Katherine A. Schneider, MD, MPhil., FAAFP
President and CEO

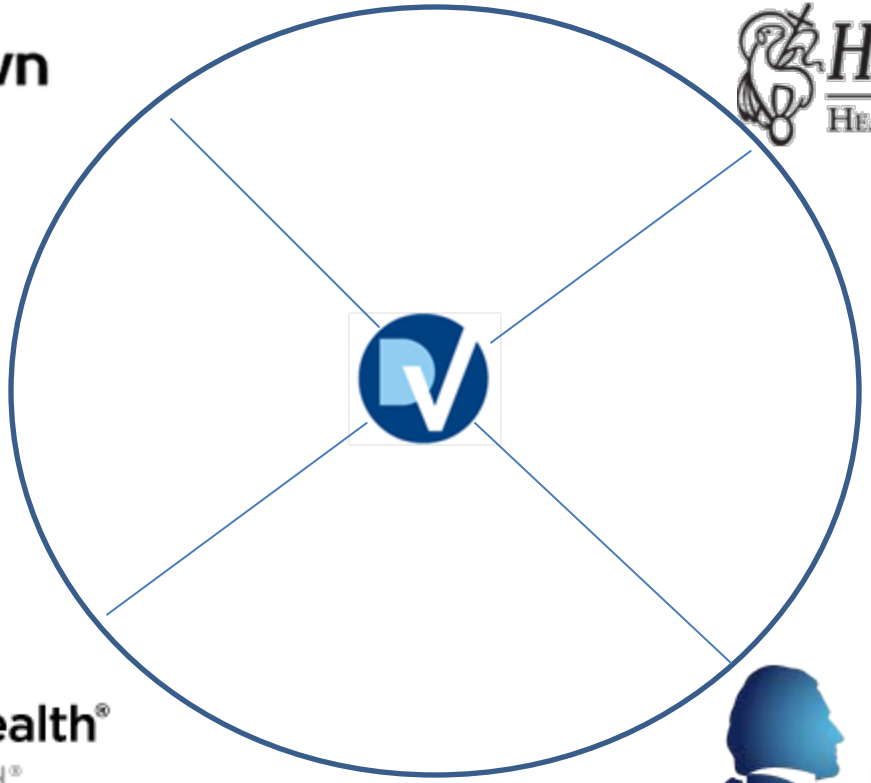
DVACO as a “Super-CIN” or “Super-ACO”
*** Standardization is Critical! ***

Doylestown Health

Doylestown Health Partners

Holy Redeemer HealthCare. HomeCare. LifeCare.

Innovative Wellness Alliance



Main Line Health® Well ahead.®

MLH Clinically Integrated Network

Jefferson™ HEALTH IS ALL WE DO

JeffCare Alliance

Value proposition

- The DVACO serves its member organizations and physicians as a convener, accelerator, and strong foundation for moving from volume to population health (Triple Aim) as a business model
- Through the DVACO, we deliver to our region a **world class care model** that is differentiating beyond the sum of the parts

