

# LANCASTER COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE 2017-18

CHIP Priority: Access to Care



## Access to Care

### **Participants:**

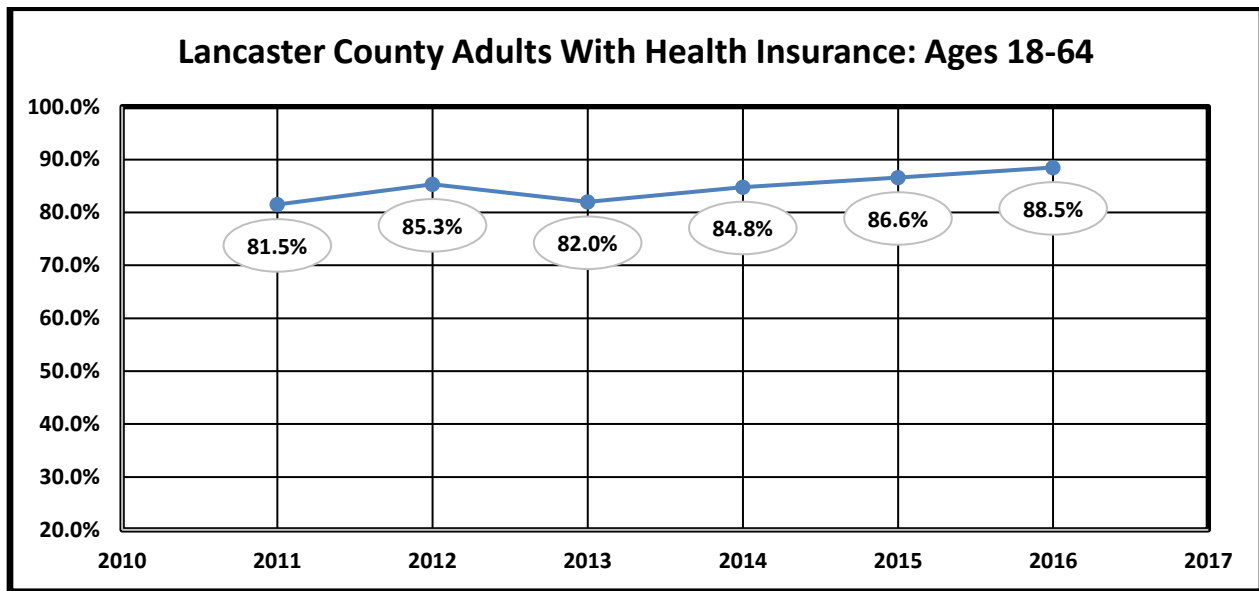
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**Goal: Improve access to comprehensive, quality and affordable healthcare services for all residents of Lancaster County.**

**Objectives:**

1. *By 2018, increase the percent of the population ages 18 to 64 with health insurance coverage from 84.8% (2014) to 92%.*

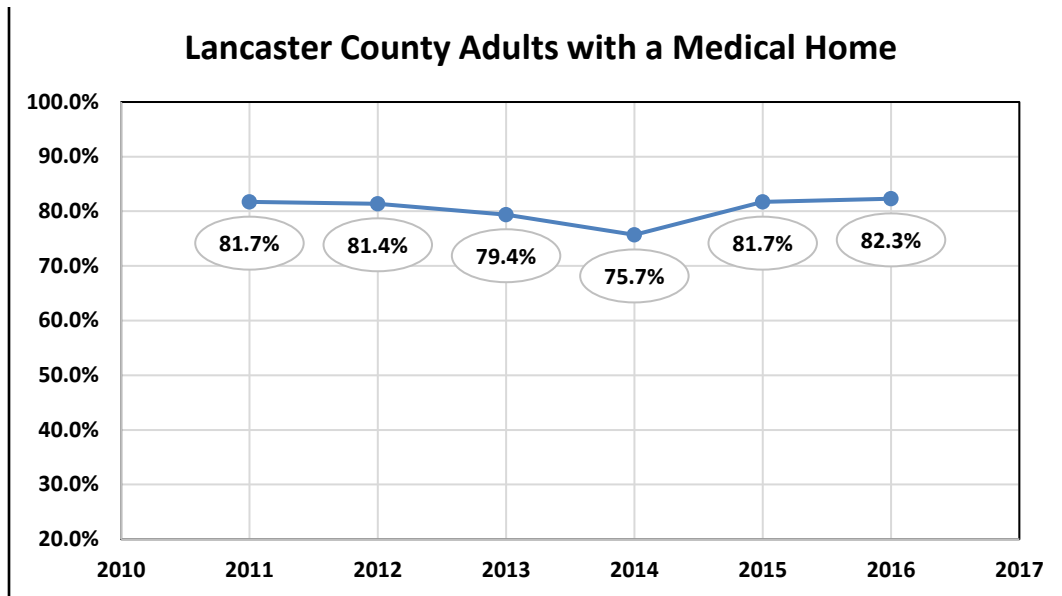
**Update:** While this objective was not met, the percentage of Lancaster County adults with health insurance increased 7% (net gain) to from 81.5% in 2011 to 88.5% in 2016. Factoring in the population increase in the same time period, this is a net gain of approximately 27,960 people.



