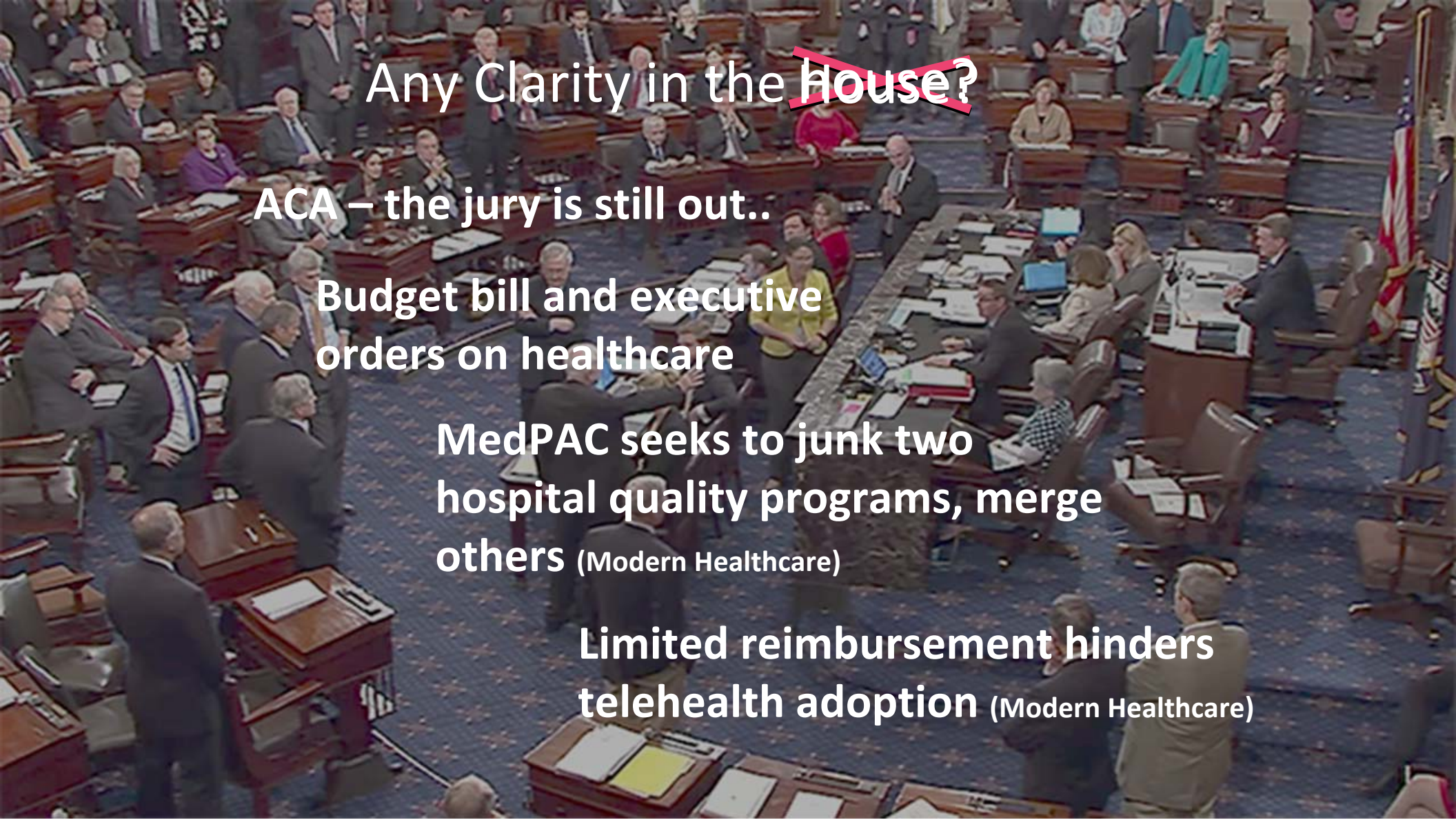
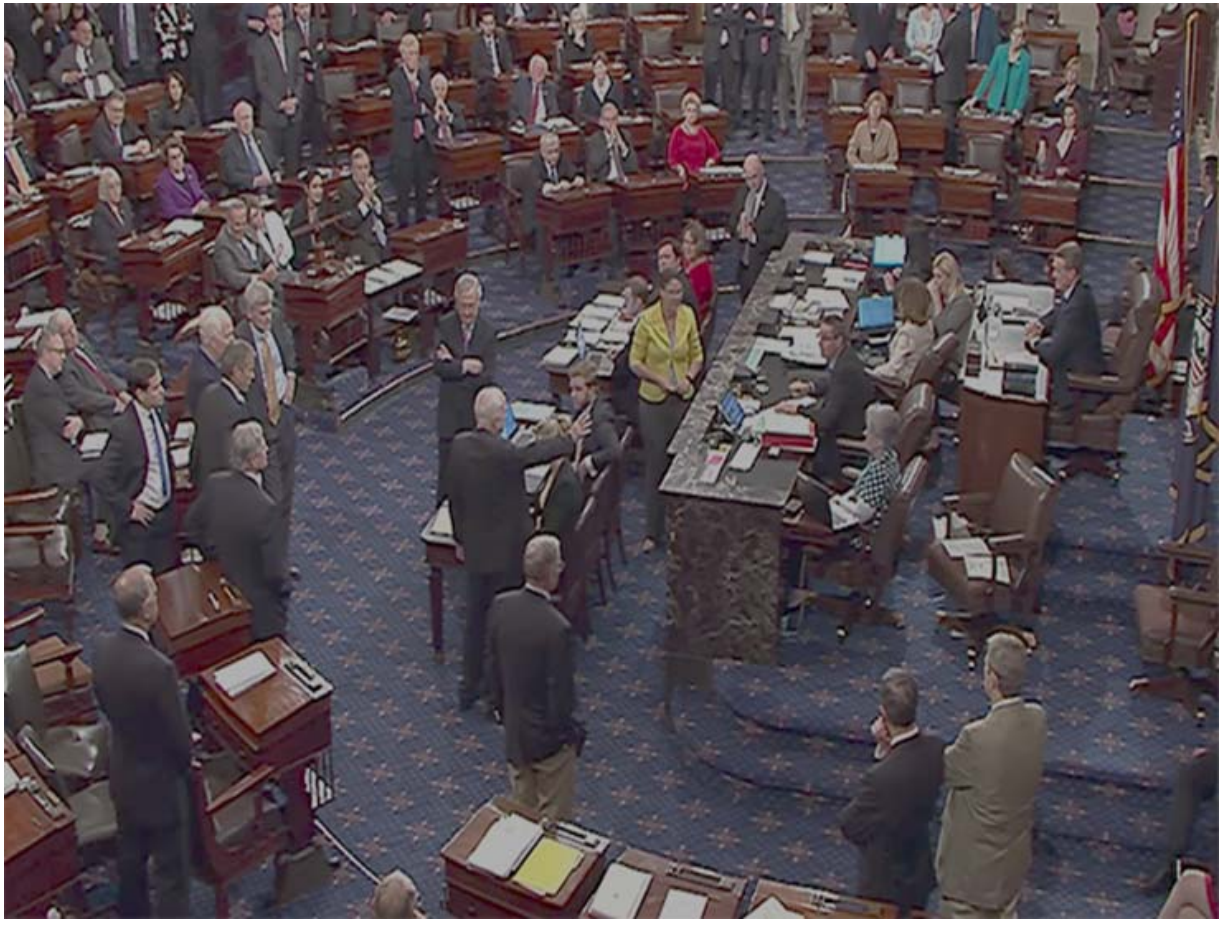
Improving Patient Care and Provider Experience through Population Health

