**Category 1 Project Narrative – Pass 2**

**Little River Healthcare – 183086102.1.1**

**Project Area, Option and Title:** 1.1.2 Expand Existing Primary Care Capacity

**Unique Project Identifier:** 183086102.1.1

**Performing Provider Name:** Little River Healthcare

**Performing Provider TPI:** 183086102

**Project Summary:**

* **Provider Description:** Little River Healthcare is the operator of a 25 bed Rural Hospital located in Rockdale, Milam County, Texas. Milam County is 1,016.93 square miles and has a population of approximately 24,757 according to the 2010 census report.
* **Intervention:** This project will increase the number of Primary Care Physicians (PCPs) which will allow the hospital to increase clinic hours by 5 hours per week and provide earlier diagnosis of chronic and life‐threatening disease states prior to the disease requiring an emergency department (ED) visit and urgent care. This will better utilize the ED for true emergencies.
* **Project Status:** This project is expansion of an existing initiative to better utilize the ED, provide a positive experience when visiting the clinic, and improving the health of Milam County residents.
* **Project Need:** Milam County is considered a physician shortage area and medically underserved area as evidenced by the 2010 Census report showing a ratio of residents to Primary Care Physicians of 2,071:1. This is almost double the ratio for the State of Texas which is 1,050:1 (see CN.1.1—Limited access to primary care within Milam County). Milam County also has a high premature death rate of 9,592 which is ranked 160 of 221, according to the most recent (2006‐2008) data from County Health Rankings & Roadmaps.
* **Target Population:** During the calendar year 2011, LRH treated over 1,500 individuals in the ED which were non‐emergent, of which 23% were Medicaid claims, 24% were Medicare Claims, and 24% were services for the uninsured and indigent. Targeting these non‐emergent visits by providing access to additional PCPs (I‐12.1) is projected to benefit a minimum of 75 patients during DY4 and a minimum of 113 patients during DY5 that would be considered non‐emergent patients. This will reduce claims by the Medicaid eligible, indigent, and uninsured patients while improving the care of Milam County residents.
* **Category 1 or 2 Expected Project Benefit for Patients:** By increasing access to PCPs, the project seeks to increase the volume of clinic appointments and visits (Improvement Milestone I‐12.1). As the confidence, comfort level, and willingness of patients to seek treatment from PCP’s in a primary care setting increases, the capacity to provide better care in this same setting will increase. We anticipate having an additional 500 new patient visits for primary care services in DY4 and 1,000 new visits in DY5. The additional PCPs will also benefit the over 17,000 people that visited the current clinics during the calendar year 2012 with improved convenience and shorter waiting times. A potential 4,828 individuals could benefit by the ability to have a convenient appointment that may prevent a condition from becoming an emergency. If only 25% or 1,200 individuals realize the benefit of the ability to have an appointment with a PCP, the cost savings would be over $2,000,000. Furthermore, the entire population of 24,757 of Milam County will benefit from the increased number of PCP’s. The convenience of being able to have an appointment with the same physician when necessary will build confidence and trust to use the LRH clinics rather than driving elsewhere when their illness may have become more serious because the patient did not want to drive, have the time, or did not have the transportation necessary. During the calendar year 2012 there were approximately 17,000 visits to the LRH clinics. Many of these visits were more than likely the same individuals due to follow ups and general poor health of the individuals. If you were to estimate that 50% of these were the same individuals, the result would be approximately 8,500 people within the population who for various reasons have not benefited from the local clinic being convenient. With an increased number of PCPs, the number of excuses of why they do not see a physician would decrease.
* **Category 3 Outcomes:** IT‐9.2.a: Our goal is to reduce all ED visits by a TBD% in DY4 and DY5. Using the base year of 2011 with the 1,500 non‐emergent cases treated by the ED, and the estimated increases over the baseline, a minimum of 5% or 75 individuals would not visit the ED in DY4 and a minimum of 113 individuals would not visit the ED in DY5. In addition, with an increased number of available hours by PCP’s, the State of Texas estimate of 19.5% residents of Milam County considered in poor or fair health will benefit also.

**Project** **Description:**

*Expand Existing Primary Care Capacity*

Within the State of Texas, 19.5% of rural residents report being in only “fair” or “poor” health compared with 15.6% of urban residents. Chronic conditions such as cardiovascular disease and diabetes are a bigger problem for rural populations than in urban or suburban areas. This is particularly the case in the South, and amongst rural minority communities, for whom obesity rates and other risk factors are markedly elevated. Rural clinics, community health centers and small rural hospitals provide the backbone of facility‐based rural health care.

Little River Healthcare (LRH) will expand existing primary care capacity so as to promote “the right care at the right time in the right setting”. LRH will accomplish the desired outcome of this project by hiring additional physicians and midlevel practitioners. The lack of timely and efficient access to physicians and midlevel practitioners in rural communities often result in over utilization of regional Emergency Departments (EDs) and/or Urgent Care Clinics.

