

Journey to Value-Based Care — EHP before EHN, Best Practices

Niki Buchanan
Philips Wellcentive

The business case for transformation

Value-Based Care challenges:



Fee-for-service
revenue
optimization



Proactive
management of
rising risk
populations



Longitudinal
care
coordination



Discharge and
readmission
management



Network and
outreach
management



Post-acquisition
integration

The *right process* drives outcomes



Identify the right patients to focus on

Aggregate, analyze and stratify patient population data to help mitigate risk and maximize reimbursement

Leverage continuous insights

Use ongoing, continuous data feedback to maintain and improve care management for your populations



Find better ways to deliver better care

Enact preventive measures to help reduce readmissions, empower patient engagement and improve outcomes

Stay competitive and growing

Provide continuity of care to increase retention and retain market share



Deliver the right care in the right place

Support transitions to home-based care and create lower cost care settings



Provide a continuum of care

Leverage longitudinal data and comprehensive services to help

PHILIPS

Evergreen Health Partners and Evergreen Health Payer & EMR landscape in 2015:



Healthy Employees. Healthy Companies.™



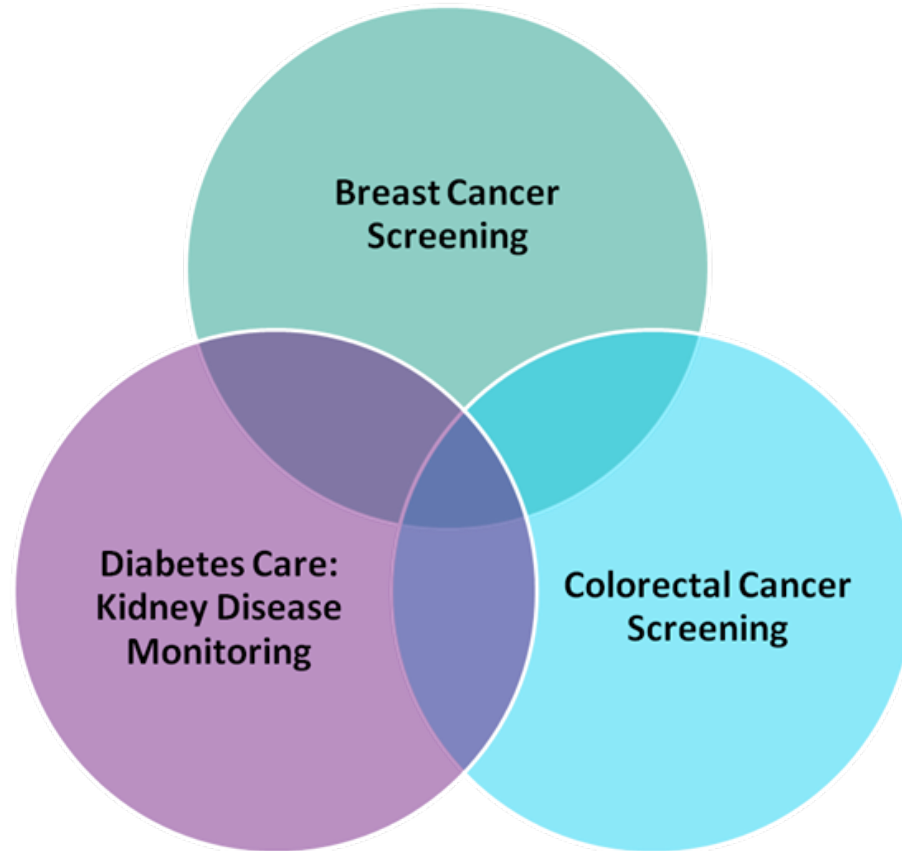
Over 25 EMR's



Evergreen Health Partners and Evergreen Health Goals in 2015:

- Understood the quality requirements per contract tied to shared savings bonus.
- Understood the 2015 quality results and plans for 2016.
- Understood how Wellcentive supports our quality, care management and future cost goals.
- Understood future quality work and focus.

