Running the Value Based Marathon

Modest Investments/Multiple ROIs

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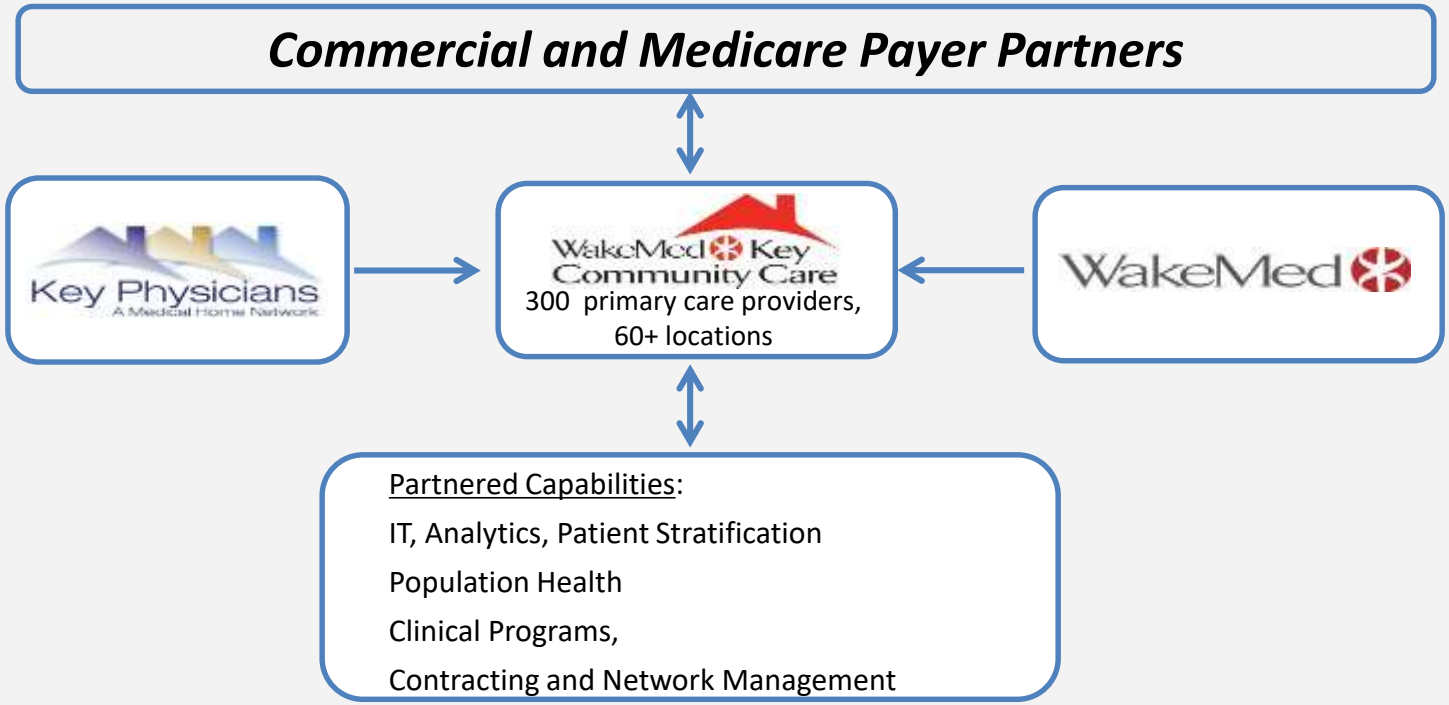
WKCC Partnership Overview

To address the changing healthcare landscape, WKCC was developed as a strategy to create a comprehensive population health platform that can deliver value across multiple populations and payers



Success in population health requires unique and differentiated capabilities

WakeMed Key Community Care

Foundational Capabilities Needed

1.Organization & Infrastructure – Physician-led Governance structure, with central operations team to manage Population Health Programs

2.Tools and Technology – IT solutions for data transparency and aggregation, with the goal of minimal disruption to practice workflow

3.Population Health – Care Coordination and Preventive Care Programs to support appropriate care utilization and improve quality

4.Provider Value– Participants comprised of reputable, high quality, and low-cost providers to deliver care at optimal value

5.Payer Contracting and Actuarial – Strategic payer partnership contracts to align incentives and drive value

Early Challenges and Lessons Learned

- Payer partnership financial structures may not have highly favorable shared savings opportunities in low-cost markets
  - Infrastructure and resources need to be spent wisely
  - Payers may lack robust capabilities (or resources) to collaborate on quality and cost improvement opportunities
- Building and maintaining mechanisms to monitor performance in payer partnerships to inform future strategy (e.g., downside risk) and deployment of resources
- Providers are busy and need support to continue to improve
  - Population health resources and reports need to be focused to help providers and their practices identify quickly the most meaningful opportunities for greater value
  - Providers need multiple avenues to engage in population health (within practices and with their peers)

