VIRGINIA COORDINATED CARE FROM THE COMMUNITY PHYSICIAN PERSPECTIVE

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KEY FINDINGS

This research brief discusses Essential Hospitals Institute's findings from an Agency for Healthcare Research and Quality–funded study of Virginia Coordinated Care for the Uninsured (VCC Program).

The VCC Program manages care for the uninsured. It provides access to quality, coordinated health care for thousands of indigent patients in the greater Richmond area.

Using electronic health records (EHRs), case management, and regular communication with VCC leadership, VCC providers coordinate care within patient-centered medical homes.

As a result, health outcomes are improving and emergency department (ED) visits and hospital costs are decreasing.

Access to specialty care and low health literacy remain barriers to care for this population.

ABOUT VIRGINIA COORDINATED CARE FOR THE UNINSURED (VCC PROGRAM)

Established in 2000, the VCC Program seeks to better serve the low-income, uninsured population of central Virginia by coordinating their health care services and providing access to primary health care. Currently, VCC contracts with 52 primary care providers located in the greater Richmond, Virginia area and the surrounding Tri-Cities area of Colonial Heights, Petersburg, and Hopewell, Virginia. As of fiscal year 2013, VCC had more than 22,000 enrollees.

To be eligible for the VCC Program, patients have to be a resident of the greater Richmond or Tri-Cities area and qualify for the Virginia Commonwealth University Health System (VCUHS) Indigent Care Program. The VCUHS Indigent Care Program provides free health care to people with no insurance coverage and a family income below 200 percent of the federal poverty level (FPL). People with a family income below 100 percent of FPL have no cost-sharing responsibilities. People that fall between 101 percent and 199 percent of FPL have a 5 to 75 percent cost-sharing responsibility, based on a sliding scale.

Research Methodology

To gain a better understanding of the successes and challenges of operating a care management program for the uninsured, Essential Hospitals Institute, the research arm of America's Essential Hospitals, collaborated with investigators from VCU Medical Center to survey providers from the VCC Program.

Institute researchers selected nine interviewees based on two characteristics:

1. Providers were required to have more than three years of tenure with VCC—the longest tenure was twelve years.
2. Providers were chosen from a variety of geographic locations to gather both urban and rural perspectives.

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Once enrolled, people are assigned to a VCC primary care provider (PCP) in their neighborhood. VCC providers can also refer patients to other program providers for medically necessary primary or specialty care.

ACCESS WITHOUT QUALITY IS NOT ENOUGH

In 2011, more than 980,000 adult residents in Virginia were uninsured. Approximately 152,000 of those residents (roughly 12 percent) live in the Richmond metropolitan statistical area.[1] Interviewees note that prior to the creation of the VCC Program, uninsured patients had limited access to services and, in some instances, were turned away. However, according to a report by the Institute of Medicine, simply providing access to health care does not ensure the delivery of quality services. Health care delivery systems should include processes that customize care according to patients' needs and values.[2] VCC does this by giving providers the tools they need to create medical homes for patients and the freedom to base care on need versus cost. All study participants mentioned the ability to customize care as one of VCC's greatest successes. They noted that treating patients using whatever methods are appropriate for each patient and providing a full spectrum of preventive services greatly increases the quality of care received.

As one VCC provider noted, "If anything, I thought VCC was more freeing than when I was doing this in private practice with uninsured patients. [Prior to VCC] I had to balance every single treatment decision on the patient's ability to pay for every single piece of it."

ELECTRONIC HEALTH RECORDS PROVIDE A CLEARER VIEW OF HEALTH

Physicians surveyed for a *New England Journal of Medicine* study stated that EHRs had positive effects on various aspects of their practice, such as communicating with other providers and patients, avoiding medical errors, and making quality clinical decisions.[3] VCC providers noted that VCC's EHR system has improved their ability to manage patients' health in similar ways, enabling them to create the patient-centered medical homes these patients need.

