

Using Data to Drive your Child Health Care Provider Outreach Strategy:

An original South Carolina research study

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Presentation Objectives

1. Review strategy for outreach and messaging to child health care providers regarding value of Help Me Grow
2. Share the results of a recent original research study that examined physician referral rates to Help Me Grow South Carolina
3. Demonstrate how HMG SC electronic medical record data to inform child health care provider outreach and training strategies
4. Discuss potential outreach strategies for affiliates situated both inside and outside health systems



Outline

1. GHS Children's Hospital and HMG SC
2. Why focus on the health system and physician outreach?
3. HMG SC: historical methods of outreach
4. Research study: objective, rationale, methods, results
5. Discussion – How did findings inform child health care provider outreach? How can other affiliates use this information to inform their own strategies?

Help Me Grow South Carolina



- South Carolina became an affiliate of the national HMG network in 2008
 - System implementation began in 2012
- Organizing entity is Greenville Health System
- In 4 years, HMG SC has:
 - Established infrastructure reflecting HMG national fidelity
 - Expanded access to families in 12 counties representing 48% of all SC families with children 5 and under
 - Created a comprehensive online resource database

GHS Children's Hospital



- 90 inpatient beds
- 80 NICU beds
- 40 specialties

- 200 medical providers
- >400,000 annual visits
- Pediatric ED with >26,000 visits in FY17

Why focus on the health system and provider outreach?



- The health system is the most important access point for children and families with developmental concerns
- Children and families come into consistent and repeated contact with their primary care provider
- HMG mandate: HMG systems need to have a strong relationship with their local health system and pediatricians/child health care providers
- Parent and family/patient satisfaction

HMG SC outreach methods



By training and supporting physicians within the state's largest health system, we seek to increase the number of pediatric champions who can increase access for all children and their families who require services.

Activities:

- Academic detailing
- Communication
- Data collection



Why would any health care
provider not want to become
a part of the
Help Me Grow family?

Developmental Screening Recommendations

- Developmental surveillance at all visits
- Formal screening periodically
 - 9 months
 - 18 months (incl screen for autism)
 - 30 months (24, 36 mo)

Positive Results on Developmental Screening?

- Refer for Early Developmental Intervention or Early Childhood Education Services
- Developmental Evaluation
 - Comprehensive process to identify specific developmental disorders affecting the child
- Medical Diagnostic Evaluation
 - Review of risk factors; medical eval; special investigations as indicated (neuroimaging; genetic and metabolic testing etc.)

Challenges

- Lack of time
- Inadequate reimbursement
- Long waiting lists at regional centers
- Limited access to developmental services



Barriers to Screening – PRIDE Survey	Strongly Agree	Some what Agree	Some what Disagree	Strongly Disagree	Missing
a. Lack of knowledge regarding providers/programs that provide diagnostic services for children with developmental delays	10 (43.78)	5 (21.74)	2 (8.70)	1 (4.35)	5 (21.74)
b. Lack of available providers/programs willing to provide diagnostic services for children with developmental delays	11 (47.83)	4 (17.39)	2 (8.70)	1 (4.35)	5 (21.74)
c. Lack of knowledge regarding providers/programs that provide treatment services for children with developmental delays	6 (26.09)	6 (26.09)	4 (17.39)	1 (4.35)	6 (26.09)
d. Lack of available providers/programs willing to provide treatment services for children with developmental delays	10 (43.48)	4 (17.39)	3 (13.04)	1 (4.35)	5 (21.74)
e. Transportation barriers for families accessing diagnostic or treatment services	9 (39.13)	6 (26.09)	4 (17.39)	0 (0)	4 (17.39)

The Rapidly Changing Health Service Delivery System

- Integrated Systems
- Care Coordination
- Access to Care
- Provide more high quality care at a lower cost
- Patient Centered Outcomes (patient satisfaction)
- Pay for Performance

Help Me Grow
can help
Child Health Care Providers
in all these domains!!

