HIMSS15
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Chicago, IL

Realizing Value. **Transforming Health.**

Bridging the IT Functionality Divide in Care Coordination

April 15, 2015

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PJ2
PJ3
PJ5

Conflict of Interest Disclosure

Anne Meara, RN, MBA

David Kim, MBA

Have no real or apparent conflicts of interest to report.

Slide 2

PJ2 Changing all body text from gray to black for readability
Patricia Johnson, 4/14/2015

PJ3 Putting all titles in the same place with the same font
Patricia Johnson, 4/14/2015

PJ5 HIMSS gave out a really defective template that was impossible to use...I'm fixing for title and font placement and consistency
Patricia Johnson, 4/14/2015

PJ1

Learning Objectives

Learning Objective 1: Discuss Montefiore's extensive history with population health / care coordination including the IT challenges faced by an operationally advanced Pioneer ACO.

Learning Objective 2: Describe the complex operational environment required to support multiple risk-based programs and lines of businesses.

Learning Objective 3: Discuss the maturity of the population health and care management vendor marketplace.

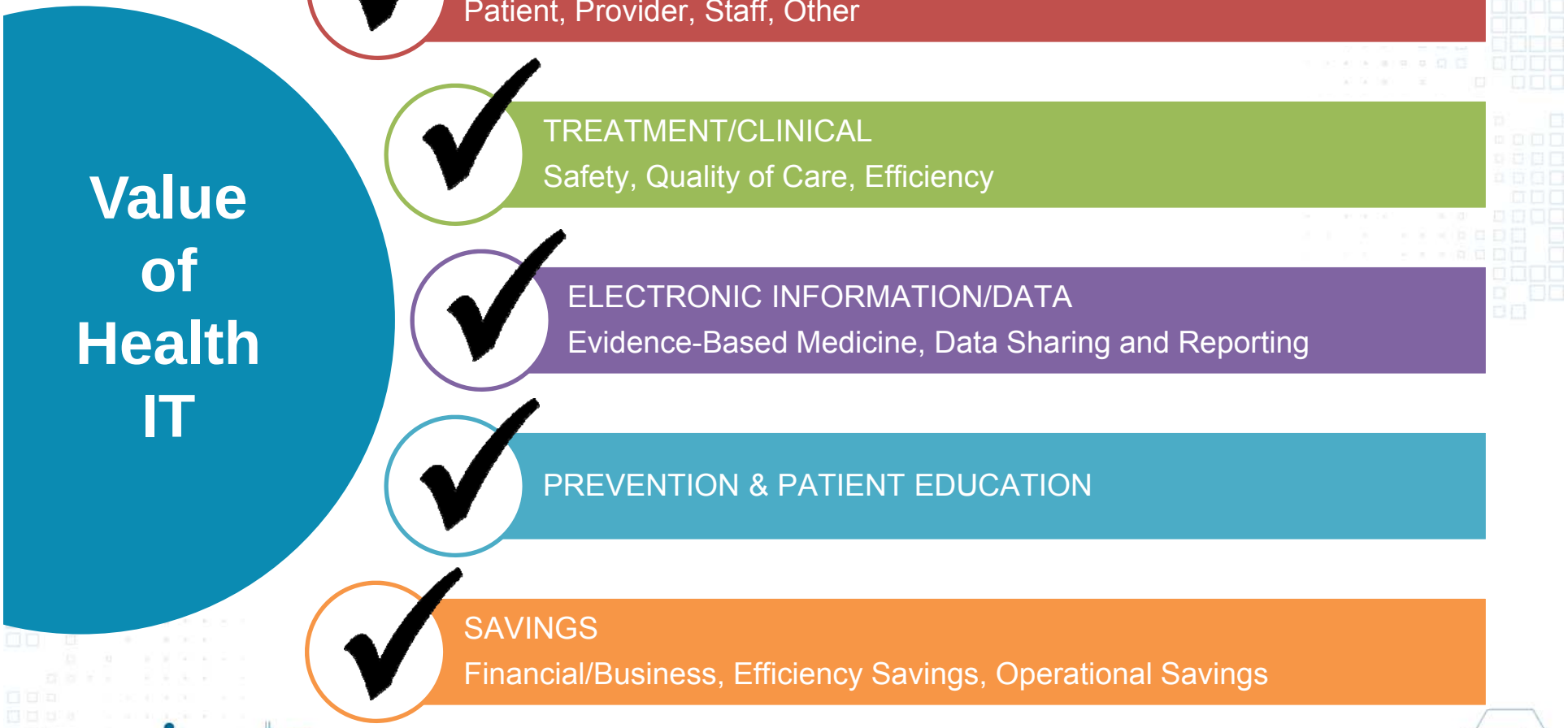
Learning Objective 4: Explain the key gaps in functionality that vendors will need to develop in order to support advanced care coordination.

Learning Objective 5: Summarize how Montefiore has creatively deployed IT solutions in the absence of robust vendor offerings.

Slide 3

PJ1 added period to second bullet to be consistent.
Patricia Johnson, 4/14/2015

Benefits Realized for the Value of Health IT



http://www.himss.org/ValueSuite

The Bronx

- 1.4 million residents in the poorest urban county in the nation
- Median household income $34,000
- 54% Hispanic, 37% African-American
- High burden of chronic disease
- Per capita health expenditures 22% higher than national average
- 80% of health care costs paid by government payers

Montefiore Medical Center

- **Teaching hospital for Albert Einstein College of Medicine**
- **7 acute care hospitals plus a children's hospital**
  - 2,597 beds: >126,000 discharges
  - 6 emergency departments: >513,000 visits
- **3,900 providers**
- **22 community primary care centers:**
  - >1 million visits
- **Home care agency: 500,000 visits**
- **Nursing home: 150 beds**
- **School of nursing**

Montefiore IPA & CMO

Montefiore IPA

- **Formed in 1995**
- **MD/ Hospital Partnership**
- **Contracts with managed care organizations to accept and manage risk**
- **Over 3,900 providers**
  - 3,000 physicians
  - 1,900 employed
  - 500 PCPs

CMO

MONTEFIORE CARE MANAGEMENT

- **Established in 1996**
- **Wholly-owned subsidiary of Montefiore Medical Center**
- **Performs care management delegated by health plans as well as other administrative functions, (e.g. claims payment, credentialing)**

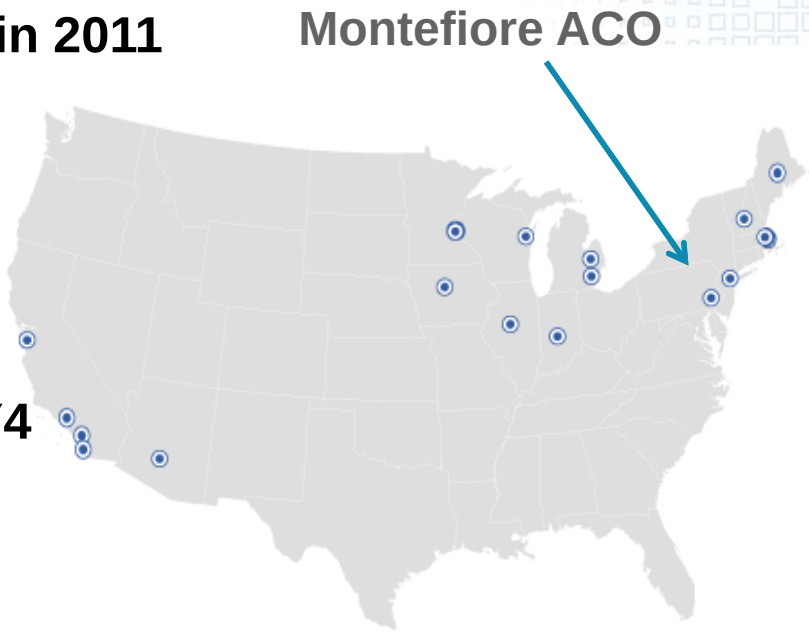
Overview of Value-Based Payment Arrangements at Montefiore

