CENTER FOR THE HEALTH PROFESSIONS
RESEARCH BRIEF

The Special Care Center, AtlantiCare: Update 2014

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ABSTRACT

The Atlantic City HEREIU Local 54 Health and Welfare Fund and AtlantiCare Regional Medical Center partnered to develop the Special Care Center (SCC), a new clinic that provides coordinated care management to patients with multiple chronic illnesses. Using data to identify the most-at-risk patients, the SCC focuses *ambulatory intensive care* on these patients, driving down long-term costs and improving health outcomes. The new center recruited and trained a group of frontline health workers to serve the functions of both health coaches and medical assistants (MAs). The SCC developed a new job category and wage scale within the AtlantiCare system to recognize the challenging and vital work of this group of frontline workers This 2014 summary updates the original 2010 case study with new information on staffing, clinical outcomes, reimbursement, and more.

Even before the recession and Hurricane Sandy, Atlantic City had fallen on hard times. Profits from the city's once-booming gaming industry were plunging as a result of competition from newly developed casinos in nearby states. With the threat of a number of existing casino properties closing and with new properties standing empty, local residents and businesses were really feeling the pinch.

In 2007, the Local 54 Health and Welfare Fund, which provides health benefits for the city's 14,000 union restaurant, hotel, and casino workers, saw rising costs resulting from an epidemic of chronic disease among members and a declining economic outlook. Casino and hotel employees' work is often intermittent, subject to seasonal changes in tourist industry demand. Although concerned about costs, the fund did not want to limit eligibility for union members who had lost their jobs or whose hours had been reduced. Around the same time, AtlantiCare, the largest local health care provider in southern New Jersey, was looking for innovative models that could help reduce its spending on uncompensated care resulting from the use of emergency departments (EDs) by and hospitalization of uninsured or underinsured individuals.

Practice Profile 2014

Name: The Special Care Center (SCC)

Type: Chronic care clinic within the AtlantiCare Health System

Location: Atlantic City and Galloway, New Jersey

Staffing: 16 staff and providers or 10 FTE:

- 1 FT physicians who serve as Medical Director
- 1 nurse practitioners
- 9 health coaches (MA, LPN and RN)
- 1 administrative director/ licensed social worker
- 4 client services representatives
- (1 consulting psychiatrist)

Number of Patients: 1,000+ per year

Patient Demographics: Low-wage, immigrant workers, primarily members of Union Local 54, (hotel and restaurant workers in the local casino and resort economy). Most are non-white (83%) and 58% speak a language other than English at home, including Spanish, Portuguese, French Creole and Asian Indian languages such as Gujarati and Hindi. All have multiple chronic diseases.

Background and Development

The president of Local 54 and a representative from AtlantiCare were both on the review committee for the landmark 2005 white paper written by a group of health care policy experts led by Dr. Arnold Milstein and funded by the California HealthCare Foundation. This paper proposed a new model of primary care, the Ambulatory Intensive Caring Unit, or A-ICU, intended to target the small proportion of patients with multiple chronic illnesses whose treatment constitutes a disproportionate share of health care spending.

In 2007, the Robert Wood Johnson Foundation provided $194,500 for technical assistance and consultation to support the development of the new Special Care Center (SCC) based on the A-ICU model. These expenses included designing the clinic space, configuring the electronic health record (EHR), and hiring and training the staff. AtlantiCare and Local 54 each contributed 50% of the funds needed for start-up costs, and AtlantiCare was able to use Casino Reinvestment Development Authority funding to underwrite capital improvement costs.

Using a capitated structure and an agreed-upon budget, AtlantiCare and Local 54 share the costs of patient care at the SCC calculated on a quarterly basis. This system allows the SCC to provide the additional support and preventive services that patients need—services that would not be covered under a traditional fee-for-service reimbursement system. Rates are based on historical data on patient costs for this set of high-risk patients. This process has been facilitated by the fact that the fund has its own claims system to identify patient costs and benefits.

The A-ICU in Practice

The A-ICU is a team-based model in which the health coach plays a key role. New patients meet with a physician and health coach for an initial orientation and examination and create a shared plan of action. Enrolled patients receive extensive follow-up as well as in-clinic visits.

Each day starts with a team huddle in which the providers (physicians and nurse practitioner), health coaches, psychiatrist, social workers, front office staff, the AtlantiCare pharmacy director, and administrators discuss issues affecting patients, including medical and psycho-social issues. The medical director and a nurse practitioner assist health coaches in developing a plan of action for the day's patient visits and follow-up.

