



Health Care Delivery – Evolving Health Care From Fee For Service To Value-Based Payments

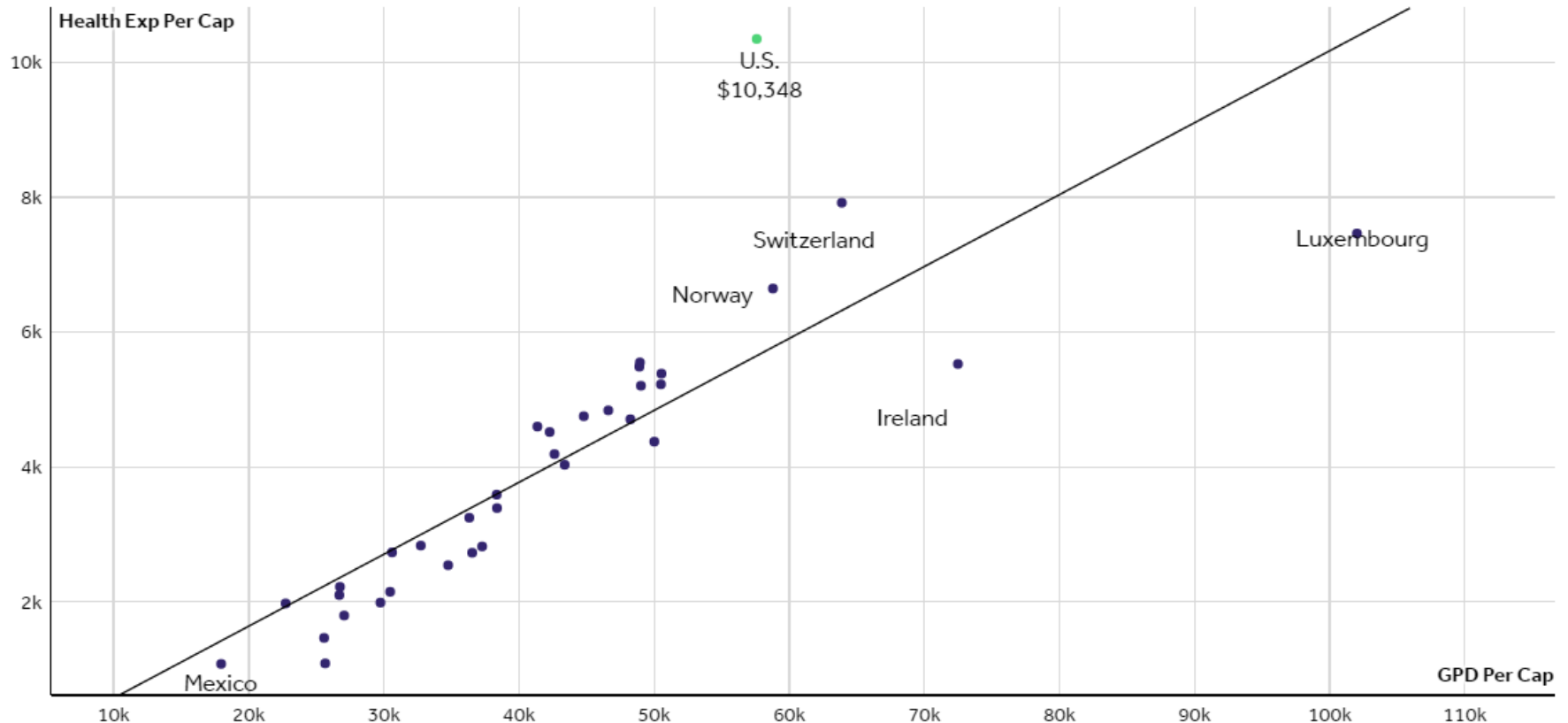
NCIOM Legislative Health Policy Fellows Program

April 23, 2018

**Steve Neorr
Chief Administrative Officer**

Relative to the size of its wealth, the U.S. spends a disproportionate amount on health care

Total health expenditures per capita/GDP per capita, U.S. dollars, PPP adjusted, 2016



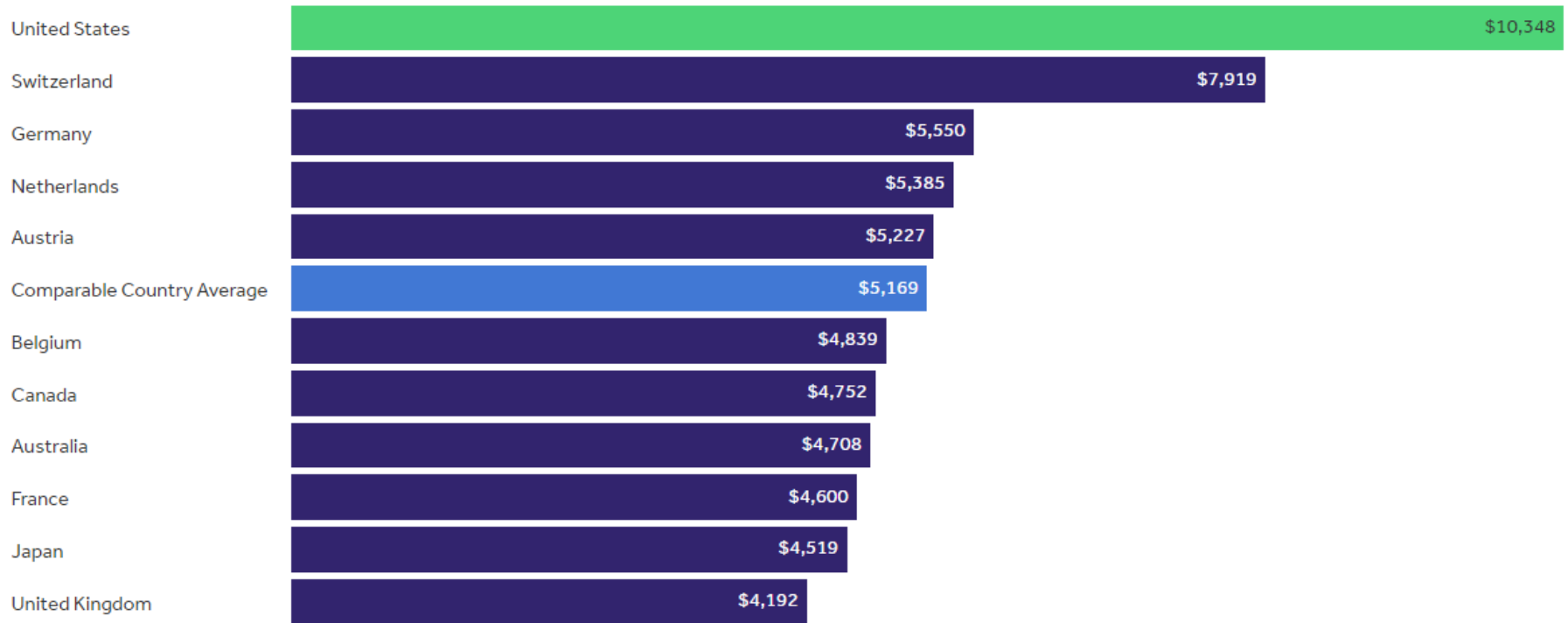
The US value was obtained from the 2016 National Health Expenditure data.