Source	2015 Population	2015 Est. Revenue
Risk Contracts	170,000	$1,043 m
Shared Risk	165,000	$1,022 m
Medicaid Health Home (Care Coordination)	10,000	$18 m
Totals	345,000	$2,083 m

Goal: To reach 1,000,000 covered lives

Pioneer ACO Overview

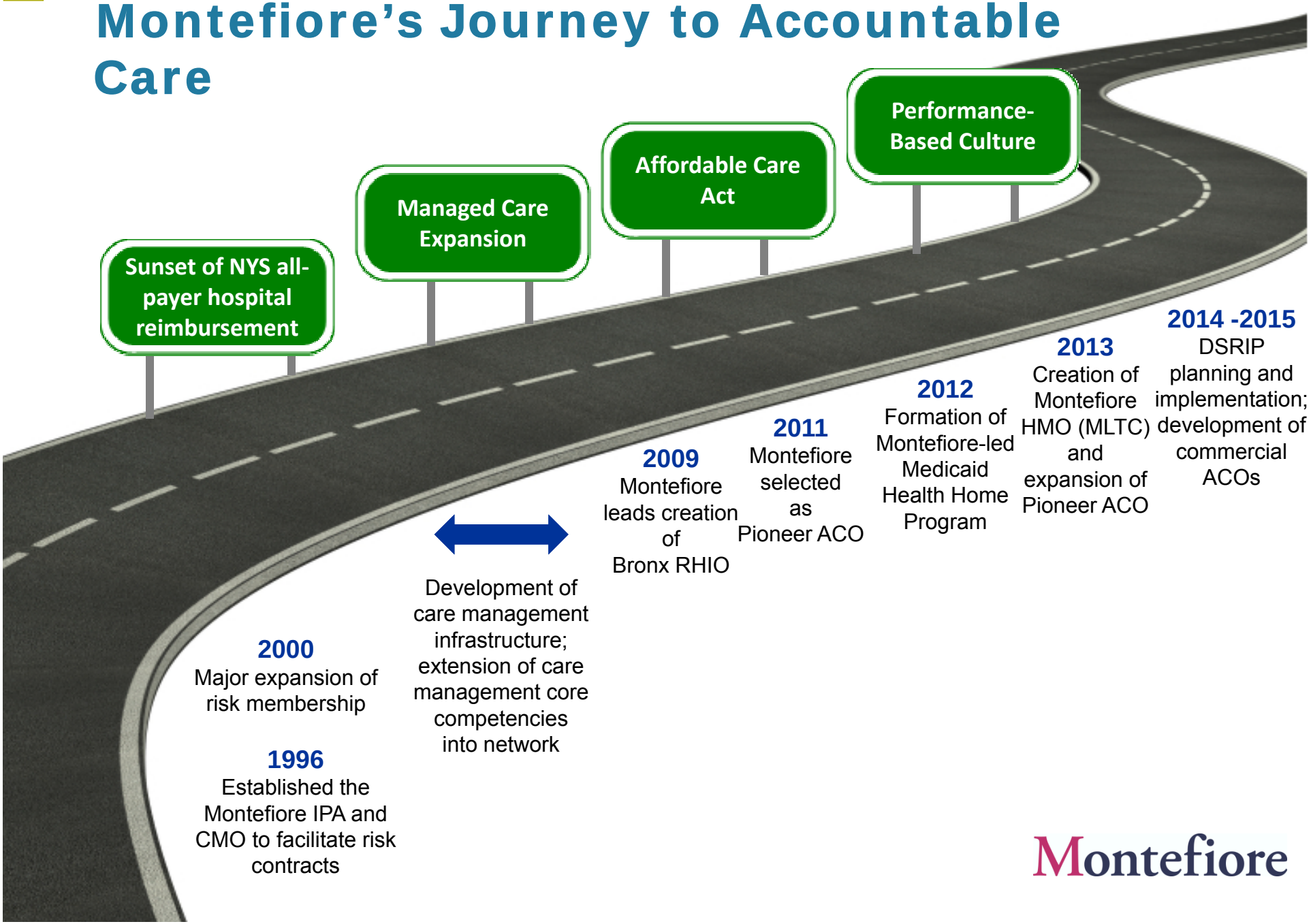
- **One of original 32 selected by CMS in 2011**
- **Only one in New York State**
  - Montefiore plus 5 other hospitals, 3 FQHCs
  - 3,400 physicians
- **49,000 attributed beneficiaries in PY4**
  - ~15,000 duals
  - Estimate that 9% = 55% of spend
- **Most financially successful Pioneer ACO in PY1 and PY2—$48 million savings to Medicare**
  - Montefiore ACO share: $28 million



Source: Centers for Medicare & Medicaid Services

PJ6
PJ7

Montefiore's Journey to Accountable Care



Montefiore

Slide 10

PJ6 Cleaned up pictures a bit (removed white border).
Patricia Johnson, 4/14/2015

PJ7 Changed font to Arial for text (standard)
Patricia Johnson, 4/14/2015

Population Health Management – A Baby Unicorn?

The term "Population Health" has been around for nearly two decades,

- Recently popularized by movement towards value-based reimbursement
- Countless definitions have been developed by different organizations and individuals
- Largely equated with "Big Data" and Analytics
- Focus and perspective vary with factors such as:
  - Organizational type (provider, payer, etc.)
  - Health outcome-related metrics
  - Technology
  - Social, Economic, Physical Environment

PJ8

Slide 11

PJ8 Adjusted layout and made the subheader at top colored

Patricia Johnson, 4/14/2015

PJ9
PJ26

Popu anagement: Orga rity Continuum

Doesn't read right. How about, "Numerous task consolidated among a few roles"

