

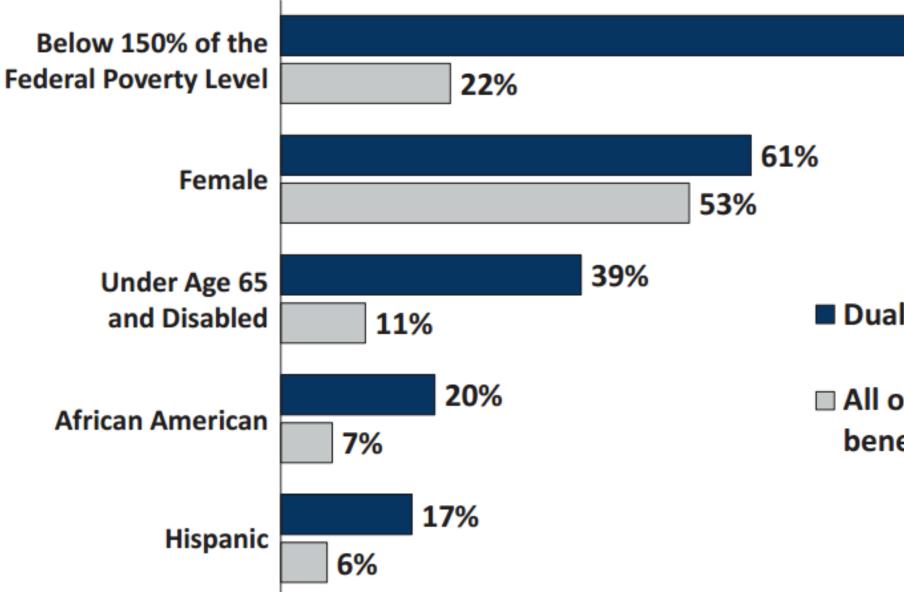
Empowering \$10 per hour lay caregivers to prevent \$10,000 hospitalizations

Andrey Ostrovsky, M.D.

CEO, Co-Founder andrey@careathand.com 443-857-8199

Duals experience larger income, sex, and racial disparities

Share of beneficiaries who are:



SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Cost & Use File, 2008.

Source: Jacobson G, Neuman T, & Damico A. Medicare's Role for Dual Eligible Beneficiaries. APRIL 2012. Kaiser Foundation.







Dual Eligibles

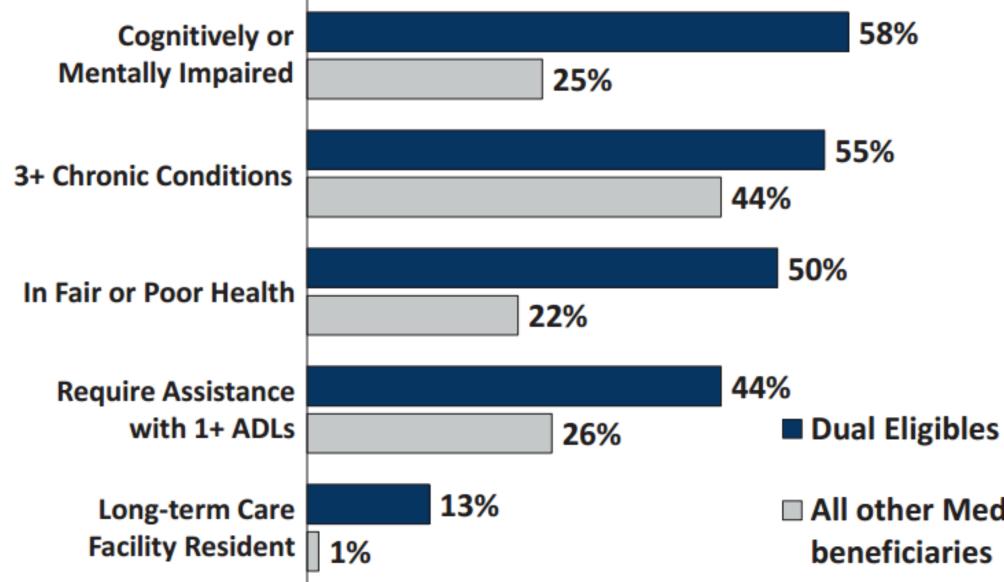
All other Medicare beneficiaries





Duals experience larger health disparities

Share of beneficiaries with:



NOTE: ADLs are activities of daily living, and include self-care tasks. SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Cost & Use File, 2008.

