

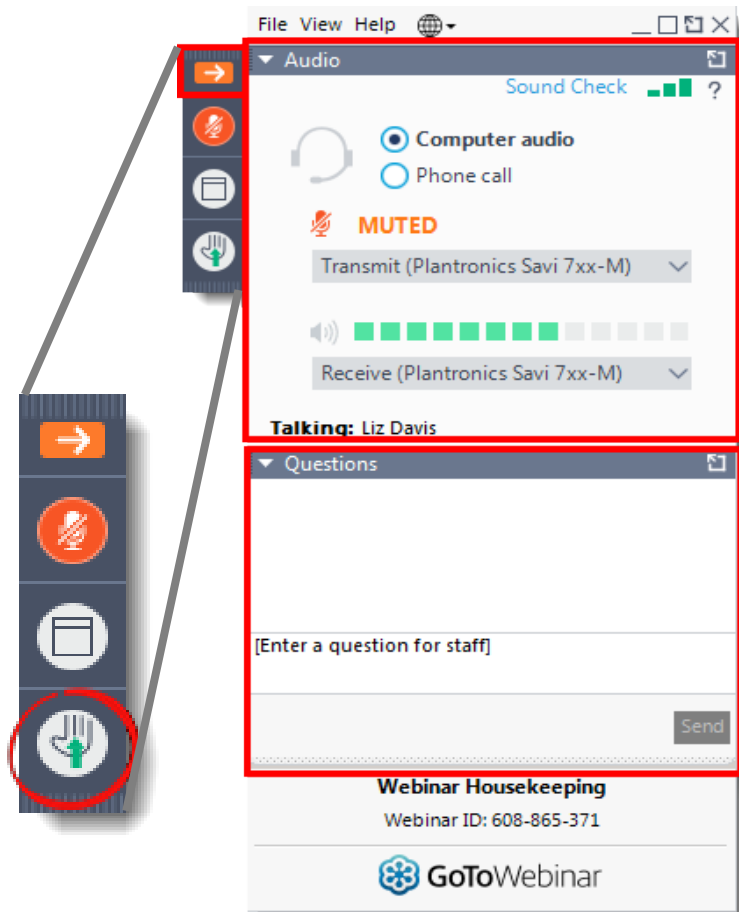


# Office Hour: Servicing the Invisible Patient

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AUGUST 27, 2019

# Housekeeping: *Webinar Toolbar Features*



## Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel

**Note:** If time allows, we will unmute participants to ask questions verbally.

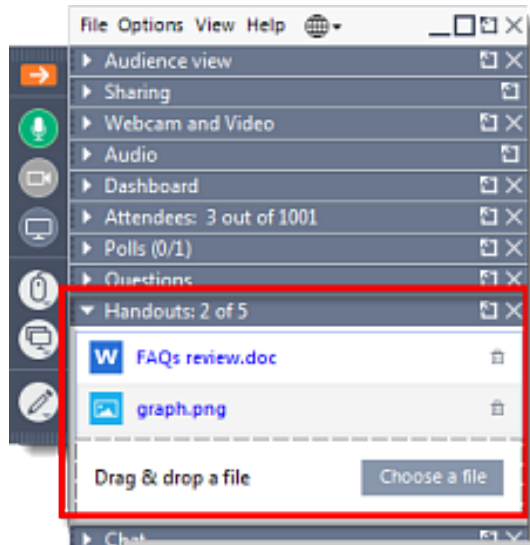
- Please raise your hand to be unmuted for verbal questions.

NOTE:

In the event that there is not time to answer questions live, all questions submitted via the Question Function of the GoToWebinar toolbar will be recorded, an FAQ generated and posted to our webpage

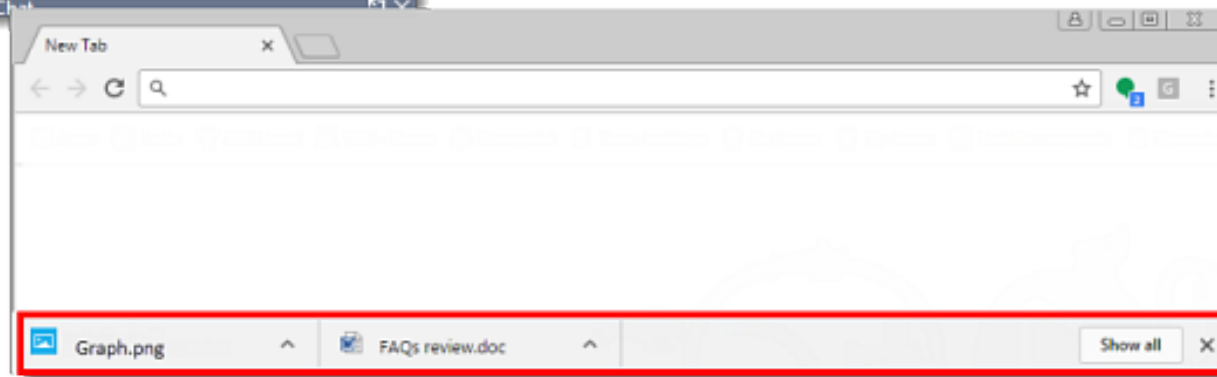
# Housekeeping:

## *Webinar Resources/Handouts*



### Handouts

- Webinar slides & other resources are uploaded to the “Handouts” section of your GoToWebinar Toolbar.
- Note: You may need to check the download bar of your browser to view the resources.



