CIN Webinar — Right Care, Right Place: The North Vallejo Patient Access Partnership (11/16/2011)

Q&A Discussion

Q: What has been the feedback from patients themselves about the change in experience?
A: Our patients have expressed how much they appreciate seeing the same provider when they come to their appointments. In a recent survey 90% of our patients were happy with the care they received from the PCP and a significant number of new patients are referred to us by word of mouth.

Q: How was non-urgent/urgent defined?
A: We found that Level 1 or non-urgent definitions were somewhat organization specific, so we switched to "AER visits" or Avoidable ER visits as this provided a consistent definition for understanding ED-Clinic referral opportunity and trends. Thus in reviewing the ICD-9 codes, we found 170 that were potentially AER visits. The top 10 ICD-9 codes are: Acute URI; Acute Pharyngitis, Lumbago, Acute Bronchitis, Otitis Media, Backache NOS, Follow up exam, Issue Repeat RX, Conjuctivitis NOS, and Med exam NEC-Admin Purp. The first five are the most common.

Q: One of the reasons Medi-Cal beneficiaries say they go to EDs for their care is that it's a "one-stop shop" for primary and specialty care, including tests, radiology, and prescriptions. They are willing to put up with long waits for this convenience, access, and confidence in provider. Did you encounter this and, if so, how does La Clinica address these other needs in a way that customer will return to the clinic rather than to the ED next time they need treatment?
A: From the hospital perspective, we educate the patient on the medical home model with one provider following their care needs over time versus episodic care and different providers every time. In the end many of our patients come to the ED for convenience and they know they don't have a copay or share of cost. They know the hospital will not send them to collections if they don't pay the bill. Also since we have a provider in triage, for these patients, there is not a long wait. Thus it is really about educating the patient on the more appropriate place for care to save cost and for continuity of care.

Q: If patients have a comfortable relationship with the medical home provider, do those members stop visiting their assigned primary care provider?
A: Sometimes. Some patients are happy with the extended hours and find it more convenient to have access to medical care after regular business hours. We offer primary care in the evenings as well.

Q: Is the case manager for the ED Navigator a nurse or have a clinical background?
A: It will not be a nurse, as the purpose is to connect the patient to La Clinica and begin the Medi-Cal application process. The patient already will have been assessed by the triage nurse and completed a MSE. This would be more of a case worker position.

Q: Is the patient navigator a new position? If so how is it supported/paid for? Is it an employee of the clinic or the hospital?
A: It will be a new position. The hospital has not worked out the details with the clinic, but we expect it to be a clinic position with support from the hospital as needed.

Q: How many of these patient referral and follow up visits were seen each year by La Clinica?
A: In a six-month survey during 2009, SSMC referred 230 patients to La Clinica for follow-up appointments and 61 patients established care with La Clinica (27%). In October 2011, SSMC referred 42 patients to La Clinica and 30 patients established care (71%).