Clinically Integrating for Atlanta’s Kids

The Children’s Care Network
How is the healthcare market changing?

1. Pediatric physician consolidation slower than adults
2. Growing outpatient environment
3. Expansion of adult health systems into pediatric market
4. Increasing demand for price and quality transparency
The future will emphasize value over volume.
So, what can an independent practice do to keep up with these changes?

• Keep providing the high quality, unique care of specially trained pediatric providers.

• Build the infrastructure to keep track of and demonstrate your performance.

• Find new ways to maintain a sustainable business model.

  ➢ Our community deserves the better outcomes pediatricians working alongside a pediatric hospital System can provide.
Across the country, clinical integration is being leveraged to deal with market changes.

Increasing financial opportunity and alignment

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<tr>
<th>P4P</th>
<th>PCMH</th>
<th>CLINICAL INTEGRATION</th>
<th>SHARED SAVINGS</th>
<th>BUNDLED PAYMENTS</th>
<th>SHARED RISK</th>
<th>CAPITATION FULL RISK</th>
<th>PROVIDER-SPONSORED PLANS</th>
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Children's Hospital Boston

Cleveland Clinic

quality health solutions, inc.

Children's Hospitals and Clinics of Minnesota

NorthShore University HealthSystem

Texas Children's Health Plan

Children's Healthcare of Atlanta

Driscoll Children's Hospital

Scott & White Health Plan

Seattle Children's Hospital

Phoenix Children's Hospital

St. Luke's Episcopal Health System

Texas Friendly

Easy Choice Health Plan (HMO)
If we work together, we can advance pediatrics in our communities.

• The Children’s Care Network is a physician-led nonprofit created to:
  • improve quality
  • increase efficiency
  • demonstrate performance and value
  • identify sustainable business models to protect the private practice model into the future
How would the network work?

**Example: Asthma**

**Primary Care**
- PCP manages more of the care
- PCP uses protocol before referring
- Utilization is monitored
- Easier access to subspecialists

**Billy has asthma.**

**Specialists**
- Knows PCP has followed protocols
- Better able to focus on more serious cases
- Reduced wait times for first-time patients

**Schools**
- Trained on care protocols
- Have dedicated rescue inhalers, spacing chambers, and individualized asthma plans
Developmental Milestones for a CCN Practice: “Baby Steps”

- **Sit-up**
  - Commit to CCN
  - Establish a communication channel
  - Education on measures
  - Link to technology
  - Gather baseline data

- **Crawl**
  - Create quality infrastructure (Cl Champ, Q Coor, PA)
  - Acceptance of Core Measures
  - Coding education
  - Benchmark data
  - Set priorities
  - Start to implement process changes in practice

- **Walk**
  - Take action
  - Implement project plans
  - Active participation from all staff
  - Collect data / analyze results
  - Evaluate data for care opportunities
  - Identify barriers
  - Establish ongoing processes
  - Re-evaluation
  - Submit best practices

- **Run**
  - Identify areas of need from data
  - Easy acceptance of new programs
  - Periodic assessments
  - Population buckets
  - Peer interaction

Each stage identifies checkpoints for practices

Year 1
- **Sit-up**
- **Crawl**

Year 1-2
- **Crawl**

Year 2-5
- **Walk**

Year 5+
- **Run**
How does the contracting work?

- All Members are required to participate in “Incentive-Only” contracts.

  Upon achievement of clinical integration and delegated authority for base contracting:

  - Members have choice to exclude their practice from TCCN base contracts for certain payors.
    - If opt-out, two-year exclusion from those base contracts.
    - If opt-in, contract under CCN single-signature authority.
# Board of Directors

## Private Practice

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<th>Pediatrician</th>
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## Employed by a System

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<th>Medical:</th>
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<tbody>
<tr>
<td>1. Lonnie King MD</td>
<td>2. Billy Meyers MD</td>
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<td>Surgical:</td>
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<td>3. Mike Busch MD</td>
<td>4. Hal Scherz MD</td>
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<th>Specialists</th>
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## Children's Representatives

1. Patrick Frias MD
2. Donna Hyland
3. Dan Salinas MD
What are the membership criteria?

- Pediatric primary care physicians and pediatric specialist physicians are eligible to join.
  - All members of a practice must join.
- Must be member of Children’s Professional Staff.
- Must be board-certified or board-eligible.
- Must agree to submit practice data, but are not required to have an EMR system in their practice.
What do I have to do as a network member?

- Participate in quality initiatives.
- Adhere to performance goals.
- Share certain, defined patient data.
- Pay fair market value dues for services provided by the network.
  - $275 per physician
- Participate in certain network contracts.
So, why should I join?

• **Improve coordination across the care continuum.**
• **A free-standing pediatric system of care benefits everyone – especially our patients.**
• **Become an early-adopter of value-based care.**
• **Inaction doesn’t mitigate risk from the changing healthcare market.**
• **Independent pediatricians govern the destiny of the network.**
• **We can share in the rewards of moving to a value-based system.**
Where can I find more information?

Visit [www.tccn-choa.org](http://www.tccn-choa.org)

Contact The Children’s Care Network to request an in-person visit from a network representative or to receive an enrollment packet:
404-785-7935 or [contact@tccn-choa.org](mailto:contact@tccn-choa.org).