**Category 1 Project Narrative – Pass 2**

**Little River Healthcare – 183086102.1.2**

**Project Area, Option and Title:** 1.9.2 Improve access to specialty care

**Unique Project Identifier:** 183086102.1.2

**Performing Provider Name:** Little River Healthcare

**Performing Provider TPI:** 183086102

**Project Summary:**

* **Provider Description:** Little River Healthcare (LRH) 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 access to Specialty Care Physicians (SCPs) by expanding the number of specialty providers and/or increasing clinic hours by 5 hours per week for the specialists most in demand. This will promote early diagnostic, screening, referral, and treatment services for at risk patients including low income and uninsured individuals.
* **Project Status:** This is a new project to improve access to timely, high quality and specialty care for the residents of Milam County.
* **Project Need:** CN.1.8 – Limited access to preventative care (cancer screenings) in Milam County. Milam County is considered a physician shortage area and medically underserved area. In addition to being older, the population of 24,757 has a higher percentage than the State of Texas for obesity and physical inactivity as well as a greater number of sexually transmitted infections which can lead to conditions and illnesses which are treatable when diagnosed early by the proper screening and diagnostic services. These risk factors warrant screening for breast cancer, (IT-12.1), cervical cancer, (IT-12.2), and colorectal cancer (IT-12-3). In addition, this project will address the need for referrals from other specialists in the same specialty, to oncologists for the treatment of positive screening results, and the referral to specialists and primary care providers when other health issues are diagnosed during a screening process, thus promoting general and long term health care, (I-25.1).
* **Target Population:** Milam County’s population consists of 56.1% of individuals between the ages of 18 to 64, 17.4% 65 and older with 50.6% of the population being female, according to the 2010 Census. LRH is estimating that with the proper referral system (P-2.1) and education about the importance of screening, 200 – 1,000 individuals within Milam County will seek diagnostic services over DYs 2-5. However, this quantity of total diagnostic services is a only a “hoped for” result as this may take longer to achieve due to human nature, even when a diagnostic test may result in early detection of a potentially life threatening disease. The older population of Milam County, which is also primarily female, will benefit from preventive care and screening services, for breast cancer (IT-12.1), cervical cancer (IT-12.2) and colorectal cancer (IT-12.3) and will also benefit from the regular follow up screenings for the years thereafter. For those patients that receive a positive diagnosis from a SCP, the referrals to another SCP for a second opinion or to an oncologist for a treatment plan will benefit the long term health and prognosis of the patient.
* **Category 1 or 2 Expected Project Benefit for Patients:** The project seeks to provide SCPs and related access to preventive care and screenings, as well as oncologists and referrals to Primary Care Providers subject to the diagnosis of the SCP, for those groups which are considered to be at-risk, by increasing the number of providers, clinic hours, and procedure hours (I-22.1). According to the Agency for Healthcare Research and Quality, 19.5% of residents in rural areas consider themselves in only fair or poor health and could be labeled “at risk” because rural residents tend to smoke more, exercise less, and have less nutritional diets compared to urban areas. Currently, due to the shortage of SCPs there is a lack of access to preventive care and screenings and there is little to none targeting of these mentioned groups. Providing improved access to specialty care will be extremely important for referrals to other specialists (I-25) and follow up testing and care when there are positive test results from screening and diagnostics. Also, the expanded specialty care access will provide the patient the opportunity for follow up appointments in a familiar location in close proximity to their home or work rather than traveling a longer distance for an appointment. In addition, should a particular service or test not be available, the patient will be more likely to trust the referral of a specialty care physician that the patient has visited multiple times and is familiar with. The goal of the project with the improved access to SCP’s, is to have a minimum of 50% of the total referrals to be appropriately categorized in DY4 with a 20% increase to 60% of total referrals to be appropriately categorized in DY5. As residents of the community do become familiar with the specialty care physicians they will be more willing to have regular screenings annually or as prescribed by the specialty care physician. Thus, the specialty care physician will notice any changes or differences between screenings. Currently there is no access to these services in Milam County.
* **Category 3 Outcomes:** 
  + IT-12.1: Our goal is to increase by TBD% access to mammography and breast cancer screening services, as well as to inform and educate the Target population on detection.
  + IT–12.2: Our goal is to increase by TBD% access to cervical cancer screening services as well as to inform and educate the Target Population on prevention.
  + IT–12.3: Our goal is to increase by TBD% access to colorectal cancer screening services as well as inform and educate the Target Population on prevention.

