

Intelligent Systems to Deliver
Value-Based Care

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**We cannot overcome the myriad of challenges
within our healthcare system
by continuing to traverse an endless maze.**



SpeedTrack

BACKGROUND

Critical decisions we make on a daily basis are often not well-informed by data that truly represents the entire picture.

This session will explore the prospect of improving quality and reducing costs from a data analytics perspective.

Through case studies, we will demonstrate the value of understanding the whole picture as we strive to improve health outcomes, address cost issues and evolve to value-based care.

PURPOSE

The need to quickly put an end to rapidly rising healthcare costs has never been greater. For California hospitals, the challenges of ensuring high quality value-based sustainable healthcare should not be underestimated.

The real challenge is finding an alternative to the *fee-for-service* reimbursement model that effectively aligns key incentives, ensures high quality outcomes and reduces potentially preventable expenditures.

We are about to present such an alternative as well as a comprehensive strategy for optimizing performance.

RISK-BASED CONTRACTS: CREATING A REALISTIC FINANCIAL MODEL FOR THE FUTURE

- Health care payment strategies are progressively moving toward strategies focused on aligning incentives, boosting patient outcomes and reducing potentially preventable expenditures.
- Programs including federal and commercial ACOs, Bundled Payment programs, risk-based contracts and global payment models set the stage for both engagement and risk in an unprecedented manner.
- While major cost centers include hospitals and providers in the post-acute space, factors including alignment and narrow networks warrant serious consideration.
- Transformational decision making is undoubtedly complex and requires multidimensional critical thinking. Data alone is not enough!
- Our strategy applies knowledge, experience and intuition to the decision making process, while allowing results to guide ongoing explorations.

Real-world solutions are not driven by pre-defined queries. Knowledge, experience and intuition reveal insights otherwise hidden in the data.

RISK-BASED CONTRACTS & GLOBAL BUDGETS

Three primary goals are clear:

1. reduce unnecessary tests, procedures, admissions and readmissions while improving quality outcomes;
2. shift services to less costly ambulatory settings; and
3. invest in community-based initiatives to effectively manage the psychosocial determinants of health.



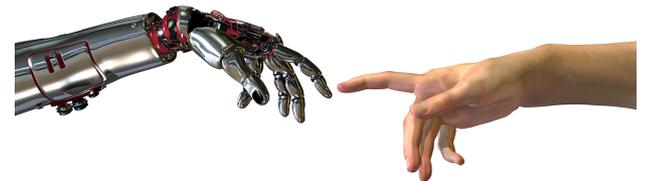
HEALTHCARE ANALYTICS CHALLENGES

- Relying on routine monthly system-generated reports not designed to address specific issues as they arise.
- Delegating the responsibility for finding the best answers to advanced IT support with requests that often wind up in a queue that seems like a bottomless pit.
- Asking vendors to customize their solution to meet your needs. Imagine the audacity!
- Presenting findings to the CFO immediately requests an alternative approach, and you are sent back to the drawing board — again without the right tools.



INQUIRY EXAMPLES: what we need to know to manage the budget

- Who are our highest utilizers, where do they live, and what are their principal characteristics?
- What are the diagnoses, comorbidities, combinations thereof, and other factors associated with or predictive of high utilization?
- Can we identify our community's most efficient high quality physician providers?
- Can we identify our most cost-effective high quality post-acute providers?
- How can our clinical teams rapidly and effectively decide which patients require care coordination based on their longitudinal utilization?
- What are the key factors by disease category that must be considered to reduce readmissions?
- How can we best coordinate care across the continuum?
- How can we best mitigate our risks?



FOUR CASE SCENARIOS

1. What goes on beyond our walls comes back to hurt us!
2. Getting serious about reducing readmissions and unnecessary expenditures – establishing a comprehensive rational approach.
3. HIE utilization challenges – a realistic strategy for engaging overburdened docs.
4. Too many patients out of control— an efficient solution for ensuring care coordination efficiency.



Let's proceed with the scenarios.

SCENARIO 1. What goes on beyond our walls comes back to hurt us!

ACO Attending Service Provider							
Shown 809 of 1,120							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
A8zh19r4j1 Provider 938	23	126,359	1.58	49	261	8	1,010,873
A4zrzaa9z8 Provider 2101	35	18,247	0.93	16	111	27	492,658
A4arrj1z1r Provider 38	107	9,700	1.45	31	32	48	465,583
A1za1acjrh Provider 137	247	6,164	1.35	28	22	74	456,139
Acc4a1999r Provider 213	103	9,435	0.97	20	46	48	452,864
A81h49rj48 Provider 133	191	5,001	1.08	21	24	88	440,122
Aaz8aa449c Provider 677	32	15,718	1.82	43	36	27	424,376
Ajz1z94czc Provider 2844	40	24,691	1.59	41	60	17	419,745
Ah8zc81994 Provider 107	208	7,098	1.41	24	29	59	418,803
Ah9zzrf9r8 Provider 70	299	3,041	1.02	18	17	135	410,561

