

Ramsey County Community Health Improvement Plan Access to Health Services Action Team

Update to the Ramsey County
Community Health Services Advisory
Committee

October 7, 2015

Who are
we?
and
What have
we been
up to?



The Team

A wide variety of people with a wide variety of backgrounds who had time, energy, and passion for CHIP

Goal 3

22 members representing:

- Somali Americans
- Hispanic/Latino uninsured
- Health plans
 - (Blue Cross, HealthPartners, Medica, Ucare)
- Health providers/organizations
 - Health East; Children's Hospitals & Clinics; Health Partners; St. Mary's Clinics; Open Cities; occupational health; nurse practitioner; physicians; public health nurses; health educators)
- Health navigators
- Community Health Workers Alliance
- University professors
 - (Child abuse prevention, Evaluation, Nursing)
- Community Health Services Advisory Committee
- Almost all members live in Ramsey County

Our Meetings

conducted with
an equity
lens

First meeting Dec 2014

2 hours monthly over supper time; ½ hour
built in for socializing

Location, parking & meal expenses rotate
among members who have own
organizational resources

Minute-taking rotates, but people free to
“pass”

Public health is the “backbone”
organization, dedicating one staff person
(ME!) & other support

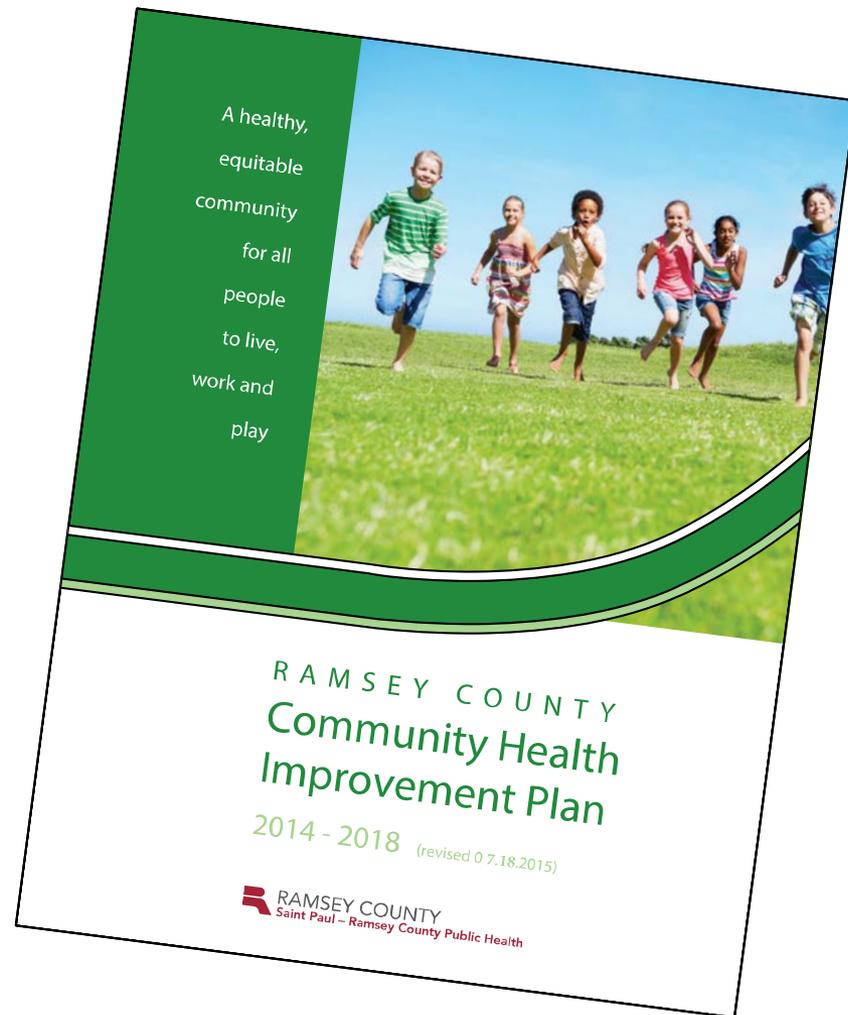
Our Workgroups

Volunteers meet
on own time &
report back to
full team

Five separate workgroups so far

1. To recommend CHIP Goal 3 revisions & write team work plan
2. To formulate research questions for 1st study
3. To complete application for Institute for Healthcare Quality *Pathway to Pacesetter* program
4. To recommend procedure codes for 2nd study
5. To recommend operating guidelines & evaluation for our team (just formed)

Our
Revisions
to
CHIP (Goal 3)
So far...



Our Revisions To CHIP

so far.....

Emergency department services utilization

Use of the emergency department (ED) for the care of non-urgent illnesses treatable in primary care settings deserves attention for the following reasons:

- Unnecessary ED use is associated with increased overall health care costs, diversion of attention from critical emergency cases, and decreased quality of services
- ED use for non-urgent health problems is associated with greater fragmentation and discontinuity of care with the patients' primary care physicians and other medical providers they use.
- Studies have found that communication and coordination of care between EDs and primary care physicians tends to be haphazard and generally poor
- In a recent survey by the Healthcare Intelligence Network, 95 percent of responding hospitals stated that avoidable ED visits were a problem.

