The Independent Pediatrician

EDITOR'S NOTE

Celebrating Five Years of The Independent Pediatrician

When we started this publication five years ago, we knew independent pediatricians had stories to tell. You face challenges every day caring for arguably the most important people on the planet: our children.

Your response has been astounding. Many of you have reached out to thank us for writing stories about practices like yours. Not only do you learn about other practices, you share your time and wisdom by telling your own.

To date, we've published more than forty pieces celebrating the work independent pediatricians do every day. More readers find us every month through print issues like this on our website, IndependentPediatrician.com.

In this issue, we focus on issues practicing pediatricians everywhere face: patient access to care, pediatric mental health care, and poverty in our communities.

AAP President Dr. Colleen Kraft shares why empowering pediatricians is at the core of her work at the AAP. Dr. Yasmine Monib and her husband Ahmed tell the tale of their startup practice in a suburb of Houston. Practice Manager Amber Hickert and Clinical Manager Shantel Tubbs share how their practice in rural Western Colorado has remained independent for nearly 30 years, serving as a medical home to their patient population.

"We are missing the boat if we try to put everybody into a big, one system model. We need to value those independent practices out there and the relationships they have with their families."

- Dr. Colleen Kraft, MD, MBA, FAAP

Thank you for being a part of The Independent Pediatrician.

We love hearing from our readers. If you would like to tell your story for an upcoming issue, drop us a line at mystory@IndependentPediatrician.com.

We publish new articles monthly. Sign up for your free subscription at www.IndependentPediatrician.com, and share our publication with your colleagues, family, and friends.

The Independent Pediatrician

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We want to hear from you!

PCC created this publication to tell the stories of friends we've made in our 30 years of working with independent pediatric practices. We hope you enjoy learning about these successful practices and find that reading about them will inspire you to spread the word and tell your unique story.

If you would like to join our mailing list, or want your own copy of *The Independent Pediatrician*, please visit IndependentPediatrician.com.

The Independent Pediatrician *is brought to you by PCC, which provides tools and services to help pediatricians remain independent and in control of their practices. PCC itself is a fiercely independent business. As a Benefit Corporation, it puts the interests of its clients, community, and employees on an equal footing with those of its shareholders.*

VOLUME 4 | FALL 2015

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Do You Know
the 5 Biggest Business Mistakes that Independent Pediatricians Make?

BY CHIP HART (first published in the April 2018 issue of Contemporary Pediatrics.)

In nearly 30 years of visiting independent pediatric practices all over the country, I've learned that the biggest challenges that confront you are ***self-inflicted.*** That's right – more than the insurance companies who behave like Organized Crime, more than the government mandates that force you to click non-sensical boxes in your EHR, and even more than all the ridiculous paperwork and cuts to Medicaid – the most important business problems you face start in your own office.

Too many pediatricians fail to operate like the small service businesses you really are. In your exam room, you are in control and get immediate, positive feedback about the work you do.
Making changes to your small business, however, isn't easy and your practice gets stuck in a rut.

Being a good, or even great, pediatrician is no longer enough to be a ***successful*** pediatrician.

Why do good independent pediatricians fail to be successful? How can you get out of the rut?

1. Focus on Preventive Care and Chronic Disease Management

This topic alone could fill an entire issue of Contemporary Pediatrics. If your practice depends on 100F fevers, runny noses, and diaper rashes to fill your schedule, your days are numbered. The retail and minute clinics of the world will gladly take those visits from you. You need to focus on the ***distinctive competency*** of pediatrics: well visits and, to a growing extent, helping children manage their chronic conditions (asthma, obesity, etc.).

Your connection to parents and helping them raise healthy children are the ***most important things you can do*** to stay clinically and financially viable. Preventive care pays well, it fills your schedule, is required by your payors and is a crucial part of being a PCMH, establishes your position as the trusted medical source for your families and, most of all, ***it is good for your patients.***

2. Do Your Homework

Do the small businesses you see on your way to work ignore the data that drives their businesses? Not if they want to stay open for long. Every florist, every gas station, every restaurant: they do their homework to survive. They look at their financial reports on a daily, weekly, monthly, and annual basis. They benchmark their performance – against themselves and their peers. They know their targets and they can predict future success and challenges.

If you don't understand your data, you are in trouble. Who really is your best payor? How much revenue do you generate per visit? What is your well visit coverage really like? How many opportunities do you miss to provide screening? When is the last time you calibrated your pricing? Are you paying too much for vaccines? What are your staffing ratios? Is your billing staff adjusting off too many charges?

Most importantly, don't answer any of these questions about your practice based on how you ***feel.*** It's time for ***evidence-based practice management.*** You use many different measures to care for your patients, from vital signs to lab results. Can you imagine working without that data? Apply the same thinking to your business.

3. Stop Hiding In Your Office

Every year, there are a limited number of amazing opportunities to get real, pediatric-specific practice management training and instruction. In addition to the AAP's services (SOAPM, their WWW site), there are publications – such as Contemporary Pediatrics – and a variety of pediatric practice management blogs you ***must*** read.

More importantly: ***get out of your office.*** Go to the AAP NCE or one of the state chapter meetings with good practice management content. Attend one of the handful of pediatric-specific conferences and events. Check out your EHR vendor users' meeting. It doesn't really matter where you go, just get out of your office and away from the safety net of your exam room. All it takes is ***one*** good coding tip to pay for a few years' worth of meetings.

Don't stop there. Have a friend from residency you haven't seen in years? Call him or her up and ***go visit***. Spending a day or two in an office ***that isn't yours*** will overwhelm you with ideas for change in your practice. Problems you've never been able to solve (or, worse, never knew you had!) will suddenly have solutions. Stop practicing in a silo, go visit a peer.

4. Update Your Look And Feel

In 2018, it's obvious to remind people to check their WWW sites and Facebook pages. The audience you want to attract is largely made up of women between the ages of 20 and 40 who, like so many millennials, are tied closely to their smart phones.

