Taking Your Pediatric Practice to the Next Level
Strategies for Surviving & THRIVING in Pediatric Practice
Susan J. Kressly, MD, FAAP

Faculty Disclosures
- 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, I acknowledge that today’s activity is certified for CME credit and this will not be discussed today.
- I do not intend to discuss a unapproved/investigative use of a commercial product/device in my presentation.

Objectives
- Understand the competitive marketplace
- Discuss ways to set your practice apart from the competition
- Develop strategies to thrive in today’s healthcare market
- Explore the logistical and practical aspects of running an efficient practice that patients love!

Warning: this talk is not for...
- those who have a 9-5 mentality
- those who say “this is not my problem”
- those who say “I’m an awesome pediatrician, all I have to do is show up and practice great medicine”

“No Margin, No Mission”

Practice Trends....Alice in Wonderland
One pill makes you Larger and one pill makes you small
**Boutique**
- A business that serves a sophisticated or specialized clientele
- A small company that offers highly specialized services or products
- A small shop within a large department store

**Concierge**

Concierge medicine (also known as retainer medicine) is a relationship between a patient and a primary care physician in which the patient pays an annual fee or retainer.
- This may or may not be in addition to other charges.
- In exchange for the retainer, doctors provide enhanced care, including principally a commitment to limit patient loads to ensure adequate time and availability for each patient.

**Niche**
- A place, employment, status, or activity for which a person or thing is best fitted
- The situation in which a business’s products or services can succeed by being sold to a particular kind or group of people
- A specialized market
- A habitat supplying the factors necessary for the existence of an organism or species

**Micro-practice**
- One doctor, all alone
- No or limited staff
- Enabled by technology

**What do they all have in common?**
**Keys to Success**

- Know your market
- Distinguish yourself then market your practice
- Remain customer focused
  - Ask your patients what they want
  - Give them more than they ask

**Who are you?**

- Mission Statement
- Vision Statement
- Core Values
  - We believe.....
  - We strive......
  - We treat.....

**Where’s the Business Model?**

- Additional income
  - Patient visits/covered services
  - Non-covered services
  - Data = leverage
  - Control of practice overhead
  - Trust relationships/engaged patients lead to decreased use of total healthcare $$

**Additional Income: Non-covered services**

- Know your market
- ASK your market
- Extend your offerings
  - IMPACT baseline testing for pre-high school athletes
  - CPR classes
  - Education sessions
  - Exercise programs
  - Cooking classes
  - Create a community "home" for your patients
Data = Leverage
- Tighter control of quality/cost
- Must have a culture of continuous QI
- Use data to discuss improved payment with payers
  - Use cost data
  - Use quality data

Using Quality Data
- HEDIS measures
  - Well visits (infants, children, adolescents)
  - Immunizations (ECBT, adolescent immunizations)
- Clinical Quality measures
  - URI and antibiotics, pharyngitis and antibiotics
  - Asthma patients on controllers

Case Study: QI = Increased $$
- HEDIS measures include well visits according to Bright Futures periodicity
  - First 15 months of life (6+)
  - Ages 3-6 years (yearly)
  - Adolescent well visits 12-21 years (yearly)

Increasing Your Rates
- Know your baseline
  - Who are your patients on the insurance panel?
  - How well are you doing?
- Create a QI team to improve
  - Must include a physician
  - Can’t only be the physician

Create Policies
- Check for well visit status at every point of contact
- Infants
  - Always schedule next well visit before they leave
- Children/Adolescents
  - Practice availability
  - Effective recalls: run frequently, run proactively, run in follow-up

Engage Patients
- Useful reminders according to patient preference
- No shows: reschedule
- Demonstrate the value of the well visit
- 3 stages of letters for patients who repeatedly don’t schedule/keep well visits
Recall Coordinator

- As March schedule released:
  - Prepares recall list for patients who will be due between now and end of March and don't already have an appt scheduled
  - Sends messages as reminders
  - 2 weeks later, runs same recall
  - Contacts patients until they are scheduled

Results

- All but one adolescent had a well visit based on BF schedule for the target payer
- Highest ranking of all pediatric practices in the region
- Increased P4P bonus payment
- Used high rates to negotiate increased payment rates for upcoming year
- Looping in additional payers

Using Cost Data

- Cost Containment
  - Generic medications
  - Formulary adherence
  - Reduce ED utilization
  - Diagnostic test costs
  - Specialist care

Control of Practice Expenses

- Location more important than fancy office building
- Payroll is biggest expense
  - Hire wisely: [staff turnover] is very expensive
  - Different models
    - Higher trained staff, cross train and give ownership
    - Minimal staff, physician does much of the work
    - Tiered staff with all working at the top of their scope of practice
- What's the ROI on administrative overhead?

Increased Personal Satisfaction

- Physicians
- Patients
- Staff

Leads to...

- Improved trust relationship
- Improved quality of care
- Improved adherence/compliance to care plans
- Increased loyalty
Who’s Stealing Your Lunch?

Competition
- Retail Based Clinics
- Payers themselves
  - Advertising for Phone/Virtual Visits
  - Directing Traffic to RBCs
- Employer Based Clinics
  - On site, coordinate with work day
  - Reduced fees
  - Look around....

Why Do Patients Go Elsewhere?
- No established relationship
- Convenience
- Don’t want to “bother you”
- Cost
- Don’t value your “expertise”

What to do about the competition?
- You can only control yourself
- Focus on your practice
- Build a better mousetrap
  (something they can’t do)

What’s a Pediatrician to do?

Out Of the Box

But We’ve ALWAYS Done It This Way
Market Research
- Who are your patients?
- Who are your potential patients you are missing?
- What do they value?
- Ask **before** you act

Care must be PERSONAL
- CHEERS reception: where everybody knows your name... “Sometimes you just want to go where everybody knows your name... and they’re always glad you came...”
- Think like you’re on island time: no problem!

Put yourself in the patient’s shoes
- Creates a culture of empathy
- Begins a relationship of trust
- Empower your staff to “do the right thing”

Pitfalls to avoid
- Grumpy staff
- Harried/bothered attitude
- Saying no when you could say yes

But I don’t want to feel taken advantage of.....
- Then say yes with a smile, but set the limits
- Then say yes, but with an extra charge
- Or apologize and say, “I’m sorry” but find a way to compromise

Creating Practice Buy In
- Culture from the top down and the bottom up
- Walk the walk
- Create an environment where everyone’s ideas matter
Continuous Improvement
- Measure, brainstorm, implement, re-measure and REWARD
- Pay people in the currency that matters to them
  - Celebrations
  - Time off
  - Bonuses
  - Public recognition

Where do you start?
- What is your practice identity?
  - What sets you apart?
    - From other pediatric practices
    - From the Retail Based Clinics?
    - From the on-line virtual doc?

“Medicine is neither a profession nor a business, it is a mission”.
- Dictum of Mother Teresa
- We can accomplish it even while earning a living
- A vision and a passion to treat our patients, with compassion is the only requirement