CPCPracticeSpotlight66

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Co-located Primary and Urgent Care Helps Reduce ED Use

Colorado Springs Health Partners–Roundhouse, Colorado Springs, Colorado; multi-specialty (9 CPC sites); 4 providers; 4,520 patients

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CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.1: Access and Continuity

CPC Change Driver 2: Use of Enhanced Accountable Payment

- 2.2: Analytic Capability

CPC Change Driver 3: Continuous Improvement Driven by Data

- 3.1: Internal Measurement and Review

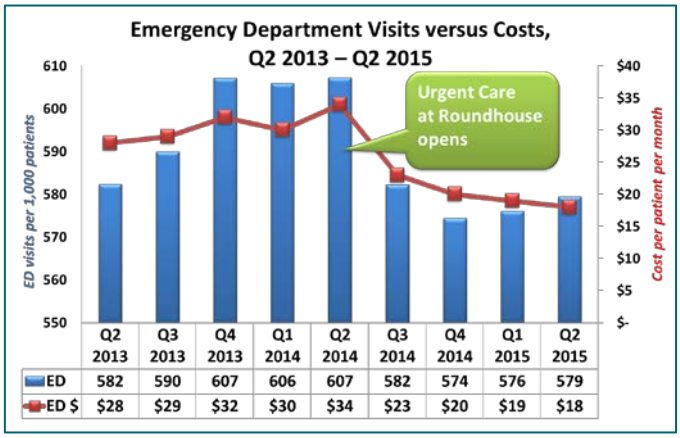
For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: In Q2 2014**, Colorado Springs Health Partners** (CSHP) opened CSHP–Roundhouse, a co-located urgent care (UC) and primary care office, in an effort to address rising emergency department (ED) visits among its patients. While the primary care side keeps traditional office hours, the UC side is open Monday through Friday, 8 a.m. to 8 p.m. and Saturdays, 9 a.m. to 5 p.m., and Sundays, 9 a.m. to 3 p.m.

***How they identified the problem*—**While monitoring several data sources in early 2013, CSHP leadership spotted an unwelcome trend. The CPC quarterly feedback reports, payer data and CSHP in-house research all revealed ED use continued to increase at CSHP CPC practices despite CSHP's efforts to tamp down unnecessary or preventable ED visits (for example, 24/7 call center access, patient education and nurse follow-up for high-risk patients and offering same-day visits with an easy online check-in system).

Digging into other CSHP market data, a potential cause for the trend emerged: Patients could easily walk into any of Colorado Springs' new stand-alone UC sites during evenings and weekends when their primary care office was closed. Further insight was gathered from patients' anecdotal feedback in follow-up calls. Some patients perceived urgent care as an after-hours primary care, and yet other patients went to the ED when UC would have been more appropriate, quicker and, in many cases, less costly overall.

Concurrently, overcrowding at other primary sites was prompting CSHP to scope new locations for expansion.



	Q2 2013	Q3 2013	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015
ED	582	590	607	606	607	582	574	576	579
ED $	$28	$29	$32	$30	$34	$23	$20	$19	$18

When CSHP opened its urgent care and primary care co-located site at Roundhouse, ED visits among its patient populations dropped sharply. When comparing Q2 2013 with Q2 2015, ED visits are nearly the same, but overall ED costs have dropped $10 per patient.

Innovation: Opening CSHP–Roundhouse addressed both the need to expand primary care sites and to offer an UC option for CSHP patients and others. Two CSHP primary care physicians transferred their practices to Roundhouse location, and with the clinic's location on Highway 24—a main east-west corridor that catches incoming traffic from the nearby mountain resorts—they had immediate business. To build sustainable patient volumes on both sides, CSHP mapped out multiple strategies described below.

***Spreading the word*—**CSHP alerted existing patients to the new UC through direct mail, in-office posters at other CSHP sites and refrigerator magnet giveaways. Fliers were sent to residences in ZIP codes adjacent to the new clinic. They also placed print and radio ads along with online advertising in social media channels. Within the medical neighborhood, CSHP promoted the UC through the local medical society, the Chamber of Commerce and an open house event.

***Planting the seed*—**High-risk patients rely on their care managers (called RN navigators at CSHP) for health information; the navigators updated their follow-up call checklists to include suggesting the Roundhouse UC as an alternative to the ED. CSHP also revised scheduling center scripts to mention Roundhouse's expanded UC hours for acute needs.

***Closing some gaps*—**For patients who need to establish care with a primary care physician, it allowed them the convenience to make an appointment with the primary care side located in the same building. Returning to a familiar place for follow-up helped ease the transition to a new PCP for some patients.

The takeaways: Urgent care requires distinctly different capabilities than primary care in clinical aptitudes, team skills, time management and administration. While CSHP generally staffed the urgent care with providers experienced in acute care, an onboarding PCP with acute experience did cover shifts.

The insurance and administrative workflows for UC differ from that of primary care. CSHP staff needed more time to plan out workable, efficient processes than they would have needed with simply opening another primary care site.

The initial patient volumes at the Roundhouse UC surprised CSHP. They happened to open Roundhouse ahead of stand-alone UCs in this part of Colorado Springs. A subsequent CSHP UC in another part of Colorado Springs with more competition had smaller volumes in its opening weeks.

Not only is the care timely and generally less expensive at Roundhouse UC than the ED, the patient experience has been positive. Survey feedback from fall 2015 ranks Roundhouse physicians at 4-plus points on a 5-point scale, with high marks in thoroughness, team work, communication and patient confidence in their physician's care.

TMF Health Quality Institute

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