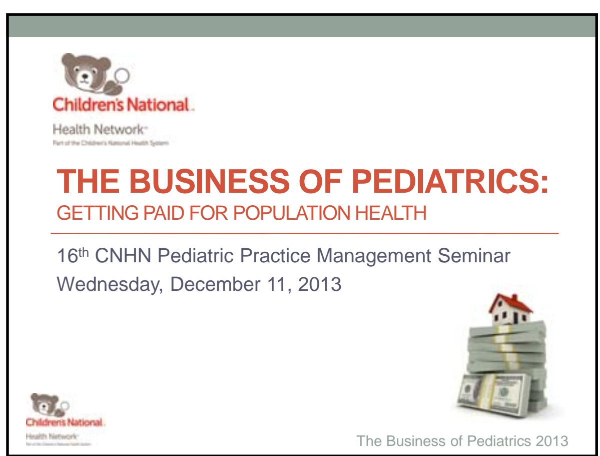
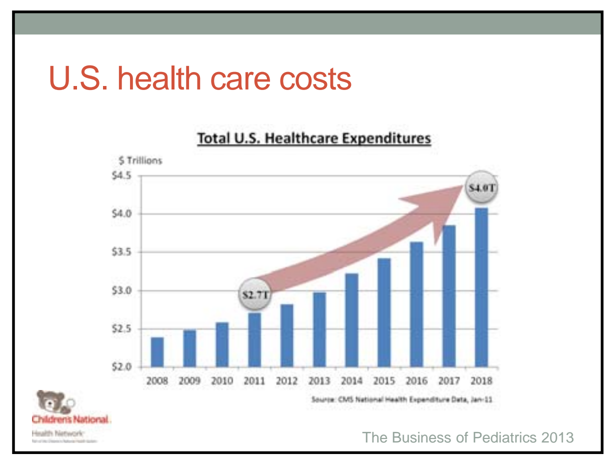
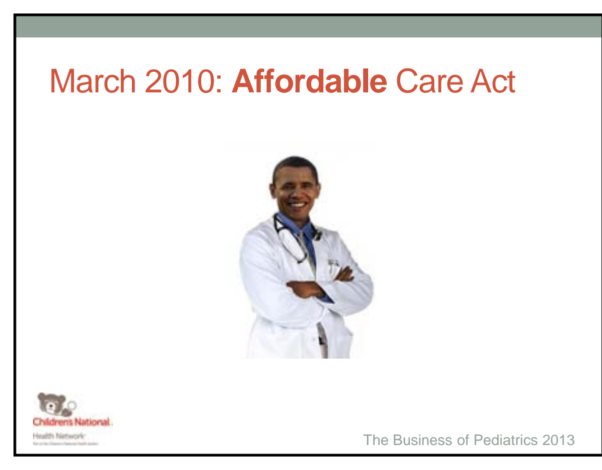
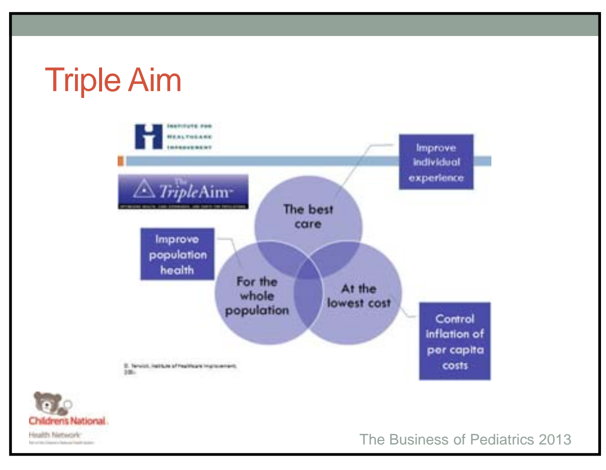
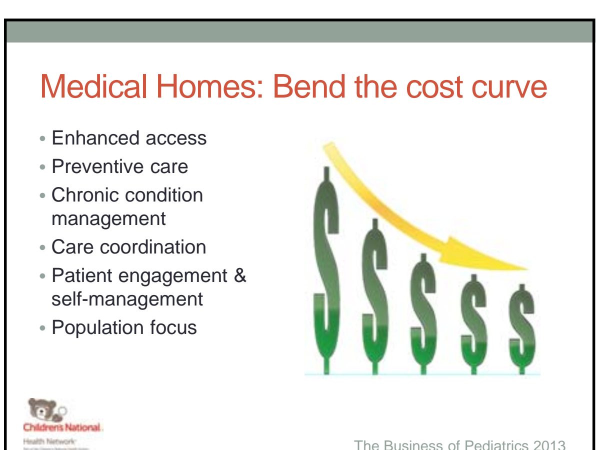

Children's National
Health Network
THE BUSINESS OF PEDIATRICS:
GETTING PAID FOR POPULATION HEALTH
16th CNHN Pediatric Practice Management Seminar
Wednesday, December 11, 2013
The Business of Pediatrics 2013

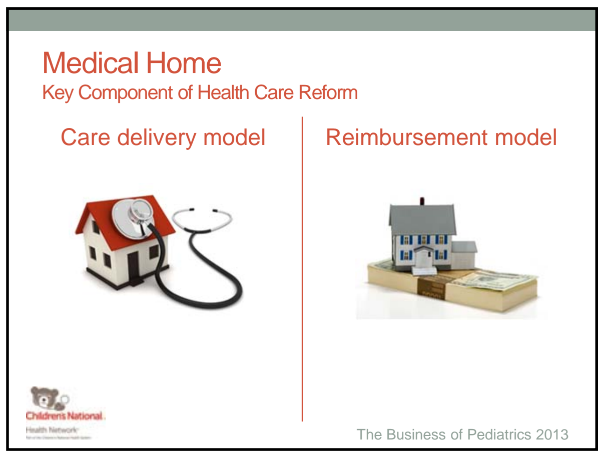
Getting Paid for Population Health
The Business of Pediatrics 2013


