Increasing well-child in community health centers through a collective impact model

Chris Mundorf, MPH, PhD

Chief Strategy Officer
Better Health Partnership
cmundorf@metrohealth.org

Please note, this communication applies to Medicaid for Anthem Blue Cross and Blue Shield Medicaid.

December 9, 2024

Better Health Partnership
Collaborating for a healthy community

Advancing Better Health Partnerships

Better Health Partnership (BHP) supports multi-stakeholder collaboratives by addressing partner/partner-specific needs, helping to ensure that:

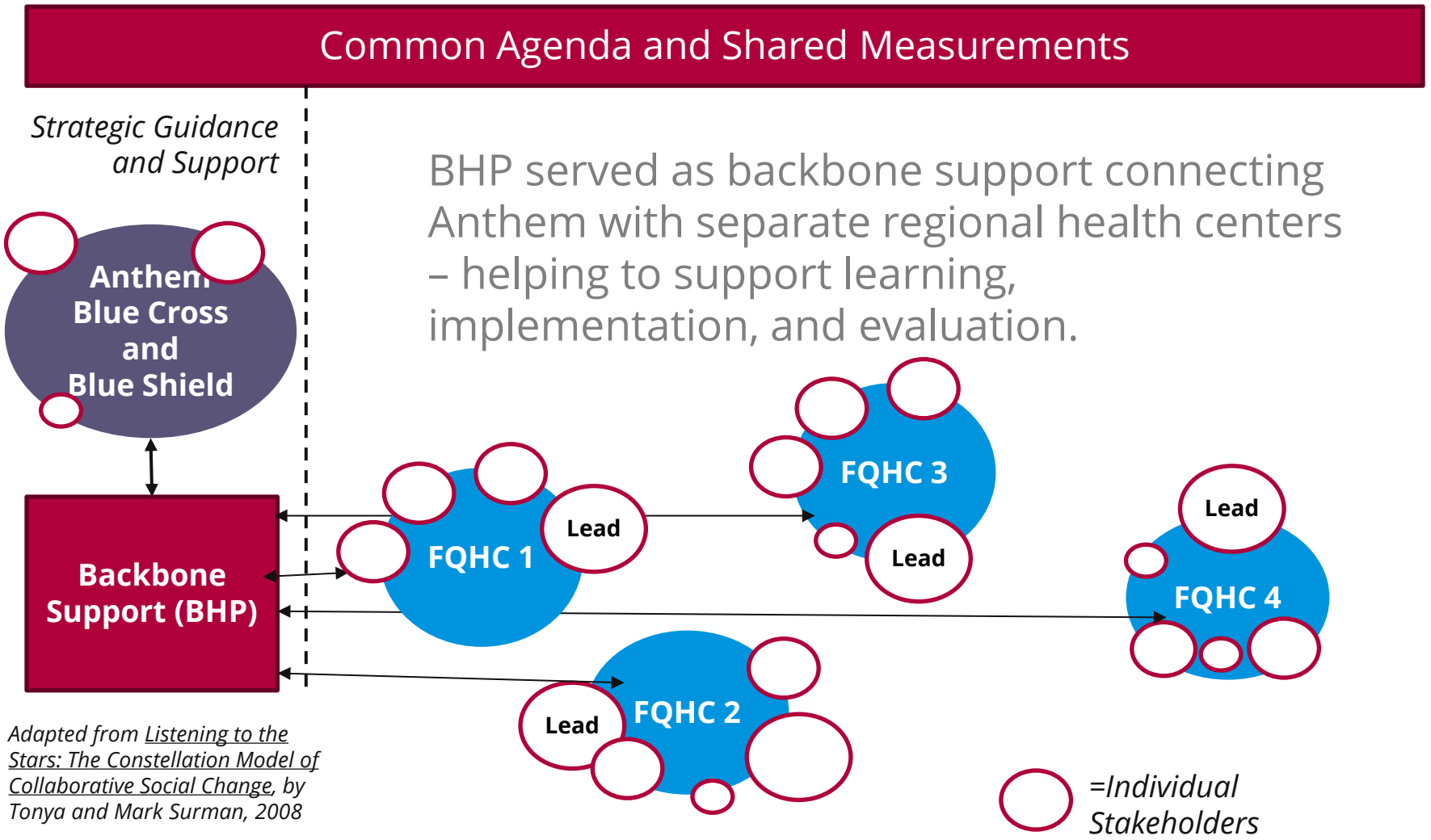
- All partners can join
- The collaborative is well-run
- The project has a high likelihood of success

Collective Impact

- Common Agenda
- Shared Measurements
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Infrastructure