Is your WWW site up to date? Do your parents have to use the two fingered pinch-and-swipe to see your page? Is your Facebook page active and helpful? Are you sharing good, on-line pediatric content with your patients?

You are? Good. Then head out into your waiting room, sit in one of your chairs, and look around. Feel under the chair – is there gum? Are there rips or tears? Anything stained? Is this a practice ***you*** want to visit?

How are your handouts? Are they up-to-date? Do they look nice, include your contact information, and easily shared on your patient portal?

Sit in every chair and visit every room your patients will see in your office. From your patients' literal perspective, what do they see, hear, feel, smell? Is there a desk that needs to be cleaned, a 4 year old sign that needs to be removed, a carpet that needs cleaning?

Have a friend visit your office in the middle of the day and ask to meet you without an appointment. Ask parents you know how the experience of booking the appointment and being checked in felt for them. Find out how your staff, the face of your practice, treats people when you aren't looking.

Don't forget that only a small part of the experience patients have with your office is with you.

Chip Hart

Pediatric Practice Consultant

Chip Hart is a nationally recognized expert on pediatric practice management as evidenced by "Confessions of A Pediatric Practice Management Consultant" (chipsblog.com), his many presentations for pediatric organizations around the country, his work with the AAP, CCHIT, CDC, AHRQ, and more. For over 25 years, Chip has worked directly with independent pediatric practices around the country in an effort to share their knowledge and improve the quality of care for children.

5. Stop Working With the Wrong People

Nearly every struggling practice I meet suffers from this malady: they work with the wrong people.

The "wrong" people almost always fall into one of three categories:

The incompetent – or wildly divisive – high-ranking employee who has been there forever but you "just can't do without." You ***can*** do without. The sooner, the better. I've never, even once, had a practice call me to say, "I wish I had taken longer to fire my office manager." It's always, ***always,*** recognition that it should have been done sooner.

The under-paid, under-organized low-ranking employee who no one takes the time or effort to shape up, because they ship out on their own every couple of months. I hear it all the time: "We can't find good people!" You know why? Because smart businesses ***create*** and ***keep*** their good people. Good people don't just turn up – you have to ***make*** them.

The last and most important category: ***your partners***. At least a half dozen times a year I meet with practices that should consider "breaking up" but just don't want to face it. Do you disagree strongly with any of your partners, clinically or financially? Is someone a bully or not at all attentive to partner duties? Do you feel like you do all the management work? Are you ready to embrace the changes facing your practice, but others want to keep doing things the way they've always been done?

If you and your partner(s) aren't working well together, fix it or move on. Life is too short to be miserable or to be forced to practice in a manner you don't enjoy. A business partnership is ***not*** like a marriage. There are no moral implications of promises made at the altar. ***Now*** is the time to create the work environment that ***you*** want.

Over the last few years, the consultants I know have been busy with startup practices born from pediatricians with high standards leaving their large healthcare systems or hospitals. For most communities in the US, this is an amazing time to be a pediatrician. Don't let that opportunity slip by because you were tethered to the wrong people.

Owning a small business is not easy, especially with the increasing demands of your customers, new daily paperwork requirements, and what feels like diminishing financial return. For pediatricians, at least, the rewards, both intrinsic and external, are substantial. Think about each of the common business mistakes above and pick ***one*** to address this quarter – I promise, you won't regret it. Measure the impact, share your victory, and keep moving.

For Chip's webinar series about the five biggest business mistakes independent pediatricians make, visit http://bit.ly/2on4Hal.

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Empowering Our Pediatricians: Colleen Kraft, M.D.'s National Leadership Role

BY ERIN POST

Ticking off the list of leadership roles Colleen Kraft, M.D., F.A.A.P., has held puts into perspective just how well she knows the field of pediatrics. She served as senior medical officer for a Medicaid managed care organization. She founded and ran a pediatrics residency program. She led a major pediatric health network in Ohio that took a radically innovative approach to delivering care, relying on partnership between academia and independent practices. And at the beginning of her career – before taking on all of these varied roles – she worked for two decades in private practice, experience that has helped to shape her vision for the future of the field.

Dr. Colleen Kraft

Now, she's bringing all of that knowledge and understanding with her to her new role as president of the American Academy of Pediatrics. Kraft took office as president of the 66,000-plus member organization in January of 2018.

With a varied constituency of primary care pediatricians, specialists, sub-specialists and pediatric surgeons working in private practice and academic health systems in locations urban, rural, and everything in between, it's a role that requires a certain global outlook, a sense of the challenges facing individual members as well as an understanding of the field as a whole.

One focus for her platform is ensuring independent pediatricians have the resources they need to thrive, as they are not only providing critical health care day in and day out, but are at the front lines of some of the largest public health challenges of our times.

"We have got to empower our pediatricians to be there and be active on the practice level," she says, adding that supporting pediatricians in a way that allows them to fully engage in their communities has to be part of the solution when it comes to addressing some of the large social problems the AAP has identified as important, including poverty, racism, and violence.

So what's the best strategy to help pediatricians excel in a health care environment that seems to continually demand more with fewer resources? Implementing payment models that compensate practices for the time they spend on outreach as well as care management and coordination is key, says Kraft.

"Right now, we are being paid for face-to-face care," she says. "What are the costs of really supporting the non face-to-face care that is going to improve the outcomes?"

What's the best way to pay for care managers, for example, or telehealth initiatives that extend the reach of physicians and improve access for families? In answering these questions, Kraft sees new ways to support the deep relationships independent pediatricians build with families, work that is at the heart of everything from the well-child visit to the loftiest public health goal. She wants to acknowledge and appreciate these relationships as a foundation for top notch health care for our nation's kids.

"It's powerful and it's really undervalued," she says. "I really want to get that understanding of value back up."

A New System Of Care

Kraft is no stranger to harnessing the power of independent pediatricians to help rethink systems in the name of improved healthcare for children and families.

