

ACCESS TO CARE IN THE NEW NORMAL

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Objectives



- Understand how to structure an access monitoring program.



- Understand how to leverage technology to implement new ways for patients to access care via text message communication, COVID testing centers, and telehealth.



- Understand how to measure the effectiveness of these new points of care and the impact that their addition has on access to care at the health center.

Approach to Access

- Access 101- Defining, monitoring and improving access
- Access 201- A technological shift in access post COVID
- Access 301- Building a sustainable infrastructure in the “New Normal”



Access is an opportunity for patient engagement. How will you respond?

-
- Who is the patient that has accessed you?
 - What does the patient want access to?
 - Where can the patient access you?
 - How does the patient want to access you?
 - Who does the patient want to access?
 - When does the patient want access?



Access: Data driven behaviors

- Access: A member's contact with our team
- Direct correlation (increased access=increased cost)
 - How many times are your patients utilizing your services?
 - Are your members utilizing your services appropriately?
 - Do you provide access appropriate to your population?
 - How can a patient access us without a visit?---IT?
 - Do our staffing ratios enable patients to have appropriate and less costly care?
 - Overall care vs. Primary care cost of care



Access: Old, Current and New Normal

- Are No Shows an access measure?
 - No shows are an opportunity to understand patient behavior
 - Preference for another mode of access?
 - Timing of appointment?
 - How has telehealth impacted your no show rate- how do you use telehealth to impact your no show rate?
- Are patients non-compliant?
 - Non-compliant patients are not engaged
 - Access to treatment plan and follow up requests?
 - Afford medications, resources, tools?
 - Non-compliant patients utilize resources- how can you use technology to drive improved access?
- Will we ever reach our goal of 75% referral completions?
 - Why do patients not go to their referral appointments?
 - Is access not timely?
 - Can they afford?
 - Do they understand?
 - Staffing shortages can lead to inconsistent processes- how do you use technology to drive external access?
- We need to hire more providers; we are at capacity
 - What about access to our other resources?
 - Can we improve utility and access to RN Care Managers, pharmacists, dieticians
- We have so many providers and people don't want to come to the office because of COVID
 - What are your F:F vs. telehealth protocols? How are you templating your schedules to meet public health orders and provide quality?
 - What about access to our other resources?
 - Can we improve utility and access to RN Care Managers, pharmacists, dieticians?



Access

- Five Dimensions of Access:

1. **Availability**
2. **Accessibility**
3. **Accommodation**
4. **Affordability**
5. **Acceptability**

- How can we assess and address each dimension and to improve and enhance overall Access?



Access: The New Normal

- Available:
 - How does our staffing support our appointment availability?
 - How does the demand support the types of appointments available?
- Accessibility:
 - Are the modes of access accessible to our patients
- Accommodation:
 - Do the patients want to be seen in person, over the phone, over the computer?
 - Are we balancing need and compliance?
- Affordability:
 - Is access covered and/or affordable?
- Acceptability:
 - Does the patient feel like they are getting what they want/need through the access methodology?



Access Survey: The New Normal









Telehealth Patient Experience Survey

1. How would you rate your telehealth visit today?
Excellent Good Fair Poor
2. Have you ever had a telehealth visit prior to COVID?
Yes No
3. Would you do a telehealth visit again?
Yes No
4. Did the telehealth visit:
 - a. Enable you to be seen sooner than an office visit? Y N
 - b. Enable you to see your PCP? Y N
5. Would you use telehealth if it meant you could be (please select which is most important to you?)
 - a. Seen same day but by a different PCP
 - b. Seen same day but only with my PCP
 - c. It does not matter- I just prefer a telehealth visit over an office visit
 - d. I would rather be seen face to face
6. Telehealth made my visit more _____ than my experience before COVID (please select all that apply)
 - a. Convenient
 - b. Affordable
 - c. Friendly
 - d. Personal
 - e. Other
 - f. None of the above
 - g. All of the above



Access Dashboard

 3NA	Telehealth vs. F.I. More frequent monitoring as behaviors and staffing change Schedule template adjusted to F.I. vs. Telehealth protocols
 Continuity	Telehealth: convenience of continuity F vs. Telehealth protocol Goal: 75%
 Schedule Utilization	Public Health Orders and capacity
 Actual vs. RSP	Evidence based protocols for frequency of telehealth influence panel size Convenience vs. continuity
 Patient Retention	Who needs to be seen and how with limited capacity Can you retain by patient preference?
 No Show rate	Does telehealth decrease no show rate? Instead of NS policy is telehealth the answer?