# Agenda

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1. Introduction
2. Overview of Population Health and Patient Outreach
3. Using MDC Patient Lists to Reach Invisible Patients
4. Cherry Street - Leveraging Outreach and Getting the Most from Your Efforts
5. Great Lakes OSC - Patient Outreach Best Practices
6. Open Q/A with the Audience and Wrap-Up

# Overview: Who Is in My Panel and What Does It Mean to Deliver Population Health?

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What do we mean by “Invisible Patient?”

What is Population Health?

Defining a Panel or Population Served

- Patients you deliver services to and “know”
- Attributed members you have not yet seen or “know”

What is Patient Outreach?

- Assessing risk and need with your population
- Leveraging SDoH findings
- Challenges and barriers to patient access and engagement

# Quick Poll

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Do you currently use patient lists to identify invisible patients?



# Invisible Patients

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IDENTIFICATION USING MDC PATIENT LISTS



# Identifying Invisible Patients in your MDC Patient List

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Your monthly patient lists include the field **# of visits to any PCP**

- The number of visits over the most recent 12 months of available claims data.
- Calculation utilizes HEDIS values sets to identify visits and taxonomy to confirm the service was completed by a PCP or OB/GYN
  - ❖ Well care visits
  - ❖ Ambulatory visits
  - ❖ Other ambulatory visits
- Other helpful fields:
  - ❖ # of acute admissions in newest release
  - ❖ # of ED visits in newest release timeframe
  - ❖ # of readmissions in newest release timeframe



# Tips for using Excel

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Add filters to the column names

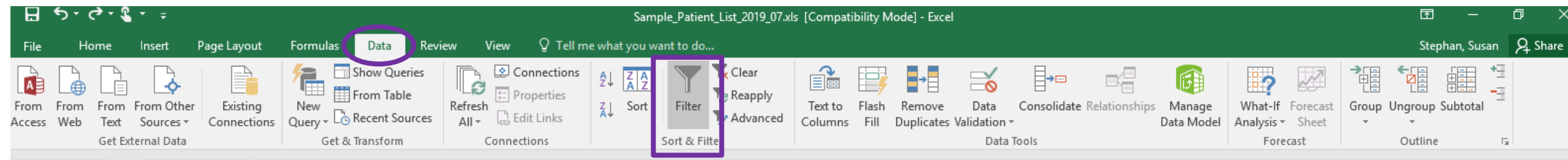
- Select all columns
- Select Data tab
- Select Filter

In the column “**# of visits to any PCP in newest 12 months’ of data**”

Select 0 to limit rows to only those patients with no PCP visits in the last 12 months

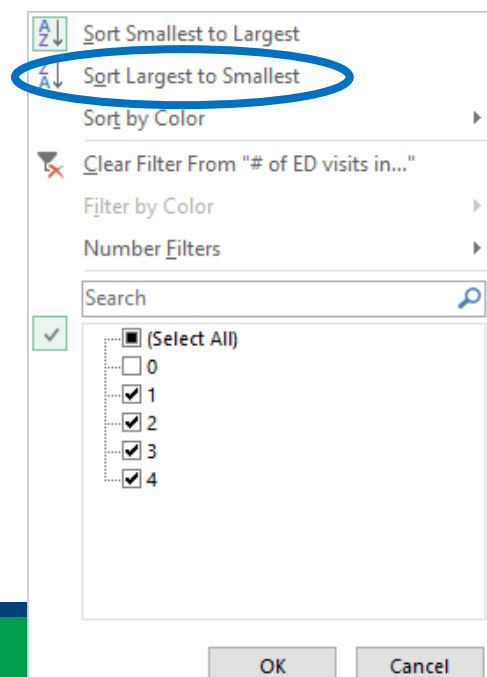
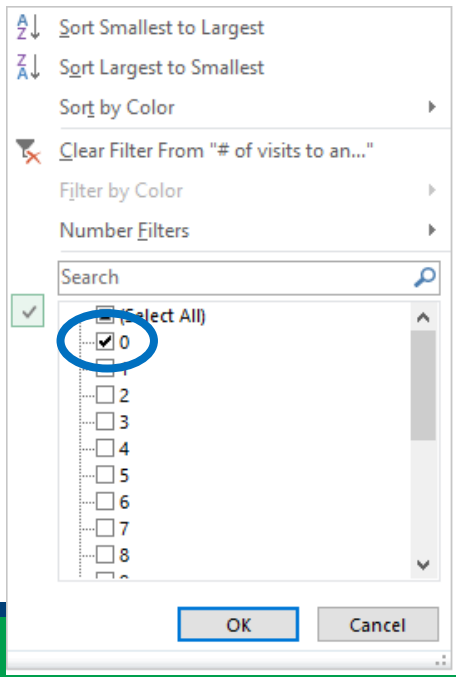
Sort column “**# of ED visits in newest release timeframe**”

# Excel tips



N2

	A	C	E	G	I	K	L	N	P	S	X	Y	Z	AA	AB
1	PPL July 2019		PCP visits based on claims paid through June 2019												
2	Managing Organization:		Physician Organization ABC												
3	Attributed Practice Unit Name:		Practice ABC												
4	Payer Specific Member ID	Member First Name	Member Last Name	Member Date of Birth	Ag	Gender	Attributed Physician N	Attributed Physician First Name	Attributed Physician Last Name	Attributed Practice Unit Name	# of Active Admissions in newest release timeframe	# of ED visits in newest release timeframe	# of readmissions in newest release timeframe	# of visits to any PCP in newest 12 mo of data	Most recent PCP visit date



