Florida Department of Health

Presentation to Low Income Pool Council

Tampa, FL – December 15, 2008

Department of Health Vision

Allocate a portion of LIP funds for projects with three primary goals:

- **Reduce inappropriate emergency room use**
- **Provide primary care medical homes to uninsured persons**
- **Reduce hospital readmissions by effectively managing high risk chronic disease patients**

Intervention Strategies

- Hospital-based patient navigators and formal referral mechanisms between hospitals and primary care clinics
- Increased primary care capacity
- Disease management services for persons with ambulatory sensitive conditions.

Hypothesis

Hospital uncompensated care costs can be significantly reduced with relatively small investments. For example:

- **Four ER diversions per day can save over $1,200,000 annually ($850 savings per diversion)**
- **One inpatient hospitalization averted per week can save over $400,000 annually ($8,000 per hospitalization)**

Current Status of DOH Projects

- Allocated $6.5 million in LIP funds for 2008-09
- Supporting 11 projects
- Received the first 2008-09 LIP disbursements in early November
- Data reporting structure set
- Steering Committee established
- Projects underway and operational

Selected Hospital Relationships

- **Pinellas – navigators in Bayfront, Morton Plant. Uninsured persons must see navigator before leaving hospital for medical home assignment**

- **Citrus – new urgent care clinic; receives direct ER diversions from Citrus Memorial. ER diversions enrolled as CHD primary care clients**

- **Sarasota – navigators in virtually all hospitals. Direct and secondary ER diversion. Expanded primary care, disease management, pharmacy assistance, etc.**

Selected Hospital Relationships

- Lake – working with discharge nurses at Florida Hospital to reroute "frequent flyer" patients to Lake CHD primary care. Reaching out to Leesburg Memorial

- Okaloosa – focus is on hospital readmissions at request of Ft. Walton MC – severe diabetics, renal failure patients, etc. Target is zero readmissions for preventable conditions

- Jefferson / Madison – hospital navigators at Tallahassee Memorial; working with Madison Hospital

2009-10 LIP Request - Summary

- Continuation funding of $6,550,939 for 11 existing projects
- $2,594,535 increase for existing projects
- $5,600,000 for seven new projects

Total Request -- $14,745,474

($8.2m additional allocation)

Current Project Requests

- Citrus -- $369,980 for additional primary care capacity; Citrus project currently at $349,000
- Pinellas -- $115,248 to institute extended hours at Pinellas Park location
- Polk -- $96,680 for a RN Disease Management case manager and a part-time clerk
- Orange -- $200,000 for additional specialty services for Disease Management patients

Current Project Requests

- Lake -- $244,710 for an ARNP for extended hours clinic, lab/diagnostic services, nutritionist
- Duval -- $371,975 for patient navigators, clinical social workers, eligibility staff
- Jefferson/Madison -- $154,000 for two additional navigators and to expand primary care capacity
- St. Johns River Rural Health Network -- $300,000 for specialty services, pharmaceuticals, additional Disease Management staff

Current Project Requests

- Sarasota -- $221,000 for additional hospital navigators, volunteer provider coordinator, Disease Management Master Trainer
- Dixie -- $300,000 for additional staff and expenses to expand primary care capacity and community outreach/ER diversion program
- Okaloosa -- $220,942 to expand primary care services through an additional ARNP, health service tech, clerk, and increased pediatrician coverage; provide funds for routine lab services

Additional Projects

- DOH is requesting $5,600,000 for seven new projects at $800,000 each
- Number of new sites requested based on strong applications from prior year (Alachua, Palm Beach, Hillsborough, Osceola, Walton, etc.)

Questions?

