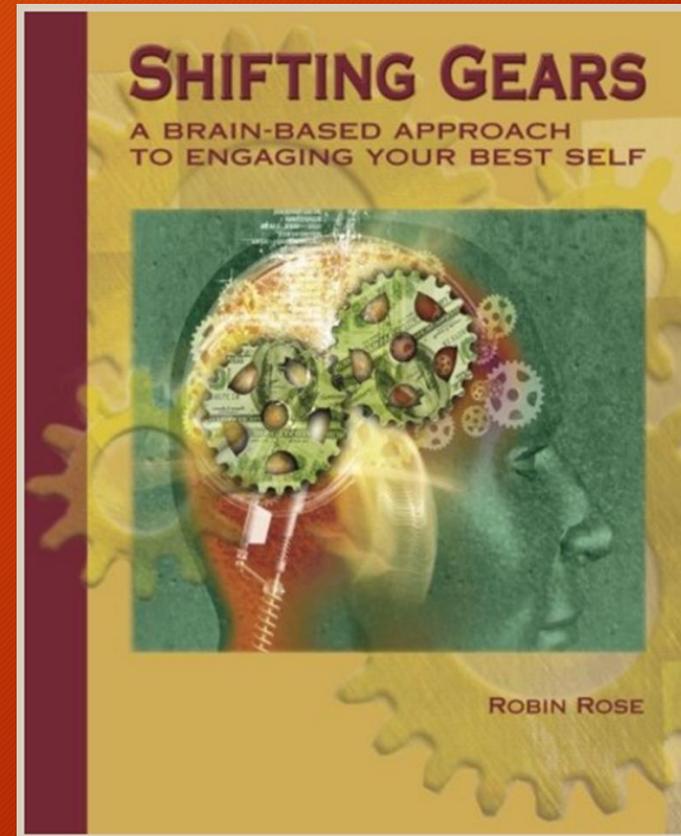


Assigned but Unengaged

Helping New Patients Access Primary Care

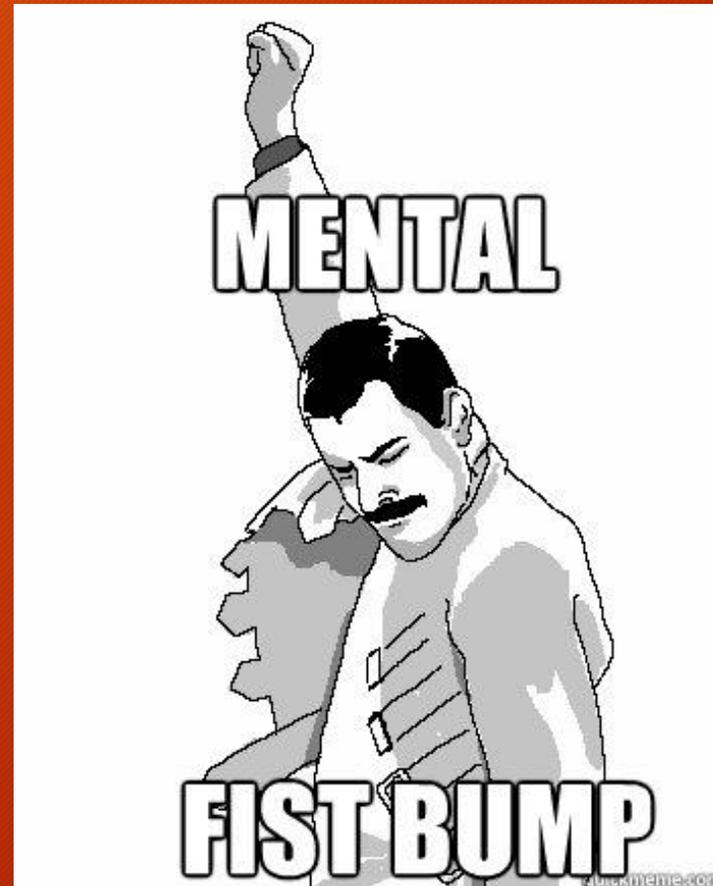
Let's shift gears!

- A Belly Breathing Strategy
 - Inhale for a count of 4
 - Hold for a count of 2
 - Exhale for a count of 6-8
 - Rest for a count of 2