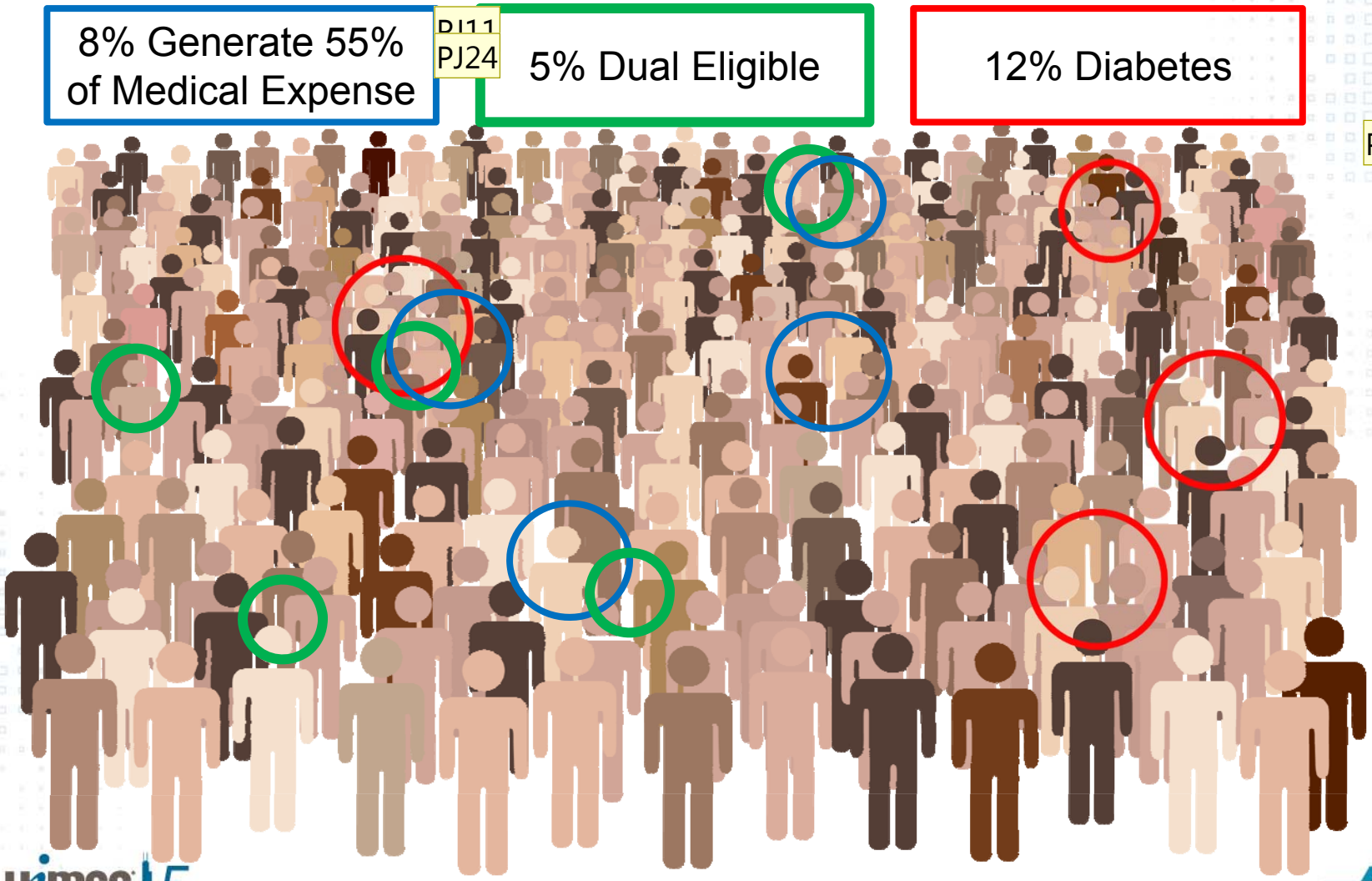
		Mature Environment
Risk Level	• Share • Care Coordination Fees • Pay for Performance	• Shared Savings (upside, downside risk) • Full capitation • Insurance license
Program / Payer Mix	• MSSP • Commercial ACO	• Pioneer • DSRIP
Care Coordination Organizational Model	• Care Manager functions in clinical and non-clinical capacities • Numerous tasks consolidated among few number of roles • PCMH-centric model with embedded care managers	• Specialized, multi-disciplinary team performing to top of license • Resources focused on clinical and non-clinical activities based on license and subject matter expertise • Centralization of routine, repeatable tasks • Strategic deployment of resources across care venues

Slide 12

PJ9 Made font Arial for consistency. Changed color of arrows to match presentation color palette
Patricia Johnson, 4/14/2015

PJ26 Made graphic fit better on page
Patricia Johnson, 4/14/2015

Population Health Management Begins With Robust Data Analytics



PJ11
PJ24
PJ23

Slide 13

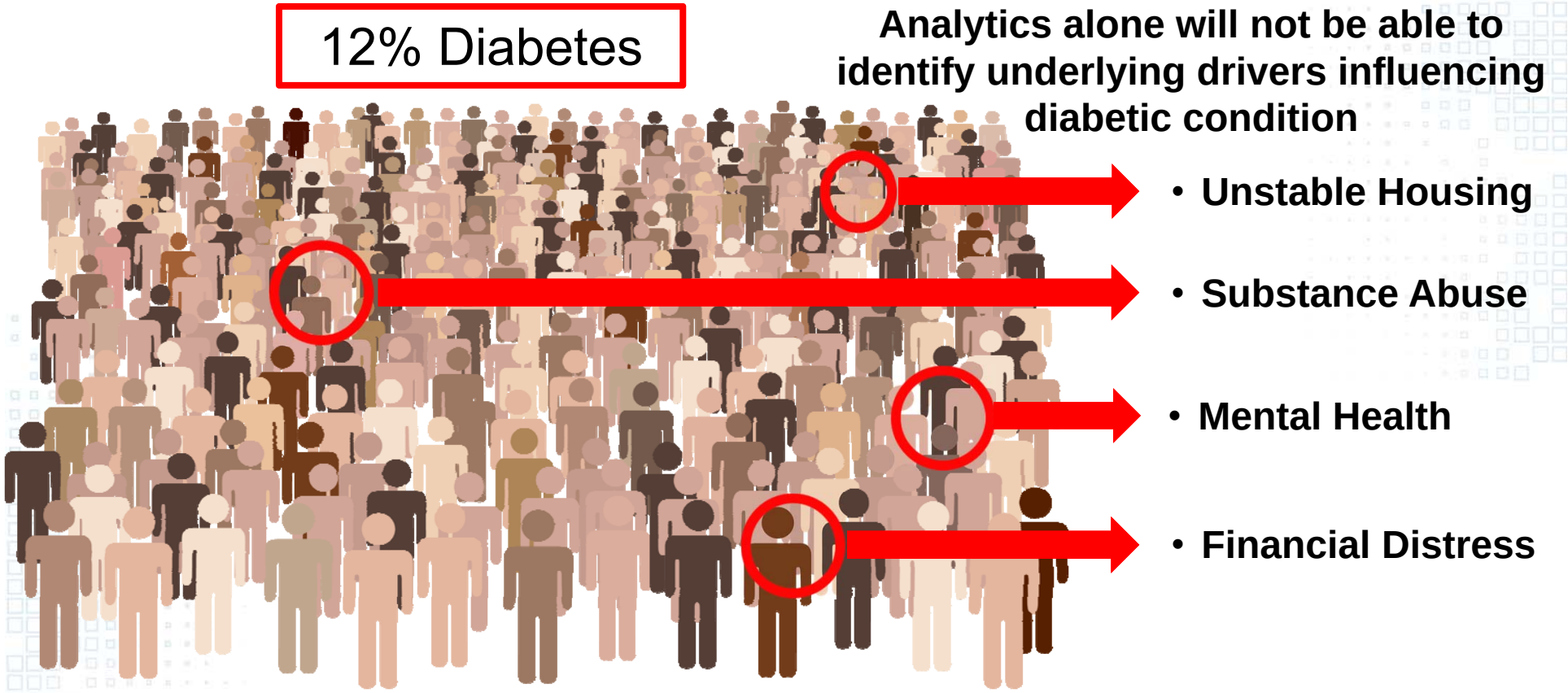
PJ11 Made all boxes the same size
Patricia Johnson, 4/14/2015

