

Fill Your Pediatric Practice Schedule!

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Key Topics for Discussion to Ensure Success!

- Transforming your practice into the central hub for your patient's healthcare needs
- Implementing permanent processes for identifying and closing care gaps Understanding how managing your patient population is the key to
- practice success

What worked yesterday, Won't work tomorrow. Keep changing constantly....

- Rakesh Reddy Nandhyala



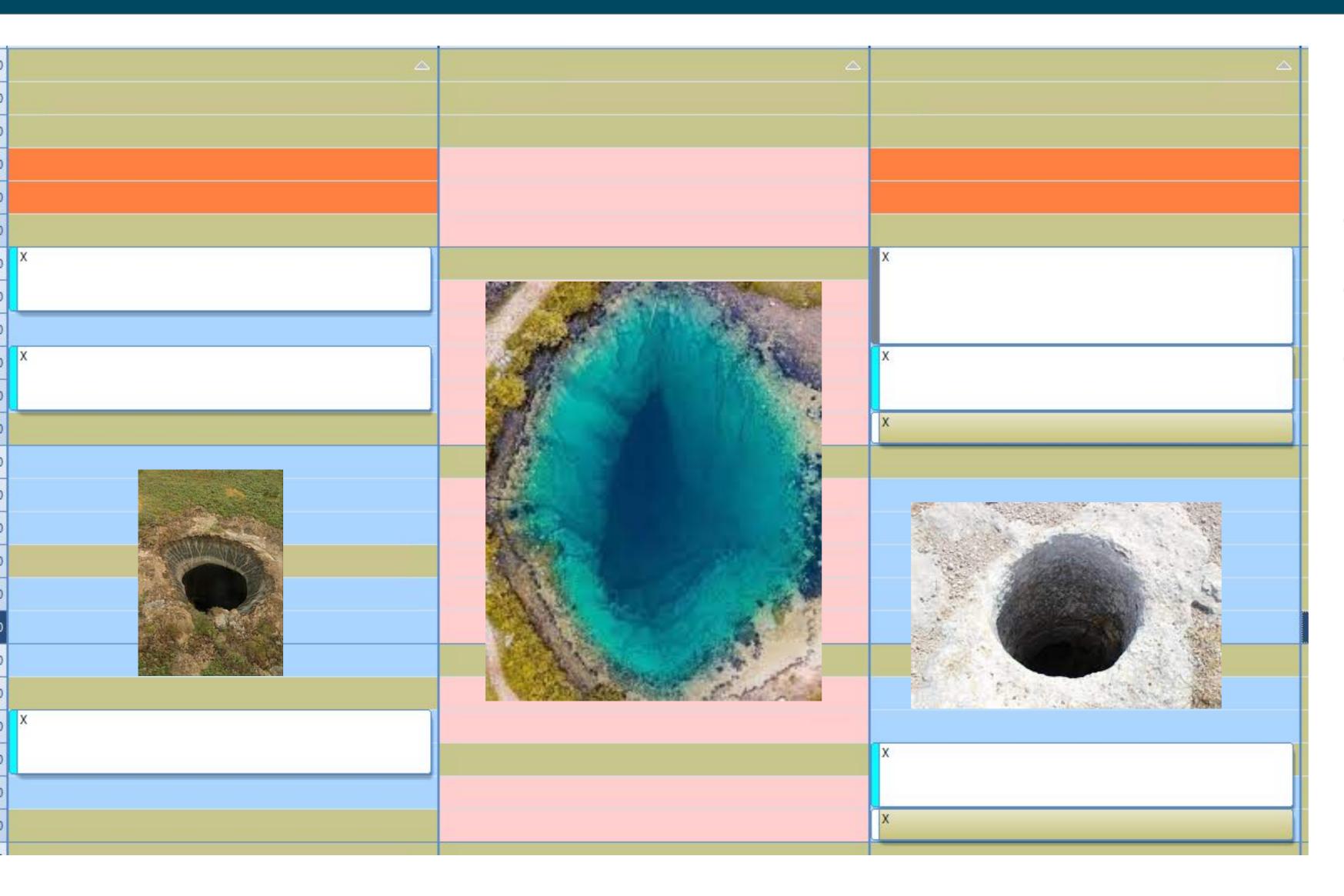


Providing Care = Practice Income

- Direct income from fee for service payments
- Pay for Performance (P4P) bonuses for outperforming peers or achieving thresholds
- Eliminating avoidable healthcare costs outside the medical home to keep total cost of care down
 - Whether you are currently tracking this/getting incentive \$\$ on this or not, the payers are
 - When payers make decisions about "narrow networks" they use this as part of their decision making



What's Your Reaction to This?