Next Steps

- ✓ Evaluated CM Approach and Alternatives. MD/Practice and Specialist Engagement and Data Requirements
- ✓ Assessed Vendor Contracts and Options. Developed ACO Requirements and conducted RFP for CIN vendor.
  - Integration Capabilities and Experience. From CCD to “Flat File.”
  - Reporting Tools and Knowledge IP
  - Care Management Workflow Tools and Integration
  - Pricing and Scalability
- ✓ Rebased OpEx Budget to 5-year Roadmap so WKCC could focus on clinical QI and TME.

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Evolution | Technology Needs

EHR

Meaningful Use (EP's)

- Transitions of Care Use Case (CCD)
- Data Capture (BP, Problem List, BMI, Smoking, Meds, Allergies, Demographics)
- ePrescribing
- Active Meds
- CPOE
- Visit summary
- Clinical Quality Measures
- Electronic copy of health record

The initial stages of Meaningful Use concentrated on data capture and sent many EHR vendors scrambling to meet these requirements and obtain CEHRT status.

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Pop Health Vendors Portals

Population Health and Clinical Integration vendors often struggled with the sheer size and diversity of the EHR marketplace.

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HIE

While vendors were trying to keep up with regulatory requirements, interoperability remained a pipe dream for many providers. Additionally, MU did not adequately prepare providers for value based scenarios and quality improvement.

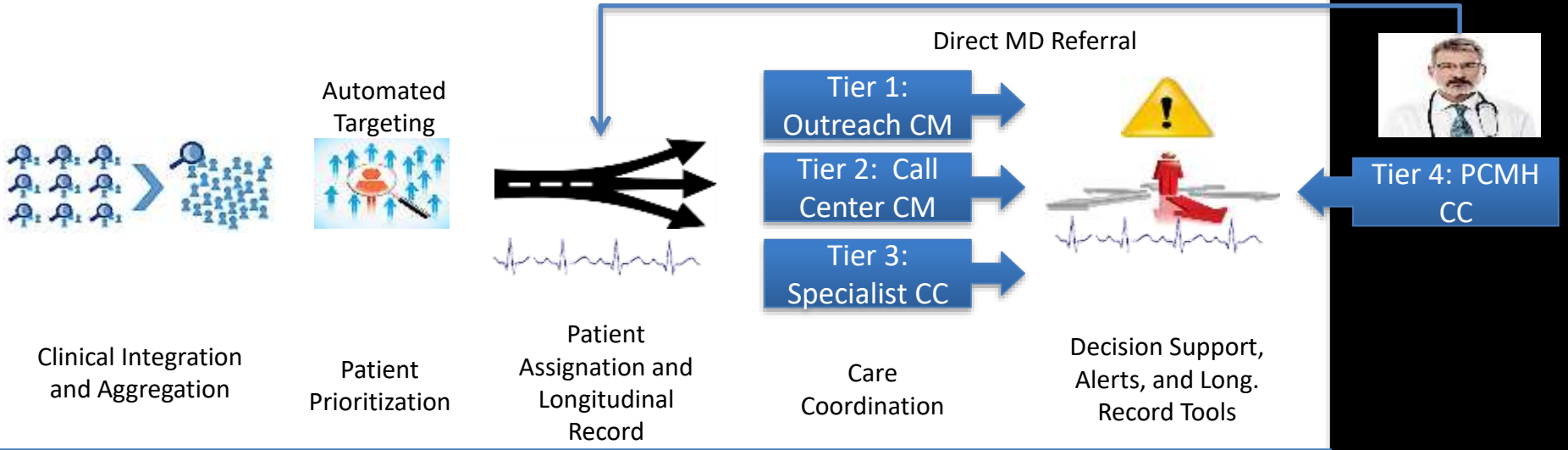
Evolution| *Quality Reporting & Improvement*

- Data Capture vs. Relative Performance
  - The results make a difference. Is poor performance due to underreporting and incomplete data capture or a true gap in care?
  - Need to move resources from chasing the data to quality improvement activities
- Semi – Streamlined Quality Metrics: MU, PQRS >> MIPS + HEDIS (Commercial Payers)
- New Requirements: Quality Improvement, Cost and Advancing Care Information

