
Indigent Care Collaboration

HIE Supports Community Collaboration

Community Action Network
Resource Council, July 3, 2007



Ann Kitchen • Executive Director
Indigent Care Collaboration • Austin, Texas
512.804-2090 ext.201
akitchen@icc-centex.org

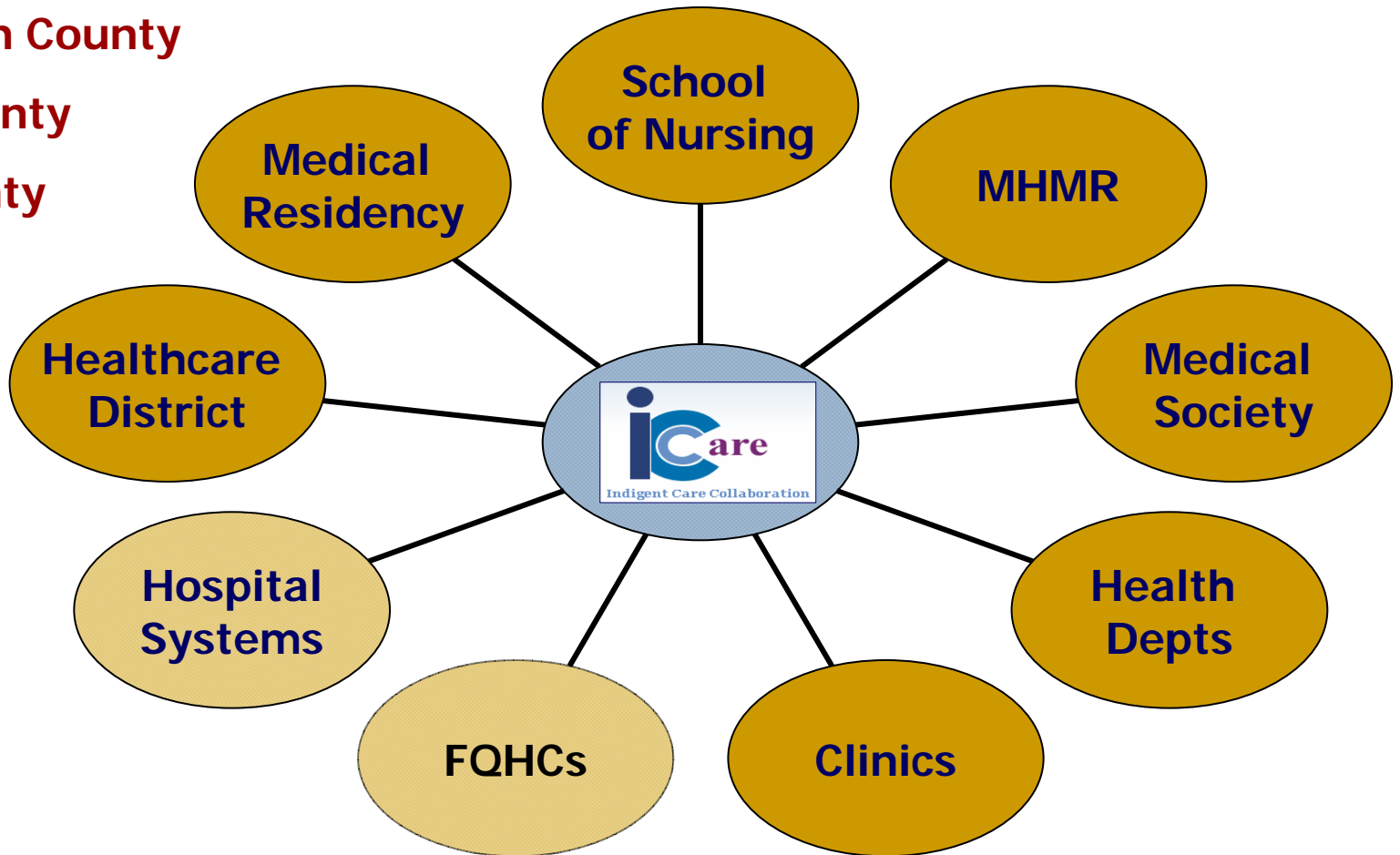
Introduction to the ICC

ICC Regional Membership

Williamson County

Travis County

Hays County



ICC Projects Help Achieve Access

- **Health Information Exchange – ICare System**
- Regional Planning Analyses
- **Affordable Health Coverage Project**
- **Care Coordination (PharmCare, Asthma)**
- Eligibility Screening
- Integrated Behavioral and Primary Care
- Centralized Scheduling, Screening, Triage
- Public Health Information Links

Health Information Exchange ICC's ICare System

Electronic Medical Records: “EMR”

EMRs replace traditional paper charts in a doctor’s office or hospital with an electronic record that includes:

- What therapy or treatment was provided
- What medications were prescribed
- What labs were ordered and the results
- What progress has been made to date to manage the condition
- Provides continuity of care.

