

## RHP 5 Request of Additional Funds Proposal

### Pediatric Multispecialty Clinic

**Performing Provider Name:** Doctors Hospital at Renaissance

**IGT Entity Name Supporting Requested Funds (Required):** Hidalgo County Care Services (HCCS)

**Estimated Valuation by Waiver Year:**

DY 7 (2017-2018)      Total Amount: \$1,000,000      IGT: \$ 438,300 (Based on FMAP of 43.83%)

DY 8 (2018-2019)      Total Amount: \$1,000,000      IGT: \$ 438,300 (Based on FMAP of 43.83%)

**Proposed System Definition:** Doctors Hospital at Renaissance is a 530-bed General Acute Care Hospital System in Hidalgo County that serves patients in the Lower Rio Grande Valley. The system definition will include inpatient services, outpatient services, emergency department, and affiliated outpatient clinics. Services would include Starr and Cameron County.

**Medicaid and Low Income or Uninsured Patient Population by Provider (PPP) Estimate:** 51% MLIU Percentage (36.60% Medicaid and 14.81% Uninsured) calculated from reported DY5 volumes for all DSRIP projects at Doctors Hospital at Renaissance.

**Identified Community Needs to be Addressed with Requested Funds:**

Patient-centered care remains to be an issue throughout the region. Additionally, pediatric patient-centered care, especially for complex chronically ill patients, has little to no existence in the Rio Grande Valley. In order to ensure access to specialty services, many pediatric patients travel long distances to receive care, increasing medical travel expenses, travel burden, and other associated costs. There is also an emotional impact to patients and parents associated with this travel burden. This project aims to build an infrastructure in patient-centeredness and pediatric specialty care by developing a comprehensive Pediatric Multispecialty clinic. Through this clinic, chronically ill pediatric patients requiring specialized care will establish a medical home in the clinic with a pediatrician and have adjoining visits with necessary pediatric specialists such as Pedi Neurology, Pedi Neurosurgery, Pedi Nephrology, Pedi Orthopedics, Pedi Urology, etc.

By providing this model, not only will complex pediatric patients require less travel due to nearby specialists, but also receive joint appointments with the pediatrician and specialists to reduce the need for travelling to various clinics throughout the Rio Grande Valley. Coupling this concept with patient navigation and guidance, ensuring these complex patients receive the appropriate care in the right manner at the right setting, improved outcomes and reduced costs on all fronts will be observed.

**Outcome Measure(s) Expected to Address Identified Community Needs:** For this project, appropriate Measure Bundles would be Access to Specialty Care, B.2 Patient Navigation & ED Diversion, D.1 Pediatric Primary Care, and D.4 Pediatric Chronic Disease Management: Asthma.

**Anticipated Core Activities Expected to Impact Identified Outcome Measure(s):** Core Activities expected to impact these outcome measures would include **Access to Specialty Care Services, Expansion of Patient Care Navigation and Transition Services, Patient-Centered Medical Home,** and

**Chronic Care Management.** This project would improve access to specialty care in underserved areas through coordinated access to pediatric specialists and services. Additionally, this project would expand Patient Navigation and Transition services into the pediatric arena, specifically for chronically ill patients, through medical home establishment and adjoining appointments with pediatrician and specialty services. Patient Navigation would also be incorporated with guiding patients through the various care settings required for treatments and illnesses. The project would also establish a Patient-Centered Medical Home within the Multi-Specialty clinic. Lastly, through all of these services, Chronic Care Management will be provided to these complex patients through a model not existent in the Rio Grande Valley, thus improving outcomes and reducing associated costs.

**Sustainability Efforts:** Sustainability is a key factor when evaluating a new initiative. This program will build sustainability in the management of complex pediatric patients through a reduction in costs due to poor specialty care coordination, reimbursements from services provided to the patients, and potential future alternative payment models with Managed Care Organizations (MCOs).

Due to poor specialty care coordination, patients receive duplication of services, possible medication complications and potentially preventable emergency and inpatient visits. These duplications, complications and unnecessary utilization cause a burden on the medical infrastructure and families. By coordinating care through this model, patients will receive better outcomes and avoid admissions and readmissions, as well as also reduce associated costs to the provider and patients.

Additionally, the services provided by the clinic will provide reimbursements, thus allowing the program to recover some of the costs associated with managing the program. Lastly, this project will provide a great benefit to the MCOs that manage these patients. Therefore, once proven to be a success, this program will reach out to MCOs about alternative payment models that will drive sustainability in the future. Some possible alternative payment models that may work would include full capitation, partial capitation, bundled payments, supplemental payments, fee-for-service with incentive payments, and shared savings/risk. With these three factors taken into consideration, the project can be sustainable in the long-term.