As medical director of the Health Network at Cincinnati Children's (HNCC), she played a key leadership role for a large and diverse organization modeling new ways to deliver health care.

Kraft calls HNCC our "innovation lab for value-based payment in Medicaid." Negotiating a per-member, per-month capitated agreement with two of the Medicaid managed care organizations in Ohio has allowed the network to help providers deliver high quality primary care and meet population health goals. The 14 primary care practices in the network receive a per-member, per-month payment on top of what Medicaid provides.

"What we required them to do was really population health 101," says Kraft, noting that the network provided some of the staff and resources that make this work possible. One important effort centered on attribution, or working with each practice to determine the children assigned to them by Medicaid who had been in and were getting regular care, and those who had never been in for an office visit. Once the practice had a handle on the kids who hadn't been in contact, they could work on getting them in.

"We were essentially finding these kids a medical home," she says. "And helping practices with the phone calls, the scheduling, again some of the things they don't have the staff or the dollars to do."

These efforts improve the practice's Medicaid ranking, but more importantly they improve the health of children in Ohio who may otherwise have fallen through the cracks.

Another innovation – the network's health management team – is key to the breadth of services available through the medical home.

"We had teams of nurse care managers, social workers and community health workers that were available on the ground to meet with patients as they needed," she says.

This system means that pediatricians in the network had a mechanism to address underlying issues that may have a long-term impact on the health and well-being of kids. Do families have a roof over their heads? Are there co-occurring mental health issues or addiction issues in the family? Is there access to nutritious food? Transportation? Instead of asking the pediatric practices to assume all of the responsibility for answering these questions – or leaving them unanswered – HNCC provides the resources to tackle these complex needs.

Sometimes the answer to a medical problem turns out to be surprisingly simple, and HNCC leaves room to be nimble in its solutions thanks to an innovation called the Social Investment Fund. Kraft uses the example of a child suffering from asthma that is triggered by the heat. After a health management team assesses the situation, they are able to purchase the family an air conditioner, staving off rounds of emergency department visits and potential complications. By looking at a health problem from a perspective that encompasses more than a medical diagnosis, HNCC is able to reduce utilization and improve quality of life for kids and families. Next up: using telehealth to provide speech therapy for children and families who have difficulty traveling to appointments.

A more thoroughly integrated system means access to data, and Kraft points to the quality improvement initiatives made possible by the partnerships in the network as one of its most valuable assets.

One example: the problem of chronic constipation, common in pediatrics. Instead of an immediate referral to a gastroenterologist – which carries more cost and is more time intensive and stressful for a family – HNCC has a template they provide to primary care practices in the network. The template includes the questions and tests that the specialist would cover. If, after following the template, the problem still isn't solved, then the referral happens. Often that referral isn't necessary, as through this system Kraft says they were able to improve care and cut costs, decreasing referrals for this problem by 84 percent in the last year.

High risk case management – identifying kids who need critical services and getting them that care – was also a priority, and there's been real improvement in this arena. HNCC had upwards of 300 children, out of a population of about 32,000, in the high risk case management program, as compared to just one child who had been identified for this program prior to HNCC's founding.

This had led to improvements in the health of these children, and it also has important implications for future health care costs.

"They can become high risk and high cost kids," she says, "and we can prevent that if we know who they are."

Has Kraft and HNCC landed on a model that can be more broadly applied, given the current healthcare landscape and its focus on controlling costs while ensuring more people have access to care? Kraft thinks so.

"Using the expertise of the independent practices is important," she says. "Spreading and piloting this model in areas that may be receptive to it may be a good first step."

Meeting The Needs Of Families

You might say that Kraft came to medicine at a young age. She qualified for the inaugural Head Start class in 1965 – then a summer program – which she credits with instilling in her a passion for learning. She learned to read by the age of four, an achievement that didn't go unnoticed.

"In Head Start one of my teachers said: 'You are so smart. You could be a doctor when you grow up.' And so I decided that was what I was needed to be when I grew up!"

She graduated from the Medical College of Virginia and saw in pediatrics an opportunity to help set kids up to live healthy lives. Treating some of the developmental problems that can be addressed early in life also held appeal.

Although she had an interest in many different areas of pediatrics, when she finished residency training she had a three year-old, one year-old, and a baby on the way, and decided that she "needed to do her fellowship with her own kids." This led to private practice in Richmond, Virginia working a flexible schedule that allowed her to juggle the competing demands of being a parent and a physician.

Kraft notes that part-time, flexible practice – sometimes denigrated as the "mommy track" – was actually key to her development as a physician. It gave her the opportunity to see first-hand the complex relationship between a child's health and his or her environment, informing her future work as a leader in the field.

"You learn the community," she says. "You begin to learn where some of the gaps are."

One success story: building a partnership with a local church to offer a "Blessing of the Car Seats" event that also helped to educate parents new to the United States the proper way to install a car seat. She credits the strong relationships she had with several cultural mentors, as well as the opportunity to experience first-hand the needs of the community, with an initiative that led to improved health and safety for many kids.

Although she enjoyed being on the front lines of providing healthcare to children, it also helped her understand the flaws in the system.

"Increasingly our business model was not meeting the needs of patients and families," she says. "We needed to start looking at social determinants of health. We had to start looking at how we can interact with schools, behavioral health, and early childhood services."

After two decades of private practice, Kraft then shifted her focus to education, thinking that training the next generation of providers in ways that helped address these systemic issues could be one answer to the problem. In 2012, she founded a pediatric residency program at Virginia Tech Carilion School of Medicine in Roanoke, now graduating its third class of residents. Around this same time she was also tapped to serve as senior medical officer for the accountable care organization formed by her employer, Carilion Clinic, and Aetna, giving her new perspective on some of the barriers the system itself creates to providing top notch care in the most efficient way possible.

"I got to see a lot of the waste in Medicaid," she says, "and I got to think about some of the innovations, like social investment, and telehealth."

