Post-Acute Services in Accountable Care

National Accountable Care Congress
November 11, 2014
Los Angeles, CA

Manoj K Mathew, MD, SFHM
Medical Director
SFV & Acute Care

HealthCare Partners
Medical Group and Affiliated Physicians

Agenda

- HCP Infrastructure - Medicare Advantage
- ACO programs
- General Strategies
- Metrics
- Evolutionary program considerations

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HCP Current Market Footprint

5 Major Markets: AZ, CA, FL, NM, NV

Senior HMO MAPD Patients: >290,000

Commercial HMO Patients: >390,000

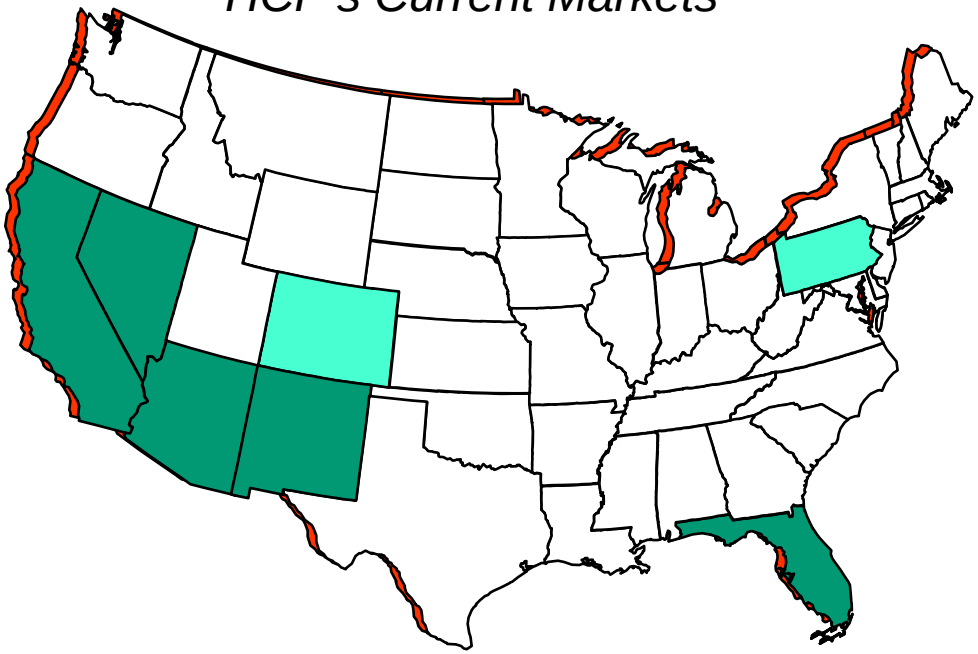
Medicaid HMO Patients: ≈ 110,000

Employed Physicians: >1,000

IPA Primary Care Physicians: > 3,000

IPA Network Specialists: >8,000

Largest Private Medical Group in each of HCP's Current Markets



Variety of physician and hospital payment arrangements	All employed physicians paid salary with incentives Contracted Physicians (PCPs & Specialists) paid on percent of Medicare or capitation or combination plus incentives

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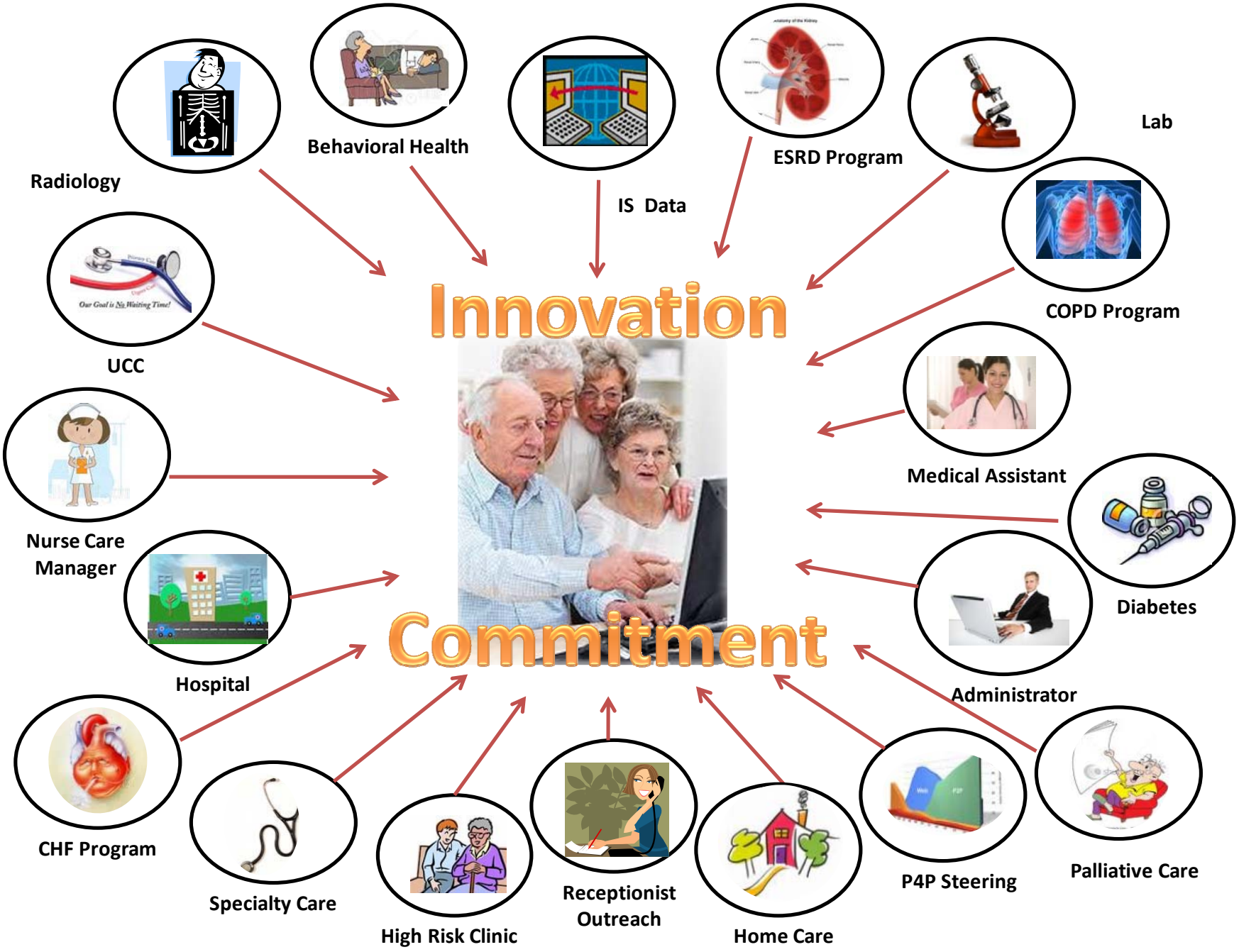
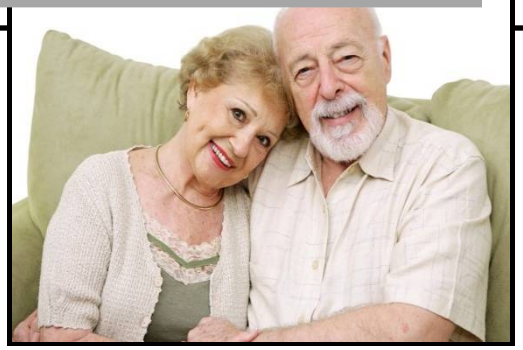
* Data as of March 31, 2014


