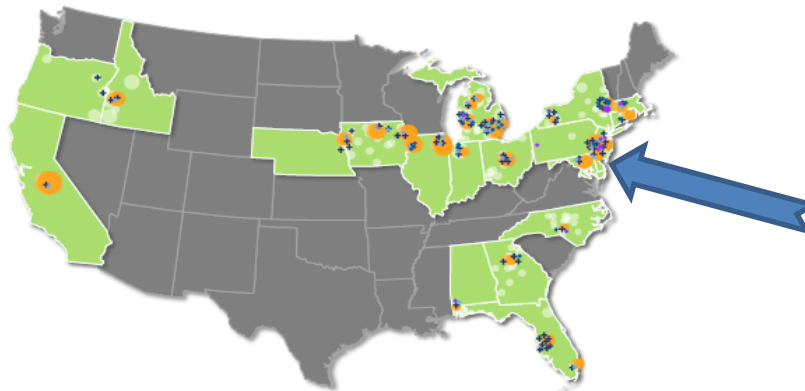


- **Lourdes Health System**

- 2 Hospital System in Camden & Willingboro, NJ
- 1000 Active Medical Staff -180 employed physicians
- Community Hospital Care, Tertiary Cardiac , Neurosciences & Transplant Services
- GME

- **Member of Trinity Health**

- 86 Hospitals
- 44 Home Care agencies serving 160+ counties
- 14 PACE Centers
- 70 Other Continuing Care Facilities
- 3,200 Employed Physicians
- 21,600 Affiliated Physicians



Note: Home Care & Physician coverage based on communities served.

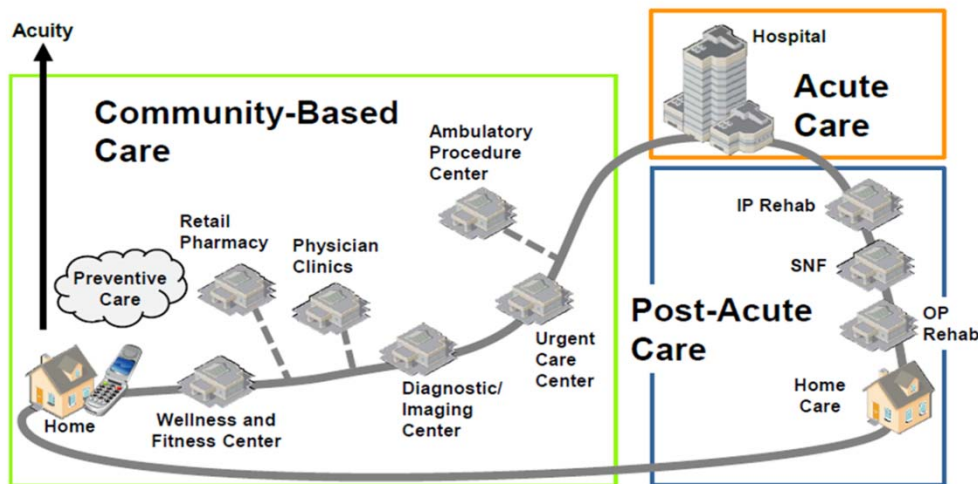
TRINITY HEALTH | CATHOLIC HEALTH EAST

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5

Experience with New Payment Models

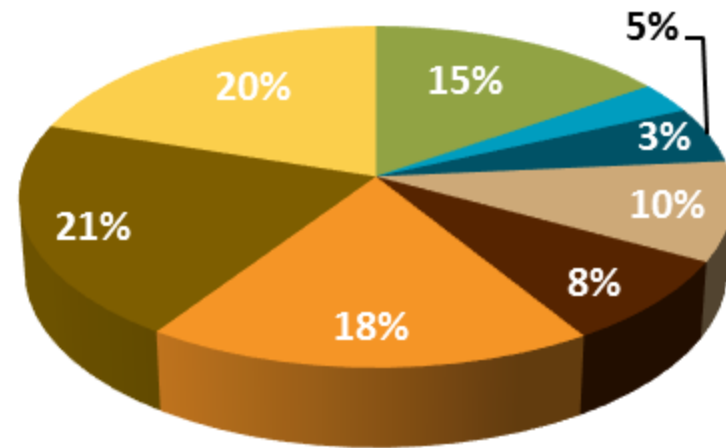
- NJHA Gainsharing Program
- Shared Savings - Commercial Payers
- ACO- MSSP
- Bundled Payments
 - BPCI Model 2
 - Commercial
- DSRIP



