

COORDINATED CARE MANAGEMENT ALIGNMENT WORKGROUP

TRANSFORMING OUR BUSINESS MODEL

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JUNE 18, 2015

YOUR QUESTIONS

1. How does the Alliance's work differ from Oregon's Coordinated Care Model?
2. Going forward, what alignment opportunities do you see between your work and that of the Coordinated Care Model Alignment Workgroup?
3. Who are the member organizations?
4. To what degree have payers (carriers and employers) been engaged in the effort?
5. What is the timeline for the Alliance's effort?
6. Are there specific goals for increasing value based care?

WHO WE ARE

Asante – Medford, Grants Pass, Ashland

Bay Area Hospital – Coos Bay

Mid-Columbia Medical Center – The Dalles

Moda Health – Portland

OHSU – Portland

Salem Health – Salem, Dallas

Sky Lakes Medical Center – Klamath Falls

St Charles Health System – Bend, Redmond, Madras,
Prineville

GUIDING PRINCIPLES OF THE ALLIANCE

The Population Health Alliance of Oregon will provide the tools, methods and support necessary for optimal health management in the communities we serve. Throughout this endeavor we will:

**Put patients
first**

**Demonstrate
resilience**

**Collaborate
tirelessly**

**Become the
system of choice**

We will achieve our vision by:

- Building solutions with physician leadership
- Sustaining performance around meaningful quality targets
- Rewarding participants through aligned incentives
- Using leading-edge technology to drive robust analytics

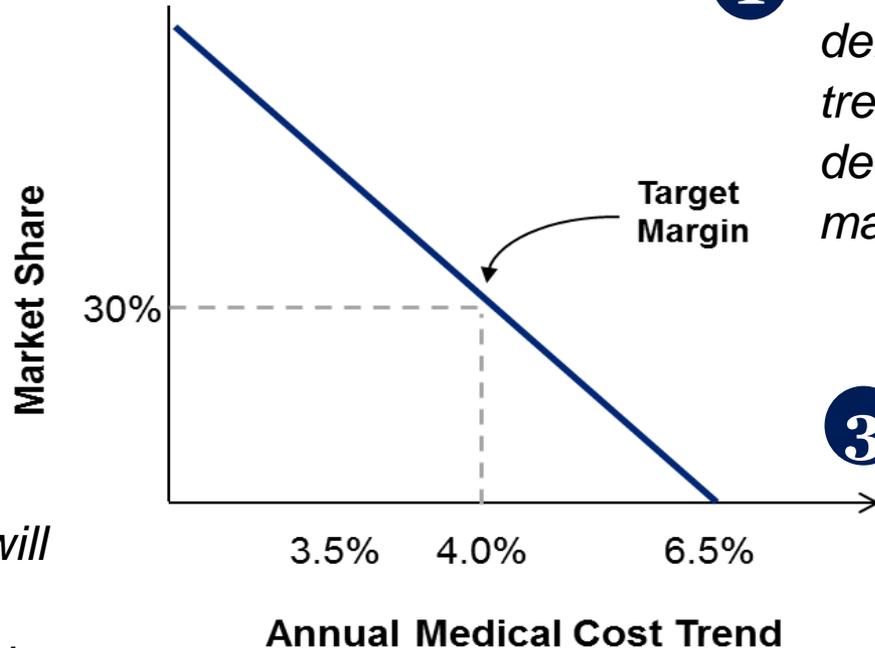
KEY MARKET FORCES UNITING THE ALLIANCE

2

To maintain and potentially grow share, providers will have to deliver a reliable reduction in trend

4

Population health management capabilities are expensive, and it makes more sense to invest in this together as opposed to many times separately