Radiology
Behavioral Health
IS Data
ESRD Program
Lab
UCC
Our Goal is No Waiting Time!
COPD Program
Innovation
Medical Assistant
Nurse Care Manager
Diabetes
Hospital
Commitment
Administrator
CHF Program
Specialty Care
High Risk Clinic
Receptionist Outreach
Home Care
P4P Steering
Palliative Care

ACO Programs

*HealthCare Partners is involved in **three**, key ACOs*



MSSP Membership

Three markets – total 59,400

- Nevada – 17,440
- Florida – 14,560
- California – 27,400
  - 9,700 HealthCare Partners Group patients
  - 17,700 Affiliated Physician patients

Cigna – PPO
(Collaborative Accountable Care – CAC)

- Ca – 11,000
  - 53% IPA

Anthem – PPO
(Enhanced Personal Health Care – EPHC)

- California – 93,000

HealthCare Partners ACO Unit

- Comprised of:
  - 1 Manager, 2 CM, 2 Health Educator, 5 coordinators
- Follows-up with patients post-discharge and provides care coordination and transitions of care
- Conducts Health Risk Assessments as needed
- Identifies high risk patients via Opportunity Patients Listing (OPL)
- Assists with referrals to HealthCare Partners' [illegible] disease management programs

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Opportunity Patients Listing

State: SOUTHERN CALIFORNIA
HMO / ACO: ACO
LoB: SENIOR ACO
Region: MAGAN, REGION I, REGION II,
Model: GROUP, IPA, JOINT VENTURE,
Site: ACO MAGAN, ACO R1 GRP, AC
PCP/Provider: [All PCPs/Providers]
Top N: 25

1 of 2 100% Find | Next

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ACO Opportunity Patients Listing

SOUTHERN CALIFORNIA

PCP/Provider: [All PCPs/Providers]

Red = Currently in a facility

ACO Information as of: 5/20/2014

					Last visit, and # in last 6 months					RAF		
Patient	DoB	30 Day Risk	365 Day Risk	1 yr Loss Rate	Primary Care	Urgent Care	ER	Acute Admits	Subacute Admits	2014 2013	Adv Dir Date	Site PCP
Record count: 25												
	1/9/1954 (60) F	Very High 15.0x	Very High 4.5x	Very High 4.0x	3/19/2014 2	-	4/22/2014 7	4/22/2014 4	4/30/2014 3			HCP VALI
Programs: (none)							Conditions: CHF,CKD/RF,COPD,CVD,DM					
	8/21/1952 (61) F	Very High 15.0x	Very High 4.5x	Very High 4.0x	-	4/9/2014 7	5/7/2014 4	4/24/2014 3	4/17/2014 2			LOS LYO
Programs: CCC							Conditions: CAD,CHF,CKD/RF,CVD,DM					
	8/17/1962 (51) M	Very High 14.0x	Very High 3.5x	Very High 2.0x	-	-	5/8/2014 7	5/8/2014 6	-			HCP CHU
Programs: (none)							Conditions: CHF,CKD/RF,DM					
	3/20/1965 (49) M	Very High 12.0x	Very High 4.5x	Above Average 1.1x	-	-	5/7/2014 14	4/7/2014 5	-			VER FRE
Programs: (none)							Conditions: CAD,CHF,CKD/RF,CVD					
	10/1/1962 (51) F	Very High 11.0x	Very High 3.5x	Above Average 1.0x	-	4/2/2014 5	4/28/2014 2	4/28/2014 2	-			COV CIM
Programs: (none)							Conditions: CKD/RF,DM					
	1/30/1948	Very High	Very High	Very High	-	-	4/27/2014	4/27/2014	3/11/2014			HCP

Risk Stratification

Hospice/Palliative Care

Home Care Program

Provides in-home medical and palliative care management .
Physicians, Nurse Practitioners, Care Management, Social Workers
Chronically frail Patients
Physical, mental, social, financial limitations in accessing outpatient care