PJ24 Also, bought stock image so people wouldn't look pixelated.
Patricia Johnson, 4/14/2015

PJ23 Patricia Johnson, 4/14/2015

PJ25

Population Health Management – "Big Data" Is Not Enough



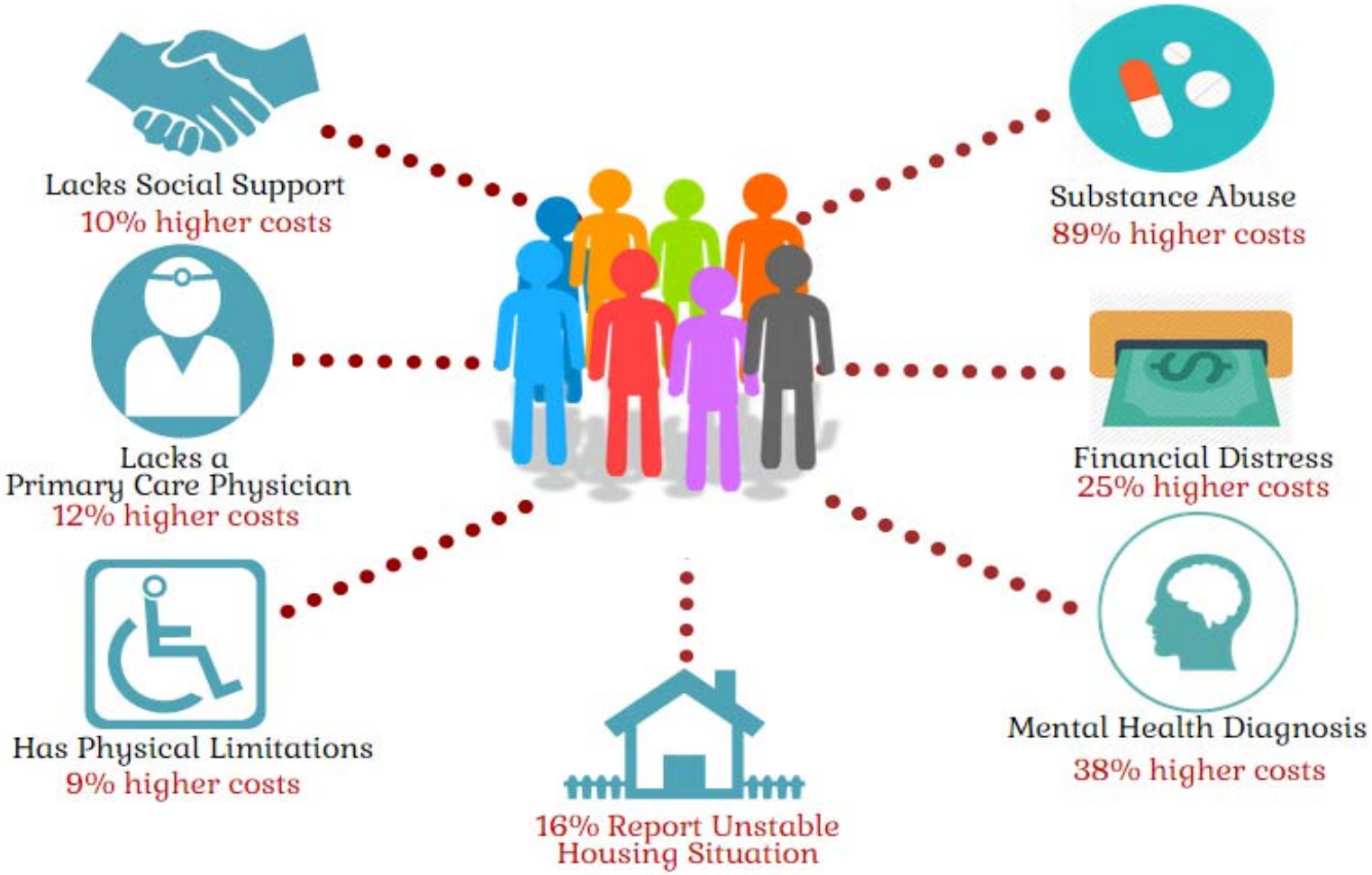
Slide 14

PJ25 Did this one with unpixellated graphic as well

Patricia Johnson, 4/14/2015

PJ12

Social Determinants of Healthcare Costs

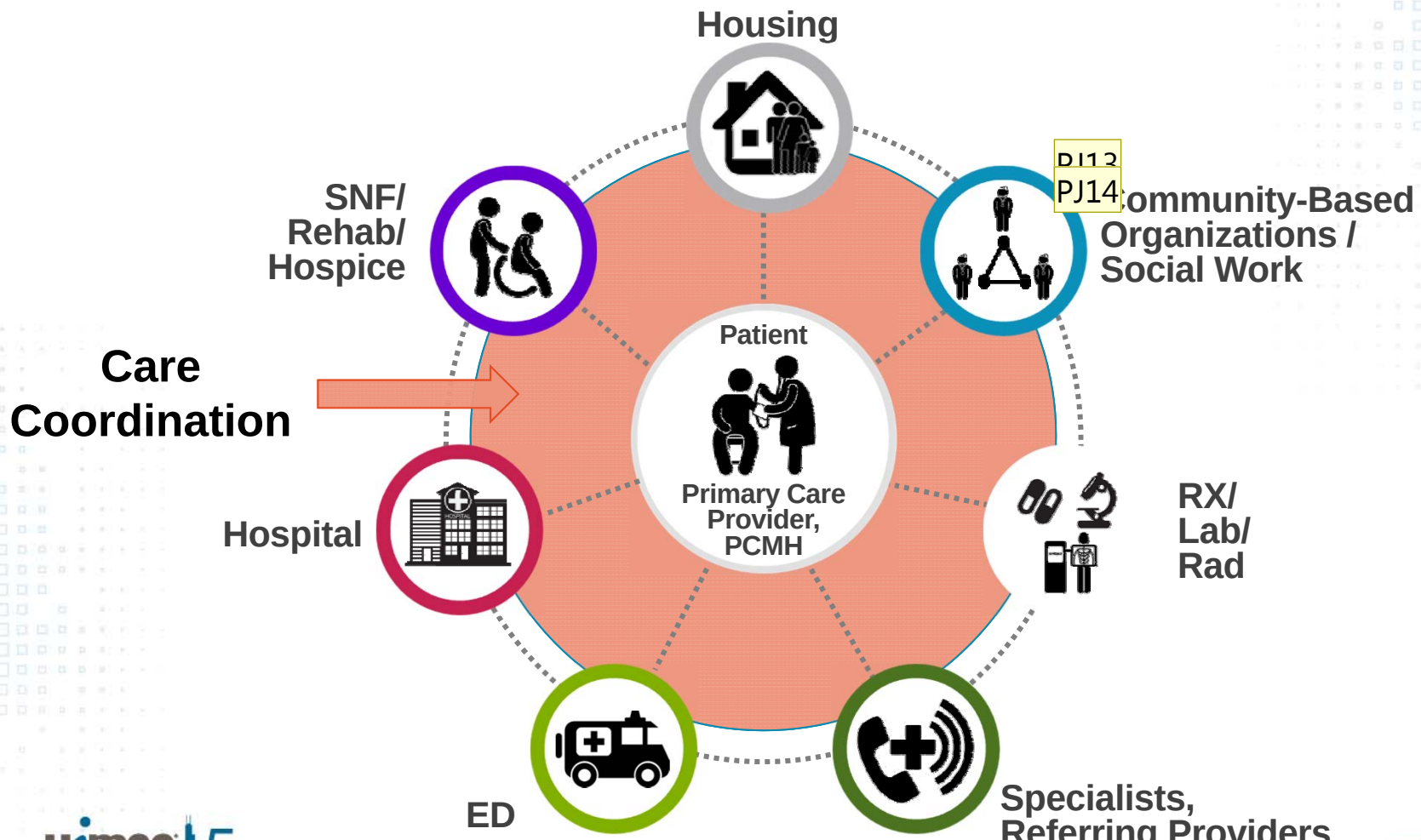


Based on results of over 4,000 assessments of high-risk patients conducted at Montefiore CMO

Slide 15

PJ12 Great diagram but I made the title and footnote font consistent with other slides. Otherwise, this sticks out badly.
Patricia Johnson, 4/14/2015

PHM Across the Care Continuum – Connecting the Dots with Care Coordination

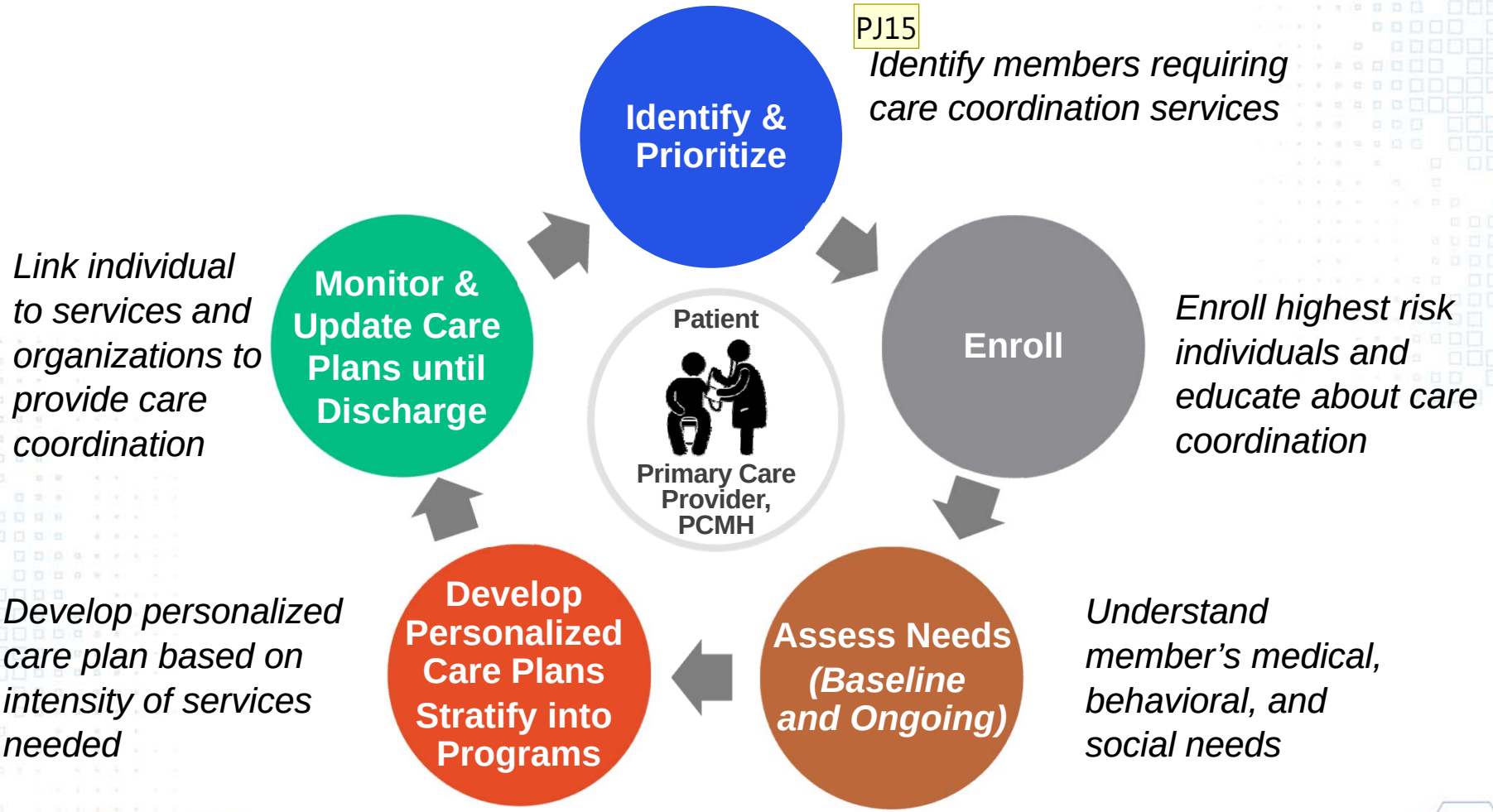


Slide 16

PJ13 Changed color to be consistent with other slides
Patricia Johnson, 4/14/2015

PJ14 Also increased label font to make it easier to read
Patricia Johnson, 4/14/2015

Care Coordination Process Lifecycle



Slide 17

PJ15 Changed colors and fonts to make this consistent with rest of template. Also made ovals true circles and removed bevel.