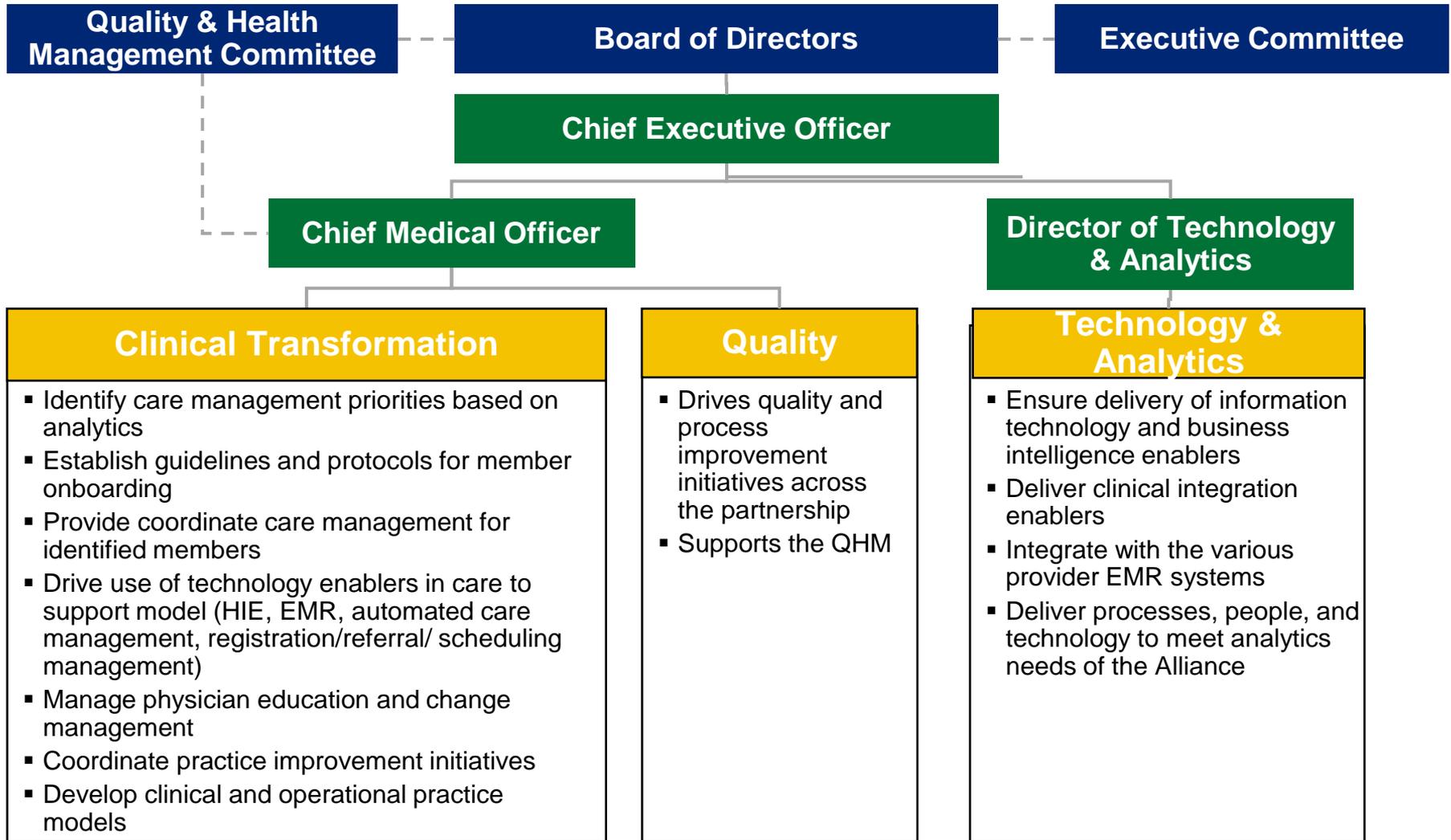
1

Providers who cannot deliver a lower medical trend will likely face a declining share of the market

3

The realization of a much lower medical trend is only possible with greater plan / provider alignment and best in class tools for managing utilization and cost

ALLIANCE ORGANIZATION CHART



WHO IS EVOLENT?

Founded in 2011, Evolent Health is an independently managed and governed organization backed by capital, asset and intellectual property contributions from UPMC Health Plan, The Advisory Board and TPG Growth

\$126M

million dollars in capital raised

800⁺

Evolenteers in 2015

2M

lives impacted by current model*

20

markets served nationwide

UPMC HEALTH PLAN

- Capital
- Infrastructure, intellectual property
- 2M lives, \$5BN provider-owned health plan – largest after Kaiser