Comprehensive Care and Post Discharge Clinics

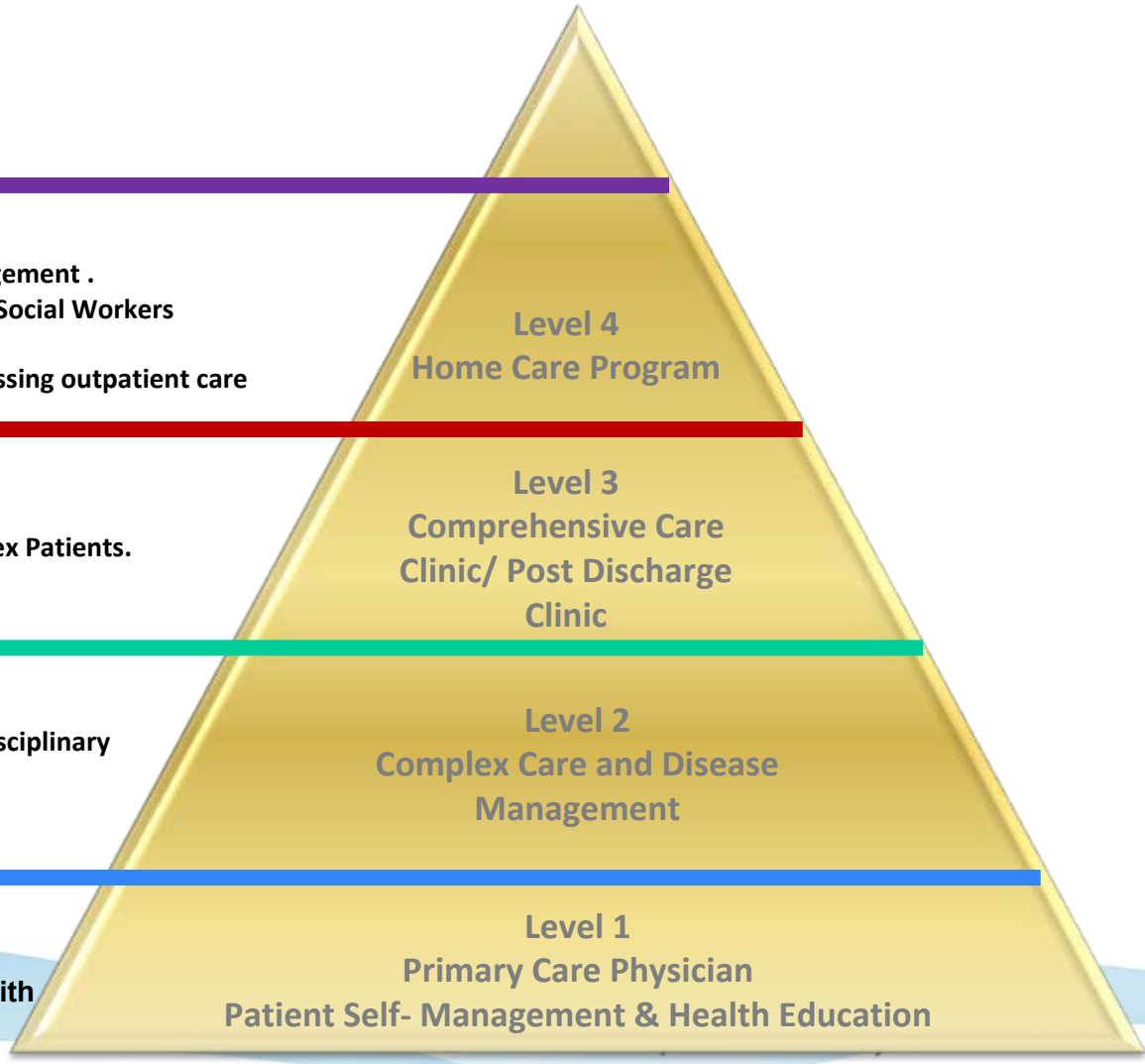
Intensive one-on-one Physician /Patient care
Case management for the highest risk, most complex Patients.
When stable, Patient is upgraded to Level 2.

Complex Care Management / Disease Management

Provide long-term enhanced care oversight. Multidisciplinary team approach for complex, high acuity Patients;
Diabetes, COPD, CHF, CKD, Depression, Dementia

Primary Care Physician

Motivate, educate and engage Patients to get involved in their care and self-management with their PCP and Care Team.



Commonly Used Specialists/Services

Commonly Used Specialists Forms :

- Cardiology
- Gastrointestinal
- Neurology
- Orthopedic
- Podiatry

***Forms are for *patient reference* only, and are not an authorization for treatment or service.**

Commonly Used Services Forms :

- Home Health
- Ambulance
- Durable Medical Equipment (DME)

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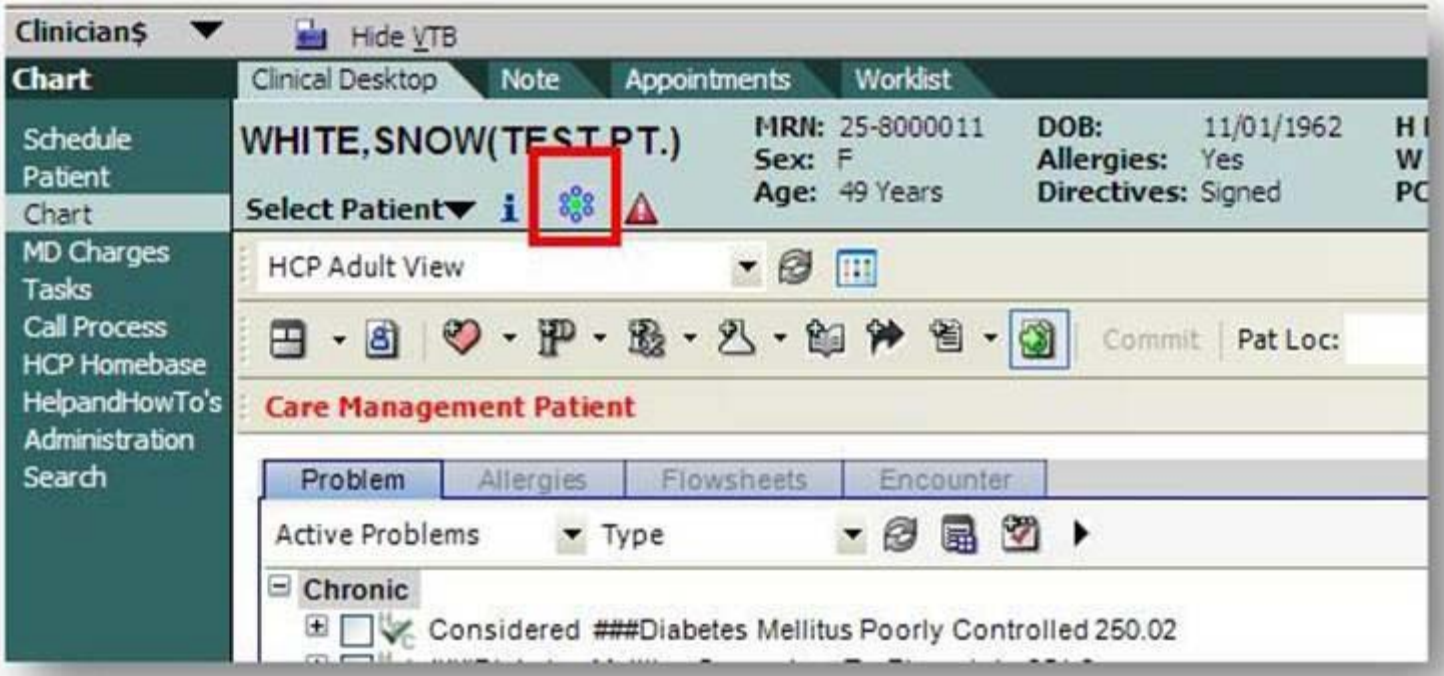
ACO Patient Identification

Allscripts EMR system has a blue and purple "pinwheel" icon under an ACO patient's name.



