



Integrated Care Collaboration
Improving access to healthcare for Central Texas

ICCorner



From the Desk of the Executive Director

Welcome

This year has been very productive for the Integrated Care Collaboration. We have taken on many challenges and new initiatives to assist in our growth and evolution. One of the initiatives we have moved on is the updating and creation of a website that serves the needs of the many participants in the ICC and those in our Communities who take an interest in healthcare. It offers a fresh look and feel, and will constantly be evolving to frequently add more recent news items and useful content.

In addition to the site's informative content, the design and interface have been redeveloped to provide easy navigation to topics of interest and portal for access by ICC participants across Central Texas.

The ICC Website is an important tool in engaging a wide range of people in cross-organizational collaboration and research to build target and implement health improvements through new or improved programs, policies and practices particularly for those who do not have access to healthcare through commercial insurance.

So, please make full use of the Website and let us know if you have suggestions for its improvement.

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ICC's Mission

The Integrated Care Collaboration is an alliance of healthcare safety net providers that work together to increase access, improve quality and impact financing solutions to provide care to the region's medically indigent.



The ICC welcomes the Michael and Susan Dell Foundation as new participants to the collaborative. Their Mission of Change is;

Transforming the lives of children living in urban poverty through better health and education.

Michael and Susan Dell established the foundation in 1999. The gift was inspired by their passion for supporting children's causes as a way to make an even greater difference in a measurable way, particularly for those children living in urban poverty. Based in Austin, TX, the foundation initially focused on improving education and children's health in Central Texas; but their mission soon expanded to reach children globally. To date, the Michael & Susan Dell Foundation has committed more than \$650 million to assist nonprofit organizations working in major urban communities in the United States, South Africa and India. Their vision is to focus on opportunities with the greatest potential to directly and measurably transform the lives of children living in urban poverty.

ICC Board of Directors

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Community Health Coalition of Caldwell
County *Creating a Healthier Community*



A Home-Based Diabetes Education Program and Its Approach to Disease Management

Texas has the highest rate of uninsured persons in the nation. In Caldwell County, the rate is even higher than the state average. More than 9, 600 Caldwell County residents (or 27%) are not insured, compared to the state average of 24.1% and the national average of 15.8%.

Additionally, diabetes is the most prevalent chronic disease in Caldwell County. In 2007, 8.8% of adults in Caldwell County were diagnosed with diabetes compared to 9.7% of adults in the state.

The home-based Diabetes Education Program of the Community Health Coalition of Caldwell County partnered with local healthcare providers, social services, community programs, agencies, and leaders to address the challenges associated with improving access to care for the uninsured and underinsured adult population of Caldwell County who have been diagnosed with, or are at risk for developing, Type 1 and Type 2 diabetes.

The program's aim is to; provide comprehensive diabetes education to increase the quality of life for diabetic residents of Caldwell County; reduce the financial burden of uncompensated care resulting from preventable utilization of Seton Edgar B. Davis Hospital and reduce healthcare disparities and provide a comprehensive approach to chronic disease management

The home-based Diabetes Education Program is located 40 miles south of downtown Austin in Lockhart, Texas, as part of the Community Health Coalition of Caldwell County. The two major cities served by this program include Lockhart and Luling.

The program began seeing its first patients in August of 2009 and is funded by a **Health Resources and Services Administration Network Development Grant** through the Office of Rural Health Policy allowing for diabetes education to be provided at no cost to the patient. The program employs a bundled approach that focuses on behavioral, physiological, and psychosocial determinants that are known to increase morbidity and mortality in diagnosed diabetics. This bundle also includes Diabetes Self-Management Education provided by a licensed dietitian that addresses knowledge deficits and self-care techniques based on the best-practice standards for diabetes care, as well as coordination with a Patient Prescription Assistance Program.

Patients are identified for enrollment in the program through one of three pathways:

1. Data retrieval of Emergency Department and inpatient hospitalization encounters for diabetic residents through the ICare@ database, a regional central data repository of the Integrated Care Collaboration.
2. Direct referrals from Primary Care Providers, Federally Qualified Health Centers (FQHC), as well as community social programs/agencies.
3. Indirect referrals through community members and residents.

The program evaluated 53 patients enrolled between the months of August and December 2009, to measure the reduction of utilization at Seton Edgar B. Davis Hospital.

