

# The Children's Care Network, Inc.

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Clinical Quality Forum

February 27, 2017



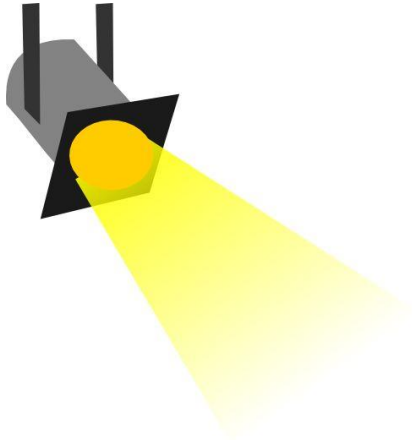
# Welcome!

## Agenda

Topic	Speaker
Welcome	Karen DeGood
2016 Highlights <ul style="list-style-type: none"><li>• Comments by Mark Wulkan, MD</li></ul>	Karen DeGood
Member Engagement & Website	Tom Finnerty
Quality Programs	Brad Weselman, MD
Solving the Access Puzzle	Brad Weselman, MD
Group Health Insurance Program	Tom Finnerty
Contracting Update	Karen DeGood
Access Solutions	Brad Weselman, MD
2017 TCCN Aims	Karen DeGood
Questions	



# 2016 Network Highlights



- Achieved Clinical Integration
- Received a shared savings distribution
- Demonstrated the ability to move the quality needle
- Developed a data reporting infrastructure
- Engagement from membership