LRH will extend clinic hours to provide better access to preventive and non‐emergent care services so as to avoid costly and unnecessary trips to the ED. Clinic hours will be extended by a minimum of 5 hours (either an additional hour per day or multiple hours on targeted high volume days of the week) each week by end of DY3 and then increase as needed based on availability of existing and new physicians. In addition, LRH will establish a hospital‐ based “Fast Track” process and program whereby patients will be able to see a primary care healthcare provider 24 hours a day 7 days a week as an alternative to utilizing the hospital ED for non‐emergent after hour care needs. LRH will triage patient appointments to ensure that same day appointment slots are available for most urgent patients. Patients will be identified as clinic candidates based on the level of a “tiered” triage system. The triage program and patient flow process will be researched and established during the planning process timeframe of DY2. Documentation of the medical care within the Fast Track program will be coordinated in a single hospital‐ owned electronic medical record. The Fast Track primary care provider will be able to interact electronically, via the “cloud based” electronic record system, with the patient’s routine primary care provider so as to improve efficiency and accuracy of care as well as aid in the reduction of unnecessary duplicate medical tests and treatment. Statistical data will be extracted from the EHR on a monthly basis. In addition and in cooperation with the Rockdale Independent School System (RISS), LRH will develop a school‐based clinic program to insure all children in the RISS have access to primary care.

**Goals and Relationship to Regional Goals:**

**Project Goals:**

* Reduce ED utilization and redirect appropriate utilization to the primary care clinic; and
* Expand capacity to care for more children and young adults.

**This Project meets the following Regional Goals:**

* Improving access to timely, high quality care for residents, including those with multiple needs; and
* Reducing inappropriate utilization of services.

**Challenges:**

A major challenge is attracting additional physicians to locate to Milam County. Milam County currently has a shortage of primary care physicians. That shortage impacts access to care which leads to poorer health outcomes. In Milam County, low income, uninsured and minority populations are steadily increasing due in part to the migratory nature of low income jobs prevalent to rural agricultural work opportunities, distressed rural economies, high unemployment rates as well as a migratory trends beginning to emerge where populations are leaving more urban areas looking for a lower cost of living generally thought to be associated with rural living in Texas. Because of a general lack of routine primary care, these groups of people are more likely to become chronically ill resulting in premature death. Lack of transportation, delays, and/or long wait times to see a physician can impact the outcome of the patient’s willingness to seek primary and preventive care. In addition, underserved populations and the under‐insured populations create critical issues for Milam County. In summary, increasing access to primary care physicians in Milam Count is imperative.

Little River plans to address these challenges in the following ways:

* Upgrade current facilities and equipment in the rural area;
* Educate the population about the availability of Primary Care Services available;
* Offer higher and competitive salaries;
* Continue to recruit providers having a rural background; and
* Loan repayment and scholarship programs

**5‐Year Expected Outcomes:**

The five year expected outcome will be to attract additional physicians to locate their practice in Milam County, or to have doctors that are established in larger cities to allocate a minimum of one day a week of their practice in Milam County. With the additional primary care physicians there will be more primary care visits for preventative services, reduced ED use, and better education about primary care availability and prevention, resulting in overall better health within Milam County. Increasing primary care availability in Milam County will improve access for low income, uninsured and minority populations. Such populations are steadily increasing and are more likely to become chronically ill resulting in premature death. We expect to impact that through improved primary care availability. We further anticipate reducing the current delay and long wait times. We anticipate the improved access will impact patient outcomes through early detection and patient’s willingness to seek primary and preventive care.

**Starting Point/ Baseline:**

Little River Healthcare currently employs 2.5 physician full time equivalents (FTEs) and 3 midlevel provider FTEs. While current patient needs are being served adequately, patient volume is growing and adequate accessibility and appointment availability will be difficult to maintain due to the increasing uninsured, underinsured and increasing minority population of Milam County. Milam County is a medically underserved population, not only do we need additional primary care providers for our current population but the ability to serve more patients as the county continues to grow. By increasing the number of physician FTE’s, mid‐ level provider FTE’s and hours of availability over the current baseline of FTE’s and hours of availability, the health needs of the residents of Milam County will be better served. The exact number of additional primary care providers and the expanded hours of coverage will be determined as a result of the DY2 Milestone 1 and Metric 1.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.1 – Limited Access to primary care
* Specific Community Needs:

o CN.1.1—Limited access to primary care within Milam County

o CN.1.8—Limited access to preventive care (cancer screenings) in Milam County

Milam County residents often utilize the Hospital’s ED for conditions that could be managed in a more coordinated manner if provided in a primary care setting. For certain segments of the population, it is culturally acceptable to seek non‐emergent care in the ED. This often results in more costly, less coordinated care and a lack of appropriate follow‐up care. Patients may experience barriers in accessing primary care services secondary to transportation, cost, lack of assigned provider, physical disability, inability to receive appointments in a timely manner and a lack of knowledge about what types of services can be provided in the primary care setting. By enhancing these access points, available appointment times, patient awareness of available services and overall primary care capacity, patients and their families will align themselves with the primary care system resulting in better health outcomes, patient satisfaction, and appropriate utilization and reduced cost of services.

