leadership support for continuing to invest in these efforts.
- Training activities and management of consultation systems may be able to be integrated into an organization's ongoing activities if it is aligned with their mission and seen as value-added (e.g., identifying organizations already providing physician trainings and exploring the addition of these activities to their work).

Building/Expanding Specialty Care Networks

Participation: 21 of the 24 coalitions (88%) pursued this strategy.
Progress: To increase the participation and availability of specialty care providers, coalitions implemented various approaches including: volunteer models; persuading specific partners (such as hospitals) to hire more specialists by documenting demand; expanding the use of mid-level providers; and telemedicine (particularly for dermatology and retinal screening). Coalitions found that developing relationships between specialty and primary care at the individual and organizational level was essential to their success in this area. Key challenges were leveraging the work of individual physician "champions" into broader organizational partnerships and institutional changes. Telemedicine had a number of unique challenges beyond procuring equipment such as integrating into clinic workflow and establishing mechanisms for adequate reimbursement.

> *"I now have a relationship with these people…it didn't start out that way. It was a real challenge in the beginning to figure out who would do what…it took a long time to be able to stand together in partnership."*
> - Contra Costa's Specialty Care Stakeholder Committee

Factors influencing sustainability & spread

- Formalizing and institutionalizing individual relationships with physician champions is critical for both sustainability and spread.
- Opportunities and the most effective approaches differ depending on available resources in the health system (e.g., number of specialists, existence of a public hospital).
- Developing referral processes and communication systems between specialty and primary care is essential for supporting these activities.

Integrating Care Coordination

Participation: 10 of the 24 coalitions (42%) pursued this strategy.
Progress: While all strategies included a component of care coordination, these efforts focused on ensuring patients had the information and resources they needed to complete their specialty care referral and return to their medical home. The two most common approaches were:

1. External care coordination - coordinating care between many health systems or clinics within a geographic area through a care coordinator/ patient navigator position or referral coordinators; and
2. Internal care coordination - coordinating care within a health care system by improving processes, communication and information exchange.

Key challenges included determining the appropriate scope and scale of coordination services to meet the needs of individual patients and the health system; recruiting and retaining appropriate staff; and establishing a funding mechanism to support these services when they are not eligible for reimbursement from MediCal (California's Medicaid program) or other payors.

> *"[Care coordination is] one of those things that is absolutely necessary and needed across institutions, particularly when dealing with the safety net population….It ensures patients can get quality care and have a good experience."*
> - Access El Dorado (ACCEL)

Factors influencing sustainability & spread

- Internal care coordination can be successfully institutionalized through process improvements, revised workflows, and renegotiating job descriptions. These changes require little ongoing financial investment, but require leadership and staff support and commitment to these changes.
- External care coordination is difficult to sustain without a dedicated source of funding or reimbursement. Currently, the benefits of care coordination are seen by multiple organizations, but one organization must incur the cost.
- Spread requires consideration of the needs of each health system and the targeted patient population as well as the financial implications of staffing the coordination services.

Results

SCI coalitions faced significant challenges, including a relatively short three-year time frame and state budget cuts that reduced the number of providers accepting patients from MediCal. Despite these challenges, SCI coalitions had notable successes: strengthening relationships between primary and specialty care safety net providers, improving coalitions' ability to track and report on data, and significant progress made in a number of key specialty care outcome areas.

Strengthened relationships. Perhaps the most significant outcome of SCI was the development of coalitions that strengthened and formalized relationships among organizations participating in the initiative. A coalition was a pre-requisite for participating in SCI. Half of the participating coalitions existed prior to SCI funding; the remainder formed in response to this initiative. Grantees reported that the coalition helped them carry out the work of the initiative and positioned them to make additional improvements in the safety net system and respond to changes that will occur as part of federal health care reform. In surveys and interviews, coalition members' expressed satisfaction with their group's composition and progress, level of member engagement, and coalition functioning. Although there was some drop in engagement over time, at least 70 percent of all coalition members reported attending the majority of coalition meetings in 2011.

> *"The benefit [of the coalition] was to bring the various parties together to articulate the issues, begin to identify strategies and solutions, and have leverage to deal with the barriers."* – Alameda County Specialty Care Task Force

Improved ability to track and report data. Despite considerable variability in information technology systems, most coalitions reported progress in their ability to collect and report on data over time and felt their work on collecting data for SCI would pay future dividends. One coalition member described the emphasis on SCI measures as "eye-opening," noting that attention to these measures had prompted system-wide improvements in data collection and quality. Another said, "The grant has been fantastic in providing the data we need to be able to make good decisions."

