COVID-19: Proactive High Risk Patient Outreach

How Johns Hopkins HealthCare identified high-risk patients for outreach, using the ACG® System

Health plans have experienced an unprecedented need to identify patients most at-risk and vulnerable to complications from COVID-19, take action to manage underlying chronic disease during the outbreak, and assist with social and medical needs. At Johns Hopkins HealthCare (JHHC), the managed care division of Johns Hopkins Medicine, deep concern about the disease and potential complications in the elderly population led them to develop a rapid outreach initiative to support their 25,000 Medicare Advantage (MA) plan members at a time of crisis.

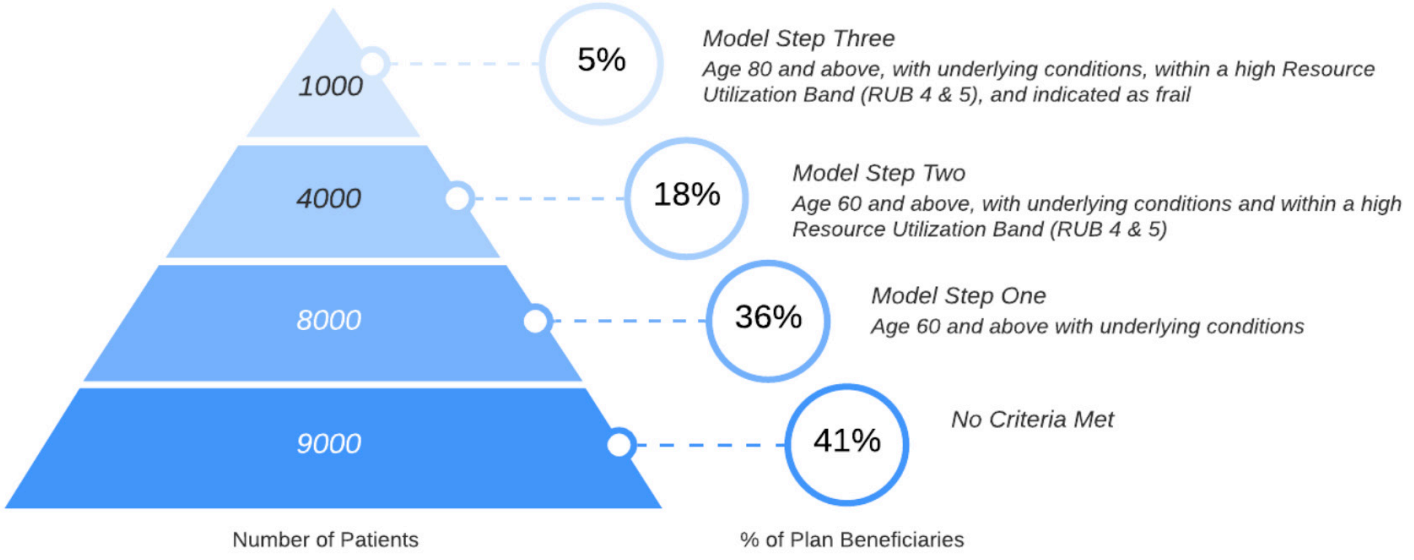
"As a clinician, I am very worried about Medicare-aged patients during this epidemic. Our patients are being challenged in a number of ways – continuing to access health care for their regular health needs, accessing transportation to pharmacies and grocery stores, having their regular schedules and helpers disrupted, and in some cases being separated from their families. We want to be as proactive as possible to offer support services and keep everyone safe."

- Damien Doyle, MD/CMD/FAAFP Geriatrician & JHHC Medicare Advantage plan Medical Director

THE CHALLENGE

Using the Johns Hopkins ACG System population health analytics software, JHHC quantified the number of patients within the MA population who were at-risk due to a combination of age and underlying comorbidities. Using the Centers for Disease Control and Prevention (CDC) defined risk criteria to inform the ACG System analysis, JHHC found that 60% of the MA population have at least one age or underlying condition factor contributing to increased risk of severe illness. To ensure the highest risk members were prioritized for outreach and support, JHHC's medical directors and the analytic team stratified the population to those with both age and disease-driven factors. A third level of refinement identified the 5% of the population over age 80 who have trouble leaving the house or caring for themselves, need dialysis, or are in ongoing cancer care.

The ACG System was used to identify those at higher risk.



