



SAFETY NET CONSORTIUM
OF MIDDLE TENNESSEE

Funding Proposal *Executive Summary*

Organizational Overview

For 18 years, The Safety Net Consortium (“SNC”) has functioned as an enduring, effective collaboration, bringing together leaders from dozens of trusted area health care institutions to problem-solve, plan, and implement shared strategies toward a larger community-wide goal: a more coordinated and integrated system of care than leaves no Nashvillian behind.

The Safety Net Consortium is seeking \$125,000 to expand on the success of connecting patients to medical homes via My Healthcare Home (MyHCH) and to provide targeted services to uninsured high risk patients through Project Access Specialty Care. To accomplish this, we will build on the reputation and relationships SNC has developed to establish a stand-alone nonprofit organization with the capacity to expand MyHCH and to support improved outcomes for high risk patients connect through Project Access Specialty Care .

Funding will boost marketing and outreach for My Healthcare Home, an existing online web portal that connects un- and underinsured individuals with local safety net primary care providers in order to reduce unnecessary utilization of local emergency services. It will also support health and prevention outreach to high risk/critically ill patients from 23 safety net clinics that are a part of the Safety Net Consortium.

Project Goal: The shared goal of these project is to better facilitate care coordination, increase the number of low income Nashvillians who have a regular source of high quality , affordable care in a medical home, and enable data collection and analysis to inform future investments and system improvements in Nashville’s health care safety net in order to improve patient outcomes. This directly promotes health equity by increasing the capacity of the safety net to provide an equitable, quality continuum of care to vulnerable residents of Nashville.

Project Objectives

1. Expand community outreach and marketing of My Healthcare Home to ensure that all uninsured Nashvillians have access to a medical home to coordinate their care.
2. The Safety Net Consortium will develop the infrastructure and staffing model necessary to effectively propel a collaborative planning process and oversee the development of technology and software systems needed to implement a city-wide health information exchange.
3. The Safety Net Consortium will have sufficient capacity to analyze information and data in order to assess performance, identify gaps, mobilize resources, and guide strategic investments by Metro, by payers, and by health care systems.

First Year Objectives *Within a one-year grant term, the following will be achieved:*

- 50% more Nashvillians will use My Healthcare Home clinic finder tool to locate safety-net providers.
- 100% of targeted high risk/critically ill patients enrolled in Project Access Sepcialty Care will have monthly access to case management support.
- The Safety Net Consortium of Middle Tennessee will have 501(c)(3) designation as an independent nonprofit organization, with applicable permits to fundraise, and governance structure in place

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Introduction

As the health care industry capital, Nashville can take pride in extraordinary resources in our backyard. A legacy of health care leadership and entrepreneurship mixed with a culture of collaboration have created an environment ripe for innovation and technological advancements. As the urgency of Nashville General's financial situation has focused our attention again on the issue of health care access in our city, we have seen this spirit of collaboration spark a renewed commitment from health care leaders to rise to the challenge.

We are tempted to view Nashville's health care safety net as a single hospital, but in reality, the city has a rich diversity of safety net health care providers that have been working for decades to meet the myriad needs of our uninsured and under-insured neighbors. As the Models of Care ("MOC") Committee of the Meharry Stakeholder Group acknowledged in their recent recommendations, "the health care safety net *as a whole* should be viewed as a strategic, shared community investment, not as a Metro investment in isolation and not as a loss or charity."¹

The committee goes on to acknowledge our limitations and assets: "Further, there is no leading or planning entity that is charged with overall functioning of the safety net: assessing performance, mobilizing resources to fill gaps, and guiding strategic investments by Metro, by payers, and by health care systems. There is, however, a track record of collaboration: the many stakeholders of the Safety Net Consortium of Middle Tennessee have worked consistently over 18 years to improve coordination, enhance systems, fill gaps, and improve outcomes."

Request

In their consensus workshop, the MOC committee identified several incremental goals to improve care across the safety net. The Safety Net Consortium ("SNC") has already begun work in several of these areas and respectfully submits for your consideration a request for funding to accelerate implementation and expand impact.

Respectfully, we are requesting a one-year \$125,000 investment in The Safety Net Consortium of Middle Tennessee in order to expand public awareness of My Healthcare Home, an online tool to help uninsured Nashvillians access medical home for primary care, dental, and behavioral health services.

Consensus goals for Davidson County Health Care Safety Net

- Optimize access (technology, providers)
- Go upstream (incentivize work on social determinants, education, prevention)
- Care coordination (navigators, resources, methods, standards)
- Connected care (records, sharing appropriately)
- Common/Shared Eligibility process
- Focused, Collaborative Solutions (e.g., shared strategies for patient categories where lowering cost or improving outcomes is a shared priority)
- Structure and Planning: A leading entity; a diverse and competent workforce.