Before the EHR system was implemented, patients' medication histories and reasons for prior physician and ED visits were not always clear. Referrals sent to specialists often got lost, and patient updates coming from specialists never seemed to reach the PCPs. One VCC provider referred to the old system, dependent on mail and letters, as a black hole.

Research Methodology, continued

Of those interviewed, seven operate private practices: two within the Richmond city limits, two in suburban Richmond, and three in rural areas. The two additional providers are employees of MCV Physicians, the faculty practice plan affiliated with VCU Health System.They care for patients at VCU Medical Center's main hospital.

Interview questions used as part of the study can be found in Appendix A. ■

With the EHR system, VCC providers can see all pertinent patient information and consultation notes when the need arises without having to rely on patients' recollection or wait for other parties to supply information.

COMMUNICATING WITH LEADERSHIP

VCC providers feel communication with the program's administration is one of VCC's most valuable assets. During routinely scheduled meetings, providers are encouraged to openly express concerns and offer suggestions for improvement. Providers are also urged to contact leadership anytime they encounter a problem in their daily work.

According to one provider, "I think that [leadership's] biggest success is that they are not stagnating … not only are they listening, they're actively trying to figure out what the barriers are. Several times a year, people come and ask questions about what they can do for us."

Providers also mentioned the usefulness of the program updates VCC administration send via email and newsletter. Providers feel these updates help them not only improve job performance, but also take better care of patients.

CASE MANAGEMENT FOR CARE COORDINATION

Case managers assist in the planning, coordination, monitoring, and evaluation of medical services for patients. Using case managers has been shown to improve quality of care, particularly for patients with serious illnesses that require complex treatment. Case management also improves medical adherence, self-management skills, and health outcomes.

Providers may look to use case management as a way to achieve better care and better health at a lower cost.[4] VCC has been using case managers for several years to assist providers and their patients. And the majority of interviewees deemed it one of their greatest assets, especially for patients with the most chronic and severe medical conditions.

SPECIALTY CARE, HEALTH LITERACY REMAIN OBSTACLES

While VCC has helped ease many of the barriers to care for Richmond's indigent population, obstacles do remain. Throughout the United States, many Medicare and Medicaid patients have trouble making appointments with medical and surgical specialists.[5] This lack of timely access to specialty care can result in adverse medical outcomes, ED visits, and increased health care costs.[6]

Seven of the VCC providers interviewed mentioned the most trouble they have had with the program occurs when they try to schedule appointments for specialty care services, with the greatest problems occurring in the areas of cardiology, orthopedics, and pain management services. Half of the providers interviewed noted patients having to wait for three to six months before being scheduled for a visit with a physician in the aforementioned specialties. Providers mentioned a range of causes for these access issues, including high demand, limited personnel, and lack of clinic space.

Health literacy also inhibits quality care. Interviewees believe a subset of their population only uses health care services under the direst circumstances, typically after a severe medical event that requires an ED visit, because of low health literacy.

Research has shown that patients with low health literacy and chronic diseases, such as diabetes, asthma, or hypertension, have less knowledge of their disease and its treatment and fewer correct self-management skills than literate patients.[7,8] Interviewees fear that many of their patients don't fully understand the impact of properly managing health conditions such as borderline high blood pressure or elevated blood sugar. They note that patients must be able to contribute to their care to alleviate these problems.

DESPITE BARRIERS, VCC IMPROVES HEALTH

According to the majority of interviewees, one of VCC's goals was to reduce the number of patients who use the ED. By increasing access to primary care and coordinating and managing care, VCC has increased patient engagement and decreased ED use. Results from a separate study show a 38 percent reduction in ED use and a 45 percent reduction in hospitalizations for patients who were continuously enrolled in VCC for a three-year period.[9]

While the study results indicate improved health for patients and lower costs for providers, barriers including access to specialty care and low health literacy remain. And solving these problems may require a considerable amount of time and funding. One study has shown up-front payments to specialty physicians would increase their participation in Medicaid or a health care program for the uninsured such as VCC.[10] However, this would

require a greater amount of funding, reducing its feasibility for programs with limited budgets.