Patricia Johnson, 4/14/2015

Complex and Dynamic Program Eligibility

Frequent member transitions occurring across multiple programs. Each program has unique requirements impacting workflow.

	Fee-for-Service	Pioneer ACO	Health Homes	Managed LTC	Medicare Adv.	Shared Savings (Commercial)	DSRIP	Oxford, Healthfirst Medicare
Member A	■							
Member B		■						
Member C			■					
Member D				■				
Member E					■			
Member F						■		
Member G		■	■					
Member H		■	■	■				
Member I		■	■				■	
Member J				■	■			
Member K			■	■	■			
Member L								■ PJ16

Slide 18

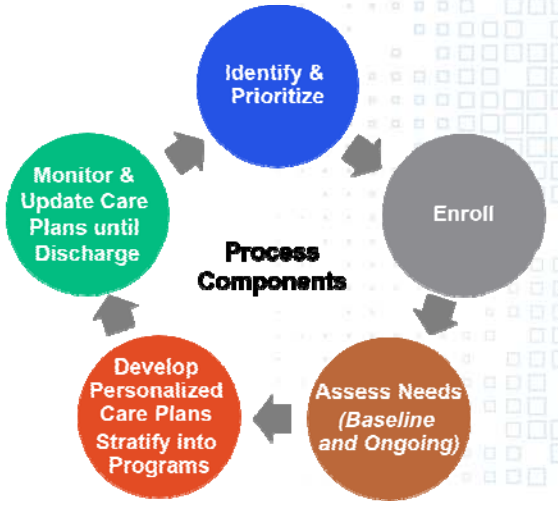
PJ16 changed subheader into colored text box. Made colors of table match presentation colors
Patricia Johnson, 4/14/2015

PJ17

PHM Operational Deployment

Standardized Processes Regardless of Programs……

- Pioneer ACO
- Health Homes
- Managed LTC
- Medicare Adv.
- Shared Savings (Commercial)
- DSRIP
- Oxford, Healthfirst Medicare



Supported by Specialized Resources Performing to Top-of-License….. ….within and Across Organizations.