U.S. health care costs
Total U.S. Healthcare Expenditures
$ Trillions
$4.5
$4.0
$3.5
$3.0
$2.5
$2.0
$2.7T
$4.0T
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
Source: CMS National Health Expenditure Data, Jan-11
The Business of Pediatrics 2013

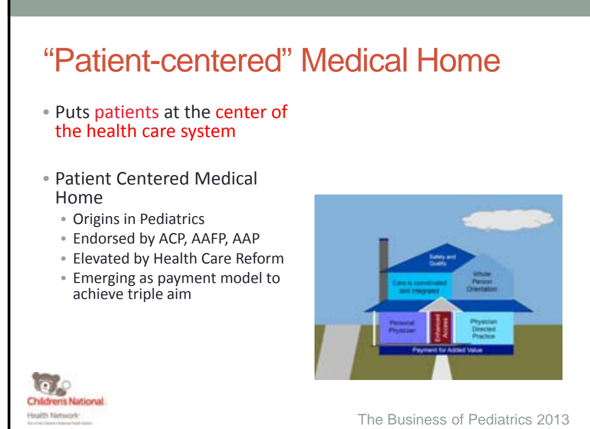

March 2010: Affordable Care Act
The Business of Pediatrics 2013

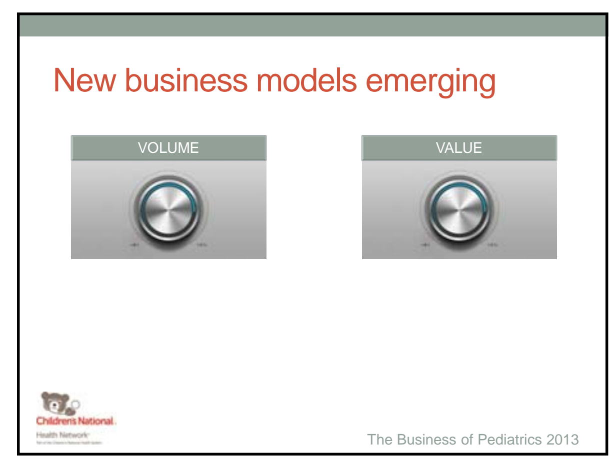

Triple Aim
TripleAim
Improve individual experience
The best care
Improve population health
For the whole population
At the lowest cost
Control inflation of per capita costs
The Business of Pediatrics 2013

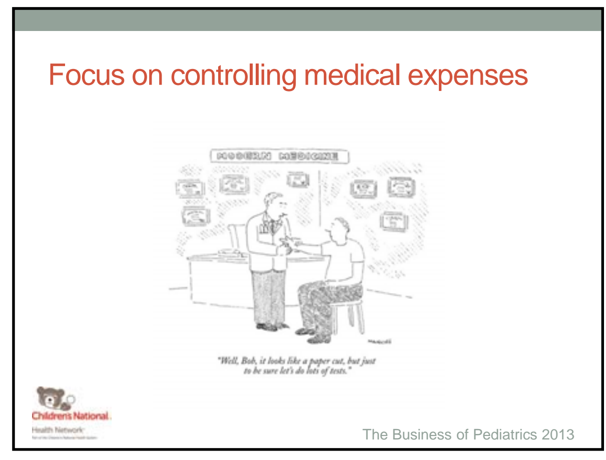

Medical Homes: Bend the cost curve
Enhanced access
Preventive care
Chronic condition management
Care coordination
Patient engagement & self-management
Population focus
The Business of Pediatrics 2013


Medical Home
Key Component of Health Care Reform
Care delivery model
Reimbursement model
Children's National
Health Network
The Business of Pediatrics 2013

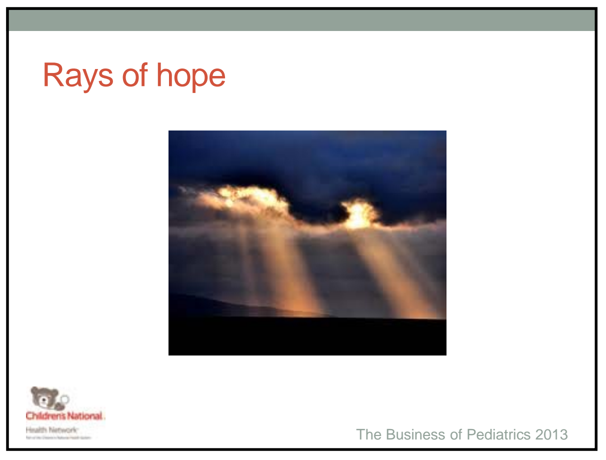
Medical Home is not a place- it's a better way to deliver health care.
Puts patient at the center of the health care system
Provides primary care that is:
Accessible
Continuous
Comprehensive
Family-centered
Coordinated
Compassionate
Culturally effective
American Academy of Pediatrics
Children's National
Health Network
The Business of Pediatrics 2013


"Patient-centered" Medical Home
Puts patients at the center of the health care system
Patient Centered Medical Home
Origins in Pediatrics
Endorsed by ACP, AAFP, AAP
Elevated by Health Care Reform
Emerging as payment model to achieve triple aim
Children's National
Health Network
The Business of Pediatrics 2013


New business models emerging
VOLUME
VALUE
Children's National
Health Network
The Business of Pediatrics 2013


Focus on controlling medical expenses
"Well, Bob, it looks like a paper cut, but just to be sure let's do lots of tests."
Children's National
Health Network
The Business of Pediatrics 2013

Primary care pediatrics & Medical Homes: low cost (& even lower reimbursement)
Children's National
Health Network
The Business of Pediatrics 2013