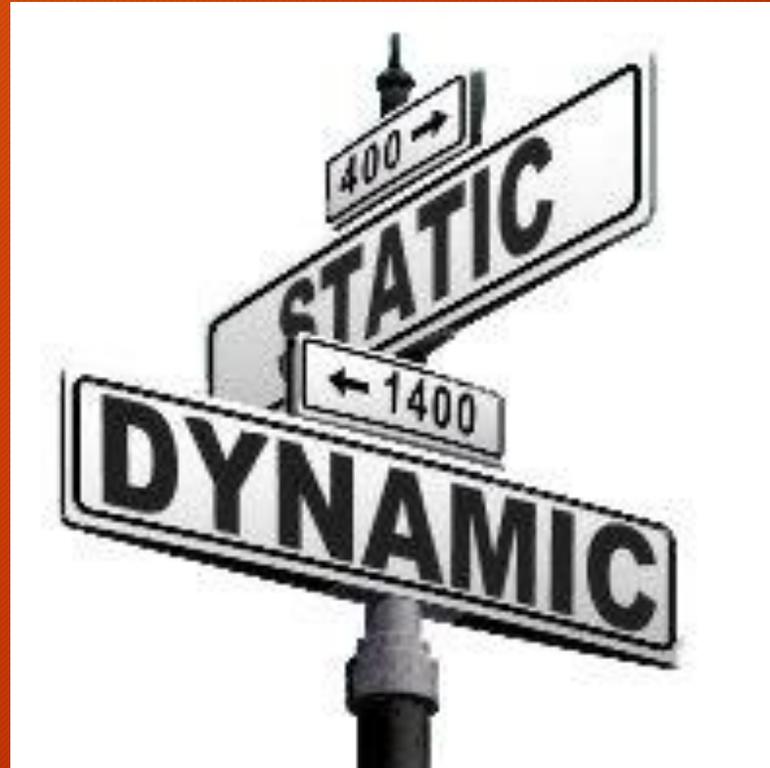
Take care of your personal needs

- Please stretch
- Restrooms
- OK to step away
- Please turn cell phones to vibrate



Our thesis:

- We need to shift our healthcare system from a static model to a dynamic model.



From static...

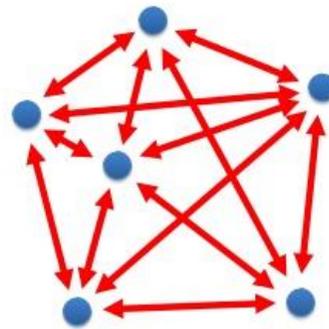
- Pros:
 - Centralized
 - Resource-rich
- Cons:
 - Assumes that sick people will come to us
 - “Service-resistant”
 - Difficult to access care
 - Compounds costs



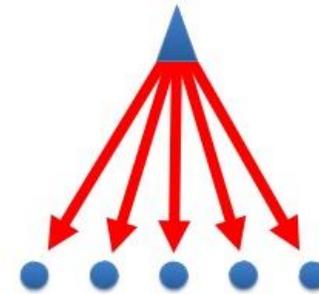
...to dynamic

- Shift people from using hospitals to engaging with patient-centered primary care medical homes.
- Look for ways we are already connected
- Distribute resources
- Mini-hubs
- Relational
- Innovative

Types of Social Structures



Decentralized
Peer-to-Peer



Centralized
Command & Control

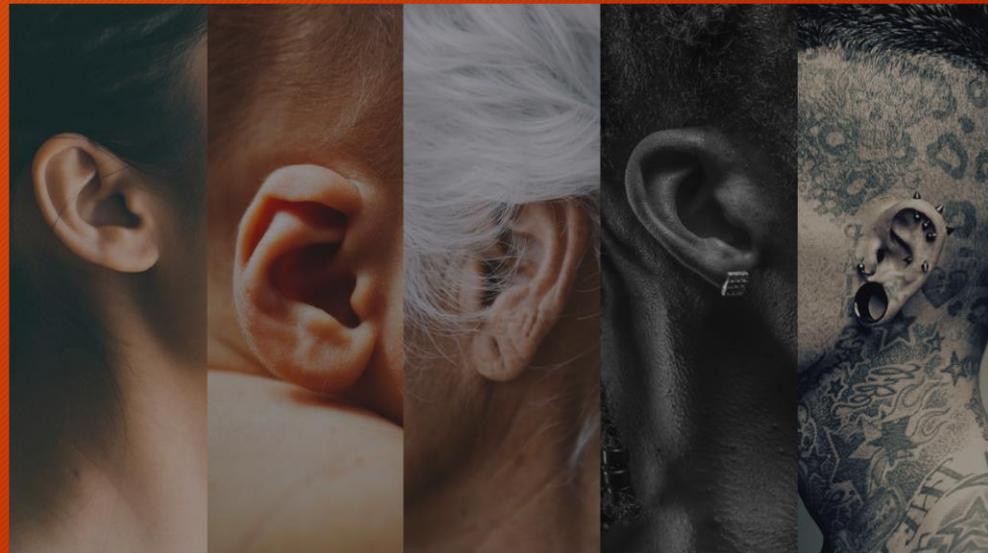
Elements of World Café ¹

- We already have within us the wisdom and creativity to confront even the most difficult challenges.
- The answers we need are available to us.
- We are Wiser Together than we are alone.



Listen...

