How an Integrated Model of Care Improved Health Outcomes for Our Pediatric Population

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BACKGROUND

- The Nemours VBSO Medical Management model of care includes a system of comprehensive care integration providing care management, care coordination, and community health care worker services.
- Despite consensus on the importance of a broad view of well-child care, there is clear evidence that preventive care is getting the 'short shrift' in the health care system. Quality measurement can inform and encourage improvement in child health care.
- Nemours, one of the nation's largest integrated pediatric health systems, provides hospital- and clinic-based specialty care, primary care, prevention, and health information services. The Nemours Value-Based Services Organization (VBSO) aims to improve the health outcomes of children through their integrated care model which involves care coordination, care management, community health work, population health, and data analytics.
- In 2019, Nemours Delaware Valley served more than
  - 214,000 unique patients with more than 8300 inpatient
  - admissions, 60,780 emergency visits, and more than
  - 700,000 outpatient visits.

OBJECTIVE

To improve health prevention outcomes of our patients by implementing a care model that incorporates an integrated care team, a robust population health electronic medical record system (Healthy Planet) that utilizes metrics around well-child care, and well-defined reliable methods for follow up.

METHOD

- Using Healthy Planet, Care Coordinators in our 20 primary care practices review gaps in care for well-child visits and immunizations
- Patient outreach is conducted via phone, text or online portal
- CHWs attempt outreach on hard-to-reach patients, or "no shows"
- Patients are scheduled for visits
- Use of risk stratification for identification of patients for care management
- Care Managers work with patients to set goals and assist with disease management, also ensuring closure of gaps in care
- Practice template adjustment for more capacity of well-child visits, incorporating well-child visit with a sick visit if child is overdue

RESULTS

Overall improvement of 5.36% or greater over our baseline data for well-child visits, HPV and flu immunizations.

CONCLUSIONS

Implementation of population health EMR, well-defined reliable methods, and diligent follow up has shown to improve gaps in care for our patient population.

LESSONS LEARNED/NEXT STEPS

- Reaching patients by phone can be challenging
- Development of other processes and workflows that we will incorporate include:
  - Bulk texting communication
  - Messaging through patient portal
  - Self scheduling when appropriate
  - Continued utilization of telehealth
  - Utilization of centralized care coordination team for routine scheduling