



MUSLIM AMERICAN SOCIAL SERVICES



***JaxCareConnect
Doing Greater Good. Together.***

**Creating a Primary Health Care Safety Net System
for Duval County**

Shared Vision

Every resident of Duval County has access to high-quality, comprehensive healthcare – regardless of insurance status or ability to pay

The problem we want to solve...

The lack of a coordinated system of care limits access to healthcare

- Unlike many other counties, Duval is unique in the number of ***providers of free and charitable primary care and hospital systems*** – making centralized care models a challenge
- ***Low income and underserved populations*** lack information about and connection to available healthcare services
- ***Providers*** lack capacity to fully coordinate care across the continuum and through transitions of care
- ***Low-income and underserved populations*** lack information about health insurance and other relevant benefits, and how to access those for which they are eligible
- ***Providers*** lack capacity for ongoing outreach, education, marketing

As a result...

Low-income and underserved populations experience barriers to care, often:

- Seeking primary care through hospital emergency departments
- Foregoing medical care because unaware of their eligibility or how to access coverage
- Duplicating services as they move from provider to provider – or appropriate services not provided at all
- Less than optimal health outcomes consistently experienced
- Foregoing medical care due to lack of transportation

And Includes Impacts to the Community:

Higher costs of care born by the community for conditions better treated in primary care than an ED

■ Duval Residents' Healthcare Utilization									
■ Leading Emergency Department Visits, 2018									
Utilization			Cost	Patient Age			Payment Type		
Principal Diagnosis Description	Visits	Avg. Hours	Avg. Charge	0-17	18-64	65+	Gov. Ins.	Com. Ins.	Non- or Self-Pay/ Other
Acute upper respiratory infection, unspecified	12,724	2.26	\$2,339	6,087	4,632	2,005	8,426	2,327	1,971
Other chest pain	8,318	10.91	\$12,521	436	6,919	963	3,869	2,555	1,894
Urinary tract infection, site not specified	7,712	3.88	\$6,026	903	5,520	1,289	4,355	1,659	1,698
Headache	6,523	3.76	\$6,339	829	5,202	492	2,887	2,102	1,534
Viral infection, unspecified	6,368	2.53	\$2,609	3,483	2,257	628	3,967	1,428	973

Data Source: AHCA Emergency Department Data Files, Jan. 1, 2018 – Dec. 31, 2018.

6,176 Non-pay / Self-pay Visits

This experience is further confirmed by . . .

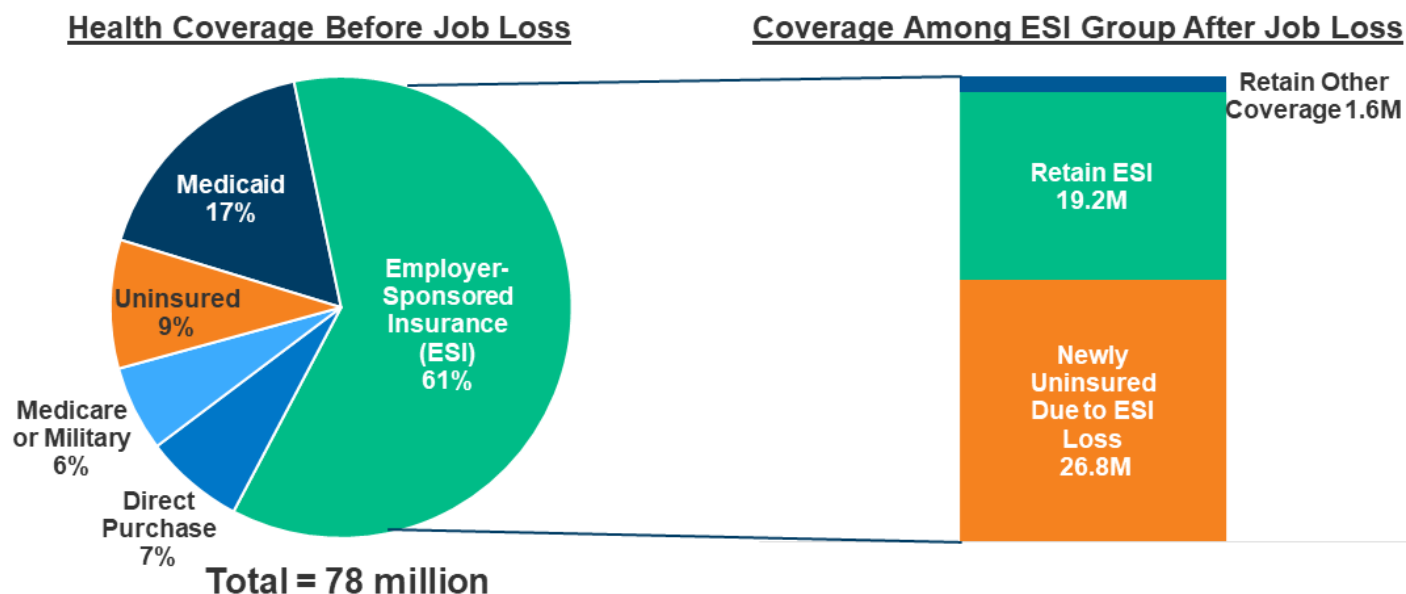
The Community Health Needs Assessment, authored by the Jacksonville Nonprofit Hospital Partnership, which concluded that:

- Low-wage earners living paycheck-to-paycheck are threatened by any health complication that affects their ability to pay rent and be food-secure
- Poverty is one of the biggest drivers in health disparities and education levels
- 84.3% of adults in Duval County have health insurance
- 16.6% of people in Duval County live below poverty level

www.hpcnef.org/jacksonville-nonprofit-hospital-partnership-community-health-needs-assessment

Add COVID Impacts:

Health Insurance Coverage Before and After Job Loss Among People in a Family Experiencing Job Loss as of May 2, 2020



Notes: "Retain Other Coverage" refers to individuals holding multiple sources of coverage prior to family job loss.

"Retain ESI" refers to individuals in families with multiple workers accessing ESI through separate employment-based policies.

Source: KFF. Job Losses occurred March 1st through May 2nd, 2020. See Methods for more details.



<https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/>

Add COVID Impacts:

While many communities have seen clinic closures due to the pandemic, the safety net partners in Duval County have continued to adapt and collaborate to see both existing and new patients



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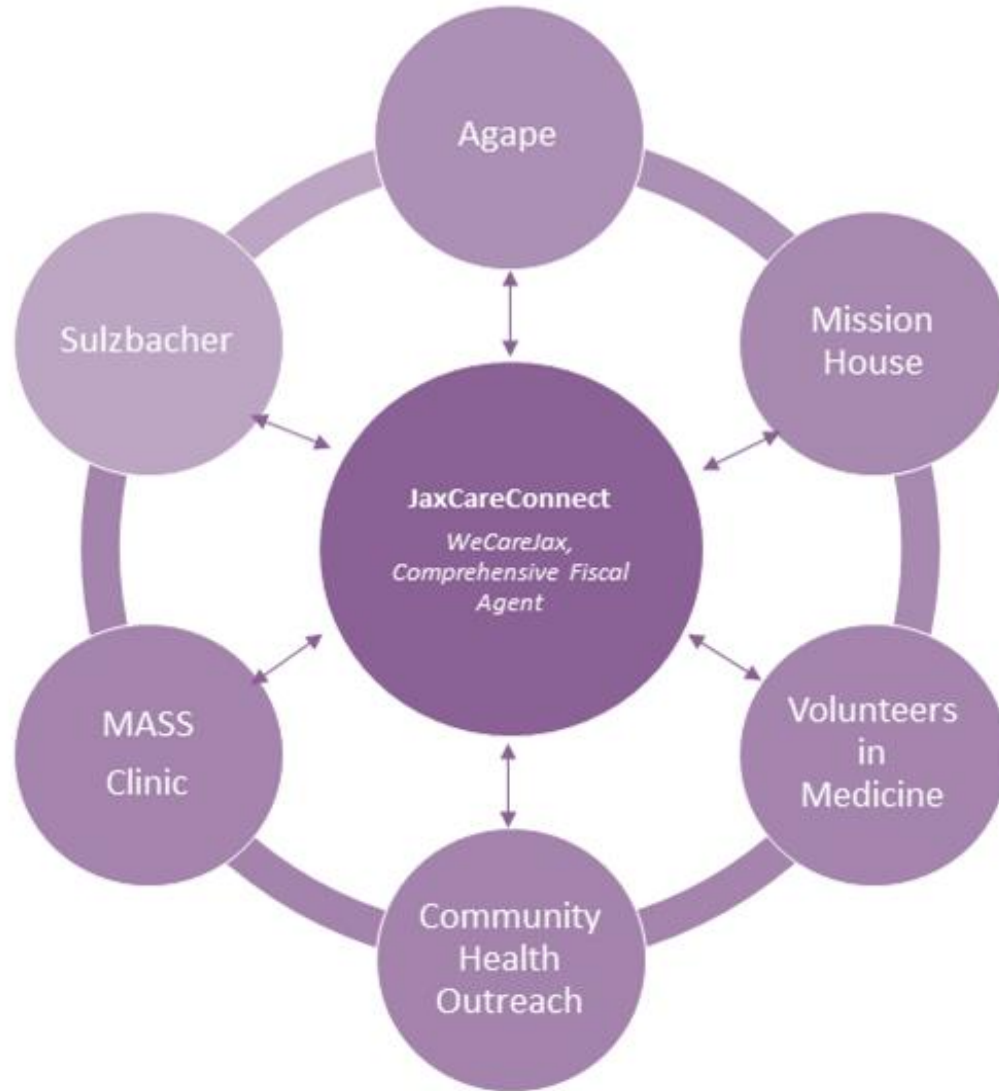
Coronavirus Victims Include Health Clinics in Minority Communities