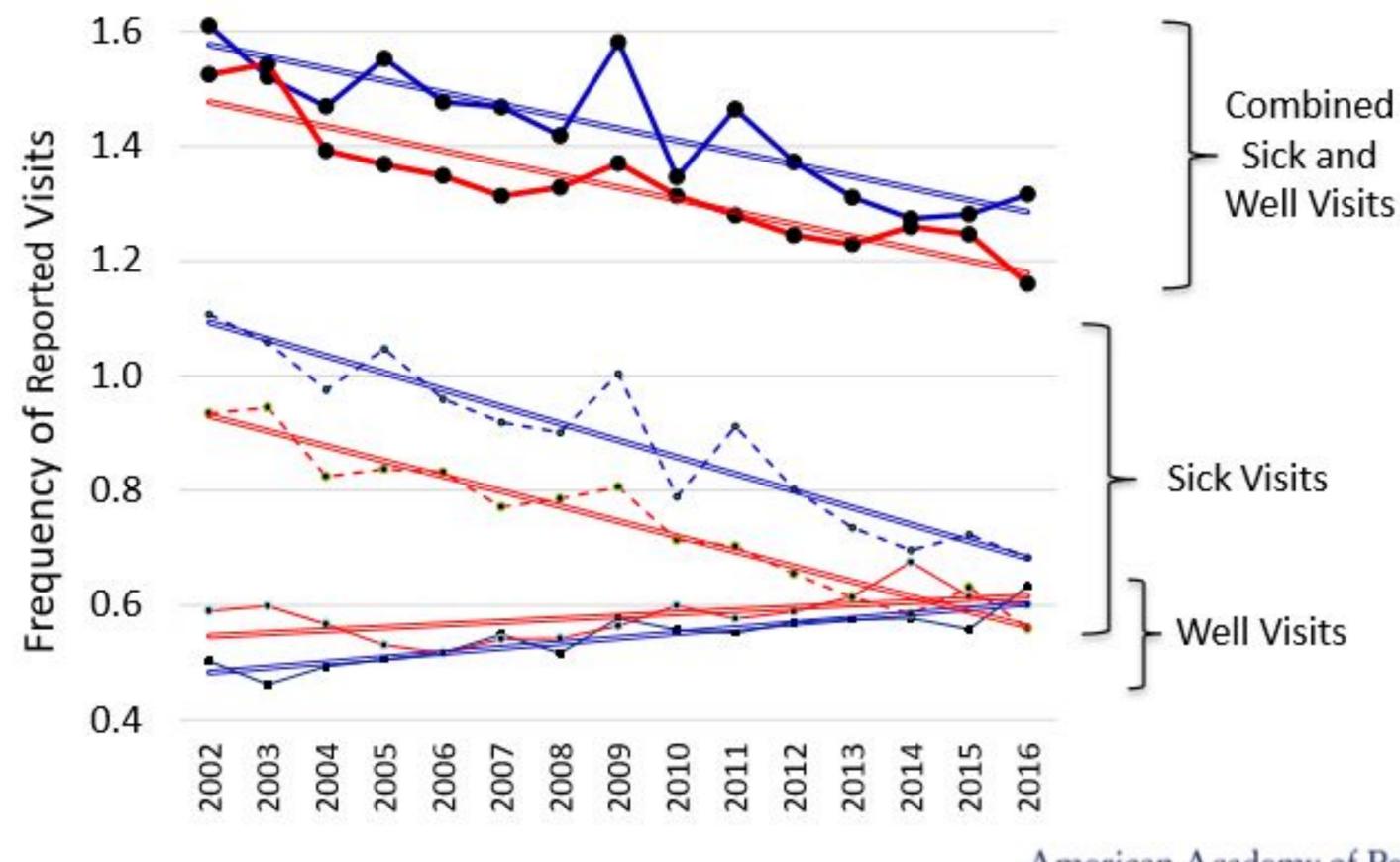
Is it different if you are:

- The practice owner
- An employed provider
- The staff



Let's NOT Talk About COVID

Annual Frequency of Household-reported Sick and Well Visits to Primary Care Physician Office per Full-year Insured Child, by Payor, 2002-16



American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®



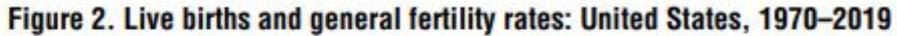
TRENDS IN PEDIATRIC WELL AND SICK **VISITS, 2002-16**

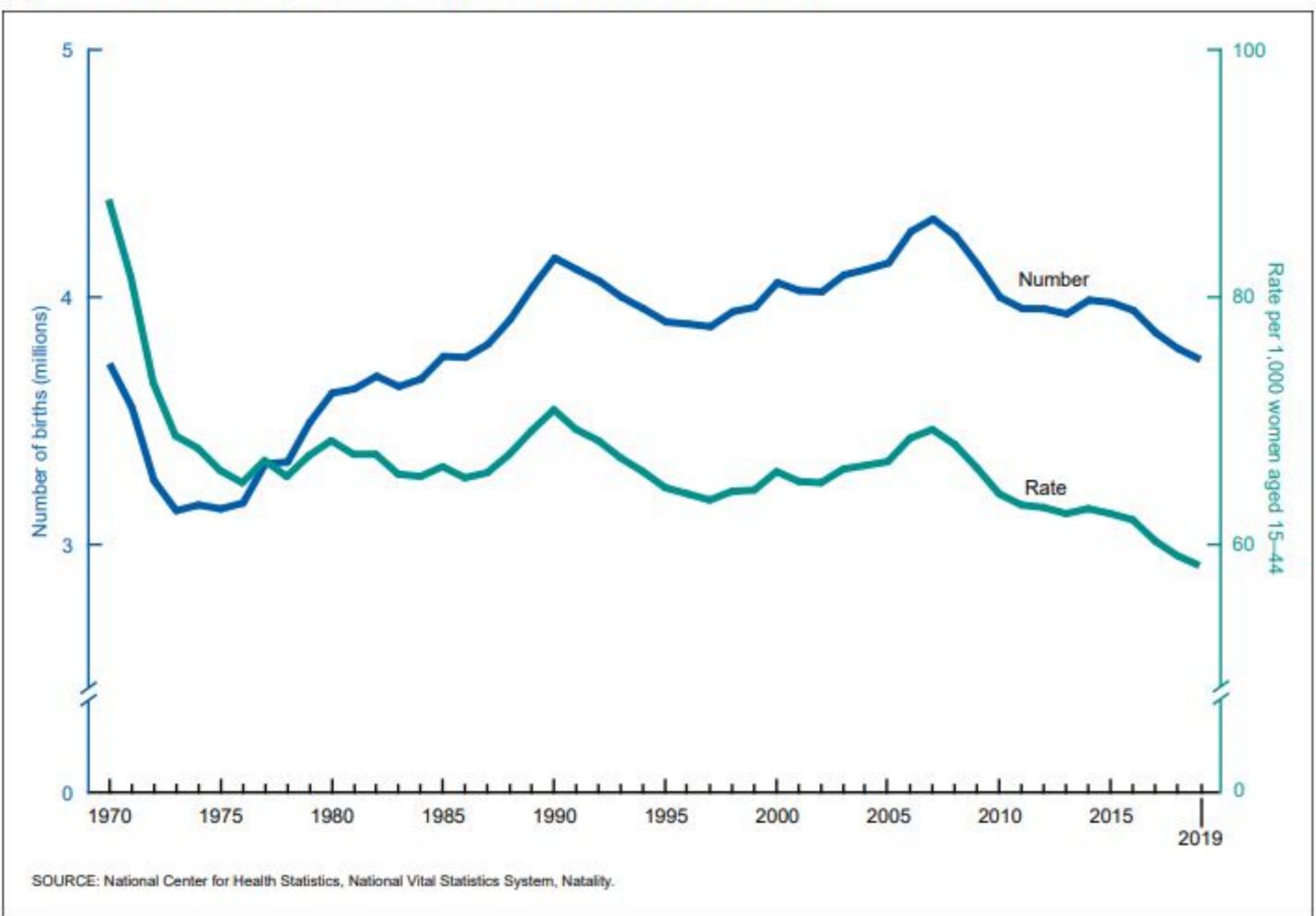
Suk-fong Tang, William Cull, Lynn Olson [Research, AAP], April 2019 PAS