If the primary purpose of a patient visit is to see a provider, the health coach will serve as an MA. He or she collects the bulk of the patient history, documenting medications, personal history, and hospitalization record. The health coach stays with the patient throughout the visit, including the exam. At the end of the visit, the health coach schedules the patient follow-up.

Health coaches meet with patients independently as well as in conjunction with patients' scheduled visits with the provider. Each health coach manages a panel of 80 to150 patients. At the SCC, health coaches are matched to their case load primarily by their language capability. The health coaches are bilingual in English and at least one of the following languages: Gujarati, Hindi, Spanish, French Creole, Vietnamese, Cantonese, and Portuguese. Understanding patient's cultural beliefs, traditional foods, and exercise practices has been important for realizing successful patient health outcomes. Health coaches help patients set self-management goals, monitoring patients' ability to adhere to their plans and helping them overcome barriers to meeting their health goals. Coaches may call for lab results, check for changes in medication, and remind patients of their next appointment. Some of the health coaches also lead health education classes.

Throughout the day, each health coach meets with a provider who serves in a preceptor-like role, consulting one-on-one with the health coach in the provider's office during and between patient visits. All of the health coaches carry tablet computers in the office, which has a wireless system, in order to document visits in the electronic health record system and communicate with other staff via an internal email system.

Training

The health coach position requires emotional intelligence, critical thinking skills, and the ability to communicate well with patients in a constantly changing environment. Bilingual and bicultural competency is at least as important as medical experience and knowledge.

Because the organization started from scratch without incumbent staff, administrators had to fast-track on-the-job training. They experimented with a formal curriculum, but the current weekly in-house training is more informal and based on needs brought up by health coaches and patients. Additional training takes place throughout the day, starting with the morning huddle. Health coaches also receive clinical training for medical assistants through the larger AtlantiCare system.

Outcomes

Survey results suggest that patients are more satisfied with their experience at the SCC than they are with those at other clinics they have visited.

The SCC has been successful in improving clinical outcomes as well. For example, the SCC has increased the percentage of patients with a blood LDL (cholesterol) reading of lower than 100 from 55% in July of 2008 to 65.2% in November of 2009. The smoking rate among the SCC's patients declined from 15% in 2009 to 11% in 2010, less than half the national average. These numbers remain consistent to date.

The clinic has been able to demonstrate cost-savings resulting from this new model of care. Using fund data, analysts followed trends for the SCC's patient population before and after their enrollment at the SCC. They found that prior to enrollment the cost of patient care was rising by 25% per year. After enrollment the annual increase is just 4% compared with the rate of 12% for a similar non-SCC population served by the fund.

The SCC's ability to manage chronic care patients effectively in an ambulatory setting has reduced the number of ED visits and hospitalizations for SCC enrollees, resulting in cost-savings. The numbers of SCC patient ED visits and hospitalizations were more than 40% lower than those of comparable non-enrollees over a one-year period. The length of stay for those SCC patients who *were* admitted was 8% shorter and the average cost per day was 15% lower than those for comparable non-enrollees.

Career Advancement

With the health coach position, the SCC provided a new job category and career option for MAs within the AtlantiCare system. The SCC has created opportunities for frontline staff to utilize skills and aptitudes not usually recognized in MA positions. Health coaches at the SCC start at a base pay rate that is, on average, 10 to11% higher than the starting pay of MAs in the AtlantiCare system.

Challenges

Developing a good working model and recruiting a staff that could thrive in this model took some time. After an initially high turnover, staffing has stabilized.

Some of the initial provider staff had difficulty relinquishing patient education to the health coaches, a situation that led to duplication in services. Providers had to accept the fact that in that in order to provide comprehensive and yet cost-effective care, they would need to delegate some of this work to other staff members.

Health coaching is a demanding job that requires skills and aptitudes not taught in MA schools. Health coaches were initially classified as patient care associates (PCAs), and their pay was low in relation to the job skills required, making it difficult to find qualified applicants. Administrators found that AtlantiCare's standard hiring protocols prioritized medical training and experience and did not take into account the importance of communication skills and cultural competence necessary for this work. The SCC negotiated with Human Resources to recategorize this position with a higher rate of pay, which has produced better applicants.

Because the SCC could not customize the templates in the existing AtlantiCare EHR system to fit its practice, the SCC had to implement a secondary data system (DocSite) so that it could extract patient data and document its success on quality initiatives. This process created much more work for staff.

Another challenge concerns the patient population. Casino and hotel workers, the SCC's primary patients, work long hours and have little access to healthy food at their worksites. These conditions can make it difficult for them to follow up on health goals, attend classes or group visits, and eat nutritious food. Also, the SCC has experienced a fluctuating patient base as a result of patients' job and health coverage losses.