# Results

	A	B	C	D	E	F	G	H	I	K	P	Q	R	S
1	PPL July 2019		PCP visits based on claims paid through June 2019											
2	Managing Organization:		Physician Organization ABC											
3	Attributed Practice Unit Name:		Practice ABC											
4	Payer Specific Member ID	Member First Name	Member Last Name	Member Date of Birth	Age	Gender	Attributed Physician N	Attributed Physician First Name	Attributed Physician Last Name	Attributed Practice Unit Name	# of Actue Admissions in newest release	# of ED visits in newest release timeframe	# of readmissions in newest release timeframe	# of visits to any PCP in newest 12 mo of data
20	7368889654	ALEC	FOURNIER	11/4/2001	18	M	1164583699	JONES	JULIE	Practice ABC	0	4	0	0
21	7356736858	KAILEY	BROWN	6/5/1998	21	F	1164583699	JONES	JULIE	Practice ABC	0	3	0	0
30	7357500690	EDWARD	TAYLOR	6/11/1998	21	M	1164583699	JONES	JULIE	Practice ABC	0	3	0	0
37	7387102076	MARY	POINTER	9/22/2006	13	F	1164583699	JONES	JULIE	Practice ABC	0	3	0	0
55	7445326865	SETH	WATSON	11/13/1995	24	M	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
58	8409390656	JEVON	LANGSTON	3/6/2010	10	M	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
59	8496266490	ADAM	SHARROW	9/6/2013	6	M	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
60	7374157822	ZOE	WASHINGTON	5/3/2003	16	F	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
69	7372355085	HALEY	YOUNG	10/27/2002	17	F	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
70	7384395938	JONI	MASSEY	5/24/2006	13	F	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
76	7385772684	ETHAN	GRIFFIN	11/5/2006	13	M	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
86	7360544814	CAMERAN	HOOKER	8/4/1999	20	M	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
87	8385741362	MOUHAMAD	TORREZ	3/23/2009	10	M	1164583699	JONES	JULIE	Practice ABC	0	2	0	0
97	7363205331	JACK	TURNER	4/18/2000	19	M	1164583699	JONES	JULIE	Practice ABC	0	1	0	0
102	7388569563	NIA	BURNS	8/2/2007	12	F	1164583699	JONES	JULIE	Practice ABC	0	1	0	0
106	8532419353	DAYLIN	ELLINGTON	6/11/2004	15	M	1164583699	JONES	JULIE	Practice ABC	0	1	0	0
118	7382456736	DERRIK	HAMMAMI	10/23/2005	14	M	1164583699	JONES	JULIE	Practice ABC	0	1	0	0
119	7360638941	JAYVON	BELL	8/14/1999	20	M	1164583699	JONES	JULIE	Practice ABC	0	1	0	0
123	8464114247	SAM	DUNLAP	4/1/2012	7	M	1164583699	JONES	JULIE	Practice ABC	0	1	0	0
126	8378265650	MARK	MCCALLUM	12/5/2008	11	M	1164583699	JONES	JULIE	Practice ABC	0	1	0	0
132	8434501842	ARI	MODRICH	10/13/1998	21	M	1164583699	JONES	JULIE	Practice ABC	0	1	0	0

Real example with all patient information de-identified

# Links and Questions

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[MDC Patient Lists - Reference Document](#)

# Polling Questions

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- Is there someone (or a group of people) who performs outreach regularly to patients who have not been seen in the office?
  
- What are the challenges to outreach?



# Hiding In Plain Sight

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KERRIE BARNEY, MA-ORGL, BSN, RN

# Where are they hiding?

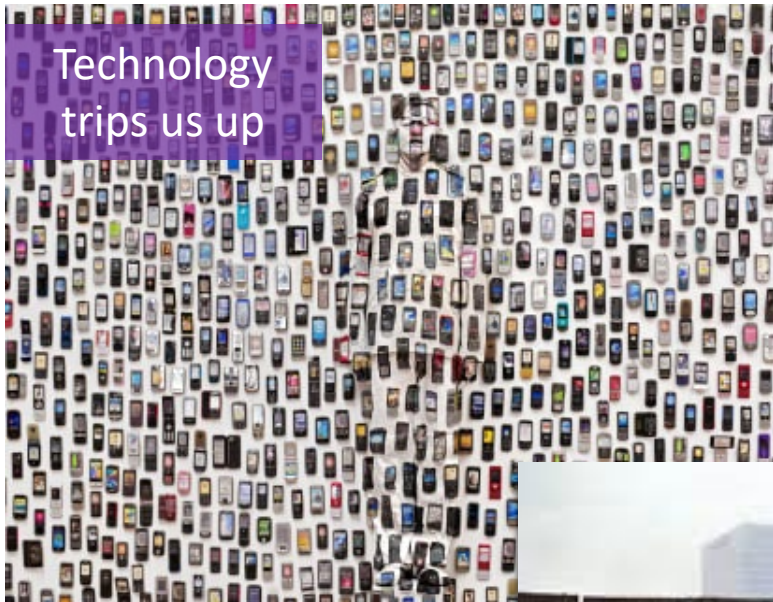
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- With another provider
- In another community
- In a hospital, the legal system, another facility
- In a “list” somewhere
- At “home”
- In self-management



