

2014 Gage Awards

Reference #	7490253
Status	Complete
Name of hospital or health system	Memorial Healthcare System
Name of project	Health Intervention with Targeted Services (HITS)
CEO name	Frank V. Sacco, FACHE
CEO approval	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
Submitter name (first and last)	Jodi Pearl
Submitter title	Grants Coordinator
Submitter email	jpearl@mhs.net
Submitter phone	954-265-5439
Project contact person's name (First and Last)	Tim Curtin
Project contact title	Admin Dir, Community Services
Project contact email	tcurtin@mhs.net
Project contact phone	954-985-0382
Within which of the two categories does your application best align?	Population Health

1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)

Memorial Healthcare System's Health Intervention with Targeted Services (HITS) program is a compassionate outreach initiative offering education, preventive care and eligibility assistance for the uninsured and underinsured. Memorial Healthcare System (MHS) created the HITS program in 2006 to support its mission of providing safe, quality, cost-effective, patient- and family-centered care regardless of one's ability to pay. The goal: Improve the overall health status of the community. The objectives were to maximize the use of community, state and federal resources for the uninsured and to lower uncompensated care costs by reducing avoidable hospital admissions and emergency department visits.

As the second largest public healthcare system in the nation, MHS serves as the safety-net provider for one of the most populous and diverse counties in Florida. Based on FY 2012 data, 30% of the population here is uninsured. As a result, the uninsured tend to rely on emergency departments (EDs) as their medical home since they do not have primary care physicians. They often arrive at the ED with severe chronic health issues that may require lengthy and costly inpatient hospitalizations. In 2006, MHS facilities had 840 avoidable inpatient hospital admissions totaling \$22.9 million in charity care losses.

It was determined that many of the uninsured served at MHS facilities would have been eligible for government-sponsored programs. HITS was created to maximize enrollment of the uninsured in government-sponsored programs and to link those not eligible for these programs to one of MHS's five community health centers to ensure access to a medical home.

External reviews of the HITS program showed successes: Approximately half of all HITS program participants (6,910) were enrolled into Medicaid, KidCare or MHS community health centers; uncompensated care costs were reduced and revenues were increased; admitted inpatients had less serious medical circumstances and shorter lengths of stay. Over a three-year period, HITS saved \$284,856 in the ED, \$2,808,150 in inpatient costs and \$4,070,865 overall.

Since HITS began, it has touched the lives of more than 14,000 Broward residents. The success of this program also resulted in grant funding to continue and even expand the program, to link uninsured persons with chronic health conditions to a medical home and to disease management services.

Some healthcare providers across the U.S. are out of touch with their communities, slow to react to changing economic times and unresponsive to shifting demographics. Some are even so focused on maximizing profits that they intentionally create additional barriers to quality healthcare services for the uninsured. As a safety-net provider dedicated to outstanding community-based healthcare, MHS has chosen a

	different path – creating programs like HITS that proactively improve healthcare, reduce health disparities in our community, and provide long-term solutions for the uninsured.
1A. Attachment, if applicable (Applicable examples include a peer reviewed journal article, other content published in the literature, or a presentation at a national meeting)	HITSEvaluation.pdf (2535k)

2. Describe the methods use in this project. Include where, why, and how the project was accomplished.

During the 10 years prior to HITS, costs to serve the uninsured skyrocketed 168%. Analyzing the data, it was determined that a large portion of uncompensated costs could have been reimbursable through government-sponsored programs if patients had enrolled prior to treatment. The data also showed that costly emergency department visits and inpatient hospitalizations could have been avoided if patients were linked to a medical home where they could receive ongoing, quality preventive care in an outpatient setting.

In response, MHS worked to engage residents in high-risk neighborhoods to develop trust. From there, HITS was created and its staff members were hired directly from within these high-risk communities. They were hired based on their knowledge about local socio-cultural challenges and how best to minimize barriers to healthcare services. By partnering with local cities, faith-based and community-based organizations, the HITS team was able to build relationships by travelling into the heart of the underserved community. Bilingual staff members worked with local organizations to schedule events and conduct door-to-door outreach services. Then, the HITS staff, armed with laptop computers and training to process enrollment applications on the spot, hit the streets.

Neighborhood targeting: HITS used Geographic Information System (GIS) mapping to target 15 neighborhoods with the highest rates of uninsured patients who had been hospitalized (based on MHS data). Identified neighborhoods were targeted by HITS staff for a six-month period. During that time, they used several strategies: 1) weekly outreach using a pediatric and an adult mobile health center each equipped with a physician and medical assistants; 2) door-to-door visits with residents to explain the importance of establishing a medical home; and 3) monthly health fairs and health education workshops. HITS staff members also screened community members for eligibility for government-sponsored programs or MHS community health centers.

Inpatient targeting: HITS used hospital data to target patients who were hospitalized as a result of chronic health conditions, including diabetes, hypertension and/or cardiovascular disease – contacting patients by phone, personal letter or through in-home visits. Using laptop computers, HITS staff members completed patients' eligibility applications for Medicaid or the MHS Community Health Centers to ensure access to a medical home and disease management.

For the past three years all HITS staff have been paid through Florida's Low Income Pool (Medicaid) funding which runs through 2014. In FY 2013, \$20,000 was received from the Town of Davie to help offset expenses for a six month HITS project conducted there. In past years, HITS has received grant funding totaling approximately \$320,000.

