



Investment in the Medical Home

Support for SB609

Dr. Jay Rosenbloom

Pediatrician, Pediatric Associates of the Northwest

Medical Director, Children's Health Alliance and
Children's Health Foundation

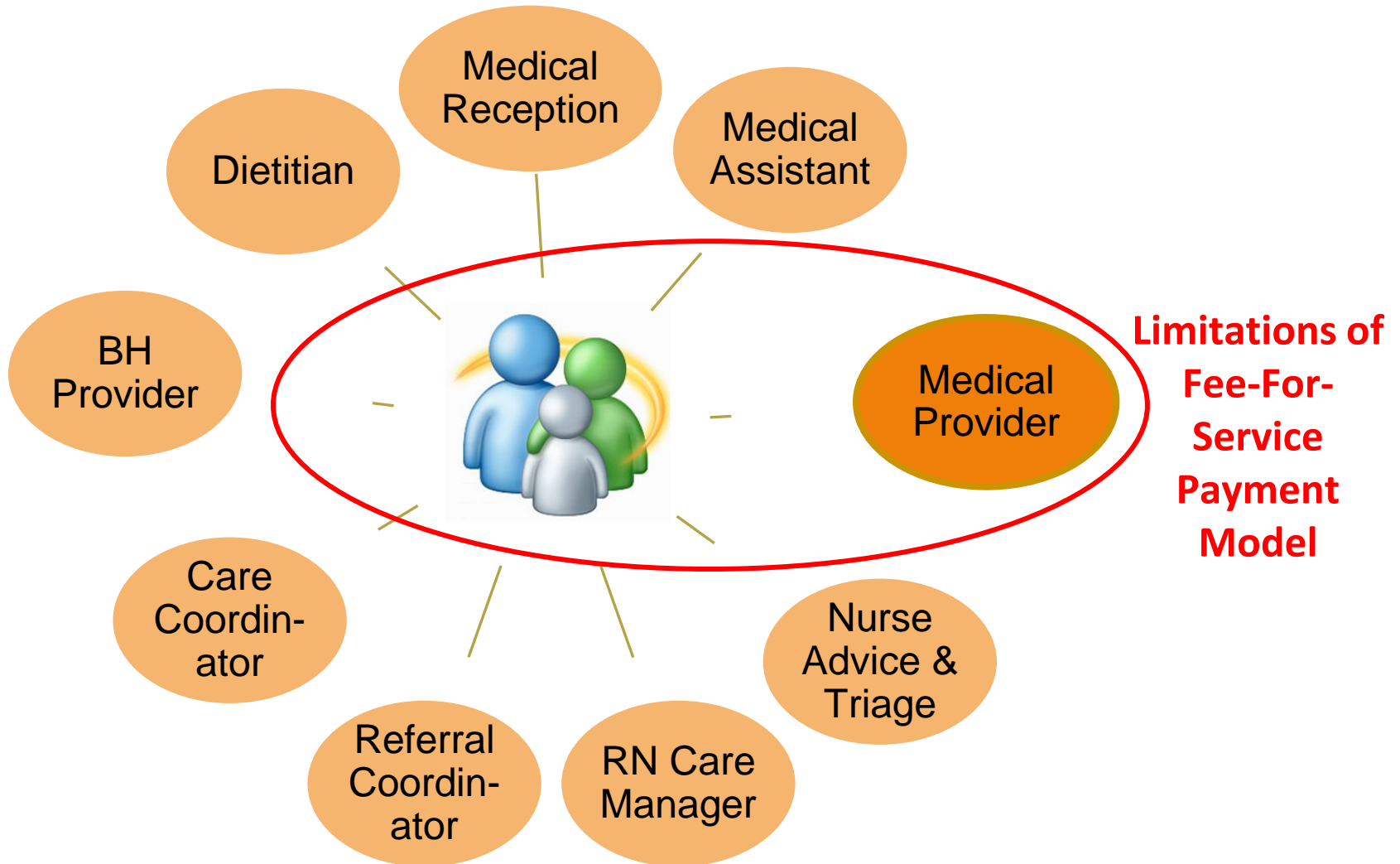


The Value of Physician Investment in Care Delivery

- The medical home provider team is often the most successful at engaging patients in their health management