Artist Liu Bolin of China paints himself into his art

# Why are they hiding?





# Uncovering People Means...

- Bridging connections
  - By checking access patterns
  - By engaging others who serve
  - By going to them
- Becoming culturally adept
  - To a person's community
  - To a person's concerns
  - To a person's plan
  - To a person's people (team)
- Bringing fresh eyes
  - For their reluctance
  - For their absence
  - For their access
  - For their fear
- Being a system that "sees" people
  - Through reporting
  - Through access
  - Through education
- Building sustainability
  - Across sites
  - Across payers
  - Across team members
  - Across time

*Our* → ~~For their reluctance~~  
*Our* → ~~For their absence~~  
*Our* → ~~For their access~~  
*Our* → ~~For their fear~~

Image(s) are the art of Liu Bolin



# Patient Outreach Best Practices

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MARIE WENDT RN, MSN

DIRECTOR OF QUALITY & CARE MANAGEMENT, GREAT LAKES OSC

# Great Lakes OSC

30 **Independent** Private Care Practices

10 counties

25 different EMRs

Care Managers hired/managed **by practices**

- 32 CM's
  - 3 LMSW
  - 5 Care Coordinators
- 2 SIM Practices





# Challenge: Managing “Invisible” at Risk or Rising Risk Populations

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**Who** are they?

**How** do we get them in the office?

**How** do we engage them?

## POPULATION



# TEAM BASED Effort

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1. Utilize patient lists
2. Determine ED utilizers
3. Take advantage of TCM opportunities
4. Tackle rising risk
5. Support behavioral health anyway you can
6. Pull in with social needs at every discussion

**EDUCATE  
&  
ADVERTISE!!**

# Patient "Lists"

Aledade Clinton County Medical Center PC

DAILY HUDDLE CARE MANAGEMENT POPULATION EXPLORER **WORKLISTS** APPLICATION DATA SETTINGS

WELLNESS VISITS TRANSITIONS OF CARE EMERGENCY LIST CHRONIC CARE MANAGEMENT LIST

185 OUTREACH NEEDED 203 FOLLOWUP NEEDED 112 OUTREACH COMPLETED

High Risk Patient? (1=Yes)	Has Patient Accrued more than \$25K in past 12 mo	Has Patient Accrued more than \$50K in past 12 mo	Has Patient Accrued more than \$100K in past 12 mo	Congestive Heart Failure	COPD	Coronary Artery Disease	Diabetes	Depression	Asthma	Chronic Renal Failure	Hypertension	Cerebrovascular Disease	IP Discharges in Past 6 Mo	IP Discharges in past 12 Mo	ED Encounters past 6 Mo	ED Encounters past 12 Mo	Primary Care Sensitive ED Encounters past 12 Mo	Cancer Treatment
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



- all frequent ED utilizers
- all high risk patients
- CHF with inpatient/ED
- falls risk and medication risks
- inpatient/ED with behavioral health
- inpatient/ED with medication adherence

Membership Detail by Physician as of 03/17/2019  
 Practice Group: ALBURN CLINIC [5815]  
 Physician: ██████████  
 Physician NPI: ██████████

FULLY FUNDED HMO

Contract #	Patient Name	Birthdate	Age	Gender	Phone	Address	Group

PPL July 2019 PCP visits based on claims paid through June 2019

Managing Organization: GREAT LAKES OSC

Attributed Practice Unit Name: ALMA FAMILY PRACTICE PC

Payer Specific Member ID	Member First Name	Member Last Name	Member Date of Birth	Age	Gender

