



Ross County: The “WOW” of Building Partnerships to Improve Rural Population Health

Ohio Rural Health Conference
August 27, 2018



Learning Objectives



After this presentation, attendees will:

- ✓ Understand the value of building community partnerships to navigate and succeed in the development of Medicaid Wellness.
- ✓ Recognize opportunities for population health partnerships within rural communities
- ✓ Identify sources of data that are available to support a collaborative plan.

Today's Speakers

Moderator:

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President/Ross County Board of Health

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Vice President Population Health/Adena Health System

Cathy Costello, JD, CPHIMS

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Jeffrey Hill, MD

Health Commissioner & Medical Director/Ross County Health District





Ross County Medicaid Wellness Partnership with
ODH Medical Director Dr. Clint Koenig

Ross County Medicaid Wellness Partnership

Our Vision



To transform the healthcare experience through a culture of caring, quality, safety, service, innovation and excellence.

A Snapshot of Ross County



Medicaid Population: 23,894

Ross County

Ohio

Population
(2010 Census)

78,064

11,536,504

% Population by Age

Under 5 years:

5.5%

6.2%

5-17 years:

16.5%

18.2%

18-24 years:

8.0%

8.7%

25-44 years:

26.2%

25.0%

45-64 years:

29.1%

27.7%

65 years or older:

14.8%

14.1%

<https://development.ohio.gov/files/research/P1007.pdf>

<https://development.ohio.gov/files/research/C1072.pdf>

History of the Ross County Partnership

Previous collaboration

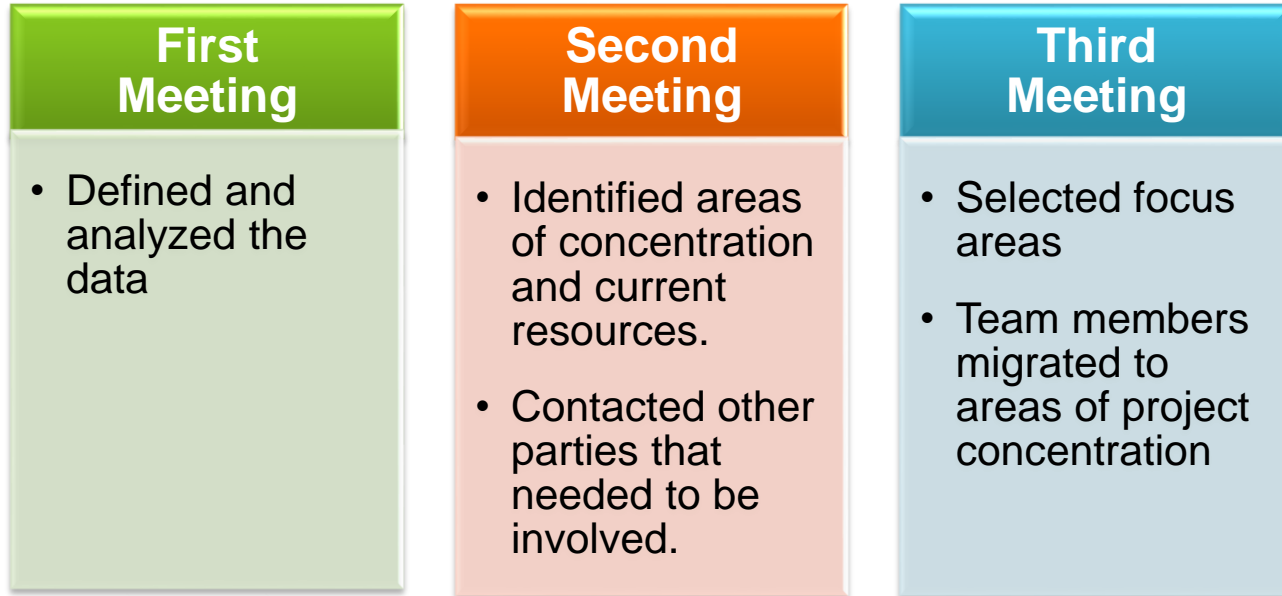
- Organizations are members of the ***Partners for a Healthier Ross County*** which develops and oversees implementation of the ***Ross County Health Improvement Plan***.
- ***Hopewell and Adena*** collaborate with the ***Ross County Health District*** on numerous community outreach initiatives.
- ***Hopewell and Adena*** working with the ***CliniSync HIE*** to exchange data electronically.