Non-ACO Attending Service Provider							
Shown: 3,513 of 29,575							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
Ah9zza19ch Provider 984	73	42,771	1.63	45	96	24	1,026,496
Az4c4j8j48 Provider 1014	195	14,950	1.70	37	40	59	882,065
Ac14hh1zcc Provider 2303	47	44,633	2.01	49	92	15	669,490
Az1chrzjac Provider 746	75	17,597	2.07	45	39	26	457,523
Ahrzhj4zhz Provider 851	74	10,957	1.63	43	25	36	394,463
Ar194841c9 Provider 1265	87	11,614	1.34	40	29	33	383,247
Aj91zj8zrj Provider 756	75	15,099	1.75	32	48	33	377,475
Acz4r91949 Provider 666	151	10,868	1.31	32	34	33	358,640
Ahjz8j14jr Provider 1173	35	34,662	1.70	45	77	10	346,623
Aj18rhr1ra Provider 1772	38	17,567	1.82	42	41	19	333,772

ACO Operating Service Provider							
Shown 639 of 945							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
Ar19haz14r Provider 25573	16	197,587	1.56	54	365	5	987,934
Acc4a1999r Provider 213	67	12,534	0.94	20	64	35	438,675
Ac44hjc4zz Provider 64	16	24,379	0.98	39	62	16	390,071
A18a841z4c Provider 415	6	77,314	0.82	37	208	4	309,256
Aa88j1r1cr Provider 2445	15	26,161	1.83	41	64	11	287,771
Azhcjc1z9 Provider 287	27	14,379	1.27	30	48	20	287,584
A8jhj4c9ca Provider 332	27	14,244	1.36	38	37	20	284,874
Ac144harzh Provider 147	131	4,098	1.50	23	18	66	270,465
Aj818hrzh8 Provider 2849	31	16,339	1.54	35	47	16	261,416
Acc48c4jzz Provider 163	133	3,698	1.32	22	17	70	258,869

Non-ACO Operating Service Provider							
Shown: 1,373 of 11,561							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
Az8c9cz198 Provider 4837	10	41,538	0.89	28	148	8	332,300
Ah9zza19ch Provider 984	8	44,727	1.92	42	107	7	313,088
Acz4r91949 Provider 666	124	8,702	1.29	31	28	33	287,159
Ac14hh1zcc Provider 2303	7	62,711	0.96	62	102	4	250,843
A8jhcaj94r Provider 725	20	13,719	1.01	18	78	14	192,073
A4rrrh8z9c Provider 1143	6	33,752	1.90	38	88	5	168,761
Ar49jh1a9z Provider 6494	7	23,771	2.01	27	88	7	166,396
A19aazj491 Provider 2220	7	48,599	2.90	38	128	3	145,798
Ahczc18j84 Provider 2570	21	9,782	1.87	38	26	14	136,941
Azhcj19819 Provider 841	41	10,267	1.27	33	31	13	133,474

SCENARIO 1. What goes on beyond our walls comes back to hurt us!

ACO Other Service Provider								Non-ACO Other Service Provider							
Shown 138 of 409								Shown: 116 of 15,537							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost	Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
Ahzza1h88z Provider 30158	6	418,438	2.93	75	558	2	836,876	Azjc894814 Provider 1552	2	83,430	0.65	69	122	2	166,861
A1ha11c118 Provider 26356	9	74,957	1.24	71	105	5	374,783	Azzcr1cr9j Provider 33712	1	129,050		21	615	1	129,050
A4rrrh411 Provider 1798	14	53,206	2.19	26	205	6	319,238	Aja1r8j99r Provider 2914	1	125,527	5.36	64	196	1	125,527
Ajj18rzra9 Provider 25479	3	244,812		30	816	1	244,812	A44rj1h4a8 Provider 3269	4	57,245	0.81	94	61	2	114,491
Aah8hzrjzj Provider 13511	18	20,170	1.20	23	88	10	201,705	A9jjc494hr Provider 7605	5	22,059	1.52	47	47	5	110,297
A8jh4c9ca Provider 332	7	61,490	0.82	56	110	3	184,470	A1ca89418z Provider 1386	9	34,619	1.09	43	80	3	103,856
Ah9z91rch8 Provider 481	3	150,275	1.29	54	278	1	150,275	Aca4za8ach Provider 23773	1	72,121	0.64	51	141	1	72,121
Azhcja414z Provider 455	4	34,311	1.87	60	57	4	137,242	Ahc8zj8hc Provider 1660	7	19,780	0.76	91	22	3	59,339
A9jj4r9c8r Provider 302	2	67,534	1.30	45	152	2	135,069	Ah1z448j1a Provider 1145	2	29,194	0.97	48	61	2	58,388
A1za1acjrh Provider 137	10	22,317	1.15	51	44	6	133,903	A9hj1a44j8 Provider 8997	3	57,200	1.72	29	197	1	57,200