3 Initiatives for Quality Improvement



Building the infrastructure for Value-Based Care

1. Built relationships with practices
2. Inform members on Clinical Integration and EHP's strategy for population health
3. Focus on closing care gaps for quality initiatives with large denominators
 - a. Preventive screenings*
 - b. Well care visits*
 - c. Diabetes maintenance*
4. Develop and grow shared culture of EHP

Value-Based Care Achievements

- Engaged primary care practice managers in EHP
- Established awareness of population health management and value-based care
- Implemented standard processes for care gap outreach related to preventive services, despite quality of payer data
- Improved performance on high priority initiatives
- Achieved contracted quality targets for major Commercial agreements

Strategy for accelerating and expanding Value-Based Care Initiatives



Healthy
Patients



Healthy
Communities



Focus on
Market



Activate the
Patient



Improving Patient Care and Provider Experience through Population Health Management

David LaMarche - Executive Director
Sara Rutherford, MPH - Quality Program Manager

EASTSIDE HEALTH
NETWORK

EvergreenHealth

OVERLAKE
MEDICAL CENTER

AGENDA

EASTSIDE HEALTH
NETWORK

EvergreenHealth

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- Introduction to Eastside Health Alliance and Eastside Health Network
- Risk-based population health landscape – our strategic approach
- Clinical examples of population health strategies
- Value to patients and providers

EASTSIDE HEALTH ALLIANCE (EHA)

EASTSIDE HEALTH
NETWORK

EvergreenHealth

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- Public hospital district established in 1972; today, serves nearly 850,000 residents in northern King and southern Snohomish counties
 - EvergreenHealth Kirkland includes a 318-bed medical center, 15-bed inpatient hospice facility, four medical specialty buildings and a Level III emergency department
 - 12 primary care clinics, three urgent care clinics, free standing emergency department in Redmond and the largest Home Health and Hospice agency in the Puget Sound area
 - In March 2015, Valley General Hospital became EvergreenHealth Monroe, a 72-bed hospital with inpatient and emergency services
- Non-profit, non-tax supported medical center established in 1960; With a main hospital campus in the Eastside core of Bellevue, Overlake today serves roughly 850,000 King County residents
 - Overlake Medical Center, licensed for 349-beds and the first Level III trauma service on the Eastside offers primary and specialty care ranging from cardiac and cancer care to general and specialty surgery
 - 10 primary care clinics, 4 urgent care clinics and 14 specialty clinics including Senior Health Clinic and Specialty School for grades K-12
 - Offers one of the largest psychiatric health programs in greater Puget Sound

EHA GOVERNANCE STRUCTURE

EASTSIDE HEALTH
NETWORK

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Coordinated Quality
Program



EASTSIDE HEALTH
ALLIANCE



EvergreenHealth

Board of Directors

Eastside Health
Network
(CIN Board)