- Accountable Care Managers
- Behavioral Care Managers
- Clinical Subject Matter Experts
  - Physicians
  - Pharmacists
  - Palliative Care / Hospice
  - SNF Team
- Community Resource Experts
- Baseline Assessment Group
  - Hospital-Based Resources
    - ED navigators
    - Social Workers
- Post-Discharge Follow Up Unit

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Slide 19

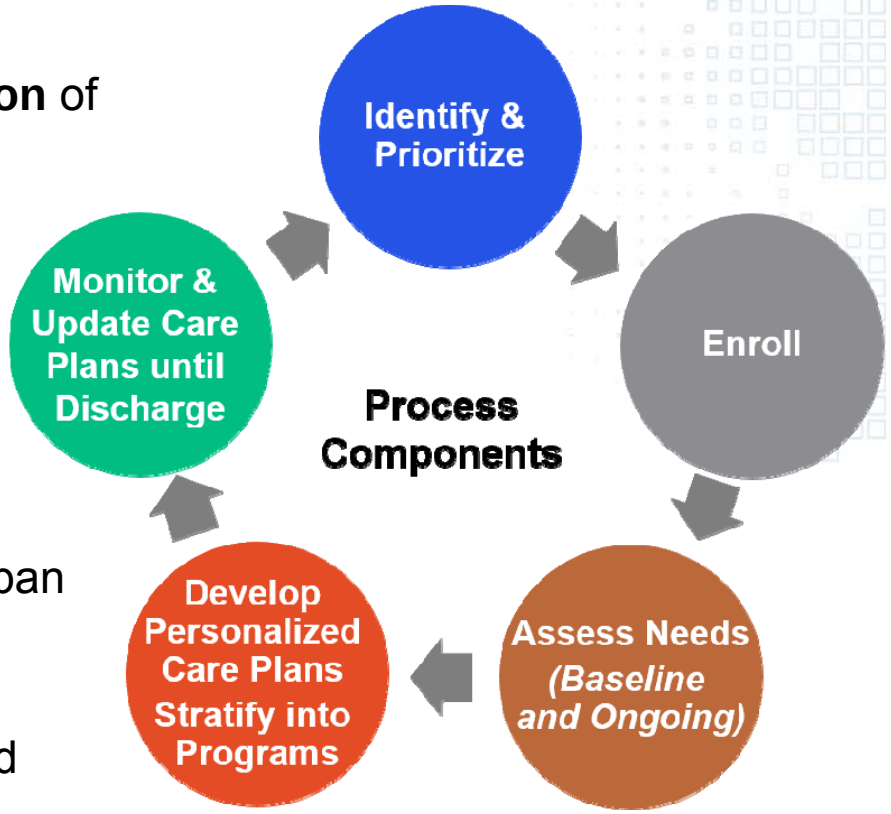
PJ17 Put in recolored lifecycle. Also, changed box to make white text contrast better

Patricia Johnson, 4/14/2015

PJ19

Sophisticated Workflows and Organizational Complexity Require Robust IT Support

- **Automated surveillance and stratification** of members to determine resource intensity
- **Dynamic assessment functionality** with branching logic, algorithm design, expand/collapse capable
- **Robust data model** focused around complex eligibility, problem, goals, interventions hierarchy
- **Best-practice workflows** configured to span medical and psychosocial domains
- **Personalized care plan** that can be reassessed and updated longitudinally and episodically
- **Multi-disciplinary care team access** to care plan and member data across continuum of care



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Slide 20

PJ18 did title in caps.
Patricia Johnson, 4/14/2015

PJ19 put in redone diagram
Patricia Johnson, 4/14/2015

PJ20

Key PHM Organizational Drivers

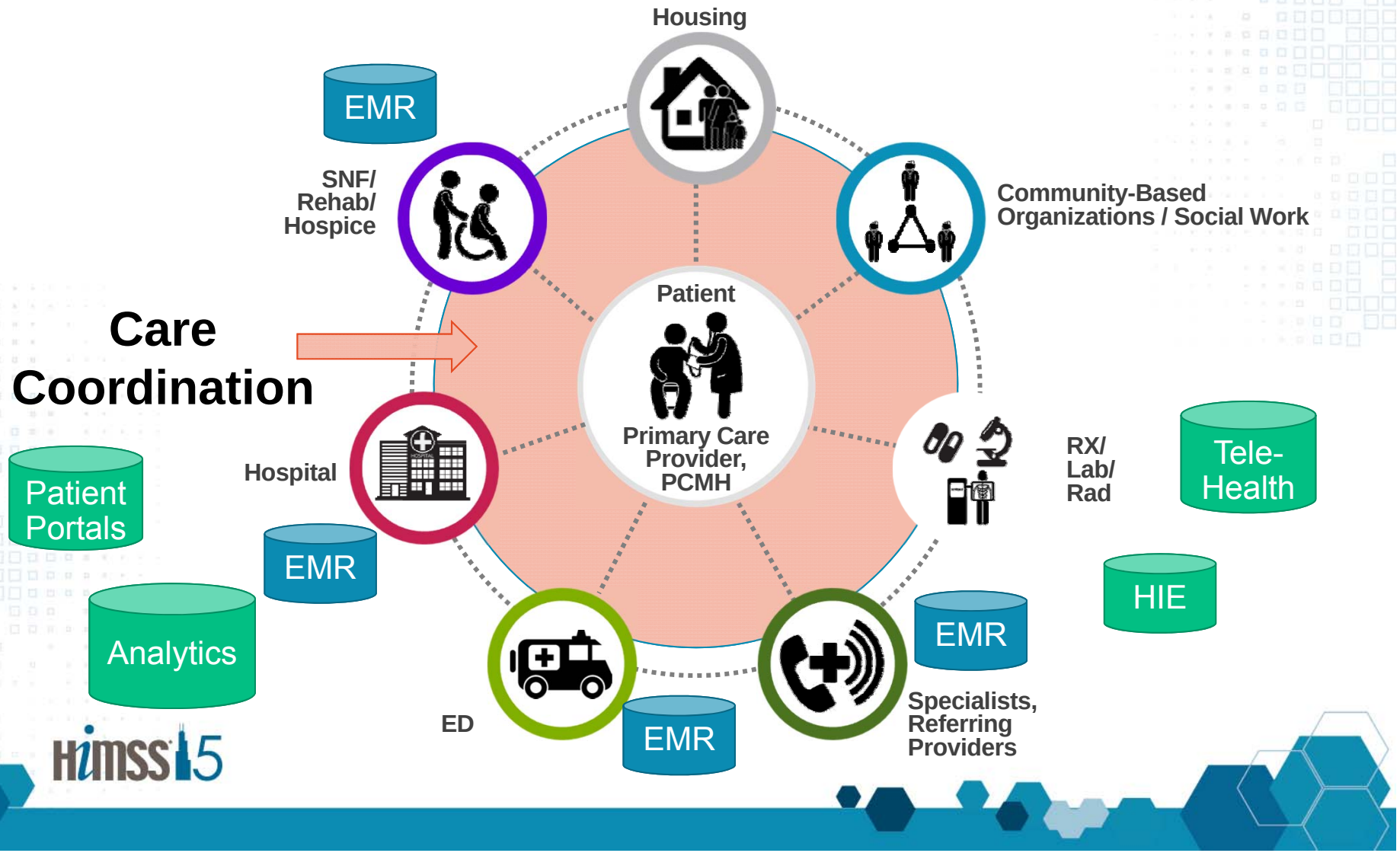
Business Requirements	IT Enablement Implications
Complex Care Management Workflows	• Strong process/workflow management capabilities • Robust rules engine platform
Advanced Care Management Resourcing Model	Clear delineation of roles and assignment of tasks for end users via dynamic worklists
Multi-program/population environment	Flexible eligibility and coverage hierarchies
Evolving value-based program requirements (“moving target”)	Highly agile, configurable solutions with rapid speed-to-deployment
Cross-continuum care coordination and data-sharing	Advanced security and user-level permission configurability (regardless of frequency)

