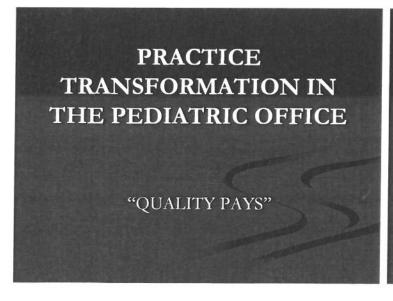
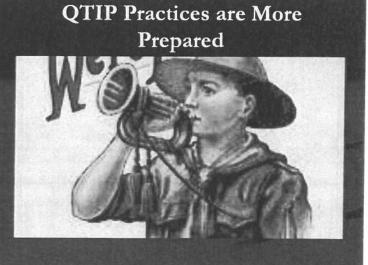
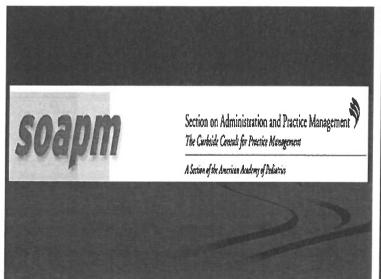


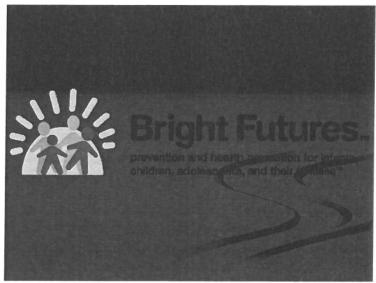
DISCLOSURES

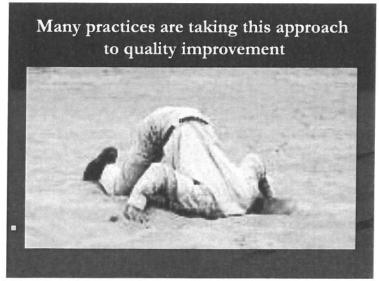
- In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or providor(s) of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/ investigative use of a commercial product/device in my presentation.

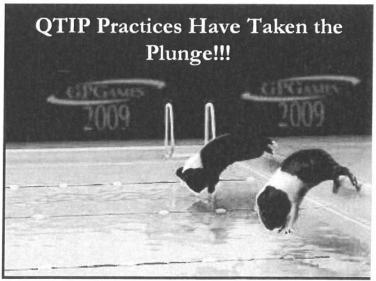












The Sandhills Pediatrics Experience....



The daydreams of cat herders

Baby Steps at Sandhills Became Big Gains

Began as internal initiative, incorporated into SC QTIP program Revamped developmental screening: twice! Post Partum Depression Screening Incorporated Mental Health into daily routines

Revamped ADHD care to match AAP guidelines

Depression screening ages 11-21

Behavioral Health Screens from infancy to adolescence

In- House Counselor

Focused on decreasing ER utilization

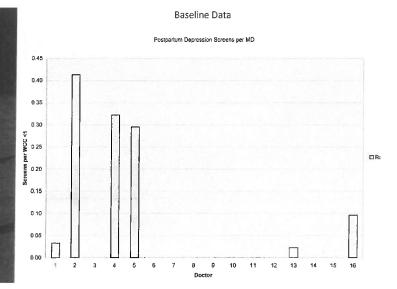
focused on increasing well care and immunization rates

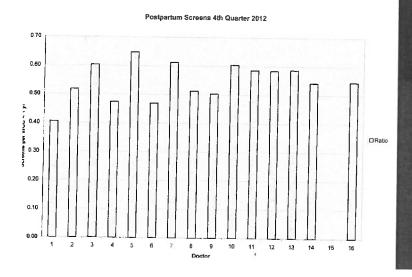
luoride dental varnish

Revamped asthma care. EMR protocols, ACT, Action Plans

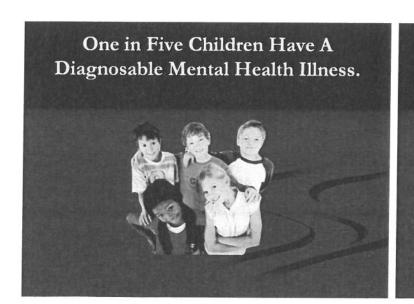
Certified as NCQA level 3 PCMH Feb 2014, recertified December 2016

"If Mama ain' t happy ain' t nobody happy..." Postpartum Depression Screening At Sandhills Pediatrics





Incorporating Mental Health into the Pediatric Office



Mental Health in Pediatrics

- Developmental Issues/Autism
- Behavioral Problems in Young Children
- Family Issues
- School Performance/Behavioral Problems
- ADHD
- Substance Abuse Screening
- Depression Screening and Treatment
- Access to Mental Health Professionals

In Office Counselor

- Built on existing relationship with LPC
- Already rented part time space for private practice
- 21 years experience, including with Medicaid
- Works 4 days per week, rotates all offices
- Access to EMR facilitates referrals, communication, eases referral process
- Medicaid access to counseling especially enhanced
- Not without growing pains (Insurance panels and established referral patterns)

Summary of Our Experiences

- Revamped ADHD protocols for diagnosis and follow-up: improved significantly
- Teen Depression Screening uniformly done
- Child Mental Health and Adolescent Depression Screening uniformly done
- In house Counselor: now profitable after a slow start.

Oral Health and Children

Early childhood caries (cavities) is the number 1 chronic disease affecting young children.

Early childhood caries is 5 times more common than asthma and 7 times more common than hay fever.