Evolution | *Vendor Capabilities*

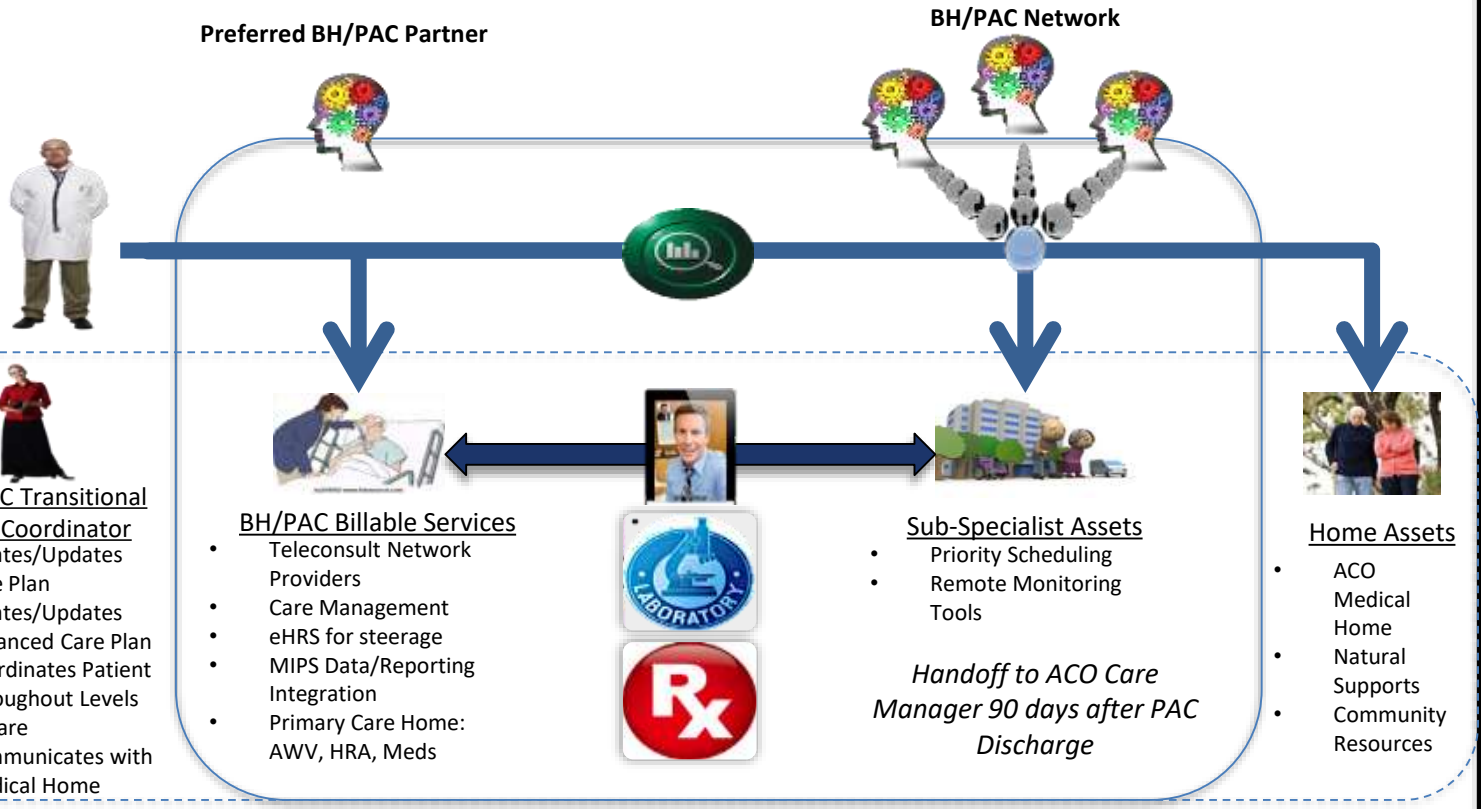
- Gaining expertise and focus and not trying to be all things to all customers
- Moving beyond Regulatory, Managing At-Risk Populations
- Vendors are following Use Cases, Responding to Market / Customers
  - Better Clinical /Claims Integration leads to better regulatory reporting and more time for other activities
  - Risk Segmentation leads to more efficient CM activities
  - Care Management capabilities are evolving
  - Analytics
- Many vendors are getting better at working together allowing providers to use a Best in Class approach vs. a single solution.
- Business Case then Technology

WKCC 2.0: Empowering the Practices
Right Time, Right Place, Right Information



- Outreach CM: High touch CM performs outreach and carries patient on small (1:50) caseload. Highest ROI patients only. Med Rec, social determinants, and environmental obstacles.
- Call Center CM: Low Touch tele- CM follows up with transitional care, newly enrolled, newly diagnosed, ED high utilizers to provide health coaching, literacy, triage, and light care coordination.
- Specialist Coordination: In-Network specialists agree to follow network clinical pathways, document progress, and coordinate follow up care. Focused on polychronic patients with an episodic condition. Priority scheduling protocols.
- PCMH Coordination: Rising risk patients who could benefit from health coaching and practice level primary care coordination. Priority specialist scheduling protocols.