The Patient-Centered Medical Home Approach

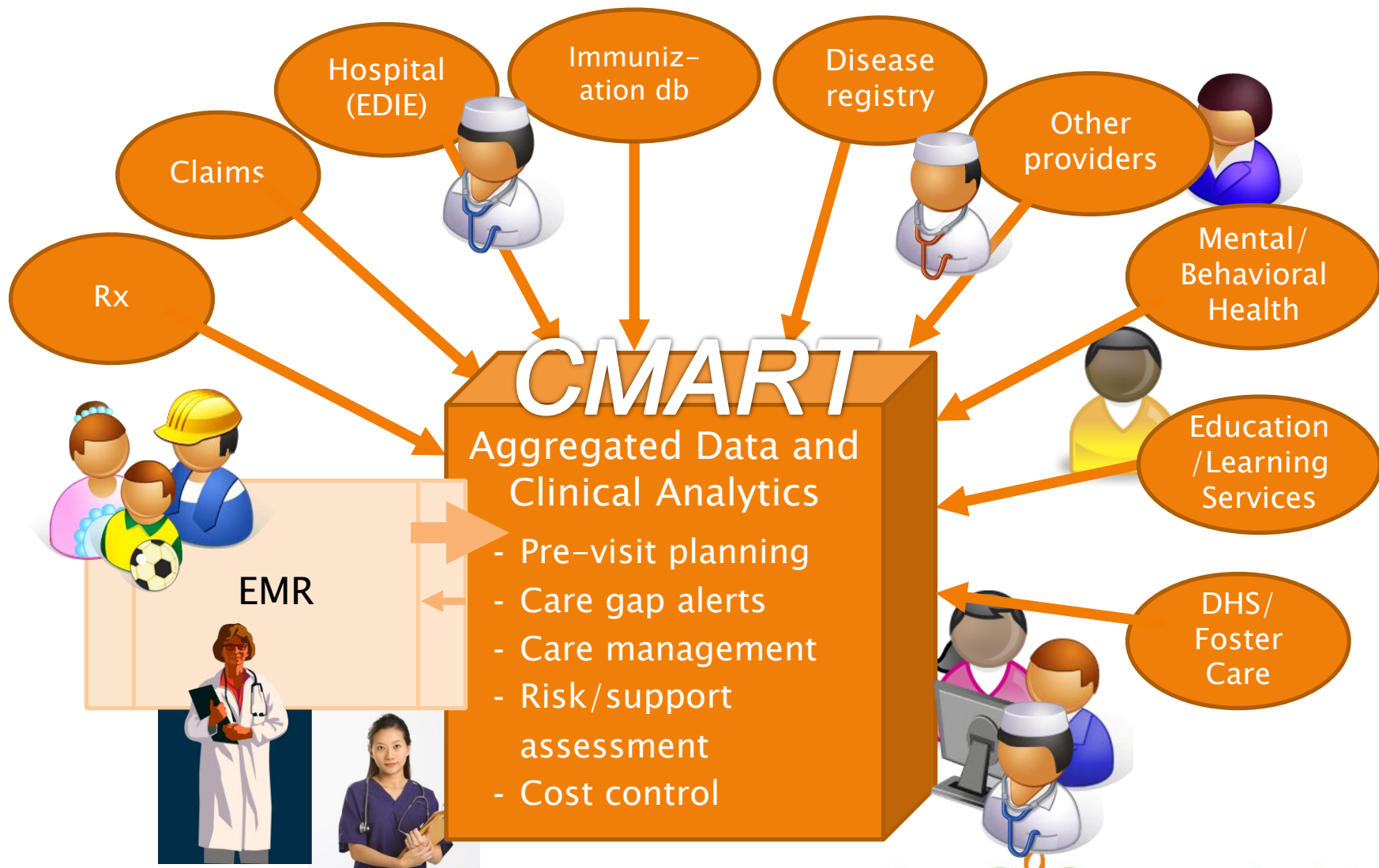


Responding to the Needs of Children & Families in the Primary Care Office

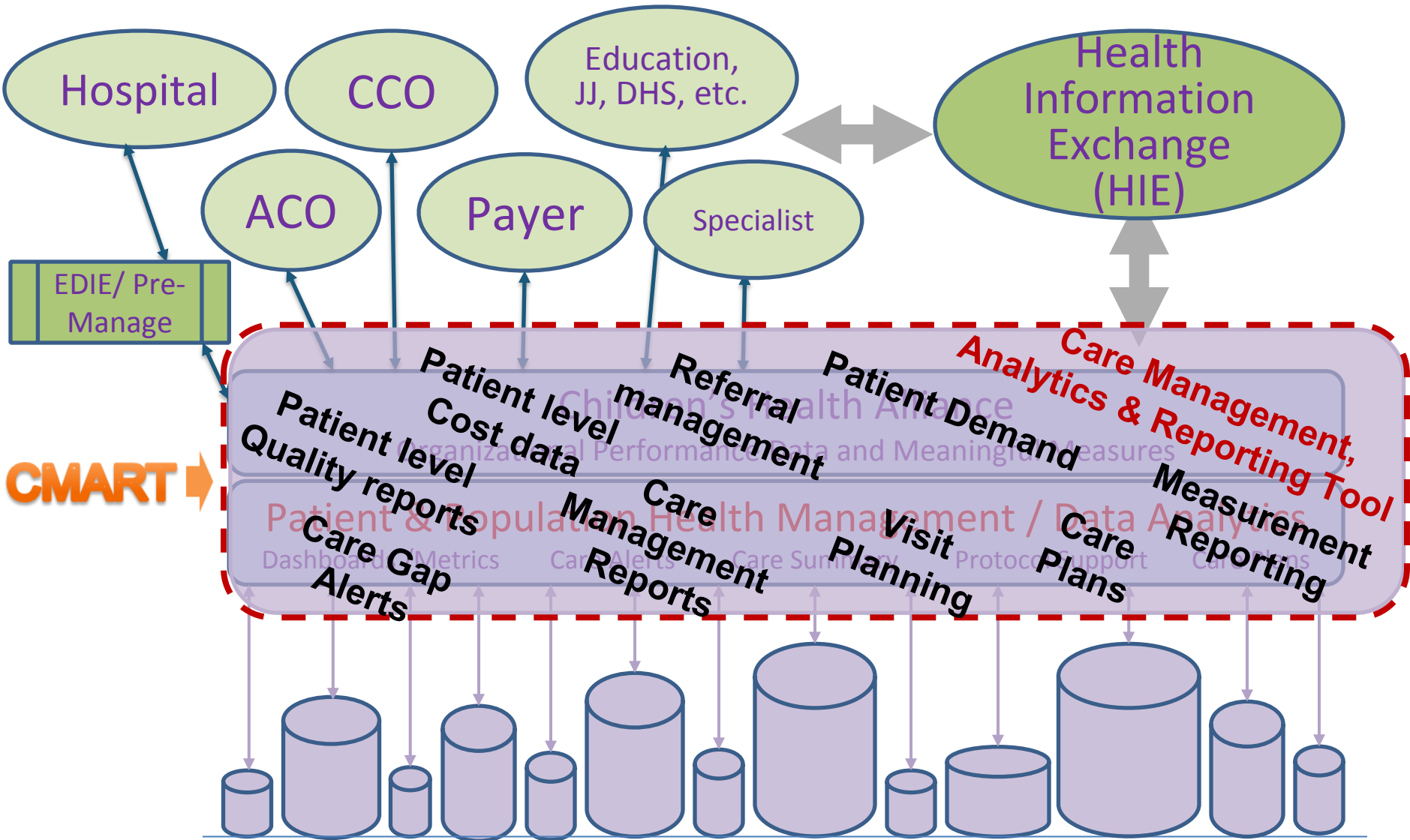
- PCPs need an aggregated 360 degree view of their patients' health information
 - Care delivered outside primary care (specialists, hospitals, etc.)
 - Care from other community resources (education , social services)
 - Medication prescribing and fills
 - Disease and Immunization registry information



The Pediatricians' Vision for Meaningful Information in the Hands of the Pediatric Care Team



Investing in a Provider-based Solution for Common Data Exchange to **Minimize Redundancy** and **Add Clinical Value**




~100 Pediatricians at 20 practice sites using 8 EMRs with varying levels of data exchange and reporting capabilities

Pediatricians' Assessment of Patient Needs for Medical Home Delivery

Comprehensive, Meaningful and Actionable Data Gathered by the Pediatric Care Team

- Guides physicians' broader perspective
- Accept varying forms of parent & youth input
- Result is meaningful and actionable
- Transforms care approach
- Informs PHM and care management

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Pediatric Needs Assessment and Segmentation Tool

Understanding the Medical and Health Management Support Needs of Each Child/Family
Information that enables pediatric practices to understand the population and deliver targeted, planned care

Pt Name: (first) _____ (last) _____ DOB: _____ If pre-term, list gestational age: _____
 New Pt
 Primary Provider: _____ Practice Site: _____ Date: _____
 Insurer/Plan: Medicaid Commercial
 (✓ one or more) None

Medical Complexity: (select one)

<input type="checkbox"/> No identifiable medical diagnoses or risk factors	<input type="checkbox"/> Significant medical/ MH risk factors (family history, etc.), but no current chronic disease	<input type="checkbox"/> One chronic medical/mental health condition	<input type="checkbox"/> Two or more chronic medical/mental health conditions	<input type="checkbox"/> Complex multisystem medical and/or MH conditions
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Chronic Condition Categories: (select all that apply) *Remember to verify and reconcile patient's active problem list.*


