The Joys of a Life Well-Attributed

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Providence Community Health Centers
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PCHC
PROVIDENCE COMMUNITY HEALTH CENTERS

Thundermist!
HEALTH CENTER

Find a Community Health Center

- Blackstone Valley Community Health Care, Inc.
  Pawtucket, RI
- Block Island Health Services
  Block Island, RI
- CCAP/Family Health Services
  Cranston, RI
- East Bay Community Action Program
  Newport, RI
- Providence Community Health Centers
  Providence, RI
- Thundermist Health Center
  Woonsocket, RI
- Tri-Town Community Action Agency
  Johnston, RI
- WellOne Primary Medical and Dental Care
  Pascoag, RI
- Wood River Health Services
  Hope Valley, RI

WellOne
Primary Medical and Dental Care

Wood River
Health Services

CCAP
COMPREHENSIVE COMMUNITY ACTION PROGRAM

Tri-Town
Community Action Agency
Helping people. Changing lives.

BLACKSTONE VALLEY
COMMUNITY HEALTH CARE

50 Years of Service
1965-2015

east bay community action program
THE BRIDGE to SELF-RELIANCE

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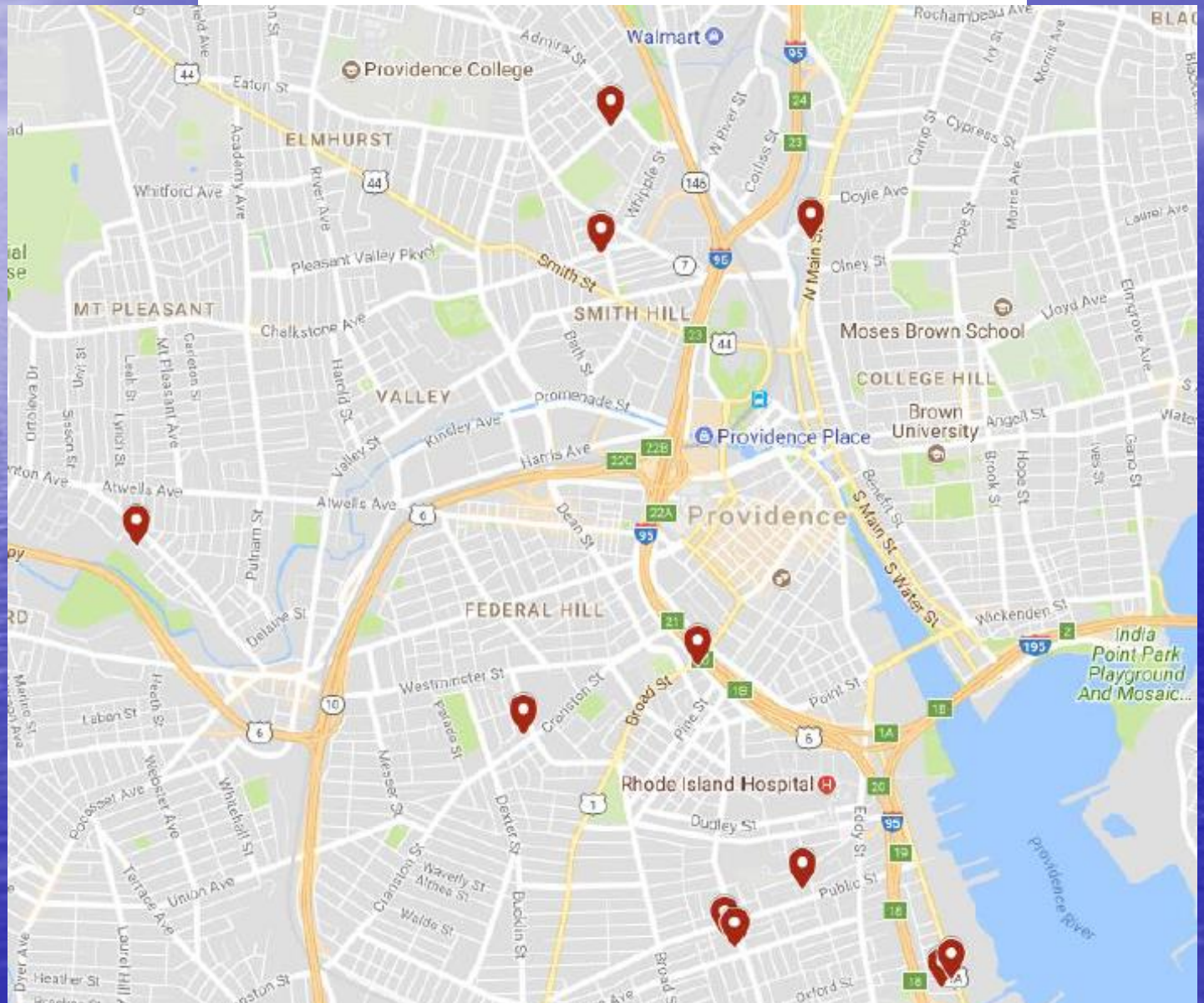
  Hope Valley, RI

