

Welcome!

2019 Monthly Webinar Series

Network without leaving your desk.



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The Specialty Access for the Uninsured Program (SAUP)

Wisconsin Comprehensive Cancer Control Screening Networking Call

January 10th, 2019

Milwaukee Health Care Partnership Mission

The Milwaukee Health Care Partnership is a public/private consortium dedicated to **improving health care** for low-income, underserved populations in Milwaukee County, with the aim of improving

- health outcomes,
- reducing disparities,
- and lowering the total cost of care.

Members and Affiliates

- 4 Milwaukee Based Health Systems, MCW and 5 FQHCs
- City, County and State Health Agencies
- WHA, WPHCA, FC3, MSMC, United Way...

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MHCP History and Rationale

Launched in 2007 by Health Systems

Driving Forces for Collaboration:

1. Intractable and growing health needs; significant disparities
2. Limited resources, escalating costs
3. Multiple, well-meaning but fragmented efforts
4. ***Can't do it alone! "Collective Impact"***

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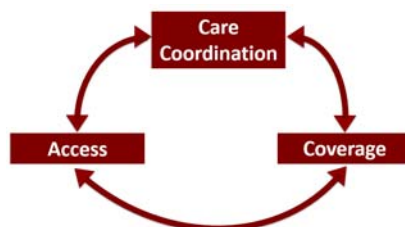
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MHCP Goals

1. Secure adequate and affordable health insurance **coverage** for all
2. Increase the **availability and accessibility** of health care programs and services
3. Enhance **care coordination** and navigation within and across health and social care delivery systems
4. Address targeted **community health** issues via cross-sector collaboration

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SAUP Part of Inter-related Uninsured Strategy



- ✓ **Secure and retain coverage / Reduce uninsured rate**
- ✓ **Build, support and sustain Safety-Net Clinic capacity**
FQHCs & Targeted Free Clinics that function as PCMHs
- ✓ **Link patients to Safety-Net Clinics**
EDCC program generating ~ 500 ED referrals/month
- ✓ **Provide Safety Net Clinics access to specialty care**

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SAUP History & Background

- Launched in 2012, after several earlier attempts
- Sponsorship delegated to MHCP Clinical Council
- Before SAUP uninsured specialty access fragmented and inefficient
 - Peer to peer: M.D. “phone a friend”, quid pro quo
 - Sending patients to ED when condition is acute
 - Delays in patient care
- **Goal: Access to specialty care for low income uninsured**
 - **Timely / available**
 - **Clinically appropriate and screened for financial eligibility**
 - **Agreed and predictable distribution among health systems**
 - **Managed = cost effective**

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SAUP Model

Pair PCMH safety net clinics with a health system partner

- “Managed care for the uninsured”
- SNC determines clinical and financial eligibility
- SNC provides primary care, medication and care navigation
- Partner health system provides inpatient & outpatient specialty care
- All specialty consultation, testing and treatments are “covered” under SAUP, with no out-of-pocket cost to patient
- Patients are referred for a single six month episode of care and returned to the PCP for ongoing care management

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SAUP Model

Patient Eligibility Criteria

- MKE County resident
- Established at participating safety net clinic
- ≤ 250% FPL (**aligns with health system charity care**)
- Not eligible for public insurance
- Eligibility reviewed and renewed every 6 months

Covered Services

- Usual and customary acute and chronic specialty services
- Some restrictions (cosmetic surgery, transplant, etc)

Additional Key Funding

- Advancing a Healthier Wisconsin Endowment: \$700,000 in funding over 4 years (2014 - 2016) for project management and program evaluation

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SAUP 2.0: Drivers for Change in 2017

Health System Mergers

Decision to add other qualified safety-net clinics

- Gerald L. Ignace Indian Health Center
- Muslim Community Health Center

Post ACA and Medicaid Reforms

- Decrease in number of uninsured
- Shift in distribution of uninsured

Updated SAUP Distribution Methodology

- Annually, determine number of uninsured served per SAUP clinic
- Calculate number of uninsured for each health system for non-SSCHC SAUP clinics, then distribute SSCHC

