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# Saving Money While Meeting Quality Targets in Latino Health Disparities: A Reason for Optimism

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### Published In/Presented At

Santiago, C., Gallardo, M., Lopez, L., Bohorquez, B., Gutierrez, L., Penaloza, O. (2015, March 27). *Saving Money While Meeting Quality Targets in Latino Health Disparities: A Reason for Optimism*. Poster presented at: National Hispanic Medical Association, Washington, DC.

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# Saving Money While Meeting Quality Targets in Latino Health Disparities: A Reason for Optimism.

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## Background

Centro de Salud Latino-Americano (CDS) is a bilingual, bicultural, internal medicine, primary care physician practice dedicated to advancing the health care and well-being of the North East Pennsylvania region's adult Latino community. CDS achieves the Institute for Healthcare Improvement Triple Aim.

## Objectives

- Enhance healthcare delivery, access and patient navigation within our network and community organizations through a values-based approach focusing on superior quality, compassionate, integrated, and culturally sensitive patient-centered care.
- Educate and empower our community to increase self-confidence and skillfulness in the management and prevention of chronic conditions.
- Create an exemplary cost-effective care model for vulnerable populations.

## Hypothesis

Will Bicultural, linguistically concordant health care result in better than average quality metrics and outcomes in vulnerable Latino patients?

## Methodology

**Innovation in Clinical Practice,** The practice team consists of 3 physicians, 1 PA, 1 RN/clinical care coordinator, 1 RN/CDE, 1 scheduling coordinator, 1 care manager and a practice manager. Patient care is reimbursed predominantly by government insurance and subsidized by LVHN's charity program.

**Multi-Disciplinary Care:** Every diabetic patient with an A1C over 8% meets with a diabetes educator during a routine office visit with provider eliminating transportation barriers.

**Pre-visit-Planning:** All patients receive a phone call per week before scheduled appointment to remind them of outstanding orders that must be completed before the scheduled appointment. Barriers preventing them from getting tests done are addressed and resolved.

**Standing Orders:** Standing orders exist for prevention screenings to empower the clinical team and increase productivity and compliance rates. Weekly Overdue Preventive Reports are run and patients are mailed an order for screening and instructions on how to schedule the study.

**Medication Reconciliation:** Patients are advised to bring in medication bottles to EVERY visit to do a thorough reconciliation before the start of each encounter. Patients, who do not bring their bottles on 7+ medications or have had a recent hospitalization, are scheduled for medication reconciliation with the RN.

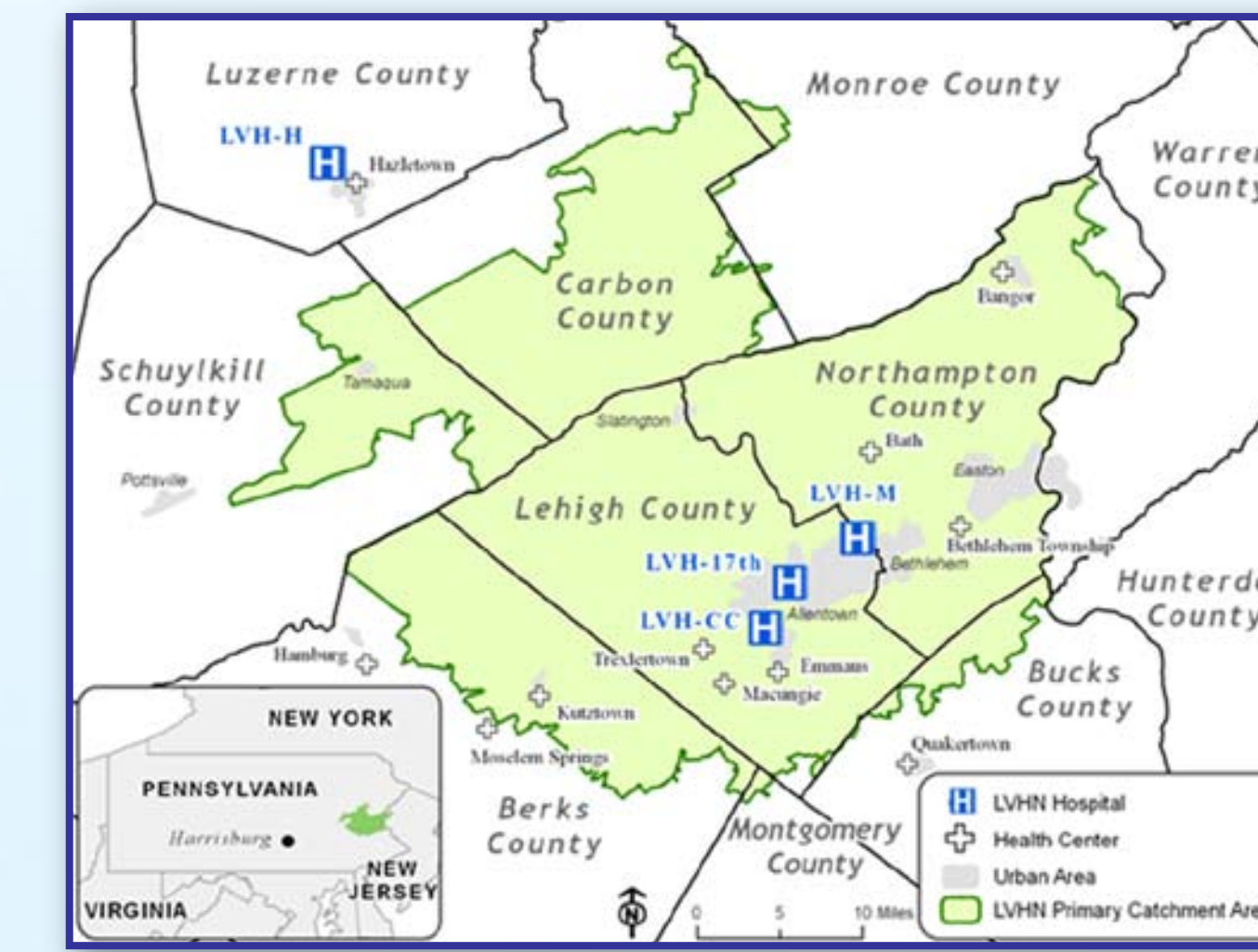
**Physician and Patient Agreements:** In order to create a trusting, respectful and therapeutic physician/patient relationship while empowering patients within their care, patients with chronic conditions who are struggling with compliance and with making significant changes to better their health conditions, meet with their health care provider and they both sign and review an agreement that outlines and explains to the patient the steps that must be taken in order to better his/her health.