**Project Description:**

*Specialty Care Access*

As of the census of 2010, Milam County had a population of 24,757 with a racial makeup of 78.1% White, 10.0% Black or African American, and 11.9% other races. The population was 6.9% under the age of 5, 26.5% under the age of 18, 49.2% over the age of 18 and under 64, and 17.4% over 65 years of age. The per capita income per household for the county was $21,509 and 17.6% of the population is below the poverty level. According to a report published by Agency for Healthcare Research and Quality, 19.5% of residentsin rural areas report being in only “fair” or “poor” health compared with urban residents in the United States. Chronic conditions such as cardiovascular disease, pulmonary disease and diabetes are a bigger problem for rural populations than in urban or suburban areas. This is particularly the case in the rural Texas for whom obesity rates and other risk factors are markedly elevated. In an excerpt from a CDC urban and rural chart book, “rural residents smoke more, exercise less, have less nutritional diets, and are more likely to be obese than suburban residents”. Rural clinics, community health centers and small rural hospitals provide the backbone of facility-based rural health care. Supplementing the primary care services offered in such rural and community clinics with specialty care physician services is a rare, but very necessary, opportunity. Despite the overwhelming need for access to specialty services in rural populations, the access often simply does not exist. Milam County is no exception to this rule. It has an older, poorer population and access to physician specialty services, such as gastroenterology, mammography, and gynecology are necessary to ensure the health and vitality of Milam County residents.

LRH will expand specialty care capacity by providing additional space and resources for physicians and mid-level practitioners such as physician assistants and nurse practitioners to meet the population of our community most struggling to gain access to high impact specialty care services. Initially, we will identify through patient surveys and LRH’s electronic health record (EHR) system the specialty services that are most critical to our population given current coverage and/or lack of coverage. We will then develop a clinical schedule that will increase the number of hours that are available to provide expanded specialty care for our patients by five (5) hours a week by either adding hours during the week or on Saturdays. We will implement a standardized referral processes across the system as well as expanding diagnostic testing capabilities specifically aimed at addressing medical screening and treatment needs of high impact specialty care services. We will provide improved access to specialty care and specialty diagnostic testing for our patients. We believe we will be able to aid our patients with avoiding costly trips to physicians located outside of Milam County and improve the overall health of our rural community.

Providing improved access to specialty care will be extremely important for follow up testing and care when there are positive test results from screening and diagnostics. The expanded specialty care access will provide the patient the opportunity for follow up appointments in a familiar location in close proximity to their home or work rather than traveling a longer distance for an appointment. In addition, should a particular service or test not be available, the patient will be more likely to trust the referral of a specialty care physician that the patient has visited multiple times and is familiar with.

In addition, as residents of the community become familiar with the specialty care physicians they will be more willing to have regular screenings annually or as prescribed by the specialty care physician. Thus, the specialty care physician will notice any changes or differences between screenings.

**Goals and Relationship to Regional Goals:**

**Project Goals:**

* Conduct a gap analysis to determine the specific specialty care needs of the community;
* Expand the number of specialty providers and/or clinic hours for highest demand specialties; and
* Complete planning and installation of new specialty diagnostic systems.

**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, let alone specialty care physicians. Certain high impact specialty care physician coverage is nonexistent all together. That shortage impacts access to care which leads to poorer health outcomes. In Milam County, low income, uninsured and minority populations are steadily increasing and are more likely to become chronically ill resulting in premature death. Lack of transportation, delays and long wait times to see a physician can impact the outcome of the patient’s willingness to seek primary care, preventive care and specialty care. In addition, underserved populations and the under-insured populations create critical issues for Milam County. In summary increasing access to high impact specialty care physicians in Milam County is a must.

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 Specialty Care Services available;
* Offer higher and completive 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 specialty physicians to locate their practice part-time and/or full-time in Milam County, thereby addressing the current shortage of high impact specialty care physician problem in Milam County. Addressing that issue will positively impact access to care which should lead to better health outcomes. Increasing specialty 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 specialty care availability. We further anticipate reducing the current delay and long wait times associated with our patients having to seek specialty care outside of Milam County. We anticipate improved access will impact patient outcomes and patient’s willingness to seek treatment for specialty care needs once the patient is referred for specialty care by their primary care provider.

**Starting Point/ Baseline:**

Milam County is a medically underserved population. As such, LRH often refers patients to physicians located at least 45 miles outside of Milam County, one-way. This is not sufficient to care for a growing and aging population and provide the level of services for those unable to afford or have access to suitable transportation over great distances from rural areas for care associated with high impact/most impacted medical specialties and specialty imaging and diagnostic services. The demand for services is reflected in the number of patients who are referred from our clinic to other physicians, the minority population and the number of citizens with Medicaid and those who are uninsured. LRH believes that the three (3) measures of testing for breast cancer (IT-12.1), cervical cancer (IT-12.2), and colorectal cancer (IT-12.3) are the basic level of specialty care necessary for Milam County and are the starting point for specialty care services.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.1 – Limited Access to Primary Care
* Specific Community Need: CN.1.8 – Limited Access to Preventive Care (cancer screenings) in Milam County

Inadequate access to specialty care has contributed to the limited scope and size of safety net health systems. To achieve success as an integrated network, gaps must be thoroughly assessed and addressed.