ACO Rendering Service Provider								Non-ACO Rendering Service Provider							
Shown 1,102 of 1,394								Shown: 11,061 of 85,926							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost	Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
A1aarrc8j8 Provider 22	1,156	399	1.15	17	2	278	110,882	Ajh1jrh114 Provider 39161	1,857	602	1.45	31	2	664	399,464
Arr9hch8r1 Provider 306	365	548	1.03	16	3	200	109,566	Aja1zhj88r Provider 38993	1,467	558	1.63	34	2	565	315,216
A81h49j48 Provider 133	1,036	353	1.01	18	2	307	108,381	Ac448hrzrr Provider 38998	6,824	110	1.06	16	1	2,709	298,658
Ah9zzrn9r8 Provider 70	1,032	279	0.94	16	2	316	88,108	A4jrcj99h4 Provider 38996	7,533	83	1.01	15	1	3,458	285,305
Az8cjz9c8h Provider 2078	238	760	1.10	18	4	103	78,311	Acr4hrzrh Provider 39090	403	777	0.90	15	5	281	218,301
A88h91rr49 Provider 10	1,369	215	0.94	14	2	344	74,097	A1caazrh9r Provider 9306	99	13,917	1.56	24	59	15	208,760
A4zrzaa9z8 Provider 2101	874	380	1.15	17	2	195	74,017	Ah4z81a1z1 Provider 1288	216	4,593	1.56	18	26	38	174,530
Ac8484rh1z Provider 39021	998	96	1.02	15	1	726	70,028	Aaa8r94c4h Provider 7660	137	5,521	1.47	18	31	22	121,452
Acz4rz8491 Provider 4	744	169	1.12	14	1	388	65,626	Aaz8191jz1 Provider 39111	386	597	0.86	14	4	172	102,742
Ajh1h9h1ha Provider 7	791	180	1.14	18	1	345	61,985	A14a8j9zj8 Provider 8311	64	5,544	1.24	20	27	17	94,243

SCENARIO 1. What goes on beyond our walls comes back to hurt us!

Inpatient Facility Provider							
Shown 168 of 1,149							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
Aar8hcarcj Provider 510	771	27,317	1.52	36	76	492	13,439,841
Aaa8rha44z Provider 568	475	17,512	1.41	32	54	277	4,850,860
A19aajrarj Provider 559	251	26,662	1.50	36	73	105	2,799,492
Ah1z41aa1r Provider 561	173	14,206	1.53	34	42	127	1,804,195
Azacr1ajj8 Provider 536	326	18,789	1.37	30	64	87	1,634,667
Ahhzjrzzc4 Provider 1767	42	25,908	1.38	40	65	37	958,606
Ah9zaj1zzr Provider 526	70	28,687	1.69	39	73	33	946,674
Az8ccj8aaa Provider 633	75	13,135	1.55	34	39	61	801,254
A99jzc1rjc Provider 580	56	13,406	1.26	28	47	53	710,543
A41rh4rraa Provider 539	59	22,579	1.60	39	58	31	699,958

SNF Facility Provider									
Shown: 110 of 670									
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost	SNF IP Admit %	SNF ED Visit %
Ahrzhhr911 Provider 2343	50	14,734	1.69	40	37	28	412,550	12.0%	12.0%
A1aah9arc Provider 895	57	12,914	1.82	53	24	27	348,691	23.1%	3.8%
Ah1zr191cj Provider 1348	43	13,251	1.54	32	42	24	318,019	9.3%	2.3%
A9cjachjjj Provider 1350	46	11,881	1.30	30	39	26	308,894	8.7%	2.2%
A41rz491c1 Provider 2068	45	13,959	1.40	36	39	22	307,092	17.8%	2.2%
Acr4h88ra1 Provider 1493	39	14,757	1.76	45	33	20	295,148	12.8%	2.6%
Ac1449r11r Provider 766	42	10,870	1.38	43	25	24	260,892	7.9%	2.6%
A1har1zh99 Provider 7956	19	31,874	2.85	53	60	8	254,990	10.5%	15.8%
A48rcjahcj Provider 2050	23	25,818	1.45	45	57	9	232,359	4.3%	8.7%
A1aar944zc Provider 2276	31	18,722	1.49	43	43	12	224,662	12.9%	9.7%



SCENARIO 1. What goes on beyond our walls comes back to hurt us!