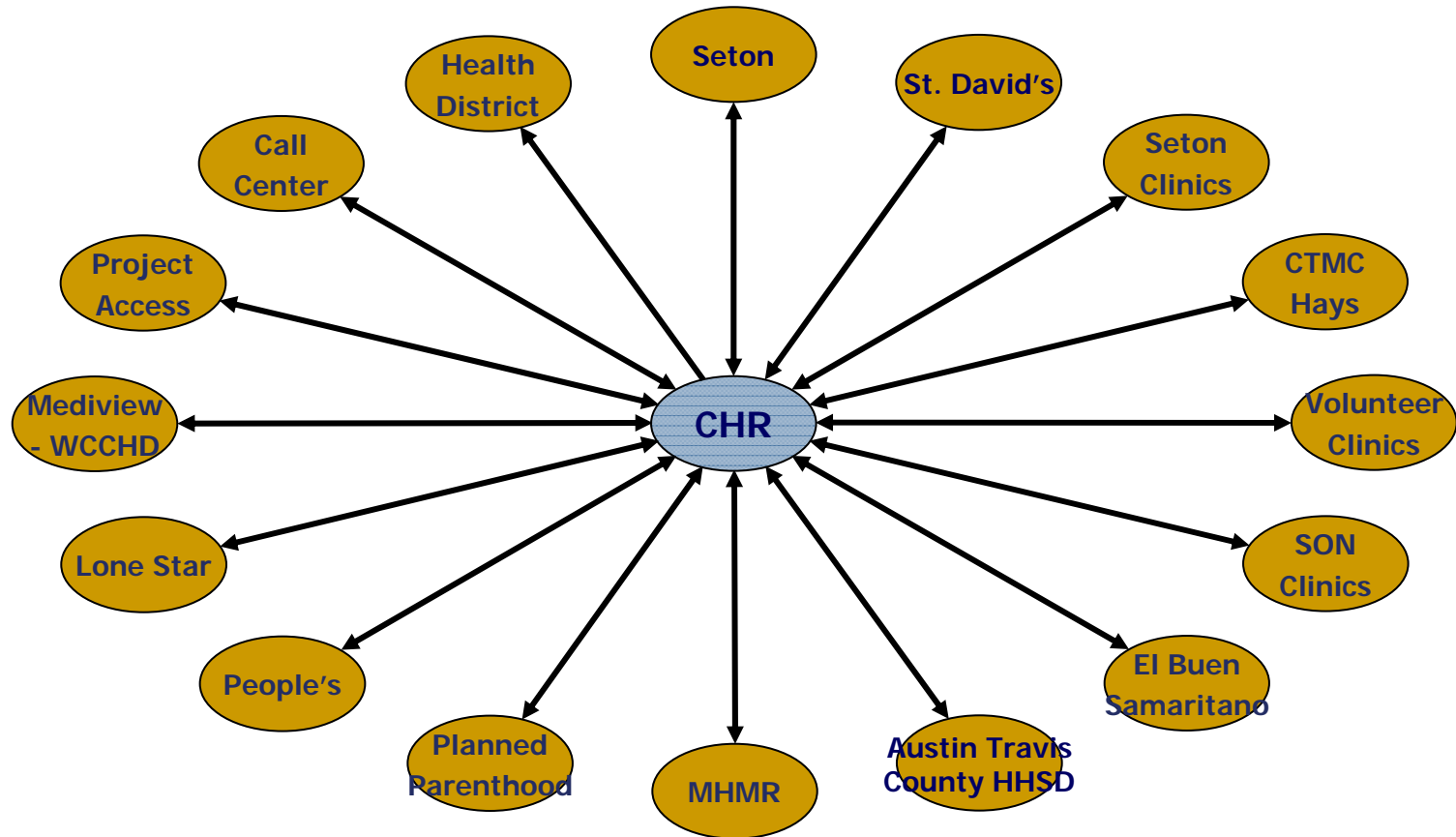
Health Information Exchange: “HIE”

- Supports accountability – measuring results
- Decreases duplication of services
- Attacks fragmentation – coordinating care
- Provides individuals’ medical information to doctors, hospitals, nurses and other providers
- Provides aggregate data for community health measurement
- Helps patients learn self-management strategies.

HIE + EMR Supports Clinical Care

- EMR data shared through HIE can help physicians:
 - Provide complete history
 - Reduce redundancy of medication usage
 - Reduce the number of duplicative tests and procedures ordered for individual patients
 - Support chronic condition management
 - Efficiently share relevant medical data across organizations
- Greater patient ownership of their health information through Personal Health Records (PHR)
- Facilitate connection of patient to clinic (“medical home”)
- More timely and complete data for Public Health Depts

CHR + EMR = Integrated System



Typical Asthma Patient Resource Use

<input type="button" value="Help"/> <input type="button" value="Select All"/> <input type="button" value="Unselect All"/> <input type="button" value="Start Review"/> <input type="button" value="Refresh"/> Encounters					
A	Date ▼	Type	Department	Provider	Description
<input checked="" type="checkbox"/>	09/26/2004	Emergency Room	SMC		Asthma NOS W/O Status Asthmaticus; Pers Hx of Past Noncompliance; Diabetes Uncompl Adult-Type Ii
<input type="checkbox"/>	09/22/2004	Emergency Room	BRCK		Asthma NOS W/O Status Asthmaticus; Diabetes Uncompl Adult-Type Ii
<input type="checkbox"/>	08/18/2004	Emergency Room	BRCK		Asthma NOS W Ac Exacerb; Respiratory Abnorm NEC
<input type="checkbox"/>	06/26/2004	Emergency Room	BRCK		
<input type="checkbox"/>	05/28/2004	Emergency Room	STDMC	Rhodes, Jeffrey P	Asthma NOS W Ac Exacerb
<input type="checkbox"/>	05/05/2004	Emergency Room	BRCK		
<input type="checkbox"/>	04/10/2004	Outpatient	BRCK		Asthma NOS W Ac Exacerb; Diabetes Uncompl Adult-Uncontrolled; Hypertension NOS; Cannabis Abuse-Unspec; Pers Hx of Past Noncompliance
<input type="checkbox"/>	04/06/2004	Emergency Room	BRCK		Wheezing
<input type="checkbox"/>	01/23/2004	Emergency Room	BRCK		Asthma NOS W Ac Exacerb
<input type="checkbox"/>	12/23/2003	Emergency Room	BRCK		Asthma NOS W Ac Exacerb; Hyperlipidemia NEC/NOS; Diabetes Uncompl Adult-Type Ii; Tobacco Use Disorder
<input type="checkbox"/>	12/08/2003	Inpatient	BRCK		Asthma NOS W Ac Exacerb; Diabetes Uncompl Adult-Type Ii

ICare Snapshot: June 2007

- ◆ Over 60 locations: 13 hospitals, 50 clinics, 1 Mental Health Authority (with various community, state and residential facilities), 2 Physicians Networks.
- ◆ Over 550,000 patients (uninsured / underinsured).
- ◆ 2.9 Million encounters, from 2002 – present.
- ◆ More than 510,000 prescriptions.
- ◆ Data includes ICD-9, CPT-4, Provider, Payer.
- ◆ Encounter Types: Inpatient, Outpatient, ED, Lab, Call Center, Clinic Visits, Dental, Prescriptions.



