

Aligning for Action

LAN SUMMIT

Health Care Payment Learning & Action Network

**Payment Reform Effectively
Improving Care in Pediatric
Health Systems**

Risk & Pediatrics: Changing Practice?



2016

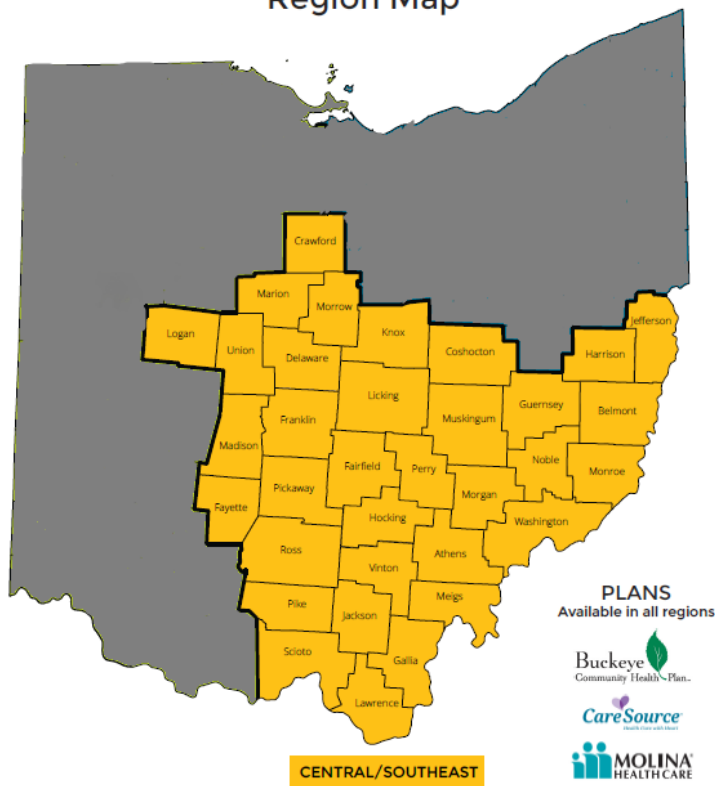
K Kelleher



Partners for Kids (PFK)

Pediatric ACO at Nationwide Children's Hospital

OHIO MEDICAID MANAGED CARE
Region Map



Partnership with **independent & employed physicians and NCH** to form a single source contracting entity

Responsible for managing the health of a **34 county service area** with a goal of improving the quality of care and lowering costs

Accepted **full financial risk for 320K+ kids** through partnership with the 5 Medicaid plans in Ohio

Included: Inpatient/Outpatient, Pharmacy, Dental, Vision, Mental Health, Home Health