Tom Zajac
David LaMarche
Sara Rutherford


Any Clarity in the House?
ACA – the jury is still out..
Budget bill and executive orders on healthcare
MedPAC seeks to junk two hospital quality programs, merge others (Modern Healthcare)
Limited reimbursement hinders telehealth adoption (Modern Healthcare)

“Politicians Need To Change The Conversation On How To Fix Health Care.” (Forbes)



Aetna CEO: CVS deal will open '10,000 new front doors to healthcare system'
Becker's Healthcare

"Imagine seeing a virtual doctor on your Amazon app, having it prescribe you a certain medication, and then tapping a 'buy now' button -- all without leaving your home."
Goldman Sachs Global Investment Research

Amazon, Berkshire and JPMorgan Team Up to Disrupt Healthcare
New York Times

35.8% of Americans would use an Amazon health insurance plan
Becker's Healthcare

"We're mad as hell and not going to take this anymore!"
Peter Finch, Network

PHILIPS

What Population Health should be

This is a journey from delivering ***sick care*** to delivering ***continuous health*** across a population.

Your ***customers*** should get **seamless AND coordinated care**—when, where and how they want and need it.

Your ***outreach*** should deliver on the promise to manage, promote and support improved health.

You need to drive a ***healthy bottom line*** as you transition to value-based care.

The ***business*** of healthcare garners our focus

Growing challenges …

Fee-for-service revenue optimization	Proactive management of rising risk populations	Longitudinal care coordination	Discharge and readmission management	Network and outreach management	Operational efficiency and data integration