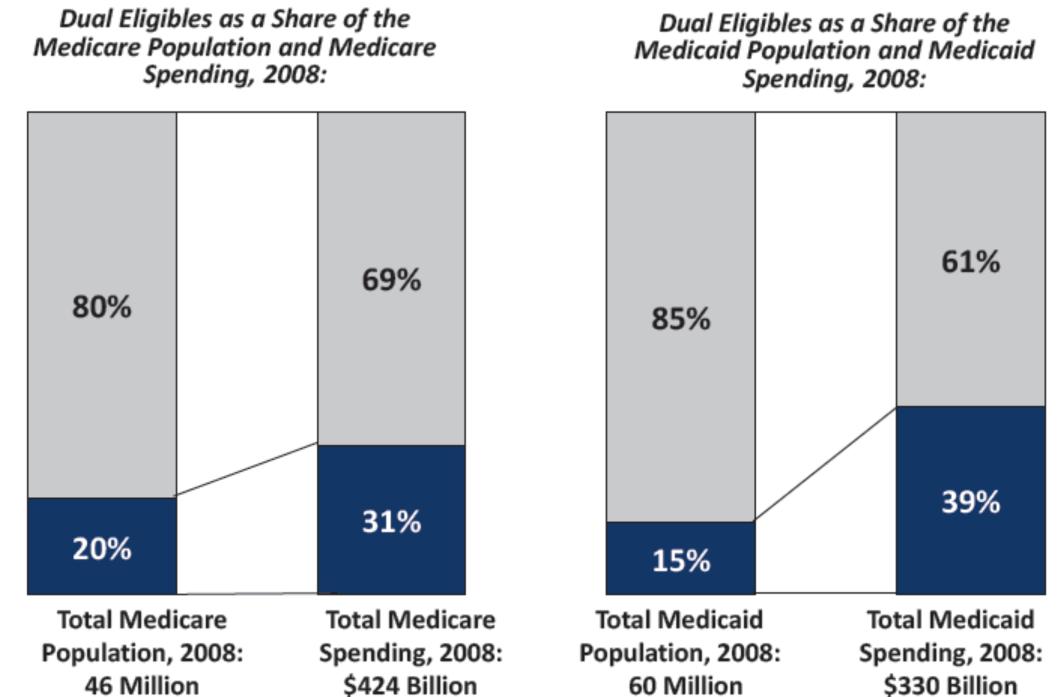
Source: Jacobson G, Neuman T, & Damico A. Medicare's Role for Dual Eligible Beneficiaries. APRIL 2012. Kaiser Foundation.