Eastside Service Line Councils

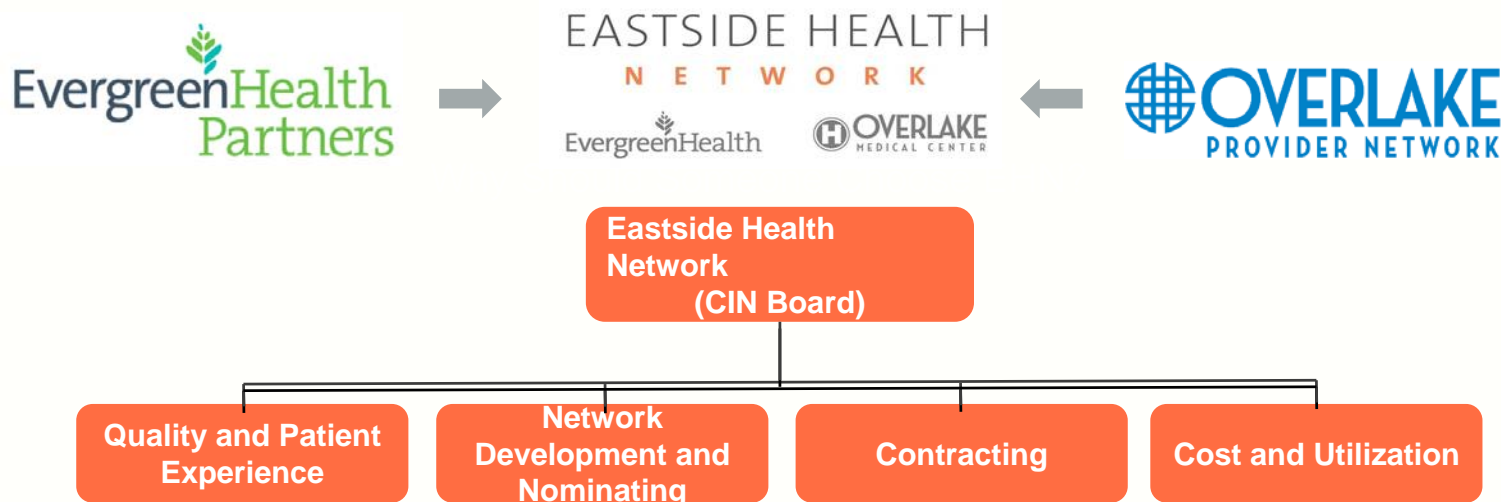
Cardiac & Cardiothoracic
Surgery

Neuroscience

EASTSIDE HEALTH NETWORK (EHN)



Joint Venture Clinically Integrated Network (CIN) formed in **2017** to improve the health and well-being of the Eastside community.



EHN FOOTPRINT

EASTSIDE HEALTH
NETWORK

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89 Practices

1,233 Physicians

Primary Care Service Area:
King and Snohomish counties

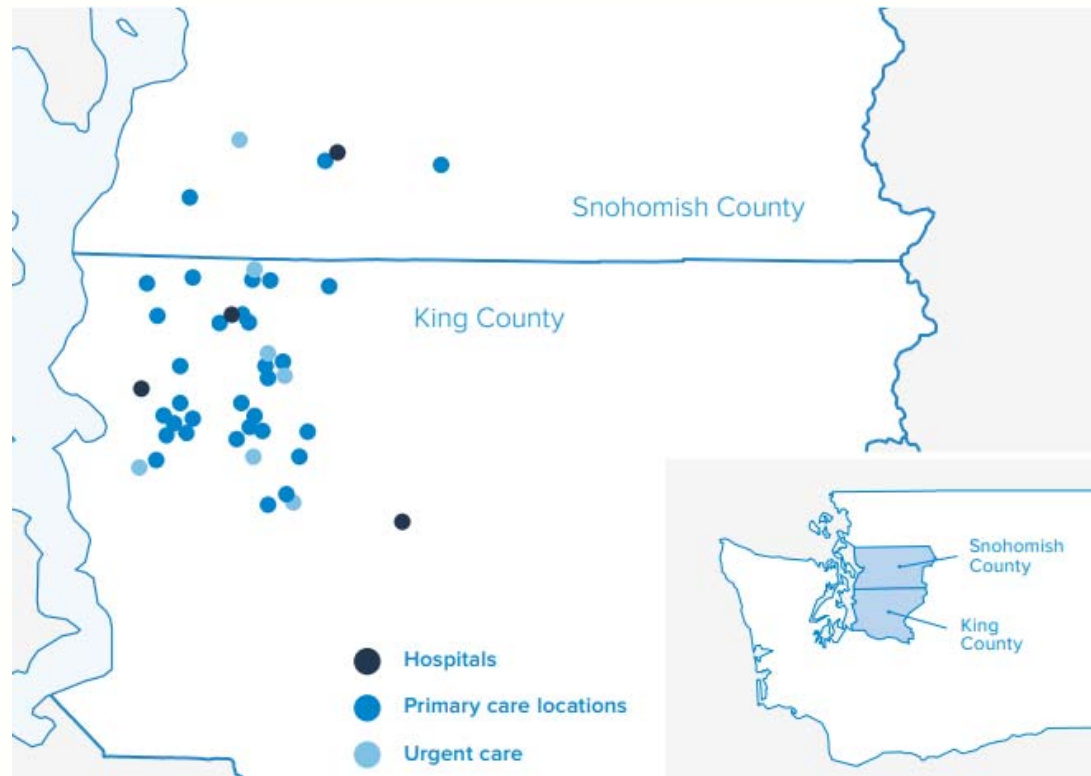
32 Primary Care Locations

- **245** Providers

7 Urgent Care Clinics

4 Hospital Facilities

- EvergreenHealth
- EvergreenHealth Monroe
- Overlake Medical Center
- Snoqualmie Valley Hospital



