The Evolving Medical Neighborhood
Acute Care *Outside* the Medical Home

David Mathison, MD MBA
Regional Medical Director, PM Pediatrics
Pediatric Emergency Physician
Objectives

• To discuss evolving trends in pediatric acute care

• To differentiate various models (personnel, practice standards, care spectrum, and regulations)

• To discuss how pediatricians can advocate for communications and integration with the medical home
Why are we talking about this?

Medical Home

- Emergency Dept.
- Urgent Care
- Retail Clinics
- School-Based Health Centers
- Telemedicine
- Uber?
“My wife and I both work. When one of our children wakes up complaining of a sore throat, we could begin the ritual stare-down to determine which of us is going to have to wait for the doctor’s office to open, make the phone call, wait on hold, schedule an appointment (which will inevitably be in the middle of the day)...sit in the waiting room (surrounded by sick children), get the rapid strep test, find out if the child is infected and then go to the pharmacy...

...Or, one of us could just take the child to a retail clinic on the way to work and be done in 30 minutes.”
Medical Neighborhood

Promoting the Patient-Centered Neighborhood
CONVENIENCE CARE part 1

EVOLUTION OF ACUTE CARE
Doc, Can You Help Me?
The Traditional Pediatric Model (1950s-)

House Calls  →  Office Visits  →  After-Hours
OVERCROWDING IN THE ER

I spent eleven hours in the Emergency Room, and all I got was this lousy band-aid.

Help Reduce E.R. Crowding. For Allergy Symptoms, See Your Doctor.
1980’s

ED-based FastTrack (RTU/urgent care)

Pediatric Emergency Medicine

COPEM SOEM
1990’s

Internet & Dr. Google

Free Standing Urgent Cares
2000’s

Retail-Based Clinics

Mobile Access
Today

TeleMedicine

Uber Health
Key Drivers

- Consumer Demand
- Cost Savings
- Convenience
Consumer Demand

- Consumers like choices
- Expectation that services will be as responsive and accessible as other service industries
- ↑high-deductible plans make consumers more wary of costs
- Desire for “one-stop shopping”
13-27% of all ED visits could be shifted to urgent or retail care leading to a savings of $4.4 billion annually.¹

<table>
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*Treatment of otitis media, pharyngitis, and UTI based on claims data from a large health plan using health plan reimbursements and patient copayments²

¹ Weinick RM - Health Affairs 2010
² Convenient Care Options in NYS, Chang, et al., United Hospital Fund, 2015
CONVENIENCE CARE part 1

RETAIL-BASED CLINICS
Retail Growth

>10 million visits
What is Retail Based Care?

- Most retail care sought by adults
- Very protocol driven
- Limited scope
  (>90% are 10 simple conditions)
- Staffed by Mid-Level Practitioners
  (NP’s, PA’s)
Why Seek Retail Care?

Reasons for Seeking Care at Retail Clinics (2010)

- Hours Were More Convenient: 58.6%
- No Need to Make Appointment: 55.9%
- Location Was More Convenient: 48.1%
- Cost Was Lower: 38.7%
- No Usual Source of Care: 24.6%

Reasons for Pediatric Care at Retail Clinics (2012)

- More Convenient Hrs: 36.6%
- No Office Appt Available: 25.2%
- Did Not Want to Bother PCP After-Hours: 15.4%
- Problem Not Serious Enough: 13%

Note: Categories are not mutually exclusive; respondents could select multiple categories.
Source: HSC 2010 Health Tracking Household Survey

1. Parents’ Experiences With Pediatric Care at Retail Clinics, JAMA Pediatrics, Sept 2013
2. Retail Clinics, Primary Care Physicians, And Emergency Departments: A Comparison Of Patients’ Visits, Health Affairs, Sept 2008

50% between 8a and 4p
53% did NOT have a PCP
Where is Retail Care Going?

• More comprehensive services

• Increasing affiliation with health systems (linked EHR’s)

• Some are exiting the market (Walgreens, Target)
Limitations of Retail Care

- ? Communications with medical home
- Very regimented care protocols
- Potential bias for medication dispensing
CONVENIENCE CARE part 2

URGENT CARE
Evolution of Urgent Care

Doc in the Box

ED Alternative
“Urgent care centers complement primary care and help put resources in the right places. Urgent cares not only improve access, but liberate primary care providers to do what they do best: preventive medicine and chronic care management. Primary care practices can focus on prevention and wellness and the ongoing treatment of chronic disease.”

–David Meyers, MD
Chief Medical Information Officer
Agency for Healthcare Research and Quality (AHRQ)
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URGENT CARE or EMERGENCY CARE?

How do you know whether you should go to an urgent care center or the hospital ED?

LEARN MORE ➤
Clinical Spectrum in UC

- Radiography
- Laboratory
- Sterile Procedures
- Fracture Care
- IV Fluids
Clinical Spectrum in UC

- Respiratory
- EKG
- Observation
- Physicians (EM, IM, Family, Peds, PEM) + Mid-Level Practitioners (NP’s, PA’s)
- Nurses; XR Techs; Medical Assistants
UC as Intermediary Care

Community Triage

EMS Inbound
TRANSPORT TEAM Outbound
Specialty Urgent Care

Orthopaedic Urgent Care
Walk-in care for bone & joint injuries

GO Ortho
Urgent Care for Aches, Breaks and Sprains

OrthoNOW
Orthopedic Urgent Care
because injuries don’t happen by appointment

OrthoCare
Walk-in Urgent Orthopedic Care
Monday - Friday
8:00 am to 7:00 pm
Saturday - 9 am to 1 pm
Is Pediatric Urgent Care Different?

