

Case Study: Annual Wellness Scheduling Study

Client: Hospital Total Patient Count: 61,000 Patients Qualified for Program: 15,000 Patient Campaign Assigned: 3,000

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 433 bed not for profit teaching Hospital, and Regional Community Health System with locations throughout the Washington DC region. The client 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 20% of their 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 did not respond were 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 AWV 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 the first week of implementation was 39%, exceeding the established goal of 35% by 4%.
- The percentage of patient AWV scheduled completion experienced was as follows:
 - First attempt: 51%
 - Second attempt: 16.3%
 - Could not reach/invalid phone: 15.6%
 - Placed on hold: 14.6%
 - Missing in platform: 4%
- The outliers for unsuccessful scheduled AVS were as follows:
 - Already scheduled: 17%
 - o Soft no: 1.01%
 - Patient Refused: 17.51%
 - Placed on hold: 1.01%
 - Patient was deceased: .34%
 - Patient not due for AWV following review: 15.15%
 - Patient care transferred outside of the client network: 1.01%
 - Missing in Platform: .34%
- 46% of available population was scheduled within 45 days of campaign launch.
- Client experienced a 2% cancellation/no show rate of scheduled AWVs by the MCH engagement outreach. Prior to engaging MCH, the client experienced a 12% cancellation/no show rate demonstrating the success of the MCH outreach program.

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 .0006% incidence of a beneficiary's perception that the email/text was coming from a suspicious source due to the white labeling approach utilized.
- There was .003% incidence of a beneficiary's perception that the call was coming from a suspicious source due to the client white label branding utilized on the caller ID with the local area code.

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 the following improvement opportunities for the client:
 - System issues that had not been identified.
 - Physicians listed in the system that were no longer employed by the client.
 - Patients expired or transferred but still listed in the system.
 - A byproduct of MCH service identified client staff training opportunities by provider and location that had not previously been identified.



CONCLUSION

MCH demonstrated a significant ability to effectively perform AWV scheduling for this client. 46% of the targeted available patient population was scheduled for their AWV through the MCH campaign/services. Client turned over all AWV scheduling services to MCH in 2024.

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.

Management Central Health Case Study for Hospital - October 2022 and ongoing.