



**Triad
HealthCare
Network**

Physicians Partnering with  CONE HEALTH

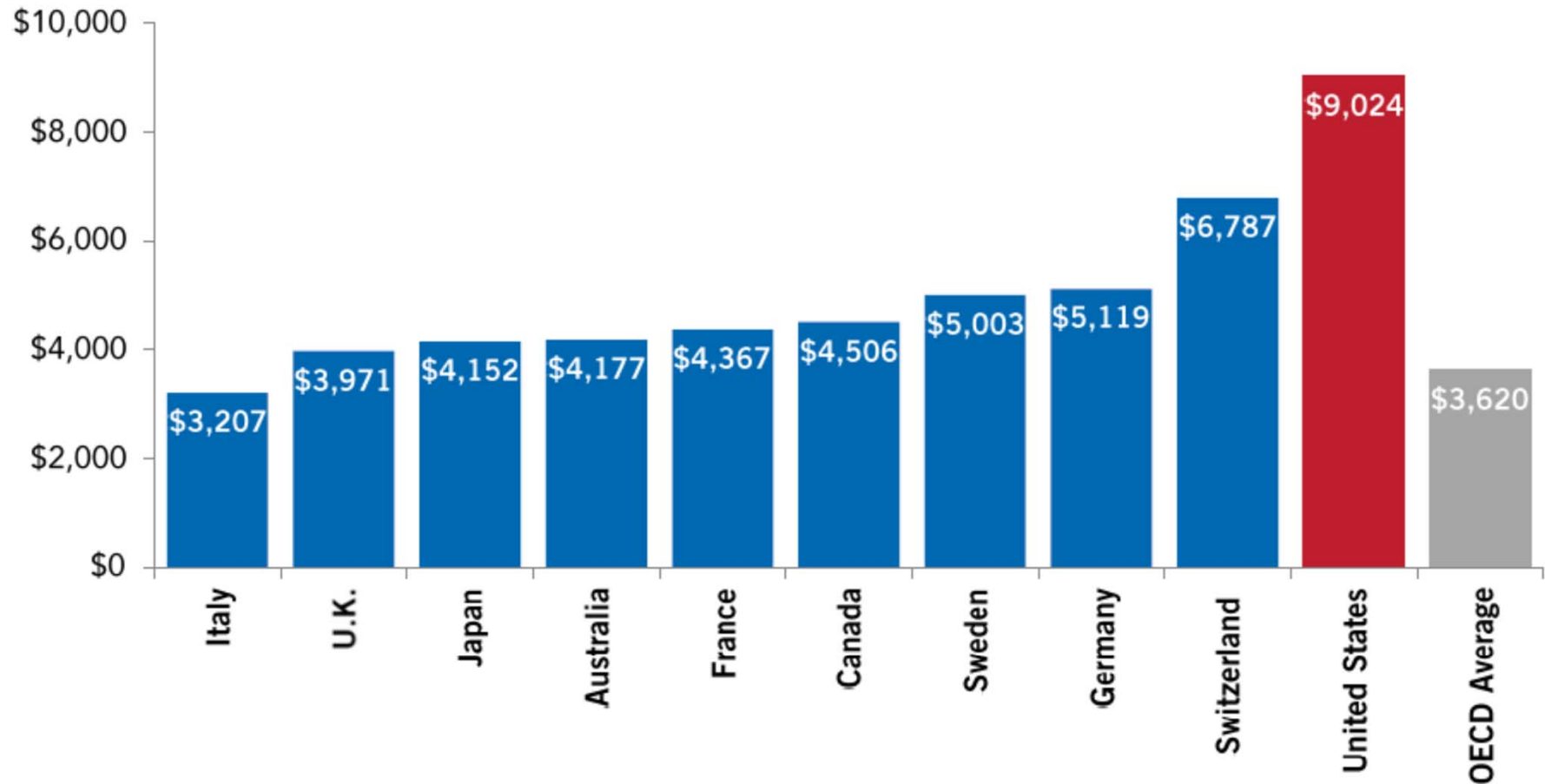
Value-Based Care – An ACO Perspective
NCIOM Task Force on Accountable Care Communities
January 24, 2018

Steve Neorr
Chief Administrative Officer

www.TriadHealthCareNetwork.com

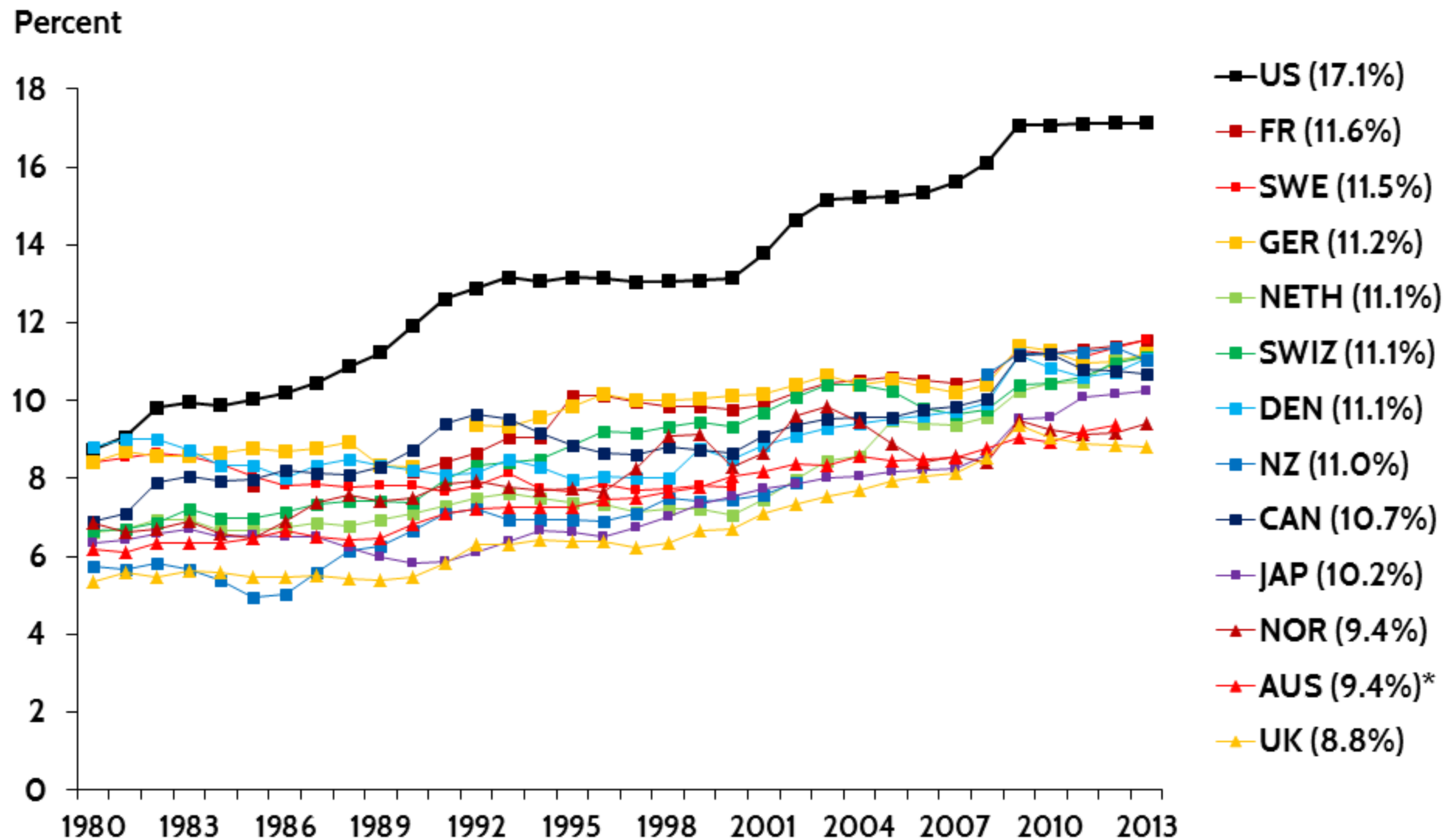
United States per capita healthcare spending is more than twice the average of other developed countries

HEALTHCARE COSTS PER CAPITA (DOLLARS)



SOURCE: Organization for Economic Cooperation and Development, OECD Health Statistics 2016, June 2016. Compiled by PGPF.
NOTE: Data are for 2014 or latest available. Chart uses purchasing power parities to convert data into U.S. dollars.

Exhibit 1. Health Care Spending as a Percentage of GDP, 1980–2013



* 2012.

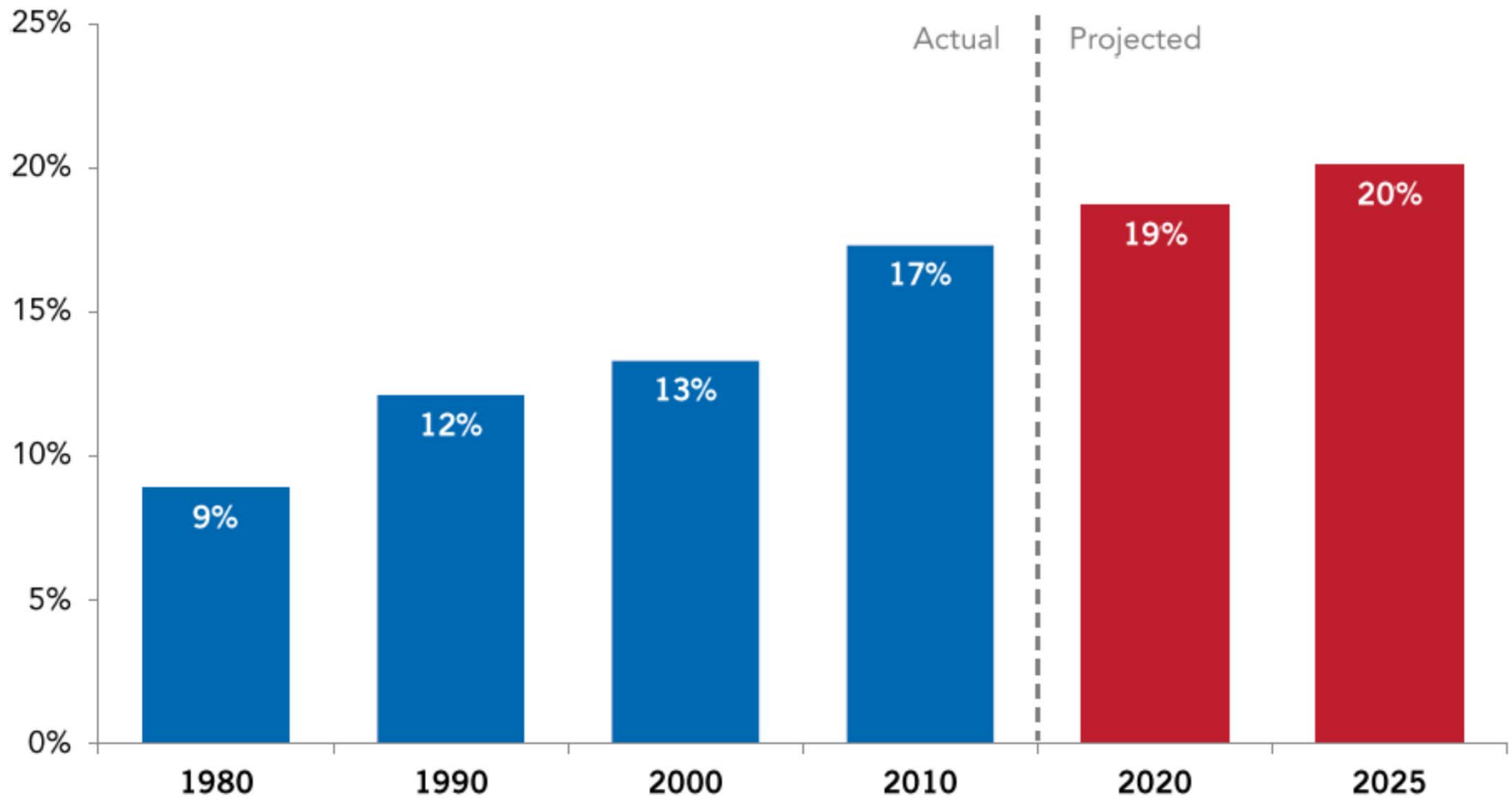
Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.

