Links to Care

Building Specialty Care Linkages for FQHC Patients

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What is Links to Care?

Links to Care Pilots Seek to Improve:

- CRC screening and follow up care for uninsured, underinsured and uninsurable patients

- Strengthening relationships between community health centers and specialty providers based on a fair distribution of donated services

Why Links to Care?

Solve the Access to Specialty Care for CRC

- Uninsured, underinsured and uninsurable patients at FQHCs face barriers to specialty care
- Patients who complete take-home stool tests don’t have a way to get follow-up colonoscopy and treatment, if necessary
- Providers unwilling to offer stool testing options if no follow-up available

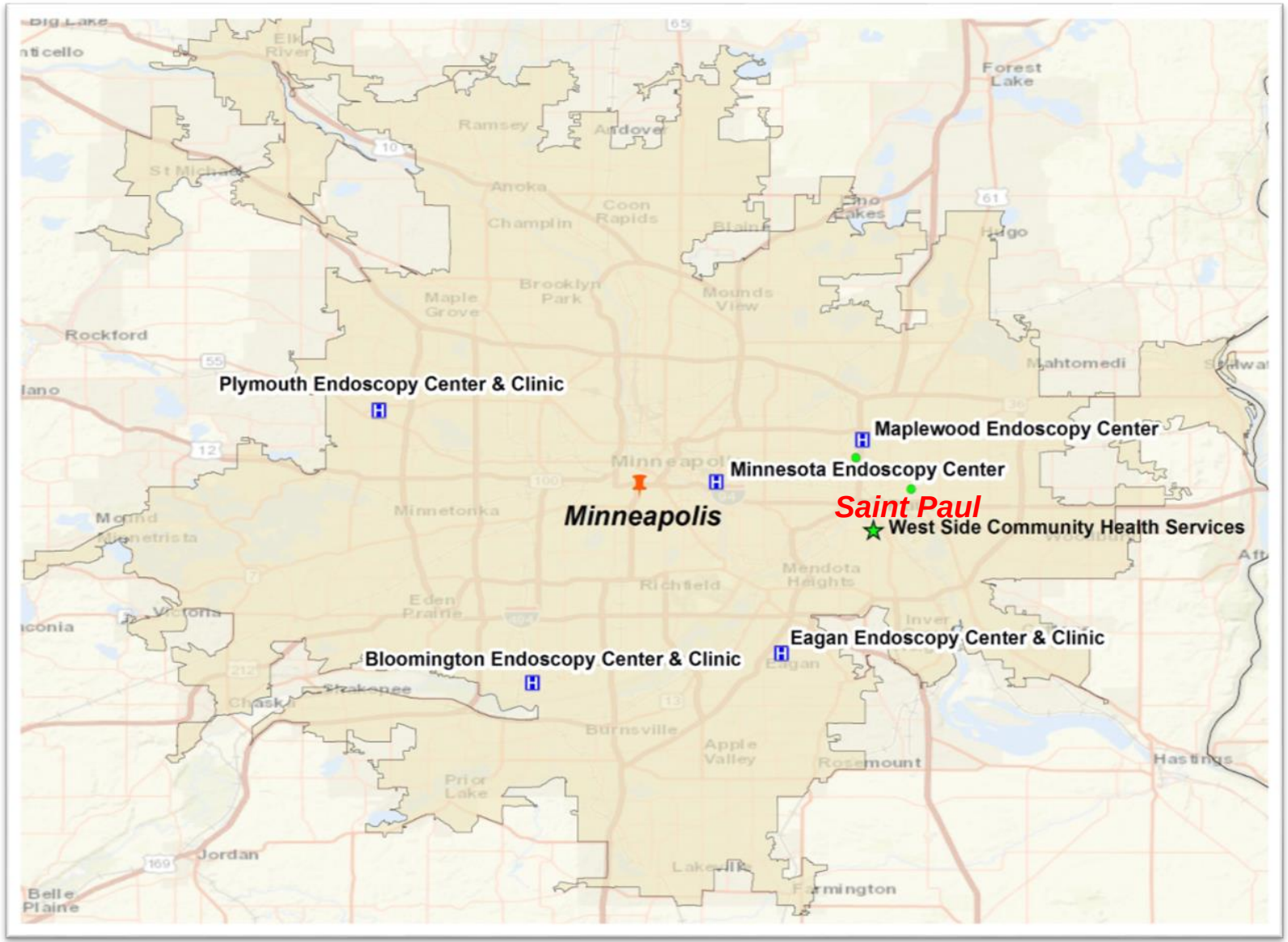
3 Pilot Sites

- Pilot Projects started in mid-2014

- Supported by: NCCRT, ACS & CDC

  - Low-Country, SC
  - New Haven, CT
  - Saint Paul, MN

Saint Paul, MN



West Side Community Health Services

Why West Side Community Health Services?

