

Methodological techniques and tools used to develop and evaluate community healthcare access programs in Lane County, Oregon

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Population studies

- **Community Needs Assessment** - United Way of Lane County Initiative
- **Emergency Department Utilization** – commissioned by 100% Access, conducted by Health Policy Research Northwest (HPRN) and the Center for Policy and Research in Emergency Medicine, Oregon Health & Sciences University.

Program evaluation coordinated and/or conducted by:

100% Access Healthcare Initiative

Health Policy Research Northwest (HPRN)



HPRN strives to enhance health-related quality of life by providing the research-based evidence necessary to improve community health and optimize healthcare delivery and impact

About HPRN

- Independent, not-for-profit organization – 501(c)3
- Analysis and evaluation of healthcare needs, program and policy outcomes
- Research on methods to improve clinical and population outcomes
- Assessment of the financial value of health services and interventions
- Focus on evidence to provide our partners and clients with realistic, actionable policy and programmatic recommendations



HPRN is comprised of a multidisciplinary team dedicated to conducting research on key issues in health policy and healthcare delivery

About HPRN

Our Capabilities

- Consultation and technical assistance
- Interagency coordination
- Project management
- Data collection, analysis, reporting
- Survey design, analysis, reporting
- Database development

Our Focus

- Program evaluation
- Reducing disparities
- Disease management
- Web-based care coordination
- Interventions to increase quality and financial value of services

Evaluating community access programs – It takes two to tango...



Population studies

- Drive collaboration by aligning stakeholders
- Provide evidence for program development
- Help prioritize 100% Access Coalition scope of work

Population Study #1:

United Way of Lane County's Needs Assessment

- Random digit dial telephone survey
- Conducted approximately every three years
- Cross-cutting issues (household needs, financial sustainability, housing, access to public programs, healthcare issues).

Percent Covered by Health Insurance, by Age Category, 2007 (n=978)

Insurance Coverage	18-24	24-39	40-54	55-64	65-74	75+
Insured for all of past two years	50 %	68 %	73 %	83 %	87 %	98%
Uninsured for part of past two years	34 %	16 %	15 %	10 %	9 %	2 %
Uninsured for all of past two years	16 %	16 %	12 %	7 %	3 %	0 %

**conducted by United Way of Lane County*

Does Respondent Know About Free or Reduced-Cost Community Healthcare Centers in Area (n=986)?

	Yes	No
Among all respondents	48 %	52 %
Among those insured all of past 24 months	48 %	52 %
Among those uninsured some of past 24 months	46 %	54 %
Among those uninsured all of past 24 months	45 %	55 %

**Uninsured are
NOT
better informed**

**conducted by United Way of Lane County*

Does Respondent Have an Established Relationship with a Doctor or Other Health Professional for Healthcare (n=988)?

	All Respondents	Insured all of past 2 years	Uninsured part of past two years	Uninsured all of past two years
Yes	88%	94%	77%	54%
No	12%	6%	23%	46%

*conducted by United Way of Lane County

Population Study #2:

Emergency Department Utilization in Lane County

Participating Hospitals

- McKenzie-Willamette Medical Center, Springfield
- Sacred Heart Medical Center, Eugene
- Cottage Grove Hospital, Cottage Grove
- Peace Harbor Hospital, Florence

Data

- Emergency department discharges (Year 1 = Baseline 2005 & 2006; Year 2 = 2005 – 2007 Potential Trends)
- Aggregate, de-identified data
- Extensive cleaning & recoding process to standardize data
- Limited to Emergency Department visits with Lane County zip codes of residence
- Methodology comparable to statewide sample of Emergency Department visits that represents approximately 55% of all ED visits in Oregon