As ACA implementation continues, uncertainty may remain in the health care industry. Organizations interested in implementing a program to manage the care of an uninsured population can look to VCC as a model, including what works and what still needs improvement.

Appendix A

1. How many years have you worked with the VCC program?

2. When you began working as a provider at VCU or in VCC, what was your perception of the organization's goals?
    a. Probe: Has your perception of these goals changed during your time with the VCC Program? If so, how?

3. What do you think about patient safety and the quality of care provided to patients in VCC? What role do you play in ensuring quality of care and patient safety?
    a. Probe: How has VCC's executive leadership engaged with you around quality and patient safety?
    b. Probe: Has quality and patient safety engagement changed during your time with the VCC program? If so, how?

4. What do you think about cost containment for patients in VCC? What role do you play in ensuring cost containment?
    a. Probe: In your opinion, has cost containment become a more dominant concern than quality, patient safety, or other priorities?
    b. Probe: What is your perception of executive leadership's role in addressing cost containment issues?

5. What systems does VCC use to promote communication and information sharing of major issues across key staff?
    a. Probe: Have these systems changed during your time with the program?
    b. Probe: How well, in your opinion, does VCC management promote communication?

6. What systems does VCC use to promote patient-centered care and a primary patient focus?
    a. Probe: Have these systems changed during your time with the program?
    b. Probe: How well, in your opinion, does VCC management promote patient-centered care?

7. How has VCC been successful in expanding the use of medical homes?

8. What barriers has VCC encountered in expanding the use of medical homes?

9. What do you think of VCC in relation to managed care principles?

10. How has VCC been successful in using managed care principles in physician payment?

11. What barriers has VCC encountered in using managed care principles in physician payment?

12. How has VCC been successful in using managed care principles in its prevention services?

13. What barriers has VCC encountered in using managed care principles in its prevention services?

14. How has VCC been successful in using managed care principles in its primary care services?

15. What barriers has VCC encountered in using managed care principles in its primary care services?

16. Of VCC patients, 45 percent continuously engage with their assigned provider. What factors do you think contribute to this engagement?
    a. Probe: How well do you believe VCC was presented and promoted to patients as an alternative to their usual source of care?

17. The remaining 55 percent of patients did not continuously engage with their assigned VCC provider. What factors do you think contribute to this non-engagement?
    a. Probe: What role do logistical barriers such as transportation, distance to care, time of day/day of week, and child care play in patients' ability to engage with their provider?
    b. Probe: What role do personal barriers such as language, education, limited health literacy, and functional impairment play in patients' ability to engage with their provider?
    c. Probe: What role do psychosocial barriers such as mistrust, nonfamiliarity, bonding with another, non-VCC physician, and a view of the ED as more convenient play in patients' ability to engage with their provider?
    d. Probe: What role do financial barriers such as insurance and copays play in patients' ability to engage with their provider?

18. What are some of the most valuable lessons learned from the VCC Program for others interested in implementing a similar program?
    a. medical homes
    b. electronic health records
    c. providing coverage to the uninsured

19. Is there anything about the VCC patient population that enables the delivery of effective health care services?

20. Is there anything about the VCC patient population that undermines the delivery of effective health care services?

21. How has VCC been successful in collaborating with other organizations in the community that provide noncovered services?

22. What are some of VCC's specific medical care service implementation accomplishments for the following:

a. primary care services (e.g., evening/weekend services)
b. specialty care services
c. allied health care services, defined as pharmacy, social work, nursing, education

23. What are some specific service implementation challenges for the following:

a. primary care services (e.g., evening/weekend services)
b. specialty care services
c. allied health care services, defined as pharmacy, social work, nursing, education

24. What are some of the VCC administration's specific accomplishments regarding relationships with providers and handling of physician payments?

25. What are some specific challenges regarding the VCC administration's relationships with providers and handling of physician payments?

26. What are some specific negative effects of services not paid for by VCC (e.g., community-based social support, transportation, health literacy services)?

Notes

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