BPCI Model 2

-
- Gastrointestinal hemorrhage
 - Fractures of the femur and hip or pelvis
 - Hip & femur procedures except major joint
 - Simple pneumonia and respiratory infections
 - Major joint replacement of the lower extremity
 - Chronic obstructive pulmonary disease, bronchitis, asthma
 - Stroke
 - Other respiratory

Proportion of Cases



- **Population Health Department**

- Care Managers/SW/Coaches
- Physician Engagement
 - Governance
 - Performance Reports
 - Reimbursement
- HIE
- “Hot spotting”
 - Super Utilizer

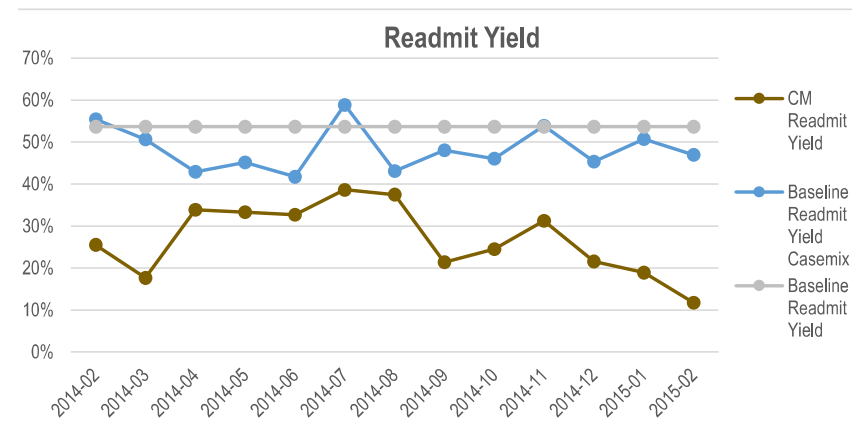
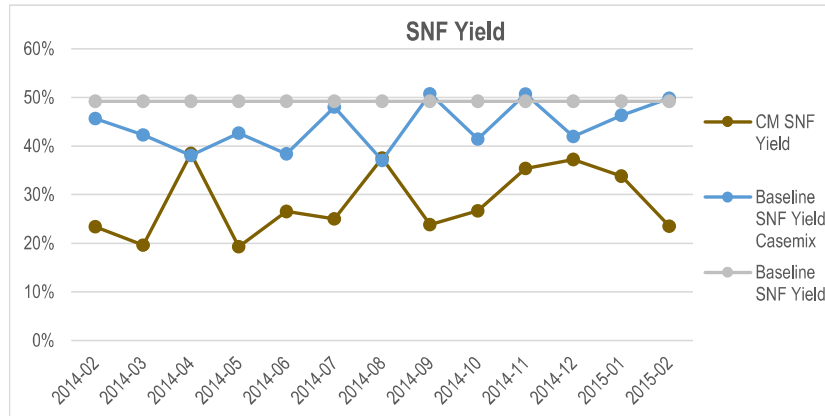
- **Decreasing Variability**

- **Avoidable Complications**
 - Readmissions /ED Visits – Coleman Model, Project Boost, Project Red, Transitional Care Model
 - » SNF APNs, High Risk Clinic, Extensivist, SNFist,, Discharge Team, Telehealth

- **BPCI**

- Shared Risk with the Convener
- Outsourcing PAC Care Management
- Right Care--Right Place--Right Time—LiveSafe Tool
- Decreasing Variability
- Analytics- HIE/EMR

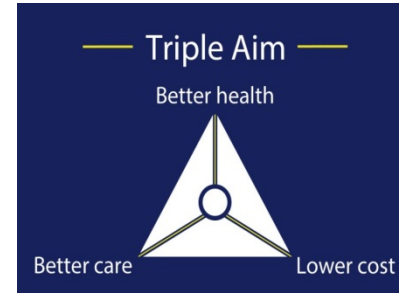
BPCI- Decreased SNF Utilization Decreased Readmissions