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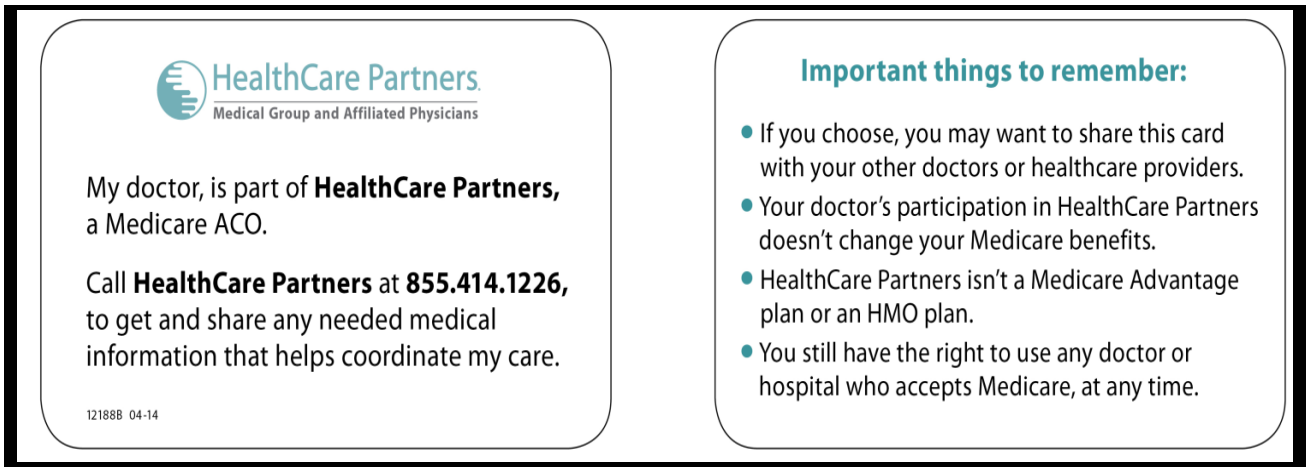
MSSP Patient Identification

HCP Medicare ACO ID cards are sent to the patient

- Use is optional but highly encouraged
- This is in addition to their regular Medicare card



Front of Card **Back of Card**

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HealthCare Partners Programs & Strategies

Employed Hospitalists

- ER Triage
- Remote EMR access
- Advanced care planning focus
- Daily IDT meetings with Leads/Med Dir/CM
- Frequent touch bases, huddles
- D/C summary at time of D/C
  - ADT feed to EMR
- Hand-off (telephonic, VM, secure email)
- SBR (Site Based Review)
- Hospital JOCs

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Patient's Region:	REGION III	Site:	CARSON, DEL AMO SPECIALTY
Acuity:	ACUTE INPATIENT, SUB-ACUTE	Day Type:	ADULT ACUTE, NEONATAL, OBS
Facility:	TORRANCE MEM HOSP MED CT	Referral Type:	INPT, OOAI, SNF
LoB:	COM, SEN	Stop-Loss Only?	ALL

View Report

1 of 1 | 100% | Find | Next | Select a format | Export

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Daily Census Report

Report Instructions

Information as of: 8/11/2009

Region(s): REGION III

Total Patients = 45

Facility	Patient Name	Age	Admit	Days	S-L	AdmTyp	Diagnosis	Readmit	12 mo Acute	12 mo Sub	ER	LoB	Plan	Model	PCP Name	Referral	Entered By	DoB	Sex	Patient ID
TORRANCE MEM HOSP MED CTR INC (INPT)		0	8/3/2009	9	Yes	NEO	SEPTICEMIA NOS	-	-	-	Y	COM	EMBP	GROUP	BROWN MD,LINDA	3-1713801	GRUAN	8/3/2009	F	2817095
TORRANCE MEM HOSP MED CTR INC (INPT)		0	8/6/2009	6		NEO	SEPTICEMIA NOS	-	-	-	Y	COM	CAL	GROUP	VILLARREAL MD,NORALISA	3-1715240	GRUAN	8/6/2009	F	2818729
TORRANCE MEM HOSP MED CTR INC (INPT)		83	8/8/2009	4		MED	HYPOXEMIA	-	-	-	Y	SEN	SHN	GROUP	GENATO MD,SHARON G	3-1715686	GRUAN	8/6/1926	F	957634
TORRANCE MEM HOSP MED CTR INC (INPT)		71	8/6/2009	6		ELE	LYMPHOMA NEC UNSPEC SITE	-	5	-	N	SEN	SCA	GROUP	DREISBACH MD,ELVA L	3-1711617	RCHISM	1/7/1938	M	780345
TORRANCE MEM HOSP MED CTR INC (INPT)		59	8/4/2009	8		MED	NONINF GASTROENTERIT NEC	-	2	1	Y	COM	PFC	GROUP	SODERLUND MD,CLARK T	3-1714247	GRUAN	12/29/1949	M	204931
TORRANCE MEM HOSP MED CTR INC (INPT)		68	8/9/2009	3		MED	SEPTIC SHOCK	-	10	6	Y	SEN	SHN	GROUP	HOOL MD,KALPANA	3-1715693	GRUAN	6/22/1941	M	303921
TORRANCE MEM HOSP MED CTR INC (INPT)		83	8/5/2009	7		MED	HYPOTENSION NOS	-	-	-	Y	SEN	SCA	IPA	SIOUTY MD,HICHEM	12-2467766	GRUAN	6/6/1926	F	1785190
TORRANCE MEM HOSP MED CTR INC (INPT)		80	8/10/2009	2		MED	ABDMNAL PAIN UNSPCF SITE	-	1	-	Y	SEN	AETS	IPA	FRANCO MD,CONSUELO	12-2469974	GRUAN	6/26/1929	F	827818
TORRANCE MEM HOSP MED CTR INC (INPT)		0	8/2/2009	71	Yes	NEO	SEPTICEMIA NOS	-	-	-	Y	COM	BCP	GROUP	UNASSIGNED DEL AMO PCP	3-1693383	GRUAN	8/2/2009	F	2796892
TORRANCE MEM HOSP MED CTR INC (INPT)		0	8/5/2009	7		NEO	SEPTICEMIA NOS	-	-	-	Y	COM	PFC	IPA	WADHWA MD,RAJU H	12-2467763	GRUAN	8/5/2009	M	2818361

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HealthCare Partners Programs & Strategies

Employed Care Managers & Social Workers

- Patient education & care coordination
- On-site and telephonic
- ACM phone calls
- IVR

Patient Support Center and I-Care

- Triaging calls
- Post D/C appointments
- Sends records to PCPs in IPA

Out-of-Area Department

- MD & CM staffing
- Collects and forwards records

Comprehensive Care Programs

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Patient Admission Notification

k2workflow@healthcarepartners.com

To: Deon Smit; Jim Joyce; Chris Malone

HealthCare™ PARTNERS MEDICAL GROUP

Inpatient Central Notification

icare

Patient Hospital Admission Notification

Date: **3/14/2007**

LIVINGSTON MD, EXPLORER

Your patient **SAMPLE, PAT 1** with DOB **09/25/1930**
and MRN No: **11-111111**, has been admitted
to **Methodist** on **03/13/2007 01:03:49**.
The initial admitting diagnosis was **ACUTE SOMETHING**

Please feel free to call the Hospitalist with any questions or input at **(310) 555-1234**.
Following discharge, an appointment may be scheduled with your office to provide continuity of care for your patient.

