

Healthy Outcomes Plan Application

Proviso

33.34

Sections A (1), C, D

Hospital(s): Conway Medical Center

HOP Name: Conway Community Health Access Program

Healthy Outcomes Plan (HOP) Application

Proviso 33:34 Sections A (1), C, D

Application Cover Page

HOP Name	Conway Community Health Access Program
Application Date	8/30/2013
Name of Hospital(s)	Conway Medical Center
Name of Partner(s)	Access Health Horry, Health Care Partners of South Carolina, Little River Medical Center, Waccamaw Center for Mental Health, Friendship Medical Clinic & Pharmacy, and Shoreline Behavioral Health Services

I attest that, on behalf of the above named hospital(s), I am the organization representative approved to submit a Healthy Outcomes Plan (HOP) process improvement proposal. I further attest that the partner(s) signature(s) is also the approved representative for the respective organization(s) to request participation in the HOP with the above named hospital. Additionally, I attest that all partners will participate in SCDHHS HOP evaluation activities.

By signing this form, the representatives certify that the information contained herein has been reviewed by all parties and all parties have had the opportunity to consult with their respective legal entity.

Philip Clayton, Hospital Representative

Date

Cliff Portis, Partner Representative

Date

Pam Davis, Partner Representative

Date

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_____ Terri Harris, Partner Representative	_____ Date
_____ Ethel Bellamy, Partner Representative	_____ Date
_____ John Coffin, Partner Representative	_____ Date
_____ Dr. Richard Osman, Partner Representative	_____ Date

**Additional signature lines may be added for additional community service and primary care safety net partners participating in the proposed collaboration.*

**LETTER OF INTENT TO COLLABORATE BETWEEN
[Conway Medical Center]
and
Access Health Horry, Health Care Partners of South Carolina, Little River Medical Center,
Waccamaw Center for Mental Health, Friendship Medical Clinic & Pharmacy, and Shoreline
Behavioral Health Services**

We, the “Parties” listed above, intend to develop a Collaborative Partnership based upon the following principles:

The Parties desire to undertake this collaboration to build on existing relationships and/or form new relationships in order to implement a new service delivery model that aims to coordinate care for the uninsured, high utilizers of ED services and the chronically ill, and to support the Triple Aim initiative which will lead to improved health of the population, improved patient experience of care and reduce per capita cost of health care.

The Parties recognize that this is a general overview regarding the roles of the individual parties in this proposal, and a formal Memorandum of Understanding between the Parties will be agreed upon and submitted by the beginning of the Performance Period, October 1, 2013, if selected for participation.

The Parties shall enter into good faith negotiations for the purpose of establishing a Memorandum of Understanding for each of the activities described in the Process Improvement Plan. The rights and obligations of each Party will be contained within the Memorandum of Understanding.

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Consistent with applicable law and each Party's policies and procedures, the Collaborative Partnership may enter into agreements to support and perform each of the activities described in the Process Improvement Plan for the purpose of realizing any or all of the objectives of the collaboration.

The Parties agree to adhere to the highest scientific quality, values and ethical standards in their joint activities.

The Parties have designed this HOP Process Improvement Plan based upon a commitment to maintain an equal partnership and long term sustainability in a manner which maximizes their mutual ability to: generate and disseminate knowledge; apply that knowledge to solve priority health problems; and measure and assess improvement plan output throughout the collaboration.

The term of this Letter of Intent to Collaborate (LOIC) shall be for the duration of the performance period, if approved.

Either Party may terminate this LOIC without cause upon at least thirty (30) days' prior written notice to the other Party and agrees to notify the South Carolina Department of Health and Human Services of the termination.

Institution: Conway Medical Center
Name and Title: Philip Clayton, CEO _____
Date: _____

Institution: Health Care Partners (FQHC)
Name and Title: Cliff Portis, CEO _____
Date: _____

Institution: Little River Medical Center (FQHC)
Name and Title: Pamela Davis, CEO _____
Date: _____

Institution: Waccamaw Center for Mental Health
Name and Title: Ethel Bellamy, Executive Director _____
Date: _____

Institution: Shoreline Behavioral Health Services)
Name and Title: John Coffin _____
Date: _____

Institution: Friendship Medical Clinic & Pharmacy
Name and Title: Terri Harris, Executive Director _____
Date: _____

Institution: Access Health Horry
Name and Title: Dr. Richard Osman, Board Chairman _____
Date: _____

