DLP CASE STUDY – Baystate Brightwood Health Center

Year Participated in DLP: 2010-2011

Background

Baystate Health is the largest health system in Western Massachusetts, with a hospital in Springfield, Massachusetts and three community health centers, including Brightwood Health Center in Springfield Massachusetts. Baystate Health also owns its own insurance company, Health New England (HNE). In 2011, HNE was selected to provide Medicaid managed care services in the Western Massachusetts region. Brightwood Health Center is a non-federally funded community health center that provides a full spectrum of primary and preventive care for more than 8000 individuals, most of whom reside in the North End community of Springfield, 85% of whom are Hispanic. The payer mix includes 62% straight Medicaid or Medicaid managed care, 28% Medicare, and 5% self-pay and 5% commercial care. Most of the health center staff are Latino, live in the surrounding community, and are bilingual and bicultural.

Baystate Brightwood Health Center had just finished an eight year managed care pilot program for Latino adult patients with chronic illness and disability when they applied to the Disparities Leadership Program (DLP). The results of the pilot were documented in a 2008 Journal of Disability Policy Studies article, "A Managed Care Model for Latino Adults with Chronic Illness and Disability". When funding for the program ended, Brightwood's patients who were enrolled in the program began to flounder because they did not have the resources they needed to manage their care.

Participation in DLP

Dr. Audrey Guhn, Assistant Medical Director of Baystate Brightwood Health Center, learned about the Disparities Solutions Center (DSC) through a web search. When HNE got into the business of Medicaid managed care, Dr. Guhn saw an opportunity to realign health care dollars to serve the poor population. She reached out to Dr. Donna O'Shea who was then Medical Director at Health New England and to Dr. David Rose, Vice Chair of Medicine at Baystate Medical Center.

I convinced them [HNE and Baystate] to work on a project to realign health care dollars to serve a poor population because you address health disparities through health care reform. We launched on this journey with many bumps along the way. (Dr. Guhn)

The first barrier was finding financial backing for Brightwood to participate in DLP. As a Medicaid provider, there is no budget for training. Through the support and advocacy of Dr. Tom

Ebert of HNE and a scholarship from DLP, the Baystate Brightwood team enrolled in the program in 2010.
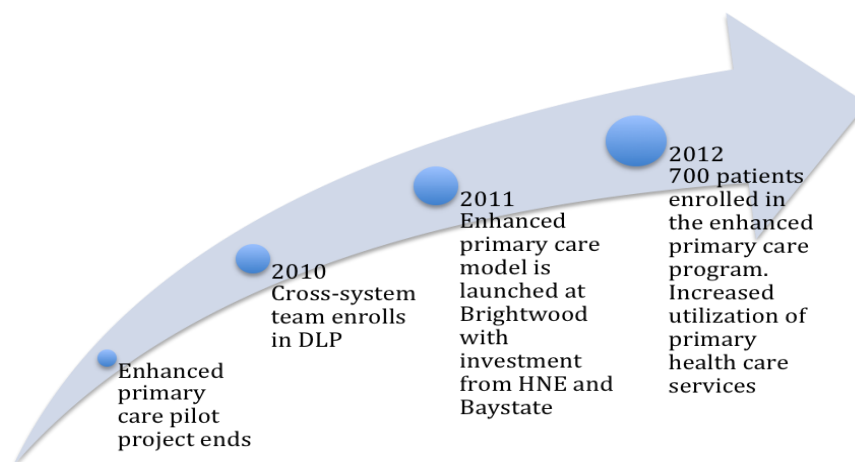
DLP PROJECT and Overview

Enhanced Primary Care—a collaborative model of care joining a community health center, a health plan and medical center

The goal of Baystate Brightwood's DLP project was to build a more sustainable model of care for their Medicaid recipients by reorienting managed care financing towards enhanced primary care and care coordination. Specific goals included:

- Increasing the funds dedicated to primary care from 3% to 12%;
- Engaging nurse and nurse practitioner care coordinators, social service and behavioral health specialists, community health workers, and chronic disease patient educators as part of a primary care team;
- Analyzing outcome and utilization data to show that shifting resources to enhanced primary care improves outcomes and reduces the need for inpatient care;
- Utilizing a tool to measure self-perceived health status; and
- Collecting reliable HEDIS data (Healthcare Excellence Data and Information Set)

[Our hypothesis is] if patients manage their own care, they no longer go into the hospital. That is how you save money. Right now we are losing money. But utilization is our main outcome measure. We are pumping money into prevention. It is not a gate-keeping model for keeping them out of the emergency room. We are actually trying to keep people healthier and therefore not needing services. (Dr. Guhn)

Project Timeline and Accomplishments

2010
Cross-system team enrolls in DLP

Enhanced primary care pilot project ends

2011
Enhanced primary care model is launched at Brightwood with investment from HNE and Baystate

2012
700 patients enrolled in the enhanced primary care program. Increased utilization of primary health care services

The first step was to get both HNE and Baystate to invest in the project. The first meeting in May 2010 revealed a huge gap in understanding about what it would cost to implement the enhanced primary care model. Instead of backing away, HNE leadership asked the DLP team to show them how this model could work. Dr. Guhn and Dr. O'Shea spent many hours figuring out what the revenue stream would look like.

In 2011, the enhanced primary care model was launched. To date, Brightwood has enrolled 700 patients. The care team consists of two nurses, two health educators and one outreach person. The goal is to have everyone who is eligible enrolled in the program, but at the moment enrollment is skewed towards Risk Category 2 patients. Enrollment happens on a case by case basis and providers are more apt to encourage their patients with complex medical needs to sign up for the Medicaid managed care program. With no process of auto assignment, enrolling people has been slower than expected.

