Contra Costa Health Plan Timely Access Summary Report 2015

CCHP recently submitted the annual report on adherence to California Department of Managed Health Care (DMHC) standards on Timely Access to Care. The submission followed DMHC’s prescribed format and included provider surveys, member surveys, an appointment availability survey (CPN only), an analysis of grievances, and other documents. This report will summarize the major documents included in the submission, plus additional access reports the Plan regularly reviews.

In the submission, CCHP reported that Contra Costa Regional Medical Center and Health Centers (CCRMC) displayed a pattern of non-compliance with the standards, but no incidents of substantial harm to members resulting from barriers to access have been identified. This determination was based on DMHC’s methodology and relies on the evidence below. No pattern of non-compliance was seen in the other networks. CCHP has been limited in its ability to assign members to the Community Providers Network and to Kaiser due to the requirement to assign 75% of Medi-Cal Expansion members to the County system, and due to contractual limits with Kaiser.

**Items Submitted to DMHC**

**Analysis of Grievances**: An analysis of clinical grievances regarding access concluded that there were no incidents of substantial harm to members resulting from the delays. This determination was based on the Medical Director’s summary of the grievance and assignment of a level of severity below 3.

**Provider Satisfaction Surveys:** In the provider survey, the Plan calculated the percent of respondents to each question indicating that they were “very satisfied” or “satisfied”. In the CCRMC/HC network, results ranged from 13% (primary care access and specialty care access) to 41% (ancillary/diagnostic). In CCRMC from 2013 to 2014, scores increased by 5 points on access to urgent care and declined by 3 to 20 points on the others. The results in the CPN network were 41 (urgent care) to 81 (specialty care) points higher than in the CCRMC/HC network. The CCRMC/HC providers appear to express concern for the ability of their patients to access care timely. The results indicate a pattern of non-compliance across the timely access standards in the CCRMC/HC network, according to the methodology filed with DMHC.

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| % satisfied/very satisfied | CPN | | CCRMC | |  |
|  | 2013 | 2014 | 2013 | 2014 | Goal |
| Referral/PA | 67 | 81 | 42 | 31 | >50% |
| Urgent Care | 96 | 94 | 35 | 41 | >50% |
| Non-Urgent Primary Care | 80 | 81 | 16 | 13 | >50% |
| After-hours Care | N/A | 75 | N/A | 34 | >50% |
| Non-Urgent Specialty | 63 | 94 | 23 | 13 | >50% |
| Non-Urgent Ancillary, Diagnostic | 96 | 88 | 61 | 41 | >50% |

**Member Satisfaction Surveys:** CCRMC network members’ responses to the four CAHPS timely access questions asked were “usually” or “always” between 40% and 61% of the time. Two questions did not meet our goal of at least 50% of respondents answering positively: access to specialists and to after hours care. Most scores declined modestly from 2013. There was one large improvement of 19 points to the question “In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?”, which is encouraging .

In CPN, the percentage of positive responses was in the 50s to 80s, and at Kaiser responses were in the 70s and 80s, meeting goal on all questions for Kaiser and CPN. There were modest increased across the scores for CPN. Kaiser saw modest declines, except in “In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?”. That score increased in all networks by a total of 21 points.

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| **Member Satisfaction with Access** | CCRMC | | CPN | | Kaiser | |
|  | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed? | 68.0% | 57.1% | 79.4% | 86.4% | 82.1% | 75.0% |
| In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed? | 57.5% | 51.0% | 70.6% | 79.5% | 82.1% | 76.9% |
| In the last 12 months, how often was it easy to get appointments with specialists? | 50.0% | 42.1% | 57.6% | 65.9% | 74.4% | 72.3% |
| In the last 12 months, how often was it easy to get care after your doctor's office or clinic closes? | N/A | 40.2% | N/A | 51.2% | N/A | 71.4% |
| In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? | 48.1% | 67.0% | 68.8% | 75.0% | 61.5% | 89.8% |

**Appointment Availability Survey**: Each group in the Community Provider Network (primary, specialty, mental health and ancillary) was contacted by a vendor hired through ICE and asked whether each provider had appointments currently available in certain scenarios within the requirements of the Timely Access standards. The score is determined by the percentage of providers in the group who have appointments available within standards. Scores were mostly good, with access to non-urgent primary care averaging in the 90s and specialty care in the 80s. This year’s methodology involved asking for the date and time of the next appointment. This produced much more accurate data than previous years’ when offices were asked “do you have an appointment available within x days”. Under that methodology, all groups had reported 100% compliance. Due to methodological changes from DMHC, next year CCRMC will be included in this survey. Rates will be calculated by Health Center.

**Other Reports Reviewed**

**Office and Telephone Wait Time:** We survey Community Provider offices on how long members can expect to wait for their call to be answered, for calls to be returned, and how long they wait in the office for their appointment.

Primary care providers all reported having a telephone wait time of less than 15 minutes. This is up from 98% in 2013 and 89% in 2012. Fewer offices (59%, down from 75%) said that they return calls the same day, but none reported taking more than 48 hours.

In office wait times were within 15 minutes at 78% of practices (down from 83%). No one reported waits beyond 30 minutes. Note that these data are self-reported.

**Telephone Wait Time at CCHP:** We track wait times for calls to Member Services and Advice Nurse. In the Advice Nurse Unit in 2014, 68% of calls were answered within the goal of 60 seconds, down from 73%. The abandonment rate remained steady at 8% (goal 5%).

In Member Services in 2014 the average wait time increased from 153 to 225 seconds. 30% of calls were answered within 30 seconds, down from 44%. The abandonment rate increased from 13% to 16%. These departments have not been able to staff up as quickly as our enrollment has grown.