EHN VALUES

EASTSIDE HEALTH
NETWORK

EvergreenHealth

OVERLAKE
MEDICAL CENTER



POPULATION HEALTH LANDSCAPE

EASTSIDE HEALTH
NETWORK

EvergreenHealth

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Contract Type	Incentive-Based	Shared Savings	Upside/Downside Risk	Full Capitation
Contract Distribution	5%	65%	10%	20%
EHN Contract	Medicare Adv: Aetna HMO, PPO, Providence	Cigna CAC, Aetna ACOA, Regence AHN	Boeing - Accountable Care Program	EvergreenHealth & Overlake ERISA Employee Plans
Care Management (Provider, RN Care Manager, Pharmacist, Medical Assistant, Population Health Assistant)	<ul style="list-style-type: none"> Focus on closing gaps in care 	<i>In addition:</i> <ul style="list-style-type: none"> Focus on hospital readmissions Manage transitions of care Drive appropriate ED/hospital utilization High and rising risk management Prescription optimization 	<i>In addition:</i> <ul style="list-style-type: none"> Non-traditional care pathways Phone/email/telemedicine visits Surgical fitness/appropriateness Chronic care management, patient-centered goals, shared care plan End-of-life care planning 	<i>In addition:</i> <ul style="list-style-type: none"> Site of service review Non-reimbursed care Member incentives to increase engagement Promotion of care communities Increased access and support for utilization of behavioral health Optimize in-network resources for patients
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Financial risk and allocation of network resources

POPULATION HEALTH LANDSCAPE

EASTSIDE HEALTH
NETWORK

EvergreenHealth

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Financial risk and allocation of network resources

CLINICAL EXAMPLE

EASTSIDE HEALTH
N E T W O R K

EvergreenHealth

OVERLAKE
MEDICAL CENTER

Contract Type	Incentive-Based	Shared Savings	Upside/Downside Risk	Full Capitation
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Patient profile:

Out of care with chronic disease maintenance

- Diagnosis of diabetes
- No HbA1c done in last 12 months
- No nephropathy screening done in last 12 months
- No dilated retinal exam completed

CLINICAL EXAMPLE

EASTSIDE HEALTH
NETWORK

EvergreenHealth

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MEDICAL CENTER

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Patient Compliance Report

Reports

[Home](#) » [Patient Compliance Reports](#) » [Report View/Edit](#)

EHN: Cigna Care Gaps



EHN: Cigna Population



Publish to:

PO Admini

Version

Description

Export



First Name	Last Name	Date Of Birth	Primary Physician	Last Office Visit	Outreach Done in Last 3 Months?	DM: HbA1c Testing Gap	DM: Microalbumin/ Nephropathy Gap	DM: Retinal Exam Gap	Mammography Gap
			Ann Bankson	08-22-2017	No	Yes	Yes	Yes	Yes
			Unknown Advanced Fa...	N/A	No	Yes	Yes	Yes	No
			Irine Vaiman	03-15-2017	No	Yes	Yes	No	No
			Kyle Krekow	09-26-2016	No	Yes	No	Yes	No
			Thomas Dawson	07-31-2017	No	Yes	Yes	Yes	No
			Unknown Advanced Fa...	02-09-2017	No	Yes	No	Yes	No
			Thomas Wilson	04-20-2017	No	Yes	No	No	No
			Elizabeth Lehmann-Ta...	08-28-2017	No	Yes	Yes	Yes	No
			Unknown Eastside He...	09-26-2017	No	Yes	No	Yes	No
			Unknown Eastside He...	03-26-2016	No	Yes	No	Yes	No
			Joseph Lee	06-09-2017	No	Yes	Yes	Yes	No
			Unknown Advanced Fa...	07-06-2017	No	Yes	Yes	Yes	No
			Unknown Eastside He...	09-25-2017	No	Yes	Yes	Yes	No
			William McKee	08-02-2017	No	Yes	No	No	No
			Severiano Manuel	03-20-2017	Yes	Yes	No	Yes	No
			Sadia Habib	N/A	No	Yes	Yes	Yes	No
			Elizabeth Lehmann-Ta...	08-25-2017	No	Yes	Yes	Yes	Yes
			Unknown EH Infection...	02-24-2014	No	Yes	Yes	Yes	Yes
			Sadia Habib	N/A	No	Yes	Yes	Yes	No

