Transitioning a Practice
Fee for Service to PCMH/Value Based Model

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Why change the model?

- Fee for Service is phasing out as primary payment model
  - More insurances going to incentive based/value based—United Premium Designation, United Peer Comparison Reports, Carefirst PCMH, etc.
  - Many won’t negotiate contracts or give you the run around

- The Opportunity
  - Stay ahead of the game.
  - Increase patient satisfaction
  - Increase quality of care
  - Know what you are being held accountable for and have more control of that
  - Really assess your practice and where you can do better
Where did we start?

- Started analyzing where we thought we had areas for improvement
  - Looking at vaccine rates, follow up, tracking patients better in the system
  - PCMH—was this a certification worth the time/cost?

- PCMH Certification—worth the time/cost?
- PQCC came together
How did we start this analysis?

**STEP 1**

- PQCC—Pediatric Quality Care Collaboration—4 practices
- Meetings on a quarterly basis (and many emails in between)
- As a group we decided to start with obtaining NCQA PCMH certification
  - Worked with EClinical (purchased HEDIS Dashboard and had an assigned PCMH assistant with ECW)
  - Hired a consulting firm as a group that specializes in helping practices obtain this certification
  - Was able to spread some costs among all of us instead of each having to pay
  - All 4 practices obtained level 2 or 3 certification within 9 months of starting.
- PCMH certification really makes you drill down into your practice and figure out what you can do better or even more—what you are already doing but make it documented.
Step 2: Goals for PQCC groups

- 3 areas of focus - where can we make the most impact and make changes?
  - Pharmacy/Formulary
  - Specialist Relationships
  - HEDIS Measures
Pay Attention to Formularies
- Use ECW as best you can to check these each time you prescribe
- Good RX and other websites...
- Meds that have generic substitutions - defaults in ECW
Specialist Relationships

- Look at what you can bring in house
  - We have a Licensed Clinical Social Worker, a Nutritionist and Lactation
- We developed a relationship with another therapist that specializes in young kids and a cardiologist
- Talk to specialists in the area to develop clinical pathways on when you can handle something in house vs. referring to the specialist
- Handouts/more resources/Website
HEDIS Measures

- About 50 Pediatric Measures-do you know what they are?
  - ECW Dashboard really helps drill down data but you can use registry or recall reports no matter what EMR you have
  - We log in monthly and run reports for patients overdue for well visits, immunizations, etc.
  - PQCC collaborates and analyzes the data of all 4 practices to see who is doing well with one measure, how we compare with each other. Use best practices with the ones doing it well
  - Know what your top carriers use for their Measures—all claim data for them so know what codes you need to use
HEDIS Measures-how to use the data

- First - clean up your active patient list. If they haven’t been seen in 2 years or your parameters....contact them to see if they are still patients. Make inactive so your reports are accurate.

- Can be overwhelming so start with top 10
  - Well visits for different age groups-3-6 year olds, teens, 15-18 month
  - Immunization measures - FLU, HPV, HEP A
  - Screening Measures- Depression, Nutritional Counseling, Tobacco, MCHAT, etc.

- For these measures above: We send text message reminders, portal messages, and have our health liaison call to follow up if the other 2 ways did not work.

- We run reports and make contact with those missing measures about 1/month. Decide what volume your staff can handle. Maybe 2 measures one month and 2 more measures the next, etc.
HEDIS APRIL 2017

- WCE CAP 02: Children and Adolescents Access to Primary Care Practitioners 2.1-6
- WCE CAP 03: Children and Adolescents Access to Primary Care Practitioners 7-11
- WCE CAP 04: Children and Adolescents Access to Primary Care Practitioners 12-19
- WCE NQF 1392: Well Child: Patients who had at least one well visit in the first 15 Months
- WCE NQF 1516: Well Child: 3-6 Years

Graph showing the percentage of patients meeting these criteria across different pediatric practices.

Legend:
- FRIENDSHIP PEDIATRICS
- CHILDREN FIRST PEDIATRICS
- PEDIATRIC CARE OF ROCKVILLE
- HIRSCH PEDIATRICS
<table>
<thead>
<tr>
<th>Measure</th>
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<th>Compliant</th>
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<tr>
<td>SCR LSC-Lead Screening in Children</td>
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Is all of this worth it? 
YES!!! Why?

- Higher Patient Satisfaction
- Better quality care that you can actually measure and see the results
- More accountability with staff and more involvement = better employee morale
- Better discussions with insurances because you know your numbers and your compliance
- Better relationships with specialists
- Better incentives from insurances when you meet their measures
- In the future—maybe better contracts but we focus on quality first
How can your practice start moving toward this model?

- PCMH
- HEDIS Dashboard
- More simply—just start with 5 measures that you can recall for your patients and try to improve—well visits for an age group, FLU vaccine? And try to implement this recall regularly
- Research the top 5 most expensive medications and formularies/alternatives
Questions??
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