

HRSA's MODELS THAT

Implications for Improving Access

SYNOPSIS

The main objective of the Models That Work Campaign (MTW) is improving access to health care for vulnerable and underserved populations. A collaboration between the Bureau of Primary Health Care (BPHC) at the Health Resources and Services Administration (HRSA) and 39 cosponsors—among them national associations, state and federal agencies, community-based organizations, foundations, and businesses—this initiative gives recognition and visibility to innovative and effective service delivery models. Models are selected based on a set of criteria that includes delivery of high quality primary care services, community participation, integration of health and social services, quantifiable outcomes, and replicability. Winners of the competition are showcased nationally and hired to provide training to other communities, to document and publish their strategies, and to provide onsite technical assistance on request.

IN 1988, EAST ST. LOUIS, Illinois, an impoverished urban community just across the Mississippi River from St. Louis, Missouri, had a low immunization rate for 2-year-old children of just 20%. Recognizing that a range of financial and nonfinancial barriers to access as well as a lack of information sharing inhibited local efforts to improve this rate, area organizations and agencies formed the East Side Health Care Coalition to address these access and coordination problems. Members of the Coalition included a local foundation, a federally funded community health center, the local health department, and a regional hospital. Member organizations worked together to develop an immunization registry, which helped to overcome a fragmented and competitive local health care environment. Within three years, the immunization rate for 2-year-olds jumped to 82%. Following the Coalition's founding, primary care visits in the area increased by 500%. These are among the reasons why the East Side Health Care Coalition was chosen as one of the initial Models That Work (MTW) winners in 1995.

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WORK PROGRAM:

to Primary Health Care

THE MTW CAMPAIGN

The MTW Campaign has provided visibility for model programs, such as the initiative in East St. Louis, Illinois, which meet the needs of vulnerable and underserved populations in local communities. The national MTW Campaign is a collaborative effort of the Health Resources and Services Administration (HRSA) and 39 cosponsoring partners, which include national associations, state and federal agencies, community-based organizations, foundations, and businesses. Cosponsors assist with the review of applications, offer funding and technical assistance, and provide visibility for model programs. (See box on page 221 for a list of the Campaign's cosponsors.)

The central objective of the Campaign is to publicize strategies that reduce barriers to access to primary health care services for underserved and vulnerable populations. The selection process focuses on identifying innovative community-driven projects with significant quantifiable outcomes. Recent winners include a domestic violence screening program, a nurse-managed community health center network, a homeless youth services center, school-based public health education and outreach programs, a rural health network, and substance abuse and mental health service projects.

The hope is that other communities will adapt strategies to address similar documented needs in their communities if given information about model strategies and technical assistance to learn how to implement such strategies. Support is provided to the developers of these models in guiding others through the steps necessary to

create similar programs, building upon strategies they used and lessons they learned.

Selecting models that work. The MTW winners are identified through a national competition. Winning programs are selected by a panel of experts using five selection criteria: (a) responsiveness to the needs of the community served; (b) innovation in program design; (c) collaboration and coordination among partners; (d) measurable health-related outcomes at reasonable cost; and (e) potential for replication or adaptation and potential for sustainability. See box on page 224 for a list of the MTW winners since the program's inception.

Publicizing the models. One of the goals of the MTW Campaign is to inform and educate professionals, decision makers, and community leaders across the country about these successful and adaptable strategies and how they can be used in other settings. Winners of the competition are showcased nationally and hired to provide training to other communities, to document and publish their strategies, and to provide onsite technical assistance on request.

Information is transferred to other communities in several ways. HRSA publishes a free *Compendium* with brief descriptions of MTW winners and other applicants, maintains an online database with a directory of programs, and distributes a packet of articles and other information on winning programs along with an order form for a video showing promotional information about these programs. Additional information is compiled in a "Strategy Transfer Kit," which can be used in strategic planning by community coalitions.



MTW staff at HRSA's Bureau of Primary Health Care (BPHC) work in collaboration with cosponsors in national and local campaigns to publicize the innovative approaches used by MTW winners. On the federal level, for example, HRSA's HIV/AIDS Bureau works with MTW staff and cosponsors to develop a series of community-based workshops with MTW winners to share lessons and advise community leaders, clinicians, and administrators on strategies to improve primary care coordination for populations with high incidences of HIV/AIDS. Innovative strategies are often identified and incorporated into federal technical assistance initiatives and local program design as well.