Sincerely,

Inpatient Central Department

IPC-PAWS Brenda Mells

Discharge Instructions

IPC Patient Administration

- Patient Keeper
- HCP Connect!
- myHCP
- iCare Portal

Patient Search

Facility : SAP - San Pedro Peninsula
Hospitalist : [All]
First Name :
DOB :
Search...

Search Un-Matched Patients
Care Manager : MELLS, BRENDA
Location :
Last Name :

50 Records Found.

Patient Name	Admitted	Hospitalist	Care Manager	Discharged
SAMPLE, PATIENT 1	03/04/2007	TRAN, VAN	MELLS, BRENDA	03/05/2007 12:03:00
SAMPLE, PATIENT 8	10/19/2006	DHEERIYA M.D., UJJWALA S.	MELLS, BRENDA	
SAMPLE, PATIENT 4	03/04/2007	CHUNG, SEAN	MELLS, BRENDA	03/09/2007 18:03:00
SAMPLE, PATIENT 88	04/10/2006		MELLS, BRENDA	
SAMPLE, PATIENT 2	04/02/2006		MELLS, BRENDA	
SAMPLE, PATIENT 3	02/27/2007	TRAN, VAN	MELLS, BRENDA	
SAMPLE, PATIENT 44	09/13/2005	CHUNG, SEAN	MELLS, BRENDA	
SAMPLE, PATIENT 100	03/04/2007	DHEERIYA M.D., UJJWALA S.	MELLS, BRENDA	03/05/2007 17:03:00

Patient Visit Detail

Facility : SAP - San Pedro Peninsula
PK Visit ID : 2425145
Patient Type : Inpatient
Admit Diagnosis : [redacted]

D.O.B. : 03/21/1933
Patient Location : [redacted]
Gender : Male

Discharge Instructions

Category : PCP Appointment
Instruction : PCP appt 1 week after discharge
Speciality : Not Applicable

Expected DC Date : 3/17/2007
Comments :

Discharge Diagnosis:

Category : [Post DC]
Diagnosis : N/A (N/A)

Sub-Category : N/A

CM e-mail : bmells@k2mega.local
HS e-mail : vtran@k2mega.local

Add Instruction

Previous Instruction Requests:

Can	Edit	Requested By	Instruction	Speciality	Status	Expected DC
✕		Mells, Brenda	PCP appt 1 week after discharge	N/A: Not Applicable	Assigned to IPC (Emeline Solis)	03/17/2007

Post Acute Facility Strategies

Preferred Network of SNFs

- Consolidation of both MA and ACO patients

SNFists

- Employed & Contracted
- MDs & NPs
- Daily or Q2-3d visits

Process

- SNF admit order set
- Biweekly IDT meetings with Leads/Med Dir/CM
- SNF Joint Operating Committees (JOC)
- Advanced care planning focus
- D/C summary at time of D/C
- Hand-off (telephonic, VM, secure email)

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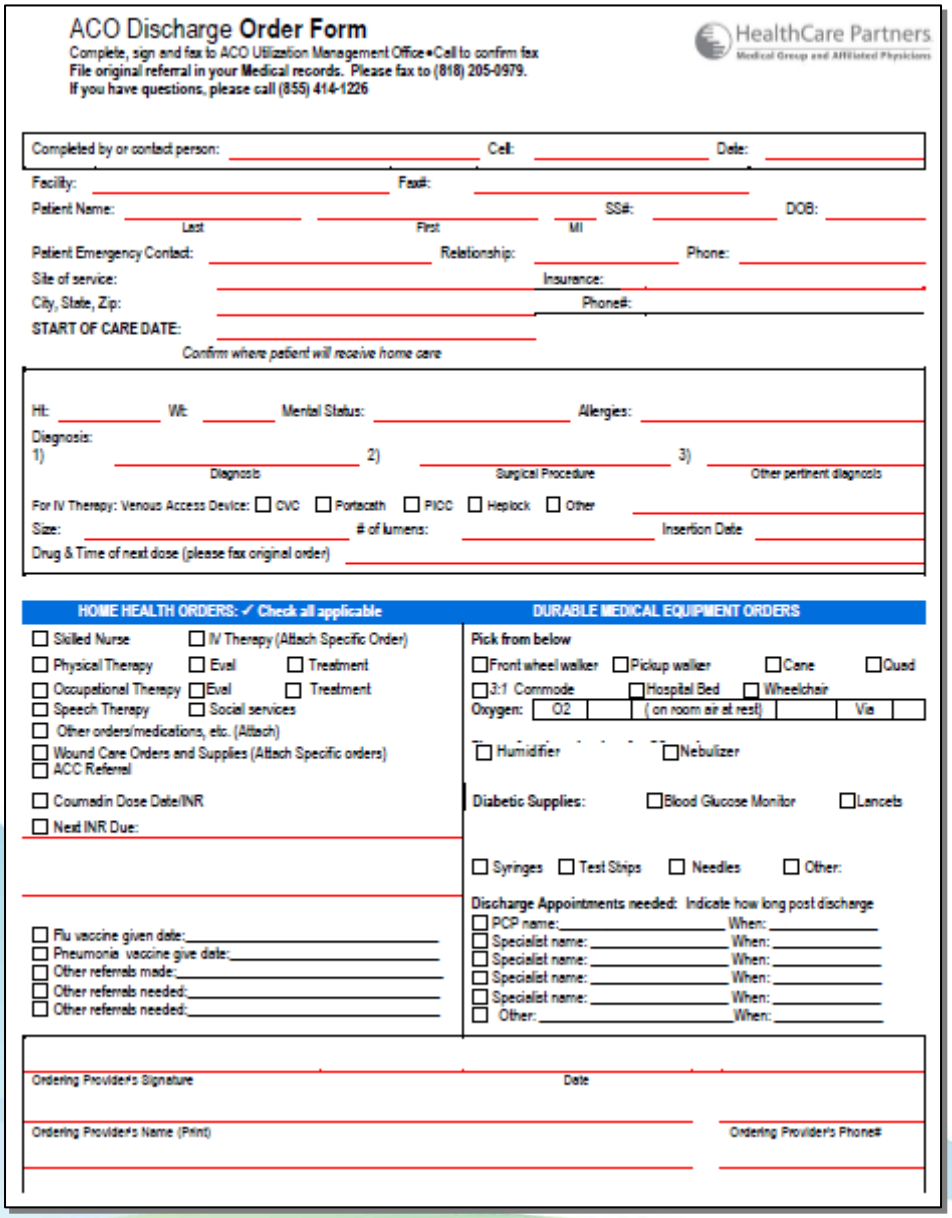