Slide 21

PJ20 adjusted table spacing, changed arrow color, and removed bullets where there was only one item in a cell
Patricia Johnson, 4/14/2015

PJ21

PHM Across the Care Continuum – Enabling Care Coordination Leveraging IT



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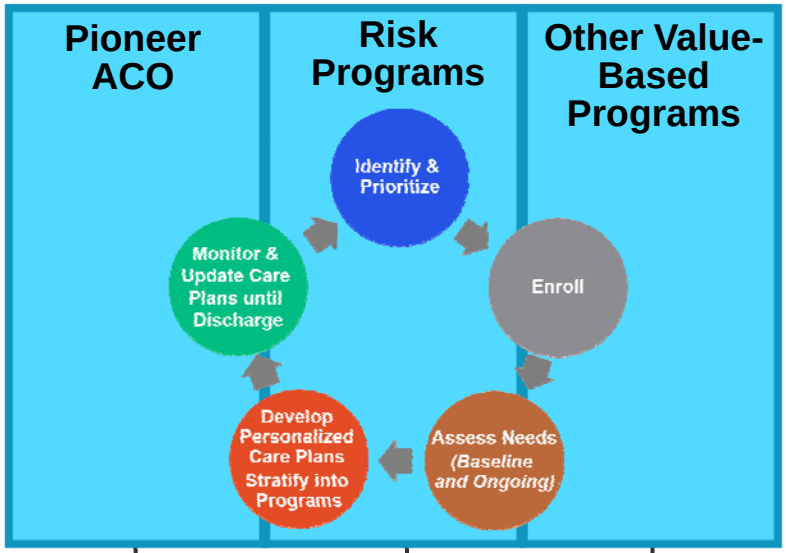
Slide 22

PJ21 made color consistent with previous slide; adjusted DB names to fit better in cylinders. Adjusted DB colors
Patricia Johnson, 4/14/2015

PJ22

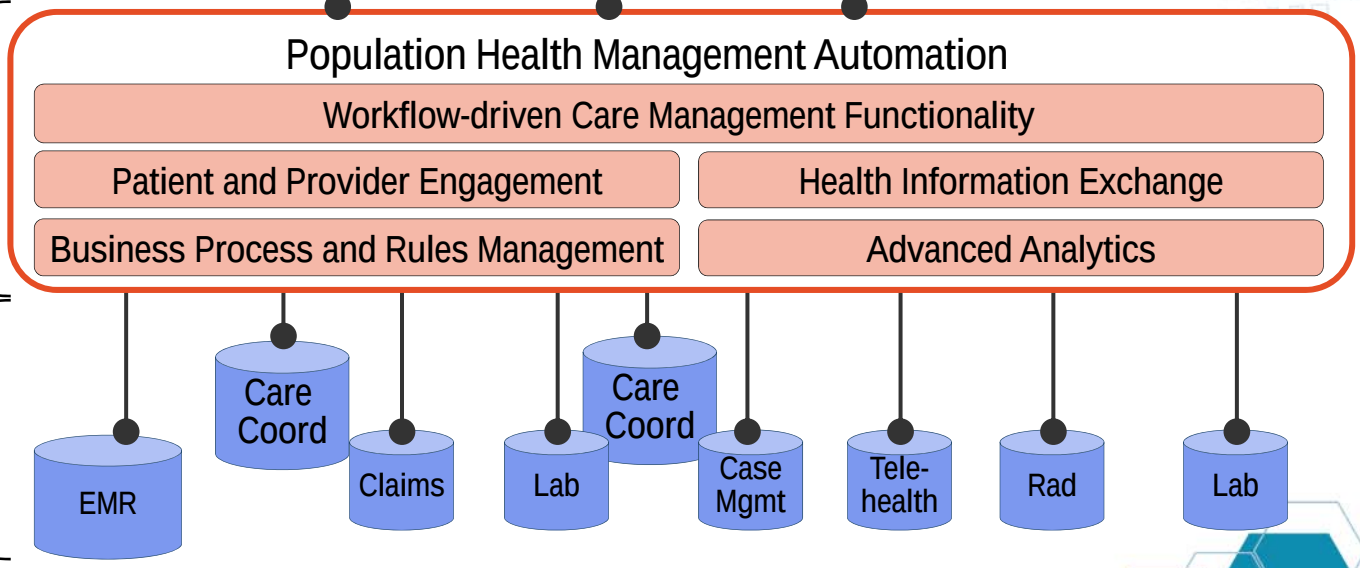
Care Management Organization – IT Vision

- Standardized processes across programs
- Focused around patient, not disease or condition



Automation Layer

- Consolidated technology platform
- Access to real-time data
- Interoperability across care continuum