This funding will allow for the hiring of staff and building the infrastructure of a stand-alone 501c3 nonprofit organization capable of facilitating a broader, deeper planning process to enact the recommendations offered by the MOC Committee. This funding will support marketing of My Healthcare Home, a user-friendly web portal that links Nashvillians in need with a primary care home in order to help reduce the strain on emergency departments and connect uninsured neighbors with the right level of care right where they live, work, and play.

Mission, Purpose, and Goals of The Safety Net Consortium

The purpose of The Safety Net Consortium is to provide access to appropriate levels of care for the uninsured population of Nashville through the establishment of a system of information and care coordination, with the dual aim of maximizing available community resources and reducing unnecessary utilization of local hospital emergency services. The SNC does this by bringing together healthcare providers, public sector agencies,

¹ A Systems Approach to Nashville's Health Care Safety Net. Recommendations from the Models of Care Committee, Meharry Stakeholder Groups. January 2019

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academia and community-based organizations to research, plan, build their collective capacity, and coordinate efforts to improve the health of the medically underserved by weaving together a system of care responsive to the needs of the community.

Strategic goals of the Safety Net Consortium:

- Improve access to healthcare through the use of a coordinated system of entry and support for un- or under-insured patients served by safety net providers in Nashville and Middle TN
- Measure and overcome barriers to healthcare access for the uninsured
- Improve health status of the uninsured served by safety net providers through the implementation of disease management systems

Background and History of the Safety Net Consortium

In May 2000, the Nashville Consortium of Safety Net Providers was created through memorandums of agreement between all existing primary care safety net providers and six of the nine hospitals in Nashville and the Metro Public Health Department of Nashville and Davidson County (MPHD). Within 18 months, the Consortium had expanded to include all area safety net providers offering dental care, mental health care, and substance abuse treatment, as well as the remaining three hospitals.

In September of the following year, the Metro Public Health Department was awarded a Community Access Program grant in the amount of \$1,089,900 from the U.S. Department of Health and Human Services to create a system of care built on the Consortium's network of primary care providers that became known as Bridges to Care. In February 2002, the Bridges to Care Pharmacy opened at Metro General Hospital and the following September, federal funding led to the creation of a second pharmacy at the Lentz Public Health Center. By that time, Bridges to Care had enrolled a total of 19,082 uninsured residents and linked them to a medical home. In total, 37,891 prescriptions had been filled.

In April 2004, the Nashville Consortium of Safety Net Providers changed its name to the Safety Net Consortium of Middle Tennessee, LLC, and a new board of directors was selected. The newly formed group agreed to collaborate with Nashville's hospitals and the Nashville Academy of Medicine to create Bridges to Care Plus. Since 2005, this system of specialty and hospital care has served Davidson County residents with incomes at or below 200% of the Federal Poverty Level who have no affordable access to insurance.

In 2014, Bridges to Care Plus changed its name to Project Access Nashville Specialty Care. Since its inception, over \$39 million in care has been donated by more than 1,300 physicians. Six area hospitals have donated operating rooms, equipment, lab and x-ray services. These contributions, combined with the primary care services provided by the extensive network of safety-net clinics active in the SNC, have enabled Project Access Nashville ("PAN") and PAN Specialty Care to connect more than 62,000 low-income, uninsured Nashvillians to a coordinated system of high-quality health care services. Project Access Specialty Care will partner on this project.

My Healthcare Home

According to the most recent Davidson County Community Needs Assessment, released January 11, 2019, 17.8% of adults and 6.9% of our children are uninsured.² Based on the most recent U.S. Census total population estimate of 691,243 for Davidson County³, we can estimate that 107,142 Nashvillians are uninsured. The safety net clinics are serving this population, but have not yet welcomed everyone who could qualify for services. **In 2017, SNC member clinics treated 51,607 uninsured patients⁴**, less than half of the total uninsured population. To achieve health equity, many more individuals need to have access to a medical home and specialty care through the safety net.

² Davidson County, Tennessee Community Health Needs Assessment 2019. Summit presentation slides. January 11, 2019.

³ U.S. Census Quickfacts for Davidson County, TN. Population estimate as of July 2017.

⁴ Safety Net Consortium Patient Data, 2017.

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According to the Kaiser Family Foundation, only 53% of uninsured children in Davidson County received a well-child check-up in 2015, despite the fact that 15 different free or sliding scale clinics offer pediatric services in Nashville. Our adult neighbors are dealing with chronic disease, which is impacting our productivity and mortality rates, as well as uncompensated care costs at our hospitals. More than 10% are diagnosed with diabetes, 32.9% with high blood pressure, and 35.6% with high cholesterol.³ All of these conditions are manageable and many safety-net providers have developed cost-effective disease management programs to address them with their patient population, but many uninsured Nashvillians are unaware that they exist. In fact, a study commissioned by SNC and conducted by Tennessee State University reported that, in consumer focus groups, about half of uninsured respondents were unaware of the safety net clinics.⁵

In 2015, the Consortium developed an online tool to address this problem of lack of awareness. Called [My Healthcare Home](#), (“MyHCH”) this web-based resource has a search function to allow users to locate services - from basic primary care to chronic disease management, dental care, mental health services, and substance abuse treatment - in their own neighborhood and across the city. The initial launch was part of a local collective impact incubator called Collaboration College, which provided consulting support to a team of volunteers from the SNC to develop a business plan that includes development of a website and marketing strategy. With funding through a Transforming Clinical Practice Initiative grant from the Centers for Medicare and Medicaid Services, SNC has developed the site and translated the content into 9 different languages.