Dropping Birth Rate and Fertility Rate





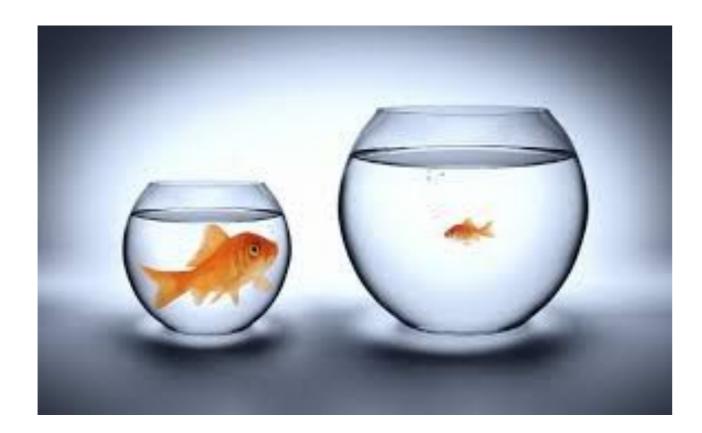
<u>CDC/National Vital</u> <u>Statistics Report</u> 2019





Bottom Line?

- Make NO assumptions
- Business as usual simply will not position your practice well for the future You may need to completely rethink your strategy for practice success • You may need to "right size" your organization







Putting Success into Focus

- *Realistic* scheduling
- Carpe diem!
- Proactive scheduling and follow-up
- Make recall part of your DNA
- Be there for families so they think of YOU first









Realistic Scheduling

- How long does it *actually* take to see a patient?
- Is it the same for all problems?
- Same for all providers?

Benefits of Realistic Scheduling

- You run on time! (less stress for ENTIRE practice team and families love you!)
- More room to "adjust and accommodate!"





Carpe Diem: Seize EVERY Opportunity

- EVERY practice team member must understand their value to this process
- Look for care gaps at every possible touch point with patients: Calling for refills
 - Nurse calls/triage
 - Answering portal messages
 - Reviewing a specialist report
 - Request for form completion
 - Any and every point of contact
- Then also check SIBLINGS! (makes families feel cared about!)





Proactive Scheduling and Follow-Up

- Do NOT allow patients to leave without scheduling their follow-up appointment
- In some studies only 1/3 of patients who say "I'll call back when I know my schedule" actually do (and many families have a calendar on their cell phone)
- Instead: "Let's make that appointment and when you get home if it needs to be moved, reach out to us by phone or portal message and we can make that happen for you."
- Ask "What would work best for you?" Consider a Telehealth follow-up if barriers exist to making office visits work



Proactive Scheduling and Follow-Up

- Follow-up aggressively on no-shows
- Find out *why* they were unable to make the appointment
 There is not ONE solution to this issue, different problems require different
- There is not ONE solution to this issu solutions
 - I forgot: is your reminder system working for all your patients?
 - I felt better so I didn't think I needed to come back
 - I'm not really sure why this appointment was scheduled in the first place?
 - Your office hours just don't work for our family's crazy schedule



Are Recalls Part of Your Practice's DNA?

- It is no longer possible to thrive if you are only reactive about patient appointments
- Start with well visits
- Know how your EHR or PMS helps you identify the patients who are due/overdue for well visits according to the <u>Bright Futures Periodicity</u> <u>Schedule</u>
- Can they also provide you a FUTURE date recall? (when you release your practice schedule for the fall, can you reach out proactively and invite them to schedule *before* they are due/overdue?)



The Recall Process

- Know WHO your active patients are
- Identify WHO is due for care at least *monthly*
- Have a way to message that large group
- You are **NOT** done!!! Depending on your practice only 10-15% of patients may respond to that bulk recall
- One week after the bulk recall, start individual outreach
 - Know your patients and what works best (text to cell, portal message, phone call)
 - TIMING MATTERS! (experiment)
 - 3 attempts to engage (document them) Consider sending them letters (concern, please contact, sending)
 - records) if they don't respond



What's Needed?

- A TEAM!
- Protected TIME!
- TOOLS
 - To generate reports
 - To conduct outreach
- Commitment to make this ongoing work
- A QI process: what works for my practice, is not going to automatically work for yours

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After Well Visits, What Next?

