



MY2020 Provider Appointment Availability Survey (PAAS)

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INTRODUCTION

The Department of Managed Health Care’s (DMHC) Timely Access to Non-Emergency Health Care Services regulations requires that all health plans ensure that health care services are provided to patients in a timely manner and in compliance with the DMHC’s timely access standards. Growing evidence is clear that appropriate and timely access to health care services results in better health outcomes, reduces health disparities, and lowers healthcare spending, through avoidance of emergency room visits and hospital care. Valley Health Plan (VHP or Plan) is committed to ensuring that contracted providers have the capacity to offer our enrollees appointments within the established timely access standards and are appropriate for the nature of the individual enrollee’s condition and consistent with good professional practice.

To ensure that VHP’s contracted providers are meeting timely access standards, VHP monitors and reports on providers’ performance by administering the Provider Appointment Availability Survey (PAAS). This report provides an overview and analysis of VHP’s PAAS results for reporting year 2020 compared to MY2019.

PROGRAM GOALS

To ensure that VHP meets the provider appointment access standards established by DMHC and to meet the needs of VHP’s members.

PROGRAM OBJECTIVES

- Measure appointment access for different types of practitioners at least annually.
- Evaluate VHP’s timely access performance in comparison to benchmarks and goals.
- Identify areas for improving timely access to appointments.
- Develop interventions, as appropriate, to address deficiencies and/or gaps in care.



STANDARDS AND THRESHOLDS

Urgent Care Appointments	
<ul style="list-style-type: none"> Services Do Not Require Prior Approval – Primary Care Provider (PCP) 	90% Compliance Rate within 48 hours
<ul style="list-style-type: none"> Services Require Prior Approval – Specialty Care Provider (SCP) and Non-Physician Mental Health Care Provider (NPMH) 	90% Compliance Rate within 96 hours
Non-Urgent Care Appointments	
<ul style="list-style-type: none"> Routine care (PCP) 	90% Compliance Rate within 10 business days
<ul style="list-style-type: none"> Specialty Care 	90% Compliance Rate within 15 business days
<ul style="list-style-type: none"> Ancillary Care Provider 	90% Compliance Rate within 15 business days
<ul style="list-style-type: none"> Non-Physician Mental Health Care Provider 	90% Compliance Rate within 10 business days

METHODOLOGY:

VHP has elected to administer the survey using the Three Step Protocol and followed the sequence as suggested in DMHC’s methodology. VHP sent providers’ data to the survey vendor, Center for the Study of Services (CSS) via DMHC’s Contact List (CL) Templates. CSS reviewed the CL and removed duplicate providers by following the deduplication rules set forth in the methodology.

VHP conducted a census survey, which made all VHP’s providers eligible to be surveyed. Individual providers were assigned with a unique 8-digit number for tracking purposes by CSS. Providers were randomly assigned to one of two survey waves. The surveys were completed in two waves with at least a 3-week gap between each wave. Due to the pandemic, the rate of responding providers (eligible for inclusion in survey) was 25% which is 50% less than MY2019(Rate of response was 50%). The first wave was conducted between September 21, 2020 and October 16, 2020 and the second was completed between November 9, 2020 to December 4, 2020. The gap between each wave was 3 weeks as mandated in the DMHC methodology.

Once the de-duplication process was final, CSS then grouped providers who shared the same email (if available), fax number, and phone number combinations, and assigned them a unique 8-digit for survey administration. CSS followed the Three Step Protocol as prescribed in the methodology for each wave of the survey and data collection.

1. The surveys were initiated by email and by fax invitation to complete the online survey. The provider had two days to complete the survey.
 - a. If a group shared an email address (regardless of also having a fax number), CSS also sent an email invitation to complete the online survey.
 - b. If a group shared a fax number and no email address, CSS only faxed an invitation to complete the online survey.