Jacksonville/Duval County Uninsured Health Care Efforts

- Hospitals have provided key leadership in efforts to expand access for uninsured
- Hospitals have contributed critical financial support and access to hospital-based services
- Prior focus was on providing affordable health insurance access for low-income persons through JaxCare
- Post-JaxCare (June 2008) emphasis on “medical homes”, disease management, continuum of care and electronic health information exchange

LIP Line Items and the Duval County Health Department

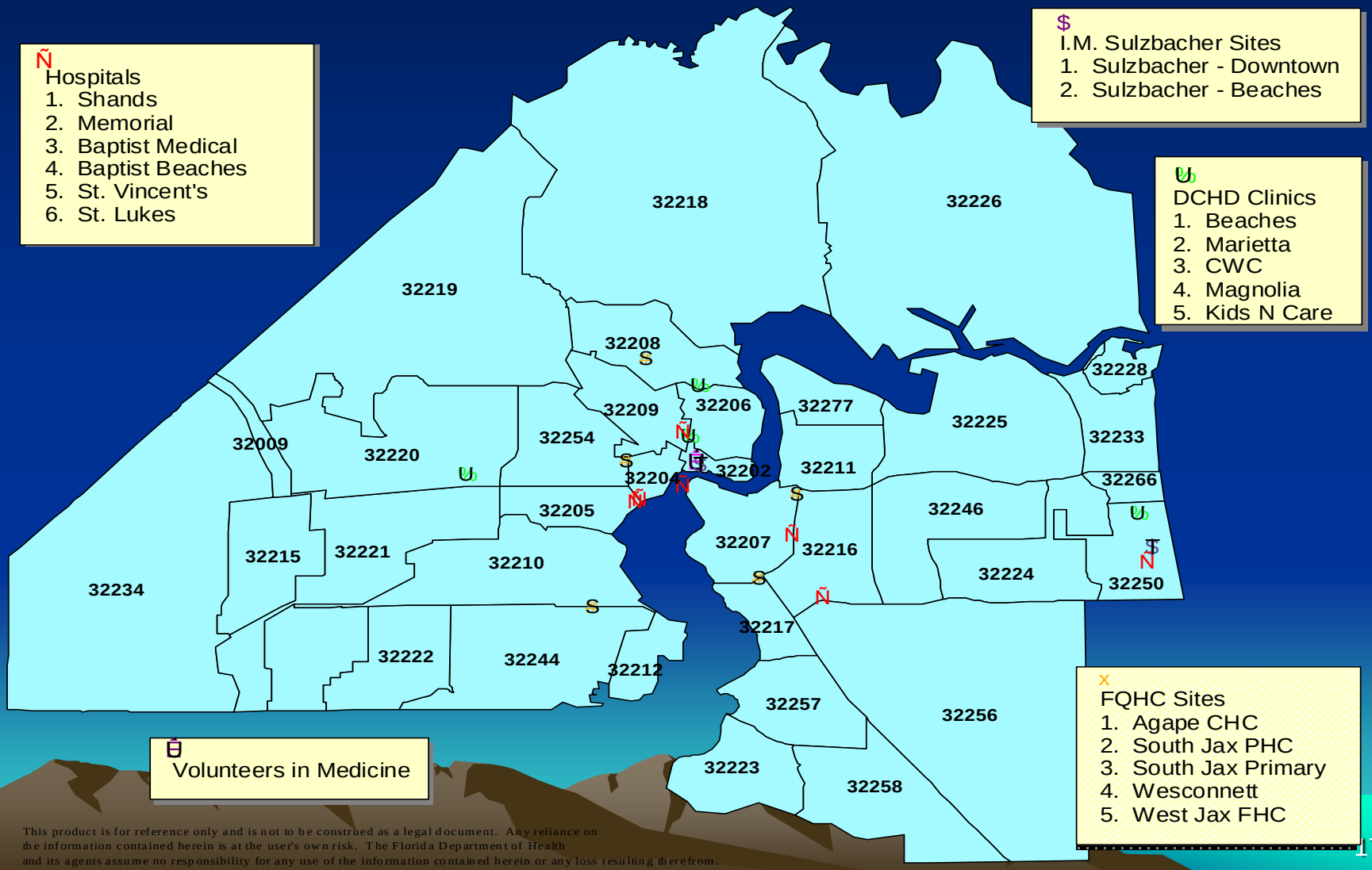
- FQHCs: Co-Applicant Agape CHC = $104,765
- FQHC Expansion Act: Wesconnett and West Jax FQHCs = $993,002
- Department of Health: ER Alternatives = $650,000

