

# Central Oklahoma Project Access

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*"Building a Comprehensive Healthcare Delivery System in  
an Underserved Community"*

June 22, 2005

2005 HRSA Primary Health Care All Grantee Meeting

## *OUR VISION ...*

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All the people of Oklahoma County have access to comprehensive and quality health care, thereby eliminating health disparities and improving the overall health of our community...

June 22, 2005

2005 HRSA Primary Health Care  
All Grantee Meeting



# *Our Mission...*

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***“To enhance access to health care for low-income, uninsured members of our community through an accountable, quality health care system that is compassionate, accessible and equitable, utilizing a coordinated network of voluntary and other providers.”***

# COINS was created to serve and support member organization's efforts to ...

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- ✓ provide quality health care services
- ✓ enhance the health status of the community
- ✓ improve access to care for the uninsured in the most efficient, cost-effective manner through collaboration with other health care safety-net providers

# Our History ...

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- ❑ Central Oklahoma Integrated Network System, Inc.,
  - Community-based non-profit organization incorporated in Oklahoma in 1997.
  - 501(c)(3) Designation July 1998
  
- ❑ Board members:
  - **Community Health Centers, Inc.**, *Mary Mahoney Memorial Health Center – 330 FQHC; Healing Hands Health Care Services for the Homeless-FQHC; Shelter-Based Services and Central Oklahoma Healthy Start in Oklahoma City; Mary Mahoney at Langston, OK) – (Founder)*
  - **Oklahoma City-County Health Department**, *(Founder)*
  - **Variety Health Center**

# Our History continued...

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- ❑ **Fall 2000:** *COINS* Interdisciplinary Clinical Care Committee (ICCC) approached Oklahoma County Medical Society (OCMS)
  - Oklahoma County Medical Society and a few local hospital systems agreed to pilot a centrally coordinated access program for referrals by *COINS* members
  - Based on outcome of small 3 month pilot, conducted with OU Medical Center, to provide direct access to appointments for uninsured women seen at member sites to their Women's Clinic for gynecological specialty services
  - Pilot demonstrated savings close to \$25,000 in emergency department diversion

# History Continued...

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## **2001**

- Steering Committee Formed; Wichita, Kansas Program Presentation; Pilot to serve uninsured at or below 150% of FPL initiated; small grants from local foundations and OCMS, ISDI Development Grants

## **2002-2003**

- December (2002)-Program Coordinator-first full time staff hired with funds committed by Oklahoma City-County Health Department; Continued program development with local resources and ISDI

## **2004**

- September: Received Healthy Communities Access Program (HCAP) Grant to expand and improve infrastructure; local funding for specific program functions, ISDI Operational Network funding for centralized administrative functions

## **2005**

- April-Recognized by Oklahoma Public Health Association
- June – Accepted as United Way Community Partner Agency

# COPA - *WHY?*

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- ❑ Provider frustration with a system fostering episodic, fragmented, uncoordinated care - without timely access to cost-effective care and appropriate resources
- ❑ Inordinate amounts of provider time spent to obtain services for the uninsured - often as a last resort sending their patients to emergency departments for needed services
- ❑ Increasing disparities based on income, race and ethnicity; due to uninsured with serious medical conditions delaying access to services; resulting in preventable complications of diseases, incapacitation and early loss of life due to inability to pay for services.

# *COPA - Community partnership with Oklahoma County Medical Society Leadership*

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- ❑ ***CATALYST*** - for **access** to health care services for low-income, uninsured people in Oklahoma County
- ❑ ***CONVENER*** - of doctors, hospitals, medical and nursing schools, Federally Qualified Health Centers; community-based and faith-based clinics, health departments and many others for a
- ❑ ***CONDUIT*** – for **access** to comprehensive health care services *for the* uninsured - beyond the scope of care they receive at their primary care clinics or for their access to specialty care.
- ❑ ***COMMON GOAL - Eliminate health disparities and improve the health and well being of the people of central Oklahoma***

# COPA - LEVERAGE for community resources

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- ✓ Expand a *volunteer* network of primary care and specialty physicians to serve low-income, uninsured patients
- ✓ Establish a prescription plan to provide access to *affordable* medication for Project Access patients
- ✓ Develop an information system to facilitate the exchange of patient data between service providers in order to *better coordinate* and reduce duplicative patient care
- ✓ Provide case management services to uninsured individuals at local hospitals to *reduce* primary care use of high cost emergency services
- ✓ Address cultural and linguistic needs of patients by *providing* multicultural services