Source: OECD Health Data 2015.



Total U.S. health spending (both public and private) is projected to rise to one-fifth of the economy by 2025

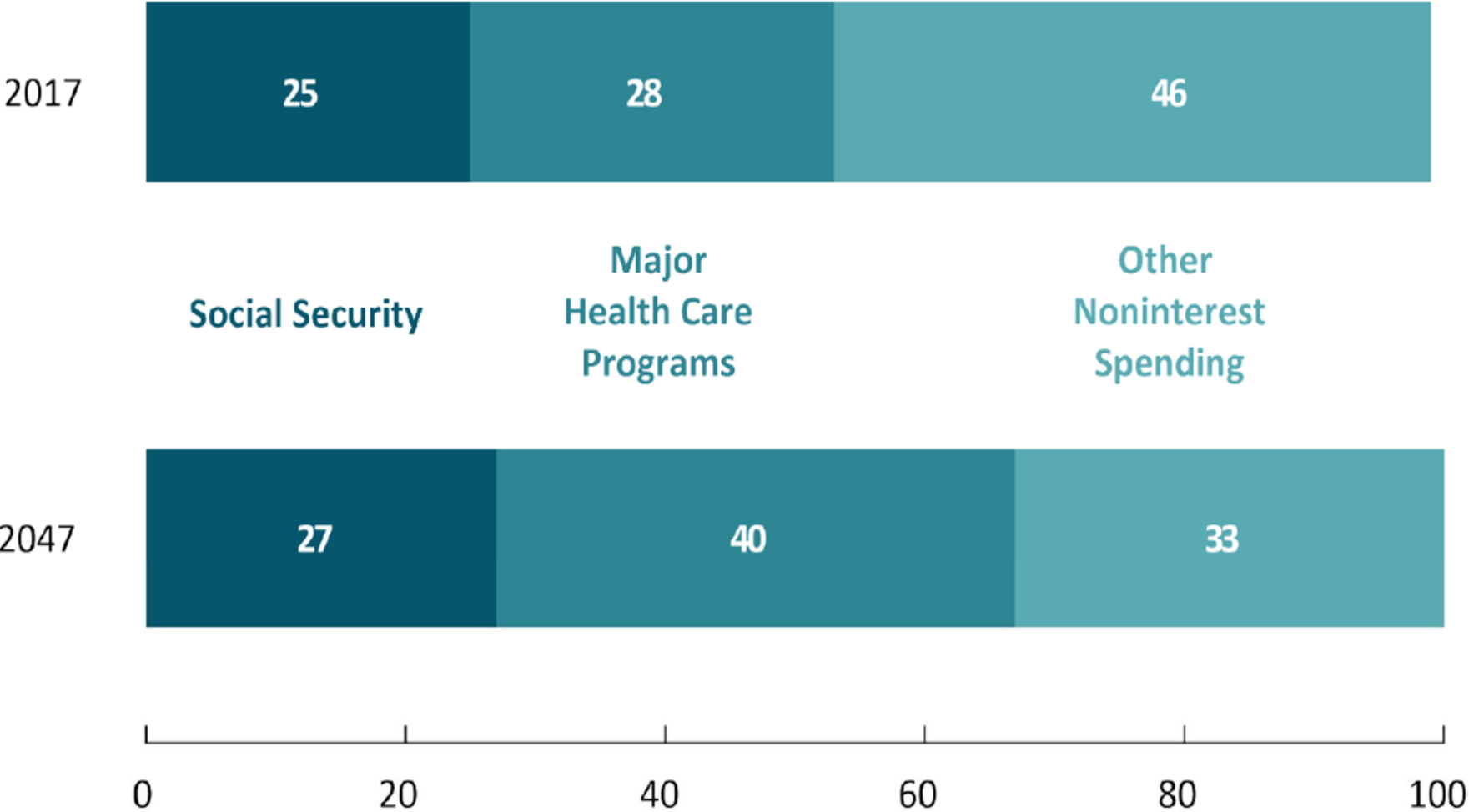
NATIONAL HEALTH EXPENDITURES (% OF GDP)



SOURCE: Centers for Medicare and Medicaid Services, *National Health Expenditures*, July 2016. Compiled by PGPF.

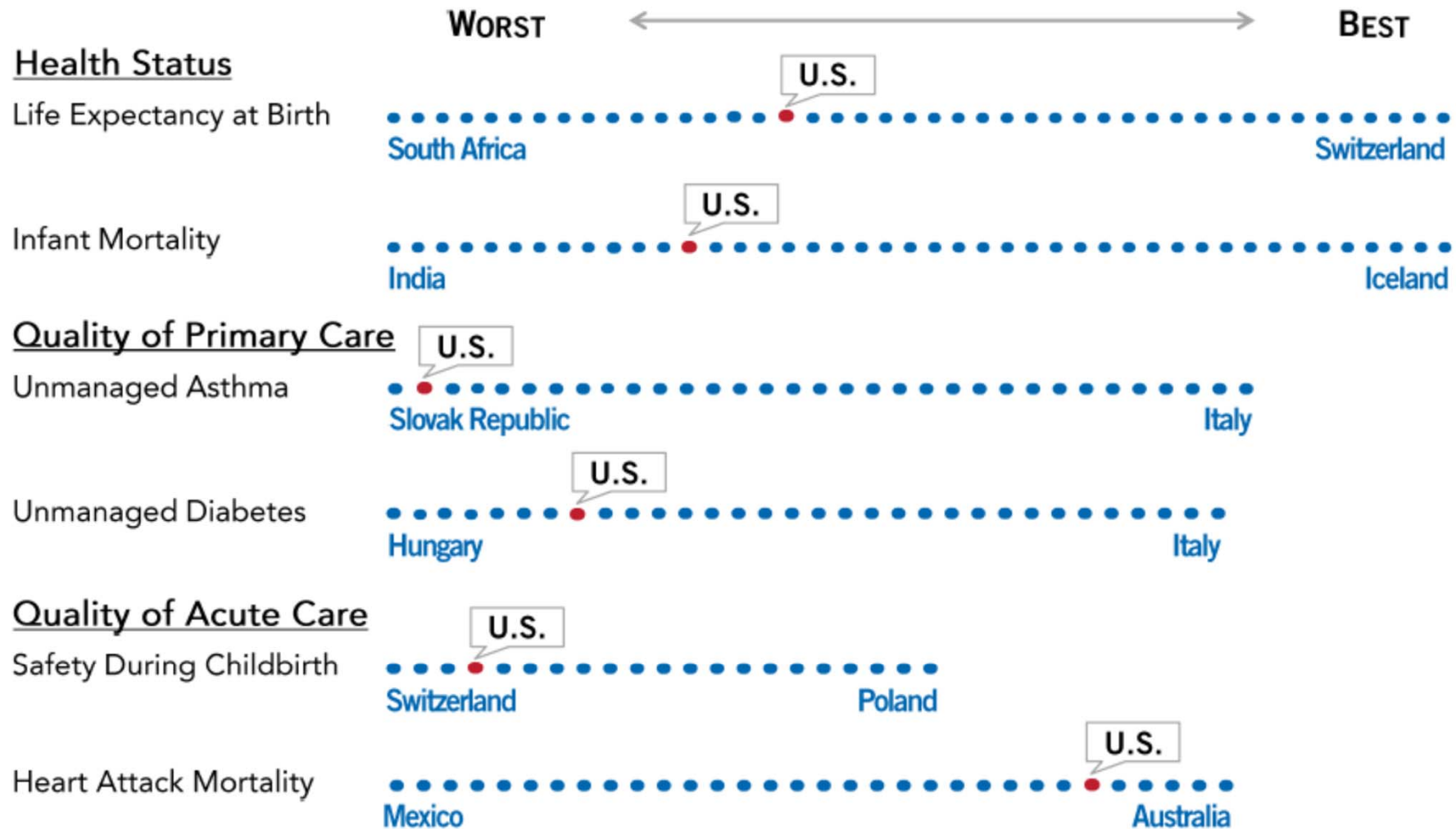
Composition of Federal Noninterest Spending Under CBO's Extended Baseline

Percent



Source: Bantnin, Jessica. "Healthcare Spending Today and in the Future: Impacts on Federal Deficits and Debt" *CBO.gov*. CBO.gov, 18 July 2017. Web. 26 October 2017.

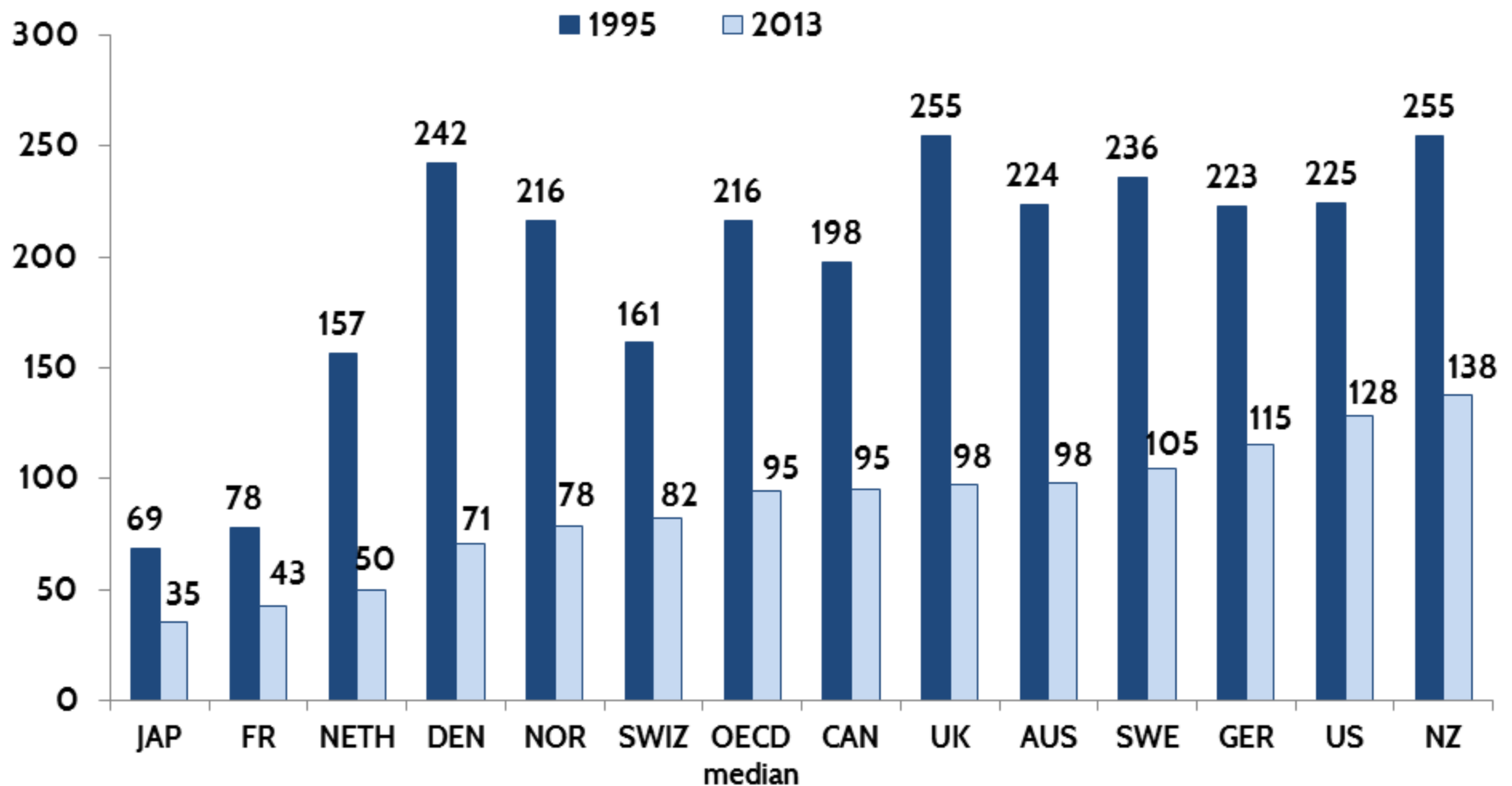
Although the United States spends more on healthcare than other developed countries, its health outcomes are generally no better



SOURCE: Organization for Economic Cooperation and Development, *Health at a Glance 2015 OECD Indicators*, November 2015. Compiled by PGPF.
 NOTE: Data are not available for all countries for all metrics; all published data are shown. Data are for 2013 or latest available.