- National relationships
- Capital



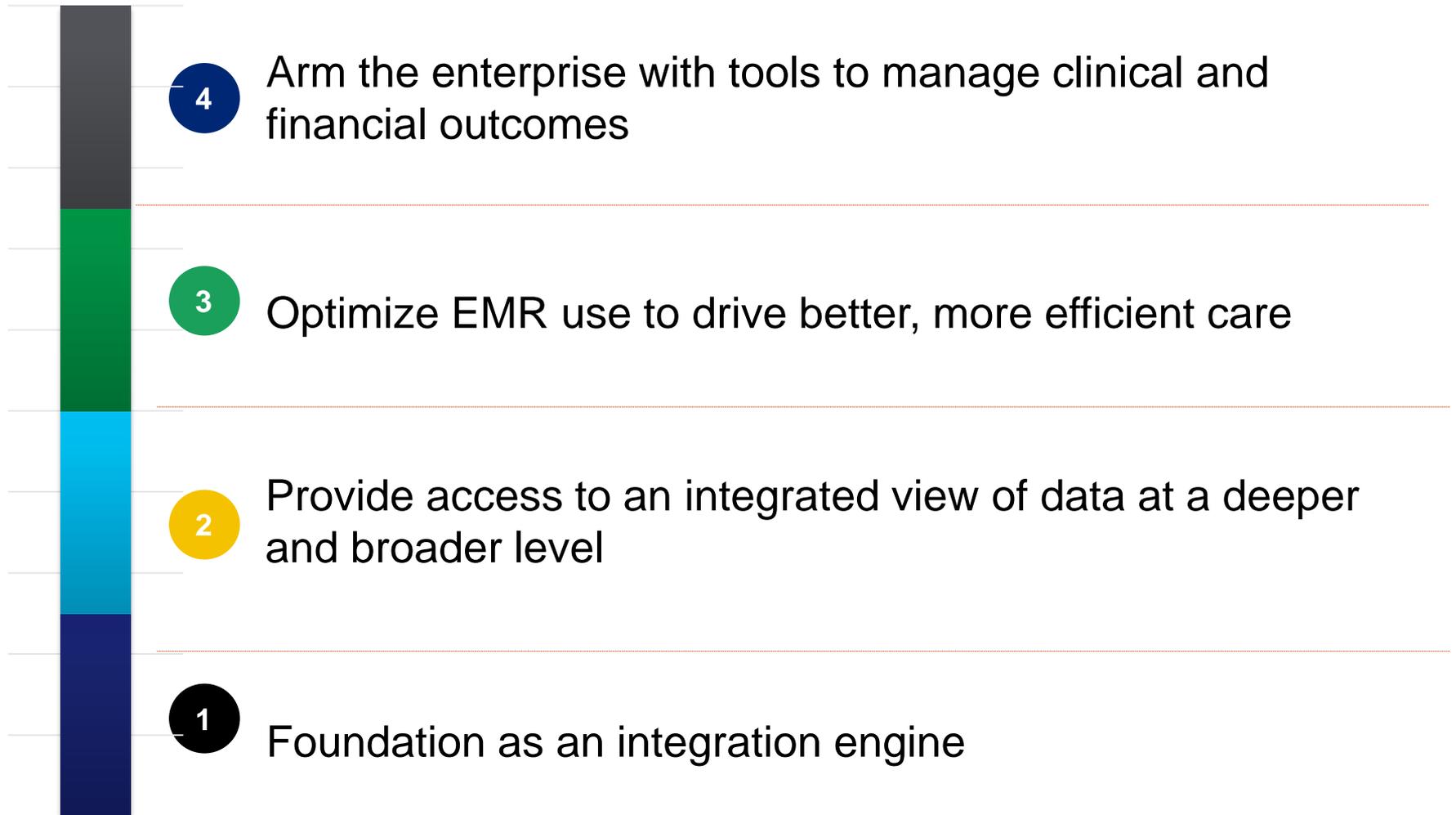
- Capital
- Board guidance, including Norm Payson (founder of HealthSource), Tom Geiser and Leonard Schafer (co-founders of WellPoint)