Primary care reimbursement increasing

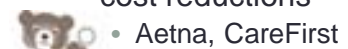
- Primary & preventive care screening and procedures
- Extended hours
- Care coordination
- Medicaid = Medicare fee parity (2013-2014)
- Medical Home transformation & quality metrics
- Incentives for managing total expense

Children's National Health Network

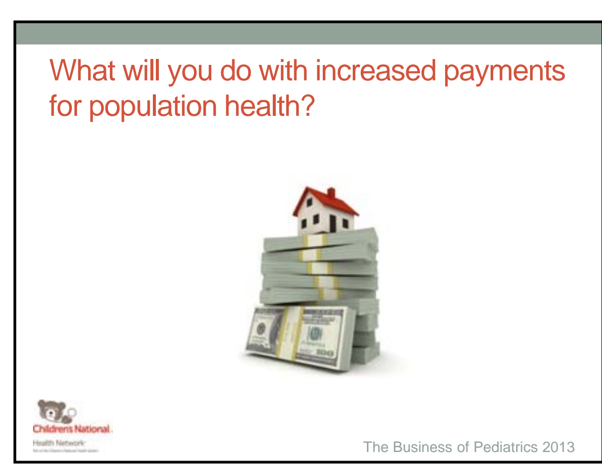
The Business of Pediatrics 2013

PCMH have lower ED, hospital & total costs

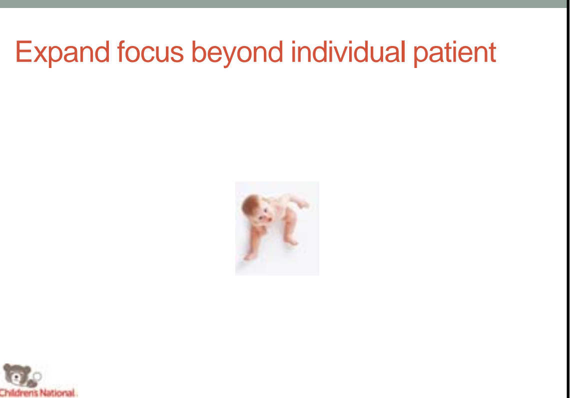
- Empire Blue Cross (2009):
  - PCMH patients had 12 percent lower hospitalization and 11 percent fewer ED services than non-PCMH patients.
  - Risk-adjusted total per member per month (PMPM) costs were lower: **8.6 percent (pediatric)** and 14.5 percent (adult) lower for PCMH-treated patients (DeVries 2012).
- Payers aren't waiting: advancing PCMH value based contracts
  - Increased fee schedule
  - Added PMPM for practice transformation & care coordination
  - Incentives and/or shared savings for total cost reductions
    - Aetna, CareFirst



The Business of Pediatrics 2013



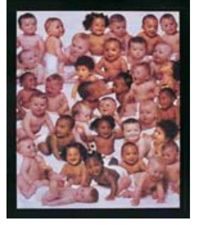
Expand focus beyond individual patient



Manage care & cost outcomes for ALL patients

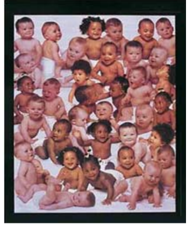
Population health focus: Improve quality & lower total cost

- ALL "attributed" patients in a:
  - PCP panel
  - Practice
  - Defined region (city, state)
  - Insurance contract
    - Shared savings global contract
    - Accountable care organization
- ALL attributed patients includes:
  - patients you see
  - *patients you don't see*
    - who utilize health care system outside your practice or hospital



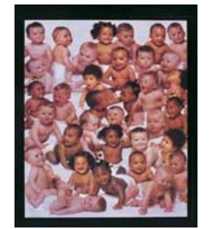
Do you know which patients are yours?

- Attributed to you as PCP?
  - Typically linked to PCP (vs practice)
- How would you find out?
  - EMR or billing system query (unique patients for defined time interval)
  - Panel lists (paper vs electronic vs portal)
  - Reports from hospital, ED or specialists- PCP correctly or incorrectly identified by family or system
- Payers- contact or meet with payer provider relations/services
  - What is process to correct or address?



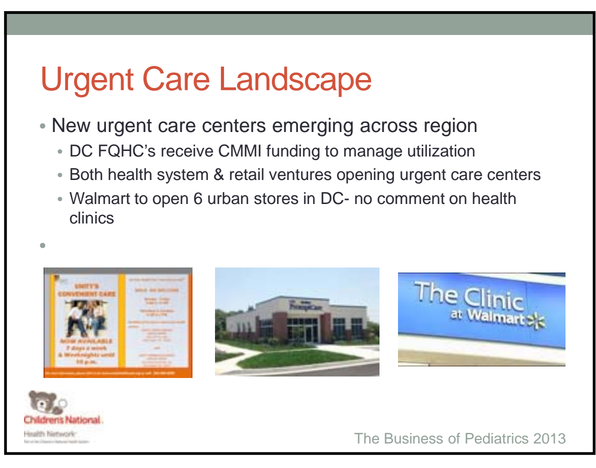
"I can't control patients that I don't see"

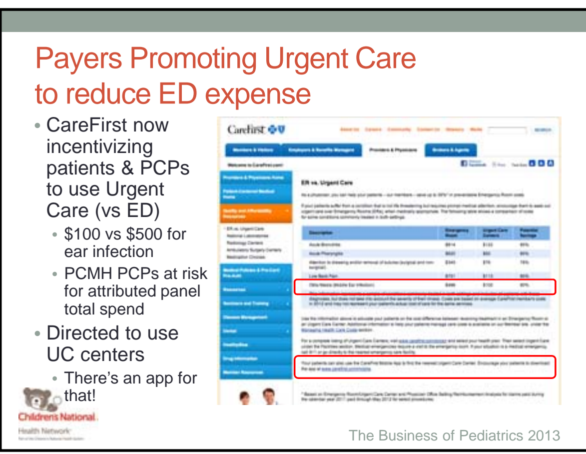
- Patient outreach ⇨ engagement & satisfaction
  - Patient & family-centered ⇨ consumerism & convenience
- Influence episodic care
  - Low acuity: convenient advice & access
  - Chronic illness: disease management & planned follow-up visits
- Communication & coordination with other care providers & resources
  - Care coordination and case management for medically complex or high expense patients/utilizers
    - Payer-based resources: care coordination (e.g. CareFirst)
    - Practice-based care coordinators vs shared group resource
    - Referral/shared care: CNMC Complex Care Program
  - New CPT codes for care coordination
- Contract terms: limit impact of high expense catastrophic outliers
  - Contract exclusions
  - Stop loss insurance