Better Health Partnership

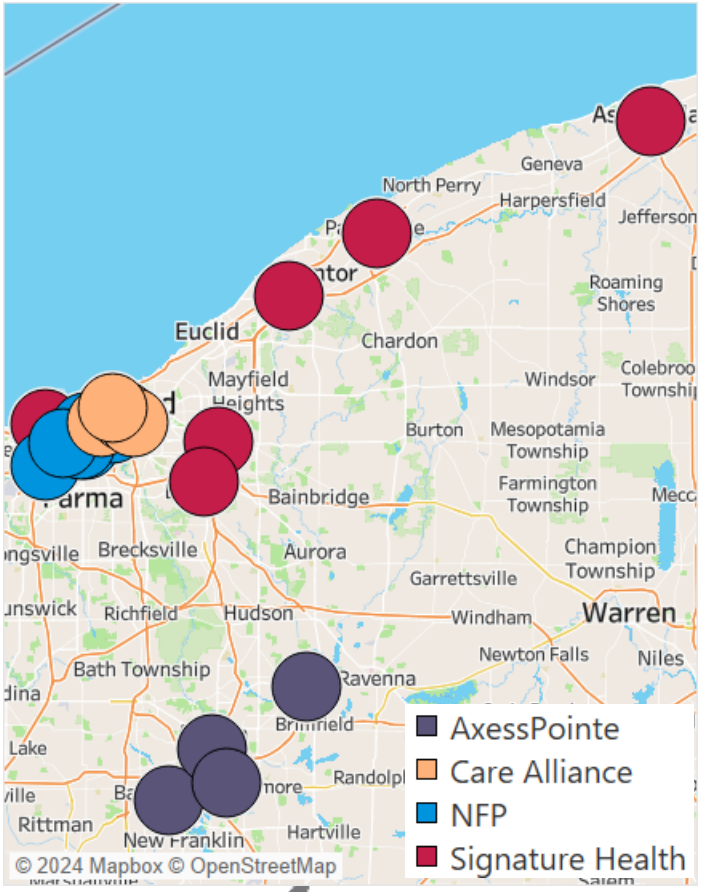
Role of a Steering Committee



Adapted from Listening to the Stars: The Constellation Model of Collaborative Social Change, by Tonya and Mark Surman, 2008

Overview of Partner Community Health Centers

	# of Children (Anthem)	% Racial /Ethnic Minority Patients	% ESL
AxessPointe	2,407 (526)	40.8%	8.1%
Care Alliance	1,553 (342)	83.9%	3.1%
NFP	4,982 (58)	50.2%	27.0%
Signature	4,750 (28)	43.4%	4.6%



Better Health Partnership

		Q4 23	Q1 24	Q2 24	Q3 24	Q4 24
Discovery	EMR analysis	■				
	Practice Interviews	■				
	Report Out		■			
Centralized Training	Landscape Analysis	■				
	Training Dissemination		■			
Multi-Site PDSA	Co-Design Across Practices		■	■		
	Leadership Buy-In			■		
	Requirements Gathering	■	■	■		
	Launch			■	■	
Evaluation	PDSA Evaluation/ Modification			■	■	■
	Dissemination					■

Discovery Work

Problem Statement

- Average hospital experiences **62 no-shows/day** which **cost $3 million in lost revenue annually**[1]
- In children- **missed well-child visits (WCV)** associated with **increase emergency department use and hospitalization**[2,3]
- Estimated **clinics serving Medicaid families** have high range of **no-show rates between 25-50%** [4,5]

1. Kheirkhah P., Feng, Q., Travis LM., Tavakoli-Tabasi, S., Sharafkhaneh. Prevalence, predictors and economic consequences of no-shows.
2. Tom JO, Tseng CW, Davis J, Solomon C, Zhou C, Mangione-Smith R. Missed well-childcare visits, low continuity of care, and risk of ambulatory care-sensitive hospitalizations in young children.
3. Hakim RB, Bye BV. Effectiveness of compliance with pediatric preventive care guidelines among Medicaid beneficiaries.
4. Macharia WM, Leon G, Rowe BH, Stephenson BJ, Haynes RB. An overview of interventions to improve compliance with appointment keeping for medical services.
5. Samuels RC, Ward VL, Melvin P, et al. Missed appointments: factors contributing to high no-show rates in an urban pediatrics primary care clinic.

Better Health Partnership

Literature Review

- **Predictors to WCV adherence:**
  - **(1)** completed maternal prenatal care, **(2)** lower number of children, **(3)** maternal martial status, **(4)** lower income (<$500 per month) [6]

- **Barriers** [7]
  - **Caregivers= (1)** transportation, **(2)** financial stress, **(3)** time off work, **(4)**childcare
  - **Clinicians= (1)** lack of appointment with vaccine, **(2)** anxiety based on immigration status, **(3)** language

6. Van Berckelaer, A.C., Mitra, N., Pati, S. 2011. Predictors of well childcare adherence over time in a cohort of urban Medicaid-eligible infants.
7. Wolf, E.R., O'Neil, J., Pecsok, J., Etz, R.S., Opel, D.J. (2020). Caregiver and clinician perspectives on missed well-child visits.