Improvements in key specialty care outcome areas. Coalitions reported progress in several areas SCI aimed to influence — progress they attributed to new strategies implemented with SCI support.

Outcome	Results	Sample Quote
Increased access to timely specialty care	**18** SCI coalitions reported increased access to timely specialty care in at least one of the specialty care areas they had targeted (e.g., orthopedics, gastroenterology, neurology).	"[Our specialist champion] has helped with patients and we've been able to more effectively facilitate the referral process. Now in cardiology the wait time is down to three months for a routine visit, and we can get urgent appointments in more quickly."
Improved referral coordination	**12** coalitions reported improved referral coordination through better communication between primary and specialty care and by implementing more efficient referral processes.	"The public hospital is really interested in improving efficiencies—like determining what information is included in the referral. It had been common practice to just deny any referral that didn't have all the required components. This has been a great opportunity to improve communication between the two parties."

Outcome	Results	Sample Quote
Improved demand management for specialty care services	**9** coalitions reported improvements in managing demand for specialty care by increasing consultation between specialists and PCPs and conducting more accurate screening of patients within primary care settings.	"I'm thinking about the application [of the skills]…two PCPs have done training in orthopedics [through a physician shadowing program] and now pretty much every day one of them is injecting joints. It's a win/win because it means fewer referrals to specialists."
Increased availability of specialty care appointments	**7** coalitions reported they had increased the availability of specialty care appointments by expanding their networks and increasing the capacity of existing networks.	"We have been working with the [community] clinics to educate them on how to refer into Operation Access (OA) [for certain specialty needs]. In 2008, 84 referrals were made to OA; in 2010, 361 referrals were made to OA from the clinics. Our partners are providing more access."
More appropriate referrals to specialty care	**6** coalitions were able to improve screening, guidelines, training, and consultations that led to more appropriate referrals for patients.	"One of our goals for the program was to more appropriately refer patients to county. We have accomplished that. We have a better standard. We are able to provide better care for patients."
Decreased no-show rates	**3** coalitions reported decreased no-show rates in targeted specialties due to the use of specific care coordination strategies, such as hiring case managers and improving referral coordination.	"A key to success [is that the clinic staff] are wonderful at case management. There's only a 4% no show rate and they deserve a ton of the credit for that. If they had a 40-50% no-show [rate], the specialists would get tired of it quickly."

SCI Success Factors

SCI coalitions identified several factors that contributed to their success:

"[SCI] gave us permission to tackle specialty care access systematically."
- San Francisco Specialty Care Steering Committee

- **Participation in SCI** provided coalitions with funding, technical assistance, a peer learning community, and access to shared problem-solving and innovative ideas, which helped to advance their work.
- **Dedicated project managers** took on crucial organizing and coordination tasks such as convening coalition members, serving as a liaison across different health care entities, managing the SCI work plan, and holding coalition members accountable.
- **Adequate involvement and buy-in from key stakeholders** was critical for successfully implementing these strategies. In addition to getting buy-in from decision-makers, involving groups that were affected by or responsible for implementing proposed changes was beneficial. Most strategies required the involvement of specialists to be successful.
- **Leveraging existing relationships, resources and infrastructure** – both internally and externally –allowed coalitions to capitalize on momentum and make more rapid and extensive progress.
- **A broad and representative coalition** was an effective mechanism for engaging and getting input from stakeholders while also developing relationships and building trust. Coalitions with representation from all of the key organizations in the safety net (e.g., primary care clinics, public hospitals, health plans) were better able to develop community-based solutions appropriate for the local health system.

Conclusion

The experiences of SCI grantees demonstrate that a wide range of health systems, from public hospitals to more dispersed systems, can deploy effective strategies to improve access to specialty care. Progress requires a significant investment of resources, the goodwill and trust of partners who may not have worked closely together in the past, and a commitment to improving data systems and quality.

For SCI grantees, the investments were worthwhile and yielded positive impacts on specialty care access, as well as stronger relationships and improved data systems. The next challenge will be to institutionalize the changes within the organizations and spread them to other communities. Recently, SCI began to focus on spread of successful models and strategies, which will likely become an important part of future Kaiser Permanente grantmaking in this area.