- Largest FQHC in Minnesota
- Over 36,000 patients seen annually
  - 36% of West Side patients were uninsured in 2014
  - About one half of the insured were on Medicaid
  - Significant number of under-insured with high out-of-pocket deductibles making colonoscopy unobtainable
  - Many uninsured are uninsurable
  - Over 3,700 patients age 50 and older
  - About 17% screening rate June 2013

Challenges at West Side in 2014

- Stool tests under-utilized
  - Follow-up colonoscopy not available for uninsured patients if test was positive
- No formal screening navigation and colonoscopy referral process
- No patient registry

Challenges at West Side

- Unmet need for follow-up, diagnostic and treatment for uninsured, under-insured, and uninsurable patients
- West Side's patients had no access to routine specialty care

Root Cause: Lack of Access to Specialty Care

Solution: Finding solutions that works for West Side's patients

Our Strategies

- Develop a FIT based program
- Improve MA / provider workflow
- Screening navigation
- Staff education

- Relationship/Linkages with GI Groups

Our Approach

1) Conduct Community Assessment
2) Convene Stakeholder Group
3) Studied and Shared High Performing Models
4) Made a case for donated care
5) Distributed the burden of providing donated care

External

Approach

6) ACS staff served as conveners and catalysts
7) Trained staff on pre-visit planning process
8) Educated providers on efficacy of stool testing
9) Trained and placed Screening Navigators
10) Stool testing --primary screening modality

Internal

6) Referred positive stool testing for follow-up colonoscopy
7) Endoscopy relationship management

External

MN State CRC Roundtable

- Convened Executive Leaders from Minnesota's largest Health Systems (i.e. Hospitals, Specialty Practices, Public Health)
- Recruited key decision-makers
- Incorporated the *Links to Care* into the agenda to create momentum

Successful Partnership Development

- Engagement from many angles
  - Community Clinical Champions
  - MDH support and engagement
  - American Cancer Society Health Systems and Advocacy Staff

Partnerships developed for diagnostic colonoscopy for uninsured, uninsurable patients

- Two GI partners committed to donating free colonoscopies plus additional services
- Initial commitment of about 16 donated colonoscopies per month