**American Community Survey, United States Census Bureau, 2016**

2. *By 2018, increase the percent of population with a usual primary care provider to 85%.*

**Update:** The percentage of adults who report having a “personal doctor” or a medical home has remained fairly steady from 2011 to 2016, at an average of 80.3%. While the community is very close to achieving this objective (82.3% in 2016), Access to Care CHIP participants identified a continued lack of understanding among patients about appropriate use of a medical home.

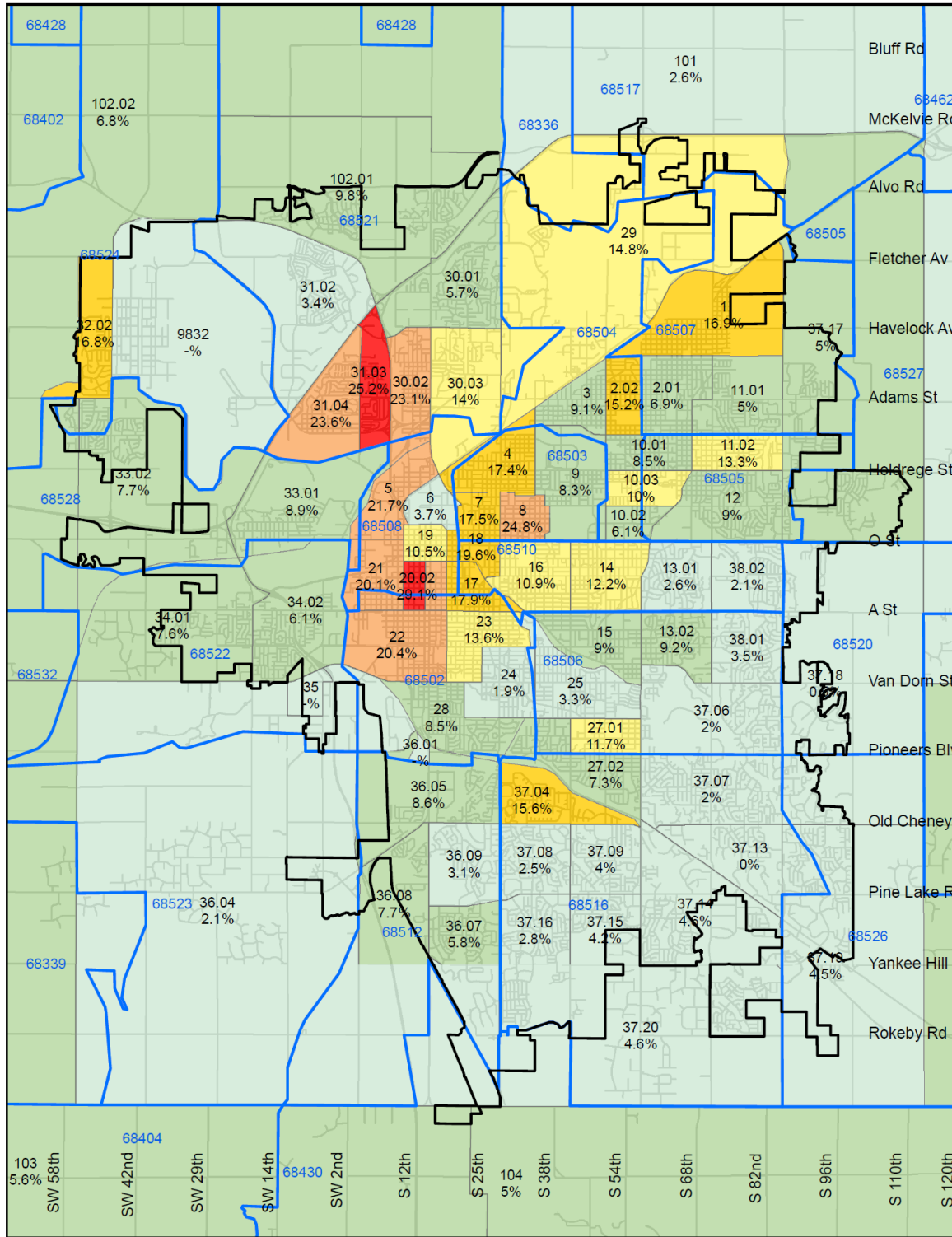


**Behavioral Risk Factor Surveillance Survey, Lancaster County NE**

**Key Strategy #1:** Utilize patient advocates who personally assist people in accessing appropriate care and services.

**Update:**

Local assisters in Lancaster County are certified by the Center of Medicare and Medicaid Services (CMS) to help people who are low-income and uninsured apply for the following sources of health insurance: NE Medicaid, Health Insurance Marketplace and Lancaster County General Assistance. Local assisting agencies include Bluestem Health, Community Action Partnership of Lancaster & Saunders Counties, Lincoln-Lancaster County Health Department and NE Appleseed/Enroll NE. Local assisting agencies formed a cooperative and met monthly over the past five years to share expertise, resources, and marketing strategies. Eligibility and enrollment services are provided free of charge in the preferred language of the client. Services are advertised on the CMS database, the 2-1-1 resource hotline and website, and via the MyLNK application. The cooperative focuses medical home educational and marketing efforts on uninsured populations within the medically underserved area of Lincoln, focusing on Census Tracts 20.02 and 31.03 (see Figure 1). The cooperative also reaches the working poor who have multiple jobs without benefits by working with employers who hire part-time staff. These various efforts resulted in a 22% increase in the number of people requesting assistance in the Health Insurance Marketplace from 2016 to 2017, even though the time to enroll in a health plan was reduced by half. The utilization of Marketplace health insurance is illustrated in Figure 2.