- Listen for understanding
- Focus on what matters
- Listen together for...
 - Patterns
 - Insights
 - Deeper connections



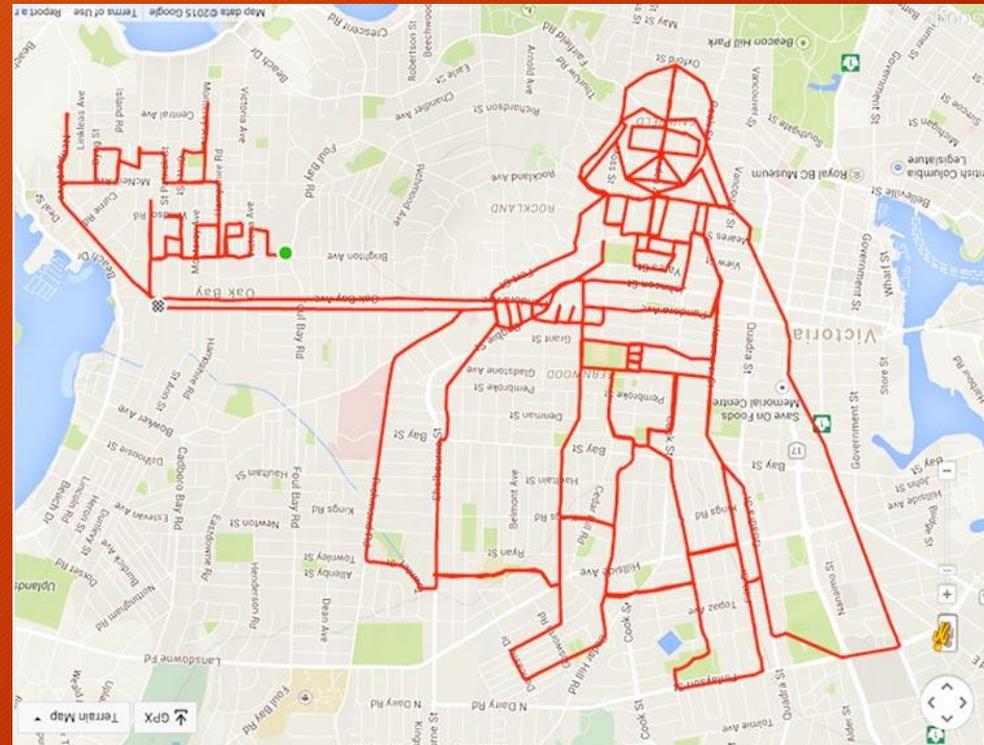
Speak...

- Contribute your thinking
- Speak with your mind and heart
- Facilitate your self and others



Build connections

- Link and connect ideas
- Play, draw, and doodle
- Have fun!



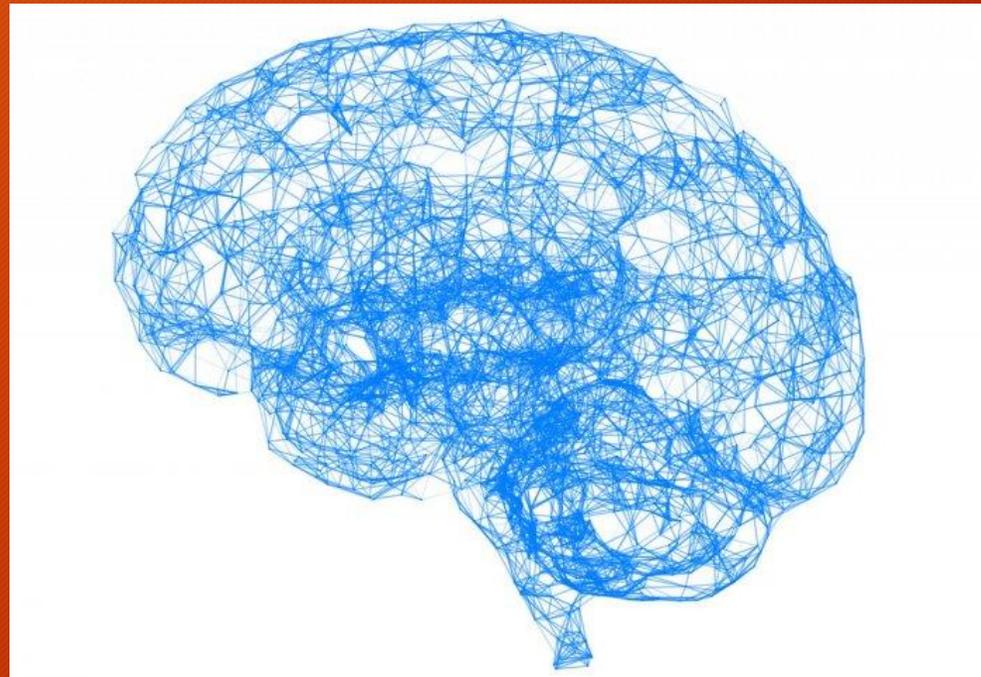
I'm a Table Host; what do I do?

- Remain at the table when others leave and welcome travelers from other tables for the next round of conversation.



I'm a Table Host; what do I do?

- Briefly share key insights from the prior conversation so others can link and build using ideas from their respective tables.



I'm a Table Host; what do I do?

- Gently & as appropriate, encourage people at your table to jot down key connections, ideas, discoveries, and deeper questions as they emerge.