# Individuals eligible for Project Access:

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- ❑ Live in Oklahoma County – Expanding to Central OK
- ❑ Do not have health insurance, and are not receiving or eligible for other health coverage benefits like Medicaid or Medicare
- ❑ Family income does not exceed 150 % of the 2004 Federal Poverty Level (FPL) of approx \$26,000/year for family of four
- ❑ Referred for specialty and hospital services by COINS provider network
- ❑ Requested COPA enrollment for primary care home - through Care Access Referral Line (CARL)- currently providing first appointments for prenatal services; first appointment for Primary Care Home under development

# Our Community Partners

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- ❑ FQHCs-CHCI and Oklahoma Community Health Services (formerly SEAHC)
- ❑ Community-based health centers
- ❑ Faith-based free clinics
- ❑ Oklahoma County Medical Society
- ❑ Oklahoma State Department of Health
- ❑ Oklahoma City-County Health Department
- ❑ Greater OKC Metropolitan United Way
- ❑ Oklahoma Osteopathic Association
- ❑ Oklahoma Primary Care Association
- ❑ Oklahoma Institute Child Advocacy.
- ❑ Academic, private for-profit, and not-for-profit hospitals representing eight hospital sites
- ❑ Department of Human Services
- ❑ March of Dimes
- ❑ Private practice physicians
- ❑ University of Oklahoma College of Nursing
- ❑ Oklahoma Pharmacists Association

# COPA 3 Year HCAP Activity Plan

YEAR 1	YEAR 2	YEAR 3
<p><b>Sept 04 - Aug 05</b></p> <p><u>Activity 1</u> - Provide access to comprehensive services to target uninsured</p> <p>Expand provider network</p> <ul style="list-style-type: none"> <li>Specialty</li> <li>Primary Care</li> <li>Stand alone ancillary</li> <li>Hospitals</li> </ul> <p>Implement plan for provider recruitment/retention</p> <p>Expand patient enrollment</p> <p>Educate/train new providers and staff</p> <p><u>Activity 2</u> – MIS-Phase 1</p> <p>Purchase/install equipment</p> <p>Conduct CARN training</p> <p>Web-site development</p> <p><u>Activity 3</u> – Pharmacy (Part 1)</p> <p>Implement short-term plan</p> <p>Develop formulary</p> <p>Locate commitments for future, on-going funding for long-term Pharmacy program</p>	<p><b>Sept 05 – Aug 06</b></p> <p><u>Activity 1</u> – Provide access to comprehensive care; include CARL-Access to Primary Care</p> <p><u>Activity 2</u> – MIS</p> <p>Implement system integration w/ hospitals/Other Providers – Health Information Technology</p> <p><u>Activity 3</u> – Pharmacy (Part2)</p> <p>Contract with Pharmacy Network</p> <p>Finalize commitments for long-term annual funding.</p> <p>Develop formulary with Pharmacy Network</p> <p><u>Activity 4</u> – ER Case Management (Part 1)</p> <p>Implement pilot with local hospital (s)</p> <p>Contract with Case Managers and Social worker</p> <p>Educate/Train case managers and Social worker</p> <p>Develop relationships with other hospitals</p> <p><u>Activity 5</u> - Chronic Disease Management (Diabetes Part 1)</p>	<p><b>Sept 06 – Aug 07</b></p> <p><u>Activity 1</u> – Access to care continued</p> <p><u>Activity 2</u> – ER Case Management (Part 2)</p> <p>Implement in other hospitals</p> <p><u>Activity 3</u> – Chronic Disease Management (Part 2)</p> <p>Expand to include other chronic diseases</p> <p><u>Activity 4</u> - Transportation</p> <p>Develop partnerships w/ local resources</p> <p>Contract with transportation service</p> <p><u>Activity 5</u> – Interpreter</p> <p>Contract with interpreter services</p> <p>Educate / train interpreters</p> <p>Partner with local college to provide medical terminology training.</p> <p><u>Activity 6</u> – Achieve community reinvestment strategy for long-term sustainability</p>

# COPA Physician Partners –

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- ❑ Donate or implement Reduced Fee services to uninsured referred through COPA
- ❑ Primary Care – Take 10 COPA enrollees and manage their care
- ❑ Specialists – Take 10-20 COPA enrollees and provide specialty consultation and procedural services
- ❑ Provide in-patient consultation if hospitalization needed
- ❑ Hospitalists – Admit and manage hospitalization of COPA enrollees when referred by COPA providers – under development
- ❑ Provide copy of CMS 1500 forms to COPA for utilization reporting and valuation of services
- ❑ Assist community primary care providers in their desire to expand capability and capacity to manage complex patient's at their primary care home – Clinical Grand Rounds, Phone Consult and Telemedicine

