Overview of Workgroups Under the R⁵ Initiative

WORKGROUP 1: ACCESS TO PRIMARY AND PREVENTIVE CARE

Issue
Nearly 1/2 of all ED visits could have been treated in a primary care setting or prevented.

Evidence
21% of 2008 Capital District ED visits were non-emergent, 21% primary care treatable and 6% preventable; 1/3 of ED users surveyed have no primary care physician (PCP); 1/3 of surveyed ED patients could not get an appointment in 48 hours; 1/3 of survey respondents say PCP’s office was closed; 1/7 can’t see primary because well visit not done.

Workgroup Goal
Short term goal: Help 10,000 people secure better access to primary and preventive care. Long-term goal: Reduce primary care treatable ED use by 15% over the next five years.

Potential Collaborative Interventions
- Work with Medicaid facilitated enrollers to schedule well visits for applicants to reduce use of the ED for non-urgent needs
- Work with Schenectady DSS/Ellis Hospital to decrease the number of self-pay using the ED via more targeted outreach and facilitated enrollment, therefore increasing hospital revenue
- Build upon Fidelis’ physician incentive program to contact newly enrolled/insured patients about the importance of scheduling a well visit and establishing a primary care doctor
- Expand patient navigator/coach programs to ensure that patients who have an avoidable ED visit are getting primary care. These programs are particularly helpful at reducing readmissions
- Work to diffuse the resources/expertise of TransforMED to more providers in the Capital Region to make certification to PCMH easier
- Ensure that regional call centers have up-to-date information about locations, hours, and capacity of primary care providers so they are viewed as a reliable source for patient information