DATA, FLEXIBILITY, AND COMMUNITY:

How one FQHC is driving the future of care

Manifest MEDEX

A high-performing FQHC shows healthcare how to improve outcomes and reduce cost at scale

Across the nation, Federally Qualified Health Centers (FQHCs) and community health centers often lead the charge in providing affordable, high-quality healthcare. They have an outsized presence in California. Half of the top FQHCs by total number of visits are located in California.[1] The state also has the greatest number of active FQHCs with 178 as of November 2019.

A Southern California-based FQHC works hard to reach populations that are lacking infrastructure and don't otherwise have access to high-quality healthcare programs, including behavioral health, women's health, pediatrics, primary care, urgent care, dental, and social services. This FQHC delivers patient results that inspire, and they have built momentum especially with women's health, newborn screenings, and diabetes prevention, as well as HIV testing and trans healthcare programs.

Working with vulnerable communities while also rapidly scaling, the FQHC relies on timely and accurate information about their patients delivered through Manifest MedEx (MX). A team of more than a dozen case managers and two dozen medical records clerks put real-time health data from the statewide health information exchange to work for the delivery of efficient, coordinated, and proactive patient care. Since first onboarding MX data in 2018, case managers start their day by logging in to MX Notify to see admit, discharge, and transfer (ADT) patient notifications. Case managers know immediately if a patient is in the hospital and receive clinical details to help patients before they're discharged and to bring them into a clinic for follow-up care as soon as they are home. With the combination of crucial data and effective case managers, this FQHC has seen improved patient outcomes since joining the HIE network.

Receiving health data through MX has helped the FQHC to:

- Know immediately when a patient is in the hospital and the critical details of their health situation, which their case management team describes as "a blessing."
- Improve care and reduce readmissions by scheduling timely, effective post-discharge visits and post-partum women's health.
- Reduce the time previously spent calling and faxing hospitals for medical records, enabling their team to more efficiently coordinate care.
- Strengthen relationships with patients who trust and appreciate the case managers reaching out to make sure they are okay and have the care they need.
- Support patients who test positive for COVID-19 or whose care is disrupted as a result of the pandemic.

[1] "Top 10 Federally Qualified Health Centers by Visits," ***Definitive Healthcare***, October 2018.

- Prepare for growth in patient volume due to anticipated rise in Medi-Cal enrollment and uninsured.

In this case study, we'll take a deeper look at how this particular FQHC elevates care for underserved communities in California supported with community health data.

"With Manifest MedEx, a case manager looking at a patient's chart knows the patient's been in the hospital, what their admitting diagnosis was, when they were admitted, and when they were discharged. They know to contact the patient at home, to follow up on their status for the services of case management, which could include anything from disease management, medication management, or even assistance with resources."

- Director of Case Management

Using data to deliver better care for underserved populations

The FQHC profiled in this case study is high volume with many sites and several mobile medical and dental locations in multiple counties in California. In 2019, their team generated over one million visits, with programs including behavioral health, women's health, pediatrics, primary care, urgent care, dental, mobile clinics, and social services. The FQHC serves the underserved, reaching the populations that don't otherwise have access to high-quality healthcare. At the core of their mission is to never refuse services to anyone, regardless of their ability to pay or the patient's insurance status.

FQHCs have been expanding across the country in the past decade, driven by rising patient demand and increased funding through federal programs. California has been an especially large market for FQHC growth. "Since full implementation of the ACA in 2014, California's uninsured rate has been cut in half, driven in large part by the expansion of Medi-Cal for adults with low incomes. FQHCs serve a large portion of those newly covered under the ACA, which is reflected in the growth in patients and patient visits since 2012," according to the California Health Care Foundation.[2]

California's FQHCs and other community health centers **contributed** in 2015 alone:

- $8 billion in total economic impact
- 59,000 jobs
- 22 percent lower costs for health center Medi-Cal patients resulting in $5.5 billion in savings to Medi-Cal and $7.5 billion savings to the overall health system
- Increased access to care for vulnerable populations, including more than four million patients served

Community health clinics are critically important for addressing gaps in care in the U.S. tied to socioeconomic, language, and geographic barriers. "The patients these health centers typically serve are without access to other healthcare settings. These include low-income people, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing. In fact, over two-thirds of the patients who receive care at community health centers are members of racial and ethnic minorities, which is one of the reasons these centers are so successful at reducing racial and ethnic health disparities in our country," reports the Center for American Progress.[3]

To serve their patients well, FQHCs don't just provide medical care, they also make sure patients have the support

[2] Kathryn Phillips, "California's Federally Qualified Health Centers," ***California Health Care Foundation***, November 2017.
[3] Ellen-Marie Whelan, "The Importance of Community Health Centers," Center for American Progress, August 2010.

and services they need beyond the clinic. This FQHC connects with patients and their families in a medical home model to determine: Do they have access to food? Are they struggling to get their medications? Are there any other resources such as housing or transportation that case managers can assist them with?