# COPA HOSPITAL PARTNERS

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- ❑ Provide Access to hospital-based inpatient and ambulatory hospital services
- ❑ Provide access to “Hospitalist” services
- ❑ Partner in emergency department case management
- ❑ Assist in recruitment of primary care and specialist physicians on staff and in hospital-based practices like radiologists, pathologists and anesthesiologists
- ❑ Utilize Residency Programs when available to provide access to care

# COPA HOSPITAL PARTNERS

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- ❑ Assist community primary care providers in their desire to expand capability and capacity to manage complex patient's at their primary care home – Clinical Grand Rounds, Telemedicine
- ❑ Provide report to referring PCP
- ❑ Provide copy of UB forms to COPA for utilization and valuation of service documentation
- ❑ Assist in the assessment of Health Information System Technology (HIT) needs, current capacity and acquisition of resources to achieve community health record

# COPA –Current Hospital Partners

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- ❑ Integris Health System
  - ✓ Southwest Medical Center
  - ✓ Baptist Medical Center
  
- ❑ Lakeside Women's Hospital
  
- ❑ Mercy Health Center
  - ✓ Mercy Oklahoma City
  - ✓ Mercy Yukon
  
- ❑ OU Medical Center
  - ✓ Children's Hospital
  - ✓ Presbyterian
  - ✓ University

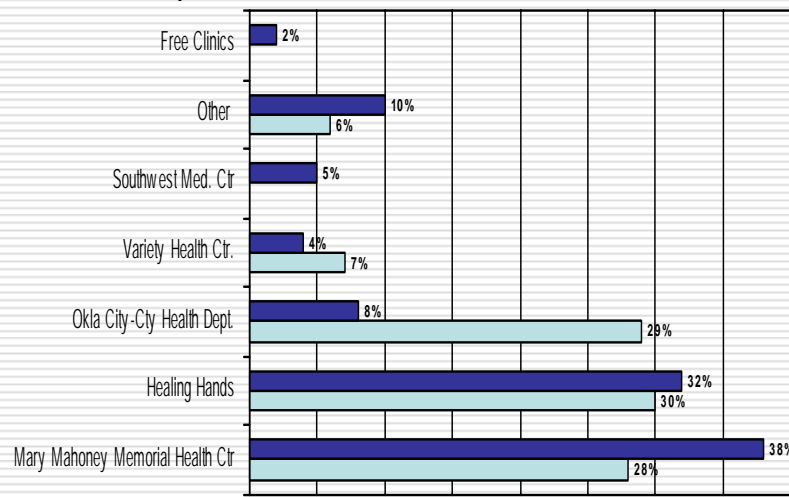
# COPA SEEKS 100%

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- Comprehensive Hospitals
- Specialty Hospitals
- Free Standing Ancillary Services

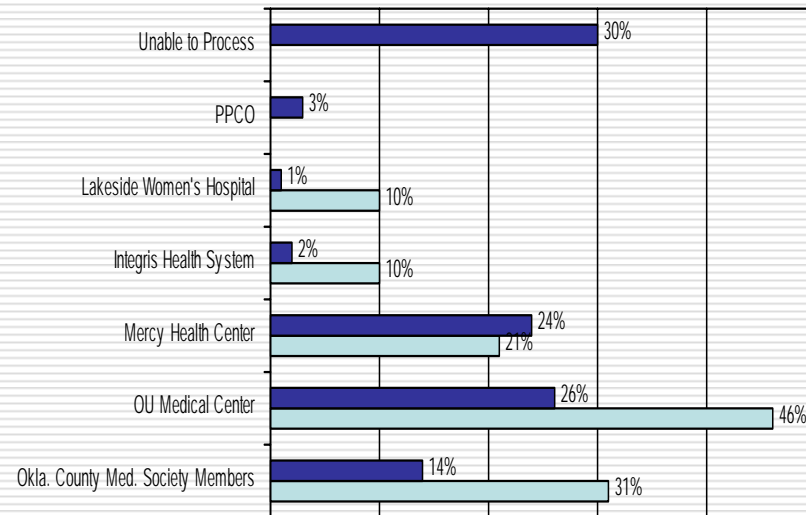
# Referral Patterns ...

