

Houston Health Services Research Collaborative

Center for Health Services Research

Fall Newsletter 2006

Welcome to the Houston Health Services Research Collaborative. Our mission is to promote and facilitate interdisciplinary research directed at improving policy and health outcomes of low-income and uninsured populations in the greater Houston area. Our work is funded in part by The Houston Endowment. Each project is coordinated by a faculty investigator and a graduate student.

Status Report

Over the past year, faculty and students of the Collaborative have worked with community program administrators and policymakers to develop collaborative research projects related to public health and healthcare safety net issues in Harris County. At the present time, six faculty from four different institutions and seven students from The University of Texas School of Public Health are leading the work on the following:

Behavioral Health

Mental Health and Juvenile Offenders: *Participants:* Mental Health and Mental Retardation Authority of Harris County, The University of Texas School of Public Health. Project Leader – Scott Hickey

Pilot Study of the Harris County Jail Diversion Program: *Participants:* Mental Health and Mental Retardation Authority of Harris County, The University of Texas School of Public Health. Project Leader – Gul Nowshad

Community Behavioral Health Program: *Participants:* Ben Taub General Hospital/Baylor College of Medicine, Harris County Hospital District, Mental Health and Mental Retardation Authority of Harris County, The University of Texas School of Public Health. Project Leaders – Charles Begley and Thien Vu

Primary Care

Impact of Convenience of Care on ED utilization: The El Centro de Corazon Pilot Project: *Participants:* Baylor College of Medicine, Texas Children's Health Plan, The University of Texas School of Public Health. Project Leaders: Serena Yang and Thien Vu

Katrina Evacuee Community Case Study: *Participants:* Texas Southern University, The University of Texas School of Public Health. Project Leaders: Sondip Mathur, Charles Begley, and Patrice Williams

Evaluation of the Community Health Worker Pilot Project: *Participants:* Gateway to Care, The University of Texas School of Public Health. Project Leader—Charles Begley and Carlos Ramos

Community Surveys

The Effects of Financial and Insurance Considerations on Health Care Utilization Decisions: *Participants:* University of Houston-Downtown, The University of Texas School of Public Health. Project Leaders – Pamela Behan and Patrice Williams



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Emergency/Trauma Care

Assessment of Regionalized Trauma Care Systems in Texas: *Participants:* The University of Texas School of Public Health. Project Leader – Munseok Seo and Charles Begley

Effects of Ambulance Diversions in Pediatric Hospital Care: *Participants:* Texas Children’s Hospital, Baylor College of Medicine, HGAC EMS/Trauma Policy Council, The University of Texas School of Public Health. Project Leader – Rohit Sheno, Charles Begley, Munseok Seo, and Jennifer Jones

Monitoring the Safety Net

Preventable Hospitalizations and Local Capacity for Primary care Services in the Greater Houston Area: *Participants:* The University of Texas School of Public Health. Project Leaders – Michael Swint and Frances Lee

Evaluation of the HCHD Nurse Advice Line: *Participants:* Harris County Hospital District, The University of Texas School of Public Health. Project Leader – Dean Johnson

Houston Hospitals Emergency Department Utilization Study: *Participants:* Gateway to Care, Harris County Healthcare Alliance, The University of Texas School of Public Health. Project Leaders – Charles Begley and Patrick Courtney

Shortage of Primary Care for the Uninsured: *Participants:* Harris County Healthcare Alliance, St. Luke’s Episcopal Health Charities, The University of Texas School of Public Health. Project Leaders – Charles Begley and Patrick Courtney

You can visit our dedicated website at <http://www.sph.uth.tmc.edu/hsrc> for more details on these projects, listings of publications and reports, information on data sources for local researchers, and upcoming events and announcements.

Mark your calendar for an upcoming full-day workshop, February 9, 2007, entitled Developing Local Healthcare Safety Nets: The Integration of Research and Policy. In this issue of the newsletter, we feature brief summaries of two Collaborative projects.



Community Behavioral Health Program: Co-location of Behavioral Health and Primary Care Services in Harris County Hospital District Clinics May Improve Patient Care and Lower Costs

In Harris County, the demand for publicly provided behavioral health services is increasing while the availability of such services has remained low. The CBHP was created to help meet the growing gap between need and service availability. The primary goal of CBHP is to demonstrate a system of co-located, community-based, and integrated behavioral health and primary care services in the HCHD system. An evaluation of this project’s initial year of implementation was just completed.