# Patient Lists...Now What?



Begin teaching MA's, triage nurse, front desk

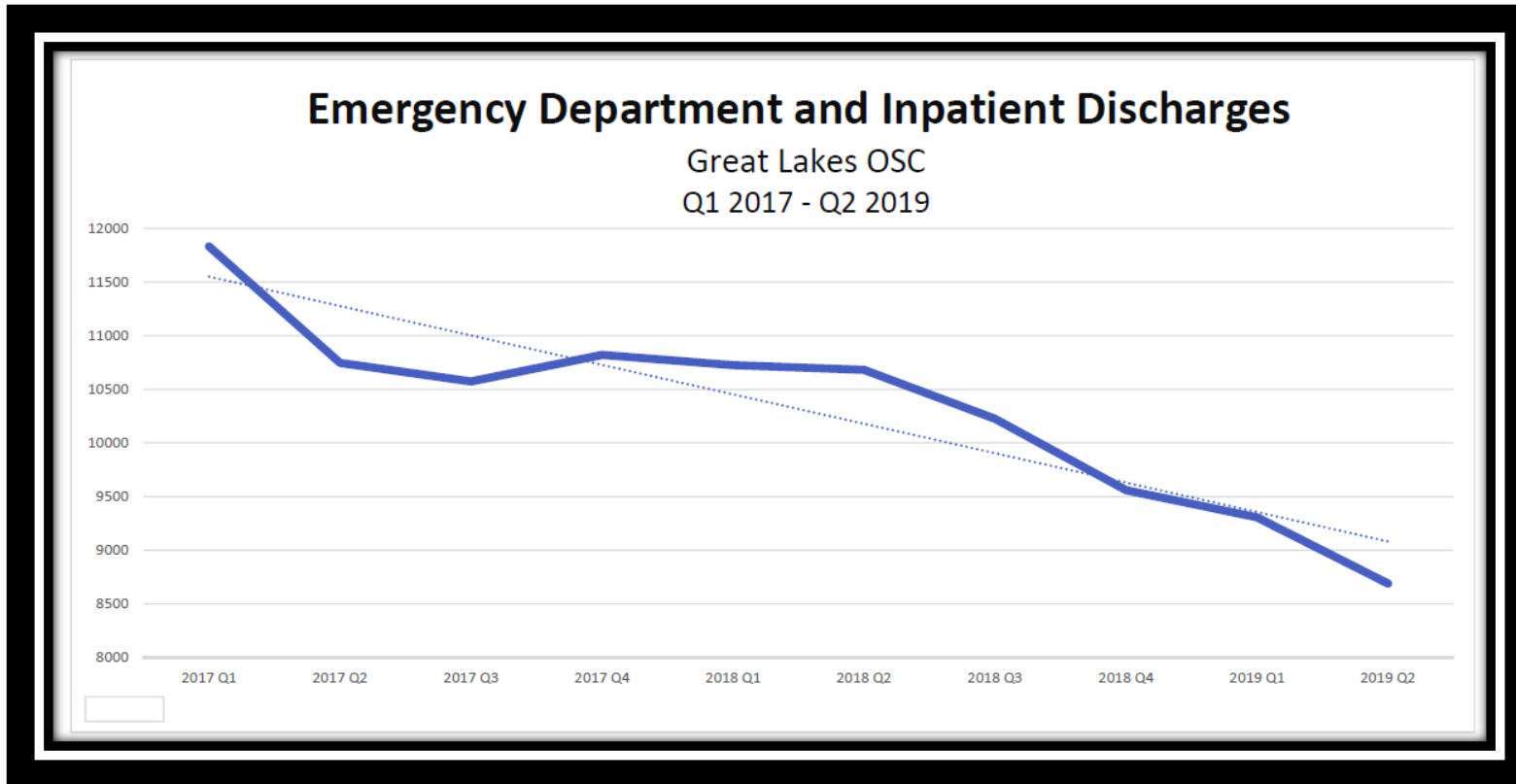
- if patients call for appt, refills, symptom management
  - Use list to see if a patient on SIM PCMH list, BCBSM list, ACO list, etc.
  - Check EMR for flag
  - Check risk score in EMR

Tag patients in EMR/schedule (“eligible” versus “participating in” Care Management)

- Alert when parents bringing in kids for sick visits ask to talk about parents needs.
- Alert when patients are coming in for sports physicals
- Alert for post ED utilization or inpatient calls
- Tag when patients are coming in for yearly exams

#1 Tag care manager calendars for when patients are coming in for any reason!

# ED Utilization & Inpatient



Pt PING

FAX

EMR

Calls

ACO-high priority contact list



# ED Utilization

## MA or RN calling within 24-48 hours

- Meaningful discussion
  - Open ended questions
  - Modified Med Rec
  - Questionnaire filled out and provided to physician
  - Education
    - Extended office hours, on call physician 24/7

## 7-10 day appt (some only if concerns)

## PCSD

- Note to physician team
  - Appropriate ED Utilization & Magnet
  - VIP Cards

## Physician calls patient themselves!

- Physician pager
- Physician home visits

**We are always here for you**

If you are not feeling well DURING OFFICE HOURS, we want you to walk right in to our office

**Office Hours:**  
Monday-Wednesday: 9am - 6pm  
Thursday & Friday: 9am - 5pm

---

**How Can I Get Immediate Care?**

If you are not feeling well, we want you to walk into our office

➔ **For immediate after hours care, please call us at: (989) 854-5446**

Get the care you need, when you need it because your good health is our priority.

**UNDERSTANDING COST DIFFERENCES**

PRIMARY CARE vs URGENT CARE vs EMERGENCY ROOM

**PRIMARY CARE**

Most primary care visits are covered by your insurance. If you are uninsured, you will pay a copay. For more information, please call our office at (989) 854-5446.

**URGENT CARE**

Most urgent care visits are covered by your insurance. If you are uninsured, you will pay a copay. For more information, please call our office at (989) 854-5446.

**EMERGENCY CARE**

Emergency care is the most expensive type of care. It is only for serious, life-threatening conditions. For more information, please call our office at (989) 854-5446.

	PRIMARY CARE	URGENT CARE	EMERGENCY ROOM
ALLIANCE	\$40.00	\$100.00	\$400.00
ACT/EMERGENCY	\$60.00	\$150.00	\$600.00
FAMILY	\$60.00	\$150.00	\$600.00
SOB/THROAT	\$60.00	\$150.00	\$600.00
SMELT	\$60.00	\$150.00	\$600.00
STENT	\$60.00	\$150.00	\$600.00
UPPER RESPIRATORY INFECTION	\$60.00	\$150.00	\$600.00
UNUSUAL TUBERCULOSIS	\$60.00	\$150.00	\$600.00

**SAVE TIME AND HASSLE:**  
GET THE CARE YOU NEED, WHEN YOU NEED IT

**MIDLAND FAMILY PHYSICIANS, P.C.**

When you need treatment right away for minor illnesses and injuries

- ➔ Cuts, scrapes, or minor bleeding
- ➔ Ear infection
- ➔ Fever, cold, flu, cough
- ➔ Minor allergic reaction
- ➔ Minor burns
- ➔ Nausea, vomiting, or diarrhea
- ➔ Nosebleed
- ➔ Pain in your body that is not caused by the heart

