Agenda

8:30 - 9:00 Registration & light breakfast

9:00 - 11:45 Plenary Sessions

- 9:00 – 10:00 A Pediatrician’s Perspective on Value-Based Care, Population Health, Payment and Contracting
  Suzanne Berman, MD, FAAP — Pediatrician, Plateau Pediatrics and Pediatric Council Chair, Tennessee AAP
  As healthcare markets move away from fee-for-service payments towards alternative payment models, pediatricians will need to adapt their practice workflows accordingly. Learn ways to transform your practice to support population health and maintain a sustainable practice model under new payment models.

- 10:00 – 10:45 Value-Based Payment: What You Should Know and Why It Matters
  Rick MacCornack, PhD — Chair, Statewide Medicaid Value Payment Action Team, Washington Health Care Authority
  Learn the origins of value based payment methods (VBP) and how Washington is proceeding in developing and implementing VBP for Medicaid, which we anticipate commercial payors will follow over time. The discussion will focus on the features of pediatric care that should shape payment approaches that are well-aligned to improving quality of care for children and adolescents. Will include group exchange of ideas about payment reform for pediatrics.

10:45 Break

- 11:00 – 11:45 Value-Based Purchasing in Washington State: Lessons Learned, Addressing the Future - A Health Plan’s Perspective
  Jay Fathi, MD — CEO, Coordinated Care
  Review the history and progress of value based payments in the Washington Medicaid system; discuss trends in Washington around value-based contracting. Discuss the implications for pediatric care of Behavioral Health Integration in the Washington Medicaid system and learn about opportunities for pediatric primary care providers moving forward.

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Pediatric Population Health Forum
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11:45 Pick up lunch
12:00 – 1:00 Lunch breakout sessions

Choose one of three sessions featuring plenary speakers Suzanne Berman, MD, FAAP, Rick MacCornack, PhD and Jay Fathi, MD.
Sessions will build on morning plenary talks to offer further exploration of value-based care, payment and contracting:

Session 1: Suzanne Berman, MD, FAAP
- Identify your practice’s challenges and “pain points” as you are trying to transform your medical home.
- Learn about resources that can help address your practice’s pain points.
- Develop 2-3 new strategies to apply to your practice’s transformation effort.

Session 2: Rick MacCornack, PhD
- Examine features of pediatric care that are well-aligned to improving quality of care for children and adolescents.
- Discuss ideas about payment reform for pediatrics that will improve quality of care for children and adolescents.

Session 3: Jay Fathi, MD
- Discuss the implications of behavioral health integration in the Washington Medicaid system.
- Describe opportunities for pediatric primary care providers moving forward.

1:00 – 1:15 Break and transition time
1:15 – 2:15 Breakout sessions

- Pediatric Partners in Care: Care Coordination for Medically and Socially Complex Children
  Paula Holmes, RN, MPH — Senior Director of Care Transformation, Seattle Children’s Hospital
  Alexis Koutlas, RN BSN, CHWC, PPIC — RN Care Manager, Seattle Children’s Hospital
  Sheryl Morelli, MD, FAAP — Medical Director for Seattle Children’s Care Network, Clinical Professor of Pediatrics, University of Washington School of Medicine

Pediatric Partners in Care is a program to decrease the cost and improve the quality of care for a population of medically and socially complex children who live in King or Snohomish Counties. This session will share the interventions, lessons learned, process measures and outcomes to date, and recommend how to move forward implementing a similar model in other care environments.

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- **Integrating Primary Care and Behavioral Health**
  Lori Raney, MD and Liz Arjun, MSW, MPH — Health Management Associates

  Behavioral health conditions are prevalent in the pediatric primary care settings and increase total health expenditures. Given the need in health care reform to improve outcomes and the patient experience of care while containing costs, integrating primary care and behavioral health has become an evidence-based approach to addressing these central tenets of the Triple Aim. This presentation will cover the evidence base for integrated care, the models and the roles of the key players on the teams. It will also cover the challenges faced in merging the diverse cultures of primary care and behavioral health and tips for successful and effective collaboration.

- **Social Determinants of Health: Partnering to Achieve Outcomes**
  Sharon Beaudoin — WithinReach
  Jared Capouya, MD, FAAP — Mary Bridge Children’s Hospital
  Sarah Wandler, MSW — Odessa Brown Children’s Clinic

  Review the contributions of social determinants to health outcomes, which traditional healthcare funding does not yet support. Provide evidence that shows social needs navigation is effective for significantly decreasing those needs and improving reported health status. Present practical applications of a local collaboration in two different systems of health, one more mature and the other in pilot to show the benefits of addressing social needs in children.

- **Process Improvement Methods Move the Needle on HEDIS Metrics**
  Stephen Reville, MD, FAAP — Mary Bridge Children’s Hospital and Health Network

  Learn how Mary Bridge Pediatrics, a community-based pediatric practice in Auburn, WA, implemented process improvements to meet standards measured by the Healthcare Effectiveness Data and Information Set (HEDIS). This presentation will outline and discuss the process of improvement that the clinic went through to identify babies in the first 15 months of life who are at risk of falling off pace with well child visits. With the creation of a patient registry, several PDSA improvement cycles and the generation of a new workflow within existing resources, this clinic shares how they were able to stimulate dramatic improvements in rates of well child visits from 0 to 15 months of age.

2:15 – 2:30 Break and transition time
2:30 – 3:30 Breakout sessions repeat
3:30 – 4:00 Closing remarks & evaluations

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