INTERVENTION PLANNING & DEPLOYMENT

JHHC's leadership team deployed outreach efforts to contact all high-risk Medicare Advantage patients. They provided enhanced care management support, and information on how to stay safe during the outbreak and effectively manage chronic conditions. Using the ACG System risk stratification and markers, JHHC's Population Health Analytic team rapidly produced patient outreach lists and a high-level summary of underlying disease conditions and historic utilization. Existing team members – care managers, care management coordinators, and community health workers – were redeployed to contact prioritized patients. Topics covered on these outreach calls included patient-specific support for managing chronic conditions, enhanced availability of medication refills, telemedicine, and Primary Care Provider (PCP) services. COVID-19-specific information was provided to ensure patients knew how to monitor for symptoms, gain access to local support services, and understood how to stay safe at home.

> *"We had to collaborate across the board to get this implemented quickly. We worked with the providers and health centers, got telemedicine in place, and ensured a call-in number for members with follow up questions to reach a nurse. It was all hands on deck. "*
>
> – Sonia Munn, Director, Care Management

While developing the intervention, the clinical team initiated a number of technical readiness activities to support their outreach, which included the following steps:

- Key provider groups were contacted to coordinate messaging & ensure access to primary care services via telemedicine.
- A pathway was established for patients without a designated PCP to be able to access telemedicine services.
- The Electronic Medical Records (EMR) team built an assessment to capture responses and allow care managers to track and follow-up on patient-specific concerns.
- Clinical staff documented interactions and followed pre-existing care management workflows for concerns that were raised.
- Team members were assigned an average of 100 patients per day, working through the list in order of priority based on risk level.

> *"Our physician community is under a lot of stress and we wanted to help them, not create more confusion. Their flexibility in offering telemedicine services allows our membership a vital pipeline to primary care during a challenging time"*
>
> – Dr. Damien Doyle

RESULTS

Throughout the course of this effort, the Hopkins team reached out to over 4,500 Medicare Advantage members, with an overwhelmingly positive response. Clinical resources began with the 5% most vulnerable and subsequently to those with chronic disease risk factors. The Clinical outreach team – primarily nurses, social workers and community health workers - contacted 2,600 members, successfully engaging with over 80% of those targeted. An additional 1,900 plan members with fewer risk factors were outreached by non-clinical staff redeployed from the STARS team.

Of all outreached members, 52% participated in a complete discussion to identify barriers to accessing physician care, medication refills, and other ongoing medical needs. Plan-level changes to support medication access were positively received, with a number of plan members reporting a reduced number of trips to the pharmacy.

The primary disease-related concerns identified by care managers related to patients with diabetes requiring continued access to care. 24% of MA plan members are diagnosed with diabetes – including over 4,000 with Type 2 diabetes with complications. These plan members and their care managers expressed concern about ongoing access to medications, physician offices, lab services and informational programs on stress relief and anxiety. To address this need, the Care Management leadership designed a secondary, short-term care management intervention to support MA plan members throughout the pandemic.

Across the population, care managers identified substantial interest in telemedicine as a new way of working with their physicians. Regardless of age, most plan members had access to mobile technology that could facilitate a telemedicine visit. Plan member engagement in telemedicine at Hopkins primary care physician sites increased from less than 10 visits per month pre-COVID to over 3000 visits per month in April and May. 99% of telemedicine encounters were synchronous, with only 1% for remote patient monitoring or asynchronous visits.

"We found that our plan members have stayed exceptionally up to date with guidance from the CDC and Maryland's health department. They are informed and knowledgeable about risks and how to stay safe. We are happy to have been able to offer them additional support such as help tele-visiting with their physicians and keeping vital appointments. We remain committed to supporting our plan members during this challenging time."

– Dr. Damien Doyle

CONCLUSION

This intervention met plan goals by successfully contacting the 20% most at-risk individuals in a short time period. ACG System markers were deployed to stratify the population, understand underlying risk factors, and facilitate outreach workflows. With limited time and an emerging pandemic, clinical leadership solved a complex challenge using available staff and tools.

ABOUT THE JOHNS HOPKINS ACG SYSTEM:

The ACG system is a flexible, transparent set of tools developed and validated by scientists and clinicians at the Johns Hopkins Bloomberg School of Public Health. The ACG System is used by Medicare, Medicaid and commercial health plans in the U.S.; health care providers; and technology companies. Customers use the ACG System to segment their patient populations and to process their organization's existing medical, pharmacy and lab data to generate clinical risk markers and predictive models at the population and patient level. The ACG System provides health care analytics teams with the insights they need to inform rapid decisions about patient care, resource planning and service design.

To learn more about the ACG System, or if you are a customer needing further guidance on using the ACG System for risk stratification, please contact acginfo@jh.edu