Improving Complex Care Management in Private Practice Using Tracking Techniques

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This study has nothing to declare.

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Learning Objectives

- To meet the needs of complex care patients (CCPs) by ensuring that sufficient time is dedicated to them before, during, and after their visits
- To provide the appropriate resources to patients with complex care needs with a goal of 75% distribution.
- To relieve the strain on physicians and parents
- To increase the frequency of visits for children with complex needs

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Introduction

- Medically complex children
  - In the U.S., <1% of children are medically complex or exhibit behavioral and/or medical conditions that impact two or more body systems (AAP, 2022).
- These children use healthcare services more frequently and may require technological assistance or dependence (AAP, 2022).
- Parents and pediatricians struggle for guidance and resources
- The gap in private practice → lack of time and resources
- CCPs are more likely to have unmet needs when compared to children who do not have medical complexity (Kuo et al., 2014).

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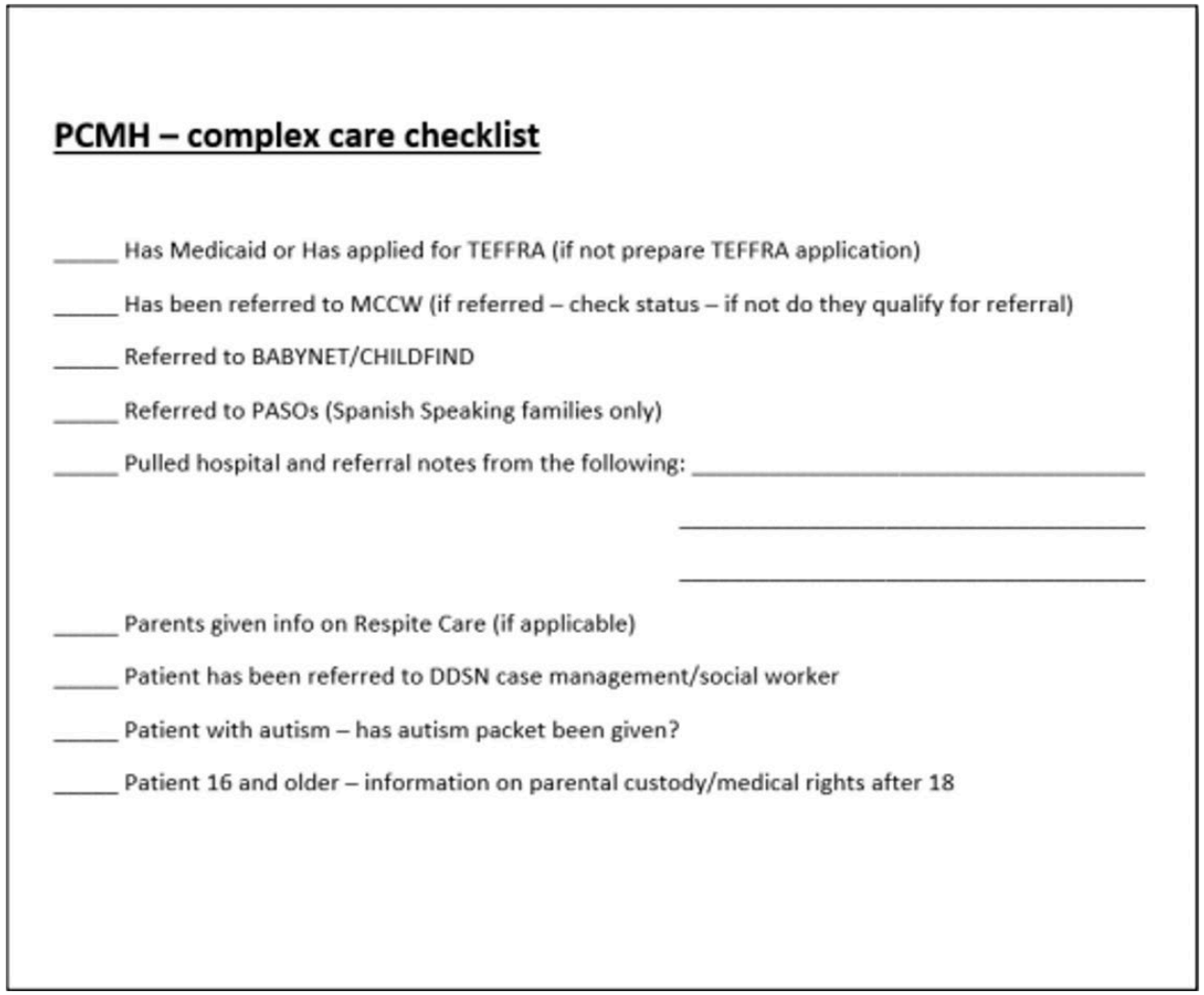
Methodology

