

Transforming Pediatric Practice: Right Care, Right Place, Right Time

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Disclosure

In the past 12 months, I have had the following financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial service(s):

Medical Director, Connexin Software/Office Practicum

However, this will not be discussed today.

I do not intent to discuss a unapproved/investigative use of a commercial product/device in my presentation.

Why Change the Way We Practice Pediatrics?



Our Current Frustrations

- Losing simple visits to RBCs, Telehealth
- Difficulties with complex patient management
- Difficulties with information sharing
- External reporting demands
- Increasing patient demands
- Decrease in overall pediatric practice satisfaction



Patient/Family Frustrations



- **Fragmented care:** “You sent me to the Emergency Room, they told me to follow-up with you, and now you ask me why am I here?”
- **Inefficient service:** “I’ve just spent 40 minutes in your waiting room, 15 minutes in an exam room waiting for you, repeated my story to 4 different people, and you just spent 3 minutes telling me I need to go where?”
- **Inaccessible:** “I spent 5 minutes listening to a phone tree, then 15 minutes on hold with a nurse, who told me a doctor would call me back and that was 6 hours ago. I just need to speak with my child’s doctor!”
- **Different Priorities:** “I don’t want to fill out that 35 question survey; I want you to understand I’m exhausted and my child won’t sleep through the night!” “You want me to spend how much money on a medication and I can’t pay my rent?”

Why is Pediatrics Different?



- Prevention is a key focus
- Early identification and intervention has significant societal impacts
- Social determinants of health have huge impacts on the health of the whole child
- Lower payments for care provided to children 💰
- Children's needs change over their lifetime as they grow and develop
- Children depend on adults to access/manage healthcare
- Expectations of the generation: convenient, accessible

What is the Solution?



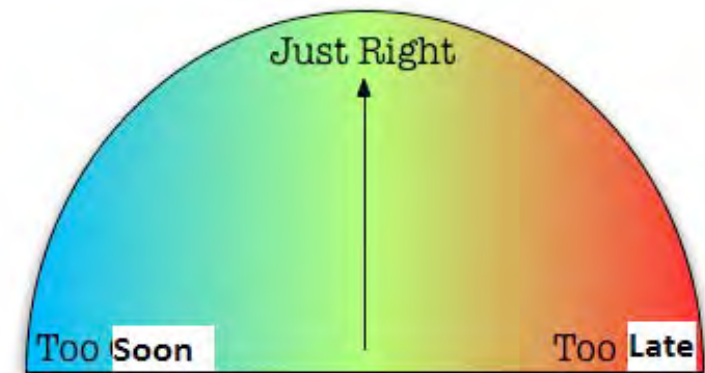
Right Time, Right Place, Right Care



When is the Right Time?



- Preventive Services per Bright Futures Periodicity Schedule
- Chronic Disease Management per Evidence-Based Guidelines and Early in Disease Management
- Acute Care:
 - Not too early
 - Not too late
 - Just right
- Considers the Needs of the Patient and Family



What Can I Do to Improve Right Time?

- Improved triage
- Improve your website and make it device responsive
- Add common information to social media
- Give information to new patients
- Telehealth
- Improved after hours access for advice
 - Who answers calls?
 - Patient portal?
- Improved education at chronic care visits
 - Provider may NOT be the best person to do this

Choose 1 and...



Where is the Right Place?

- Medical Home for Most Preventive Services
- Partner with Schools? Community Centers?
- Appropriate Use of Specialty Services
- Acute Care
 - Considers the Needs of the Patient and Family
 - Considers Expertise and Total Cost of Care



What Can I Do to Improve Right Place?

- Work to improved avoidable ED visits
 - Need to get data on ED visits
 - Root cause analysis of why avoidable visits occurred
- Work to improve unnecessary RBC/Urgent Care visits
 - Need data of when this occurs
 - From patients, payers or both?
- Increase your access
 - Open access scheduling
 - AM walk-in hours
 - Telehealth
- Look at care provided by medical home vs specialist



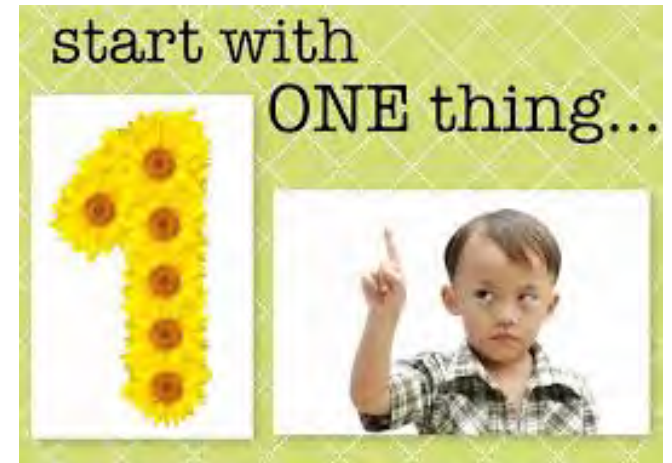
What is the Right Care?