Central Texas Safety Net



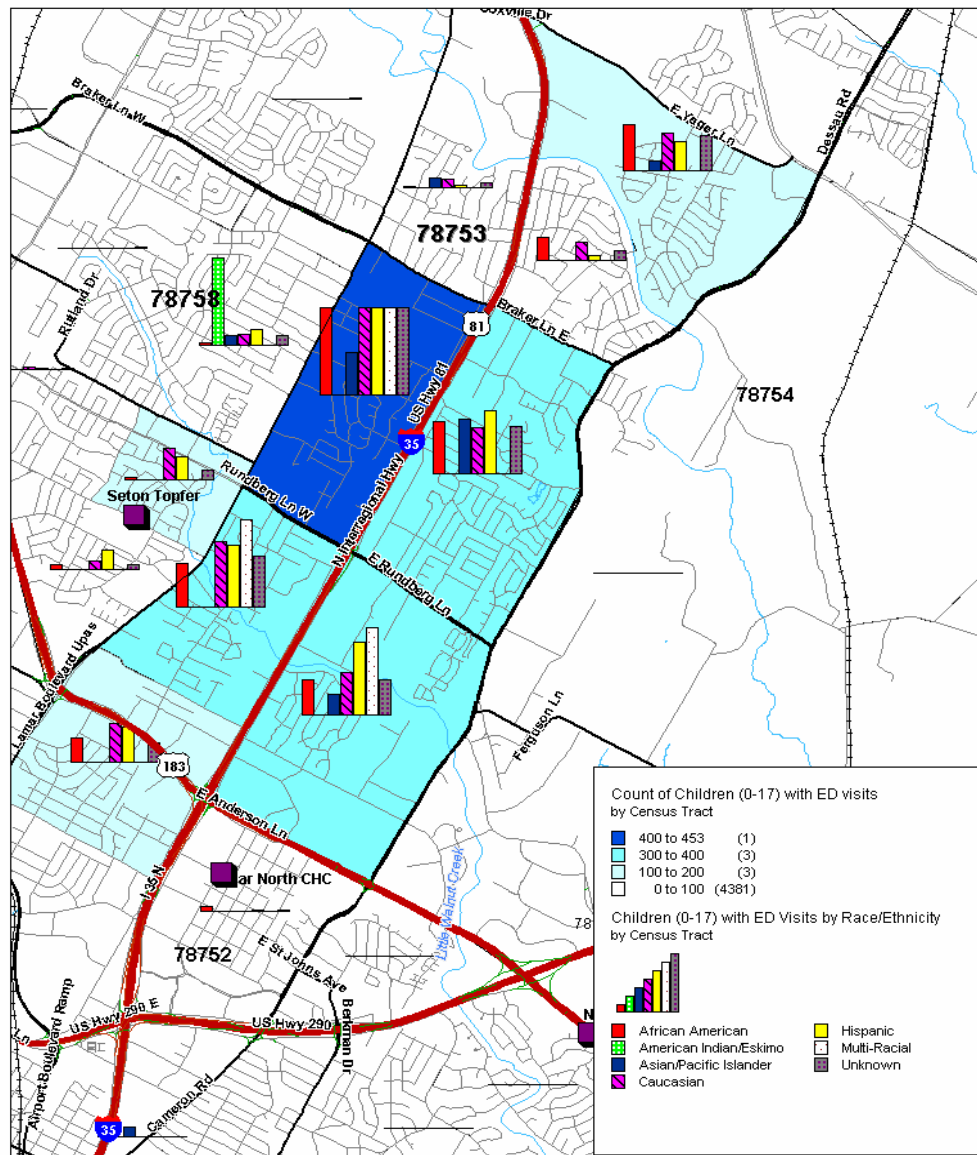
ICare Patient Characteristics

Characteristics of Patients with Visits to ICC Providers in 2006, ICC Database			
Patients Aged 0 to 17	Female	Male	All*
Total, N % **	44,192 (52.1)	40,563 (47.9)	84,764 (100)
Race / Ethnicity, N (%) (Selected)			
African-American	4,751 (10.8)	4,416 (10.9)	9,167 (10.8)
Caucasian	12,246 (27.7)	9,602 (23.7)	21,850 (25.8)
Hispanic / Latino	21,080 (47.7)	20,740 (51.1)	41,822 (49.3)
Total Patient Visits, n	102,291 (53.1)	90,310 (46.8)	192,615 (100)
Patients aged 18 to 64 years			
Total, N	100,153 (65.9)	51,660 (34.0)	151,890 (100)
Race / Ethnicity, n (%) (Selected)			
African-American	11,821 (11.8)	7,377 (14.3)	19,198 (12.6)
Caucasian	41,152 (41.1)	20,766 (40.2)	61,920 (40.8)
Hispanic / Latino	33,815 (33.8)	15,439 (29.9)	49,262 (32.4)
Total Patient Visits, n	348,206 (72.6)	130,454 (27.2)	478,987 (100)
* Numbers may not be additive across rows due to small unspecified gender numbers included in last column.			
** Some percentages down columns may not add to 100.0, due to rounding.			