Concern about the use of hospital emergency departments increased substantially over the past decade because of widespread reports of growing demand by patients and crowding at many emergency departments

- In a 2007 report, the Institute of Medicine described a growing national crisis of crowded emergency departments leading to delays in care for patients, ambulance diversions to other hospitals, and inadequate capacity to handle a large influx of patients from a public health crisis or mass-casualty event.
- Across the U.S., Medicaid enrollees have the highest rates of emergency department use compared to persons with private insurance, persons with Medicare, and the uninsured. Medicaid enrollees account for more than one fourth of non-urgent visits to the emergency department

What We Will Do About It

Objective 1. Increase utilization of preventive services among publically funded employees in Ramsey County by 5 percent by December 2018.

Strategies

- a. Establish, support, and evaluate the Ramsey County Access to Health Services Action Team.
 - b. Solicit information to understand access to health service barriers for Ramsey County residents.
 - c. Analyze the geographic distribution of health service providers in Ramsey County.
 - d. Conduct a research study on preventive care utilization among Ramsey County residents.
 - e. Develop a public health campaign based on preventive care study results.
- Analyze current criteria used by Saint Paul - Ramsey County Public Health to fund access to health services and make recommendations for revisions.

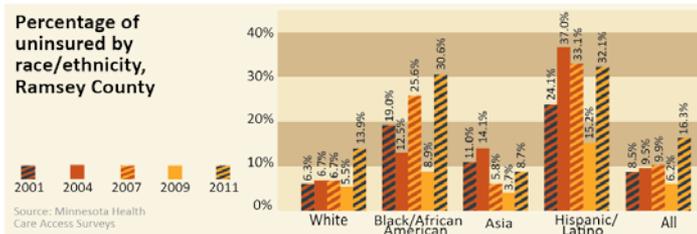
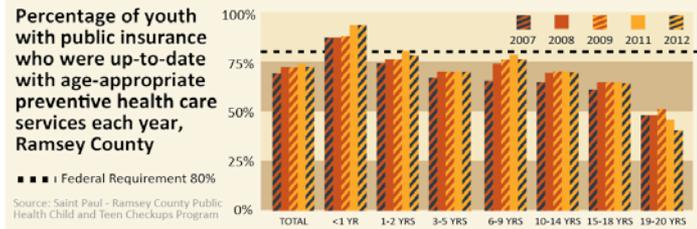
Our Revisions To CHIP

so far.....

Objective 2. Determine whether there is "potentially inappropriate" emergency department utilization among Ramsey County residents by December, 2018.

Strategies

- a. Establish, support, and evaluate the Access to Health Services Action Team.
- b. Conduct a research study of emergency department visits by Ramsey County residents.
- c. Communicate study results to stakeholders.
- d. Develop a public health campaign based on emergency department study results.



Establish,
support, and
evaluate the
Ramsey County
Access to
Health Services
Action Team

- ✓ New workgroup
- ✓ Wilder evaluation tool
- ✓ Institute for Healthcare Quality
Pathway to Pacesetter
program
- ✓ Collective Impact model

Solicit
information to
understand
access to health
service barriers
for Ramsey
County
residents

- ✓ Ongoing
- ✓ Reports/data shared among team members
- ✓ Presentations
 - Child and Teen Checkups Outreach
 - Minnesota Health Access Survey
 - FQHCs

Analyze the geographic distribution of health service providers in Ramsey County

- ✓ Ongoing
- ✓ Large data file from Stratis Health (free!)
- ✓ Produced maps
 - Clinics
 - Hospitals
 - Behavioral health
 - Transportation availability
 - Poverty

Conduct a
research study
on preventive
care utilization
among Ramsey
County
residents

- ✓ Began prep work needed to ask for data from DHS (6 page application)
- ✓ Agreement on procedure codes
- ✓ Contract for analysis (Dr. Michael Oakes, U of MN School of Public Health, Epidemiology)
- ✓ DHS will use our data request as internal QI project

Develop a
public health
campaign
based on
preventive care
study results

✓ In work plan 2017-2018

Analyze criteria
used by SPRCPH
to fund access to
health services
and make
recommendations
for revisions

- ✓ Gathering additional information now
- ✓ First look at funding amounts during August meeting

Conduct a
research study of
emergency
department visits
made by Ramsey
County residents

- ✓ Contract for analysis (Dr. Michael Oakes, U of MN School of Public Health, Epidemiology)
- ✓ SPRCPH paid for 5 yrs of MHA claims data (all ED visits made to any hospital by Ramsey County residents)
- ✓ Developed research questions & chose algorithm to determine “potentially inappropriate” visits
- ✓ Preliminary results shared at July meeting
- ✓ Dr. Oakes doing second analysis now & teaching Stata software

Communicate
study results to
stakeholders

- ✓ Team member volunteered to be lead for formal report & additional statistical analysis
- ✓ Meeting with MDH health economics division staff late October (their newly released ED study)

