As a Physician,

this my duty to protect + grow...

### PATIENT + PHYSICIAN PARTNERSHIP

Where Health Lives

**MEDICARE** 

Driving large population cost containment

**MEDICAID +** 

CONSUMER **EXPECTATION** 

> Increased desire for convenience Value vs. cost discrepancy

**WELLNESS** SHIFT

Ill/episodic care to patient-centered medical home

**PAYERS** 

Capping cost and tracking payment

**STAYING AHEAD** 

imperative

New science, practice strategy, tools Data utility Behavioral health

**INDUSTRY DEMANDS** 

Strict regulation

compliance cost

Increased

COMPETING FORCES SHIFT OUR FOCUS, ENERGY + RESOURCES

+ We Ask Ourselves.

I have little I report giving performance excellent care data My patients report satisfaction AM I DOING?

> I need to make sense of new models for patient satisfaction

> > I deal with outdated payment models that reward increased intervention

> > > There are low revenue margins to invest in new delivery models

There are increased care costs but lack of payment

> There are no resources in ambulatory clinics for process improvement

WHERE

SHOULD I INVEST

MY TIME, MONEY +

**RESOURCES?** 

Caring for my patients always comes first

I am critical of my performance and will not tolerate anything less than perfection

HOW DO I IMPROVE?

> It's difficult to manage time expectations in my patients

for innovation beyond medical equipment

It is difficult to train

repetition of perfection

I am trained for

High regulation limits care delivery and encourages profit-driven retail delivery

COMPRISED OF **DEDICATED** 

**ORGANIZATIONS** IN TENNESSEE

+ Which lead to the development of...

+ Which emerged to improve

THE PATIENT-PHYSICIAN PARTNERSHIP



Support and partner in the physician-patient space Focus population-based health priorities

Clearly set metrics for performance measure

Commit to better metrics Prioritize primary care that is valuable

to population health management

Tennessee Primary Care Association

• AAP - Tennessee Chapter

(TNAAP) · Children's Hospital

Alliance of Tennessee

 Tennessee Department of Health • The Tenncare Bureau

• Partners in Pediatrics

• LeBonheur Children's Hospital

• UT Health Science Center • LeBonheur Pediatrics

· Vanderbilt Health System · Vanderbilt Affiliated Health Network

· Vanderbilt School of Medicine / Pediatrics

• Children's Hospital at Erlanger Cumberland Foundation • East Tennessee

Children's Hospital

• Niswonger Children's Hospital

 Quillen School of Medicine Tennessee Academy

of Family Physicians Amerigroup

· Blue Cross Blue Shield

United

• East Tennessee State University School

of Public Health · Tennessee Disability Coalition

Family Voices of Tennessee

Tennessee Voices for Children

• Parent Representative • Tennessee Initiative

for Perinatal Quality Care

 Tennessee Emergency Services for Children

• The Institute for Healthcare Quality Research and Education

+ Which lead to the development of the...

Best Practice Provider Resource

- Tobacco Exposure Screening Postnatal Depression Screening
- Developmental Screening Sustaining Breastfeeding
- Social Development Screening · Completion of Recommended
- Completion of Recommended Vaccines

Well Care before Two Years

- Establishing a Dental Home
- Lead Screening • Annual Well Care in
- School Age Children
- Asthma Severity Documentation Inhaled Corticosteroids Prescribing for Persistent Asthmatics

23 Categories OF HIGH VALUE HEALTH PRIORITIES

- Updated Asthma Action Plan
- Annual Flu Vaccination in Children with Asthma
  - Regular Asthma Control Test
- Completion of Human
- Papilloma Vaccination
- Teen Vaccination Completion
- Teen Mood Disorder Screening Teen Suicide Screening
- Teen Chlamydia Screening
- BMI Documentation
- and Intervention Appropriate
- ADD/ADHD Follow Up Appropriate Depression/
- Anxiety Follow Up

Each Provider will have these categories evaluated by chart review every three months

Providers receive run charts on these categories to help answer...

# HOW AM I DOING?

payer priority to crystalize expectation

performance compared to state

captured data

- and practice aggregates to clarify vision for performance State Medicaid and payers can provide... c. Data feedback on the practice

## WHERE SHOULD I a. With standard performance

expectations, practices can develop

value-based business statements to

- invest in improvement b. As improvements are applied, the value of these improvements can be tracked by change in BPPR metrics

### HOW TO IMPROVE? PHIIT. a. Quality improvement training b. Supports development and continual improvement

of new or existing QI teams in each practice c. Provides Plan-Do-Study-Act support (PDSA Deck)

and captures the innovation of each QI team d. Catalogues and shares this innovation across

practices (output from PDSA Deck) e. Facilitates high value topic-specific projects

i. Breastfeeding sustainment ii. Tobacco exposure reduction iii. Asthma

f. Works with partners to develop high value tools i. Breastfeeding Basics – spread across TN delivery centers, county health departments and pediatric offices

of Certification credit h. Payers can give practices specific feedback on high cost patients that fit within BPPR Category topics like asthma - giving practices patients seen in ED or admitted for asthma

g. Offers American Board of Pediatric Maintenance







Tennessee Chapter

Partner with PHiiT to protect + grow your Patient Physician Partnership.