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Catalyst
HEALTH NETWORK

Primary Care Funding Models

“Let’s Look at Opportunity!!”

Speaker: Dr. Darla Kincaid, md Pediatric Associates

June 4th, 2020

What IS Primary Care?

- 1978 - **World Health Organization (WHO)** adopted the primary health care approach
- “A philosophy of health care that embraces 5 types of care: promotive; preventive; curative; rehabilitative; supportive/palliative.... Whose focus is on preventing illness and promoting health. **The primary health care approach is effective in responding to the needs of various client groups from individuals through families and communities to populations.** The principles of primary health care are accessibility, public participation, health promotion, appropriate technology and intersectoral cooperation.”
- A primary care provider is a general practitioner who delivers initial care for a specific illness....

Texas Law – 2015 HB 1945

“Primary medical care service” means a routine or general health care service of the type provided at the time a patient seeks preventive care or first seeks health care services for a specific health concern, is a patient's main source for regular health care services, and includes:

- a) promoting and maintaining mental and physical health and wellness
- b) preventing disease;
- c) screening, diagnosing, and treating acute or chronic conditions caused by disease, injury, or illness;
- d) providing patient counseling and education **AND**
- e) providing a broad spectrum of preventive and curative health care over a period of time.

What Primary Care Means to md Pediatric Associates

- **Quality Care, Service, Information** that is
 - Accessible (extended and Saturday hours, Telehealth, after hours nurse call line)
 - Continuous (Birth to 18 years of age, we encourage relationship with same provider)
 - Consistent (“You can expect the same service no matter who is seeing you”)
- Delivered with **Kindness, Integrity, Dignity, Service (KIDS)**
- **Partnering with families** interested in participation in that relationship

What md Pediatric Associates Looks Like



- Suburban small to medium sized pediatric practice primarily funded by value based commercial plans (no Medicaid)
- 7 Pediatricians (5.5 FTEs)
- Part time Pediatric Psychiatrist
- 3 Midlevel Providers (2 PNPs, 1 PA) – (2.5 FTEs)
- 2 office sites
- 38 total FTEs (down from 48 FTEs preCOVID)
- Level 3 PCMH



In Early March...

We were 'stable' but looking to the future

- Added a new pediatrician and part time psychiatrist in fall 2019 (did "pilot" in early 2019)
- Experiencing some success with our imbedded psychiatric support of our Behavioral Health Program
- Working on improving staffing and work flow efficiencies including consideration of new technology support (EHR)
- Moved to new internal leadership structure with new Business Manager and Financial support service with StratifiHealth starting in fall of 2019
- Committed to move to more stable cash flow -- planning for building 3 month cash flow reserve by 2022 (but at < 30 day at the beginning of March)
- Using telemedicine for some Behavioral health (about 1-2% of total visits)
- Providers in certification process for Lactation Support Program (2019 Goal)
- Continuing to Expand our use of Catalyst supports with Medication Management imbedded into our Workflows for ADHD and Asthma as well as Referrals and Chronic Care Management
- "Stretch" goals for 2020
 - Expanding Telehealth to Acute Care
 - Starting a Direct Patient Access program of prospective payment