Successes

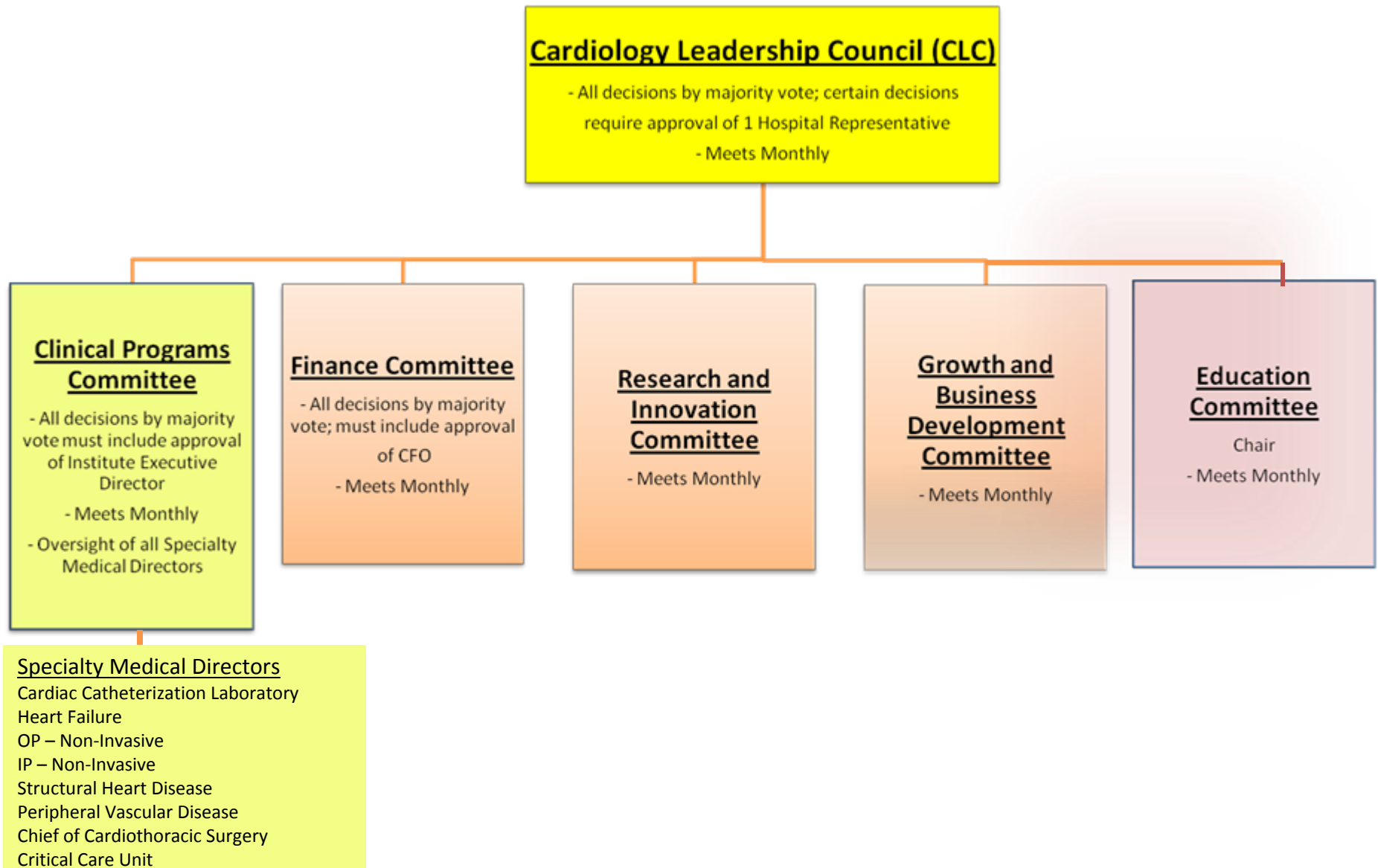
- Decreased Readmissions with Decreased SNF Utilization
- Some Increased Alignment with PAC Providers
 - Individual & group meetings
 - Data
 - Lack of Substantial Incentives
- Increasing Physician Engagement in Transitions
 - Data

Does Bundling Lead To Engagement & Alignment?