# Member Engagement & Website

Tom Finnerty



# TCCN Quality Programs

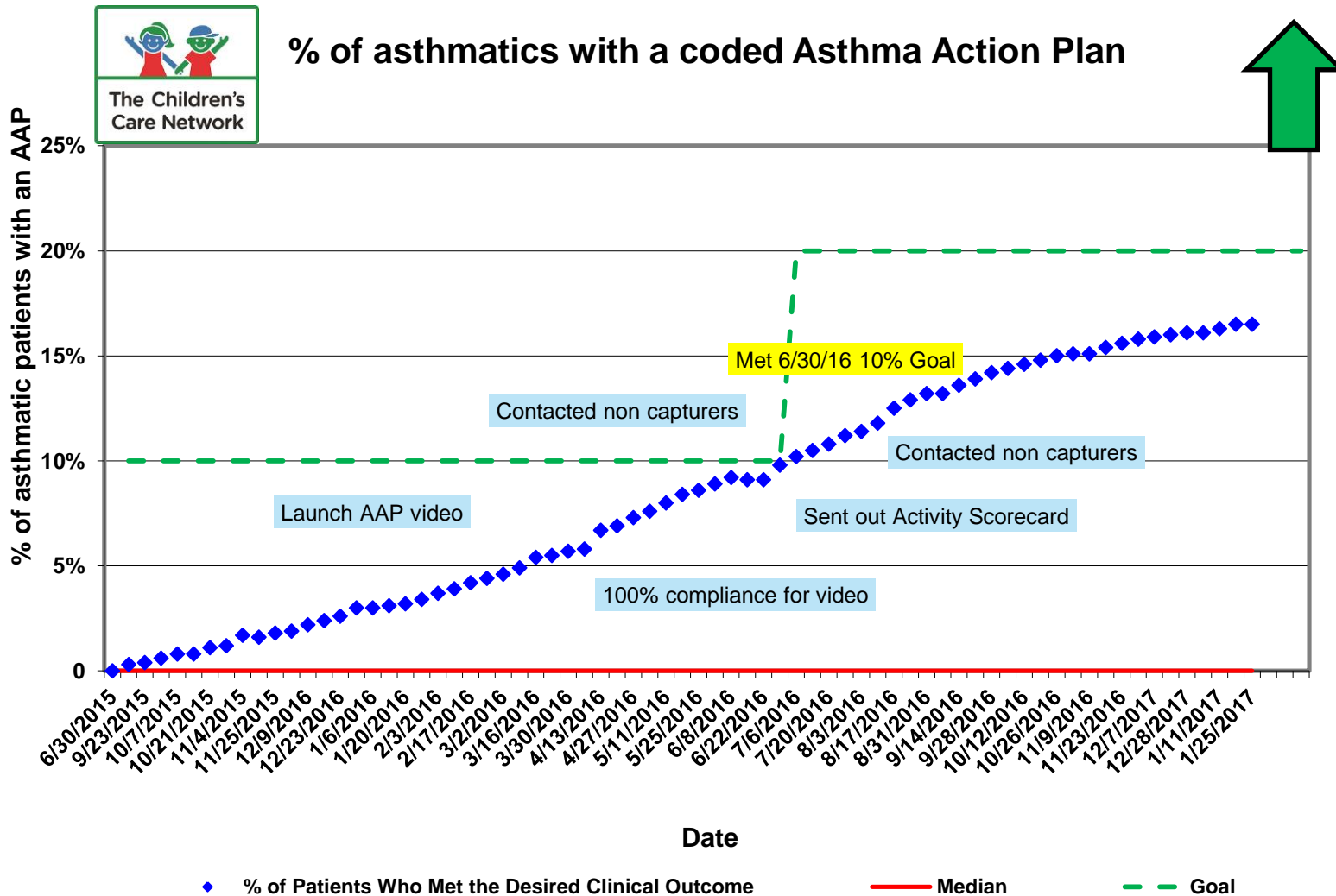
Brad Weselman, MD



# Primary Care Progress



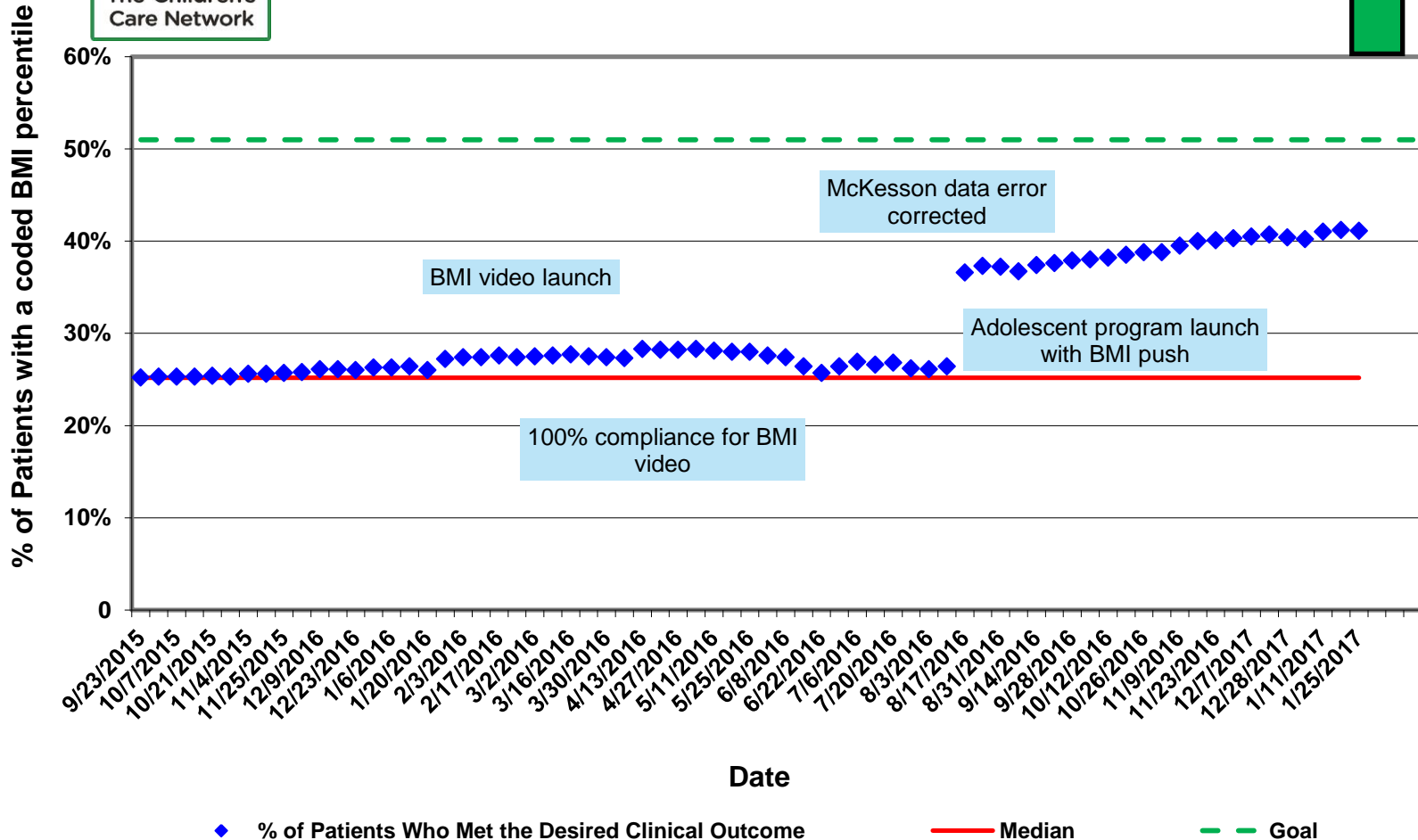
# Primary Care Asthma Action Plans



# Primary Care BMI



## % of Patients with a coded BMI percentile





# Primary Care 2017 Timeline

## Asthma Action Plan Form Audit – February 2017

- Practice will be asked to send TCCN a copy of their current AAP to confirm the 5 key components

## Concussion Website and Toolkit – March 2017

- Direct members to the Children’s Concussion page to download toolkit and view webinars (recommended)
- Resurvey providers regarding comfort level in August 2017 (1 per practice required)

## Adolescent Program – April 2017

- Recall, Immunizations, Depression and High Risk Screenings, STI (required)
- MOC Program

## Obesity Program – Late May 2017

- BMI percentile coding, coding for nutrition and exercise counseling (required)
- MOC Program

## Asthma – September 2017

- PCPs - asthma control test, SS – spirometry (required)

# Working you list promotional program for PCPs



**The top four practices who will be receiving lunch are:**

Cartersville Pediatrics  
Dawson Pediatrics  
Decatur Pediatrics  
Pediatric Associates of North Atlanta

**Honorable Mentions:**

DV Pediatrics  
Northside Pediatrics

# Membership Tips for Working Your List

prioritize patients in danger of missing window

staff contests with reward of PTO

set goals with financial incentive for staff

whole practice effort

updating WellCare portal when measure is in fact complete

identify measures your practice can realistically achieve

year round process

post cards three months prior to due date

removing patients from your panel with WellCare who are no longer your patients

emails to parents

schedule well check appts with refills

calling on weekends when parents are more available to schedule



# TCCN Patient Safety Program

*Joint effort between MAGMutual and TCCN Malpractice Program to enhance clinical integration efforts and align with TCCN goals of providing enhanced value to practices.*

- Who: TCCN Malpractice Program Practice Members
- What: Patient Safety Practice Assessment
- When: 2017 – 2018
- Where: At each member practice locations
- By: MAGMutual Patient Safety Team
- Why:
  1. Reduce collective risk exposure
  2. Improve patient safety, practice documentation and defensibility