ACO Discharge **Order Form**

Complete, sign and fax to ACO Utilization Management Office•Call to confirm fax
File original referral in your Medical records. Please fax to (818) 205-0979.
If you have questions, please call (855) 414-1226

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Completed by or contact person: _____ Cell: _____ Date: _____

Facility: _____ Fax#: _____

Patient Name: _____ (Last) _____ (First) _____ (MI) SS#: _____ DOB: _____

Patient Emergency Contact: _____ Relationship: _____ Phone: _____

Site of service: _____ Insurance: _____

City, State, Zip: _____ Phone#: _____

START OF CARE DATE: _____

Confirm where patient will receive home care

Ht: _____ Wt: _____ Mental Status: _____ Allergies: _____

Diagnosis:
1) _____ (Diagnosis) 2) _____ (Surgical Procedure) 3) _____ (Other pertinent diagnosis)

For IV Therapy: Venous Access Device: ☐ CVC ☐ Portacath ☐ PICC ☐ Heplock ☐ Other _____

Size: _____ # of lumens: _____ Insertion Date _____

Drug & Time of next dose (please fax original order) _____

HOME HEALTH ORDERS: ✓ Check all applicable

- ☐ Skilled Nurse ☐ IV Therapy (Attach Specific Order)
- ☐ Physical Therapy ☐ Eval ☐ Treatment
- ☐ Occupational Therapy ☐ Eval ☐ Treatment
- ☐ Speech Therapy ☐ Social services
- ☐ Other orders/medications, etc. (Attach)
- ☐ Wound Care Orders and Supplies (Attach Specific orders)
- ☐ ACC Referral
- ☐ Coumadin Dose Date/INR
- ☐ Next INR Due: _____

- ☐ Flu vaccine given date: _____
- ☐ Pneumonia vaccine give date: _____
- ☐ Other referrals made: _____
- ☐ Other referrals needed: _____
- ☐ Other referrals needed: _____

DURABLE MEDICAL EQUIPMENT ORDERS

Pick from below

- ☐ Front wheel walker ☐ Pickup walker ☐ Cane ☐ Quad
- ☐ 3:1 Commode ☐ Hospital Bed ☐ Wheelchair
- Oxygen: ☐ O2 ☐ (on room air at rest) ☐ Via ☐
- ☐ Humidifier ☐ Nebulizer
- Diabetic Supplies: ☐ Blood Glucose Monitor ☐ Lancets
- ☐ Syringes ☐ Test Strips ☐ Needles ☐ Other:

Discharge Appointments needed: Indicate how long post discharge

- ☐ PCP name: _____ When: _____
- ☐ Specialist name: _____ When: _____
- ☐ Specialist name: _____ When: _____
- ☐ Specialist name: _____ When: _____
- ☐ Specialist name: _____ When: _____
- ☐ Other: _____ When: _____

Ordering Provider's Signature _____ Date _____

Ordering Provider's Name (Print) _____ Ordering Provider's Phone# _____

SNF D/C Process

•HCP CM sends referrals for placement to HCP SW

•HCP CM sends a discharge planning form to the ACO unit.

• The ACO unit coordinates post-discharge services with preferred partners and gives details back to SNF CM.

• The TCM/ACO unit will make 4 post d/c f/u calls to the patient.

•CCP program enrollment

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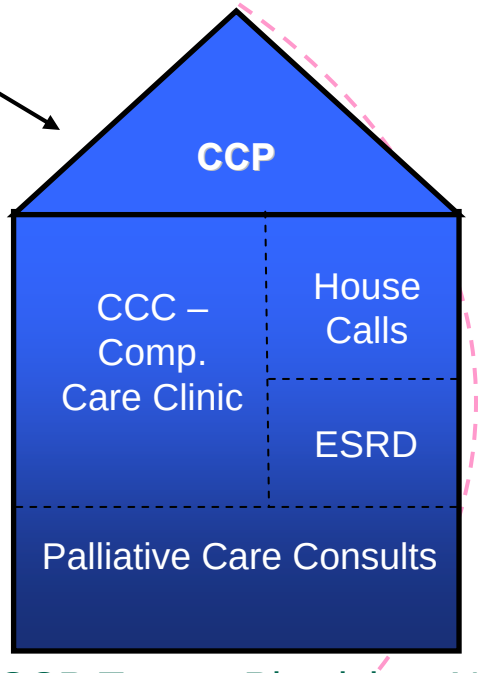
Comprehensive Care Programs

Primary Care Physician

Inpatient Team: Hospitalist & Care Manager



CCP Team: Physician, NP, Care Manager, Social Worker, Medical Assistant

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Comprehensive Care Clinics

Multidisciplinary Team

- Pod = 1 MD, CM, Nurse, 1 SW, 2 MA

Program

- Brick and Mortar
- Referral Source – Hospitalist, SNFist, PCPs
- Post Discharge clinic
- Short duration of “High Touch” care
- Patients: Ambulatory, High Risk
- Centers for CHF/COPD Care Management and Palliative Care Programs

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House Calls Program

Multidisciplinary Team

- Pod = 1 MD, 2-4 NPs, 1 SW, 1 MA

Program

- Home Visits
- Referral Source – Hospitalist, SNFist, PCPs
- Patients: Functionally Home-bound, High Risk, EOL
- Key Practices
  - Weekly Team Reviews
  - Standard Care Guidelines
  - Palliative Care Options
  - Access to team 24/7/365
  - Motivational Interviewing, Shared Decision Making, Coaching

