Strategies to Achieve Sustainable Primary Care Access

Andrea Kabcenell

December 7, 2015

Agenda

- Access to Primary Care: Key Factors
- Table Discussions
- Case Study Illustration of Sustainable Access

Break
- Sustainable Access in the Future
- Table Topics: Next Steps
- Close
Access Matters

Keys to Sustained Access

Shape Demand  
Match Capacity to Demand  
Redesign Care Team

See Change Package for Details
The Building Blocks of High-Performing Primary Care: Lessons from the Field

Third Next Available Appointment
San Mateo Medical Center

Access and Operational Efficiency

<table>
<thead>
<tr>
<th>Clinics No-Show Rate: Average Across All SMMC Clinics</th>
<th>Third Next Available Appointment (TNAA): Average Across All SMMC Clinics</th>
</tr>
</thead>
</table>

Sources: California Improvement Network: Quarterly Partner Report, June 2011
Lessons Learned and Surprises:

- Huddles that include all line staff are simple and important
- Choose internal champions who believe in changes
- Empanelment needs to be done too
- Integrate operational efficiency into quality agenda
- Defining Cycle Time is challenging
- Maintain gains is difficult in face of rising demand
Third Next Available Appointment
San Francisco Health Plan

Lessons Learned and Surprises:
- Identifying the “what’s in it for me” was important
- Coaching methodology helps; provides sounding board
- Pairing access and continuity/empanelment is important
- “Teaching how to fish” can be frustrating for staff who want concrete steps for action
- Need to identify workflow bottlenecks

Drivers of Adult Primary Care Unit Dissatisfaction

Table Discussion-20 Minutes

- Three Groups:
  - Just Addressing Access (Again)
  - Reducing wait-times with more to go
  - Achieved Advanced Access but looking for the next level
- Questions:
  - What has worked for you?
  - What is your next barrier?

Access to Primary Care

Karen Funk, MD, MPP Clinical Family Health Services
A Case Study in Primary Care Access: Clinica Family Health

Dr. Karen A. Funk, MD, MPP
Vice-President Clinical Services

IHI's 26th Annual National Forum on Quality Improvement in Health Care
Orlando, Florida
M15: Right Care, in the Right Place, at the Right Time
7 December 2015

Objectives

1. Share the story of an FQHC that has been working on primary care system redesign for 15 years.

2. Inspire action.
Clinica Family Health – Our Story

- Non-profit community health center for medically underserved people
- 1977: Founded by Alicia Sanchez, began with 1 NP: Inez Buggs
- 1979: Received 1st Federal Grant (FQHC)
- 1994: Opened 1st Adams County site
- 1996: Opened 2nd Adams County site
- **2001: Opened 1st Redesigned Clinic (Lafayette)**
- 2002: Opened 1st Dental Clinic
- 2003: Opened 1st Pharmacy
- 2005: NextGen (EHR) came online
- 2007: Merged with People’s Clinic (founded 1970)
- 2011: Opened Federal Heights Clinic
- 2014: Opened satellite Alpine Clinic – reverse behavioral health integration
Clinica Family Health

Demographics:
Total Population: 653,417
Population under 200% FPL: 178,469
Clinica Patients UDS 2014: 44,632
UDS Women of child bearing age and children under 18: 60%
UDS Hispanic or minority: 76%
Patients living at/below FPL: 66%
Patients living at/below 200% FPL: 94%

Community commitment.
Uncompromising care.

Clinica Family Health – Growth in Unduplicated Patients per UDS year
Community commitment. Uncompromising care.

Clinica Family Health – Payor Mix

- Medicaid, 56.51%
- Medicare, 7.43%
- Self Pay, 29.79%
- CHP+, 2.14%
- Insurance, 4.13%

Clinica Family Health – Our Core Values

- Service to Others
- Creativity
- Diversity
- Excellent Teamwork
- Do the Right Thing
- Make Clinica a Great Place to Work

Community commitment. Uncompromising care.
Clinica Family Health - Mission

To be the medical, behavioral health and dental care provider of choice for low-income and other underserved people in south Boulder, Broomfield and west Adams counties. Our care shall be culturally appropriate and prevention-focused.

Clinica Family Health POD MODEL – 1.0

3.4 FTEs of Provider
4 FTEs of Medical Assistant
1 Nurse Team Manager
½ Clinic Nurse
1 Case Manager
1 Behavioral Health Professional
2 Front Desk
1 Medical Records
½ Referral Case Manager
Dental Hygienist
Nutritionist
Clinical Pharmacy
OB at most sites
So, why am I standing up here?