Source: Kaiser Family Foundation analysis of data from OECD (2017), "OECD Health Data: Health expenditure and financing: Health expenditure indicators", OECD Health Statistics (database). DOI: 10.1787/health-data-en (Accessed on March 19, 2017). • Get the data • PNG

Peterson-Kaiser
Health System Tracker

On average, other wealthy countries spend about half as much per person on health than the U.S. spends

Total health expenditures per capita, U.S. dollars, PPP adjusted, 2016



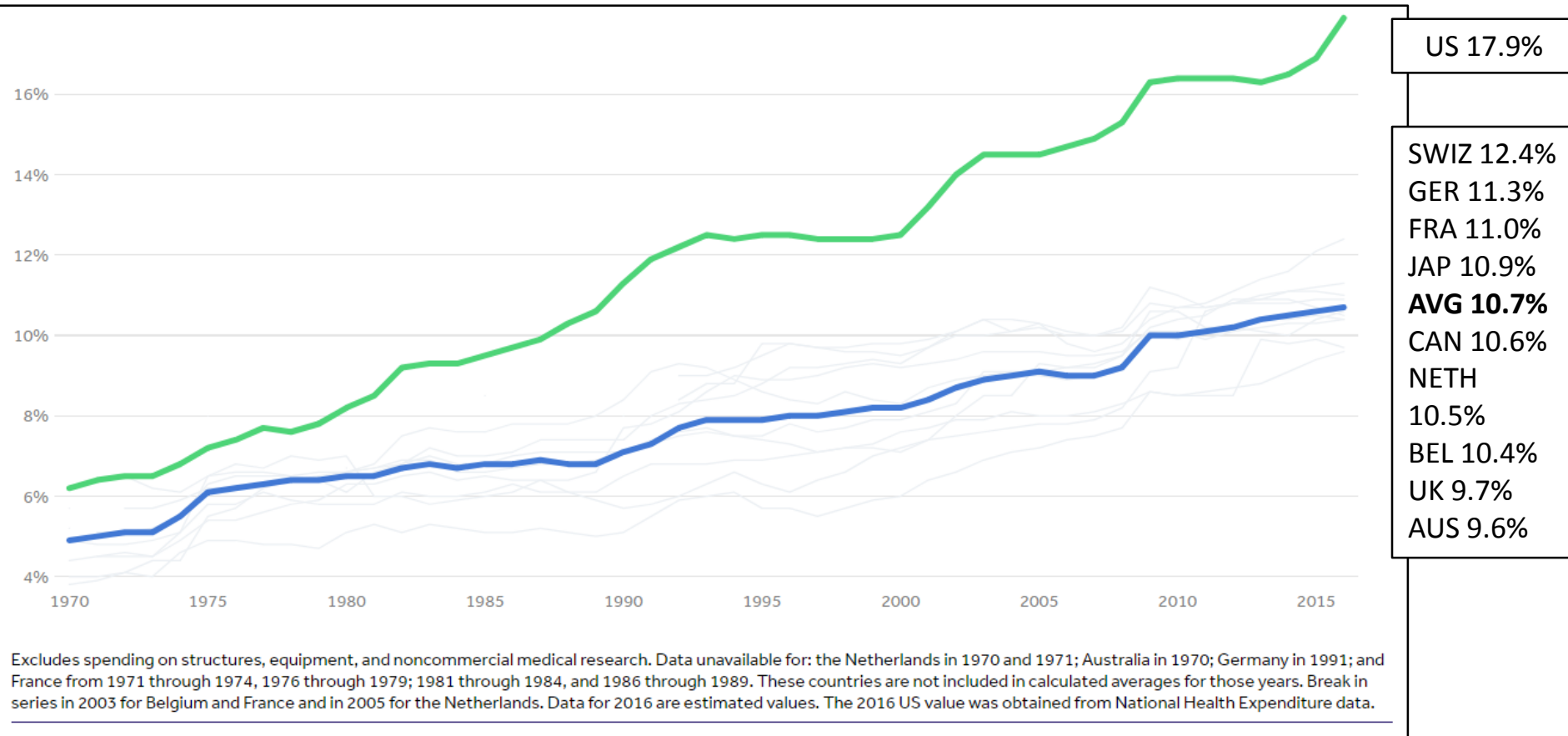
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Peterson-Kaiser
Health System Tracker

Since 1980, the gap has widened between U.S. health spending and that of other countries

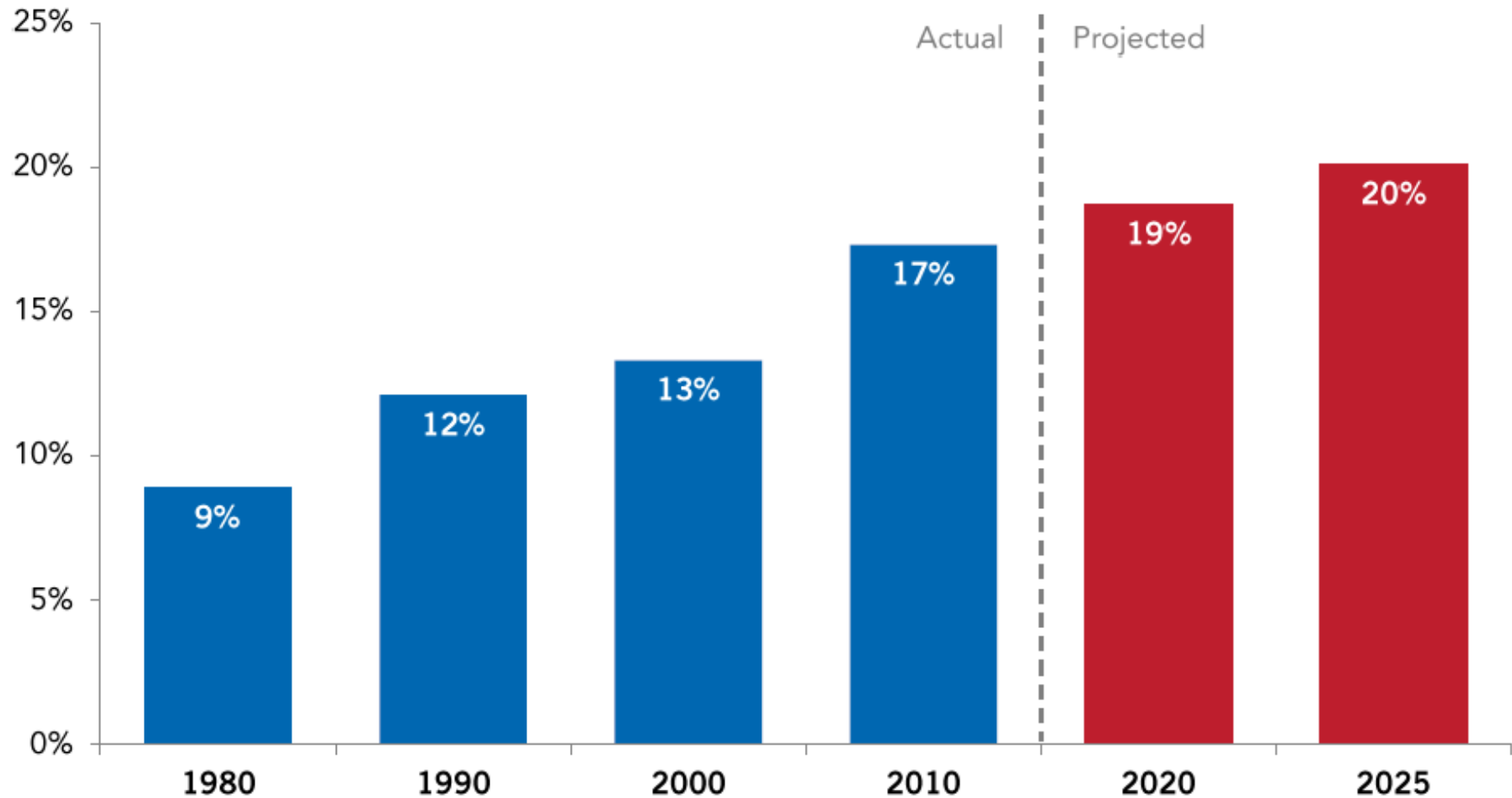
Total health expenditures as percent of GDP, 1970 – 2016



Source: Schneider et al. "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care" <http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/#methodology>. Web. 22 April 2018.