- ANY chronic condition for which:
 - Periodic follow-up is part of best practice
 - You can run a recall report
- Common Pediatric conditions?
 - Asthma
 - ADD/ADHD
 - Obesity
 - Mental health diagnoses such as anxiety, depression







Does This Look Like YOUR Practice?

- Office hours are 9-4:30
- 10+ minute hold time on Monday mornings to get an appointment
- Monday mornings appointments are full by 11 AM
- There are at least 4 handoffs before a patient is added to your appointments (front desk to triage nurse to provider, back to triage nurse) • Your staff sends patients to Urgent Care or the ER at end of the day,
- evenings, weekends
- You are getting more and more reports that patients are seen for urgent issues outside your medical home
 - Direct to Consumer or Employer sponsored Telehealth
 - Local urgent cares
 - ER visits for non-emergent conditions





Be There and CARE!

- How hard is it to contact your office to schedule an appointment or get advice?
 - During office hours?
 - After hours?
 - Self scheduling?
- Does your practice have a strategy for "meeting patients where they are to provide the care they need?"
- Does your team lead with "How can I best connect you to care today?"
- Do you communicate with your patients/families how they can get connected to care at your office?



Thinking Creatively to Make Families Think of You First

- Create a short practice video from "our family to yours"
- Use your website and social media to emphasize the message frequently
 ANTICIPATE their needs and questions
- ANTICIPATE their needs and questions
 Identify 5 year olds who will need immunizations for grade K registration
 - and target messaging to them
 - Reach out to middle school/high school kids who may need a sports form in advance and tell them how to make that happen
 - Ask your nurses what kind of questions they are getting and have a FaceBook live event where they can ask questions



Make Families Feel Cared ABOUT Not Just Cared For

- When others are consistently there for you and meet your needs, by nature we return for that reliable assistance
- If you need someone, but they let you down, they may forgive you once...but multiple times....they look for a different option
- If you are not there for families, and they find a "reasonably satisfactory" alternative that is.....where will they head next time?
- If a patient can get their ear pain treated quickly somewhere else on a Saturday, will that family even think to call you if it happens again on Wednesday morning??







Are You Offering EVERYTHING You Can?

- If you always "refer out" patients will not value your services
- Do you refer the following patients out that you could treat?
 - GI: infant GERD, chronic constipation
 - Asthma (except for severe persistent)
 - Allergies (except for testing)
 - ADD/ADHD
 - Mental Health: <u>depression</u>, anxiety
 - Derm: Acne, atopic dermatitis
 - Sexually active adolescents
 - Concussions
 - Chronic headaches
 - Breastfeeding difficulties

A Clinical Pathways	Home Emergency ICU Inpatient Or	stpationt Specialty Care Primary Care
Outpatient E Evaluation and	Behavioral Health and Primary Care C Treatment of Patients at Risk for a Di	inical Pathway for agnosis of Depression
Goals and Metrics	Child/Adolescent with Concern for Depression	Defectors
Patient Education	Exclusions	
Provider Resources	Screen for Depression Risk	
Related Pathway		Continue with Depression Evaluation if depression is suspected, otherwise continue
Suicide Risk Assessment and Care Manning, Outpatient Specialty Care	Positive Depression Screen	with routine care
	Complete Depression Evaluation	Negative Depression Evaluation
		Continue routine care
	+	Monitor for continued symptoms of depression
Concerns for: Suicidal Ideation or	Positive Depression Evaluation Criteria met for Mapr Depressive Disorder	
Bithavior, Psychosis, Mania	(MDD) or Other Specified Depreserve	
	+	
	Determine Depression Seventy	
tild Major Depressive Disorder and Other Specified Depressive Disorder	Moderate Major Depressive Disorder	Severe Major Depressive Disorder
All of the following:	All of the following:	All of the following:
5-2 DSM-5 Symptoms of Major Depressive Disorder	5-7 DSM-5 Symptoms of Major Depressive Disorder	At least 7 DSM-5 symptoms of Major Depressive Disorder
Minor Functional Impairment in at least one area or mildly distressing symptoms	Moderate Functional Impairment in at least one area or moderately distressing	Markedly impaired functioning in at least one area or seriously distressing
No Comorbid Psychiatric diagnoses No Sucidal ideation or behavior	symptoms No Psychotic Symptoms	symptoms
No Psychotic symptoms	Can Include:	Presence of at least one of the following Corrorbid Psychiatric Diagnoses
Pr Criteria Met for Other Specified	Corrorbid Psychiatric Diagnoses	Suicidal Ideation or Behavior
Sepressive Disorder (Same treatment applies is with Mild Major Depression)	Suicidal Ideation or Behavior	Depression congruent psychotic symptoms
	Case Example	<u>Case Example</u>
lase Example		
Case Example		
↓ _	Failed Frankrauer Franklanding	Table Viewerse
Initial Treatment Considerations	Initial Treatment Considerations	Initial Treatment Considerations
Initial Treatment Considerations Active Monitoring or tapportive Psychotherapy or	Evidence-Based Psychotherapy Cognitive Behavioral Therapy	Evidence-Based Psychotherapy Cognitive Behavioral Therapy
Initial Treatment Considerations Active Monitoring or Supportive Psychotherapy or Sendencial-Sased Psychotherapy	Evidence-Based Psychotherapy	Evidence-Based Psychotherapy



