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Saline Med Pediatrics

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The Arkansas Health System Improvement Initiative is designed to create a sustainable patient-centered health system that embraces the triple aim of (1) improving the health of the population; (2) enhancing the patient experience of care, including quality, access, and reliability; and (3) reducing, or at least controlling, the cost of health care. While the initiative has broader goals of expanding coverage, enhancing health information technology, and developing a quality health care workforce, a major focus has been payment innovation and restructuring the system to incentivize quality outcomes. Patient-centered medical homes (PCMH) are a primary strategy of this innovation. Design and implementation of the state's PCMH efforts has been led by Arkansas Medicaid with support from Arkansas Blue Cross and Blue Shield, Qualchoice of Arkansas, Humana, Centene/Ambetter, Medicare, Walmart, the State Employees Plan, and others. This study is part of a series of case studies spotlighting practice transformation to the PCMH model, emphasizing how individual practices have approached innovation and implementation. For more information on the Arkansas Health System Improvement Initiative, and access to additional case studies, visit www.achi.net or www.paymentinitiative.org.

Saline Med Pediatrics (SMP) is an all-around family operation. Staffed and managed primarily by one family, SMP is a clinic that, despite the name, cares for all members of the families they serve including patients ranging in age from six months to 102 years. SMP's one full-time physician, Dr. Mark Martindale, is board certified in both internal medicine and pediatrics. The clinic has three part-time physicians, two licensed nurse practitioners, and a part-time x-ray technician on staff. One of their part-time physicians is Dr. Martindale's father, the oldest practicing provider in Arkansas.

The patient dynamic is unique compared to the other Arkansas practices initially selected to participate in the Centers for Medicare and Medicaid Services Innovation Center's Comprehensive Primary Care (CPC) initiative. CPC is a joint federal, state, and private payer effort in Arkansas to develop patient-centered medical homes (PCMHs). Most of the participating practices see few if any children or adolescents, but of SMP's 2,400 patient panel, about 30 percent are pediatric patients. This patient mix has helped SMP identify potentially complicated conditions early in life especially related to familial-associated risks. The practice may also be considered a test case for how the PCMH model applies to patients in a broad range of ages.



The CPC initiative requires meeting select milestones to ensure that care delivery is truly patient-centered. SMP staff indicated that in order for the clinic to transform its care practices, significant planning and organization was required from the beginning. SMP used front-loaded payments from participating payers, including Medicare, Arkansas Medicaid, Arkansas Blue Cross and Blue Shield, QualChoice of Arkansas, and Humana to bring on extra staff, conduct trainings, and facilitate weekly planning meetings.

Dr. Martindale began risk-stratifying patients as they were seen. While risk stratification is a required CPC milestone, it also helped SMP staff recognize which patients required extra coordination. For example, recent emergency room visits are now flagged within the risk stratification score, and

Patient-Centered Medical Homes

Through improved care coordination and communication, the goal of the Arkansas patient-centered medical home (PCMH) program is to help patients stay healthy, increase the quality of care received, and reduce costs. A PCMH accomplishes this by identifying and treating at-risk persons before they become sick. Success of the Arkansas PCMH program relies on statewide multi-payer participation, ongoing innovation, and achievement of a specific set of improvement milestones, such as 24/7 patient access to care via phone or e-mail, use of electronic health records, and development of customized care plans for each patient.

SALINE COUNTY PROFILE

Overall County Health Ranking: 4 (of 75)
Uninsured: 16% (AR: 20%)
Primary Care Physicians: 2,608:1 (AR: 1,586:1)
Diabetic Screening: 84% (AR: 82%)
Mammography Screening: 66% (AR: 58%)

Social & Economic Factor Ranking: 1 (of 75)
Poor or Fair Health: 17% (AR: 19%)
Mental Health Providers: 1,141:1 (AR: 696:1)
Low Birth Weight: 8.3% (AR: 9.0%)
Unemployment: 6.0% (AR: 7.3%)

*<http://www.countyhealthrankings.org/app/arkansas/2014/rankings/saline/county/outcomes/overall/snapshot>

patient charts are color-coded accordingly. SMP's electronic health record system integrates the information so staff know to ask about emergency room visits and can try to prevent unnecessary emergency room use.

Managing a wide-range of ages among patients has resulted in some challenges for SMP's PCMH transformation. Staff indicated that developing targeted communication and care coordination strategies for a heterogeneous population is a challenge. For example, middle-aged adults have responded well to group education sessions while younger patients sometimes prefer electronic communications. Likewise, some populations require a lot of face-to-face communication for medication management, while others do not. While this PCMH component is designed to increase patient-centeredness, it has also stretched personnel resources.

SMP's focus throughout the PCMH transformation process has been to decrease the impact of fragmented care for their patients. Referencing issues they had before this process began, office manager Cindy Martindale said, "It's okay if they get their flu shot somewhere else, or their pneumonia shot somewhere else, but the problem occurs when we don't know it happened." SMP recognizes that for some patients, receiving services such as immunizations is more convenient at other locations. However, they noted that the transfer of information when these services are provided elsewhere is critical to success. SMP personnel appreciate that the PCMH model encourages a team-based approach. They are hopeful that more payers and providers around the state will adopt the model—helping to make sure care delivery statewide is comprehensive and focused on the patient.

A notable achievement for SMP has been improved relations with hospitals and other local care facilities. Before participating in the CPC initiative SMP, like many similar practices, struggled to obtain information about hospital discharges and encounters their patients had with other providers. More staff support for care coordination means they can now focus on following up with area hospitals and local pharmacies to make sure the clinic has up-to-date records. The clinic has received overwhelmingly positive feedback from patients who truly appreciate the proactive follow-up phone calls and arranged appointments after a hospital stay or emergency department visit.

An ongoing initiative designed in part to help care coordination across Arkansas is the State Health Alliance for Records Exchange, or SHARE. SHARE is managed by the Office of Health Information Technology and allows for clinics and hospitals to share patient records using secure messaging. This record sharing will help eliminate duplicative tests, improve medication compliance, and ensure that the primary care physician is current on the status of care patients receive from other providers. SMP is interested in participating in SHARE, but indicated they cannot justify the investment at this time. Staff again noted that having a wide age-range and various levels of complexity within the clinic's patient panel makes it difficult to predict cost-effectiveness of the investment.

"The best type of care is one where the doctor knows the patient, it's individualized... where we know each other and what medications they are on, and if there are any changes, they will let us know that... But all of that just takes time."

■ Cindy Martindale,
Practice Manager, SMP

Overall, SMP has enjoyed participating in the CPC initiative and finds value in the more comprehensive care they have been able to offer their patients. One concern, however, is sustainability of the PCMH model when the temporary programs supporting the model change over time or terminate. They hope to continue offering inclusive care coordination services, and know that their "dedicated staff will work to make that happen as much as possible."

This report was composed using information obtained during an in-person interview and discussion with the practice manager of Saline Med Pediatrics, Inc. The Arkansas Center for Health Improvement received written permission to use this information. Additional information included was gathered from the Arkansas Department of Human Services Division of Medical Services, the Arkansas Center for Health Improvement, and County Health Rankings from the Population Health Institute at the University of Wisconsin.