

Referral to outpatient
care for patients
without PCP

The need: people may need medical evaluation if...

CONFIRMED CASES

Spontaneously report worsening symptoms

Express other medical concerns: need for new prescription, concern about implications of diagnosis, co-morbidities, etc

CONTACTS OF CASES

Screen positive for symptoms.

- Patient chooses:
 - Test only
 - Medical evaluation +/- test

Other medical concerns

Non-emergency medical referral needed/requested

Has PCP?

Yes

No

Refer to PCP

Wants test only or test + eval

Test only

Test + eval

Refer to eligible testing site

Refer to CCRC for to set up follow up

May refer to CCRC if no test site available

Contact tracers/case investigators

ACO = Accountable Care Organization
PCP = Primary Care Physician

Does contact need medical care?
(but does not want 911)

Yes

Has existing PCP?

Yes

Refer to own PCP office

No

Has health insurance?

No

Mass Health eligible?

No

Make warm referral to clinic
accepting uninsured patients *

Yes

Yes or
don't know

Warm referral to MassHealth
eligible option in geographic area *

Is insurance a MassHealth ACO?

Yes

Use MassHealth card
to identify ACO

Warm referral to ACO
option in geographic area *

No

Does person know insurance to
restrict health system?

Yes

Troubleshoot / Match to
individual need

No

Identify geography desired

Yes

Give options and make warm
referral to option on list *

* Record where referred to
into real time tracker up
to max # per day/week

Considerations for referral pathways

Rapid access to care (24-48 hours)

- We cannot determine medical urgency, so presume all to need rapid evaluation
- Normally very difficult to get an appointment for a new patient in this time frame

Set up PCP care long-term (if desired)

Convenient for patient

Minimize exposure to others (geographically close, or can arrange testing geographically close)

- Avoiding public transportation

Key terms

MassHealth: State health insurance for low and middle-income residents, people with disabilities, and certain other groups

- Preventative care and urgent/emergent care

MassHealth Limited: State health insurance for low- and middle-income population not eligible for MassHealth due to immigration status

- Emergent care only

Key terms (continued)

Network: a group of hospitals, doctors, clinics, and services participating in a certain insurance plan or ACO

- Providers or hospitals can be part of more than one network

ACO: Accountable care organization

- Group of doctors, clinics, and hospitals that share responsibility for patients
- For the patient, often means better coordinated care and access to community health workers and/or assistance navigating the medical system
- Limits where the patient can receive care: non-emergent care must be within the ACO
 - Requirement waived for COVID for MassHealth ACOs, but will apply for long-term PCP care

Key terms (continued)

CHC: Community Health Center

- Offer many primary care, preventative and curative services (medical, mental health, dental)
- Are skilled at reducing financial barriers for patients
- Often use team approaches for health, including social workers, community health workers, nutritionists, and others

Warm referral

- 3-way call to hand off patient to the receiving medical facility
- Introduce why you are calling, explain patient is on the phone and goal
- Once connected, you can hang up

Patient conversation

"I'm going to ask you questions to help make sure I get you to the right place."

Do you have insurance?

- If yes, which insurance do you have?
 - Is that a MassHealth plan?
 - If a MassHealth plan, can you look at your insurance cards with me so we can figure out where you can be seen?
 - Do you know if that insurance restricts which hospitals or health systems you can go to?
- If no, do you know if you are eligible for MassHealth? (Y, N, don't know)

Are you interested in establishing PCP care for future medical problems and health monitoring, or do you want urgent care for your COVID concerns only (PCP/urgent only)?

Where do you live? Would you like to see a doctor near there?

Do you have a smartphone?

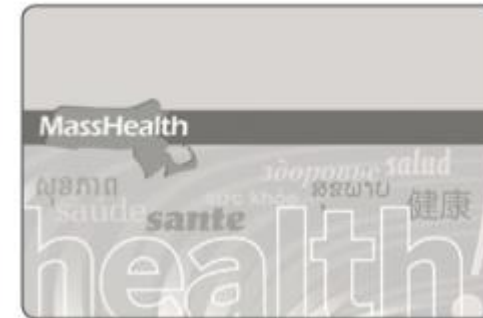
- If yes, are you comfortable setting up new apps on your smartphone?

Do you want an interpreter when seeing a doctor or nurse?

- If yes, which language:

MassHealth ACOs

- 13 Different ACOs
 - Outpatient care needs to be within that ACO
- Patients can have MassHealth without an ACO
- Choose during enrollment period (fall)
- Patients get two cards:
 - General MassHealth card
 - Plan specific card
- If patients only have one card, it can mean:
 - They are not in an ACO
 - They are missing the second card
 - Clinics can check if patient has an ACO and verify eligibility through state database
- Language to patient:
 - "Can you look at your insurance cards with me so we can figure out where you can be seen? Do you need to time to go get any insurance cards you have?"
 - "Please look at the card. **Do not tell me any numbers on the card.** Do you see one card with "health" in large letters?"
 - "Do you have a second card? If so, are there larger icons or words on the card?"



Unique Tele-health Options

Uninsured patients: Doctor on Demand

- Covered for Massachusetts residents without insurance

MassHealth Options:

- Galileo: Telehealth evaluations

Firefly: Tele-PCP

- Private insurance only

Making the warm referral

Goal is to accompany the patient as far as possible

- Make a "warm handoff:" follow the instructions on the excel sheet with a 3-way call
- Introduce yourself as calling from the community tracing collaborative for COVID contact tracing with patient X on the line.
- After patient connected with registration, can disconnect and patient can continue to talk to registration team and then schedule appointment
- If message left, leave call back information directly to the patient

Follow up with patient after call to ensure they were successfully given an appointment

Confidentiality

Ask patient consent to share name and contact information before calling a practice

- Medical information (past medical history, medications, etc) should be exchanged directly between the patient and practice
- 3-way calls always preferred

Document consent

Documentation template

Patient referred to CCRC to connect to outpatient care. Care referral checklist:

Insurance (Y/N):

- If yes, which one:
- MassHealth (Y/N):
- ACO (Y/N):
- Restricts network to knowledge of patient (Y/N):

Interested in establishing PCP care for future medical problems and health monitoring, or urgent care only (PCP/urgent only):

Lives in (town/city):

Wants to see provider in (town/city):

Smartphone: Y/N

- Comfortable with apps (Y/N):

Interpreter needed (Y/N):

- If Y, language:

Referred to: _____

Manner of referral:

- 3-way call with patient on phone (warm referral)
- Patient given number to call
- Message left by myself on patients behalf. Note: In my telephone conversation with patient on XX/XX/2020, she agreed that I could call XXX on her behalf to provide her name and telephone number to arrange for care and/or testing.

Comments:

Patient given clinic number to call if questions (Y/N):

Logging referrals made

Currently, second excel sheet ("Real time referral tracking")

Will monitor volume and adjust as needed

Designed to ensure we do not overwhelm any one clinic/system

No patient information

What if no option on the sheet?

Pathways coming on-line every day

Adding urgent care options

Can still call any urgent care, CHC, or practice to see if taking any new patients and try to establish rapid care

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