# Technology Transition



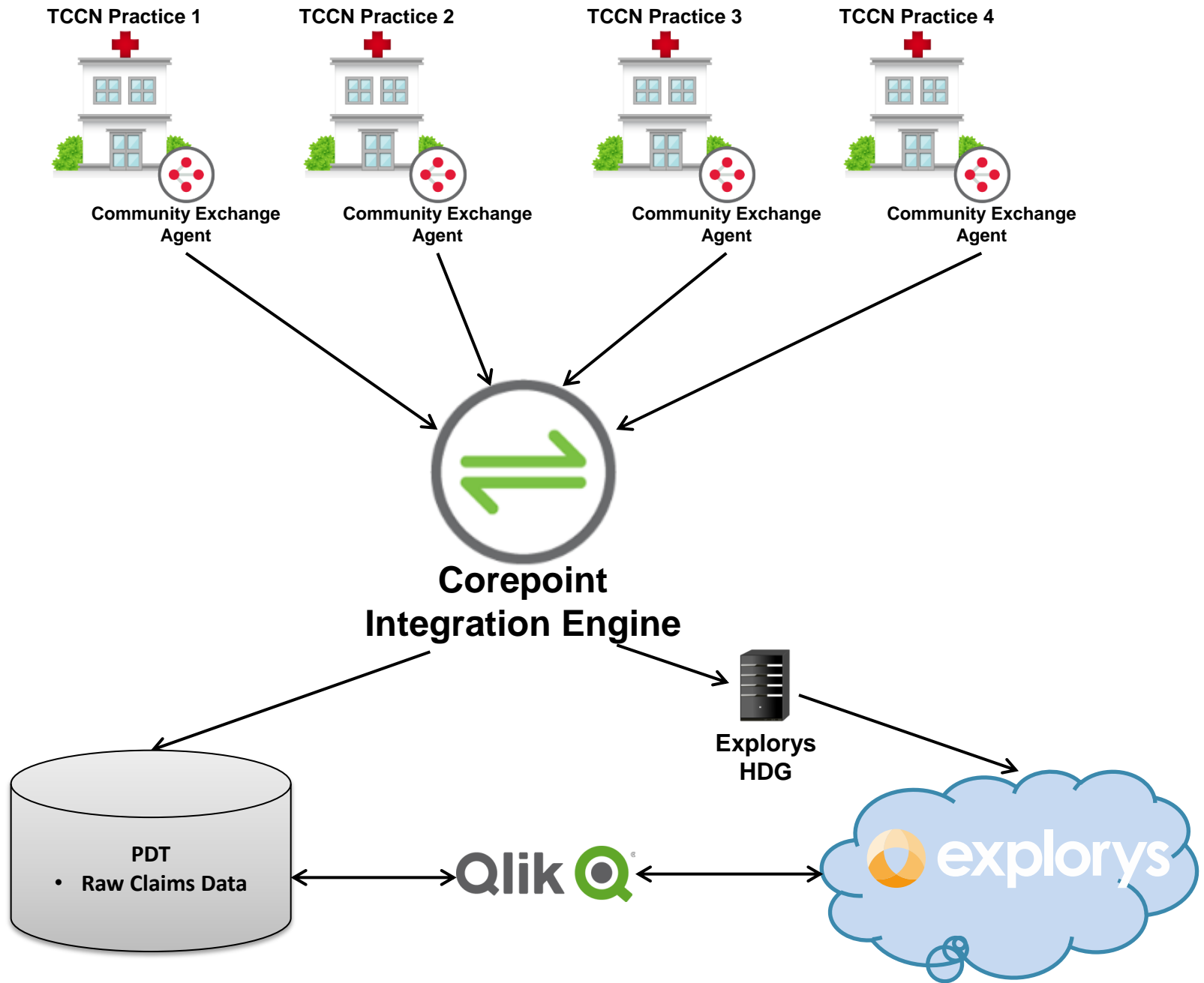
# IBM Explorys

- In 2017, TCCN will be transitioning from the McKesson Population Health Management Tool, which will no longer be supported by McKesson as of Fall 2017
- We are excited about partnering with IBM to transition to our next PHM Tool, Explorys
- IBM Explorys will provide better capabilities for our quality improvement efforts and reporting as we continue our progress in the coming years



# CorePoint Integration Engine

- To aid in our transition to IBM Explorys, TCCN staff will be reaching out to your practice to schedule your transition to the new data exchange tool, CorePoint
- Installation time is estimated at 1 hour
- The McKesson PH Cloud will be uninstalled at this time
- CorePoint will report to both McKesson and Explorys until we terminate the reporting to McKesson and go live with Explorys
  - We estimate this will occur by August 2017





# Subspecialty Progress



# Specialty Metrics

- Every Subspecialty has 1-2 metrics
- Total of 77 Metrics across 32 specialties
- 17 Specialties are working to improve access
- Future expansion to ensure at least one clinical and one process measure per subspecialty
- Development of quarterly reporting schedule to include progress, goals, interventions

# Subspecialty Reporting Process

- Reports will be sent to Quality Champion quarterly
  - Quality Champion to review report
    - Validate data
    - Share with team
    - Respond to online survey, *a link to the survey will be included in the email with report*
- 2016 End of Year Reports – beginning in February
- 2017 Quarter 1 Report – beginning in May
- 2017 Quarter 2 Report – beginning in August
- 2017 Quarter 3 Report - beginning in November