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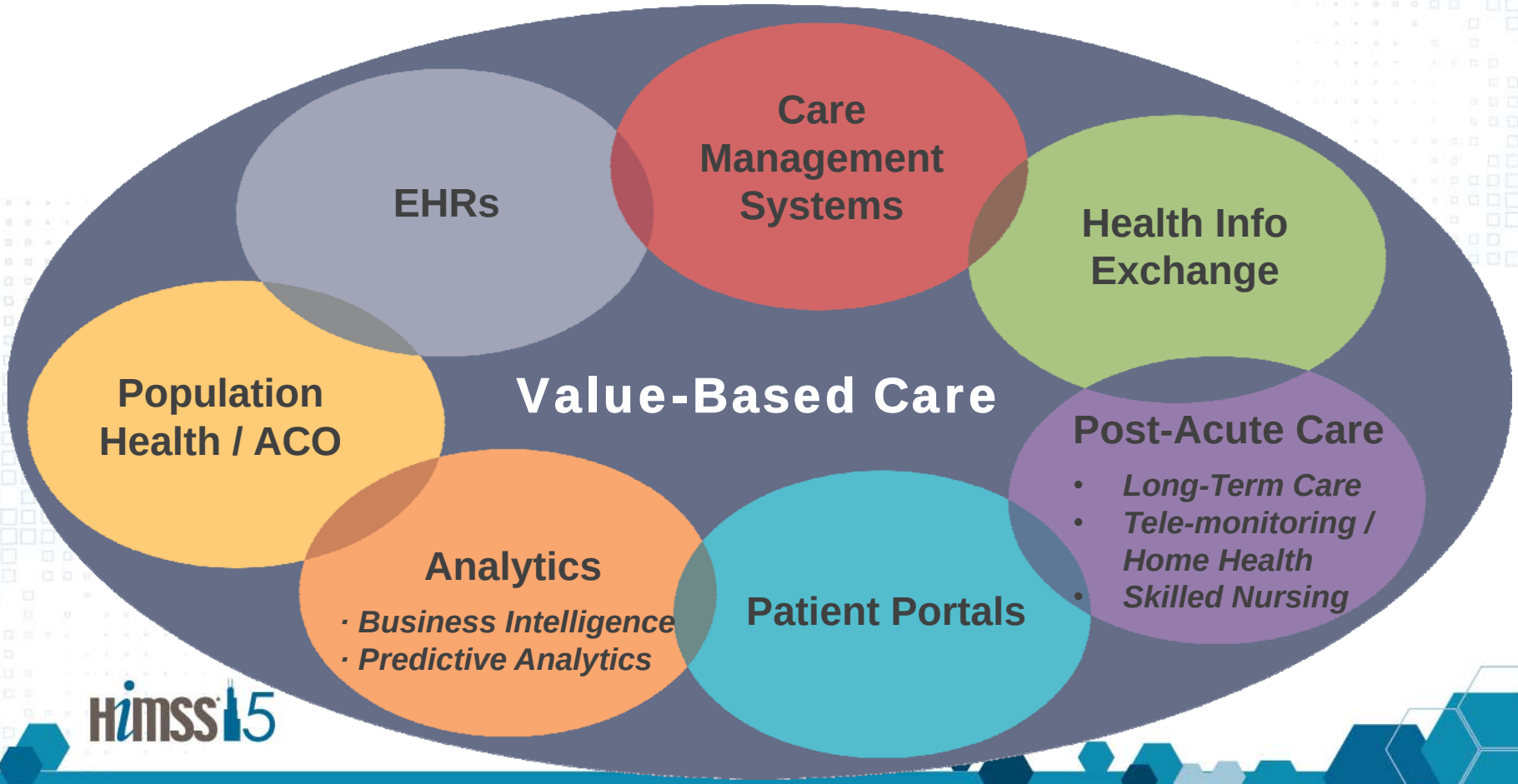
Slide 23

PJ22 made all text black for readability. put in new care cycle (new colors). toned down the gradient for readability

Patricia Johnson, 4/14/2015

New Care Models Are Creating Significant Activity in the Vendor Marketplace

Vendors are evolving to meet PHM/Care Coordination requirements necessary to support Value-Based Care Delivery.



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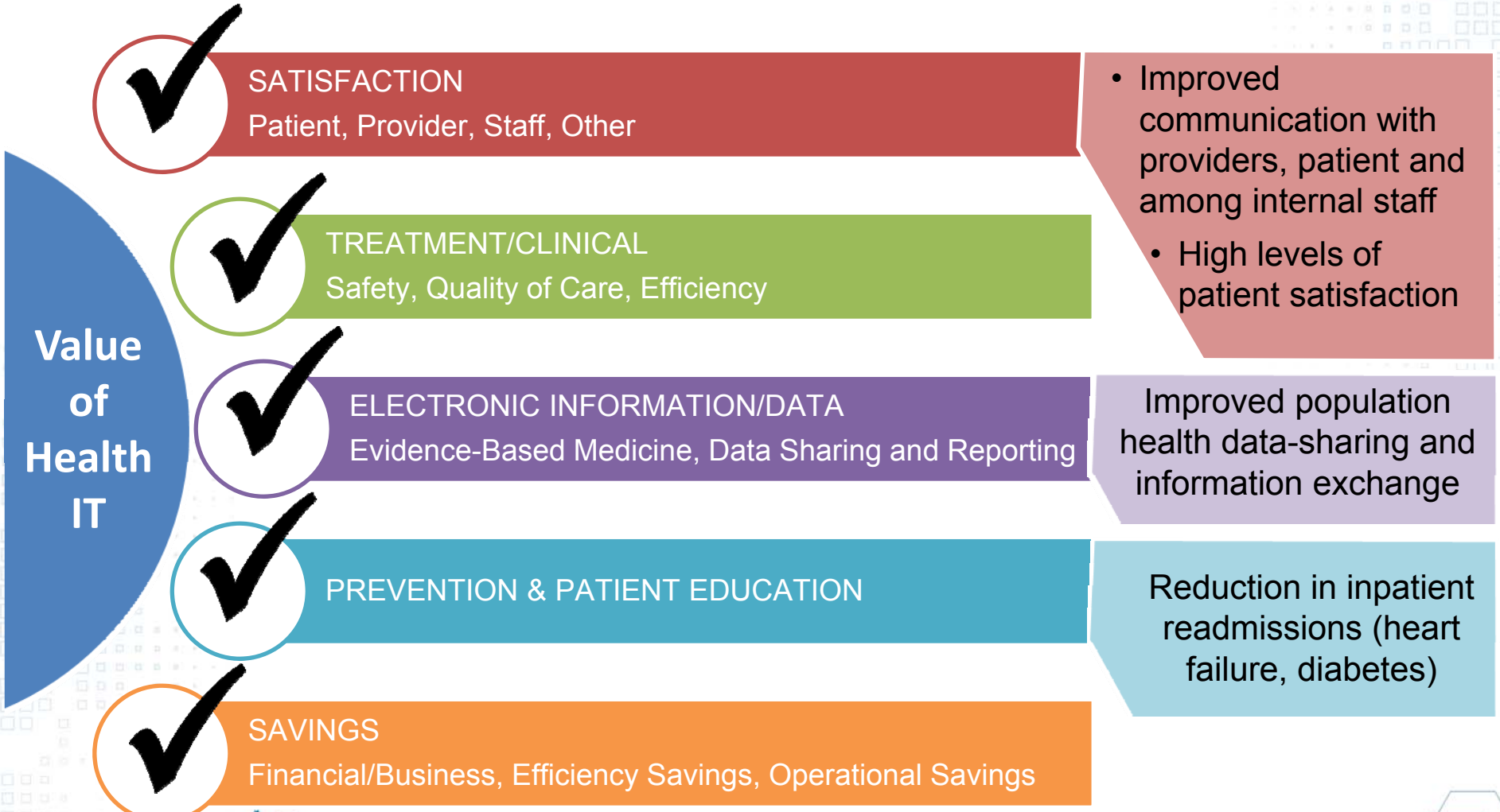
Where to Start?

- What is your organization's current and future growth strategy for Value-Based Care?
- How is your organization operationalizing value-based contracts with your current payer partners (commercial, CMS)?
  - Organizational structure, processes, staffing
- What systems and platforms can you leverage for care coordination (build vs buy)?
- Who else might you be sharing and exchanging data with outside of your organization?
- You've identified and stratified a number of patients that need to be managed...now what?

An Introduction to the Benefits Realized for the Value of Health IT



Questions?

Thank You!

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