This community-driven approach to health has made FQHCs leaders in value-based care. "Studies consistently show that community health centers provide care that improves health outcomes of their patients. The patients of these centers are also more likely to identify a usual source of care and report having better relationships with their healthcare providers," notes the Center for American Progress. Care coordination and data sharing are vital to achieving this goal. When data are readily available, it makes care and collaboration that much more seamless and therefore effective for patients. Beyond just positive patient outcomes, research has shown the benefits of community health clinics in the U.S. as an opportunity for reducing the overall cost of care, including especially unnecessary emergency room visits and hospital readmissions.[4]

As California's largest nonprofit health data network, Manifest MedEx (MX) delivers real-time information to help healthcare providers care for millions of patients every day. Founded in 2017, the organization delivers insights from clinical and claims data for more than 26 million Californians through connections to more than 1200 hospitals, health plans, practices, and community organizations. MX gives providers the insights they need to provide responsive, timely, coordinated, and person-centered care to their patients.

The FQHC profiled in this case study relies on information from MX to improve patient care and outcomes in two specific areas:

1. **Case management.** Case managers focus closely on the health of patients post-hospitalization to proactively improve outcomes and reduce hospital readmissions. Sixteen case managers team with high-risk patients in their community who have been admitted or discharged from the hospital. Starting their day with a look at the latest hospitalization notifications, case managers reach out to ensure patients have timely follow-up care and to enable collaboration with providers. They rely heavily on clinical information to provide a clear picture of an individual patient — why were they admitted into the hospital and what happened while they were there.
2. **Medical records.** The FQHC's team of medical record clerks do the hard work of assembling complete records for patients under the clinics' care. Clerks get various incoming notifications, on multiple fax lines, through the EHR, or by phone. With direct access to longitudinal records through MX, clerks can bypass the lengthy and time-consuming process of requesting records and avoid the tedious work of piecing together disparate messages into a full clinical picture. Access to MX services "makes [our] lives a lot easier and that makes collaboration for our patients easier."

Let's take a closer look at how this specific FQHC is using health data for their California communities.

[4] Corinne Lewis et al., "The Role of Medicaid Expansion in Care Delivery at Community Health Centers," The Commonwealth Fund, April 2019.

Before MX

The FQHC would wait for the patient to schedule a clinic visit after being discharged from the hospital. Sometimes this happened weeks after discharge or not at all.

For the visit, the patient may or may not remember to bring the hospitalization and discharge paperwork to share with their provider.

After the visit, the FQHC started the manual process to gather more detailed medical records. The team would call or fax medical records requests with patient consent forms. Information would arrive days later.

Sometimes the records contained diagnoses or other details requiring additional follow-up. If this happened, the FQHC would need to schedule an additional visit, delaying care and wasting the patient's time.

After MX

Today, the FQHC proactively cares for their patients after discharge. Case managers begin their day by first logging in to MX Notify to see which of their patients may have been admitted to the hospital, discharged, or transferred. The FQHC receives 1,000–1,500 of these notifications each month for their patient population.

Case managers immediately start making follow-up calls based on those notifications, tracking care while a patient is in the hospital and preparing them to get into a clinic for a post-discharge follow-up after. Throughout, they use longitudinal clinical records in MX Access to see more details regarding the hospitalization, including the admitting diagnosis, status, and any labs that may have been performed.

The medical records team supports this process with case managers as well as other clinicians across this FQHC's community. Thanks to having MX Access records for their patients, this team is now able to quickly pull up most patient details requested through the platform directly and reduce their reliance on manual requests for records.

"Our medical records team loves being able to have direct access to hospital records in Manifest MedEx, without having to do the individual requests for the reports. It makes their lives a lot easier."

- Vice President of Health Information Management

Focusing case managers on exactly who needs help

"Patients are improving. They appreciate the fact that case management is reaching out to them and showing that they care. Without Manifest MedEx, they wouldn't have the tools to achieve that level of success. Patients wouldn't be as happy as they are. It's been a blessing as far as I'm concerned." – Director of Case Management.

Manifest MedEx is crucial to the workflow of this FQHC's case management team, enabling them to stay up-to-date on where patients are in the system and what they may need. Case managers start their day with MX Notify, the tool for receiving admit, discharge, and transfer (ADT) notifications from community hospitals for their specific patient populations. From there, the team can dive deeper into the patient's longitudinal health record through MX Access.

> "One of our biggest successes has been our ability to know in real time when our patients are in need. Through MX, we find out immediately when a patient is hospitalized or discharged. Our case managers log in every single day, first thing in the morning, to reach out and get patients back in the clinic for their post-hospital visit. That's making a difference. Patient health is improving as a result, and readmissions are declining. It's especially helped with improving our quality scores for first-trimester care with newborns and mothers," according to the Director of Case Management.