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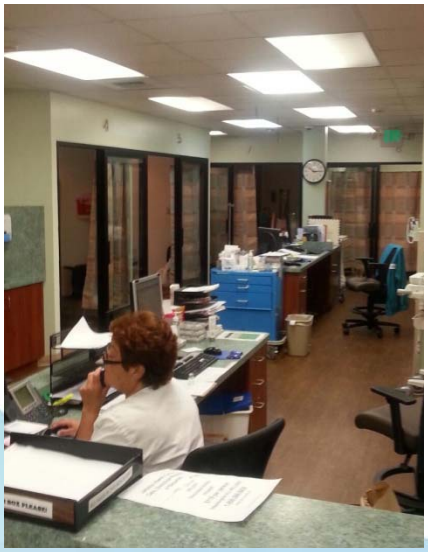
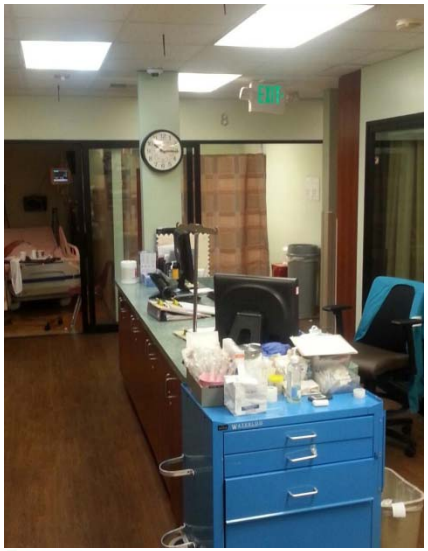
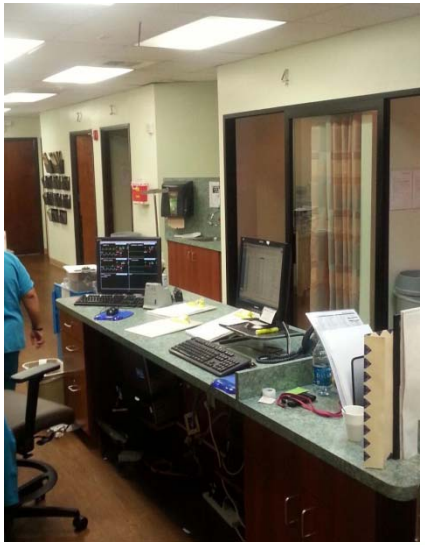
HealthCare Partners Programs & Strategies

24-Hour Urgent Care

- MD staffing
- Telemetry monitoring







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MSSP Utilization/Expenditure Report

Results include CA, NV, FL

Skilled Nursing Facility Expenditures per Assigned Beneficiary

	2013 HCP Benchmark (Baseline)	Q1 2014	Q2 2014	Difference between 2013 benchmark and Q2	Change between 2013 benchmark and Q2
HCP	$565	$539	$539	-4.60%	Decreased
All MSSP ACOs	$762	$708	$723	-5.12%	Decreased
National FFS	$850	$813	$817	-3.88%	Decreased

Skilled Nursing Facility Discharges (Per 1,000 Person-Years)

	2013 HCP Benchmark (Baseline)	Q1 2014	Q2 2014	Difference between 2013 benchmark and Q2	Change between 2013 benchmark and Q2
HCP	46	42	42	-8.70%	Decreased
All MSSP ACOs	70	64	63	-10.00%	Decreased
National FFS	76	69	69	-9.21%	Decreased

MSSP Utilization/Expenditure Report

Results include CA, NV, FL

30-Day All-Cause Readmissions per 1,000 Discharges

	2013 HCP Benchmark (Baseline)	Q1 2014	Q2 2014	Difference between 2013 benchmark and Q2	Change between 2013 benchmark and Q2
HCP	150	148	147	-2.00%	Decreased
All MSSP ACOs	147	147	147	0.00%	No difference
National FFS	155	153	153	-1.29%	Decreased

30-Day Post Discharge Provider Visits Per 1,000 Discharges

	2013 HCP Benchmark (Baseline)	Q1 2014	Q2 2014	Difference between 2013 benchmark and Q2	Change between 2013 benchmark and Q2
HCP	735	723	728	-0.95%	Decreased
All MSSP ACOs	766	754	752	-1.83%	Decreased
National FFS	730	719	718	-1.64%	Decreased

MSSP Utilization/Expenditure Report

Results include CA, NV, FL

Emergency Department Visits (Per 1,000 Person-Years)

	2013 HCP Benchmark (Baseline)	Q1 2014	Q2 2014	Difference between 2013 benchmark and Q2	Change between 2013 benchmark and Q2
HCP	581	559	565	-2.75%	Decreased
All MSSP ACOs	702	666	668	-4.84%	Decreased
National FFS	684	651	649	-5.12%	Decreased

Emergency Department Visits that Lead to Hospitalizations (Per 1,000 Person-Years)

	2013 HCP Benchmark (Baseline)	Q1 2014	Q2 2014	Difference between 2013 benchmark and Q2	Change between 2013 benchmark and Q2
HCP	206	198	199	-3.40%	Decreased
All MSSP ACOs	228	217	215	-5.70%	Decreased
National FFS	212	201	199	-6.13%	Decreased

MSSP Utilization/Expenditure Report

Results include CA, NV, FL

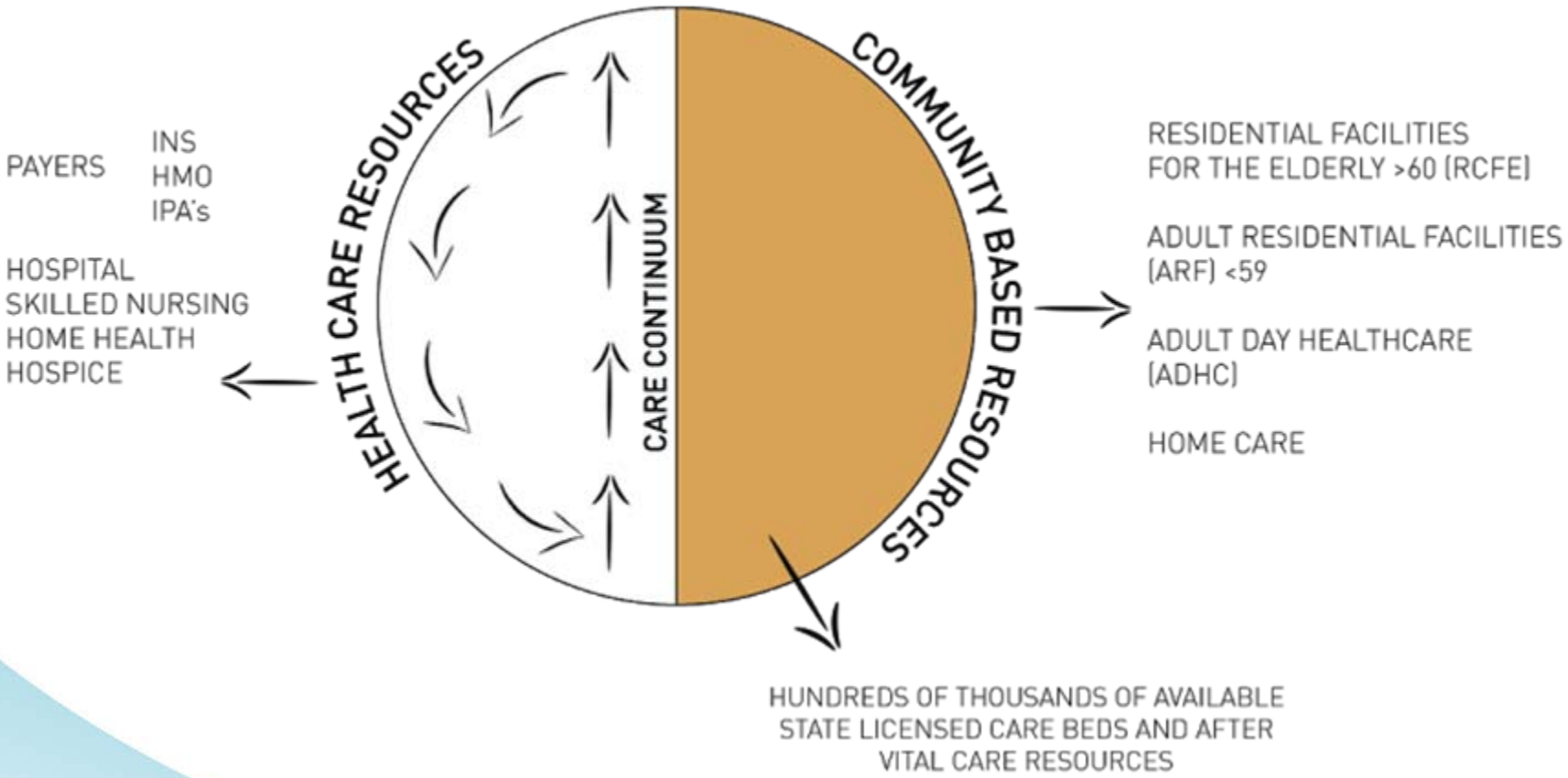
Home Health Expenditures per Assigned Beneficiary

