

Increased Reimbursement in CCHAP-affiliated Practices For Medicaid Patients

Starting this month, CCHAP-affiliated practices will be able to add a special modifier code to their preventive visit codes and receive a dramatic increase in reimbursement.

As you know CCHAP is a non-profit organization that offers 12 support services to enable private pediatric practices to provide a medical home for Medicaid and CHP+ children. Colorado Medicaid is partnering with CCHAP-affiliated practices to conduct a demonstration program which:

- **Increases Medicaid reimbursements rates for preventive care** visits to CCHAP-affiliated practices.
- Collects quality of care data and cost data to determine the degree to which additional monetary increases can be made available in the future to CCHAP-affiliated practices, as well as other practices statewide.

The details of the demonstration program has been shared with CCHAP-affiliated practice managers. The higher reimbursement, when combined with appropriate billing for other preventive activities (injections, developmental screening, hearing and vision screening) will bring Medicaid reimbursement for preventive care up to the level of reimbursement from commercial payers. [See the next article]

The data from the demonstration program will be evaluated at 6, 9 and 12 months to determine the future rates that state Medicaid will pay the CCHAP affiliated practices. State Medicaid will be tracking the immunization rates, the rate of preventive care visits, emergency department visit rates (risk adjusted), and cost of care (risk adjusted). When these parameters were tracked in our pilot program, private pediatric practices had very impressive results.

The “Angry Parent”

Ed Ladon, PhD and Steve Poole, MD

CASE: A mother becomes very angry at the front desk. She came late and has been told she will have to wait to be seen, because the provider had to move on to see other patients.

QUESTION: What's a helpful way to deal with Parent Anger?

RESEARCH: The method described below has been abstracted from the literature and will improve compliance with treatment and patient outcomes, reduce the total time spent by staff, reduce practice expenses over the long term and increase the likelihood the patient/parent will come back. (JAMA 1999: 281:661)

METHOD:

1. **STOP!** Take a deep breath or two. Recognize that this is often an acute stress reaction in the parent, not a personal attack against you. And it is a critical moment in patient-practice relations. Ask yourself how you would prefer someone respond to you if you were the angry parent. Don't try to talk the parents out of their anger or tell them they are wrong.
2. **LOOK!** Recognize the feelings beneath the words. In addition to anger they may be feeling: "disappointed," "hurt," "threatened," "frustrated," "fearful," "worried."
3. **LISTEN ACTIVELY!** Empathize out loud, calmly and slowly. “You are feeling upset /disappointed/ frustrated.” You can repeat this type of statement (“You feel...”) several times as needed. (If you ignore the anger or dismiss the feelings as "wrong", you will probably escalate things!). Then, respectfully ask what happened to upset them and listen.
4. **VALIDATE!** Acknowledge the patient's point of view or perception (even if it is not your perception). “This is distressing.” “If I were your shoes, I would be upset too.” (Keep in mind, there are always different ways of interpreting a given situation, and your goal is to be helpful).
5. **FOCUS ON SOLUTIONS!** “What can we do to help?”... “What can we do to improve this situation?” Then, work with them to find a good solution or a way to help.

REMEMBER: The “angry parent” is often acutely stressed because s/he:

- Thinks things are “awfully” different from what they “should” be.
- Feels threatened, overwhelmed, embarrassed, and/or frustrated with the “system.”
- Has perhaps had past experiences in which s/he felt ignored or rejected (e.g. in another setting, community, or country) and expects a “replay.”
- Has perhaps learned in other parts of their life, being angry is “the only way” to get what you need.
- Or is stressed or angry about something else that happened earlier in their day (or life).

MAKE IT A LEARNING EXPERIENCE

Get the staff together afterward to discuss what you can learn from the experience and think of how to respond next time and how to prevent it.

WHY USE THIS APPROACH?

- Research and experience shows that taking the extra moment to listen early to the parent complaints and feelings and to empathize can reduce the time spent later in patching things up.
- It builds trust and preserves patient-practice relations.
- It improves compliance with treatment and clinical outcomes for the child.
- This will not always work with every single patient, but it generally works better than arguing, placating, or reciting a practice policy.