OVERCOMING BARRIERS TO ACCESS

Historically, HRSA has addressed nonfinancial and financial barriers to access for vulnerable populations. Like many of the MTW winners, HRSA is especially concerned with the health status of the more than 42 million Americans estimated to be without health insurance. Recognizing that lack of insurance—a “key” that can unlock the door to the health care system—can often inhibit access to a regular source of care or to valuable preventive and primary care services, the agency works with cosponsors to find creative and sustainable solutions to improve health care access for the uninsured in local communities.

The MTW Campaign complements HRSA's mission to increase the number of people who receive comprehensive primary and preventive health care in a setting

in which geographic barriers, income, and cultural or linguistic factors do not inhibit the delivery of care. High risk populations, such as substance abusers, people in rural and frontier areas, underserved mothers and children, the urban and elderly poor, and adolescents are among those who are targeted through special HRSA initiatives. The Bureau of Primary Health Care, for example, supports a network of 700 community and migrant health centers, 250 primary health care programs for the homeless and public housing residents, about 2600 National Health Service Corps providers, as well as a network of immigration health services. Approximately 10 million people—many of them uninsured—receive services through the Bureau's programs.

The MTW Campaign has drawn strength from the legacy of the 20th century health center movement and its strong support for anti-poverty projects, community-based public health services, community participatory processes, and sensitivity to local needs.¹ With the Campaign's focus on evaluation and documentation of outcomes, the diverse MTW models might be viewed along with community and migrant health centers as an important innovation in the coordination and delivery of health services to those who are poor and living without a regular source of care.^{2,3}

A number of the MTW programs continue to target those living in poverty who may not have adequate health insurance to access the health care system. Several projects specifically target the needs of children and adolescents. For children, as for adults, lack of insurance or a change in insurance status is often a barrier to the seamless delivery of health care services.⁴ Health researchers have demonstrated that uninsured children are less likely than other children to have access to a usual source of care and to routine preventive care and are more likely to have generally poor health status. A 1998 winner, the Sunset Park Family Health Center Network in Brooklyn, New York, has identified and enrolled 500 previously uninsured children in Child Health Plus, a New York State child health insurance program for low-income households.⁵ The Center's School Health Outreach Project, which serves 11,000 children without regard to income at 11 school-based sites, offers comprehensive primary and specialty services, providing the children with a regular source of care. There is also evidence that the program has increased immunization rates and reduced hospitalizations and emergency room use because of better management of chronic childhood conditions, such as asthma.

HRSA is engaged in a number of outreach activities focused on children in particular to address lack of insurance and poor outreach as barriers to health care. The agency is one of the co-leaders in the Department

of Health and Human Service's implementation of the new state Children's Health Insurance Program (Title XXI of the Social Security Act), which provides \$24 billion over a five-year period for states to implement Medicaid expansions, design their own children's health insurance programs, or implement a combination of a Medicaid expansion and a new state program. Identifying successful outreach models is crucial, given increasing flexibility under Title XXI to do presumptive eligibility determination for Medicaid at community-based sites, including schools, health centers, and other sites where uninsured children and families can be identified, enrolled, and educated about available insurance coverage and services.

Innovative approaches to outreach. Recognizing that access to crucial preventive and primary care ser-

vices is often hampered by a lack of effective outreach to bring people into comprehensive systems of quality health care, MTW winners include several innovative outreach initiatives. Outreach efforts in most MTW programs strive to keep consumers involved in the policy and program aspects of health care. A common theme of these projects is the recognition that consumers and clients are not just objects of policy already implemented but should be engaged as driving forces behind the design, implementation, and evaluation of primary care delivery systems.