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Access-Patient Experience or Engagement?

- I was able to get an appointment in a timely manner?
 - My definition of getting an appointment in a timely manner is:
-
- Answer vs. Reason



External Access Data

- Timely completion of referrals/orders
- Referral/order Outcomes
- ED Utilization
- Hospital Readmission
- **Community Resource Follow Up**



Access- Value Based Impact

- Intensity of Access point : Cost
- Care Team Roles : Intensity of Access
- Population Needs/Preferences : Appropriate Access
- Appropriate Access : Quality Outcomes



Upper Great Lakes Family Health Center



- FQHC located in the Upper Peninsula of MI
- 10 clinic locations
- Family Practice, Peds, OB/GYN, BH, Dental, SUD services
- Underserved, rural population
- About 25,000 patients annually



Access Points



Text Message Communication



COVID-19 Testing Services



Telehealth



Access Points



Text Message Communication



COVID-19 Testing Services



Telehealth



Access Point: Text Message Communication

Ability to efficiently communicate with patients

- Connecting patients to COVID testing services
- Connecting patients to behavioral health, community resources, and care management
- Connecting students and faculty at a local University to COVID surveillance testing
- Connecting patients who are due for services to telehealth or face to face appointments



Text Message Communication



Process: Connecting Patients to COVID Testing

A survey was created in HealthTalk to screen patients for COVID symptoms and to identify patients that should be connected to testing services.

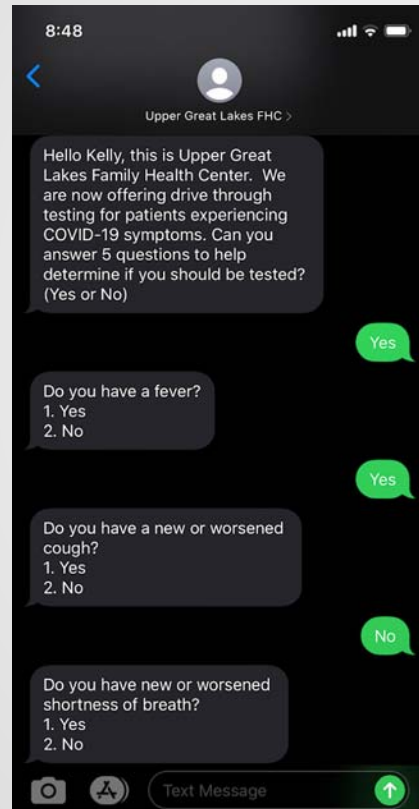
- Drive through testing
- Mobile unit testing

A file of patients was imported into HealthTalk.

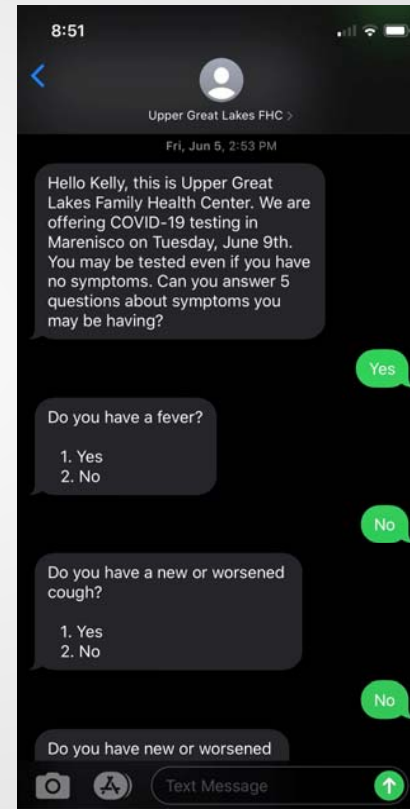
Patients whose survey responses indicated they were experiencing symptoms were asked if they would like a clinic nurse to call them. If yes, the patients selected the appointment time from the options provided and the call is scheduled for nurse triage.