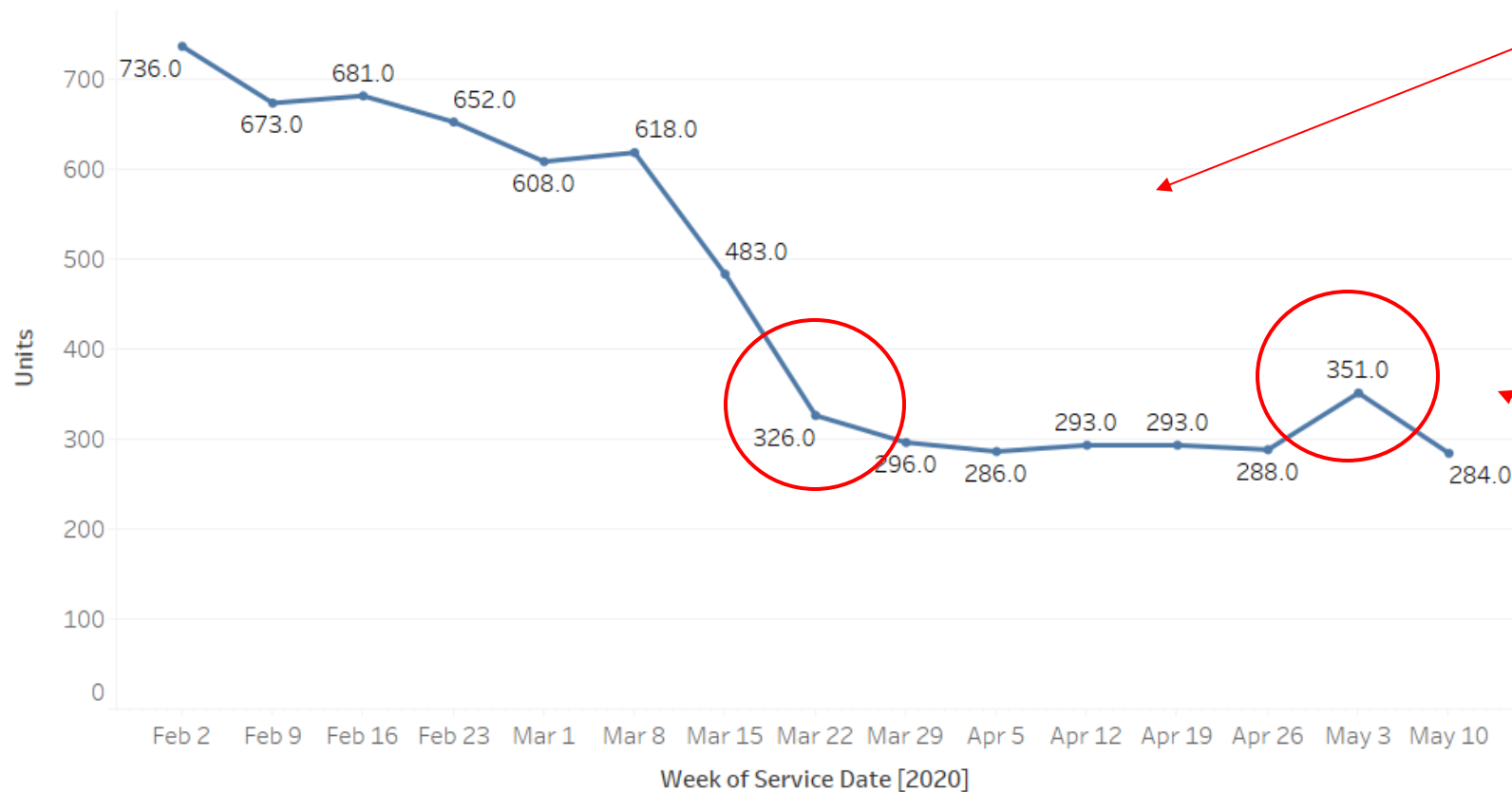


THEN.... COVID !!!

Moving From Fear
To Surviving
To Thriving –
“A Lesson In Focus”

md Pediatrics COVID-19 Production

2020 MDP Total Visits by Week



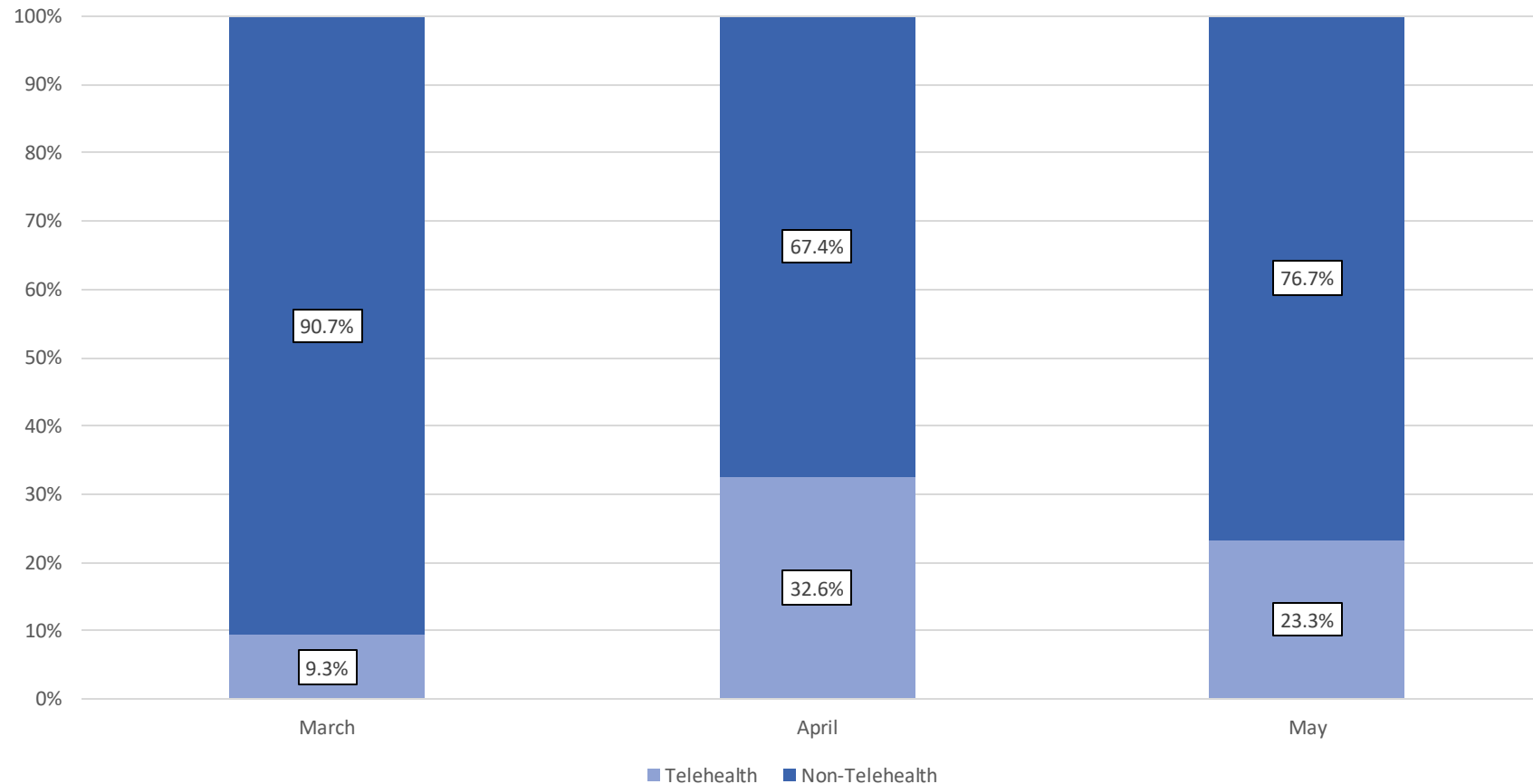
COVID-19 impact to visit volumes observed starting week of March 15th.

Volumes have remained consistent since onset of COVID-19, with an increase observed week of May 3rd.

The trend of sum of Units for Service Date Week. The data is filtered on Billing Code, Modifier1, Service Date Month and Service Date. The Billing Code filter keeps 30 members. The Modifier1 filter keeps , 24, 25, 25,95 and 95. The Service Date Month filter keeps February, March, April and May. The Service Date filter ranges from 2/1/2020 to 5/19/2020. The view is filtered on Service Date Week, which ranges from February 1, 2020 to May 19, 2020.

md Pediatrics COVID-19 Production

Composition of 2020 Visits: Telehealth and Non-Telehealth



In a review of 2020 visit composition, telehealth has increased from minimal utilization at start of year to 33% of visits in April and 23% of visits thus far in May.