Effective outreach is the foundation for access to health services, as it often harnesses a community's resources to keep people educated about options and services. MTW winners such as the Los Angeles Free Clinic (peer outreach to homeless and runaway young people), the Brooklyn-based School Health Outreach

MODELS THAT WORK
SPONSORING ORGANIZATIONS

SPONSORS

US Department of Health and Human Services,
Health Resources and Services Administration
Bureau of Primary Health Care
Bureau of Health Professions
HIV/AIDS Bureau
Maternal and Child Health Bureau
Office of Rural Health Policy

CONTRIBUTING COSPONSORS

American Academy of Physician Assistants
American Clinical Laboratories Association
Catholic Health Association of the United States
National Organization of AHEC Program Directors
National Association of Community Health Centers
National Rural Health Association
Pharmacia & Upjohn
Robert Wood Johnson Foundation
W.K. Kellogg Foundation

SUPPORTING COSPONSORS

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American Public Health Association
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Henry J. Kaiser Family Foundation, Commission on
Medicaid and the Uninsured
Health Research and Educational Trust
Migrant Clinicians Network
National Association of County and City Health
Officials
National Association of Public Hospitals
National Association of Rural Health Clinics
National Center for Farmworker Health
National Conference of State Legislatures
National Health Care for the Homeless Council
National Medical Association
National Minority AIDS Council
Quality Education for Minorities Network
University of Arizona, Rural Health Office
Virginia Primary Care Association

Project (hard-to-reach children), and the Boston-based Kids Can't Fly (injury prevention) have designed outreach strategies to assist low-income families and young people with insurance coverage and other community-based support services. Each of these programs works in partnership with local government, the private sector, media, schools, and neighborhood services to strengthen primary care utilization patterns that reduce the incidence of preventable conditions as well. The Los Angeles Free Clinic in California uses adolescent and young adult outreach workers to identify homeless young people and increase their access to primary health care and social services using peer-based social support and a unique, comprehensive assessment tool. The clinic provides medical care, substance abuse counseling, pregnancy and HIV testing, and job training and placement services. Recent data show that 75% of clients who tested for HIV returned for test results and counseling services, which suggests that there was a high degree of satisfaction among and success in connecting with the vulnerable high risk adolescents they reached.⁶

The experience of this MTW winner also illustrates how a broad outreach effort and high quality health care services can be delivered cost-effectively through collaboration. These health centers maintain a partnership with a nursing school and use advanced practice nurses instead of physicians for most care, thereby reducing costs in the delivery of high quality services. Among the first public housing primary care programs funded by BPHC, these were the first nurse-run community health centers to receive managed care contracts in Pennsylvania. Their services include primary health care, mental health counseling, substance abuse screening and referrals, and support groups for addiction recovery, parenting, and other issues. Recent data show that clients were admitted to emergency rooms at only 43% the rate of patients of family practice physicians in the same health maintenance organization. Inpatient days were 38% of the rate reported for those seen by family practice physicians. In addition, the clinics' annualized cost per member per month was \$56, compared with \$97 overall for this type of practice in the same health maintenance organization. Three

The MTW Campaign has provided visibility for programs that meet the needs of vulnerable and underserved populations in local communities