**Legend**

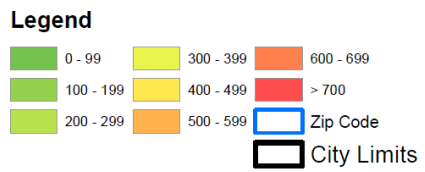
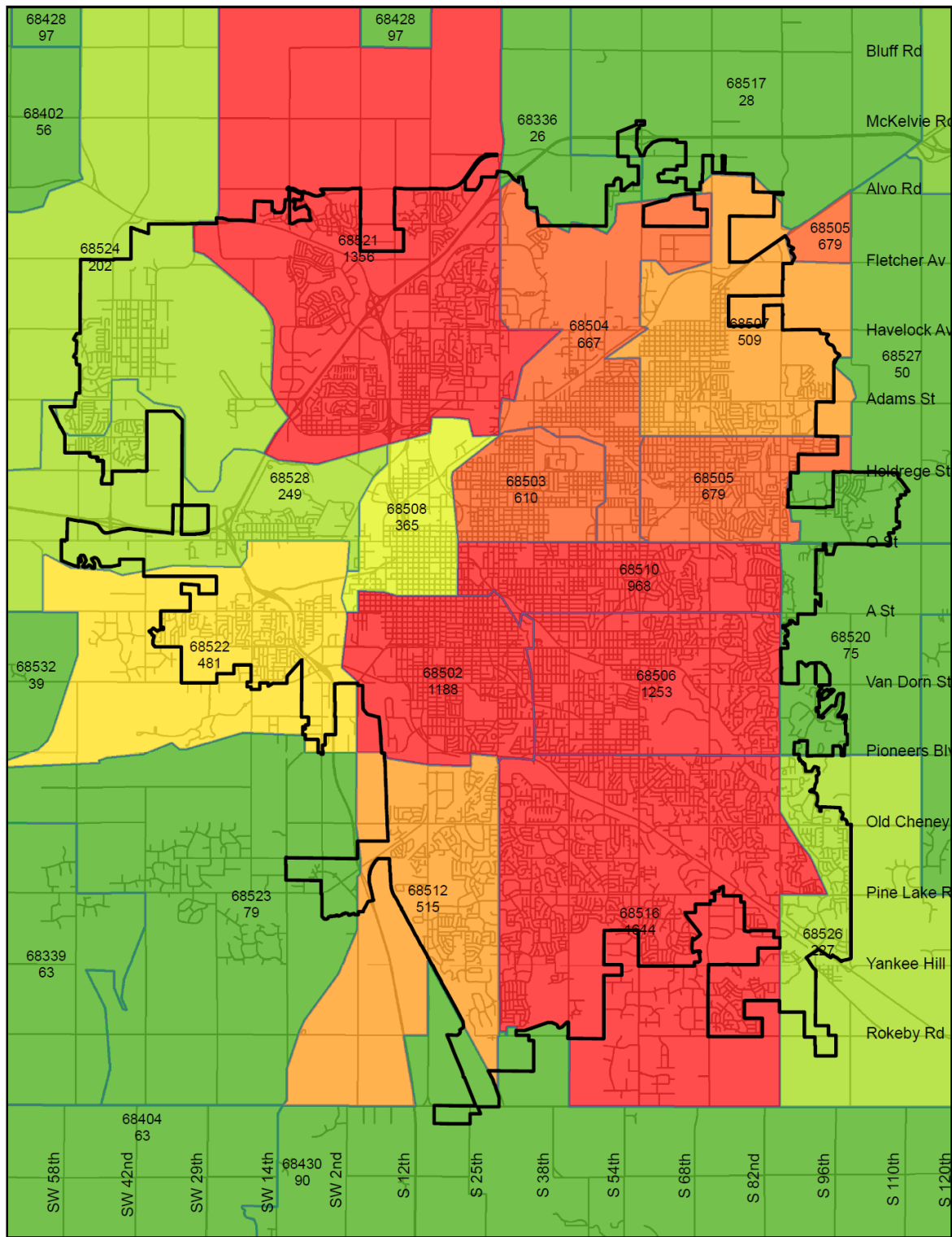
0 - 4.9 %	15 - 19.9 %	Zip Code
5 - 9.9 %	20 - 24.9 %	Limits
10 - 14.9 %	25 - 29.9 %	

**Percent Uninsured  
Per Census Tract  
2011 - 2016**

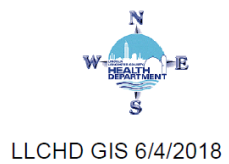


LLCHD GIS 6/8/2018  
Source: ACS 2016, 5YR est.

**Figure 1**



**Total Number of  
Marketplace Enrollees in  
Lancaster County  
Open Enrollment 5**



**Figure 2**

**Key Strategy #2:** Implement a targeted education and recruitment campaign to promote the medical and dental home concept to consumers.

**Update:**

CHIP Access to Care partners discussed the importance of understanding and supporting the medical and dental home concept among consumers and providers to increase care coordination and reduce duplicative care which can be dangerous, costly, and counterproductive to health outcomes.

In 2015, the Community Health Endowment worked with the Lancaster County Medical Society to promote this concept by developing and distributing educational brochures in the community. This brochure has been updated as needed since 2015.

**Key Strategy #3:** Encourage the private medical community to continue to be engaged in a specific effort to assure an increased number of medical homes are available for both uninsured and insured individuals as implementation of ACA occurs.