COVID-19 “Stay At Home”

Was definitely NOT a vacation!

- Instituted new policies and procedures re screening for COVID and management of pts virtually
- Worked w Catalyst and other providers to support establishment of centralized COVID test sites
- Webinars, webinars, webinars (Catalyst definitely the best!!)
- Decreased hours and adjusted patient load -3 providers high risk –seeing all virtual visits, others working in Acute / Well Clinics seeing in person and virtual visits
- Laid off/furloughed 20% of employees
- Remainder of employees and providers took at least 25% cut in hours/salary
- Aggressive expansion of Telehealth from <5% of visits to >30% and expanded “scope”
- Aggressive “retraining” of providers, staff and patients to access and support telehealth
- Obtained PPP (with support from Stratifi Health Financial team)
- Lowest productivity last week in March – down to 48%
- **Rolled out new service offering Lactation Support**

New Awareness

Recognition of “new” ways
of doing things
(e.g. Telehealth)

Recognition of prospective
payment model value

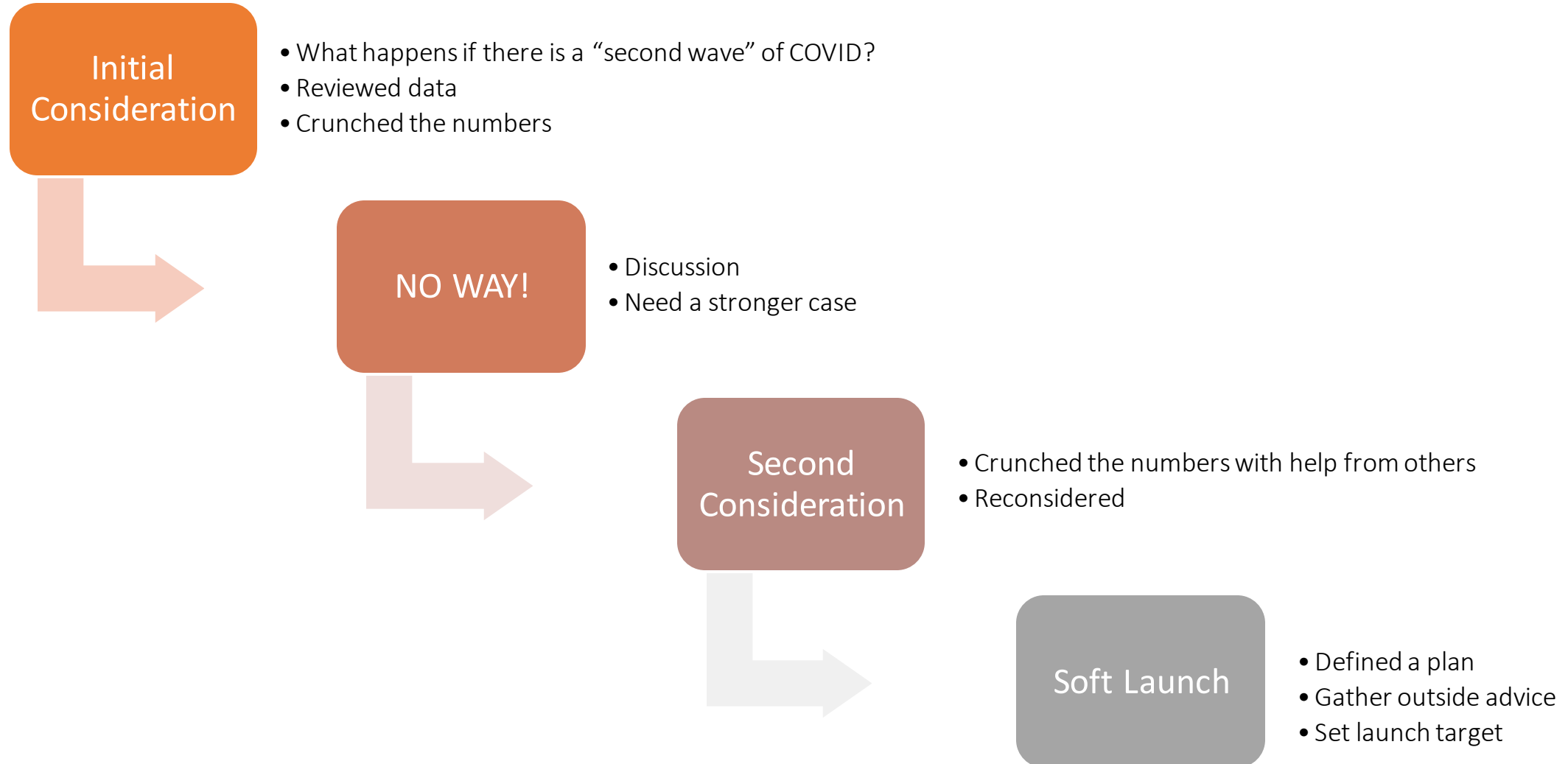
New Awareness

Catalyst Support
(Data, Care Team Support,
CIP, the power of “we”)

Realization that some
things aren’t going away
soon

Our Journey

Our Why Not Prospective Payment Models?