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

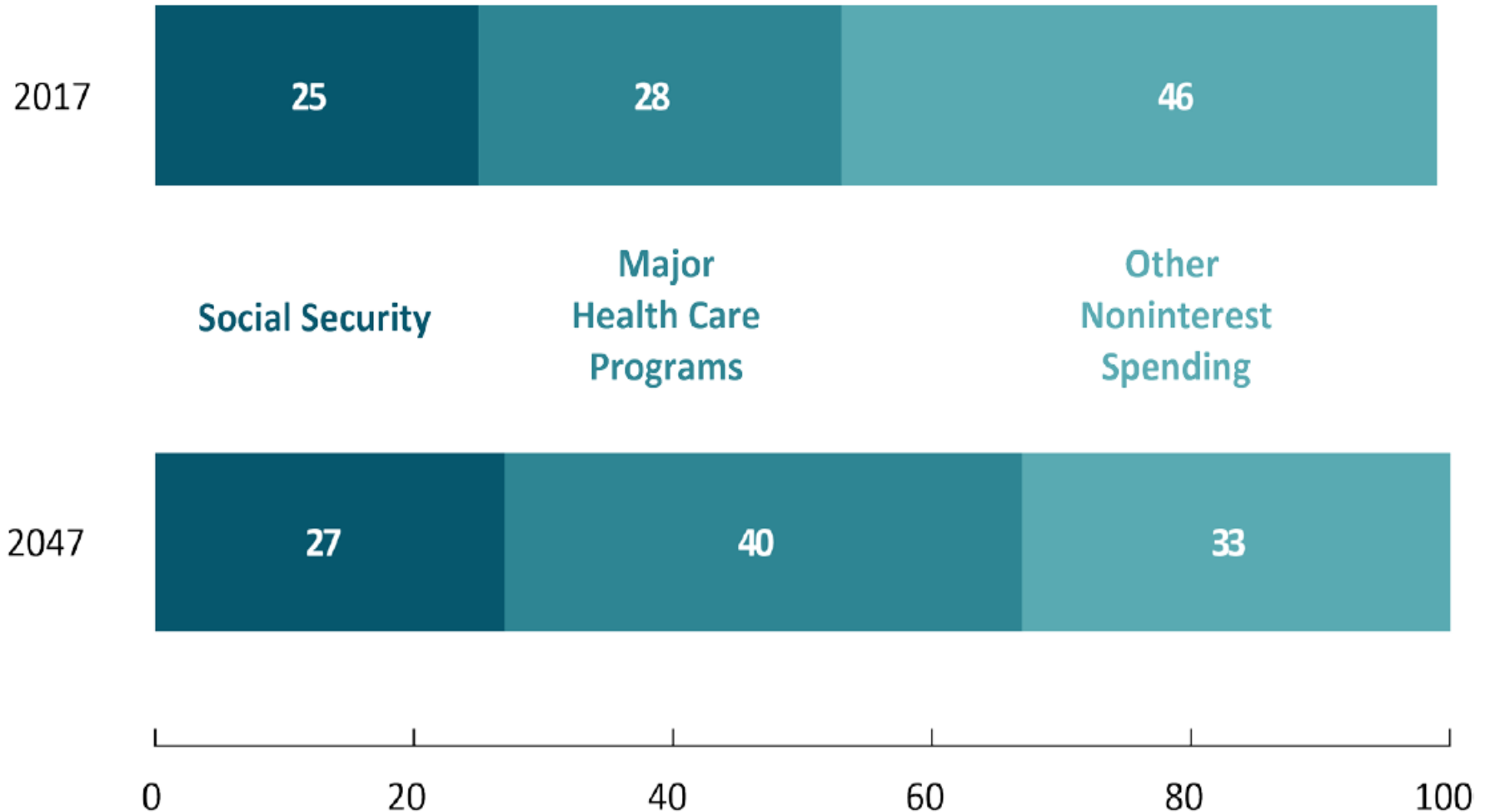
NATIONAL HEALTH EXPENDITURES (% OF GDP)



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

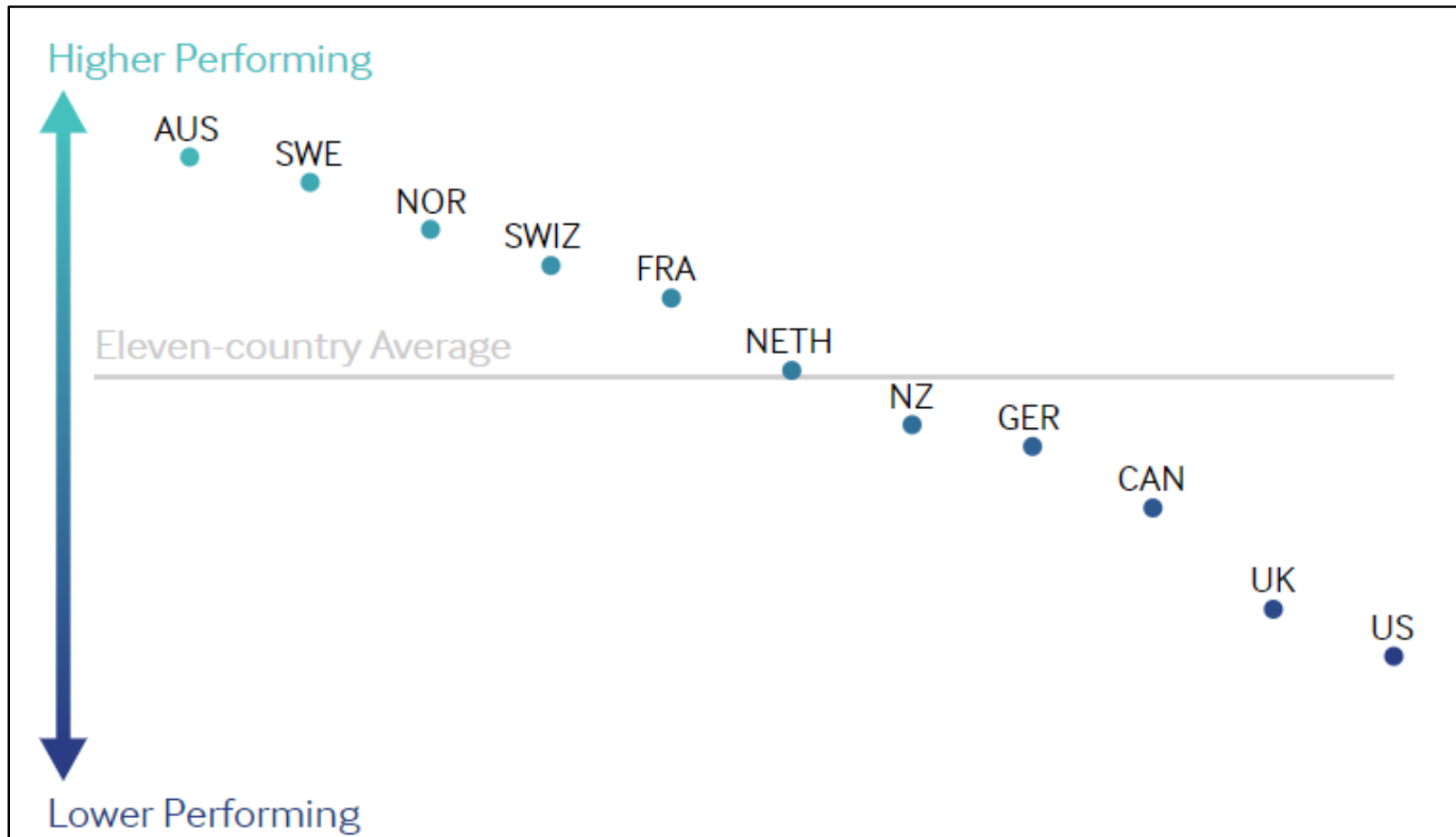
Percent



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 U.S. spends more on healthcare than other developed countries, its outcomes are generally no better

Health System Performance Scores – Health Outcomes



Source: Schneider et al. "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care" <http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/#methodology>. Web. 22 April 2018.

Although the U.S. spends more on healthcare than other developed countries, its outcomes are generally no better

Indicator	Source	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Avoidable hospital admissions for diabetes , age-sex standardized rates per 100,000	OECD 2015	141	95	181	216	68	187	76	111	44	64	198
Avoidable hospital admissions for congestive heart failure , age-sex standardized rates per 100,000	OECD 2015	240	179	238	382	199	229	175	300	174	99	367
Indicator	Source	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Population Health												
Infant mortality , deaths per 1,000 live births	OECD 2016	3.4	4.8	3.5	3.2	3.6	4.7	2.4	2.2	3.9	3.9	6.0
Adults age 18 to 64 with at least two of five common chronic conditions	2016 CMWF Survey	10%	16%	12%	8%	9%	9%	12%	10%	10%	10%	21%
Life expectancy at age 60 in years	WHO 2016	25.5	25.0	25.7	23.7	24.2	24.7	24.2	24.6	25.5	24.1	23.6
Mortality Amenable to Health Care												
Mortality amenable to health care , deaths per 100,000	European Observatory on Health Systems and Policies 2017	62	78	61	83	72	87	64	69	55	85	112

Source: Schneider et al. "Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care" <http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/#methodology>. Web. 22 April 2018.