---

**AFTER-HOURS CARE**

When you need treatment for urgent, non-life threatening conditions when the office is closed

**PLEASE CALL OUR 24 HOUR PHYSICIAN HOTLINE**  
989-631-0970

- ➔ Chest pain
- ➔ Coughing up blood
- ➔ Vomiting blood
- ➔ Head injury with loss of consciousness
- ➔ Heat stroke or dehydration
- ➔ High fever with stiff neck, mental confusion, or difficulty breathing
- ➔ Severe bleeding

**EMERGENCY ROOM**

When you need immediate treatment for serious life-threatening illnesses and injuries

---

Unsure? If you have questions, call our office at:

**989-839-9937**

MON-WEDS 7AM-7:30PM  
THURS 7AM-6PM  
FRI 7AM-5PM, SAT 8AM-12PM

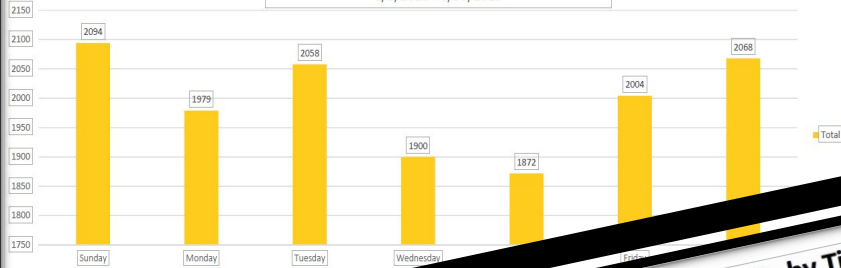
**989-631-0970**

AFTER HOURS  
CALL US, 24/7  
PHYSICIAN ON CALL

# Patient Ping

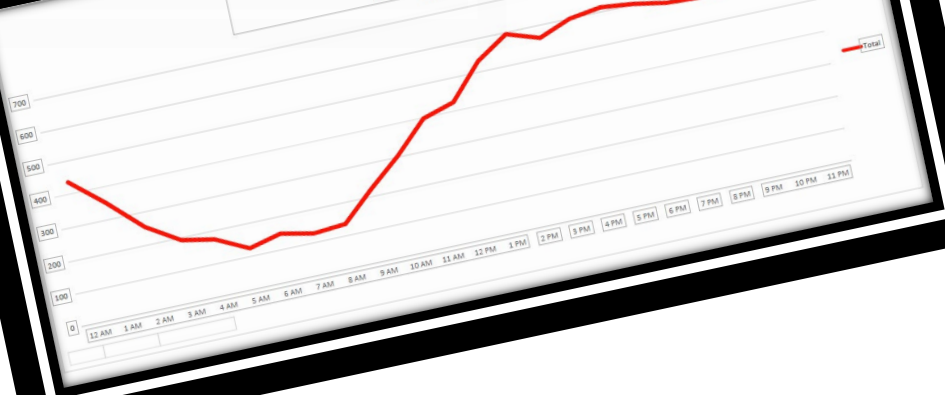
ED Visits by Day of the Week

Great Lakes OSC  
1/1/2019 - 6/30/2019



ED Visits by Time of Day

1/1/2019 - 6/30/2019



Have you resolved all of the issues related to why patients go to ED during business hours??

