



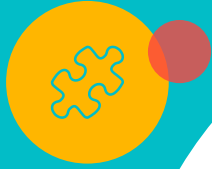
Pediatric Well Visits: Strategies for Patient Recall

Western Slope SIM/TCPi Spring
Collaborative Learning Session
July 13, 2018

Agenda

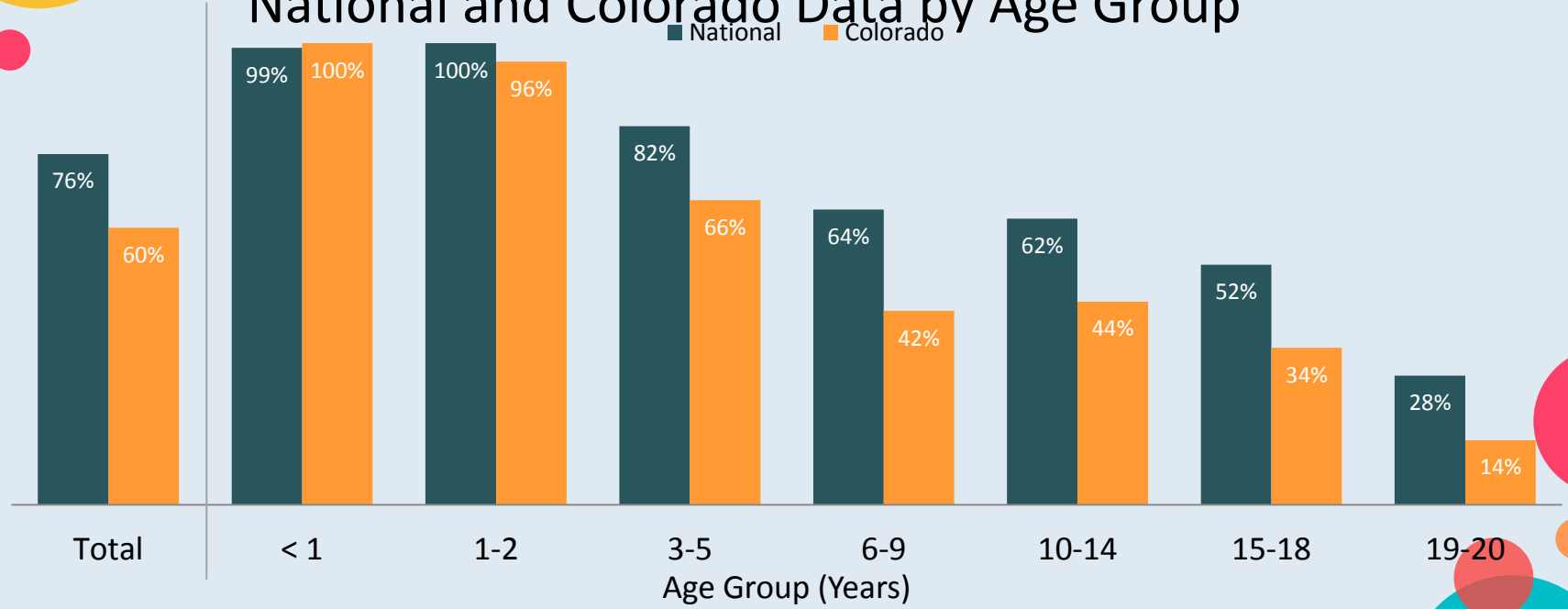
- Where We Are Today
- Provider Survey Results
- What do Parents & Caregivers Want
- Best Practices
- Value-based Payment
- Real Time Survey & Discussion
- Thank You