Better Health Partnership

Summary of Best Practices

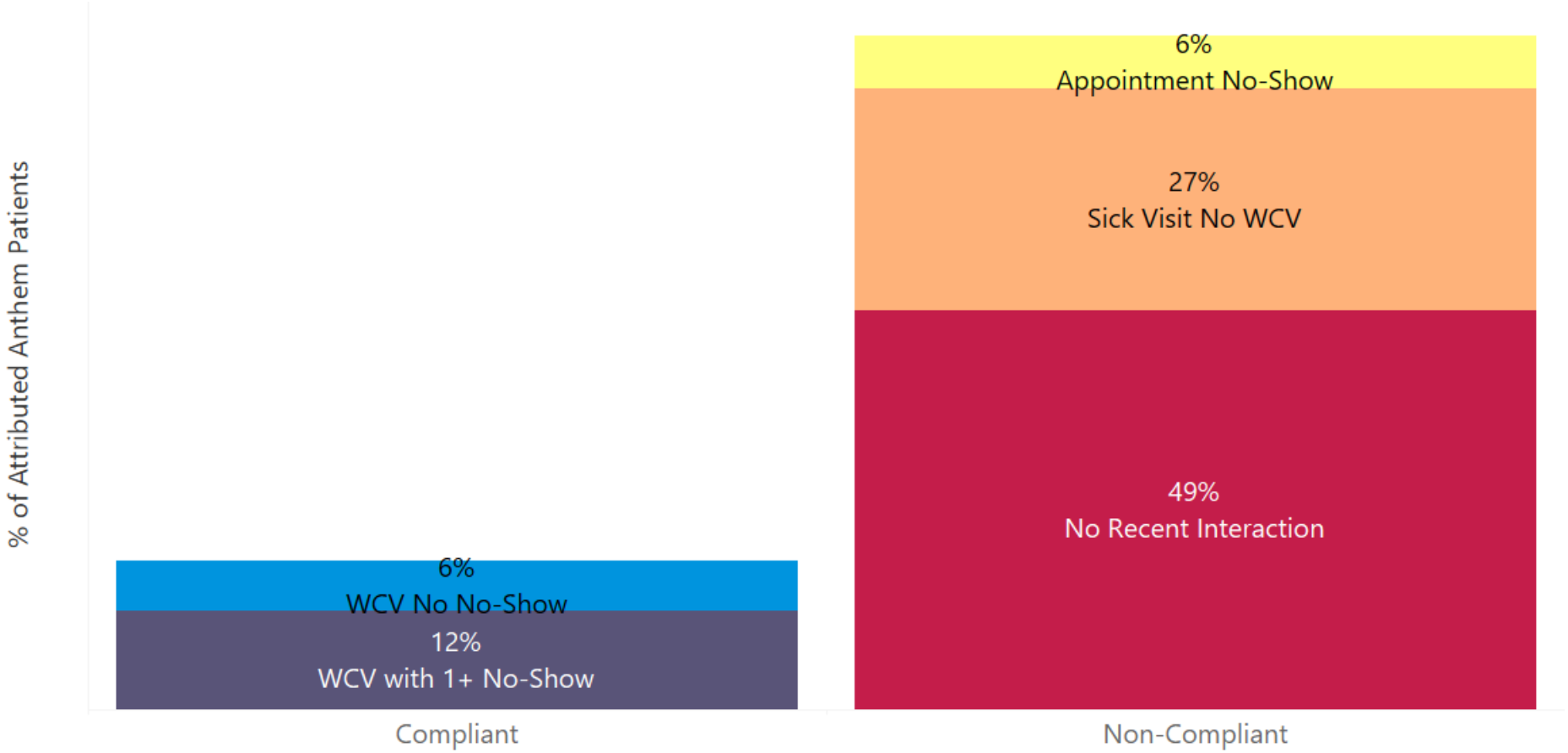
- **Bidirectional text triage**
  - Smart communication- separate cancellation line
- **Telephone reminders**
  - reduce no-show rates from 20% to 7%
- **Promoting use of the electronic patient portal**
  - Well Health App (visual of confirmed appointment or not)
- **Web based assessment** to be completed 1 month prior to visit
- **Predictive modeling**
  - eClinicalWorks & eClinicalMessager
- **Patient communication strategies**
  - offering option for immediate rebook
- **Patient education & institutional awareness**

*All were multipronged approaches

Better Health Partnership

Outcomes Around Well-Care

By WCV Compliance



Better Health Partnership

Demographic Predictors

Across all FQHCs –WCV Compliance

Race – **Non-White** Children were **1.56x (1.25-1.94)** more likely to be missing their visit

Language – **ESL** Families were **2.62x (1.81-3.79)** more likely to be missing their visit