When Cincinnati Children's made the call with the medical director position, it was a "no brainer" to take the job, says Kraft, given the tremendous opportunity to help shape a system that addresses some of the challenges she encountered in primary care 20 years earlier.

Key to the model is partnership with independent practices. The concept of "care management" – an often-cited phrase in today's healthcare landscape – takes on multiple, nuanced dimensions for these pediatricians, says Kraft. It's built on the long-time receptionist knowing the names of every child in the family; the nurse understanding the transportation challenges of parents who can't always make it to the office but welcome a home visit; the ability to call a number and speak to a person familiar with your family when a child spikes a fever or encounters an unexpected problem.

"We are missing the boat if we try to put everybody into a big, one system model," she says. "We need to value those independent practices out there and the relationships they have with their families."

A life-long learner, Kraft recently earned her M.B.A. from the Lindner School of Business at the University of Cincinnati. She also makes time to contribute to publications; she co-authored the book, Managing Chronic Health Conditions in Child Care and Schools, and has co-authored several publications on the family-centered medical home, managing toxic stress, and the value community pediatricians bring to the field. And Kraft continues to see patients as well as teach medical students and residents through her faculty appointment as associate professor of pediatrics at the University of Cincinnati.

In her leadership role with the AAP and looking toward the challenges the U.S. healthcare system faces in the years ahead, Kraft points to the opportunity pediatricians have to build the health of a population from the ground up, and address some of the big picture issues facing families.

"We live in a country where almost half of our kids live below the 200 percent poverty level," says Kraft, noting that addressing poverty's effect on health – and all of these complicated problems – requires engaged pediatricians who know their patients in ways that go beyond a one-time diagnosis.

Technology could be part of the solution, she says, and she plans to help advance initiatives related to its use in healthcare.

Some examples of harnessing technology to deliver care more efficiently and effectively: Messages from a child care center that could be entered directly into an electronic health record accessible to a range of providers. Or electronic communication between a provider and a Head Start program, or a provider and a home visit program, in the name of making all relevant information available to every member of the team involved in caring for a particular child.

"We've got to be looking at technology for better ways to reach out to our patients," says Kraft, "and empower our pediatricians to reach out to not only the kids who come to their office but the ones that don't, and should."

Ultimately, it's all in the service of helping pediatricians from communities across the country to do what they do best: care for kids.

"The best thing you can do as a pediatrician, says Kraft, "is send a healthy, grown child into the adult health system." ■

Springtime in Texas

A Husband and Wife Team put Community, Family First

BY ERIN POST

Dr. Yasmine Monib

In the growing community of Katy, Texas, pediatrician Yasmine Monib, M.D., and her husband, Ahmed, are building a practice focused on meaningful connections with patients and an expansive view of what is possible for a family-run business. Patients find in Dr. Monib a compassionate doctor who takes the time to answer all of their questions. And in Ahmed Monib, the practice's office manager, they find someone willing to try out what may seem like unorthodox ideas to make sure they have the best experience possible.

"We don't want to be just somebody's doctor in the office. We want to really be part of our family's lives."

- Ahmed Monib

Both Ahmed Monib and Dr. Monib are second generation Americans, with their parents hailing from Egypt. They also both come from families of engineers - all four of their parents work in the field. They met through their fathers, who became friends working for the same company. After years of knowing each other and "never really talking about their kids," laughs Ahmed Monib, the fathers thought to bring their son and daughter together to meet. The Monibs married while Yasmine was in her last year of medical school. Ahmed Monib had just finished his graduate degree in engineering. Dr. Monib, who grew up in a small town in Oklahoma, followed the family tradition and majored in chemical engineering at the University of Oklahoma, but always had her sights set on medicine. She graduated from the University of Oklahoma School of Medicine in 2001, and completed her residency at the University of Texas Southwestern Medical Center in Dallas three years later.

The idea for Springtime Pediatrics began percolating for the Monibs in 2014, when a demanding work schedule for Ahmed Monib required frequent moves. As a member of the management team for an international engineering and construction firm, he would spend a few years at a time on various projects all over the world. Over the course of about nine years, the Monibs lived in Las Vegas, Maryland, and Dubai - this as Dr. Monib was finishing her residency in Dallas in 2004 and just entering the practice of pediatrics.

It was fast-paced, exciting work for Ahmed Monib, but increasingly exhausting for the family, which soon grew to include three daughters. When he was assigned to a project in Houston, Texas, in 2013, the family heaved a collective sigh of relief. Dr. Monib's parents lived in the area, and it seemed like a place they could put down roots. "The impetus for starting the practice was really work-life balance," says Ahmed Monib.

Dr. Yasmine Monib worked for about two years for a pediatric practice as they continued to fine tune their plans. The couple spent the bulk of 2015 conducting research – deciding on a good location in the booming Houston metro area, working with a consultant on the details of starting a business, and hashing out what they hoped their practice would look like.

After one lease deal fell through, setting them back by about eight months, they opened Springtime Pediatrics in January of 2016. Ahmed Monib kept his position at the engineering firm for about a year as the practice built a patient base, and then came on as office manager. The business now employs four people. They just recently brought on a second physician, Aisha Khan, M.D., with

plans to add two medical assistants to their ranks in the not too distant future.

With Dr. Monib seeing about 25 patients per day, and a panel size of about 1,400 patients, the pace is certainly busy but not overwhelming. This is important for the Monibs, as they want to get to know their patients in ways that go beyond physical health.

"We don't want to be just somebody's doctor in the office," says Ahmed Monib. "We want to really be part of families' lives."

Sure, some families are focused on convenience – checking off those vaccinations, or that school year physical – but others seek out Springtime Pediatrics because they're looking for physicians who are invested in the health of their children.

"We get patients who are here because they love that personal relationship," says Ahmed Monib. "And our doctors are so sweet. People instantly enjoy having them as their pediatrician."

For Dr. Monib, the bond she forms with her patients is rooted in making sure kids and their family members feel heard. "I think I'm a decent listener," she says. "I tend to listen before I talk."

