Clinically Integrating for Atlanta’s Kids

The Children’s Care Network
How is the healthcare market changing?

1. Pediatric physician consolidation slower than adults
2. Growing outpatient environment
3. Expansion of adult health systems into pediatric market
4. Increasing demand for price and quality transparency

The Children's Care Network
The future will emphasize value over volume.

Revenue Generated Through Incentive Model

Value Based Accountability

Fee for Service

Time
So, what can an independent practice do to keep up with these changes?

• Keep providing the high quality, unique care of specially trained pediatric providers.

• Build the infrastructure to keep track of and demonstrate your performance.

• Find new ways to maintain a sustainable business model.

  ➢ Our community deserves the better outcomes pediatricians working alongside a pediatric hospital System can provide.
Across the country, clinical integration is being leveraged to deal with market changes.

Increasing financial opportunity and alignment

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<tr>
<th>P4P</th>
<th>PCMH</th>
<th>CLINICAL INTEGRATION</th>
<th>SHARED SAVINGS</th>
<th>BUNDLED PAYMENTS</th>
<th>SHARED RISK</th>
<th>CAPITATION FULL RISK</th>
<th>PROVIDER-SPONSORED PLANS</th>
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- **Children's Hospital Boston**
- **Cleveland Clinic**
- **quality health solutions, inc.**
- **Children's Healthcare of Atlanta**
- **Seattle Children's Hospital**
- **Phoenix Children's Hospital**
- **St. Luke's Episcopal Health System**
- **NorthShore University HealthSystem**
- **Partners For Kids**
- **Texas Children's Health Plan**
- **Scott & White Health Plan**
- **Drs. Children's Hospital**
- **Easy Choice Health Plan (HMO)**
- **Lourdes Health System**
- **The Children's Care Network**
If we work together, we can advance pediatrics in our communities.

• The Children’s Care Network is a physician-led nonprofit created to:
  • improve quality
  • increase efficiency
  • demonstrate performance and value
  • identify sustainable business models to protect the private practice model into the future
How would the network work?

Example: Asthma

Primary Care
- PCP manages more of the care
- PCP uses protocol before referring
- Utilization is monitored
- Easier access to subspecialists

Schools
- Trained on care protocols
- Have dedicated rescue inhalers, spacing chambers, and individualized asthma plans

Specialists
- Knows PCP has followed protocols
- Better able to focus on more serious cases
- Reduced wait times for first-time patients
Developmental milestones for a CCN practice: “Baby steps”

**Sit-up**
- Commit to CCN
- Establish a communication channel
- Education on measures
- Link to technology
- Gather baseline data

**Crawl**
- Create quality infrastructure (CI Champ, Q Coor, PA)
- Acceptance of Core Measures
- Coding education
- Benchmark data
- Set priorities
- Start to implement process changes in practice

**Walk**
- Take action
- Implement project plans
- Active participation from all staff
- Collect data / analyze results
- Evaluate data for care opportunities
- Identify barriers
- Establish ongoing processes
- Re-evaluation
- Submit best practices

**Run**
- Identify areas of need from data
- Easy acceptance of new programs
- Periodic assessments
- Population buckets
- Peer interaction

Each stage identifies checkpoints for practices:
- Year 1
- Year 1-2
- Year 2-5
- Year 5+
How does the contracting work?

All Members are required to participate in “Incentive-Only” contracts

Upon achievement of clinical integration and delegated authority for base contracting

Members have choice to opt-out of base contracts for certain payors

Two-year exclusion from those base contracts

If opt-out

if opt-in

Contract under CCN single-signature authority
# The Children’s Care Network

## Board of Directors

<table>
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<tr>
<th><strong>PRIVATE PRACTICE</strong></th>
<th><strong>EMPLOYED BY A SYSTEM</strong></th>
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<tbody>
<tr>
<td>1. Helena Bentley, M.D.</td>
<td>1. Gary Frank, M.D.</td>
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<td>2. Angela Hall, M.D.</td>
<td>2. Vivian Lennon, M.D.</td>
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<td>5. Anu Sheth, M.D.</td>
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<td>6. Roy Benaroch, M.D.</td>
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<td>7. Melinda Willingham, M.D.</td>
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<td>8. Robert Wiskind, M.D. (chair)</td>
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<th><strong>SPECIALIST</strong></th>
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<tr>
<td></td>
<td>1. Lonnie King, M.D.</td>
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<td>2. Billy Meyers, M.D.</td>
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<td>3. Michael Busch, M.D.</td>
<td>1. Robert Campbell, M.D.</td>
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<tr>
<td>(vice chair)</td>
<td>2. James Fortenberry, M.D.</td>
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<td>3. Lucky Jain, M.D.</td>
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<td>4. Mark Wulkan, M.D.</td>
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<td>4. Hal Scherz, M.D.</td>
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### Children’s Representatives
- Patrick Frias, M.D.
- Donna Hyland
- Daniel Salinas, M.D.
What are the membership criteria?

- Pediatric primary care physicians and pediatric specialist physicians are eligible to join.
  - All members of a practice must join.
- Must be member of Children’s Professional Staff.
- Must be board-certified or board-eligible.
- Must agree to submit practice data, but are not required to have an EMR system in their practice.
What do I have to do as a network member?

- Participate in quality initiatives.
- Adhere to performance goals.
- Share certain, defined patient data.
- Pay fair market value dues for services provided by the network.
  - $200 per physician; enrollment closes June 30.
- Participate in certain network contracts.
So, why should I join?

• Improve coordination across the care continuum.
• A free-standing pediatric system of care benefits everyone – especially our patients.
• Become an early-adopter of value-based care.
• Inaction doesn’t mitigate risk from the changing healthcare market.
• Independent pediatricians govern the destiny of the network.
• We can share in the rewards of moving to a value-based system.
Where can I find more information?

Visit [www.choa.org/carenetwork](http://www.choa.org/carenetwork)

Contact The Children’s Care Network to request an in-person visit from a network representative or to receive an enrollment packet:
404-785-7935 or [cin@choa.org](mailto:cin@choa.org).