No significant difference in sex or age

Stakeholder Analysis

Region-Wide Interviews (2022-23)

Key Takeaway #1: How well-care is conducted varies between practice and provider

Key Takeaway #2: Variations lead to families from low-SES communities potentially receiving less benefit from visits

Key Takeaway #3: Opportunities exist to improve well-care through improved continuity of care and narrowing visit priorities

Better Health Partnership

Stakeholder Analysis

FQHs (2023-24)

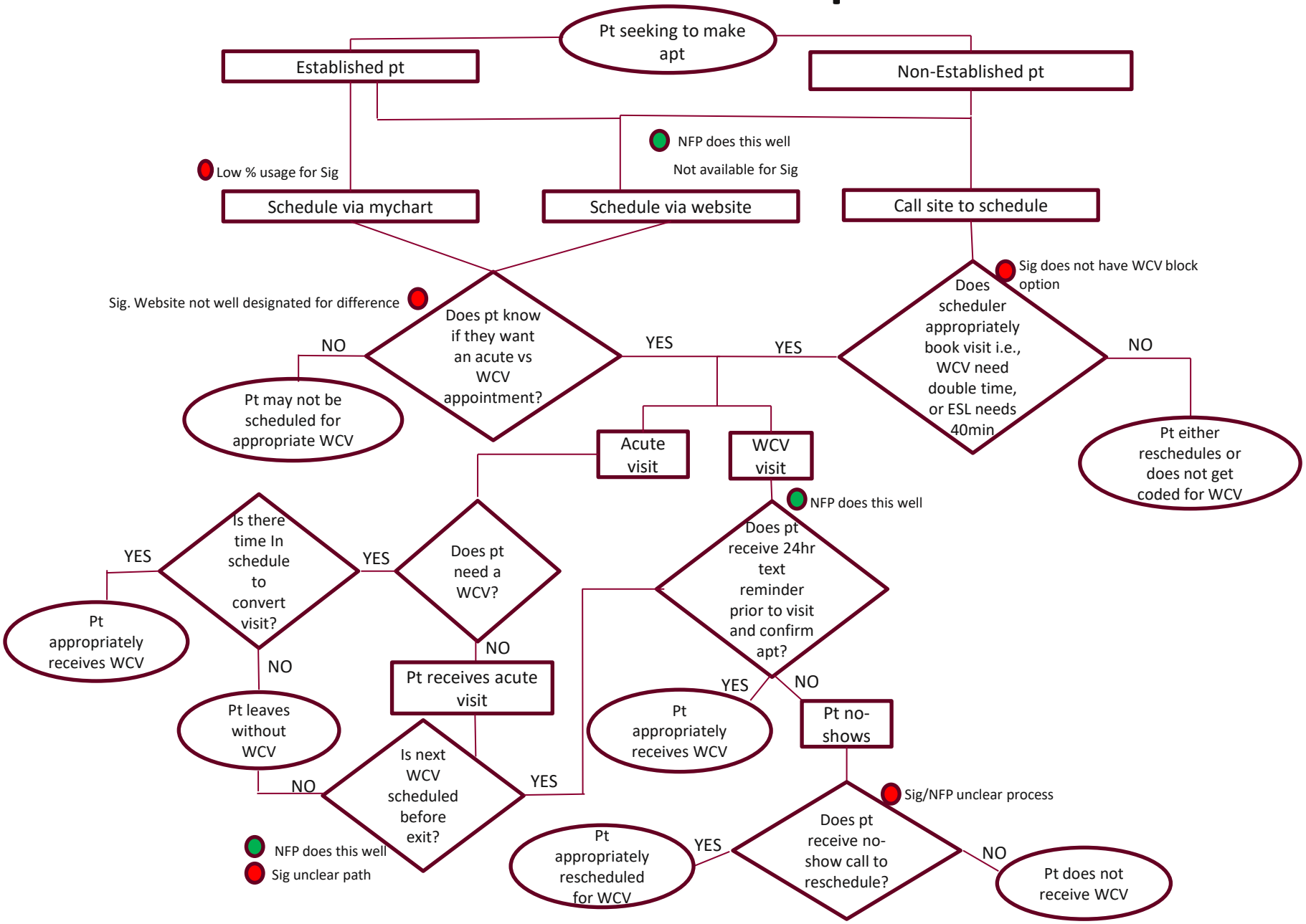
Key Takeaway #1: Tremendous variation across FQHCs in terms of bandwidth and capacity around pediatric primary care