Text Message Communication

Connecting Patients to COVID Testing



Drive Through Testing



Mobile Testing Unit

Text Message Communication

Connecting Patients to COVID Testing

The image displays a patient's smartphone text message and a computer interface for scheduling COVID testing appointments. The text message, from 'Upper Great Lakes FHC', provides three options for scheduling a call on Tuesday, June 2, at 8:45 AM, 9:00 AM, or 9:45 AM. The computer interface shows a calendar for June 2020 and a list of available phone numbers for scheduling.

Text Message:

1:02
Upper Great Lakes FHC >

Here is when a member of our team is available to call you directly. Type the number that represents the time you wish to schedule:

1. Tuesday, June 2, at 8:45 AM
2. Tuesday, June 2, at 9:00 AM
3. Tuesday, June 2, at 9:45 AM

Great! A Clinic Nurse will call you back on this number on Tuesday, June 2, at 8:45 AM

Computer Interface:

COVID Drive-Thru Triage Nurse

Calendar: June 2020 (June 1-30), July 2020 (July 1-8)

Legend:

- Self scheduled
- Call scheduled
- Auto scheduled
- Rescheduled
- Hold for call

6/16/2020

Phone: Jerry Gergich
Phone: Christopher Traeger
Phone: Thomas Haverford
Phone: Ann Perkins
Phone: Benjamin Wyatt
Phone: Jeremy Jamm
Phone: Andy Dwyer
Phone: Tammy Swanson
Phone: Donna Meagle
Phone: Jean-Ralphio Saperstein
Phone: Mark Brendanawicz
Phone: Orin
Phone: Millicent Gergich
Phone: Justin Anderson
Phone: Ronald Swanson
Blocked
Phone: April Ludgate
Blocked
Phone: Leslie Knope
Phone: Ethel Beavers

Patient given 3 options for phone call/appointment times

Text Message Communication

◇←○ Process: Connecting Patients to Behavioral Health,
○→□ Community Resources, and Care Management

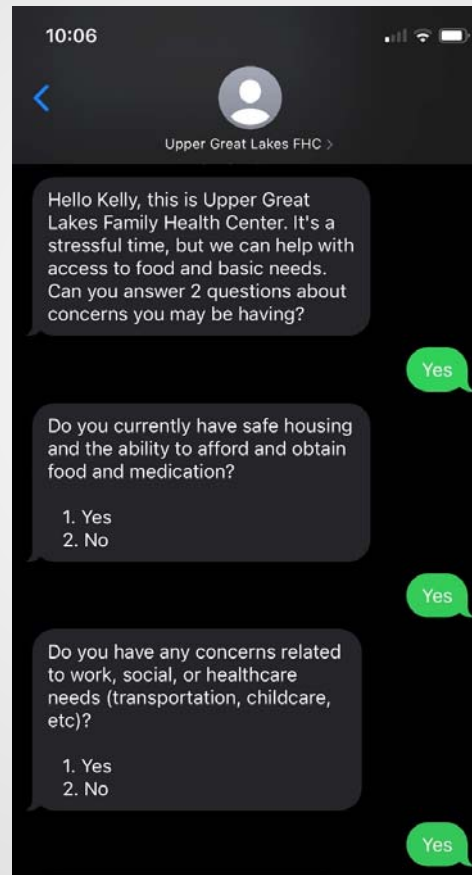
A survey was created in HealthTalk to screen patients for basic needs and connect patients to a community health worker.

A file of patients was imported into HealthTalk.

Patients whose survey responses indicated they needed a resource or support were scheduled a phone call with a community health worker.