MINNESOTA GASTROENTEROLOGY, P.A.
Premier Gastroenterology Care

colon& rectal surgery associates

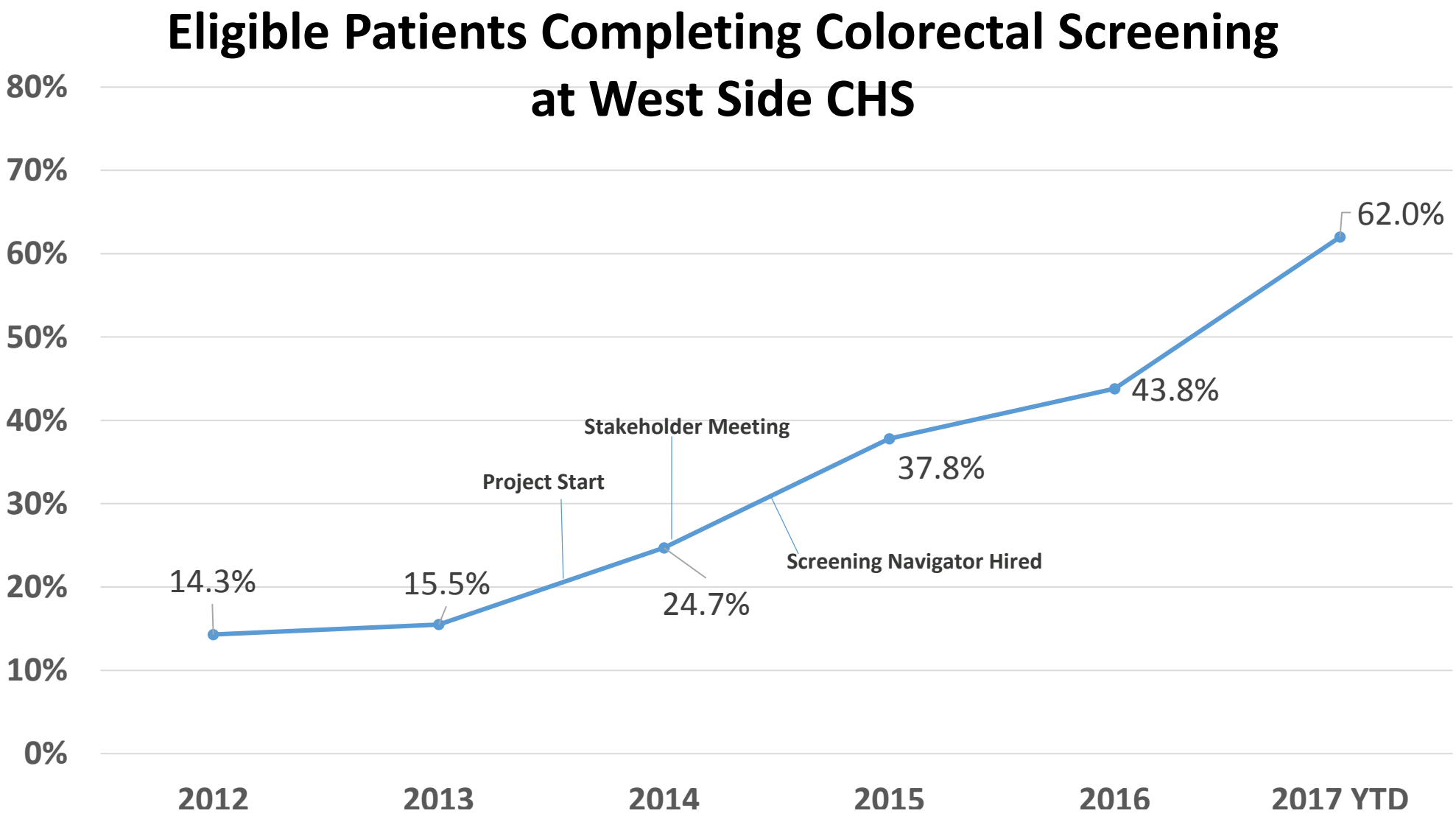
Changes in Workflow

- Increased focus on stool testing; very quickly transitioned to stool testing as primary screening modality
- Provider and clinical staff education to order stool test
- Hire patient navigator
- Work with GI partners to complete colonoscopy
- Formalize and standardize workflows for all staff
- Integrate into daily flow