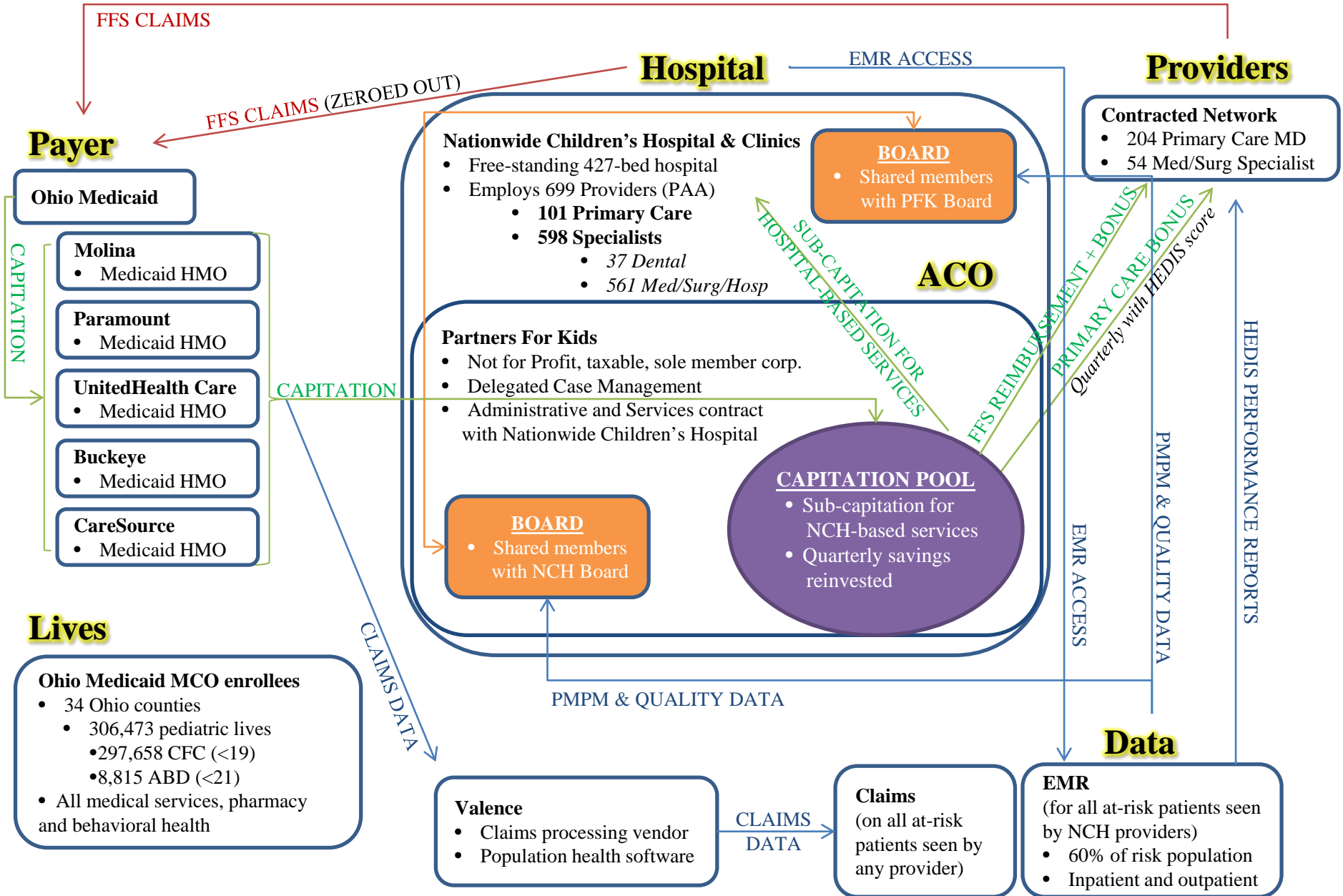


PLANS
Available in all regions



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™

Partners for Kids



PFK's Place in the System

Partners For Kids Flow of Funds

Partners For Kids receives funds for each child in the program for the child's medical care.



Top-to-Bottom Pay for Performance (P4P)