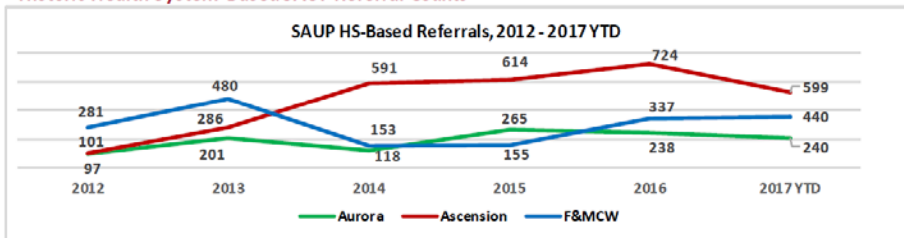
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SAUP Referrals

SAUP Timeline



Historic Health System-Based SAUP Referral Counts



Pent-up demand when opening access to new clinics

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2017 SAUP Referral Data

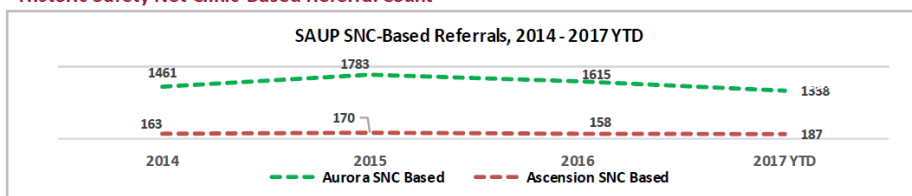
1,279 health system referrals

- 6.7% health system specialty referral rate (25% projected)
- 93% show rate (provider satisfier)

1,525 safety net clinic based referrals

- Some clinics can provide specialty care "in-house"
- Aurora Walker's Point, Bread of Healing, Others

Historic Safety Net Clinic-Based Referral Count



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Is SAUP Timely?

- 93% show rate is better than Commercial show rate
- Stakeholders report barriers and challenges during bi-annual rounding with SAUP leadership and quarterly SAUP Implementation team meetings
- Health Systems now accept SNC financial eligibility determination, decreasing time to appointment

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Is SAUP Clinically Appropriate?

- Safety Net Clinic PCP determines need for specialist or if care can be delivered “in house”
 - Medical Director referral review as best practice
 - Guidelines per specialty (ex: Positive FIT test before colonoscopy)
 - Fidelity to SAUP covered services
- Patient returns to PCP after SAUP episode for ongoing care
- Health Systems have varying levels of clinical case management to ensure appropriateness as well
- Delays in care can increase cost of treatment

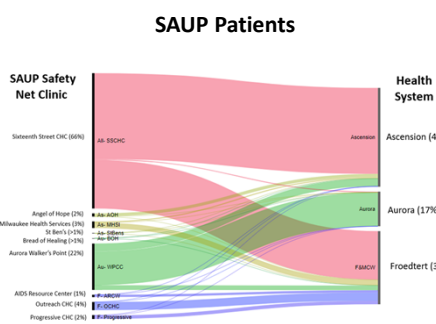
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Is SAUP Managed?

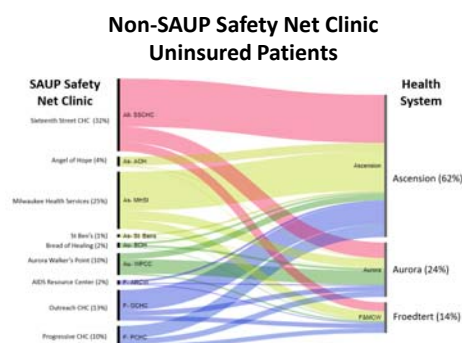
- Annual uninsured utilization report from all health systems
- Tied to SNC clinic rosters, SAUP patients
- SAUP patients stay “in network” for care
- Cost/charge data a challenge across health systems, efforts to standardize underway
- Care coordination/utilization management practices in place but vary by SNC and health system

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SAUP Patients vs Non-SAUP SNC Uninsured Patient Utilization Patterns