Exhibit 11. Mortality as a Result of Ischemic Heart Disease, 1995 to 2013

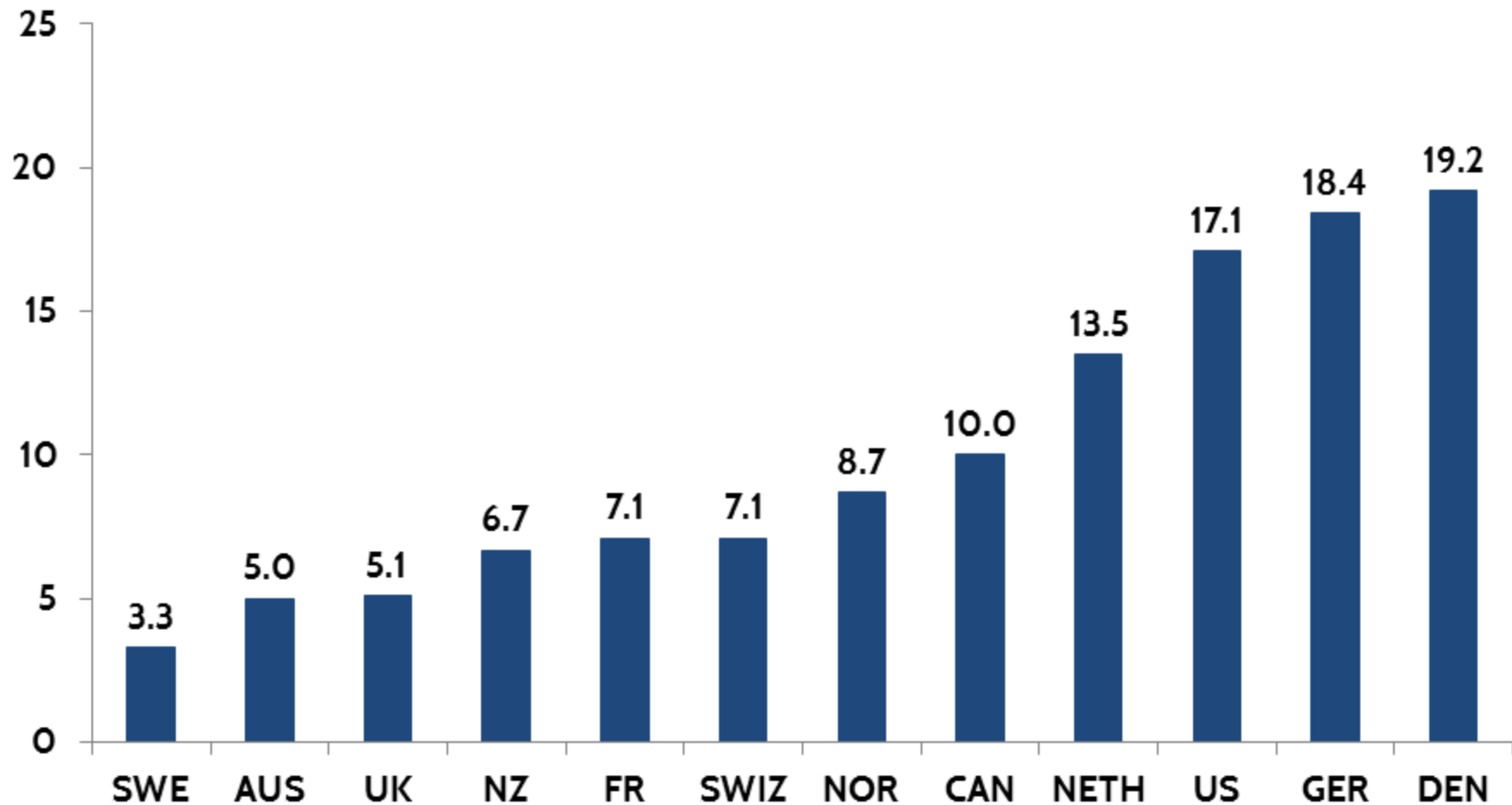
Deaths per 100,000 population



* Data from 2012 for Denmark and Switzerland; 2011 for France, Canada, Australia, and New Zealand; and 2010 for the U.S.
Source: OECD Health Data 2015.

Exhibit 12. Lower Extremity Amputations as a Result of Diabetes, 2011

Amputations per 100,000 population



* Data from 2010 for the Netherlands, Switzerland, and the U.S.; and 2009 for Denmark.
Source: OECD Health Data 2015.

Triad HealthCare Network

Understanding the Impact of System Design

“Every system is perfectly designed to get the results it gets.”

***- Paul Batalden, M.D.
Dartmouth Medical School***

***“If we keep doing what we have been doing, we'll keep getting what we've always gotten”—an expensive, high-tech, inefficient health-care system.
“The health-care system needs to be redesigned.”***