■ All other Medicare



Duals account for a disproportionate share of Medicare and Medicaid spending



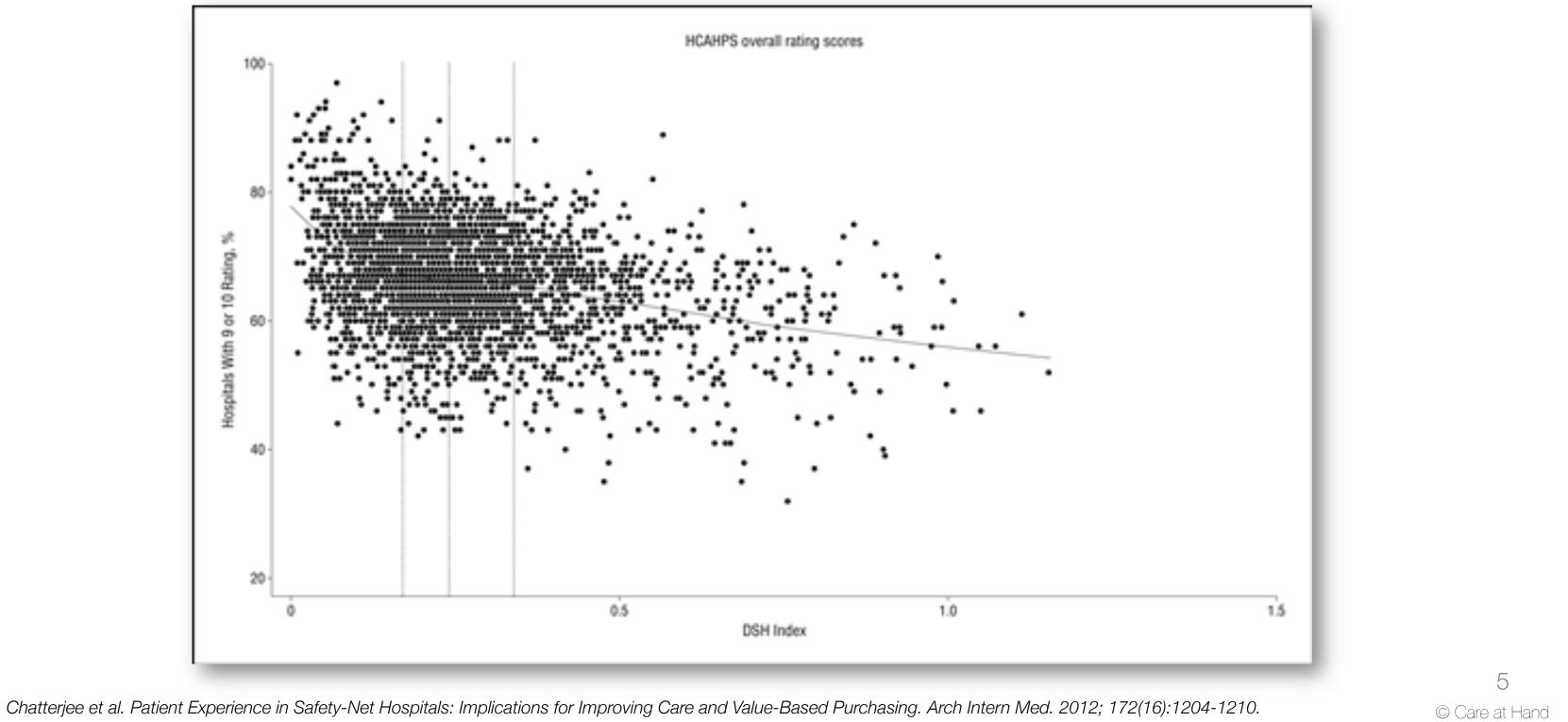
Source: Jacobson G, Neuman T, & Damico A. Medicare's Role for Dual Eligible Beneficiaries. APRIL 2012. Kaiser Foundation.







Patient Satisfaction lower for Disproportionate Share Hospitals (DSH)



Care at Hand



We are NOT achieving the Triple Aim for the most vulnerable population



Source: IHI Innovation Series. Cambridge, MA. 2012.



Largest cost driver for Duals is acute care



1 in 5 Medicare patients are readmitted every month



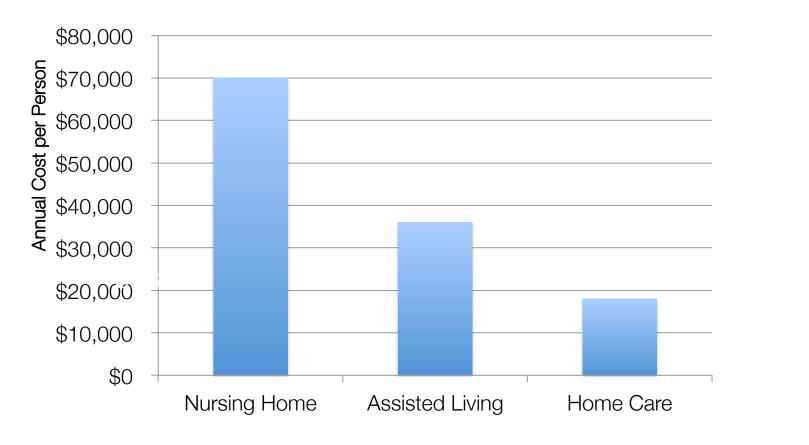
Source: Jencks SF, er al. NEJM 2009; 360 (14):1418-1428. Source: Chandra et al. Large Increases In Spending On Postacute Care. Health Aff). 2013 May; 32(5): 864–872.



