MVP Kids Care (MVP Kids) is a multi-provider pediatric practice in Phoenix Arizona, with three locations serving the West Valley in Maricopa County. MVP Kids has one location with socioeconomic disparities and another site that serves a geographic area with limited pediatric resources. Services are provided with an emphasis on safety and evidence-based practices that reduce costs, eliminate waste, and provide preventative healthcare that focuses on population health.

MVP Kids’ leadership evaluated the practice’s priorities and we identified the following areas of focus to ensure we are achieving bold aims that also align with the TCPI primary drivers:

- **Patient & Family Centered Care Design:**
  - Improve patient and family access
  - Use of electronic health records via patient portals
- **Continuous Data Driven Quality Improvement:**
  - Increase well-child checks
  - Reduce unnecessary emergency department (ED) visits
- **Sustainable Business Operations**
  - Financial sustainability
  - Efficiency of operations (staffing)

During the back-to-school and flu season of 2018, we identified the need to provide open access to appointment availability and we surveyed our staffing ratios to ensure we could deliver care with the increased access to appointments. In order to ensure that the staff were engaged, we had proper resources, and could therefore deliver excellent patient care, we identified the need for several more staffing positions and we proceeded to fill those positions. These new staffing positions included new providers, nurses, a triage nurse, medical assistants, patient care coordinators, referral specialists, front desk staff, and a quality person to monitor and track system initiatives. We started with a core group of 30 staff members and have now expanded to around 50 staff members. We offer 24/7 call service, our providers have complete access to the EMR after hours, we have added weekend appointments and extended office hours during the week with additional appointment slots, and we make full use of HIE.

Our team leads are tasked with delegating and monitoring their teams with an emphasis placed on working on patient panel reports and high risk registries. Our staff make approximately 2,400 calls per month to patients paneled to the practice, highlighting those patients needing well child visits and immunizations, in an effort to get patients in for well child visits and immunizations. The first full month of this process began in July 2018. Our clinician saw 1,054 more patients in July 2018 than we saw in July 2017, and July is typically our slowest month (Table 1 shows a comparison of each month side-by-side for the past 3 years; Table 2 demonstrates a steady increase in our patient panels). The month of August resulted in an even larger volume of patients.
Table 1. Comparative Patient Volumes (MVP Kids Care’s internal data)

<table>
<thead>
<tr>
<th>VOLUMES</th>
<th>18-May</th>
<th>17-May</th>
<th>16-May</th>
<th>18-Jun</th>
<th>17-Jun</th>
<th>18-Jul</th>
<th>17-Jul</th>
<th>18-Aug</th>
<th>17-Aug</th>
<th>18-Aug</th>
<th>Yr to Date 2018</th>
<th>Yr to Date 2017</th>
<th>Yr to Date 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>3705</td>
<td>3610</td>
<td>2822</td>
<td>3382</td>
<td>3091</td>
<td>2833</td>
<td>3782</td>
<td>2731</td>
<td>2807</td>
<td></td>
<td>24256</td>
<td>23068</td>
<td></td>
</tr>
<tr>
<td>Volume MV</td>
<td>845-23%</td>
<td>913-25%</td>
<td>836</td>
<td>807-24%</td>
<td>769-25%</td>
<td>780</td>
<td>876-23%</td>
<td>727-27%</td>
<td>825</td>
<td></td>
<td>6332</td>
<td>7180</td>
<td></td>
</tr>
<tr>
<td>Volume LV</td>
<td>456-12%</td>
<td>514-9%</td>
<td>66</td>
<td>445-13%</td>
<td>535-11%</td>
<td>67</td>
<td>431-11%</td>
<td>306-11%</td>
<td>78</td>
<td></td>
<td>2176</td>
<td>362</td>
<td></td>
</tr>
<tr>
<td>Volume AV</td>
<td>2424-65%</td>
<td>2378-66%</td>
<td>1920</td>
<td>2130-63%</td>
<td>1987-64%</td>
<td>1986</td>
<td>2475-65%</td>
<td>1698-62%</td>
<td>1906</td>
<td></td>
<td>15728</td>
<td>15526</td>
<td></td>
</tr>
</tbody>
</table>

*Side-by-side monthly comparison to previous years shows significant increase in volume of patients being seen by MVP Kids (overall volumes listed at top, and then broken down by site location).

Table 2. Number of Mercy Care (Medicaid Health Plan) Patients Attributed to MVP Kids Care

The clinics subsequently implemented the “Slide Up Schedule” that was used during the back-to-school and flu season as a permanent schedule, because it was so effective. This has created an avenue for patient access to our providers and, as a result, we have seen a decrease in the number of patients utilizing the urgent cares and Emergency Rooms (a decline in the use of ED visits is demonstrated in Tables 3 & 4). We also have a patient portal where patients can make appointment requests, increasing access to care for families that prefer to use technology instead of the phone system. A systematic process has been implemented at all 3 of our locations. Data will continue to be evaluated to determine where improvements can be made and to identify areas of opportunity, and our process can be easily replicated and modeled in other practices.

Table 3. Avoidable ED Visits/1,000 – Emergent, but PCP Treatable (can be treated in a PCP Office)

*Mercy Care (Medicaid Health Plan)
Our leadership has implemented a daily patient productivity level that is monitored in weekly productivity reports. The expectation is to have each provider care for at least 22 patients per day. This report is available to all providers and is part of the analytics presented at each provider meeting.

We have made great strides in achieving exemplary practice status by meeting Patient and Family Engagement (PFE) goals and TCPI Aims 2 and 3. By adding new staff, providers, appointment slots, and implementing a Quality Department, our practice has been able to accommodate patients’ needs, increase patient volumes and access to care, as well as simultaneously reducing ED visits. Additionally, the emphasis on the TCPI primary drivers has significantly improved the number of encounters, thus ensuring financial sustainability and success in value-based models. Our model has shown to reduce unnecessary ED visits which reduces costs to all payors as well as paneled members. Our sample of ED visit reduction is based on Mercy Care membership, which have an average cost of $449 per ED visit, which is replicated across all plans we serve. We also utilize the CareQuotient population health tool to monitor improvements across multiple diagnostic groups, utilization reports, and HEDIS measures.

*MVP Kids Care is an active participant of the Practice Innovation Institute (Pii), Arizona’s Practice Transformation Network.

As of February 2019, MVP Kids Care has completed all 5 Phases of Transformation.