

KURT SALMON ASSOCIATES

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To: Pediatric Grand Rounds Participants

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Subject: Alaska Pediatric Subspecialty Distribution Plan Information

We are pleased to share with you the draft Alaska Pediatric Subspecialty Distribution Plan created over the past few months through the All Alaska Pediatric Partnership (AAPP) in collaboration with the Alaska Mental Health Trust Authority (AMHTA) and other affiliates. The purpose of this plan is to develop and adopt a distribution strategy that provides the optimal balance of access to care for Alaska's children with an environment that is attractive to new providers, identifies the best use of outside specialists and primary care providers, and ensures volumes necessary to maintain skill sets and provide high-quality, safe care. To assist in this process, we have engaged the services of Kurt Salmon Associates (KSA), a worldwide health care consulting firm with experience in children's health care, rural/frontier markets, physician development, and strategic planning in complex environments.

With this memo, we would like to share the Vision and Goals, Strategic Themes and the Draft Strategic Recommendations Summary. During the Pediatric Grand Rounds on March 23rd, we invite you to come and learn more about this plan and share your thoughts and feedback.

I. CLINICAL ENTERPRISE VISION AND GOALS

Vision: **An improved pediatric subspecialty environment**

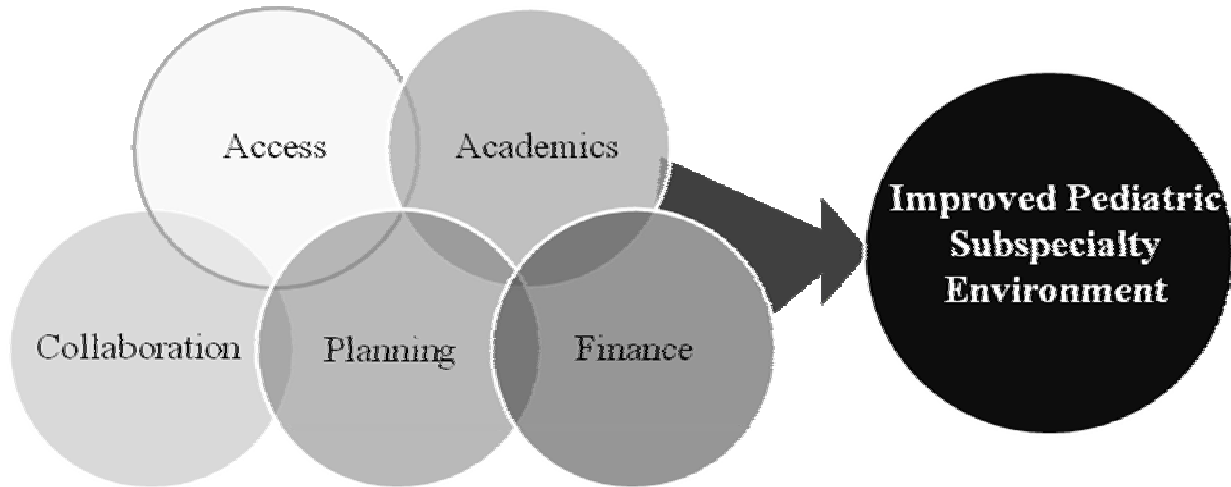
Goals:

- Provide complex, quality care as close to home as possible
- Maximize the use of subspecialty services between and across the systems of care in place today
- Improve access and continuity of care
- Preserve a strong respect for all institutions and individuals – patients, families and providers
- Advance a model that is financially viable and sustainable over the long-term

II. STRATEGIC THEMES

Five strategic themes contribute to creating a comprehensive and cohesive pediatric subspecialty provider community:

Figure 1: Pediatric Subspecialty Environment Strategic Themes



Three macro themes drive top five core strategic recommendations:

1. **Access:** Develop and adopt a distribution plan that improves access to pediatric subspecialists
2. **Collaboration:** Increase coordination and collaboration among providers and systems
3. **Finance:** Improve the current financial environment

