

P-TCPI: What to Expect

Welcome to the Pediatric Transforming Clinical Practice Initiative (P-TCPI), a partnership between the Washington Chapter of the American Academy of Pediatrics, the Washington State Department of Health, and Molina Healthcare. One of only two pediatric-focused Practice Transformation Networks in the country, we offer support to primary care providers in our state to transform their practices to prepare for value-based payment and improve child health outcomes.



P-TCPI goals are aligned with the common measure set and include increasing well child visits and immunization rates, improving behavioral health care, improving asthma management, increasing care coordination and decreasing avoidable use of the emergency room.

Here is what you can expect as an initiative participant:

1 week – 3 months

- A Department of Health Practice Facilitator (PF) will contact you to set up an initial meeting.
- During that initial meeting (or at a subsequent meeting) you and your office staff will complete a Practice Assessment Tool (PAT) with the help of the PF to gain an in-depth understanding of where your practice currently stands on the path to practice transformation – and what you need to do to advance along that path.
- You will receive from \$1000 up to \$1500 (depending practice size) as an incentive payment for completing the PAT.
- Your PF will come back to review your PAT results and help you determine aims for improvement.
- Clinics often choose to start by aligning their patient panel, to ensure that the patients they have on their panel match the patients the Managed Care Organizations (MCO) have assigned to their panel – and that both align with the patients who are actually visiting the clinic.
- By shifting your focus to your entire patient population you position your clinic to achieve the triple aim: high quality care, reduced overall costs, and an improved patient experience.



3 months – 6 months

- Your clinic will repeat the PAT every 6 months and will receive additional incentive payments each time you complete it.
- Each region has a Physician Champion who serves as a resource; you can also connect with other initiative clinics in your region for peer-to-peer learning.
- Molina Healthcare provides quarterly data reports on [cost & utilization](#) and [HEDIS measures](#).



CLINIC SAMPLE
ACH REGION
Molina Medicaid Pediatrics Cost and Utilization Metrics Overview

Based on claims paid through October 2016

COST & UTILIZATION METRICS ¹	Rolling Year Ending 12-31-15			Rolling Year Ending 09-30-16			Rolling Year Ending 06-30-16			Rolling Year Ending 03-30-16			Barometers	
	GROUP	REGION	STATE	GROUP	REGION	STATE	GROUP	REGION	STATE	GROUP	REGION	STATE	Vs Region	Vs State
ED UTILIZATION	432.6	525.9	482.9	437.2	519.7	472.2	439.1	501.1	454.9	441.0	497.5	451.1	Low	Average
Avoidable ER Visits /yr/k	78.6	99.7	86.5	72.7	87.0	75.7	62.5	74.5	64.7	56.9	69.1	60.0	Low	Average
ER MAMA Score (Risk Factor) ²	0.026	0.031	0.031	0.024	0.030	0.030	0.021	0.028	0.028	0.019	0.026	0.026	Average	Average
IP UTILIZATION	34.6	50.0	34.7	47.6	53.9	35.2	31.7	59.8	36.2	34.2	39.6	39.1	Average	Average
Asthma-based Admits /yr/k (starting age 5)	1.6	1.2	1.2	1.9	1.2	1.2	1.7	1.3	1.1	1.6	1.2	1.2	Average	Average
Pediatric Gastroenteritis Admits /yr/k	0.00	0.10	0.24	0.34	0.19	0.24	0.79	0.22	0.21	1.06	0.32	0.23	Average	High
Inpatient Hospital MAMA Score (Risk Factor)	0.215	0.194	0.223	0.211	0.199	0.227	0.197	0.196	0.223	0.177	0.188	0.212	Average	Average
PROFESSIONAL UTILIZATION	9,205.6	9,322.6	9,142.4	9,610.2	9,479.8	9,203.9	20,909.9	11,684.6	10,690.6	31,776.3	14,184.1	12,058.8	High	High
PCP Office Visits /yr/k	1,398.0	2,057.7	1,904.2	1,489.1	2,075.3	1,884.1	1,539.2	2,030.1	1,823.2	1,501.0	1,997.7	1,790.1	Low	Low
Total Imaging /yr/k	2.34	3.90	4.84	3.05	3.61	4.86	2.00	3.60	4.83	2.40	3.56	4.83	Average	Low
Professional MAMA Score (Risk Factor)	0.227	0.242	0.253	0.218	0.242	0.250	0.201	0.234	0.240	0.180	0.223	0.228	Average	Low
Total Member Months ³	66,309	364,470	3,890,985	70,628	376,864	4,112,424	77,569	390,492	4,305,318	85,294	403,928	4,492,843		
Member Months % State Total	1.7%	9.3%	100.0%	1.7%	9.2%	100.0%	1.8%	9.1%	100.0%	1.9%	9.0%	100.0%		

1. Utilization rate measures the extent to which a service is used and is calculated as the unit count for 1000 members in a year.
 2. MAMA scores give an indication of how "at-risk" the subpopulation is. Higher MAMA scores are associated with higher risk populations.
 3. Professional Utilization does not include pharmacy or DME services.
 4. Member population consists of Molina members under 21 years of age. Asthma metrics do not include children under the age of 5.

2018 HEDIS - PEDIATRIC TCPI										
MEASUREMENT YEAR 2017										
Measure	Measure Description	Collection Type	Compliant Members	Eligible Members	Current Performance	Current Goal	Previous Year Performance	Mbrs To Reach Goal	Proximity To Goal	
ADD	Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	A								✘
ADD	Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	A								🔴
AMR	Asthma Medication Ratio - Age 12 to 18 Ratio > 50%	A								🟢
AMR	Asthma Medication Ratio - Age 5 to 11 Ratio > 50%	A								🟢
APC	Use of Multiple Concurrent Antipsychotics in Children and Adolescents - Total									
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Total	A								
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Total									
AWC	Adolescent Well Care Visits -	H								✘
CAP	Children and Adolescents Access to Primary Care Practitioners - All Members	A								
CIS	Childhood Immunization Status - Combination 10 Immunizations	H								🟡
IMA	Immunizations for Adolescents - Combination 1 Immunizations	H								🟡
MMA	Medication Management for People with Asthma - Age 12 to 18 75% Covered	A								🔴
MMA	Medication Management for People with Asthma - Age 5 to 11 75% Covered	A								🔴
W15	Well Child Visits in the First 15 Months of Life - Six or more well child visits	H								🔴
W34	Well Child Visits in the Third Fourth Fifth and Sixth Years of Life -	H								✘
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Documentation - Total	H								✘
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition - Total	H								✘
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity - Total	H								✘

- The PF, Molina Healthcare, and your Physician Champion are all available to help you leverage your data to make improvements on your clinical aims.
- In addition to regular connection with your PF and Physician Champion, you have ongoing access to webinars and learning forums to support your work.



6 months – 1 year

- At 6 months you will take a second PAT (and you will receive an incentive payment each time you complete the PAT).
- At that time you'll be able to see whether you've achieved the aims you set out to affect at the beginning of the initiative, and you'll set new aims.

Throughout the Initiative

- Throughout the process you will have access to expert resources to help you make progress on your clinic's specific aims.
- Enroll in Spirometry 360 for guidance and training on how to best utilize spirometry for improvements in asthma management.
- Identify and connect with the behavioral health providers in your area that will best serve your patients. Your clinic will receive a \$1000 incentive payment for each behavioral health provider with whom you execute a DOH Memorandum of Agreement.

What are the 5 phases of TCPI?