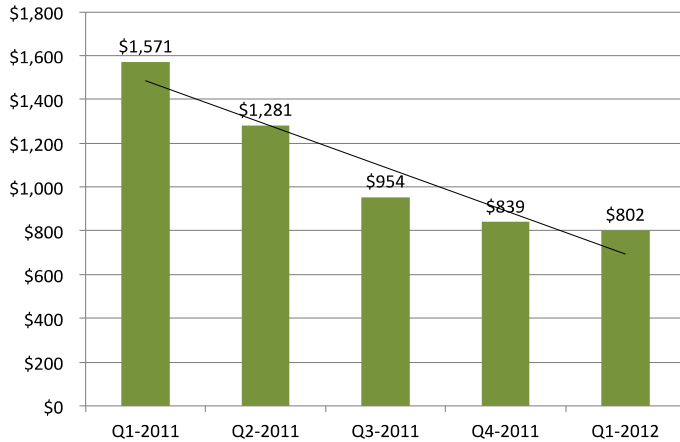
Engagement, Alignment & Performance

Inside the System- Cardiovascular Co-Management

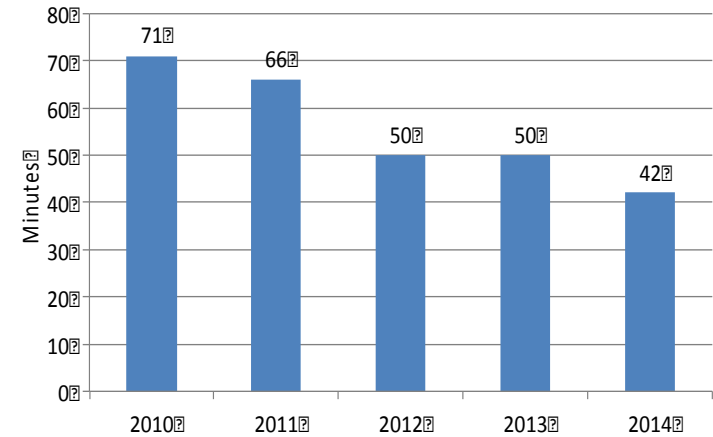


CV Co-Management Performance Gains

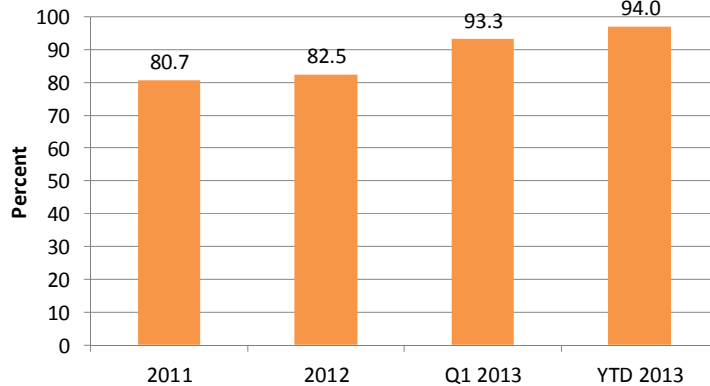
CV OR Blood Management Program
Cost of Blood Products per Patient Intra and Post OP



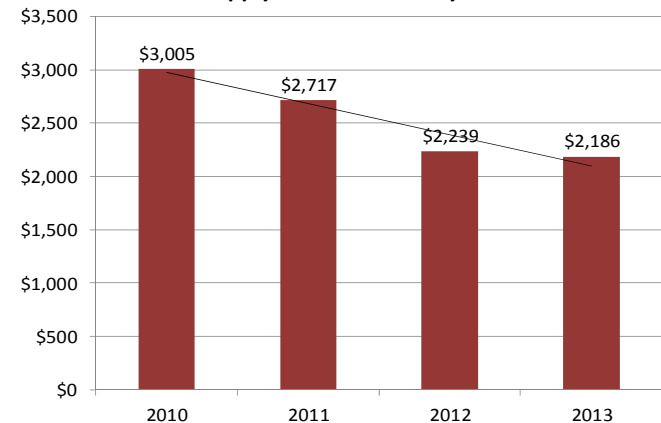
Mean Door-to-Balloon Time



Cardiac Cath Lab and EP Outpatient Satisfaction:
(Score 9 or 10 on "Would you Recommend...")