CLINICAL EXAMPLE

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Sara Rutherford | Sign Out

Patient Test - 36 (12/15/1980)

Administrative Med. History Results Care Mgmt. Print Reports

Search for Patients Advanced

Patient Search » Community Care Plan

Outreach Assistant

Community Care Plan

Views Show Completed Show Rejected Show Details

4 Recommendations 0 Select to build Care Plan

Care Team



Denise Kraft
Primary Physician

Programs 0

No Active Programs Enrolled

Care Plan Summary

Active

Remove Filter

Care Gap Follow-Up

Problems: 0/2(0%)

Goals: 0/2(0%)

Tasks: 0/5(0%)

Care Team (Providers)

2017-10-10

New

Complete

Outreach Assistant

Performed Outreach

Performed Date

10-02-2017

Type

Phone Call

Duration

5

minutes

Status

Contacted

Unsuccessful Reason

Contact

Patient

Due Date

01-02-2018

12

00

PM

Type

Phone Call

Contact

Patient

Outreach Related To: Complete Diabetes Maintenance

Task Name

Planned Date

Status

Note

HEMOGLOBIN A1c

In Progress

MICROALBUMIN

In Progress

Dilated Retinal Exam

In Progress

Outreach Note:

Spoke with patient re: needed HbA1c and microalbumin tests, and scheduled lab visit on 10/10/17. Patient reports he will review eye providers in his network, and schedule a retinal exam.

Public

Submit

Cancel

POPULATION HEALTH LANDSCAPE

EASTSIDE HEALTH
NETWORK

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Financial risk and allocation of network resources

CLINICAL EXAMPLE

EASTSIDE HEALTH
NETWORK

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OVERLAKE
MEDICAL CENTER

Contract Type	Incentive-Based	Shared Savings	Upside/Downside Risk	Full Capitation
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Patient profile:

High utilizer

- 3+ Avoidable emergency department visits within the past 6 months,
- 2+ Unplanned inpatient admissions within the last 45 days,
- Or combination of the two

CLINICAL EXAMPLE

EASTSIDE HEALTH
NETWORK

EvergreenHealth

OVERLAKE
MEDICAL CENTER

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Patient Compliance Report

Reports

Home » Patient Compliance Reports » Report View/Edit

CM: High Utilizers



CM: High Utilizers (9/26/2017)



Publish to: x PO Admin

Version

Description

Export



First Name	Last Name	Date Of Birth	Primary Physician	Care Managers	Utilization Review Completed within Last 6 Months	Last ER Visit	Last Hospital Discharge	Last Office Visit	Resource Utilization Band
			Dennis Anderson	Tasleem Nurmohamed...	No	N/A	08-28-2017	09-21-2017	5 - Very High
			Leena Chacko	Tasleem Nurmohamed...	Yes	10-08-2017	03-05-2017	06-07-2017	5 - Very High
			Kimberly Liu	Tasleem Nurmohamed...	Yes	10-07-2017	01-25-2017	09-06-2017	5 - Very High
			Kristi Moffat	N/A	No	10-06-2017	N/A	09-05-2017	4 - High
			Bandana Kandel	Tasleem Nurmohamed...	Yes	10-06-2017	09-12-2017	09-18-2017	5 - Very High
			Peter Sefton	N/A	No	10-05-2017	N/A	08-21-2017	4 - High
			Jonathan Cook	N/A	No	10-04-2017	10-05-2017	09-11-2017	4 - High
			David Higginbotham	N/A	No	10-01-2017	10-06-2017	08-14-2017	5 - Very High
			Shirley Handley	Megan Marshall, RN	Yes	09-29-2017	08-30-2017	09-08-2017	5 - Very High
			Unknown Premera	N/A	No	09-28-2017	N/A	N/A	0 - No or Only Invalid Dx
			Gregory Aeschliman	N/A	No	09-28-2017	10-02-2017	05-02-2017	5 - Very High
			Sabrina Yon	N/A	No	09-26-2017	09-28-2017	01-30-2017	3 - Moderate
			Steven Rittenberg	N/A	No	09-26-2017	09-24-2017	09-26-2017	5 - Very High
			Unknown EH Senior Ca...	N/A	No	09-25-2017	10-03-2017	09-15-2017	5 - Very High
			Douglas Portelance	N/A	No	09-25-2017	N/A	09-25-2017	5 - Very High
			Kyle Krekow	N/A	No	09-23-2017	09-24-2017	09-19-2017	3 - Moderate
			Janine Cooley	N/A	No	09-22-2017	09-23-2017	09-26-2017	4 - High
			Steven Rittenberg	N/A	No	09-21-2017	09-29-2017	01-17-2017	3 - Moderate

