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Milwaukee Health Care Partnership improves coverage, access, and care coordination for underserved

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The important job of improving health care for the most vulnerable populations in Milwaukee County has engendered collaboration among area health care providers. The Medical College of Wisconsin is a proud member of the Milwaukee Health Care Partnership (Partnership), which comprises all 5 health systems in Milwaukee County, 4 federally qualified health centers (FQHCs), multiple public agencies, and collaborating organizations.

This level of commitment, modeled by the active leadership of each organization's most senior executive and coalescing around the complex and costly responsibility of caring for the uninsured and underserved, is uncommon if not unprecedented in the nation. Established in 2006, the Partnership endeavors to improve coverage, access and care coordination for medically underserved Milwaukee County residents. This population is defined as those covered by government insurance programs and uninsured individuals with incomes below 200% of the federal poverty level. Currently, 45% of county residents are vulnerable by these standards.

Our work, consequently, has been urgent

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and ongoing. Among the more significant actions taken thus far, the Partnership has helped subsidize the FQHCs and supported a network of more than 30 other safety net

ally. A medication access needs assessment led to acquisition of grant funding that provided more than 3500 low-income patients with free prescriptions.

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clinics. In collaboration with the state of Wisconsin Department of Health Services (DHS), it has assisted in the design and growth of Medicaid programs for low income children, families, and childless adults, representing a 20% expansion of coverage since 2008.

The Partnership has conducted multiple studies that have led to community-wide plans and tangible improvements. In response to a primary care access study, Milwaukee's FQHCs increased their capacity by increasing hours of operation, recruiting new providers, and expanding scope of services, yielding more than a 9% increase in utilization. A community-wide study of the county adult mental health system led to expanded behavioral health access to private hospitals, representing more than 4000 patient transfers annu-

Members of the Partnership have made major financial investments as well. They have secured more than \$12 million in new funding, 80% of which has been contributed by the health systems. This is remarkable, considering that these systems already collectively provide \$424 million annually in charity care, community investments, and Medicaid shortfalls.

Collaborators have developed a host of innovative initiatives within the Partnership to manage the complicated issues faced by underserved patients and providers seeking to address their needs. By way of example, the Specialty Access for Uninsured Program (SAUP) and Emergency Department Care Coordination Initiative are particularly unique approaches to critical problems in our communities.

Access to specialty care is considered one of the most intractable issues in caring for the underserved. Low-income, uninsured adults often delay care or seek specialty care through emergency departments (EDs) because of the barriers they face. Safety net primary care clinicians often must negotiate with individual specialists and hospitals to get the consults, tests, and procedures they need.

Currently in pilot phase, SAUP is designed to ensure timely, clinically appropriate, and managed care that is equitably distributed among specialists and health systems. Participation requires a patient to be established at a FQHC or member primary care safety net clinic. Each clinic is matched to one or more partner hospitals to equalize workload and financial burden while affording increased communication, improved efficiency, and enhanced clinical care coordination. The hospitals are working to develop a network of specialists to serve the SAUP patients, and customary, non-elective treatment is covered.

Standardization of referral, registration, and accounting processes maintain consistency across partners, and thorough outcomes measurement and program evaluation will determine the long-range direction of the program.

The Emergency Department Care

Coordination Initiative (Initiative) exists to decrease avoidable ED visits and related hospitalizations, reduce duplicative tests and procedures, and connect high-risk individuals with medical homes. In 2010, 46% of emergency department visits in Milwaukee County were classified as non-emergencies, and Medicaid and uninsured patients accounted for 68% of those visits.¹

To make a difference, the Initiative created an “ED to Medical Home” process used among 9 Milwaukee County EDs and the 4 FQHCs. Physicians and case managers in the EDs identify patients, educate them regarding proper ED use, schedule primary care appointments, and make referrals to medical homes while the FQHCs reinforce these messages. The Initiative also utilizes the Wisconsin Health Information Exchange, which provides a secure way to access patient encounter history at the point of care to enhance clinical decision making.

Promising results have followed. In 2011, Milwaukee EDs scheduled more than 7600 appointments with area safety net clinics for qualifying patients. Of those patients, 42% attended their initial appointment while 45% returned for a second appointment within 6 months. If we can continue to reduce unnecessary ED utilization while increasing primary care access, we will have relieved

the local health care system of large burdens while improving overall public health.

All evidence indicates the Milwaukee Health Care Partnership is creating a winning environment for patients and clinicians. As Milwaukee continues to look for solutions to a more effective urban health care platform, we must continue these efforts as partners in the quest for a greater good.

In addition to the Medical College of Wisconsin, Partnership members include Aurora Health Care, Children’s Hospital & Health System, Inc., Columbia St. Mary’s, Froedtert Health, Wheaton Franciscan Healthcare, Milwaukee Health Services, Inc., Outreach Community Health Centers, Progressive Community Health Centers, Sixteenth Street Community Health Center, City of Milwaukee Health Department, Milwaukee County Department of Health & Human Services, Wisconsin Department of Health Services, Medical Society of Milwaukee County, Milwaukee Free Clinic Collaborative, Wisconsin Collaborative for Healthcare Quality, Wisconsin Health Information Exchange, Wisconsin Hospital Association, and Wisconsin Primary Health Care Association.

Reference

1. Emergency Department Care Coordination Report. Milwaukee, Wis: Center for Urban Population Health. March 2012.

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