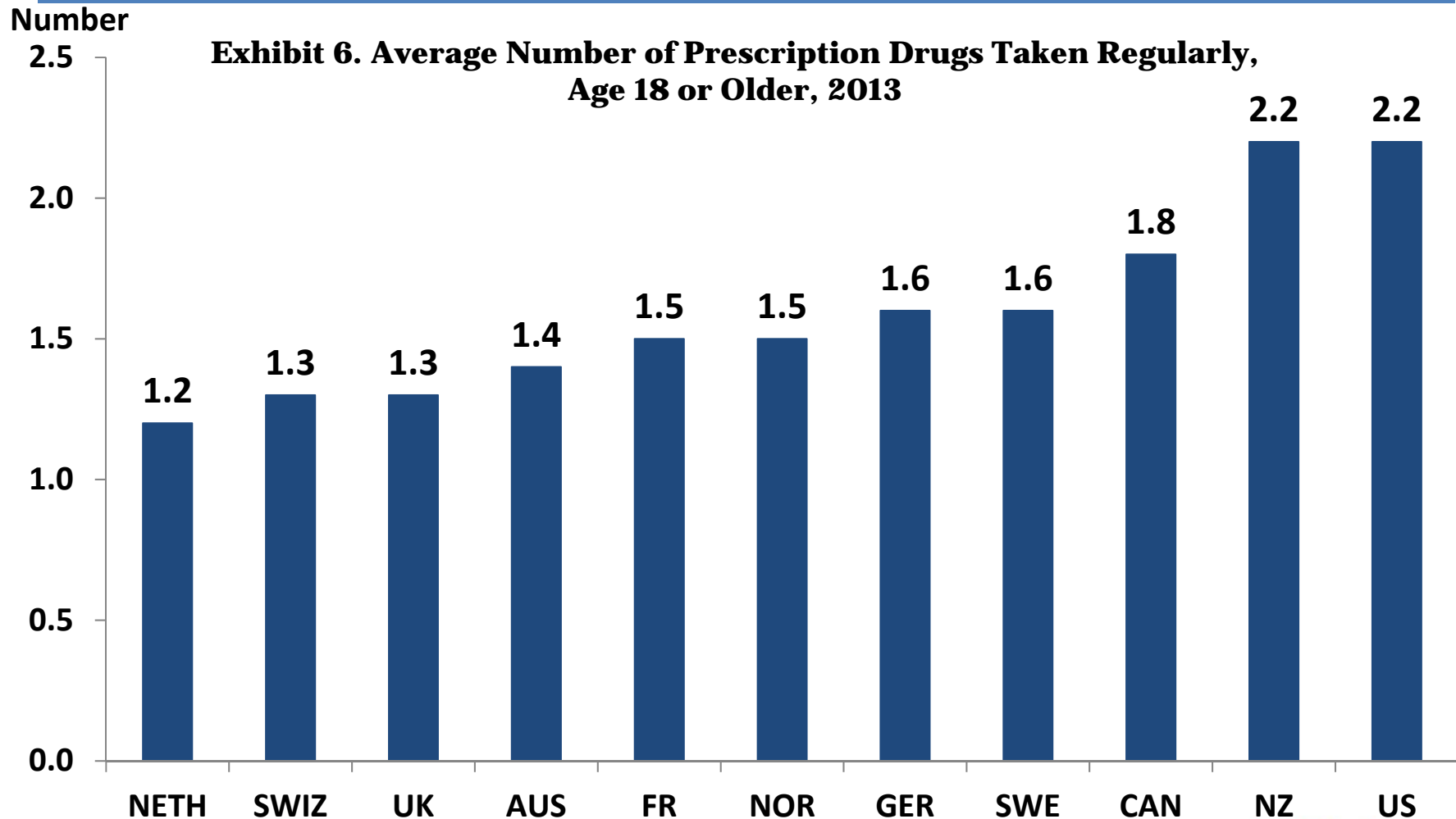
Dartmouth Medicine, Spring 2006

www.TriadHealthCareNetwork.com



Triad HealthCare Network

Understanding the Impact of System Design

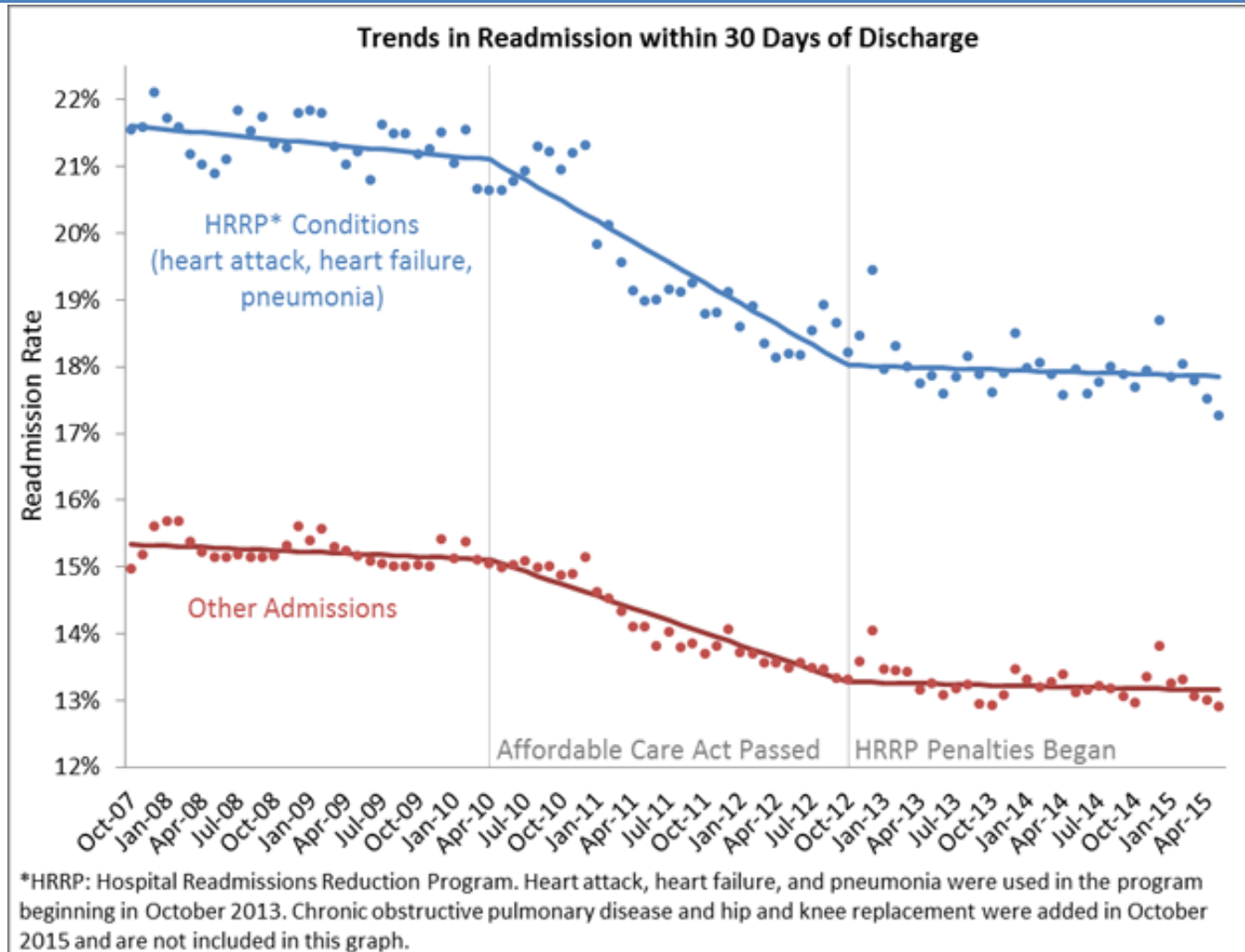


www.TriadHealthCareNetwork.com



Triad HealthCare Network

Understanding the Impact of System Design



www.TriadHealthCareNetwork.com



Triad HealthCare Network

Two Roads....



Triad HealthCare Network

Founding principles

- Empower physicians to **lead and drive healthcare transformation**
- Engage physicians to **develop new, value-based models of care**
- **Provide resources** to physicians to meet the growing demands of accountability and transparency
- **Create greater collaboration** and trust among physicians, hospitals, patients and payers
- **Establish our brand as a clinically integrated system of care delivering superior value measured by high quality outcomes, affordability, and exceptional customer experience**



Mission Statement:

We empower healthcare professionals to manage time, change, and complexity to deliver exceptional care.

What We Do: We provide tools, resources, and expertise to manage new reporting requirements and payment methods while improving quality and controlling costs of patient care.

www.TriadHealthCareNetwork.com



Commander's Intent:

THN exists to lower the cost of care and improve the quality/outcomes of the populations we manage

www.TriadHealthCareNetwork.com

Triad HealthCare Network

Structure and Membership (as of January 2018)

- 1,200+ Affiliated physicians representing 100+ entities across four counties
 - 500 employed by Cone/ARMC
 - 60% independent community physicians
 - 30+ EHR platforms
- 400+ Primary Care Physicians (Adult and Peds)
- Cone Facilities
 - 6 Hospitals - 1,342 Acute Care Beds
 - 2 Ambulatory Surgery Centers
 - 1 Nursing Home – 92 Beds
 - 2 Freestanding Ambulatory Care Campuses, Inc a Freestanding ED

Triad HealthCare Network

Current Contracts

• Next Generation ACO ¹	32,000
• Cone Health employees/dependents ²	18,000
• United Medicare Advantage ³	11,000
• Humana Medicare Advantage ⁴	12,000
• HealthTeam Advantage PPO MA ⁵	14,000
• Cigna Commercial ACO ⁶	<u>9,500</u>
	96,500 Members

¹ One of 58 Next Gen ACOs in the country selected by CMS in 2018; Take 100% risk

² Provide case management, disease management, wellness services

³ Converted to full risk 1/1/17

⁴ Take full global capitated risk on 10,000 Humana HMO Gold members; Shared savings agreement on 2,000 Humana Medicare Advantage PPO

⁵ Take capitated professional risk; Cone-based MA plan launched 1/1/16

⁶ Effective 10/1/17; Upside savings only; No risk

www.TriadHealthCareNetwork.com



Triad HealthCare Network

Initial Steps Towards Population Health

- Deployment of advanced IT resources to support population management
 - Patient stratification
 - Quality Reporting
- Care Management team to support practices
- Assistance to achieve Patient-Centered Medical Home recognition and practice transformation
- Began to facilitate care process redesign through Quality Committee and physician specialty divisions
 - Care transitions, readmissions, chronic disease management

Triad HealthCare Network

Point of Care Recommendation Report *Humana Medicare Advantage Patient*

Patient Name	TEST, PATIENT	DOB	6/1/1953	Age	64	Sex	F	Appointment Date	7/10/2017 12:00 PM
Treating Provider	TEST, PROVIDER	ACO PCP	TEST, PCP	Primary Insurance		HUMANA MEDICARE			
ACO Utilization	RAF Score: 2.854	Last AWV:		Last Comp Visit:	5/18/2015	CM: NO-NOT ACTIVE			
ED Visits: 0 Date of last visit: 7/26/2016 11:22:00 AM Pt. Chief Complaint: leg pain Primary Diagnosis: Sciatica Mode of Arrival: Car	Inpatient admissions: 0 Date of last visit: Pt. Chief Complaint: Primary Diagnosis:		Discharge Date: Discharge Diagnosis: Discharge Location: Discharged To:						
Labs		Gaps in Care with Risk Calculations							
LipidPanel (Panel co completed 6/8/2017) HDL 56.900 6/8/2017 LDL 89.000 6/8/2017 Cholesterol, total 165.000 6/8/2017 Triglycerides 96.000 6/8/2017 A1C 6.600 6/8/2017 Glucose Random 114.000 6/8/2017 MicroAlbumin Urine 0.700 6/8/2017 MicroAlbumin/Creat 2.200 6/8/2017 BUN 9.000 6/8/2017 Creatinine, Serum 0.660 6/8/2017 TSH 1.840 6/8/2017 FOBT N/D PAP Smear 2/13/2017		<p>Quality Metrics Gaps</p> <p>No Quality Metric Gaps</p> <p>Best Practice Recommendations</p> <p>___Need Pneumococcal Conjugate Vaccine (PCV13) due to High Pneumonia Risk. PREV</p> <p>___Consider Zoster vaccination, unless contraindicated. PREV</p> <p>Risk Calculations</p> <p>Breast CA Risk (Age 50-75, Female)</p> <p>Pneumonia (High Risk - HIV / Cancer / Immunocompromised)</p> <p>Compliance & Adherence</p> <p>Hypertension Med Compliance: 100%</p> <p>Hyperlipidemia Med Compliance: 90-99%</p> <p>Mammogram Due Date: 4/20/2019</p> <p>Colonoscopy Due Date: 4/25/2023</p>							
Diagnoses		Vaccines and Immunizations		Findings, Measures, and Calculations					
*E11.9 Type 2 diabetes mell 6/19/2017 *E66.01 Morbid (severe) obe 6/9/2017 *Z68.41 Body mass index (B 6/9/2017 *C54.1 Malignant neoplasm 11/8/2016 *D70.1 Agranulocytosis sec 5/10/2016 *G62.2 Polyneuropathy due 3/3/2016 J45.20 Mild intermittent ast 7/6/2017 M19.90 Unspecified osteoart 6/19/2017 D64.9 Anemia, unspecified 6/9/2017 E07.9 Disorder of thyroid, 6/9/2017 E78.5 Hyperlipidemia, uns 6/9/2017 Z95.828 Presence of other va 4/26/2017 I10 Essential (primary) h 3/14/2017 K21.9 Gastro-esophageal r 3/14/2017 M54.5 Low back pain 11/8/2016 Z31.5 Encounter for geneti 5/27/2016 T45.1X5A Adverse effect of an 5/10/2016 (showing 17 of 67)		PCV 13 N/D PCV23 N/D Flu Vaccine 10/27/2016 tdAP Vaccine 3/6/2009		BP 140/90 7/6/2017 Weight 240 lb (109 kg) 7/6/2017 Height 61 in (156 cm) 7/6/2017 BMI 44.80 (Obese Class III) 7/6/2017 BSA 2.17 7/6/2017 CrCl Est 66.23 6/8/2017 GFR 90 3/25/2014 Framingham 4 % 7/10/2017					
Medications		Procedures, Screenings, and Tests							
aspirin 81 MG tablet 81 mg - Take 81 mg by mouth daily. Daily 7/6/2017 diclofenac sodium (V 2 g - Apply 2 g topically 4 (four) times daily as nee 7/6/2017 diphenhydramine-ac 1 tablet - Take 1 tablet by mouth at bedtime as ne 7/6/2017 Multiple Vitamin (M 1 tablet - Take 1 tablet by mouth daily. Daily 7/6/2017 Probiotic Product (A 1 capsule - Take 1 capsule by mouth daily. Daily 7/6/2017 sennosides-docusate 1 tablet - Take 1 tablet by mouth daily as needed f 7/6/2017 triamcinolone (KENA 1 application - Apply 1 application topically. Apply 7/6/2017 albuterol (PROAIR H 2 puff - Inhale 2 puffs into the lungs every 4 (four) 7/6/2017 budesonide-formote - TWO PUFFS TWICE A DAY TO PREVENT COUGH 7/6/2017 levothyroxine (SYNT - TAKE 1 TABLET (75 MCG TOTAL) BY MOUTH DA 6/23/2017 furosemide (LASIX) 2 20-40 mg - Take 1-2 tablets (20-40 mg total) by m 6/8/2017 atorvastatin (LIPITOR - TAKE 0.5 TABLETS (10 MG TOTAL) BY MOUTH D 3/21/2017 amlODipine (NORVA - TAKE 1 TABLET EVERY DAY 3/15/2017 benazepril (LOTENSI - TAKE 1 TABLET EVERY DAY 3/15/2017 ferrous fumarate (HE - Take 1 tablet daily on an empty stomach with O 2/1/2017 (showing 15 of 21)		Colonoscopy 4/26/2013 Mammogram 1/28/2014 Endo - DM Foot Exam 8/4/2016 Endo - DM Eye Exam: negative retino 8/4/2016 BMD 6/21/2013 Pulm - Spirometry 1/6/2017 Screen - Fall Risk 2/13/2017 Screen - Fall Risk Number of Falls 2/13/2017 Screen - PHQ9 2/13/2017 Screen - PHQ9 Score 0 2/13/2017 Assessment - Suicide Risk 9/8/2016 Assessment - Functional Status 10/25/2016							

Gaps in Care

- **Quality Metric Gaps**
 - Displays gaps open based on the payer's quality metric guidelines (specific for each patient's insurance type).
- **Best Practice Recommendations**
 - Aggregated from multiple association sources, only suggestions to the provider.
- **Risk Calculations**
 - Calculated based upon patient's age, diagnoses, etc.
- **Compliance & Adherence**
 - Patient med adherence and compliance will display here for MA plans
 - Patient due dates for quality metric procedures (i.e. Mammogram, Colonoscopy etc.) will be displayed.