	2013 HCP Benchmark (Baseline)	Q1 2014	Q2 2014	Difference between 2013 benchmark and Q2	Change between 2013 benchmark and Q2
HCP	$689	$752	$743	7.84%	**Increased**
All MSSP ACOs	$496	$523	$505	1.81%	**Increased**
National FFS	$546	$574	$566	3.66%	**Increased**

Hospice Expenditures per Assigned Beneficiary

	2013 HCP Benchmark (Baseline)	Q1 2014	Q2 2014	Difference between 2013 benchmark and Q2	Change between 2013 benchmark and Q2
HCP	$234	$208	$199	-14.96%	**Decreased**
All MSSP ACOs	$245	$227	$218	-11.02%	**Decreased**
National FFS	$335	$323	$314	-6.27%	**Decreased**

HealthCare Continuum - Today



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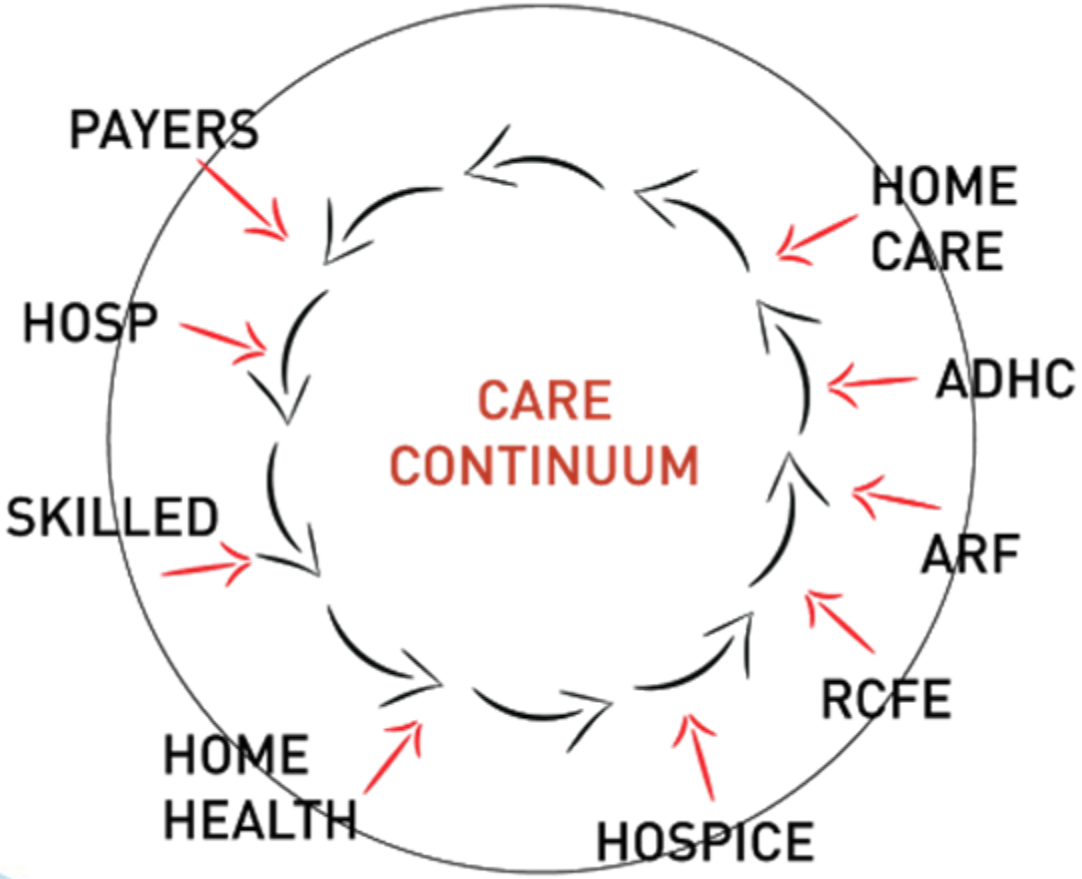
HealthCare Continuum - Future



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Biggest challenges

1. Patient identification on the MSSP side
   - Huge problem for large varied areas like LA.
   - Not so much for smaller, geographically aligned systems

2. Physician engagement
   - Influence IPA providers in referral patterns and utilization

3. Patient engagement
   - Inability to influence the patient in utilization
   - Patients lack of insight of or active enrollment into the programs

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MSSP Wish List

1. Real time notification with actionable and complete patient utilization data

2. Decreased bureaucracy and restrictions regarding communication to members

3. Resolve disconnect between patients opting out of sharing data but ACO still responsible for patient in the MSSP program.

4. Prospective methodology of attributing patients which would avoid the confusion regarding which patients are truly part of the MSSP program.

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