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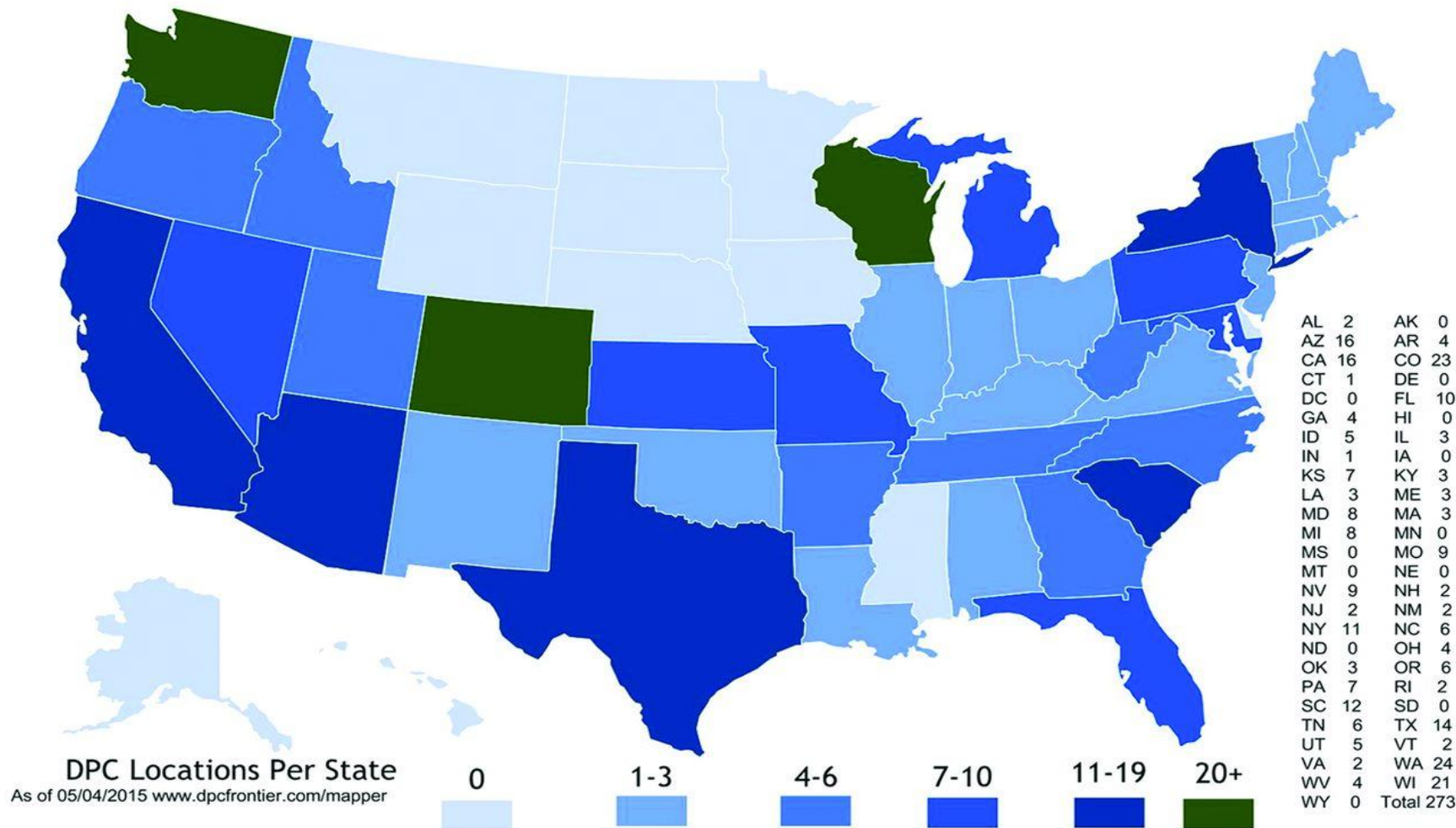
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Research