PHILIPS

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

Find better ways to deliver better care

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

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 provide seamless care for

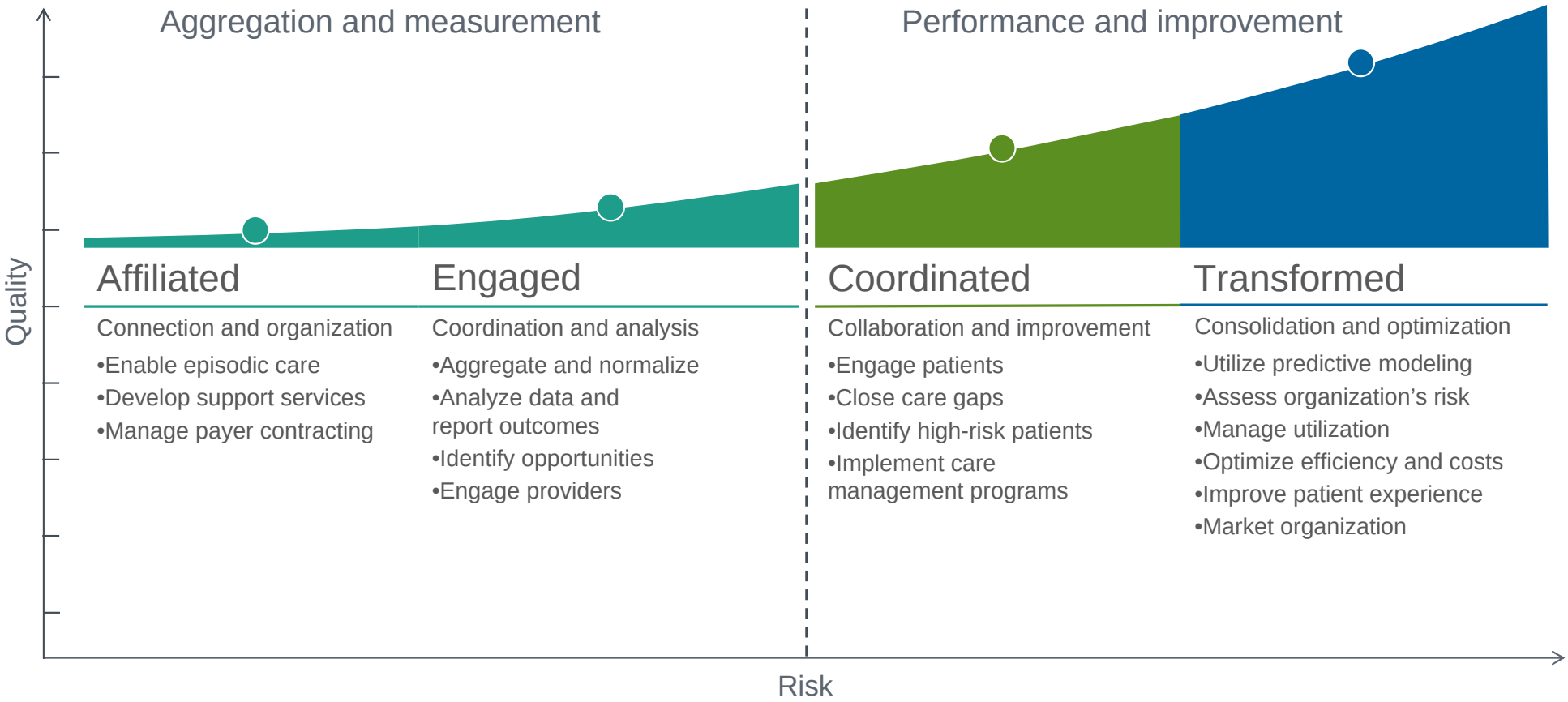
Stay competitive and growing

Provide continuity of care to increase retention and retain market share

Leverage continuous insights

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

This is a ***journey*** in transformation



PHILIPS

Strategy for accelerating Population Health

Healthy Patients

Healthy Communities

Focus on Market

Activate the Patient

PHILIPS

Healthy Patients –
Care, Outcomes, and Clarity

Care Management

•Longitudinal care plans, outreach and forecasts for each risk group (the death of episodic care?)

Care Coordination

•Collaboration and coordination of the care team, patient, family, and support environment

Connected Care

•Consumer workflow – when, where, how

•Compliance, monitoring, feedback and education

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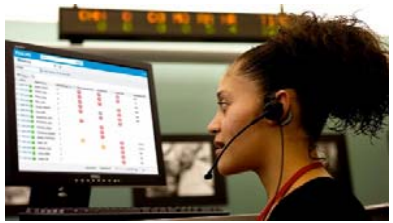
Healthy Communities –
Access, Environment, Empowerment



Access (omnipresence)

•Creating health ***and*** care that are affordable, available, and actionable

Social and Environmental Determinants

•Outreach programs designed to listen, assess and impact the core drivers of health

Health and Wellness

•Outreach to drive patient activation, defining where, when, how, ***and*** why

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Focus on Market –
Community, Consumer, Patient, Family CEO

Population Health

•Understand, navigate, empower across clinical, financial, access and market strategies

Partnership

•Market alignment with payers, providers, affiliates and. disrupters for the common purpose – community health

Ubiquity

•Access and availability in the home, work, community, network

•Creating both affinity and incentive to participate

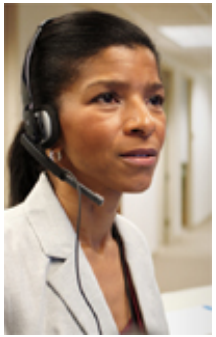
PHILIPS

Activating the Patient

Patient Engagement

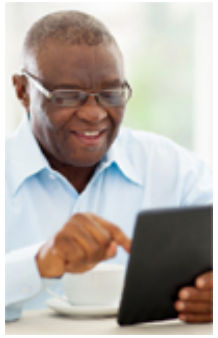
Physician Engagement

Care Coordination



Coaching/ Mentoring

Connectivity/ Enablement



Activate the Patient

PHILIPS

The journey is showing results

CHILDREN'S HEALTH *alliance*

Blanchard Valley HEALTH SYSTEM

Dartmouth CENTERS FOR HEALTH AND AGING

EvergreenHealth

PHILIPS

Pioneering pediatric population health management

Segmenting their 80,000 patients across 20 sites, Children's Health Alliance targeted asthma as the initial condition to manage and was able to:

- Develop an asthma registry and evidence-based, standardized care plans
- Increase annual asthma well visits by 234%
- Decrease Emergency Department visits for asthma population by up to 40%

CHILDREN'S HEALTH *alliance*

Driving success of medical home

Blanchard Valley Health System's patient-centered medical home initiative covers 4,000 lives and empowers care management to help achieve:

- ROI of $2.44 per every $1 invested in the program
- Reduced A1c levels, admissions, ER visits and charges for diabetic population
- Increased compliance for colonoscopies and mammogram screenings well above HEDIS benchmarks

Blanchard Valley HEALTH SYSTEM

Improving psychiatric self-management skills

Dartmouth Centers for Health and Aging uses telehealth solutions to help people with psychiatric instability better cope with and learn about their conditions

•Achieve 70% participant adherence, with many participants reporting improved ability to self-manage psychiatric symptoms