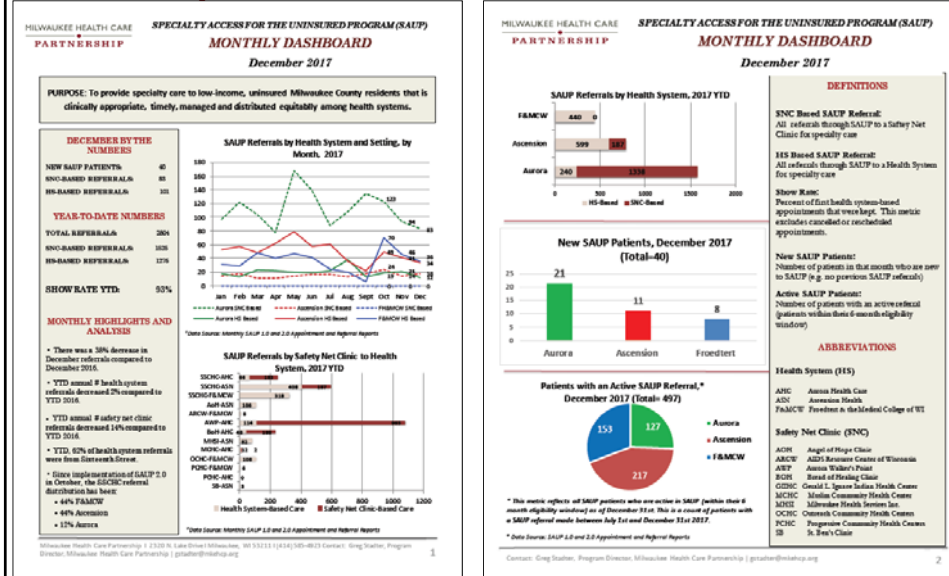
Findings: SAUP Patients tend to stay in-network for all health system care (including ED)



Findings: Non-SAUP Uninsured Patients established at SAUP clinics are more likely to seek out-of-network health system care

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Is SAUP Distributed Evenly? Monthly SAUP Dashboard



SAUP Experience with Cancer Care

- **Sixteenth Street Experience:**
 - 9% of SAUP referrals for cancer care (Hematology, Oncology, Surgical Oncology, Radiation Oncology, GynOnc)
- **2016 Milwaukee Uninsured Utilization Report:**
 - Hem/Onc accounted for 5% of the total cost of Milwaukee's uninsured (\$12 Million)
 - 20% of total cost for SAUP patients Hem/Onc related (\$1.5 million)
- **General considerations:**
 - Support screenings through telemedicine
 - Develop pathways/protocols for SAUP referrals (ex: colonoscopy only after positive FIT test)
 - More than one 6 month episode of care may be needed
 - Hem/Onc services among highest cost specialties

Keys to Success

- ✓ Executive and Clinical sponsorship across health systems
- ✓ Develop trust among partners
 - ✓ Financial and clinical eligibility screenings
 - ✓ Care management and coordination
- ✓ Dedicated project management
 - ✓ Strong evaluation and sustainability plan
 - ✓ Minimum standards while allowing each system do to their way
- ✓ Transparent distribution (fair share and predictable)
- ✓ Publicize great work-internally and externally
- ✓ Shared sense of mission, service and community

Beneficiaries: All Stakeholders

Patients receive specialty care they need

- ✓ Cost-effective- outpatient rather than ED and preventative before inpatient stay needed
- ✓ Distributes uninsured care across health systems
- ✓ Care coordination between SNC PCPs and HS specialists
- ✓ 93% show rate
- ✓ Ensures proper follow up from screenings
- ✓ Laboratory for innovation in changing environment

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Questions?

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Upcoming Webinars & Topics

- ▶ February 14 - Updated Plan Measures
- ▶ March 14 - Colorectal Cancer updates*
- ▶ April 11 - Alcohol updates*
- ▶ May 9 - Lung Cancer Screening*



*tentative - topics subject to change

Tell us what you think!

- ▶ Please fill out the very short survey to let us know what you think!