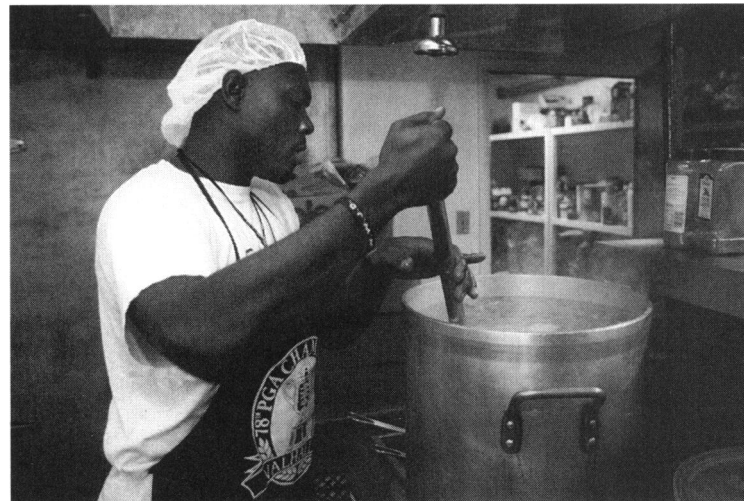
COMMUNITY PARTNERSHIPS

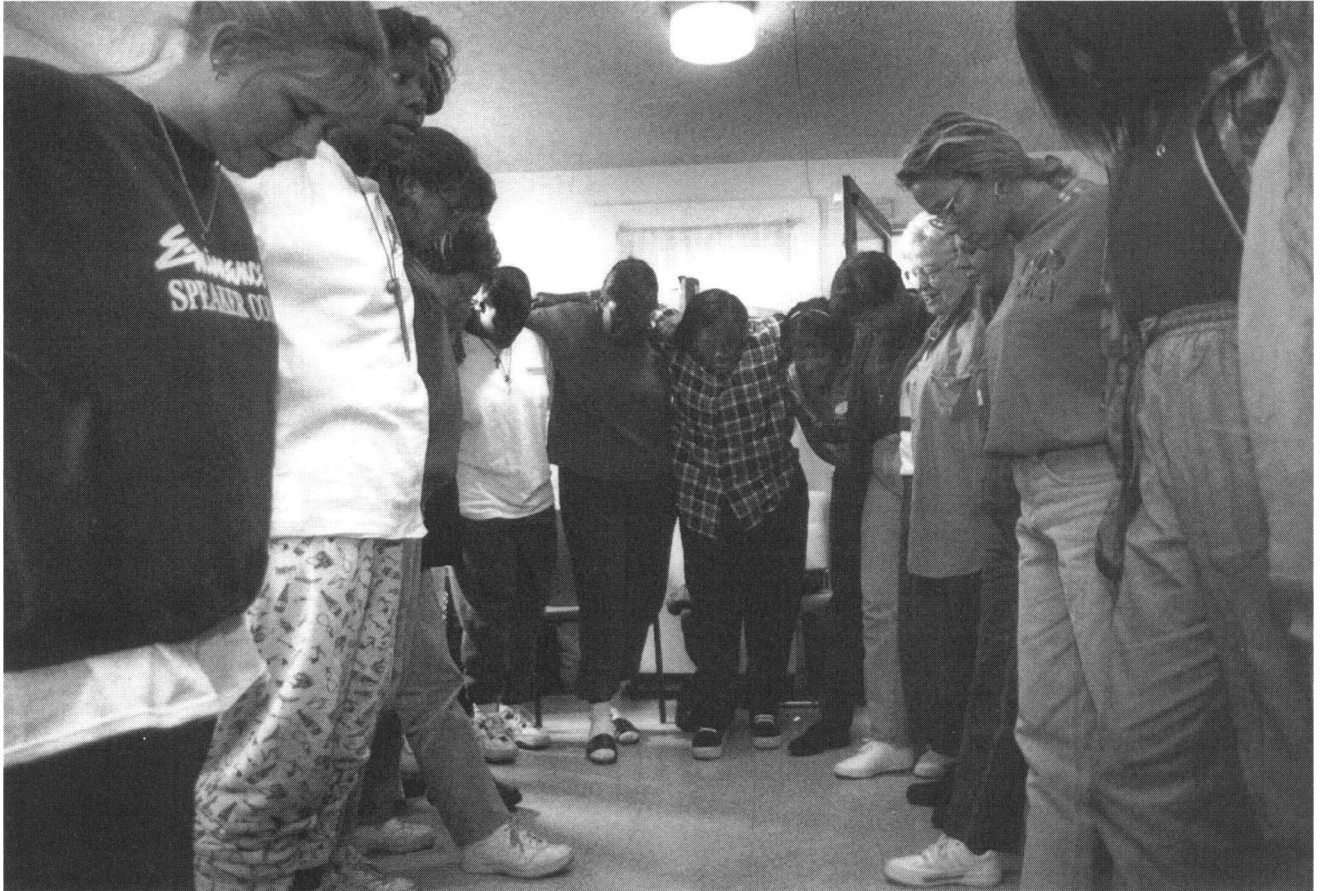
Cosponsorship at the national level by a wide range of organizations underscores the importance of integrating a public health focus into the more traditional medical model of disease causation, which characteristically emphasizes treatment without adequate attention to the economic, cultural, social, and environmental determinants of health status.^{7,8} Many of the programs that have been selected as MTW winners incorporate links to academic medical centers, churches, schools, social service agencies, universities, and a diverse array of community-based organizations. At the local level, identifying community partners helps in the referral process and in the dissemination of information about preventable health conditions and available services. At the nurse-managed Abbotsford and Schuylkill Falls Community Health Centers, for example, nurse practitioners have formed outreach teams that work with Tenant Councils and foster a system of collaboration among organizations such as those providing jobs for public housing residents and an agency that supports community programs for grandparents who are raising grandchildren.

