PRIMARY CARE MODERNIZATION

Alternative Ways to Engage Patients and Their Families

CORE CAPABILITY

Offer alternative ways for patients and families to engage with the pediatric medical home beyond individual office visits, such as telemedicine visits, phone calls, text messages, emails, and group visits.

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HOW CARE WILL IMPROVE

PATIENTS AND FAMILIES CAN...

- Connect with your child's PCP or care team between in-office visits as needed
- Arrange a telemedicine visit with your child's PCP for diagnosis and treatment, medical advice, or to determine if an in-person exam is needed
- Get timely answers to parenting questions
- Save money with virtual visits compared to most in-office visits
- Avoid an emergency department or urgent care visit when it's not an emergency
- Take less time off work to bring your children to visits and reduce worry
- Get more time with care team and other families in group visits for wellness or managing a condition (e.g., asthma)

PEDIATRIC CARE TEAMS CAN...

- Have more time to offer advice to patients and families about care plans and parenting using phone, text or email
- Expand capacity for routine and urgent care via telemedicine to support more timely and convenient care and reduce avoidable emergency department visits and hospital admissions
- Enhance relationships with patients and families through more continuous care
- Remind patients and families about immunizations, well child visits, screening results and follow-ups, and self-management activities via text and email
- Enable practice efficiencies and flexible methods of support while ensuring stable practice revenue

PATIENT EXPERIENCE IN PRIMARY CARE MODERNIZATION

Darren is five years old and loves to play soccer. His father Marty, who works full-time and is a single parent, has noticed lately that Darren has been wheezing during soccer practice and complaining that his chest hurts.

Marty and Darren take time off work and school to go to Darren's pediatrician. His PCP asks about Darren's symptoms, and does a lung function test after having Darren do jumping jacks. She diagnoses him with exercise-induced asthma.

The PCP sends Marty and Darren home with an inhaler prescription and spirometer. She instructs Marty to have Darren blow into the spirometer before and after taking his inhaler and report readings and symptoms via secure email.

A week later, Marty and Darren have a video visit with the PCP to watch how Darren takes the inhaler. She gives Marty more instructions and sets up a time to have a phone call in two weeks to check-in on Darren's symptoms.

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HOW

Care Team and Network Requirements

- Establish protocols and workflows to support scheduling:
  - Telemedicine and phone visits with the PCP for routine and urgent care and the care team for coordination of care, navigation, coaching, screening and information
  - Groups visits with the PCP or care team (*optional*)
- Establish protocols and workflows to support:
  - Email, text, phone, and voicemail communications with PCPs and care team
  - Timely responses to patient inquiries and questions
- Train care team on new workflows; handoffs and escalation processes; when telemedicine is appropriate, i.e. for established patients and clinical scenarios
- Update and maintain patient contact, visit and language preferences and, for telemedicine, confirm access to high-speed internet and technology
- Ensure communications are in the patient's preferred language
- Ensure telemedicine visits are with patient's care team (not third-party providers)
- **If** group visits are adopted, establish:
  - procedures to recruit and group patients, document participation and schedule time for individual follow-up
  - private, convenient space for group visits
  - staff training on group visits and privacy and confidentiality protections

Health Information Technology Requirements

- Network provides secure web-based platform to support
  - telemedicine scheduling and encounters
  - the electronic exchange of sensitive patient information between the patient or family and care team
- Configuration of electronic health record (EHR) or web-based platform and protocols to ensure all patient and family contacts through telemedicine, phone, text, email, and group visits are automatically documented
- EHR supports outcomes measurement and performance accountability by logging and reporting all contacts, follow-up, and outcomes

MEASURING IMPACT

✓ Patient Experience

- Improved patient and family experience through more timely care, more accessible and family-centered care, coordination and communication; increased provider support
- Less time off work or time spent arranging for childcare or transportation
- More continuous engagement with the care team

★ Quality

- Improved engagement in preventive care and chronic illness self-management
- Improved timely response to new symptoms or change in condition
- Reduced preventable ED visits and admissions for ambulatory care sensitive conditions

$ Cost

- Reduced costs associated with avoidable ED and urgent care visits and hospital admissions
- Reduced out-of-pocket costs associated with in-person visits, ED, urgent care and hospitals visits

Access

- Faster, more convenient connections to culturally appropriate health resources
- Improved access to medical home with reduced need for travel, time off work or childcare

IMPROVING HEALTH EQUITY

Families with lower income, disability related mobility challenges, or living in underserved communities may find it harder to take time off from work, arrange childcare, leave the home, get transportation to a doctor's office, or pay for co-pays. Primary care can help by:

✓ **Offering more ways to receive care and get questions answered** without physically going to the office.

✓ **For patients and families with a smart phone, using text, email and telemedicine** to build a stronger relationship with the pediatric medical home.

✓ **Facilitating support from peers** from the same community in group well child visits.

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