DVACO Fact Sheet

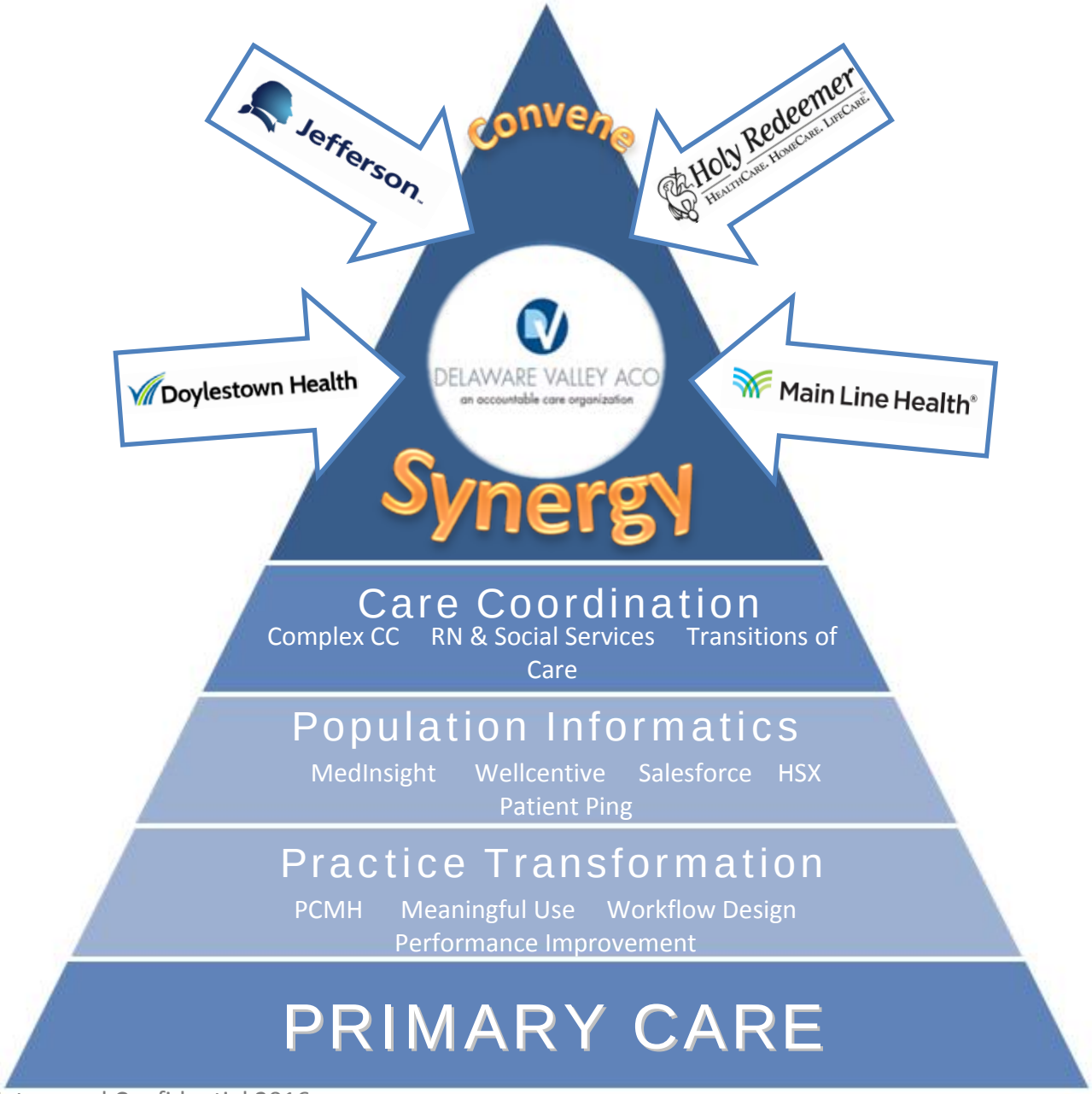
- $6.5 Million earned in MSSP Shared Savings in
  our first year (9th largest payout for 2014).
- Rapid growth (good news, bad news)
  - 2014: 33,310 lives, 250 PCPs
  - 2015: 65,000 lives, 450 PCPs
  - 2016: 200,000 lives, 671 PCPs
- Includes now Humana, Aetna, United
- Employee benefits favor DVACO providers
- Specialist strategy in development

Key Opportunities in our Medicare ACO

- Skilled Nursing Facilities
  - Utilization and Length of Stay very high
  - High variation between facilities
- Patients go to ED at average rate but then are much more likely to be admitted
- Primary care UNDERutilization

Changing the care model at DVACO

- Transformation of primary care – the “Patient Centered Medical Home” model
- Informatics-enabled population health management
  - Complex and transitioning patients
  - Post-acute continuum
- Learning new skills required for success in a value-based model
  - Engaging patients in care – especially primary care
  - Appropriate capture of severity of illness
- Specialist care models are important to future success as well!