- Tracking CCPs
  - ICD 10 codes
  - “complex care” tag in PCC
  - Patient ID numbers
- Chart audit and Excel
  - Demographics
  - Determined resources needed
  - Identified potential barriers
- Data Analysis
  - Sigma XL
- Intervention
  - “complex care” checklist
  - Preparing resources beforehand
    - Filling in the gaps
- Post-Intervention Audit
  - 3 months later



PCMH – complex care checklist

_____ Has Medicaid or Has applied for TEFFRA (if not prepare TEFFRA application)

_____ Has been referred to MCCW (if referred – check status – if not do they qualify for referral)

_____ Referred to BABYNET/CHILDFIND

_____ Referred to PASOs (Spanish Speaking families only)

_____ Pulled hospital and referral notes from the following: _____

_____

_____

_____ Parents given info on Respite Care (if applicable)

_____ Patient has been referred to DDSN case management/social worker

_____ Patient with autism – has autism packet been given?

_____ Patient 16 and older – information on parental custody/medical rights after 18

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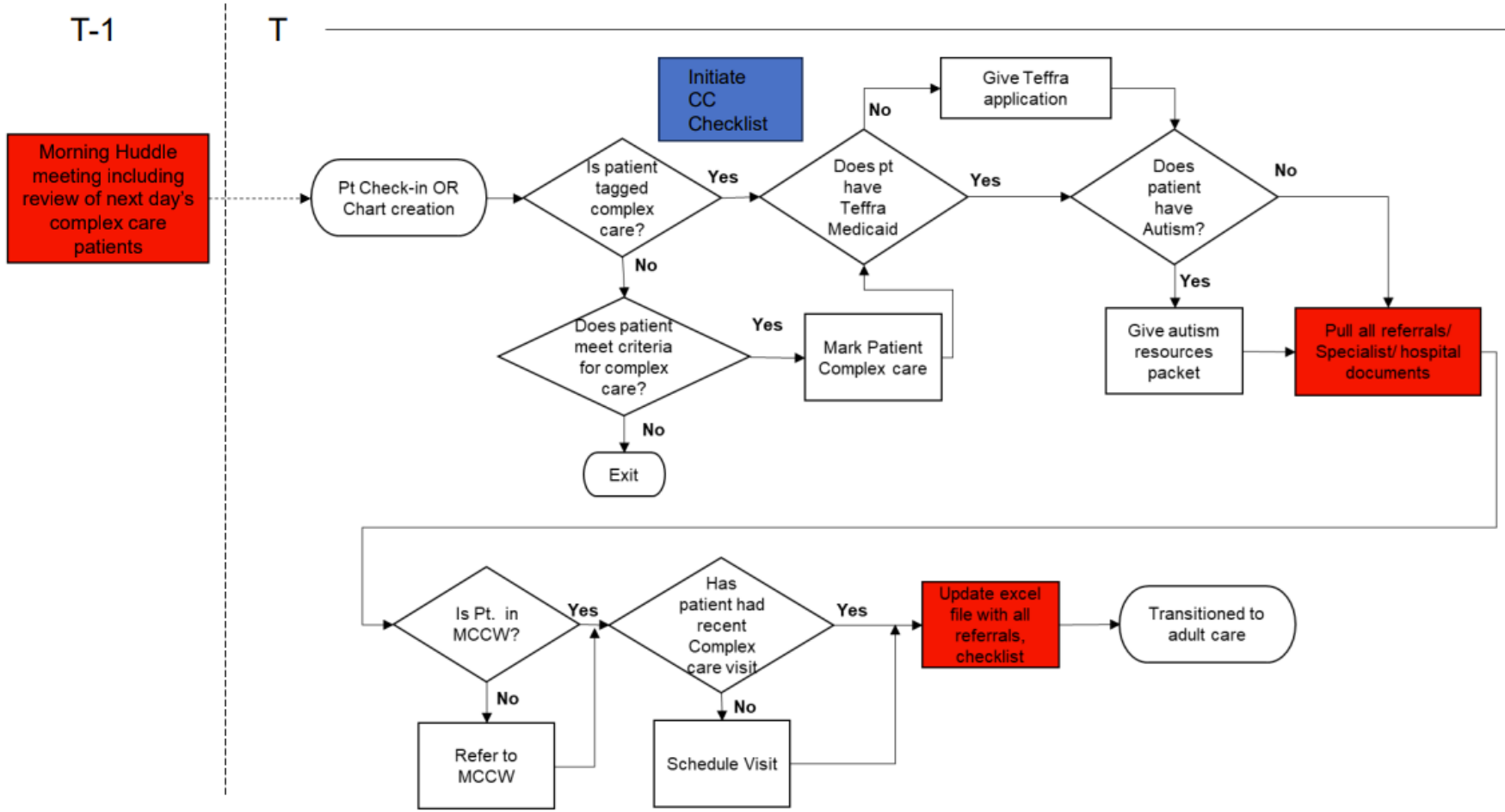
Tracking Complex Care Patients