Access & utilization

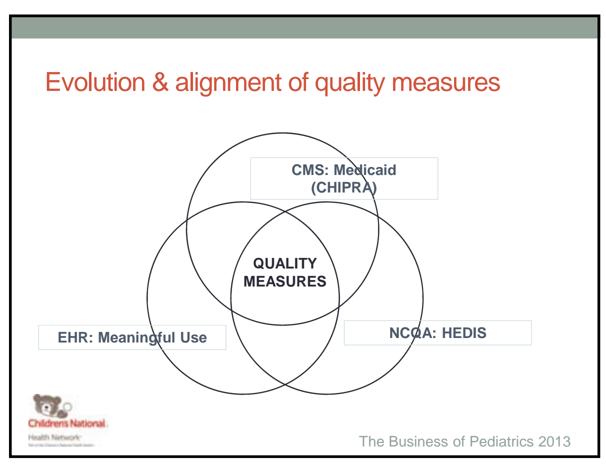
- Emergence of consumer-driven "convenience care"
- How easy is it to get a convenient appointment at your practice?
  - Get through for timely advice or appointment?
  - "Walk in" hours or access?
  - Online access?
  - Extended care hours: early, late, weekends?
- You risk losing business to providers (PC, UC, ED) who offer more convenient access to patients
  - Increased direct payment (CPT 99051) for extended hours
  - Limited direct payment (to date) for non-face-to-face care
    - Direct payment vs indirect medical home incentive payment





Population Health: Get paid extra for high quality care

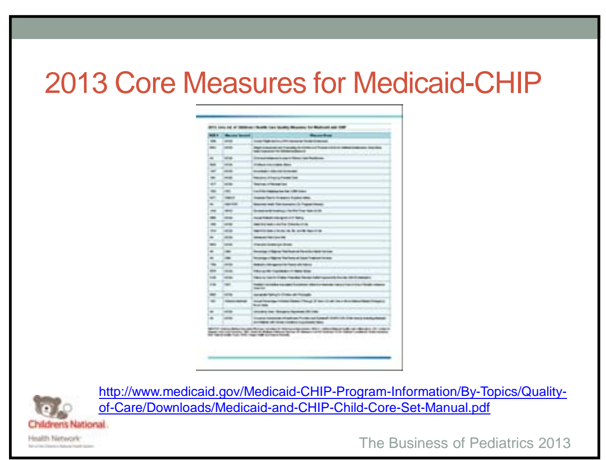
- Increasing payers offer added payment for exceeding quality measures
  - Medicaid EPSDT
  - HEDIS
- Some payers offer added practice resources or patient incentives

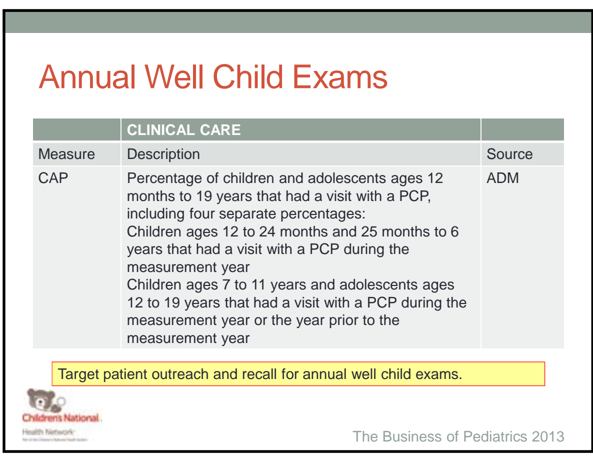


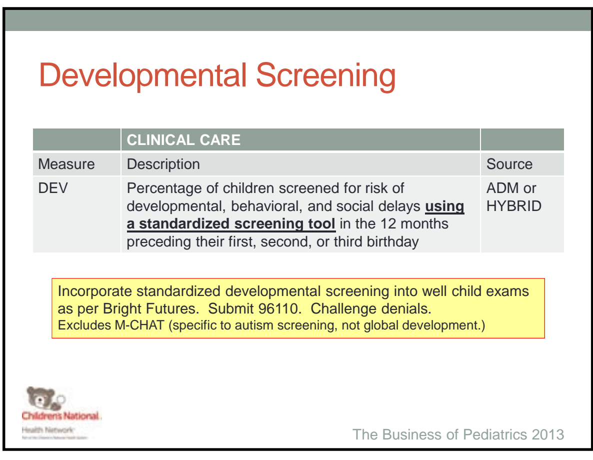
NCQA HEDIS measures
(Healthcare Effectiveness & Data Information Sets)

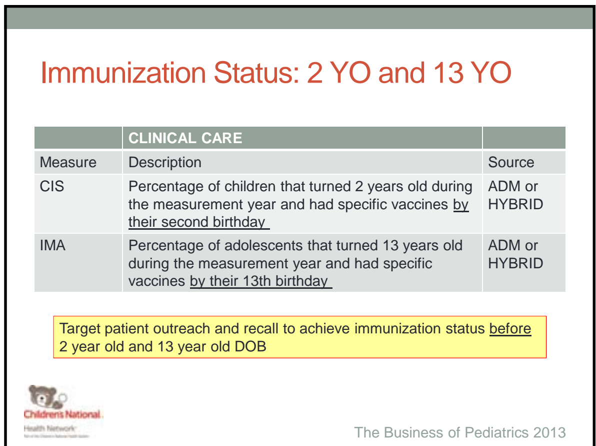
- Measure health plan & provider performance (admin claims & chart audits)
- Pediatric measures: (for patients assigned to PCP)
  - # of recommended well-child visits
  - Immunizations: childhood & adolescent
  - Asthma: controller meds if asthma dx
  - ADHD + stimulant Rx: evidence of follow-up care
  - Chlamydia screening
  - Obesity: BMI%ile, nutrition & activity counseling
  - URI diagnosis- no antibiotic Rx (PBM)
  - Strep pharyngitis dx + antibiotic Rx ⇨ TC/rapid test?