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Developmental Screening



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- Physician Outreach can provide advice in regard to setting up an office system of developmental screening
- Or - HMG can provide developmental screening, and/or “plug the gaps” by working directly with parents and child care providers
- Close the loop by providing screening results and follow up



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Integrated Systems with Care Coordination



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- Telephone care coordination
- Linking patients and families to services
- Linkage and collaboration between primary care physicians and specialists
- Linkage and collaboration between primary care physicians and community service providers



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Access to Care

- Many visits to primary care physician and, especially to specialists, are related to underlying developmental and emotional/behavioral concerns
- By directing families to non-medical resources in the community that can most appropriately address the problems, HMG can help to decrease waiting lists for medical services

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Patient Centered Outcomes

- Parental concerns can be addressed with confidence and they can be quickly linked to care coordination
- Patients and families linked to appropriate services
- Higher scores on benchmark measures such as CG CAHPS (Clinician and Group Consumer Assessment of Healthcare Provider and Systems)



Pay for Performance

- Assistance in achieving “Medical Home” status
 - Improved quality measures
 - Decreased costs
- = Potential for improved contracts with reimbursers

HMG SC outreach methods and lessons learned



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- Health care providers are busy – especially at some times of the year
- Be patient
- Follow up
- Work with anyone in the practice

Study Background

Objective:

Examine the rate at which Greenville Health System pediatric primary care providers **refer patients** with developmental and behavioral concerns to HMG SC and to use these findings to **inform the future direction** of HMG SC's child health care provider outreach strategy.

Rationale:

- Need to constantly evaluate our efforts
- Need to understand the system within which we operate



Methods

- Examined a cohort of pediatric patients
 - May 1, 2016 – April 30, 2017
 - Could have benefited from HMG services based on age (< 4 years old) and identification of a possible developmental delay
- Analyzed:
 - Referrals to HMG SC and early intervention services
 - Patient demographics (i.e. gender, age, and practice)
- Each practice was categorized as having been trained or not trained by HMG SC outreach staff

Diagnosis Codes Utilized:

ICD-10	Explanation
F80.1	Expressive Language Disorder
F80.9	Developmental Disorder of Speech & Language, Unspecified
F82	Developmental Coordination Disorder, Developmental Dyspraxia
F88	Global Developmental Delay
R62.50	Unspecified Lack of Expected Normal Physiological Development in Childhood
Z62.822	Parent-Foster Child Conflict

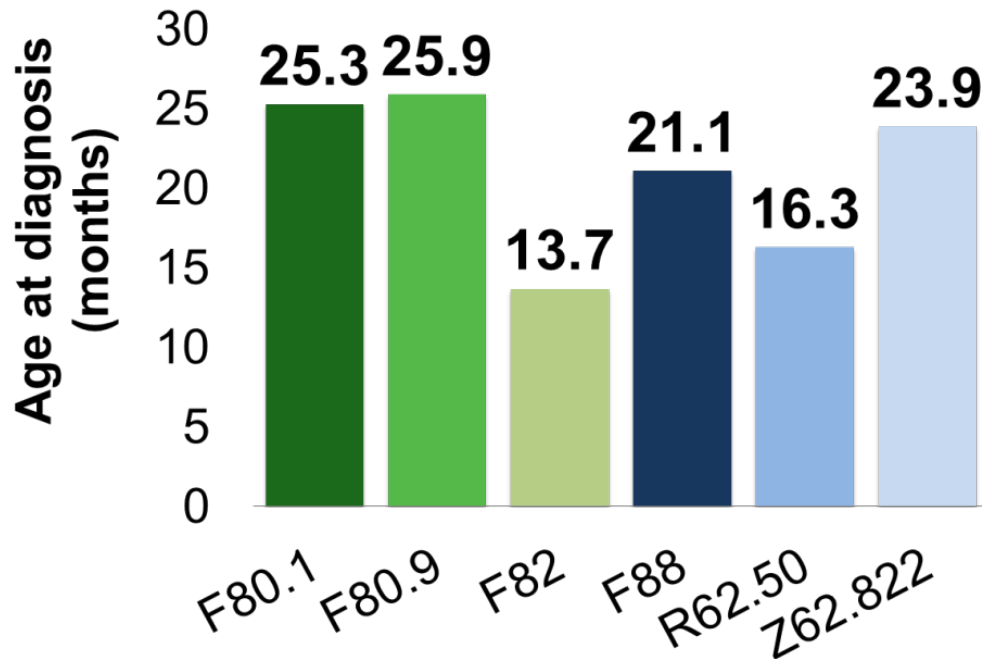
Population Demographics

- 63.3% of the sample was male
- Average age at diagnosis was 20.3 months
- Most frequent diagnoses: general speech delay (F80.9) and general developmental delay (R62.50)