To date, due to resource limitations, SNC has employed a marketing strategy focused on intermediaries (e.g. employers, hospitals, community-, and faith-based organizations), but now sees a need to market the site more broadly to the public. Funding support requested in this proposal will allow the Consortium to expand marketing efforts directly to the public, increasing traffic to the My Healthcare Home website and enabling more Nashvillians to seek appropriate levels of care when and where they need it. We expect that, within a one-year grant term, these efforts will result in a 50% increase in the total number of user sessions on the site - which measures each time a person visits the website to use the search function. In 2019 there have been 2,403 MyHCH sessions according to the website analytics. We believe that there is significant room for growth and will focus on the more than 50,000 uninsured Nashvillians that need a medical home. Expanded capacity at SNC will enable staff to track various analytics for the website in order to tailor outreach for specific audiences and analyze the immediate impact of specific marketing strategies. In addition, it will allow SNC to explore a common eligibility and scheduling tool to layer onto My Healthcare Home in order to further expedite access to timely, appropriate safety-net services.

A Self-Sustaining Organization

Every month, for nearly two decades, leaders from Nashville’s most trusted nonprofit and public-sector health care providers come together to share what they are seeing on the front lines in their work directly with patients, to learn from one another, and to develop strategies to address those needs on a city-wide scale. As funding for specific initiatives has waxed and waned over the years, this consistent collaboration has been possible only through the in-kind contributions of the member organizations and volunteer dedication of the Board of Directors. For example, the Meharry-Vanderbilt Alliance provides meeting space and logistical support, and Metro Public Health Department has contributed staff time for research, data collection, and analysis to support projects. St. Thomas Health Services Fund has served as the fiscal agent for the SNC for 18 years. There are no paid staff at the Consortium and work is done on a voluntary basis by members of the Board of Directors, all of whom take time from the responsibility of leadership within their own organizations to contribute their expertise and energy to this worthwhile collaboration. However, the urgency of this moment has made clear to us that the time to build for the future is upon us. For that reason, The SNC has assembled a Steering Committee of volunteers from the Board and begun an internal planning process to establish an independent 501c3 nonprofit organization to sustain this work and expand its impact. **For the purposes of this proposal, the Medical Foundation of Nashville, whose Project Access Specialty Care is closely aligned with MyHCH, has agreed to serve as fiscal agent.** The alignment of project goals and the flexibility and nimbleness of a smaller agency make the Medical Foundation a more efficient partner for this project.

⁵ Nashville Safety Net Assessment. Dr. Pamela Hull, Tennessee State University Center for Health Research. 2010

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With financial support, the Safety Net Consortium can build on this commitment a more nimble, effective, and sustainable entity. This will require the hiring of a Program Manager to provide leadership, conduct community outreach for MyHCH, and build community support and political capital in support of the entire safety net. Through fundraising, we envision that this role will expand over time to fulfill the vision of The MOC Committee: “A modest number of staff would analyze data to formally assess the safety net and community needs on a regular basis, coordinate system improvement projects, and facilitate and mediate solutions across organizations. Over time, based on need and opportunity, this entity would be positioned to support innovative changes in scope and focus for Metro’s investments in the safety net as well as to attract and coordinate grants and other investments in shared system improvement projects.”¹

The project outlined in this proposal offer the opportunity to build and strengthen relationships between safety net providers in our community, to engage in difficult conversations about our shared assets and resource limitations, and to facilitate a transparent planning process that can be replicated in the future. The Safety Net Consortium has a reputation for inclusive practices and consistently demonstrates respect for the work it takes to communicate effectively and build trusting relationships between stakeholders through the process. This is the strategic approach that has kept the Consortium both strong and flexible for so many years, and we intend to continue to move forward in that spirit.

Conclusion

Nashville is at a crossroads and we see the need for leadership and capacity to support a broader and deeper planning process - one that will bring all partners to the table to develop shared strategies to structure the city’s entire safety net for the future. We will do this in order to preserve the city’s commitment through the changes we know are inevitable in the health care landscape, and as the needs of our community evolve over time. As we continue to adapt to a changing health care policy landscape, and developments in technology and care delivery models evolve, it is imperative that we, as a community, harness the incredible capital in our city to ensure that our own neighbors are not left behind. We hope that you will see fit to partner with us in this endeavor.