Triggers for Medicaid project

- ***Hopewell and Adena*** both accepted into the Ohio Medicaid CPC program in 2016; Medicaid patients attributed to each organization for care.
- As part of Medicaid CPC, providers are responsible for patients' Medicaid quality & utilization rates of both inpatient and emergency department services.
- Both ***Hopewell and Adena*** showed high utilization rates of the emergency department for Medicaid populations.
- ***Ross County Health District*** exploring ways to provide additional population health services.

Creating the Team

- Made use of existing contacts to raise possibility of collaboration; informal network used to identify correct people.



- As meetings progressed, a more formal process was established to analyze the problem of access to care and identify potential solutions through monthly action plans and reporting.

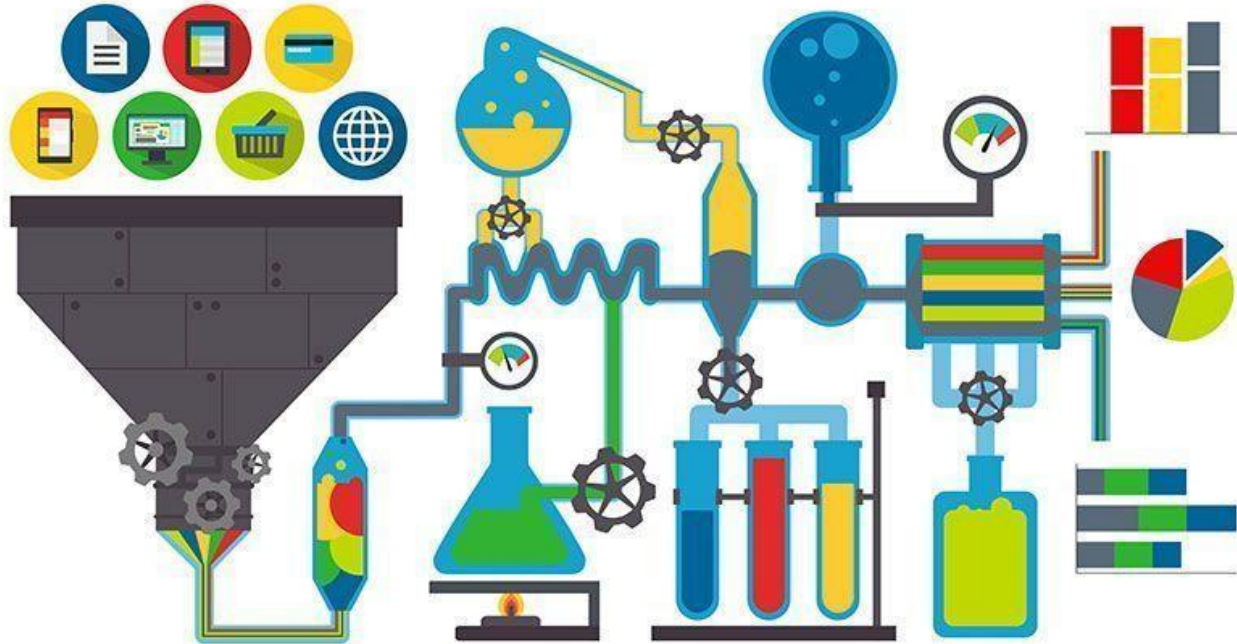
Analyzing the Issues

**Project
divided into
five areas of
concentration:**



Using Data to Tell the Story

Identifying Sources of Data



To Support a Collaborative Medicaid Wellness Plan

Using Data to Shape Decisions

Sources of data: Understanding the problem

- Data provided by both **Medicare and Medicaid** payers by individual patient on emergency visits and hospitalization.
- **Ross County Health District Soil & Water** used mapping program to Geozone locations of Medicaid populations. **Goal:** Determine access issues.
- **Adena** provided analysis on emergency department visits using several different metrics:
 - ✓ Age
 - ✓ Diagnosis
 - ✓ Time of day, day of week
 - ✓ Patient risk factors (e.g., heart failure, diabetes, asthma, depression, stroke, BH issues)
 - ✓ # of visits that can be listed as avoidable visits based on diagnosis

