



# The Impact of Comprehensive Health Assessments During a Pandemic

Keeping health a high priority

## Introduction

The COVID-19 pandemic has prompted a radical refocus of personal health priorities. Prevention and chronic care have taken a backseat to the urgency of a looming health crisis, with many Americans choosing to postpone or forgo reoccurring appointments and annual checkups. Daily routines have been upended as a result of social distancing and stay-at-home orders leading to higher cases of loneliness, depression and anxiety. Moreover, ready access to quality care has dwindled with 8 percent of physicians having closed their practices throughout the duration of the pandemic, and 43 percent noting a reduction in medical staff<sup>1</sup>. Even the number of emergency room patients has dropped between 40 and 50 percent nationwide since March 2020, signaling the heightened hesitation many feel in seeking non-COVID-related care.

These compounding factors pose a significant risk to older adults and those managing comorbid conditions who require regular follow-up from their primary care provider (PCP). Equally as concerning are the many who are experiencing mental health and other Social Determinant of Health issues from prolonged states of pandemic-induced isolation that often go undetected.

For almost 20 years, Matrix Medical Network (“Matrix”) has provided quality care through compassionate, clinical excellence, and its Comprehensive Health Assessment (“CHA”) program is a living embodiment of that mission. CHAs provide an opportunity for higher-risk members to be

identified for care management or disease intervention through personalized, in-home consultations with a licensed practitioner.

When the pandemic made physical visits impossible, Matrix quickly pivoted its CHA to a virtual, telehealth format in order to maintain continuity of care for its members. These sessions produced positive results relating to engagement, satisfaction and clinical impact over a short period of time by accommodating those who were unable or unwilling to leave their homes. By June 2020, providers were able to re-enter member homes creating a full spectrum of flexible care delivery options.



We are able to take care of those who otherwise might not have ready access to care. And I think about the opportunity that this pandemic has given us to go into homes—whether virtually or in-person—listen to people, and provide meaningful connections.”

–Kristene D. Matrix NP

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While the initial surge in virtual doctor visits among Medicare-eligible members has begun to level off, experts predict up to 30 percent<sup>2</sup> of care may be delivered digitally from now on. Matrix will continue to deliver optimal care in each modality to meet the unique needs of its members. Told through story-enriched data points that highlight real member experiences, this paper demonstrates the immense value CHAs deliver in bridging the healthcare gap, regardless of the modality in which they are delivered. Both physical and virtual consultations have proven effective in educating, empowering and building genuine relationships with members, while offering the flexibility to meet them where they are.

## Connecting the dots between members, clinicians and care

One of the most unique attributes of Matrix is the genuine bonds that form when its providers visit members in the comfort of their home where they are often more at ease. “We call this the ‘kitchen table’ effect,” notes Heidi Cannon, Chief Client Officer at Matrix. “We notice our members better comprehend and absorb health-related information about themselves from the comfort and security of their kitchen table versus in a medical setting, which can sometimes feel overwhelming.”

Traditionally, the Matrix Nurse Practitioner will spend about 45 minutes conversing with a member about their current state of health. The practitioner assesses, identifies and documents any issue that requires follow up medical attention. In some instances, the NP may contact the member’s PCP on their behalf, or in more critical cases even call 911 to intercept a life-threatening issue. The provider will also observe and address any challenge that may pose a potential health risk down the road such as a lapse in prescription refills, confusion over which medication to take and when, or early warning signs of a major medical event like heart attack or stroke.