Having been in community health for decades, this FQHC already understood what it means to care for patients and their overall health. With the addition of ADT notifications, they have been able to get proactive in offering that care immediately when a patient is hospitalized and not having to wait for people to present themselves as in need of help.

The next evolution for case managers at this FQHC is starting to use Manifest MedEx's MX Analyze tools to improve their understanding of who are the highest-need patients in their care, so they can offer help even before a patient goes to the hospital. MX Analyze will help them identify patients at the highest risk for hospitalization. "Right now it's really difficult on our end to find out who the high-risk patients are, outside of when they are hospitalized, looking at their diagnoses and how often they've been in the hospital. I'm excited that this new tool will help improve our outcomes and allow us to reach those patients a lot more quickly."

Rapidly evolving care in the COVID-19 crisis

When the COVID-19 pandemic reached California, the FQHC immediately saw the same kind of sharp decline in patient volume, and hospitalizations, observed across the nation. Their case managers tracked a large decrease in ADT notifications. From March to April 2020, they saw 33 percent fewer notifications of patients admitted to or discharged from the hospital. Without revenue or patients, clinics around them were closing their doors. Instead of retreating, the team decided to evolve and take action.

In the first few months of the COVID-19 crisis, the FQHC was able to:

- Rapidly put together a clinic command center and a task force that oversaw every step of handling the pandemic crisis and continuing to offer high-quality services to patients.
- Turn many of their sites into pop-up COVID-19 testing locations.
- Add in telehealth, a hotline, and increased behavioral health access to match the changing patient need.
- Create tailored information for their patient communities regarding COVID-19 that would be relevant to their personal needs: "Are the clinics going to continue being open while the pandemic is happening? Can I still refill my prescriptions? Do I have access to urgent care?"
- Connect to Manifest MedEx's new COVID-19 lab result service to quickly identify patients who test positive so case managers can reach out. "COVID-19 is a big job right now for case management."

The FQHC was able to quickly and flexibly adapt to the needs of their community during the early months of the pandemic. What they see ahead is even more growth and change. Predicting higher patient volume and greater financial pressures, their team is looking for new ways to become more efficient in the delivery of care.

> "Before COVID, one in six Californians were already going to a community health center. It's going to be interesting to see how that number increases. I'm thinking that we are going to see a lot more volume, especially taking advantage of our ancillary and enabling services. How can we help them with food stamps and enrolling in health insurance and helping with some legal matters? The pandemic still hits us hard in many ways, including our workforce, which has been highly affected. We're still seeing success stories that give us some sort of hope and light at the end of the tunnel." – Director of Marketing and Employee Engagement

“I’ve never, ever spoken to another organization that can do what we have been able to accomplish — during the pandemic and before. And that is because of our workforce and our commitment to the communities that we serve. Manifest MedEx has been a huge asset in helping us continue this caliber of care. We can’t wait to see what the future holds.”

- Director of Marketing and Employee Engagement

The future of care is rooted in community

What this FQHC has achieved is not easy. Delivering healthcare that is meaningful and that truly improves the lives of patients, navigating complex quality measure reporting, implementing technology, scaling, changing healthcare workflows, and adapting to change are all significant challenges for any organization in healthcare. What this FQHC has achieved is possible, though, and it is crucial to the future of value-driven healthcare in the U.S.

FQHCs like the one profiled in this case study have raised the bar in providing high-quality care, rain or shine, to the communities that need them. They strive to understand the specific needs of the people they serve — providing proactively the care that leads to healthier lives. Whether it's access to behavioral healthcare, prenatal or postnatal care, or social services including food and housing, they don't wait to react. Health data insights on their community help make this proactive care delivery possible, and that is available to any provider in California today.

Key health data actions any healthcare organization can implement with Manifest MedEx:

- Customize MX Notify for your patient populations to receive real-time alerts when someone in your community is admitted, discharged, or transferred across California hospitals. Assist with care coordination while the patient is hospitalized and schedule outpatient follow-up visits to improve outcomes and prevent future readmissions.
- Use longitudinal clinical records in MX Access to review patient details before an outpatient visit or connection with a care manager. Drive high-quality clinical care with access to provider, hospitalization, diagnosis, medication, and lab information in advance.
- Streamline medical records workflows. View, import, and export medical records relevant to your patients with the click of a button.
- Explore MX Analyze predictive tools to easily zero in on the patient populations that are highest risk for hospitalization or will benefit most from proactive care.

Community health centers are not a last resort of care, they are the future of care. These FQHCs have become the front-line warriors for patients — truly making a difference in their patients' lives and improving outcomes. The data-driven model that helps power the success of the FQHC spotlighted above is available to healthcare organizations across California. Contact Manifest MedEx today to learn more about participating in the largest health data network in our state and accessing easy-to-implement analytic tools for your own community.

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