**Project Components:**

1. *Increase service availability with extended hours.* LRH will review EHR records and conduct a patient survey to determine the specialties needed locally and the expanded hours that would satisfy the demand.
2. *Increase number of specialty clinic locations.* LRH will work with its specialty care physicians to increase the Hospital’s specialty care locations (1 clinic) to improve local access to high impact patient populations.
3. *Implement standardized referrals to specialty care providers across the system*. LRH will develop a process for the specialty and primary care physicians and clinics to have access to a specialty care referral system available through LRH’s “cloud” based EHR system. The referral system would be available whenever there is a positive screening result or a provider’s diagnosis is that a patient’s health would benefit from treatment by a specialty care provider. This will expedite patient care and improve patient access to a specific specialty care provider when treatment is prescribed.
4. *Conduct quality improvement for project using methods such as rapid cycle improvement.* LRH will develop a process where primary care providers and specialty care providers will be able to easily communicate concerning patient treatment plans as well as share test results and clinical findings within through the EHR and referral management system.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:** Expansion of specialty care is absolutely necessary for system-wide improvement of LRH’s services. 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. The expansion of specialty care and the increased availability of specialty healthcare will reduce unnecessary ED utilization and streamline the delivery of specialty 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; however, these funds will not be used for this project.

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

OD-12: Primary Care and Primary Prevention

* IT-12.1 – Breast Cancer Screening
* IT-12.2 – Cervical Cancer Screening
* IT-12.3 – Colorectal Cancer Screening

These three Category 3 Outcome measures were chosen because currently there is no known mammography screening available in Milam County. With females comprising 50.6% of the population, LRH foresees a need for this service as the population ages. Milam County also ranks above the State of Texas in percentage points for adult obesity and physical activity which are both factors on colorectal cancer. The incidences of sexually transmitted diseases and teen birth rate, which are risk factors of cervical cancer, are also higher in Milam County than Texas. Given these health related factors and Milam County ranked 201st out of 221, LRH feels that the three (3) outcome measures are needed to screen for potentially life-threatening conditions.

**Relationship to Other Projects:**

This project will assist in our efforts to address high impact specialty care services. An expanded specialty care base will aid our organization to identify patients who would benefit from our other projects (#183086102.3.2, #183086102.3.3 and #183086102.3.4) associated with health promotion and disease prevention as well as the reportable metrics for Category 4 Population-Focused Improvements. LRH has another proposed project (#183086102.1.1) which will address limited access to primary care providers. Through our primary care project (#183086102.1.1) and this project, local specialists will be able to better coordinate care and provide health status reports to the referring patient’s primary care providers.

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

LRH will participate in an RHP 8 learning collaborative that meets at least 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. As well as identify and agree on improvement initiatives to raise performance.

**Project Valuation:**

Milam County is considered an HPSA (physician shortage area) and MUA (Medical Underserved Area). Expanding the hours of service and diagnostic testing and screening capabilities for specialists will provide greater access to care for the target population. In addition, patients will experience greater coordination of care, access to an integrated health system that includes primary care, specialty care, case management and mental health services. Providing additional specialty services locally such as Hospitalist Coverage, Breast Cancer Screening and Mammography, Breast Biopsy and Breast Surgery, Gynecology, Gastroenterologist, Neurology, Pain Management, Cardiac and Pulmonary Rehabilitation, Wound Care and Geriatric Phycology should lead to lower hospitalization costs, better access to care and improved quality of life for those patients with chronic illnesses and those patients that screening and early detection prevented a life threatening condition. According to the 2010 Census, 17.6% of the Milam County population was below the poverty level and 27% of Milam County was uninsured. We expect that the benefits from this project will lead to lower costs to Little River Healthcare and Texas’ health care system overall and it will provide better patient satisfaction and outcomes since early detection and follow-up would be more readily available. Based on 2010 Census data and a publication by the Agency for Healthcare Research and Quality, this Project could benefit a range of Milam County residents of anywhere from 3,215 individuals that represent the 19.5% of rural Texas residents that only consider themselves in fair or poor health, to 8,344 individuals, representing the female population over the age of 18. This is largely due to rural residents smoke more, exercise less, and have less nutritional diets compared to urban areas, as published by Agency for Healthcare Research and Quality.

Screening services associated with specialty care physicians are unavailable in Milam County. Using the 2010 Census population for Milam County of 24,757, if only 10%, or 2,475 individuals over DY3, DY4 and DY5, take advantage of the screening tests which could result in early detection of cancer. The cost of the project, would equate to $1,212 per individual, which if anyone of these individuals have a positive result, would be less than the treatments for cancer or chronic diseases in later stages.

The associated cost for completing this project include the personnel and external entities we will utilize to establish a project plan and perform a gap analysis, the physician and support personnel that will need to be hired to effect the implementation of our plan and the on-going cost of support personnel and diagnostic technology to effect expanded specialty care screening, prevention and treatment. Other ongoing costs include but are not limited to patient education material needed to inform patients of their treatment plan and health condition as well as survey material needed to assess patient satisfaction level and monitor outcome.