DCHD LIP Impact in Duval County

- New FQHC “Medical Homes” since May, 2007
  - 9,335 patients
  - 12,455 new FQHC medical home encounters
- Disease management enrollment
  - Cardiovascular = 233
  - Diabetes = 106
- Outreach (since August, 2008)
  - 9 Community Living Rooms
  - 127 households

Uninsured Safety Net Providers in Duval County

Providers of Uninsured Health Care Services



HERAP

Duval County Hospital Emergency Room Alternatives Program

FLORIDA DEPARTMENT OF HEALTH

DCHD DUVAL COUNTY HEALTH DEPARTMENT

HERAP Components

- Targeted outreach for financial and clinical assessment
- Primary care “Medical Homes”
- Disease & medical condition management
- Expanded pharmaceutical access
- Better coordination of specialty services
- Electronic health information exchange
- Expanded medical clinic hours

HERAP Staffing

- Clinical Project Coordinator = 1.0 FTE RN, MSN
- Disease Managers = 5.0 FTE RNs
- Financial Eligibility Specialists = 2.0 FTEs
- Clinical Pharmacologist = 0.3 FTE

HERAP Focus

- Targeted zip codes with high ER use for ambulatory care sensitive conditions
- Frequent users of ERs for non-emergent conditions
- Uninsured and low income populations
- Individual hospital engagement & planning