"After" Process Map



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Results

- Determined whether all needed resources were given
- The initial variables that were statistically significant in determining if a patient received all resources were:
  - Day of the week they were seen
  - Physician they were seen by
  - Nurse that triaged them
  - Whether they spoke English or not
  - Whether 3rd party contact was needed

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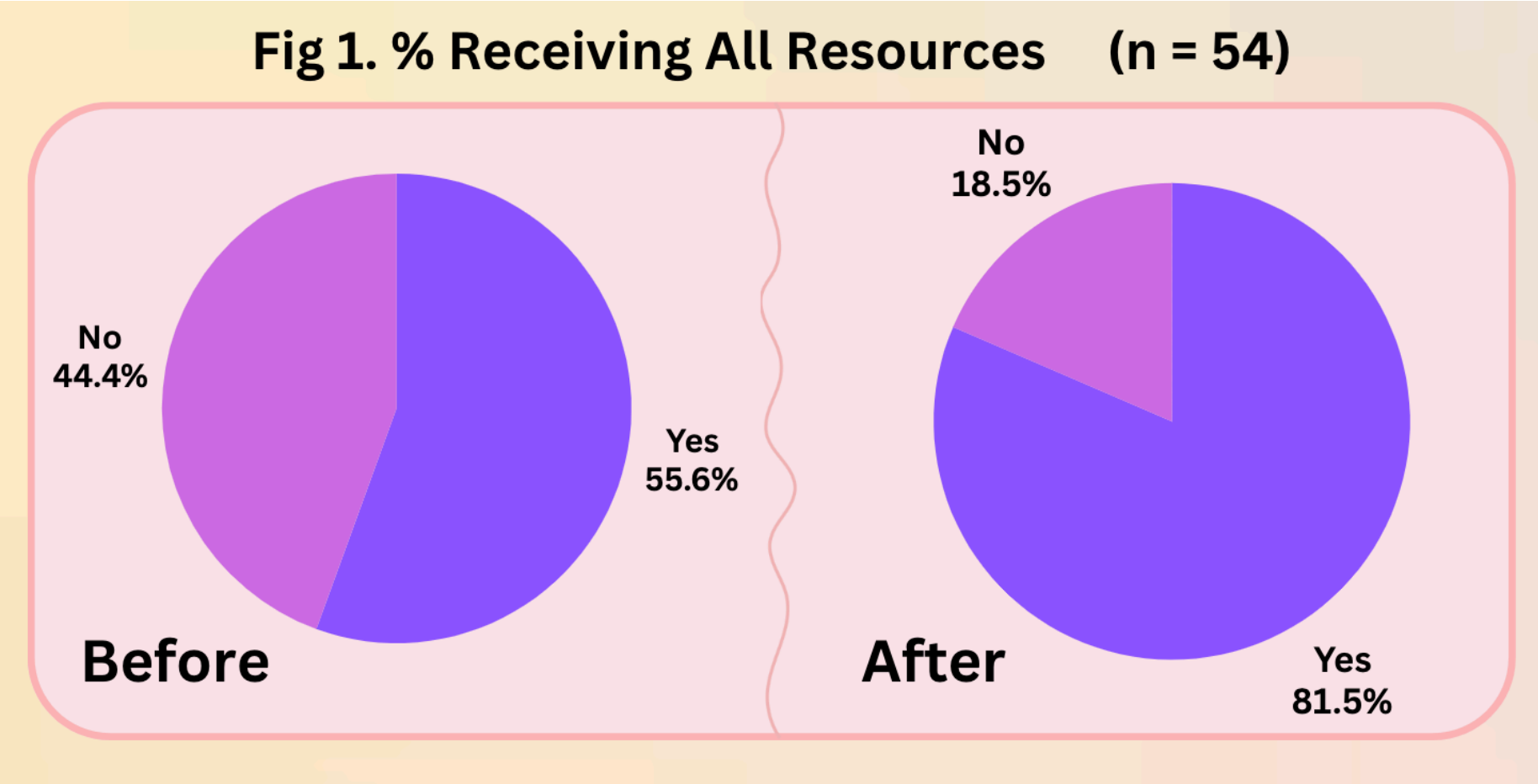
Results



