

Non-Elective Bundled Payments

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Chief Medical Officer | Transitional Care

SOUND PHYSICIANS – WHO WE ARE

Our Growth Has Been Fueled By Our Performance



Physician-led Organization

Founded in 2001. Approximately 2,300 Physicians and 500 APPs in more than 230 acute care hospitals nationwide



Driving Acute Episodic Improvement

Through Emergency Medicine, Hospital Medicine, Critical Care, and Transitional Care



Managing \$1.7B in BPCI Program

Largest Physician group participant in CMS' Bundled Payment Care Improvement "BPCI" program



Annual Cost Savings of > \$1,000 per Episode

By demonstrating a track record of successfully managing care coordination



MANAGING THE ACUTE EPISODE OF CARE



Integrating Physician Leadership, Clinical Process and Technology Throughout the Acute **Episode of Care**

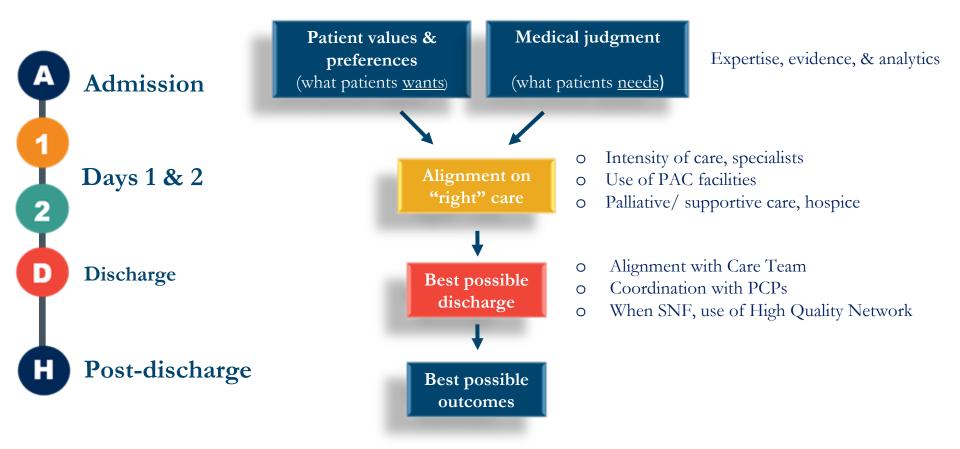


Managing Care from Hospital Admission Through 90 Days



Patient Care Strategy









Resources are Focused on a Small Number of High-Yield Interventions

Appropriate Next Site of Care

- Facilitate multidisciplinary NSOC approach
- Conduct patient assessments & guide Post-Acute care decisions
- Home Health networks
- Ensure Advanced Care

Managing SNF Utilization

- High quality SNF networks
- Provide Post-Acute coordination – Post Acute Reps

Preventing Failed Discharges

- Informed goals of care discussions
- Provide Post-Acute Coordination – PCP follow up
- High quality SNF and HH networks

& Goals of Care

Shann Transitional Care RNs

Point-of-Care Workflows

Physician Leadership

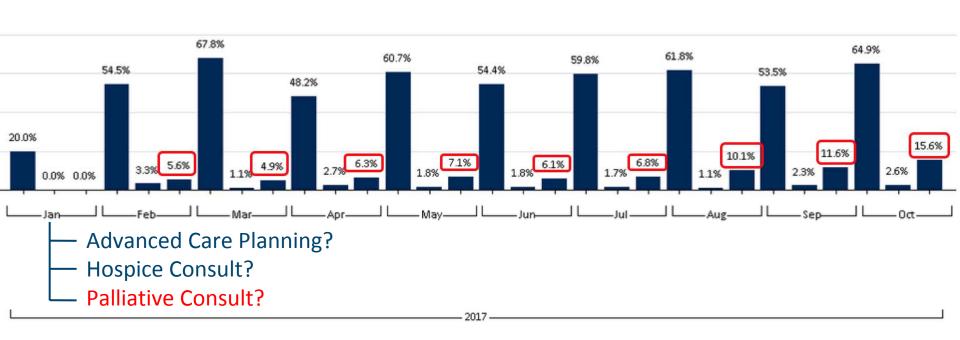
Performance Data



Results Example Hospital



Surprise Question "No" & Outcome

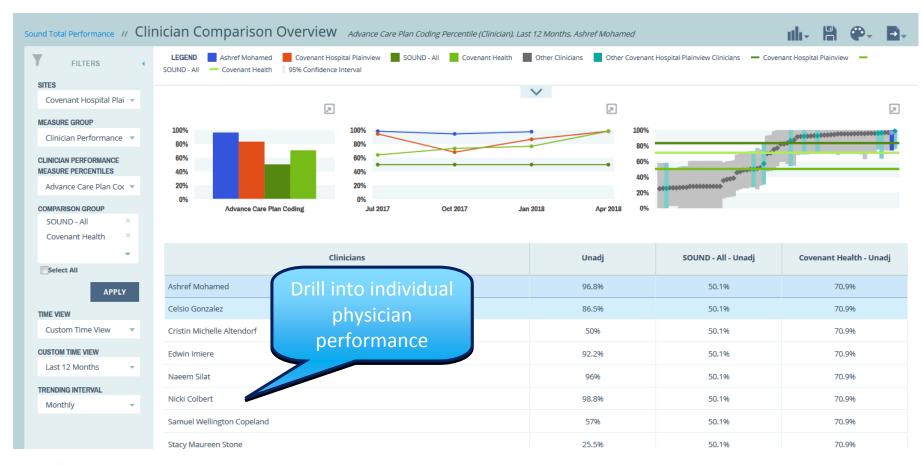




Analytics Powered by



SoundMetrix

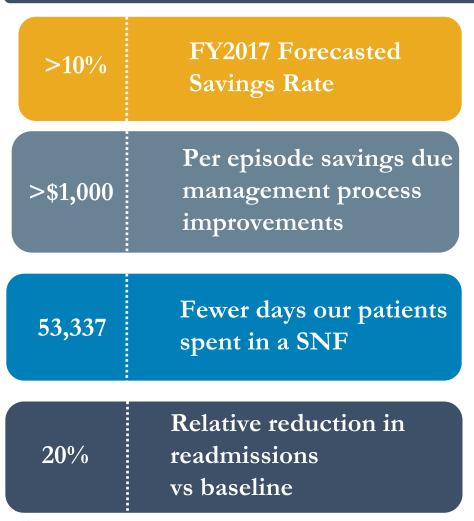




DEMONSTRATED RESULTS & IMPROVEMENT



Provider-Group Participation in the BPCI Program



- ✓ Demonstrated success by effectively reducing intensity of discharge disposition, while maintaining quality of outcomes
- ✓ Increasing population of patients recovering at home, improving outcomes and overall satisfaction
- ✓ Dramatically decreasing utilization of high cost IRF/LTAC facilities