- Uses Evidence-based Guidelines where Available
- Incorporates Team Based Care
- Puts Patients and Families at the Center
- Coordinates Care with Medical Neighborhood
- Considers Social Determinants of Health
- Incorporates Mental and Behavioral Health



What Can I Do to Improve Right Care?

- Have providers agree on key care plans using evidence-based guidelines
 - No antibiotic use for URI, testing before antibiotics for pharyngitis, narrow spectrum antibiotics
 - Immunizations based on ACIP schedule including HPV
 - Controller medications & asthma action plans for patients with asthma
 - Appropriate follow-up services for ADHD, obesity
- RECALL preventive services on a monthly basis
 - Well visits according to Bright Futures periodicity
 - Lead testing, fluoride varnish, developmental screening
- Social determinants of health screening
- Mental health screening/intervention/care coordination





Patient-Centered Medical Home

- What does this mean?
- How does it shift the practice focus?
- Creating a culture of continuous practice improvement
- Involving the patients and families



PCMH: The New “Normal”

- Models besides NCQA
- Moving from “trying on” to transforming
- Resources [National Center for Medical Home Implementation](#)



Team Based Care



- Patient-family focused
- Flexible
- Dynamic
- Partnerships with schools, community resources, tertiary care centers
- Requires communication/collaboration



Population Health

- Shifts focus from the patients who reach out to you, to the whole panel of patients
- Who is your patient population?
 - Age distribution
 - Race/ethnicity/language
 - Geographic distribution
 - Insurance payer
 - Medical problems
 - Social determinants of health
- Why does it matter?

who
are
you



Patient/Family Engagement

- Meeting the patient and family where they are
- Giving them access in a way that works for them
- Patient and family see the value of investing in their own care and partnering with the practice and care team



What Else?



➤ Social Determinants of Health

Death By Zipcode: when address matters more than genetics (Troy Parks)

Identifying Food Insecurity: 2 question screening tool has 97% sensitivity

Safe Environment for Every Kid (SEEK) model

➤ Mental/Behavioral Health:

1 in 5 children have a diagnosable mental health disorder that requires intervention or monitoring and interferes with daily functioning (Surgeon General Report)

Mental/Behavioral Health

- AAP Mental Health Toolkit: [Primary Care Tools](#)
- AAP Mental Health Toolkit: [Reducing Administrative & Financial Barriers](#)
- Integration in the Medical Home
- Prevention/Resilience:
 - [Zero to Three: Early Connections Last a Lifetime](#)
 - [School Replaces Detention with Meditation](#)



The screenshot shows the top navigation bar of the Zero to Three website, which includes the logo and the tagline "Early connections last a lifetime". Below the navigation bar, the page title "Healthy Minds: Nurturing Your Child's Development" is displayed. The main content area contains a paragraph stating that the age-based handouts are based on findings from a report by the National Academy of Sciences on child and brain development. It also includes a sub-section titled "What do we really know about how a young child develops?" and another section titled "The information we offer is age-specific..."

Shifting Payment Models

- Changing from: payment for what you do/what CPTs you submit in a claim
- Changing to: payment for caring for the patient population
 - High Quality
 - Reduced Overall Costs
 - Improved Patient Experience



Quadruple Aim: What's missing?

[Maybe Healthcare Needs a Quadruple Aim?](#) (Danielle Miller)

[Let's Make 2016 the Year of the Quadruple Aim](#) (Larry Sobal)



Why Telehealth?



Common Reasons to Embrace Telehealth

- Employers and payers promoting direct to consumer Telehealth without integration to the medical home
- Patients going to the Urgent Care/Retail Based Clinics due to convenience
- Patients going to the Emergency Department unnecessarily
- Practice being held accountable for total cost of care and has the potential to bring down utilization costs
- Want to extend the reach of your medical home

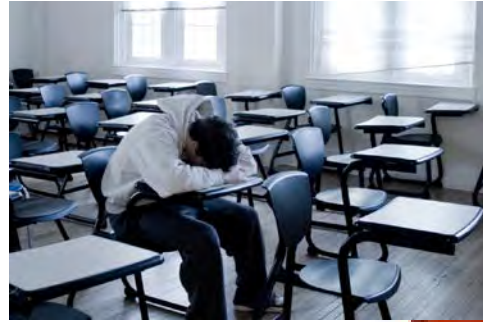
Survey: 9 in 10 large employers will offer telehealth next year

By [Jonah Comstock](#) | August 10, 2016

SHARE 49



Extend the Medical Home Beyond the Office Walls



Stories from the field.....