**Community Care Teams:** High-risk patients have an additional team that provides specialized care and resources to the most vulnerable patients. On-site services provided by a Behavioral Health Specialist, RN-Care Manager and Social Worker with the goal of increasing health and reducing ER visits and hospitalizations.

**Financial Coordinators:** Provide on-site guidance to patients who are uninsured, and/or do not qualify for Medicaid. Providing assistance with medical bills from office visits, studies, and medications needed. This program provides financial relief eliminating barriers for the uninsured patients.

## Results

- 1,650 Patients are receiving care at CDS: 100% are adults; 97% are Hispanic or Latino. 90% are low income and receive public assistance. 65% of patients have been diagnosed with mental health issues. 75% of patients have multiple chronic conditions.
- CDS is part of the Lehigh Valley Physicians Group which tracks 32 healthcare quality measures. Out of 32 quality measures tracked by LVPG; CDS has 26 between target and maximum; 2 between threshold and target and 4 below threshold.



Measure is Claims Utilization	Description of Measure	Centro de Salud	Peer	Savings per CDS Patient	% Lower than Peer Group
Hospital Admissions / 1000	Average number of acute admissions per 1000 members. Acute inpatient setting includes hospitals, and excludes skilled nursing and rehab facility admission.	91.08	233.74	142.66	61%
ER Visits / 1000	Average number of emergency room visits provided per 1000 members per year. This includes both ER visits that resulted in an admission and those that did not.	701.33	1129.82	428.49	38%
Overall Cost PMPY	PMPY - Per Member Per Year.	\$2,295.22	\$3,728.41	\$1,433.19	38%
Pharmacy Net Paid PMPY	There are 255 members	\$1,831.39	\$2,153.42	\$322.03	15%
Overall Yearly Saving to Gateway for Patients Receiving Care at Centro de Salud					\$447,581.10

CDS' cost per-member per-year for Gateway Health Medicaid in a year time period 2013/2014. Is approximately 38% less than its peer group. Additionally, Hospital admissions and pharmacy Net Paid per-member per-year costs are nearly 61% and 15% lower than the peer group respectively. Aggregating these savings over the 379 Gateway patients receiving care at CDS, savings to the insurer total nearly a half million dollars annually.

## Conclusions

- **The necessity of committed leadership.** Without top leadership and physician champions willing to support innovation and invest financial resources toward meaningful care the work at CDS would not be possible.
- **Lessons on trust and teamwork.** Trusting relationships in healthcare are important; however, there is a flip side of developing deep trusting relationships between patients and practice teams. Sometimes, patients rely heavily on practice teams to help with needs that might be considered outside of the scope of medicine which ARE important to a patient's overall health, and are time consuming for stretched practice teams.
- **Lessons on time and communication.** Language and Culture matters. Creating a practice that includes without judgment matters. Time spent listening, understanding, and making sure information is understood is time well spent.

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