Overview:

In the face of the nation's current economic state, it is now more important than ever to address and change the state of health care in the United States. With a predicted state budget shortfall of $42 billion in FY 2010, California faces a particularly urgent need to curb the state's cost-consuming health care system.[1] To achieve true progress in health reform requires investment to fundamentally change the structure, management and business model of the safety net. Currently, in regions across the country, public and private safety net resources are fragmented and unorganized. Redesigning and restructuring the safety net into regional *Integrated Delivery Networks* will create a system that provides efficient, high quality and locally accessible care to both uninsured and covered populations.

Background:

Patients within safety net service areas often encounter a system in which an emphasis on episodic care precludes the ability to provide effective, consistent primary care. Many patients rely on hospitals for their primary medical care, perpetuating a care seeking model that overwhelms limited specialty, diagnostic, emergency and inpatient resources.

To initiate a paradigm shift in care delivery, COPE Health Solutions (COPE) seeks investment and support to implement the *Integrated Delivery Network* (IDN) model. The IDN model was first conceptualized in Los Angeles through the development of the LAC+USC Camino de Salud Network (CDSN), a network of 10 community clinic organizations, the LAC+USC Healthcare Network (LAC+USC) and three private hospitals, coordinated and managed by COPE. The IDN model pairs the core concepts of the medical home model[2] with service coordination to achieve a cost-effective and efficient system of care for the safety-net.

Design Strategy and Proven Success:

The IDN model is a regional, systems-based solution that coordinates services and communication across the entire health care system. The model's success centers on its ability to pair and leverage local resources with proven, evidenced-based solutions. This in-depth understanding of regional health care environments enables success in overcoming unique local barriers.

The underlying objective of the IDN is to ensure *access to the right care, at the right place, at the right time*. This is achieved through the formation of public-private partnerships, joint strategic planning and sharing of resources between public and private clinics, hospital systems and other local health care organizations. Taking a comprehensive approach, the IDN improves patient health outcomes and reduces the high costs associated with avoidable utilization of emergency and inpatient services for ambulatory care sensitive-related conditions.

Notable Successes

- LAC+USC CDSN Care Management of Frequent Users:
  - Cost avoidance of $3.7 million
  - 51% decrease in ED utilization
  - 54% decrease in IP bed days
- Decentralization of diagnostic services throughout the LAC+USC Medical Center service area
- Significant reduction of referrals to overburdened specialty care clinics at LAC+USC
- Replication of the IDN model in Kern County and key components in San Diego, Long Beach and a Kaiser hospital in Hollywood

The IDN structures and organizes service delivery across the entire care continuum by bridging gaps between providers and between services such as inpatient, outpatient and home & community-based services. A central network management entity ensures optimal service coordination by bringing together the resources and expertise necessary to implement 6 core operational components of the IDN model, outlined in the table below:

[1] Smith, Vernon et al. "Medicaid in a Crunch: A Mid-FY 2009 Update on State Medicaid Issues in a Recession." *Kaiser Commission on Medicaid and the Uninsured,* 2009.
[2] Medical Home - Defined as a health care setting that provides patients with timely, well-organized care, and enhanced access to providers. From: Beal, AC et al. "Closing the Divide: How Medical Homes Promote Equity in Health Care: Results From The Commonwealth Fund 2006 Health Care Quality Survey." *The Commonwealth Fund*, 2007

Table 1: Integrated Delivery Network Components

Component	Objective	Process
Patient Flow and Systems	• Reduce access barriers and streamline access to care	• Assignment and disposition of all patients to a medical home and/or the appropriate level of care
Information Technology and Patent Information Sharing	• Ensure availability of patient information at the point of care • Manage patient health records (PHR) electronically • Provide patients with health care tools	• Implement health information exchange interface amongst Network partners • Web-based Care Management tool (NaviLinx) • HealthATM kiosks at provider facilities providing access to PHR and community resources
Provider Practice Redesign	• Improve the quality of care within a patient's primary care home by focusing on expanding and decentralizing specialty care services	• Establish collegial relationships between specialists and primary care providers through Community Grand Rounds • Implement Consensus Care Guidelines, Mini-Fellowships, phone consultations and chart reviews • Decentralize diagnostics
Care Management for Frequent Users	• Decrease rate of hospital utilization related to primary care and ambulatory care sensitive needs • Improve health outcomes for subset of care managed patients	• Patient identification and tracking • Tiered and individualized care planning and ongoing care coordination • Link patients to community resources to empower self management of health
Financing of Care and Sustaining the Network	• Better position providers to compete in market place	• Align incentives • Incentivize primary care and preventative care • Cost savings through improved risk pool management
Performance Management and Quality Improvement	• Improve accountability and continuously monitor and manage drivers of quality improvement	• Implement Balanced Scorecard • Data analysis and evaluation • Provider credentialing

Value and Impact on Patient Care

The integration of these components in daily operations and long-term strategic planning decreases avoidable demand for hospital-based services and improves access to neighborhood outpatient services for all community members. The IDN model increases the capabilities of primary care providers, allowing both providers and patients to better manage chronic conditions with routine primary and preventive care. Coordination of resources assures continuity of care, helping to improve health outcomes and reduce disparities in health and health care access.

The IDN model is scalable and replicable for safety net regions throughout California. Adaptable components will meet specific needs of different regional populations and maximize the model's impact. By leveraging existing infrastructure and coordinating developments in health information technology, new negotiated partnerships and improved resource sharing among various levels of care and service sectors, the IDN model will redesign health care delivery within the Safety Net.

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