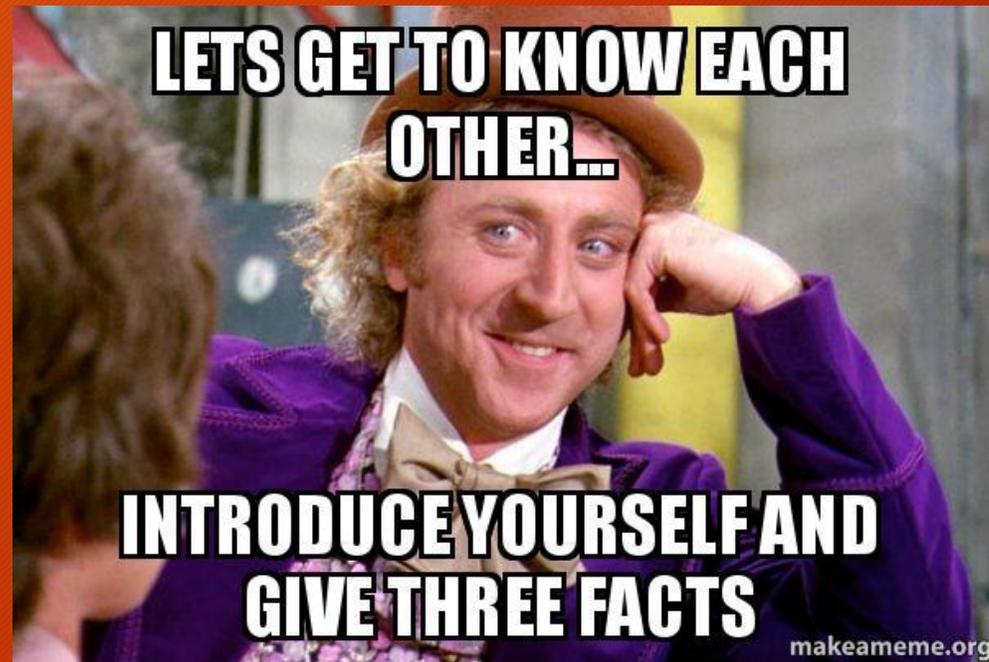


volunteer



Introduce yourselves!

- Name
- Role
- Organization
- Location



“People aren’t showing up for intake appointments.”

- In our health center, new patients don’t show up for an intake appointment about 30% of the time.



Who isn't making it into your health center?



Test your assumptions

- Review demographic data
- Social determinants of health

A silhouette of a person's head and shoulders is overlaid on a background of a data table. The person appears to be looking at the table. The table contains numerical data with various columns and rows, some of which are highlighted in yellow.

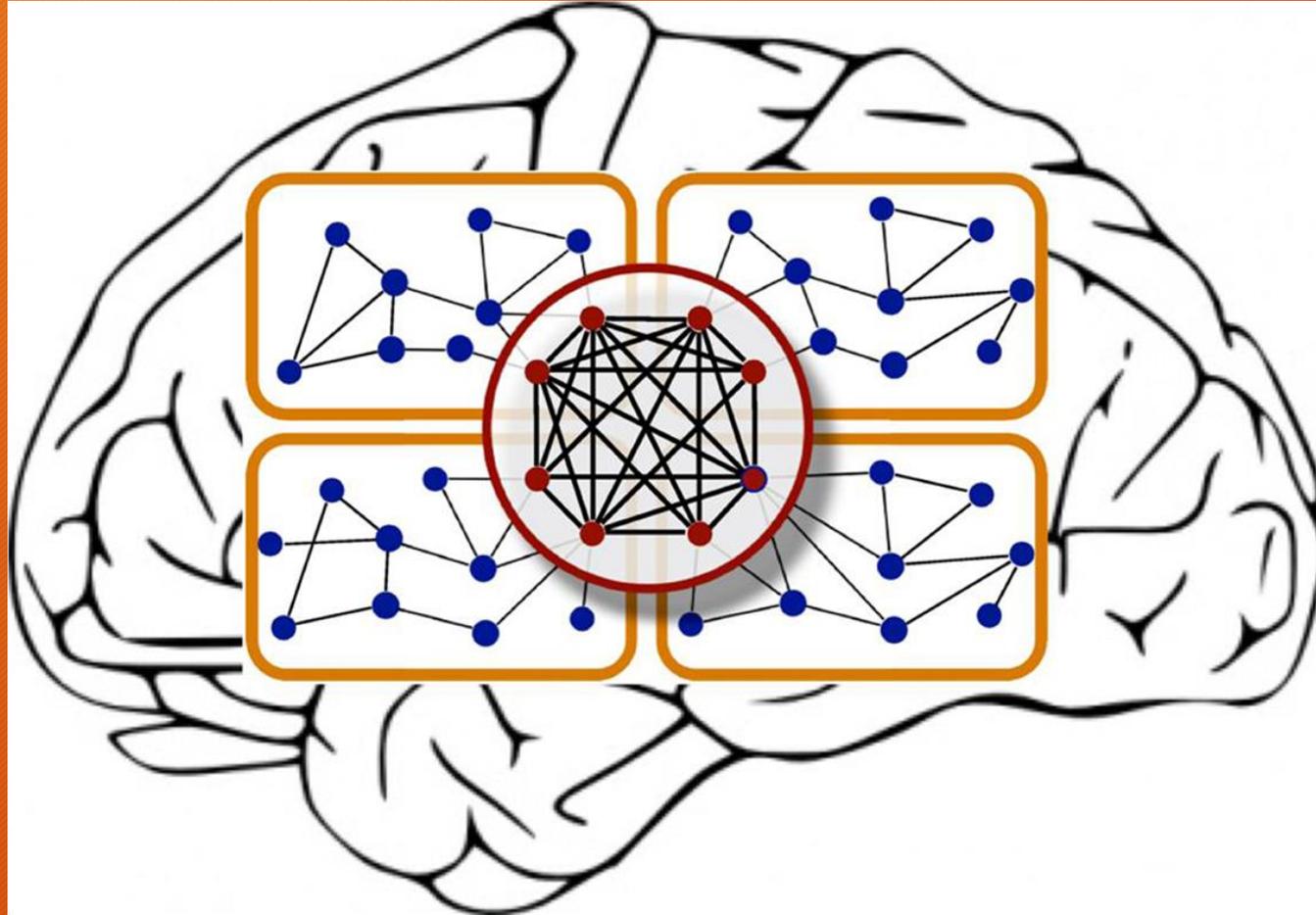
CA ●	81	50	59450	0,09	139,9	138,1
CA	81	50	6300	0,03	120,1	120,1
CA ▲	82	10	30520	0,11	720	719
CA ●	112	10	134560	0,16	211,5	208,5
CB	91	100	1800	0,01	54,9	54,1
CA	91	10	310	0,03	426	426
CA ■	84	50	1700	0,04	437	433
CA ■	122	5	31290	0,05	85	84,55
CA ▲	113	10	12200	0,06	900	900
CA	121	25	6975	0,09	1058	1041
CA ▲	104	25	13325	0,08	1152	1148
CA ■	5	5	10725	0,05	404,5	403,5
CA ▲	25	10	214	0,03	389,1	389,5
CA ▲	10	10	213		421	
CA	25	25	255		908	
CA	100	100	908			