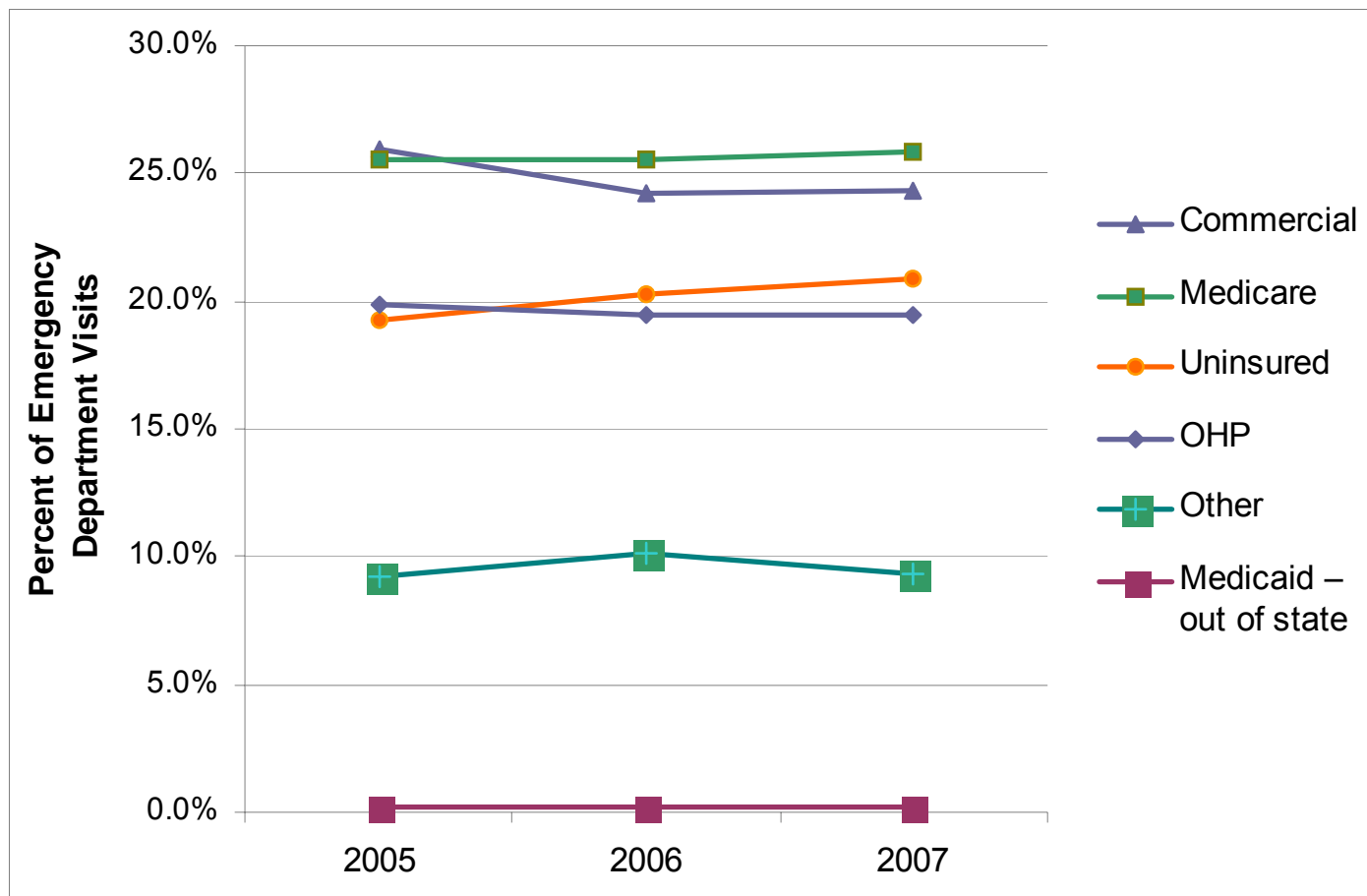
Frequency and Percent of Emergency Department Visits, by Insurance Status, Lane County, 2005 – 2007

Insurance type	Number (%) of Lane County residents ED visits		
	2005	2006	2007
Commercial	25,357 (25.9)	24,467 (24.3)	25,302 (24.3)
Medicaid – out of state	234 (0.2)	194 (0.2)	195 (0.2)
Medicare	24,980 (25.5)	25,792 (25.6)	26,860 (25.8)
OHP	19,428 (19.9)	19,653 (19.5)	20,193 (19.4)
Other	9,030 (9.2)	10,264 (10.2)	9,693 (9.3)
Uninsured	18,802 (19.2)	20,450 (20.3)	21,726 (20.9)
Total	97,831 (100.0)	100,820 (100.0)	103,969 (100.0)

The proportion of visits by uninsured patients has increased from 19.2% in 2005 to 20.9% in 2007, a significant trend (χ^2 for trend=87.8, $p<0.0001$).