180,000 Rhode Islanders receive primary care at a community health center

www.rihca.org

PCHC

PROVIDENCE COMMUNITY HEALTH CENTERS



50 PCHC

PROVIDENCE COMMUNITY HEALTH CENTERS

Serving Providence for Over 50 Years

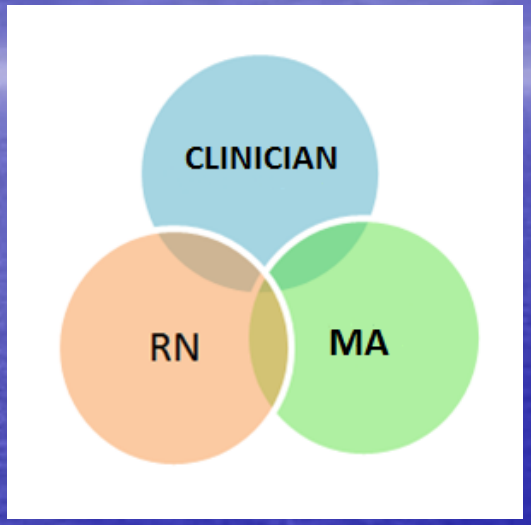
PCHC is a stand-alone Medicaid AE

Medicare ACO since 2014 (MSSP)

10 offices
80 clinicians
60,000 lives
1,200 deliveries
250,000 visits

Pediatrics, Family Medicine, Internal Medicine, OB-Gyn, Optometry, Podiatry, Urgent Care, Psychiatry, and Dentistry. PCHC also has 3 residencies: nurse practitioner, pediatric dentistry, and optometry

Care Team Design



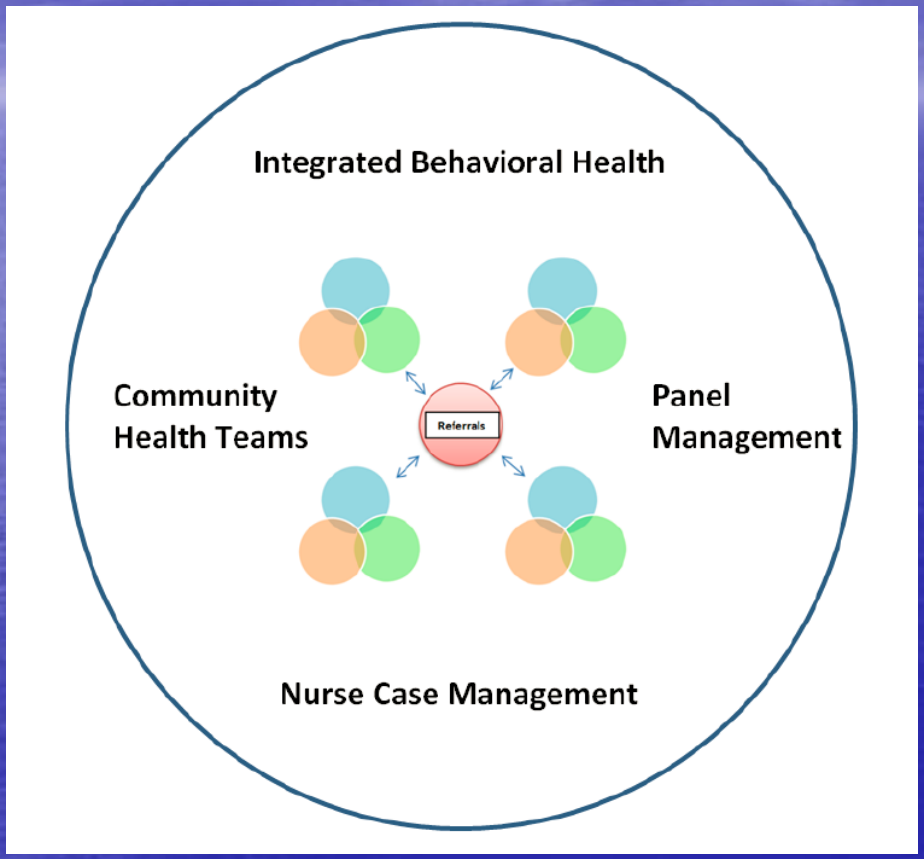
Team Care Roles

Clinician – solves complex problems, defines care plans, leads team

RN – routine preventative services and population health management

MA – screening for depression, anxiety, social determinants, and more

The Patient Centered Medical Home



The Advanced Practice Medical Home:

Improved Quality, Happy Patients, Decreased Physician Burnout, and (hopefully) Lower Costs

Food for thought

All Rhode Island

- 10.6% speak **Spanish** at home,
- 7.6% speak other **Indo-European** languages,
- 2.1% speak **Asian** or Pacific Island languages, and
- 0.8% speak other languages, which includes African languages and **Arabic**.