# 2016 End of Year Reports - Timeline

## February

- Urgent Care
- ED
- Endocrinology
- Radiology
- Heme Onc
- Hospitalists
- Pathology
- Nephrology
- Pulmonology
- Allergy and Immunology

## March

- GI
- Child Protection
- Palliative Care
- Infectious Disease
- Neurology
- Genetics
- Physiatry
- Anesthesiology
- PICU
- Neonatology
- CT Surgery
- Surgery
- Transplant
- Rheumatology

## April

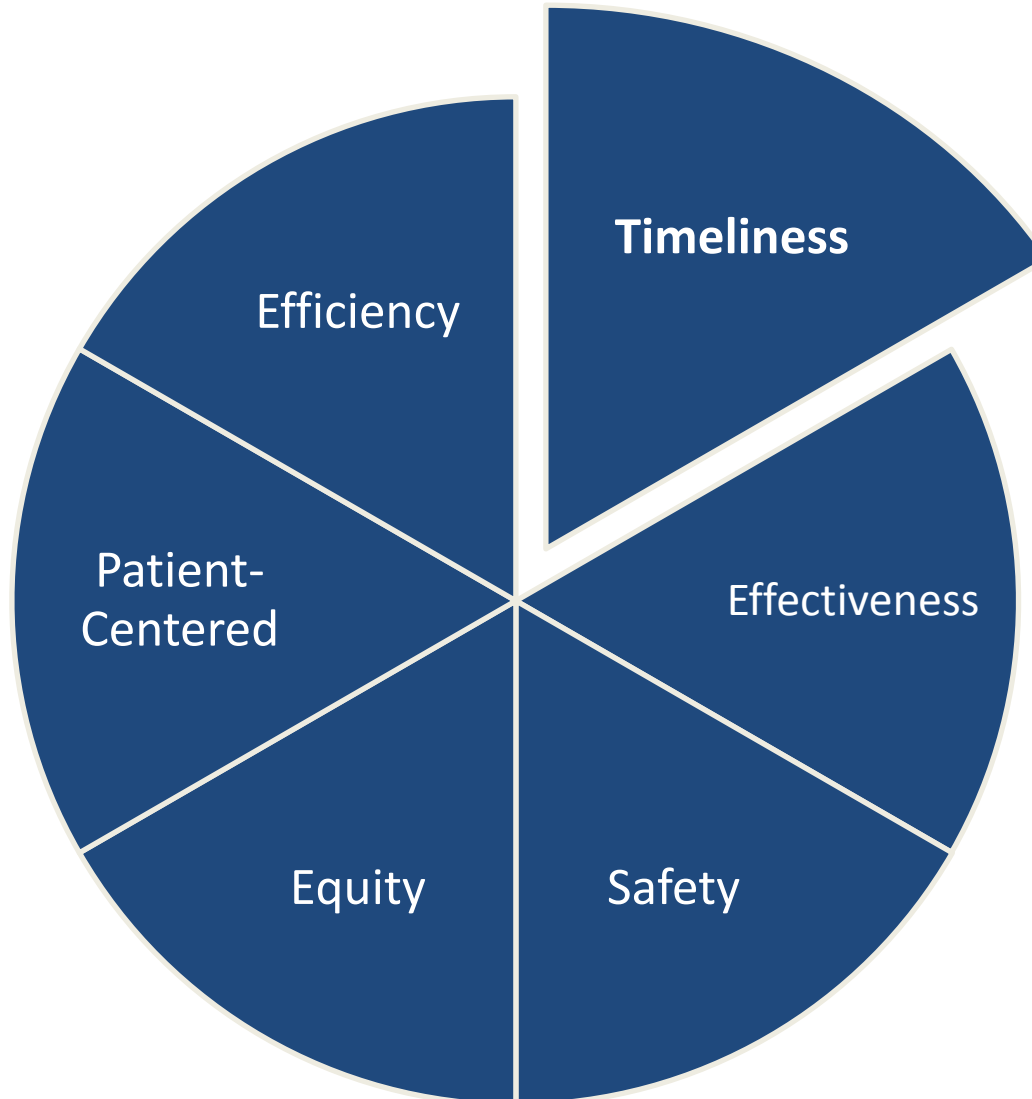
- Orthopaedics
- Plastics
- ENT
- Neurosurgery
- Urology