Who are we already working with?

- We believe that since the ACA, patients that are *able to* enter our care have already done so.



What gets in the way of making it into your
health center?



Share across

- 1 or 2 key realizations
- Listen, don't repeat
- Twinkling



It takes too long to get in to see a doctor.

- On average, it takes 24 days to get in to see a primary care provider to establish care. ¹
- In mid-sized metropolitan areas (90,000 to 140,000 people), the average wait time for a new-patient appointment is 32 days.



Some front desk & intake staff see themselves as gatekeepers.

- Many of our systems are designed not to let “difficult” people through the front lobby.
- Some of CCC’s systems are based on how things were when Oregon Health Plan was defunded back in 2004.

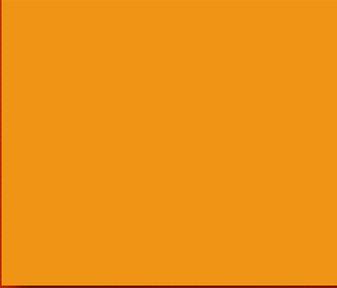
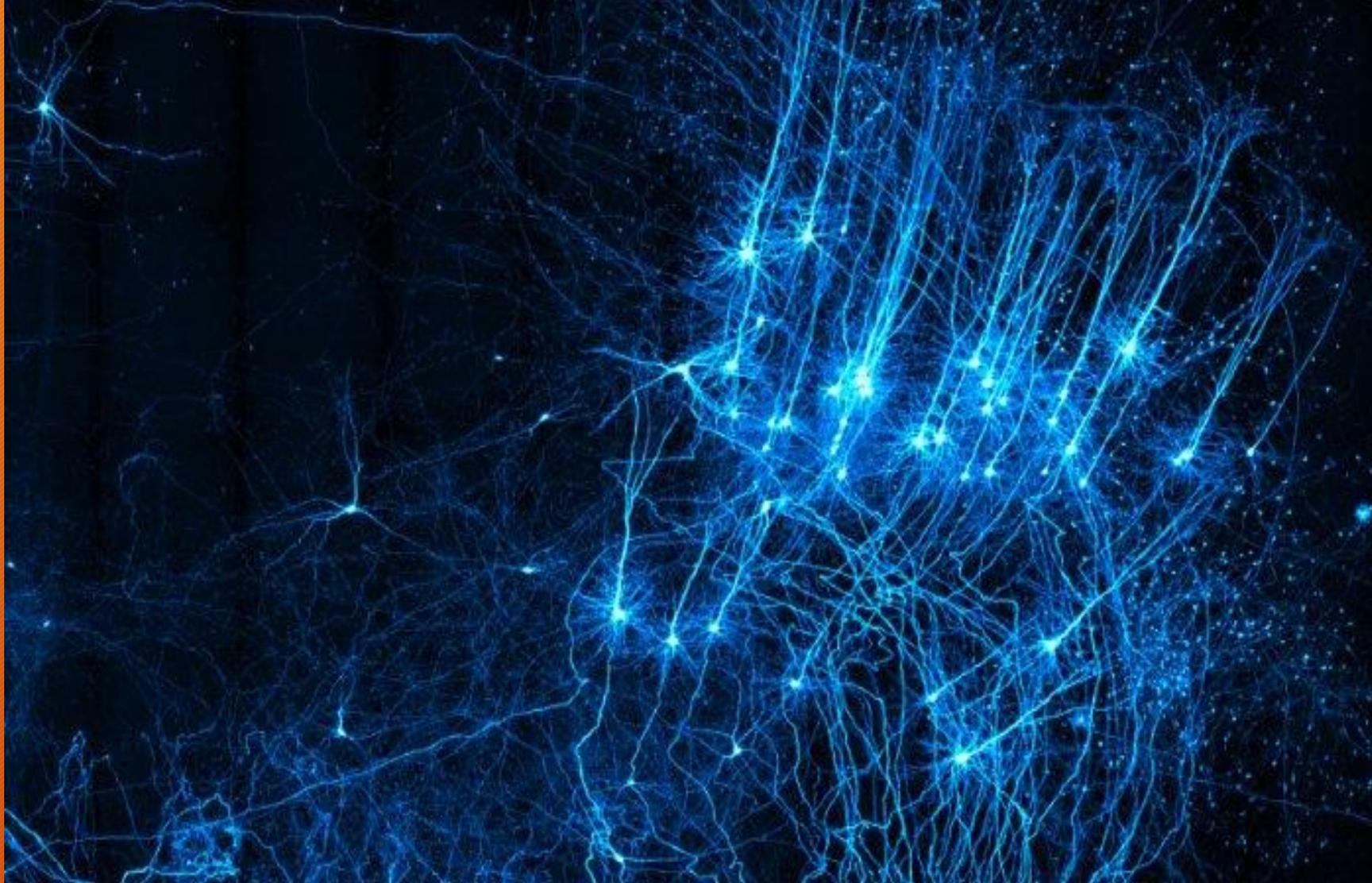