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2. Reminders were sent by email and by fax two business days later to providers who did not respond to the online survey.
 - a. If a group shared an email address and no fax number, CSS emailed a reminder to complete the online survey for those email addresses that did not indicate “undeliverable”.
 - b. If a group shared a fax number and no email address, CSS faxed a reminder to complete the online survey except for those fax numbers that were invalid.
 - c. If a group shared an email address and a fax number, CSS emailed a reminder to complete the online survey for those email addresses that did indicate “undeliverable” and fax a reminder to complete the online survey except for those fax numbers that were invalid.
3. Telephone surveys were conducted to non-responding providers.
 - a. If CSS did not receive a completed survey from an individual provider within five business days of the initial communication, the individual provider was called to complete the survey.
 - b. If a group shared only a phone number and no email address or fax number, the individual providers were called within five business days of the initial communication.
 - c. The provider had two business days from the initial phone call to complete the survey.

CSS conducted a training for phone interviewers about the purpose of the survey, the importance of accurate data collection, how to handle unique situations, and special notes on specific survey items. CSS also conducted live monitoring of calls during each wave.

If more than one phone number was listed for a provider at the same location, the first phone number was designated as the primary phone number and up to three call attempts were made to the primary phone number. If the primary phone number was found to be non-working, the secondary phone number associated with the provider’s location was also called a maximum of three times or until a survey was completed or the number was found to be non-working. Interviewers were also allowed to make one additional attempt to a different phone number provided for the provider to complete the survey. All telephone attempts were made during business hours (9:00 am – 4:30 pm Pacific time) and within two business days from the first attempt. No phone messages were left.

The data received was checked for accuracy and completeness by at least two CSS staff working on the project. The data was systematically cleaned and transformed for reporting. At least two CSS staff verified that the data was de-duplicated, reflected the DMHC rules for calculating compliance, and was standardized and formatted correctly. CSS used the DMHC Raw Data and Results Templates (Same templates were used for MY2020 as issued on 9/12/2019) to deliver results to the Plan.



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RATE OF RESPONSE:

As noted above, VHP conducted a census survey of all contracted providers. The table below shows the provider responses to the 2020 survey compared to MY2019.

ALL Providers – Combined:

Provider Type	Total # of Providers		Eligible/ Completed		Ineligible		Refused	
	MY2020	MY2019	MY2020	MY2019	MY2020	MY2019	MY2020	MY2019
Primary Care Physicians	1,531	863	572 (37%)	524 (61%)	185 (12%)	128 (15%)	774 (51%)	211 (24%)
Specialists	1,427	411	317 (22%)	116 (28%)	231 (16%)	70 (17%)	879 (62%)	225 (55%)
Non-Physician Mental Health Provider	652	790	106 (16%)	41 (5%)	298 (46%)	578 (73%)	248 (38%)	171 (22%)
Ancillary Facility	296	65	67 (23%)	26 (40%)	48 (16%)	14 (22%)	181 (61%)	25 (38%)
Psychiatrist	1,051	250	44 (4%)	39 (16%)	361 (34%)	84 (34%)	646 (61%)	127 (51%)
Total	5,287	2,379	1,106 (21%)	746 (31%)	1,123 (21%)	874 (37%)	2,728 (52%)	759 (32%)

For Commercial Line of Business:

Provider Type	Total # of Providers		Eligible/ Completed		Ineligible		Refused	
	MY2020	MY2019	MY2020	MY2019	MY2020	MY2019	MY2020	MY2019
Primary Care Physicians	1,425	NA*	529 (37%)	NA*	174 (12%)	NA*	722 (51%)	NA*
Specialists	1,116	NA*	252 (23%)	NA*	179 (16%)	NA*	685 (61%)	NA*
Non-Physician Mental Health Provider	968	NA*	104 (11%)	NA*	295 (30%)	NA*	569 (59%)	NA*
Ancillary Facility	236	NA*	57 (24%)	NA*	40 (17%)	NA*	139 (59%)	NA*
Psychiatrist	836	NA*	44 (5%)	NA*	283 (34%)	NA*	509 (61%)	NA*
Total	4,581	NA*	986 (22%)	NA*	971 (21%)	NA*	2,624 (57%)	NA*

* MY 2020 is the first year that VHP has reported the results by Line of Business. Therefore, it will serve as a baseline for future comparisons.



