


CARE COORDINATION AND THE PEDIATRIC MEDICAL NEIGHBORHOOD


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February 27, 2012

OBJECTIVES

- ▶ Define “Care Coordination”
 - ▶ Outline essential elements of “Care Coordination”
 - ▶ Explain the value of care coordination
 - ▶ Discuss payment options for care coordination
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Care Coordination

In May 2006, NQF (National Quality Forum) endorsed a definition and framework for care coordination. NQF has defined care coordination as a “function that helps ensure that the patient’s needs and preferences for health services and information sharing across people, functions, and sites are met over time.”




Care Coordination

Assuring that all relevant health and human service professionals and agencies are communicating with one another and doing all they can to provide evidence-based support for the patient so that the patient will experience an optimal outcome.


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Goals of Care Coordination

- ▶ Improve quality of care (primary goal)
 - ▶ Improve efficiency of care
 - ▶ Improve patient/family satisfaction
 - ▶ Improve cost-effectiveness of care
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- ▶ Bottom line: Improve patient outcomes
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Care Coordination by Physicians

- ▶ Face-to-face with family, case manager
 - ▶ Intranet through electronic health record
 - ▶ Phone
 - ▶ Fax
 - ▶ Internet
 - ▶ Quality of care
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Challenges for the Care Coordination Team

- ▶ Third party payer issues
 - ▶ Understanding the system
 - ▶ Tracking the patients
 - ▶ Care plan and quality of care
 - ▶ Scope of practice and efficiency
 - ▶ Costs
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System: Adult Medicine

- ▶ Primary Care Physician
 - ▶ Urgent Care Provider
 - ▶ Hospital Emergency Department Provider
 - ▶ Hospitalist Provider
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Medical Home at Goldsboro Pediatrics

- ▶ 15 pediatricians, 10 mid-level providers, 2 mental health professionals, 2 breastfeeding support staff, 3 Medicaid care coordination staff
 - ▶ 4 offices, 6 school-based health centers, electronic health record system
 - ▶ Weekly Continuing Medical Education session
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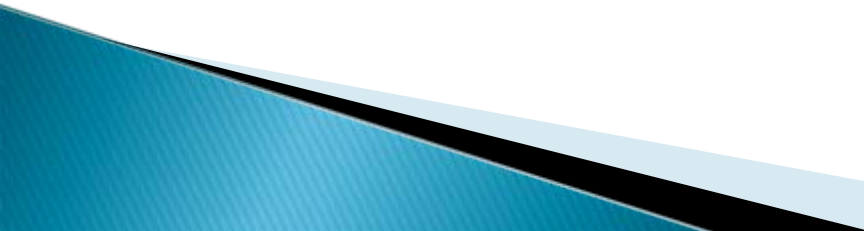
Medical Home: Goldsboro Pediatrics

- ▶ Focus is “continuity of care”
 - ▶ Expanded office hours
 - ▶ Nurse Advice Service “after hours”
 - ▶ Hospital care
 - ▶ Community-based care coordination
 - ▶ Integration with subspecialists
 - ▶ Quality Improvement (NCQA, Blue Cross)
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Community Care of North Carolina (Medicaid)

- ▶ Physician-directed Medicaid managed care
 - ▶ Physicians on Board of Directors for each of the 14 networks
 - ▶ Budget for each network
 - ▶ Quality of care
 - ▶ Cost-effectiveness of care
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Cost of Care Coordination

- ▶ Case Manager: \$75,000
 - ▶ Patient Navigator: \$56,000
 - ▶ Pediatrics: one case manager for 5000 patients
 - ▶ Adult medicine: one case manager for 3000 patients
 - ▶ Cost to network: \$2.21 per member per month
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Community-based Care Coordination

- ▶ Day-to-day assisting providers in coordinating care of special needs patients
 - ▶ Tracking no-shows
 - ▶ Home visits for all hospital discharges except healthy term newborns and their mothers
 - ▶ Follow-up with all patients who have been to the Emergency Department
 - ▶ Assisting providers with quality improvement initiatives
 - ▶ Attending key practice meetings of providers
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Children and Youth with Special Health Care Needs (CYSCHN)

- ▶ 5% of the children account for 53% of the expenditures in Medicaid for pediatrics
 - ▶ Community Care of NC does not provide care coordination dollars for the tertiary centers
 - ▶ Care coordination efforts are sub-optimal for CYSCHN within NC Medicaid
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Sub-specialists and the Medical Home

- ▶ Internal Medicine and Family Medicine identify the “frail elderly” as a population needing extra effort by primary care physicians such that a panel of 250 “frail elderly” patients would require \$50+ Per Member Per Month in addition to fee-for-service.
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Sub-specialists and the Medical Home

- ▶ Pediatric sub-specialists could receive “medical home” Per Member Per Month payment IF the sub-specialist develops a care plan for the co-management of the complex patient and agrees to supervise the implementation of the plan by collaborating with other health professionals including community pediatricians
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Subspecialists, Care Coordination, and PMPM

- ▶ Cancer (\$45–89.50)
 - ▶ Sickle Cell (\$20–30.67)
 - ▶ Low Birth Weight (\$13–17)
 - ▶ Cystic Fibrosis (\$110)
 - ▶ Diabetes (\$16.75–35)
 - ▶ Meningomyelocele (\$13)
 - ▶ Developmentally Disabled (\$250)
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Wayne Pediatric CME Series

- ▶ Category I CME sessions every week in the private dining area of the hospital cafeteria
 - ▶ Co-sponsors are Goldsboro Pediatrics and the Brody School of Medicine at ECU
 - ▶ Guest speakers from tertiary centers
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Open Forum Concept

- ▶ NC Chapter of the American Academy of Pediatrics/NC Pediatric Society
 - ▶ Community pediatricians, subspecialist pediatricians and academic generalists, practice managers, lay child advocates, state government leaders and administrators
 - ▶ Three meetings a year
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Pediatric Council

- ▶ American Academy of Pediatrics (AAP) recommends that every AAP Chapter have a Pediatric Council
 - ▶ AAP provides staff and a listserv to support the Pediatric Councils
 - ▶ Pediatric Council meets regularly with payers to assure fair treatment of pediatricians
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Innovative Approaches

- ▶ NC has involved four counties in setting up Innovative Approaches projects to improve the care of CYSHCN
 - ▶ Federal money through the Maternal and Child Block Grant
 - ▶ Opportunity to create on-line mechanism for care coordination
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Innovative Solutions

- ▶ NC is putting together a program to improve care coordination of “high-cost” children
 - ▶ Federal grant funding available
 - ▶ Should be able to provide Case Managers and Patient Navigators to subspecialists in the 11 largest pediatric referral hospitals
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