•Efficiently develop, personalize, and deploy clinical content for psychiatric libraries

•Tailor the program to their target population and provide coordinated care

Dartmouth
CENTERS FOR HEALTH AND AGING

Leveraging personalized patient data to coordinate care

Standardizing data from disparate EHR systems, Evergreen HealthPartners created a plan for care coordinators and communication with payers

- Access personalized, standardized patient data across all type of EHRs inside the network within one single platform
- Allow care coordinators to improve quality of care in a holistic manner
- Communicate directly with payers through the platform
- Benchmark performance

EvergreenHealth

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 OVERLAKE MEDICAL CENTER

- 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 OVERLAKE MEDICAL CENTER

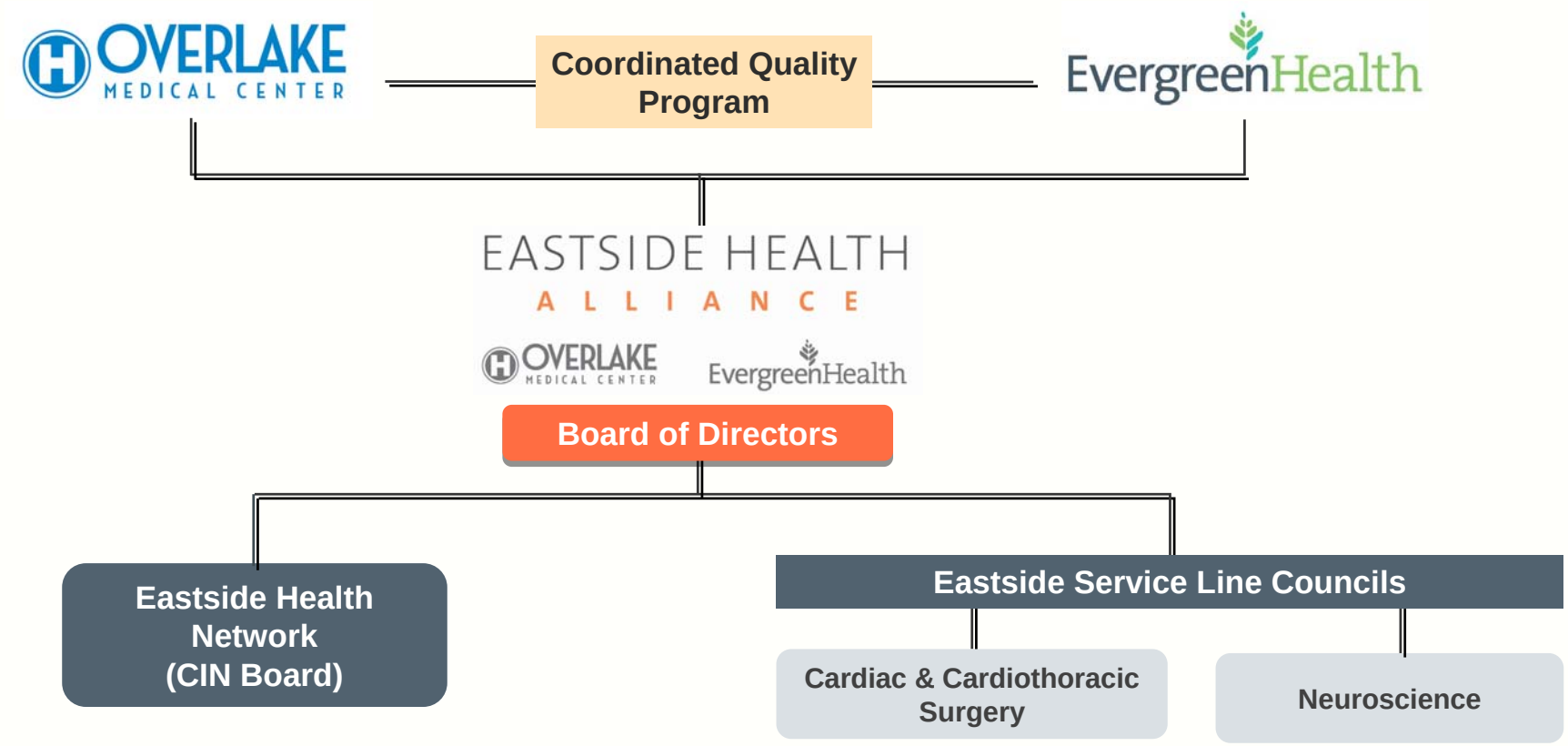
EvergreenHealth

- 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

OVERLAKE MEDICAL CENTER

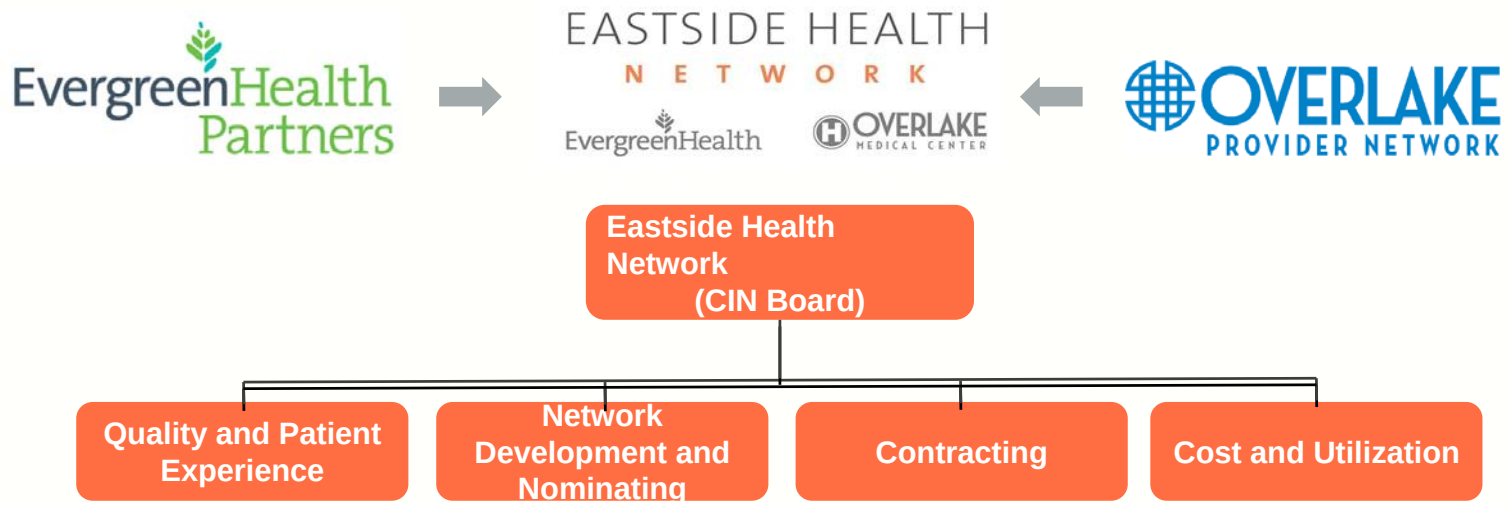
- Non-profit, non-tax supported medical center established in 1960; With a main hospital campus in the Eastside core of Bellevue, Overlake today serves roughly 850,000 King County residents