*conducted by HPRN and OHSU Center for Policy and Research in Emergency Medicine

Frequency and Percent of Emergency Department Visits, by Insurance Status, Lane County, 2005 – 2007.



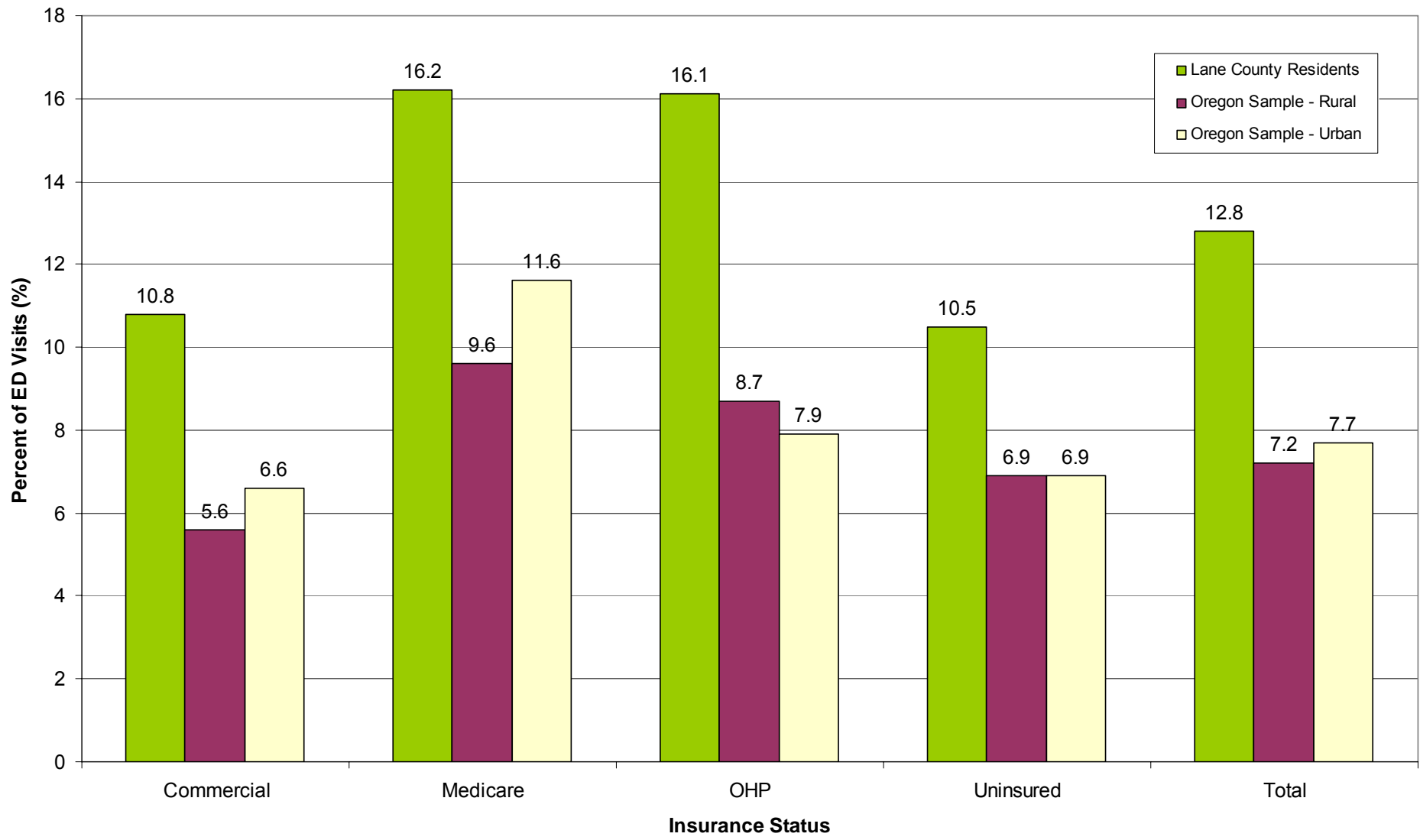
*conducted by HPRN and OHSU Center for Policy and Research in Emergency Medicine