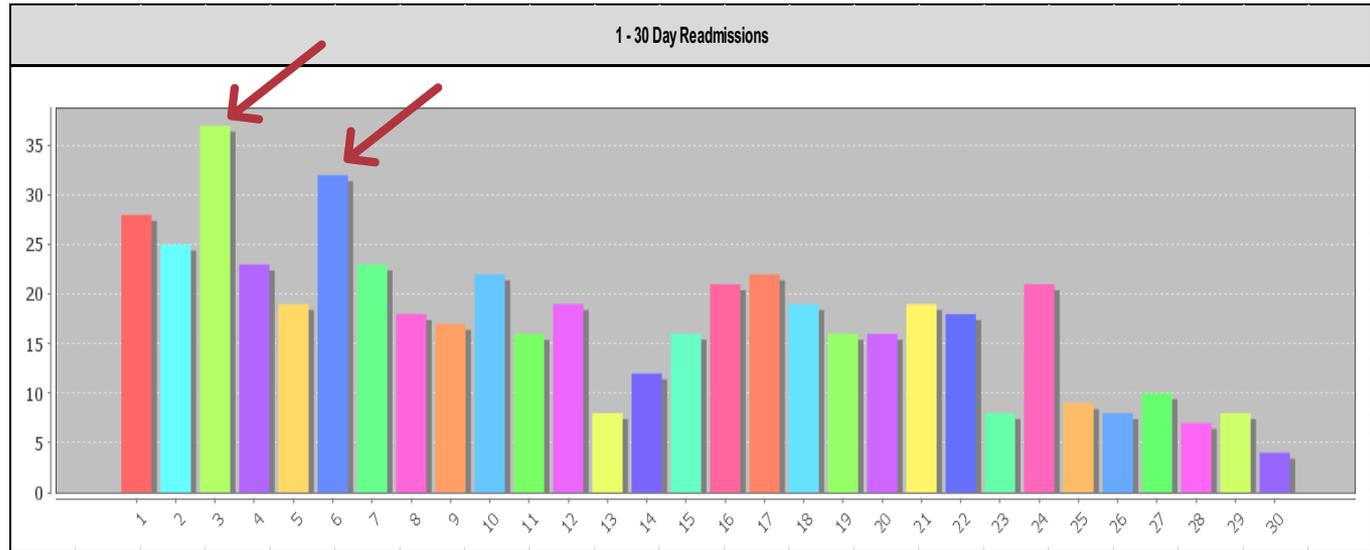
Home Health Facility Provider								Hospice Facility Provider							
Shown 206 of 1,096								Shown 86 of 355							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost	Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
Ah1z1119z4 Provider 7487	291	4,040	1.47	31	13	106	428,225	Ahrz1911z8 Provider 638	82	10,599	1.75	27	39	26	275,572
A94j18141c Provider 698	231	4,515	1.49	29	15	72	325,066	Ajc1jh4hca Provider 19112	63	13,678	1.80	33	42	20	273,568
Az4ch94491 Provider 840	243	3,470	1.67	30	12	82	284,535	Az1c448cjc Provider 777	66	11,453	1.43	35	33	15	171,795
A9rj1c1449 Provider 541	243	1,737	1.56	33	5	137	237,993	Ara9zja988 Provider 1899	31	9,640	1.91	27	36	13	125,324
Ahjzcc4j9j Provider 1061	155	5,137	1.40	30	17	44	226,007	Azjcca9zcc Provider 726	28	8,671	1.56	35	25	13	112,721
Ajj14j1148 Provider 2429	136	4,378	1.50	31	14	41	179,512	Acc48z1181 Provider 1675	22	17,923	0.84	25	71	6	107,537
Aah8j9jc1z Provider 517	133	3,443	1.63	25	14	47	161,843	A8chajhhc9 Provider 4247	19	18,775	1.50	34	55	5	93,874
Ajh11191cc Provider 667	95	3,517	1.35	29	12	33	116,072	A9rja41arc Provider 16703	20	12,771	1.63	21	61	7	89,396
A89hzjc8jc Provider 566	79	5,332	1.50	26	20	21	111,962	A4arcrrr9z Provider 22357	18	17,651	2.36	40	44	5	88,257
Ah1zz9hc89 Provider 10242	89	6,331	1.31	20	31	15	94,960	Aaa8rarzrr Provider 1456	19	16,007	2.16	18	90	5	80,035
Outpatient Facility Provider								DME Supplier Service Provider							
Shown 582 of 4,011								Shown 762 of 3,445							
Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost	Provider	Claims	PBPY	Risk Score	Risk Strat	PBPY/Risk Strat	Tot Bene	Tot Cost
Aar8hcarcj Provider 510	18,842	1,797	1.07	17	11	5,246	9,426,686	Azacrr1r9a Provider 100045	34	41,559	1.93	20	210	4	166,236
Aaa8rha44z Provider 568	1,273	2,204	1.17	22	10	741	1,633,173	Azacrac8j1 Provider 99128	580	1,386	1.78	25	6	81	112,237
Azacr1ajj8 Provider 536	3,707	1,625	1.08	18	9	784	1,274,340	Arz914c9z9 Provider 99109	1,142	446	1.51	24	2	226	100,843
Ah1z41aa1r Provider 561	2,398	655	1.08	16	4	1,006	659,057	A8ahraj4jc Provider 99682	12	24,665	1.91	15	170	4	98,658
Ahjzjc19rh Provider 646	555	4,738	1.74	19	25	130	615,950	A9zj1ha411 Provider 99086	1,481	289	1.60	24	1	319	92,073
A8jhc8h9cr Provider 520	550	2,538	1.16	22	11	239	606,693	Ajh14zrc9h Provider 99098	690	593	1.43	28	2	139	82,418
A4arr18jzh Provider 655	193	10,181	1.01	30	34	50	509,046	Azrch4a4aa Provider 99094	156	3,149	4.01	31	10	17	53,531
A19aajrarj Provider 559	1,372	1,345	1.21	25	5	304	408,761	Ara9r491hr Provider 99163	594	191	1.12	17	1	273	52,023
A1rarhrc9 Provider 804	100	10,506	1.13	38	27	24	252,142	Ah8z9cr49c Provider 99142	63	4,664	2.38	35	13	11	51,309
A41r4z1ajz Provider 528	366	1,979	1.27	18	11	111	219,664	A9jic4h1ar Provider 99133	208	1,193	2.07	29	4	38	45,317

