San Diego County’s Health Care Coverage Initiative Network Structure: Interim Findings

Introduction

The Health Care Coverage Initiative (HCCI) program in San Diego focuses on individuals with hypertension and diabetes, and uses a chronic care model with disease management to achieve the goals outlined for their coverage initiative program. San Diego County enrolled 3,651 members as of May 31, 2009; 391 more than the proposed three-year program target. In January of 2009 the county capped new enrollment to control program expenditures and focused on providing comprehensive care to existing enrollees.

Safety-Net System Prior to HCCI

Prior to the HCCI program, San Diego County provided local indigent health care through the County Medical Services (CMS) program, under their section 17000 obligation. The CMS program prior to HCCI was a fragmented system providing care as a last resort to county residents with urgent medical conditions. While patients in the program did not have any financial responsibility for their care, eligibility was restricted to those below 135% of the federal poverty level (FPL). Providers included community primary care clinics, as well as some specialists. Residents who qualified for CMS were enrolled and then could use any of its contracted clinics.

Clinics in CMS received reimbursement at a lower rate than is currently paid under HCCI. CMS also had a contract with the Scripps Whittier Institute’s Project Dulce, which provided disease management services to approximately 600 patients through fee-for-service payment rates.

Available services were less comprehensive compared to those under HCCI; while CMS contracted with community clinic organizations, patients received primarily episodic care and were not assigned to an individual clinic site. Access to specialty care was very limited, as availability of these services was restricted to the University of California San Diego outpatient specialty care. Patients also had limited access to dental, behavioral health and inpatient services. Administrative supports were less well developed prior to HCCI, and the program lacked formal referral arrangements between hospital and outpatient providers.

HCCI Network Structure

The safety-net network in San Diego County is built upon contracts with private organizations and vendors as there are no county-owned and operated facilities. The county utilized existing relationships between the county, CMS and private contractors that were already established.

Network Services and Reimbursement

The providers in San Diego County that make up the HCCI network include five Federally Qualified Health Center (FQHC) clinic organizations, four are represented by the local Council of Community Clinics (CCC), while one is independent. The five clinic organizations operate a total of sixteen FQHC clinics. Nine private and three district hospitals are also part of the network and each is associated with an FQHC. AmeriChoice is the third-party administrator and provides all administrative services, while Project Dulce provides chronic care management services.
The majority of the contracted community clinics have between 200 and 300 enrollees. Two of the clinics have around 60 enrollees. Currently, San Ysidro Health Center in the south of the county, which merged with another FQHC last year, has about 650 enrollees.

Primary care is reimbursed through an enhanced fee-for-service payment of $125 per visit, above the negotiated CMS rate.

Urgent care services are available at the clinics, all of which provide extended appointment and walk-in hours for urgent care. There are no hospital-based urgent care clinics within the network. Reimbursement for urgent care and primary care is the same, with the fee of $125 paid for all urgent care services provided at community clinics.

Specialty care in the HCCI network is primarily provided through privately-contracted physicians, and through inpatient services and outpatient clinics at the twelve network hospitals. Very limited specialty care may be available onsite at clinic medical homes. Specialty care is reimbursed through an enhanced fee-for-service payment based on the CMS-negotiated rates.

Inpatient care is provided at the twelve hospitals in the San Diego County HCCI network. A CMS-negotiated per diem rate is paid for inpatient days.

Ancillary Services and Reimbursement

All network clinics perform basic laboratory and diagnostic services onsite. Additionally, the county has formal contract arrangements with network hospitals and private offsite laboratory and diagnostic facilities to provide access to higher-level services. Laboratory and diagnostic services are reimbursed by fee-for-service payments based on CMS rates.

HCCI program enrollees in San Diego County have access to many private pharmacies, some of which are located onsite where enrollees may receive care. Additionally, enrollees may use the outpatient pharmacies at network hospitals. However, the majority of pharmacies are private entities at offsite locations. Pharmacies are paid a fee-for-service payment based on CMS rates for medications on the network formulary.

*AmeriChoice* provided pharmacy benefit management (PBM) services to all providers in the network. Although medication reconciliation (a review of patient medications) is not required of all providers, it is performed routinely upon discharge from the hospital. Additionally, *AmeriChoice* frequently reviews patient medications and contacts medical home providers directly to discuss formulary and patient care issues.

Health Information Technology

Certified application assistants in clinics enroll individuals and fax the information to *AmeriChoice* for entry into IDX, an electronic enrollment and eligibility system. *AmeriChoice* sends an updated copy of the enrollment list to clinics monthly. Electronic appointment systems are unique to individual clinics. Some clinics use Web-based portals to register patients and make followup appointments after emergency room (ER) visits.

There is no centralized systemwide electronic patient information system, currently. Some clinics may have real time access to a local hospital’s utilization, emergency room and inpatient service data. The county is currently in the pilot phase of implementation of a system called *SafetyNet Connect* to facilitate appointment scheduling between the hospitals and medical homes. An electronic disease registry called *i2iTracks* is fully implemented in at least two of the clinic organizations within the network (separate from *Project Dulce*). Some hospitals in the network utilize unique electronic medical records (EMRs), but they are not specific to HCCI.

All providers have access to disease registries for diabetes, hypertension and hyperlipidemia, which are managed by *Project Dulce* as a part of their chronic care management program and are connected to hospital emergency rooms. Some clinics have additional disease registries such as Patient Electronic Care System (PECS) and Chronic Disease Electronic Management System (CDEMS). The *Project Dulce* team has access to all other patient information at the...
Referrals in San Diego County are currently made by fax. Providers must submit referral requests by fax to AmeriChoice, which reviews these requests and then makes the appropriate referral. The primary care team may track referral progress by telephone.

