



# Bundled Payment Clinical Re-engineering: A 'Model 3' Post-acute Provider Perspective *Background Slides*

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# The Visiting Nurse Service of New York and the BPCI Program



- The Visiting Nurse Service of New York (VNSNY): largest not-for-profit home and community based healthcare organization in the US, serving over 160,000 patients and members per year in the New York City area
- VNSNY is actively participating in the BPCI program as a post-acute provider:

**Model 2:** Post-acute home care partner with an AMC Model 2 program

**Model 3:** Episode initiating provider in a Model 3 (post-acute only) program

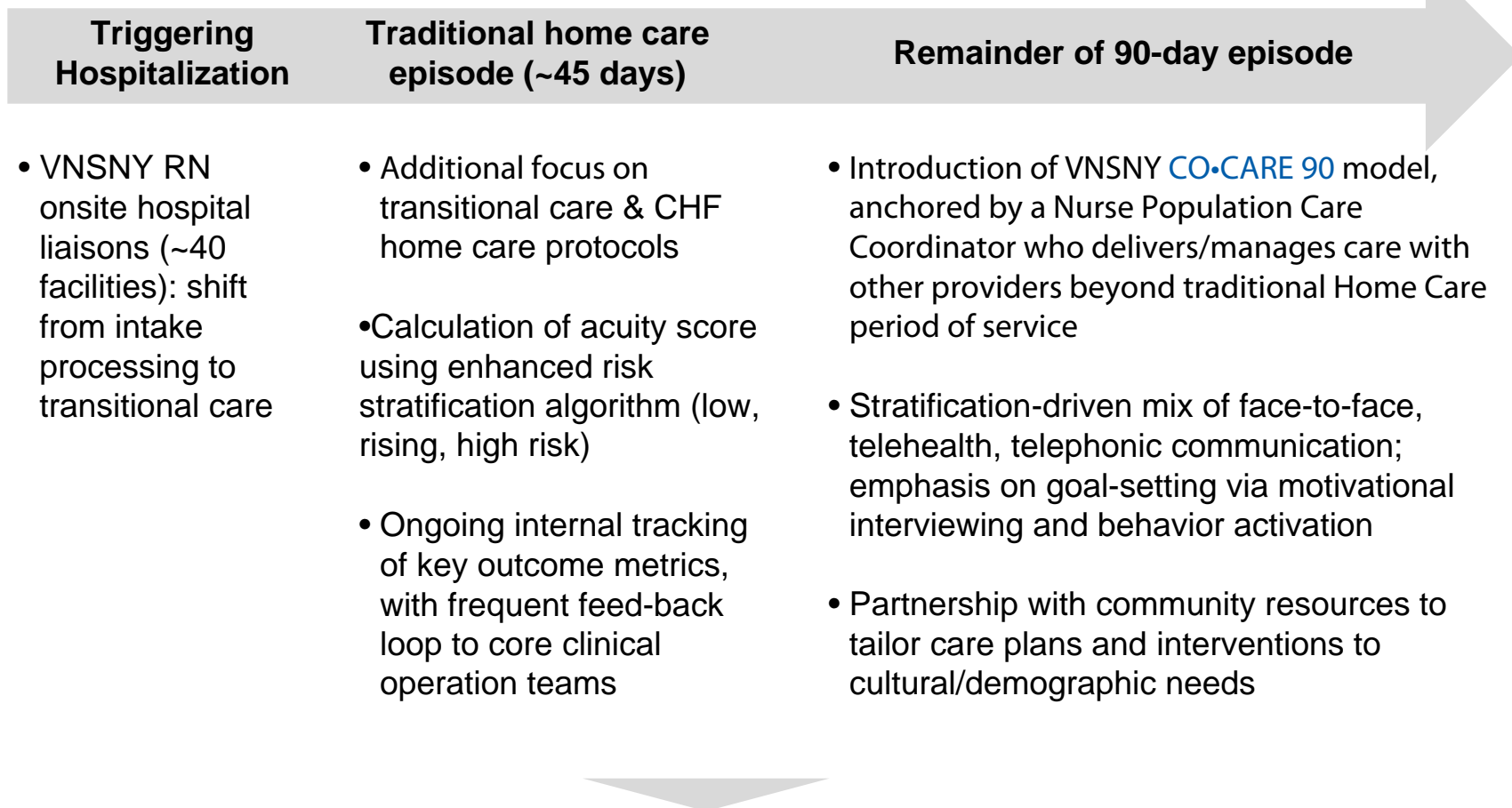
- 90-day episode length; 'clock' starts with admission to VNSNY Home Care following a qualifying hospitalization
- Awardee Convener: Remedy Partners
- Initial bundle set: Congestive Heart Failure
- Go-live (Phase 2): January 1, 2014
- Geography: VNSNY service area (metro New York City area)
- Discharging Hospitals: VNSNY receives home care referrals from ~50 hospitals (onsite RN liaisons at ~40 facilities)



# Care redesign and the VNSNY Model 3 post-acute program: beyond traditional Home Care



## Initial Care Redesign Elements



Goal: Reduced 90-day rehospitalization rates and improved coordination of post-acute care

# Core care redesign element: introduction of the **CO•CARE 90** team, anchored by the RN Population Care Coordinator