Where We Are Today

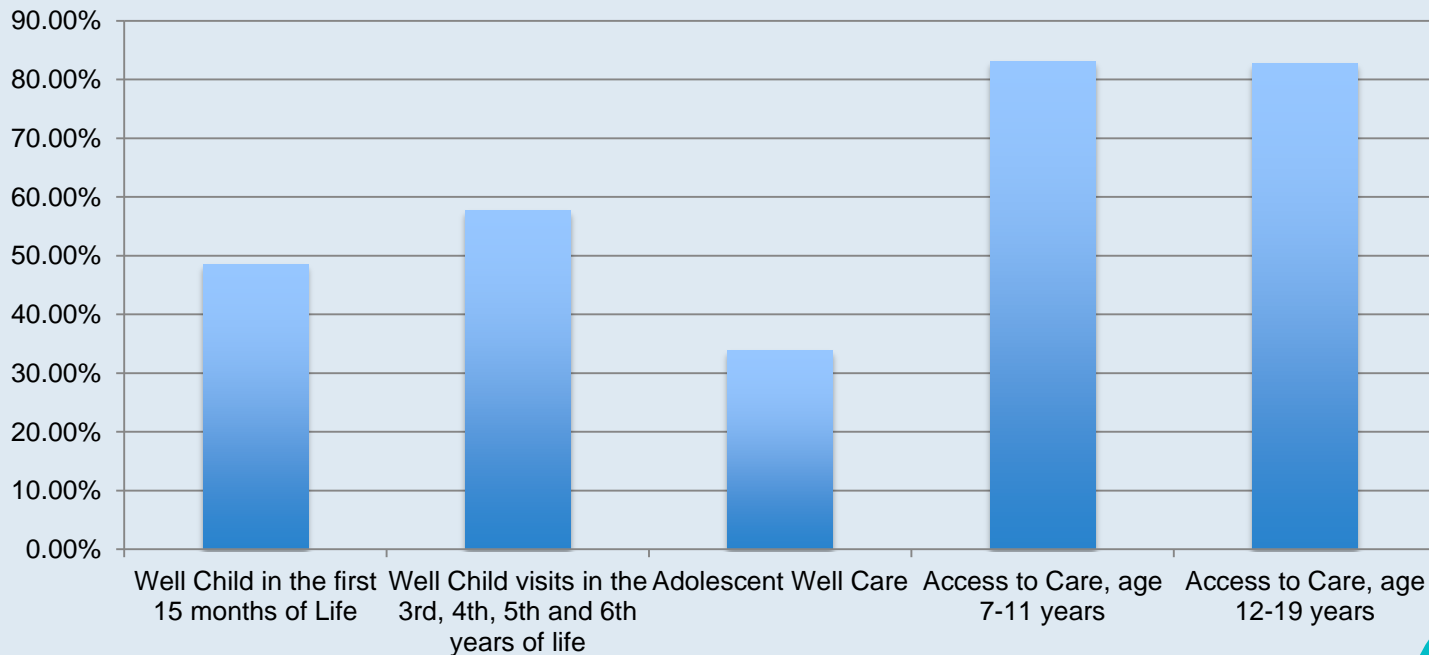


EPSDT Well Child Visits, 2016

National and Colorado Data by Age Group



HEDIS Well Child Visits 2017 Statewide Colorado Data by Age Group