Triad HealthCare Network

Point of Care Recommendation Report *Humana Medicare Advantage Patient*

Patient Name	TEST, PATIENT	DOB	6/1/1953	Age	64	Sex	F	Appointment Date	7/10/2017 12:00 PM
Treating Provider	TEST, PROVIDER	ACO PCP	TEST, PCP	Primary Insurance	HUMANA MEDICARE				
Patient encounters within the last 3 years									
Bardelas, Jose A	Allergy-Immunology	Allergy and Asthma Center of NC - Hig	7/6/2017	2 visits since	1/5/2017				
Blyth, Stacey A	Family Practice	LeBauer HealthCare at High Point	6/8/2017	12 visits since	8/13/2014				
Tuchman, Richard C	Podiatry	The Triad Foot Center	6/7/2017	4 visits since	9/7/2016				
Shadad, Firas N	Hematology-Oncology	Cone Health Cancer Center	4/26/2017	1 visits since	4/26/2017				
Brown, Elizabeth	Diagnostic Radiology	Greensboro Radiology	4/20/2017	1 visits since	4/20/2017				
Livesay, Lennis P	Hematology-Oncology	Cone Health Cancer Center	3/15/2017	12 visits since	1/18/2016				
Squire, Sarah E	Radiation Oncology	Piedmont Radiation Oncologists at Con	2/13/2017	1 visits since	2/13/2017				
(showing 7 of 15)									
Care Management Problem List					Procedures, Screenings, and Tests				
Problem 1					Advanced Directives				2/13/2017
lackof knowledge related to healthier eating habit	9/22/2016				Ambulatory: Yes				3/25/2014
lackof knowledge related to healthier eating habit	8/16/2016			15	Assessment - Exercise/Physical Activity				8/16/2016
Knowledge deficit on HTN	6/8/2016			0	Assessment - Pain Level				3/15/2017
Knowledge deficit on HTN	5/12/2016				Assessment - Urinary Incontinence				10/25/2016
Problem 2				76	CAD/HF - ECG (Electrocardiogram)				3/25/2014
Bilateral swelling to lower extremities	9/22/2016				CAD/HF - EKG				4/2/2014
Bilaterl swelling to lower extremities	7/12/2016				Chemotherapy				2/2/2016
Bilaterl swelling to lower extremities	6/8/2016				Counsel - Exercise				4/1/2016
Bilaterl swelling to lower extremities	5/12/2016				Counsel - Tobacco Cessation				6/8/2017
Problem 3					Endo - DM Eye Exam				8/4/2016
right knee discomfort (safety)	6/8/2016				Imaging - CT Abdomen				8/11/2016
right knee discomfort (safety)	5/12/2016				Imaging - X-Ray Chest				10/22/2013
Patient needs HomeCare	5/5/2016				Mammogram: UL Left				2/11/2013
					Med Reconciliation				7/6/2017
					Pulm - Pulmonary Function Test				7/6/2017
					Screen - Fall Risk Injuries				8/4/2016
				0	Screen - PHQ2				2/13/2017
				0	Screen - PHQ2 Score				2/13/2017
Referral Tracker									
Cone Health Medical Group	EPIC	8/5/2016	Referral to Podiatry						
Cone Health Medical Group	EPIC	4/29/2016	Referral to Surgery						
Cone Health Medical Group	EPIC	4/29/2016	Referral to Orthopedics						
Cone Health Medical Group	EPIC	1/15/2016	Referral to Oncology						
Cone Health Medical Group	EPIC	10/14/2015	Referral to OB/GYN						
Cone Health Medical Group	EPIC	7/19/2015	Referral to Ophthalmology/Optomety						
Labs					Medications				
Albumin, serum	4.000	6/8/2017	chlorpheniramine-HY	5 mL - Take 5 mLs by mouth every 12 (twelve) hours as need	12/31/2016				
Alkaline Phosphatas	104.000	6/8/2017	carvedilol (COREG) 1	12.5 mg - Take 1 tablet (12.5 mg total) by mouth 2 (two) tim	12/8/2016				
ALT (SGPT)	18.000	6/8/2017	HYDROcodone-aceta	1 tablet - Take 1 tablet by mouth 2 (two) times daily as need	8/25/2016				
Amylase	74.000	6/24/2009	pantoprazole (PROT	40 mg - Take 1 tablet (40 mg total) by mouth daily. Daily	1/8/2015				
AST (SGOT)	16.000	6/8/2017	albuterol (PROVENTI	2.5 mg - Take 3 mLs (2.5 mg total) by nebulization every 6 (si	12/15/2014				
Basic Metabolic Pan		7/12/2013	fluticasone (FLONAS	2 spray - Place 2 sprays into the nose daily. Daily	7/18/2014				
Bilirubin, Total	0.300	6/8/2017							
Calcium	9.500	6/8/2017							
CBC	completed	6/8/2017							
CBC with Diff	completed	2/1/2017							
Chloride	105.000	6/8/2017							
Comprehensive Met		6/8/2017							
Creatinine Clearance	31.500	6/8/2017							
eGFR	115.950	6/8/2017							
eGFR AA	95.000	3/12/2010							
Erythrocyte Sedime	12.000	5/29/2009							
Ferritin	27.000	7/12/2013							
(showing 17 of 40)									
Vaccines and Immunizations									
			Tetanus Vaccine		3/6/2009				

Patient Encounters

- Displays patient's encounters within the last 3 years. Shows date, along with treating provider and practice name.

THN Care Management Problem List

- Displays problem list populated by THN Care Management team, along with the date when problem was accessed.

Referral Tracker

- Displays Patient's Referrals along with dates.

Triad HealthCare Network

2016 Projects to Manage Cost/Quality

- Congestive Heart Failure (CHF) patients
- COPD patients
- Sepsis (diagnosis, treatment, prevention)
- Transitions of Care (Inpatient to Outpatient)
- End of Life Planning
- Quality Metrics (HEDIS and Stars)
- Out of Network Utilization
- Skilled Nursing Facility Utilization
- Appropriate Coding (management of Risk Adjustment Factor (“RAF”))

Triad HealthCare Network

2016 Next Generation ACO Results

ACO Name	Total Aligned Beneficiaries ¹	Total Benchmark Expenditures ^{2, 3}	Total Actual Expenditures for Aligned Beneficiaries	Total Benchmark Expenditures Minus Total Aligned Beneficiary Expenditures ⁴	Total Benchmark Minus Aligned Beneficiary Expenditures as % of Total Benchmark ⁵	Earned Shared Savings Payments/Owe Losses ⁶
Baroma	26,839	\$409,714,191	\$394,083,864	\$15,630,327	3.8%	\$12,254,177
THN	27,780	\$265,825,827	\$254,870,817	\$10,955,011	4.1%	\$10,735,910
Iowa Health	67,919	\$615,801,716	\$602,373,441	\$13,428,275	2.2%	\$10,527,767
Trinity Health	52,104	\$561,821,289	\$553,493,134	\$8,328,156	1.5%	\$6,529,274
Deaconess	30,189	\$320,393,172	\$313,097,853	\$7,295,319	2.3%	\$5,719,530

- **Triad Healthcare Network (THN) Was Number Two (2) Of All NGACOS For Total Shared Savings With A Savings Of \$10.7 Million.**
 - (However, it is important to note that the #1 NGACO had a benchmark of over \$15,000 as compared to ours, which was about \$9,500.)
- **THN was number (1) in the country for Total Savings Percentage with a savings rate of 4.1%**

www.TriadHealthCareNetwork.com



Triad HealthCare Network

Learnings – Are we defining healthcare too narrowly?

Common Issues with High Utilizers – are these issues “healthcare”?

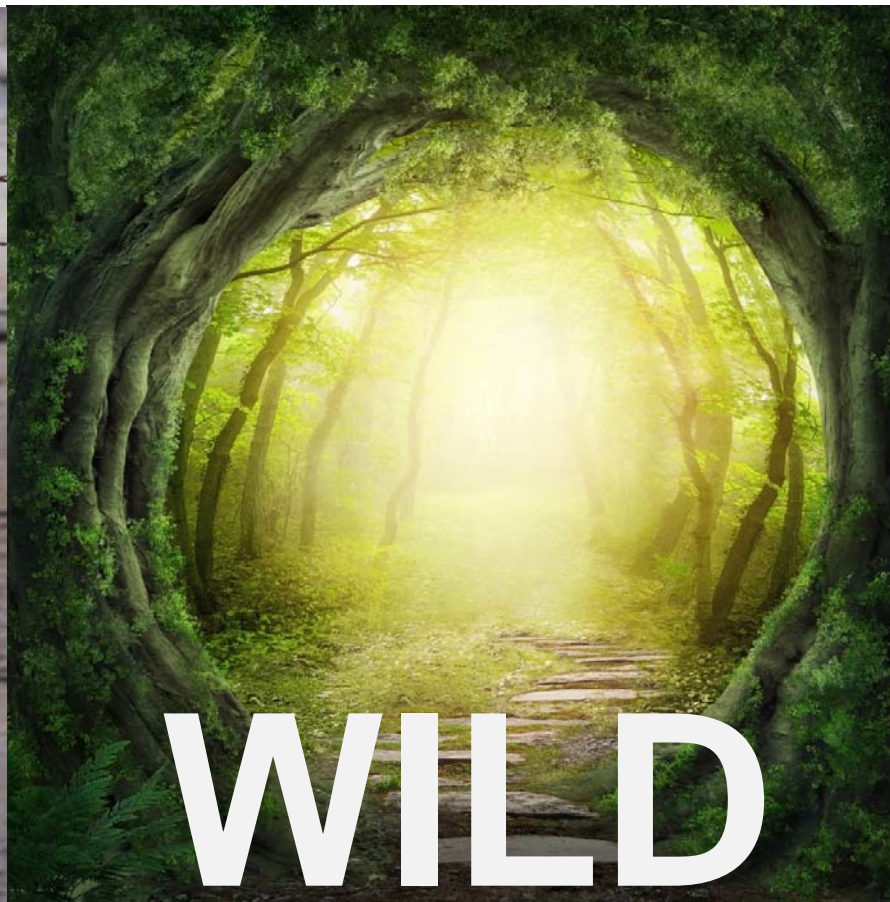
- Lack of social support
- Unsafe to remain at home
- Lack of transportation
- Financially challenged
- Health literacy and/or problem solving skills
- Family health education needs
- *Chronic health condition* with daily management challenges*
- *Poly-pharmacy/* medication barrier issues*
- Patient linkage needed to community resources
- *Lack of patient follow-up with a primary provider**

Triad HealthCare Network

What is Driving Healthcare Costs?