✓ In work plan 2016-2017

Develop a public health campaign based on the emergency department study results

Challenge



What

To

Do

With

What

We

Learn

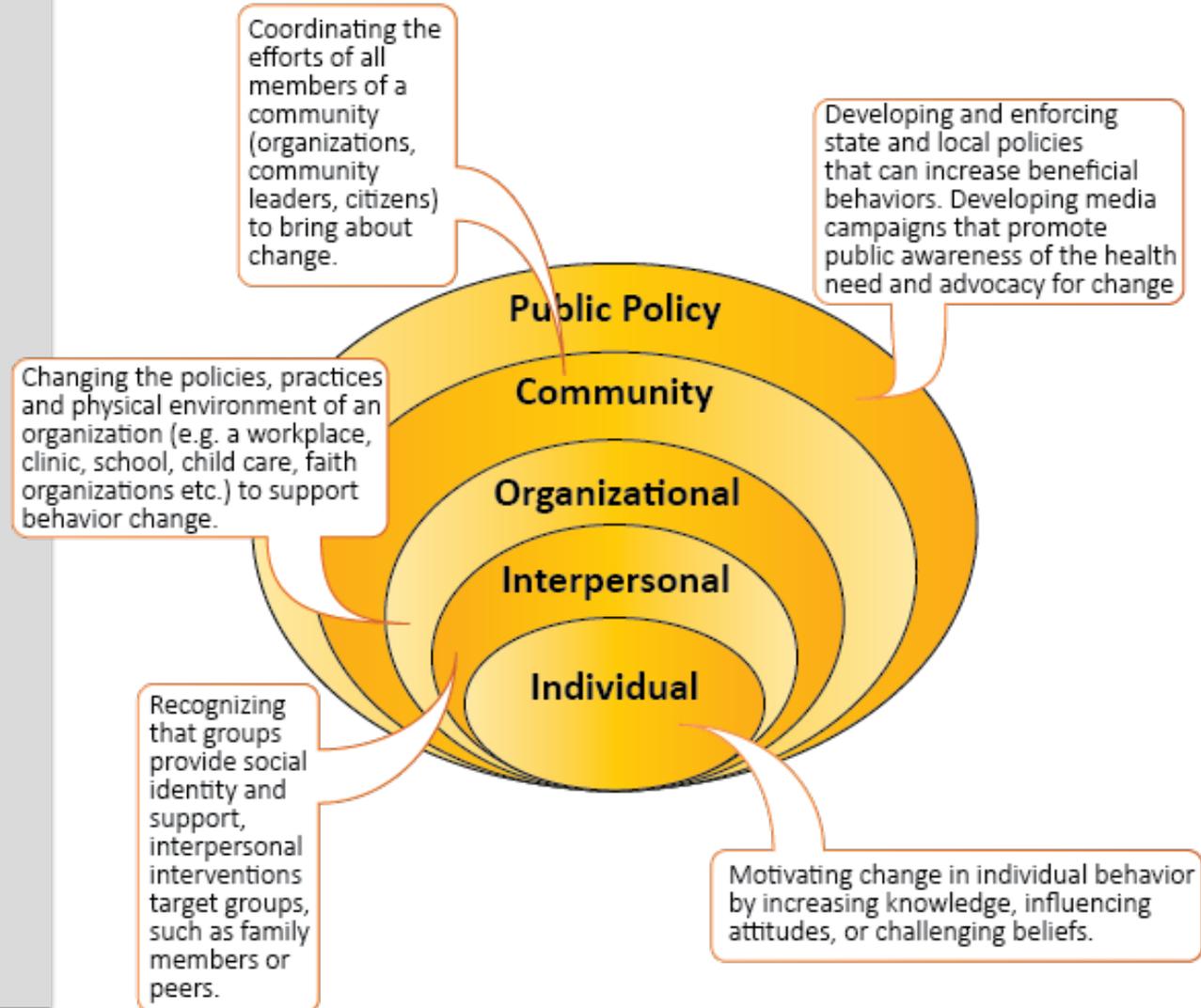
- ✓ Socio-Ecological model
- ✓ The Spectrum of Intervention
- ✓ Design thinking
- ✓ and more.....



The Socio-Ecological Model

-McLeroy 1988; Livewell Colorado 2007

Socio-Ecological Model Definitions



The
Spectrum
of
Intervention

Level of Spectrum	Definition
6. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
4. Fostering Coalitions and Networks	Convening groups and individuals for broader goals and greater impact
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
1. Strengthening Individual Knowledge and Skills	Enhancing an individuals capability of preventing injury or illness and promoting safety

Design

Thinking

“If I had 60 minutes to solve a problem and my life depended on it, I’d spend 55 minutes determining the right question to ask”

-Einstein

Instead of:

1. “How can we eradicate poverty?”

Ask:

2. “Why does mass poverty exist?”

- Question 1. is designed to address symptoms
- Question 2. focuses on causes and conditions from which the overall reality emerged

Challenge



Work of team
partially meets
PHAB
Domain 7
requirements
but hard to
balance



Questions?



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