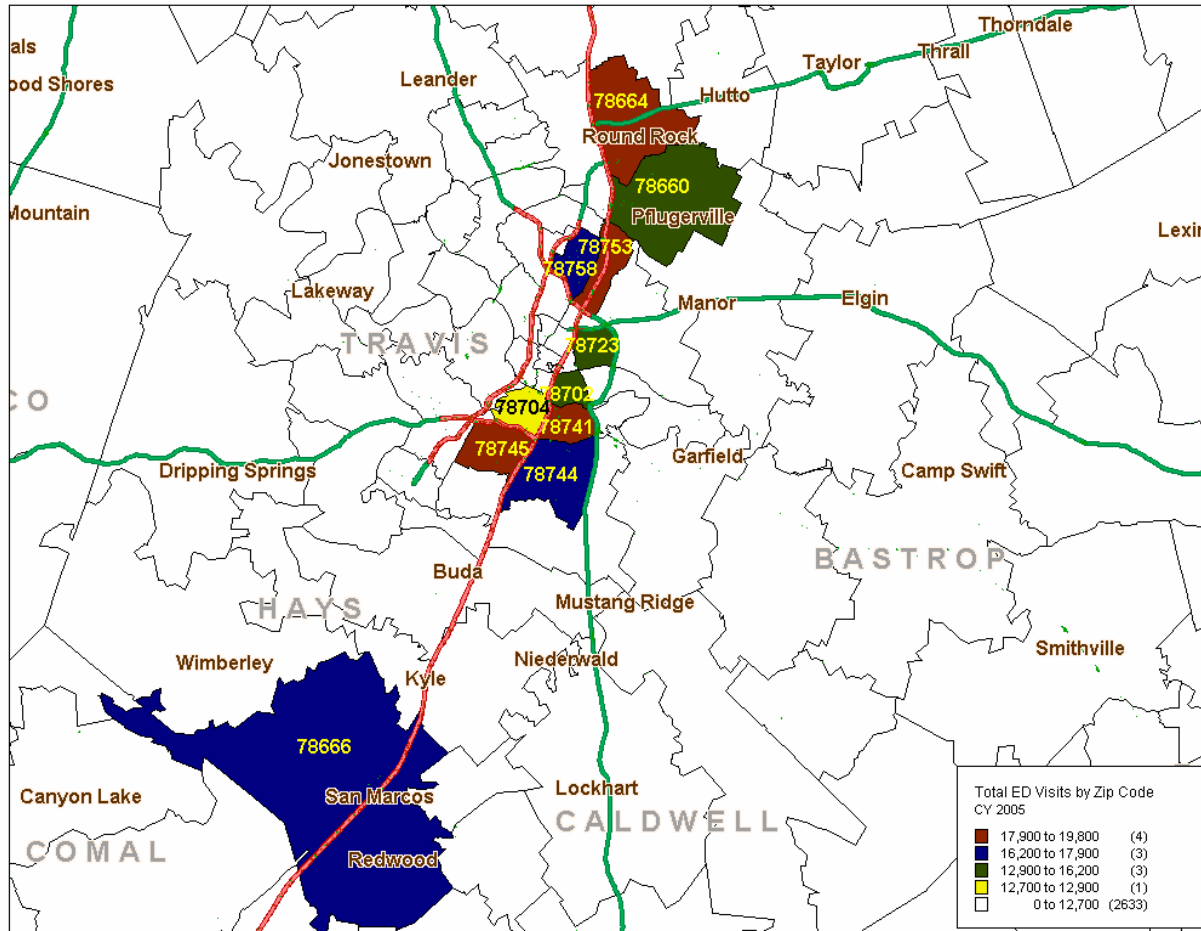
ICare Data Identifies Neighborhoods with High Volumes of ED Use for Uninsured

Example: Child ED Visits Mapped by Census Tract and Correlated with Race/Ethnicity

Children 0-17 from Zip Code 78753 with at least 1 ED visit in CYy 2005 by Race/Ethnicity by Census Tract



Mapping Emergency Visits



2005 Ten Zip Codes:

- Highest volume of self pay (uninsured) ED visits; and
- Highest rates of potentially preventable ED visits per NYU algorithm

Source: *Charting the Future: Recommendations for Increasing Access to Primary Care for Central Texas Residents*, Report of ICC Primary Care Capacity Team, February 2007