NEST

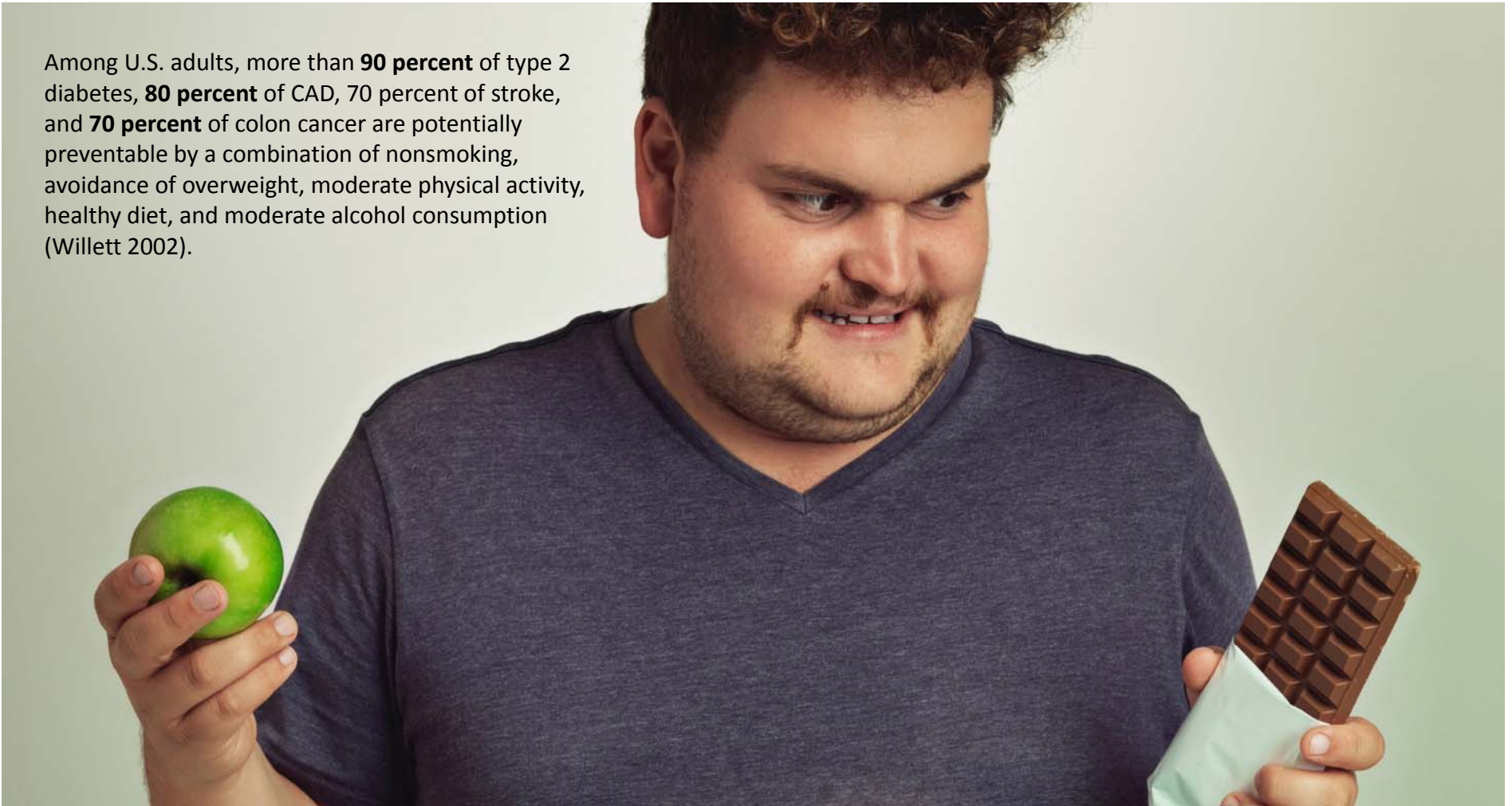


WILD

Triad HealthCare Network

What is Driving Healthcare Costs?

Among U.S. adults, more than **90 percent** of type 2 diabetes, **80 percent** of CAD, 70 percent of stroke, and **70 percent** of colon cancer are potentially preventable by a combination of nonsmoking, avoidance of overweight, moderate physical activity, healthy diet, and moderate alcohol consumption (Willett 2002).



www.TriadHealthCareNetwork.com



Triad HealthCare Network

What is Driving Healthcare Costs?

**What
determines
health?**



How does the US view Social Services?

- Employment programs,
- Supportive housing and rent subsidies,
- Nutritional support and family assistance, and
- Other social services that exclude health benefits.

Triad HealthCare Network

Healthcare versus Social Services

US History

Health care and social service sectors grew up fairly independent from one another

Health care grew professionalized and fit into a marketable, valued commodity for purchase



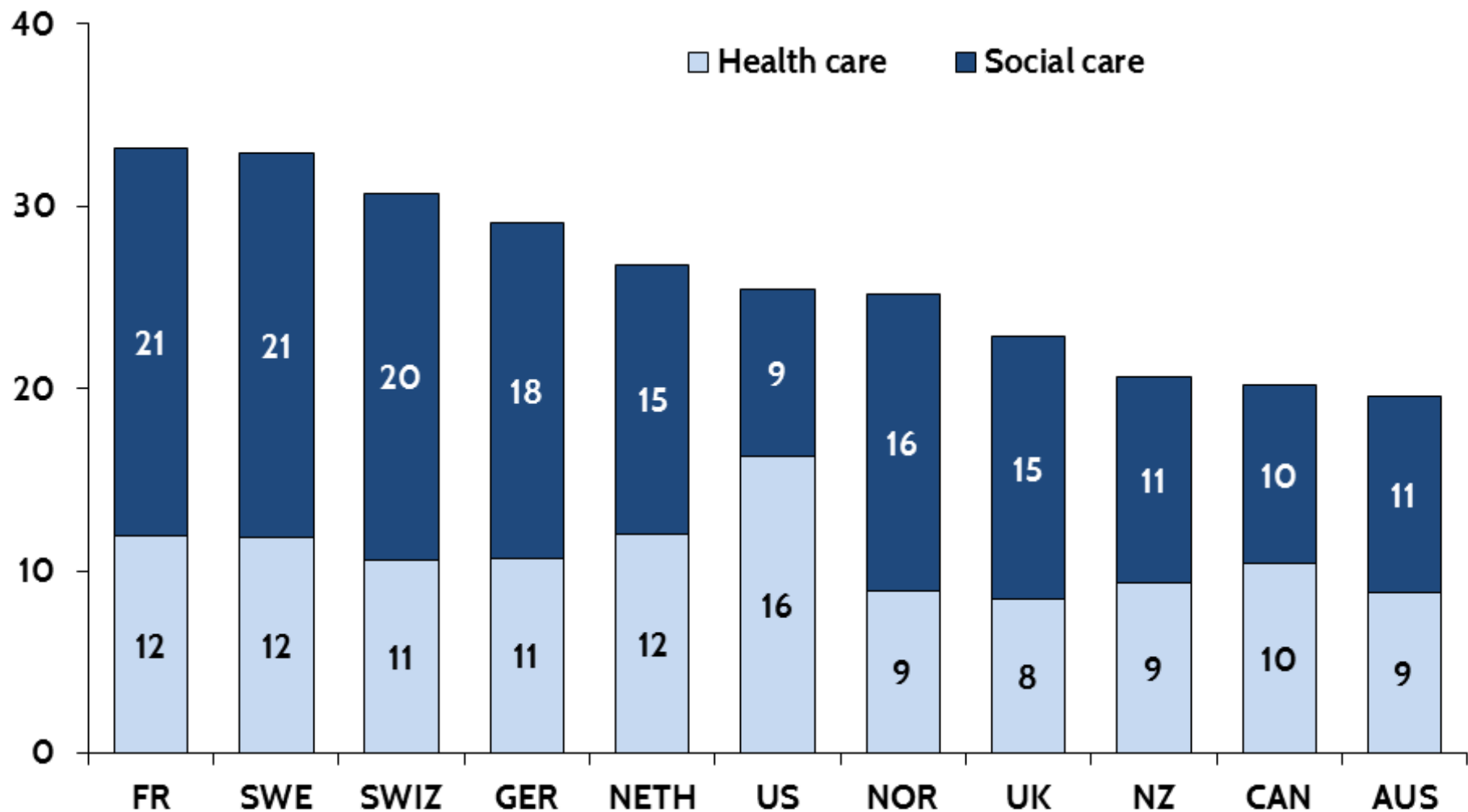
Social services were conceived of as being for “the poor” and an act of charity or government duty

www.TriadHealthCareNetwork.com



Exhibit 8. Health and Social Care Spending as a Percentage of GDP

Percent



Notes: GDP refers to gross domestic product.

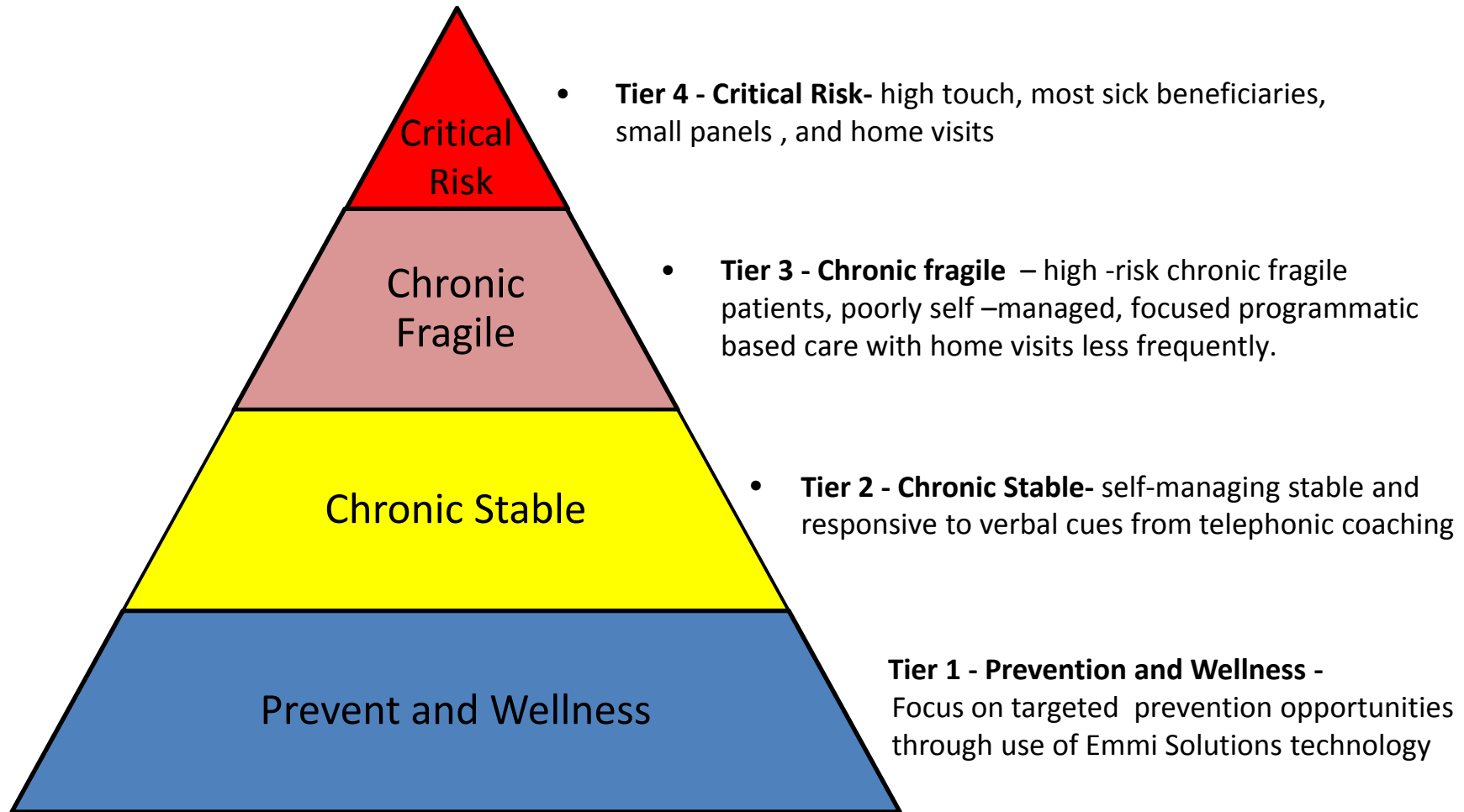
Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.