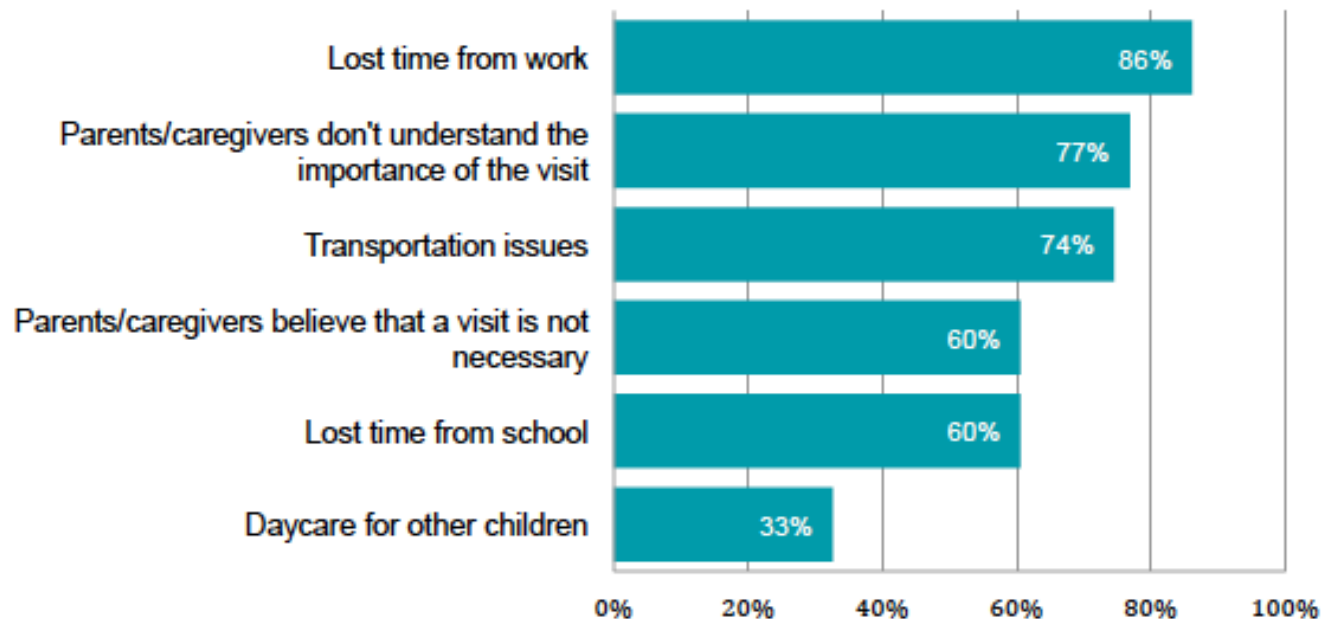


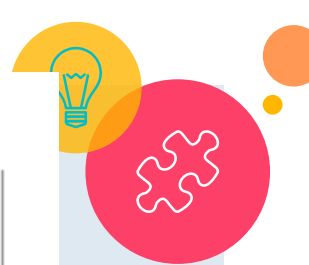


Provider Survey Results

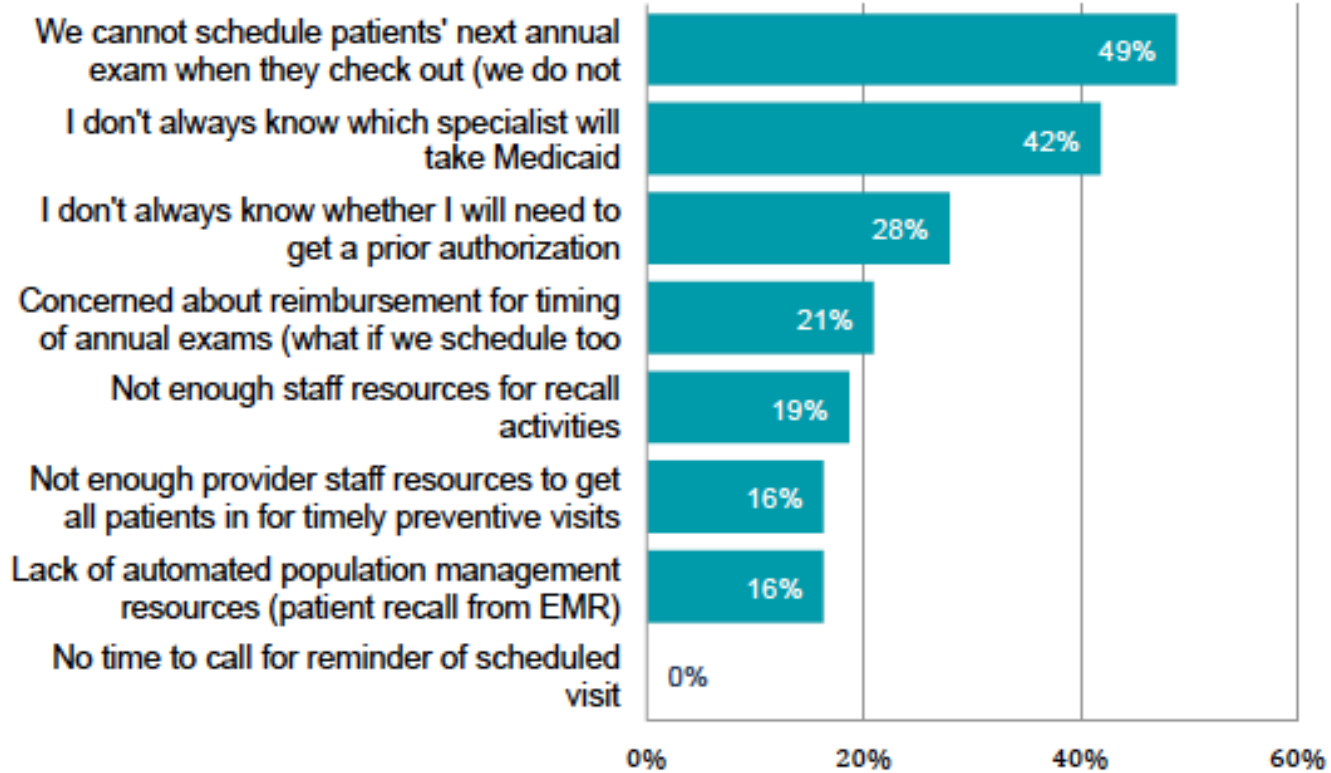
Perceived barriers to timely preventive care