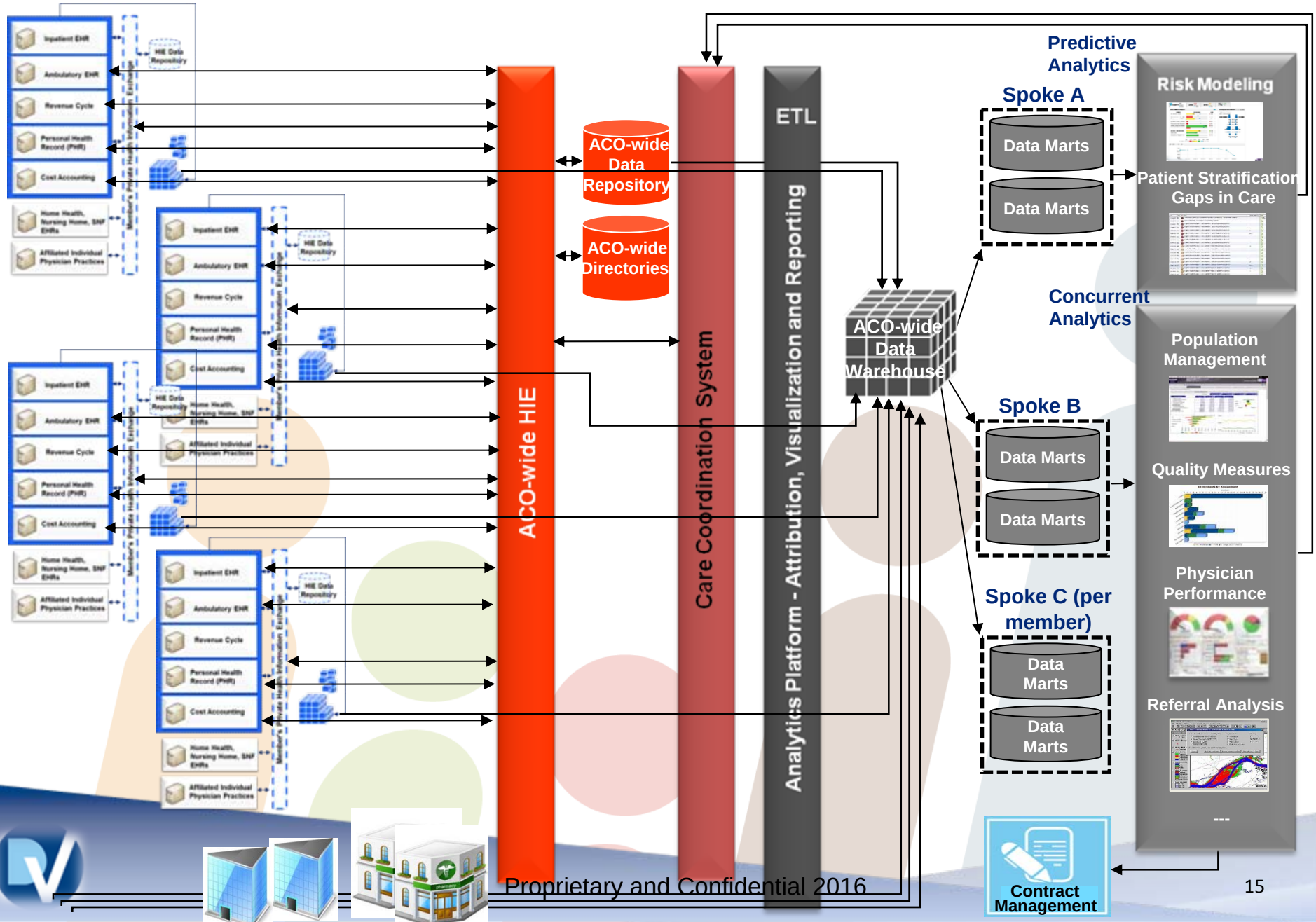
Care Coordination: How we Get our Work

- Claims Data
- Support Clinical Strategies
- Usually based on historical data

- From Event Notifications
- Acute and Post Acute Care Settings
- More "Real Time"
- Key to 2016 Goals!!!

- Mostly from doctors/practices
- May come from community agencies or hospital discharge planners
- Arrive by phone, fax, email
- DVACO referral form
- Anyone may take a referral!

Members' fragmented IT environments complicate the FFV IT architecture



Population Health IT

- DVACO lives in a complex rapidly evolving IT ecosystem
- Not the quick fix for interoperability mess
- Underlying systems/workflows must be configured to support fee for value (from fee for service)
- Take “speed to value” approach
- Small data (boring) >> big data (cool)
- Analytics (risk stratification, risk adjusted cost, care gaps) and care coordination workflow
- Patient Engagement is not an App

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