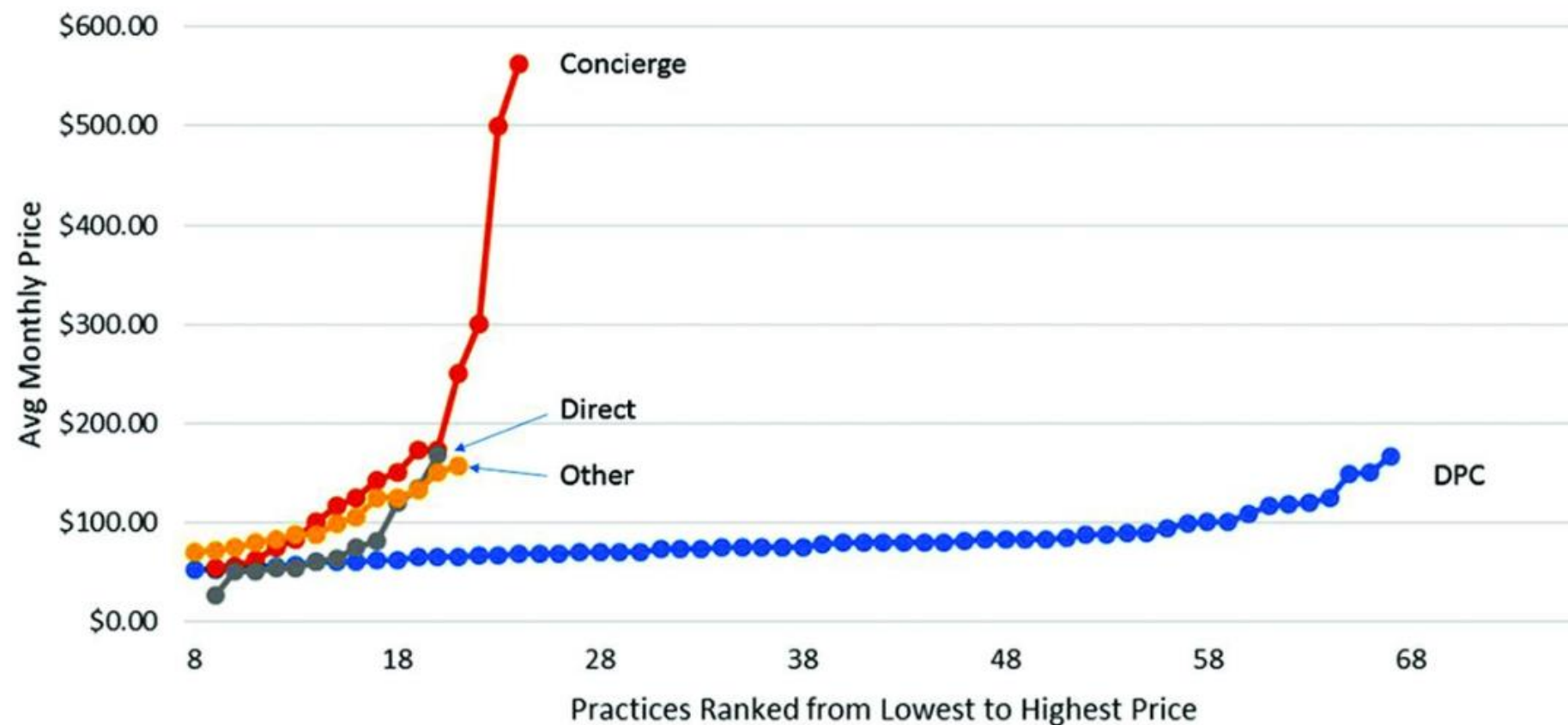


Direct Primary Care Practice Distribution



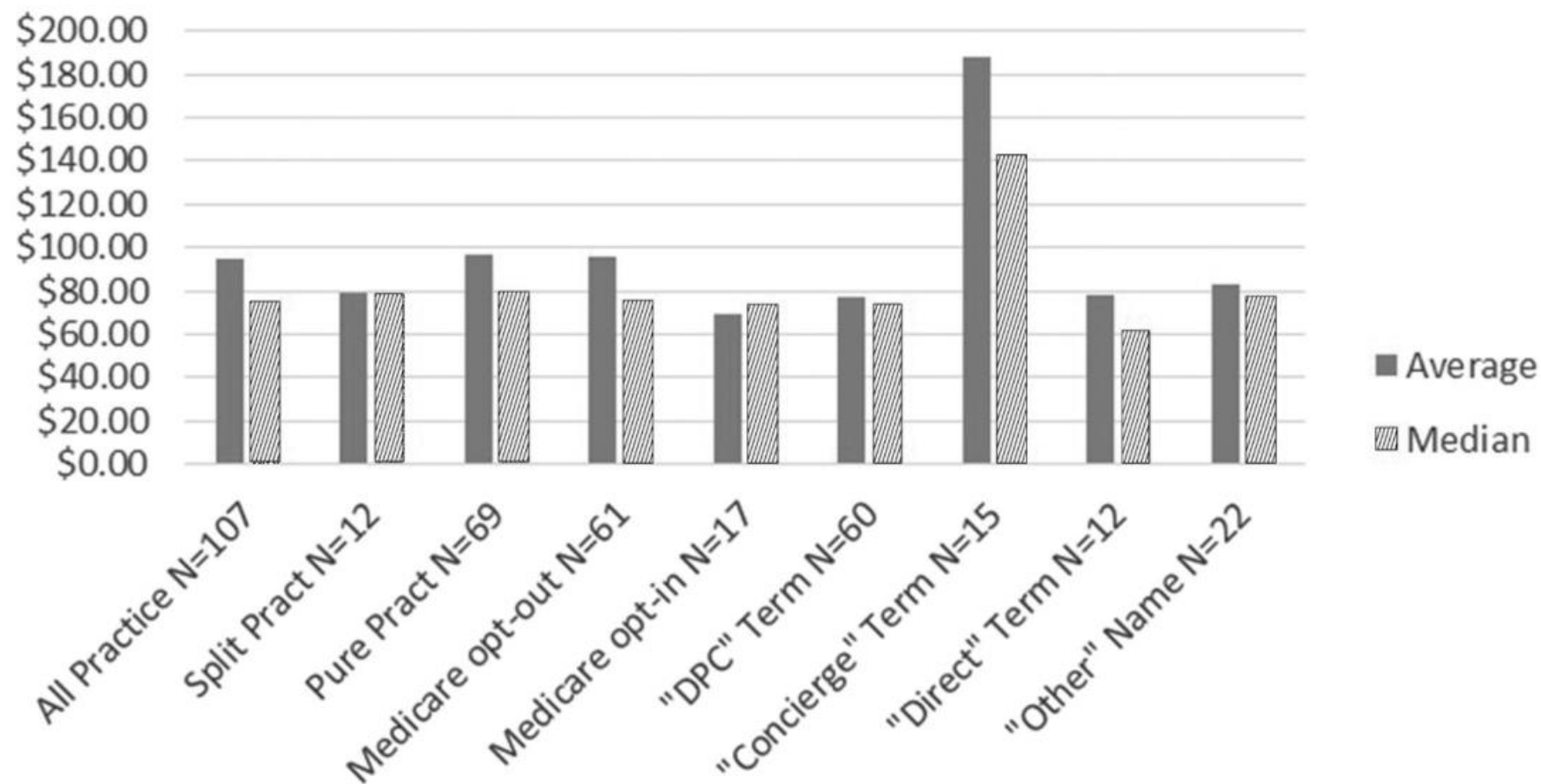


Average Monthly Price Sorted From Low to High and Grouped by Practice Self Description





Monthly Cost



HEALTH
Health Insurance

The Doctor Will See You but Not Your Insurance

Direct primary care physicians expect to be paid by you — directly
by Sid Kirchheimer, August 6, 2013 | Comments: 12

En español | Fed up with waiting weeks for a medical appointment — and then getting only a few precious minutes with your doctor? The unnecessary tests and referrals to a specialist? Insurance hassles, red tape? Subscribe to the AARP Health Newsletter

So are doctors. And a small but growing number are refusing to accept their patients' medical insurance. Instead, doctors are



EARL R. RICHARDSON
Ryan Neuhofer operates a pay-as-you-go family practice in Lawrence, Kan., giving his patients, like Bryan Welch, more personalized care.

AARP Medicare Supplement UnitedHealthcare
UnitedHealthcare Insurance Company (UnitedHealthcare)

Low to No Medicare Expenses

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Concierge medicine and primary care: The differences

By Wayne Lipton and Logan Lutton

May 13, 2020

Primary Care, Healthcare Careers



The sweeping changes in healthcare have spawned a number of alternative practice models, and several are membership-based. But just because models are built around a membership fee does not make them the same.