SCENARIO 2. Getting serious about reducing readmissions and unnecessary expenditures

ACO Attending Service Provider		
Shown 4 of 4		
Days Range	Claims	% Re-Enc IP CMS
1 to 30 Days	521	19.9%
31 to 60 Days	220	8.8%
61 to 90 Days	147	5.5%
91 or More Days	958	35.6%

Daily Readmission		
Day Post Discharge	Claims	% Re-Enc IP CMS
1	28	0.8%
2	25	1.3%
3	37	1.3%
4	23	1.0%
5	19	1.0%
6	32	1.0%
7	23	0.7%
8	18	0.5%
9	17	0.9%
10	22	0.8%
11	16	0.6%
12	19	0.9%
13	8	0.5%
14	12	0.5%
15	16	0.6%
16	21	0.6%
17	22	0.8%
18	19	0.6%

Diagnosis Classification						
Shown: 198 of 262						
Category Value	Claims	PBPY	Risk Score	Tot Bene	Freq %	Tot Cost
Hypertension With Complications and Secondary Hypertension	308	27,986	1.57	157	59.1%	4,393,737
Other Aftercare	306	21,872	1.52	178	58.7%	3,893,303
Congestive Heart Failure; Nonhypertensive	210	30,837	1.73	119	40.3%	3,669,659
Fluid and Electrolyte Disorders	247	24,342	1.63	149	47.4%	3,626,964
Chronic Kidney Disease	244	29,488	1.47	120	46.8%	3,538,511
Cardiac Dysrhythmias	213	27,483	1.60	125	40.9%	3,435,324
Residual Codes; Unclassified	274	20,780	1.59	165	52.6%	3,428,662
Coronary Atherosclerosis and Other Heart Disease	212	28,954	1.53	109	40.7%	3,155,949
Respiratory Failure; Insufficiency; Arrest (Adult)	144	31,983	1.70	96	27.6%	3,070,334
Acute and Unspecified Renal Failure	178	28,078	1.64	107	34.2%	3,004,349

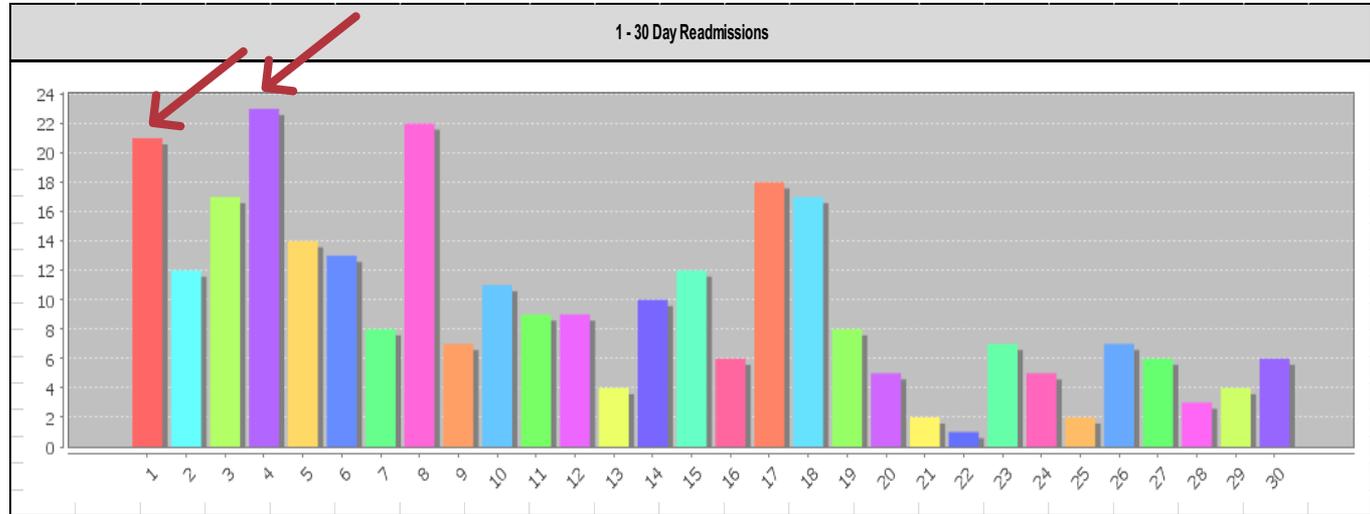


SCENARIO 2. Getting serious about reducing readmissions and unnecessary expenditures