Barriers that families encounter (according to the provider)





Barriers the practice experiences





Barriers to Timely Pediatric Preventive Care from Peer-Reviewed Research

Health Care System Barriers – no expanded hours, limited availability of providers, scheduling difficulties, loss of Medicaid eligibility, did not receive or did not understand mailed educational information

Non-Health related issues – lack of reliable transportation, conflict with family events, family crisis, child care for other kids

Health related – No perceived need for well child check up, child had acute illness, child had recent medical care, child has chronic illness

Quality of Experience – long waiting room times, not satisfied with care provided, not satisfied with interpersonal interactions with provider or other office staff



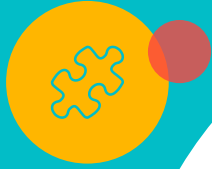


51%

of Providers surveyed wanted to learn more about best practices for addressing barriers to getting patients in for timely well care



What Do Parents & Caregivers Want?



Where do Parents Get Their Information?



From the Advisory Board Company Consumer infographic²

Individuals 18-40's want

- Virtual visits
- Virtual scheduling
- Better cost

From Google search data³

Parents want to know more about

- Feeding
- Weight
- Fever

From way-back-when⁴

Parents got their info from

- Family doctor or Pediatrician
- Mom, other family members, friends
- Books: *The Happiest Baby on the Block*, by Harvey Karp;



What Do Families Want From Well-Child Care? Including Parents in the Rethinking Discussion¹



- Methods: Twenty focus groups with parents (n131 [91% mothers]) were conducted by using a semi structured interview guide. ~ **Half of participants had household incomes of less than \$30K**
- Results: Primary reasons for visit: 1. reassurance (child and parent) 2. discuss parent priorities
 - **Families valued an ongoing relationship with one clinician** who was child focused and who respected parental expertise
 - **Families wanted:** 1. improved promotion of well-child care 2. greater emphasis on development and behavior 3. expanded options for information exchange.



What Do Families Want From Well-Child Care? Including Parents in the Rethinking Discussion¹



Key quotes:

- “. . . **my dentist sends me a postcard**, it seems that the doctor would at least from a marketing point of view would be sending me information . . . They don’t do that.”
- “I guess I’d like them to just be as **equally concerned with . . . emotional and mental wellbeing** as the physical because a lot of that affects the physical . . . Having resources . . . Where do I go? Who do I talk to? What do I do? Give me an explanation.”

Discussion:

- Parents want “. . .attention to individualized concerns and needs, **increased use of technology such as e-mail** to facilitate quicker and easier access to care, as well as an **approach to preventive care that connects to multiple stakeholders in the community.**”





Best Practices &
Strategies for
your Practice



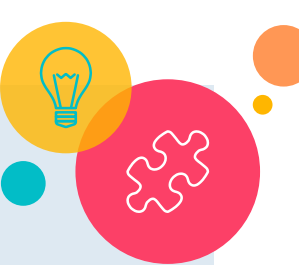
Promising Practices¹

- Accommodate group well visits for families with multiple kids
- Allow for well-visits in your open scheduling strategy
- Use multiple approaches to ask families about barriers to care and what may help, including – PFACs, short surveys, routine questions asked by “rooming” staff (MA, RN, etc.), Advisory councils open to community groups that work with kids, educators, etc.
- Employ Population Health Management tools for patient recall; target high risk groups: Adolescents, Children with special healthcare needs, frequent ER visitors, School age populations
- Combine comprehensive well-child visit with sports/school physicals