The evaluation objectives were to:

- 1) Describe the major resources of the program, services provided, and characteristics of patients served.
- 2) Determine whether there has been a positive impact on access, health, provider satisfaction, and costs.



To describe the resources and features of the program, the number and type of CBHP staff at each service site were determined based on program documents. Resource measures include the number and availability of clinical staff. The educational aspects of the program are also described including the number and type of video/audio lectures and materials for the medical staff.

To determine the initial impact of the program on the behavioral health condition of patients we examined improved symptoms and problems over time in the overall and domain scores of patients on the BASIS-24. The 24 questions of the BASIS-24 measure a broad range of domains of psychiatric and substance abuse symptoms and functioning including: depression and functioning, relationships, self-harm, emotional lability, psychosis, and substance abuse.



To determine the initial impact of the program on providers we conducted a survey of provider satisfaction and opinion about how the program was working.

The initial impact of the program on HCHD service patterns was also assessed by examining individual pre-post data on the use and cost of psychiatric services and aggregate data on the distribution of psychiatric services provided in community versus hospital-based settings.



The results of the evaluation indicate that CBHP appears to have been successful in the first year of full implementation. Psychiatrists and behavioral health specialists are at all 11 HCHD community health centers and 4 private community clinics. From July 2005 through May 2006 the number of new patients who used CHBP services was 2,895 and a total of 7,392 counseling sessions were provided. Seventy three percent were African American, Hispanic and/or Asian. Baseline and follow-up BASIS-24 scores that were obtained on 416 eligible patients improved in 4 out of 6 domain scores and in the overall score.

Eighty seven percent of primary care and behavioral health providers agreed that CBHP increased access to appropriate care, reduced the likelihood of using the emergency room, and reduced waiting time for behavioral health services. The average number of behavioral health visits per CBHP user rose from 1.7 to 2.5 in the study period. Per visit charges decreased by 8%, from \$201 to \$185. There was an increasing trend in the proportion of behavioral health services provided in the community clinics compared to the hospitals. The evaluation team plans to replicate the evaluation study during the second year of the project with an improved research design.

Shortage of Primary Care for the Uninsured



In Harris County (and elsewhere in the nation), emergency rooms are often used for non emergency medical treatment – in other words, for primary care -- by people who do not have access to community-based services. For the last few years, we have been analyzing emergency room data in Houston's safety net hospitals to assess the extent to which this has been taking place. The latest data from 2004 indicates that 54.5% of all ER visits to those hospitals were primary care-related and 37.8% of the visits were made by the uninsured. Based in part on these findings, the Community Clinics Committee of the Harris County Healthcare Alliance determined that expanded access to community-based primary care should be a priority and requested that we obtain and analyze meaningful data on the need for safety net primary care.

This study represents the first attempt to systematically assess the magnitude of the gap between primary care supply and demand in the county for the low-income uninsured in Harris County. St. Luke's Episcopal Health Charities' Project Safety Net researchers estimated supply based on actual 2005 primary care visits to the uninsured provided by approximately 70 public and private safety net clinics in the county. These figures represent visits by the uninsured to clinics that provide free and/or discounted primary care to the uninsured, serve as a medical home, and have services available at least 20 hours per week. Primary care visits are defined as encounters in which patients are seen by a physician or mid-level practitioner.



Demand estimates were developed by St. Luke's Episcopal Health Charities researchers (in conjunction with The University of Texas School of Public Health) based on current estimates at the ZIP code-level of the number of low-

income uninsured persons in Harris County and their expected use of primary care. The number of low-income uninsured in each ZIP code was estimated for 2003 based on data from the Current Population Survey. Expected primary care use of the uninsured was based on the actual utilization rate of Gold Card Users in the Harris County Hospital District (2.1 primary care visits per year).

The results of the analysis comparing supply and demand for each quadrant of the county are presented in the table below. The analysis suggests that the public/private partnership of safety net clinics in Harris County is meeting less than two thirds (62.6%) of the demand for primary care of the low income uninsured.

Comparison of Primary Care Visit Supply and Demand

	Annual supply	Low income (<200% FPL) annual demand	Annual Unmet demand	Monthly unmet demand
Northeast	177,218	390,511	213,293	17,774
Northwest	237,831	351,011	113,180	9,432
Southeast	183,610	313,107	129,497	10,791
Southwest	307,019	392,130	85,111	7,093
Total	905,678	1,446,759	541,081	45,090



Developing Local Healthcare Safety Nets: The Integration of Research and Policy

February 9, 2007

Contact Us

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