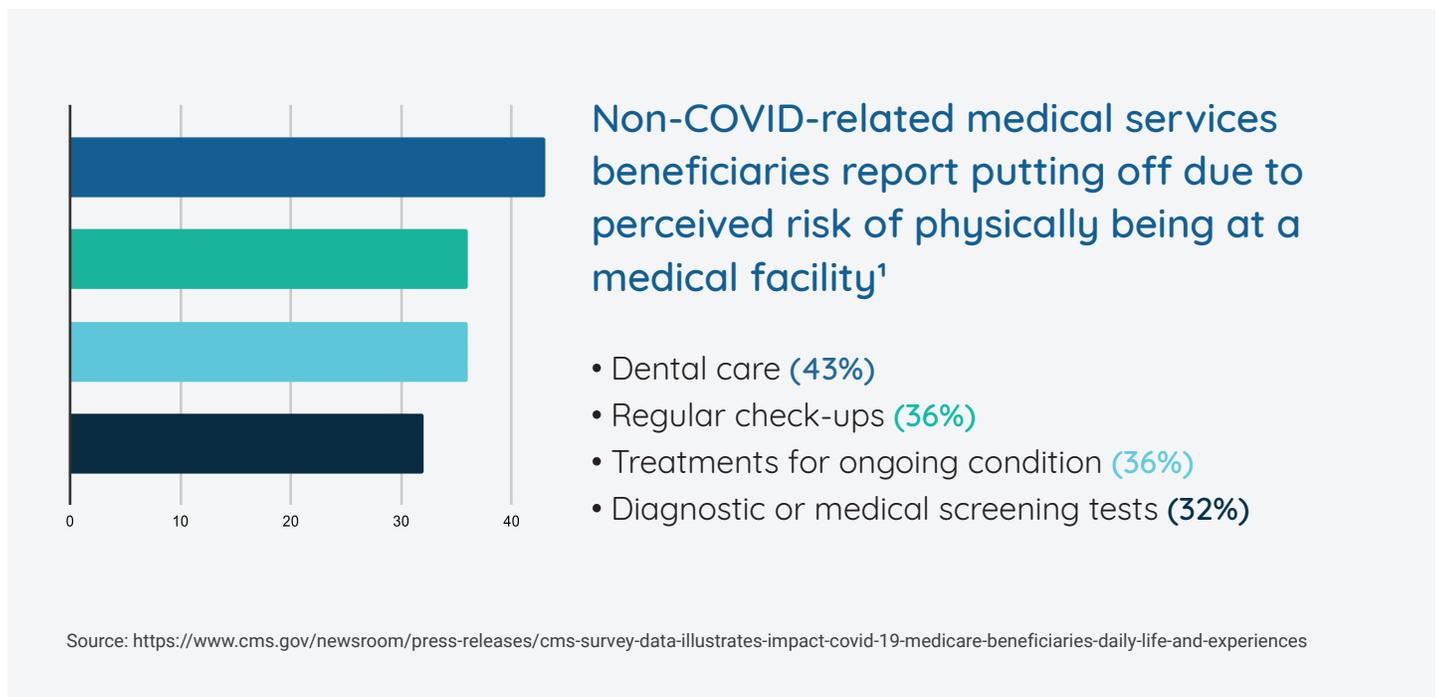
While Matrix clinicians use CHA findings to provide the necessary healthcare intervention, they also place great emphasis on education and empowerment with the goal of helping each member become their own health advocate.



The thing I love most about being a Nurse Practitioner is being able to educate. To explain to people in plain language that they can understand what exactly is going on. I feel like our ability to educate is sometimes one of the biggest parts of what we do because it gives those members a chance to ask questions and to get a thoughtful answer and not to get hurried out or to get brushed off.”

-Kevin M., Matrix NP

Offering members the option to virtually connect with a licensed provider through its Telehealth CHA visit closed a critical gap in care during the course of the pandemic. According to the Centers for Medicare & Medicaid Services (CMS), 21 percent<sup>2</sup> of beneficiaries have reported putting off non-COVID-related services due to the perceived risk of physically being at a medical facility.





A lot of my members have told me that I was the first person in their home since March. That’s a long time to go without human interaction. Being able to be their companion during their visit is so valuable and it really is impactful to me as a practitioner to be able to help them and to give them that reassurance that they need right now.”

-Ashlee D., Matrix NP

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## Delivering a better kind of care, beyond the code

It is a fact that accurate medical coding leads to lower medical expenses, fewer hospital admissions, and a positive correlation to medication adherence. But, in order to properly care for each member as a whole person, their mental and emotional health must be equally prioritized as part of the CHA. With many cities and states restricting non-essential travel during the pandemic as a means to prevent further community spread, many older adults and those managing comorbid conditions suddenly found themselves isolated, homebound and cut off from regular social activities.