Using Data to Shape Decisions

Team development of data

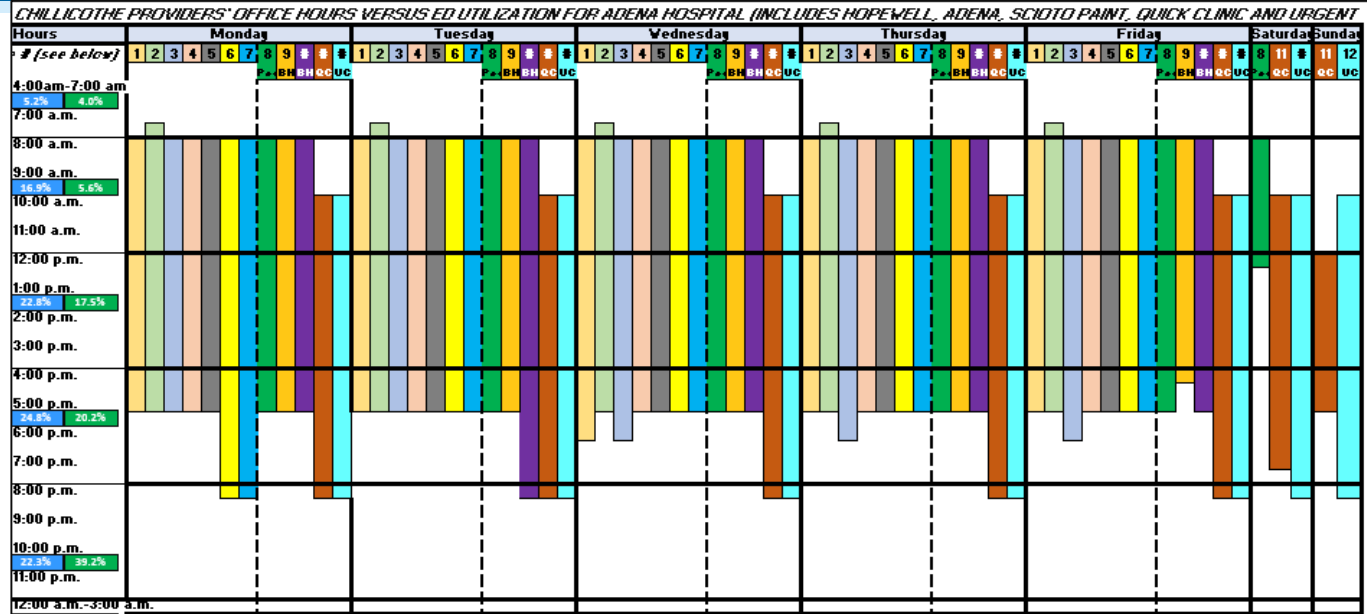
Team mapped provider locations in Ross County:

- ✓ Location of service (i.e., address or provider; location of hospital)
- ✓ Type of service (i.e., pediatric, primary care, behavioral health, urgent care, emergency)
- ✓ Pediatric age of patient in emergency room vs. time of day



Data Mapping

ED Use vs. Practice Hours & Type of Practice



All sites located in the 45601 Zip Code

Site #	Site Name	Site Address	Site City
1	Hopewell Primary Health Care Clinic	1049 Western Ave	Chillicothe
2	Chillicothe Family Physicians	60 Capital Dr	Chillicothe
3	Family Medicine of Chillicothe	626 Central Center	Chillicothe
4	Adena Internal Medicine	4439 St Rte 159	Chillicothe
5	Pickaway Ross Family Physicians	100 N Walnut St	Chillicothe
6	Residency Clinic-Family Medicine	4461 St Rte 159	Chillicothe
7	Residency Clinic-Internal Medicine	272 Hospital Rd	Chillicothe
8	Adena Pediatrics	4439 St Rte 159	Chillicothe
9	Adena Counseling Center	455 Shawnee Ln	Chillicothe
10	Martha Cottrell Clinic	4449 St Rte 159	Chillicothe
11	Walmart Clinic	85 River Trace Ln	Chillicothe
12	Urgent Care-Western Ave	55 Centennial Blvd	Chillicothe

KEY

BH = Behavioral Health
Ped = Pediatric Practice
QC = Quick Clinic
UC = Urgent Care