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HOP Application Form

Hospital	Conway Medical Center
Partner(s)	<p>All of the partners listed below are represented on the board of directors of Access Health Horry and work together to insure the success of the program.</p> <ol style="list-style-type: none">1. Health Care Partners of South Carolina (FQHC) – long standing relationship with Conway Medical Center. No contractual or financial relationship.2. Little River Medical Center (FQHC) – long standing relationship with Conway Medical Center. No contractual or financial relationship.3. Waccamaw Center for Mental Health - long standing relationship with Conway Medical Center. No contractual or financial relationship4. Friendship Medical Clinic & Pharmacy – long standing relationship with Conway Medical Center. Conway Medical Center Foundation provides some financial assistance to Friendship Medical Center & Pharmacy.5. Shoreline Behavioral Health - long standing relationship with Conway Medical Center. No contractual or financial relationship6. Access Health Horry- long standing relationship with Conway Medical Center. No contractual or financial relationship
Partner(s) Lead(s)	<p>Health Care Partners of South Carolina – Cliff Portis</p> <p>Little River Medical Center – Pam Davis</p> <p>Waccamaw Center for Mental Health – Ethel Bellamy</p> <p>Friendship Medical Clinic & Pharmacy – Terri Harris</p> <p>Shoreline Behavioral Health – John Coffin</p> <p>Access Health Horry – Roscia Hardee</p>
HOP Implementation Sites	<ul style="list-style-type: none">• Access Health Horry<ul style="list-style-type: none">○ 3650 Clay Pond Road○ Myrtle Beach, SC 29579• Health Care Partners<ul style="list-style-type: none">○ 1608 N. Main Street○ 1708 Oak Street○ Conway, SC 29526• Little River Medical Center

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	<ul style="list-style-type: none"> ○ Little River Location <ul style="list-style-type: none"> ▪ 4303 Live Oak Drive ▪ Little River, SC 29566 ○ Myrtle Beach & Myrtle Beach Annex <ul style="list-style-type: none"> ▪ 7724 and 7726 North Kings Highway ▪ Myrtle Beach, SC 29572 ○ South Strand Office <ul style="list-style-type: none"> ▪ 29588 Holmestown Road ▪ Myrtle Beach, SC 29572 ○ Health Access Office <ul style="list-style-type: none"> ▪ 1075 Mr. Joe White Avenue ▪ Myrtle Beach, SC 29577 ○ Loris Office <ul style="list-style-type: none"> ▪ 3817 Main Street ▪ Loris, SC 29569 ● Friendship Medical Clinic & Pharmacy <ul style="list-style-type: none"> ○ 1396 Highway 544 ○ Conway, SC 29526 ● Shoreline Behavioral Health Services <ul style="list-style-type: none"> ○ 2404 Wise Road ○ Conway, SC 29528 ● Waccamaw Center for Mental Health <ul style="list-style-type: none"> ○ 164 Waccamaw Medical Park Drive ○ Conway, SC 29526
Clinical Lead	Crystal Squires, Director of Case Management, Conway Medical Center
Administrative Lead	Bret Barr, CFO, Conway Medical Center
Name of HOP	Conway Community Health Access Plan
Background and Rationale Maximum 1,000 words	<p>The challenge that faces emergency departments nationwide is high utilization for non-emergent conditions. Conway Medical Center’s emergency department cares for approximately 50,000 patients per year and some of these visits could be avoided if the patients had other options. The purpose of the joint project of CMC, Access Health Horry, Health Care Partners of SC, Little River Medical Center, Waccamaw Center for Mental Health, Friendship Medical Clinic & Pharmacy, and Shoreline Behavioral Health Services is to address these issues and offer this vulnerable population additional options for receiving much needed health care.</p> <p>Conway Medical Center has served as the center of the medical community in Conway since 1928. The hospital offers a large variety of services to residents of Horry County. Based on these services and the reputation of physicians on the medical staff, many patients seek care at this facility. Many patients encounter job loss, social conditions, and family dynamics that leave the hospital as the only option to address medical issues. Data</p>

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reviewed to determine the target population included review of the high prevalence conditions based on environmental scan of the hospital's local data based on high utilization and/or high cost. Below are the top conditions that patients required 4+ emergency room visits for April 2012 to March 2013:

<u>Chronic Condition</u>	<u>ED Patients</u>	<u>ED Visits</u>	<u>INO Admits</u>	<u>IN Admits</u>
<u>Total Selected Chronic Conditions</u>	<u>214</u>	<u>399</u>	<u>10</u>	<u>46</u>
Behavioral Health	75	146	2	7
Cellulitis	73	129	2	11
Asthma/Bronchitis	33	66	2	9
Hypertension	15	25	1	4
Diabetes	12	27	1	11
Congestive Heart Failure	6	6	2	4
HIV/AIDS	2	2	0	0
COPD	1	1	0	0
Sickle-cell	1	1	0	0

Behavior health is a huge gap in Horry County. There are very few available inpatient beds available to behavioral health patients in our area and many patients go without treatment. Additionally, many behavioral health patients do not follow through with referrals to outpatient behavioral health services. These patients use the ED at CMC as the primary source of care. This is a serious issue given that we have limited behavioral health services. There are case managers in the facility that make multiple phone calls to all resources to gain access to inpatient treatment for this patient population. The unlikelihood of patients following through with referrals to behavioral health services is commonly recognized as one of the major barriers to treatment for this population.

Primary care for uninsured patients is another gap in Horry County. There are very few options for those patients needing basic care without the ability to pay at the time of services. Health Care Partners of SC, Friendship Medical Clinic & Pharmacy and Little River Medical Center offer primary care for this population but capacity and transport issues keep these organizations from being fully utilized.

The joint project of CMC, Access Health Horry, Health Care Partners off SC, Little River Medical Center, Waccamaw Center for Mental Health, Friendship Medical Clinic & Pharmacy, and Shoreline Behavioral Health Services will address these concerns and provide needed care for people in this area.

Targeted Population and Inclusion Data

Maximum 1,000 Words

The partnership reviewed and analyzed internal Emergency room patient information for the previous year. In this data, the visits were condensed to those uninsured patients that had multiple visits to the ED (more than 4) as well as high cost areas. Then this information was categorized by type diagnosis. The following was observed:

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	<ol style="list-style-type: none">1. The facility specific data outlines obvious gaps in coverage for behavioral health (75 patients) and common primary care (70 patients) type issues. The primary care issues include hypertension, diabetes, congestive heart failure, HIV/AIDS, COPD, sickle cell, and asthma/bronchitis. Although asthma/bronchitis is not listed within the list of conditions identified in the Proviso, the partnership elected to include it because it was identified as resulting in a high number of admissions and significant cost.2. The partnership also identified cellulitis as being the highest cost category and being tied with diabetes for the most admissions. Therefore, although cellulitis is not within the list of conditions identified in the Proviso, the partnership is electing to target cellulitis (47 patients).
Strategic Objectives	<p>The following strategic objectives will be addressed:</p> <ul style="list-style-type: none">• Increase in # of patients with Social Determinants Screening• Reduce ED Utilization• Reduce system fragmentation and address social determinants of health that affect health behaviors and influence outcomes• Improve patient access to and utilization of quality and affordable care.• Promote adherence to clinical, evidence-based guidelines• Integrate the biopsychosocial approach (medical, behavioral health, social) into a comprehensive patient care planning process• Establish a medical home• Improve coordination of transitions of care• Increase provisions and utilization of comprehensive, routine primary care
Strategic Measures	<ul style="list-style-type: none">• Care Metrics<ul style="list-style-type: none">○ Number of patients referred to strategic partners with outlined conditions○ Number of ED visits of these specific patients○ Number of follow-up visits to partners for outlined conditions○ % of successful contact with target population within the 1st 30, 60, 90 days of program.○ % of target population established with medical home (primary care physician)○ % of target population with Social Determinants Screening within first 30, 60, 90 days<ul style="list-style-type: none">▪ % of target population connected to one or more community services as a result of SDS.▪ Type of community service referral, per patient○ % of target population with Health Affordability Programs Eligibility Screening.○ % of target population with a Patient Care Plan within the first 30, 60, 90 days of program enrollment.○ % Patients that have had at least one primary care encounter that includes preventive care, screenings and interventions.

