Title: Strategies Used by Safety Net Medical Homes to Reduce Disparities in Health Care

Type of Presentation: Poster

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Abstract:
Safety net hospitals are increasingly using the medical home model as a way to reduce costs and provide greater access to high quality care. According to the National Committee for Quality Assurance, the medical home is “a model that strengthens the physician-patient relationship by replacing episodic illness care with coordinated care … assuring that patients get the indicated care in a culturally and linguistically appropriate manner.” These institutions, including members of the National Association of Public Hospitals and Health Systems (NAPH), disproportionately care for vulnerable and/or racial and ethnic minority patients.

Indeed, of the nearly 2.2 million annual ER visits in 2007 at NAPH hospitals, most patients were under- or uninsured (more than 69 percent) and/or racial or ethnic minorities (58 percent). Therefore, NAPH researchers hypothesized that implementation of the medical home model in such facilities would have important and replicable implications for increasing access to culturally competent health care and ultimately reducing disparities.

To test this theory, NAPH researchers identified 46 medical home programs at 38 NAPH member hospitals via a comprehensive literature review and member outreach. Additional patient case mix and utilization data was supplied from the latest Annual NAPH Hospital Characteristics Survey (FY 2007).

NAPH’s study identified strategies that public hospital medical home programs employ that have helped increase the patients’ access to culturally competent primary care and decrease disparities.

These include:
- Hiring bilingual staff;
- Having onsite translational and language assistance services;
- Partnering with ethnically-oriented community partners to provide ancillary services such as transportation and health education;
- Using mobile medical home units to provide care in diverse communities where patients lack access to transportation; and
- Partnering with agricultural businesses to provide services for migrant worker populations.

This presentation will identify and describe characteristics of programs that have empirically shown reductions in health care disparities, costs, inpatient days, and ED use while increasing access to high quality of care. It concludes that, through adoption of the medical home model and implementation of key strategies, the medical home model can improve care and reduce health care disparities.
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Research Objective
To ascertain how “medical home” programs in those safety net hospitals that comprise the National Association of Public Hospitals and Health Systems (NAPH) affect: 1) vulnerable patient populations, and 2) the institutions that care for them.

Study Design
NAPH researchers initially conducted an academic and grey literature review, using PubMed and the Internet. MESH terms included: • “medical home,” • “patient-centered medical home,” • “coordinated care,” • “safety net hospital,” and • “public hospital.”

Through the literature review, researchers identified 46 medical home programs at 38 NAPH member hospitals. NAPH staff then conducted telephone interviews with the directors of 25 such programs. Using a matched set of these 38 hospitals, patient case mix and utilization data from the latest annual NAPH Hospital Characteristics Survey (i.e., FY 2008) was analyzed. NAPH researchers identified common traits and themes among the programs.

Principal Findings

Safety Net Hospitals Disproportionately Care for Minorities and the Uninsured
As many as 90% of patients served by safety net hospitals with medical home programs are of racial or ethnic minority groups. These hospitals also serve disproportionately high numbers of uninsured and low-income patients. Medical home programs at NAPH member facilities seek to increase access to low-cost, high-quality health care for vulnerable populations, including the uninsured and homeless (Figure 1).

Issues Driving Medical Home Implementation
Top three reasons for implementation:
• To improve quality of care (37%)
• To access funding earmarked for care coordination (26%)
• To reduce ER overcrowding or inappropriate use of the ER for primary care services (20%)

Medical Homes Focus on Chronic Disease Management
70% of medical home programs at safety net hospitals have a chronic disease management focus for at least one chronic condition (Figure 2), including diabetes, cardiovascular disease, and asthma.

The medical home model can have important & replicable implications for increasing access to culturally competent health care, decreasing primary care ER, & reducing health care disparities.

Figure 1. Vulnerable populations served by NAPH members’ medical homes

Figure 2. Chronic disease management programs within NAPH members’ medical homes

Figure 3. Strategies used by medical home programs to increase access to culturally competent care

Conclusion
Findings suggest that medical homes increase racial and ethnic minority patient populations’ access to culturally competent primary care and disease management programs while simultaneously reducing over-utilization of the ER.

Implications for Policy, Delivery or Practice
The medical home model is helping safety net hospitals improve access to and coordination of care while reducing overuse of their ERs. Given the disproportionately minority and low-income patient base at safety net hospitals, this study indicates that adoption of the medical home model in minority communities can be a cost-effective, efficient approach to reducing health care disparities.

Fundied by the National Association of Public Hospitals and Health Systems