Time to Third Next Available Appointment

Evolution: Pre-Team Based Care

Silos
- Front Office
- Back Office
- Clinicians
- Behavioral Health

Management
- Focus only on area of oversight
- Lack of collaboration between disciplines
- Lack of unified vision

Clinic Geography
- Staff not located within talking distance or view of one another
- Hard to locate staff
- Difficulty handing off work

Community commitment. Uncompromising care.
Evolution: Pre-Team Based Care

Patient Flow
- No assigned PCP
- Patient scheduled with “next available provider”

Schedule
- Schedule filled 3 months out
- 32% No show rate
- 30% Double book rate

System Waste
- Lack of understanding of how various roles could work together to effect overall health of patient
- Duplication and shortcomings

Evolution to Team Based Care
2003 - Present

Measure & Reporting
Processes
Role Definition and Redesign

Community commitment.
Uncompromising care.
Team Based Care: The Clinica Integrated Pod Model

Community commitment. Uncompromising care.
Why a Different System?

- **Old System:** We protect today by pushing work to tomorrow.
  32% No Show Rate
  What does a high no show rate do to our patient access?

- **New System:** We protect tomorrow by pulling work to today.
  10% No Show Rate

Advanced Access Scheduling

*It doesn’t make a difference if we provide exceptional care to our patients if the patient can’t get into the clinic when they are in need of care.*

~*Carolyn Shepherd, M.D.*
Balance Supply and Demand

Demand
Patients needing &/or wanting to be seen

Supply
Number of patients provided care

Triage + Rework + No Shows = Delay in Care

Community commitment.
Uncompromising care.
Balancing Supply and Demand: Queuing Theory

The Model in Translation - Why did Clinica do this?

- Strong clinical leader with a vision -- Dr. Carolyn Shepherd
- Joined by 7 staff at the conference – multiple operations staff, nursing, billing
- Met together every night to debrief and vision
- This was our first “organizational redesign effort”
- We tested at one clinic (population of patients about 7200 patients) and then spread to organization
Model in Translation

Manual tick sheet for two weeks in each demand category

Studied

Repeated for two more weeks

Community commitment.
Uncompromising care.

Determining how many visits were beyond the window and began to work them in

Incentivized providers to work extra clinics

First we cut back to one month then over next four weeks to only two weeks out

Community commitment.
Uncompromising care.
Model in Translation – Why 2 weeks?

• For Clinica, this is when our no show rate jumped from 10% to 32%

Model in Translation -- Communication

• Scripts for the call center
• Scripts for the care team staff
• Posters in the exam rooms
• Retrained providers to not use schedule as “tickler for follow-up care” – trust the recall system to get patients back in for needed care
• Provider buy-in/retraining required recruitment of site-based provider champions that could help reinforce the messages
Sustaining the Gain

- Organizational culture
- Leadership structure at the sites
- Hiring for fit
- Close team-based collaboration at team, site, and organizational levels
- High regard for interprofessional and interdisciplinary collaboration

Return on investment

- Happier providers – fewer days that invite you to ask if you can keep doing this work
- Happier patients – able to get the right care at the right time in the right place
- More reliable revenue cycle with lower no show rates from visit-generated revenue
- Less likely for patients to access urgent care and experience disruptions in continuity of care and care transitions
- THE MOST IMPORTANT – improved quality of care…
Community commitment.
Uncompromising care.

What do you want to know about the Case?
Break

Access to Primary Care

Robert Van Why, Senior Vice President, Health Partners
Right Care, in the Right Place, at the Right Time
HealthPartners Approach

HealthPartners

- **22,500** employees
- **1,500,000** members
- **1,200,000** patients
Our Ambulatory Practice

HealthPartners Medical Group
- 27 Primary care locations
- 15 Urgent care centers
- 18 Worksite health locations

Choices, Choices, Choices...

