



Summaries of ICC Major Initiatives/Programs

- MPI/CDR
- Disease Management
- Pharmacy
- Health Care Systems Studies
- Medicaid Eligibility
- Evaluation of PC/MH, Seton Care Plus, MAP
- I-Care Umbrella (Branding)
- Joint Training
- Project Access
- Dental Sealant Day

Initiative #1: I-Care

Summary: The purposes of the I-Care system are to (1) provide an effective backbone for continuity of care – (reduce volume of labs, radiology and other diagnostic ancillaries, provide better management of pharmaceuticals, provide access to a wider range of therapeutic ancillaries, and increase physician efficiency) (2) provide an accurate measure of demand for healthcare resources by the indigent, and (3) reduce the number of ambulatory care sensitive admissions to local hospitals by providing preventive care and chronic disease management. While many of the benefits of the MPI/CDR (the core of I-Care) will be indirect, preliminary analyses of pharmacy and lab data suggest that the returns to members resulting from improved coordination in these areas could be considerable (in excess of \$1.5 million).

Initiative #2: Disease Management

Summary: The purpose of the Diabetes Diseases Management pilot is to use an online tool in conjunction with agreed-upon protocols to manage chronic disease and to improve patient outcomes. The ITRAX system is the online tool being used for this purpose. Over 220 patients are enrolled as of October 2002.

Initiative #3: Pharmacy Group

Summary: The ICC has determined that it could be beneficial to members to form a purchasing group to negotiate pharmacy discounts for all members, while maximizing participation in the 340B discount program. Components of the group initiative include: applying for inclusion of additional hospitals in the 340B program, applying for an Alternative Methods Demonstration Program initiative, and forming a purchasing group using a preferred drug list. While some area hospitals might be able to save significantly because they appear to be eligible for 340B pricing and do not yet receive it, all members could benefit significantly from two-tiered group pricing. Similar sized groups have reduced prices by 7-8%, which could yield savings in excess of \$1 million to ICC members.

Initiative #4: Health Care Systems Studies

Summary: The ICC has carried out two studies related to the safety net health care system in the region. The first was the Primary Care Use and Capacity Study for Travis County, released in May 2002, and the second was the Regional ED Use Study, released in draft form in June 2002, and finalized with regional data included in October 2003. The studies have collected into one place data that had not previously been available in that form to members and others, and have contributed to painting an overall picture of the demands placed on the safety net care system in the region. Having documented, among

other things, that primary care providers are currently at least 6% over capacity, and that EDs may be seeing as many as 20,000 to 30,000 people per year because they have no other place to go, the studies have significant potential value in making the case for expanded services. They are also being used as planning tools for systems developers and the HFD planning groups.

Initiative #5: Medicaider Online eligibility

Summary: Medicaider is an online eligibility tool, for use with uninsured patients. Its purpose is to assist eligibility workers in determining eligibility for Medicaid, SSI, SCHIP, and other federal and state programs for low-income individuals. The ICC has contracted with Network Sciences LLC to customize the tool with the addition of criteria for eligibility for Title V, Title XX, and MAP funding, as well as COA Sliding Scale, Seton Care Plus, and Project Access eligibility. In addition to assisting in the determination of public funding eligibility, these customizations will make it possible for the ICC members to direct patients to whichever charity care program or programs they desire at any given time. As of October 2002, over 1300 patients had been screened and 20% were found to be eligible for third party reimbursement, which suggests that between \$2 million and \$5 million in uncaptured revenue could be available to ICC members.

Initiative #6: Evaluation of Primary Care/Mental Health Initiative, Seton Care Plus, MAP

Summary: The ICC is providing staff support to the evaluation of several ICC member initiatives, most noteworthy those mentioned above. In general, the purpose of these initiatives is to demonstrate that collaborative approaches to problem-solving can yield benefits to ICC members, to assess their potential for expansion and/or replication.

Initiative #7: I-Care Umbrella (Branding)

Summary: The ICC has introduced the I-Care system and logo as a means of branding the ICC initiatives. The ICC has received favorable news coverage for the launch of Project Access and I-Care, and coverage of its research releases, too. In addition, the I-Care card and related materials have been designed for use with uninsured patients, to increase patient awareness of, and understanding of, the ICC and its CDR.

Initiative #8: Joint Training

Summary: The ICC is working with members to create joint training opportunities. A training calendar and registration system capability has been added to the ICC web site. Members have been surveyed as to training needs, and these needs are scheduled to be re-assessed on a periodic basis. The purpose of this initiative is to benefit smaller ICC members by opening up additional training possibilities to their staff.

Initiative #9: Project Access

Summary: Through Project Access, the TCMS and the other ICC members are working together to share the burden of providing primary and specialty care to the uninsured more equitably among area providers. Primary and specialty care physicians are being recruited to volunteer to provide care to up to 10 (primary care) or 20 (specialty care) uninsured people per year. As of October 2002, 250 physician volunteers had signed up to provide volunteer service to up to 5000 patients over the next year.

Initiative #10: Dental Sealant Day

Summary: In 2002, the ICC took over the coordination of Dental Sealant Day as its major oral health initiative. Dental Sealant Day is an annual event that uses dentist and hygienist volunteers to screen children and provide dental sealants free of charge in 3-4 locations. Over 300 children had sealants applied in 2002.