- Overlake Medical Center, licensed for 349-beds and the first Level III trauma service on the Eastside offers 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 (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
EvergreenHealth OVERLAKE MEDICAL CENTER

89 Practices

1,233 Physicians

Primary Care Service Area:
King and Snohomish counties

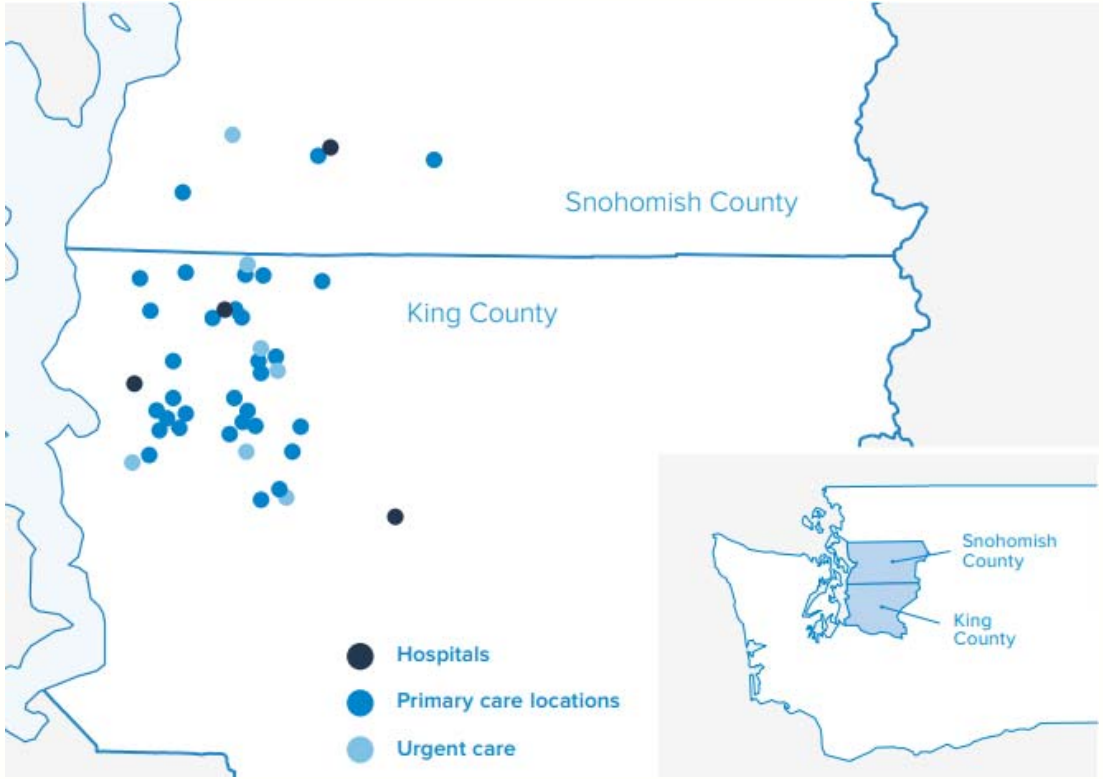
32 Primary Care Locations

- **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 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)	• Focus on closing gaps in care	*In addition:* •Focus on hospital readmissions •Manage transitions of care •Drive appropriate ED/hospital utilization •High and rising risk management •Prescription optimization	*In addition:* •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	*In addition:* •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)	• Care gaps by contract	*In addition:* •High utilizers report (ED, hospital) •High risk/cost patients	*In addition:* •Uncontrolled diabetics report •Palliative care candidates (CHF, COPD, cancer)	*In addition:* •Holistic patient profile of utilization compared to national benchmarks •In-network utilization