years after these centers opened, the incidence of low birth weight and infant mortality rates for the population they serve showed a decline.⁹

EVALUATION

Evaluation of MTW programs is an important ongoing activity. MTW staff based at HRSA in concert with the





cosponsoring partners are working to develop a framework for outcome measurements to detail consumer satisfaction as well as the ways in which the projects influence hospitalization rates for preventable conditions, enrollment in insurance programs, access to a regular source of care, and other data related to access and utilization of primary care services. There is evidence that several of the programs are witnessing decreases in the average length of stay at hospitals and in the use of emergency rooms for preventable conditions.¹⁰ The Hillsborough County Health Care Plan in Florida, an MTW winner recognized by both the Ford Foundation and the Robert Wood Johnson Foundation as a model of health care delivery, uses a quarter-cent county sales tax to fund a managed care program for uninsured and underinsured county residents. A case manager helps to guide participants through a network of community-based health and social services. Hillsborough has consistently expanded primary care services by increasing the number of community-based clinics and through better integration of medical, mental health, substance abuse, and social services. The program has reported savings of over \$10.3 million per year in costs, with a reduction in the average length of hospital stays from 10.2 days to 6 days from 1991 to 1995.¹¹ The program also reports that more than \$8

million in emergency room care has been saved since 1991. The Robert Wood Johnson Foundation will be awarding grants totaling \$16.8 million to help 20 communities adapt the Hillsborough County model through their new "Communities in Charge" initiative.

MTW programs can also provide health researchers with an important opportunity to investigate the link between cultural and medical concerns in community-based settings. MTW staff and sponsors continue to learn more about linguistic and cultural barriers to access, the challenges of start-up experiences and working with coalitions, and general barriers to coordination of local, state, and federal resources. One of the major lessons that MTW staff has observed is the reduction in time that it takes to create a new program in a community when people are brought in to share lessons from communities where such programs are already increasing access to primary care services.

LOOKING TOWARD THE FUTURE

Through support of multisectoral initiatives, the MTW Campaign is working to ensure that the poor and medically underserved get affordable yet high quality primary health care. The use of collaborative strategies for funding and outreach, in particular, can help to support

“one-stop shopping” via integrated service delivery systems that are built from partnerships among the private, voluntary, and public sectors. The competition is being modified to expand the number and types of models that are profiled in the future. Linkages are also being formed on an ongoing basis with national, state-based, and local initiatives, so that the goals of strengthening the safety net and expanding the effective delivery of high quality primary care services are attainable in more of the places where nonfinancial and financial barriers continue to exist.

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To get involved with Models That Work, contact the HRSA Models That Work staff; tel. 301-594-4334/4310; fax 301-594-4983/4997; e-mail <models@hrsa.gov>. For more information, see the MTW Web page at www.bphc.hrsa.gov/mtw/mtw.htm or contact Professional & Scientific Associates, the MTW contractor; tel. 800-859-2386; fax 703-442-9826; e-mail <d_bland@psava.com>.

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MODELS THAT WORK WINNERS,
1995-1998

1995

- Heart, Body, and Soul, Inc. (Baltimore, MD)
- Marion County Indigent Care System (Ocala, FL)
- Finding Common Ground: Lincoln Heights Project (Cincinnati, OH)
- Southern Illinois Healthcare Foundation, Inc. (East St. Louis, IL)
- Fund for Moms: An Innovative Revolving Loan Account (Vista, CA)

1996

- Abbottsford and Schuylkill Falls Community Health Centers (Philadelphia, PA)
- Camp Health Aide Program (Monroe, MI)
- Comprehensive Community Health Services Program of Project Vida (El Paso, TX)
- Hillsborough County Health Care Plan (Tampa, FL)
- Los Angeles Free Clinic Hollywood Center (Los Angeles, CA)

1997 [No winners; changed to every two years.]

1998

- B4 Babies and Beyond (Grand Junction, CO)
- The Healing Place (Louisville, KY)
- Kids Can't Fly (Boston, MA)
- Laurel Health System (Wellsboro, PA)
- RADAR (Philadelphia, PA)
- School Health Outreach Program (Brooklyn, NY)

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