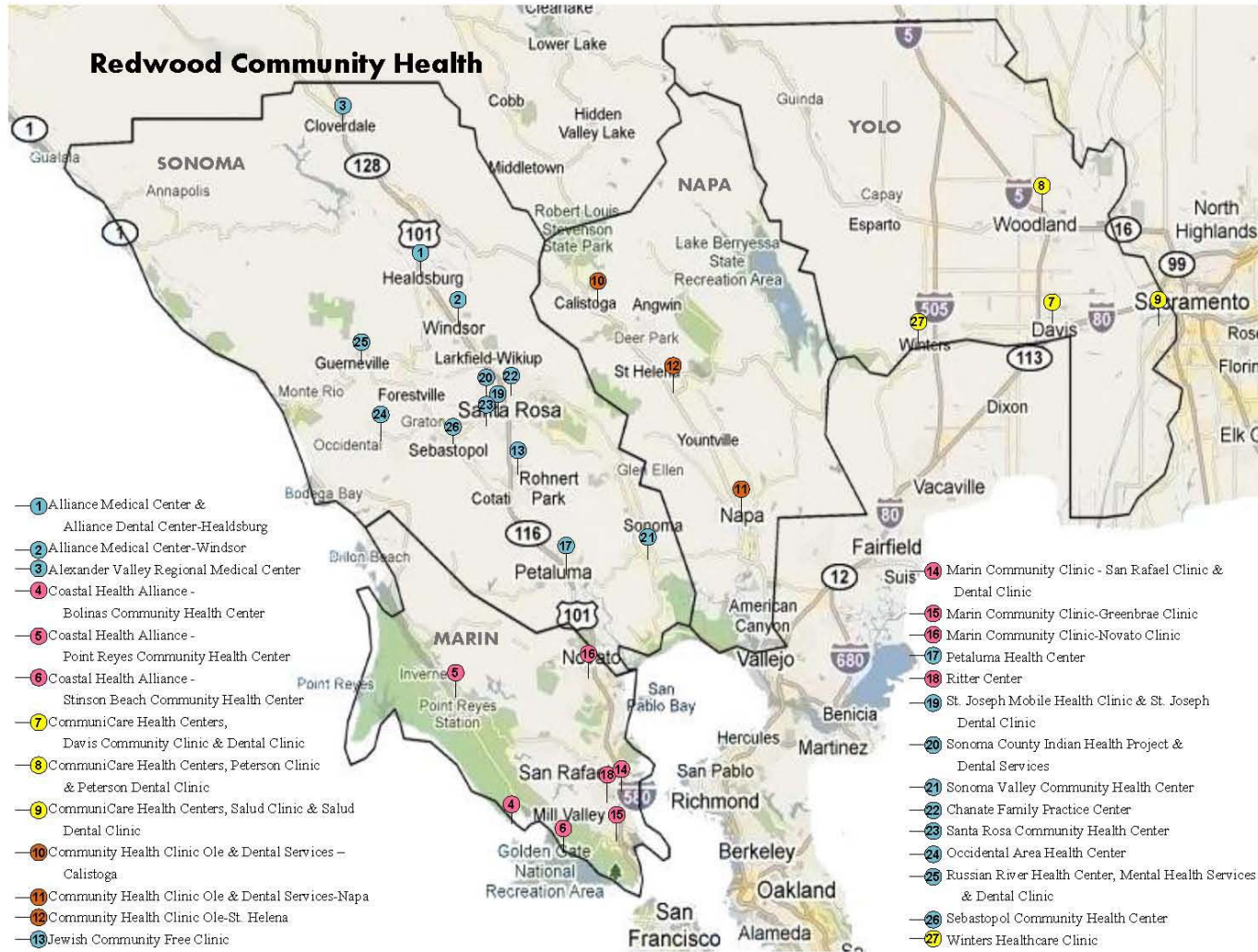


HEALTH CENTER TRANSFORMATION

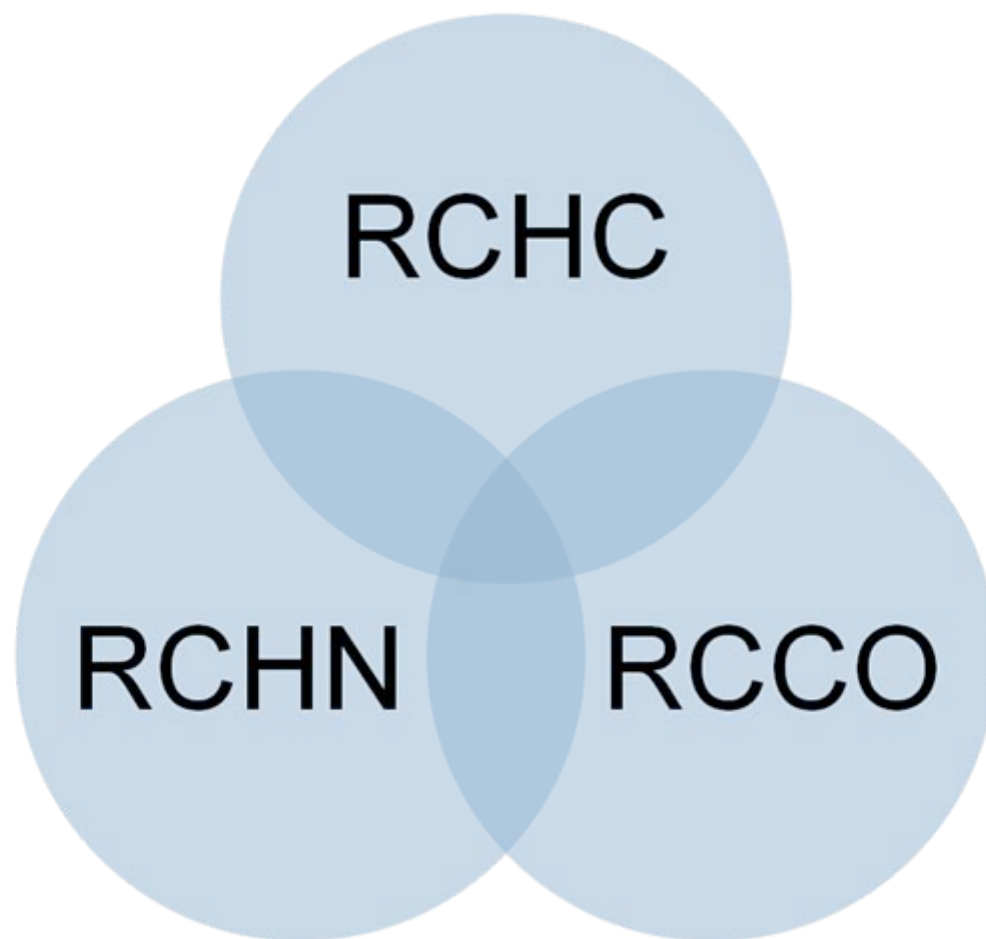
Mary Maddux-González, MD, MPH
CMO, Redwood Community Health



REDWOOD COMMUNITY HEALTH



Redwood Community Health



Evolution of Performance Measurement in California Health Centers

- Federally Qualified Health Center requirements
 - ▣ UDS
 - ▣ QI Program
- Early adoption of Electronic Health Records

Evolution of Performance Measurement in California Health Centers

- Government- and Foundation-funded
QI, data, IT initiatives

blue  of california
foundation





Quality Culture Series 3
Davis, CA
March 9 & 10, 2007

Evolution of Performance Measurement in California Health Centers

- Managed Care Medi-Cal P4P Programs
- Meaningful Use
- PCMH



Value of Community Health Centers Study

Partnership HealthPlan of California Case Study | January 2013

The California Primary Care Association (CPCA) has recognized that if federally qualified health centers (FQHCs) are strategically going to work towards Triple Aim goals of improved patient care, improved health, and improved cost effectiveness, one first step is to understand FQHC patients' total system utilization and associated costs.

CPCA set out with two original research questions:

How do managed care Medi-Cal patients with an FQHC as their usual source of care compare to non-FQHC patients on:

1. **High-cost value metrics** (hospital admissions, hospital bed days, 30-day hospital readmissions, emergency department visits)
2. **Total Cost of Care (TCC)** including all payments made on behalf of a defined group of individual Medi-Cal members.

John Snow, Inc. (JSI), a public health research and consulting organization with broad experience working in the safety net, conducted an analysis using two recent years (October 2009 – September 2011) of recent Medi-Cal claims from Partnership HealthPlan of California (PHC), a public/private organization designed to provide a cost-effective healthcare delivery system to Medi-Cal recipients in California's Solano, Napa, Yolo, and Sonoma Counties. Marin and Mendocino counties have also been added to PHC's services area.

FQHCs are demonstrating value.