Here are 10 ways in which concierge [medicine](#) and direct primary care (DPC) membership models differ:

TIME

HEALTH

Medicine Is About to Get Personal



Dr. Garrison Bliss is shaking up how primary-care [medicine](#) works. Photographs by Gregg Segal for TIME



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DAVID VON DREHLE DECEMBER 22, 2014 9:40 AM EST

HEALTH TEAM

Patients pay monthly fee, not insurance co-pay to see Raleigh physician

Posted December 18, 2015 7:18 p.m. EST

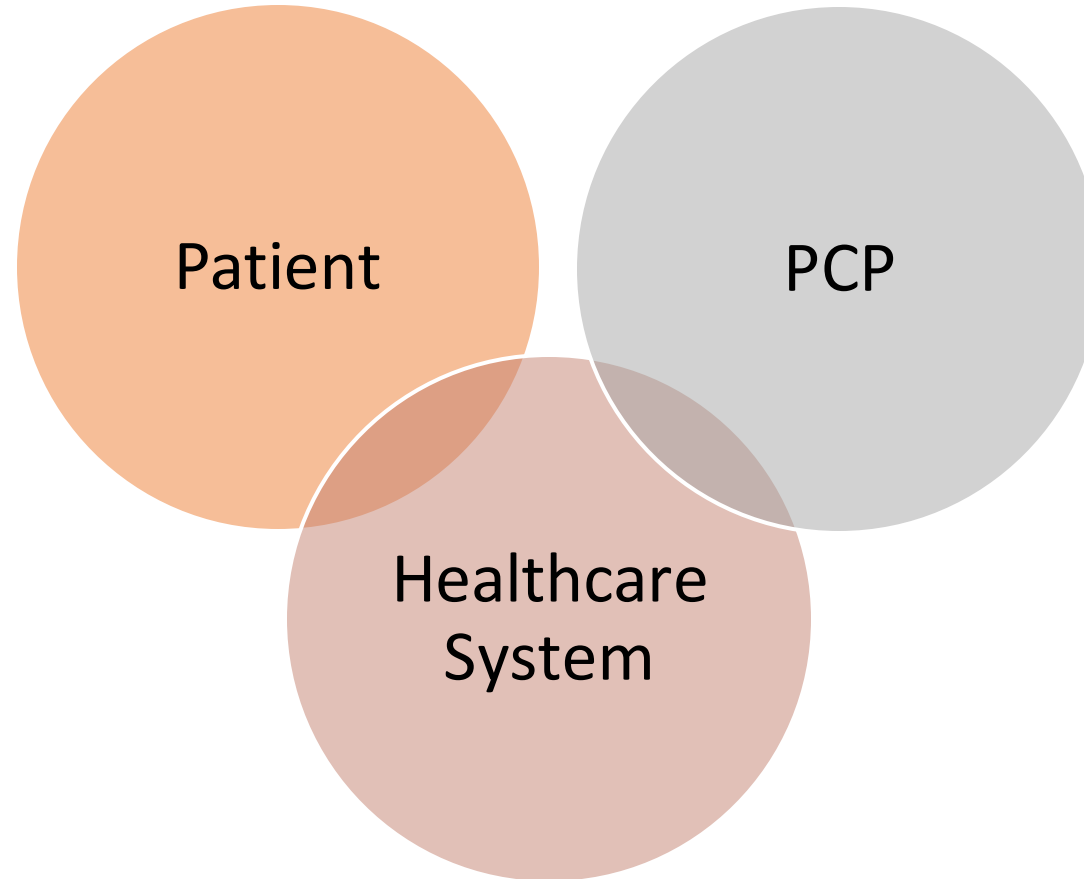


Direct care cuts insurance out of doctor-patient relationship

RALEIGH, N.C. — Being a patient at Doctor Direct is a bit like joining a gym — pay a monthly fee and see the doctor as often as you want.

Challenges of Direct Primary Care

- What is covered?
- What does it cost?

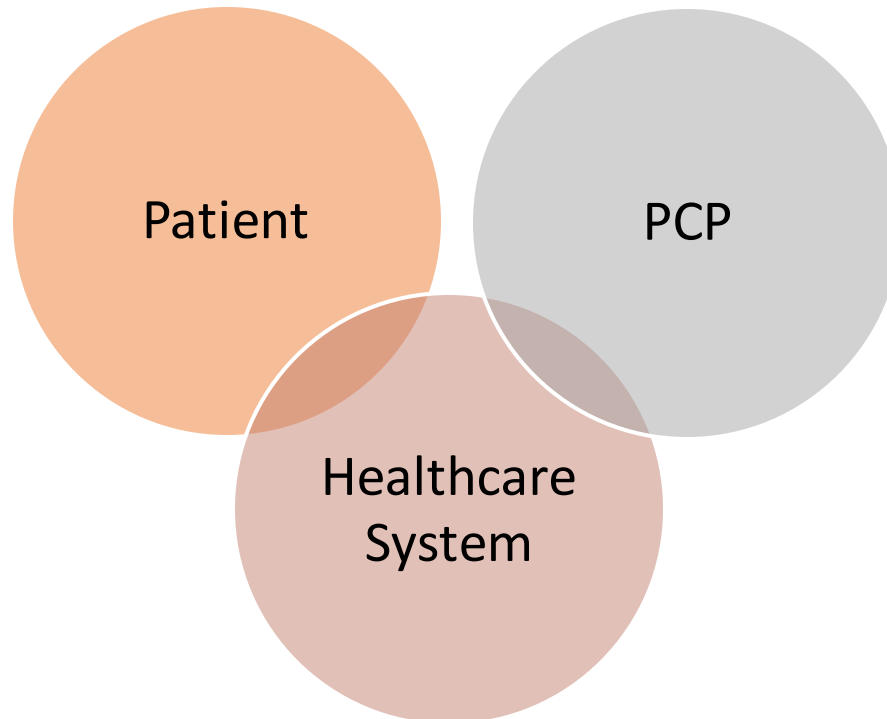


- What do we charge?
- Will it be successful?
- How is quality measured?
- Where are the boundaries?

