

Project Title: Reducing UC/ED use in HealthVine patients: Understanding access needs and educating families on care options

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Background: Cincinnati Children's is the accountable care organization for >135,000 youth covered by Medicaid in Southwest Ohio. Optimizing care for these patients includes understanding how they access care. As part of this, use of Emergency Services (Emergency Department (ED) and Urgent Care (UC) is being evaluated. For example, in the past 6 months, the program had 1500 'Rising UC Utilizers', meaning a patient who has had 3 or more UC visits in that time. Cost (co-pay and total cost) and wait times for families who access the ED and UC for non-emergent needs, often significantly increased after the COVID pandemic, is a problem, as is the cost for HealthVine in managing program cost. The COVID pandemic accelerated development of alternative-access in-person and telehealth niche programs (e.g. CincyKids Connect, Tytocare units) to serve families better; however, this has not led to decreased cost of care or UC/ED visits for these patients. Lack of knowledge on what communities with high UC/ED use want or need to help them access care quickly outside of Emergency Services is needed.

Project goals: 1) Understand the concerns of HealthVine families using UC/ED services instead of telehealth or outpatient services. 2) Create an action plan to alleviate concerns and promote care models that meet patient needs.

Approach: The Division of Sports Medicine partners with North College Hill (NCH) for sports medicine and has researched their student-athlete population. This community has a high number of HealthVine patients. Using focus groups, we will engage with a HealthVine community of patients in the NCH zip codes, with a sub-group focus of chronic/high health care users. Using questions in Patient Family Experience measures, a recent RCIC project investigating medical device use through CincyKids Connect, and discussion with Community Health Workers, we will inquire about access to care at Cincinnati Children's and satisfaction as currently structured. We will inquire about their ideal care access and reasons for ED/UC visits; dream-casting from the community is needed. We will inquire about attitude regarding telehealth and telehealth tools and what is needed to be comfortable using this. Using common themes, we will form proposed care model interventions that address patient needs.

Outcomes: 1) Holding community conversations with ≥ 6 HealthVine communities over 1 year. 2) Process outcomes: Scalable process of engagement for community listening, communication plan to be distributed across silos of care, and meetings with access/strategy team to brainstorm learning action items and implementation. 3) Data that says 'this is how we reach these families'; what HealthVine patient education is likely to be effective.

Discussion: Results of the project will be used to design access projects to better meet this population's access needs and to address areas that could lead to cost savings for patients and the program. For example, in our recent research, we found that NCH athletes treated in the ED for ankle injuries were charged ~\$1300 more than being seen in an outpatient sports medicine clinic for the same injury.

Summary: This project's outcomes can benefit patients by decreasing cost and time burden, increasing satisfaction, and improving outcomes. The institution benefits by knowledge on how to keep patients out of the ED/UC, decreasing cost of the HealthVine program, showing effective care management, and using outcomes to enlarge the covered population.