Reported reduction in utilization viewed as net benefit is predicated on two assumptions: 1. that without an intervention, individuals with a defined pattern of behavior would continue that pattern and 2. when a patient is provided with self-management education there will be a reduction in the utilization of healthcare services.

Hospital and clinic encounters were counted six months prior to their first diabetes education session, referred to as encounter date. Patients were given 90 days after their first encounter to make the necessary behavioral changes to improve their health outcomes. Encounters within this 90-day period were not considered in the evaluation to accommodate behavior change and to minimize regression to the mean. Utilization was evaluated six months after the 90-day behavior change period. Results were calculated based on actual utilization and average cost per payer for each encounter type, and then annualized for this population.

Clinical Outcomes

On average, the program has noted an average reduction in HbA1C of 2.3%. In all measures there are significantly improved clinical outcomes after educational intervention.

Return on Investment and Local Economic Impact

By providing services for the treatment and prevention of diabetes, Diabetes Education Program will save the health care system a significant amount of money. In today's dollars, the decrease in medical expenditures resulting from visit avoidance is calculated to be \$428,028. Netted against program expense, the net benefit ratio is \$2.85. For every dollar spent, \$2.85 is saved through cost avoidance and care coordination.

The increase in illness related to diabetes also decreases the area's economic productivity. The projected increase in productivity due to a healthier workforce in Caldwell County is projected to be \$229,554.95 over a five year period. That includes fewer work days lost due to illness and an increase in workforce participation. The resulting return on investment is \$1.67 for every dollar spent -- money that contributes directly to the bottom line of local businesses and the people they employ.

When medical care cost savings are combined with the increases in economic productivity that are derived from the treatment and prevention of diabetes, Diabetes Education Program will yield a 5-year total return on investment of \$4.52 for every dollar spent; a real, measurable benefit to the residents and businesses in our community.

Why Analytics?



Analytics is the application of computer science, statistics, and mathematics through the process of extracting properties from a large data base of imported information.

The ICC database provides the Central Texas community and healthcare providers a unique opportunity to use evidence and data to bring about transformative changes in the system. The data analytics team supports these functions for ICC members and is a valuable resource for the community. The use of quantitative data and analytics to improve delivery of services contributes to developing innovative solutions to existing health system failures, identifying care gaps, and increasing the overall efficiency and effectiveness of health care efforts.

The vision of the data analytics in ICC centers on knowledge creation and knowledge management concepts. The means of achieving these objectives require converting data into information, information into knowledge, and knowledge into action. Analytics help ICC members use evidence to pursue effective strategies to provide the right care at the right time to the right patients.

The ICC analytics team relies on accurate data collection from different locations or sources, data storage in a secure relational database, and the capability to extract information from the database for analysis. These analytic results go through close scrutiny by a team of experts from member entities in the ICC Analytics Committee. Recommendations are developed and presented to various Service Committees to put these recommendations into practice. Data analysis also informs business decisions when combined with financial or economic data and helps allocate resources among competing demands based on ROI calculations.



Liz Burton-Garcia helps the Round Rock community in launching its first free health clinic

The city of Round Rock has a new, free health clinic for uninsured residents thanks to a cosmetics saleswoman who decided to try and launch a clinic after doing 3 years of medical mission work in Mexico, Guatemala and Honduras with Austin Diocese Medical Mission handing out vitamins and prescriptions.

Burton-Garcia, a 46-year-old former math teacher and a sales director for Mary Kay Cosmetics for the past 20 years, said she was influenced by one of Mother Teresa's sayings regarding looking for the poor "in your own backyard." After her medical mission work Liz Burton-Garcia decided that her own town could also use some help.

Burton-Garcia was able to solicit help from friends in the medical profession and the Round Rock community in addition she was able to retrieve monetary donations, in kind services as well as free land from her church, St. Williams Catholic Church.

Liz's energy for giving has become lovingly contagious with all who have been blessed to be a part of her passion for "getting er done". The former Round Rock Mayor Nyle Maxwell and his wife, Nancy Maxwell, held a fundraiser for the clinic and have raised \$70,000 in donations and \$70,000 in pledges. The goal is \$300,000, Burton-Garcia stated, the clinic will cost \$175,000 to build and \$60,000 per year to run.