FQHC patients were
less likely
than non-FQHC patients to have:



An inpatient
stay



A 30-day
readmission



An ED visit

Intensive Case Management Pilots

Tides Intensive Case Management analysis: Oct 2012-Mar 2013

Site	Adjusted Savings (6 month)	Health Center Cost (6 month)	Estimated PHC Cost	Net Savings (6 month)	ROI
Vista	\$567,598	\$86,000	\$2,500	\$479,098	5.4
West county	\$330,590	\$78,000	\$2,500	\$250,090	3.1
Combined	\$898,188	\$164,000	\$5,000	\$729,188	4.3

*Health Center Costs based on estimated direct costs plus allocation for indirect costs.

*PHC Costs estimated based on time of staff involved in project

ACO

- Greater Standardization
 - ▣ Evidence-Based Care Program
- Strengthen Organizational Expertise
 - ▣ Chief Medical Informatics Officer
 - ▣ Workforce Assessment and Training Initiative
- Strengthen IT Support
 - ▣ Analytics and Reporting
 - ▣ Predictive Modeling

eCW Care Coordination Medical Record (CCMR)

Analytics

- Community population management
- Ability to incorporate payer data
- Drill down to patient level

Patient Engagement

- Surveys
- Patient apps
- Eclinicalmessenger - campaigns

Care Planning

- Ability to have groups of patients in the community (ACO)
- Care plans (some canned)
- Risk management

P2P Community

- Ability to have a “network” of specialty providers

HUB and eHx

- Connection to each other, labs, hospitals and other HIEs
- Provider portal & Longitudinal record
- eMPI



Redwood Community Health 2014-2016

#1 Strategic Priority

- Develop high value, high performance patient-centered health homes, ACO and regional network through:
 - Evidence-based care
 - Quality improvement and care innovation
 - Patient engagement
 - Population health management
 - Robust information technology and data infrastructure including
 - EHR
 - Analytics and Predictive Modeling
 - HIE
 - Care Management Platform