Financial risk and allocation of network resources

POPULATION HEALTH LANDSCAPE

EASTSIDE HEALTH NETWORK
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CLINICAL EXAMPLE

EASTSIDE HEALTH NETWORK
EvergreenHealth OVERLAKE MEDICAL CENTER

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

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 OVERLAKE MEDICAL CENTER

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Patient Compliance Report — Reports

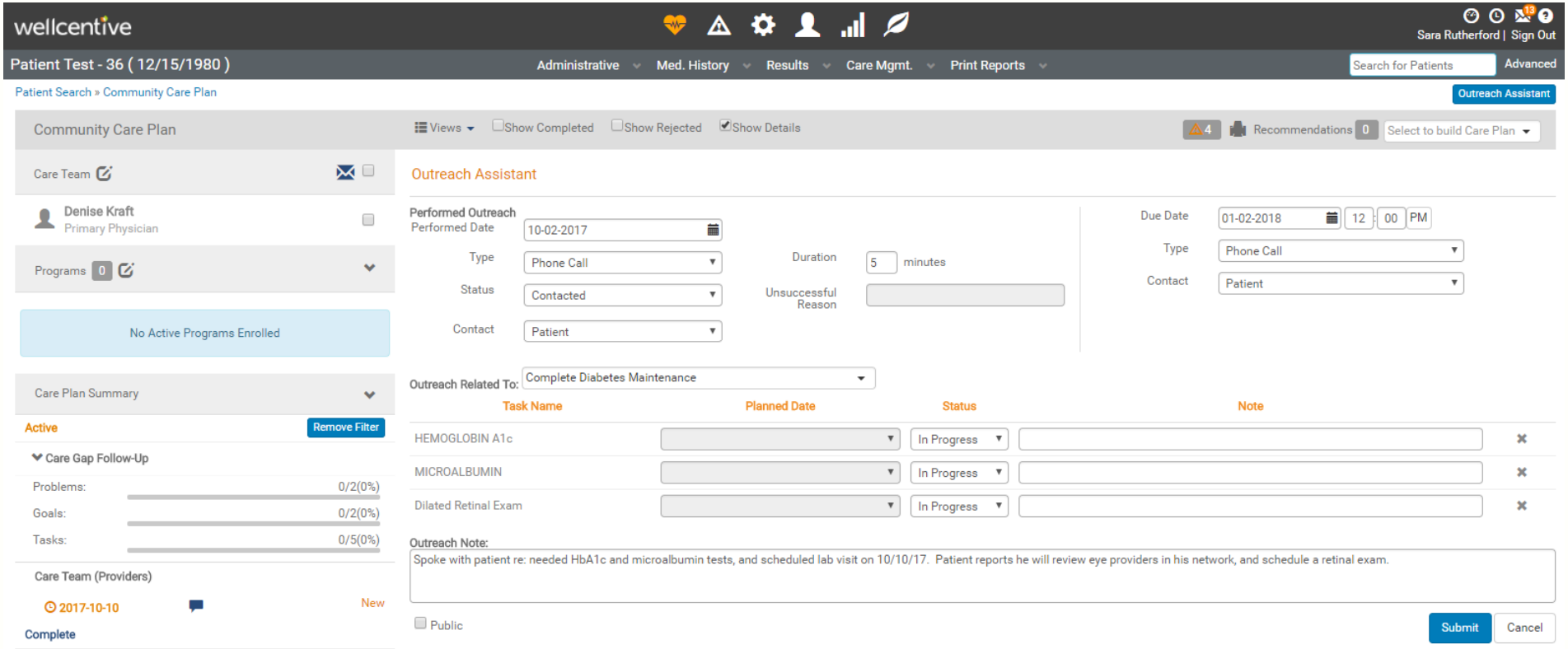
Home » Patient Compliance Reports » Report View/Edit

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
[redacted]	[redacted]	[redacted]	Ann Bankson	08-22-2017	No	Yes	Yes	Yes	Yes
[redacted]	[redacted]	[redacted]	Unknown Advanced Fa...	N/A	No	Yes	Yes	Yes	No
[redacted]	[redacted]	[redacted]	Irine Vaiman	03-15-2017	No	Yes	Yes	No	No
[redacted]	[redacted]	[redacted]	Kyle Krekow	09-26-2016	No	Yes	No	Yes	No
[redacted]	[redacted]	[redacted]	Thomas Dawson	07-31-2017	No	Yes	Yes	Yes	No
[redacted]	[redacted]	[redacted]	Unknown Advanced Fa...	02-09-2017	No	Yes	No	Yes	No
[redacted]	[redacted]	[redacted]	Thomas Wilson	04-20-2017	No	Yes	No	No	No
[redacted]	[redacted]	[redacted]	Elizabeth Lehmann-Ta...	08-28-2017	No	Yes	Yes	Yes	No
[redacted]	[redacted]	[redacted]	Unknown Eastside He...	09-26-2017	No	Yes	No	Yes	No
[redacted]	[redacted]	[redacted]	Unknown Eastside He...	03-26-2016	No	Yes	No	Yes	No
[redacted]	[redacted]	[redacted]	Joseph Lee	06-09-2017	No	Yes	Yes	Yes	No
[redacted]	[redacted]	[redacted]	Unknown Advanced Fa...	07-06-2017	No	Yes	Yes	Yes	No
[redacted]	[redacted]	[redacted]	Unknown Eastside He...	09-25-2017	No	Yes	Yes	Yes	No
[redacted]	[redacted]	[redacted]	William McKee	08-02-2017	No	Yes	No	No	No
[redacted]	[redacted]	[redacted]	Severiano Manuel	03-20-2017	Yes	Yes	No	Yes	No
[redacted]	[redacted]	[redacted]	Sadia Habib	N/A	No	Yes	Yes	Yes	No
[redacted]	[redacted]	[redacted]	Elizabeth Lehmann-Ta...	08-25-2017	No	Yes	Yes	Yes	Yes
[redacted]	[redacted]	[redacted]	Unknown EH Infectiou...	02-24-2014	No	Yes	Yes	Yes	Yes
[redacted]	[redacted]	[redacted]	Sadia Habib	N/A	No	Yes	Yes	Yes	No