Is it Time to Right-Size Your Practice?

- Be honest about how many patients to providers you have
 Just because your providers like the call schedule, doesn't mean you
 - have a viable business model
- What does your demographic trends in your area tell you about the potential for new babies? (school districts are often good resources)
- How are you marketing your practice to new families?
- What does your competition look like in your region?
- Where are you "leaking patient visits to?"
- Should you offer "loss leader value-added services?"













Thank you, Dr. Kressly!

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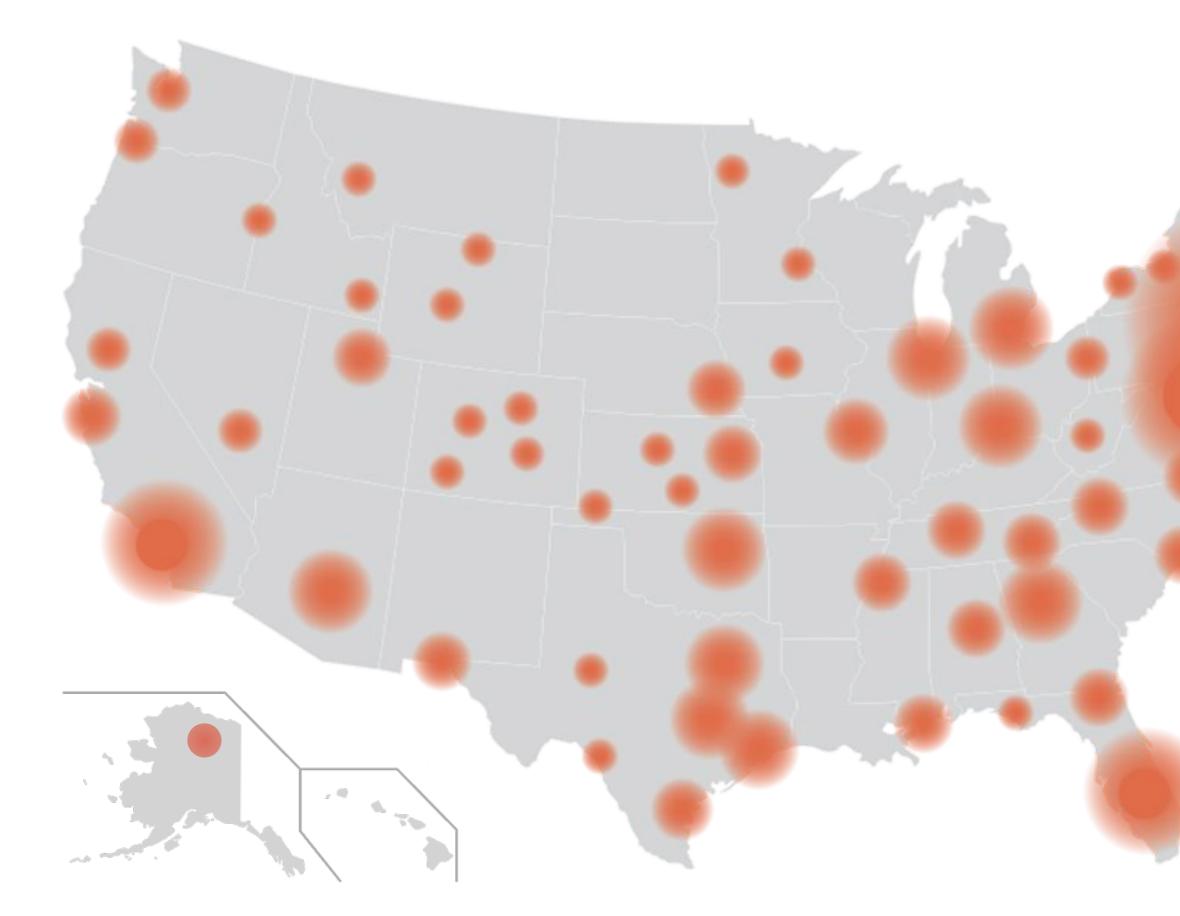
The OP Way