# Solving the Access Puzzle

Brad Weselman, MD



# The Institute of Medicine – Six Aims for Improvement



# Objectives

- Define 3<sup>rd</sup> next available as one measure of TCCN subspecialty access
- Share the current data available for TCCN
- Discuss market forces and their effect on access
- Discuss potential TCCN interventions to impact this issue



# 3<sup>rd</sup> Next Available

- The length of time in calendar days between the day a patient makes a call for an appointment with a physician and the third available appointment.
- Designed to measure the effect of changes in the overall scheduling system and **not** responsiveness to a single patient who needs to be seen quickly



# TCCN - Improving Access

## TCCN 3<sup>rd</sup> Next Available Appointment Measure

- 17 Subspecialties
- 42 practices actively reporting
- Board approved TCCN Network Goal of 14 calendar days or less
  - Practices greater than 14 days are to adopt a SMART aim to address their wait time

# National Subspecialty Provider Trends

- Insufficient number of Pediatric Subspecialists
  - Increased prevalence of chronic health conditions
    - Increase in referral volume and proportion of visits
    - Increase from 1.6% to 4.5% from 1980 to 2000
  - Aging existing workforce with fewer medical residents progressing to fellowship
  - Less time spent in direct patient care

Wait times from 5 weeks to 3 months → ED utilization

Adult Sub-specialists



# National Primary Care Trends

Decreases in average number a patients per week despite steady numbers of hours worked

Factors:

- Changes in patient insurance and rising deductibles
- Adaptation to Electronic Medical Records
- Increased physician administrative burdens
- Retail Clinic competition
  - # to double in 2017 with expansion of services!



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# Patient Consequences

Delays in obtaining diagnosis and intervention result in:

- ✓ Compromised patient safety
- ✓ Lower quality of care
- ✓ Increased family stress and anxiety

Care outside the primary care office/patient-centered medical home results in:

- ✓ Fragmentation of care



# Pediatric Provider Consequences

- Decreased patient volume/erosion of patient base
- Increased in attributed cost
  - ✓ Emergency room utilization
  - ✓ Duplication of expensive services
- Increased professional liability

*Erosion of the “Pediatric Differential”*



# What should we do?

## Recommendations for Improving Access to Pediatric Subspecialty Care through the Medical Home

US Department of Health and Human Services  
Health Resources and Services Administration

December 2008



**Let's take a stab at this ourselves!**



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# Table Exercise

Through cordial primary care/subspecialist collaboration identify 2 potential key drivers that can help our network achieve our global aim of 14 calendar days to 3<sup>rd</sup> next available





# KEY DRIVER DIAGRAM

Project Name: Specialty Access

Revision Date: 2 / 16 / 17

## SMART AIM

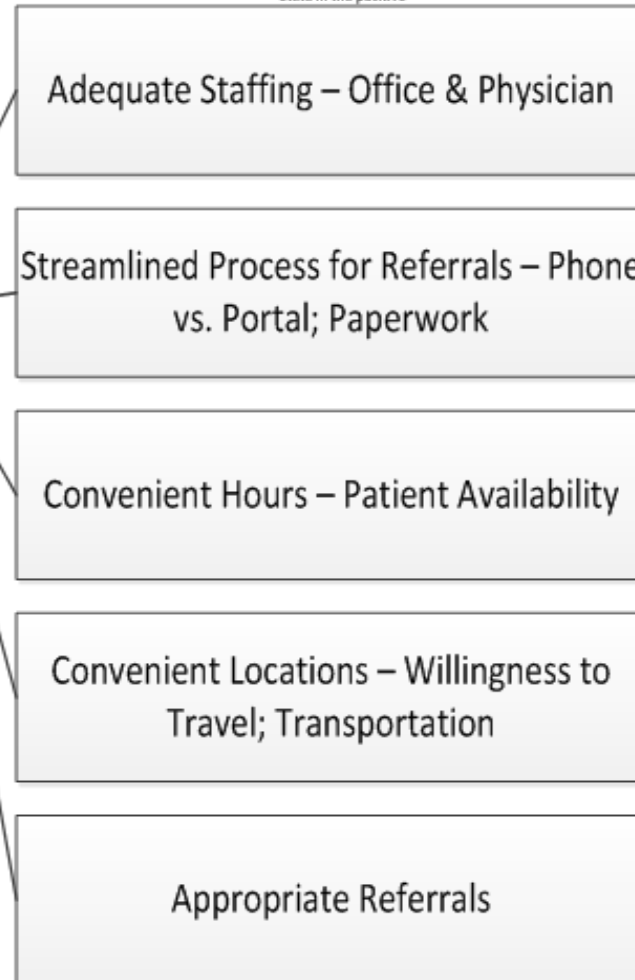
Specialty Practice ABC will reduce its time to third next available appointment by 5% by December 31, 2017.

