

**Accreditation Preparation &
Quality Improvement
Demonstration Sites Project**

Final Report

**Prepared for NACCHO by the
Pinellas County Health
Department, FL**

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Brief Summary Statement

The Pinellas County Health Department is located in southern Florida, and serves a primarily urban population of about 943,000 (FL CHARTS, 2007). Using the NACCHO LHD Self-Assessment Tool for Accreditation Preparation and the PCDA model, the Pinellas County Health Department decided to approach the issue of access to care with a focus on primary care. The main focus of the project was to increase access to care by removing rigid guidelines for eligibility which had a positive impact by offering and providing more services to clients who may have not previously qualified.

Background

Established in 1936, Pinellas County Health Department (PinCHD) is the only public health agency with jurisdiction for Pinellas County and reports directly to the Florida Department of Health (DOH) and to Pinellas County Government (State/County Contract). PinCHD maintains a budget of \$46.5 million and administers \$13.7 million in (federal, state, local) grant funds. One of Florida's largest county health departments (CHD), PinCHD's 600+ employees provided 1,733,605 units of health services in five main health centers and several satellite offices to 222,415 clients in FY07/08.

PinCHD staff provide personal health services, community outreach and family support, MCH and family planning, lead screening, immunization, chronic disease prevention services, minority health, school health, nursing, nutrition and WIC, dental, communicable disease control services, public health preparedness, injury/violence prevention and environmental services -- all supported by state-of-the-art fiscal, personnel, purchasing and information technology (IT) systems.

PinCHD serves an urban population of approximately 943,000 (FL CHARTS, 2007). Of that population, 9,000 are estimated to be eligible for the county health plan. Eligible clients must be uninsured or underinsured and one hundred percent below the federal poverty level to qualify. PinCHD sought the ability to deliver primary care in Pinellas County to 3,000 or 1/3 of these eligible clients. The decision to undertake this project was made because there was a need in the community. The main issues PinCHD was hoping to address covered the eligibility process, ease of receiving care and specialty care.

Goals and Objectives

The main goal of the project was to create an eligibility process that would make it easier for the client to receive care. We focused on 3 main objectives related to this goal.

1. Streamline and simplify the eligibility process
2. Reduce the rigid criteria for eligibility
3. Make treatment available on the same day as eligibility determination

Self-Assessment

There were three different approaches used to complete the Self Assessment Tool.

1. Initially the tool was separated into sections and sent out to selected individuals to complete.
2. One-on-one meetings were conducted with key staff to complete specific sections.
3. A group meeting with various levels of management for all programs was conducted to discuss and vote on each indicator.

A consensus was reached by completing the third approach. An informal discussion with the views of everyone in attendance was recorded and evaluated. When disagreements would arise all in attendance had the opportunity to voice their opinion on the subject matter. After all the information available was presented scoring the indicator was voted on. All indicators on the assessment were decided through a majority rules voting method. The approach was time consuming because several meetings with numerous people were necessary to complete the assessment tool accurately. There were several meetings held with managers and key staff one-on-one and also one large, four hour meeting with nearly 30 managers and key staff to review all indicators on the assessment.

Highlights from Self-Assessment Results

Standard/ Indicator #	Standard and Significance
V.A.2	<p><i>LHD Staff are knowledgeable about the legislative process</i></p> <ul style="list-style-type: none"> <i>This area was identified during the self assessment because our health department scored low in this area. This area is difficult to improve upon from an advocacy perspective because we are limited in our ability to act on this due to being a state agency. However the agency can enhance employee education and information on legislative issues.</i>
VII. B. 2	<p><i>LHD maintains the capacity to provide health care services when local needs and authority exist, and the appropriate agency capacity and adequate additional resources can be secured.</i></p> <ul style="list-style-type: none"> <i>This was an area where our health department scored low and identified a need to improve through the self assessment. We chose this indicator with a focus on primary care eligibility for our demonstration project which is a smaller component of a much larger Access to Care issue within the health care system.</i>
I.A.1	<p><i>Staff has the expertise and training to collect, manage, integrate and display data.</i></p> <ul style="list-style-type: none"> <i>This was an area that we expected to score high in and as expected was identified as an area that we have a excellent technical ability and personnel expertise. However, through the self assessment we were able to identify the need to use our data and resources more consistently and effectively.</i>

Quality Improvement Process

AIM Statement: The Pinellas County Health Department's goal is to streamline the eligibility process of primary care for the uninsured population of Pinellas County. Removing or reducing barriers in the primary care eligibility process should increase access to care for the uninsured population of Pinellas County.