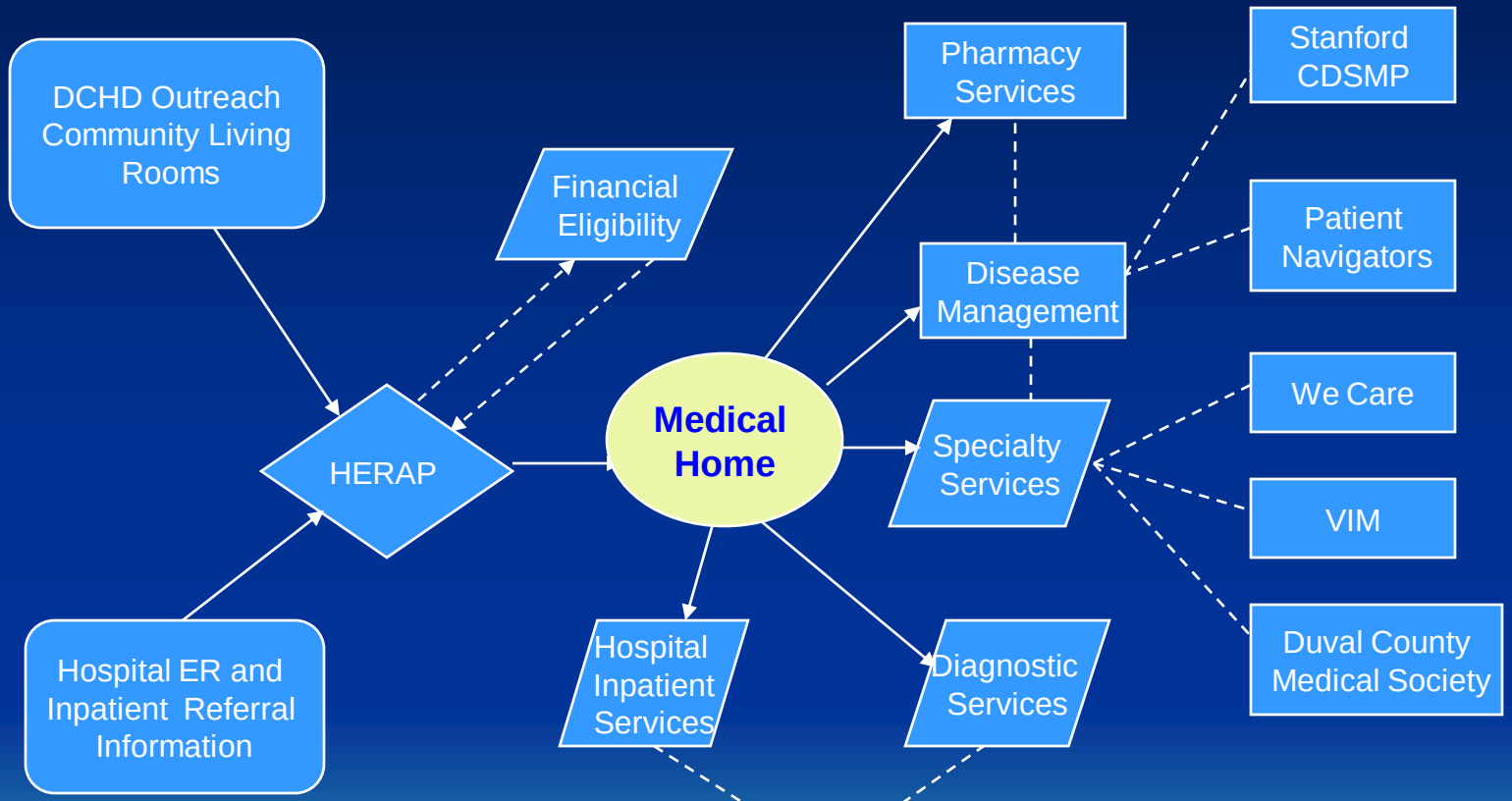
HEARAP Outreach Component

- Focused on targeted zip codes
- Employs “Community Living Rooms”
- Offers clinical and financial eligibility assessment
- Collaborates with community partners
- Provides preventive health education
- Connects clients with services

HERAP Disease Management

- Three general diagnosis categories: diabetes, cardiovascular & pulmonary
- Nurse-managed walk-in service locations
- Patient navigator assistance
- Multi-disciplinary service support
- Expanded service hours
- Stanford Medical School's Chronic Disease Self Management Program (CDSMP)

HERAP Referral Process



HERAP is connected to the JHIN and participating providers

Medical Homes include physicians who offer free care or sliding fee schedules

HERAP Pharmacy Assistance

- Train 20 “Pharmacy Navigators”
- Provide monthly community education
- Focus on faith-based Community Living Rooms (CLRs)
- Access to medication assistance programs

HERAP Specialty Coordination

- Partnering with We Care & Volunteers in Medicine
- Coordinating with Duval County Medical Society to expand specialty care
- Seeking continuity of services with hospital-affiliated physicians

HERAP Expanded Clinic Hours

- Two extra hours Monday through Friday
- Six hours on weekends
- At alternating Agape FQHC Network clinics

DCHD Proposed Expanded HERAP Services

- Expansion to additional northeast Florida counties
- More ER-stationed financial eligibility workers
- Common community-wide eligibility screening
- Licensed clinical social workers
- Patient Navigators
- Stanford Medical School's Chronic Disease Self Management Program

DCHD Proposed HERAP Staffing Expansion

- 3.0 FTE Financial Eligibility Counselors
  - Stationed in hospital ERs
  - After hours coverage
  - Assist We Care eligibility determinations
- 2.0 FTE Licensed Clinical Social Workers
  - Psycho-social issues
- 5.0 FTE Patient Navigators
  - Assist with appointments, health education

HERAP's Potential Role in Duval County's Uninsured Health Services

- Medical home referral
- Community disease management
- Expanded medical specialty network
- Common eligibility determination
- Coordinated pharmacy access
- Patient navigation assistance
- Electronic health information exchange and reporting
- Convening of Working Group

Conclusion

- LIP has been a critical component of Duval County's uninsured health system
- DCHD, through its LIP grants, has sought to help keep Jacksonville's health care safety net components together after closure of JaxCare
- The LIP HERAP offers promise of coordinating future safety net services for the uninsured

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