Figure 1. Overview of System-Level and Primary Care-Level Methods Within KPNW to Identify Children with Health Complexity and Assign Pediatric Care Together (PCT) Complex Health Management and PCT Services

A) System-Level KPNW Data: Used to Justify PCT Complex Health Management AND to Identify Children with Health Complexity who May Need PCT

Part 1A: Medical Complexity
Classifies children into three categories:
1. Complex Chronic Disease
2. Non-Complex Chronic Disease
3. Children without Chronic Disease

Part 2A: Social Complexity
Social Complexity Score -- Count based 14 indicators in system-level data
-- Seven items based on survey completed at well-child visit

Part 3A: Health Complexity
Combine Medical Complexity Score and Social Complexity Score into one Health Complexity Score. This score is used to determine WHO should be considered for PCT.

B) Blinded Flags
FEED INTO SYSTEM-LEVEL SOCIAL COMPLEXITY

C) Primary Care-Level Information
Part 1C: PCP Gestalt
For children identified by system-level data, PCP provides information on health complexity, health care use & whether they need PCT engagement

Part 2C: PCP Identify
Using health complexity construct, PCP identifies children based on gestalt that may benefit from PCT

Part 3C: Primary Care Data Enhancing System-Level Data
Surveys Administered at routine well visits screening for 7 social complexity factors

D) PCT Team Serving Children with Health Complexity
Part 1D: PCT Intake & Assessment
Engage with child/family to assess self-reported health complexity, strengths, needs and child/family priorities for PCT support. This determines WHO gets PCT and WHAT supports provided

Part 2D: Tiering and Best Match Support
1) LEVEL of complex care needed identified by PCT team (Levels 1-5)
2) PCT team members identified; one person identified as lead

Part 3D: PCT Support
PCT team support to child/family, long-term plan of care (LPOC)

Part 4D: Transition from PCT
PCT identifies children/families ready to transition from PCT

E) Children Engaged by PCT and Not Served by PCT
Part 1E: Child/Family did not engage with PCT

Part 2E: Based on intake, no need for PCT

Part 3E: Communication to providers who see child identified in LPOC. (PCP, Specialists, etc)

F) Evaluation Metrics to Track Impact of PCT
*Only children confirmed by PCP or identified PCP move to Part 1D for PCT engagement.
^Unblinded, at family's disclosure, child-level information.

Aggregate population-level reports able to share unblinded, group-level prevalence of social complexity factors.

System-level Flags
Flag of PCT Patients with a High Cost Event (ER, Hospitalization)

FLAGS SENT TO TEAM FOR CHILDREN IN PCT

F) Evaluation Metrics to Track Impact of PCT