Healthy People 2020 outlines several goals and objectives that also align with the goals of transformation waiver over the next 4 years:

1) Patients should have a source of ongoing care;

2) Have a usual primary care provider (PCP); and

3) Reduce avoidable hospitalizations. By increasing the number of available healthcare providers and resources to support a growing population in Milam County, these goals can be achieved.

Milam County is considered both a HPSA (physician shortage area) and MUA (Medically Underserved Area), bordered by counties of the same designation. In order to expand primary care services, LRH will have to expand staffing base, clinic resources and increased hours of operations during times convenient for patients. Due to the *Affordable Care Act*, an additional 6 million people will be eligible for healthcare benefits in 2014. According to the Texas

Department of Rural Affairs (2008), nearly 60% of office visits were for primary care, which puts severe strain on those providers.

**Project Components:**

The required core components will be fulfilled as follows:

a) *Expand primary care clinic space* – Existing space in the primary care clinic will be repurposed to expand primary care for additional practitioners.

b) *Expand primary care clinic hours* – In order to address overutilization in the ED for non‐ emergent care, clinic hours will be expanded as needed to provide better access in the primary care clinic.

c) *Expand primary care clinic staffing* – To meet the demand for additional hours and available appointments, LRH will add additional staff to meet patient’s expectations and utilization needs.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:** Expansion of primary care is absolutely necessary for system wide improvement. With this expansion, more patients have access to preventive care, which increases opportunities to prevent disease and further deterioration of health status and will keep people out of the hospital. It is especially important for inpatients to get follow‐up appointments after a hospital discharge for optimal recovery and to avoid readmission. The expansion of primary care and the increased availability of primary care level healthcare will reduce unnecessary ED utilization and streamline the delivery of primary care to the residents of Milam County and Rockdale, Texas. Reduced ED utilization will save Medicare and Medicaid dollars as well and aid in the prevention of chronic health issues as the result of early diagnosis and more coordinated care and prevention.

LRH receives funding from the U.S. Department of Health and Human Services for uncompensated trauma care; however, these funds will not be used for this project.

**Related Category 3 Outcome Measure(s):**

OD‐9 Right Care Right Setting

IT‐9.2.a ED Appropriate Utilization (Standalone measure)

Through expanding primary care capacity, patients will have more access to primary care which will improve patient experience, improve preventive screenings and outcomes but most importantly improve availability. With the additional primary care physicians there will be more primary care visits for preventative services, reduced ED use, and better education about primary care availability and prevention, resulting in overall better health within Milam County. This is why we choose ED Appropriate Utilization as an Outcome Measure.

**Relationship to Other Projects:**

This project will assist in our efforts to develop a more expansive primary care base. An expanded primary care base will aid our organization to identify patients who would benefit from our other projects associated with health promotion and disease prevention (#183086102.3.1) as well as the reportable metrics for Category 4 Population‐ Focused Improvements. LRH has another proposed project (#183086102.1.2) which will address limited access to specialty care providers. These proposed projects will work together and communicate with each other; however, the projects will not overlap or duplicate each other. The specialty care providers, e.g. gastroenterologists and gynecologists, will be providing screening services and specialty care where as the primary care providers will be promoting better health and identifying patients needing specialty care and screening.

**Relationship to Other Performing Provider’s Projects and Plan for Learning Collaborative:**

LRH is proposing a project to expand primary care access. Two other providers are also expanding primary care: Williamson County and Cities Health Department (#126936702.1.1) and St. David’s Medical Center Round Rock (020957901.1.1).

LRH will participate in an RHP 8 learning collaborative that meets semi‐annually to discuss local disparities in care and the ways they have successfully gathered relevant data and ultimately better serve the populations in their projects.

**Project Valuation:**

Milam County is considered both a HPSA (physician shortage area) and MUA (Medically Underserved Area). Expanding the hours of service and locations for providers will provide greater access to care to people who have to this point utilized ED service for non‐emergent health care needs. The 1,500 non‐emergency patients that visited the ED in 2011 would have been better and faster served if they had easier access to PCP’s through additional service hours or providers. In addition, the over 17,000 patients that visited LRH in calendar year 2012 would benefit from more convenient access to PCP’s. The more convenient access to a PCP will encourage the current number of 4,308 individuals over 65 in Milam County to seek medical attention early, rather than waiting until admittance to an ED is necessary. Using this segment of 17.4% the population, or only 4,308 individuals taking advantage of the increase in PCP’s and available hours over the project years of DYs 2–5, the cost of the project would equate to only $745 per individual. Which is much less than the $1,750 average charge of an ED visit. In addition, patients will experience greater coordination of care, access to an integrated health system that includes primary care, specialty care, home health, case management and mental health services. In 2011, Little River Healthcare experienced over 1,500 non‐emergent patients in the ED, with each visit having an associated charge of $1,750. Redirecting those patients would provide a cost savings of over $2,625,000 in the ED. Considering that Medicare and Medicaid comprise 71% of total ED utilization, this program would result in reduction of over $1,800,000 to State and Federal payers. Additional cost savings would unquestionably be realized as a result of increased primary care hours and providers, through early detection and prevention of chronic illnesses, and as a result, reduce the need for emergent care services or patients’ perceived need for emergent care services.