Key Takeaway #2: Most FQHCs offer few accessible options in finding availability

Key Takeaway #3: No active attention is paid to non-active “attributed” patients

Better Health Partnership

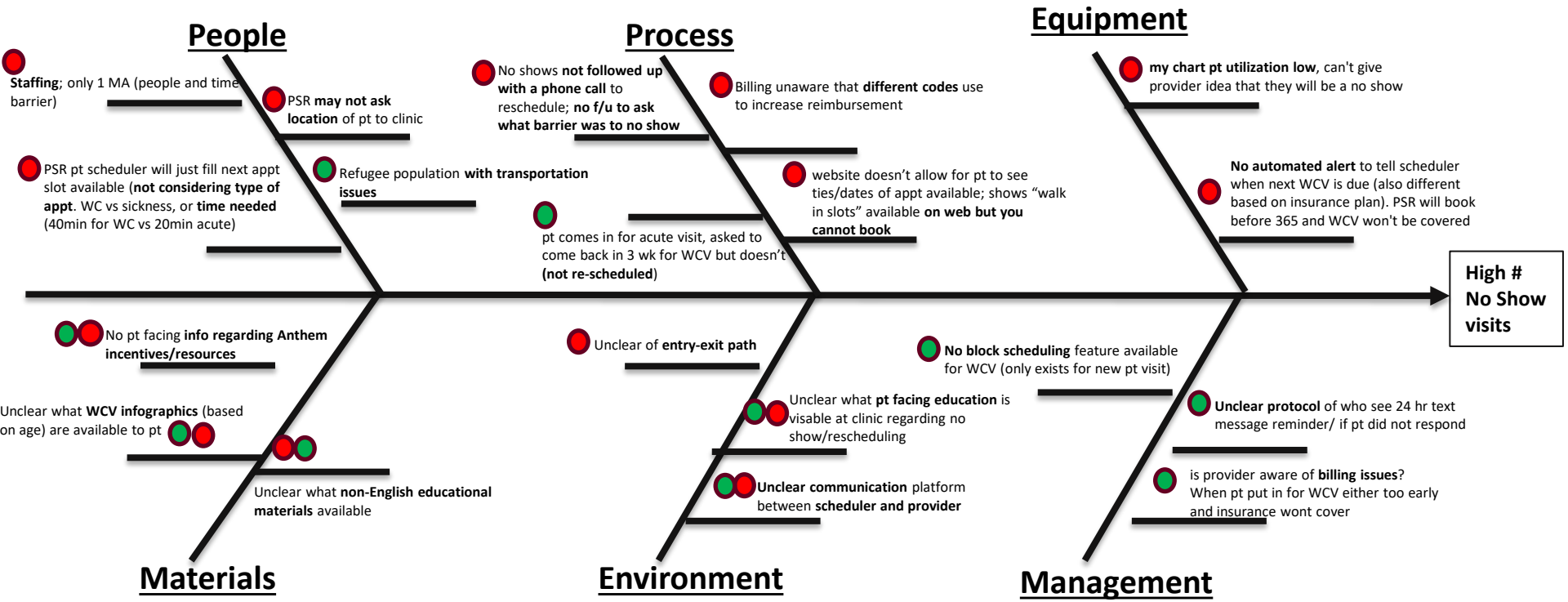
Process Map


Pt seeking to make apt
Established pt
Non-Established pt
NFP does this well
Not available for Sig
Low % usage for Sig
Schedule via mychart
Schedule via website
Call site to schedule
Sig does not have WCV block option
Sig. Website not well designated for difference
Does pt know if they want an acute vs WCV appointment?
NO
YES
YES
Does scheduler appropriately book visit i.e., WCV need double time, or ESL needs 40min
NO
Pt may not be scheduled for appropriate WCV
Pt either reschedules or does not get coded for WCV
Acute visit
WCV visit
NFP does this well
Is there time In schedule to convert visit?
YES
YES
Does pt need a WCV?
Does pt receive 24hr text reminder prior to visit and confirm apt?
Pt appropriately receives WCV
NO
NO
Pt receives acute visit
YES
NO
Pt appropriately receives WCV
Pt no-shows
Pt leaves without WCV
Is next WCV scheduled before exit?
NO
YES
Sig/NFP unclear process
Pt appropriately rescheduled for WCV
YES
Does pt receive no-show call to reschedule?
NO
Pt does not receive WCV
NFP does this well
Sig unclear path