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For Medi-Cal Line of Business:

Provider Type	Total # of Providers		Eligible/ Completed		Ineligible		Refused	
	MY2020	MY2019	MY2020	MY2019	MY2020	MY2019	MY2020	MY2019
Primary Care Physicians	106	NA*	43 (41%)	NA*	11 (10%)	NA*	52 (49%)	NA*
Specialists	311	NA*	65 (21%)	NA*	52 (17%)	NA*	194 (62%)	NA*
Non-Physician Mental Health Provider	14	NA*	2 (14%)	NA*	3 (21%)	NA*	9 (64%)	NA*
Ancillary Facility	60	NA*	10 (17%)	NA*	8 (13%)	NA*	42 (70%)	NA*
Psychiatrist	215	NA*	0 (0%)	NA*	78 (36%)	NA*	137 (64%)	NA*
Total	706	NA*	120 (17%)	NA*	152 (22%)	NA*	434 (61%)	NA*

* MY 2020 is the first year that VHP has reported the results by Line of Business. Therefore, it will serve as a baseline for future comparisons.

Rate of Response: to calculate the response rate, ineligible surveys are subtracted from the sample size- For All Providers – Combined:

$$\frac{\text{Completed Surveys (1,106)}}{\text{Sampled Size (5,287) – ineligible (1,123) = (3164) denominator}} = 27 \% \text{ (MY2020 response rate)}$$

For All Providers – Commercial:

$$\frac{\text{Completed Surveys (986)}}{\text{Sampled Size (4,581) – ineligible (971) = (3610) denominator}} = 27 \% \text{ (MY2020 response rate)}$$

For All Providers – Medi-Cal:

$$\frac{\text{Completed Surveys (120)}}{\text{Sampled Size (706) – ineligible (152) = (554) denominator}} = 22 \% \text{ (MY2020 response rate)}$$

After adjusting for the number of ineligible providers, the survey response rate for MY2020 is 27 %. This is a decrease in rate of response by 23% from the MY2019 response rate of 50%. VHP believes that the COVID-19 stay-at-home order had a significant impact in provider operations, which impacted their appointment availability.

PROGRAM PERFORMANCE:

A. Tables 1-5 show the Plan’s performance for each provider type meeting the Timely Access standards

Table 1: Primary Care Physicians (Combined Network)

Performance for PCPs Standard (N=342)	# of PCPs Responded		# of PCPs Responded w/ Compliance		MY 2020 % of Compliance	MY 2019 % of Compliance	2 Year Comparison	Goal	Goal Met (Y/N)
	2020	2019	2020	2019					
Urgent Care Appointment w/no Prior Authorization w/in 48 Hours	572	524	379	275	66%	52%	↑	90%	N
Non-Urgent Appointment w/in 10 Days	572	524	525	450	92%	86%	↑	90%	Y

Table 1a: Primary Care Physicians (by Network)

Network	# of PCPs Responded	Urgent Care Appointment w/no Prior Authorization w/in 48 Hours			Non-Urgent Appointment w/in 10 Days		Goal Met
		# of PCPs Responded w/ Compliance	MY 2020 % of Compliance	Goal Met	# of PCPs Responded w/ Compliance	MY 2020 % of Compliance	
COMM	529	348	66%	N	486	92%	Y
MCMC	43	31	72%	N	39	91%	Y
Total	572	379	66%	N	525	92%	Y

PCP Analysis

- The MY2020 result for PCP performance was below the goal for Urgent Appointments. However, the performance rate exceeded the goal by 2% for Non-urgent Appointments.
- The performance for urgent care appointments without prior authorization within 48 hours was 66 %. The compliance rate improved by 14%, which is 38% change from previous year.
- The performance for non-urgent care appointments within 10 days is at 92 %. MY2020 performance exceeded by 2 % compared to the goal. The compliance rate improved by 6%, which is 17% change from previous year.