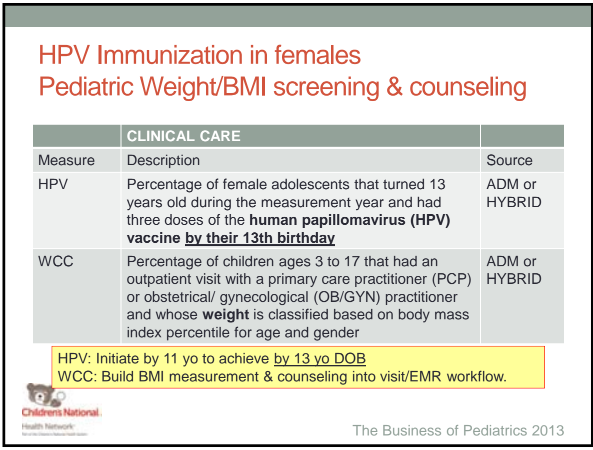
Children's National Health Network

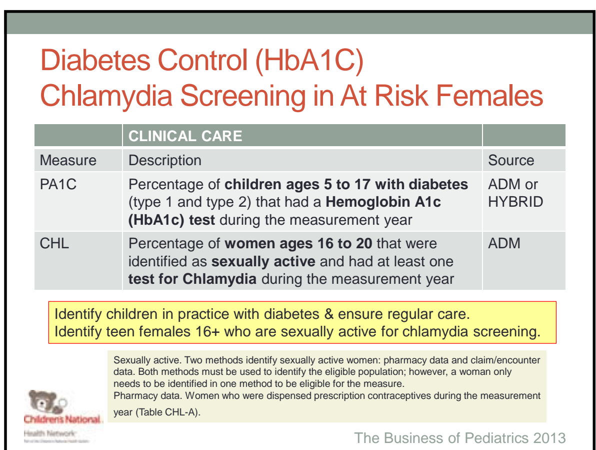


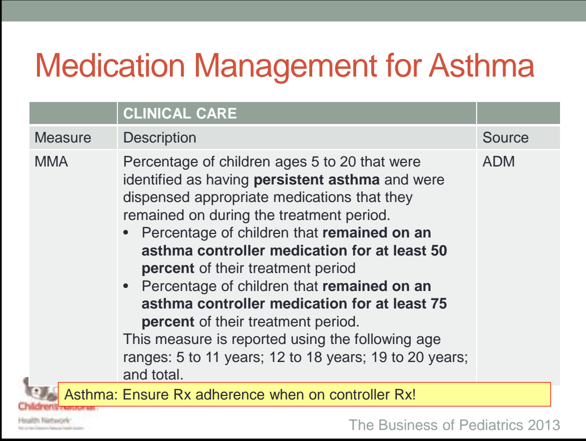

Annual Well Child Exams
CLINICAL CARE
Measure
Description
Source
CAP
Percentage of children and adolescents ages 12 months to 19 years that had a visit with a PCP, including four separate percentages:
Children ages 12 to 24 months and 25 months to 6 years that had a visit with a PCP during the measurement year
Children ages 7 to 11 years and adolescents ages 12 to 19 years that had a visit with a PCP during the measurement year or the year prior to the measurement year
ADM
Target patient outreach and recall for annual well child exams.
Children's National Health Network
The Business of Pediatrics 2013

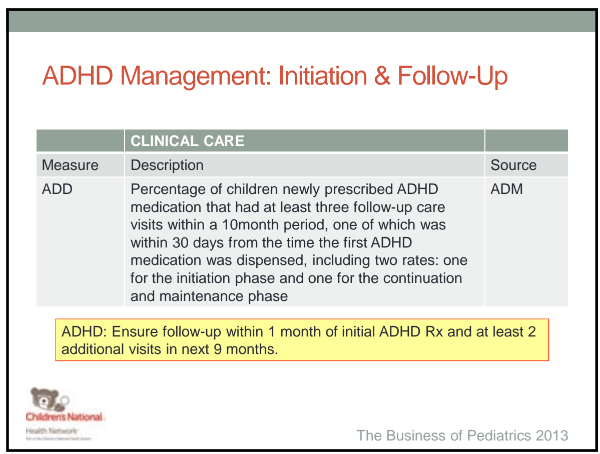

Developmental Screening
CLINICAL CARE
Measure
Description
Source
DEV
Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday
ADM or HYBRID
Incorporate standardized developmental screening into well child exams as per Bright Futures. Submit 96110. Challenge denials.
Excludes M-CHAT (specific to autism screening, not global development.)
Children's National Health Network
The Business of Pediatrics 2013


Immunization Status: 2 YO and 13 YO
CLINICAL CARE
Measure
Description
Source
CIS
Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday
ADM or HYBRID
IMA
Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
ADM or HYBRID
Target patient outreach and recall to achieve immunization status before 2 year old and 13 year old DOB
Children's National Health Network
The Business of Pediatrics 2013