- Evaluating a rash in a daycare: “Oh, my! Is this chickenpox?”
- Picking up a sick child from daycare: “My oldest has a dance recital, do I really need to miss it to come to the office?”
- Anxious teen at camp: “The camp nurse says we have to go to crisis at the local hospital, can’t you help us? You *KNOW* her!”
- College freshman with ADD: “How am I supposed to get home for a recheck?”
- Waiting at the Retail Based Clinic in a really long line on a Sunday: “She has this really crusted area under her nose. I think it’s infected, do I have to wait in this long line or come in tomorrow and have her miss school?”

Medical Home Telehealth Visits

- Triage and handling of acute problems
- Handling after hours issues
- Follow-up visits for acute care
- Follow-up visits for chronic care
- Mental health
 - Provided by PCP
 - Mental health integration into the medical home
- Connecting to Specialty Care



What's Happening in Your Area?

- Large Payer Care First **DOES** pay for Telehealth Visits
 - 3+ million subscribers including 500,000 children
 - Offers free platform to use for their beneficiaries
 - Paying same rate as E/M with –GT modifier (BEWARE: PAYER SPECIFIC!)
 - Early data: mostly adult visits
- In District of Columbia
 - Some Medicaid MCOs paying Children's National PCPs for Telehealth visits
 - Also using E/M with –GT modifier

Telemedicine: A Virtual Option for Patient Visits

Due to advances in technology, telemedicine has emerged as a critical health care component that can help improve your patients' access to timely and cost-effective care.

When performed correctly – in a secure and easy-to-use way that protects privacy – telemedicine can support your current patient care efforts by providing a versatile and convenient option for meeting with them.

A long standing PCMH program goal has been to encourage participating practices to offer extended hours of operation and flexible primary care backup services to patients.

CareFirst's Telemedicine Program (TMP) continues to support this goal by encouraging use of the Video Visit – a way for you to meet with patients using a real-time, user-friendly, integrated audio and video connection through your computer, tablet or smartphone.

Why Are Payers Interested?

- Reduce Unnecessary Emergency Department Visits
- Reduce Unnecessary Urgent Care Visits
- Reduce overall **TOTAL COST OF CARE!**

Why Are Employers Interested?

- Keep employees at in their seats at work, focused
- Reduce Unnecessary Emergency Department Visits
- Reduce Unnecessary Urgent Care Visits
- Reduce overall **TOTAL COST OF CARE!**

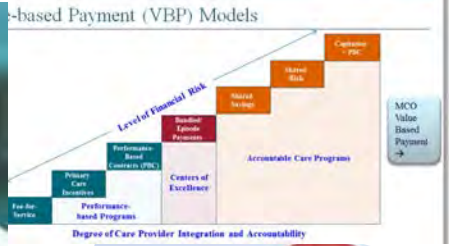
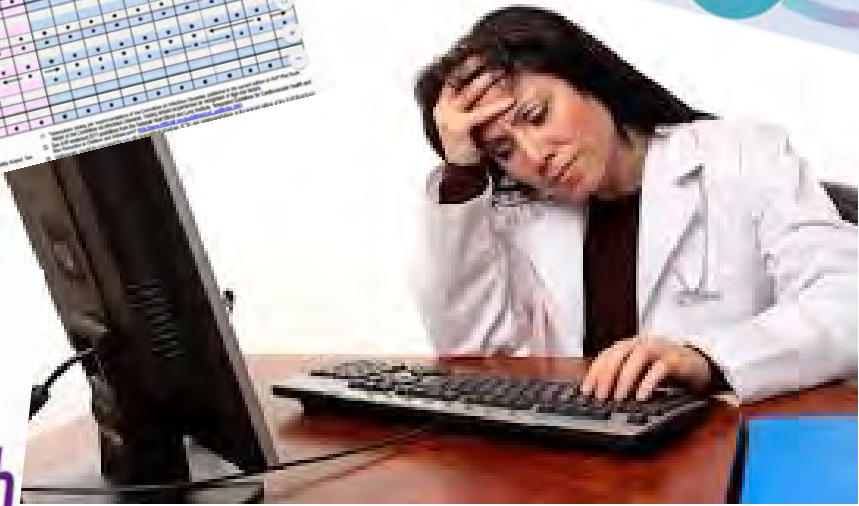


Table titled 'Recommendations for Preventive Pediatric Health Care' from the American Academy of Pediatrics. It includes a grid with columns for age groups (0-1, 1-2, 2-3, 3-4, 4-5, 5-6, 6-7, 7-8, 8-9, 9-10, 10-11, 11-12) and rows for various health services like immunizations, vision screening, and dental care.



Take a deep breath.....



You can't and should not do this alone...



.....to take care of children

This is a journey, not a destination

.....and if you make little incremental changes that are sustainable



.....One day you turn around and you are transformed!





For your time
& attention