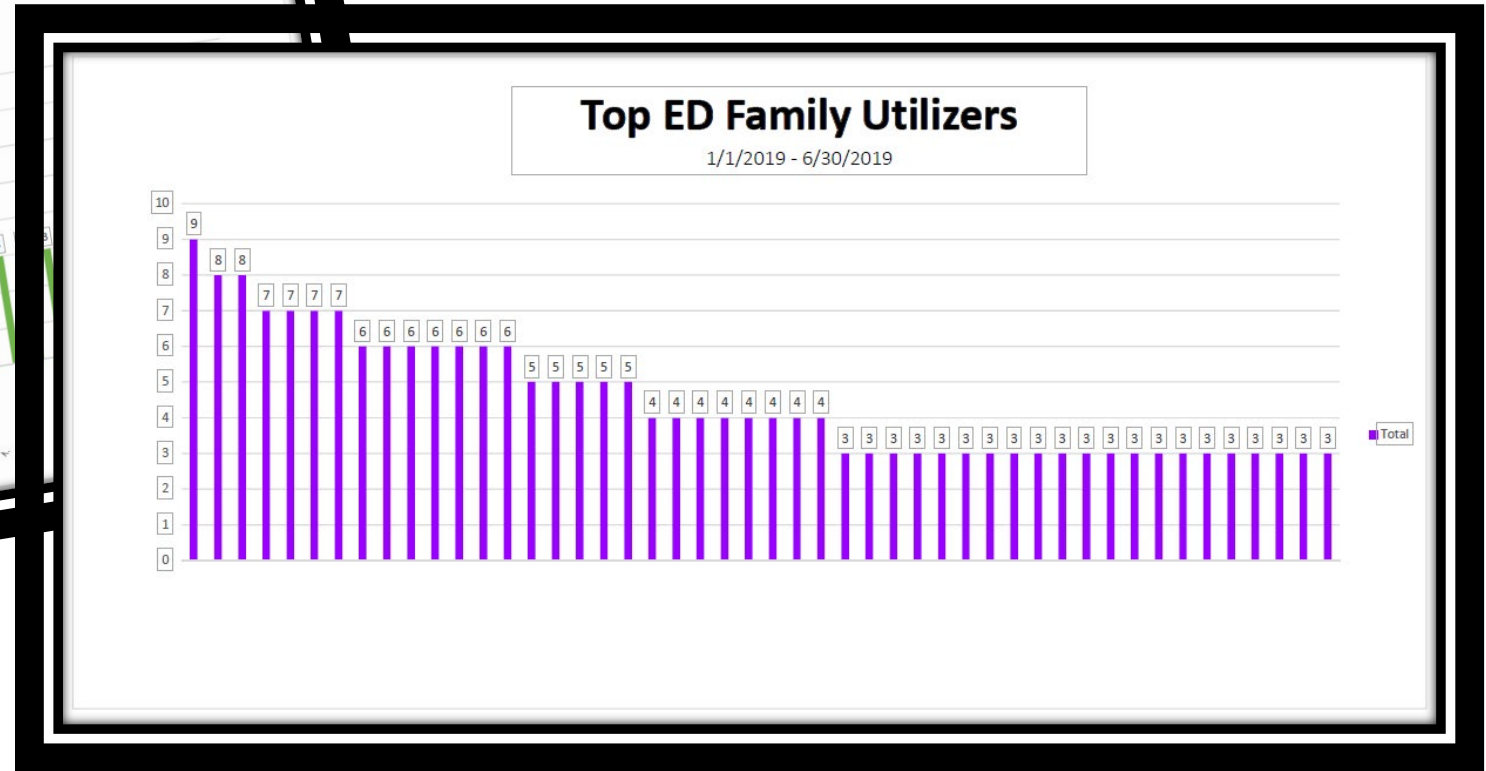
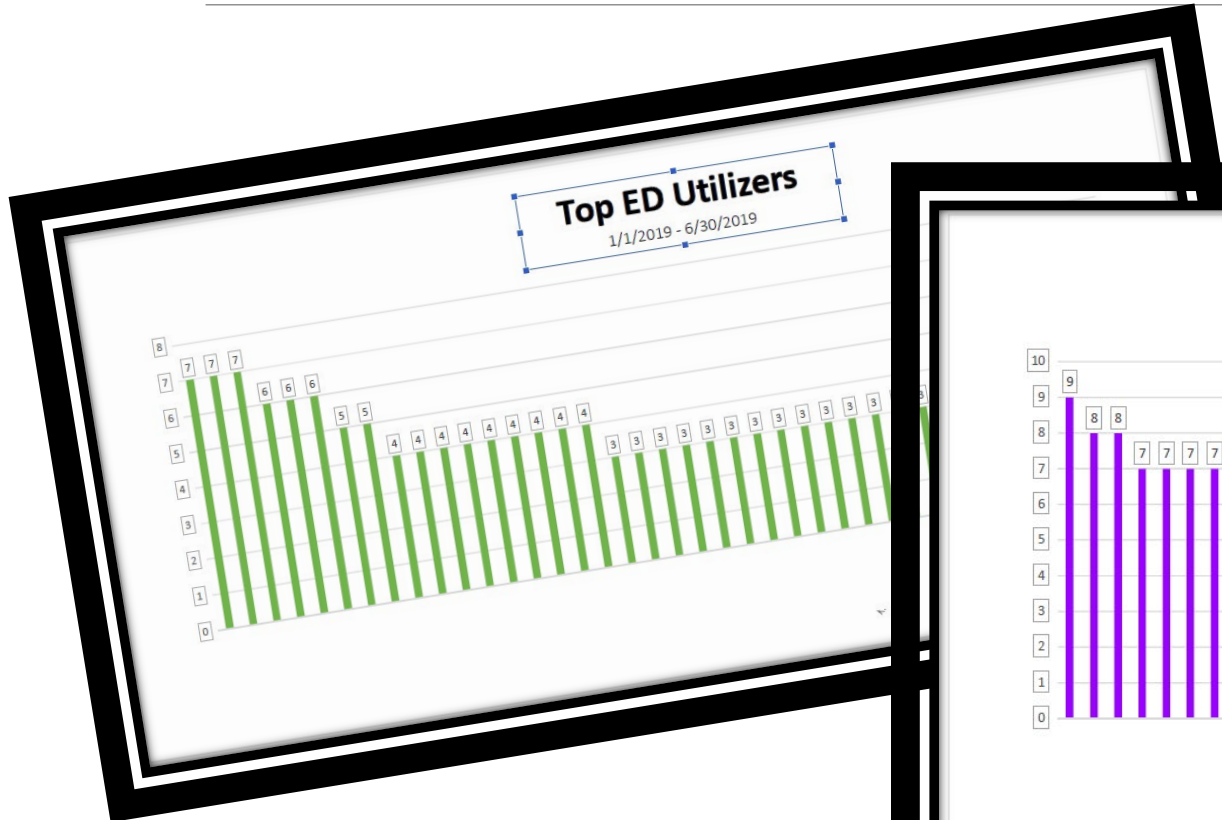
# Check the “Perception”

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**Real patient responses when asked why they did not call their PCP prior to going to ED:**

- *“I left a message that I was not feeling well and needed an appt. No one called me back.”*
- *“I tried to make an appointment, but the soonest appointment was weeks away.”*
- *“I have been going to the office for years and had no idea I could call after hours for help.”*
- *“I can’t ever talk to anyone at the clinic, I just get sent from the front desk to voicemail. It is hard to talk to anyone during the day, unsure they will actually answer a call at night.”*