Primary care providers at some clinic sites may have access to electronic information on use of hospital-based services by enrollees for referral followup. This can include information on labs, diagnostic services, and other ancillary services used by enrollees. Additionally, some specialty providers may follow up with the medical home by telephone or other methods regarding the outcome of a referral, although this is not a formal system.

Electronic prescribing is not currently available systemwide within the HCCI network in San Diego County. However, some hospitals in the network may utilize electronic prescribing.

The county does not require or otherwise incentivize providers in the HCCI network to utilize Health Information Technology (HIT).

System Design Innovations in Care Coordination and Delivery

Project Dulce has trained dieticians and nutrition workers within clinics to expand the scope of the clinic’s practice. Although the county does not reimburse for mental health care under the HCCI program, it has leveraged Mental Health Services Act planning money to integrate mental health care into the primary care setting, and to promote consultation with mental health and social work staff.

San Diego County has improved access to specialty care through multiple specialty care enhancement programs. The San Diego Medical Society Foundation runs Project Access and focuses on providing volunteer or other sources of free specialty care. Project Access case-manages patients who use program resources. The project has succeeded in providing outpatient surgery at Kaiser Hospital at no cost to the patient.

The San Diego County-based Council of Community Clinics was awarded a three year grant under the statewide Specialty Care Access Initiative funded by the Kaiser Foundation in January of 2009. The goal is to improve access to specialty care in the primary care setting through coordination of virtual consultation between primary care physicians and specialists; placement of volunteer or other specialists in primary care clinics; development of referral guidelines; enhanced use of data and HIT; and primary care physician training to enhance scope of practice as well as training in the use of care guidelines, HIT and other tools.

Primary care providers and specialists may also consult remotely, although this is not a universal practice. The Scripps Whittier Institute conducted an 18-month mobile unit telemedicine retinal screening program for diabetic retinopathy at 15 clinic sites in the county. A trained retinal imaging technician and a retinal specialist reviewed the results and referred the patient if diabetic retinopathy was present. The program is planned to continue at two clinics.

Currently, primary care providers in the HCCI network receive monthly in-service trainings on chronic care management conducted by Project Dulce staff. These trainings are required for clinical providers to certify them to provide chronic care services under HCCI. Additionally, the Access to Specialty Care initiative provides education for primary care providers on specialty care topics through Lunch and Learn and online sessions.

San Diego County has implemented clear guidelines for primary care providers regarding policies and procedures in making specialty care referrals. The Specialty Care Access Initiative grant emphasizes referral guideline use. All specialty care referral requests are reviewed by AmeriChoice, and are assessed for appropriateness according to clinical guidelines. All providers within the HCCI program have access to these guidelines. The county also facilitates an HCCI Physician Stakeholder Work Group, which meets regularly with Project Dulce and the AmeriChoice Medical Director. This group has developed a range of protocols.
Future Plans

During the remaining period of the HCCI program, San Diego County plans to expand or enhance aspects of the network and its infrastructure. Specific plans include:

- Planning for implementation of electronic health records (EHR) is underway between contracted clinics, hospitals and the county.
- Developing multiple HIT interfaces between various network components to enhance capacity for scheduling, referral and electronic patient-information sharing.
- Partnering with hospitals and clinics to implement Safety Net Connect. Currently the first phase of implementation is in the pilot stage. Two further phases are planned, which would allow first unidirectional, and then bidirectional data exchange between the network facilities.
- Continuing the use of telemedicine for diabetic retinopathy screening at multiple sites within the network.
- Continuing to expand access to specialty care, including free or discounted care, through the San Diego Medical Society Foundation and the Kaiser Specialty Care Access Initiative grant.

Network Sustainability

If HCCI funding is discontinued by August 31, 2010, the county believes it will sustain many of the advances in the network built under the HCCI program. The county is currently participating in an initiative to reengineer the CMS program, and will incorporate lessons and strengths of the HCCI program in this process. Additionally, the enhanced relationships with local clinic organizations and the use of SafetyNet Connect and other HIT systems to link these organizations with local hospitals are viewed as sustainable by the county.

San Diego County’s Ideal network

San Diego County has not enrolled a high volume of individuals under its HCCI program, but has focused on enhancing the delivery of care to chronically ill patients. With sufficient funding to provide care for all uninsured, the county would increase the quantity of care and enhance the services patients receive. Ideally, the county would like to expand disease management to all uninsured, applying lessons learned under the HCCI program to continue to enhance preventive and proactive care, increase coordination of care and improve health outcomes.

San Diego County’s Best Practices

San Diego County has implemented a number of techniques and practices under HCCI which may be replicable in other settings.

- The HCCI program in San Diego has leveraged various stakeholders (including physicians, consumer advocates and clinic organizations) and resources in the community to build a sustainable public-private partnership.
- The HCCI program is narrowly focused on providing comprehensive disease-management services to chronically ill HCCI enrollees.
- The disease management vendor uses registries and trains primary care providers to enhance their scope of practice related to care of chronic conditions.
- The use of a mobile-medical unit and telemedicine for diabetic retinopathy screening has increased access to specialty care and appears to show improved rates of screening in this high-risk population.
- Multiple initiatives to attempt to improve coordination of care have been implemented within the network, including those integrating mental and physical health care.