- “Disruptive”
- How is risk handled?
- How is quality measured?

Benefits of Direct Primary Care

- Increased utilization of PCP services by making them more affordable
- As utilization of low-cost comprehensive primary care increases, the need for high-cost emergency and specialty services decreases
- Support PCP with dependable, consistent, revenue stream that is more flexible in terms of service delivery





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md Pediatric Advantage

The 'Why' for Patients

- Are you tired of high copays and worrying about “**hidden**” costs for visits?
- Are you seeking that **simple** doctor to patient relationship?
- Are you ready to get back to the basics with your doctor without the drama of insurance claims and time constraints?
- Would you like to have almost unlimited access to covered telehealth visits?

Announcement of New Prospective Payment Model



Sample

md Pediatric Associates is proud to announce our new Patient Centered Direct Subscription Care model of service delivery.

We are very excited about this affordable **prospective payment model** that we believe will allow all of us to focus on our values of continuous, accessible, consistent care that is focused on the health of your child and family!

This is NOT health insurance – you will still need health insurance to cover services not covered under this agreement

**We will be continuing to deliver care under the traditional “fee for service” model as well.*



Monthly Subscription Includes the Following

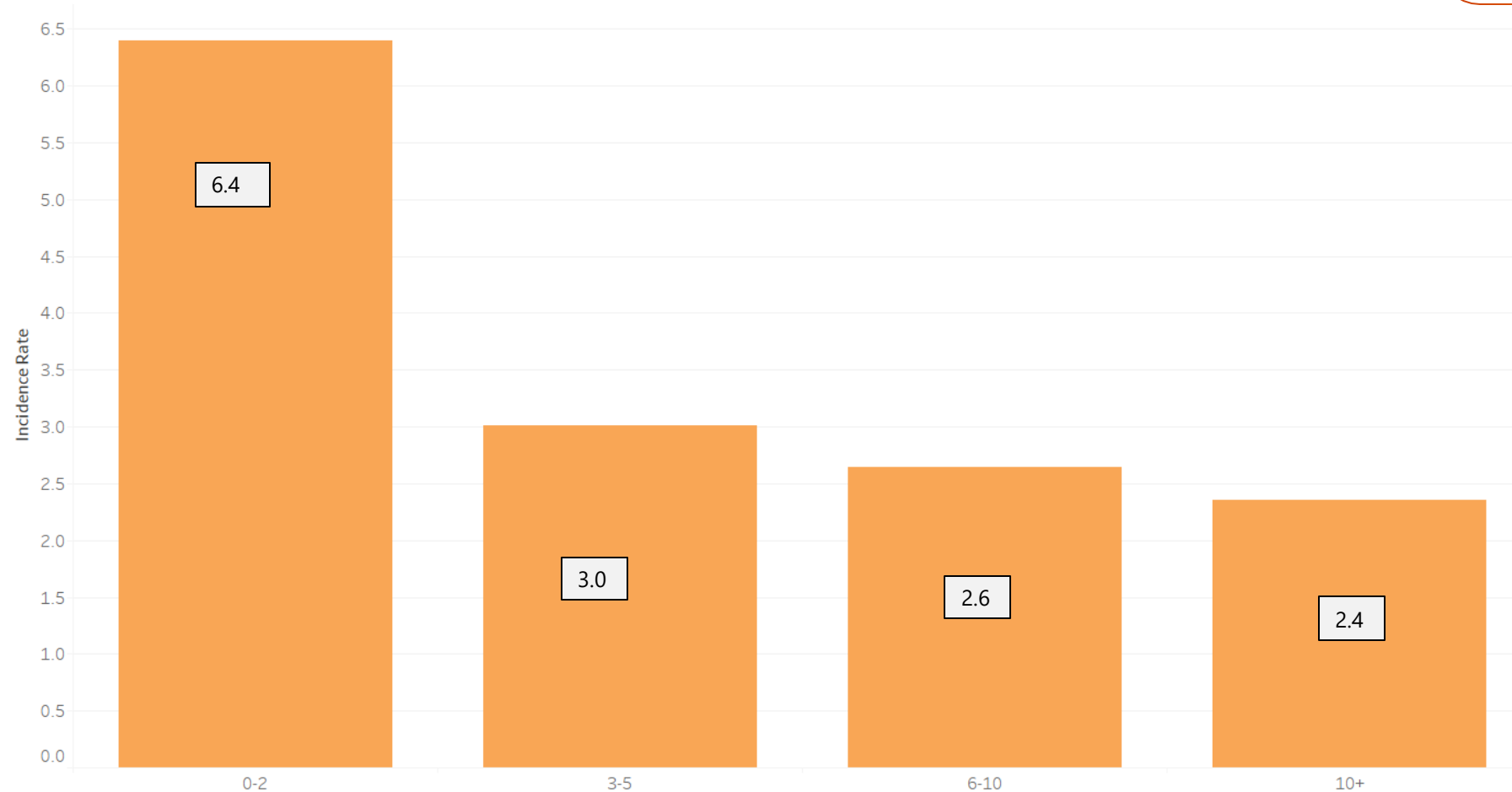
- Virtual Registration –can be done “in person” upon request - (required)
- At least One In-Office Visit Required Per Year
- Well Child Examinations
- Lactation Support In Office or Via Telehealth
- Portal Account that offers secure access to Appointment scheduling, Medical Records including Immunization Records, Secure vehicle for communications with the practice
- Acute Visits
- Convenient Telehealth Visits
- 24/7/365 Access to the Practice
- Routine Immunizations (including annual influenza vaccine)
- Developmental Screening and Referrals as Needed
- Regular Age Appropriate Vision/Hearing Screening
- Infant/Toddler Fluoride Application at Well Examinations
- Free Parenting and Baby Care Classes
- Sports Physicals and form completion
- In- office labs