Population Demographics



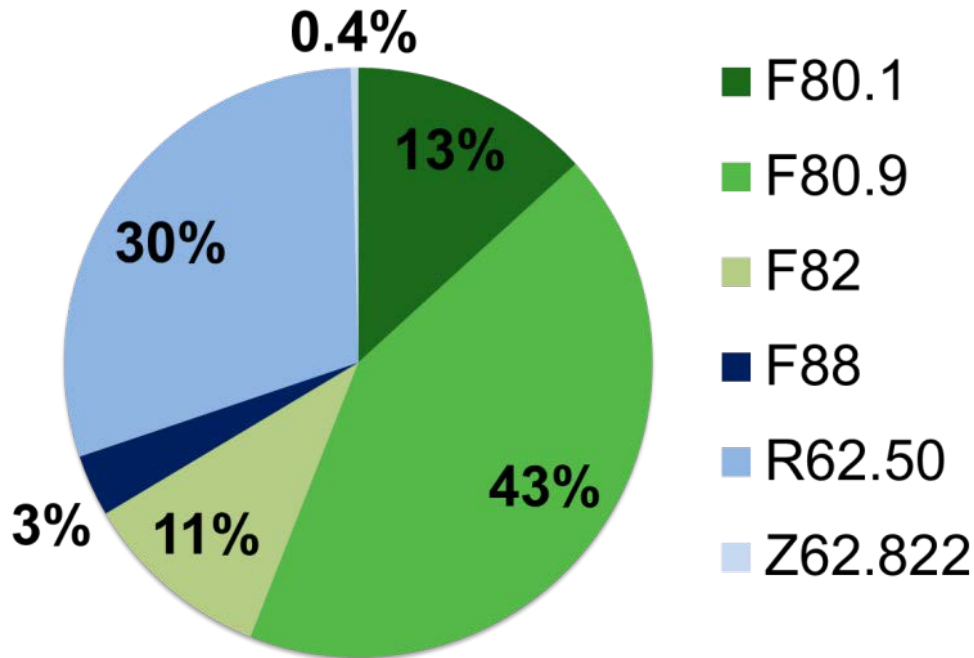
Sample population age at diagnosis for each diagnosis