Supply Cost Per Coronary Intervention



Opportunities

- Transitions
 - Communication
 - EMR
 - Right Care - Right Place- Right Time
- Alignment
 - PAC providers
 - Patients
- Data availability
 - Camden Coalition
 - Timeliness
- Managing Unwarranted Variability
 - Re-engineering the process

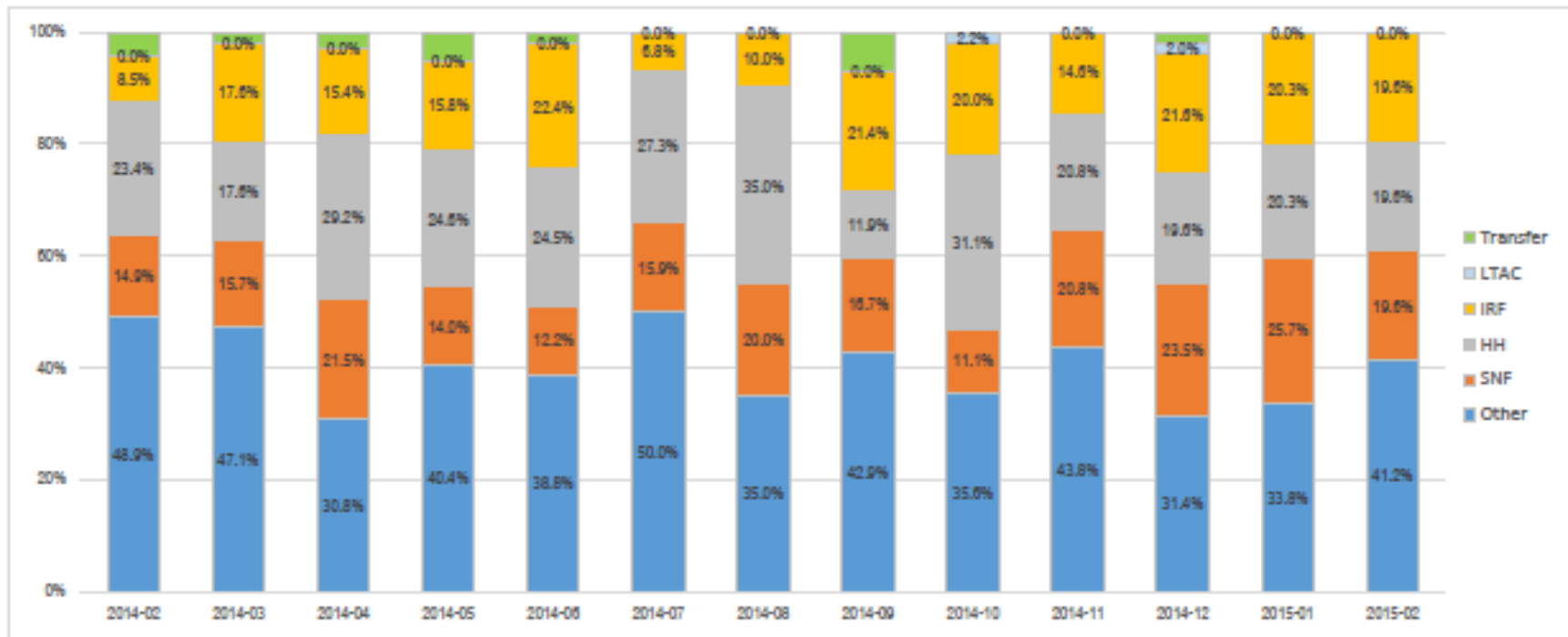
Health System Alignment

First Discharge Setting - By Anchor Month

Data represents the first setting after the Anchor admit.

Home settings comprise approximately 85% of the Other category (In aggregate for all hospitals and episodes).

The remaining 15% is comprised of various long term care settings (LTC, Assisted Living, Board and Care, etc.) and Expired.



Alignment- Outside the Health System

SNF Facility	ALOS	Readmits_30 Day_percent	Total 90 Day Readmits Percent
A	36	34%	54%
B	22	22%	32%
C	18	30%	48%
D	28	21%	39%
E	27	21%	40%
F	22	20%	28%
G.	21	17%	32%
H	25	25%	42%
I	21	22%	35%
J	29	15%	31%
K	26	29%	50%
L	23	18%	33%
M	27	24%	42%
N	23	16%	31%
O	29	24%	35%
P	32	16%	32%
Q	5	23%	41%
R	31	16%	29%
S	25	27%	33%
T	27	18%	32%
U	16	42%	58%
V	10	22%	26%
W	32	14%	38%
X	29	0%	35%

Patient Alignment

Percent Preferred Providers vs. Non-Preferred Providers - By Admit Month and PAC Setting

Data is only for IRF, LTAC, and SNF settings and reflects the percentage of total admits that were with a preferred provider vs. a non-preferred provider.



Thank you
Questions??