Triad HealthCare Network

2016/2017 NextGen Learnings

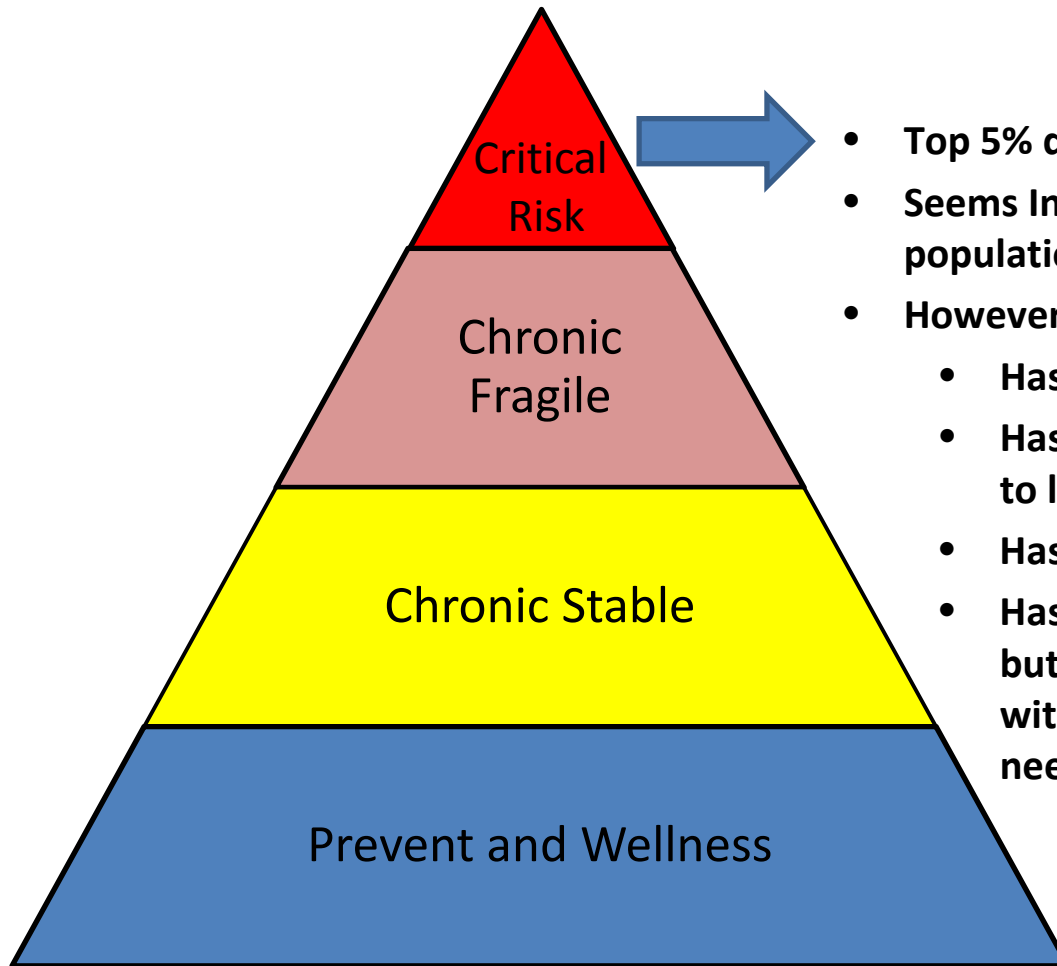
- If you want to lower costs, keep people out of the hospital
 - Admitted patients account for 17% of the population (5k), but 62% of costs
- CHF/COPD patients account for almost 40% of costs
- The Myth of the 5%
- Traditional Care Management has not been very effective for highest risk as deployed
- CARE COORDINATION IS KEY
- Must monitor patient engagement/ readiness to change

Triad HealthCare Network Patient Stratification Model



Triad HealthCare Network

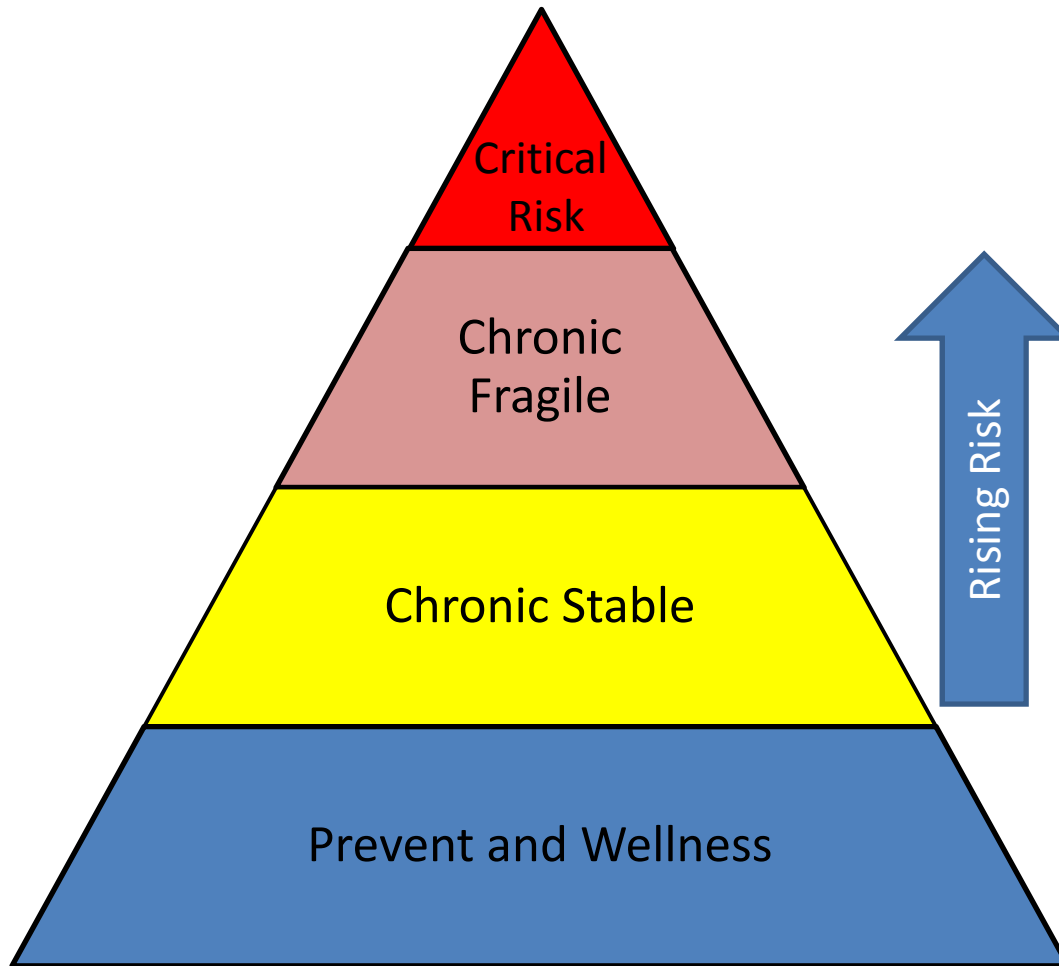
The Myth of the 5%



- Top 5% drive over 40% of costs
- Seems Intuitive to focus resources on this population and drive down cost
- However, this cohort...
 - Has almost 40% mortality
 - Has been placed in this category mainly due to large costs – that have already occurred!
 - Has low patient engagement
 - Has had interventions yield some savings, but the overall group regresses to the mean without intervention... Has not moved the needle

Triad HealthCare Network

Focusing on the Rising Risk



- Shifting efforts to address rising risk
 - Less high touch
 - More scalable
 - Use of technology
 - Proactive
 - Interactive
 - **Greater focus on social economic, behavioral, and environmental impacts**

Triad HealthCare Network

Reimagining 'Care'?



- Physician offices and clinics
- Hospitals and EDs
- Retail clinics & spaces
- Pharmacies

VS.



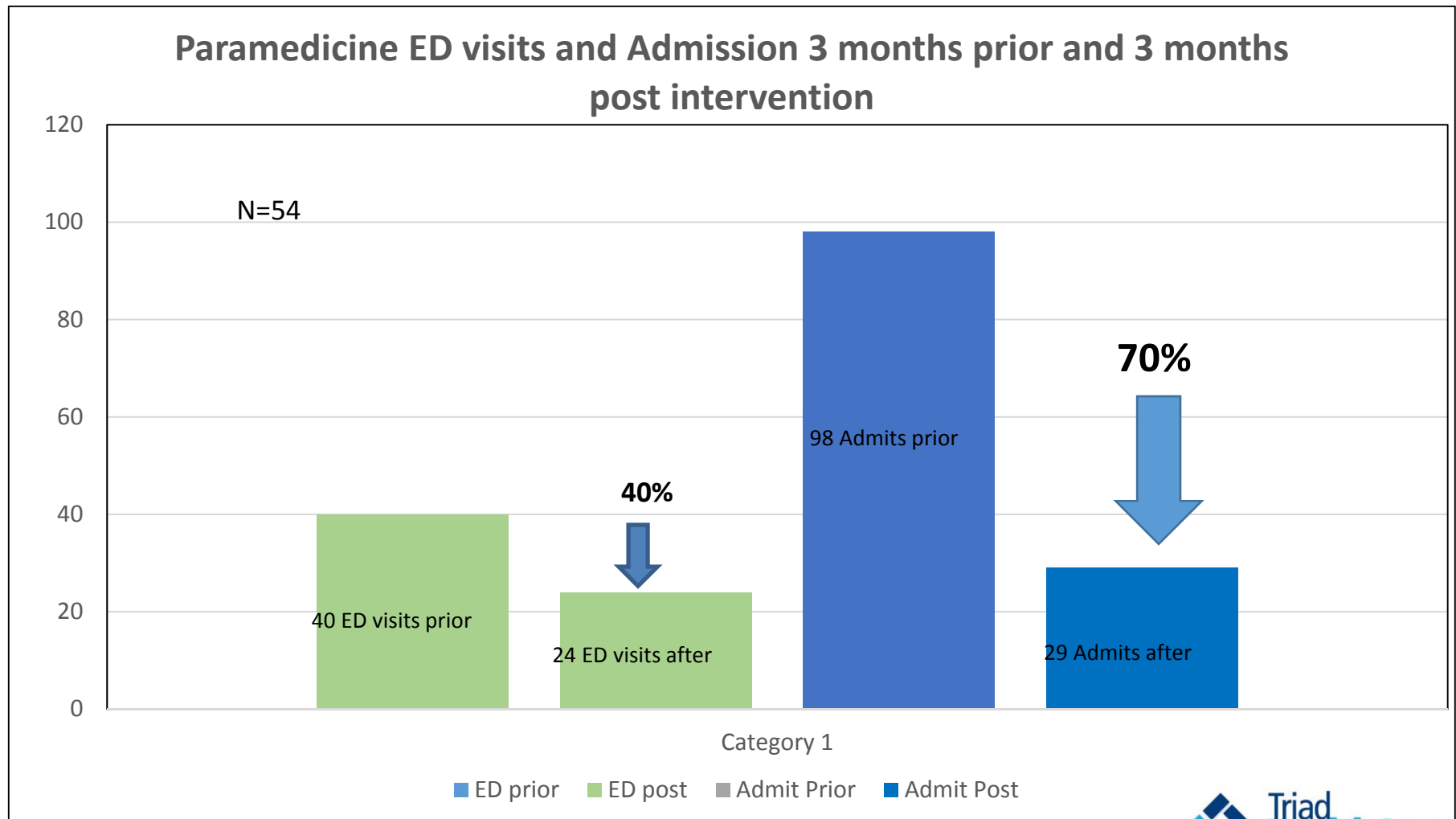
- On-demand access to health care
- Meeting people where they are
- Connecting to "people like me"
- Understanding and removing barriers

Triad HealthCare Network

2017 Pilot Projects

- Paramedicine – EMS home visits for high complex
- Palliative Care Home Visits
- Telehealth – Video Visits
- Behavioral Health Integration/Expansion
- EMMI/Transition of Care Outreach
- Automated Rx dispensing/reminders
- Medical Therapy Management – Improve Compliance
- Post Acute Care Incentive Program
 - Population Based Payments
- Variation Reporting