Data captured from report for Q4 2016 & Q1 2017

Days of Week and Hours of Day for ED Visits for Chillicothe

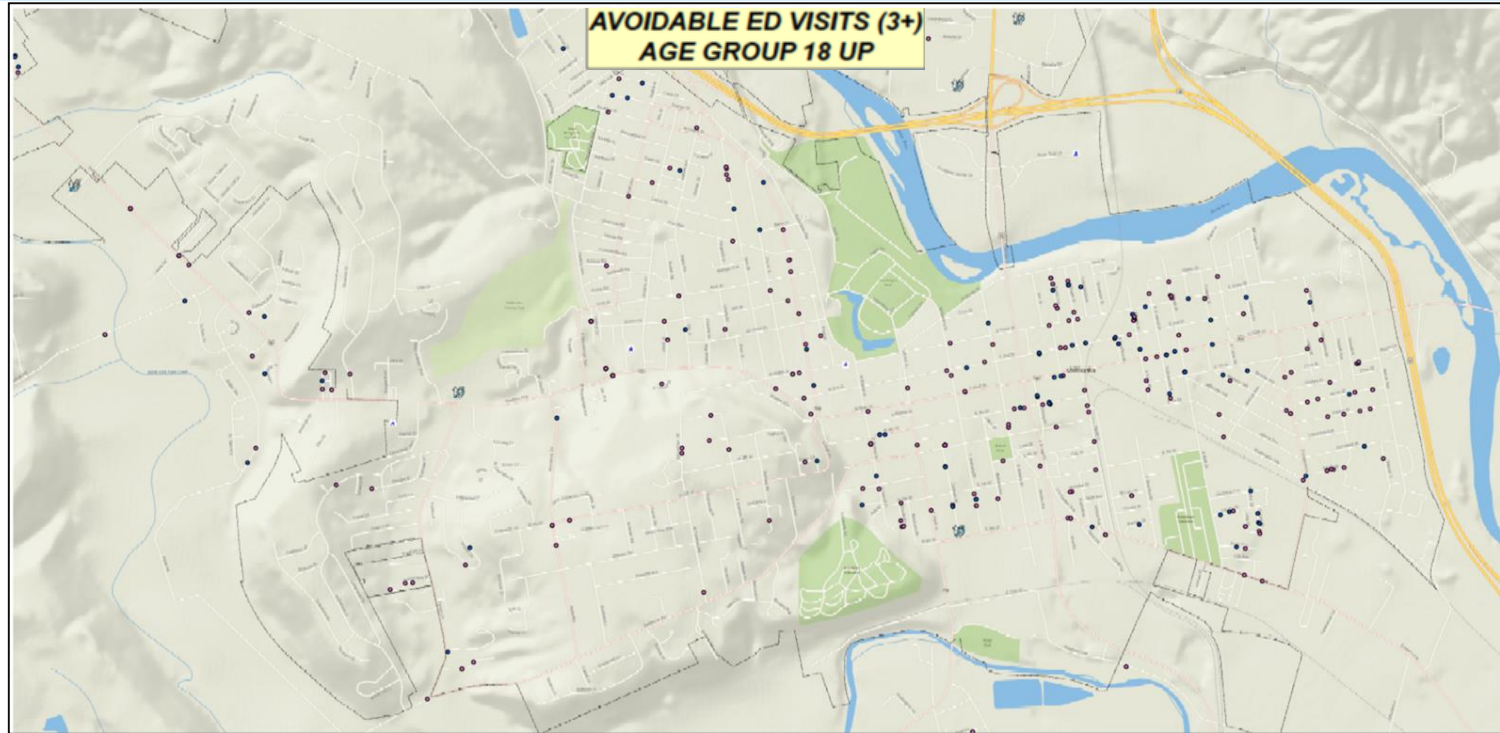
Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Avg
12 - 3AM	8.3%	7.4%	6.4%	7.1%	7.8%	9.4%	9.1%	7.9%
4 - 7AM	5.1%	6.1%	4.4%	5.3%	5.8%	5.2%	4.7%	5.2%
8 - 11AM	18.3%	17.5%	17.9%	18.6%	17.4%	14.1%	14.2%	16.9%
12 - 2PM	22.6%	23.0%	23.1%	23.6%	22.0%	22.1%	23.5%	22.8%
4 - 7PM	25.0%	24.7%	25.3%	24.1%	23.3%	24.6%	26.1%	24.8%
8 - 11PM	20.7%	21.3%	22.8%	21.2%	23.1%	24.6%	22.4%	22.3%