Role of Patient Navigator

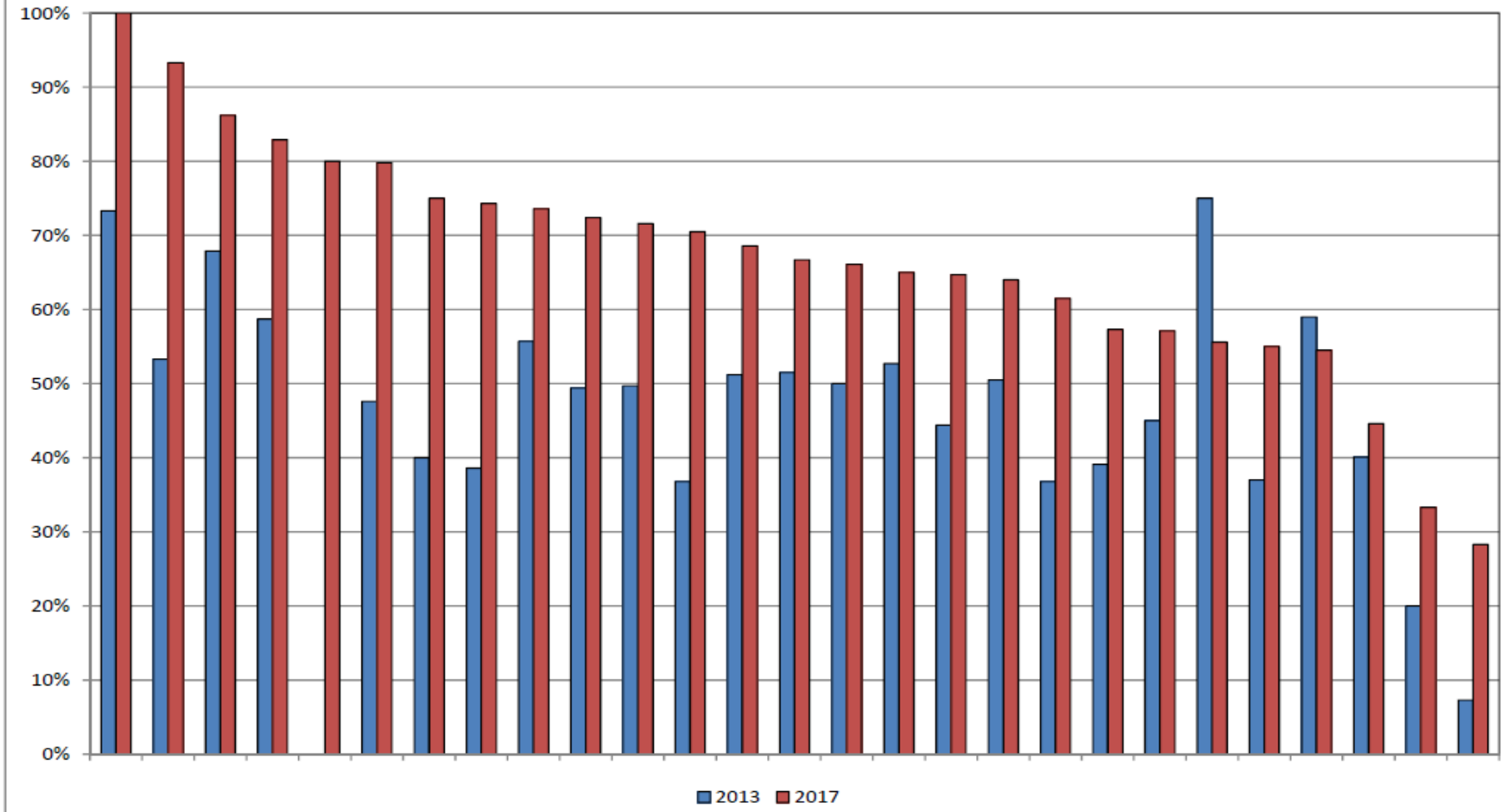
- Maintain patient registry
- Contact patients if in-clinic appointment did not result in screening order
- Manage direct-mail campaign
- Educate patient about screening options
- Walk along side patient for colonoscopy referral, prep, and completion to minimize no show