So far, the program is costing money, but they are seeing an increase in costs for primary care, medications and behavioral health, which according to Dr. Guhn is "what you want to see."

There is an ongoing commitment among Baystate, HNE, and Brightwood to meet monthly, discuss the data, and adjust implementation of the model. Progress has been slow in some areas, like data collection and data utilization due to differing and unaligned priorities among Baystate, HNE, and Brightwood. There is not yet a sense of urgency and shared commitment to make data collection a focus.

Key Success Factors

Leadership Support from HNE

Dr. Tom Ebert, Medicaid Medical Director, and the CEO at HNE, have been strong allies of the enhanced primary care project. Dr. Ebert was among the first DLP participants in 2007 before he moved to HNE. He came up with the financial backing for Brightwood to attend the DLP. HNE has been a strong advocate of the project, even though it is losing money, and the jury is still out whether it will work.

We don't want to lose money, but we would like to see what the impact is financially. But unless we get larger membership numbers in our pool we really won't be able to determine this impact (financially). ER use and hospitalization is still real high at both places [Brightwood and Mason Square] (Dr. Ebert)

Dr. Guhn described Dr. O'Shea as a "dogged and resourceful" leader with the passion and tenacity to find a way to make progress on disparities. She left before the end of the project and was replaced by Dr. Ebert.

Her passion for the project and the population was very important. In all large institutions with different layers and constituents it does require leadership at multiple layers. It is never one step – it is a process. (Dr. Guhn)

Donna cut some of the red tape and barriers but after she left, Tom was there. (Audrey Guhn)

Regular monthly meeting between HNE, Baystate, and Brightwood
HNE, Baystate, and Brightwood staff meets monthly to look at data from the model, and address any issues of implementation or design. They are committed to making it a priority each month. According to Dr. Ebert, the purpose of the meeting is to "look at the data and determine what to work on."

The ability to make the case for investment
Dr. O'Shea and Dr. Guhn worked long hours to develop a model that would work financially and convince others to invest. They are still determining how to measure impact.

At the end of the day it is money. We needed to demonstrate that we could develop/deliver a program that would not break the bank. We also need to be able to measure the impact (improved quality, membership, membership retention, lower ER visits, etc). (Dr. Guhn)

Challenges to Making Progress

State regulations make it difficult to enroll patients in a timely way
The financial success of the model depends on having a large number of patients enrolled. Without the option of automatic enrollment, it takes a lot of time to enroll patients. With too few patients enrolled, it is difficult to achieve the financial savings.

The reality is that from the perspective of evaluating return on investment, we need a bigger population. We would like to get it up to a population of 3-5000. We have 400 eligible Medicaid patients– but we just can't enroll them. The state won't let us. (Dr. Ebert)

Making disparities a personal priority
Working as a clinician in a health center leaves little time for research, and it is hard to make focusing on disparities a priority. (Audrey Guhn)

Aligning priorities across the three organizations
Baystate Medical Center uses two different formats to collect race, ethnicity, and language data. Registration data is not consistently collected, and this data does not populate the electronic medical record. Currently, race/ethnicity data is being collected primarily through HNE and their database. Inquiries to discuss how to better integrate registration data with the electronic medical record have not yet come to fruition. According to Dr. Guhn, Baystate has their own meaningful use priorities, which are based on reimbursement.

Role of DLP in Facilitating Success

The structure of the DLP enabled Baystate Brightwood to build a shared vision and make it a priority despite busy schedules.

I can't see how we would have done this without the partnership between all of us. The structure of the DLP was helpful to us because it was hard to get together (busy schedules) and we needed to have our action plan and then report out. Keeping the plan going was key. If it was just one of us, the work would get pushed off of the plate; we are just too busy. We were committed to each other in doing this work. Even when Dr. Rose stepped off and Dr. O'Shea was ending her time at HNE, we were far enough along to keep going and not lose a step. (Dr. Guhn)

One important lesson the Baystate Brightwood team learned from participating in the DLP was the need to align their goals with the strategic goals of the organization in order to eliminate disparities.

Longer and Broader Term Impact

Improved marketing of the enhanced primary care model
Externally:
Since the DLP, Brightwood has developed marketing materials, including posters in the waiting rooms to attract patients to enroll in the program. They have a description of who the care management team is and what they can do. It outlines the benefits of being part of this program.

Internally:
A retreat was held with 100 employees to identify where resources are and how people can work more effectively together to access resources and improve the care enrolled patients receive.

Connecting prisoners with medical homes
Brightwood has a CDC recognized program for correctional health. When people come out of prison from one of three sites, they are connected with a medical home. This has shown reduced rates of re-incarceration. Sustaining this program is difficult because of recent budget cuts for behavioral health services.

Community outreach
Brightwood collaborates with the Springfield schools to reach the 60% of residents who do not graduate from high school. Since future health is connected with educational levels, Brightwood is exploring ways to keep kids in school. They also have a group of community health workers to canvas zones of the community and support community activism.

Initiatives on the Horizon
Dr. Guhn is working to identify quality improvement measures that can be used to track health improvement in their population. She hopes to see a bigger program, with quality data on race/ethnicity being collected. She is also committed to obtaining research funding to study self-determination and how people view their health status.

This is where I would like to be in a year. Research is key. Otherwise you say you did this great program but have no data to show it. (Dr. Guhn)

Case Study Informants

DLP Lead
Audrey Guhn, M.D., Medical Director, Baystate Brightwood Health Center

Other Informants
Thomas Ebert, MD and Vice President and Chief Medical Officer, Health New England
Elizabeth Boyle, MD and Medical Director at Baystate Mason Square Health Center
Kimothy Jones, MSPH, Ambulatory Grants Manager, Community Health Centers

Support