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	<ul style="list-style-type: none">○ % Behavioral Health patients that have had at least one behavioral health encounter.<ul style="list-style-type: none">▪ Number of encounters, per patient. Encounters may include captured telephone, office-visit, home-visit or any face-to face visit in any location by any member of the patient’s care team.▪ Encounter type, per patient.● Cost<ul style="list-style-type: none">○ ED Utilization Rate○ Inpatient Utilization Rate○ Total Charges per patient● Health Metrics<ul style="list-style-type: none">○ A1C for Diabetic patients○ BP Readings○ Medication utilization/compliance
<p>Description of HOP</p> <p>Maximum 1,000 Words</p>	<p>The CMC HOP will leverage the existing relationship of the hospital with Access Health Horry’s system of partners that include Health Care Partners of SC, Waccamaw Center for Mental Health, Friendship Medical Clinic & Pharmacy, Shoreline and Little River Medical Center. This network will provide the necessary treatment for patients requiring access to either (or both) behavioral health services and primary care.</p> <p>The hospital will contact each patient by mail to introduce the partners and the scope of the program. Shortly thereafter, AccessHealth Horry will call each patient giving the potential participant contact information for the case manager at AccessHealth Horry who can help direct care for the patient’s specific condition. If we are unable to reach the individual through these outreach efforts, staff at the CMC Emergency Department will identify and coordinate care for these patients. After the patient is cleared of any emergency conditions, the CMC case manager will work with the patient and AccessHealth Horry system providers.</p> <p>Access Health Horry will provide dedicated case managers/care coordinators for 12 hours per day 7 days per week. These case managers/care coordinators will take calls and information from the ED at CMC and route the patient to either behavior health service or primary care services. These case managers/care coordinators will work with case management at Conway Medical Center to create appropriate screening tools (both behavior health and social determinants) that can be used for any patient meeting the target population criteria. These patients will be screened at the hospital for Medicaid eligibility. Additional screening for Medicaid eligibility and enrollment in the health insurance exchange will be handled by Access Health Horry and/or Health Care Partner of SC. Once the patient is screened and the need is identified, the new staffing resources listed above will develop the plan of care and provide care coordination and medical education and work directly with the patient to guide her/him through the system that will include:</p> <ul style="list-style-type: none">● Primary care services at Health Care Partners of SC, Little River Medical Center, Friendship Medical Clinic & Pharmacy or other system provider● Access to medications, equipment, coaching, mentoring, or supplies available at any partner location

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	<ul style="list-style-type: none"> OP behavioral health and/or alcohol/substance abuse services provided by WCMH or Shoreline Behavioral Health Services <p>The primary goal is to introduce the patient population to the needed resources and reduce the number of repeat ED visits. By having central contacts and established relationships, the patient will be empowered to participate in the care needed to improve overall well-being. Overall, the ED will reduce repeat visits, saving overall cost in the system and allowing the hospital to focus on those in emergency situations. The goal is also to link the targeted population with appropriate, effective, quality and affordable care.</p>
<p>Resources Required for Implementation of HOP</p> <p>Maximum 1,000 Words</p>	<ol style="list-style-type: none"> Health Care Partners of SC has two locations to provide primary care and pharmacy access. Little River has 5 locations to provide primary care and pharmacy access. Friendship Medical Clinic & Pharmacy has both medical access and pharmacy resources for primary care Waccamaw Mental Health provides comprehensive mental health services to treat behavioral patients that meet criteria Shoreline has one main location to receive alcohol and substance abuse patients Anticipated resources required to provide the planned services: <ol style="list-style-type: none"> 2 FTEs that will be used to coordinate access to partnership resources - \$71,136 .20 FTE for provider at Health Care Partners for Primary Care Services - \$20,160 Services for mental health/behavioral health services - \$50,000 Services at Friendship Medical Clinic & Pharmacy – No charge Computer, phones, mobile devices access for patient tracking and coordination of care - \$9,876 Travel for staff - \$6,000 Medical supplies, equipment, medications, and other misc expenses including patient transportation for partnership - \$12,428
<p>Reporting Capacity</p>	<p>The entire partnership is fully committed to tracking the data by month and reporting to the network of providers at each quarterly meeting. Using Access Health as a care management hub for the system, it is expected that over time the involved partners</p>

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	will be able to collectively track outcomes and monitor/manage utilization with the Access Health Program operating in some ways like a locally based managed care organization designed specifically to deal with the unique needs of high utilization patients. Where possible, Access Health will broker those services necessary to fill the social and environmental access gaps for this population. Access Health Horry has a software system, CareScope, that will collect and track information on social determinants, services offered/received, number of Medicaid/ Health Insurance Exchange applications, health outcomes, care plans, and other critical data necessary for the reporting criteria for this program and for the partner network.
Performance Period	October 1, 2013 – September 30, 2014