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.”***

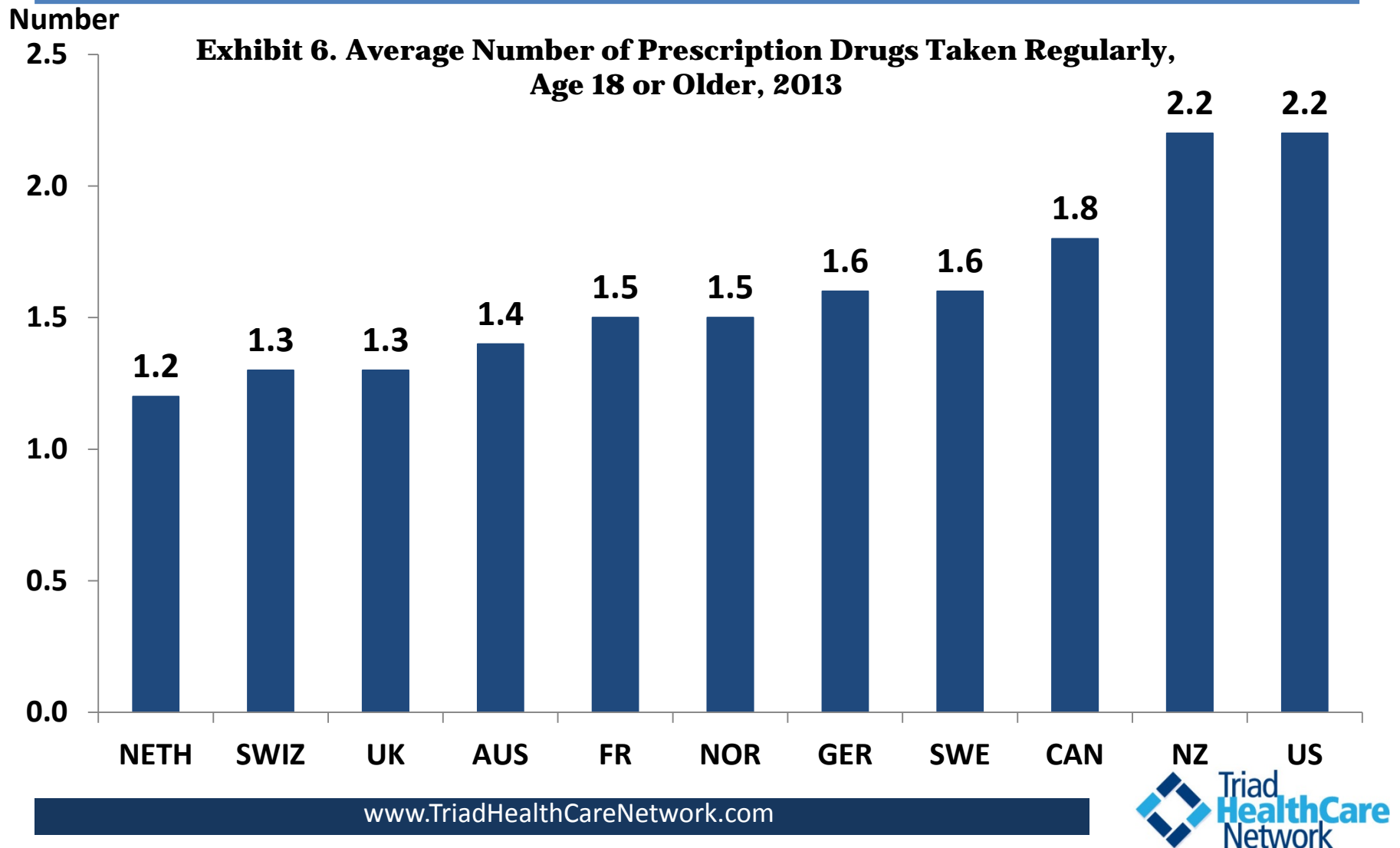
Dartmouth Medicine, Spring 2006

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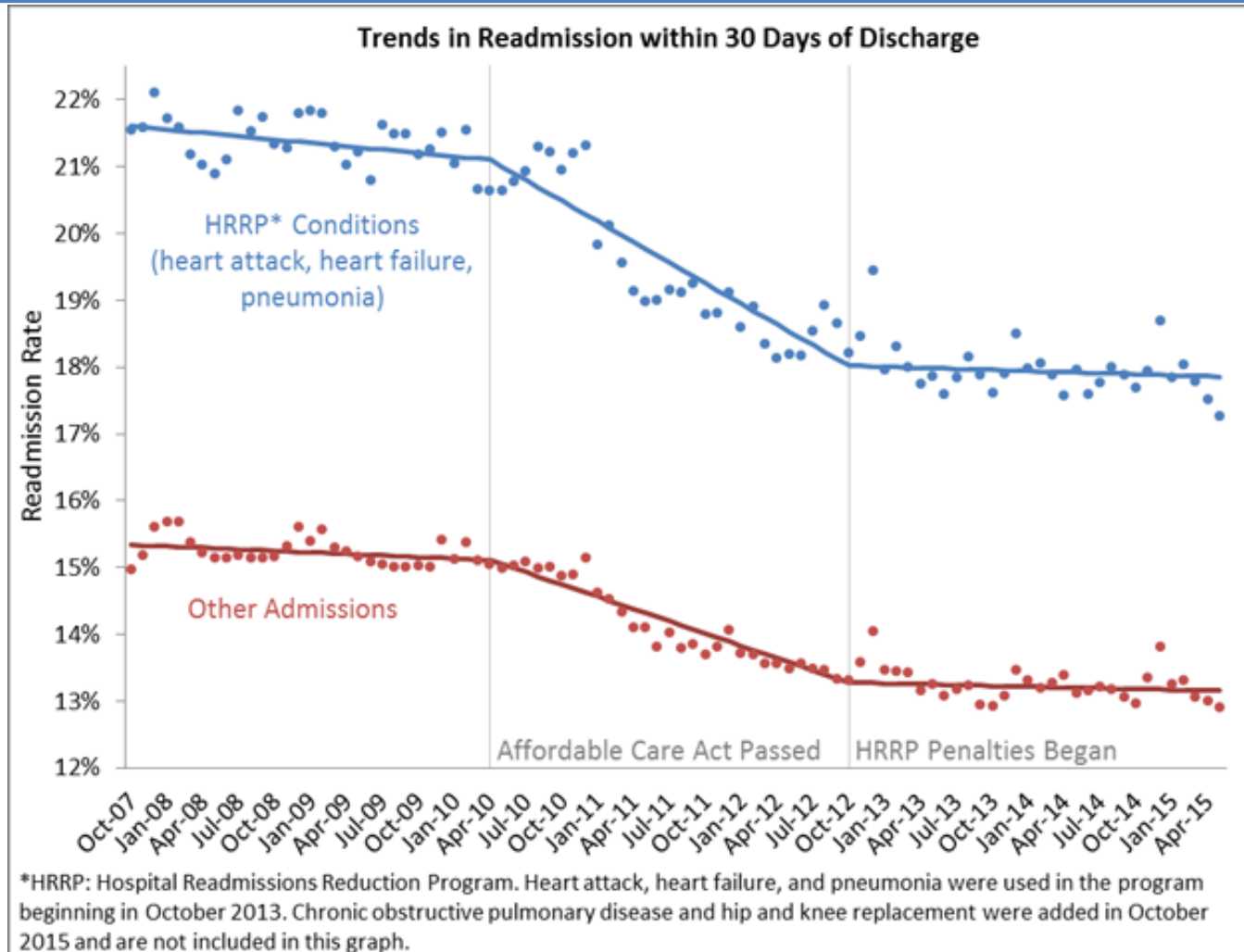
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Understanding the Impact of System Design



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Understanding the Impact of System Design



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Source: Zuckerman, Rachel. "Reducing Avoidable Hospital Readmissions to Create a Better, Safer Health Care System." *HHS.gov*. HHS.gov, 24 February 2016. Web. 15 July 2016.