Text Message Communication

Connecting Patients to Behavioral Health, Community Resources, and Care Management



Text Message Communication

◇←○ Process: Connecting Students and Faculty at a Local
○→□ University to COVID Surveillance Testing

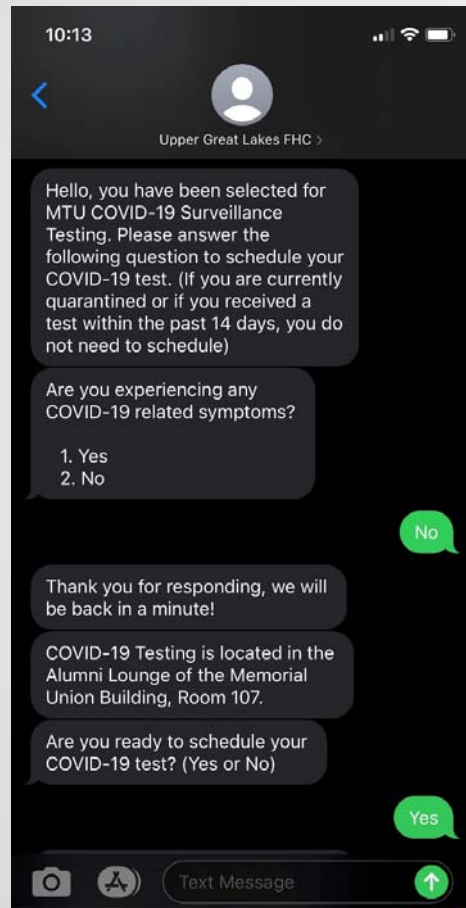
A survey was created in HealthTalk to connect students and faculty to COVID surveillance testing.

A file of students and faculty was sent to Upper Great Lakes from the University and imported into HealthTalk.

Asymptomatic students/faculty selected for surveillance were routed for testing on campus, separately from symptomatic students/faculty who were directed to the health center.

Text Message Communication

Connecting Students and Faculty at a Local University to COVID Surveillance Testing



Text Message Communication

◇←○ Process: Connecting Patients Who are Due for Services
○→□ to Telehealth or Face to Face Appointments

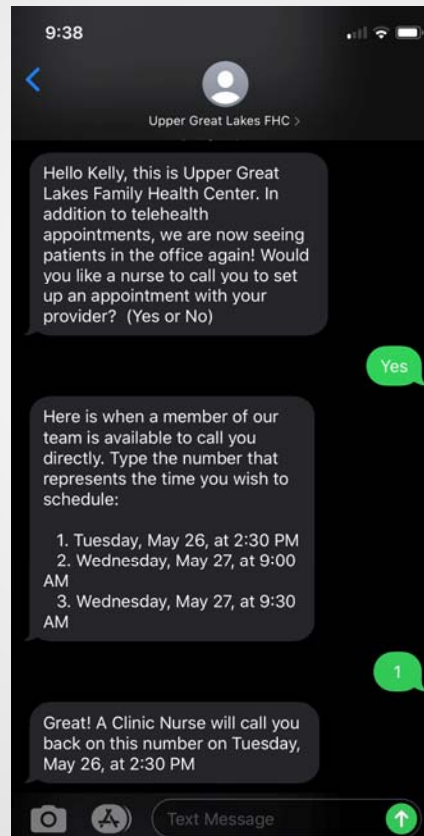
A survey was created in HealthTalk to reach out to patients who were due for services.

A file of patients was imported into HealthTalk.

Patients whose survey responses indicated they would like to schedule an appointment were connected to a nurse to help determine whether the appointment should be face to face or via telehealth.