Brath Construction will oversee the construction of the facility and will donate their services and materials. FT Woods Construction is providing their services by doing the parking lot for free and Gibson Concrete is donating the foundation of the facility. A multiplicity of subcontractors has come forward to donate their time, services, materials and energy to ensure the vision of Sacred Heart Community Clinic is fulfilled.

A Round Rock architect Keith Hickman is donating the drawings for the clinic, which will include four exam rooms, a waiting room, restrooms and one or two offices for visiting doctors.

Burton-Garcia was able to secure the volunteer services of 190 Drs., PA, nurses, NP, support staff volunteers and medical students. The goal is for each volunteer to work one 3 hour shift per month. The goal is for each volunteer to work one 3 hour shift per month however the need for more medical volunteers still exists. Seton, Round Rock Hospital and North Austin Medical Center will provide funding to help pay for patient medicines. In addition, Seton Medical Center Williamson has offered to do X-rays and lab testing for free. Liz will handle the administrative duties at the clinic, and Dr. Rudy Uriegas has volunteered to oversee the medical aspects.

The Clinic will be free to anyone in Round Rock who doesn't have health insurance, Medicare or Medicaid and whose income is at or below 200 percent of the federal poverty guidelines, which means an annual income of \$44,000 or less for a family of four.

The 2,000-square-foot facility, called Sacred Heart Community Clinic, will be located on St. William's campus and is expected to be completed in the spring of 2011. However, the clinic will not be affiliated with a church and will provide basic health care services from 5 to 9 p.m. Tuesdays and Thursdays.

The clinic is temporarily located in the St. Williams Catholic Church Pavilion, 620 Round Rock West Drive, until the new facility opens in March. The clinic will be open 8 a.m.–noon Jan. 8, Jan. 22, Feb. 5 and Feb. 19.

Burton-Garcia was reported stating "This clinic was God's idea, God put it in my heart and all of this happened in seven months." And may we say that Ms Burton was God sent to the City of Round Rock for responding to a divinely inspired vision of helping many uninsured individuals in her community. ♥

Participating Organization's Profile



In 1996, The Board of St. David's Health Care System, which owned St. David's Medical Center, agreed to enter into a partnership with Hospital Corporation of America (HCA), forming the St. David's HealthCare Partnership. The Partnership is owned by general partners St. David's Health Care System and HCA. At inception, the Partnership included St. David's Medical Center, North Austin Medical Center, Round Rock Medical Center and South Austin Hospital. In May 2006, Georgetown Hospital joined the Partnership as the fifth acute care hospital.

St. David's Foundation is a not-for-profit community asset belonging to all the citizens of Central Texas. Their mission is: ***We work with commitment, integrity, and respect to achieve our vision in our hospitals, programs, and community partnerships. Their vision is to keep the promise of a better life by improving health and health care for all Central Texans.***

The Foundation grants money to non-profit organizations in Travis, Williamson, Hays, Bastrop, and Caldwell counties that work to improve community health. Where significant gaps in community services exist, the Foundation creates new programs designed around community collaborations. Since adopting their current mission in 1996, St. David's Foundation has approved more than \$22 million in funding to community partners promoting access to primary health care and related services.

St. David's Foundation invests more than \$60 million each year into care for the underserved and uninsured through hospital care in the six St. David's Hospitals and primary care in local safety-net clinics. The Foundation serves more than 25,000 area schoolchildren with the mobile dental clinics in its Dental Program and collaborates with other Central Texas agencies through grants, programs and sponsorships to serve children, the elderly, the ill, and the homeless.

St. David's Community Health Foundation participates in several valuable programs and collaborations with the nonprofit, business, and public sectors. Their approach is that collaborations save money, time, and resources, lead to creative solutions, and help organizations reach specific shared goals. Some of the program and collaboration they have entered in are;

- Aging Services Council
- AISD Vision & Hearing
- Central Texas Healthcare Resource Directory
- Central Texas Health Data Collaborative
- Community Partnerships and Collaborations
- Front Steps: Central Texas Recuperative Care Project
- Health Alliance for Austin Musicians
- Health's Angels
- Healthy Living
- Immunizations
- Indigent Care Collaboration
- Lifting Teen Families Summit
- Match Program
- Mental Health Emergency Task Force
- Dental Program