CLINICAL EXAMPLE

EASTSIDE HEALTH
NETWORK

EvergreenHealth

OVERLAKE
MEDICAL CENTER

Profile:

- 30-year-old male, homeless, history of substance abuse
- 5 ED visits with 1 inpatient admission within 6 months

Actions:

1. Care manager identifies patient on high utilizer report and outreaches to primary care practice with information regarding patient's situation
2. PCP not aware of patient's facility use (outside of EHN) – develops care plan developed with care manager and social worker
3. PCP encourages patient to connect with social worker for resource support

3-Month Outcome:

- No ED utilization since intervention

POPULATION HEALTH LANDSCAPE

EASTSIDE HEALTH
NETWORK

EvergreenHealth

OVERLAKE
MEDICAL CENTER

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Financial risk and allocation of network resources

CLINICAL EXAMPLE 1

EASTSIDE HEALTH
NETWORK

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MEDICAL CENTER

Contract Type	Incentive-Based	Shared Savings	Upside/Downside Risk	Full Capitation
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Patient profile:

Uncontrolled diabetic

- Diagnosed with type I or II diabetes
- Last HbA1c result > 9%
- BP may be > 140 / > 90
- May have recent ED or hospital utilization, or out of care with PCP

CLINICAL EXAMPLE 1

EASTSIDE HEALTH
NETWORK

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Patient Compliance Report

Reports

[Home](#) » [Patient Compliance Reports](#) » Report View/Edit

CM: Uncontrolled Diabetes (HbA1



CM: Uncontrolled Diabetes (7/20/2017)



Publish to: x Care Mana

Version

Description

Export



First Name	Last Name	Date Of Birth	Primary Physician	Resource Utilization Band	Chronic Condition Count	Last HbA1c Date	Last HbA1c Value	Last BP > 140/90	Last Systolic BP Date	Last Systolic BP Value	Last Diastolic BP Date	Last Diastolic BP Value	Last Emergency Visit
			William Shoup	5 - Very High	15	05-01-2017	9.6	No	N/A	N/A	N/A	N/A	N/A
			Travis Day	5 - Very High	14	01-06-2017	9.1	No	09-27-2017	128	09-27-2017	82	09-17-2017
			Rachna Gadhok	5 - Very High	13	04-26-2017	10.8	No	04-26-2017	92	04-26-2017	56	N/A
			Kristi Moffat	5 - Very High	13	10-04-2017	9.7	Yes	10-04-2017	149	10-04-2017	104	10-04-2017
			Robert Kelley	5 - Very High	12	01-22-2017	10.6	Yes	09-28-2017	144	09-28-2017	86	06-02-2017
			James Brown	5 - Very High	11	09-27-2017	9.6	Yes	10-05-2017	140	10-05-2017	96	10-05-2017
			Marty Kjos	4 - High	10	09-23-2017	9.1	No	09-26-2017	124	09-26-2017	80	04-26-2017
			Wilson Chan	5 - Very High	10	08-29-2017	9.9	No	09-25-2017	138	09-25-2017	80	N/A
			Noel Chia	5 - Very High	10	09-19-2017	9.2	No	09-21-2017	140	09-21-2017	86	N/A
			Noel Chia	5 - Very High	9	09-22-2017	9.1	No	10-02-2017	122	10-02-2017	80	N/A
			Debra Chaput	5 - Very High	9	08-11-2017	11.2	No	09-21-2017	86	09-21-2017	58	N/A
			Unknown Eastside He...	4 - High	9	09-05-2017	9.8	No	09-14-2017	120	09-14-2017	80	09-05-2017
			Buckley Eckert	4 - High	8	10-05-2017	9	No	10-05-2017	136	10-05-2017	68	N/A
			Tom Greene	4 - High	8	08-30-2017	9	No	06-28-2017	138	06-28-2017	88	N/A
			James Brown	5 - Very High	8	03-23-2017	9.1	Yes	03-16-2017	170	03-16-2017	120	N/A
			Debra Chaput	5 - Very High	8	09-02-2017	9.5	Yes	09-02-2017	142	09-02-2017	78	N/A
			Sherman Lee	5 - Very High	8	07-11-2017	10.5	Yes	08-28-2017	162	08-28-2017	94	N/A
			Sherman Lee	4 - High	7	09-07-2017	11.3	No	09-07-2017	132	09-07-2017	74	N/A
			Glen Stuhling	4 - High	7	07-25-2017	9.4	Yes	09-22-2017	149	09-22-2017	94	N/A
			Theresa Platz	4 - High	7	03-09-2017	11.6	No	08-17-2017	124	08-17-2017	84	N/A
			Sally Esser	5 - Very High	7	02-21-2017	9.9	No	02-21-2017	132	02-21-2017	84	N/A
			Jean Reid	4 - High	7	07-17-2017	9.3	Yes	05-05-2017	151	05-05-2017	89	N/A