Nearly 2,000 sites have closed temporarily, while disproportionate unemployment fuels greater demand for low-cost care during the pandemic

By [Stephanie Armour](#) / Photographs by Audra Melton for The Wall Street Journal

July 11, 2020 7:00 am ET

JaxCareConnect Initial Partners & Connections:



During Collaborative Planning:

- Partners identified excess capacity to serve **up to 2,000** new patients over the coming three years
- Preventing unnecessary emergency department utilization by these new patients **could save \$4.4 Million**
- Pandemic projected to increase number of uninsured adults due to insurance tied to employment (*Locally, May Unemployment officially reported at 11.7% - up from 4.3% in February*)

Identified Shared Services to Capture 2,000 Patients:

- Consolidated Intake and Referral (humans + technology)
- Patient Care Advocates / Transition of Care Managers
- Marketing / Community Education - Online and Local Presence

Integrated Intake and Referral

- Common Intake and Referral Form (the “common form”)
 - Access link via cell or computer; also via phone or in person
 - Easy to access and complete by patient, provider, hospital social worker, advocates
 - Directs the patient to the appropriate providers based on eligibility criteria, need, geography
 - Follow-up by provider **guaranteed**
- Patient Access
 - Call to central triage, any collaborative partner, or 211
 - Walk-ins at Collaborative clinic sites
 - Links to “Provider Collaborative” home page from COJ.net, partner providers and hospital web sites, library web site, etc.

JaxCareConnect Administrator

- Employed by WeCareJax with funding support from partners

Responsibilities include:

- ✓ Coordinate and oversee all services / activities of the Collaborative
- ✓ Coordinate steering committee meetings, activity, and follow-up
- ✓ Manage JaxCareConnect budget and coordinate all fundraising and revenue generation
- ✓ Identify, secure, and manage all external contractors
- ✓ Maintain data platforms and provide ongoing and as-needed reporting to the Collaborative and partners
- ✓ Maintain website and other communications platforms

Patient Care Advocates

The Patient Health Advocate (PHA) will have a unique role in assisting patients who are referred for care. Employed/Contracted by WeCareJax and managed by the JaxCareConnect Administrator, a successful PHA will:

- Build working relationships, solve problems, and support patients while they navigate the safety net health care system
- Assist patients in understanding their rights and responsibilities regarding care and referrals received
- Verify current eligibility for services, evaluate current insurability options, and assist with access
- Help patients understand their care coordination plan
- Assist patients in accessing available social services as needed
- Support transition of care from emergency department or inpatient to patient-centered medical home

Why this solution? For up to 2,000 Uninsured Neighbors:

- Will create a true “safety net” for care that:
 - Enhances and simplifies access to care
 - Increases usage of partner clinics as more people are brought into care and provided with medical homes, and distributes patients appropriately across providers
 - Minimizes risk to access if any one partner struggles
- Will reduce use of hospital emergency departments as primary care sites
- Will enhance providers’ ability to collect / analyze outcome, usage, and cost data
- Will be more cost-efficient and a better use of community resources

Evaluation and Metrics

- Engage evaluators as we build the model
- Collect / analyze data related to, for example:
 - Health Outcomes (e.g., diabetes, hypertension, asthma)
 - Number / rate of accessing insurance coverage
 - System savings (e.g., savings from ED diversion; savings to individual partner providers)
 - Patient “no-show” rates
 - Referrals to social services

JaxCareConnect Immediate Action Plan: Infrastructure Build and Prepare for Community Launch (August 2020 – January 2021)

1. **Hire a Program Administrator** *(Complete: J. O' Donnell Hired 11/6/2020)*
2. **JaxCareConnect Administrator:** Carries out three months of research, development, and planning activities in preparation for project launch at end of January 2021 *(November 2020 – January 2021)*
3. **Hire Patient Health Advocates** *(November – December 2020)*
4. **JaxCareConnect Administrator:** Researches all options to put a web-based common application/central intake system into practice by June 2021 *(December 2020 – April 2021)*
5. **The Duval Safety Net Collaborative:** meets at least monthly to manage the administrative details for the JaxCareConnect initiative *(Ongoing)*
6. **Project Team:** Prepare for JaxCareConnect soft launch in first quarter calendar year 2021

Secured Funding Partners for JaxCareConnect Pilot Workplan:

- Riverside Hospital Foundation: Seed funder for planning period + three years of project pilot (\$225,000)
- Baptist Health: Support for three years of pilot (\$150,000)
- Community Foundation for Northeast Florida: Support for planning period plus 1st year of pilot (\$75,000)
- duPont Fund: support for first year of operations (\$75,000)

2020	2021	2022	2023
Planning: <ul style="list-style-type: none"> • Finalize Collaborative Agreements and Initial Workplan • Secure Pilot Funding • Hire Key Staff • Initiate Contracts for Marketing, Web, and Technology Platform 	Pilot Year One: <ul style="list-style-type: none"> • Soft Launch Q1 • PDSA: Plan, Do, Study, Act • Refine Plan • Public Launch • Add Partners to Reduce Barriers to Care (SDOH) 	Pilot Year Two: <ul style="list-style-type: none"> • Increase Patients • Add Partners • Baseline Collaborative Clinical Measures 	Pilot Year Three: <ul style="list-style-type: none"> • Increase Patients • Refine Technology • Study Outcomes, Replicability • Stabilize and Sustain

How Can We Accelerate Year 1 Successes to Serve More Patients in Years to Come?

- Enhance interoperability in collaborative member Electronic Health Records systems (\$30,000)
- Add a third Patient Health Advocate in Year 1 (Salary + Benefits + Equipment @ \$50,000)
- Support capacity building at each clinic site to optimize clinic workflows, offer training, and add staffing hours to smoothly engage with the project's PHAs and to help retain resulting new patients in care beyond the initial referral (\$20,000 per clinic = \$120,000)

Total Request: \$200,000

Clinic Site-Specific Capacity Building Requests:



Personnel Support:

- .5 FTE Case Worker/Navigator
- Taxes/Fringe Benefits

Equipment:

- Laptop



Personnel Support:

- 1 FTE Patient Care Coordinator
- .12 FTE Referrals Manager
- Taxes/Fringe Benefits
- Payroll Service Costs



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Personnel Support:

- .62 FTE Patient Care Coordinator
- Payroll Service Costs



Personnel Support:

- .5 FTE Clinic Care Coordinator
- Taxes/Fringe Benefits

Equipment:

- Laptop
- IT License/Subscription



Personnel Support:

- .48 FTE Patient Services Coordinator
- Taxes/Fringe Benefits
- Payroll Service



Personnel Support:

- .25 FTE Director of Volunteers
- .05 FTE CEO

Equipment:

- Workstation Desk / Chair