No matter the nature of the visit – from complex, chronic conditions to the common cold – she says she wants the family to feel like they are part of the health care team, and that they have a key role to play.

Ahmed Monib points out that families leaving the office with this understanding doesn't necessarily mean more time in the exam room with the doctor. "When Dr. Monib sits quietly and lets them talk until they're done asking every single question they have, it's only a matter of another 30 seconds," he says. "It's quality time and people appreciate it."

Springtime Pediatrics

Putting Business Experience to Work

Springtime Pediatrics works hard to fulfill a common request from families: No wait time when they come to the office for an appointment. In a small practice, making good on this might be a tall order, but not for Springtime. Ahmed Monib says he is proud of their many five-star reviews on Google, many of which mention how quickly their children were seen once they entered the waiting room.

There's a method to this efficiency. Ahmed Monib has parlayed his experience coordinating multi-billion dollar construction projects into experimenting with and fine tuning how Springtime Pediatrics is managed. Through his previous career, he had the opportunity to run a Lean Six Sigma and Innovation program, the legendary methodology popularized by former General Electric CEO Jack Welch that focuses on data-driven strategies to improve business processes. As a Six Sigma Corporate Master Black Belt, he was responsible for deploying Six Sigma and supporting improvement activities worldwide, as well as mentoring others. Ahmed Monib has found much of what he learned can be applied to the pediatric practice.

"Every day, at the end of the day, we ask 'what went right, what went wrong, why did this person wait, what we can do better?'" he says. "And we make adjustments."

He continually modifies the practice's schedule template to better match patients' needs and to maximize the time of Dr. Monib and others on staff. This has meant scheduling new patients at certain times of day, and instituting evening hours once a week to allow more people to take advantage of that coveted after school slot for physicals.

Sometimes he'll take time out of his office to sit in the waiting room and observe: What is happening as patients check in? Where are they gravitating in the waiting room? How do they spend their time? He also learned how to develop surveys during his Six Sigma training, and he's been able to use this tool to make important improvements to Springtime Pediatrics. After every patient visit, families receive an electronic survey. Those who fill it out are entered into a raffle for a prize. Not only do patients feel like they have a voice, they come up with some good suggestions.

Ideas the Monibs have implemented as a result of patient feedback include the addition of in-office lab work such as hemoglobin and lead testing, and the introduction of a very popular play slide in the waiting room – so popular, in fact, that kids sometimes stay after their appointment to visit it again.

In addition, Springtime Pediatrics created a Facebook group as a result of survey feedback, allowing parents to connect with each other. It's also a communication channel for the Monibs. They often ask families for their opinions - one recent post brought in ideas for new books to purchase for the waiting room - as well as share the reasoning behind some of the decisions they make for the practice.

For example, when the suggestion came up multiple times through survey feedback to add a television to the waiting room, Ahmed Monib was able to respond in a thoughtful way via the Facebook group. "It gives us an opportunity to explain our viewpoint," he says. He used the group to acknowledge the request but to also explain that as a pediatric office, "we're not going to encourage more television watching in this day and age." Families appreciated the honest answer, and many came around to understand the rationale.

Although some ideas that families have drummed up via the survey haven't happened yet, the Monibs aren't entirely ruling them out for some point in the future. The list includes a lactation consultant, nutrition consultant, teen counseling, a mobile vaccination clinic, and a pick up/drop off service for kids. For Ahmed Monib, the possibilities to innovate are part of the fun and the challenge of running a small practice.

"For me, it is like a big sandbox," he says. "We're hoping that it'll be a unique, very patient-oriented, customer-oriented place."

Business Meets Family

In building Springtime Pediatrics, the Monibs have leveraged their personalities and skill sets. For Dr. Monib, pediatric primary care gives her the chance to follow children's development over time and to contribute to all aspects of a child's health and well-being. This has meant a focus on building relationships.

"I like really getting to know the families," she says. "The visits are not just medical visits. There's a social aspect to them too."

Ahmed Monib draws heavily from his background in business strategy and process improvement. During his time in the construction field he held a variety of roles in addition to his Six Sigma work, including

management roles for huge projects that took years to complete. The construction was on a scale that brings a certain scope of responsibility.

"Every project is its own company," he says. "When you're building an airport that's a multi-billion project, it's pretty much a company. But it's a company that has a definitive start and definitive end."

That translated into a finely tuned knowledge of business start up: what works, what doesn't, and what you need to be prepared for, including developing the habit of looking ahead not just one year, but maybe five or even ten years, to have the processes in place to scale up when the time comes.

"It taught me the importance of setting things up right when you're small," he says. "If you weren't thinking like a 4,000-person company when you were a 10-person company, you had a lot of problems."

For Springtime, this means a focus on workflow, and developing procedures in the office to makes sure that time with patients is maximized. Every staff member knows who is responsible for which tasks, laying a solid foundation for future growth.

"Not because it's a big deal now, but it may become a big deal," says Ahmed Monib.

Unparalleled Diversity of Patients

Katy, Texas, is certainly a good location to entertain thoughts about business expansion. As a growing suburb of Houston, families are attracted to the area for the robust job opportunities: Over 200 corporations have headquarters in the area. With a median age of 34.5, the population in the Katy area is also relatively young, which for a pediatrician means patients, and a potential need to fill.

The Monibs considered these demographic factors in making their decision to open Springtime Pediatrics in Katy. Another draw - they can be home from the office in 15 minutes (30 during rush hour). They now live in the same neighborhood as Dr. Monib's parents, a fact they don't take for granted after so many moves over the years.

The booming area also brings into Springtime Pediatrics an unparalleled diversity of patients.

"I have patients from all over the world," says Dr. Monib. "I have patients from all different countries in Africa, all different countries in Asia, all different countries in Europe, all different countries in South America." And since Katy is the first major city coming into the Houston area from the west, they also bring in patients from more rural locations, adding a dimension of geographic diversity as well.