CLINICAL EXAMPLE 2

EASTSIDE HEALTH
NETWORK

EvergreenHealth

OVERLAKE
MEDICAL CENTER

Profile:

- 55-year-old female, diagnoses include diabetes, hypertension, CAD, obesity
- HbA1c = 9.6%, and BP consistently > 140/90
- Work schedule and family commitments present barriers to self-management
- Tried multiple expensive weight loss programs with poor results, leading to poor confidence and conviction in ability to change

Actions:

1. Care manager requests referral from PCP for ongoing support and coaching
2. PCP and care manager create coordinated care plan for patient
3. Weekly calls for education, confidence-building, and accountability

3-Month Outcome:

- Increased exercise and improved diet resulted in 5% weight loss
- Improved HbA1c (6.8%) and BP control (< 140/90)
- Diabetes and hypertension medications decreased or discontinued

CLINICAL EXAMPLE 2

EASTSIDE HEALTH
NETWORK

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Contract Type	Incentive-Based	Shared Savings	Upside/Downside Risk	Full Capitation
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Patient profile:

Candidate for palliative care, with presence of:

- Active, malignant cancer,
- Congestive heart failure,
- Chronic obstructive pulmonary disease,
- End stage renal disease, and/or
- Neurological disease

CLINICAL EXAMPLE 2

EASTSIDE HEALTH
NETWORK

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Patient Compliance Report

Reports

[Home](#) > [Patient Compliance Reports](#) > Report View/Edit

EHN Palliative Care Candidates - P



EHN Palliative Care Candidates - Phase 2



Publish to:

x PO Admini

Version

Description

Export



First Name	Last Name	Date Of Birth	Primary Physician	Lower Number = Higher Acuity	Presence of Malignant Cancer	Presence of CKD IV, V, or ESRD	Presence of Chronic CHF	Presence of Pulmonary Disease	Presence of Neuro Disease
			David Higginbotham	0	Yes	Yes	Yes	Yes	Yes
			Glen Stuhling	1	No	Yes	Yes	Yes	Yes
			Joseph Lee	2	No	No	Yes	Yes	Yes
			Chao-Ching Wu	2	Yes	No	No	Yes	Yes
			Thomas Wilson	2	No	Yes	Yes	No	Yes
			Alexis David	2	Yes	Yes	Yes	No	No
			Lilaine Leonardo	2	Yes	No	No	Yes	Yes
			Theresa Platz	2	No	Yes	No	Yes	Yes
			Joseph Lee	2	Yes	No	No	Yes	Yes
			Thomas Wilson	2	No	Yes	Yes	Yes	No
			Peter Sefton	2	Yes	Yes	Yes	No	No
			Thomas Wilson	2	Yes	No	Yes	No	Yes
			Kurt Billett	2	No	Yes	Yes	Yes	No
			Jeong Kim	2	No	No	Yes	Yes	Yes
			Denise Kraft	2	No	Yes	Yes	Yes	No
			Jeong Kim	3	Yes	No	No	Yes	No
			Buckley Eckert	3	No	Yes	No	Yes	No
			Christopher Gerard	3	No	No	No	Yes	Yes
			Kurt Billett	3	Yes	No	Yes	No	No