CLINICAL EXAMPLE

EASTSIDE HEALTH NETWORK
EvergreenHealth OVERLAKE MEDICAL CENTER



POPULATION HEALTH LANDSCAPE

EASTSIDE HEALTH NETWORK
EvergreenHealth OVERLAKE MEDICAL CENTER

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Financial risk and allocation of network resources

CLINICAL EXAMPLE

EASTSIDE HEALTH NETWORK
EvergreenHealth OVERLAKE MEDICAL CENTER

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

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: PO Admini | 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
[redacted]	[redacted]	[redacted]	Dennis Anderson	Tasleem Nurmohamed...	No	N/A	08-28-2017	09-21-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Leena Chacko	Tasleem Nurmohamed...	Yes	10-08-2017	03-05-2017	06-07-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Kimberly Liu	Tasleem Nurmohamed...	Yes	10-07-2017	01-25-2017	09-06-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Kristi Moffat	N/A	No	10-06-2017	N/A	09-05-2017	4 - High
[redacted]	[redacted]	[redacted]	Bandana Kandel	Tasleem Nurmohamed...	Yes	10-06-2017	09-12-2017	09-18-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Peter Sefton	N/A	No	10-05-2017	N/A	08-21-2017	4 - High
[redacted]	[redacted]	[redacted]	Jonathan Cook	N/A	No	10-04-2017	10-05-2017	09-11-2017	4 - High
[redacted]	[redacted]	[redacted]	David Higginbotham	N/A	No	10-01-2017	10-06-2017	08-14-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Shirley Handley	Megan Marshall, RN	Yes	09-29-2017	08-30-2017	09-08-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Unknown Premera	N/A	No	09-28-2017	N/A	N/A	0 - No or Only Invalid Dx
[redacted]	[redacted]	[redacted]	Gregory Aeschliman	N/A	No	09-28-2017	10-02-2017	05-02-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Sabrina Yon	N/A	No	09-26-2017	09-28-2017	01-30-2017	3 - Moderate
[redacted]	[redacted]	[redacted]	Steven Rittenberg	N/A	No	09-26-2017	09-24-2017	09-26-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Unknown EH Senior Ca...	N/A	No	09-25-2017	10-03-2017	09-15-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Douglas Portelance	N/A	No	09-25-2017	N/A	09-25-2017	5 - Very High
[redacted]	[redacted]	[redacted]	Kyle Krekow	N/A	No	09-23-2017	09-24-2017	09-19-2017	3 - Moderate
[redacted]	[redacted]	[redacted]	Janine Cooley	N/A	No	09-22-2017	09-23-2017	09-26-2017	4 - High
[redacted]	[redacted]	[redacted]	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

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Financial risk and allocation of network resources

CLINICAL EXAMPLE 1

EASTSIDE HEALTH NETWORK
EvergreenHealth OVERLAKE MEDICAL CENTER

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

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

EvergreenHealth OVERLAKE MEDICAL CENTER

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Patient Compliance Report — Reports