1 in 4 **Duals** are readmitted every month

Fastest growing cost driver which is post acute care

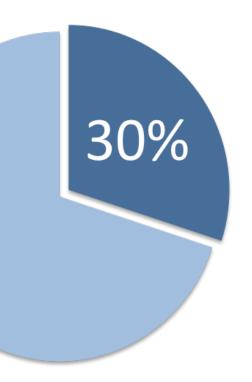
Institutional long term care is \$1614 more expensive PMPM than HCBS



Source: Milligan C. Innovations in Integrated Care. February 23, 2011. Hilltop Institute. National Private Duty Associations Home Health Fact Sheet. 2012. Grabowsk et al. Prospects For Transferring Nursing Home Residents To The Community. Health Affairs, 26, no.6 (2007):1762-1771. Source: Chandra et al. Large Increases In Spending On Postacute Care. Health Aff). 2013 May; 32(5): 864–872.

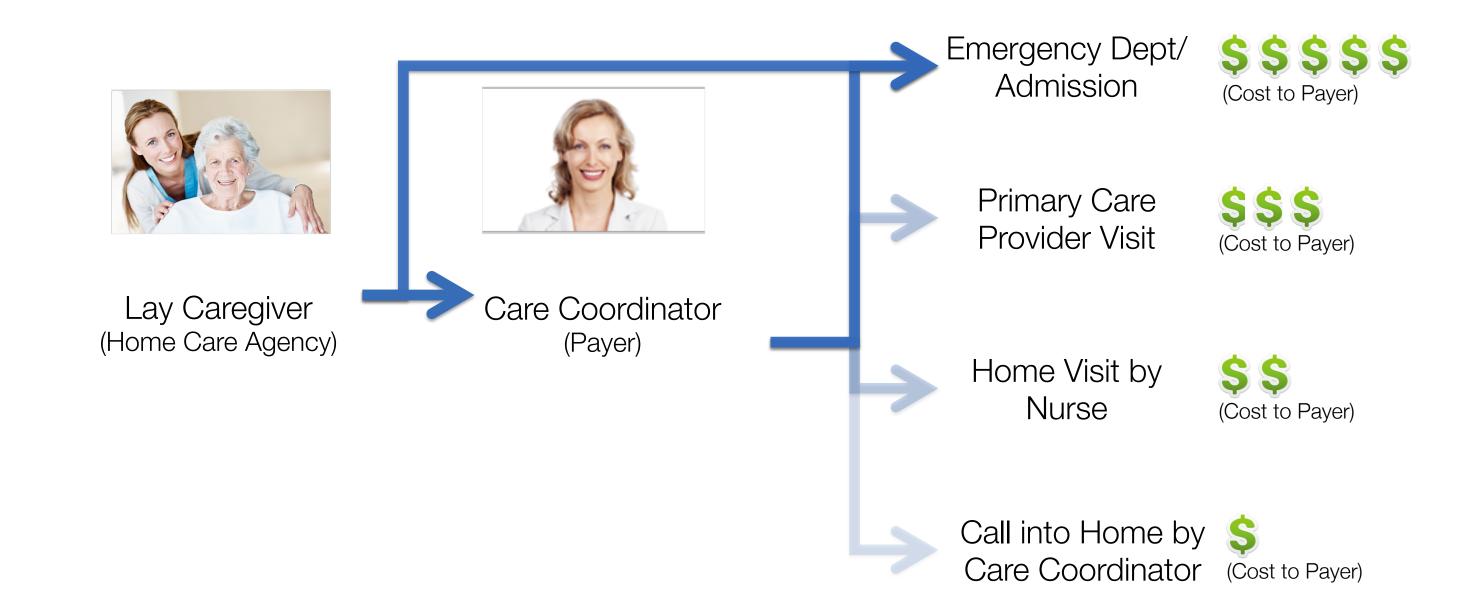


Up to 30% of SNF patients are "low-care" and could thrive at home rather in a facility