## GLOBAL AIM

All TCCN Specialty Practices time to third next available appointment will be 14 calendar days or less

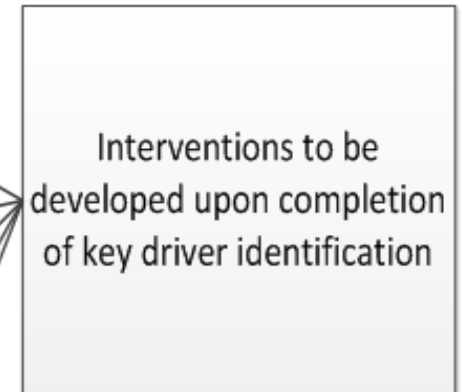
## KEY DRIVERS

What needs to be in place for the SMART aim to occur?  
State in the positive



## INTERVENTIONS

What do we have to do in order to make the key driver occur?



GOD, GRANT ME THE  
SERENITY  
to accept  
THE THINGS I  
CANNOT CHANGE,  
COURAGE  
to change  
THE THINGS I CAN,  
WISDOM  
to know  
THE DIFFERENCE.



IDENTIFY  
THE THINGS I CAN CHANGE,

# TCCN Health Insurance Program



# Group Health Program

- Determined program structure: Association Plan
  - Sponsored by The Children’s Health Network (TCHN)
- Received approval from TCCN and TCHN Boards of Directors
- Solicited interest among the membership
- Put the program out for bid by insurance carriers
- Group health program was rolled out to interested practices on Feb. 23
- Effective Date: April 1, 2017



# Program Design and Selection Process

- Quoted benefits with Aetna, BCBSGA, Cigna, Humana, Kaiser & UHC
  - BCBS, Cigna & Humana declined to quote based on not enough claims experience
- Analyzed benefit summaries submitted by TCCN practices
- Selected plans to give range of choices
  - Base plan competitive to Exchange
  - HDHP with HSA option with higher deductible and coinsurance
  - Richer plan option with lower deductibles and copays

# Program Design and Selection Process

- Plan parameters requested:
  - Exchange Alternative: High deductible, copay plan, HMO if available
  - HDHP/HSA Plan
  - Base Plan
  - 2 Different Buy-up Plans
- All plans have calendar year deductible accumulation
  - Current plan deductibles can be transferred to new plan from member's current carrier
    - Member **must** request report from current carrier or provide EOB's

# Quoting Process and Recommendations

- Carriers were hesitant to quote the large association due to lack of claims/medical data for 60+% of group
  - Premium underwriting was extremely conservative
- Aetna already insured largest block of the population and offered most competitive rates
  - Broadest network option
  - At renewal 4/1/18, Aetna will offer options to migrate to a 1/1 renewal thereafter
    - Syncs renewal to the calendar year deductible accumulation
  - Deductible credits offered to members who currently on calendar year deductible plans
    - Amounts contributed towards their deductibles 1/1/17-3/31/17



