

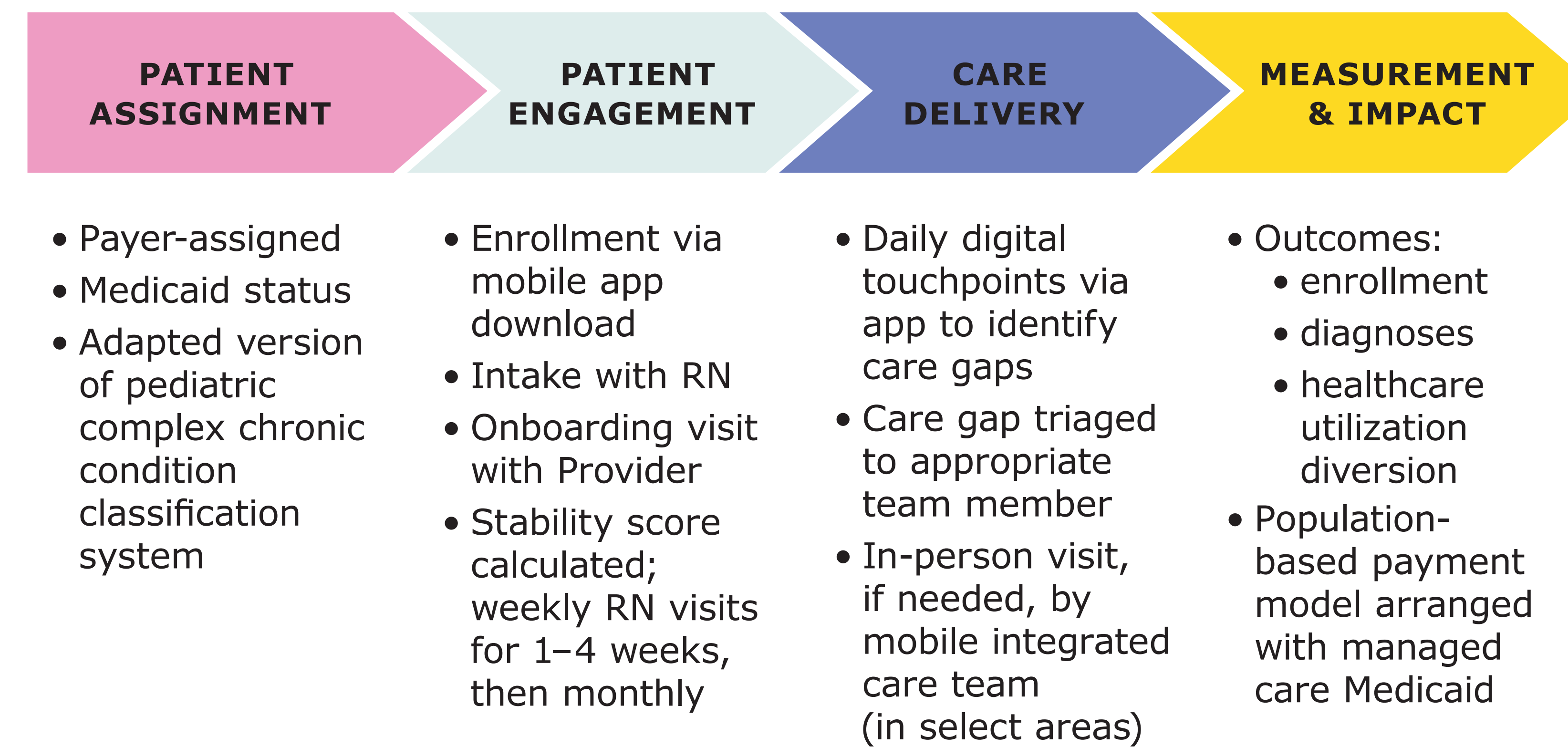
# Virtual-First Comprehensive Care for Children with Medical Complexity (CMC) Under a Population-Based Payment Model

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## Background

- CMC <1% of children but >30% of pediatric healthcare costs
- Care for CMC fragmented, uncoordinated, or inaccessible
- Few small pilot programs have demonstrated:
  - reduction in ED visits, hospitalizations, mortality rates
  - improvement in caregiver satisfaction

## Methods



## Conclusion

This novel, virtual, care coordination program financed by a population-based payment model shows promising engagement and utilization prevention for CMC.



## Objective

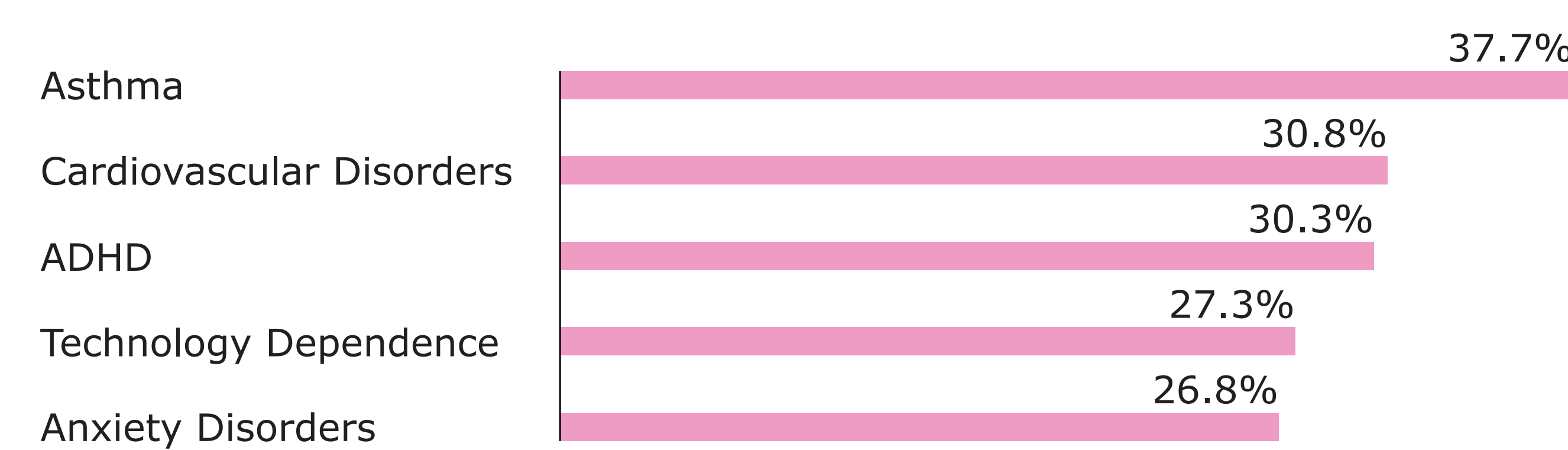
- To establish a virtual-first comprehensive care program
  - acute medical care via telehealth
  - integrated behavioral health
  - care coordination
  - social support to patients
- Financed through a population-based payment model



## Results

OUTCOME MEASURE	# OF PATIENTS
Patients Assigned (by payer)	<b>19,880</b>
Patients Enrolled (1/1/2023 – 8/31/2023)	<b>2,884 (14%)</b>
Avoided (unplanned) Urgent Care visits	<b>368</b>
Avoided (unplanned) ED visits	<b>188</b>
Total avoided unplanned (UC + ED) visits	<b>556</b>

### TOP FIVE CHRONIC CONDITIONS FOR ASSIGNED PATIENTS



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