Root Cause

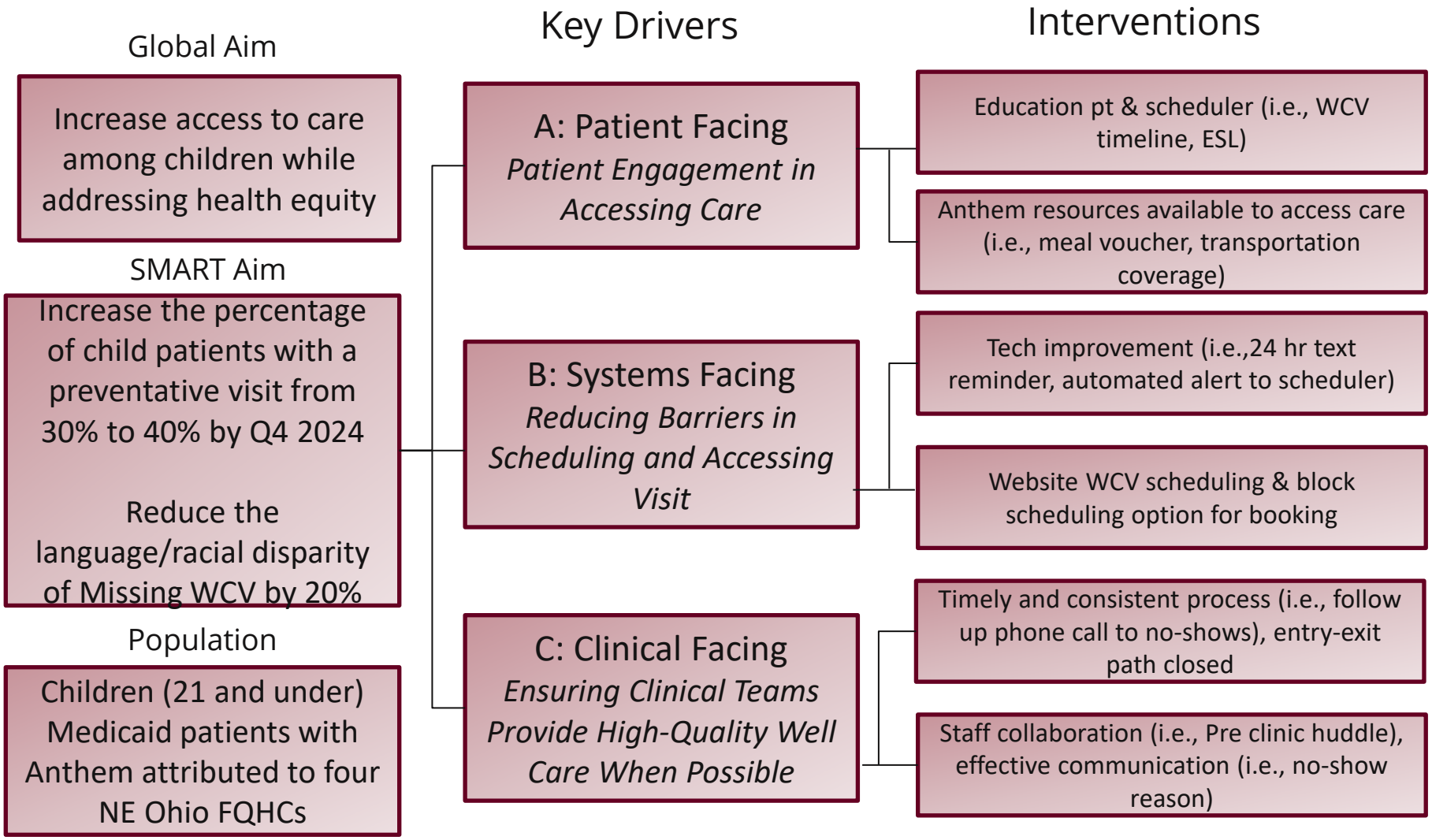
Signature Health

Neighborhood Family Practice



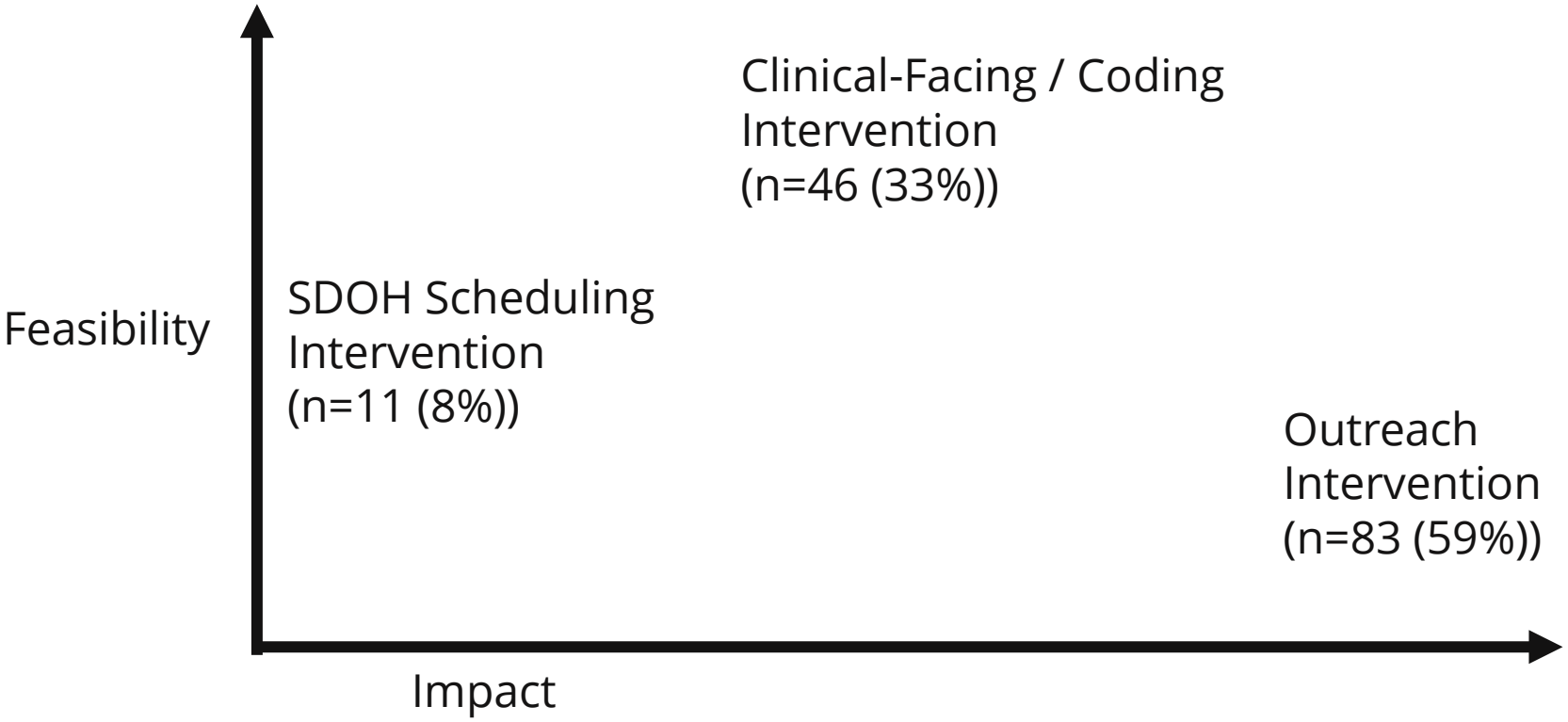
Better Health Partnership

Key Driver Diagram



Prioritization Matrix

Based on Care Alliance Sample



Better Health Partnership

Prioritization of Interventions

Intervention	Impact (1-5) (low-high)	Feasibility of Implementation (1-5) (hard - easy)	Cost (1-5) (high-low)	Sum Index Score
Anthem Outreach Education (i.e., infographic WC cycle, ESL option, distribution of Anthem resources)	2	**5**	**4**	**11**
Anthem follow up phone call to no-shows, entry-exit path closed (offer immediate rebooking)	4	**4**	**5** **(*depending if it's done by FQ or not)**	**13**
Pre clinic huddle, Teams meeting	3	**3**	**5**	**11**
WCV Block Schedule option in booking	3	**3**	**3-4**	**9-10**
Tech approach (i.e., Bidirectional text alert, update website, mychart use)	5	**2**	**2-3**	**9-10**
Redistribution system (if pt needs to relocate)	3	**3**	**5**	**11**
Embed automated alert for scheduler when next WCV due	5	**2**	**2**	**9**

Standardized Training Across FQHCs

Training on WCC Conversion

Within the BHP network a private practice (Sender Pediatrics) had successfully implemented a “universal” WCC conversion PDSA.

A training session was created and disseminated out to share with each practice team (with the Sender Pediatrics QI lead being available to consult on PDSA creation)

Kelly Kelmes, DNP, APRN-CNP
Director of Clinical Quality

SENDERS PEDIATRICS

Better Health Partnership

WCC Conversion Deck
Video Lesson Link

Completing Well Visits during Sick Visits

One strategy to improve well visit completion rates is to focus on patients already coming to the office for a scheduled sick visit

Pros

- Reduces the need for office outreach via phone/text/email
- Some patients can be very challenging to reach
- Improves revenue
- Improves quality performance measures as a medical home

Cons

- May take additional time to complete the visit
- Documentation must support both the well and sick visit on the same day
- It won't be doable all of the time

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

But how could this possibly work?

Five strategies to consider:

Catch at the time of scheduling
Comb through the schedule ahead of time
Catch during patient check-in
Add during the visit
Schedule a follow-up as a well visit

Focus on one or two that seem feasible to the office
In general, the earlier the better!

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

Strategy #1

Catch at the time of scheduling

When a patient/family reaches out to schedule a sick visit, the scheduler would notify the patient/family of the need for a well visit and discuss that both can be completed at the same time

- Make part of the scheduling process
  - Does staff routinely review if patient is up-to-date with well visit?
- Use alerts within the electronic health record
  - How visible is this information for staff?
  - How can it be more visible, especially for those patients very overdue?