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Frequency by Diagnosis

Sample population
diagnosis frequency

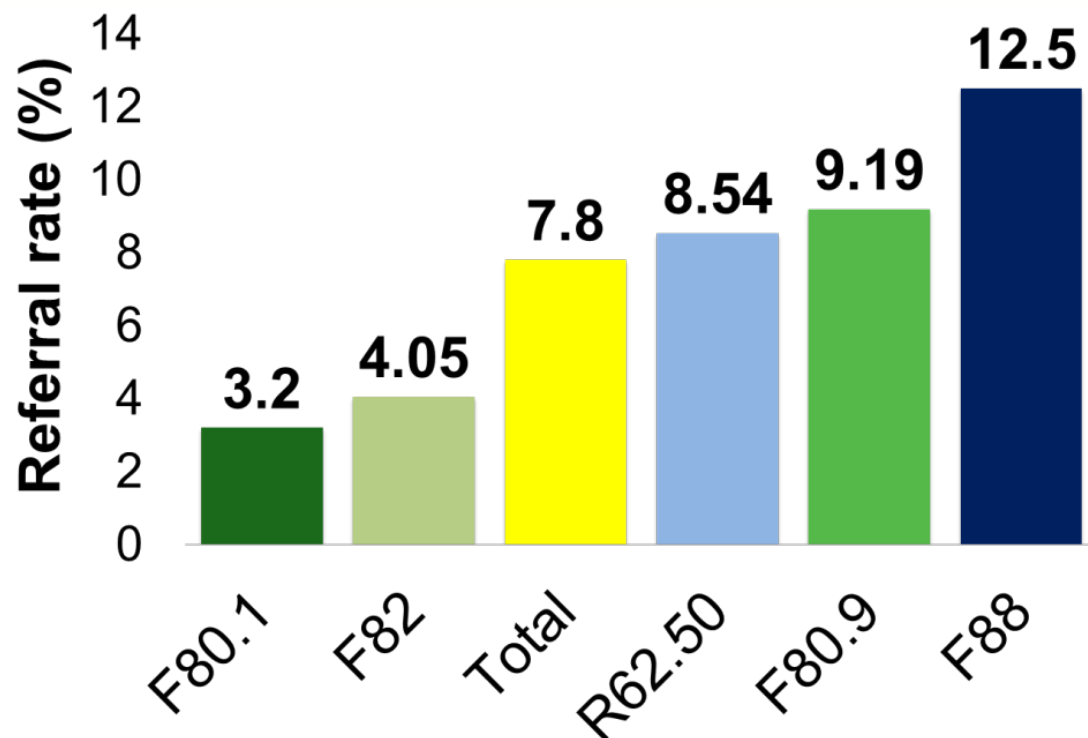


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Results

- 1,654 patients were identified through the sample
- 7.8% of eligible patients were referred to HMG
- 74.4% of patients referred to HMG were connected to early intervention services

Referral rates to HMG for each diagnosis

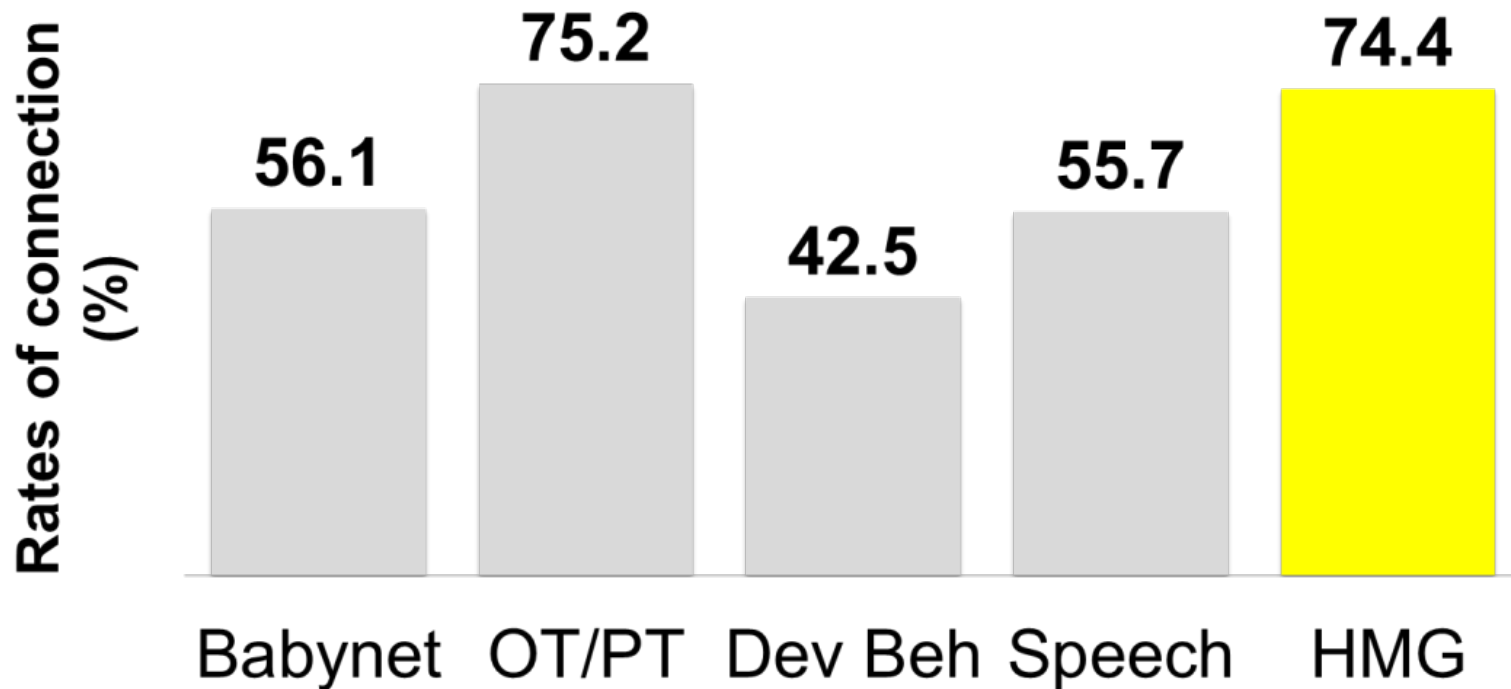


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Rates of connection for other early intervention services



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Results cont...