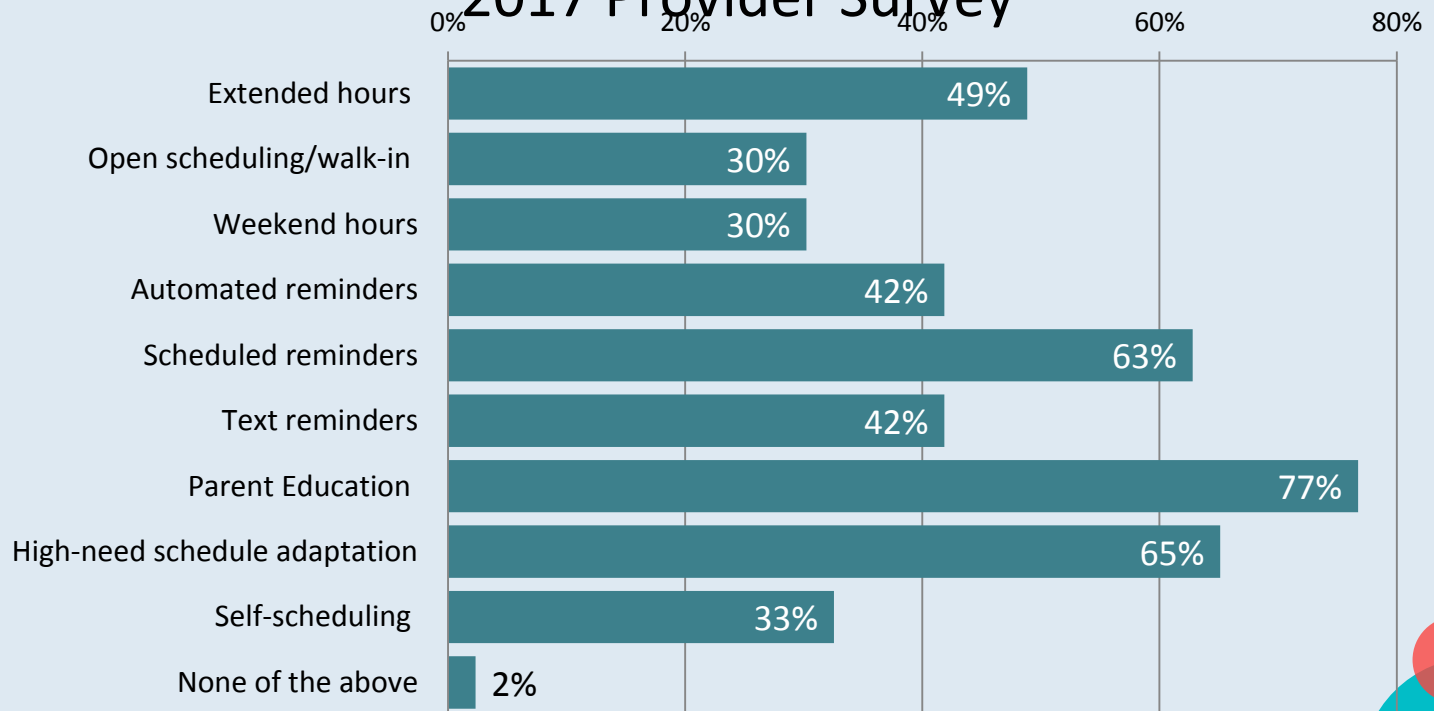
Local efforts

- Connect family with PCMP during outbound welcome calls
 - Working on a flag so that CS representatives can remind of need for well-child visit
 - The RAE Getting Started Guide
 - Working with County healthy Communities programs
 - Community-based Care Management staff ensure Members have a PCMP and encourage preventive care
- 