ACO Attending Service Provider		
Shown 4 of 4		
Days Range	Claims	% Re-Enc IP CMS
1 to 30 Days	289	29.9%
31 to 60 Days	150	10.9%
61 to 90 Days	61	5.5%
91 or More Days	357	31.8%

Daily Readmission		
Day Post Discharge	Claims	% Re-Enc IP CMS
1	21	2.7%
2	12	0.9%
3	17	1.8%
4	23	2.5%
5	14	1.6%
6	13	1.6%
7	8	1.2%
8	22	1.5%
9	7	1.0%
10	11	0.7%
11	9	0.9%
12	9	0.9%
13	4	0.6%
14	10	0.1%
15	12	1.3%
16	6	0.9%
17	18	1.9%
18	17	0.7%

Diagnosis Classification						
Shown: 198 of 262						
Category Value	Claims	PBPY	Risk Score	Tot Bene	Freq %	Tot Cost
Hypertension With Complications and Secondary Hypertension	345	38,480	1.84	144	54.2%	5,541,126
Congestive Heart Failure; Nonhypertensive	289	38,963	1.94	132	45.4%	5,143,118
Fluid and Electrolyte Disorders	295	32,289	1.64	155	46.4%	5,004,847
Chronic Kidney Disease	306	42,407	1.84	116	48.1%	4,919,216
Residual Codes; Unclassified	312	27,832	1.79	168	49.1%	4,675,789
Deficiency and Other Anemia	320	31,273	1.87	146	50.3%	4,565,863
Diabetes Mellitus With Complications	253	46,874	1.75	95	39.8%	4,453,010
Other Aftercare	298	29,385	1.82	143	46.9%	4,202,082
Other Gastrointestinal Disorders	204	32,418	1.91	107	32.1%	3,468,727
Cardiac Dysrhythmias	209	29,760	1.86	115	32.9%	3,422,421



SCENARIO 3. HIE Utilization – A Realistic Strategy For Overburdened Docs

- For physicians, the challenges of keeping up with documentation in the context of EHRs and EMRs is daunting. Time spent on these tasks tends to divert attention required to address the needs of the patient.
- The Inland Empire Foundation for Medical Care (IEFMC) has taken an innovative step in combining care coordination and technology to optimize patient care while substantially reducing the burden on the physician.
- IEFMC utilized Manifest Medex Alerts for two key purposes:
 - Notifying docs to see patients within 7 days
 - Screening patients for care coordination services
 - Providing summary sheets to tee up office visits

Reality Check!

Docs are highly unlikely to click through a comprehensive HIE even though the information is truly valuable!



PRIORITY
FACN ACO PATIENT SYNOPSIS

Please schedule a follow up visit within 7 days.

To: <Provider Name>

Patient: <Jane Smith>

Discharged from: <Loma Linda University Hospital>

Date: <January 23, 2019>

The purpose of this note is to provide a concise summary of recent patient information for use during your scheduled 7-day follow up visit. Please note data sources include: Population Health Decision Support (PHDS) software for CMS claims, and Manifest Medex HIE.

Recent Visit Summary:

The patient was discharged from LLUH after a 5-day admission for exacerbation of CHF. The patient was stabilized after insertion of a Medtronic cardiac monitor by Dr. Smith.
Discharge medications: include list
(full discharge summary available in LLUH Epic and MX HIE).

Recent Patient Encounters (90 days):

The patient has been seen in the ED 3 times on the following dates: 12/12/18 (CHF), 12/18/18 (syncope – etiology unknown) and 1/1/19 (fall without fracture).

Recent abnormal labs/tests (90 days):

K = 5.8 (2/11/2019)

Cardiac Echo: Diminished ejection fraction – 28% (2/1/2019)

Chest X-Ray: Left atelectasis – (2/1/2019)

Utilization:

Utilization Trajectory	2018	2019
Hospitalizations	4	2
ED Visits	6	2
SNF Stays	2	0
Healthcare Expenditures	\$57,675	\$32,890

Additional Information:

Please consider referring this patient to the ACO Community Care Network by contacting Tanya Turk, Nurse Manager at: (951) 686-9049 ext. 333 or email: tturk@iefmc.org

Thank You,

Tanya Turk, RN
ACO/CCN Nurse Manager
3993 Jurupa Ave
Riverside, Ca 92506
(951) 686-9049 ext. 333
(951) 686-1363 (fax)
tturk@iefmc.org



Care Coordination

The FACN Community Care Network (CCN) is a specialized interdisciplinary care coordination team that serves the needs of at-risk patients.