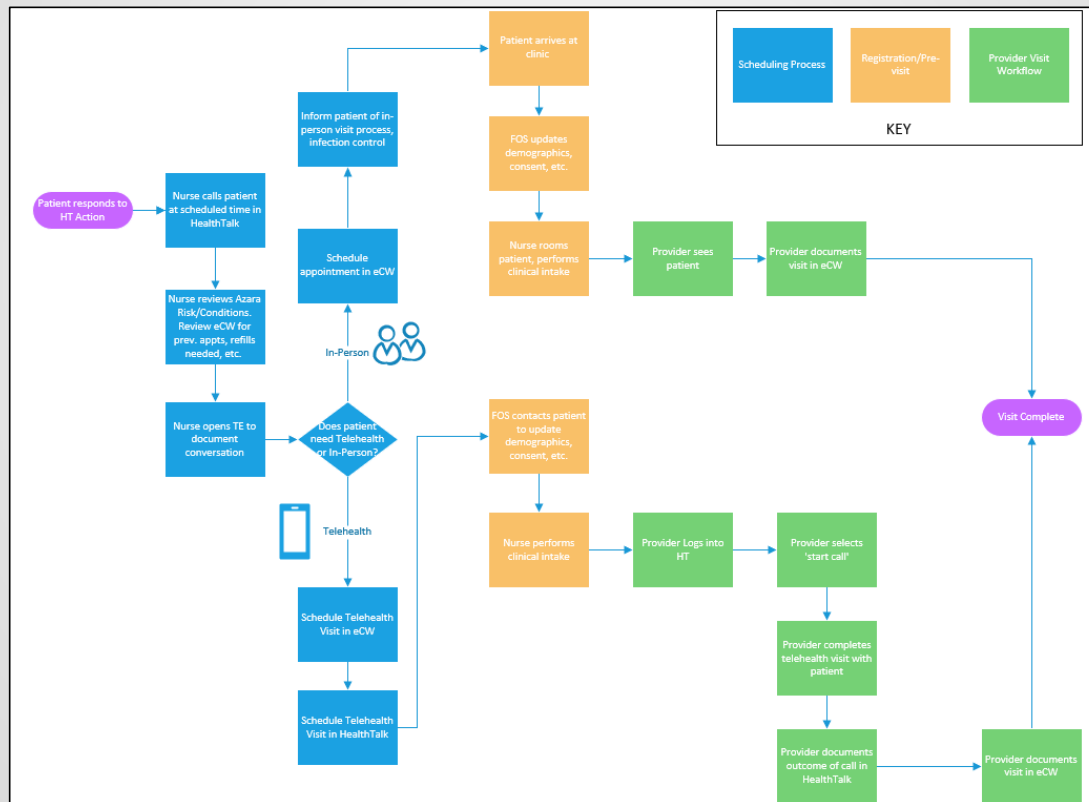
Text Message Communication

Connecting Patients Who are Due for Services to Telehealth or Face to Face Appointments



Text Message Communication

Connecting Patients Who are Due for Services to Telehealth or Face to Face Appointments

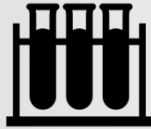




Access Points



Text Message Communication



COVID-19 Testing Services



Telehealth



Access Point: COVID-19 Testing Services

Mobile Testing Unit & Drive Thru Testing

Screening

- COVID triage nurse
- Vehicle make/model collected

Patient pulls up to testing site

Patient remains in car

Provider meets patient at their car

- Discussion of symptoms
- Brief ROS
- Brief medical history/diagnoses

Specimen collected



Access Points



Text Message Communication



COVID-19 Testing Services



Telehealth



Access Point: Telehealth

The screenshot displays a telehealth management interface. On the left, a calendar for Mercedes Maki shows a schedule from 8am to 4pm. A pop-up window for patient **TestLindholm, Cassie (Female, 30) - 111111111 - (906)** is open, showing details for a telehealth appointment. The appointment details include: **Telehealth: Cassie TestLindholm**, phone number (906), MRN: 111111111, and a callback scheduled for 10/5/20, 11:00 AM. The interface includes tabs for Details, Notes, Conversation, and Surveys. Below the details, there are dropdown menus for 'Reassign To', 'Did this call happen at the scheduled time?', and 'Would you like to send the patient a survey?', each with a corresponding 'Reassign', 'Update', or 'Send' button. A 'Close' button is at the bottom right of the pop-up. In the top right corner, a video call window is active, showing a patient named Cassie TestLindholm and a provider. The browser address bar shows the URL ugfhealth.healthtalkai.com/th.html?9d55b4be. The HealthTalk A.I. logo is visible at the bottom center of the interface.