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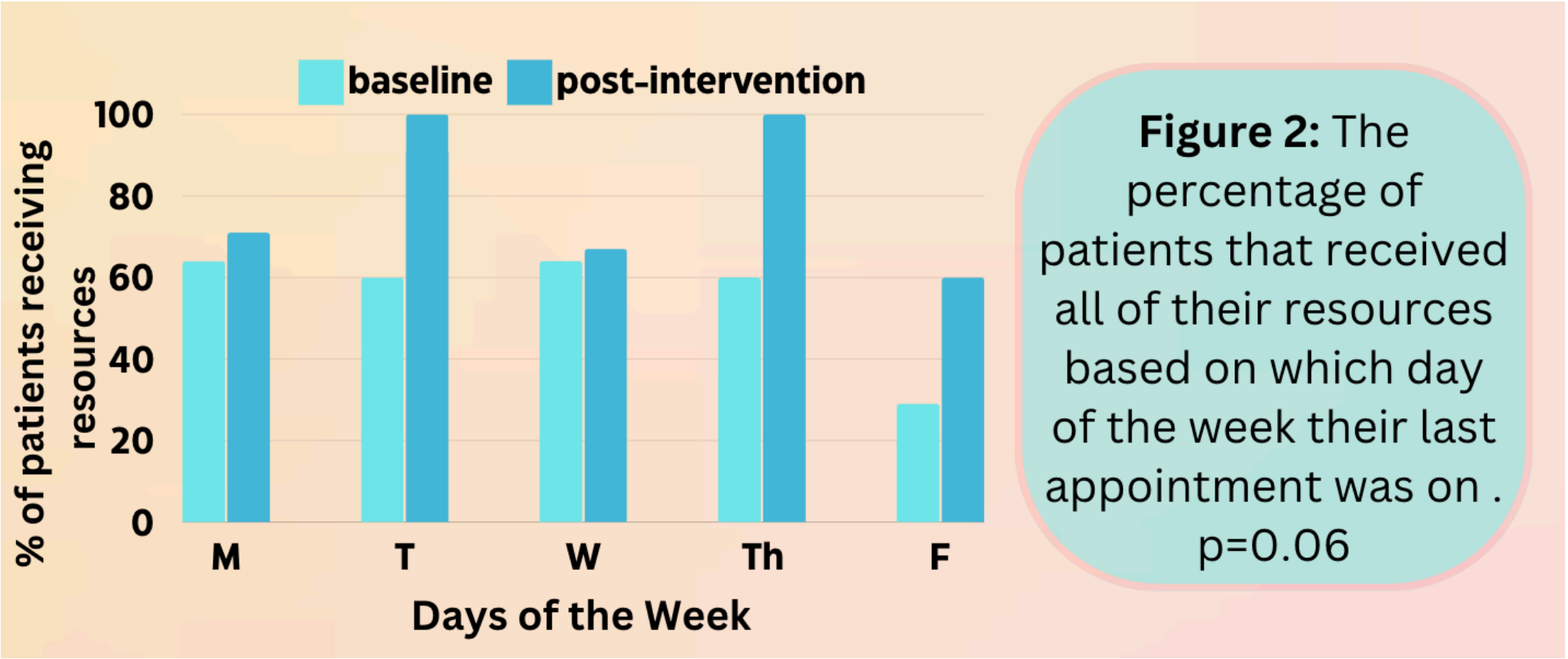

Figure 2: The percentage of patients that received all of their resources based on which day of the week their last appointment was on . p=0.06