volunteer

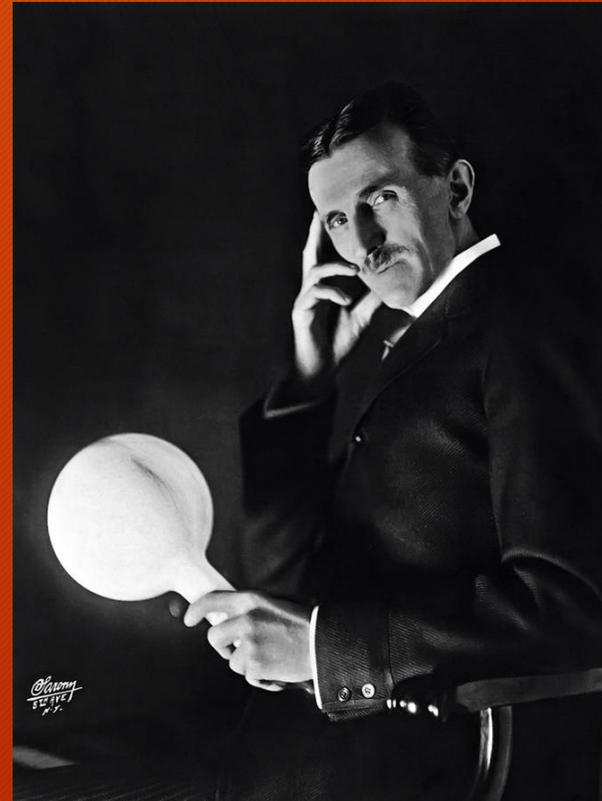


How do we get those things out of the way?



We created a new role—the Community Health Outreach Worker.

- Let's task someone with getting folks into our health center.
- How will they get people in?



Authentic hospitality

- Recruit outreach workers and other front-facing staff who are genuinely kind and friendly
- Train staff to understand that people have good reasons not to engage with healthcare



What if the doctor tells me there's something wrong with me?

- Motivational interviewing can help overcome fears
- Orient new patients to your services
- Tour the clinic
- Show the different services you offer
 - food pantry, tattoo removal, acupuncture, chiropractic, foot care, diabetes, MAT...
- Follow up after the first visit: How'd it go?



What if they have needs we can't accommodate?

- Connect to more robust services
- CareOregon Health Resiliency program
- Navigate to more immediate resource connection: Urgent Care, medications, etc.



Don't overprofessionalize

- Experiences of peers—
- Culturally competent
- Able to navigate complex systems
- How do we build this workforce?



