

Expanding needed specialty care services to the uninsured and underinsured populations in Travis County, Texas A Case Study: Community Care Collaborative

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The Problem

The Community Care Collaborative (CCC) is a new community-based organization committed to improving the quality of health care in Travis County, Texas, through accountable care principles. The CCC participates in the 1115 Texas Medicaid Waiver, giving providers an opportunity to expand access and transform the delivery of care to uninsured and underinsured populations. Three of the CCC's projects involve significantly expanding access to the specialty care services of pulmonology, gastroenterology and telepsychiatry – areas that were identified as critical community needs. To meet the waiver goals of expansion, the CCC needed to quickly find, select, and recruit providers to ramp up these services.

Community Care COLLABORATIVE

The Solution

The CCC brought on COPE Health Solutions, a company experienced in 1115 waiver implementation, to implement and manage the expansion of these three services. The team quickly implemented a structured approach to finding and recruiting appropriate providers for pulmonology and gastroenterology, and conducted a comprehensive review of vendors to select those best suited for the telepsychiatry program, enabling the CCC to meet its waiver goals and expand service to its patient population.



"Working with COPE Health Solutions has made a huge difference in our achieving success thus far in the 1115 waiver work. Our COPE consultants rapidly created the detailed project plans we needed to get our projects up and running in very tight timeframes."

- Dr. Mark Hernandez, Chief Medical Officer, Community Care Collaborative

Highlights of COPE Health Solutions' approach

Key success factors to expanding these services in a rapid manner include:

- Developing project plans and timelines for the leadership team and project executors
- Assembling project teams comprised of all levels of the organization (lead project manager, physician champion, clinic manager, clinical team member)
- Ensuring that key waiver deliverables were achieved in the beginning of the engagement to draw down funding for the remaining years of work
- Meeting regularly with the subcontracting provider to monitor implementation, recognize risks and barriers, and course correct as necessary
- Identifying community relationships and networks to secure providers and vendors with the capacity and willingness to serve this population for pulmonology, gastroenterology, and telepsychiatry

Outcomes

- In the first six months of implementation, expanded the number of visits available to this population by:
 - o 1,336 pulmonology visits an 1800+% increase within the CCC network
 - 1,612 gastroenterology visits
 - 1,171 telepsychiatry visits this service was previously unavailable to patients
- Expanded clinic hours for pulmonology and gastroenterology by 40 hours per week
- Established eight telepsychiatry program sites and provided access to all primary care providers and behavioral health counselors within the clinic network
- Met the first year of waiver goals, resulting in \$9.9 million in funding for future expansion.

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