Current strategies to address barriers for families

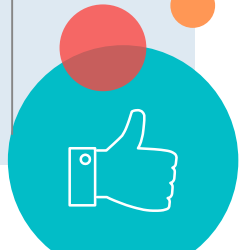
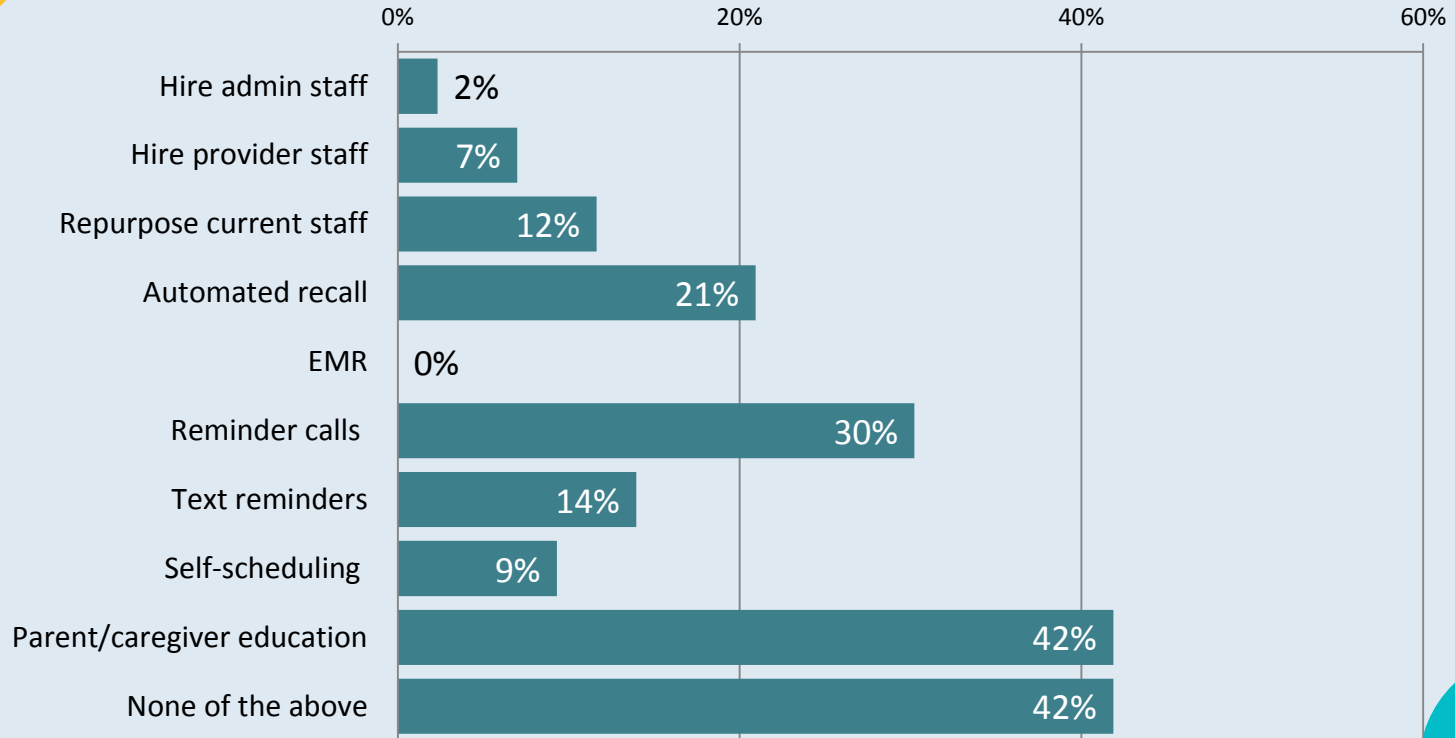
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2017 Provider Survey



Planned strategies to increase timely preventive care visits

2017 Provider Survey



RMHP Member Communications

Incentive & Educational Mailings	Description	Timing for Mailing
Adolescent Well Care	HEDIS Measure is Age 12-21 - \$25 incentive	Birthday mailing to start this Summer
New Baby Packet	New baby care: General info, immunization schedule, baby proofing home	Within 30 Days of Birth
12 month Birthday	Well visits/immunizations specific to age group	Birthday mailing
Well child 3-6	Well visits/immunizations specific to age group	Birthday mailing
Well child 7-10	Well visits/immunizations specific to age group	Birthday mailing

A teal background with a large white circle in the center containing the text "Value Based Payment". The circle is surrounded by several smaller circles in yellow, orange, red, and pink. Some of these circles contain icons: a puzzle piece, a lightbulb, and a thumbs up. There are also several small white dots scattered around the central circle.

Value Based Payment



Incentives & Value Based Payment



Provider Tiering – Payment for ALL Members attributed to your practice

Practice Transformation – PDSA Cycles to try out some of the promising practices

Alternative Payment Model – 11 Pediatric Measures in the APM model



Real Time Survey & Discussion



Addressing patient barriers

- Extended hours before 8:00AM or after 5:00PM
- Open scheduling/walk-in options for preventive care visits
- Weekend hours
- Automated population management reminders
- Systematic scheduled appoint call reminders
- Text reminders
- Education for parents on the importance of these preventive care visits
- Adapting the schedule during the seasons of high need-for example, increasing the number of well-child exam slots in the summer
- Self-scheduling opportunities via a patient portal
- Other (please specify)

What Does Your Practice Do to Address Family Barriers?