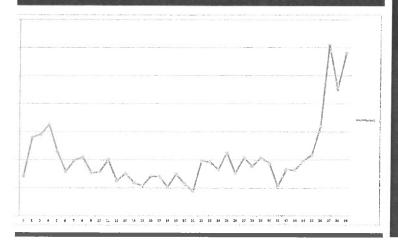
Tooth pain keeps many children home from school or distracted from learning.

Children are recommended to have their first dental visit by age 1.

AAP ORAL HEALTH RECOMMENDATIONS

- From AAP Release: Aug. 25, 2014
- The AAP states that fluoride is effective for cavity prevention in children. The AAP is issuing the following new recommendations:
 - Fluoridated toothpaste is recommended for all children starting at tooth eruption, regardless of caries risk.
 - Placetide varietish is recommended in the primary care setting every 5 - 6 months starting at rooth.
 - Previously the AAP recommended varnish only in high risk patients.

A case study in dental varnish in the private setting: The Sandhills Pediatrics experience



Increasing Well Visit Rates

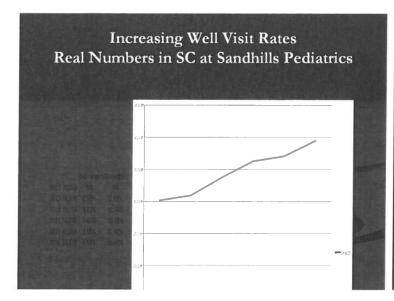
- Why? Well Visits pay on average 60-70% more than sick visits, and contribute to HEDIS Scores, which can influence insurance contracting AND payments for ALL visits
- How? Added questions to every EMR template asking if well care and immunizations were UTD
- Used Practice Management System to generate lists of patients who were not current and contacted 750 to 1000 patients per month
- Began contacting by email or text when able

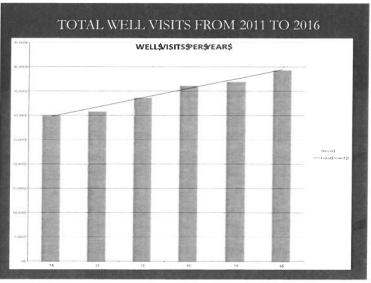
Increasing Well Visit Rates Real Numbers in SC at Sandhills Pediatrics

- Medicaid well visits are paid overall 62% higher than sick visits
- 3 well visits generate as much revenue as 5 sick
- Well visits vary less by season and are not as prone to fluctuation from year to year
- ALL of us have large numbers of patients who are not current on well care

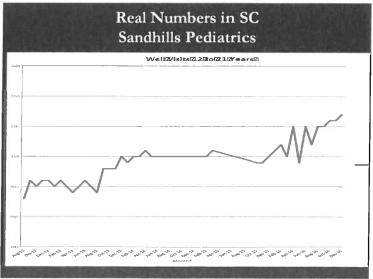
Increasing Well Visit Rates Real Numbers in SC at Sandhills Pediatrics

- Increased total number of well visits by 31% from 2011 to 2016 with same number FTE MDs
- Increased percentage of 3-6 year olds who are UTD on well care from 59% to 79%
- Increased percentage of 7 -11 year olds who are UTD on well care from 44% to 63%
- Increased percentage of 12 -21 year olds who are UTD on well care from 38% to 52%



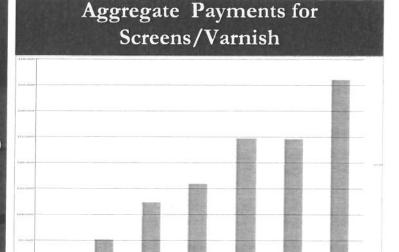






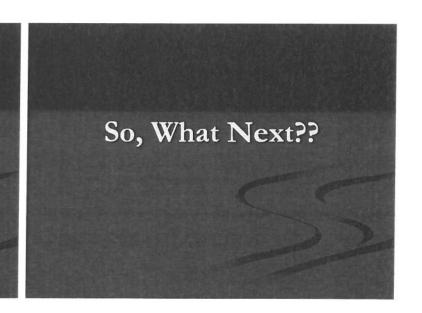
Coding and Payment for Screens and Fluoride Varnish

- 96110: Developmental Screening with scoring and documentation, per standardized instrument (ASQ,PEDS,MCHAT, etc.)
- 96127: Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument (PSC, PSC-Y, PHQ9, Vanderbilt, Conners, SCARED, etc.)
- 96160: Patient-focused health risk assessment instrument with scoring and documentation, per standardized instrument (CRAFFT, ACT, ACE)
- 96161: Caregiver-focused health risk assessment instrument for the benefit of the patient, with scoring and documentation, per standardized instrument (EPDS, SEEK)
- 99188: Application of topical fluoride varnish
- SC DHHS current payment is \$7.11 for 96110, \$8.14 for 96160, 96161 and \$15.89 for 99188



PCMH CERTIFICATION

- Quarterly payments by all Medicaid plans \$0.50 PMPM for application in process \$1.00 PMPM for NCQA Level 1 \$1.50 PMPM for NCQA Level 2 \$2.00 PMPM for NCQA Level 3
- BCBS of SC also recognizes PCMH status
- Sandhills Pediatrics was certified as NCQA Level 3 February 2014, re-certified December 2016



Pay For Performance Measures

- Asthma Care: Controller Meds
- Well Care rates: 0-15 months, 3 to 6 yrs,12 to 17 yrs (HEDIS)
- Immunization rates: 2 year olds and 13 year olds
- PCMH Certification
- BMI assessment, diet and exercise counseling
- Other HEDIS measures as well: Depression Screening, Chlamydia screening, appropriate treatment URI, pharyngitis, ADHD FU