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Two Roads....



Triad HealthCare Network

History and Overview

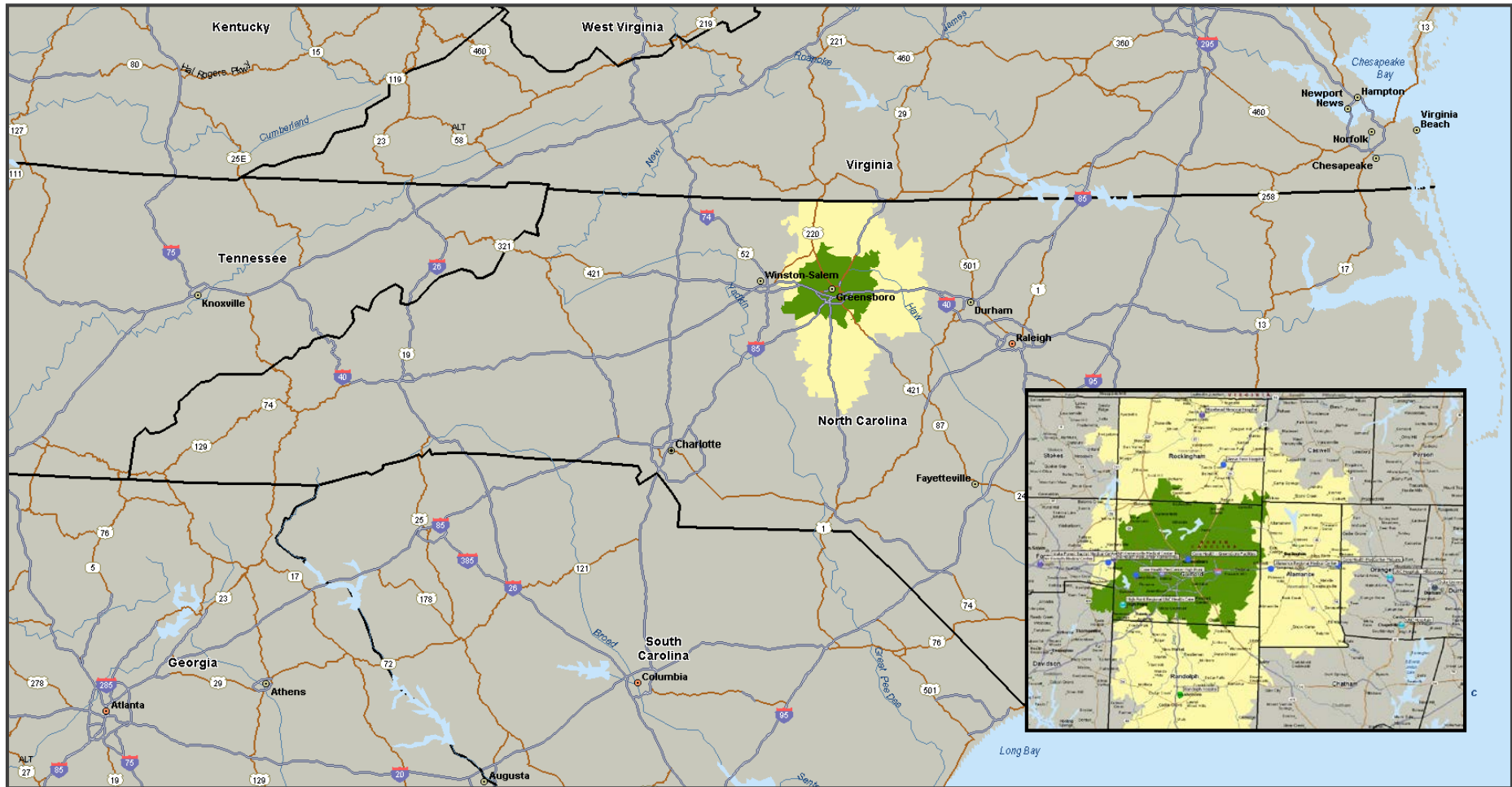
- Began as a 20-member physician-led steering committee in fall 2010
- Developed over eight months as collaboration between independent and employed community physicians and Cone Health
- Formed officially in 2011 as a Clinically Integrated Network serving the Piedmont Triad area; Approved as a Medicare Shared Savings Program ACO in June 2012 (40,000+ beneficiaries)
- Is an affiliate of the Cone Health System, but governance and operations is led and driven by physicians

Triad HealthCare Network

Structure and Membership (as of April 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 Health Facilities
 - 6 Hospitals - 1,254 Acute Care Beds
 - 3 Ambulatory Surgery Centers and 1 Endoscopy Center
 - 2 Nursing Homes – 221 Beds
 - 3 Freestanding Ambulatory Care Campuses, Inc a Freestanding ED

Triad HealthCare Network Market/Location



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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.



Commander's Intent:

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

.

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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

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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 AWW:		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		Quality Metrics Gaps No Quality Metric Gaps Best Practice Recommendations ___ Need Pneumococcal Conjugate Vaccine (PCV13) due to High Pneumonia Risk. PREV ___ Consider Zoster vaccination, unless contraindicated. PREV Risk Calculations Breast CA Risk (Age 50-75, Female) Pneumonia (High Risk - HIV / Cancer / Immunocompromised) Compliance & Adherence Hypertension Med Compliance: 100% Hyperlipidemia Med Compliance: 90-99% Mammogram Due Date: 4/20/2019 Colonoscopy Due Date: 4/25/2023							
Diagnoses		Vaccines and Immunizations							
*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 osteoar 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 7/6/2017 PCV23 N/D 7/6/2017 Flu Vaccine 10/27/2016 7/6/2017 tDAP Vaccine 3/6/2009 7/6/2017							
Medications		Findings, Measures, and Calculations							
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 nee 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)		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							
		Procedures, Screenings, and Tests							
		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	Assessment - Exercise/Physical Activity	15 8/16/2016
Knowledge deficit on HTN	6/8/2016	Assessment - Pain Level	0 3/15/2017
Knowledge deficit on HTN	5/12/2016	Assessment - Urinary Incontinence	10/25/2016
Problem 2		CAD/HF - ECG (Electrocardiogram)	76 3/25/2014
Bilateral swelling to lower extremities	9/22/2016	CAD/HF - EKG	4/2/2014
Bilateral swelling to lower extremities	7/12/2016	Chemotherapy	2/2/2016
Bilateral swelling to lower extremities	6/8/2016	Counsel - Exercise	4/1/2016
Bilateral 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
		Screen - PHQ2	0 2/13/2017
		Screen - PHQ2 Score	0 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)			

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.

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Evolution Towards Risk

- 2012 - Medicare Shared Savings Program (Track 1)
- 2014 – Converted Humana Medicare Advantage (MA) agreement to full capitated risk
- 2016 – Next Generation ACO program at 100% risk
- 2016 – Launched own Medicare Advantage insurance product – HealthTeam Advantage
- 2017 – Converted United MA agreement to full risk
- 2017 – Cigna Commercial ACO
- 2018 – United and Aetna Commercial ACO

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Current Contracts

• Next Generation ACO ¹	30,000
• 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>
	94,500 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

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BECKER'S Hospital Review

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Top MSSP ACOs in quality, shared savings for 2015

The following ACOs were top performers in terms of quality for 2015, with several ties putting the list at eleven total organizations.