More Tips

- Use a calm and even tone of voice.
- Monitor your body language so that you convey a neutral, non-threatening and interested demeanor.
- Listen first, before you start talking.
- Say what you can do to help, not what you can't do.
- Don't say, "It is our policy that..."
- Answer a question with a question for clarification.
- Repeat what you have heard to verify that the real issue(s) have been noted.
- Refer the patient/family to the appropriate person ("The person who can give you the best information is I'll check with them and get back with you.")
- Share with the patient/family what steps you will take and what they can expect of us.
- Check back with the patient/family to ensure that their needs have been addressed to their satisfaction.
- Under-promise and over-deliver.
- Explanations about another patient's care being a higher priority are not helpful. Neither is blaming another individual and/or department.
- Resist the temptation to share a patient/family's dissatisfaction with those that do not need to know. Patient/families may be sensitive about expressing dissatisfaction and may feel concern that their care/treatment will be negatively impacted.
- Develop a written policy for the practice on how to handle the angry parent

For more, visit our website <http://www.cchap.org/information-library/cross-cultural-care/active%20listeningv2.doc>

Help is Available to Create Standardized Developmental Screening in Your Practice

- The Colorado Assuring Better Child Health & Development (ABCD) project has received a three year grant to provide training and technical assistance to providers to implement a “validated” developmental screening tool into well child visits for infants/toddlers birth to three.
- The ABCD project is partnering with CCHAP to provide training and support to pediatric practices to implement standardized developmental screening into well care checks.
- **Medicaid will reimburse \$34.00** to providers if you implement validated developmental screening into an EPSDT visit.
- The Colorado Chapter of the AAP supports the ABCD project in implementing enhanced developmental and behavioral screening and surveillance in pediatric practices.
- Early detection and intervention is crucial to improve outcomes. Many delays in children’s development are missed in the first 4-5 years of life without a standardized, validated screening test.
- What should providers do: Use new, brief, accurate, standardized, time-efficient tool for developmental screening. The most time-efficient tool is one in which the parent completes a questionnaire.
- To comply with 2010 recertification guidelines by the American Board of Pediatrics, documentation will be required to show levels of involvement in practice improvement initiatives. By implementing the use of a "validated" developmental screening with a sensitivity and specificity rating of 70% or greater like the ASQ or PEDS, practices are taking steps to integrate quality improvement into their practices.
- Currently in Colorado, based on December 1, 2006 Child Count Data, only 1.9% of the birth to three population is being identified as eligible for early intervention services. Colorado’s goal by 2010 is 2.5 % which is the national average for identifying birth to three year olds as eligible for early intervention.
- What are providers saying about implementing either the ASQ or the PEDS parent questionnaire developmental screening tool:
 - It takes less than a minute of the provider’s time if the MA, LPN or RN scores the questionnaire.
 - In many instances, it reduces the length of the visit.

- It helps providers concentrate on what are the concerns/priorities of the caregivers.
 - It reduces the doorknob concerns as you are walking out the door of a well care visit.
 - It improves patient satisfaction and positive parenting practices.
 - It increases provider confidence in decision-making for when to refer a child for further developmental evaluation.
- Eileen Auer Bennett, the Colorado State ABCD Coordinator and her team are available to assist providers in getting started. Training and technical assistance will be provided to practices in the implementation of a standardized tool such as the ASQ or PEDS. Support will also be given to front/back office staff on how to implement the use of a standardized developmental screening tool into the current office work flow.

For more information, please contact:

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**Everything you ever wanted to know about care coordination
For children with special health care needs**

The AAP has a toolkit to help you in the management of children with special health care needs.

<http://www.medicalhomeinfo.org/tools/Toolkits.html>

The toolkit contains information and guidelines for the following topics:

1. Proper use of coordination of care codes
2. Identification of Children in the Practice with Special Health Care Needs
3. Care Continuity
4. Continuity across Settings
5. Cooperative Management Between Primary Care Provider and Specialist
6. Supporting the Transition to Adult Health Care Services
7. Family Support
8. Needed forms
9. How to negotiate with public and private insurers
10. Job descriptions and roles of staff
11. Documentation
12. Resources for children with specific conditions