

Florida Department of Health
Low Income Pool
Primary Care/Hospital Alternative Projects

Low Income Pool Council Meeting
October 26, 2011

DOH LIP Hospital Alternative Projects

Concept

- Improve the health status of uninsured persons;
- Reduce hospital uncompensated care costs.

Strategy

- Identify frequent users of hospital services who are uninsured;
- Link these users to a primary care medical home.



Project Goals

- Hospital Diversion
- Provide Primary Care Medical Homes
- Effective Chronic Disease Management Services
- Link uninsured persons to health coverage

DOH LIP Project History

- SFY 2007-08 - \$1.0 mil
 - 2 projects
- SFY 2008-09 - \$6.5 mil
 - 11 projects
- SFYs 2009-11 - \$9.5 mil
 - 13 projects
- SFY 2011-12 - \$4.5 mil
 - 7 projects

Project Components

- Hospital based navigators or formal referral arrangements between hospitals and primary care clinics;
- Expanded primary care clinic capacity and extended operating hours to accommodate hospital referrals and other new primary care enrollees;
- Trained disease management case managers;

Components

- Pharmacy assistance services to provide free or low-cost medications to the low-income uninsured;
- Linkages to specialists through hospitals, We Care Networks and other volunteer provider organizations
- Access to diagnostic services;
- Eligibility assistance staff to help people obtain third party coverage.

Project Statewide Summary Statistics

July 1, 2010 through June 30, 2011

(many patients appear in multiple categories)

Emergency Room Diversions	17,737
Emergency Room and Hospital Inpatient Referrals	8,601
LIP Patients Receiving Medical Services	38,545
LIP Patients Receiving Disease Management Care Coordination	8,134

Key Successes

- High proportion of LIP project referrals are enrolled in a primary care medical home and return for subsequent health care services;
- Project patients have much improved access to needed and appropriate health care services;
- Significant expansion of disease management capacity and improved health status of patients;
- Excellent utilization of pharmacy assistance programs that improve patient health and reduce hospital re-admissions.

Project Challenges

- Meeting the need for clinical primary care – demand is greatly challenging supply;
- Providing timely access to specialty services;
- Complexity of disease management patients;
- Transient nature of the LIP population affecting continuity of care.

Project Challenges

- Educating the target population on the concept of using a primary care medical home;
- Hiring physicians, ARNPs, and nurses at state pay scales;
- Partnerships are important but can be time consuming.

Enhanced Primary Care

- Legislature awarded \$12.5 million to 15 CHD projects for SFY 2010-11;
- Most projects are partnerships between CHDs and community providers where CHDs only receive a piece of the award;
- One CHD project requested a reduction in funding for SFY 2011-12.

Observations

- Preliminary evaluations indicate most financial impact on inpatient hospitalization;
- Changing emphasis on the targeting of patients with chronic conditions and providing a primary care home with associated disease management;
- More partnerships between hospitals and community based providers are necessary to maximize effectiveness;
- Clinic projects take time to become fully operational.



Questions?