1. Accountable Care Coalition of Greater Augusta & Statesboro (Albany, Ga.) — 100 percent
2. Rio Grande Valley Health Alliance (McAllen, Texas) — 100 percent
3. Southern Kentucky Health Care Alliance (Smiths Grove) — 100 percent
4. Coastal Medical (Providence, R.I.) — 100 percent
5. Triad HealthCare Network (Greensboro, N.C.) — 99.81 percent
6. Tidewater Accountable Care Organization (Newport News, Va.) — 99.53 percent
6. Collaborative Health ACO (Natick, Mass.) — 99.53 percent
6. Alexian Brothers ACO, renamed AMITA Health ACO (Arlington Heights, Ill.) — 99.53 percent
9. Reliance ACO (Farmington Hills, Mich.) — 99.51 percent
10. ProHealth Physicians ACO (Farmington, Conn.) — 99.34 percent
10. Billings (Mont.) Clinic — 99.34 percent

**Top 5 in the
Country**



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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%**

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Learnings – Are we defining healthcare too narrowly?

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

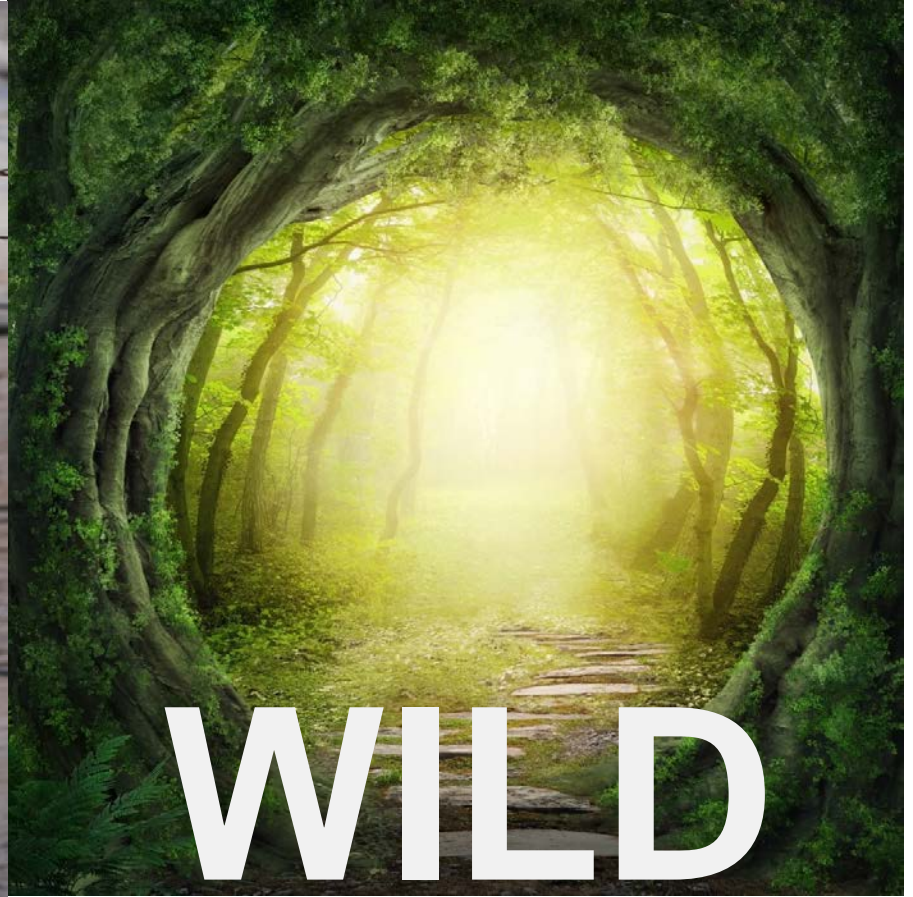
- Lack of social support
- Unsafe to remain at home
- Lack of transportation
- Financially challenged
- Health literacy and/or problem solving skills
- Family health education needs
- *Chronic health condition* with daily management challenges*
- *Poly-pharmacy*/ medication barrier issues*
- Patient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

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What is Driving Healthcare Costs?



NEST

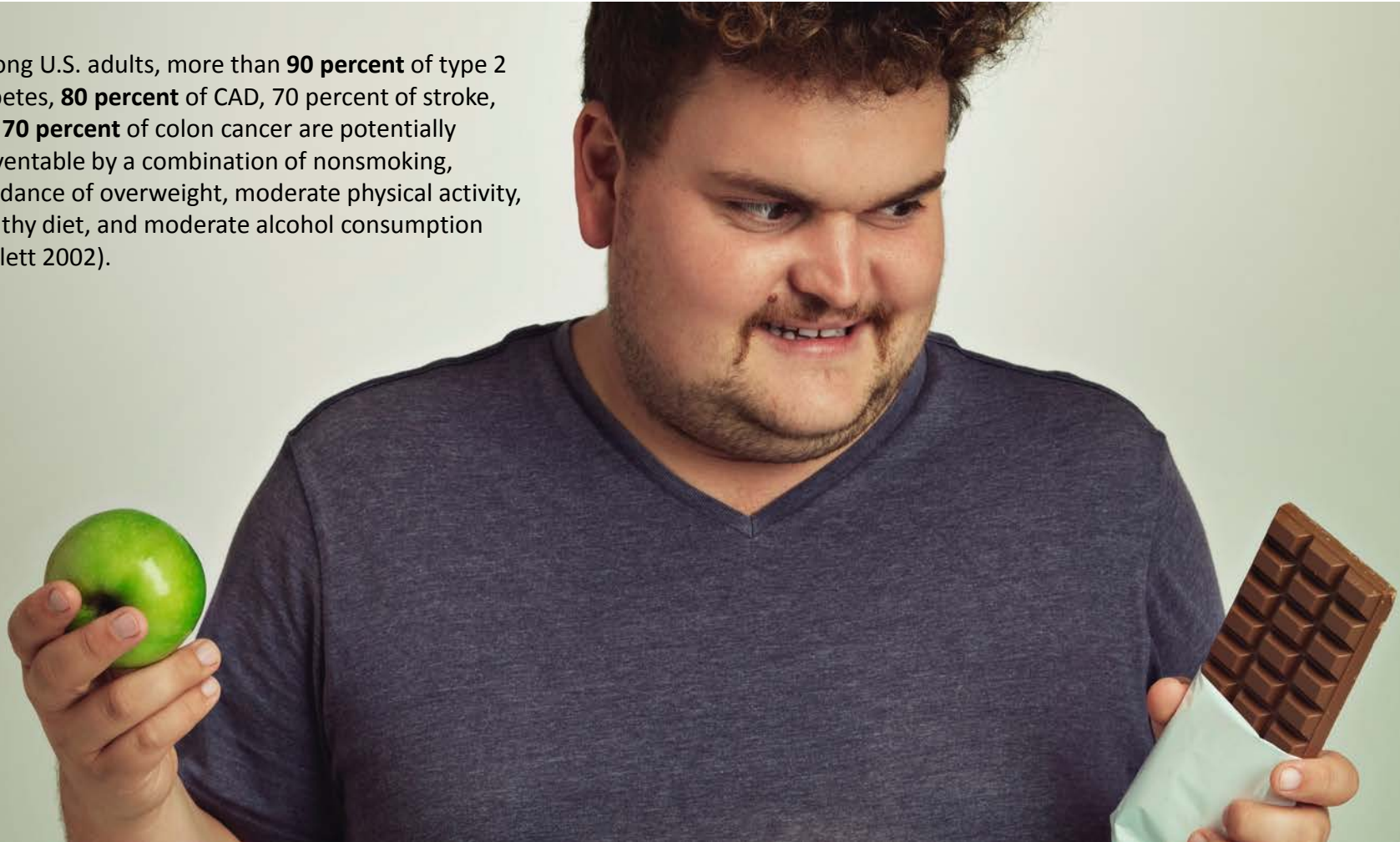


WILD

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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).



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What is Driving Healthcare Costs?