Although this diversity brings some challenge - including the occasional language barrier - this is eased by multiple languages spoken at the practice. Dr. Monib, Ahmed Monib and one other staff member speak Arabic; another staff member speaks Spanish, and Dr. Khan, the second physician they just brought on, speaks Urdu.

In the end, Dr. Monib points out that many families are looking for the same things when they come to the pediatrician. This includes top notch health care, but also a personal connection.

The Monibs try to make these moments count. One example: If Dr. Monib does happen to be delayed in getting to an exam room to see a patient, they'll offer the family refreshments while they wait. Ahmed Monib has also loaned out his office to a family in the waiting room on the phone with their insurance company, giving them a more comfortable location to talk.

"Just that little gesture completely changed their demeanor," he says.

Thinking Big for the Future

As the Monibs look to the future of Springtime Pediatrics, they're faced with a balancing act.

"We are looking to expand but at the same time we're trying to remember we started this business for work-life balance," says Ahmed Monib.

Adding a second physician that has the same values and caring approach to patient care was a challenging but good first step – Dr. Monib says they never intended Springtime to be a solo practice for long – but the rest will come as they continue to negotiate between their family's needs and the opportunities their location affords.

"I think part of the challenge is how to limit growth," says Ahmed Monib. "How do you grow the way you want to grow with the demand coming in so steadily? I don't know the answer to that yet."

The Monibs continue to think big when it comes to future possibilities. Although telemedicine isn't something Springtime Pediatrics will be taking on in the immediate future, it is on the horizon for the field as a whole, says Ahmed Monib, both in terms of delivering healthcare remotely and connecting data and devices to in-person care.

"Customer experience is the buzzword these days," he says. "From the minute they turn on their phone to schedule an appointment, until they come in for a follow up, what is their interaction with us?"

Someday, says Ahmed Monib, maybe this will include pediatricians offering taxi or ride share scheduling, or using apps to monitor health and nutrition goals like exercise or fruit and vegetable intake, and linking that data back to electronic health records.

"That's the future beyond even telemedicine," he says. "When you go to a doctor, what are all of the things that you have to do, and how can your physician help you through that whole health stream?"

With so many possibilities percolating, and the practice still so young, one of the Monibs' new-found challenges is turning off talk about work at home. Hopefully that will dissipate as the "newness" wears off, laughs Dr. Monib.

It has also meant a shift for Ahmed Monib: He jokingly refers to himself as "Uber Dad" for the amount of daily driving devoted to bringing his kids to and from various activities and events.

"I enjoy the time with my kids but it's a different kind of stress," he says.

As their practice – and their work together – continues to evolve, they know their first priority is keeping that connection with their patients.

"Continuity is the biggest thing," says Dr. Monib. "Parents call me and I know exactly who I'm talking to. I know what happened. I know the story. That is what I really appreciate. Even when you grow, you want to try to keep that base." ■

Caring for Kids & Families

Pediatric Associates in Western Colorado

BY ERIN POST

In the Western Slope region of Colorado, geography looms large in the lives of its residents. Jagged mountain peaks separate its towns from the urban centers of Denver and Boulder on the east side of the Continental Divide. The high desert makes for dry, hot summers, and in the winter, snowstorms can make mountain passes treacherous or impassable.

With the closest major medical centers and children's hospital located over the mountains in Denver, and other pediatric groups located 60 plus miles away, Pediatric Associates serves as the first and primary point of care for its patients.

"We are the only pediatrician group in the area," says Amber Hickert, practice manager for Pediatric Associates.

An office in Montrose and a satellite clinic in Delta serve surrounding communities including Gunnison, Ouray, Telluride, Crested Butte and Ridgway. Pediatric Associates treats roughly 150 patients per day between two locations.

The Delta satellite clinic, established about 20 years ago, has been "growing like crazy," says Hickert. A few years ago it moved to a larger building in a medical park, and the goal is to have two providers there every day of the week. Right now, a full-time physician assistant serves as the main provider there, with a pediatrician from Montrose driving in to help care for patients.

Serving a Diverse Community

The practice has deep roots in the community: When it was founded in 1988 by Thomas Wiard, M.D., and Mary Vader, D.O., they were known to take chickens as payment, if that's what patients had to give. This ethos continues to the present day, even as the practice has grown to include six owners, one full-time pediatric nurse practitioner, two full-time physician assistants and two part-time nurse practitioners.

A high poverty rate persists, with 18 percent of Montrose County residents and almost 17 percent of Delta County residents living below the poverty line, according to the American Community Survey from the U.S. Census Bureau 1. Many of these patients are covered by Medicaid. As a result, Pediatric Associates was a medical home prior to the concept becoming the new buzzword, says Shantel Tubbs, who is now the clinical manager and who has been with the practice for over 20 years.

"We were a safety net clinic before I even knew what that meant," she says. "We were seeing that population of kids that didn't have anywhere to go. We didn't want anyone not to be seen. We were always here for them."

The practice now sees roughly 6,500 patients per year from their unique patient count of 9,200, which translates into about 27,000 visits annually. They grew from coordinating this care organically - everyone pitching in to get children what they needed - to bringing a registered nurse and then a medical assistant in to manage that complex task.

"We were one of the first practices in our area to have an actual triage person in-house," says Hickert.

It's an important role, as this person does everything from connect with school nurses for routine care to help manage care for patients who need to see multiple specialists over the course of several years. Many of the children they see are faced with this eventuality.

"We have some extremely complex patients who have decided to live in the area because their support systems are here," says Hickert. "This can be challenging when they have an acute illness that brings on complications or their own health condition is advanced, and a flight to Denver is sometimes the only answer."

The area's economic realities play a role, as chronic mental health conditions, developmental challenges, and other diagnoses often associated with sustained and generational poverty impact their patients. They also see a fair amount of injury resulting from outdoor recreation, like hunting and ATV riding.

If follow-up care requires a visit to a children's hospital, this means a five-hour drive over the mountains, in good weather.