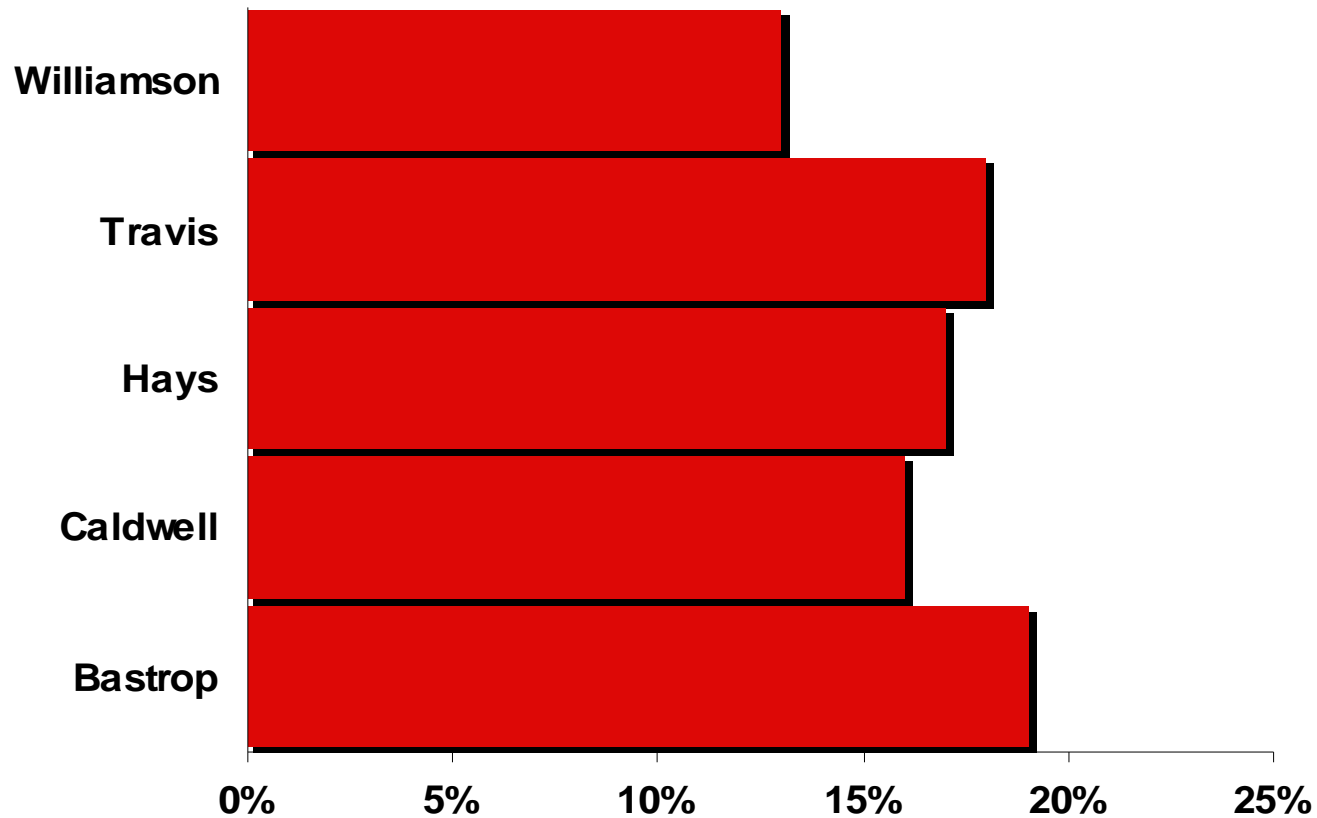


Regional
Health Coverage Project



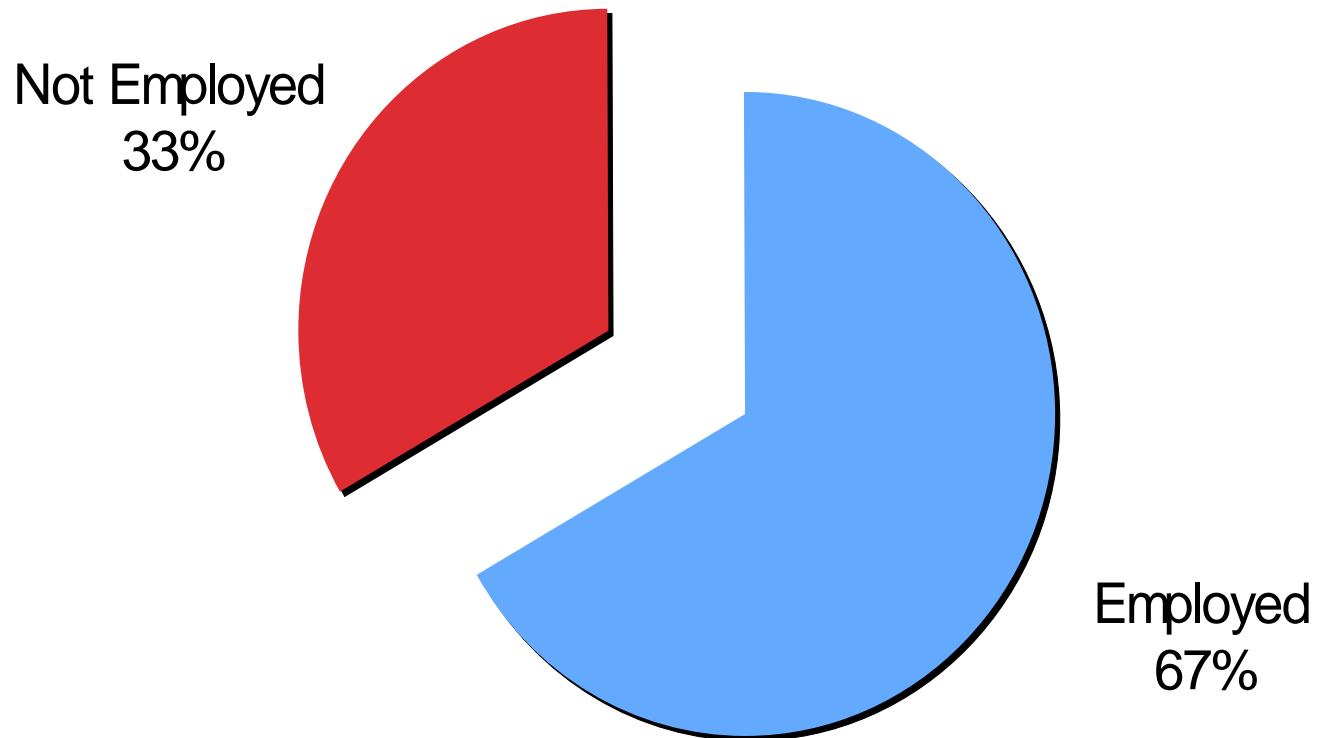
Central Texas Uninsured Population

Percent Reporting No Health Insurance



Source: Central Texas Sustainability Indicators Project, 2004

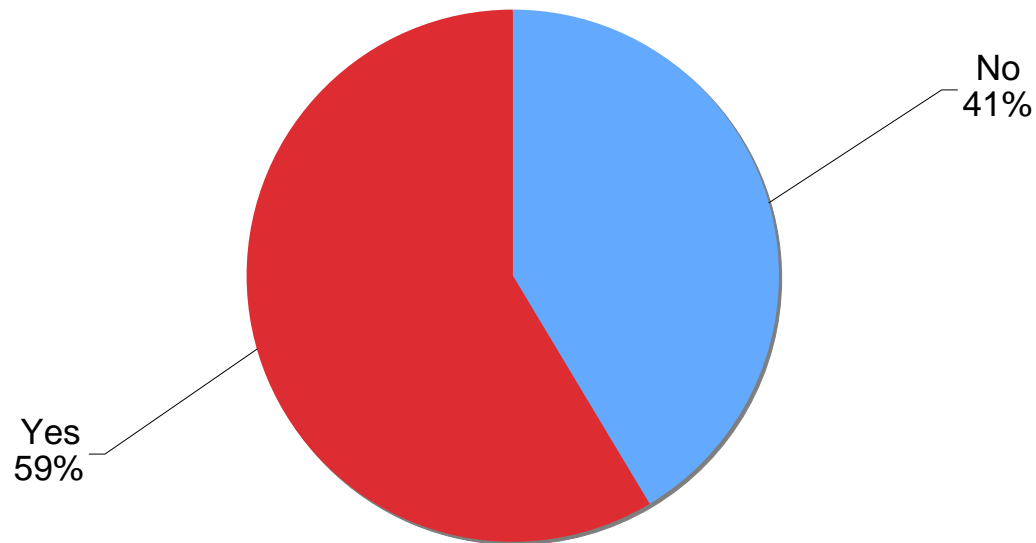
Employment Status of Uninsured Texans



Source: Research and Forecasting Department, Texas Health and Human Services Commission (2004).

Insurance Coverage Central Texas

Percentage of Small Firms in Central Texas that Offered Health Insurance to Employees in 2004



Source: Texas Department of Insurance, Health Insurance Survey, November 2005

Request for Assistance - Surveys

Is Your Health Insurance Affordable? Survey of Employer Health Insurance

Thank you for your interest in the Regional Nonprofit Health Coverage Program. The ICC is helping convene other community leaders across the region to develop an affordable health