Days of Week and Hours of Day for Pediatric ED Visits for Chillicothe

Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Avg
12 - 3AM	3.1%	3.0%	7.7%	8.1%	7.2%	11.0%	9.6%	8.8%
4 - 7AM	3.8%	4.4%	4.7%	4.5%	3.7%	2.3%	3.7%	3.9%
8 - 11AM	15.0%	12.3%	16.5%	13.2%	16.2%	9.0%	13.5%	13.7%
12 - 3PM	18.4%	16.0%	17.1%	20.7%	16.5%	20.0%	20.6%	18.6%
4 - 7PM	25.1%	27.0%	24.4%	24.7%	22.4%	25.1%	24.3%	24.6%
8 - 11PM	27.6%	31.4%	30.0%	28.8%	34.0%	33.0%	27.1%	30.4%

Data Mapping for Access Analysis

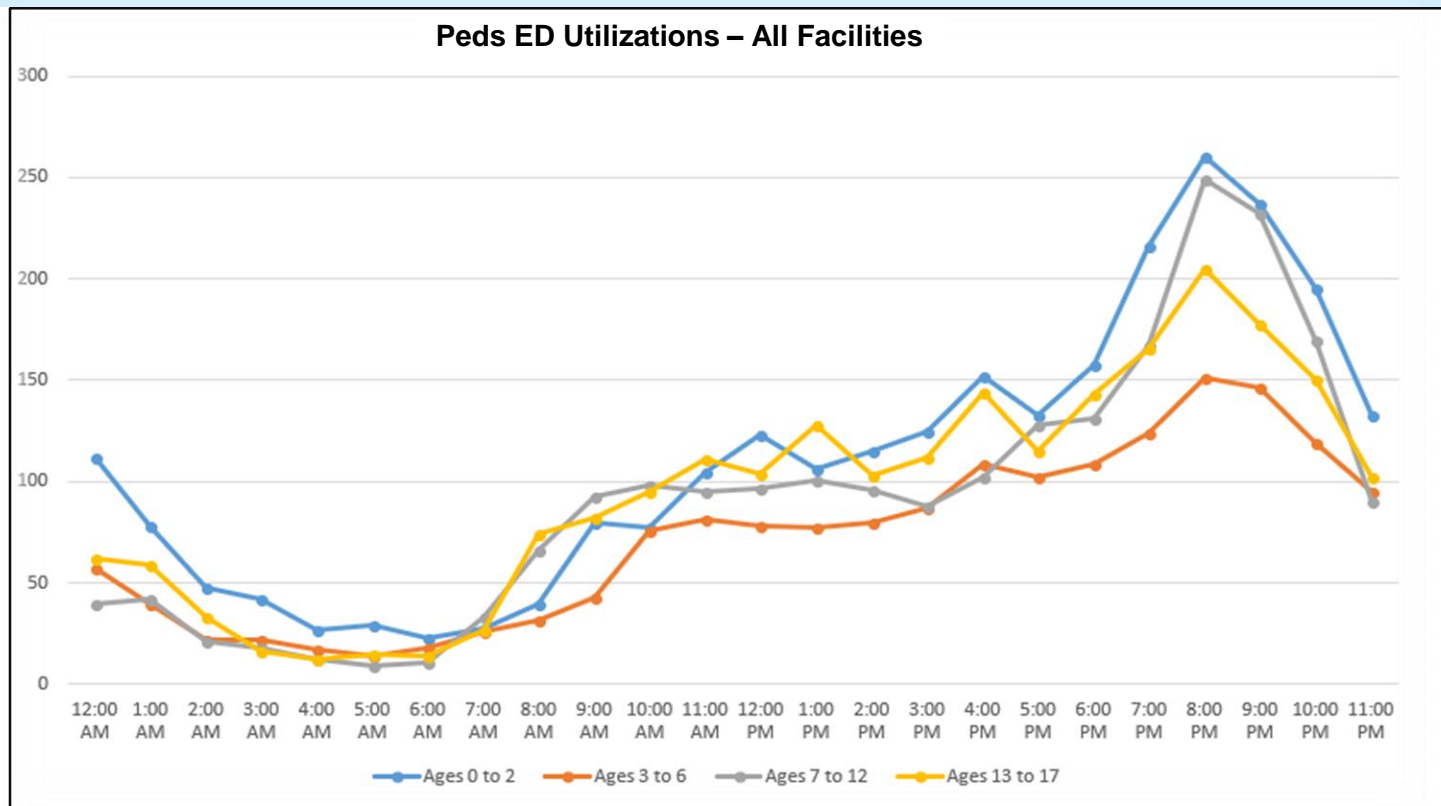
Medicaid Participant Distribution with 3+ ED Visits



Using data to define the issue: Adults with 3+ ED visits considered non-emergency versus their physical location to determine where clinical care may be lacking.

