



Davis Health System Elkins, West Virginia

Building an Integrated Care System through Multiple FQHC Partnerships

**Overview:** Geographically isolated in the foothills of the Appalachian Mountains, Davis Health System (DHS) is a healthcare network that includes 90-bed Davis Memorial Hospital, 12-bed Broaddus Hospital, a skilled nursing residence, hospital-based clinics, pharmacy, and outpatient services. With the support of nearly 900 healthcare professionals, DHS offers healthcare to 85,000 residents across five counties. Its headquarters is in Randolph County, the largest of the five with 28,000 residents. An open medical staff of 55 physicians serves Davis Memorial and Broaddus Hospitals and its clinics; about half are employed by DHS. Each year, DHS has 34,000 emergency department (ED) visits, 4,000 surgeries, and 400 deliveries.

Davis Memorial Hospital has seen almost no managed care with a payer mix that is 72 percent public (Medicare, Medicaid, and state insured), 18 percent commercial, and about 10 percent underinsured/uninsured. Davis Memorial Hospital provides a continuum of care that includes acute care, ED services, imaging capabilities, extensive laboratory services, pain management, a birthing center, surgical services, home health, durable medical equipment, and many other services. Broaddus Hospital's continuum of care includes acute care, emergency services, an in-house clinic, diagnostic and therapeutic services, skilled nursing, long-term care, specialty clinics and other services.

Five federally qualified health centers (FQHCs)—soon to be six—serve the area. Through a long-standing history of collaboration, DHS has established strong working relationships with the FQHCs:

- **Community Care of West Virginia** (also known as Tri-County) has nine sites, some of which are within DHS' primary service area. DHS rents space to Community Care in neighboring Upshur County, where Community Care operates CareXpress and Pediatrics.
- Valley Health has two locations in Randolph County, where Davis Memorial is located. DHS is in the process of setting up a pharmacy with this FQHC. The pharmacy is owned by DHS; inventory will be sold to the public. For the FQHC patients, it will be their 340b pharmacy inventory; DHS will collect a dispensing fee. DHS is also in the process of interfacing Valley Health's Elkins location with DHS' laboratory, which will allow DHS to perform all laboratory services for Valley Health's Elkins location.
- **St. George** has one location. For the past year, DHS has provided pharmacy services as outlined above. The only difference is that the pharmacy is located seven miles from the St. George Clinic, next to the DHS clinic located in Tucker County.
- **Belington Clinic** has one location. While DHS and Belington have not had formal interaction, Belington leaders are currently looking at purchasing an electronic medical record (EMR) system. DHS is working with them to consider the same computer system as DHS physicians. Independent physicians who admit to Davis work part-time at this clinic.

- **Preston-Taylor** has several locations but only one clinic in DHS' primary service area. DHS owned and operated this clinic at one time, but financially it did not work. About six to eight years ago, DHS transferred the clinic to Preston-Taylor. The same physician leads the clinic as when DHS owned it. DHS' special projects director recently helped Preston-Taylor secure a new location and the building that was placed on this location.
- **Pendleton** is in the process of establishing a part-time clinic on the eastern edge of Randolph County. DHS' special projects director has been helping Pendleton with the location. Pendleton leaders are setting up this clinic with the approval of DHS—and the approval of Valley Health, who has clinics in Randolph County.

The goal of collaboration between DHS and the six FQHCs is an integrated network that coordinates services and patient access across a five-county region. It begins with pharmacy and potentially lab services, but advancement is contingent upon the interoperability of health information technology at provider locations to coordinate primary, secondary, skilled nursing, post-acute, medical equipment and ancillary services.

**Impact:** With solid support for primary care provided in area clinics, DHS is able to focus on secondary care and diagnostic services. DHS is not getting all referrals back but is readily recognized as the medical home for the region. With all area providers working together, residents receive better care and are better able to have their health care needs met in their communities.

**Challenges/success factors:** Primary care providers in Elkins do not view FQHCs as a threat, and DHS views FQHCs as allies rather than adversaries. Where the FQHC is successful recruiting primary care physicians, Davis concentrates its resources on recruiting specialists. A hallmark of this emerging clinically integrated network is the familiarity among and between leadership and governance. DHS President/CEO Mark Doak knew several of the FQHC leaders long before he took the helm at DHS 10 years ago. Further, DHS and the FQHCs have had board members in common over the years.

**Future direction/sustainability:** DHS' goal to form a clinically integrated network starts with Community Care of West Virginia and connects EMRs for better population management. Community Care has established effective diabetes management protocols that its physicians embrace. Using Community Care's protocols and linking IT, DHS leaders hope to orient Davis physicians and expand the protocols for use with other chronic diseases.

Advice to others: Look at FQHCs as allies rather than adversaries. You can partner in ways that complement each other and that are mutually beneficial—and beneficial overall to the communities you serve. Open communication and transparency are crucial in cultivating and maintaining positive relationships. For example, be upfront with each FQHC about the agreements you have with other FQHCs.

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