Table 2: Specialist Physicians (Combined network)

Performance for SCPs Combined (N=317)	# of SCPs Responded		# of SCPs Responded w/ Compliance		MY 2020 % of Compliance	MY 2019 % of Compliance	2 Year Comparison	Goal	Goal Met Y/N
	2020	2019	2020	2019					
Urgent Appointment w/ Prior Authorization w/in 96 Hours	317	116	154	45	49%	39%	↑	90%	N
Non-Urgent Appointment w/in 15 days	317	116	250	68	79%	59%	↑	90%	N

Table 2a: Specialist Physicians (by Network)

Network	# of SCPs Responded	Urgent Care Appointment w/no Prior Authorization w/in 96 Hours			Non-Urgent Appointment w/in 15 Days		
		# of SCPs Responded w/ Compliance	MY 2020 % of Compliance	Goal Met	# of SCPs Responded w/ Compliance	MY 2020 % of Compliance	Goal Met
COMM	252	122	48%	N	197	78%	N
MCMC	65	32	49%	N	53	82%	N
Total	317	154	49%	N	250	79%	N

Specialist Physicians Combined Analysis

- The MY2020 result for SCP performance fell below the 90 % goal for both standards.
- The performance for urgent care appointments with prior authorization within 96 hours was 49 % showing an improvement of 10% and rate of 2.42% change from previous year.
- The performance for non-urgent care appointments within 15 days was 79 %. This is 20% increase rate of compliance with 2.67% change from previous year.

Table 3: Psychiatry Specialty (Combined Network)

Performance for Psychiatrists (N=44)	# of Psychiatrists Responded		# of Psychiatrists Responded w/ Compliance		MY2020 % of Compliance	MY2019 % of Compliance	2 Year Comparison	Goal	Goal Met (Y/N)
	2020	2019	2020	2019					
Urgent Appointment w/ Prior Authorization w/in 96 Hours	44	39	21	16	48%	41%	↑	90%	N
Non-Urgent Appointment w/in 15 days	44	39	33	26	75%	72%	↑	90%	N

Table 3a: Psychiatry Specialty (by Network)

		Urgent Care Appointment w/no Prior Authorization w/in 96 Hours			Non-Urgent Appointment w/in 15 Days		
Network	# of Psychiatrist Responded	# of Psychiatrist Responded w/ Compliance	MY 2020 % of Compliance	Goal Met	# of Psychiatrist Responded w/ Compliance	MY 2020 % of Compliance	Goal Met
COMM	44	21	48%	N	33	75%	N
MCMC	0	0	0%	N	0	0%	N
Total	44	21	48%	N	33	75%	N

Psychiatry Specialty Analysis

- The MY2020 result for Psychiatry Specialty performance fell below the 90 % goal for both standards.
- The performance for urgent appointments with prior authorization within 96 hours was 48 %. The result showed 7% increase in the response rate with 0.31% change from previous year.
- The performance for non-urgent appointments within 15 days was 75 %. The resulting rate of response increased by 3 %, which is 0.27% change from previous year.

Table 4: Non-Physician Mental Health Providers (Combined Network)

Performance for NPMH Providers (N=47)	# of NPMH Responded		# of NPMH Responded w/ Compliance		MY2020 % of Compliance	MY2019 % of Compliance	2 Year Comparison	Goal	Goal Met (Y/N)
	2020	2019	2020	2019					
Urgent Appointment w/ Prior Authorization w/in 96 Hours	106	41	62	24	58.4%	59%	↓	90%	N
Non-Urgent Appointment w/in 10 days	106	41	86	26	81.1%	63%	↑	90%	N

Table 4a: Non-Physician Mental Health Providers (by Network)

		Urgent Care Appointment w/no Prior Authorization w/in 48 Hours			Non-Urgent Appointment w/in 10 Days		
Network	# of NPMH Responded	# of NPMH Responded w/ Compliance	MY 2020 % of Compliance	Goal Met	# of NPMH Responded w/ Compliance	MY 2020 % of Compliance	Goal Met
COMM	104	60	58%	N	84	81%	N
MCMC	2	2	100%	Y	2	100%	Y
Total	106	62	58%	N	86	81%	N

Non-Physician Mental Health Provider Analysis

- The MY2020 result for NPMH provider performance fell below the 90 % goal for both standards.
- The performance for urgent appointments with prior authorization within 96 hours was 58.4 %, which is 1.58% change from previous year.
- The rate of compliance for non-urgent appointments within 10 days was 74 % indicating an increase of 18.1 % which is 2.30% change from previous year.