Source: Evolent Health, 2015

*includes lives covered under UMPC

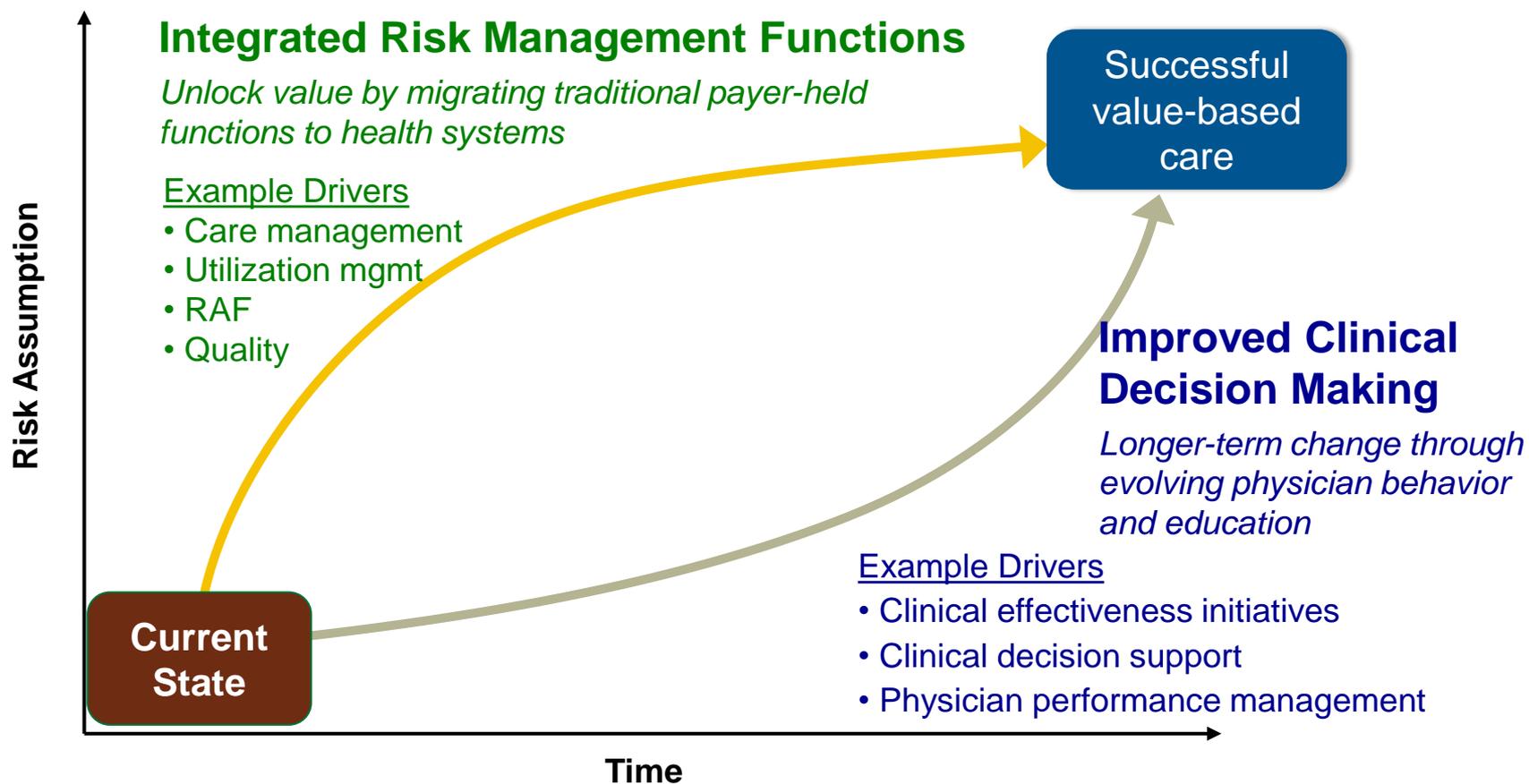


Using Technology to Support Value-Based Businesses



BRINGING IT ALL TOGETHER

Building high performing risk management functions allow providers to aggressively assume risk while clinical transformation efforts gain traction

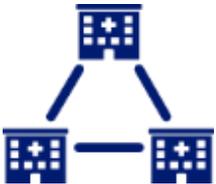


OUR INITIAL CLINICAL FOCUS



Complex Care

- Launch Complex Care pilots with by 1/1/16.
- Complex Care rollout with by 4/1/16.



Transition Care

- Launch Transition Care by 4/1/16.
- Transition Care rollout by 6/30/16.



Identifi Rules

- Configuration of technology rules engine by 11/30/15.

Source: Evolent Health, 2015

COMPLEX CARE

Overview

Complex Care Management is a care advising program for patients with multiple complex chronic conditions, psychosocial needs, and high predicted avoidable medical expense.