Matrix providers are trained to monitor for a variety of social determinants of health (SDoH) that refer to the many conditions in which people live, learn, work and play. These are seen as quality-of-life indicators and can drive up to 80 percent<sup>3</sup> of all health outcomes. Because the CHA allows for more time to be spent with members than typical PCP visits, Matrix providers can effectively observe and address the following SDOH areas:

- Access to Quality Health Care
- Social & Community Context
- Economic Stability
- Neighborhood & Environment
- Physical Environment
- Education

One Matrix NP noted the increase in “loneliness scale” ratings during telehealth visits during the pandemic. She recalled spending well over an hour on the phone with a member who “just wanted someone to talk to”. The NP took the time to teach this particular member how to set up and use a video chat platform on their mobile device so they would be able to communicate with family and friends electronically.

## Every member matters

Through time, empathy and compassion, Matrix practitioners strive to make each member feel heard and valued. Whether it's through a reassuring smile, a long conversation, a gentle reminder, or a medical intervention, CHAs make a lasting impression and often lead to life-changing impacts.

It is customary for practitioners to document the findings and results after each CHA visit. In reviewing the variety of anecdotes that emerge from these visits, it is increasingly apparent that Matrix's core values continue to shine through in seemingly simple ways. Here is a sampling of stories that highlight the humanity behind the heuristics.

### “Thank you for helping me.”

During one member's third annual screening with Matrix, the gentleman stated that he had run out of his bipolar medication and was unsure of what it was. The provider called his PCP to find out which prescription this member was missing, requested a refill on his behalf, and confirmed the date and time of his next appointment, which was five days later.

After further conversation, the member mentioned that he had been experiencing some weakness in his legs. The provider assessed this member's mobility and noted that the use of a cane should be discussed at his upcoming doctor's appointment. The provider then spent time showing this member how to properly self-administer the various prescriptions he was taking while educating him on the importance of medication adherence.

During their hour-long visit, the provider had the opportunity to observe other social and environmental factors that were health-impacting, including this member's lifestyle and overall well-being. It came up in conversation that the gentleman had been managing his own mental health condition while serving as caregiver to his elderly mother. Additionally, he noted it was “very hard” to pay for basic necessities like food, housing and medical care. He reported feeling a general sense of emptiness in his SDoH questionnaire and indicated “no” when asked if there were people in his life that he could trust and rely upon.

The provider framed multiple medical issues in relation to the mental health challenges this member was facing and facilitated the appropriate follow-up conversations with his PCP. Ultimately, the CHA allowed for a holistic evaluation which resulted in improved care for this member. The gentleman was very appreciative for the dedicated time and personalized attention he received, expressing sincere gratitude to the provider at the end of their visit.

#### Clinical Data:

- 7 medications
- 30+ year smoker
- Bipolar diagnosis and other mental health challenges

## “I’m looking forward to our next visit.”

During one telehealth visit, a Matrix provider discovered that the member she was working with had been inadvertently mixing up her medications and taking more dosages than were prescribed. During the virtual visit, a nurse aid was physically present in the woman’s home to assist with the prescription read-out, as this member was totally blind. The medication mix-up was an error that had gone undetected for a while, until this particular session.

With a variety of comorbid conditions and corresponding medications to manage on her own, the woman was extremely thankful to the provider for helping her understand exactly what she needed to take for each diagnosis, and avoid any adverse effects that could have resulted from taking the wrong prescription at the wrong time. At the end of the visit, the member graciously expressed how she was looking forward to her future visits with Matrix.

### Clinical Data:

- 73 year old female
- Totally blind
- Multiple chronic conditions: Angina, Hyperlipidemia, Hypertension, Type II Diabetes, GERD, Anxiety, Obesity

## “Michelle saved my life.”

Over the course of a recent telehealth visit, one member recounted a life-changing experience he had with Matrix provider, Michelle, the previous year. During that particular CHA, the gentleman explained that he had been encountering some strange neurological symptoms for a few months, but that test results did not show any major issues. Michelle advised this member to keep aspirin on-hand and educated him on the signs and symptoms of a stroke. The gentleman said he was “amazed” by how kind and informative Michelle had been to him, and that he was especially impressed at the thoroughness of the CHA exam, noting that she had even listened to his carotid arteries—something he said his doctor had never even done.