Table 5: Ancillary Facility Provider (Combined Network)

Performance for Ancillary Provider (N= 30 facilities)	# of Provider Responded		# of Provider Responded with Compliance		MY2020 Rate of Compliance	MY2019 Rate of Compliance	2 Year Comparison	Goal	Goal Met Y/N
	2020	2019	2020	2019					
Non-Urgent Appointment w/in 15 days	67	26	67	24	100%	92%	↑	90%	Y

Table 5a: Ancillary Facility Provider (By Network)

Network	# of ANC Responded	Non-Urgent Appointment w/in 10 Days		
		# of ANC Responded w/ Compliance	MY 2020 % of Compliance	Goal Met (Y/N)
COMM	57	57	100%	Y
MCMC	10	10	100%	Y
Total	67	67	100%	Y

Ancillary Analysis

- The MY2020 result for ancillary providers met and exceeded the 90 % goal showing an 8% increase from MY2019 with 100% Compliance. This is 1.8% change from previous year.

QUALITATIVE ANALYSIS:

- Out of the five provider types, ancillary facility was the only provider type that met and exceeded the goal of 90 %.
- Non-Urgent PCP rate exceeded the goal.
- While all other provider types showed an improvement in the response rate compared to MY2019, the results are below the target response rate and clearly demonstrate the need to design and implement an improvement plan.
- VHP believes that the COVID-19 stay-at-home order had a significant impact in provider operations, which impacted their appointment availability.

Some barriers inhibiting achievement of the goals may be correlated to the following:

- The COVID pandemic has been the primary cause for closing of providers’ offices during lockdown creating a backlog of patients that need care.
- Providers are not aware that they had to complete the survey within a specific timeframe for their responses to be considered compliant.
- The DMHC’s PAAS methodology imposes stringent rules by disallowing another provider



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in the office to see the patient if the primary provider is not available or away. This new rule is problematic and resulted in more providers being non-compliant. Scheduling appointments with an alternative physician in the same office location supports timely and appropriate access to care for patients.

OPPORTUNITIES FOR IMPROVEMENT:

VHP has prioritized the opportunities that will be implemented to improve performance for timely access with all practitioner types. These interventions were identified based on the above analysis. The table below outlines the key interventions.

Description of Intervention for MY2020	Barrier Addressed	Time Frame	Expected Outcome
<p>Improve PCP and Non-Physician Mental Health Providers' compliance with Non-Urgent Appointment w/in 10 days.</p> <ol style="list-style-type: none"> 1. Submit CAP letter to non-compliant providers instructing them on the necessity to complete the PAAS survey, the standards, and requiring them to attest that they understand the expectation to participate as a term of their contract with VHP. 2. Provide re-education to existing providers on DMHC standards. 3. Ensure providers are initially educated on the standards during new provider orientation. 4. Provider outreach to providers prior to survey informing the providers of the standards and to ensure they are compliant. 5. Include non-compliant providers on the first wave of the 2021 PAAS survey to ensure they are compliant, and if not, re-educating and re-surveying those same providers in the second wave of the 2021 PAAS survey. 	Overall low rate of compliance	8 months	20% - 30% improvement from PY
<p>Improve SCP and Psychiatric Providers' compliance with Non-Urgent Appointment w/in 15 days.</p> <ol style="list-style-type: none"> 1. Submit CAP letter to non-compliant providers instructing them on the necessity 	Overall low rate of compliance	8 months	20% - 30% improvement from PY



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Description of Intervention for MY2020	Barrier Addressed	Time Frame	Expected Outcome
<p>to complete the PAAS survey, the standards, and requiring them to attest that they understand the expectation to participate as a term of their contract with VHP.</p> <ol style="list-style-type: none"> 2. Provide re-education to existing providers on DMHC standards. 3. Ensure providers are initially educated on the standards during new provider orientation. 4. Provider outreach to providers prior to survey informing the providers of the standards and to ensure they are compliant. 5. Include non-compliant providers on the first wave of the 2021 PAAS survey to ensure they are compliant, and if not, re-educating and re-surveying those same providers in the second wave of the 2021 PAAS survey. 			
<p>Improve PCP Providers' compliance with Urgent Appointment w/ Prior Authorization w/in 48 Hours.</p> <ol style="list-style-type: none"> 1. Submit CAP letter to non-compliant providers instructing them on the necessity to complete the PAAS survey, the standards, and requiring them to attest that they understand the expectation to participate as a term of their contract with VHP. 2. Provide re-education to existing providers on DMHC standards. 3. Ensure providers are initially educated on the standards during new provider orientation. 4. Provider outreach to providers prior to survey informing the providers of the standards and to ensure they are compliant. 	<p>Overall low rate of compliance</p>	<p>8 months</p>	<p>20% - 30% improvement from PY</p>