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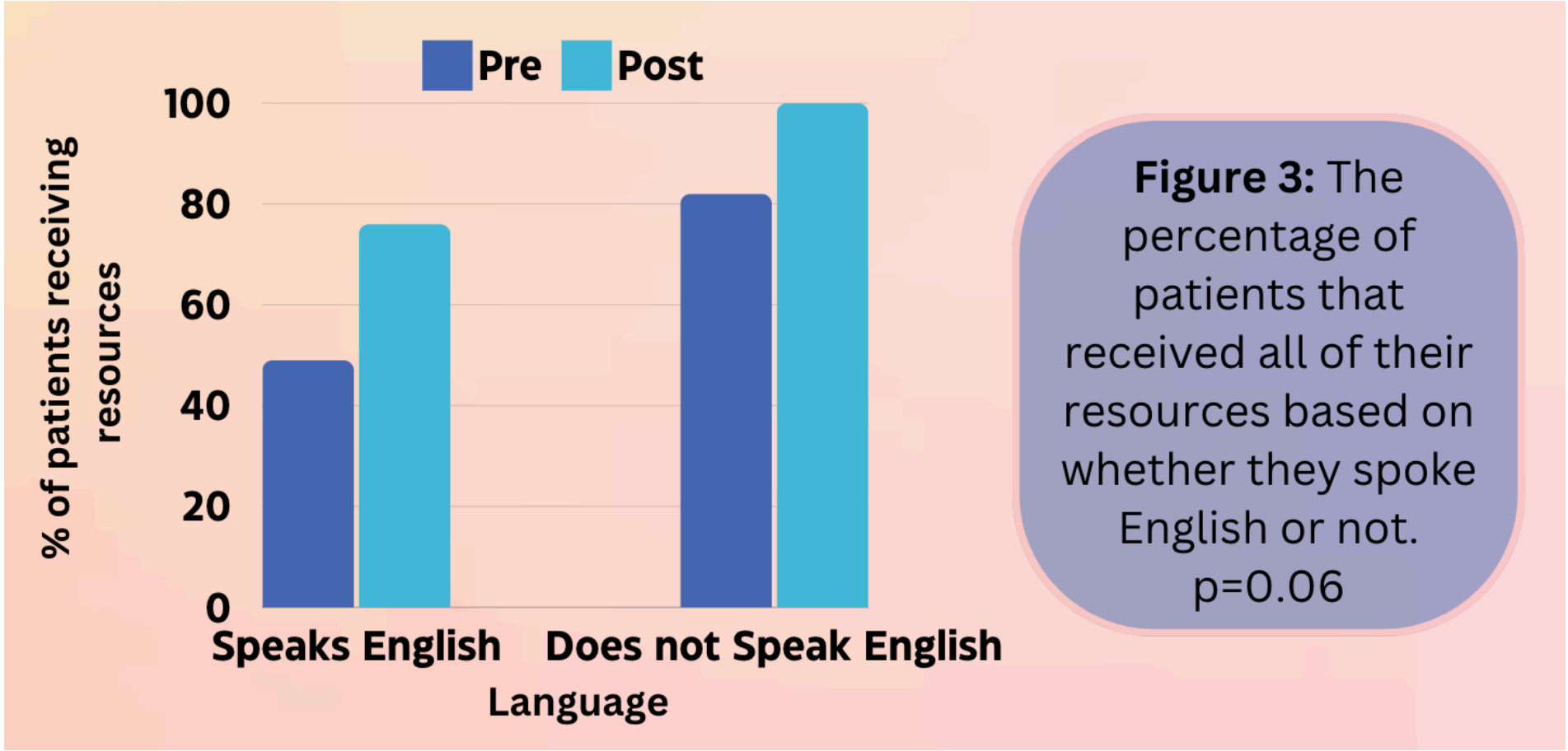

Figure 3: The percentage of patients that received all of their resources based on whether they spoke English or not. p=0.06