- The CCN team is led by a nurse director who manages a team that includes a social worker, a nutritionist, and health coaches. The team is directed by a physician leader.
- The CCN focuses on *at-risk* patients (individuals with challenging chronic conditions and comorbidities) who generate substantial healthcare expenditures. These patients typically face a host of psychosocial and socioeconomic challenges, and are often non-adherent.
- The CCN team provides comprehensive in-home care coordination services in accordance with provider care plans and recommendations.
- Seamless integration with palliative care has been established through dedicated clinical support.

CCN Referrals

CCN referrals include individuals who are facing the challenges of:

- High Risk/High Cost conditions
- Chronic illnesses
- Frequent Hospitalizations, Readmissions or Emergency Room Visits
- Challenges Following Care Plans
- Limited Medication Adherence
- Missed Visits
- Psychosocial Challenges

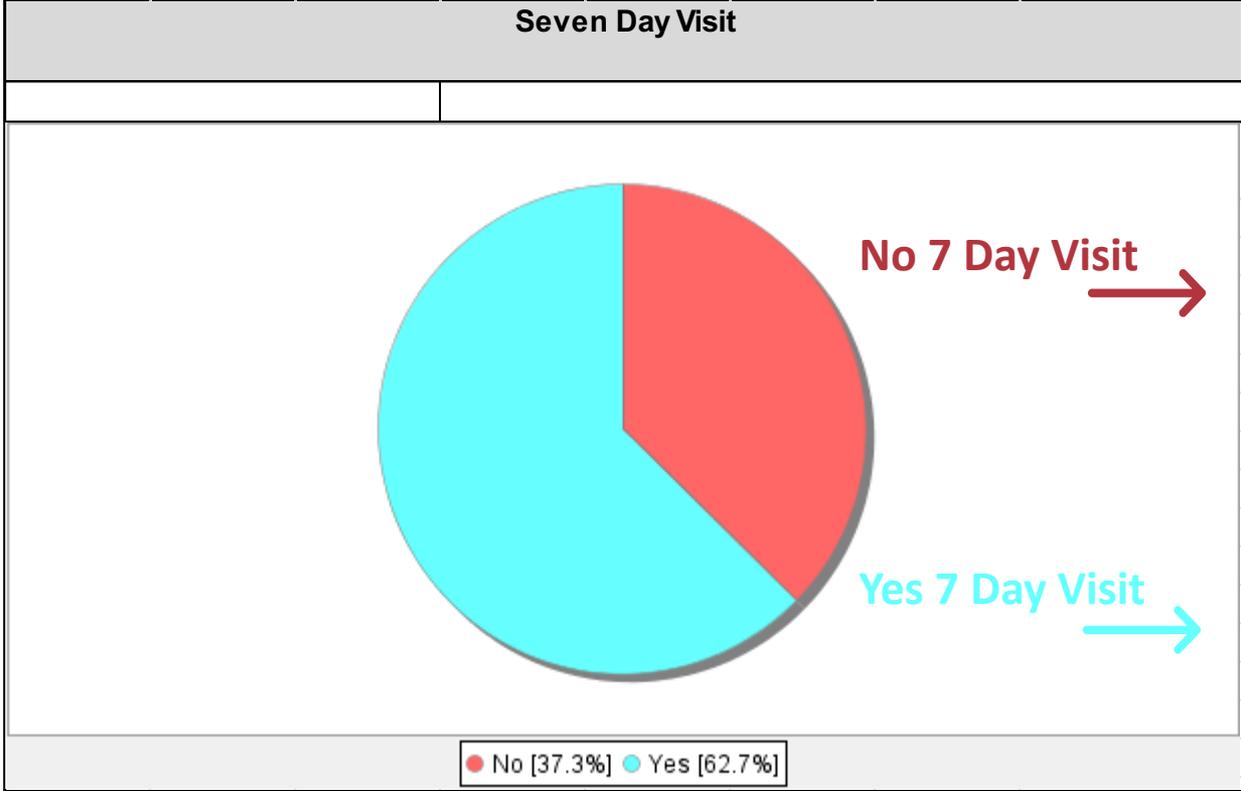


FACN ACO Health Coaches

A unique aspect of this program is the training and cost-effective utilization of volunteer student Health Coaches. In addition to the CCN interdisciplinary clinical team, patients are monitored by Health Coaches trained through an innovative collaborative formal semester-long educational program that has been utilized successfully at multiple sites throughout our nation. Upon successful completion of the credit-based seminar course taught by our faculty, students begin internships (the practicum) under the direction of the Community Care Network interdisciplinary team.

The Health Coach's primary role is to facilitate sustainable behavioral change and boost medical regimen adherence through ongoing education and the development of caring supportive relationships. Four classes of students recently completed the seminar semester at Cal Baptist University.

SCENARIO 3. HIE Utilization – A Realistic Strategy For Overburdened Docs



Readmissions
Shown 4 of 4

Days Range	Claims	% Re-Enc IP CMS
1 to 30 Days	403	21.6%
31 to 60 Days	231	12.0%
61 to 90 Days	152	6.8%
91 or More Days	619	32.0%

Readmissions
Shown 4 of 4

Days Range	Claims	% Re-Enc IP CMS
1 to 30 Days	299	16.6%
31 to 60 Days	163	7.2%
61 to 90 Days	90	5.2%
91 or More Days	508	26.4%

SCENARIO 4. Too many patients out of control— an efficient solution for ensuring care coordination efficiency.