WKCC 2.0: Engaging High Value Specialists First 90 Days



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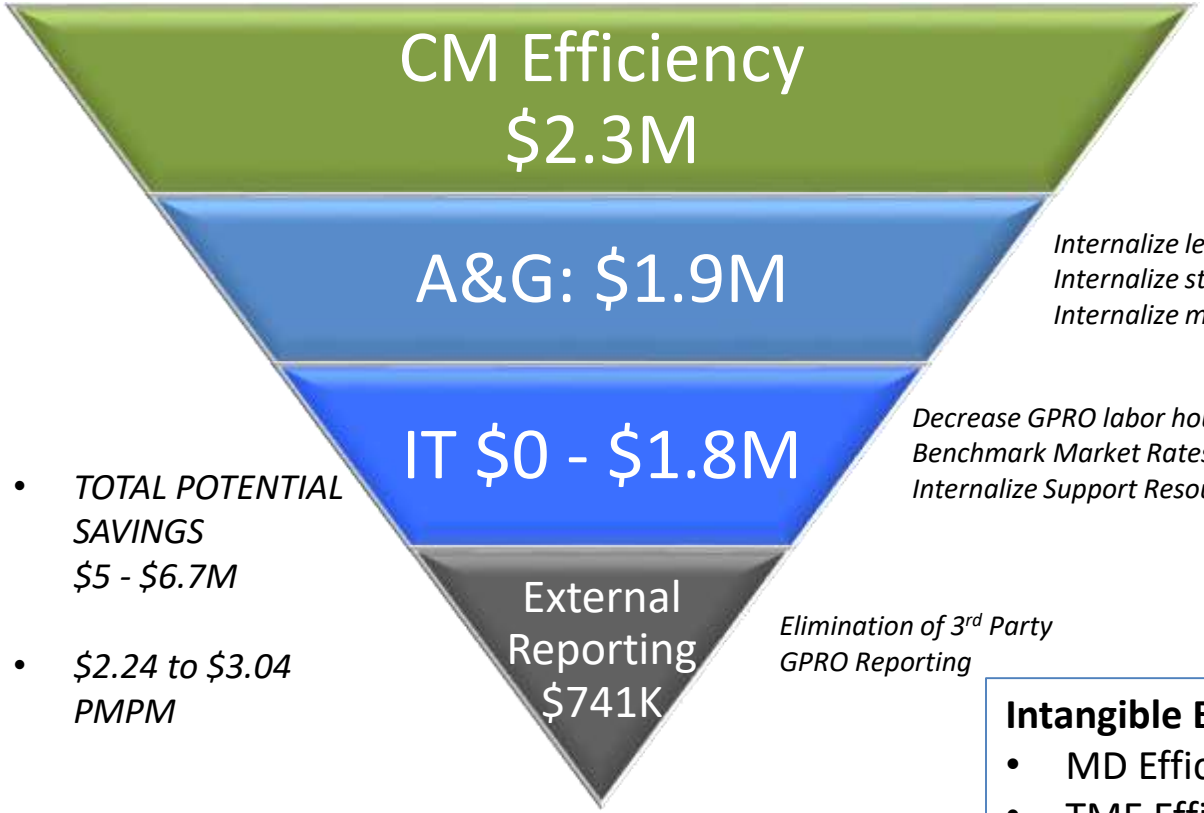
WKCC 2.0: OpEx Savings



Change Care Manager Quals
Increase Care Manager case loads: 15 to 30
Enable MD's in CM
Enable in situ *CM*

Internalize leadership roles
Internalize strategy
Internalize management fees

Decrease GPRO labor hours
Benchmark Market Rates
Internalize Support Resources

Elimination of 3rd Party GPRO Reporting

- *TOTAL POTENTIAL SAVINGS $5 - $6.7M*
- *$2.24 to $3.04 PMPM*

Intangible Benefits

- MD Efficiencies
- TME Efficacy
- Contract Negotiations

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Summary

- ✓ Don’t boil the ocean. Lots of simple steps to clinical quality improvement
- ✓ Use payer claims data for a population snapshot. Pick your priorities and create metrics
- ✓ Develop use case and find the easiest/fastest paths to data. Flat file models allow scalability.
- ✓ ***Be a care team, not a care management program.*** Find relevant and scalable communications tools that fit workflow.
- ✓ Find secondary ROIs. Shared savings is bonus, not metric.

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