Data Mapping

Pediatric Use of ED vs. Time of Day



Advantages of a Community Partnership



Working Toward a Solution

Identified need: Clinical services needed in the eastern part of the county with more open hours and no advance scheduling. Special emphasis on childhood needs.

- FT Medicaid Wellness Navigator hired

Funding/resources:

- Grants: Desirable but can be slow, cumbersome, and limited in focus
- Internal: Pool resources and arrive at a plan to maximize impact
 - **Facility:** Chillicothe City School District
 - **Capital:** Adena Health System and Hopewell
 - **Manpower:** Adena Graduate Medical Education/Hopewell FQHC
 - **Patient education and outreach:** Ross County Health District

Solution: Ross County Partnership opted to go with an internal solution, with everyone contributing resources.



Working Toward a Solution

Advantages of Community Approach:

Enables participants to:

- React more quickly to fill needs
- Tailor the project to meet the community's unique situation
- Develop a solution that fulfills the partners' business needs AND the community aims

Anticipated Outcome:

- Plan: New Medicaid clinic will open in eastern Ross County: *1st Quarter 2019*
- Clinic to be housed in facility being used for other family & children services



Recognizing Opportunities for Population Health Partnerships



Ross County

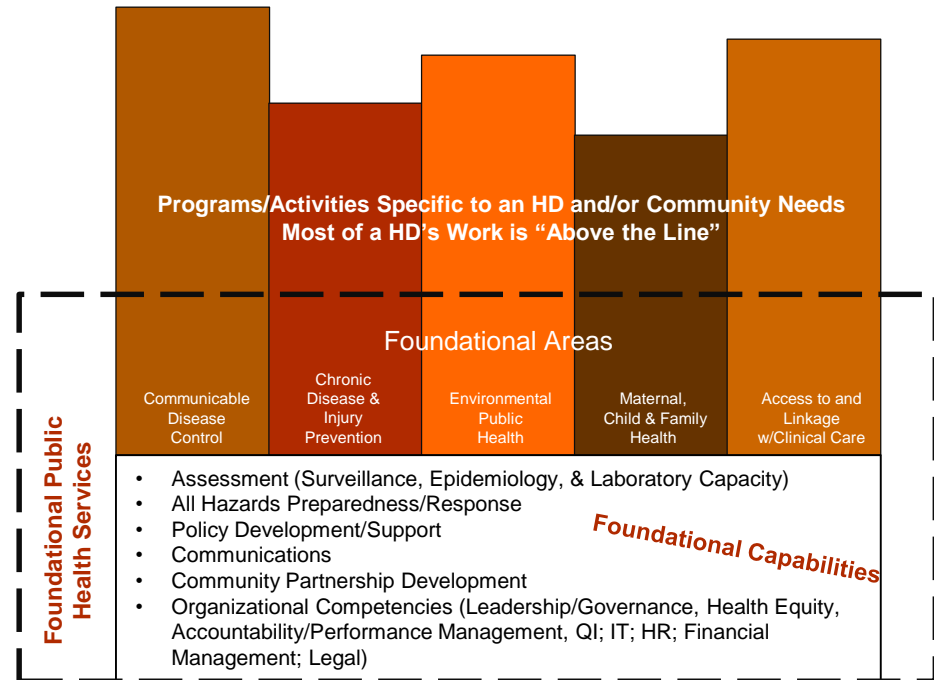
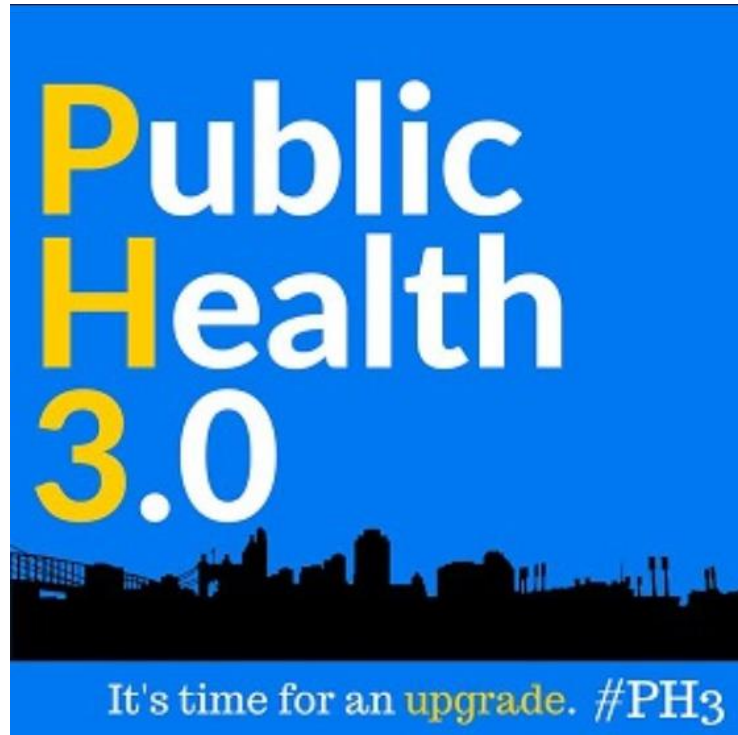