Objectives

Improve patient health and quality of life while lowering medical expense by reducing avoidable ED, specialist, and acute encounters

Team Engaged



Patient,
Family
and care
giver



Physicia
n



RN
Care
Advisor



Pharmac
ist



Dietitian



Social
Worker

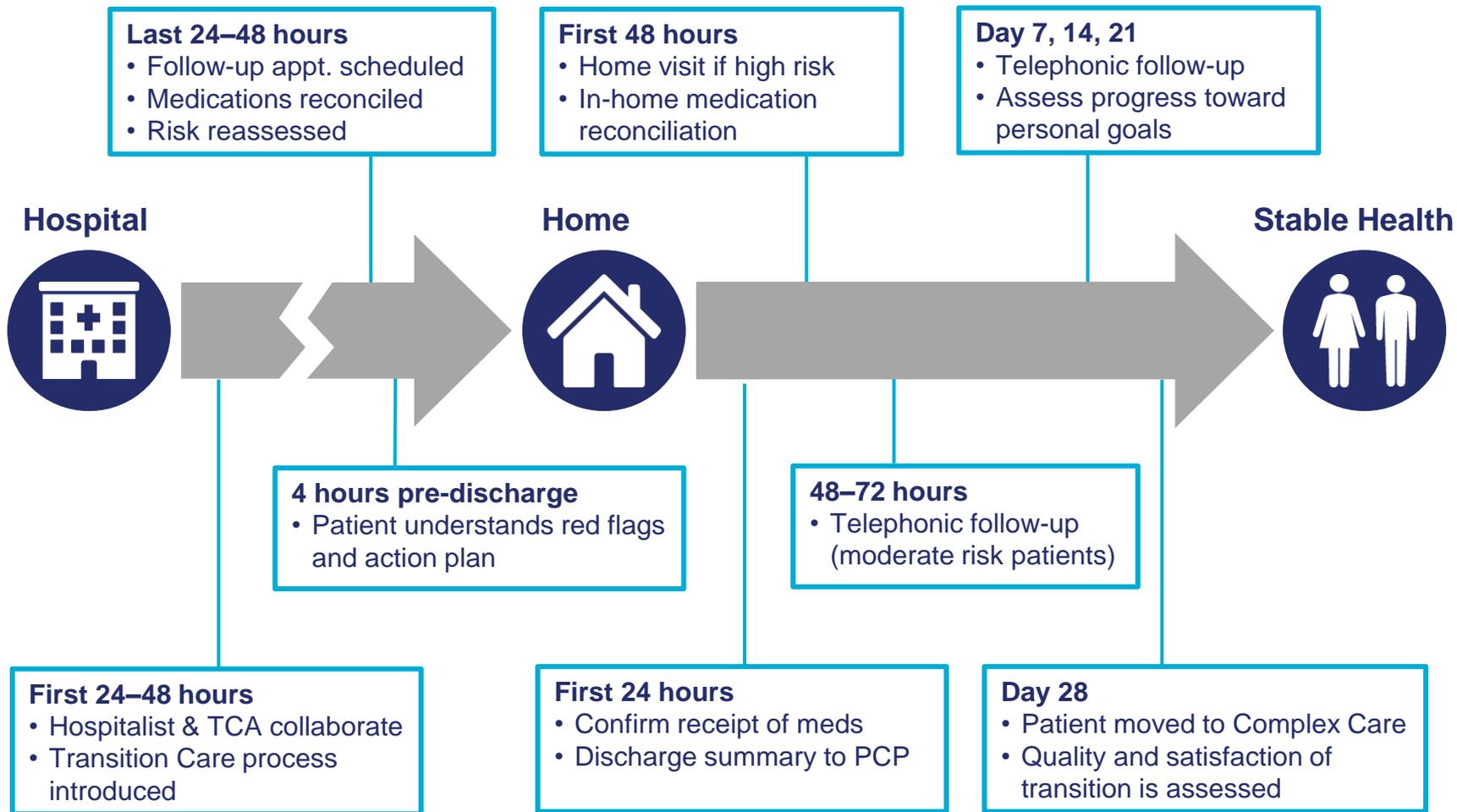


Engage
ment
Specialis
t



Program
Coordina
tor

IDEAL PROCESS TRANSITION CARE



Source: Evolent Health, 2015

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RULES BY GROUP

Group	Count	Group	Count
Clinical quality measures	242	Diabetes chronic disease rules	63
HEDIS	190	CAD chronic disease rules	32
Medicare advantage Stars	71	COPD chronic disease rules	19
MSSP Quality measure rules	75	Pediatric care rules	74
Medication safety rules	36	Data QA rules	49
Predictive model support rules	98	Risk adjustment factor	20
Complex care – commercial	19	Palliative care stratification	12
Complex care – Medicare	40	Identifi UI care gap support	21
Medicare part D rules	47	Unplanned care/Stratification	32
Pharmacy custom rules	14	UPMC deployed	39
Pharmacy statin adherence	5	Utilization rules	37