# Wellness Program with Aetna

- \$2 PEPM (per employee per month)
  - Offer on-site biometric screenings, finger stick or venipuncture depending on location size with alternatives for smaller practices
  - Offer an exercise/fitness platform called “Get Active”
    - 4 standard quarterly challenges for employees to compete in
  - \$50 gift card reward to all Aetna medical members who complete:
    - Health assessment and a health coaching journey online at [www.aetna.com](http://www.aetna.com)





# WellCare Contract and Distribution

Karen DeGood



# WellCare P4P Contract and Distribution

- TCCN met 7 out of 10 HEDIS measures under our WellCare agreement in 2016!
- Please look for communications and videos regarding the first distribution from this agreement
- Categories for distribution include:
  - Participating PCP
  - Non-Participating PCP
  - Subspecialists
- Letters with more detail and provider-specific reports will be included with payment



# Solving the Access Puzzle Continued

## How did we do?

Brad Weselman, MD



# KEY DRIVER DIAGRAM

**Project Name:** Specialty Access

**Revision Date:** 2 / 27 / 17

## KEY DRIVERS

What needs to be in place for the SMART aim to occur?  
State in the positive

## INTERVENTIONS

What do we have to do in order to make the key driver occur?

### SMART AIM

Specialty Practice ABC will reduce it's time to third next available appointment by 5% by December 31, 2017.

### GLOBAL AIM

All TCCN Specialty Practices time to third next available appointment will be 14 calendar days or less

Increase provider availability

Increased PCP/SS communication

Appropriate Referrals

Improved Informatics

Referral Process

Telemedicine; APP utilization; Resident exposure to Subspecialties; Transition adult patient out

Curbside consult; Phone a Friend

Centralized protocols; More toolkits

Electronic Referrals; Access to Data Repository

Creative Scheduling

# Recommendations

- ✓ 1. Increase awareness of the medical home concept and the needs that children have for pediatric specialty care
  - Create a clearinghouse of innovative approaches for improving pediatrics subspecialty access

# Recommendations

- ✓ 2. Increase collaborations between pediatric primary care and subspecialty physicians
  - Provide primary care providers standardized tools for risk assessment, diagnosis and care planning for commonly occurring conditions
  - Encourage effective interaction between pediatric subspecialists and primary care physician for discussion and collaboration

# Recommendations

- ✓ 3. Enhance the training and practice of health care professionals to enable them to better manage the care of children with chronic conditions
  - Increase training of both pediatric primary care and subspecialty providers around developmental and emotional issues and transitions to adult care
  - Use MOC to coordinate CME on targeted topics

# Recommendations

- ✓ 4. Improve public and private financing mechanisms to ensure access to pediatric subspecialty care within medical home
  - Develop new financial incentive programs to promote collaborative arrangements between medical home providers and pediatric subspecialists
  - Support graduate and continuing medical education



# Recommendations

5. Ensure a sufficient supply of pediatric subspecialists to meet the needs of children requiring subspecialty care

– Establish and recruitment and retention strategy



***Not yet a TCCN function – but can inform system and practice partners about needs and opportunities!***

# Outstanding! That is the power of this network

**Result -> The right care at the right time in the right place!**

- Improved subspecialty access for patients with the greatest need
- Increased volume of appropriate patients in the PCP office
  - Provide full spectrum of services appropriate to the medical home
- **Improved Quality**
  - Preservation and demonstration of the “Pediatric Differential”



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- AAP Principles Concerning Retail-Based Clinics. Pediatrics, 2014
- AAP Pediatrician Workforce Policy Statement. Pediatrics, 2014

# 2017 TCCN Aims

Karen DeGood



# 2017 TCCN Aims

- 1) Migrate successfully to Explorys
- 2) Implement initial elements of Contracting Strategy
- 3) Continue to expand communication capabilities and membership engagement
  - a) Educational videos
- 4) Roll out next phase of quality programs and demonstrate the ability to make a difference
- 5) Demonstrate the ability to impact the cost of care while improving quality (“Move the Needle”)
- 6) Continue to expand access to care
  - a) New members
  - b) Access quality measure work

**MARK YOUR CALENDAR:  
NEXT CLINICAL QUALITY FORUM**

**WEDNESDAY, SEPTEMBER 6, 2017**

Questions?



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**Thank you for coming!!**