Progress

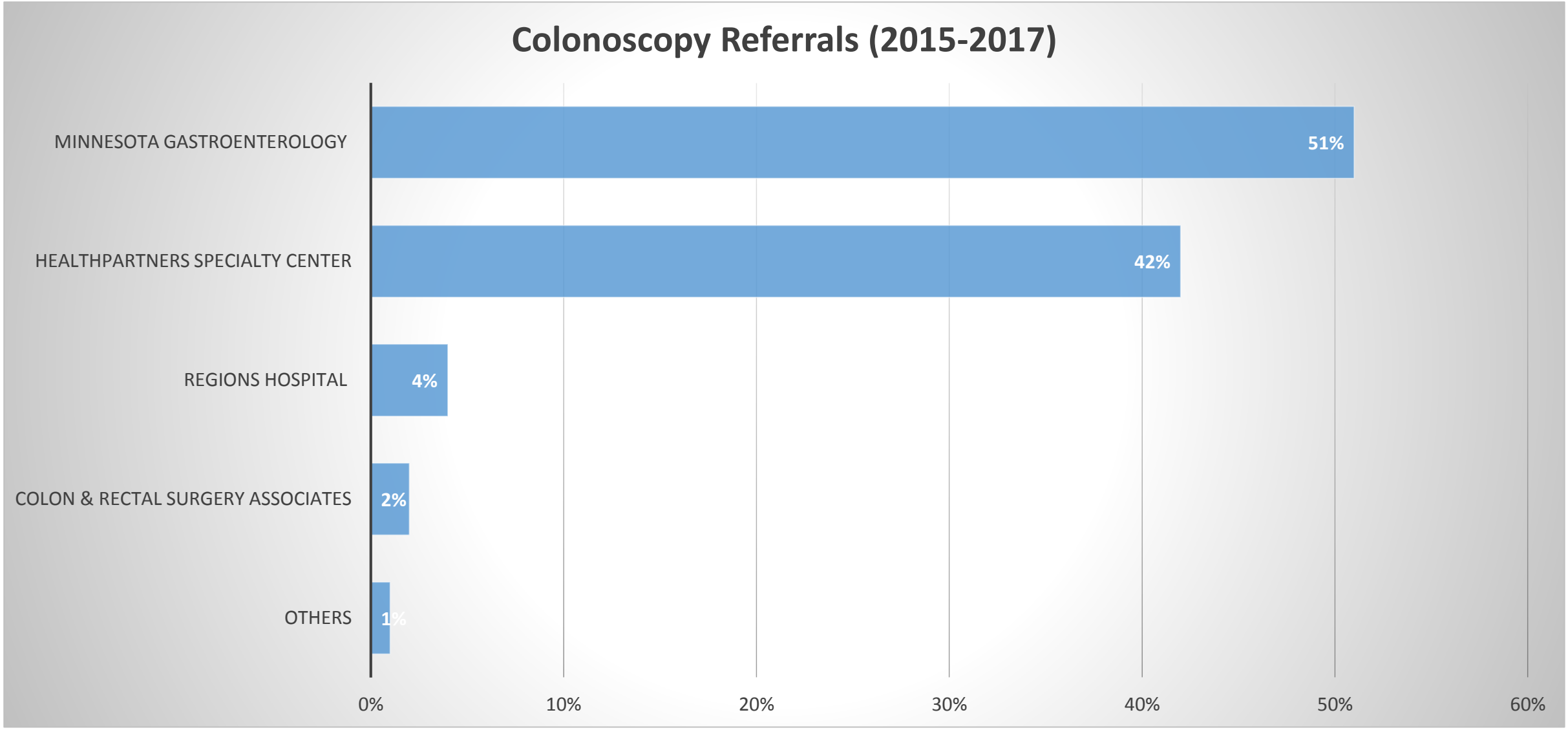

Eligible Patients Completing Colorectal Screening at West Side CHS
80%
70%
60%
50%
40%
30%
20%
10%
0%
14.3%
15.5%
24.7%
37.8%
43.8%
62.0%
Project Start
Stakeholder Meeting
Screening Navigator Hired
2012
2013
2014
2015
2016
2017 YTD

West Side
Community Health Services

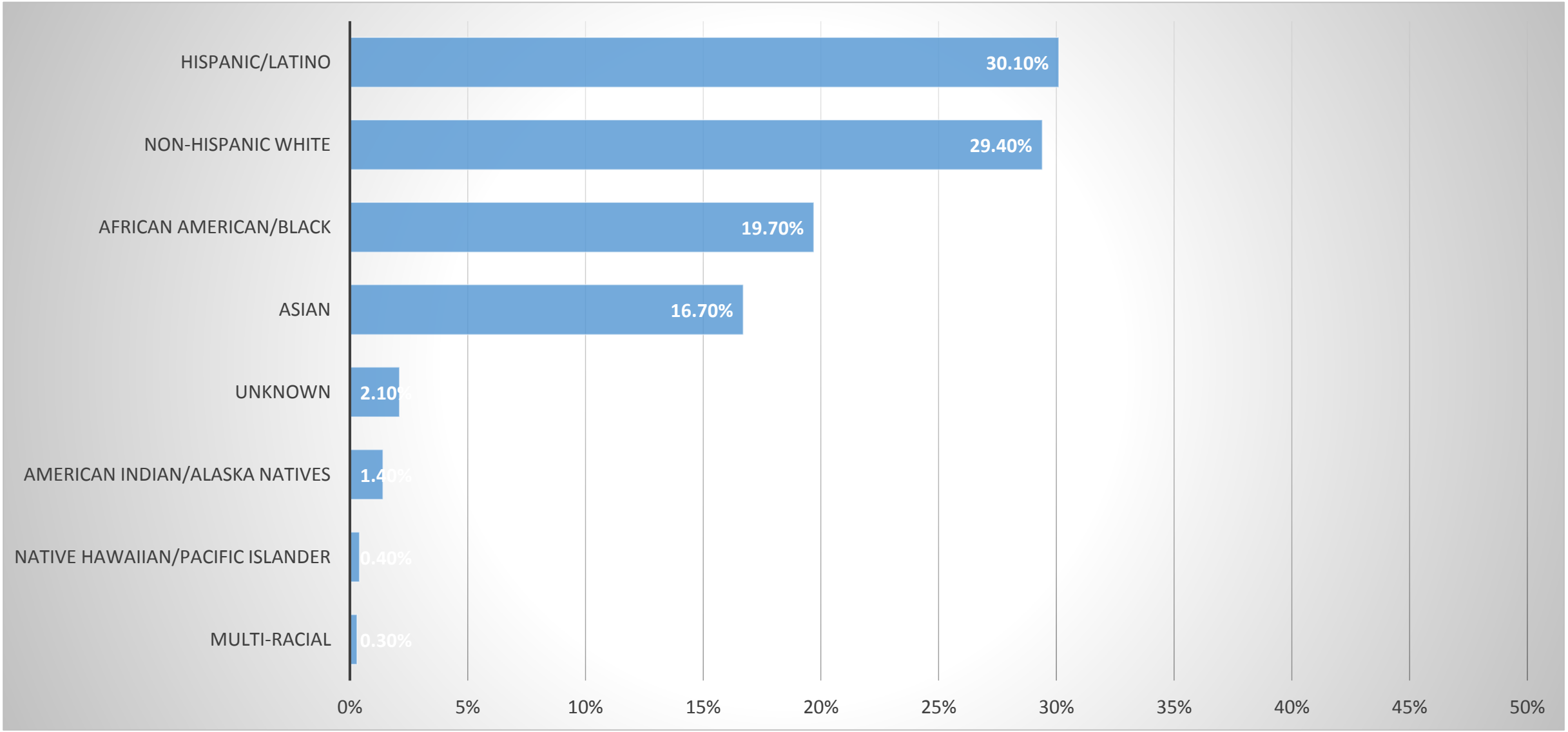
Provider Level Change
Colorectal Cancer Screening
Comparison of 2013 Baseline with September 2017 Results