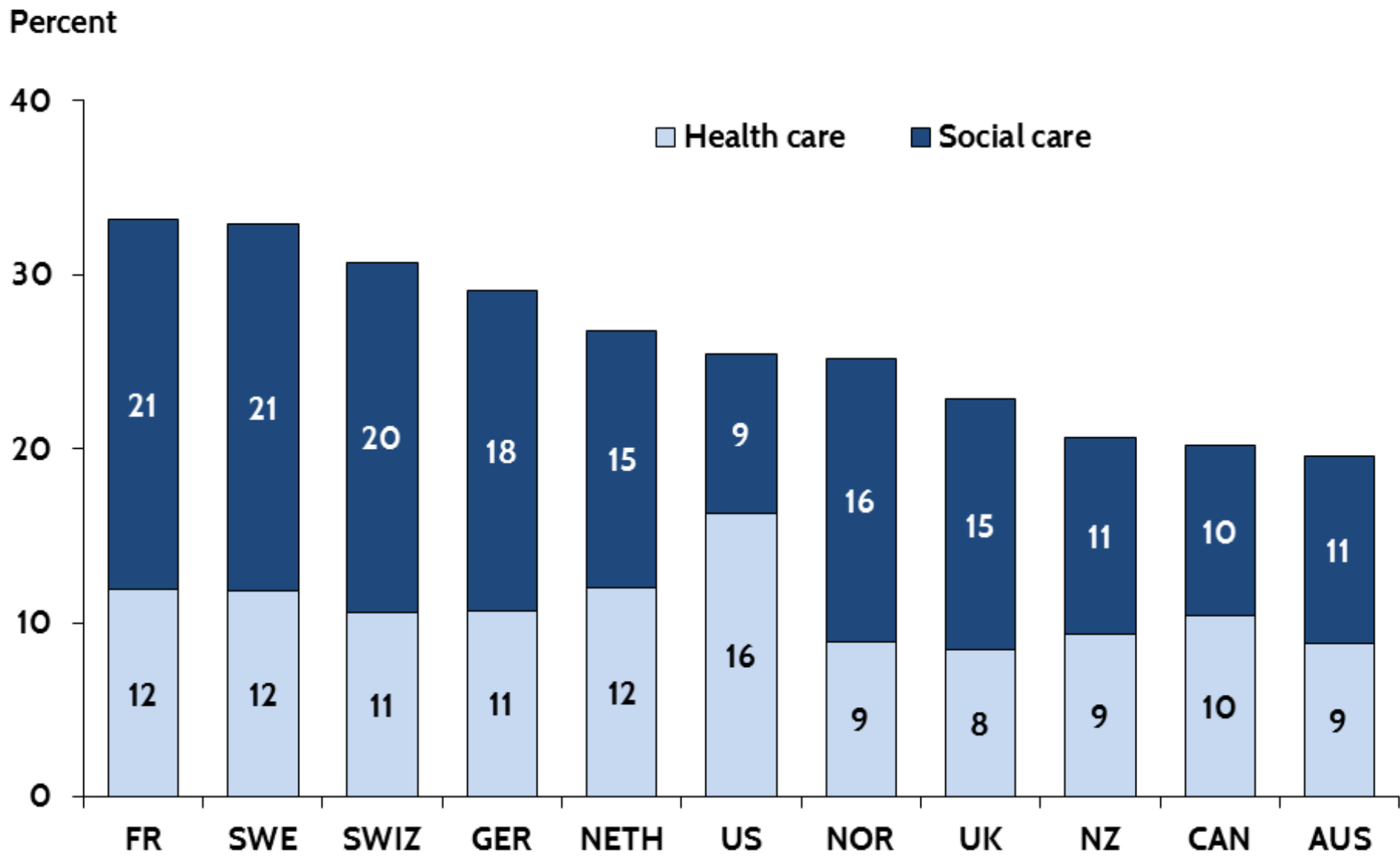
**What
determines
health?**



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.

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



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.

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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 challenge 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

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Reimagining 'Care'?

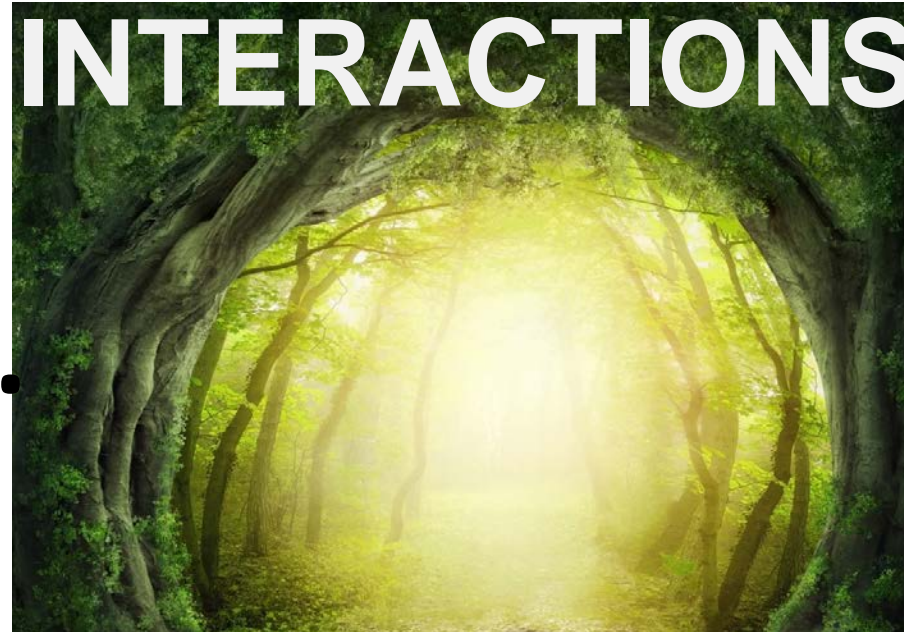
OUTLETS



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

VS.

INTERACTIONS



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

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Transforming Primary Care

- Primary Care is at the heart of population health
 - Must have a 'quarterback'
- Surround by a true team
 - Pharmacist/Rx Tech
 - Care Management
 - Social Workers
 - Behavioral Health
 - Dietitian/Nutritionist/Educator
 - C3 – AWW and Care Gap Closure
- **Improve access through task avoidance**
- Fundamentally change payment for 'wellness'

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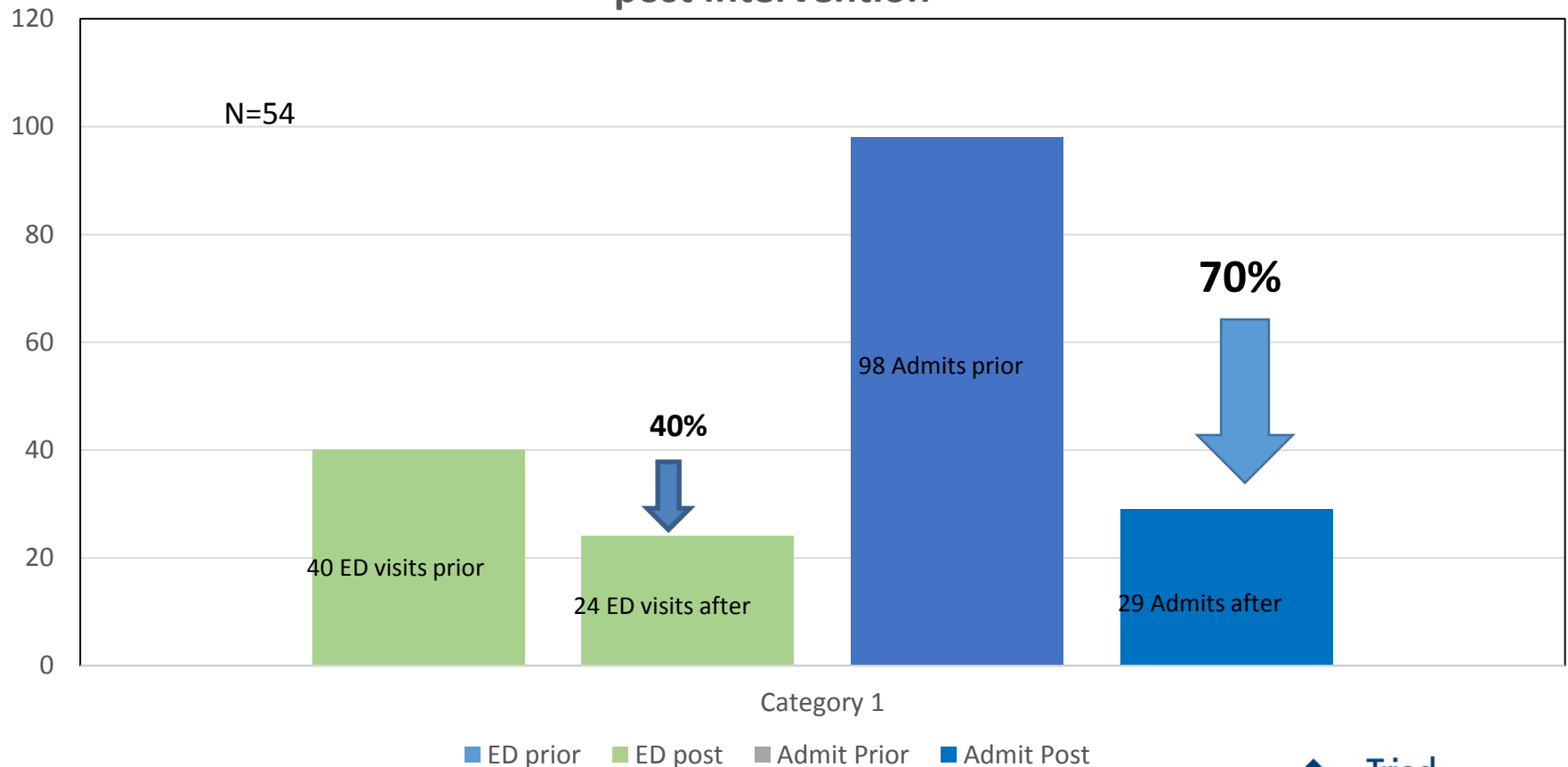
2017/2018 Projects