Payer

- Payer targets measures

Health Plans

- Health Plans incentivized

CIN

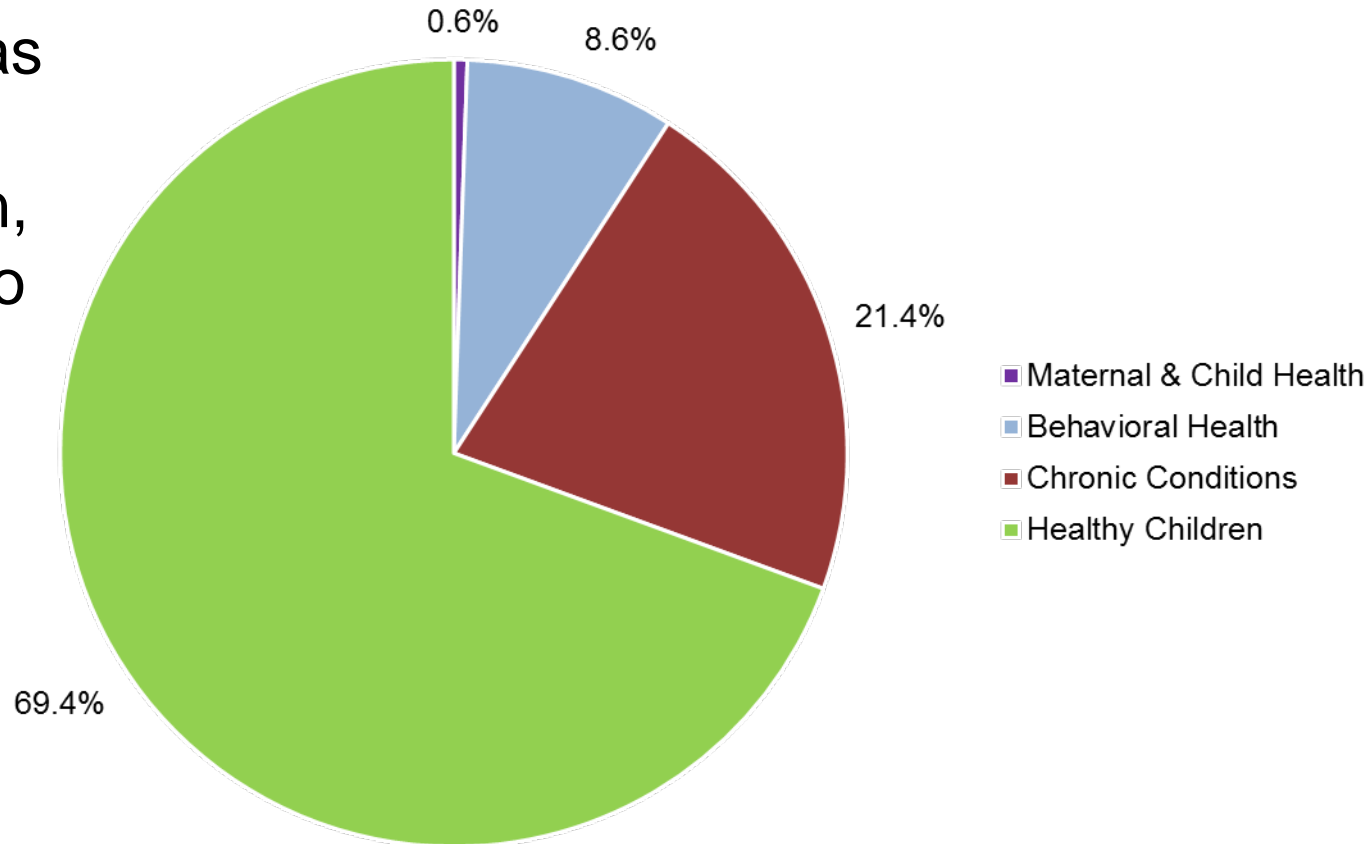
- CIN Performance Contract

MDs

- Physician incentives on HEDIS and Quality

Partners for Kids Population

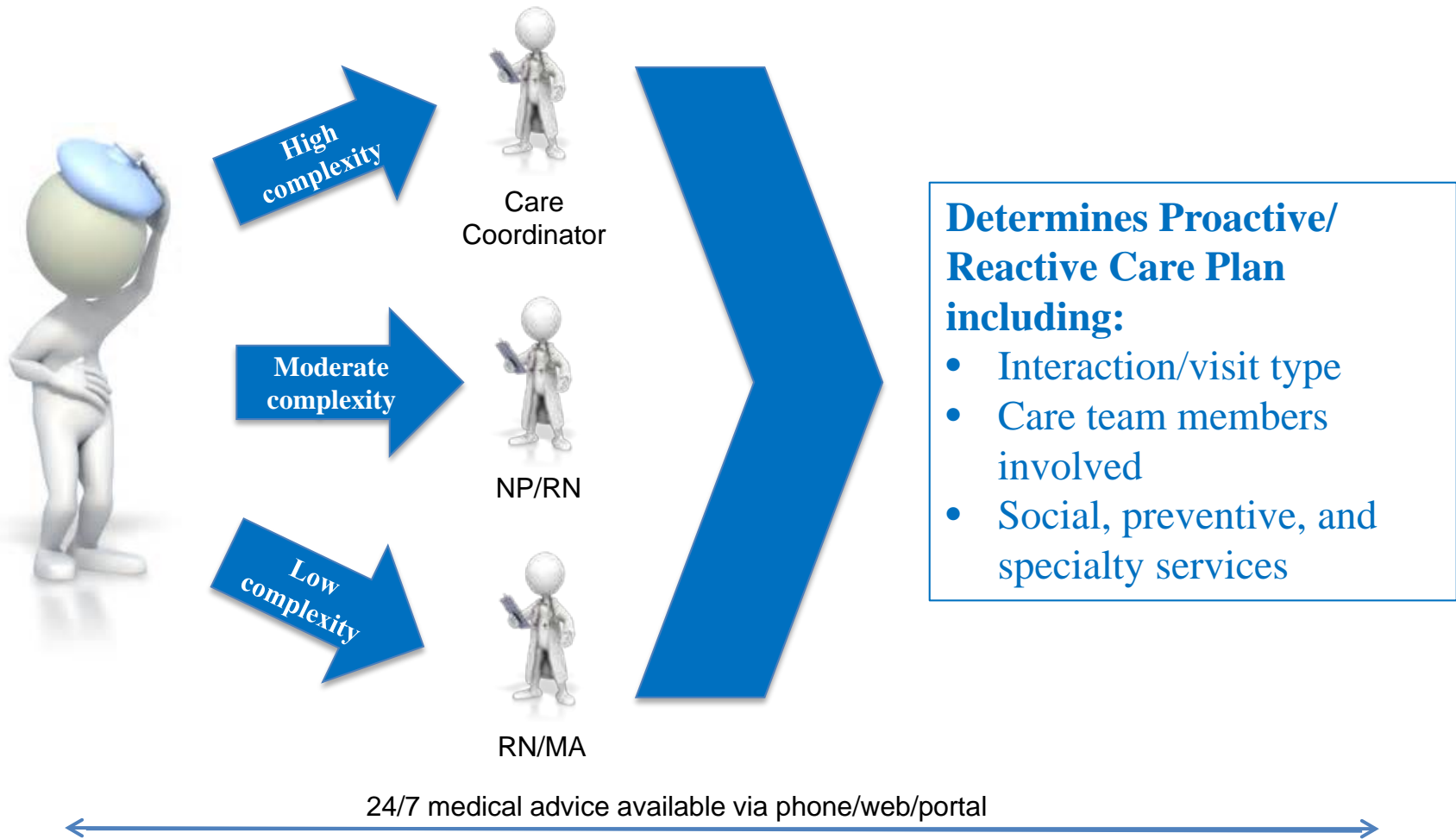
In 2014, PFK was responsible for 333,354 children, broken down into the following groups



Has risk changed PFK or children?

- How has structure changed?
- How has care changed?
- How have costs changed?
- How will we measure change?

Team Approach to Whole-Person Care



Primary Care Team



PCP



RN/Advanced
Practitioner



MA



Community
Health Worker



Care Team Extenders



Community Practitioner

Deploy community-based clinicians to deliver timely, inexpensive, culturally appropriate care



Lay Caregiver

Empower patient family members with tools to leverage their established relationship and manage care effectively



Specialist

Reduce care fragmentation by incorporating medical specialists into the primary care network