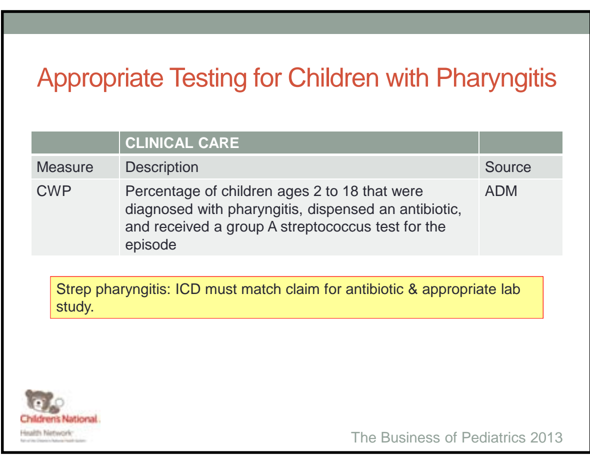

HPV Immunization in females
Pediatric Weight/BMI screening & counseling
CLINICAL CARE
Measure
Description
Source
HPV
Percentage of female adolescents that turned 13 years old during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday
ADM or HYBRID
WCC
Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender
ADM or HYBRID
HPV: Initiate by 11 yo to achieve by 13 yo DOB
WCC: Build BMI measurement & counseling into visit/EMR workflow.
Children's National Health Network
The Business of Pediatrics 2013


Diabetes Control (HbA1C)
Chlamydia Screening in At Risk Females
CLINICAL CARE
Measure
Description
Source
PA1C
Percentage of children ages 5 to 17 with diabetes (type 1 and type 2) that had a Hemoglobin A1c (HbA1c) test during the measurement year
ADM or HYBRID
CHL
Percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year
ADM
Identify children in practice with diabetes & ensure regular care.
Identify teen females 16+ who are sexually active for chlamydia screening.
Sexually active. Two methods identify sexually active women: pharmacy data and claim/encounter data. Both methods must be used to identify the eligible population; however, a woman only needs to be identified in one method to be eligible for the measure.
Pharmacy data. Women who were dispensed prescription contraceptives during the measurement year (Table CHL-A).
Children's National Health Network
The Business of Pediatrics 2013

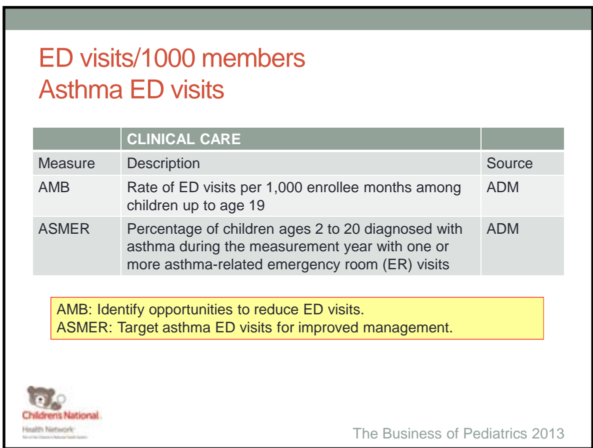

Medication Management for Asthma
CLINICAL CARE
Measure
Description
Source
MMA
Percentage of children ages 5 to 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.
Percentage of children that remained on an asthma controller medication for at least 50 percent of their treatment period
Percentage of children that remained on an asthma controller medication for at least 75 percent of their treatment period.
This measure is reported using the following age ranges: 5 to 11 years; 12 to 18 years; 19 to 20 years; and total.
ADM
Asthma: Ensure Rx adherence when on controller Rx!
Children's National Health Network
The Business of Pediatrics 2013



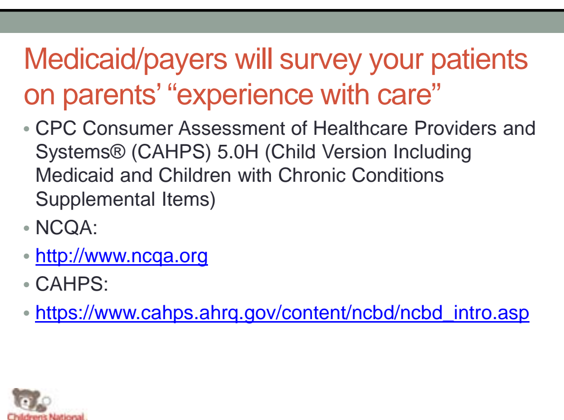
	CLINICAL CARE	
Measure	Description	Source
ADD	Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	ADM

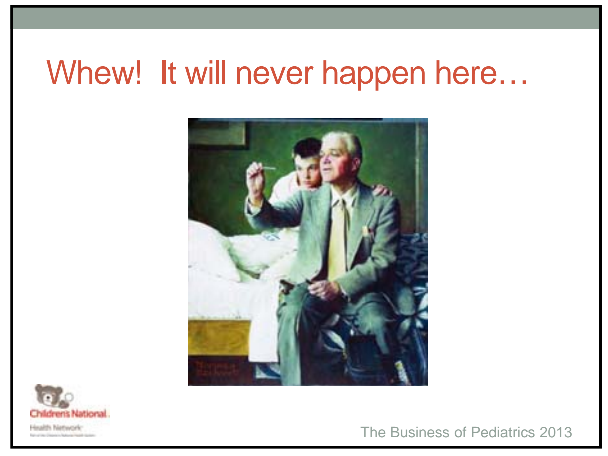


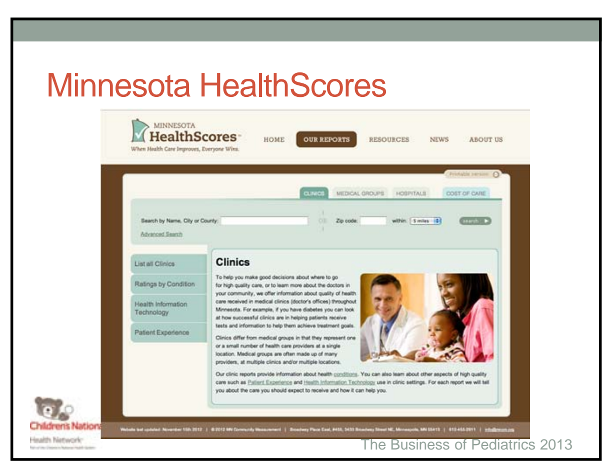
	CLINICAL CARE	
Measure	Description	Source
CWP	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode	ADM