Retail Clinics
Direct Primary Care
Health Kiosk / Retail
Consumer/televideo
Occupational Health
Urgent Care
Apps
# Our Market – Convenience & On Demand Care

## Twin Cities Health System Capability Comparison

<table>
<thead>
<tr>
<th></th>
<th>RN Care Line</th>
<th>Scheduled Phone Visit</th>
<th>E-Mail</th>
<th>E-Visit</th>
<th>virtuwell</th>
<th>zipnosis</th>
<th>Quick Clinic</th>
<th>Urgent Care</th>
<th>Urgency Room</th>
<th>Same Day Appts</th>
<th>ER</th>
</tr>
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<tbody>
<tr>
<td>HealthPartners</td>
<td>X</td>
<td>X</td>
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<td>Park Nicollet</td>
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<td>Allina</td>
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<td>Fairview</td>
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<td>X</td>
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<tr>
<td>Healtheast</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Walk in</td>
<td>X</td>
<td>X</td>
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</tr>
</tbody>
</table>

## Population View - Primary Care

- **5% of patients**
  - Patient Care Coordination (Chronic Care & Special Needs Children)
  - Care Plan Documentation
  - Frail & Elderly
  - Co-Management w/Disease & Case Management
  - Advance Directives

- **15% of patients**
  - Opioid Management
  - Behavioral Health Access & Integration
  - Reducing Use of ED
  - Post ED & Hospital Notifications & Follow-Up
  - Risk Stratification

- **80% of Patients**
  - Disease Registries
  - InBasket Management
  - Advance Directives
  - Call, Click, Come In
  - EHR
  - Care Model Process Core Modules
  - Care Model Process Resource Modules
### Convenience & On Demand Care Marketplace Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973</td>
<td>Introduced RN Careline</td>
</tr>
<tr>
<td>2000</td>
<td>Started Retail Clinics</td>
</tr>
<tr>
<td>2004</td>
<td>Introduced e-Mail / e-Visit</td>
</tr>
<tr>
<td>2008</td>
<td>Introduced Scheduled Phone Visits</td>
</tr>
<tr>
<td>2010</td>
<td>Introduced virtuwell</td>
</tr>
<tr>
<td>2014</td>
<td>Introduced Televideo Clinic @ Walmart</td>
</tr>
</tbody>
</table>

Expanding access options to provide choice, improve experience and create/remain competitive.

### HealthPartners: Call, Click, Come In

- **Condition simplicity/Convenience**
  - ER
  - Urgent Care
  - Clinic Visit
  - Quick Clinic
  - Well At Work
  - Walmart Video Visit

- **Condition complexity/Cost**
  - Phone Visit
  - Care Line
  - E-Visit
  - Video Visit
  - virtuwell
  - E-Mail
## Convenience Care Pricing

<table>
<thead>
<tr>
<th>Convenience Care Option</th>
<th>Market Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>• RN Careline</td>
<td>Free</td>
</tr>
<tr>
<td>• Your Physician’s Office</td>
<td>Free</td>
</tr>
<tr>
<td>• Scheduled Phone Visit</td>
<td>$30+</td>
</tr>
<tr>
<td>• e.Mail</td>
<td>Free</td>
</tr>
<tr>
<td>• e.Visit</td>
<td>$40</td>
</tr>
<tr>
<td>• Virtuwell</td>
<td>$45</td>
</tr>
<tr>
<td>• Zipnosis</td>
<td>$25</td>
</tr>
<tr>
<td>• Televideo Visit</td>
<td>$45+</td>
</tr>
<tr>
<td>• Target Clinic/Minute Clinic</td>
<td>$79+</td>
</tr>
<tr>
<td>• Quick Clinic/Quick Check</td>
<td>$59+</td>
</tr>
<tr>
<td>• Same Day Access to Primary Care</td>
<td>$150+</td>
</tr>
<tr>
<td>• Urgency Room</td>
<td>$500+</td>
</tr>
<tr>
<td>• ER</td>
<td></td>
</tr>
</tbody>
</table>
Making Choice Simple...

The challenge is not for lack of options around services & price; it's how do make "the right choice at the right time" easy for consumers & patients?

If a patient wants to interact with us in a certain way – then it's important to us to offer that option

Our Experience
HealthPartners Medical Group
Convenience Care Utilization Trends

Goal: To provide 5% of patient interactions through virtual visits (phone & e.visits)

Current performance as of February 2015: 1.7%
Current best practice: Nokomis Clinic: 7.9%
Current range: .3% to 7.9%

Other Convenience/On-Demand Care Information

• HPMG Primary Care maintains 30% same day access

• HPMG Primary Care locations receive > 1.5 million calls annually (the Appt Center receives another 1.5 million calls)
HealthPartners Medical Group
On-Line Services Distribution of Patients

Other Convenience/On-Demand Care Information

Inbasket Message Volumes

- BH
- Occ Med
- Primary Care
- Specialty Care
Patterns in Distribution of On Demand Services by Age Group