Health
DISTRICT

Within Rural Communities



Public Health
Prevent. Promote. Protect.

Public Health Delivery in Ohio's 21st Century



Ross County

Collaborative efforts in progress:













- **Case Management Certification**
- **Community Health Workers**
- **National Accreditation through the Public Health Accreditation Board (PHAB)**



LESSONS LEARNED



Key Takeaways

-  Establish bi-directional community clinic partnerships.
-  Analyze. Analyze. Analyze your data – but be watchful of “analysis paralysis.”
-  Stratify data for super utilizers to customize level of intervention.
-  Address most preventable non-clinical drivers of inappropriate utilization.
-  Determine and target manageable entry points to establish locations.
-  Augment staffing models to include non-clinical roles.
-  Hone risk stratification methodology with social health determinants.
-  Recruit patients to Pop Health programs through navigation/service coordinators’ alignment.
-  Execute the plan.
-  Review and adjust the plan as needed.

Pathway to Innovation: Strategic Plan Timeline

This project is a process, not a point in time.

2018: Planning



- ✓ Understand the data
- ✓ Develop the plan

2019: Momentum



- ✓ Begin implementation
- ✓ Look for concrete results
- ✓ Review & analyze, make adjustments







2020: Innovation

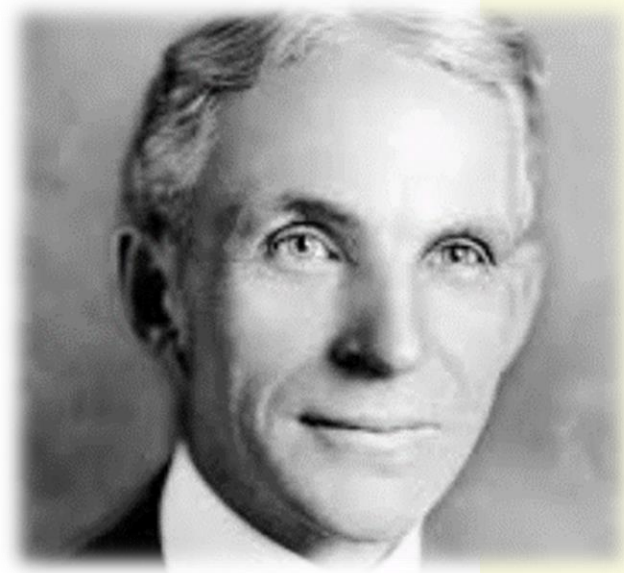


- ✓ Build on a successful structure
- ✓ Consider new ways of solving problems

Pathway to Innovation

More steps
to take

-  Determine behavioral health needs and staffing.
-  Develop strategy for use of Ross County Health District, to coordinate outreach to potential patient population in eastern Chillicothe.
-  Develop a communications program aimed at both advertising the new site of service at Mt. Logan and educating patients to important health basics.
-  Provide outreach to Chillicothe and Ross County schools to maximize contacts with families and make use of facilities to provide some clinical services.
-  Analyze and develop plan to more closely integrate categories of professionals not currently engaged in the project (e.g., EMT responders through the fire department).
-  Implement *Notify* with providers through the CliniSync HIE to provide alerts when their patients are seen in either the inpatient or ED setting.



“Coming together is a beginning; keeping together is progress; working together is success.”

--Henry Ford

Contacts

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