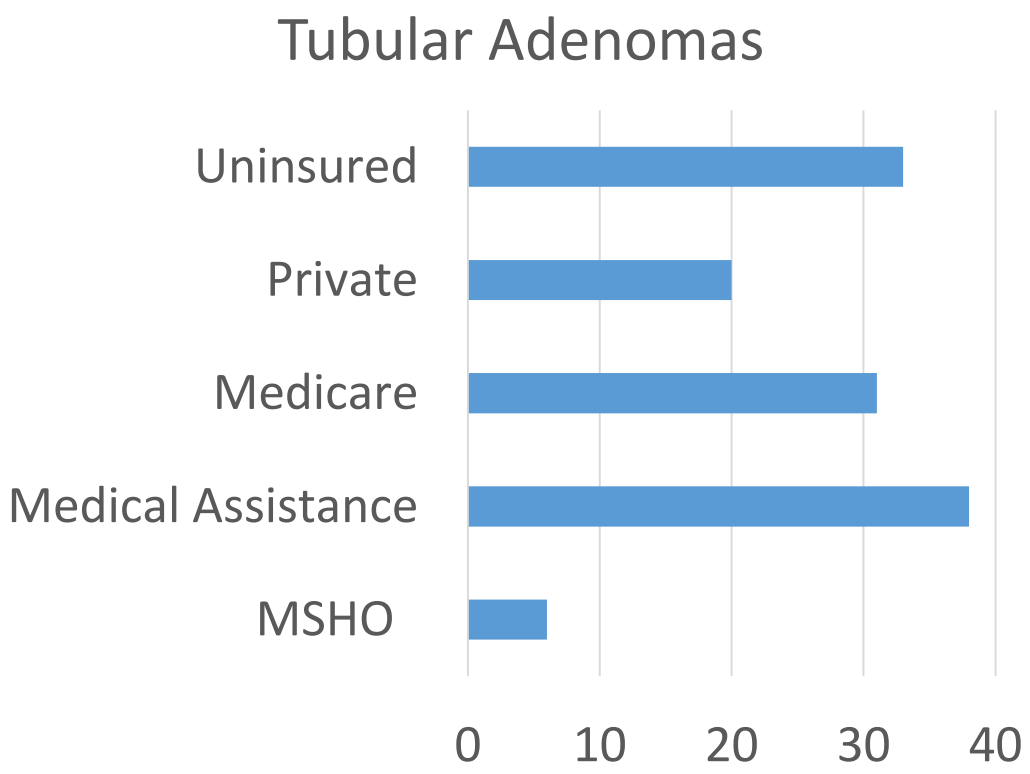
Colonoscopy Referrals

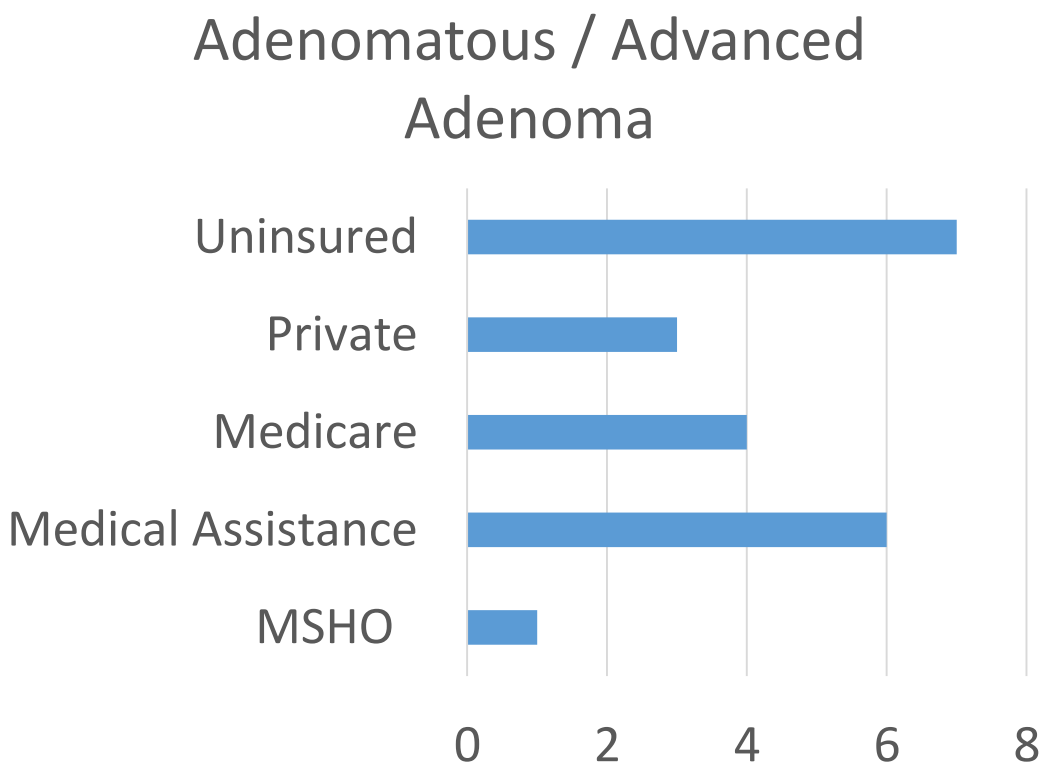


Colonoscopy Intake: Race and Ethnicity