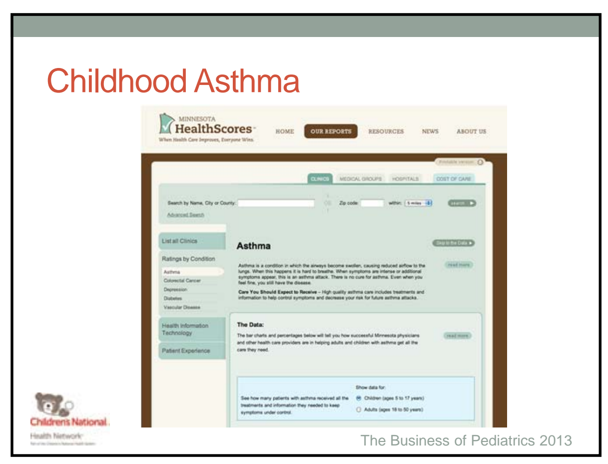


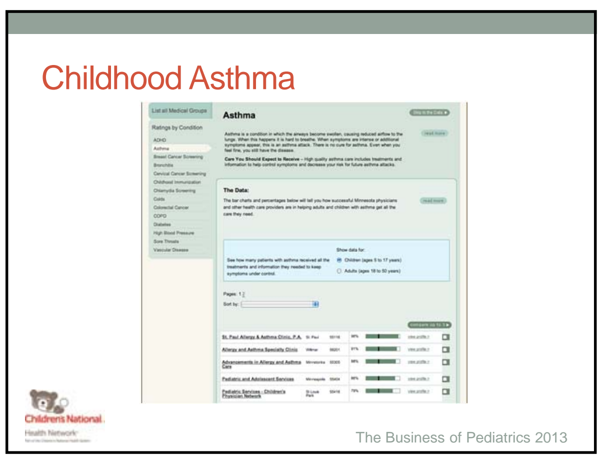
	CLINICAL CARE	
Measure	Description	Source
AMB	Rate of ED visits per 1,000 enrollee months among children up to age 19	ADM
ASMER	Percentage of children ages 2 to 20 diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits	ADM



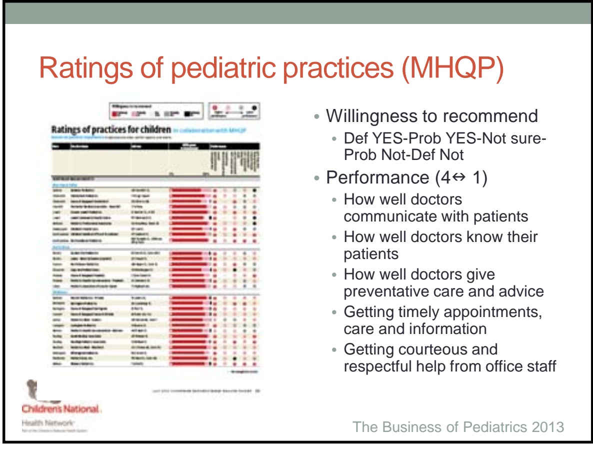


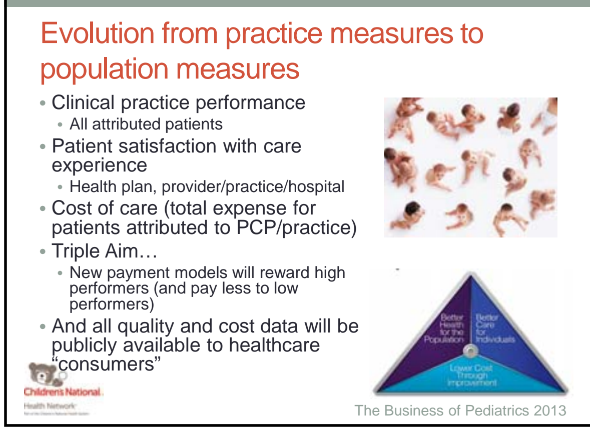



Childhood Asthma
MINNESOTA HealthScores
HOME
OUR REPORTS
RESOURCES
NEWS
ABOUT US
Asthma
The Data:
Children's National Health Network
The Business of Pediatrics 2013


Childhood Asthma
Asthma
The Data:
Children's National Health Network
The Business of Pediatrics 2013

Massachusetts:
Consumer Reports Ratings of PCP's
ConsumerReportsHealth
MHQP
How Does Your Doctor Compare?
How does your doctor compare?
High- and low-scoring practices exist in all parts of the state.
Children's National Health Network
The Business of Pediatrics 2013


Ratings of pediatric practices (MHQP)
Ratings of practices for children
• Willingness to recommend
• Def YES-Prob YES-Not sure-Prob Not-Def Not
• Performance (4↔ 1)
• How well doctors communicate with patients
• How well doctors know their patients
• How well doctors give preventative care and advice
• Getting timely appointments, care and information
• Getting courteous and respectful help from office staff
Children's National Health Network
The Business of Pediatrics 2013


Evolution from practice measures to population measures
• Clinical practice performance
• All attributed patients
• Patient satisfaction with care experience
• Health plan, provider/practice/hospital
• Cost of care (total expense for patients attributed to PCP/practice)
• Triple Aim…
• New payment models will reward high performers (and pay less to low performers)
• And all quality and cost data will be publicly available to healthcare "consumers"
Better Health for the Population
Better Care for Individuals
Lower Cost Through Improvement
Children's National Health Network
The Business of Pediatrics 2013