"We live in such a rural area where kids can't get to a specialist, especially in the wintertime - it's hard," says Tubbs. "These kids are high poverty; they might not have access to a car."

The practice's chronic care nurse plays a key role in connecting families with the resources they need. A doctor with the practice runs a program to raise funds for patients who need assistance.

"I can't tell you how many times we've bought bus tickets to get a family from here to Denver," says Hickert.

And then add to these economic challenges a cultural dimension. The area is home to a sizeable Hispanic population, some of whom speak little to no English. According to the American Community Survey, about 19.7 percent of Montrose County residents and 14 percent of Delta County residents are Hispanic. And out of those roughly 6,000 Montrose County residents who speak English in addition to a primary language, about 39 percent of them report speaking English "less than very well" 2. In Delta County, that number is 42 percent of about 2,700 residents 2.

Pediatric Associates has brought on interpreters both in-person and on the phone to help deliver the best care possible, and several medical assistants and doctors are fluent in Spanish. In addition, the entire staff has made a commitment to understand where their families are coming from, constantly connecting and reconnecting with the community to make sure their needs are met.

A Leader in Mental Health Care for Children

Pediatric Associates was one of the first pediatric groups on the Western Slope to offer mental health services in-house. Six years ago, a grant from the Center for Mental Health based in Montrose made the integration possible. Motivated by a high no-show rate for children referred to the center's mental health services, the goal was to offer access to an in-house therapist when children visit their pediatrician. After establishing a relationship immediately at the point of care, the therapist can triage what the child needs, see them for an appropriate number of visits, and get them set up with a long-term mental health provider if necessary.

The integration - which is now funded 90 percent by the Center for Mental Health and 10 percent by Pediatric Associates - has transformed access to mental health care for their patients, says Tubbs.

"If one of our docs is seeing a kid that has suicidal tendencies, they can go grab [the therapist] and do an emergency visit right then and there," she says. "It's pretty amazing. Before you might not even find a place to have the child seen. You may have to go to the ER."

Since the program's founding, the group has added an additional therapist at the Delta satellite clinic, cementing mental health integration as a hallmark of the practice. Although both therapists are employed by the Center for Mental Health, the rapport between the two therapists and the group's pediatricians translates into a more holistic understanding of a child's needs, says Hickert.

For example, one of the group's physicians may prescribe a medication on the recommendation of the therapist, but their involvement doesn't end there. Ongoing

conversations with the child's therapist and face-to-face visits when the family returns to the office for check-ups allow the pediatrician and therapist to function as a team treating physical and mental health.

The therapists have access to both the Center for Mental Health and Pediatric Associates' electronic medical record systems, so billing can be done in the center's system, and notes can be added to Pediatric Associates' EMR.

"We're as integrated as we can get without them being hired by us," says Hickert.

Pediatric Associates also participates in a state innovation model (SIM) focused on quality improvement for behavioral health. They are one of 100 practices across the state enrolled in the first cohort, and the Delta location is participating in the second of three cohorts. The goal for the SIM is to figure out ways to provide integrated behavioral and physical health services in a coordinated and cost effective way, using a value-based payment structure, for 80 percent of Colorado residents by 2019. Through their participation, Pediatric Associates is helping to shape this new model of care delivery as well as decide what metrics will be used to measure success.

"We understand the value of working hard, seeing patients, and knowing what we have to do to survive in today's market."

- Amber Hickert, Practice Manager

Hickert says the practice has long been involved in quality improvement initiatives, including efforts focused on asthma management, ADHD medication, vaccination and other areas. This quality improvement work not only contributes to new knowledge at the state and national level, but keeps their own practice as nimble and efficient as it can be.

"We've always tried to stay on the cutting edge and be in know about what's going on just to stay viable in this ever-changing healthcare landscape," she says.

Recruiting Physicians: "The Same Core Values"

The Western Slope of Colorado offers unparalleled natural beauty and a range of outdoor recreation, including world class fly fishing, hiking, skiing, and kayaking. Surrounded by national forests and national recreation areas in all directions, including Gunnison National Park, the Uncompahgre National Forest, and the San Juan National Forest, it makes for a dramatic landscape and a wealth of opportunity for adventure.

"Some of our doctors ice climb, and others love hiking. We are all very thankful that we live here and can enjoy the outdoors," says Tubbs. "They're all really fit and into outdoor activities."

The region's close-knit communities also make for great places to raise a family. This combination of attributes – family-friendly and recreation access – are selling points they use during the hiring process, as Pediatric Associates isn't immune to the challenges of recruiting physicians to practice in rural locations.

And with a high percentage of the population on Medicaid, Pediatric Associates has taken an approach to physician compensation that differs from some other pediatric practices: "They get paid at a set salary, all of them, the same boat," Hickert says.

By eliminating that reimbursement variable for individual physicians, they are freed up to see any and all patients without it affecting their ability to support themselves and their families. Hickert says the structure has been a positive for their practice.

"Here we are, almost 50 people strong, with support staff, two locations and all of our providers, and we're making it work," she says.

As a result of this unique combination of lifestyle and compensation, the group of providers Pediatric Associates has attracted share an underlying understanding of the value of family and community connection.

"It's brought a really good group of doctors here," says Tubbs. "They're super, super kind. And they all have a heart for kids."

Gregory Suchon, M.D., managing partner for Pediatric Associates, says the opportunity to use his skills to bring "quality pediatric care to an often forgotten and underserved population" is a privilege.

"Our small practice of fellow pediatricians and providers have managed to forge a particularly bold and progressive

path that makes me incredibly proud," he says. "I have found a similarly devoted group of medical professionals here in our small corner of the state, and a broader community that places great value on helping and supporting their neighbors. I couldn't think of a more rewarding and fulfilling place to work, live, and raise my family."

A Focus on Teen Health

Next up for Pediatric Associates is tackling some of the challenges they see in the teen population they treat.