A few months after this visit, the member was driving down to Florida when he became overcome by dizziness and a weakness on one side of his body. In that moment, he was able to recall the education Michelle had provided him and immediately took a few aspirins before driving himself to the emergency room. There it was found that he had suffered a TIA. This gentleman strongly felt that had it not been for his CHA with Michelle, he could have experienced a major stroke and possibly not survived.

Michelle’s impact was even farther reaching than this particular incident, as the member has since taken greater control over his health and well-being. He has lost nearly 30 pounds and is actively keeping his blood pressure in check. He remarked that he will never forget Michelle and how she saved his life.

**Clinical Data:**

- 69 year old male
- Previous use of tobacco for 20 years
- 10 medications
- Multiple conditions: Asthma, Hypertension, Hyperlipidemia, Gastrointestinal issues, Seasonal Allergies, Insomnia

## Meaningful visits lead to measurable results

While the individual situations and stories that emerge from Matrix CHA's vary, there is one commonality among them. The personal relationships that develop over the course of this visit have led to more than a few life-changing, and even life-saving, moments.

For example, in cases where colon cancer screenings produced a high alert, Matrix providers facilitated PCP follow up 98 percent of the time. From there, 60 percent of the impacted members had a colonoscopy which resulted in five percent detecting an early cancer diagnosis.

Additionally, with diabetes impacting one in five Medicare beneficiaries, Matrix CHAs provide comprehensive care for its diabetic members by assessing hemoglobin A1C levels, blood pressure, neuropathy and retinal eye exams; critical health indicators that can often go undiagnosed between PCP appointments and lead to greater challenges. In 2019, Matrix conducted more than 200,000 of these gap closure screenings.

Matrix believes the clinical value of our CHA visit extends far beyond the 45 minutes that our clinician spends with a member. Appropriate follow up care and member satisfaction are paramount to what we do. The below data is a sampling of how a CHA visit achieves these things.

**Escalation:** 0.10 percent of all CHAs result in the Matrix provider calling 911 or Emergency Services. 5 percent of visits involve the provider sending a Care Management referral to a health plan partner for member follow up, and another 5 percent result in the provider contacting the member's PCP for an immediate issue.

**Follow Up:** 48 percent of members follow up their CHA with a doctor's visit within 30 days. 68 percent within 60 days, 78 percent within 90 days and 84 percent within 120 days. This speaks to the impact Matrix providers have on helping members understand the value of health maintenance.

**Satisfaction:** 99 percent of respondents reply with a YES when asked, "Was the visit of overall benefit to you?" and a majority of members indicate they would refer a friend to a Matrix CHA.

## Actual Provider Notation:

Three days before a health screening visit, a member had seen his primary care provider concerning pain in his left leg. He was referred to an orthopedist who ordered X-rays. The doctor said the member had arthritis in his hip and was told to take over-the-counter pain relievers. When Amy, a Matrix Nurse Practitioner saw the patient in his home, she saw something that raised other concerns. “She took a look at my leg and said, ‘Sir, I’m calling your doctor right now. You need to go to the emergency room ASAP. You have a blood clot.’” The member said his doctor met him in the emergency room and told him he was “lucky” this was picked up—it could have killed him. It’s been a year now, but the member is still saying “Thank you, Amy. You saved my life.”

## About Matrix Medical Network

Matrix Medical Network offers a broad range of clinical services and proven expertise that gives health plans, primary care providers, and employers the tools and knowledge they need to better manage the health of at-risk populations at home and at work. With its deep roots in clinical assessment and care management services, Matrix’s network of more than 3,000 clinicians and fleet of mobile health clinics breaks through traditional barriers to care access by meeting members and employees where they are. By bringing the care to them and using in-person or virtual visits, this approach improves health outcomes for millions of Americans while reducing costs and risks for payers and employers.

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<sup>1</sup> 2020 Survey of America’s Physicians: COVID-19 Impact Edition - <https://www.aarp.org/health/conditions-treatments/info-2020/medical-appointments-to-keep-coronavirus.html>

<sup>2</sup> <https://www.cms.gov/newsroom/press-releases/cms-survey-data-illustrates-impact-covid-19-medicare-beneficiaries-daily-life-and-experiences>

<sup>3</sup> <https://www.rwjf.org/en/library/research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html>