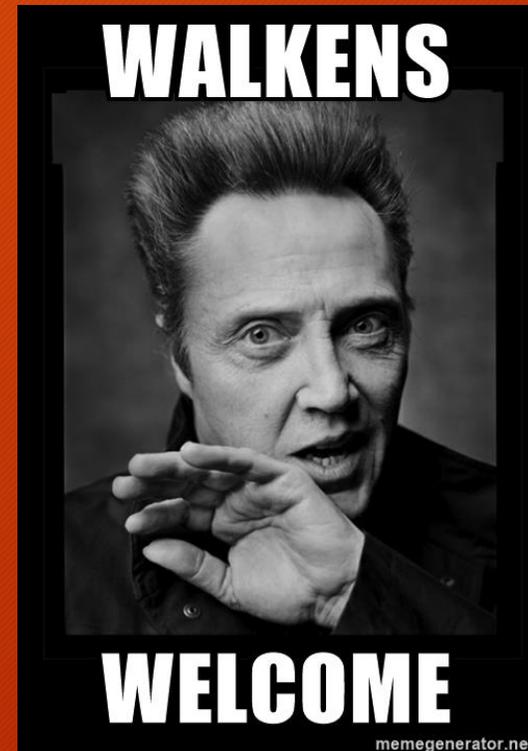
Make it convenient

- Credential Outreach Workers as ACA application assisters
- Are there parts of your intake process that can be handled remotely? ROIs, intake questions, scheduling first visits?
- Develop mobile capability for these processes
- Chromebooks that run your EHR and scheduling system are ESSENTIAL.



Organize your clinic to be welcoming

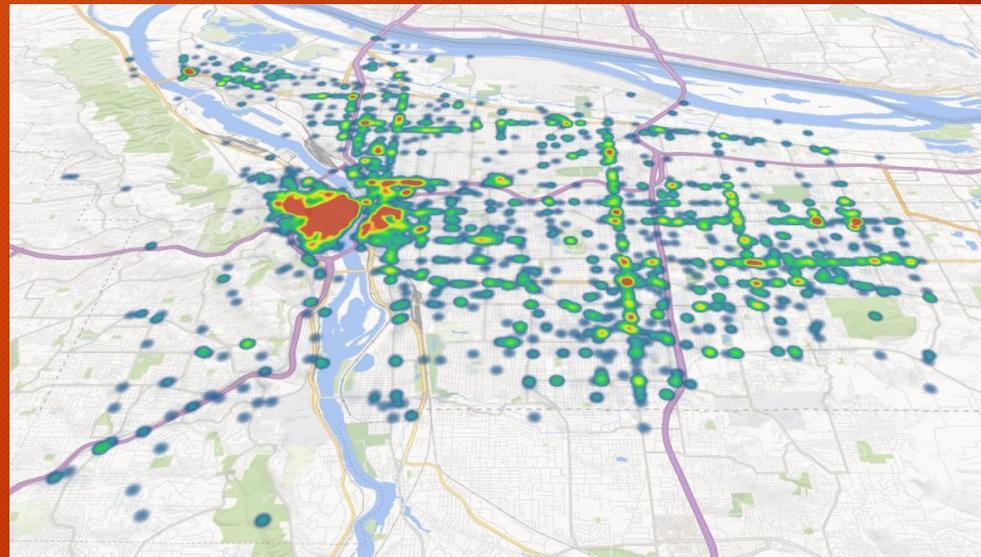
- All front desk staff do enrollment, explain services available (brochure & human contact)
- Community Health Workers integrated into care teams, huddling
- Enough new patient slots?
- Culturally-specific services?
- Languages



Where will you find the people you want to help?

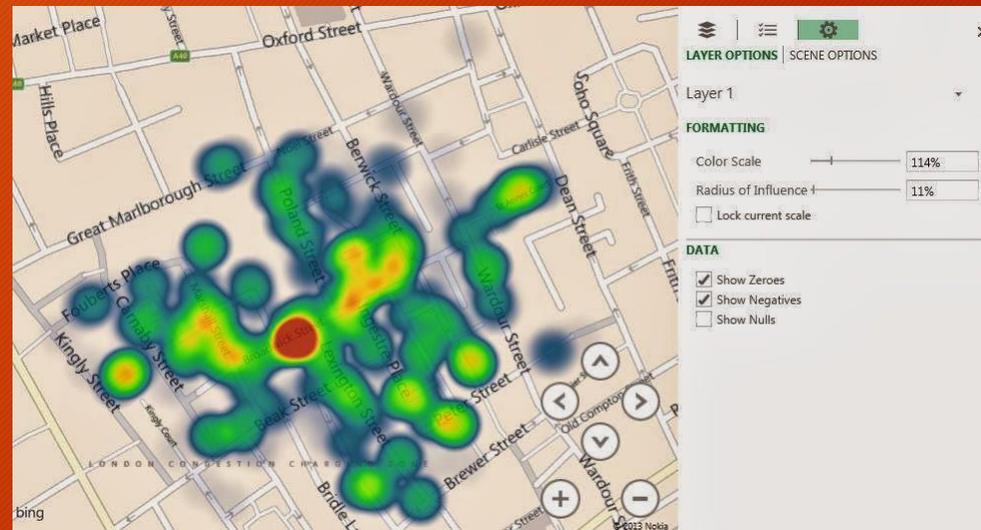
Heat map your population

- Map geographic areas of high concentrations of unestablished patients.
- Imagine barriers:
 - Transportation
 - Distractions
 - Able to reach a pharmacy?