Preliminary Analysis: Polyps Removed





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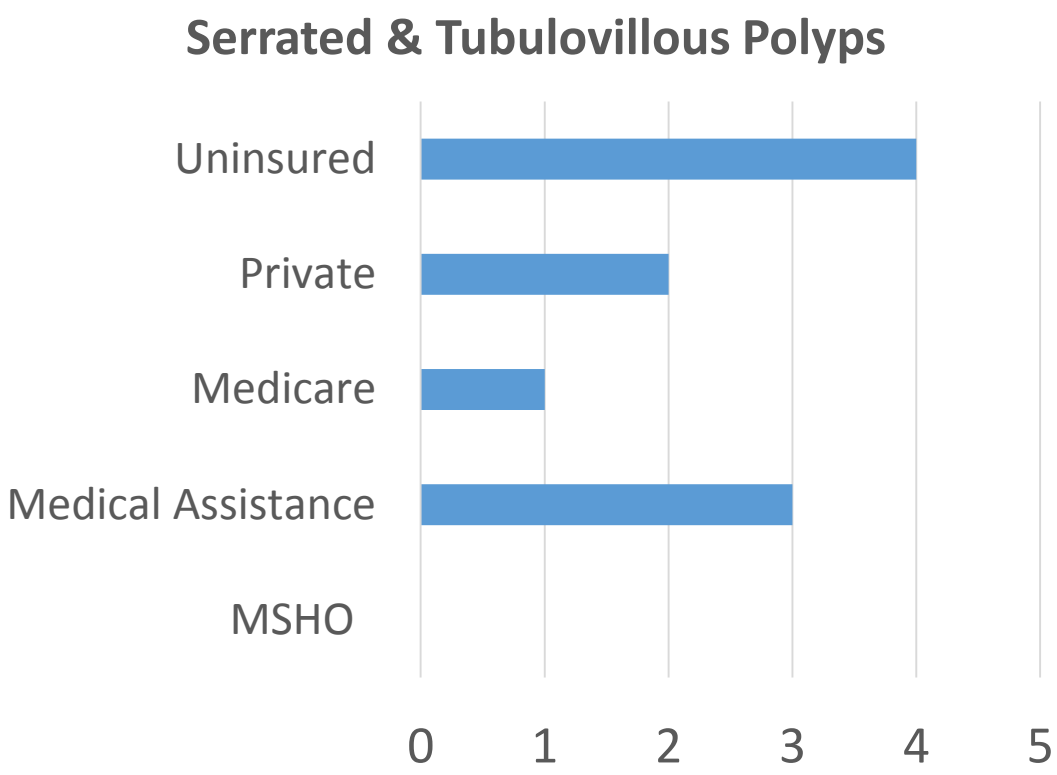