Source: How to Design the Cost-Effective Clinical Workforce, Advisory Board 2014

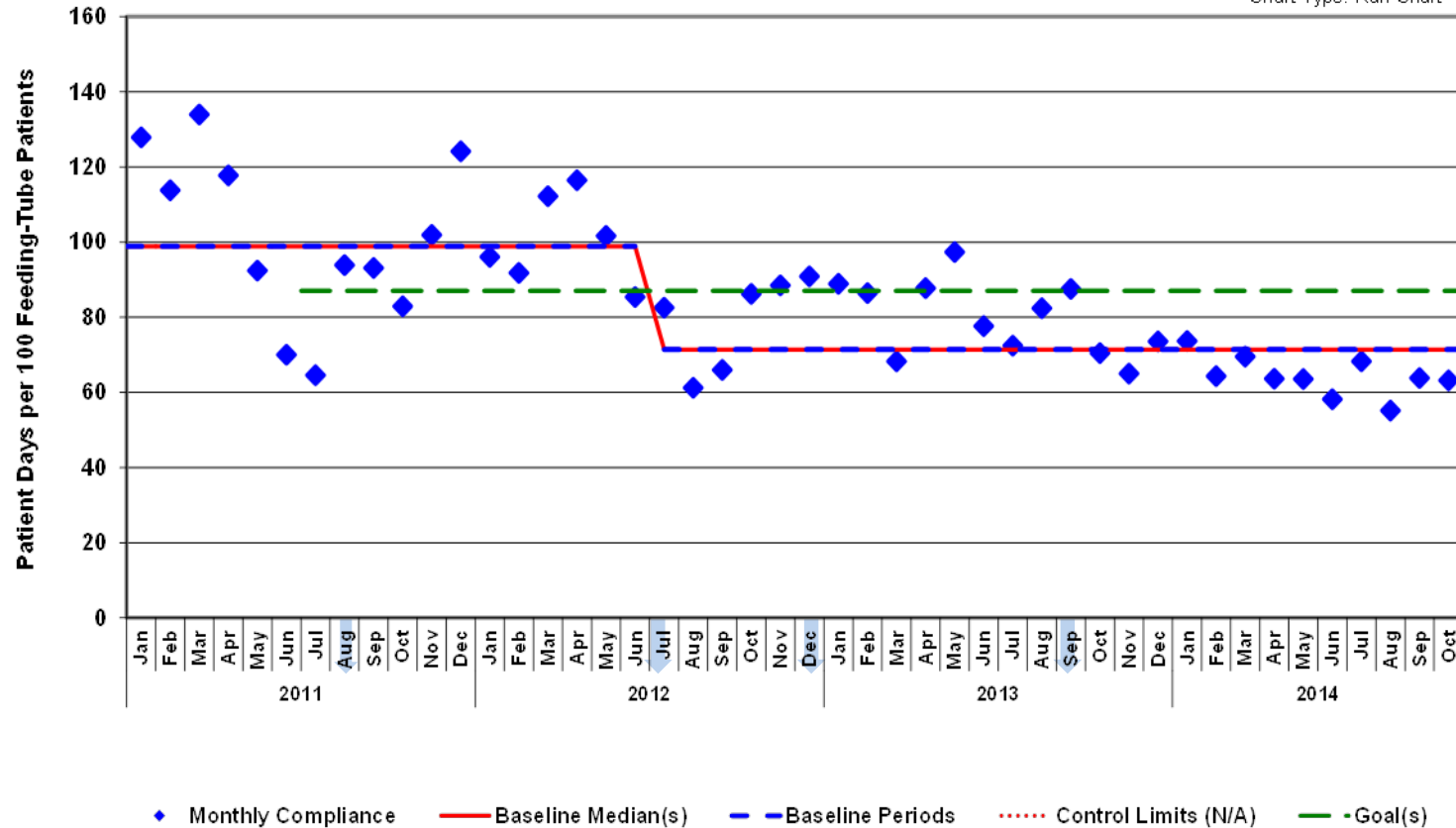
Keeping Complex Patients Home



Census Patient Days per 100 Feeding-Tube Patients

Desired Direction of Change
↓

Chart Type: Run Chart



Census Inpatient Days	757	686	821	724	572	403	583	581	524	641	766	608	593	736	772	678	578	558	420	458	601	622	647	625	618	499	652	737	594	560	642	681	551	511	582	582	500	534	476	476	471	423	491	393	452	443
Feeding Tube Cohort	592	603	613	615	619	624	621	624	632	629	617	633	646	656	663	667	677	676	686	694	697	703	712	703	715	731	743	757	765	773	779	778	782	786	791	790	777	768	748	741	727	719	716	708	701	



Pre- and Post-enrollment Utilization

Characteristics of Selected Patients Enrolled in Care Coordination 2014