Providing inter-connected care that empowers practitioners and patients by providing transformational, innovative, stable, market driven solutions.

Our Mission: It's Time to Innovate Health



OP at a Glance





Over 4000 practicing pediatricians

Over 1000 independent practices

Covering **50 US states & territories**

More than 7 million active patient lives

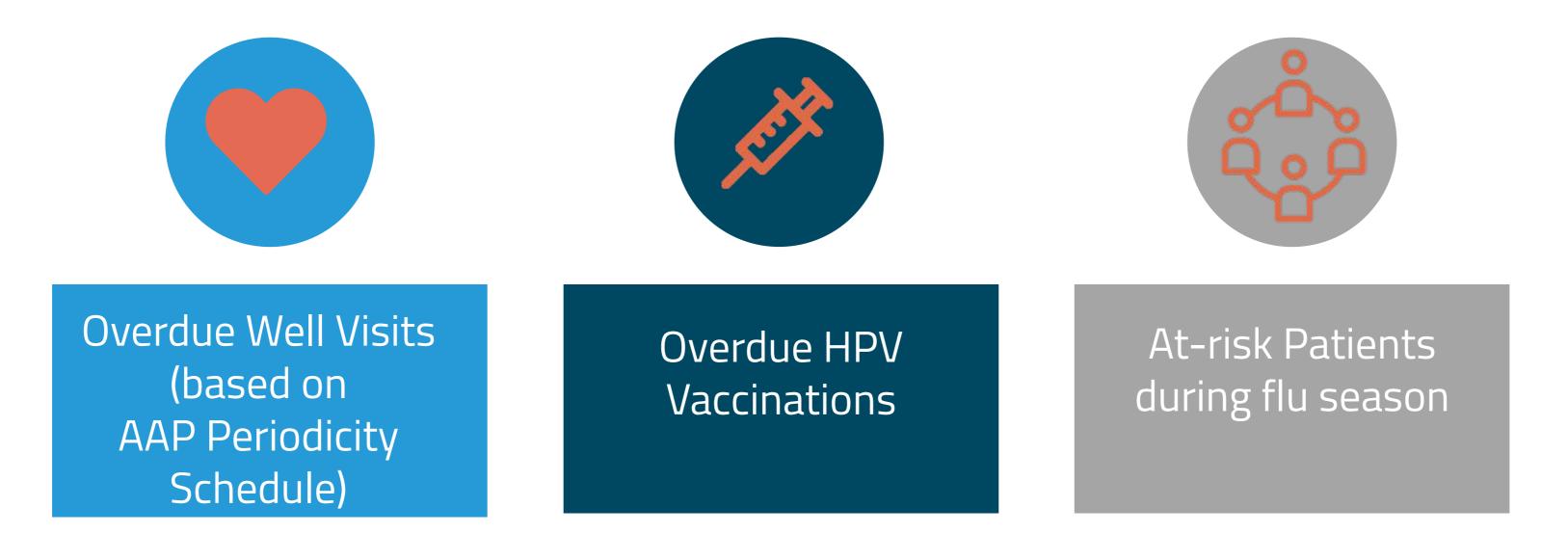
98 percent client retention rate





OP Patient Recall Reporting

One of the biggest challenges for pediatric practices is avoiding gaps in patient care. If you can decrease gaps in care, you can increase practice revenue and achieve a healthier patient population. With <u>OP's Demographic</u> <u>Analysis & Recall Report</u>, you can identify gaps in care for your active patients, including those who are:



Once you've identified gaps in care for your active patients, you'll want to notify these patients via their preferred contact method (phone, email, text). This can all be done easily using <u>OP Notify</u>.