**Updates:** A major challenge identified by CHIP Access to Care partners, is the projected widening gap between the demand and supply of medical and dental homes. Two recent reports were reviewed to provide specific information about this gap: 1) “The Status of the Healthcare Workforce in the State of Nebraska, February 2018” by the University of Nebraska Medical Center in collaboration with The Nebraska Area Health Education Center Program, <https://www.unmc.edu/familymed/education/ahec/workforce-analysis/status-healthcare-workforce-2018.pdf> and 2) “Nebraska’s Multi-Regional Nursing Workforce Model, Technical Report & Main Findings, 2017” by the Nebraska Center for Nursing, <https://center4nursing.nebraska.gov/sites/center4nursing.nebraska.gov/files/doc/WorkForce%20Model.pdf>.

<i>Medical &amp; Dental Home Providers: Lancaster County &amp; Statewide Comparison</i>			
<b>Health Professional</b>	<b>Lancaster County Numbers</b>	<b>NE Statewide Rate Per 100,000</b>	<b>Lancaster County Rate Per 100,000</b>
Primary Care Physicians	201	94.1	64.1
• Family Practice	95		
• Internal Medicine	32		
• Obstetrics/Gynecology	31		
• Pediatrics	43		
Physician Assistants	236	47.3	75.3
Dentists	295	56.5	94.1
Dental Hygienists	262	71.6	83.6

**“The Status of the Healthcare Workforce in the State of Nebraska, February 2018” by the University of Nebraska Medical Center in collaboration with The Nebraska Area Health Education Center Program**

- **Primary Care Physicians Shortages**
  - **The average age of physicians in NE is increasing:** In 2007, approximately 40% of all physicians in Nebraska were older than 50 years of age. In 2017, the percentage rose slightly to 40.7%. Eighteen percent (18%) of physicians in Nebraska in 2017, were more than 60 years old and likely to retire in the near future.
  - **Statewide primary care physicians:** All counties in Nebraska, *except Douglas and Lancaster*, have been designated by the State of Nebraska to be shortage areas for at least one type of primary care specialty (specifically; family medicine, general practice, internal medicine, obstetrics and gynecology, and pediatrics).
- **Physician Assistants Increases**
  - **Statewide physician assistants:** From 2007 to 2017, there has been a 52% increase in the number of active physician assistants in Nebraska.
- **Dentists & Dental Hygienists Shortages**
  - Although there was an increase across the state of Nebraska in the number of dentists and dental hygienists from 2007 to 2017, the increase has not kept pace with the population growth in Nebraska. The rate of dentists per 100,000 population has decreased slightly from 57.1 in 2007 to 56.5 in 2017. The rate improved by 23% among dental hygienists.
- **Nursing Shortages in Lancaster & Seward Counties Combined**
  - The model utilized to make supply and demand projections by the Nebraska Center for Nursing, considered the aging of the general population, their resulting health care needs, and the aging of nurses resulting in retirements from the practice. The following projections are for Lancaster & Seward Counties combined:
    - Advanced Practice Registered Nurses – Projected shortage of 150 FTEs by 2025.
    - Registered Nurses – Projected shortage of 745 FTEs by 2025.
    - Licensed Practical Nurses – Shortage of 244 FTEs by 2025.
    - Total Nursing Shortage by 2025 – 1,139 FTEs.



**Spotlight: Healthy Lincoln's Nebraska Physicians Quality Improvement Initiative**

*One initiative bringing additional public awareness to the importance of a medical home is Healthy Lincoln's Nebraska Physicians Quality Improvement Initiative. This physician-led initiative's first project centered around colon and breast cancer screening. The project received national recognition from the National Colorectal Cancer Roundtable for improving cancer screening rates in Lancaster County. Due to the success of that initiative, the physicians have also launched an HPV Vaccination Initiative with Pediatric, Family Physician, and safety net clinics, and a Diabetes Quality Improvement Initiative with Internal Medicine, Family Physician, and safety net clinics. These initiatives aim to standardize and track measurements at the clinic and community level, with the ultimate goal of improving health outcomes of patients and lowering healthcare costs in both the insured and uninsured members of Lancaster County. These collaborative groups include approximately 45 physician clinics and more than 240 providers representing OneHealth Nebraska, The Physician Network, SERPA ACO, Bryan Health Connect and local safety net clinics, Bluestem Health, Lincoln Family Medicine Center, and Nebraska Urban Indian Health Center.*