Beneficiary																				
Shown 16,633 of 43,178																				
Beneficiary	Age	Claims	Risk Score	Risk Strat	Dec Age	Chron Cond	IP PY	IP CY	Days Since IP	ED PY	ED CY	Days Since ED	Readm PY	Readm CY	SNF PY	SNF CY	Hosp PY	Hosp CY	PBPY PY	PBPY CY
E4vv4624tdp Patient 39151	70	115	3.14	60	-	37	1	2	36	4	3	58	-	-	-	5	-	1	62,397	337,260
8t2dq2vvv82 Patient 36689	48	77	3.79	58	-	28	-	3	38	-	-	490	-	-	-	3	-	-	7,143	313,723
Vgbds6zq488 Patient 15341	52	25		73	-	33	-	2	50	-	-	-	-	1	-	-	-	-	15,514	308,626
5q4ekecdr57 Patient 33050	70	43	1.47	47	-	33	1	1	109	1	-	424	-	-	-	3	-	-	17,226	299,394
2ckzccdut5z Patient 24221	17	78		30	-	29	1	-	126	1	-	185	-	-	-	-	-	-	89,923	256,828
Vupeq5prkvp Patient 34919	49	134	0.90	91	-	36	3	6	42	3	1	93	1	5	-	-	-	-	128,077	248,485
Pg5d08evszd Patient 21925	86	51	0.51	53	-	40	1	2	49	3	-	193	-	-	-	1	-	-	36,616	246,252
Ykydht54qev Patient 28714	72	25	0.79	84	-	33	-	5	21	1	-	310	-	5	-	2	-	2	5,366	221,507
Z0zyjqzcr82 Patient 10441	69	310	0.27	20	-	33	5	-	258	-	-	506	1	-	5	-	-	-	311,586	8,891
Eij5t0yb02d Patient 20282	63	119	2.33	12	-	6	1	-	432	1	-	536	-	-	-	-	-	-	474,744	193,350

SCENARIO 4. Too many patients out of control— an efficient solution for ensuring care coordination efficiency.

ID#	Member ID#	Name	Gender: M	DOB: 19410129	Age: 78
Demographic Component		2018		2019	
		0.692			0.692
Heirarchical Condition Codes (HCC)					
HCC Code	HCC Description	HCC Weight	Diagnotic Codes (ICD)		
			2018		2019
6	Opportunistic Infections	0.548	A31.0		Potential Gap
17	Diabetes with Acute Complications	0.346	E08.00		Potential Gap
18	Diabetes with Chronic Complications	0.346	E11.21 E11.22 E11.319 E11.3313 E11.42 E11.49 E11.59		Potential Gap
19	Diabetes without Complication	0.097	E11.9 Z79.4		Potential Gap
40	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	0.37	M46.06		Potential Gap
58	Major Depressive Bipolar and Paranoid Disorders	0.444	F33.1		Potential Gap
85	Congestive Heart Failure	0.355	I11.0 I13.0 I27.20 I43 I50.30 I50.32 I50.42 I50.9		Potential Gap
108	Vascular Disease	0.324	I70.213 I73.89		Potential Gap
111	Chronic Obstructive Pulmonary Disease	0.422	J44.9		Potential Gap
112	Fibrosis of Lung and Other Chronic Lung Disorders	0.134	J47.9		Potential Gap
115	Pneumococcal Pneumonia Empyema Lung Abscess	0.162	J18.1		Potential Gap
122	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	0.223	E11.3599		Potential Gap
134	Dialysis Status	0.672	Z99.2		Potential Gap
135	Acute Renal Failure	0.672	N17.9		Potential Gap
136	Chronic Kidney Disease Stage	0.244	I12.0 I13.2 N18.5 N18.6		Potential Gap
137	Chronic Kidney Disease Severe (Stage 4)	0.244	N18.4		Potential Gap
HCC Interactions					
HCC Interaction Description	Additional HCC Weight	Interaction Presence			
		2018		2019	
Congestive Heart Failure*Chronic Obstructive Pulmonary Disease Group	0.24	Present			
Congestive Heart Failure*Diabetes Group	0.205	Present			
Congestive Heart Failure*Renal Group	0.271	Present			
RAF Gap Report					
RAF Expected (total years)			5.274		
RAF Prior (last year)			5.274		
RAF Current (this year)			1.785		
RAF Gap (2018 total minus 2019 total)			3.489		
RAF Gap Expected vs. Current			3.489		



In conclusion,

we appreciate the opportunity to present our healthcare transformation strategy at the 2019 HASC Annual Meeting. We thank you for joining us today and look forward to sharing insights and experiences in the future. For further information please contact:

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Paul Young: pyoung@hasc.org 213.538.0777

Jeff Pratt: jeff@speedtrack.com 949.378.3485