The process can be measured by comparing the current eligibility guidelines with the proposed updated guidelines PinCHD hopes to implement. Some of the eligibility criteria previously required to receive primary care in the county included:

- Proof of Assets
- Proof of Citizenship and Residency
- Restrictive Income Qualifications
- Eligibility Process Separated from Initial Treatment
- 3 Month Eligibility Period

The project will decrease the criteria required by clients to receive primary care services. Eliminating some of the more stringent documentation currently required should make it easier for clients to access care. Measurement of the project will be conducted through a client survey. The goal of the project is to have 60% of client survey responses indicate that services for primary care are easier to access than compared to the previous system.

PLAN: Several brainstorming and planning meetings with key participants such as County Commissioners, local hospitals, County Health and Human Services, Community Health Centers and the Health Department were held to evaluate the current practice and plan the new approach. The current eligibility process was thoroughly evaluated using existing customer feedback, data from the current provider and observations from staff. Process mapping was utilized to identify the necessary steps and unnecessary steps were eliminated from the process in order to reduce the identified barriers to access.

Resources and limitations of the health department were evaluated in conjunction with available funds and desired outcomes from County Health and Human Services to determine what changes would be needed and allowable to improve access to care for Pinellas County Residents.

The Pinellas County Health Department identified that there is a need to improve the eligibility process for primary care in Pinellas County. One of the challenges of this project was that the County was unable to obtain consistent reliable data from the current provider to assess services, issues and trends which was one of the key factors in making this county-wide change in providers. Although no formal method of gathering client related concerns was utilized, the county was able to determine that one of the chief complaints reported was the eligibility process. Currently, primary care clients are required to report to one location for eligibility where multiple documents must be provided and eligibility criteria is rigid. Once enrolled the clients must then travel to another location for care which is not typically provided on the same day as the eligibility process. Furthermore, the existing eligibility period was only three months, requiring clients to repeat this process three or more times per year.

The eligibility process was formally negotiated between the County Health Care Administrator and the Pinellas County Health Department director of Medical Quality Assurance, with regular discussion and feedback between managers and key staff of both entities. This transition represented a significant change in the service delivery model and both organizations were sensitive to this throughout the process. Due to the ongoing issues that the County had with the previous service provider they were very reluctant to give up control over some areas and it required a lot of negotiation and flexibility on both parts to come to an agreement. Ultimately the long standing positive and productive relationship that has existed between the County and the health department made this process successful as there was a mutual trust established. In most cases, where concern was raised about changes in the process the health department was able to demonstrate its ability to effectively monitor the process and report the results back to the County so that it could be assessed. The new process that was proposed included a reduction in much of the mandatory documentation required, adopting less restrictive criteria related to income and assets, extending the eligibility period from 3 months to 12 months and eliminating the time and distance barrier between eligibility and service provision.

Some of the potential solutions identified for streamlining the eligibility process are:

- Eliminate multiple visits for eligibility and care
- Allow all clients to at least be seen for initial triage visit, regardless of eligibility
- Reduce required documentation for eligibility
- Eliminate rigid eligibility requirements
- Make eligibility and service location the same
- Provide additional specialty care services (in house and by referral)
- Provide disease management & case management
- \$5000 cap on money available for services per client to reduce costs
- Change eligibility period from three months to one year

DO: Utilizing the information gathered in the planning process the Pinellas County Health Department opened primary care clinics in three of its five health centers. These services were located in the southern, central and northern parts of the county. Each center had an eligibility team, admitting team and clinic team. This project focused on the eligibility team. This team utilized the newly revised eligibility criteria that eliminated the need for proof of assets, citizenship & residency along with less restrictive requirements on income and the need for documentation at the first visit in order to help reduce the barriers clients were experiencing while trying to access primary care services. A special client survey was developed to provide a very quick and simple method of getting feedback from clients on how they perceived the new system.

Obstacles:

Space: The addition of the primary care clinics and the eligibility staff created a challenge for physical space needs within the current clinic.

Staffing: The primary care clinics start-up was expedited based on community need and this resulted in the need to utilize existing staff for start-up activities while maintaining the current level of services.

Training: The primary care clinics required a change in several business processes and required the training of existing staff as well as new staff as they were hired.

Community Awareness: Notifying residents of the changes to the system was difficult due to the fact that traditional advertising methods would not reach the typical primary care client served.

CHECK: Based on the limited information available, our team did not have baseline data available. We estimated we would see approximately 250 primary care clients per month. Our main focus for the project was to streamline the eligibility process and not necessarily to focus on increasing the amount of clients seen. With that goal in mind a client survey was created to capture information on the current process compared to the previous process.