III. DRAFT STRATEGIC RECOMMENDATIONS SUMMARY

Recommendation 1: Increase the number of providers and distribution of pediatric subspecialty care in Alaska

Rationale: Need to improve access and quality of pediatric subspecialty care

- Use distribution model to prioritize recruitment targets
 - › In-State – fundamental specialties – “provide well”
 - › Out-of-State – comprehensive specialties – “provide for”
- Collaborate on provider recruitment initiatives
 - › Evaluate and distribute costs of recruitment across institutions – need to ensure balance between initial costs and potential revenue-generating opportunities
 - › Share recruitment tactics, retention responsibilities and outcomes
- Build capabilities to complement primary care/medical home with care/case management for children

Refer to Section IV of this document for 2009 provider supply and draft planning targets for physicians in 2020.

Recommendation 2: Build an infrastructure to extend subspecialists at satellite clinics

Rationale: Need to ensure continuity of care without providers on the ground

- Enhance depth of telemedicine capabilities
- Establish a physician consult line/referral access by phone
- Use EMRs to provide continuity of care – identify potential interface solutions to link different systems
- Increase training of extenders to enhance local knowledge
 - › Anchors need to be care aides/social workers/licensed nurses
 - › Need to create a system of care/care team
 - › Sponsor a more disease-based care model
- Provide ongoing training (i.e., CME) for pediatricians on topics of interest

Recommendation 3: Create a pool of pediatric subspecialty-focused NP/PA providers to augment access to physicians

Rationale: Given the historical difficulty with recruiting multiple subspecialists, recruitment and use of NP/PA providers will help improve access to care and coverage for subspecialists limited to 1-2 on the ground

- Actively recruit NP/PAs to work in tandem with physicians – seek strong relationship connection
 - Encourage and support NP/PA/physician pairing to develop subspecialty capabilities
 - Seek and support learning opportunities for NP/PAs – specialty conferences, interaction with other specialty resources
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Recommendation 4: Define a stronger culture of shared accountability and action

Rationale: Need to create a more collaborative environment to implement pediatric subspecialty initiatives across the state, ensuring that each institution retains a financial position that allows continued investment in people, programs, technology and facilities

- Increase transparency and communication around pediatric subspecialty services
 - › Disclose progress and lack thereof, good and bad
 - › Promote open town hall sessions to vet status of progress
 - Formalize participation between ANMC, TCHAP and broader constituencies
 - › Credentialing at multiple hospitals
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Recommendation 5: Advocate for increased state and federal sponsorship

Rationale: Need some breaks economically – need to increase overall funding support beyond hospital margins

- Re-evaluate and modify Medicaid professional fee schedules for pediatric subspecialists (rates, outreach, telemedicine, etc.)
- Create a special budget allocation at the State level for those specifically identified in the manpower plan as high priority for the State
- Define and develop a business case for securing funds for infrastructure requirements (e.g., telemedicine, electronic interface between EMRs, physician consult phone lines, etc.)
- Conduct a cost/benefit analysis, highlighting benefits of providing care in Alaska versus out-of-state

Recommendation 6: Commission a Pediatric Distribution Plan Oversight Committee

Rationale: Need a dedicated body that will act on behalf of all institutions and be responsible for prioritizing and coordinating implementation of the distribution plan

- Identify individuals to participate on the committee
 - Continue to engage individuals across the state and across specialties
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Recommendation 7: Establish a Statewide Access Center

Rationale: Need to improve communication and coordination of care delivery

- Develop a coordinated and comprehensive approach to outreach (e.g., locations, forms, data/times by specialty)
 - Comprehensive tracking of patients (inpatient/outpatient, location, air/ground transport)
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Recommendation 8: Deliberately manage future relationships with out-of-state providers

Rationale: Need to provide right care in right place at the right time

- Send RFP to children's hospitals to identify best opportunity for long-term relationships; this may vary by specialty
 - Establish standards of care rotations, transport, initial out-of-state visits, case management and follow-up
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Recommendation 9: Develop a more impactful, broad-based approach to raise money