Adoption of phone/eVisits
Consumer Research Findings (2015) – Awareness & Use

Top 10 Diagnoses by Site of Care

<table>
<thead>
<tr>
<th>Scheduled Phone Visit</th>
<th>e.Visit</th>
<th>Same Day Appointments</th>
<th>Retail Clinics</th>
<th>virtuwell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Anxiety</td>
<td>Acute pharyngitis</td>
<td>Other respiratory infections</td>
<td>Urinary tract infection</td>
</tr>
<tr>
<td>ADHD</td>
<td>Hypertension</td>
<td>Routine infant or child health check</td>
<td>Immunizations</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>Depression</td>
<td>Sinusitis (chronic &amp; acute)</td>
<td>Acute upper respiratory infection</td>
<td>Unspecific otitis media</td>
<td>Pink Eye</td>
</tr>
<tr>
<td>Depression with anxiety</td>
<td>Cough</td>
<td>Cough</td>
<td>Other ear disorders</td>
<td>Yeast Infection</td>
</tr>
<tr>
<td>ADD (attention deficit disorder)</td>
<td>Depression</td>
<td>Unspecified essential hypertension</td>
<td>Inflammation/infection of the eye</td>
<td>Ear pain</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>Allergic Rhinitis</td>
<td>Routine general medical examination</td>
<td>Upper respiratory infection</td>
<td>Viral upper respiratory infection</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Low Back Pain</td>
<td>Otitis media</td>
<td>Urinary tract infection</td>
<td>Acute bronchitis</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>Hyperlipidemia</td>
<td>Pre-operative examination</td>
<td>Acute bronchitis</td>
<td>Influenza</td>
</tr>
<tr>
<td>Depression, major</td>
<td>Yeast infection</td>
<td>Upper extremity pain</td>
<td>Allergic reactions</td>
<td>Acne</td>
</tr>
<tr>
<td>Adjustment disorder</td>
<td>Depression with Anxiety</td>
<td>Acute sinusitis, unspecified</td>
<td>Other otitis media conditions</td>
<td>Allergies</td>
</tr>
</tbody>
</table>

- Mental Health
- Acute
- Chronic
- Preventive
Key Findings

• Health consumers (especially women) appreciate:
  – Choices
  – Prefer simple & convenience over complex experiences
  – May choose convenience over health system brand loyalty

• Convenience care can be a door to creating relationships with the health system with more intentional work on the connections

• We can compete effectively with retail options (if you choose) given the evolution of mobile and telehealth technology

• Creating deep consumer understanding of options is challenging

Cost Savings

$80

A simple price comparison between an office visit and most convenience care options will yield a savings in the $80+- range
Our Challenges

• Creating access points that simplify and coordinate the complexity we have created
• Aligning our systems, compensation approach & plan benefits to support the shift to more consumer oriented care
• Creating a coordinated, continuum of care and access options that consumers can choose from that is seamless

How Might this Evolve
New Models

• Televideo, text & pictures – other forms of access but not of differentiation
• Clinical and business model tests for worksite and community based health
• Incorporating a solution for lab and pharmacy services that complement on demand & convenience care services

How Might This Evolve?
How Might this Evolve?

Estimated Quarterly U.S. Retail E-commerce Sales as a Percent of Total Quarterly Retail Sales: 1st Quarter 2006 – 1st Quarter 2015

Source: US Census Bureau

How Might This Evolve?

Transforming Primary Care Encounters

Care is not just delivered in face-to-face visits now. It is now done on the phone and through secure emails. In 2003, there were essentially 9% secure emails – now it represents 32% of the primary care patient encounters.

Source: UCDM Core Value Metrics
Future

• While telemedicine, apps and wearables are part of the future, \textit{the goal is to weave care more naturally into people’s lives} -- Kaiser Permanente

• EPIC as information integration platform --- share information, share pictures, initiate televideo --- foster coordinated connections

The future...an integrated platform of care designed for health consumers
Thank you!

What do you want to know about the Case?
Sustainable Access of the Future—
Radical Redesign?

- Access to care, not visits
- Who does what?
- From the patients perspective
- One size fits none
- *But Can We Pay for It?*

How Could We Table Topics-20 minutes

- Select a table
- Talk about “how could we”
- Collect themes
Brave and Inspiring Report Out

- What is the best idea?
- What is the most radical idea?
- What do they have in common?
- Commitments