TRIPLE AIM +

- Better Care
- Better Health
- Lower Costs

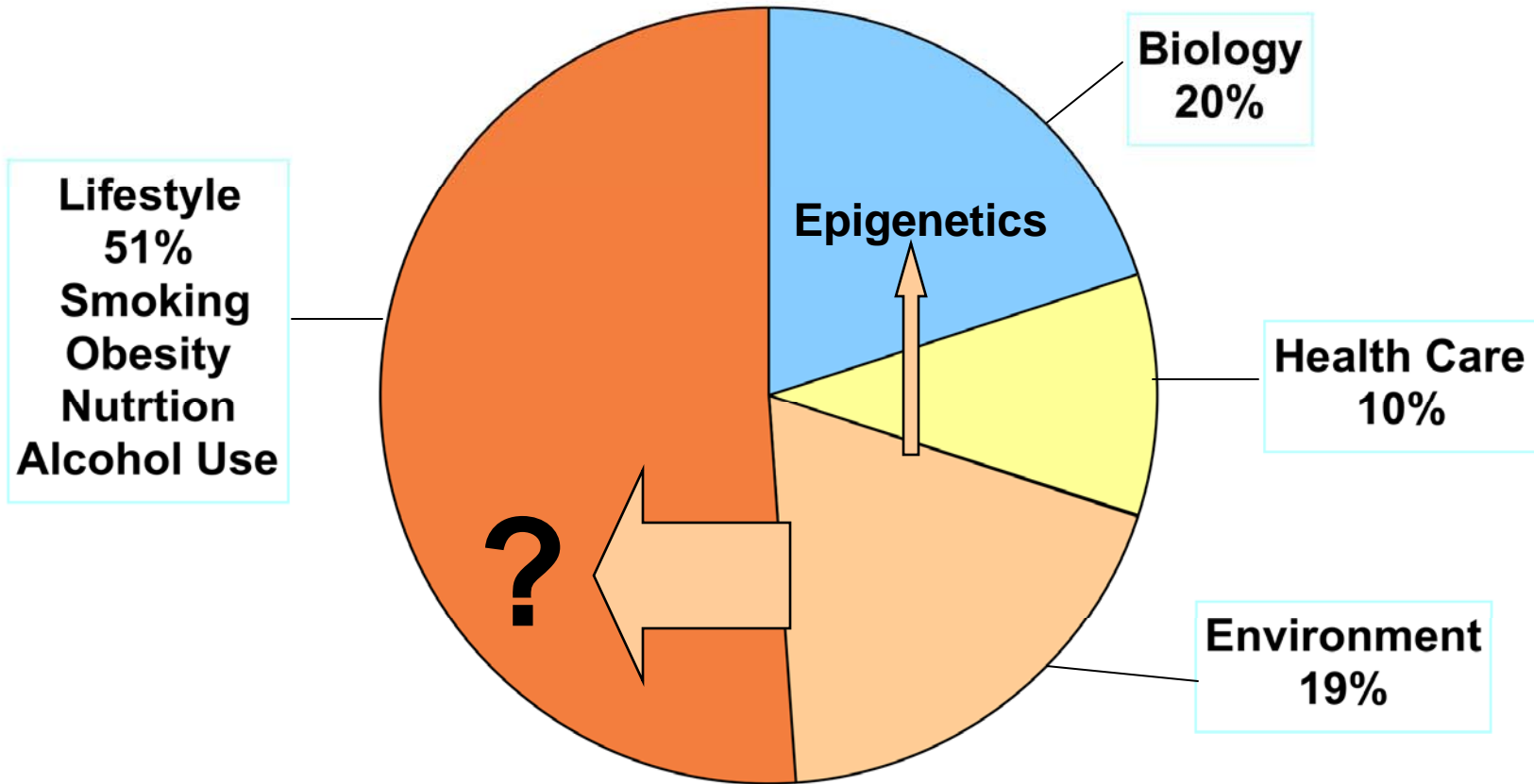
TRIPLE AIM +



- Better Care
- Better Health
- Lower Costs

- Equity

Actual Causes of Death

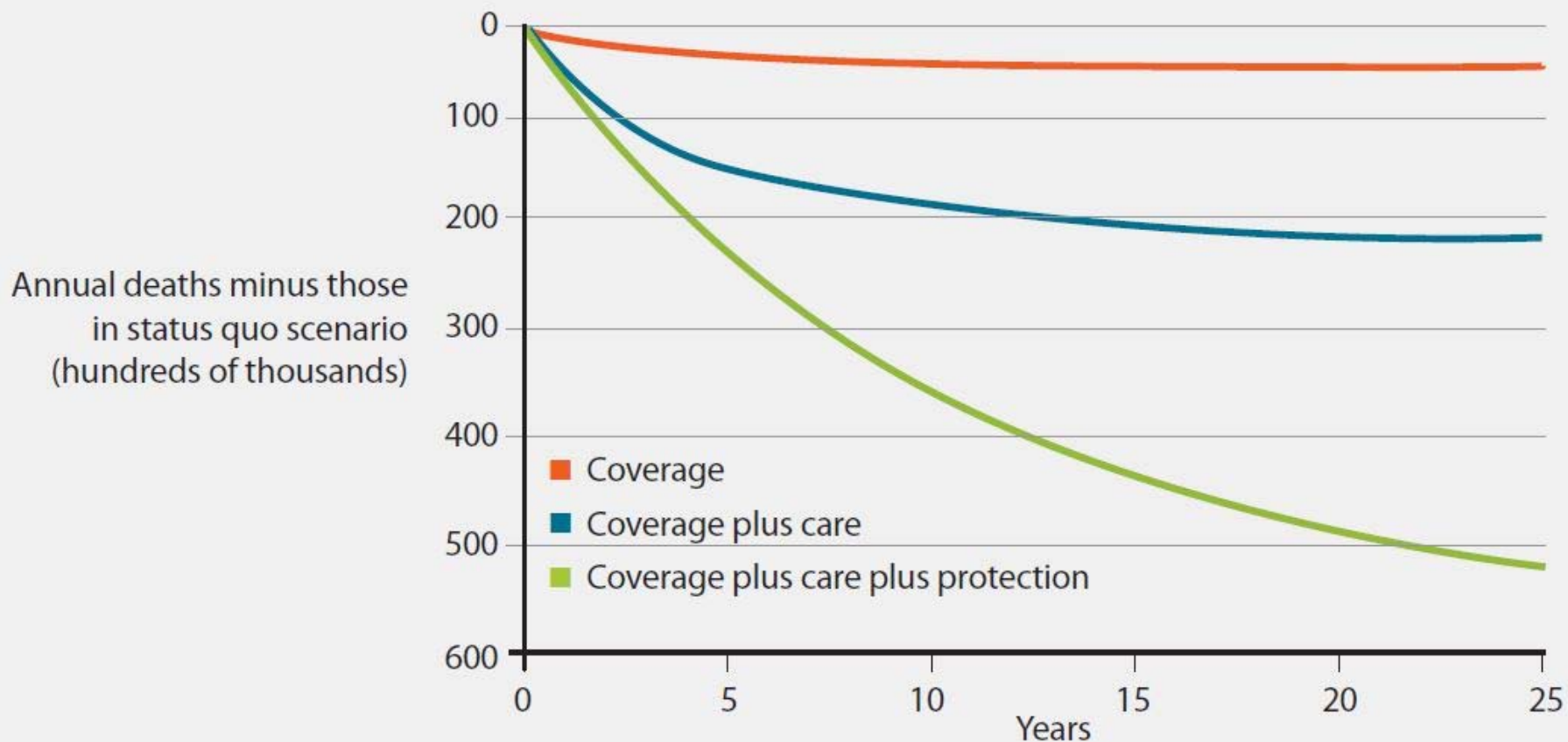


Source: McGinnis, J.M and Foege, W.H. (1993). "Actual Causes of Death in the United States,"
Journal of the American Medical Association.