"We have a high pregnancy rate here for younger girls, unfortunately," says Tubbs.

A teen center now in the planning phase is envisioned as a space where young women can go to see providers who are specifically tuned in to their needs. They're looking at renting a space in a building close to the current office one day per week to start, says Tubbs.

"We have certain female providers that love to see the teen population," she says. "They're really good with those girls."

The goal is to offer well-checks and a friendly, knowledgeable healthcare provider to talk to about birth control, menstruation or any other issues they want to discuss. It would also open avenues for depression screenings and other important health check-ins.

"What we've found is that the teens don't like to come into the pediatric office because it is the 'baby doctor,'" says Tubbs. "But they should be coming to us. They're still kids. We've always had a dream of having a separate place for them to make it teen friendly."

New Telehealth Initiative Takes Shape

A telehealth initiative with Children's Hospital Colorado is also in the works. A dedicated patient room with equipment that allows the physician in Denver to see and hear everything that the onsite provider does will make specialty care more accessible to families in the communities they serve.

Instead of a drive over the mountains, or waiting months for an appointment at a specialty outreach clinic, children will be able to go to their local pediatrician for that specialty care. And the plan is to make this technology available not only to their patients, but to any family in the region who needs access to a specialist.

"It gives children's hospital Colorado another level to providing access to services without leaving the Eastern Slope," says Hickert.

Even as they continue to partner with institutions in their region, Pediatric Associates is also committed to remaining independent. This comes with a certain level of risk, but one that they're willing to bear for the benefits it offers.

"I can honestly say in some respects it would be great to know you have the backing of something bigger," says Tubbs, "but at the same time you lose the autonomy that we have and the ability to make these great improvements and decisions on doing a teen center or having telehealth. No one's telling us we can't do it."

The group is ready to tackle the challenge 21st century healthcare brings, says Hickert, in part because the entire team has the best interests of the families they serve at heart.

"We understand the value of working hard, seeing patients, and knowing what we have to do to survive in today's market," she says.

References:

[1] U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Montrose County, Delta County.

[2] U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Montrose County, Delta County.

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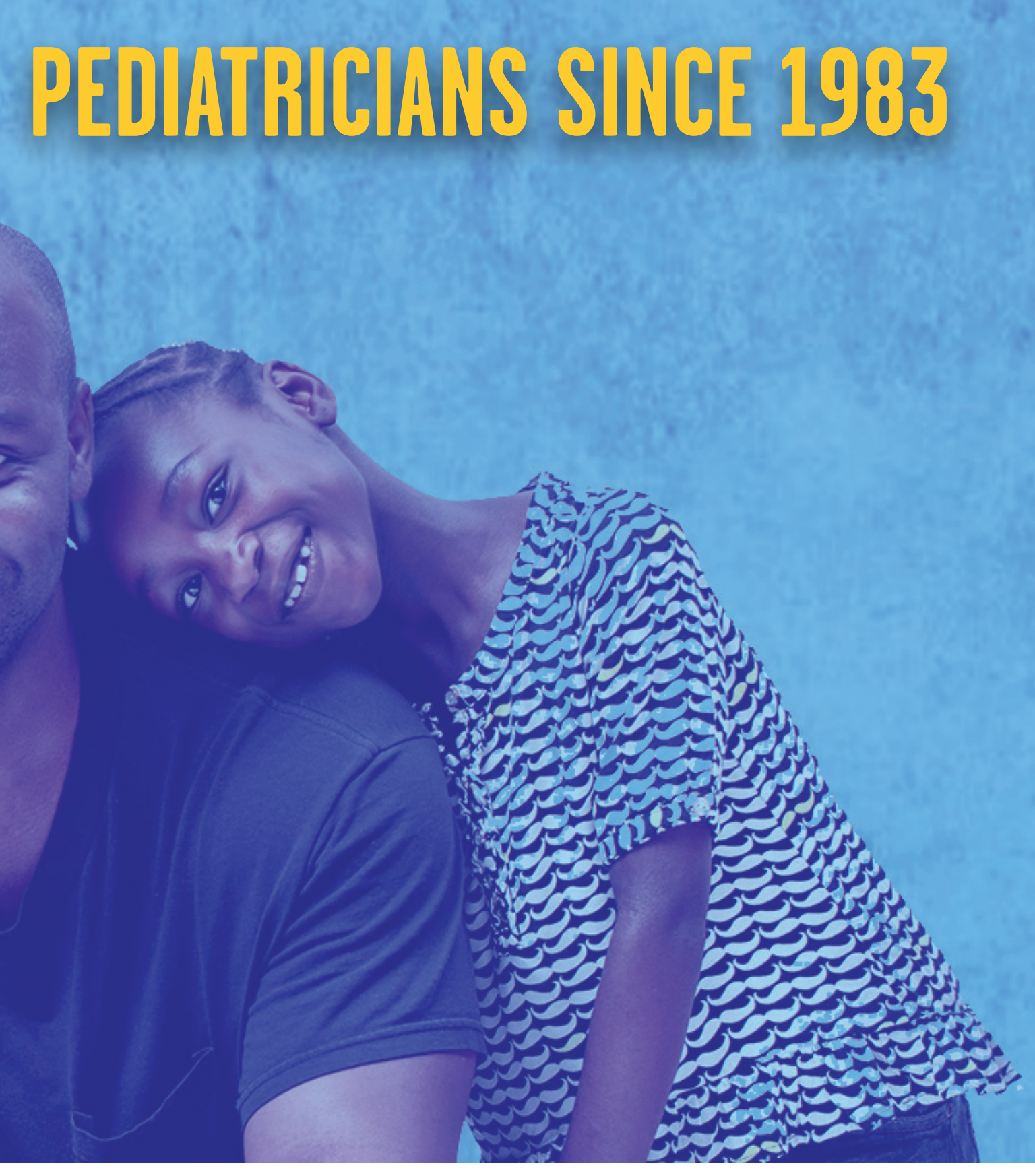

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