Hospitals: Barton Memorial & Marshall Medical
Clinics: El Dorado County Community Health, Barton Community, Divide Wellness, Tribal Health, Marshall Physician Services, Tahoe Family Physicians
County: Department of Public Health & Department of Mental Health
About El Dorado County

• Situated in East Central California’s Sierra mountains
• Topographically two zones: Lake Tahoe Basin & Western Slope
• Approximately 178,000 people
ACCEL has developed six Care Pathways to improve access to medical care for children. These pathways are:

- Securing Newborn Health Care Coverage
- (Newborns) Utilizing a Medical Home
- Securing Health Care Coverage
- Annual Eligibility Review (Insurance)
- Obtaining a Medical Home
- Pediatric Mental Health Consult

Community Health Workers assist each person entering a pathway. The Community Health Worker acts as a personal guide and advocate for their client, assisting them to overcome barriers to health care, providing health information, and working with medical establishments on behalf of the client. Patient handoffs occur seamlessly between agencies depending upon where a patient is in a given pathway. Standardized steps with patients are understood and agreed to between partner agencies.
ACCEL’s phased strategy for Health Information Technology

**Phase 1: Care Pathways**
- Serves children at or below 300% FPL with emphasis upon access to care issues for the un/ underinsured
- Outcomes-driven cross agency Patient Case Management program
- Web technology in use countywide
- NPP implemented simultaneously

**Phase 2: (EMPI) Electronic Master Patient Index**
- Demonstration project 2008 with initial demographic data sharing
- Supports pre-population of patient demo data into Care Pathways & more efficient patient registration experience
- Supports NPP patient status tracking and will support HIE connectivity
- Necessary Privacy & Security policies and procedures effected

**Phase 3: Health Information Exchange**
- Business Case completed and high level clinical data identified
- Steering committee actively engaged
- Technology alternatives explored
- 1st Gen demonstration project explored
- Will serve all El Dorado County patients
Converting pathways from paper-based system to shared electronic records

Multi-disciplinary team from ACCEL's participating organizations, staffed by project managers with technical expertise, was formed to oversee development and implementation of electronic pathways.

- Workflow mapping & redesign
- Business rules & technical requirements
- Configuration & testing
- Training, Launch, & Quality Review

ACCEL Steering Committee adopted policies and procedures developed by Privacy and Security workgroup, including common language for NPP.
ACCEL Dashboard offers a 30,000 ft view

Each Pathway is distinct: the problem addressed, the clients served, the outcomes measured, completion timeframes vary due to the complexity of the problem being addressed

Detailed trending QA reports to support (agency site issues, user compliance, etc.) will be available beginning in October
## Securing Health Care Coverage (WS & SLT)

89% completed successfully

<table>
<thead>
<tr>
<th>Demo Start</th>
<th>May 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Criteria</td>
<td>Birth - 18 years, &lt;300%FPL</td>
</tr>
<tr>
<td>Referral Source</td>
<td>Clinics, ER, Schools, 1-800</td>
</tr>
<tr>
<td># of Clients</td>
<td>1451</td>
</tr>
<tr>
<td>Outcome</td>
<td>Insured in MediCal, Healthy Families, Healthy Kids, CAL Kids, Kaiser</td>
</tr>
<tr>
<td>% Successful</td>
<td>89% (1291 kids)</td>
</tr>
<tr>
<td>Pending</td>
<td>6% (82 kids)</td>
</tr>
<tr>
<td>Barriers</td>
<td>Moved out of area, no consent, lack of follow thru</td>
</tr>
</tbody>
</table>
# Pediatric Mental Health Consult

51% completed successfully

<table>
<thead>
<tr>
<th>Demo Start</th>
<th>January 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Criteria</td>
<td>MediCal, Healthy Families needing MH consult</td>
</tr>
<tr>
<td>Referral Source</td>
<td>ACCEL provider network</td>
</tr>
<tr>
<td># of Clients</td>
<td>77</td>
</tr>
<tr>
<td>Outcome</td>
<td>MH initial and MD assessment, consult report to referring provider</td>
</tr>
<tr>
<td>% Successful</td>
<td>51% (39 kids)</td>
</tr>
<tr>
<td>% Unsuccessful</td>
<td>33% (26 kids)</td>
</tr>
<tr>
<td>Pending</td>
<td>16% (12 kids)</td>
</tr>
<tr>
<td>Barriers</td>
<td>Family preference (refuses MH), relocated, out of county MediCal</td>
</tr>
</tbody>
</table>
(Newborns) Utilizing a Medical Home
56% completed successfully

Demo Start: January 2007
Client Criteria: No-Doc newborn, first time mom on MediCal
Referral Source: Marshall OB
# of Clients: 142
Outcome: Medical home with 4 well baby visits, 3 Izs in 8 month time frame
% Successful: 56% (80 infants)
% Unsuccessful: 16% (22 infants)
Pending: 28% (40 infants)
Barriers: Moved out of area, no consent, lost contact
# Obtaining a Medical Home

**83% completed successfully**

<table>
<thead>
<tr>
<th>Demo Start</th>
<th>August 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Criteria</td>
<td>Pediatric non urgent pt presenting at ER w/o home</td>
</tr>
<tr>
<td>Referral Source</td>
<td>Marshall ER</td>
</tr>
<tr>
<td># of Clients</td>
<td>294</td>
</tr>
<tr>
<td>Outcome</td>
<td>Medical home secured w/1 visit post ER for kids &gt;1</td>
</tr>
<tr>
<td>% Successful</td>
<td>83% (244 kids)</td>
</tr>
<tr>
<td>Pending</td>
<td>4% (9 kids)</td>
</tr>
<tr>
<td>Barriers</td>
<td>Parent doesn’t respond to msgs; no shows at clinics; no parent follow through, moved out of county</td>
</tr>
</tbody>
</table>
Lessons Learned from Care Pathways

It’s hard, it takes time: and now collaboration is the norm.

- Solid upfront commitment from senior leaders is essential
- Educate, communicate, educate, communicate -- it’s a continuous process
- Transparency and allowing for airing differing views helps build a team
- Decentralized implementation model focusing on common outcomes goals respects differences among participants
- Clearly defined workgroup charters, processes, and processes for issue escalation helps manage scope creep
- Approaching work incrementally helps to mitigate the “overwhelm” factor
Winter can make travel tough!
Care Pathways is a methodology which promotes working together
We need to squeeze, ferment, and share!
Thank You

ACCEL
http://www.acceledc.org/index.asp

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