Access Points



Text Message Communication



COVID-19 Testing Services



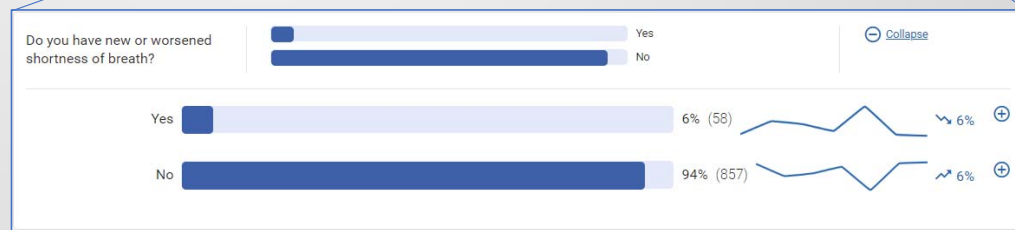
Telehealth



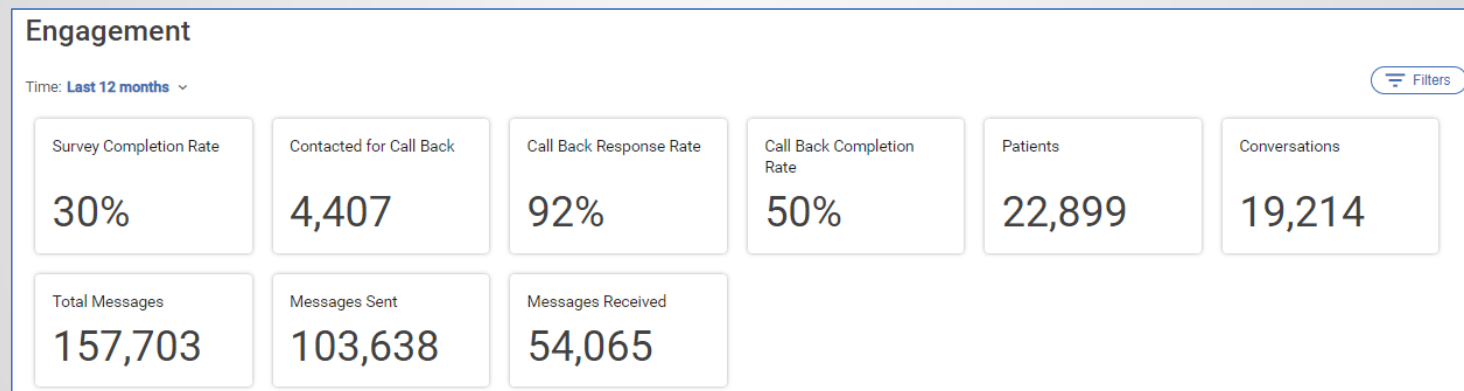
Measuring Effectiveness

Measuring Effectiveness- Survey Results

Questions



Measuring Effectiveness- Patient Engagement in Surveys

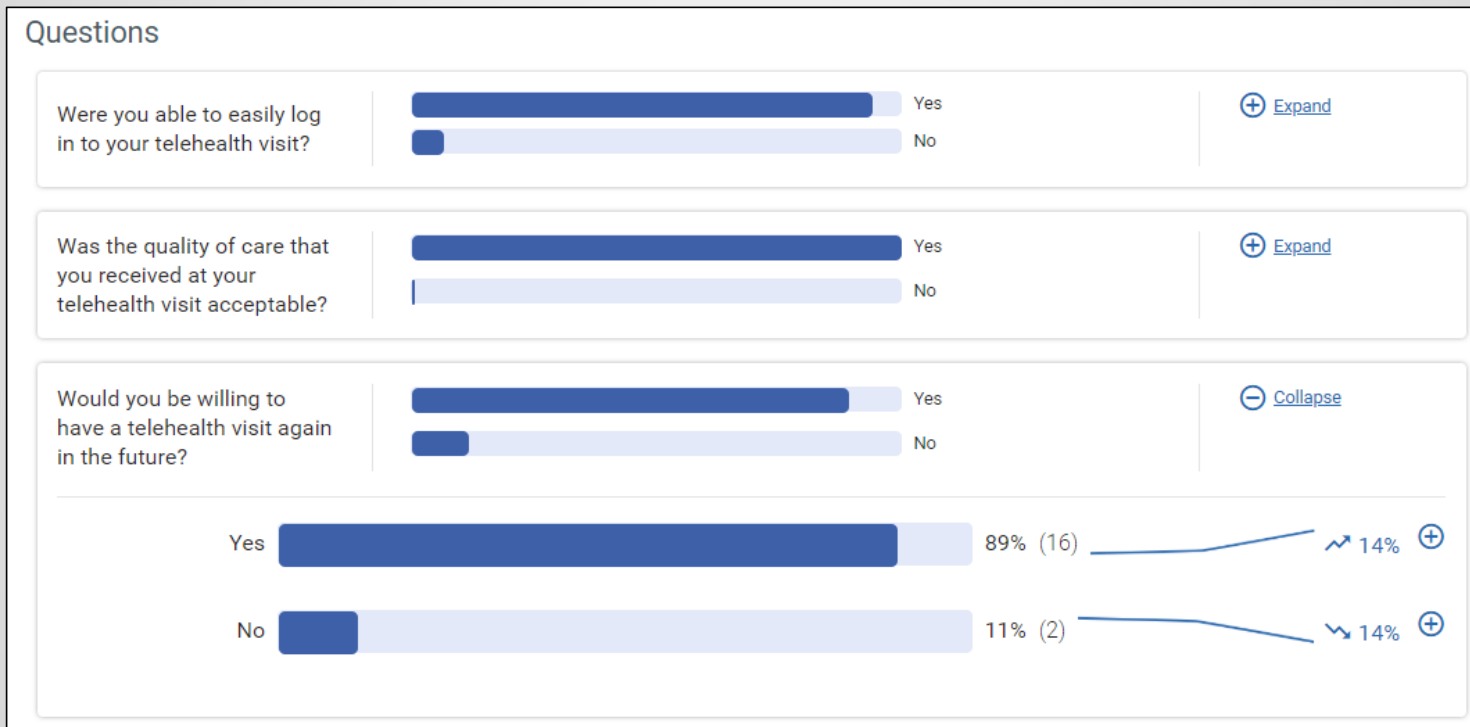


Measuring Effectiveness- Appointments Scheduled

- Connecting patients to COVID testing
- Connecting patients to behavioral health support, community resources, and care management
- Connecting students and faculty at a local University to COVID surveillance testing
- Connecting patients who are due for services to telehealth or face to face appointments

Type of Encounter	Number of Visits
Community Health Worker	50
COVID University Testing	1496
Mobile/Drive Thru Testing	740
Telehealth	327
Behavioral Health Encounter	36
Total	2649