*Engaging the medical community to work together on shared measures, improves health outcomes, and equips private medical clinics and safety net clinics to be successful in value-based purchasing contracts that help increase revenue and ultimately increase capacity for serving the insured and uninsured in our community.*

**Key Strategy #4:** Primary care providers, who serve low-income, uninsured, Medicaid and Medicare populations in Lancaster County, promote and engage patients in utilizing the medical and dental home concept. One way to accomplish this is to promote medical record integration.

**Update:** Bluestem is recognized as a patient-centered medical home (level 2), through the National Committee for Quality Assurance. In the future, if funding is attached to certification, this may help our efforts to expand the medical home concept in the community. Bluestem Health has made strides over the last 3 years in integrating behavioral health therapists into the primary care setting. Utilizing their Electronic Health Record, the primary care providers can follow the care of their patients and see the behavioral health consultants' notes regarding patient details.

**Spotlight: Working together to increase dental homes for high risk populations.**

*According the 2016 Behavioral Risk Factor Survey, nearly a quarter of adults living in Lancaster County were not able to visit a dentist in the previous 12 months. Similarly, the Lincoln Public School's 2017-2018 Dental Screening Program staff reported that 26.9 % of their elementary school- aged children did not see a dentist in the past year. In addition, concerns continue for the limited number of dental providers in Lancaster County that are accepting Nebraska Medicaid patients as a result of low reimbursement rates, hassles often associated with filing claims and payment approvals, and the annual cap for adult services lowered from \$1,000 in 2017 to \$750 in 2016. Due to these factors, there continues to be community-wide concern for the shortage of dental homes serving low-income, uninsured, Nebraska Medicaid, and Medicare populations. While Bluestem Health and the Lincoln-Lancaster County Health Department Dental Clinics serve patients on sliding fees, wait times for appointments can be longer due to the increased demands for services of these high risk populations. A dental community group continues to meet routinely to share service and referral information as a way of improving access to care issues. This group includes representatives from Bluestem Health, Clinic with a Heart, UNMC College of Dentistry, private practice dentists, and the Lincoln-Lancaster County Health Department. Bluestem Health is exploring ways in which to increase their dental clinic capacity. In the summer of 2018, the Lincoln-Lancaster County Health Department received a Community Health Endowment grant to increase access of low-income and uninsured patients to affordable dental care for procedures such as dentures, partials, root canals and crowns. Clinic with a Heart, in collaboration with the UNMC College of Dentistry, opened a free urgent care extraction clinic to alleviate pain and infection utilizing dental students & volunteer dentists. The UNMC College of Dentistry faculty and students continue to provide two free evening dental clinics yearly and one free Dental Day for children yearly.*

**Key Strategy #5:** The community should continue existing efforts and expand pilot projects which focus on parity and an integrated provider response, assuring that behavioral health is integrated with primary care, specialty care, pharmacy and dentistry.

**Update:** One lesson learned from behavioral health integration is that behavioral health provision is likely not a profit center for the organization. Bluestem Health's model of integration also integrates chronic disease management which includes a chronic disease nurse, a paramedic (for home visits/follow up), a certified diabetic educator and a behavioral health consultant (to address behavioral health barriers to self-management).

CHI Health St. Elizabeth, working in conjunction with others in our community as members of a behavioral health coalition, recognized the need to find methods to address both medical and behavioral health diagnosis in a clinical setting. Working together, Substance Abuse Mental Health Services Administration's (S.A.M.H.A.) Whole Health Action Management (W.H.A.M.) was identified as an evidence-based program that could prove useful in assisting providers with these needs. CHI Health organized and sponsored a W.H.A.M. training session held in Lincoln, NE in April 2018. Thirty providers were trained and are testing how W.H.A.M can be implemented in our community. CHI Health will be working with this group over the next 12 months to track the effectiveness of W.H.A.M.