A unique process is then needed to communicate on the schedule that both visits will be completed during that appointment

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

Strategy #2
Comb through the schedule ahead of time

Staff can look at future scheduled appointments to identify patients with upcoming sick visits who are in need or overdue for well visit

- Catches those missed during the scheduling process
- The scheduler may still be able to provide additional time for both visits
- Staff can complete at a regular time or intermittently during downtime
  - Is there staff to complete this daily or weekly?
  - Does the office have staff with downtime?
  - Will the office manually comb through the schedule or can the electronic health record provide a report?

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

Strategy #3
Catch during patient check-in

Check-in staff identifies the need for a well visit when patient arrives for the visit

- Staff can then discuss early with the patient/family completing the well visit that day too
- The visit can be updated on the schedule prior to the provider seeing them
  - Additional vital signs can be obtained during the rooming process
- Staff may want to consider a office-wide policy or a way to ask the provider if they can add the well visit with the sick visit
  - Does the office often have available appointments throughout the day? If so, could a break get added if a provider adds a well visit to a sick visit?

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

Strategy #4
Add during the visit

The provider identifies the need during the visit

- During sick visits, providers often have conversations on topics that are already included in a well visit
  - The patient/family would not need to return for an additional visit
  - Highly consider for frequent no-shows, patient/families with missed appointments
  - Proper documentation is needed to support both the sick visit and well visit
    - Templates within the electronic health record can make documentation easier

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

Strategy #5
Schedule a follow up as a well visit

If a well visit cannot be completed on the same day, the provider should strongly encouraged the well visit as an opportunity to follow-up on the sick visit

The patient should not leave the office without the well visit scheduled

- Providers could schedule the visit themselves
- Providers can assist the patient/family to the scheduler's location

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

What about documentation?

Documentation must include an age- and gender-appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures

To receive reimbursement for both visits, documentation must support both (with no overlapping documentation components)

- Consider separate notes for the sick and well visit
- Templates within the electronic health record can make the documentation easier

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

What about billing?

What billing a sick visit on the same day as a well visit, add:

1. The evaluation and management code for the sick visit (i.e.. 99213 or 99214)
2. With modifier 25
    1. Modifier 25 is a CPT modifier used to indicate that a patient's condition required a significant, separately identifiable evaluation and management services
3. And the preventative code for the well visit
    1. If a new patient on one of the two billed visits can be billed as a new patient visit

Content created by Kelly Kelmes, DNP, APRN-CNP
Full presentation can be accessed here

SENDERS PEDIATRICS

PDSA Descriptions

PDSA Development

Co-design sessions

- Joint meeting with all FQHC representatives and SME (VAQS and Senders Pediatrics)

- Separate meeting with each FQHC

Requirement was to improve common metric

- % of sick visits for patients <18 with no previous 12-month well visit with a separate wcc converter code

Better Health Partnership

FQHC #1

One FM provider, one location (<2,000 pediatric patients)

- Staffing changes during QIP
  - Loss of CEO and pediatric provider

Abandoned PDSA

Better Health Partnership

FQHC #2

- Multiple locations, one pediatric NP (with support staff) and multiple FM providers (~5,000 pediatric patients)

Established weekly checklist to prepare for any children due for well-visits – nurse would call to ask family

Over 100 “conversions” – high rate of approval by family

Better Health Partnership

FQHC #3

Multiple practice locations, pediatricians, and FM providers (~6,000 pediatric patients)

Information prompted a fuller review of unique drivers

- Missed Opportunities
    - Sick visits when provider is not PCP
    - Among teens
    - High provider variability in converting

Better Health Partnership

Barriers to Convert

Pre-established Relationship

Large divide around providing well-child care to someone else's patient

When not your patient: 9/14 – would almost **never** convert

When your own patient 12 /14 – would almost **always** convert

For teens, the providers feel particularly pressured to give "non-crowded" time and defer to more long-standing trusted relationships

Better Health Partnership

FQHC #3 Intervention

1. Positive deviance “informal share”
2. Data-informed intervention (for patients “due” for WCC)
    1. Direct sick visits to PCP
    2. Build time into teen sick visits

PDSA cycle still in process of launch

Better Health Partnership

FQHC #4
Design Investigation

Multiple locations, one pediatrician and multiple FM providers (~2,500 pediatric patients)

Interviews with support staff uncovered variability in schedule coding

Better Health Partnership

FQHC Intervention

Phase 1: Create standardized scheduling protocol

Phase 2 (in process): Introduce “Opt-Out” WCC for patients due

Since launch of Phase 1 (1 month) = 15 additional WCC appointments added to sick visit

Better Health Partnership

Takeaways

Improving WCV rates

- Potential improvements exist in clinical-facing modifications

- Practice construction is key on which intervention is “right”

On Quality Improvement

- Bandwidth at FQHC as MCO contracts drive major attention

Better Health Partnership

Better Health Partnership

OHBCBS-CDCR-075604-24 January 2025