Measuring Effectiveness- Patient Satisfaction with Telehealth

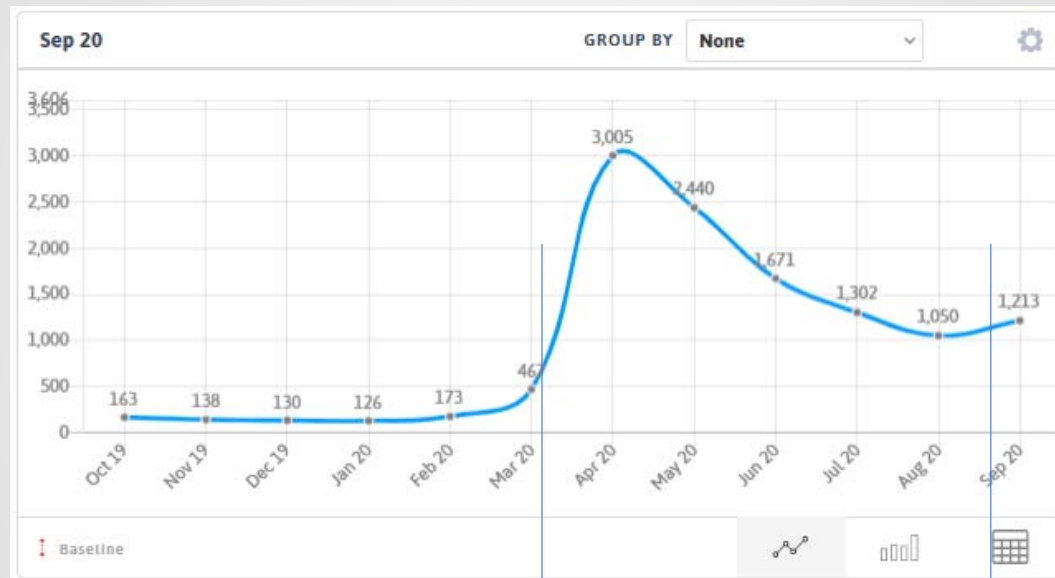


Measuring Effectiveness- Third Next Available

Telehealth visits included

Third Next Available Report								
<i>September 2020</i>								
		Urgent Visit	Office Visit	Preventive	New Patient	Same Day Urgent Availability?	Same Day Routine Availability?	3NA Measured (Date)
HAN	Kass, D	4	4	4	4	no	no	9/23/2020
	Wadaga, B	2	2	2	6	no	no	9/23/2020
	Maki, M	4	6	6	6	no	no	9/23/2020
	McKenzie, D	0	4	4	4	no	no	9/23/2020
	Pettibone, S	11	14	14	29	no	no	9/23/2020
	Azzarello, C	0	0	0	0	yes	yes	9/23/2020
	Sripaipan, R	0	3	3	3	yes	yes	9/23/2020
	Vallad-Hix, C	2	2	2	2	no	no	9/23/2020
	Verive, M	2	4	4	4	no	no	9/23/2020

Measuring Effectiveness- Telehealth Completion



Stay at home orders begin

Community outbreak

Measuring Effectiveness- Provider Continuity

Upper Great Lakes Family Health Center
Provider Continuity and Percent Appropriate Scheduling
 August 2020

Red 0-69%
Yellow 70%-79%
Green 80%-100%

Rendering Provider

PCP	Anderson, T	Bonenfant, S	DeYoung, K	DeYoung, Z	Kass, K	Trusock, B	Vertin, M	Kass, D	Wadaga, B	Maki, M	McKenzie, D	Pettibone, S	Azzarello, C	Sripaipan, R	Vallad-Hix, C	Verive, M	Bausano, J	McConnon, T	Salani, M	Frimodig, A	Total	Continuity	Appropriate Scheduling	
HAN	Kass, D			1				150	77	5	1	2					1				237	63.29%	96.77%	
	Wadaga, B								3		1										4	75.00%	2.80%	
	Maki, M		2	6	1		1	2	2	200	3	2					3				222	90.09%	85.11%	
	McKenzie, D		2					1		6	146	4									160	91.25%	92.99%	
	Pettibone, S								9	1	2	95									107	88.79%	91.35%	
	Azzarello, C												32	1	1	2						36	88.89%	42.11%
	Sripaipan, R	3											12	123	3	10	2				154	79.87%	78.85%	
	Vallad-Hix, C	1											16	16	214	23			3	1	274	78.10%	89.54%	
Verive, M	1											15	12	6	203				1	238	85.29%	81.85%		

Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: Since COVID, a full-time PCP with a full panel of patients spends three days a week providing community testing outside the health center. How might this affect access to the health center?

Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: What are some possible solutions?

QUESTIONS?

The image features a dark blue gradient background that transitions from a lighter shade at the top to a darker shade at the bottom. On the right side, there is a large, dense pile of 3D question marks. The question marks are dark grey with a slight metallic sheen and are scattered in various orientations, creating a sense of depth and volume. The word "QUESTIONS?" is written in a bold, white, sans-serif font, centered horizontally and partially overlapping the top edge of the question mark pile.