Physicians CareConnection (PCC) is a volunteer-based charitable organization coordinating medical care for people who are vulnerable (low income, uninsured, underinsured, underserved, and documented/undocumented immigrants) in Central Ohio. Our organization was established 20 years ago by the Columbus Medical Association to enable health care professionals and volunteers to provide quality health care for those most vulnerable in our community. The vision of PCC, “Volunteers bringing people into good health”, is accomplished by “champion” volunteers at all levels.

In this Affordable Care Act (ACA) and Medicaid Expansion environment there continues to be a shortage in the healthcare work force as the needs of an aging and chronically ill population continue to grow. This mismatch of supply and demand is getting worse, further exacerbating ballooning healthcare costs and concerns about access to care.

Using our unique model of care coordination, PCC has achieved successful healthcare outcomes for high risk hard to reach populations in Central Ohio. High touch care coordination for people who are vulnerable requires significant financial and human resources. Patients who have received our services have realized improved physical and mental health status, easier access to care, and a reduction in their use of emergency room services.

Franklin County’s health care safety-net includes a wide variety of providers delivering care to low income and other vulnerable populations. However, even with all of these providers, our safety-net lacks the capacity to meet all the needs of the vulnerable in our community. With the greater need for well-coordinated and integrated treatment, PCC will continue to bridge the gap and ensure responsive healthcare for the most vulnerable among us.
Patient-Centered Care Coordination

PCC Return on Investment

On average it costs PCC $333/patient to provide care coordination services which would include the following for these patients:

- Initial treatment of condition
- Linkage to a Primary care provider
- Access to affordable prescription medication
- Referral coordination for specialty, diagnostic, and lab services
- Transportation and/or Medical Interpreter if needed

Hypertensive Crisis

Defined as having a blood pressure with the Systolic greater than or equal to 180 and/or Diastolic greater than or equal to 110.

Treatment for hypertensive crisis may be oral medications or intravenous medications. The person may be admitted to the intensive care unit of the hospital for close observation.

Many people with uncomplicated hypertensive crisis (no organ damage) may be treated in the emergency department of the hospital and released after treatment has been successful in lowering the blood pressure and a period of observation. Uninsured patients are released without coordination of care to a primary care provider or access to affordable prescription solutions.

In 2014, 102 patients were seen through the clinic in “hypertensive crisis” (uncomplicated)

Untreated patients could have gone to hospital with complaints of Chest Pain or Hypertension

- Average Inpatient Hospital Charge in Columbus for Chest Pain: $14,269.20
- Average Inpatient Hospital Charge in Columbus for Hypertension without Major Complication or Co-morbidities: $12,340.60

Source: Federal Center for Medicaid and Medicare Services: 100 Diagnosed Related Groups

- Potential cost to the community if patients would have remained untreated and presented at hospital - $1.4M-$1.5M
Physicians CareConnection
2014 REPORT

Physicians CareConnection is dedicated to optimizing the health of those most vulnerable in Central Ohio.

Gender
- 57% Male
- 43% Female

Race/Ethnicity
- Caucasian/White: 29%
- Hispanic: 23%
- Asian: 9%
- African: 8%
- Other Race: 4%
- Unknown: 1%

Age
- <6%: 55-64
- 6-19: 35-54
- 20-24: 25-34
- 25-34: 1534
- 35-44: 1204

Goal
- Decrease emergency room utilization of patients participating in a coordinated system of care.
- Increase access to health care of patients participating in a coordinated system of care.
- Increase overall health status of patients participating in a coordinated system of care.

Reported patient no-show rate (office visits)
- <6%: 531
- 10%: 114
- 12%: 24
- 20%: 12
- 40%: 470
- 60%: 12

Number of people who acquired insurance coverage
- 3,830

Doctors participating
- 1,191

Hospitals participating
- 13

Affordable prescription drugs coordinated
- 5,481

Primary care visits coordinated
- 1,376

Transportation for health services coordinated (One way trips)
- 331

Medical diagnostic and specialty care visits coordinated
- 1,738

Medical interpretation sessions for health services coordinated
- 1,033

Dental visits coordinated
- 331

Increase overall health status of patients participating in a coordinated system of care.

Decrease in emergency room utilization
- 18%

Decrease in reported patient no-show rate (office visits)
- <6%

Easier access to care
- 59%

Realized improved physical & mental health status
- 59%

Community ROI
- 18%

Studies of adult patient appointment keeping indicate that no-show rates of between 15% and 30% in general medicine and urban community health centers are not uncommon. Patient Health Status and Appointment Keeping in an Urban Community Health Center, Journal of Health Care for the Poor and Underserved - Volume 15, Number 3, August 2004, pp. 474-488
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