Pediatric expertise & procedural competence
Open later, kid-friendly environment
Most patients HAVE primary care home
More focus on EMERGENCY care than primary care
Where is *Pediatric* Urgent Care Now?

- 319 facilities in 35 different states
  - 150 hospital-affiliated
  - 130 freestanding, privately owned
  - 16 closed in past year
- Volumes at some exceed 35,000/year

“Well-managed freestanding UC can enhance the provision of urgent services to children, be integrated into the medical community, and provide a safe effective adjunct to the medical home. Staff should be trained in pediatrics, have pediatric guidelines and be equipped and prepared for emergencies”

—AAP Position Statement 2014
What’s Next for *Pediatric* Urgent Care

- Pediatric readiness...?
- Education....?
- Fellowship / Accreditation....?
- Standards, benchmarking, research...?
Limitations of UC?

- Some have primary care overlap
- No advanced imaging
- Limited ability for complex chronic diseases
- Inability to do conscious sedation
- Accreditation
- Closing times and room capacities limit observation capabilities
Telemedicine (direct-to-consumer)

American Well

Doctor On Demand
Tele-Specialists (direct-to-consumer)

Spruce
$40/visit

DERM

KidKutsMD
Lac Repair
In the AM
PLASTICS
70-74% of consumers would rather have an online video visit to obtain a prescription than travel to their doctor’s office.
“The patient-consumer wants to access primary care on their terms, not those of the health care industry. Telemedicine is a tool that will transform health delivery for the better.”

– Bill Frist, MD (former senator)
Survey of 1,700 customers who used the CVS telemed service found that 95% were "highly satisfied" with the encounter, and 35% said they preferred a telehealth visit over an in-person visit with a doctor.
Telemedicine Outcomes

Cost Effectiveness

Patient Satisfaction

Access

Care Quality

- 90% medical issue resolution by the end of the call\(^1\)
- 91% of health outcomes similar or better via telehealth\(^2\)

\(^1\)Teladoc website
\(^2\)Wade VA et al. BMC Health Serv Res 2010
Telemedicine Concordance

- Major diagnoses missed: syphilis, eczema herpeticum, PCOS
- Treatments at odds with existing guidelines
- 10% offered to communicate with PCP
- When photographs alone were inadequate, failed to ask important history questions
Telemedicine Concordance

- Mordechai Raskas, MD
- 40 patients sought CNMC ED care for rash
- Compared diagnostic and treatment concordance between telemedicine and live encounters

*The 3 missed diagnoses were varicella, scarlet fever, and scabies.*
Telemedicine Limitations

• Insurance parity
• State-to-State differences
• General acceptance
• Quality metrics
• Technology and connectivity
• Chronic care > Acute care
CONVENIENCE CARE part 4

DISRUPTIVE MODELS
# The On-Demand Doctor

## Service
- **For a flat fee of $99, the service promises to send a doctor in under an hour**
- **Dispatches doctors or nurses via Uber for $200 per urgent-care visit; $75-$100 for a wellness check**
- **Nurse conducts initial visit and can video chat with doctor; $150 for an urgent-care house call; prices vary**
- **Nurse practitioners consult via video for $50 or in-person visit for $200; $50 per month for unlimited visits**
- **Responds to non-emergency 911 calls; offers on-scene care instead of ER visit; $200-$300**

## City/State
- **Los Angeles, San Francisco and Orange County, Calif.**
- **New York City, San Francisco**
- **Atlanta, New York City**
- **Minneapolis, Wisconsin and North Dakota**
- **Denver**
Today’s Home Visit

- Tablet
- Digital Stethoscope
- Multiple Lenses/Optics
- Ultrasound Unit
- 2 lead EKG
- Basic Supplies
Take Home Thoughts

WHERE DOES THIS LEAVE US?

“The computer says I need to upgrade my brain to be compatible with the new software.”
The Evolving Medical Neighborhood

New AAP Statement on Acute Care coming soon!
Providers have 3 choices for the changing landscape

1. Ignore innovators and hope for the best

2. Call for increasing regulation to make it harder for innovators to enter the market

3. Welcome, enable, and embrace it….but adapt your existing model OR compete on quality and efficiency
Trends and Thoughts

• Consumers will continue to direct health care

• Retail care will evolve, provide more comprehensive care and telemedicine services

• Urgent care is consolidating into group of larger players

• Accountable care will grow, risk-sharing will increase
Care Coordination & Communication

Two-way communication with the medical home is a MUST!
SUMMARY

• Acute care services outside the medical home are increasing. No matter how convenient, trust and care quality are paramount.

• There is a wide spectrum of pediatric acute care delivery. Learn and connect with the providers in your community to understand their services.

• Advocate for two-way communications with the medical home.