3. Describe the results of the project. What data was used to support improvement results?

The University of Florida's Center for Medicaid and the Uninsured, under the leadership of R. Paul Duncan, PhD, along with the Broward Regional Health Planning Council and the South Florida Regional Planning Council, conducted an analysis of the HITS program (please see the attached document). The program's success and effectiveness were measured by examining the achievement of the three objectives outlined for the HITS program. The following excerpt is taken directly from Dr. Duncan's 2013 report, pages 5 and 6.

Objective 1: To improve the health status of the community by linking the uninsured and underinsured to a medical home.

HITS substantially achieves this goal and is performing well.

The program has resulted in a large number of people applying for Medicaid, KidCare, or the community health centers at MHS, and the majority of them were enrolled in one or more programs. Mobile health screenings helped identify significant health problems in some patients.

Objective 2: To maximize the use of community, state and federal resources.

HITS is performing well, payment collected and revenue all significantly increased during the post-HITS period.

The enrollment of approximately half of all HITS enrollees (6,910) into Medicaid, KidCare or MHS Community Health Centers demonstrates a use of available resources to provide health services for individuals in Broward County.

Objective 3: To reduce uncompensated care costs and avoidable admissions.

HITS is doing well in reducing uncompensated care costs with increased payments collected and revenue (increase of \$915 and \$461 per person per year, respectively). However, more could be done in reducing avoidable admissions (a slight but not significant decrease of 0.04 inpatient admissions per person annually was observed). Admitted inpatients appear to have less serious medical circumstances and to recover much more quickly as manifested in shorter total inpatient days and lengths of stay (significant decrease in total inpatient days and lengths of stay by 0.55 days and 0.67 days per person annually).

In general, total payment collection and revenue were both increased significantly in ED visits, inpatient, and total expense in the HITS population. ED visits increased significantly though the magnitude of change is small. Inpatient admissions remained the same but the total inpatient days and the average of length of stay both significantly decreased.

3A. Attachment, if applicable (Only graphically displayed data such as charts will be accepted. Data should include baseline and improvement data)

[InpatientUncompensatedCare2013Map.JPG \(4826k\)](#)

4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?

In the University of Florida's Center for Medicaid and the Uninsured review of HITS, transactions for each unique HITS patient were coded as Year 1 (before) or Year 2 (after) enrollment events. Year 1 data reflect the before event depicting patient medical encounters before enrolling in the HITS program. Year 2 data reflect the after event, depicting patient medical encounters after HITS program enrollment. Comparing results of the two timeframes facilitated evaluation of HITS's effectiveness over a three-year period. Cost-per-case savings of \$6, \$1,473 and \$232 per case were reported for emergency, inpatient, and overall program respectively. Many factors reduced costs including: 1) better disease management; 2) more primary care visits resulting in less severe cases, and/or; 3) behavioral change. In short, the patient is healthier.

By enrolling patients in some form of government-sponsored program, payment per case increased by \$74, \$670 and \$23 for emergency, inpatient, and overall program respectively.

In addition to these improvements, HITS was recognized at the national and state levels. In 2006, the American Hospital Association honored MHS with its Foster G. McGaw Award. This award recognizes health care organizations that demonstrate commitment to community service through a range of programs that show a passion for making communities healthier and more vital.

In 2008, HITS received the Sapphire Award from the Blue Foundation for a Healthy Florida. This award recognizes programs that have demonstrated an impact in improving the health-related outcomes for Florida's at-risk populations and communities.

On March 27, 2008, one of the HITS neighborhood locations was honored with a visit by then-Governor Charlie Crist, who wanted to learn more about MHS's efforts to cost-effectively connect the uninsured and underinsured with the healthcare services they need. Governor Crist was duly impressed. "I applaud the work the Memorial Healthcare System is doing to improve access to healthcare for those who are unable to afford health insurance," he said. "Their work is increasing the use of less expensive preventive care and improving the health and quality of life of South Broward residents."

Subsequently, upon Governor Crist's recommendation, the Florida Legislature allocated \$65 million in the state budget to fund a model similar to the HITS program that could be implemented in 14 counties across the state.

<p>5. Describe how patients, families, and if appropriate, community was included in the work.</p>	<p>MHS partners with local community-based organizations and local municipalities on many outreach projects and events including neighborhood programs, health fairs, health education presentations and health screenings (using the Adult Mobile Health Center). MHS included them on HITS and worked with a number of neighborhood associations, faith-based organizations, schools and non-profit agencies to enhance the impact of the program.</p> <p>For more than 15 years, MHS has facilitated the monthly meetings of the Coalition for a Healthy South Broward, a grassroots coalition of residents, neighborhood association leaders, political and business leaders, faith based organizations, government agencies and non-governmental agencies. Supporting HITS since its inception, the Coalition provides the program with an ongoing umbrella for networking, program improvement, education, and collaborative projects.</p> <p>Local community-based organizations assist HITS staff by providing space to meet with clients identified from their community. In addition, they provide access to photocopiers, printers and telephones on an as-needed basis to support outreach efforts. HITS staff relies on existing connections and the trust bonds these agencies have developed with the local community. Local municipalities assist with regulations related to permits, service locations for the Adult Mobile Health Center, community redevelopment strategies and target areas, while local police work with HITS staff to ensure their safety while doing door to door outreach.</p> <p>Local agencies and businesses also provide direct services to the HITS outreach team, like entertainment, food, and logistical support during community events.</p>
<p>5A. Attachment, if applicable (Applicable attachments include documents created for patients, families, or community members or by them as a result of the project)</p>	<p>brochureinEnglish.pdf (1667k)</p>
<p>Last Update</p>	<p>2013-12-13 15:00:07</p>
<p>Start Time</p>	<p>2013-12-13 14:18:38</p>
<p>Finish Time</p>	<p>2013-12-13 15:00:07</p>