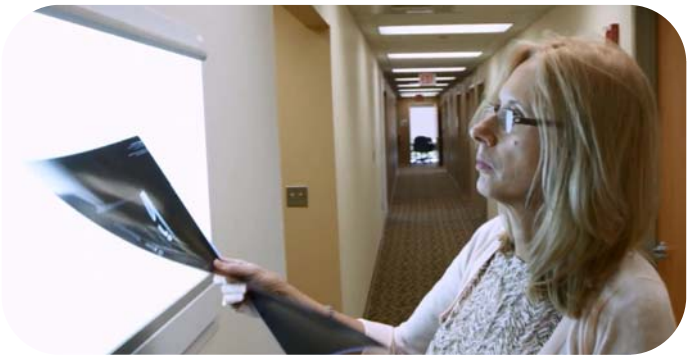
The fund has addressed the instability in employment by allowing members two options: (1) they can self-pay for every hour they fall short of qualifying as full-time (120 hours per month) and retain coverage, or (2) they can enter a "life- saver" (noninsurance) plan, which is $75 for basic primary care with a co-pay for the doctor visit and for prescriptions. If these solutions fail, the SCC has sometimes been able to get patients charity care through AtlantiCare.

Emerging Considerations

The success of the SCC has resulted in its replication within the AtlantiCare system. The Special Care Center opened a satellite clinic in Galloway in 2011. It is somewhat smaller than the initial SCC, but it runs on an identical model.

In April of 2013, AtlantiCare opened a behavioral health center funded via a SAMHSA (Substance Abuse and Mental Health Services Administration) grant. This center subcontracts medical services from the SCC, which is colocated in the same HealthPlex building. This is a pilot project exploring the feasibility of integrating chronic primary care services into a behavioral health care setting. This center employs two or three additional staff.

AtlantiCare will also open an Enhanced Care Center in the HealthPlex utilizing CMS DSRIP (Hospital Relief Fund) funds. This latest center will apply the SCC model, focusing it on improving care for Medicaid and charity care patients with hypertension and diabetes. This center will employ three or four additional staff.



In a related effort, AtlantiCare started its High Emergency Department Utilizers project in January 2013. A virtual panel of in-house experts, including clinicians and administrators in behavioral health and in ambulatory and emergent care, meets for 30 minutes each week to examine case by case the 20 top utilizers of Emergency Department services. Panelists can create an intervention plan for each patient to help him or her not rapid-cycle through the ED. Results to date indicate a reduction in ED overutilization of 45% and savings in excess of $1.5 million. By helping to develop relationships across siloes, this initiative helps clinicians and administrators direct these patients to the right services.

AtlantiCare recently formed an Accountable Care Organization within the AtlantiCare structure that

covers AtlantiCare employees and their dependents as well as patients in the Medicare Shared Savings Program.[1] The organization as a whole has expanded to include 33 primary care practices owned by AtlantiCare or affiliates. Medicare Shared Savings patients will receive their primary care at those sites, but high-risk or more complex patients will be directed to the Special Care Center.

As of November 2013, AtlantiCare is planning to affiliate with Geisinger Health System. Geisinger also has an innovative chronic care model with health coaches, but utilizing nurses. It is likely that the successful SCC model will be retained within the new affiliation.

Conclusion

The success of the A-ICU model depends upon the ability to identify frontline staff possessing the right qualities to provide intensive one-on-one patient care and upon the willingness of a select group of providers to work closely and collaboratively with these staff to supervise and mentor them on a daily basis. The Special Care Center has developed an interdisciplinary team with the right balance of training, initiative, and cultural competency to serve a diverse group of patients with multiple chronic illnesses. Access to data that allow predictive analytics to identify high-risk patients and to track patient outcomes and expenses against a comparison group is vital to recruiting patients and documenting success.

Notes

[1] The Centers for Medicare & Medicaid Services (CMS) has established a Medicare Shared Savings Program to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO). See http://www.cms.gov/ for more info.

Acknowledgments

Innovative Workforce Models in Health Care is a series of case studies showcasing primary care practices that are expanding the roles of medical assistants and other frontline workers in innovative ways. The organizations selected are implementing practice models that improve organizational viability and quality of care for patients while providing career development opportunities to frontline employees. This research is supported by the Hitachi Foundation as part of its Pioneer Employers Initiative.

THE HITACHI FOUNDATION

Special thanks to the staff, providers, and administrators at the Special Care Center for their ongoing assistance with this project.

To read the full 2010 case study, please see: The Special Care Center—A Joint Venture to Address Chronic Disease

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