# “Family” Trends



# ED Utilization & Obesity Success Case

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40 Yr old female

- Anxiety, depression, insomnia, GERD, hypothyroidism, others
- She was frequenting ER for non-emergency concerns

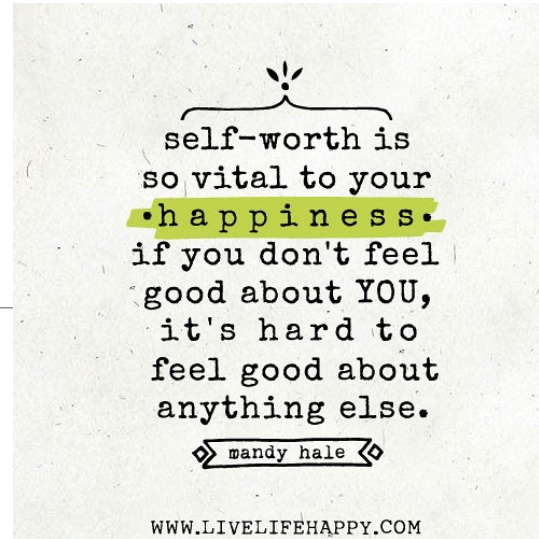
**Warm hand-off** February 2017.

- Medication management and compliance.
  - Not reading her medication bottle labels
  - Continued taking her meds as before and was not aware of any adjustments that had been made.
- Goal: weight loss & Improve a poor self-image.
  - She began by walking short distances twice daily to build up endurance.
    - Increase to walking 2-3 miles several days a week.
  - Stress in her life
    - BH provider and counselor twice a month.



# Continued...

Maintaining 49# weight loss!!



## Improved ER utilization & decreased the frequency visits with her PCP.

<u>Year</u>	<u>ER</u>	<u>PCP</u>	<u>CM</u>
2017	9	16	6
2018	7	12	9
2019 to date	4	5	10

# TCM Care Management

## Strategy to Manage RISK

(Role of Care Manager versus MD, PA, NP)



MD, PA, NP

### CARE MANAGER

- Introduce Self/CM during 48-hour call
  - Identifies “red flags”
- Inform patient would like to see at TCM appt
  - Explains Care Mgt

- 
- CM + Provider Huddle
  - Provider “Elevator Speech”

**BARGE in the ROOM!**

**BOTH:** \*\*Provide personalized CM flyer  
\*\*5 W's

- Permission to call in 1-2 weeks
  - Follow up on medical plan of care
  - Set up longitudinal care management
    - (After 29 days-start billing)

# “Invisible” Rising Risk Patients



## Generally Healthy Patients

- May have social needs

## Examples

- Any GAPS in care patient

## Investment in future

- Efficiencies
- Outcomes
- Cost



## Newly Diagnosed:

- Any new ADHD meds follow up
- Any new psych meds follow up
- Diabetes
- Asthma & COPD
- CHF



# Behavioral Health without BH Help!

---



## BH Initiative

- Available counselors within each region

## Value of LMSW's

## Strategies for “wary” RNs

- Education

## Tools for patients

- 3 Good things
- Mindfulness

# SDoH Screening



**Informally** screen/assess all ED utilizers on the phone

- “Pull” them into the practice
- “Is there anything I can help you with aside from your medical needs?”
- You “care” about them

**Formally** screen anyone flagged as frequent ED utilizer & Inpatient












Educate on health literacy opportunities

- Grab while they are here!

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Clinton County Medical Center **NEW TOOL!**

As your medical home, we want you to be as healthy as possible. We'd like you to answer these questions so we can find out if there are any community programs that would help support your health and well-being.

Question	Response
 <b>Healthcare</b> In the past year, was there a time when you needed to see a doctor but could not because it cost too much?	Yes No
 <b>Food</b> Do you ever eat less than you feel you should because there is not enough food?	Yes No
 <b>Housing &amp; Shelter</b> Are you worried that in the next few months, you may not have housing?	Yes No
 <b>Safety</b> Do you feel your safety is threatened in your home?	Yes No
 <b>Utilities</b> In the past year, have you had a hard time paying your utility company bills?	Yes No
 <b>Childcare</b> Does getting child care make it hard for you to go to work or school?	Yes No
 <b>Education</b> Do you think completing more education or training, like finishing a GED, going to college, or learning a trade, would be helpful for you?	Yes No
 <b>Employment &amp; Income</b> Do you have a job or other steady source of income?	Yes No
 <b>Transportation</b> Do you have a dependable way to get to work, school or to your appointments?	Yes No
 <b>Clothing &amp; Household</b> Do you have enough household supplies? For example, clothing, shoes, blankets, mattresses, diapers, toothpaste, and shampoo.	Yes No
 <b>General</b> Would you like to receive assistance with any of these needs? Which, if any, of your needs are urgent?	Yes No

Wrong Address?  
No phone?...Will not pick up the phone?  
Homeless?



1<sup>ST</sup> LINE

Email-Portal

- Get it on their phones!

Call

Snail mail



2<sup>ND</sup> LINE

Make sure all the stars are aligned!

Avoid calls during full moon!

Pray!

Work on your karma!

\*\*\*Pull in from SDoH needs randomly

Convince Our Rural Community Partners to hire CHW's

Marie Wendt

Director of Quality &  
Care Management



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**THANK YOU!!!**



# Audience Q & A

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# Additional Polling Question (if time)

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What are your best practices in reaching invisible patients?