coverage product for small employers. You can help this community led effort by telling us about your experiences with health insurance and completing one of the following surveys:

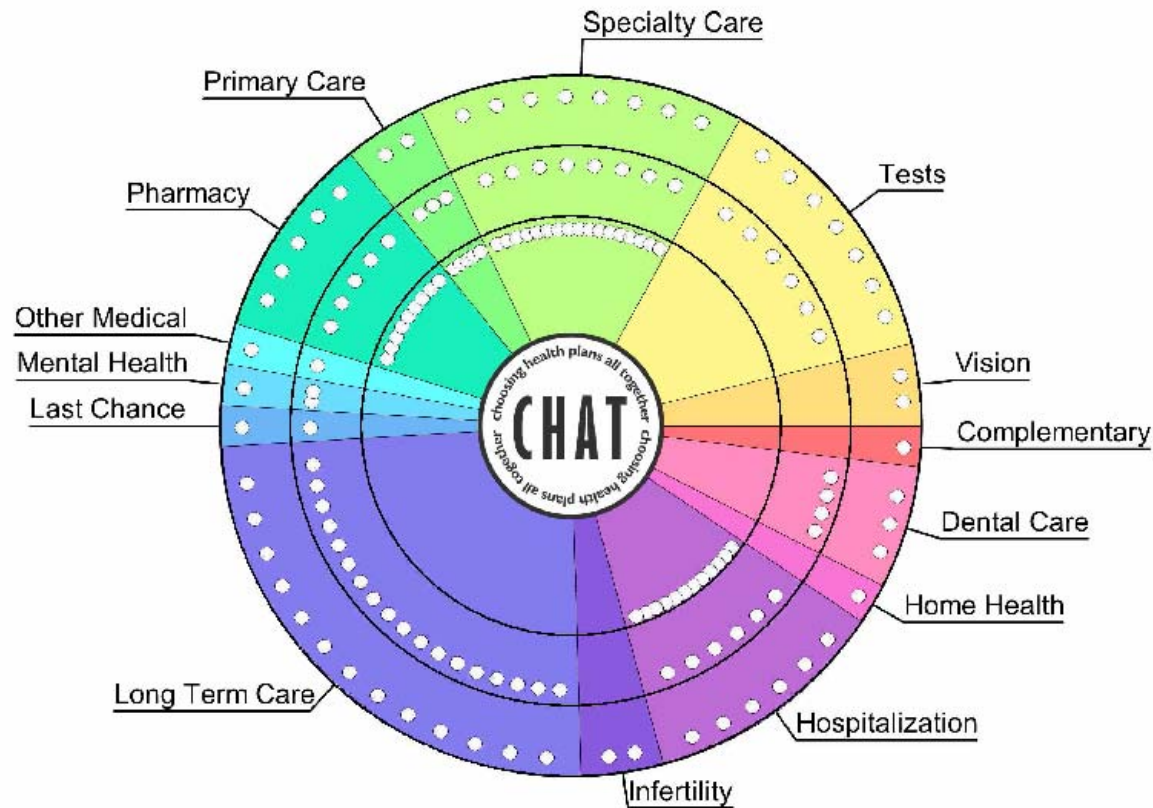
Are you a business owner or manager unable to offer health insurance to your employees? [Click Here](#)

If you are a business owner or manager able to offer health insurance to your employees, please complete the survey [here](#).

Go to www.healthcarecentraltexas.com to complete survey

Choosing Health Plans All Together (CHAT)

An Educational Game about Health Insurance



By developing imaginary group health insurance plans, participants learn about choices made in paying for health benefits with limited resources and identify community priorities for covered benefits.

Care Coordination Programs

ICC-PharmCare Network

ICC-Asthma Network

ICC-Diabetes Network

ICC – PharmCare Network

What is “PharmCare”?