Rich, relevant dataset – a proxy for healthcare access

- Admitted to the hospital versus discharged
- Charges incurred for visits
- Billings algorithm applied
- “High use clients”
- OHP to uninsured “churn”
- Why do people visit the ED?
- Conditions with potential programmatic implications for the Coalition
 - ✓ Injuries
 - ✓ Mental Health
 - ✓ Diabetes
 - ✓ Drug and Alcohol
 - ✓ Asthma
 - ✓ Dental
- Geography (zip codes)

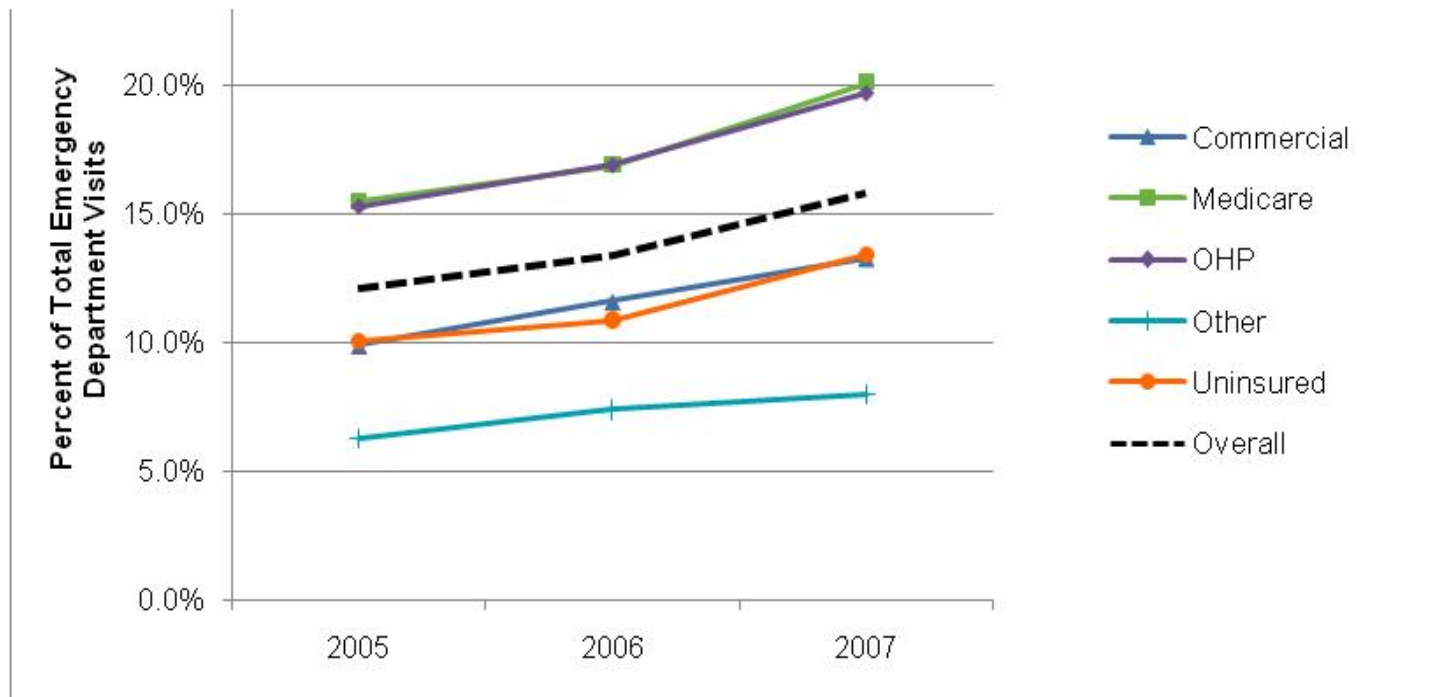
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Emergency Department Visits for Mental Health-related Lane County residents (2005 & 2006) vs. Rural and Urban Oregon Residents (2004)



