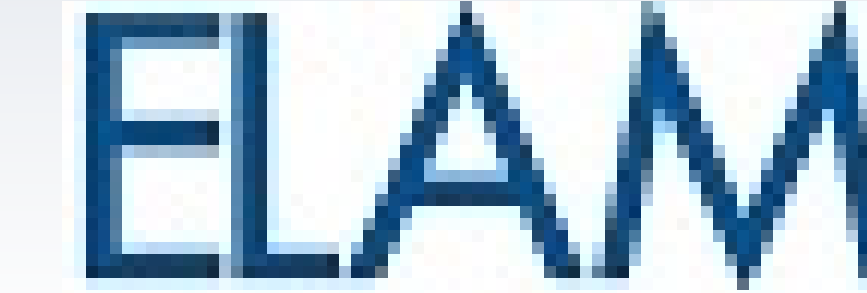


Children with Medical Complexity: Building Partnerships in Comprehensive Care



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Background

- Children with medical complexity (CMC) comprise 1% of the pediatric population and account for 30% of US pediatric healthcare expenditures.
- Value based initiatives are urgently needed to keep these programs financially viable in the future.
- In a 6-month pre-post analysis, the Comprehensive Care Program (CCP) was associated with decreases of 15% in ED visits, 32% in hospital admissions, 68% in lengths of stay, and 69% in total hospital costs.
- CCP has been supported by the University of Utah's Dept. of Pediatrics, Primary Children's Hospital and Intermountain Healthcare's integrated health plan.
- Recent changes demand a re-designed approach to sustaining CCP for CMC.

Objectives

1. To qualitatively describe stakeholder perspectives on healthcare delivery for CMC.
2. To gain input from primary care and pediatric subspecialists regarding CCP.
3. To propose a strategy to sustain CCP for CMC in the Intermountain West.

Methods

1. Conduct in-depth qualitative interviews with key stakeholders, including an advisory committee of experts in healthcare delivery, financing, contracting, and policy.
2. Measure perceptions of CCP for CMC via survey of generalist and specialist pediatricians in the department and community.

Results

Aligning Stakeholder Incentives: What matters the most?

Priorities	CMC and Families	Providers	Payers	Communities
Care	Quality, personalized	Quality, partnerships	Quality, value	Quality, integrated
Access	Responsive, continuous	Responsive, equitable	Urgent access	Just-in-time care
Outcomes	QOL, fewer admissions	Optimal CMC wellness	High value care	Equity, integration, participation
Safety	Zero Harm	Wellness, less burnout	Risk, reputation	Community engagement
Cost	Fair, affordable	Fairly compensated	Lower costs w/o risks	Balance health w/ social svc.
Future	Be there	Well- prepared workforce	Efficient, aligned	Equity, sustainability

Primary Care and Subspecialist Perspectives: How are we doing?

Strengths	Opportunities	Actions
"I love this clinic, and wish all of the special needs kids were attached to it."	"Improved communication would be greatly beneficial."	Consistent communications with all PCPs/medical homes
"Excellent resource for families...better care when CMC are in comprehensive care vs. community based practices only."	"I have not referred as much as I would like because... they needed more clinicians"	Refresh with updates to stakeholders
"Expertise in directing care with numerous subspecialists and procuring DME and resources for families is invaluable."	We "have seen an increase in referrals...we should reach consensus on how to address it."	Chronic condition management, non-face-to-face billing, payer contracting
"My patients are receiving better care than I would be able to provide on my own."	"More information to the ED on what services are provided, what patients should be referred, how to refer"	Engage with ED proactively
"I've learned things from certain patient encounters that I have been able to apply to other patients in my care."	"A disconnect when patients are in ED or hospital" "a stronger in-patient presence would be great."	Enhance/build an effective consult service
"Centralizes care, manages complex, multi-system conditions, reduces burden on our other subspecialists, supports families."	"Its clinic volumes are too low, and its costs are too high." "I'm not sure when to refer to comp care vs PM&R."	Collaborate on ambulatory care process models

Proposing a Strategy for Sustainability

1. Optimize clinical operations to avoid costly gaps in care and communication (EMR, consults, care processes, others).
2. Pursue full reimbursement for direct and indirect care.
3. Partner with all stakeholders to align value-based care incentives.
4. Engage all internal and extramural stakeholders in philanthropic support.
5. Seek extramural funding (grants and contracts) to strengthen national position in clinical, education, research and advocacy.

Limitations

- The unprecedented interruptions of COVID19
- Changes in leadership in Dept. of Pediatrics and organization of Intermountain Healthcare introduced some delays in project progression.

Conclusions and Future Directions

- Family, provider, payer and community stakeholders are committed to further developing and sustaining CCP for CMC, aligning around priorities of quality, safety, value, equity and sustainability.
- Models of population health, shared costs and savings, value-based care, extramural grants and philanthropic support are strategies to sustain complex care programs for CMC.
- Robust surveying/analysis of patient population.

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