Addressing practice barriers

- Hire additional administrative staff
- Hire additional provider staff
- Repurpose current staff
- Enhance the EMR capabilities by adding a population health management tool for automated recall
- Procure an EMR with population health management tool
- Reminder calls for scheduled visits
- Text reminders
- Self-scheduling via patient portal
- Educational materials for parents\caregivers
- None of the above
- Other (please specify)

What Does Your Practice Do to Address Practice Barriers?



Discussion

What's possible in the next 3-6 months?

What's possible in the next 1-2 years?



Thank You!

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Or contact anyone with the Practice Transformation
team at Rocky Mountain Health Plans





I think health care is more about love than about most other things. If there isn't at the core of this two human beings who have agreed to be in a relationship where one is trying to help relieve the suffering of another, which is love, you can't get to the right answer here.

– Donald Berwick, MD



Resources

A decorative graphic on a teal background. A large white circle in the center contains the word "Resources" in teal. Surrounding this circle are several smaller circles in yellow, orange, red, and pink. Some of these circles contain white icons: a puzzle piece, a lightbulb, and a thumbs-up gesture. There are also several small white and yellow dots scattered around the main circle.



NQF #	CMS #	MIPS #	Measure Title	MIPS 70th Percentile	CPC+	RMHP Pediatric	RMHP Primary Care	PRIME	RAE APM	SIM - Adult	SIM - CPC+	SIM - Pediatric
NQF-0064	CMS-163 v5		Diabetes LDL Control	50.20%			X		X			
NQF-0068	CMS-164 v6		IVD: Use of Aspirin or Another Antiplatelet	80.61%	X				X			
NQF-0069	CMS-154 v5		Upper Respiratory Treatment in Children (URI)	96.00%		X			X			
NQF-0075	CMS-182 v6		IVD LDL Control				X		X			
NQF-0101	CMS-139 v5	318	Falls: Screening for Future Fall Risk	81.77%	X		X		X	X	X	
NQF-0108	CMS-136 v6		Follow-up Care for Children Prescribed ADHD Medication			X			X			
NQF-0418	CMS-002 v6		Depression Screening	42.31%	X	X	X	X	X	X	X	X
NQF-0419	CMS-068 v6		Medication Reconciliation	98.88%			X		X			
NQF-0421	CMS-069 v6.1		Preventive Care and Screening: BMI Screening and Follow-up	49.19%			X	X	X	X		
NQF-0576			Hospital Follow-up Mental Illness			X			X			
NQF-0712	CMS-160 v6		Depression Utilization of the PHQ-9	8.33%	X				X			
NQF-1346			Secondhand Smoke Exposure to Children			X			X			
NQF-1365	CMS-177 v5		Child and Adolescent Suicide Risk			X			X			
NQF-1392			Well Child Visits in the First 15 Months			X			X			
NQF-1448			Developmental Screening in the First 3 Years			X			X			X
NQF-1516			Well Child Visits (Ages 3-6)			X			X			
NQF-2372	CMS-125 v5	112	Breast Cancer Screening	63.13%	X		X		X			
NQF-2872	CMS-149 v5	281	Dementia: Cognitive Assessment	86.90%	X				X			
NQF-2908	CMS-144 v5		Beta-Blocker Therapy	85.96%			X		X			
	CMS347 v1		Statin Therapy for the Prevention and Treatment of Cardiovascular Disease		X				X			





Advisory Board Company - <https://www.advisory.com/research/market-innovation-center/resources/posters/how-consumers-health-care-preferences-vary-by-age>

Parent Google Searches<http://www.chicagotribune.com/lifestyles/parenting/sc-google-parenting-family-0531-20160527-story.html>

AAP – What do families Want From Well-Child Care
www.pediatrics.org/cgi/doi/10.1542/peds.2008-2352

CMS – Improving Adolescent Well-Care
<https://www.medicare.gov/medicaid/benefits/downloads/paving-the-road-to-good-health.pdf>

AAFP – Remove Roadblocks and Improve Access to Preventive Care
<https://www.aafp.org/fpm/2011/0900/p26.html>

RMHP Getting Started Guide
<https://www.rmhp.org/medicaid-chp-plus/understand-health-first-co/regional-organization>

RMHP Provider Resources & Support
<https://www.rmhpcommunity.org/acc/resources>



Credits

Special thanks to all the people who made and released these awesome resources for free:

- Presentation template by [SlidesCarnival](#)
- Photographs by [Unsplash](#)