- Community based program
- Pharmacist-managed service – visiting patients at multiple clinic locations
- Offers chronic disease management
- Provides medication management, patient education, support , and counseling
- Access to 340B medication discount through Brackenridge pharmacy
- Access to prescription assistance program (PAP)

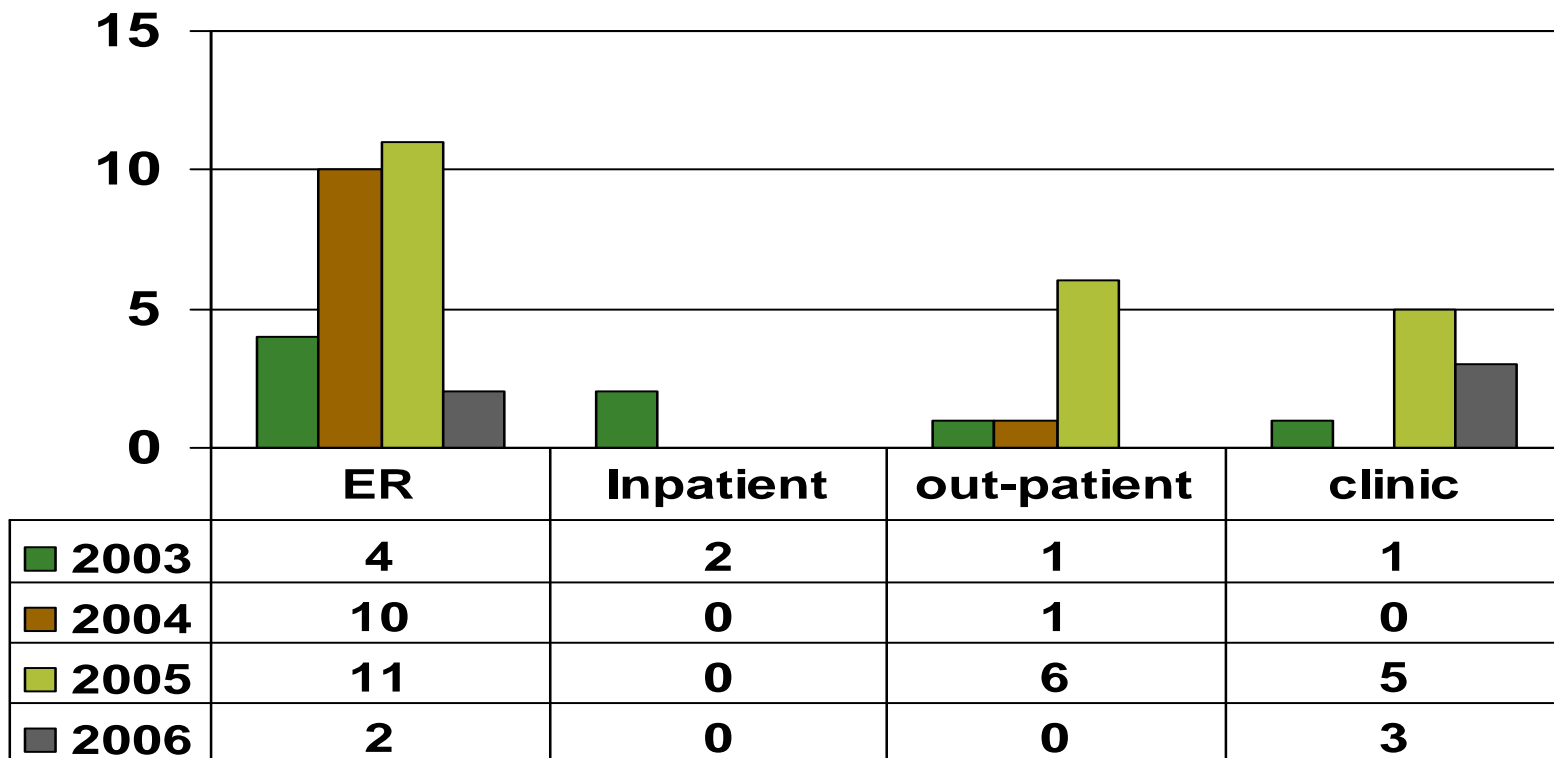
Purpose of “PharmCare”

- Decrease overall community cost of care by reducing the number of inpatient days and emergency department visits.
- Use the skills of a clinical pharmacist to manage patients with uncontrolled asthma or hypertension