Example: Mental Health related ED visits

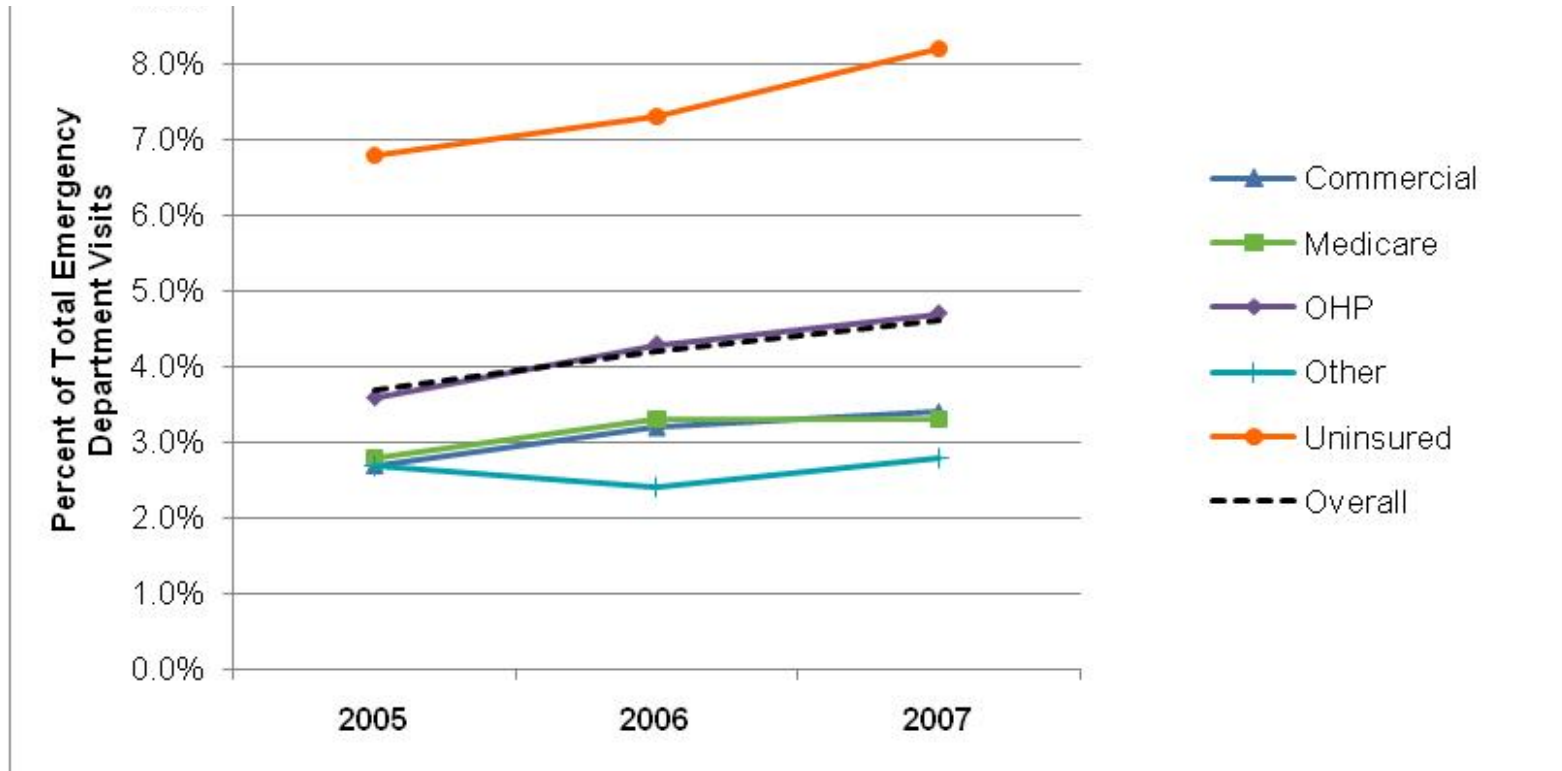
Percent of Emergency Department Visits with Mental Health Related Diagnoses, Lane County, 2005 – 2007