Addressing Social Factors Can Save More Lives



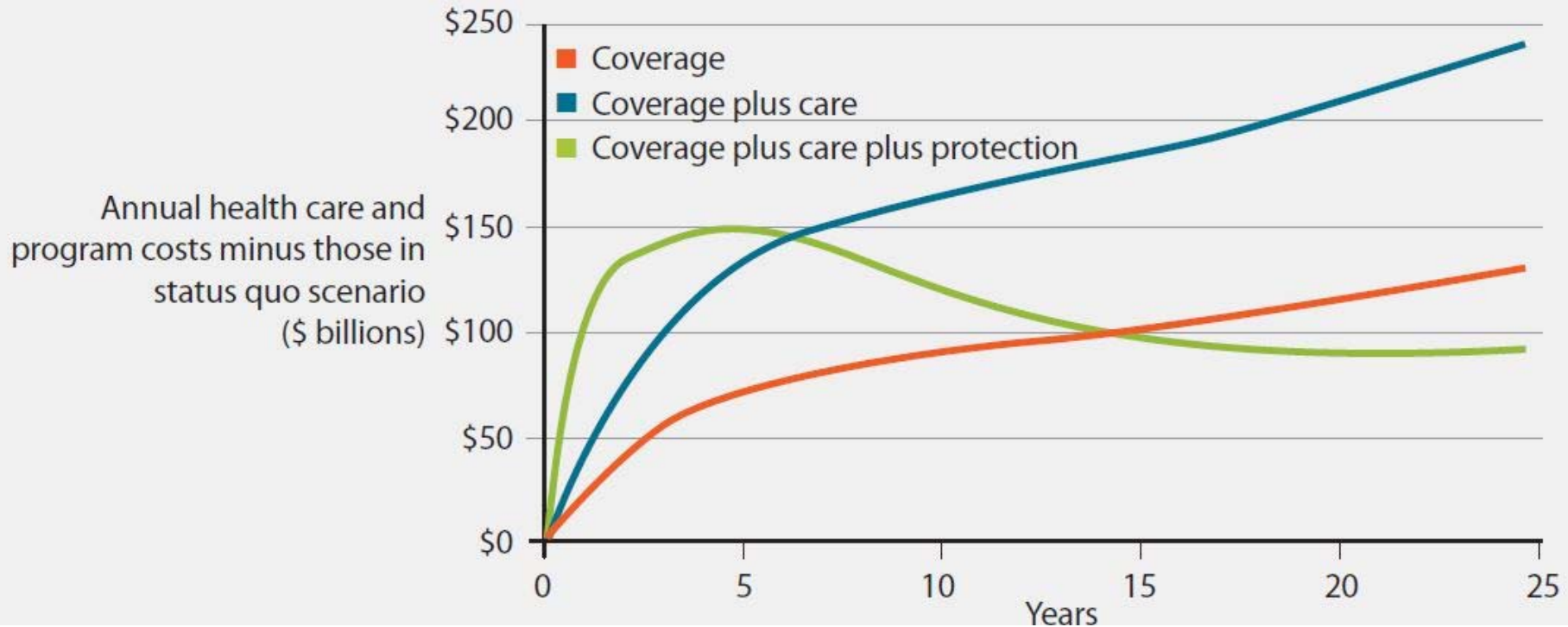
Coverage: Availability of health insurance

Care: Delivery of preventive and chronic care

Protection: Promotion of healthy behavior and safe environments

Milstein, B. et al "Why Behavioral and Environmental Interventions are Needed to Improve Health at Lower Cost." Health Affairs, 30, No. 5 (2011)

The Cost Curve Only Bends by Improving Care, Coverage and Social Factors



Coverage: Availability of health insurance

Care: Delivery of preventive and chronic care

Protection: Promotion of healthy behavior and safe environments

Milstein, B. et al "Why Behavioral and Environmental Interventions are Needed to Improve Health at Lower Cost." Health Affairs, 30, No. 5 (2011)



REDWOOD COMMUNITY HEALTH

If you want to go fast, go alone,
If you want to go far, go together.
-African Proverb

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