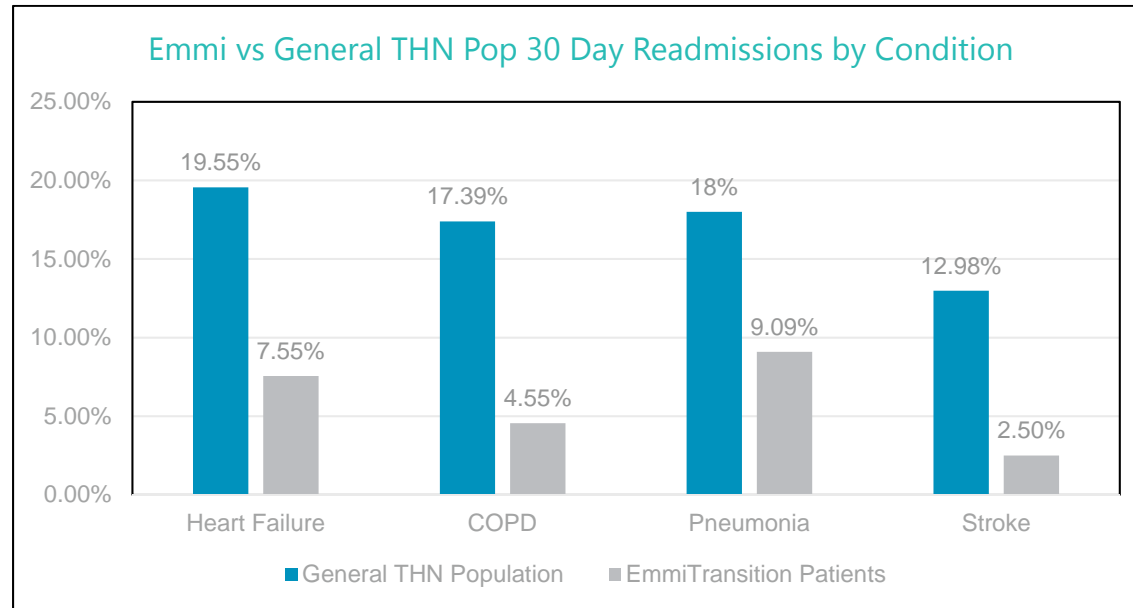
Triad HealthCare Network Paramedicine Pilot



www.TriadHealthCareNetwork.com



Triad HealthCare Network EMMI/TOC Outreach



Flu Vaccine Outcomes (6,743 patients in January 2017)

16%

Patients **not reached by Emmi Call**, and
Have documented flu vaccine 120 day post Emmi
Call

30%

Patients who **interacted with Emmi Call**, and
Have documented flu vaccine 120 day post Emmi
Call

Triad HealthCare Network Medication Adherence

hello i'm spencer™

Easy to load refill:

- No caregiver assistance needed
- Easy open Med packs AARP arthritic approved
- High fidelity adherence data

Interactive messaging:

- Pill change reminders
- Medication dispensing instructions (Sig codes)

Patient Messaging:

- Appointment based reminders and confirmations
- Patient specific questions from provider, pharmacist
- Disease state questions
- Family visibility to engagement

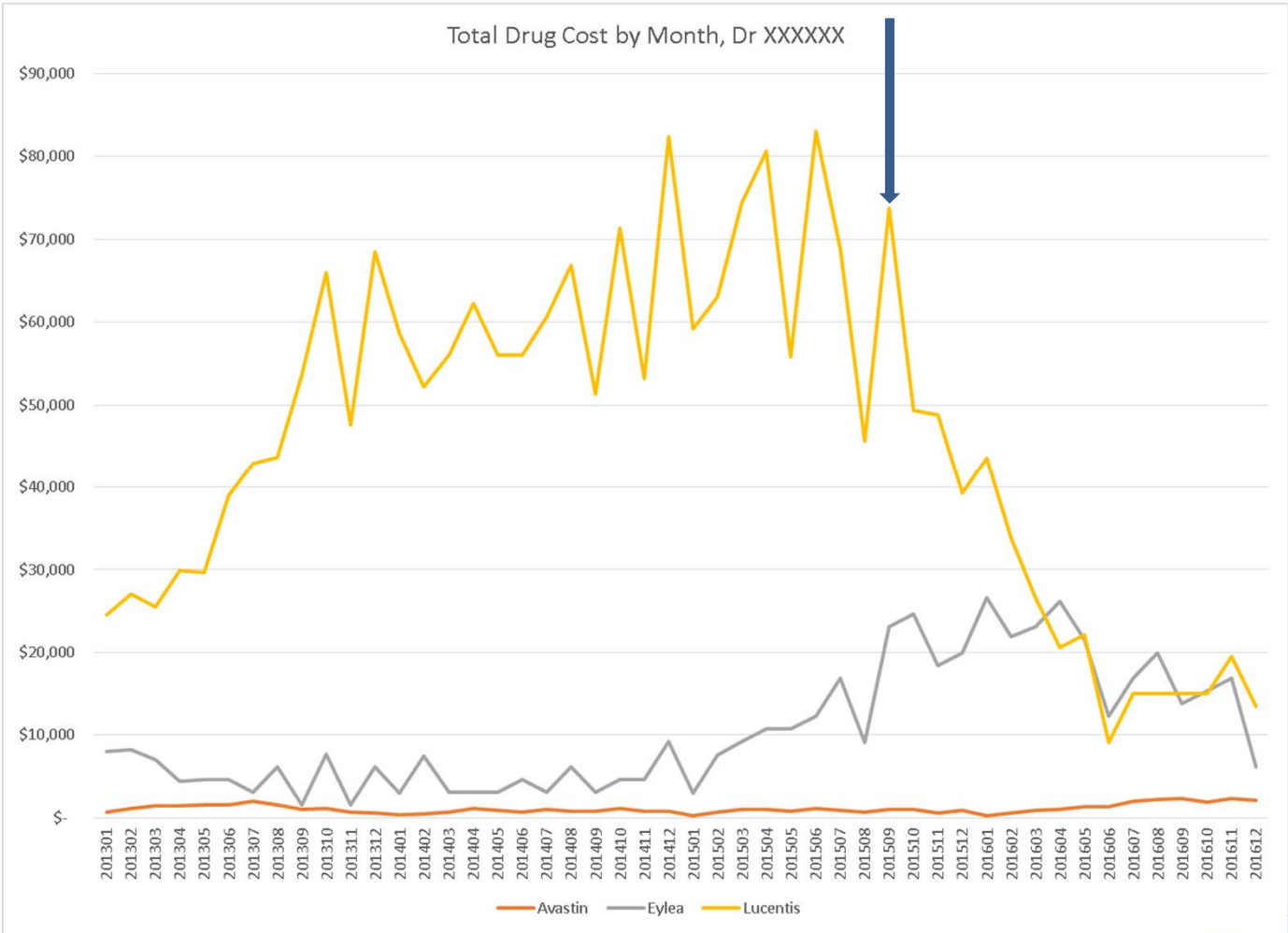
Proprietary Interface Data Capture:

- Correlated data creates health profile
- Full patient Rx info
- Prescriber info
- Drug images
- Insurer
- Vital sign data from peripherals (Glucometer, BP cuff, Pulse Ox, Scale)

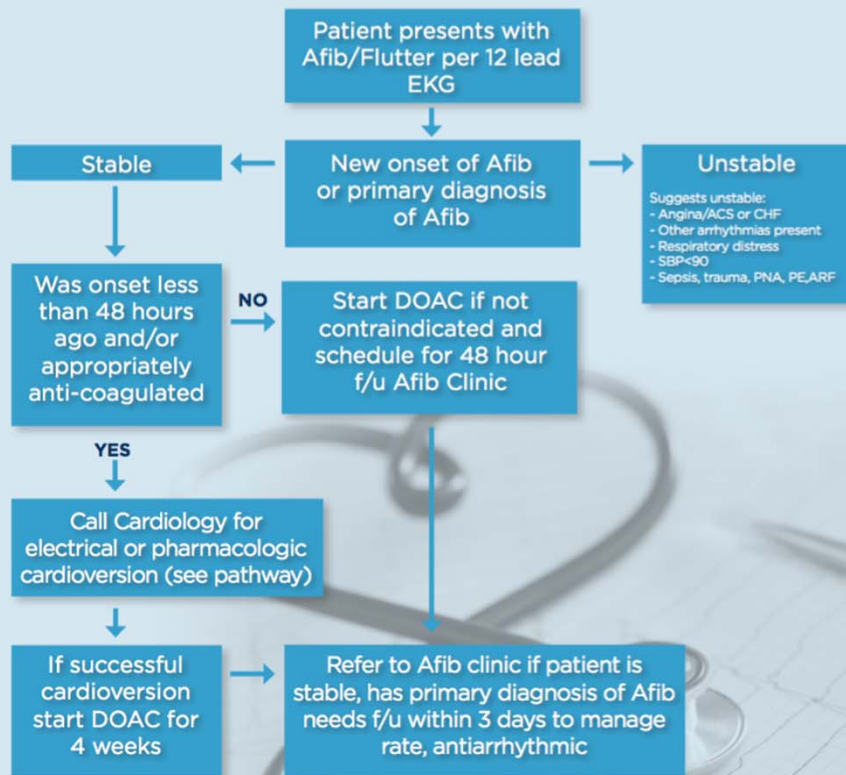
www.TriadHealthCareNetwork.com



Triad HealthCare Network Variation Reporting

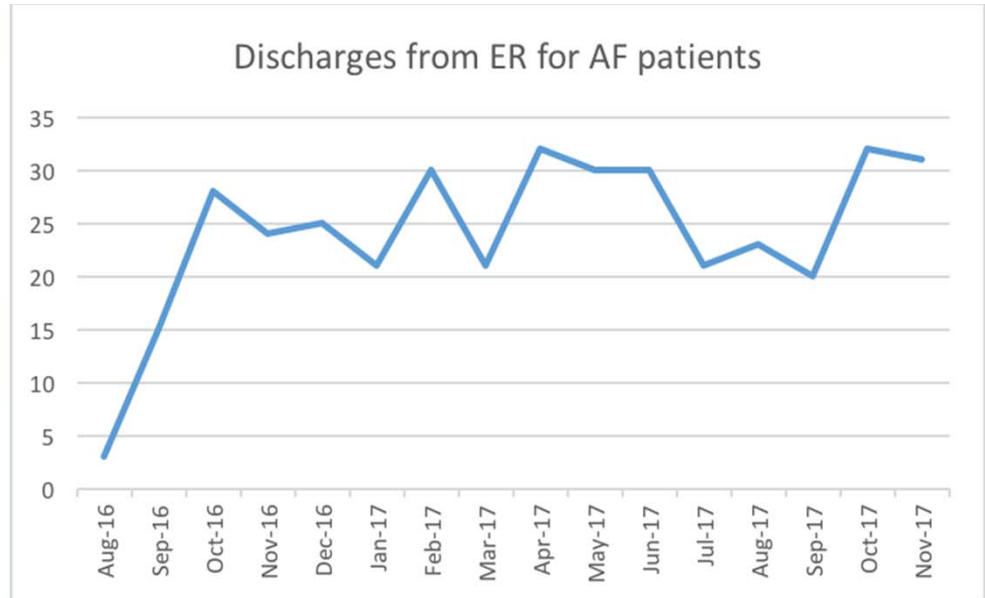


ATRIAL FIBRILLATION PROTOCOL



For more information or to schedule an appointment, call **336-832-7033**.

The Atrial Fibrillation Clinic is located in the Heart and Vascular Center at Moses Cone Hospital.



273 patients evaluated from 1/1/17 – 11/30/17

DCCV in ER	26%
Discharged on OAC	91%
Sinus rhythm at Discharge	96%
Follow up within 30 days	89.6%
30 day complications	none

Triad HealthCare Network

Vision for the Future

- Align provider behavior to improve quality, cost, and access
 - Develop and monitor outcomes that matter
 - Collaborate with physicians to improve efficiency across the continuum
 - Use incentives and capitation to promote innovation in care delivery
- Develop a high performing integrated network of preferred providers and community partners
- **We believe that the highest quality and the most integrated care is, in fact, Exceptional Care!**

Questions?

For further information, please visit
www.TriadHealthCareNetwork.com