CLINICAL EXAMPLE 2

EASTSIDE HEALTH
NETWORK

EvergreenHealth

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MEDICAL CENTER

Profile:

- 67-year-old male, co-morbidities include diabetes, CAD, CHF, renal failure
- 3 hospitalizations, all discharged to home health

Actions:

1. Outreach to PCP suggesting support from care management in setting of numerous care providers and follow-up appointments
2. PCP encourages patient and family to connect with care manager
3. Referral to palliative care for consultation and support

Outcomes:

- Reduced inpatient utilization, improved patient comfort, and end-of-life wishes met

POPULATION HEALTH LANDSCAPE

EASTSIDE HEALTH
NETWORK

EvergreenHealth

OVERLAKE
MEDICAL CENTER

Contract Type	Incentive-Based	Shared Savings	Upside/Downside Risk	Full Capitation
Contract Distribution	5%	65%	10%	20%
EHN Contract	Medicare Adv: Aetna HMO, PPO, Providence	Cigna CAC, Aetna ACOA, Regence AHN	Boeing - Accountable Care Program	EvergreenHealth & Overlake ERISA Employee Plans
Care Management (Provider, RN Care Manager, Pharmacist, Medical Assistant, Population Health Assistant)	<ul style="list-style-type: none"> Focus on closing gaps in care 	<i>In addition:</i> <ul style="list-style-type: none"> Focus on hospital readmissions Manage transitions of care Drive appropriate ED/hospital utilization High and rising risk management Prescription optimization 	<i>In addition:</i> <ul style="list-style-type: none"> Non-traditional care pathways Phone/email/telemedicine visits Surgical fitness/appropriateness Chronic care management, patient-centered goals, shared care plan End-of-life care planning 	<i>In addition:</i> <ul style="list-style-type: none"> Site of service review Non-reimbursed care Member incentives to increase engagement Promotion of care communities Increased access and support for utilization of behavioral health Optimize in-network resources for patients
Patient Profile (established or Wellcentive report type)	<ul style="list-style-type: none"> Care gaps by contract 	<i>In addition:</i> <ul style="list-style-type: none"> High utilizers report (ED, hospital) High risk/cost patients 	<i>In addition:</i> <ul style="list-style-type: none"> Uncontrolled diabetics report Palliative care candidates (CHF, COPD, cancer) 	<i>In addition:</i> <ul style="list-style-type: none"> Holistic patient profile of utilization compared to national benchmarks in-network utilization

Financial risk and allocation of network resources

VALUE

EASTSIDE HEALTH
NETWORK

EvergreenHealth

OVERLAKE
MEDICAL CENTER

Patients:

- Improved coordination between care providers as a result of data integration
- Support from extended care team provides clarity in an otherwise confusing health system
- Ensures right care in the right setting
- Engagement of family, payor and network resources

Providers:

- Clinical guidelines optimizes the role of primary care and emphasizes appropriate referrals to specialty care
- Data integration speeds identification of complex patients, and pools them into a defined clinical pathway
- Additional support by care management nurses, pharmacy, social work reinforces care plan and helps navigate complex patients towards improved outcomes

POPULATION HEALTH LANDSCAPE

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THE ROAD AHEAD

EASTSIDE HEALTH
NETWORK

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OVERLAKE
MEDICAL CENTER

- Incentive dollars only available for a limited time
- Benefit design will be key to success with risk-based products, along with:
 - Network sufficiency/referral management
 - Breadth of services
 - Data integration
- Organizational willingness to take risk, shift resources, and cultivate provider leadership
- Provider community alignment and engagement
- Payor and employer partnership and realistic expectations
- Taking the long approach

QUESTIONS?

EASTSIDE HEALTH
NETWORK

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OVERLAKE
MEDICAL CENTER

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