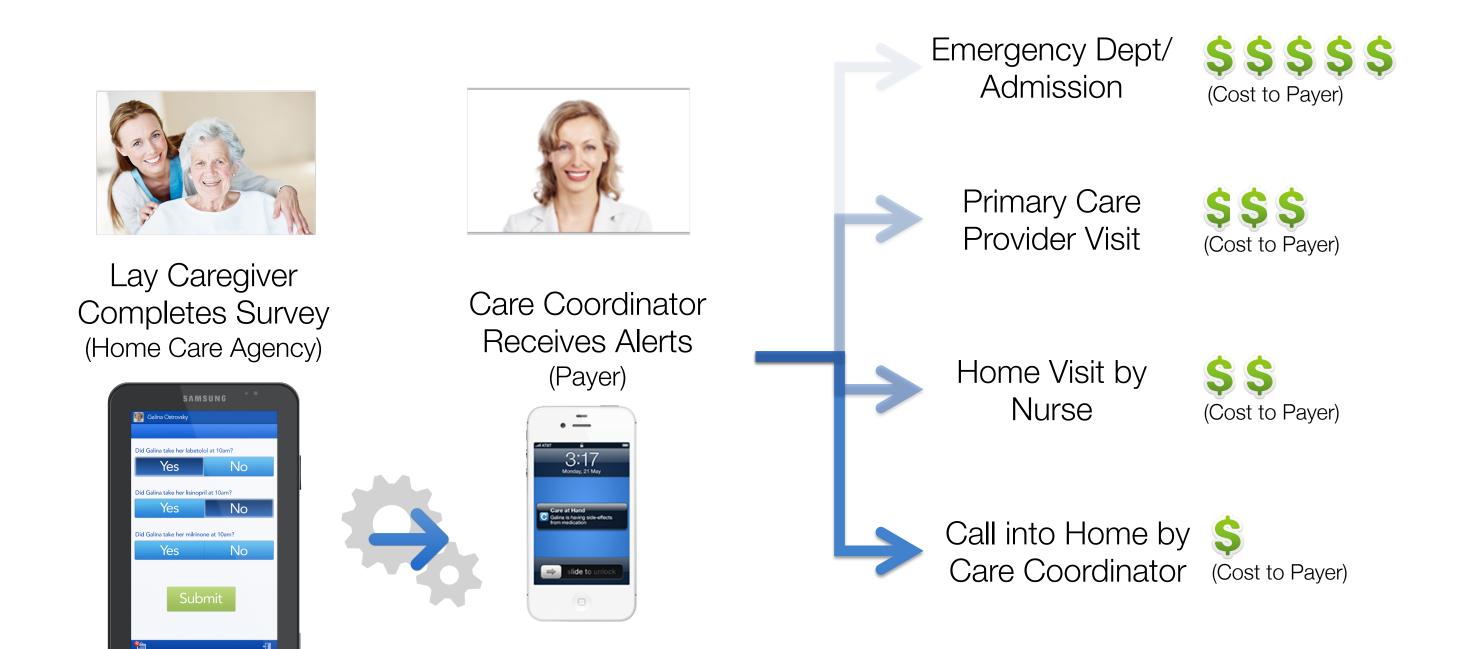
Poor care coordination with home care







Care at Hand enables real-time care coordination









Study Overview: Elder Services Merrimack Valley

Control group

- 543 discharged patients
- 2/1/12 6/30/13

Intervention group

- 129 discharged patients
- 7/1/13 10/31

Care at Hand with ESMV CCTP workflow:

CCTP Patient discharged from hospital; enrolled if frequent flyer

Patient assigned to health coach using Care at Hand

Health coach answers Care at Hand survey at each patient call/visit

Nurse coordinator receives Care at Hand alerts via text/email



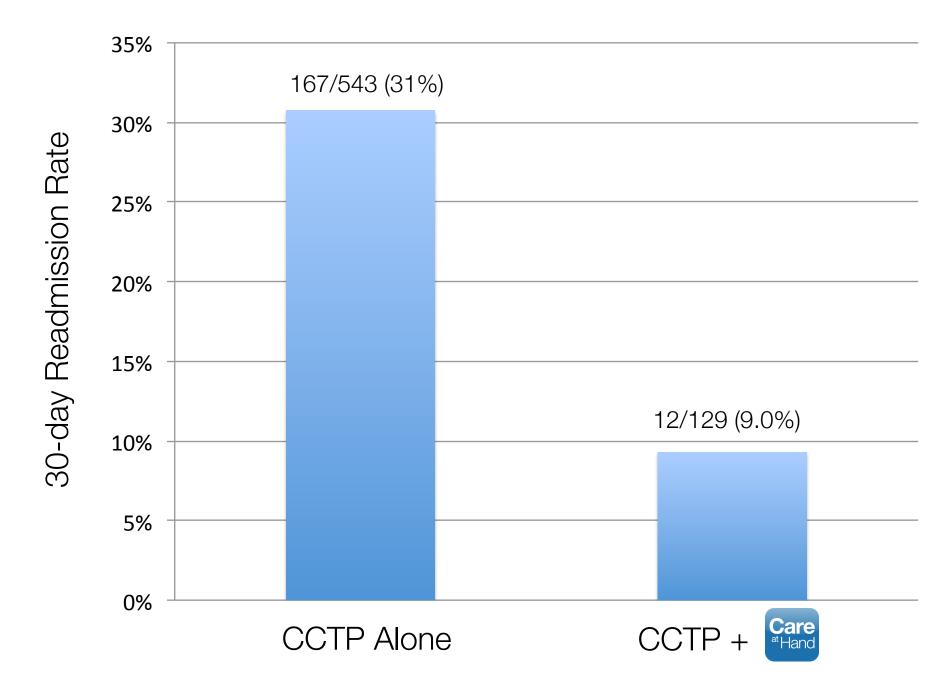


Study Design Pre-post cohort analysis ESMV patients enrolled in CCTP w/ >2 admissions Pt d/c from 1of 6 hospitals in Merrimack Valley Health coaches see patient and do 4 f/u phone calls over 1 month

> Nurse coordinator does real time triage: phone call, nurse, PCP

Statistically significant decrease in 30-day readmissions for frequent flyers with Care at Hand

69.8% decrease in 30-day readmissions

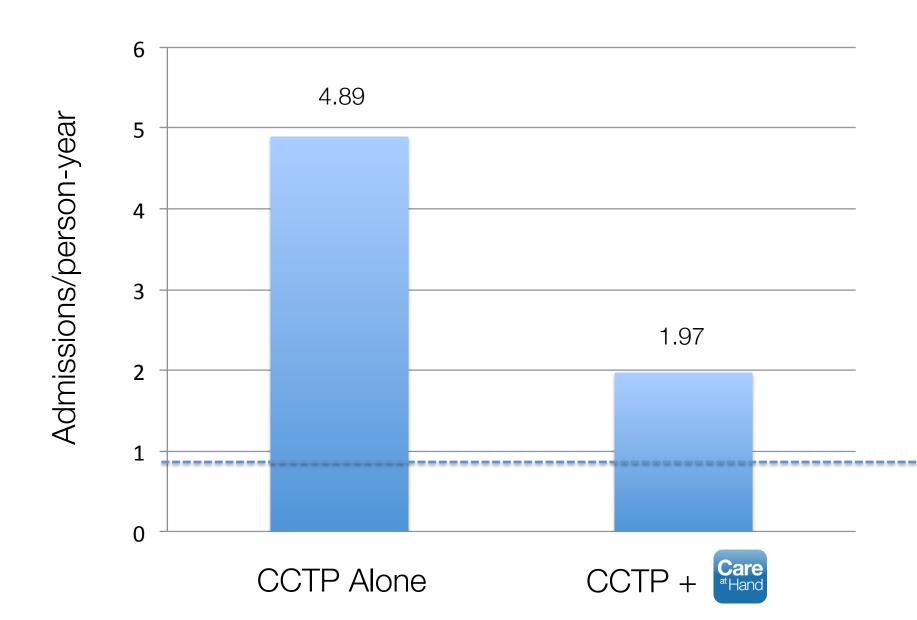




P < 0.0001, Fisher exact test

Overall admission rate for frequent flyers cut by more than half after Care at Hand

