

Community Health Referral Network

A New Model of Care Coordination for Sacramento's Underserved

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In a region where access to care for the poor has advanced to a state of crisis, the Community Health Referral Network offers a promising new model of care coordination and delivery. Sacramento's already fragmented safety-net has been devastated by severe cuts to public health services that have been made in the worst of economic times. An unprecedented number of underserved are turning to hospital emergency departments for basic care because they lack a primary care provider and are unable to navigate the dramatically altered health care landscape. It is estimated that over 30% of emergency department admissions

could be avoided if patients had access to adequate, affordable care. While capacity to provide care exists within the nonprofit community-based clinic system, providers have historically operated in silos with minimal resources for patient outreach; factors exacerbating barriers to care and contributing to reliance on emergency departments.

The Community Health Referral Network is designed to shift the paradigm. The program is a collaborative initiative between four Catholic Healthcare West member hospitals (Mercy General, Mercy San Juan Medical Center, Mercy Hospital of Folsom and Methodist Hospital of Sacramento) and 18 nonprofit community clinics. It connects uninsured and underinsured (Medicaid) patients seen and treated in emergency departments for non-urgent/emergent care to permanent health care homes in the community. Goals are to increase access to care for those in need, reduce avoidable emergency department admissions by maximizing judicious use of community health resources, improve the health status of the underserved, and lower health care costs.

The program extends the traditional patient referral practice by establishing relationships with

patients to better understand their specific socio economic situations and health care needs.

Under the model:

- A network of community clinic partners from across the region was established, including Federally Qualified Health Centers, state licensed community clinics, and three free/low-cost Mercy clinics operated by the hospitals. Clinic partners offer primary, behavioral, dental and prenatal health care, and substance abuse treatment, and share a mission to serve the region's most vulnerable populations regardless of ability to pay.
- Patients receive program information, are offered assistance, and sign a permission form during the Patient Registration process prior to discharge from the emergency department.
- A referral specialist serves as the liaison (human interface) between patients and clinic providers, focused on establishing patients at an appropriate clinic. A registry of clinics is maintained with information on capacity, scope of treatment, eligibility requirements, sliding scale fee structures,

and cultural competencies in order to match patients to providers best suited to meet their needs. The specialist confirms appointments with patients, and provides information they will need for their first clinic visit. Translation services and taxi transportation to clinic appointments are available if needed. The specialist follows up with patients after appointments to assess their satisfaction with care in a community clinic setting and discuss additional health care issues.

- Hospitals and clinic partners are linked using MobileMD health information exchange (HIE) technology to facilitate and enhance the care coordination process. Use of HIE technology between the hospitals and the community clinic system is groundbreaking for the region. MobileMD allows for real-time communication among partners to expedite patient referrals and appointments and securely exchange patient health data.

Tracking and documentation of patient cases, referrals and appointments, patient satisfaction,

and reductions in emergency department admissions are providing detail for ongoing program evaluation. Methodology is also being developed to calculate cost savings associated with avoidable emergency department admissions. Positive outcomes are demonstrating the effectiveness and promise of the program. During the first six months of operation (September 1 through February 28):

- 594 patients were participating in the program and receiving assistance
- 64% of patients assisted have shown for their community clinic appointments
- 75% of patients assisted have not readmitted to the emergency department
- 88% of patients assisted are satisfied with care in community clinic setting (those not satisfied are being established at another clinic)

Successful outcomes to date can be attributed to the combination of key program elements. The significant amount of time spent communicating with patients – the human element – plays a critical role.

Patients are far more responsive when there is a high degree of interaction. The introduction of HIE technology is allowing for faster and more efficient communication among partners for improved quality of care. Success in large part however, is the result of true collaboration at the community level. Large and small providers have come together to coordinate and create new pathways to care for the underserved.

Rosemary Younts is Director of Community Benefit for the Catholic Healthcare West (CHW) Sacramento Service Area, with planning and reporting oversight for six CHW member hospitals. Formerly, she was Chief Development Officer for Mercy Foundation, and for 18 years served as Senior Vice President of Communication for GenCorp and President of the GenCorp Foundation. Rosemary is a Distinguished Service Award recipient from California State University, Sacramento and is completing her masters at Gonzaga University. She is on the Sacramento County Public Health Advisory Board; and is a board member of the Capitol Community Health Network and Cover the Kids.

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