<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Dental Disease (Decay, Gum Disease, etc.)	<input type="checkbox"/> Neurological Diagnosis (Seizure, Headaches, Chronic Pain)
<input type="checkbox"/> Allergies/ Immunological d/o	<input type="checkbox"/> Dermatology Diagnosis	<input type="checkbox"/> Neurological Impairment/ Complex Special Needs (Cerebral Palsy, Progressive Brain Disease, Anoxic or Traumatic Brain Injury)
<input type="checkbox"/> Asthma & Other Pulmonary Diagnoses	<input type="checkbox"/> Developmental Delay/ Learning Disability, Sensory Processing Disorder	<input type="checkbox"/> Ophthalmology/Vision Diagnoses
<input type="checkbox"/> Autism Spectrum Disorder/ Pervasive Developmental Disorder	<input type="checkbox"/> Endocrine Diagnosis (Diabetes/ Puberty Diagnoses/ Failure to Thrive/ Growth Delay)	<input type="checkbox"/> Orthopedic Diagnosis
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> ENT/Hearing Diagnosis	<input type="checkbox"/> Renal Diagnosis
<input type="checkbox"/> BMI = 85- 94%	<input type="checkbox"/> Gastrointestinal Diagnosis	<input type="checkbox"/> Substance Abuse/Dependence
<input type="checkbox"/> BMI >=95%	<input type="checkbox"/> Hematologic Diagnosis	<input type="checkbox"/> Urological/Gynecological Diagnosis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental Health Disorder (Depression, Anxiety, Eating Disorder, etc.)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cardiac Diagnosis	<input type="checkbox"/> Metabolic Disorders	Care is impacted by: <input type="checkbox"/> Severity Level <input type="checkbox"/> Overall Control
<input type="checkbox"/> Chromosomal Disorder/Syndrome/ Intellectual Disability (Mental Retardation)		

No Yes Does child require more than usual routine care by visit or phone? Desired check-in interval _____
 phone ok _____

NO concerns of added factors that influence the support needed by the child/family for medical & health management
 -or-

Family Factors <input type="checkbox"/> Family stressors (anxiety, depression, family disruption, foster care, chronically ill sibs or parent, substance abuse, etc.) <input type="checkbox"/> Limitation of resources (financial, transportation, medical insurance, lack of support network, etc.) <input type="checkbox"/> Parental health literacy (understanding diagnoses and treatment plan or navigating health system, etc.) <input type="checkbox"/> Treatment Plan Follow-up (following thru with appt's, treatment plan or medication regimen, etc.) <input type="checkbox"/> Communication/Language/Cultural (English not 1 st language, difficulty w/ spoken or written communication)	Patient Factors & Services <input type="checkbox"/> Additional daily support needed (physical disability, sleep problems, feeding problems, etc.) <input type="checkbox"/> Behavioral (compliance concerns, anxiety, oppositional behavior, sleep, etc.) <input type="checkbox"/> Intellectual/Developmental (Cognitive challenges, outside therapies, tutoring, IEP, EI services) <input type="checkbox"/> Social functioning (ability of child to function with peers and in social settings) <input type="checkbox"/> Communication/Visual/Hearing (affecting support needs)
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Current Assessment of Overall Patient Support Needs:
1
2
3
4
 (Amount of medical and health management support needed from practice)
 highest
lots extra
some extra
standard

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Y0112-02 3/2/12

Investment by Providers to Manage Patient Care

- Primary Care Providers are left to finance the Staffing, IT and Workflow supports to deliver comprehensive care
- Care Managers – not reimbursed in fee-for-service model
- Integration of Mental/Behavioral Health in Primary Care
- Care Coordination & Planning – following populations for proactive outreach and care – not reimbursed
- IT infrastructure – not absorbed by a system or external funding



Value of the Medical Home

- Impacting **Cost and Quality** through Pediatric Medical Homes
 - Cost & Utilization
 - Population Health & Prevention
 - Access to Care
 - Patient & Family Satisfaction
- Demonstrated **Triple Aim Outcomes**
 - Improved patient experience
 - Improved population health
 - Controlled cost



Demonstrated Results of Physician-led Medical Home Delivery

90% of children with asthma had an **encounter with their pediatric care team**

- **28% decrease** in overall ED costs
- **22% decrease** in total outpatient costs PMPM

Two-year old immunization rate 89%, compared to Oregon rate of 67%

81,000 children assessed to optimally manage chronic conditions and health

Over 100 physicians trained on **clinical quality improvement**

The Patient-Centered Primary Care Approach

Transitioning to a
Comprehensive
Payment Model