Monthly Subscription Does NOT Include the Following

- Urgent Care / Emergency Department Visits
- Medications
- Non-routine Vaccinations
- Procedures (Circumcision, Ear Piercing, In-office Medications, etc.)
- Hospitalizations
- Specialist visits
- Behavioral Health (BH package is available for an additional fee)
- Labs done outside of the office

MD Pediatrics Cash Subscription Plan

Visits Incident Rate

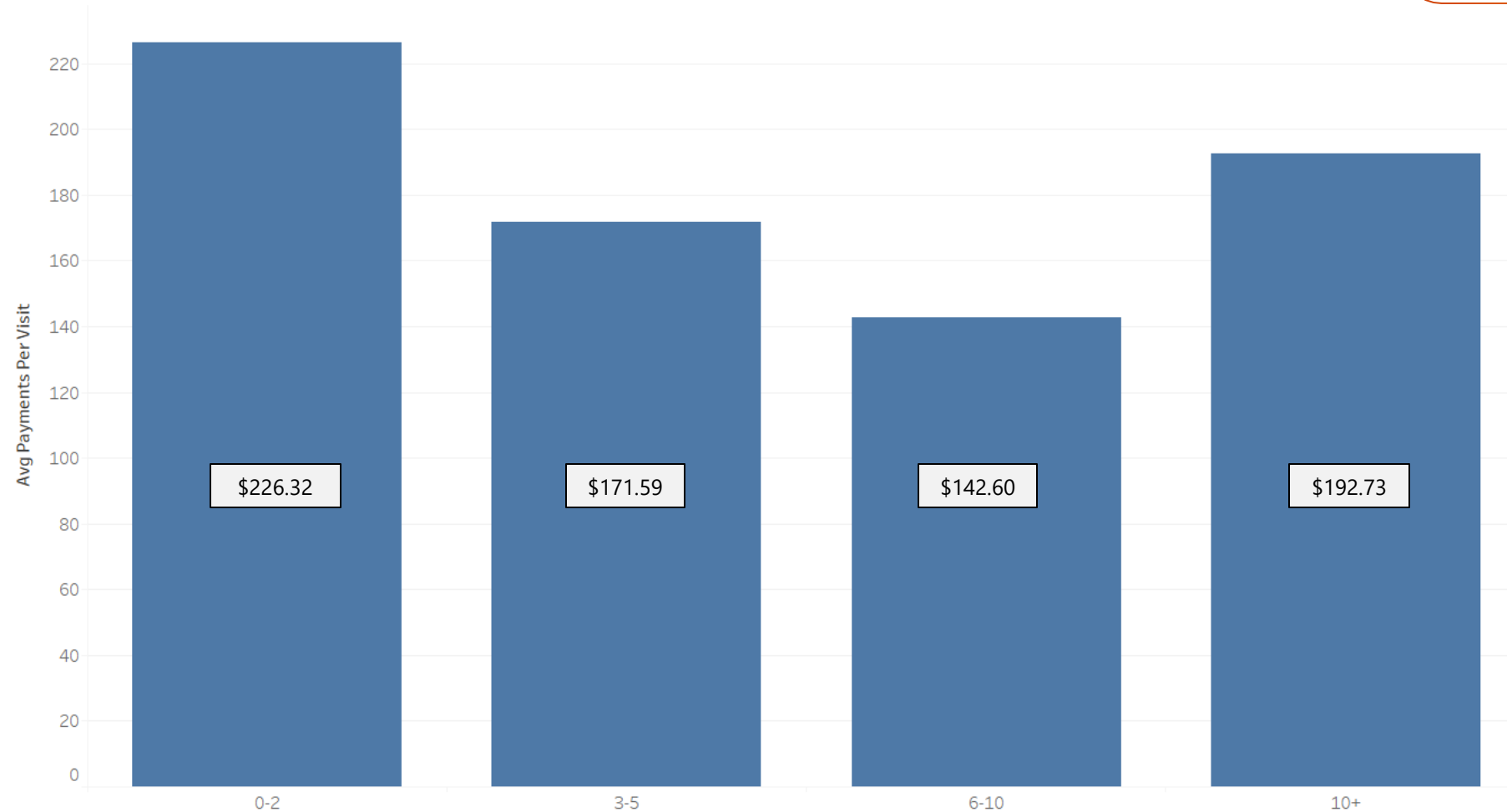


Incidence Rate for each Bins. The data is filtered on Start Date Time (MY), which keeps 12 members.

In an analysis of visits by age group, greatest incidence is observed in the 0 to 2 range, with remaining age groups incurring similar incidence rate of visits.

MD Pediatrics Cash Subscription Plan

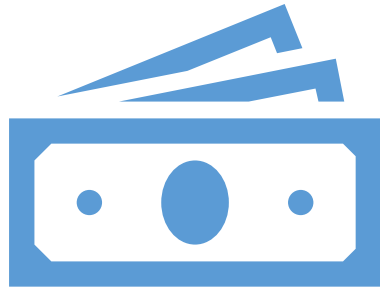
Avg Payments per Visit



Avg Payments Per Visit for each Bins. The data is filtered on Payment Flag and Service Date Year. The Payment Flag filter keeps True. The Service Date Year filter keeps 2019.

In an analysis of payments per visit, reimbursement ranges from \$142.60/ea (ages 6 to 10) to \$226.32/ea (ages 0 to 2).

Pricing



0-24 months of age = \$150/month with
a one-time enrollment fee



25 months - 18 years of age =
\$75/month a one-time enrollment fee

More Hurdles for Prospective Payment Models

- Legal Considerations
- Structural
- Marketing
- Refining the Programs
- Educating
- Sustaining

So what's AFTER COVID? Rough waters??
maybe ---- but a RAINBOW OF OPPORTUNITY!