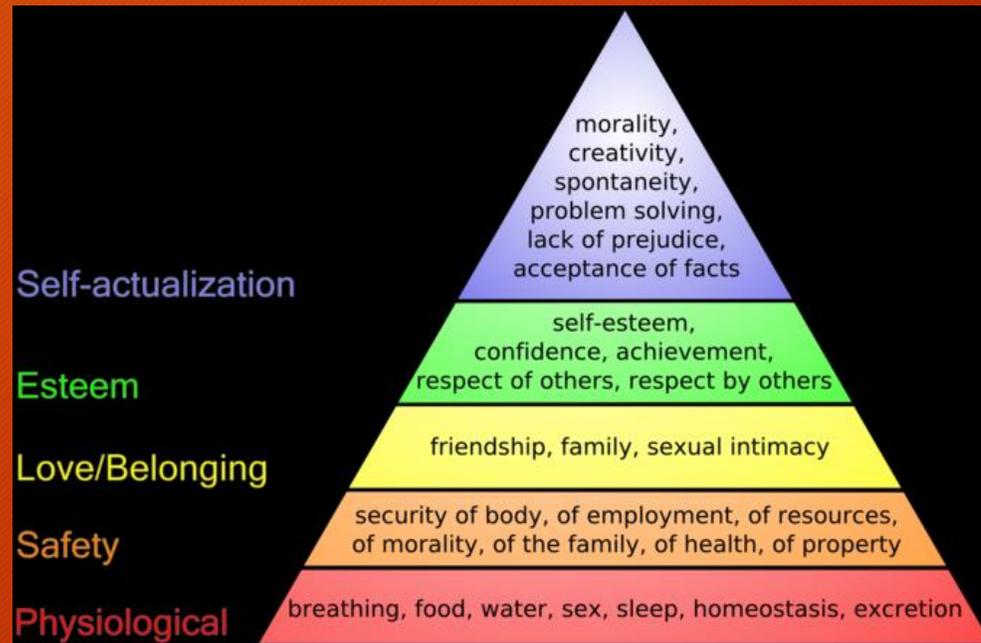
Power Table in Excel 2013 gives you heatmaps!

- Work with your IT or Quality departments to enable Power Table in Excel 2013.



Build community partnerships

- What are the social service organizations your patients are already connected to? Outreach to them!
- Think Maslow's Hierarchy: Shelter, food, community.
- Establish regular presence at places your population hangs out
- Referrals are key



Get connected to wider systems

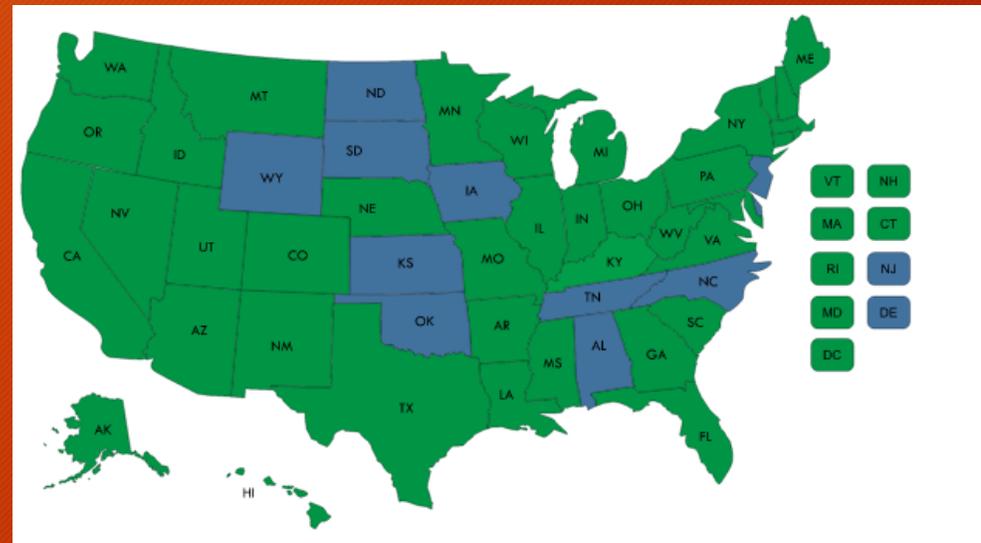
- Bad contact data for people experiencing homelessness
- Oregon started working with PreManage
- PreManage is a particularly useful tool to engage with people who have not engaged with Primary Care.
- Load the assigned list into PreManage, get an email if any of your people show up at an ED or hospital.
- List maintenance is essential



Who will pay for this?

National Academy for State Health Policy

- <http://www.nashp.org/state-community-health-worker-models/>



Value proposition: Payers

- Help payers achieve metrics
- Save money on hospitalizations
- Connect members to primary care
- We increased our engagement by 27% over 12 months.



Value proposition: Health center

- Get the most ill people into your health center, which is a great strategy to maintain funding level, if Trumpcare happens.



Where will we encounter, and how will we overcome resistance within our own organizations?

How do you manage resistance?

- Support services: IT, Legal, Risk & Compliance
- Front Desk & Intake staff
- Providers & Care Teams



Where do we concentrate our efforts?

- It's easier to build on existing relationships than start new ones
- Building authentic relationships with new patients will help keep folks in care
- Assess your capacity