**Kaiser Delegation Audit**: At the annual audit, we found that Kaiser had in place all necessary policies and procedures in place and were measuring access to care in accordance with the statutes. Kaiser has stated that they provide us with their entire Timely Access submission, but so far, no one at CCHP has seen it.

**Conclusions:** Members do not appear to have major problems getting timely access to care at Kaiser or CPN. Receiving care at CCRMC can present difficulties, especially specialty and after hours care. CCRMC members and providers have expressed frustration with this situation through surveys, grievances, and other means. These difficulties stem mostly from the increased demand placed on the system by continued increase in number of County residents securing coverage through the Affordable Care Act. CCHP is required to assign 75% of Medi-Cal Expansion members to the County system, which limits our ability to direct large numbers of members to the other networks.

**Actions Completed:** CCRMC has been working on many fronts to improve access. CCRMC opened several new Health Centers in 2012 through 2014, greatly increasing capacity for serving patients. Construction of additional Health Centers is continuing. CCRMC gained a net of 22 PCPs in 2014.

CCRMC has added clinics for afterhours and Saturdays, providing additional slots at convenient times.

Options other than face to face appointments are available, such as the Telephone Consultation Clinic. For appropriate situations, members who call the Advice Nurse Unit are provided with physician consultation over the phone. Three quarters of the callers end up having their needs met without an in person appointment and more than 98% of those using this service are satisfied. This service has expanded to seven days a week and increased the number of hours a physician is available. Also, CCRMC members will soon be able to book telephone appointments with their PCP. They can now email their PCP.

Lately, the large amount of work that has gone into ambulatory care redesign is starting to pay off in a big way. CCRMC has developed a bundle of practices that have greatly improved access and reduced member frustration. (For details see: Ambulatory Care Redesign Update for Joint Conference Committee: Transforming Patient Access, March 17, 2015, included in QC packet). In the two clinics where the bundle has been implemented, members are now able to get a routine appointment with their PCP in less than week. Concord Health Centers went live with the bundle on April 20. Rollout to all Health Centers is scheduled to be complete in January 2016.

CCHP has taken steps to mitigate the access problems at CCRMC/HC. We have recruited additional Community Providers. Existing members are welcome to move to this network, and we sometimes suggest this when members express difficulty with access. Additionally, when our members in the CCRMC network seek care in impacted specialties, we refer them out to Community Providers, while allowing them to keep their CCRMC PCP if desired. We have also contracted with additional Urgent Care providers, to which our Advice Nurses can authorize visits when appropriate for those who cannot receive timely urgent care from CCRMC/HC. Advice Nurses can also book short notice appointments for members meeting clinical criteria.

CCHP Case Managers have been given the ability to book appointments for certain types of needs, such as overdue well child visits.

**Follow-up Action Plan:**

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| What | CCHP Staff Assigned | By when |
| Continue to work with CCRMC on Lean and other efforts to improve access. | QM Director, Advice Unit Manager, CEO, Medical Director, others as appropriate | Ongoing |
| Continue to streamline member processes to receive care. | Medical Director, UM, others as appropriate. | Ongoing |
| Reduce waiting times for Member Services and Advice Nurse Unit. | Managers of Member Services and ANU. | Ongoing |
| Clean up referral wait lists and expedite care for those who need it. | UM Director | Ongoing |
| Continue CPN recruitment. | Provider Relations | Ongoing |
| Continue to evaluate ccLink reports as they become available and to advocate for useful reports. | Quality Director | Ongoing |
| Develop and implement plan to assist CCRMC with recruitment of providers. | CCHP Executive Council | January 2016 |
| Add member survey question for behavioral health. | Quality Director | August 2015 |
| Develop and implement new interventions to improve access. | Clinical Leadership, QC, Quality Director | July 2015 |

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| ACCESS STANDARDS | |
| ACCESS TOPIC | STANDARD |
| URGENT CARE APPOINTMENTS FOR SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION | 48 hours |
| URGENT CARE APPOINTMENTS FOR SERVICES THAT REQUIRE PRIOR AUTHORIZATION | 96 hours |
| NON URGENT CARE APPOINTMENTS FOR PRIMARY CARE | 10 business days |
| NON URGENT CARE APPOINTMENTS FOR SPECIALIST CARE | 15 business days |
| NON URGENT APPOINTMENTS FOR ANCILLARY SERVICES FOR THE DIAGNOSIS OR TREATMENT OF INJURY, ILLNESS, OR OTHER HEALTH CONDITION. | 15 business days |
| EMERGENCY CARE | Immediate |
| FIRST PRENATAL VISIT | Within 2 calendar weeks of request |
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| MENTAL HEALTH (NON-PHYSICIAN PROVIDER)- ROUTINE NON-URGENT | 10 business days |
| MENTAL HEALTH- URGENT | 48 hours |
| MENTAL HEALTH- EMERGENCY | Immediate |
| FOLLOW UP ON MISSED APPOINTMENTS | Providers are expected to review all members that do not show up for scheduled appointments and to identify those requiring follow-up, based on their medical condition. |
| TELEPHONE WAIT TIME | 30 minutes. |
| WAITING TIME IN PROVIDER OFFICE | The amount of time a member waits in a provider office and exam room must be reasonable according to the urgency of the individual’s condition. In most cases, it is reasonable for a member to wait 45 minutes or less from the scheduled appointment time until the provider enters the exam room. |
| INITIAL HEALTH ASSESSMENT (Medi-Cal only) | Under 18 months: Within 60 calendar days of enrollment |
| 18 months and older: Within 120 calendar days of enrollment |

Note: an evaluation of access to Behavioral Health services is also being presented to the QC.