With these tools, you can ensure your patients receive great care, your families build long-term relationships with your practice, and you receive your hard-earned pay-for-performance dollars.



OP Notify

- Automated email, text, and call reminder capabilities
- Ability to schedule and automate communications
- Robust HTML editor for modern look and feel
- Multiple event types and advanced recipient targeting
- Fully integrated within OP application
- Seamless demographic exchange of information

Using OP Notify has made our life easier here in the office. I used to call the patients to remind them of their appointment and to confirm the appointment and that took a lot of time. Now, I don't have to do that."

~ Jessica Mora, OC Pediatrics Medical Group Inc

For more product information, click here.





OP Patient Portal Functions



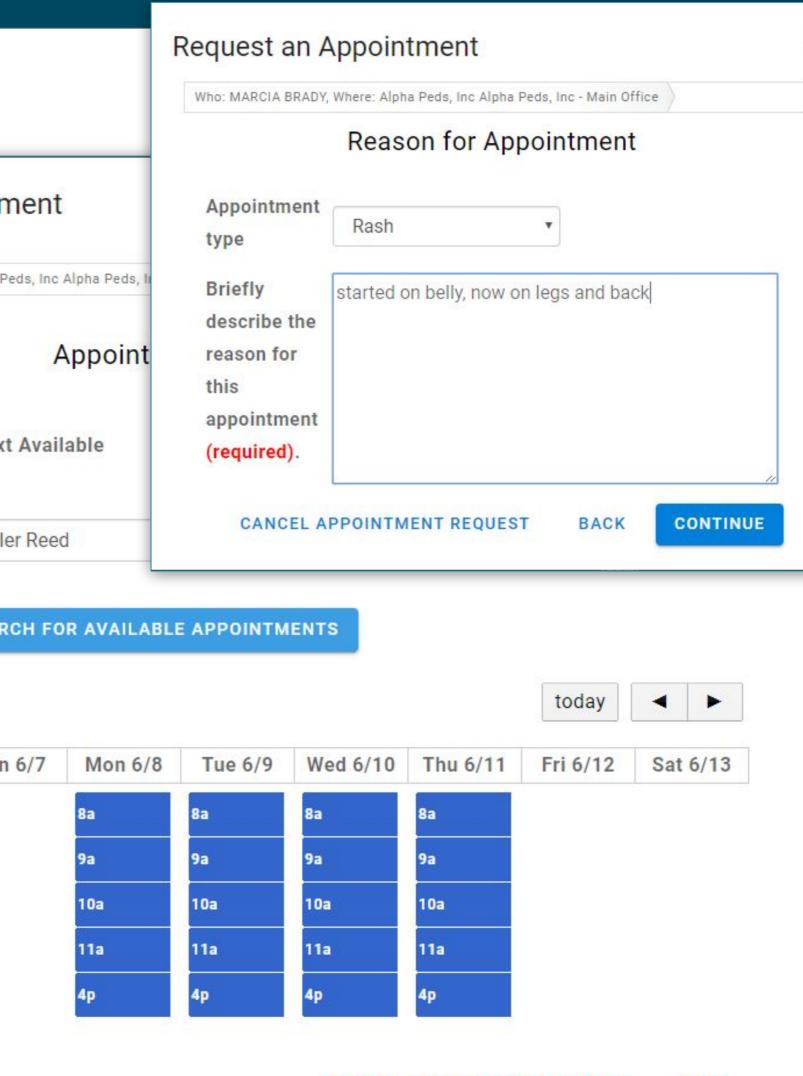
Need an account?

Access your health information and connect with your care team. It's fast, secure and confidential.

LET'S GET STARTED

Self Registration - Recruit new families with your awesome websites and provide the ability for parents to self-register their families to your OP practice waiting list

Request an App	ointn
Who: MARCIA BRADY, Where	: Alpha P
Preferred Date:	Next
Preferred	Fault
Provider	Fowle
	SEAR
	SEAR
Jun 7 – <mark>1</mark> 3 20	20
	Cum
	Sun
REED FOWLER	
BIO	
specializes in pediatric asthma	



Self Scheduling -

Encourage parents to schedule office visits directly from the Portal, while freeing up your in-office resources.

For more product information, click here.