Home » Patient Compliance Reports » Report View/Edit

CM: Uncontrolled Diabetics (HbA1 | CM: Uncontrolled Diabetics (7/20/2017) | Publish to: 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
[redacted]	[redacted]	[redacted]	William Shoup	5 - Very High	15	05-01-2017	9.6	No	N/A	N/A	N/A	N/A	N/A
[redacted]	[redacted]	[redacted]	Travis Day	5 - Very High	14	01-06-2017	9.1	No	09-27-2017	128	09-27-2017	82	09-17-2017
[redacted]	[redacted]	[redacted]	Rachna Gadhok	5 - Very High	13	04-26-2017	10.8	No	04-26-2017	92	04-26-2017	56	N/A
[redacted]	[redacted]	[redacted]	Kristi Moffat	5 - Very High	13	10-04-2017	9.7	Yes	10-04-2017	149	10-04-2017	104	10-04-2017
[redacted]	[redacted]	[redacted]	Robert Kelley	5 - Very High	12	01-22-2017	10.6	Yes	09-28-2017	144	09-28-2017	86	06-02-2017
[redacted]	[redacted]	[redacted]	James Brown	5 - Very High	11	09-27-2017	9.6	Yes	10-05-2017	140	10-05-2017	96	10-05-2017
[redacted]	[redacted]	[redacted]	Marty Kjos	4 - High	10	09-23-2017	9.1	No	09-26-2017	124	09-26-2017	80	04-26-2017
[redacted]	[redacted]	[redacted]	Wilson Chan	5 - Very High	10	08-29-2017	9.9	No	09-25-2017	138	09-25-2017	80	N/A
[redacted]	[redacted]	[redacted]	Noel Chia	5 - Very High	10	09-19-2017	9.2	No	09-21-2017	140	09-21-2017	86	N/A
[redacted]	[redacted]	[redacted]	Noel Chia	5 - Very High	9	09-22-2017	9.1	No	10-02-2017	122	10-02-2017	80	N/A
[redacted]	[redacted]	[redacted]	Debra Chaput	5 - Very High	9	08-11-2017	11.2	No	09-21-2017	86	09-21-2017	58	N/A
[redacted]	[redacted]	[redacted]	Unknown Eastside He...	4 - High	9	09-05-2017	9.8	No	09-14-2017	120	09-14-2017	80	09-05-2017
[redacted]	[redacted]	[redacted]	Buckley Eckert	4 - High	8	10-05-2017	9	No	10-05-2017	136	10-05-2017	68	N/A
[redacted]	[redacted]	[redacted]	Tom Greene	4 - High	8	08-30-2017	9	No	06-28-2017	138	06-28-2017	88	N/A
[redacted]	[redacted]	[redacted]	James Brown	5 - Very High	8	03-23-2017	9.1	Yes	03-16-2017	170	03-16-2017	120	N/A
[redacted]	[redacted]	[redacted]	Debra Chaput	5 - Very High	8	09-02-2017	9.5	Yes	09-02-2017	142	09-02-2017	78	N/A
[redacted]	[redacted]	[redacted]	Sherman Lee	5 - Very High	8	07-11-2017	10.5	Yes	08-28-2017	162	08-28-2017	94	N/A
[redacted]	[redacted]	[redacted]	Sherman Lee	4 - High	7	09-07-2017	11.3	No	09-07-2017	132	09-07-2017	74	N/A
[redacted]	[redacted]	[redacted]	Glen Stuhring	4 - High	7	07-25-2017	9.4	Yes	09-22-2017	149	09-22-2017	94	N/A
[redacted]	[redacted]	[redacted]	Theresa Platz	4 - High	7	03-09-2017	11.6	No	08-17-2017	124	08-17-2017	84	N/A
[redacted]	[redacted]	[redacted]	Sally Esser	5 - Very High	7	02-21-2017	9.9	No	02-21-2017	132	02-21-2017	84	N/A
[redacted]	[redacted]	[redacted]	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
EvergreenHealth OVERLAKE MEDICAL CENTER

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

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
EvergreenHealth OVERLAKE MEDICAL CENTER

wellcentive

Patient Compliance Report — Reports

Home » Patient Compliance Reports » Report View/Edit

EHN Palliative Care Candidates - P | EHN Palliative Care Candidates - Phase 2 | Publish to: 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
[redacted]			David Higginbotham	0	Yes	Yes	Yes	Yes	Yes
[redacted]			Glen Stuhring	1	No	Yes	Yes	Yes	Yes
[redacted]			Joseph Lee	2	No	No	Yes	Yes	Yes
[redacted]			Chao-Ching Wu	2	Yes	No	No	Yes	Yes
[redacted]			Thomas Wilson	2	No	Yes	Yes	No	Yes
[redacted]			Alexis David	2	Yes	Yes	Yes	No	No
[redacted]			Lilaine Leonardo	2	Yes	No	No	Yes	Yes
[redacted]			Theresa Platz	2	No	Yes	No	Yes	Yes
[redacted]			Joseph Lee	2	Yes	No	No	Yes	Yes
[redacted]			Thomas Wilson	2	No	Yes	Yes	Yes	No
[redacted]			Peter Sefton	2	Yes	Yes	Yes	No	No
[redacted]			Thomas Wilson	2	Yes	No	Yes	No	Yes
[redacted]			Kurt Billett	2	No	Yes	Yes	Yes	No
[redacted]			Jeong Kim	2	No	No	Yes	Yes	Yes
[redacted]			Denise Kraft	2	No	Yes	Yes	Yes	No
[redacted]			Jeong Kim	3	Yes	No	No	Yes	No
[redacted]			Buckley Eckert	3	No	Yes	No	Yes	No
[redacted]			Christopher Gerard	3	No	No	No	Yes	Yes
[redacted]			Kurt Billett	3	Yes	No	Yes	No	No

CLINICAL EXAMPLE 2

EASTSIDE HEALTH NETWORK
EvergreenHealth OVERLAKE 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)	• Focus on closing gaps in care	*In addition:* •Focus on hospital readmissions •Manage transitions of care •Drive appropriate ED/hospital utilization •High and rising risk management •Prescription optimization	*In addition:* •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	***In addition:*** **•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)	• Care gaps by contract	*In addition:* •High utilizers report (ED, hospital) •High risk/cost patients	*In addition:* •Uncontrolled diabetics report •Palliative care candidates (CHF, COPD, cancer)	***In addition:*** **•Holistic patient profile of utilization compared to national benchmarks**

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

EASTSIDE HEALTH NETWORK
EvergreenHealth OVERLAKE MEDICAL CENTER

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Patient Profile (established or Wellcentive report type)	• Care gaps by contract	*In addition:* •High utilizers report (ED, hospital) •High risk/cost patients	*In addition:* •Uncontrolled diabetics report •Palliative care candidates (CHF, COPD, cancer)	*In addition:* •Holistic patient profile of utilization compared to national benchmarks •In-network utilization

Financial risk and allocation of network resources

THE ROAD AHEAD

EASTSIDE HEALTH NETWORK
EvergreenHealth 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
EvergreenHealth OVERLAKE MEDICAL CENTER

David LaMarche
Executive Director
DALaMarche@EastsideHealthNetwork.com

Sara Rutherford, MPH
Program Manager – Quality and Patient Experience
SMRutherford@EvergreenHealth.com