This special client survey was given at all three primary care clinics for a period of 6 weeks to gather data on client perception of the process. Clients who were new to the system were asked to rate how they felt about the services while clients who and participated in the previous county program were asked to compare the services. Data indicated that approximately 70% of the clients felt that services were easier to access and less than 5% indicating they felt the system was more difficult to access. Although accurate baseline data on the number of clients seen was not available from the previous

provider, initial review of existing data from the health department show the number of clients seen to be consistent with projections, however these predictions are being made recognizing that the

program is still in a transitional period and client participation at the three sites has not stabilized. The previous provider did not collect client satisfaction data so we had no existing data for comparison. However, the planning team set what they believed to be a realistic goal of 60% of clients self reporting satisfaction with the eligibility process. Indicators on the survey included: location, ease of seeing the doctor, eligibility, and overall satisfaction which are summarized in attachment C. The primary care system offered through the Pinellas County Health Department received an overall satisfaction rating of 90.5%

Given the feedback we had received from the community and the fact that the new system eliminated many of the identified barriers, we expected the initial client feedback to be positive and our results were consistent with these expectations.

ACT: The new process is currently and will continue to be implemented throughout the county. Our client survey indicated that most primary care clients feel the eligibility process has improved overall. There are various external factors that are impacting how we provide services through the primary care system that are unrelated to this project that will continue to impact our process however we will continue to focus on client satisfaction and reducing barriers to access to care. Although the survey was useful, we have identified the need to redesign the survey to provide a more comprehensive vehicle for obtaining information. We will be using the PDCA process to redesign and retest the survey.

Results

The survey was conducted in the three centers offering primary care services. The survey period was from October 1, 2008 through November 14, 2008. There were a total of 329 surveys collected during this period. The data from the surveys was entered into a spreadsheet and tallied. Approximately ½ (48%) of the clients surveyed were either previously or currently enrolled in the WellCare insurance plan administered by County Health and Human Services. The results of the survey can be seen below.

Location of Eligibility

67% found location to be better
30% found location to be the same
3% found location to be worse

Eligibility Determination Process

67% found the process to be easier
29% found the process to be about the same
4% found the process to be harder

Location of the Clinic

67% found the location of the clinic to be better
32% found the location to be about the same
1% found the location of the clinic to be worse

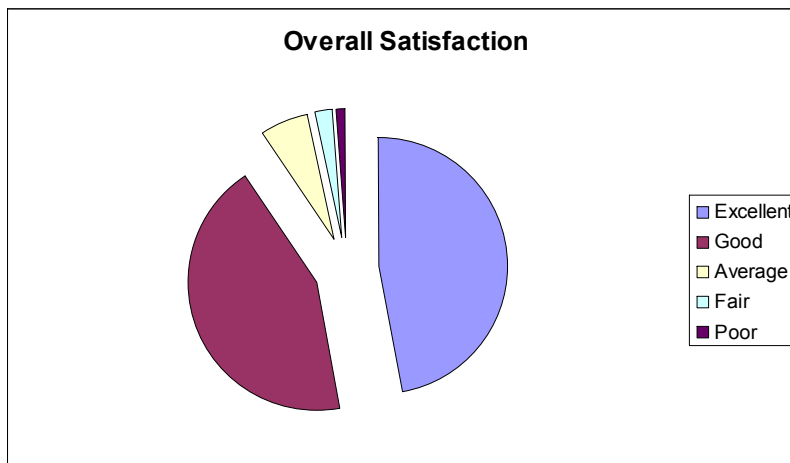
Ease of getting to see the doctor

58% found it easier to get to see a doctor
33% found it to be about the same
9% found it more difficult to see the doctor

97% of clients felt the clinic was easy to get to and the eligibility process was easy.

94% of clients found it easy to get an appointment scheduled with a doctor.

91% of the clients rated our overall services as Excellent or Good.



Appendix B contains the client survey. The survey will be redesigned using the PDCA process and the survey will be re-administered to primary care clients.

Lessons Learned

In identifying our project, we consulted with PinCHD executive management and selected a project that was something of specific interest to the health department and coincidentally was an area of high need demonstrated on our self assessment. However, as the project progressed it became apparent that the scope of the project we selected was too large and complex for a project of this type. Several modifications had to be made throughout the project and ultimately we had a very difficult time making the project fit into the quality model. Although the project itself was both necessary and successful, given a second chance we would approach it differently by breaking the process into several smaller individual projects that would then contribute to the overall larger goal.

Next Steps

We will continue to monitor the eligibility process, check our progress and fine tune areas still needing improvement. After one year we will thoroughly assess the process again to make sure we are accomplishing our goal. If at that time we find we are not meeting our goal of improving access to care we will then proceed by completing another cycle of the PCDA model. This project supported PinCHD's preparation for national accreditation by addressing a community need and implementing a process to increase access to care.

Conclusions

In conclusion, we found the quality improvement demonstration project to be helpful in identifying a need for improvement through the self assessment process. The resources available through the internet were useful and it was great to have the opportunity to engage with other teams nationally and learn from their progress and setbacks through conference and technical assistance calls. The self assessment tool was useful for identifying areas of low scoring indicators that need to be evaluated further for future quality improvement projects as well. Furthermore, in light of national accreditation we found that participating in the demonstration project provided insight on what we may need to do to prepare.

Appendices

Appendix A: QI Storyboard Template

Appendix B: Client Survey