Source: Evolent Health, 2015

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SUCCESS FACTORS AND BENEFITS

Success Factors for Alliance

Alignment & Commitment

- Strong commitment from each member organization and shared definition of success

Leadership & Physician Engagement

- Physician-led governance structure and strong executive leadership
- Willingness to delegate authority to central entity

Detailed Roadmap & Business Case

- Defined and quantified opportunity, critical milestones, investments, projected returns

Change Management

- Resources/focus to support transformational change management with physicians and other stakeholders

Benefits of Alliance



Scale

- Increased lives under management means faster break-even and profitability



Risk Pooling

- Diffusion of risk across a large, diversified entity



Quality & Value

- Refined best-in class capabilities
- Enhanced care coordination



Network

- Robust and powerful network to manage care within ACO

REFERENCE SITE: PREMIER HEALTH



- 4 hospitals, \$1.8B in revenue
- 50%+ market share
- 250+ owned physicians
- Strong reputation with consumers

Goal from CEO:

30% of revenue from value based care by 2018



Medical Admission Rate declined by **23%** (H1'14 over H1'13)



Reduced ACS Admissions drove **14%** of the reduction in overall admissions



ED Utilization declined by **26%** (H1'14 over H1'13)



High-Technology Radiology Utilization declined by **7%** (H1'14 over H1'13)

EVIDENCE OF SUCCESS

Intervention	Description	Evidence
Patient roster reviews and creation of quarterly care plans	<ul style="list-style-type: none"> Quarterly roster reviews with Care Advisor and Physician to confirm highest risk patients for enrollment in care management program Comprehensive patient-centered care plan considering clinical, behavioral, pharmacy, nutritional, and environmental needs 	<p>Physician referrals and initial care plans within 30 days were significantly associated ($p < 0.05$) with improved outcomes:</p> <ul style="list-style-type: none"> 55% reduction in acute IP spend ($p < 0.001$)¹ 45% reduction in ED spend ($p = 0.06$)²
Completion of transition visits within first 5 days	<ul style="list-style-type: none"> Inpatient medication reconciliation, and patient-centered discharge planning Notification of the clinic and primary care clinician on initial admission and immediately upon discharge Follow-up appointment occurs within 1 week of discharge (ideally 2-3 days post-discharge) 	<ul style="list-style-type: none"> 30-day readmissions decreased significantly from 27% to 7.1% in a 12-month period ($p = 0.02$)³ 20% reduction in readmissions for high-risk patients who receive follow-up within 14 days ($p < 0.001$)⁴

1. Evolent program result; Based on a Medicare Advantage case control evaluation matched 1:1 on age, gender, Charlson Comorbidity Index, and propensity score based on 12 mo of historical cost and utilization data.
2. Evolent program result; Based on a Commercial case control evaluation matched 1:1 on age, gender, Charlson Comorbidity Index, and propensity score based on 12 mo of historical cost and utilization data.
3. White B, Carney PA, Flynn J, Marino M, Fields S.. Reducing hospital readmissions through primary care practice. Transformation. J Fam Pract. 2014 Feb;63(2):67-73.
4. Jackson C, Shahsahebi M, Wedlake T, DuBard CA. Timeliness of outpatient follow-up: an evidence-based approach for planning after hospital discharge. Ann Fam Med. 2015 Mar;13(2):115-22.

WHAT DOES SUCCESS LOOK LIKE?



Quality

- **Health Status** measures
- **Readmission rates**
- **Ambulatory case sensitive admissions**



Experience

- **Engagement rate**
- **Graduation rate**
- **Patient Satisfaction**
- **Physician Satisfaction**



Cost

- **PMPM Cost (Total, Medical, Pharmacy)**
- **Utilization rates compared to benchmark**