



## Case Study: Annual Wellness Visit Scheduling

**Client: Federally Qualified Health Center (FQHC)**

**Total Patient Count: 4,000**

**Traditional Medicare Patients: 1,100**

### PURPOSE

Provide documented detail regarding the effectiveness and efficiency of Management Central Health's Annual Wellness Visit (AWV) scheduling services implemented for client.

### INTRODUCTION/CHALLENGE

Client was unable to complete the desired level of scheduling Medicare beneficiaries for AWVs utilizing their own front-end staff.

The client is a rural, Federally Qualified Health Center (FQHC), and is required to schedule and perform AWVs with Medicare patients on-site. The client had exhausted their internal resources to schedule AWVs, through the first 3 quarters of 2023. As a result, the client was unable to schedule Medicare Beneficiaries for approximately 25% of their targeted population. They were also skeptical that engaging MCH to provide this service would have little success due to their actual patient demographic and the bi-lingual patient population.

### MCH PROCESS UTILIZED

- MCH utilizes Electronic Patient Engagement and MCH's patient outreach staff to schedule AWV's on site with Primary Care Physicians (PCPs).
- The patient base that has not completed an AWV is identified for the desired outreach.
- A client white labeled campaign is then initiated to the identified patient base.
- A message form is sent to patients via email/text. This messaging has been created and refined over time to ensure one of the highest effective response rates in the industry.
- The patient completes the form, and it is then submitted back to MCH identifying the patient's availability and willingness to schedule.
- The form allows for updates to the patient contact information.
- MCH patient outreach staff is utilized to contact the patient, and directly schedule a visit in the clients scheduling platform with the appropriate PCP based on availability.
- Patients who do not respond are sent to MCH's patient outreach staff for increased engagement.
- MCH is paid a fee for the campaign, supplied forms, and a performance-based fee for each successful scheduled AWV in the client's platform.

### IMPLEMENTATION

MCH's Annual Wellness Visit Scheduling services were contracted and implemented in the same month in order to begin scheduling towards the established goal.

- The client uploaded the demographic data set and sent to MCH via HIPAA secured server.
- The client specific white label branded email, text, forms and scripting communication were reviewed and approved by the client.
- An email and 1 SMS/text message were initiated and sent out to the patients at a methodical staggered pace based on the patient reach needed within the timeframe established,
  - The MCH campaign goal response rate through this patient engagement service was established at 35% for the email/text combination based on the population.
- MCH utilized their live patient outreach staff to follow up with patient if they have not responded to the email/text.
- Additional email and or texts were sent over 4-week period.
- MCH patient outreach staff's goal was to successfully schedule the patient with the applicable PCP based on availability.



**RESULTS**

- The first patient responses to the initial emails/text messages started to be received the same morning of implementation.
- The patient response rate for completing the electronic forms in first week of implementation was 37%, exceeding the established goal of 35% by 2%.
- The percentage of patient AWW scheduled completion experienced was as follows:
  - First attempt: 23%
  - Second attempt: 18.5%
- The outliers for unsuccessful scheduled AVS were as follows:
  - Soft no: .043%
  - Patient Refused: .056%
  - Patient was deceased: .012%
  - Patient not due for AWW following review: 11.7%
  - Patient care transferred outside of the client network: .073%
- 31% of available population was scheduled within 30 days of campaign launch.

**PATIENT USER EXPERIENCE (UX)**

- Patients perceived MCH’s patient outreach staff to be the client due to the white label branding approach utilized.
- There was zero incidence of negative customer experience impact.
- There was zero incidence of a beneficiary’s perception that a call was coming from a suspicious source due to the client white label branding approach utilized.

**ADDITIONAL BENEFITS TO CLIENT**

- MCH had credentialed access to the client’s EHR for scheduling purposes for MCH provided services. As a result, MCH identified specific populations of patients that needed to be followed-up on by the clinic and applicable PCP. This provided the organizational with a deeper dive of the process and identified potential training opportunities for staff where follow-up results are not satisfactory.

PCP / Location	COUNT PCP / Location	COUNT Booked	% Performed
A	55	11	20.00%
B	20	10	50.00%
C	73	28	38.36%
D	10	2	20.00%
E	46	3	6.52%
F	17	4	23.53%
G	16	5	31.25%
H	31	9	29.03%
I	58	21	36.21%
J	37	10	27.03%
K	12	7	58.33%
L	26	3	11.54%



### **ADDITIONAL BENEFITS TO CLIENT(Continued)**

- MCH Identified specific client location internal staff deficiencies including both front-end staff and physicians requiring additional education. This allowed for immediate, efficient, and effective coaching to correct this from happening throughout the organization. The specific areas identified where as follows:
  - Although limited, some internal front-end staff was not made aware that the program was initiated and in place by the client.
  - Front end-staff and or physicians communicated directly to beneficiaries that Annual Wellness Visits were not necessary. They were simply not aware that this was a measurement that required completion by their organization.

### **CONCLUSION**

MCH demonstrated a significant ability to effectively perform AWV scheduling for this client despite the patient demographic and the bi-lingual patient population challenges. 31% of the targeted available patient population was scheduled for their AWV within 30 days of the campaign launch.

#### **About Management Central Health**

Management Central Health (MCH) is focused on optimizing healthcare delivery compliance and revenue while alleviating the operational burdens for providers' and administrative staff through innovative turnkey solutions. This in turn enables providers to dedicate their focus to patients, creating a more rewarding and engaging experience for every individual involved in the delivery of healthcare. Management Central Health is Headquartered in Castle Rock, Colorado with additional locations in Atlanta, Austin, Denver, Los Angeles, Orlando, Phoenix and Washington, D.C.