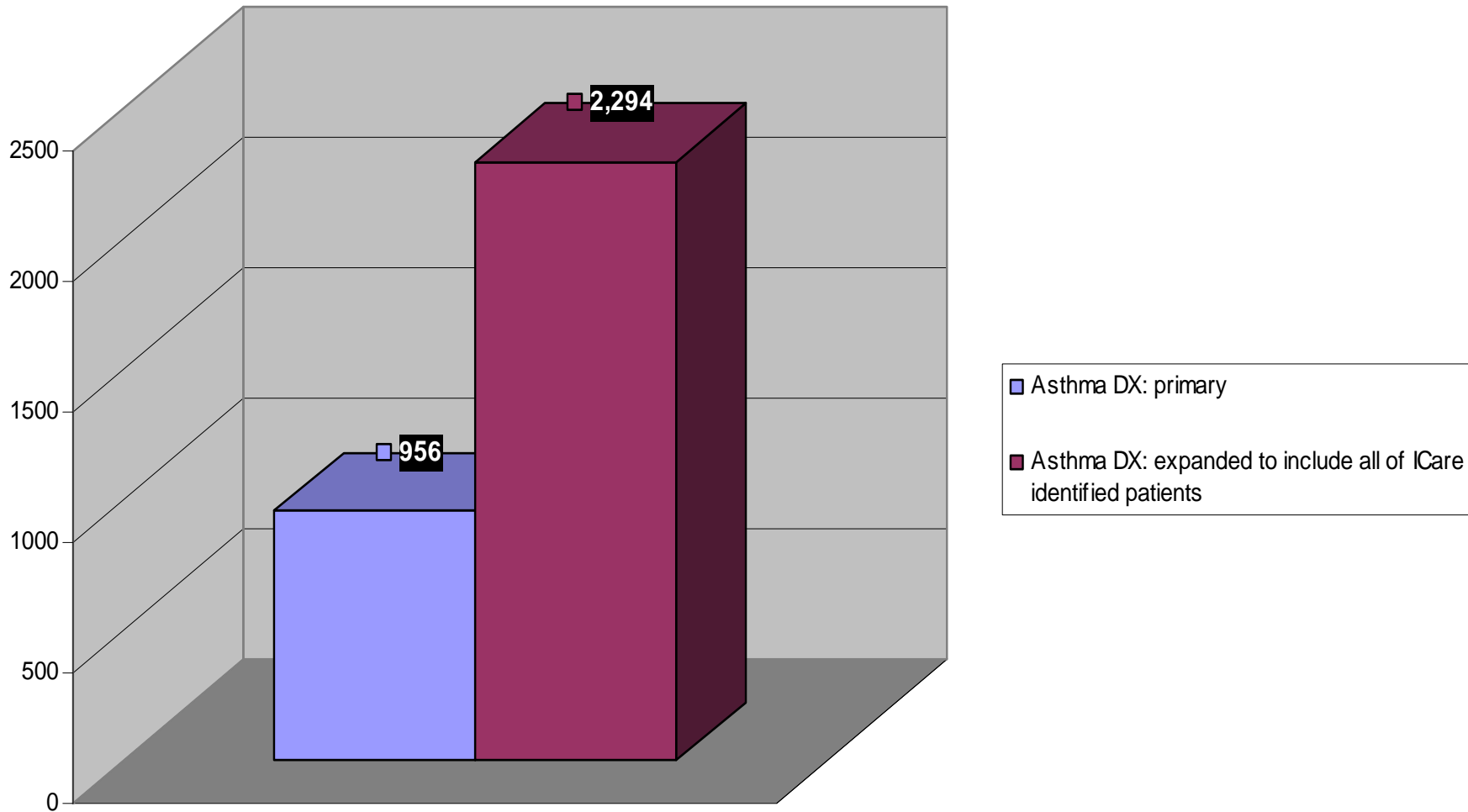
Patient Results Based on ICare Data

- Pharmacist started working with 44 year old, African American male (Type 2 diabetes, asthma) on 12/28/05

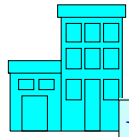


ICC- Asthma Network

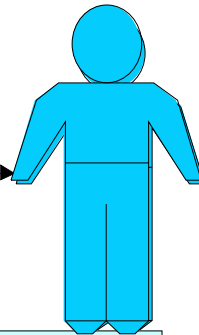
Asthma Patients in ICare System



Referral Process for the Intensive Asthma Case Management and Education Program



Patients with a Medical Home



Patients without a Medical Home

Patients Identified from ICare data as at Risk Measured for 12 months

- ≥ 1 ED Encounters
- ≥ 1 Inpatient Admissions
- ≥ 2 Prescriptions of oral steroids
- ≥ 4 Prescriptions of inhaled Beta Agonist
- ≥ 4 Clinic visits for Asthma

Referral

Asthma Intensive Case Management and Education Program

Enriched Asthma Program

- * Intensive management
- * Follow through up to one year
- * Reports to and from physician
- * Medicaid Screening for funding
- * Establish a Medical Home
- * If relapse returns to program

ICC Community Measurement Evaluation

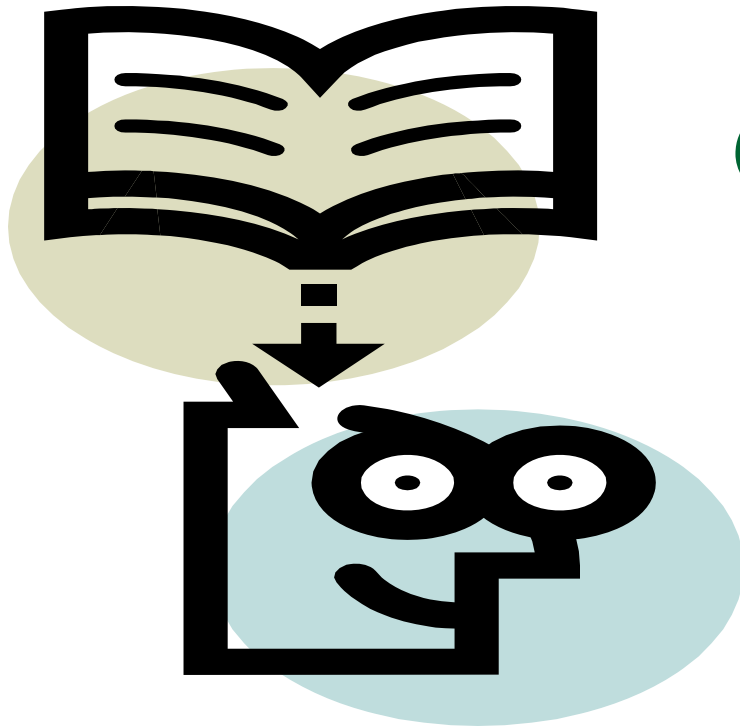
- * Decrease the Number of Inpatient and Emergency Dept. encounters
- * ROI to the acute care providers
- * ROI for clinics

Expected Outcomes

Integration of the Pharm D program into the Asthma CM Program

What is the Return to the Community?

- Improved quality of life by the stabilization and management of asthma
- Decreased use of healthcare resources
- Increased capacity of the clinic for more appointments that are not for asthma
- Provides the healthcare professional a way to maximize time and ensure a working understanding of chronic asthma by the patient.



QUESTIONS DISCUSSION