



Center for Rural Health Policy Analysis

September 25, 2013



## Rural Innovation Profile

### *Rural Service Delivery Integration & Patient Engagement*

**What:** Coordination of care and patient engagement.

**Who:** Aligning Forces Humboldt: California Center for Rural Policy, at Humboldt State University; Humboldt-Del Norte Independent Practice Association; St. Joseph Health System; and other area health care stakeholders; and consumers in Humboldt County, California.

**How:** Collaboration between community members; health care providers; foundations; and local, county, and state agencies.

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Aligning Forces Humboldt, an initiative in Humboldt County in rural Northern California, is working towards a fully integrated and responsive health care delivery system. The initiative's efforts are focusing on health promotion, disease prevention, and early treatment; engaging and fostering a shared commitment with the community; and collaborating, partnering, and communicating with area health and human services organizations. Three transformative developments are underway: the Patient Engagement Model; The Surgical Rate Project: A Community's Response to Surgical Rate Variation; and the "Super Utilizers" Project.<sup>1</sup> These projects and associated conceptual frameworks can serve as models for a redesigned rural health care system.

#### Key Points

- An organizing framework helps identify and advance community health goals and objectives.
- Barriers to coordination and service delivery integration must be systematically removed.
- "Connectors" reach out to other organizations and people to exchange project information and identify opportunities.
- Patients must be engaged to enhance decision making and drive change.

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In Humboldt County, county health and human services are integrated thanks to as a result of state legislation that allows funded benefits and service delivery through an integrated county-wide health and human services system. Community-based health care organizations also began to look for ways to coordinate programs and improve ongoing partnerships to improve the quality of care and patient satisfaction. Three such programs and partnerships are summarized below.

**The Patient Engagement Model** places the patient at the center of the health care system by supporting patients to (1) better manage their own care, (2) become peer leaders and informed patients, (3) assist providers by offering feedback about the patient experience, and (4) serve as system redesign champions. The project brings patients and health care providers together to improve the quality, effectiveness, and efficiency of service delivery. In essence, patients become part of the health system redesign team to help promote change.

The project supports patients' ability to be a part of the redesign team by:

- Offering peer-support resources (e.g., referrals to community-based chronic disease self-management programs);
- Providing access to training for peer-review leader roles;
- Offering information and training regarding key focus areas;
- Asking specific questions about patient experiences;
- Creating a community culture that values patient insight and feedback; and
- Creating meaningful roles for a patient or patient advocate on committees.

An example of the Patient Engagement Model is the inclusion of both local health care providers and patients in regular meetings of Primary Care Renewal, a health care quality improvement initiative coordinated by the Humboldt-Del Norte Independent Practice Association and Aligning Forces Humboldt. During monthly meetings, participants discuss clinical care, patient satisfaction, and operational challenges that affect patients (e.g., wait times). In this setting, health care providers receive feedback directly from patients and can then co-create solutions to meet patient needs.

**The Surgical Rate Project: A Community's Response to Surgical Rate Variation** was initiated as a response to a report from the California Health Care Foundation, called "All Over the Map." The report, written by Dr. Laurence Baker of Stanford University, examined the rates of 13 "preference sensitive" surgeries using data from across the entire state from 2005-2009. The statewide report showed that for 6 out of 13 surgeries, the rate for Humboldt County was greater than 150% of the statewide average.

To examine the surgical variation, a joint initiative was established by the California Center for Rural Policy and the Humboldt Del Norte Independent Practice Association and funded by the California Health Care Foundation, and the Robert Wood Johnson Foundation. These organizations created three independent groups made up of 1) primary care doctors, 2) surgeons, and 3) a community group composed of non-medical community leaders representing a variety of constituencies including a labor representative, educators, business leaders, financial planners, economic development experts, and local Congressional representative's staff.

**"Put the patient at the center—the absolute center of your system of care ... [To do so requires] the active presence of patients, families and communities in the design, management, assessment, and improvement of care itself."**

**– Dr. Donald Berwick<sup>2</sup>**

All three groups met individually with the Dr. Baker and also had an opportunity to meet with medical experts from throughout California. The three groups shared recommendations that might reduce rates and improve patient satisfaction.

The project has identified a need to improve information sharing between primary care providers and specialists, and to supplement information available to community members about preference sensitive procedures. The project will continue to monitor preference sensitive procedure rates and to build community communication processes that reduce care variation and support shared decision making across the county.

**The “Super Utilizers” Project** began in July 2012. The project focuses on coordinating care to reduce overutilization of the emergency department (ED). Leaders from the Priority Care Program (Humboldt-del Norte Independent Physician Association) and Care Transitions Program (St. Joseph Hospital) served as experts for the project development. A multidisciplinary team consisting of primary care providers, ED physicians and staff, hospital chief medical officer, registered nurse (RN) care managers, county mental health providers, and hospitalists staff the project. Eligible patients are those who averaged two or more ED/urgent care visits per month within the past six months at St. Joseph Hospital in Eureka, are currently a client with Eureka Community Health & Wellness Center (a Federally Qualified Health Center), and are insured by Medicare and Medi-Cal (dual eligible) or Medi-Cal only.

One patient identified by the project had 21 ED visits, three inpatient stays, 22 EKGs, 12 chest X-rays, one nuclear stress test, and five clinic visits in only four months from May to August 2012. This care resulted in more than \$80,000 in uncompensated hospital charges. The Super Utilizer team established regular visits with a care manager, a care coordination process, communication between the care team, and more flexibility to meet the patient’s unique needs. During the six months following the engagement, the patient received eight *new* RN care manager home visits and 20 (15 *greater*) primary care office visits. However, during that same period, there were 7 (14 *fewer*) ED visits, 0 (3 *fewer*) inpatient stays, 1 (21 *fewer*) EKG, and only \$2,000 in uncompensated hospital charges.

These projects are all currently underway, and the organizers expect positive results. The projects highlight health care system redesign opportunities that include patients and the community in health care decision-making.

<sup>1</sup> Mitchell R. A Clearer View: Humboldt steps out of the fog of medical variation. California HealthCare Foundation; May 2013. Accessed at <http://www.chcf.org/publications/2013/05/humboldt-story>.

<sup>2</sup> Berwick DM. Speech to the British National Health Service. July 1, 2008.

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