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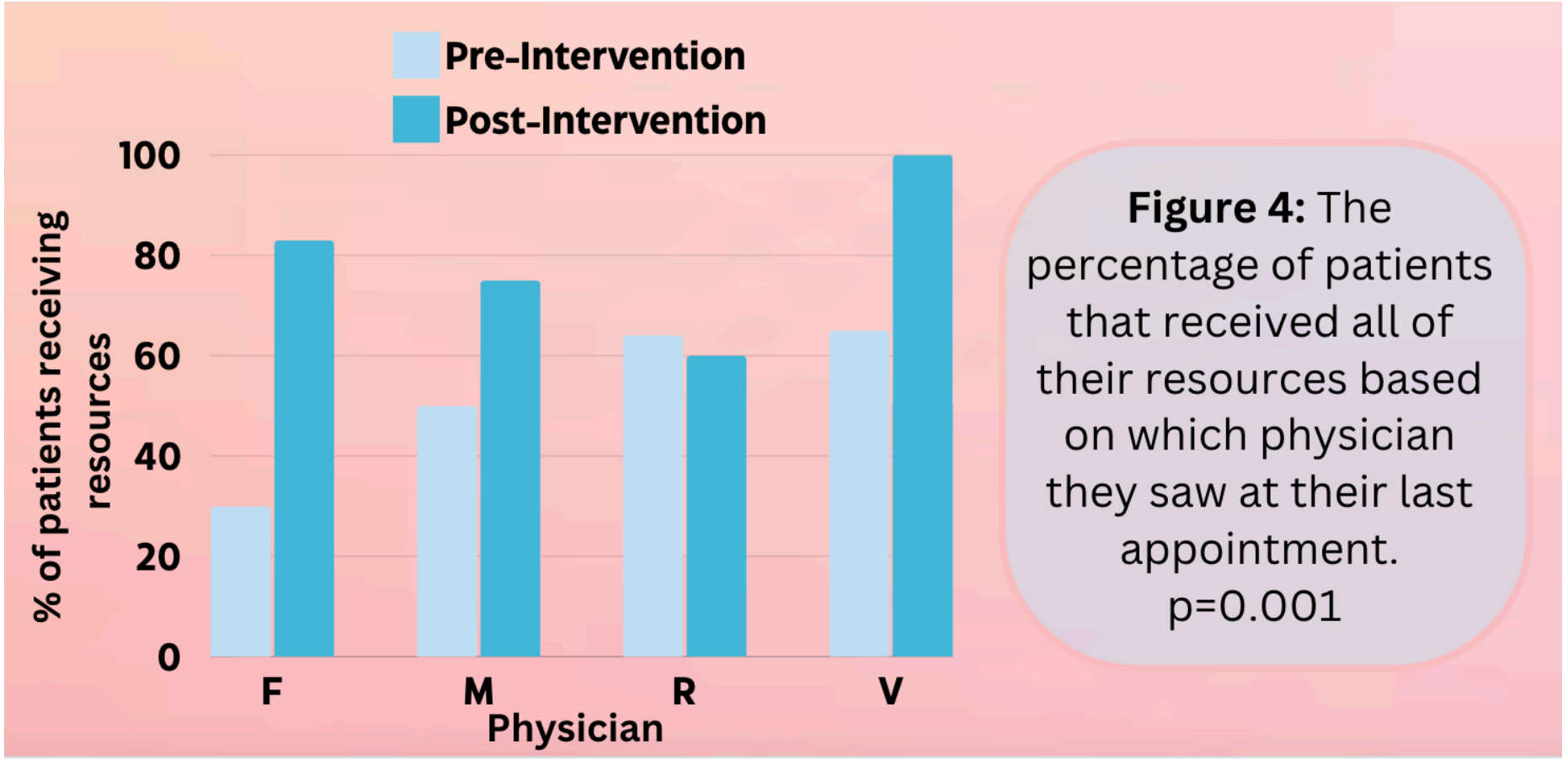

Figure 4: The percentage of patients that received all of their resources based on which physician they saw at their last appointment. p=0.001

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Conclusion

- Statistically significant gaps in care for our medically complex patients were identified
- The factors that impacted patient care the most were:
  - Whether they spoke English
  - Which physician they saw
  - Which day of the week they were seen
- An optimized system designed to track CCPs greatly improved patient outcomes
  - Distributed resources
  - Increased patient visits
  - Reduced stress levels
  - Improved time management

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References

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Kuo, D., Goudie, A., Cohen, E., Houtrow, A., Agrawal, R., Carle, A. C., & Wells, N. (2014). Inequities In Health Care Needs For Children With Medical Complexity. Health Affairs (Project Hope), 33(12), 2190–2198. https://doi.org/10.1377/hlthaff.2014.0273

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Q & A

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THANK YOU!