



**Cheyenne Regional Medical Center  
Cheyenne, Wyoming**

**Improving the Health of the Community  
through Collaboration with  
Cheyenne Health and Wellness Center**

**Overview:** Cheyenne Regional Medical Center (CRMC) serves the health care needs of patients from southeast Wyoming, northern Colorado, western Nebraska, and communities from throughout Wyoming. Wyoming's first Level II Trauma Center, CRMC has 218 beds, more than 175 physicians, and 2,000 employees and volunteers who provide high-quality care. The medical center offers a comprehensive line of health care services, including cardiovascular, cancer, orthopedics, neurosciences, weight loss, women and children's services, trauma, wound management & hyperbaric medicine, rehabilitation, home care, hospice, behavioral health, medical imaging, and lab services.

Cheyenne Health and Wellness Center (CHWC), a federally qualified health center (FQHC), opened its doors in 2005 as a one-site clinic. Its services include general primary medical care, dental/vision services, flu shots/immunizations, diagnostic testing/screening, well-child visits, in-house pharmacy, translation services (English/Spanish), health education, family planning, pregnancy testing and referral, work/school physicals, and case management. CHWC now serves more than 4,000 patients annually; 70 percent of patients have family income below 100 percent of the federal poverty level.

CHWC is a non-profit, 501 (c)(3) organization governed by a Board of Directors composed of more than 50 percent users of the Center's services. As an FQHC, the Center receives an annual grant from the Bureau of Primary Health Care to offset the cost of providing care to those who cannot afford to pay. Since its inception, CHWC has served a majority of uninsured patients with a payer mix in 2011 of 73 percent uninsured. Although CRMC has supported CHWC with in-kind services and service-specific grants over CHWC's six-year history, the two organizations have no formal affiliation and are directed by separate governing bodies. As evidence of the close working relationship between the two, the CRMC chief financial officer has been a member of the CHWC Board of Directors for the last three years and will serve as Board president starting January 2012.

CRMC and CHWC partner on several initiatives:

- **Safety-Net Primary Care Medical Home**—Launched in response to assessed gaps in access to care for vulnerable patients, the pilot program aims to engage more proactively with patients with chronic disease to improve access to care, help patients manage their symptoms, reduce acute events, and improve their health outcomes.
- **Laramie County Community Partnership (LCCP)**—This coalition of local health care and social service providers addresses community issues, encouraging organizations to view one another not as competitors but as partners with mutually benefitting strengths. CRMC's chief financial officer is treasurer of the LCCP Board.

- GoalConnect—This web-based system will allow for a collaborative client/patient management system to generate a single coordinated client/patient plan. The system will offer an electronic client management system to reduce duplication of services, enhance coordination, streamline patient intake, and reduce appropriate utilization of health care services such as the emergency department. Eight agencies, including CHWC and CRMC, have committed to provide resources for the project and will implement the system, scheduled for first quarter 2012.
- Laramie County Centralized Pharmacy—A program of CHWC, the pharmacy allows patients access to the medications they need, at no cost, to assist in the treatment of their health conditions. Medications that would otherwise be destroyed are being used for patients who are chronically ill or would become so without prescription medication received at the Centralized Pharmacy. The pharmacy also administers CRMC's prescription assistance program for long-term prescription medication needs.
- Home oxygen program—CHWC acts as a clearinghouse for CRMC patients discharged to home with oxygen. Through a contractual relationship between CHWC and a home oxygen provider, at discharge uninsured hospital in-patients are provided with home oxygen free of charge for a four-month period. During this time, CHWC's case manager works with patients individually to secure insurance coverage, locate other needed resources, and make application for CRMC's Charity Program. If the patient has no medical provider, he/she is offered the opportunity to receive services at CHWC on a sliding-scale fee. At the end of the program period, patients are offered the opportunity to continue to receive home oxygen services at a much reduced cost.

These initiatives involve numerous community partners working together to serve the area's vulnerable population.

**Impact:** During its first year of operation, the Medical Home pilot had an enrollment of 48 patients with chronic care needs. Of those patients: 97 percent reported increased satisfaction with access; 98 percent reported they are more likely to fill their prescriptions and take their prescriptions as prescribed since establishing a relationship with their provider; 71 percent have improved confidence in their ability to self-manage their care; 86 percent have a feeling of improved physical health; and 86 percent expressed a positive relationship with their health care team.

Health outcomes improved dramatically for these patients:

- For diabetic patients, 83 percent were compliant with medical plans, 60 percent had their diabetes managed (A1Cs <9), and 40 percent showed declining A1Cs.
- For hypertension patients, 95 percent were compliant with medical plans, and 78 percent demonstrated control over blood pressure.
- For asthma patients, 100 percent were compliant with medical plans, and 100 percent met therapy goals.
- For cardiovascular patients, 100 percent were compliant with medical goals, and 100 percent demonstrated controlled cholesterol and blood pressure levels.

From August 2009 to the pilot engagement, emergency department visits totaled 150 at a cost of \$292,201. After the pilot engagement, ED visits decreased to 47 at a cost of \$116,546. From August 2009 to the pilot engagement, hospital admissions totaled 37 at a cost of \$607,946. After the pilot engagement, hospital admissions decreased to 12 at a cost of \$159,870.

The pilot resulted in 1,200 referrals to CHWC; 270 met the criteria of having one or more chronic diseases. Of these 270, 70 needed referral to other community-based services for health-related social services (crisis food, housing, medication assistance).

Also in 2011, the Centralized Pharmacy served 2,984 patients, refilling 17,464 prescriptions at a retail value of more than \$1 million.

**Challenges/success factors:** With an indigent patient mix, it is difficult for CRMC to keep CHWC subsidized—the program is underfunded and primarily relies on its annual federal funding, private fundraising and United Way grants. In recent years as the recession has deepened, there has been increased competition with other area safety-net providers for diminishing philanthropic dollars. CRMC and CHWC collaborate on grant writing and are tapping into federal funding as possible.

In regard to physician issues, the hospital does not have the capacity to hire all specialized skill sets needed. And currently, CHWC physicians have admitting privileges at CRMC but do not take call for CRMC. (CHWC is open until 7:00 p.m.) CHWC's providers do offer on-call services for their patients when the clinic is closed. Calls are triaged and referred to the CHWC provider on-call to respond. Providers have remote access to a patient's electronic record and can refer to it when counseling the patient. With CHWC having only one physician, it is more challenging to go from a fragmented system of care to a collaborative care model. In January 2012, CHWC will add another physician to its provider group, bringing its provider total to two physicians and two physician assistants, which will lighten the clinical load per provider.

**Future direction/sustainability:** The safety-net primary care medical home is evolving into a more formal learning model that includes the transformation of process and culture. In addition, CHWC and the University of Wyoming residency program are going to conduct a feasibility study to explore the creation of a teaching health center.

**Advice to others:** Providing access to care is the right thing to do for the individual and the community. The most effective way of doing so is by partnering with other community organizations—standing together at the place where individual missions intersect. The commonality of mission gives the partners a foundation to build upon and a vested interest in the outcome of the partnership. It's the best way to improve population health and provide access to integrated, high-quality care. Look for partners that share a common purpose and values. Understand that partnerships are hard work, take time and require trust but always produce a better outcome for the community by building on the strengths of each, reducing duplication (and often costs), enhancing continuity of care, and filling gaps in the system of care.

**Contact:** John Lucas, MD

Chief Executive Officer

**Telephone:** 307-634-2273

**E-mail:** [john.lucas@crmcwy.org](mailto:john.lucas@crmcwy.org)