Providence

- 41.7% Hispanic, 34.8% White, and 13% Black
- 49.4% of the people in Providence, RI speak a non-English language, and
- 82.5% are U.S. citizens

Food for thought

- If our model of care looks FTE expensive, you're right
  - Constant battle to recruit multi-lingual providers
  - Translation services are crucial, but clearly add 'inefficiency' to care delivered compared to MGMA-like standards
  - Video translation is being explored, bandwidth complications to date
  - Ever seen a sick child and their family with a translator in 10 minutes or less?
- Anecdotally, PCHC Care Management finds ~60% Spanish speaking enrollees

AE Never Seen:
'Cold Call' Pilot

- AE attributed lives ~48,000
  - Not all of our patients are AE
- From November – December, 2018, PCHC Call Center staff outreached to AE Members never seen living in zip codes around Randall Square
  - Demographic information is provided in monthly MCO membership files
- Audience Participation - Do all AE's have centralized call center capacity?

AE Never Seen:
'Cold Call' Pilot

- Call Center staff were provided a call tracking sheet and script
  - "Hello, I'm calling from Providence Community Health Centers and my name is Joy. Your health insurer, MCO, has assigned us as your primary care provider and I'm reaching out to welcome you and see if you would like to schedule an appointment to establish care."
    - English and Spanish…
- Multiple call attempts (2-3) were made to many members
  - Most calls were made after 5:00pm on weekdays
  - Some members had two phone numbers that were attempted

AE Never Seen:
Cold Call Pilot Results

	Overall	NHP	UHC
Total Members Outreached	1,122	849	273
Attempted Calls	1,963	1,486	477
Voicemail or No Answer	1,438	1,081	357
Line Disconnected	114 (10.2%)	86 (10.1%)	28 (10.3%)
Wrong Number	125 (11.1%)	87 (10.2%)	38 (13.9%)
Has Other PCP	94 (8.4%)	76 (9%)	18 (6.6%)
Moved Out of State	24 (2.1%)	19 (2.2%)	5 (1.8%)
Declined Appointment	47 (4.2%)	35 (4.1%)	12 (4.4%)
Appointment Made	67 (6%)	56 (6.6%)	11 (4%)

AE Never Seen: Strategy

- AE and Total Cost of Care is about the matching of risk to resources (hypothesis!)
  - Highest Risk assumed proportional to total cost
  - Negative control - Quality Gate must be met or all efforts are non-value added effort
- Embed Risk Score in outreach workflow
  - First round of contacts always risk stratified
  - Zip code as proxy for health center preference
  - Health Center 'capacity' (access) is a limiting factor
  - Some patients seen in past but had disengaged for unclear reasons (last seen ~18-36 months ago)
  - Lead to questions around PCP panel size calculations internally

Future AE Outreach:
Coming ~~Soon~~ Now

- Population Health preparing to pilot additional outreach methods:
  - Outreach tools currently available (or in development) include:
    - Bulk Mailings
    - Text Messages (CareMessage launch in 4 weeks)
    - Automated/Robo-Calling
    - More Phone Calls

Future AE Outreach: Coming Soon

- Outreach cohorts are being developed based on key factors, including:
  - Patient Risk
  - Level of Primary Care Engagement (never seen vs. not seen in 3 months or more)
  - Gaps in Care (initial focus on breast cancer screening & cervical cancer screening)
  - Geography/Clinic Catchment Area
- Bulk Mailing pilot planned for next week (March 18-22):
  - Mailing to 500 AE Never Seen in Randall Square catchment area
  - Mailing to 26 high risk Randall patients not seen in 18 months

Summary – 'Cold Call'

- About 6% of attributed lives with a center in their zip code will take you up on a visit
  - Some members may respond to other modalities, more to come
  - Efforts for AE lives cause resource diversion

Summary – What's going on here?

- Attributed lives contact information is sketchy
  - Autoattribution solves ownership but does not cause a relationship to exist
  - What causes an enrollee to get health insurance and yet not come to their autoattributed doctor?
  - MCO's (and I) suggest that enrollment process be reviewed
- Language barrier and cultural expectations likely play a big role in seeking/agreeing to care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Proudly serving Providence since 1968