59.8% decrease in admissions per person-year



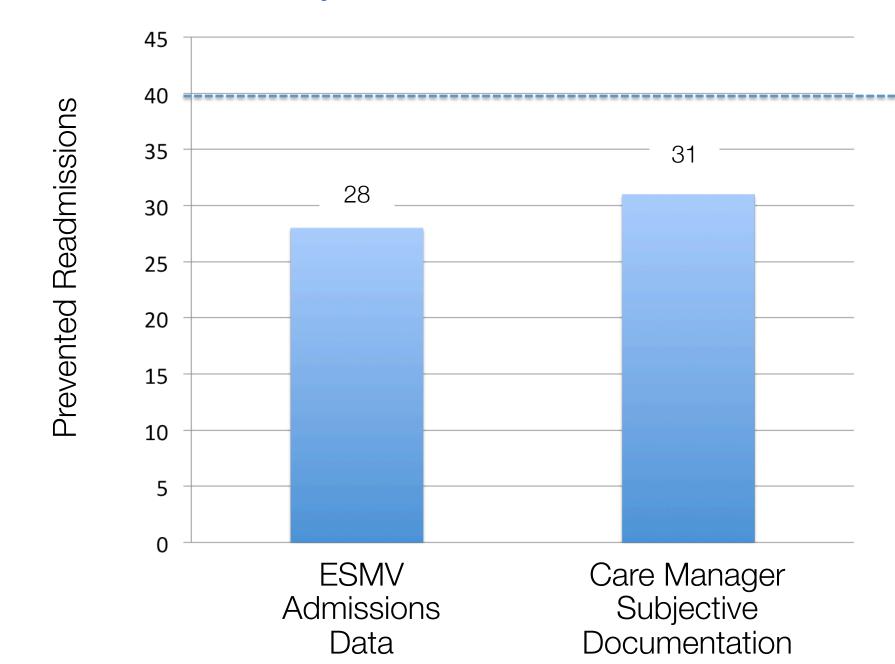
Source: Milligan C. Innovations in Integrated Care. 2011. Hilltop Institute. CMS Policy Brief: Dual Eligible Beneficiaries. Segal M. 2011



0.57-0.82 admissions/personyear is the typical range for duals; rates in this pilot are higher because sample population is comprised of frequent flyers

Real-time measurement of readmission prevention highly correlated with claims data

Care manager perception of prevented readmissions only 11% off from claims data



Source: ESMV Data 2013.

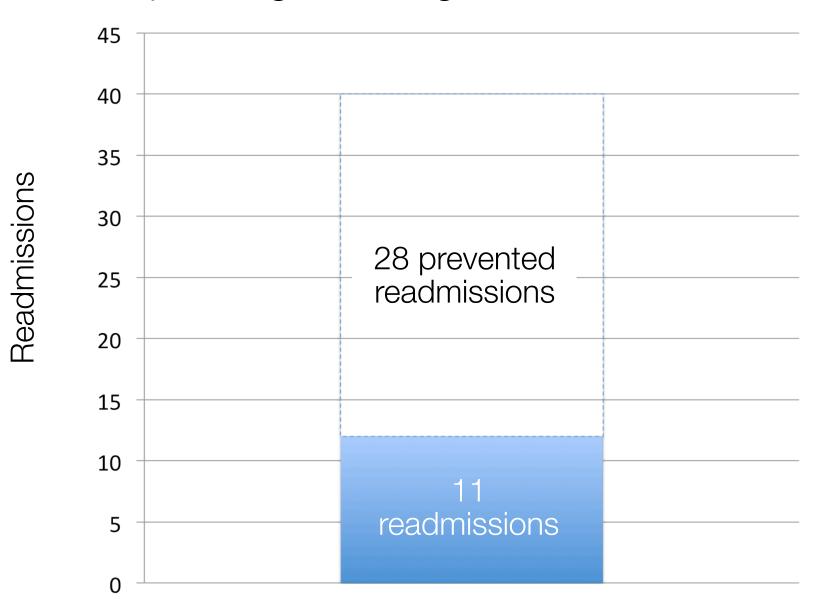


40 expected 30-day readmissions after Care at Hand introduced based on preintervention 30-day readmission rate of 31%



Care at Hand saved Medicare over \$1/4 million over 4 months

Estimated 28 of 40 admissions prevented corresponding to savings of \$310,800 to Medicare







Achieving the Triple Aim for Duals through Optimizing Managed Long-Term Supports and Services (MLTSS)

High Value MLTSS = Risk-bearing Payers + Care Coordinators + (Home Care x $\frac{Care}{Hand}$)

Dual special needs plans

Medicare managed care

MLTCs

ACOs

l()()s

Care managers internal to payers

Area Agency on Aging (AAA)

ASAPs

CCTP Sites





More important than these outcome measures or saving tax dollars...

...enabling frail elderly to age in place











Thank you!

andrey@careathand.com angel.co/care-at-hand