Rationale: Need to create a forum for pediatric fundraising that all institutions can be a part of, with a goal of moving beyond the children's miracle network

- Collaborate with/reorganize existing foundations
 - Sponsors access center
 - Provides support for research initiatives
 - Provides grants, gifts to provider community
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Recommendation 10: Establish a pediatric-focused Research Institute

Rationale: Need to provide a venue to retain/attract physicians and advance scientific discovery focused on improving the health of children

- Explore opportunities with UofA and other major universities/AMCs
- Support local physicians (grant writing, stipends, research study coordinator, facilities)

Recommendation 11: Create a stronger academic culture within the pediatric health care environment

Rationale: Need to attract and retain talent and philanthropy to a more shared cause

- Explore residency and fellowship expansion initiatives
- Create a standard level of expectations among the various institutions as to the resident and fellow experience/role
- Strengthen relationships and communication with WWAMI and UofA

Recommendation 12: Expand involvement of the pediatric community with current health care initiatives and maximize use of in-state resources

Rationale: Need to reset expectations and reshape the delivery of pediatric subspecialty care

- Understand current workforce initiatives and ensure they include the long-term goals for delivering pediatric subspecialty care
 - Routinely communicate and involve others in the implementation of the plan through pediatric grand rounds
 - Create a forum for soliciting suggestions/feedback on implementation (e.g., several individuals in State have experience from other institutions and could assist in advancing the recommendations).
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IV. SUMMARY OF PHYSICIAN SUPPLY AND DRAFT PLANNING TARGET 2020

Table 1 summarizes current physicians treating children and the draft planning target for 2020.

Table 1: Pediatric Subspecialty Physicians and Draft Planning Target 2020

Service/Specialty	2009 Physicians P + A = T	Draft Planning Target 2020
Adolescent Medicine	1 + 0 = 1	2
Allergy/Immunology	0 + 4 = 4	4-6
Anesthesiology	4 + 0 = 4	2-4
Behavioral Health/Psychiatry	13 + 7 = 20	22 – 33
Cardiology	4 + 0 = 4	4
Critical Care/ Intensivists	9	10-12
Dermatology	0 + 1 = 1	2-4
Endocrinology	1 + 0 = 1	2-3
ENT	1 + 3 = 4	4-6
Hospitalists	11	22-26
Neonatology	7	10
Neurodevelopmental	1 + 0 = 1	2-4
Ophthalmology	0 + 3 = 3	2-3
Orthopedics/ Sports Medicine	1 + 3 = 4 / 1 + 0 = 1	3-5
Pediatric Dental	21 + 0 = 21	21 – 23
Pediatric Gastroenterology	-	2
Pediatric General Surgery	2 + 2 = 4	3-4
Pediatric Hematology/Oncology	2 + 0 = 2	2
Pediatric Nephrology	0 + 1 = 1	1-2
Pediatric Neurology	1 + 0 = 1	2-3
Pediatric Pulmonology	1 + 0 = 1	2-3
Pediatric Urology	1 + 3 = 4	2-4
Perinatology	2	5
Plastic Surgery/Oral Maxillofacial	0 + 4 = 4	4
Radiology	2 + 2 = 4	2-4

P = Providers that provide care to children, A = Providers that provide care to adults and children, T = total number of Providers

Source: Alaska State Medical Association, 2009. Hospital websites, provider, e-mails, KSA analysis. MGMA Productivity based on 2008. Physician –to–population ratios based on KSA experience.

KSA

Based on the current physician supply and the draft planning target, and informed by perspectives from qualitative interviews and the guidance of the Steering Committee, a draft recruitment priority list was developed and is summarized in Figure 2.

Figure 2: Pediatric Subspecialty Draft Recruitment Priorities by Specialty



** Likely provided by a physician that treats patients of all age

V. IMPLEMENTATION AND NEXT STEPS

- Incorporate feedback and finalize the plan
- Communicate plan to a broader audience
- Execute plan
 - › Define accountabilities (role of major hospitals, AAPP, the State)
 - › Develop implementation timeline
 - › Identify work groups and prioritize action items