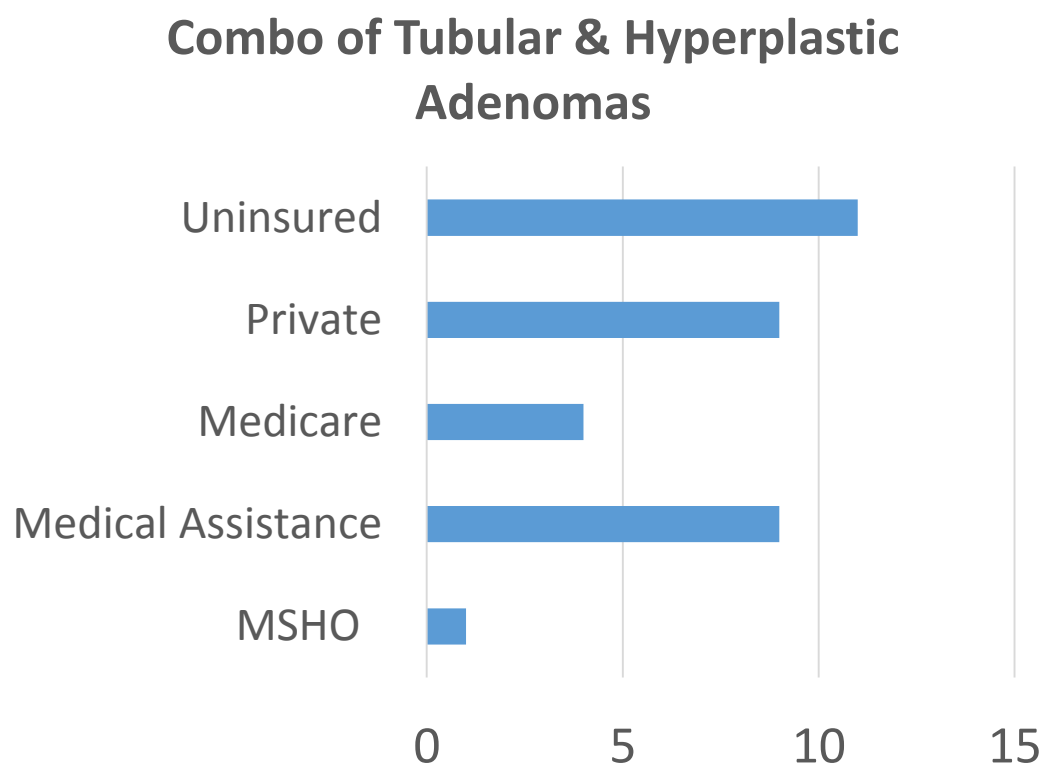

Lessons Learned

- Stool testing to average risk patients as first line of screening
- Colonoscopy still an option if stool testing was positive or if providers elected due to risk factors
- Must be part of daily process – Team Visit Planning
- Patient incentives are effective
- Unscreened population=increased cancers diagnosed

Lessons Learned

- GIs groups are often willing to provide donated services and care if **expectations are clear** (i.e. a defined number of colonoscopies per week or month), **business case is clear** (fulfill Community Benefit; reduce downstream ER use of CRC patients) and **burden is clearly shared** among local providers or systems.

- Volume can be managed if **all parties work collaboratively** and there is effective coordination/distribution of cases.

Collaboration with ACS CAN

Advancing Policy Solutions

- Building on ACS CAN policy work in MN
- Highlight successes of Links to Care with State & Federal legislators
- Build Congressional champions for and raise visibility of this public-private partnership
- State funding for centralized referral coordination and screening navigation

Looking into 2018

What's Next

- Focus groups – patients who decline recommendations
- Develop partnerships with hospitals for gap coverage
- Continue to support and develop community and GI partnerships. Add additional GI partners
- Spread program to additional FQHC clinics
- Develop centralized referral coordination and screening navigation