Results provided information on how well HMG SC is serving diverse populations

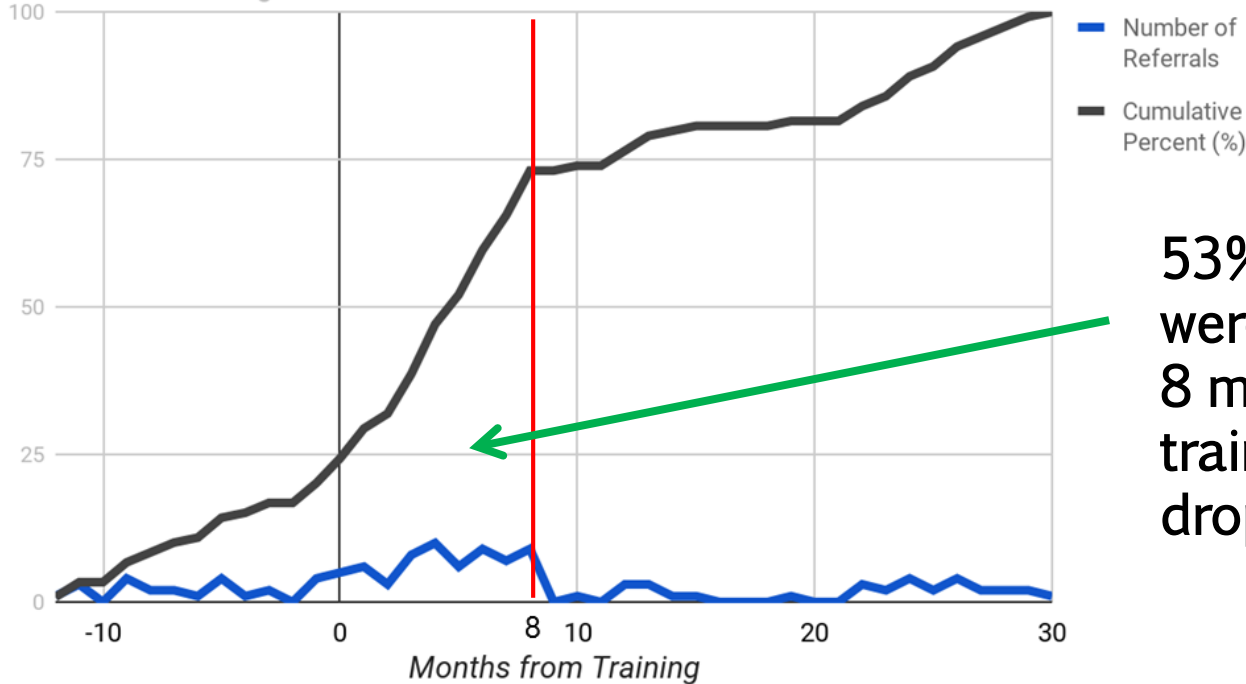
Race	Patients connected to HMG	Greenville County Population under age18 (2015 est.)
White	31.3%	69%
Black	21.9%	17.6%
His/Latino	29.2%	8.8%
Asian	1%	2.3%
More than one	3.1%	1.8%
Unknown	13.5%	----

Results cont...

- Physician training/outreach works (for a time)
- Pediatric practices that did not receive HMG training were very unlikely to refer patients to HMG

HMG Referrals from Trained Practices by Month

Month 0 is Training Month



53% of referrals were made in 8 months following training, then dropped off

How did results inform outreach at HMG level?



- Outreach coordinators will track their contacts with practices (regular and well-timed connection)
- Mix of messaging and materials
- In-office training menu
- New health provider toolkit
- Opportunity to "sign on" as a HMG community partner and display a small plaque in the office.

How did results inform outreach at system level?

New system-level strategy: Pediatric Support Services

- 180% increase in physician referrals to HMG since program launch in October 2017



Suggestions for other affiliates



- Identify potential partners
- Use the data you DO have
- Embed care coordinators at high-volume practices
- Develop a training timeline
- Make providers aware of current wait list situations in other programs (Part C, etc.)
 - Brag about what HMG can do for practice's patients/connection rate
- Know your audience; craft your message



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Questions?

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