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Description of Intervention for MY2020	Barrier Addressed	Time Frame	Expected Outcome
<p>5. Include non-compliant providers on the first wave of the 2021 PAAS survey to ensure they are compliant, and if not, re-educating and re-surveying those same providers in the second wave of the 2021 PAAS survey.</p>			
<p>Improve PCP Providers' compliance with Urgent Appointment w/ Prior Authorization w/in 96 Hours.</p> <ol style="list-style-type: none"> 1. Submit CAP letter to non-compliant providers instructing them on the necessity to complete the PAAS survey, the standards, and requiring them to attest that they understand the expectation to participate as a term of their contract with VHP. 2. Provide re-education to existing providers on DMHC standards. 3. Ensure providers are initially educated on the standards during new provider orientation. 4. Provider outreach to providers prior to survey informing the providers of the standards and to ensure they are compliant. 5. Include non-compliant providers on the first wave of the 2021 PAAS survey to ensure they are compliant, and if not, re-educating and re-surveying those same providers in the second wave of the 2021 PAAS survey. 	<p>Overall low rate of compliance</p>	<p>8 months</p>	<p>20% - 30% improvement from PY</p>
<p>Identify ways to increase the number of respondents to the PAAS for all provider types, including PCPs, SCPs, Psychiatry, and Non-Physician Mental Health Providers.</p> <ol style="list-style-type: none"> 1. Communicate to the providers in advance of the survey, educating them on: <ol style="list-style-type: none"> a. The importance of their response to the survey. b. The limited time frames allowed for responses to be counted. 	<p>Statistically limited respondents</p>	<p>8 months</p>	<p>20% - 30% improvement from PY</p>



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Description of Intervention for MY2020	Barrier Addressed	Time Frame	Expected Outcome
<p>c. The standards set-forth by DMHC.</p> <p>2. Inform the providers who refused to participate in the MY2020 survey of the importance of their participation and remind providers about their contractual obligations related to timely access to appointments.</p> <p>3. Take survey data that identifies providers who were not able to be reached due to inaccurate contact information and have Provider Relations staff contact provider to ensure VHP has correct telephone number for the survey, as well has correct email and mailing address.</p> <p>a. Once corrected information is identified, provider contact information will be updated in VHP provider source data.</p> <p>4. VHP is also improving its process to collect provider data elements which is intended to validate, standardize naming conventions, and ensure completeness/accuracy.</p> <p>5. Include non-responsive providers on the first wave of the 2021 PAAS survey to ensure they are compliant, and if not, re-educating and re-surveying those same providers in the second wave of the 2021 PAAS survey.</p>			
<p>Identify ways to increase the rate of compliance of those providers who responded and completed the survey</p> <p>1. Educate providers on the requirements for both urgent and non-urgent appointments.</p> <p>2. Provide better clarity around the questions asked on the survey.</p>	<p>Improving achievement of the 90% goal</p>	<p>8 months</p>	<p>20% - 30% improvement from PY</p>



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Description of Intervention for MY2020	Barrier Addressed	Time Frame	Expected Outcome
3. Inform the providers who were non-complaint with the MY2020 survey of the importance of their participation and remind providers about their contractual obligations related to timely access to appointments.			

CONCLUSION:

The results of the MY2020 PAAS show that all provider types were unable to meet appointment availability goals, except for Ancillary Facility Providers, which met the Non-Urgent Appointment within 15 days target as well as PCP Non-Urgent Appointment within 10 days. While all providers, demonstrated improvement from prior year and an ability to provide urgent and non-urgent care appointment to its enrollees as required, the results indicate a need for further education and reinforcement on the timely access standards. VHP believes that the COVID-19 stay-at-home order had a significant impact in provider operations, which impacted their appointment availability. VHP will continue to educate providers on the importance of reserving appointment time for their patients to ensure their urgent and non-urgent needs are met.