Referrals Received From:



Dark bar = 4/04-3/05  
 Light bar = 6/25/01-3/04

Patients Referred To:



# Challenges we face DAILY...

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- ❑ Recruiting and retaining adequate provider capacity (primary care, specialty, ancillary) to care for the growing numbers of Oklahoma City Metropolitan area uninsured
  - ✓ Population more than 1,000,000
  - ✓ Uninsured estimated at 20 percent of population (200,000)
  
- ❑ 114 of 1,301 Oklahoma County Medical Society members from 19 specialty areas donated services along with OU Medical Center Residency Programs ~ 350 residents.
  - ✓ Provider recruitment is an ongoing endeavor

# Challenges we face DAILY...

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- ❑ Unmet needs—a lack of providers available in specialty areas such as orthopedics, neurology, gynecology, gastroenterology, rheumatology
- ❑ Current economic pressures and tort reform situation causing providers to take pause before agreeing to donate services
- ❑ Financial sustainability for ongoing operations

# Accomplishments

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- ❑ Since June 2001 (pilot), over 1,400 referrals for inpatient and outpatient services completed
  - 30 percent to community specialists AND primary care providers
  - 70 percent to hospital-based outpatient clinics, outpatient diagnostics, and inpatient services
  
- ❑ A very conservatively estimated \$1 Million in donated services contributed to the uninsured since June 2001
  
- ❑ Since June 2001 savings to community from emergency department diversion estimated at more than \$2 Million

# Accomplishments

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- ❑ Support received for the network from community foundations and agencies include:
  - Oklahoma City Community Foundation
  - Kirkpatrick Family Fund
  - United Way Venture Funding
  - Presbyterian Health Foundation
  - Mercy Caritas
  - Oklahoma City-County Health Department
  - United Way Partner Agency Status – New
  
- ❑ **Awarded 2004 Oklahoma State Chapter March of Dimes Grant to implement Centering Pregnancy Program National Model for delivery of prenatal services to at risk women and their families at a minimum of 3 pilot sites in Oklahoma. Mary Mahoney, OKC and Carter County Health Dept in Ardmore are in progress. Tulsa County, Variety Mid-Del and Planned Parenthood of Central Oklahoma targeted to begin fall 2005**

# Accomplishments

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- ❑ Returned 0.6 FTE Primary Care Provider time to health center enabling more primary care service provision
- ❑ Return on Investment (ROI) on federal funding at 3.7:1
- ❑ Recipient of the Oklahoma Public Health Association's 2005 Community Program Excellence Award

# A Few Examples of COINS community involvement Activities ...

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- ❑ Participation In:
  - Oklahoma State Turning Point Council
  - Central Oklahoma Turning Point
  - Central Oklahoma Perinatal Coalition
  - Oklahoma Primary Care Association
  - Oklahoma State Department of Health-Pregnancy Risk Assessment and Monitoring Advisory Board
  - Oklahoma Comprehensive Cancer Control Network
  - Oklahoma Perinatal Task Force (New May 2005)
  - Oklahoma Arthritis Network
  - General Clinical Research Center Minorities Health Disparities Advisory Board
  - Oklahoma Health Improvement Partnership
  - Oklahoma Task Force on Minority Health Disparities

# Critical Considerations

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- ❑ **Nothing** is ever replicated **Exactly**
- ❑ What Ever Time frame You Establish  
**Add 6 months to it** (or more)
- ❑ Let Your **Mission and Goals Drive Search** for Funding – You have to get it together **before you get it**

# Critical Considerations

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- ❑ Check Your Motivations At All Times
- ❑ Promote Broad Involvement and Diversity of Partnerships
- ❑ Be an Active Partner with Other Bureau Funded Programs In Your Area– PCA, PCO
- ❑ Think Sustainability Constantly

# Critical Considerations

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## □ RELAX, REJOICE, REJUVENATE



# Responses from Community Uninsured Served by COPA ...

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- ❖ *"Project Access helped me a lot. I hope they continue to do so because there are a lot of people out there like me that need help. If it wasn't for Project Access I think I would not be here to write this letter. Thanks again Project Access."*
- ❖ *"I was unaware of any kind of program that would help people in my physical and financial situation. I could not imagine people being so kind and caring. Being able to participate in this project has given me a renewed opinion of the healthcare profession altogether. I thank you, the people of this organization, and everyone connected."*
- ❖ *"Upon using my Project Access card, everyone was and has been very nice and helpful."*
- ❖ *"I am very grateful for this program. It came at a time when I really needed it. I thank all of the doctors that decided to form this program, to give of their time. May this program go on for a long time. It's like a blessing. So keep up the good work."*

# Thoughts to ponder ...

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- If everyone does their part, no one person or institution will be overwhelmed and the work will get done
- The present situation is morally and ethically unacceptable
- A healthy society is a productive society
- The solution, to the problem of access, must come through the collaboration of local leaders and resources
- And, It will require the cooperation and collaboration of all health professionals, health related institutions, local government, social service agencies and funding sources.

# COPA Contact Information

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