Where to begin?
• Practice EMR or billing/claims data to identify your populations
• Identify payer contacts, reports
• Identify staff & roles
• Administrative, billing, nursing
• Identify interventions & tasks
• Start small, measure success & ROI
• Additional payer resources (especially Medicaid)
• Scheduling overdues, patient incentives, care coordination/case management for high utilizers
Children's National Health Network
The Business of Pediatrics 2013

Clinical quality performance

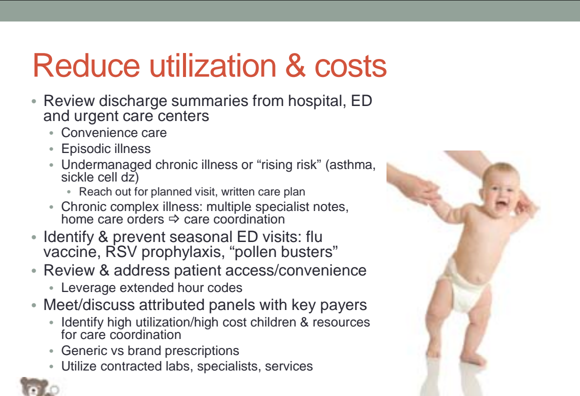
- Annual exam outreach & recall
  - 18 month exam: developmental screen, immunizations
  - 11-12 year exam: immunizations
- Immunization overdues: Before 2 yo and 13 yo exam
- Asthma: planned asthma visits (ACT, written action plan, controller Rx, flu vaccine) & ICS compliance
- ADHD: regular follow-up on Rx
- Diabetes: regular specialty follow-up, HgA1C, control
- Teens: annual exams, immunizations, chlamydia screen
-

Children's National Health Network

The Business of Pediatrics 2013

Reduce utilization & costs

- Review discharge summaries from hospital, ED and urgent care centers
  - Convenience care
  - Episodic illness
  - Undermanaged chronic illness or "rising risk" (asthma, sickle cell dz)
    - Reach out for planned visit, written care plan
  - Chronic complex illness: multiple specialist notes, home care orders ⇨ care coordination
- Identify & prevent seasonal ED visits: flu vaccine, RSV prophylaxis, "pollen busters"
- Review & address patient access/convenience
  - Leverage extended hour codes
- Meet/discuss attributed panels with key payers
  - Identify high utilization/high cost children & resources for care coordination
  - Generic vs brand prescriptions
  - Utilize contracted labs, specialists, services



Children's National Health Network

The Business of Pediatrics 2013

Population care: All children in your practice

Children's National Health Network

The Business of Pediatrics 2013

Asthma population management

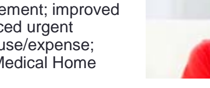
- Identify & manage all children with asthma in your practice
  - ICD-9: 493.xx in claims, EMR problem list/assessments
  - Who has had an office visit in past 3, 6, 12 months?
  - Who has been to ED or hospitalized for asthma? (RED FLAG)
    - Planned asthma visit, written asthma action plan, scheduled follow-up
    - Specialty referral if appropriate
    - MCO case management/care coordination
  - Patient outreach = better care, better use of Medical Home, lower use of expensive alternatives, higher patient satisfaction

Children's National Health Network

The Business of Pediatrics 2013

Children's National: Pollen busters pilot

- Identify all patients seen previous spring for:
  - Asthma (493.xx), allergic rhinitis (477.xx), allergic conjunctivitis (372.14), office nebulizer treatment (CPT 94640)
- Contact (direct mail; electronic: email or text, phone) and:
  - Offer office appointment before symptoms
  - Refill prescriptions if appropriate
  - If recent visit, current asthma action plan- reminder re: controller meds, allergy meds as appropriate, trigger avoidance
- Goals: proactive management; improved family satisfaction; reduced urgent care/ED/hospitalization use/expense; increased utilization of Medical Home



Children's National Health Network

The Business of Pediatrics 2013

We've given you the answers- can you pass the test?

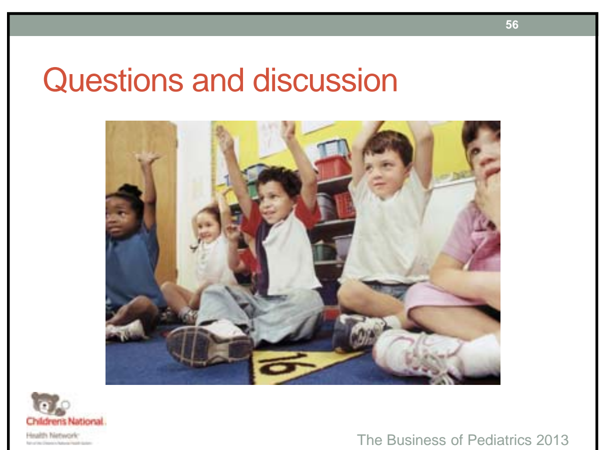
Children's National Health Network

The Business of Pediatrics 2013

Take home message

- Medical Home is emerging as care delivery & payment model
- Triple aim is new framework
  - The best care
  - For the whole population
  - At the lowest cost
- Pediatricians need to position for value-based care through measuring & improving:
  - population outcomes (quality metrics)
  - total expense (cost of care)
  - patient experience (surveys)

Questions and discussion



Contact information

Mark Weissman, M.D.
Children's National Medical Center
Division Chief, General Pediatrics & Community Health
Vice President, Goldberg Center for Community Pediatric Health
Vice President & Executive Director, Children's National Health Network
111 Michigan Avenue, N.W.
Washington, DC 20010
202-476-2727 (Donnita Pickett, Staff Assistant)
202-476-3524 (Desk- voicemail)
e-mail: mweissma@childrensnational.org