- Females were 1.6 times more likely to have a mental health associated visit compared to males ($p < 0.0001$), 2005 - 2007.
- When classified by age, the age group with the highest proportion of mental health associated visits was the 40-64 age group.

Example: Alcohol-related ED visits

Percent of Emergency Department Visits with Alcohol-Related Diagnoses, Lane County, 2005 – 2007.



- The proportion of alcohol-related visits has increased significantly from 2005 – 2007 (χ^2 for trend=96.9, $p<0.0001$) while the proportion of drug-related visits has remained about the same (χ^2 for trend=2.9, $p=0.09$).
- The proportion of alcohol-related visits was over twice as high in the uninsured population as the insured population each year. (2005 Odds Ratio [OR]=2.4, 95% Confidence Interval [CI]=2.2–2.6; 2006 OR=2.3, CI=2.1–2.4; 2007 OR=2.4, CI=2.2–2.5).

Impact of Emergency Department Utilization on 100% Access Coalition Program and Policy Development



Issue #1: Access health services

Evaluation of ED use revealed access issues throughout the county:

- ✓ Mental health
- ✓ Drug/alcohol treatment
- ✓ Dental
- ✓ Geographic factors

Issue #2: Frequent users /“high use” clients (6 or more visits in 2 years)

Frequent ED users (accounted for ~4% of persons that visited the ED in 2005-2006):

- ✓ May lack timely access to essential services
- ✓ Have co-morbidities that can complicate care management/coordination
- ✓ Require better care coordination, especially as clients transition between insurance types

Issue #3: Chronic diseases

The chronic disease burden continues to increase with marked community health and economic consequences:

- ✓ High cost regardless of insurance status (account for an estimated 70-80% of charges)
- ✓ Prevention of high cost hospital admissions (14-15% of ED visits accounted for 78% of charges)
- ✓ Co-morbidities complicate care management/coordination
- ✓ Better continuity of care is required

Evaluating the Coalition's Programs: Rethinking the Evaluator's Role?

Goals:

- ✓ Evaluate the program
- ✓ Establish benchmarks
- ✓ Revise interventions / programs

Reality:

- ▣ Can be “messy community work”
- ▣ Disparate, non-standardized data capture
- ▣ Dynamic, responsive programs
- ▣ Time required to realize results

Reality



Often a need for
à priori evaluator
input



Achieve goals

Safety net clinic capacity and utilization

Standardization of data collection across disparate clinics required before “evaluation”

- ✓ Demographics
- ✓ Utilization (medical, lab and ancillary services, pharmaceutical)
- ✓ Referrals

Medical Access Program (MAP)

- ✓ Enrollment data (demographics, income, OHP eligibility)
- ✓ Utilization data → “encounters” with the healthcare system (claims)
- ✓ Activity log → scope of care coordination required
- ✓ Provider participation
- ✓ Provider and client satisfaction, enroller satisfaction

Conclusions

- Community healthcare access programs and policies should be evidence-driven
- A two stage approach is often warranted:
 - ✓ Population studies → drive program and policy development
 - ✓ Program evaluation → impact and outcomes assessment
- Third party, outside evaluators are often needed:
 - ✓ Important to ensure objectivity in many circumstances
 - ✓ Complexities inherent in the nature of the work may require consultation prior to program implementation
- Stakeholders should be realistic about the time required to realize outcomes and return on community investment

Thank You

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Evidence Serving the Community's Health



100% ACCESS
HEALTHCARE INITIATIVE

Healthcare Matters.

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