- Shifting focus to rising risk – identification
- Scaling interventions with technology
 - Wellsmith; Telehealth; Virtual Behavioral Health integration
- Care guide/health advocate support
 - Annual wellness visits; Care gap closure; ESRD
- EMS/Paramedicine and Palliative Care home visits
- Transition of Care Outreach (Emmi Solutions Outreach)
- **Medication Adherence**
- Post Acute Care Incentive Program
- Variation Reporting

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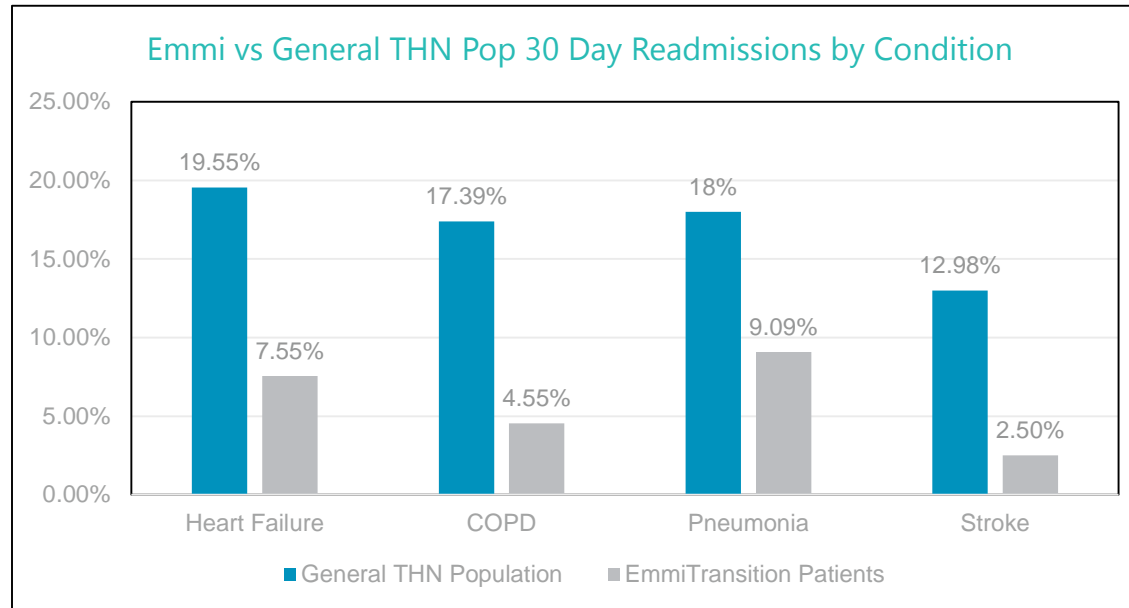
Paramedicine Pilot

Paramedicine ED visits and Admission 3 months prior and 3 months post intervention



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EMMI/TOC Outreach



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

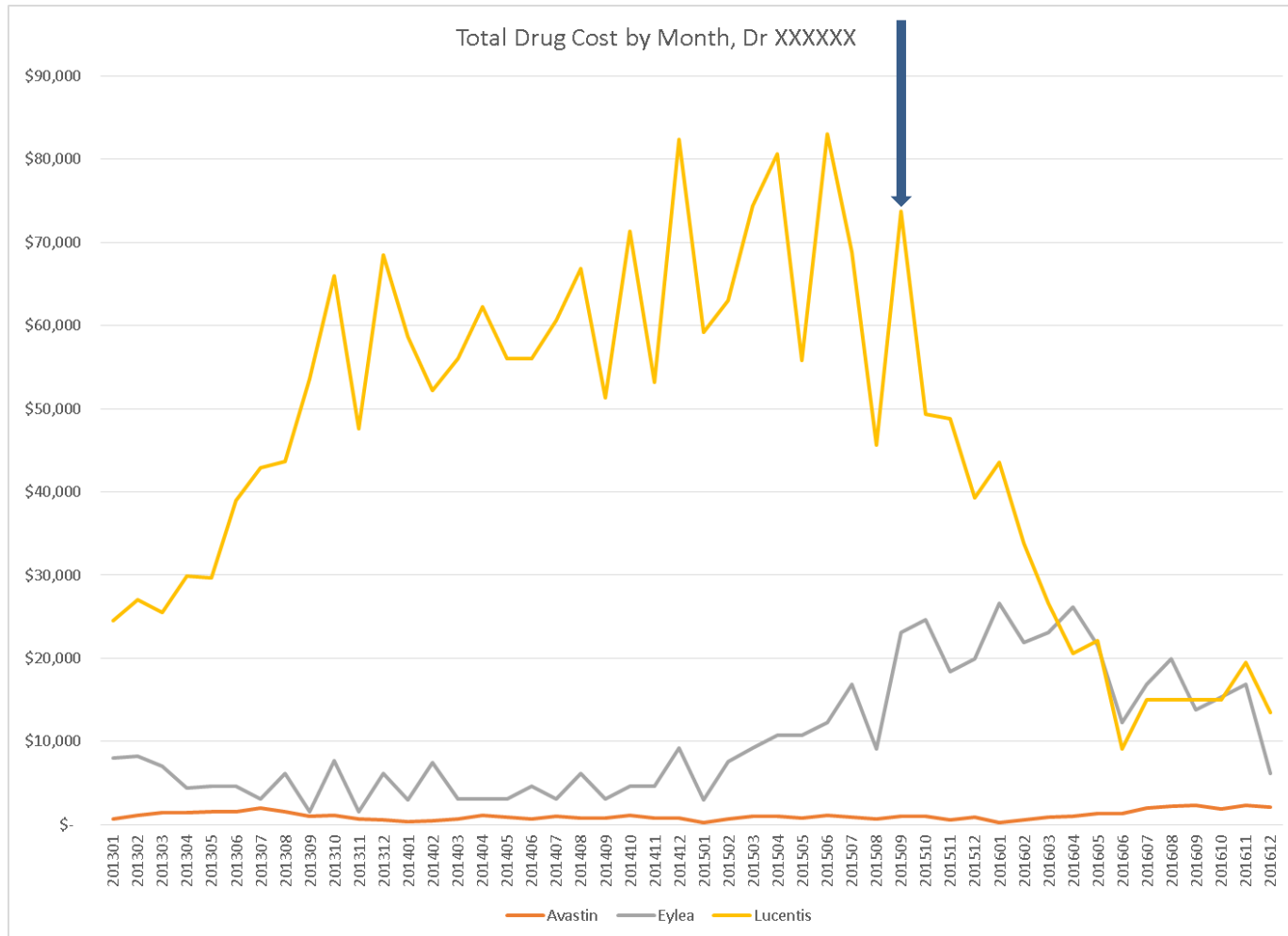
16%

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

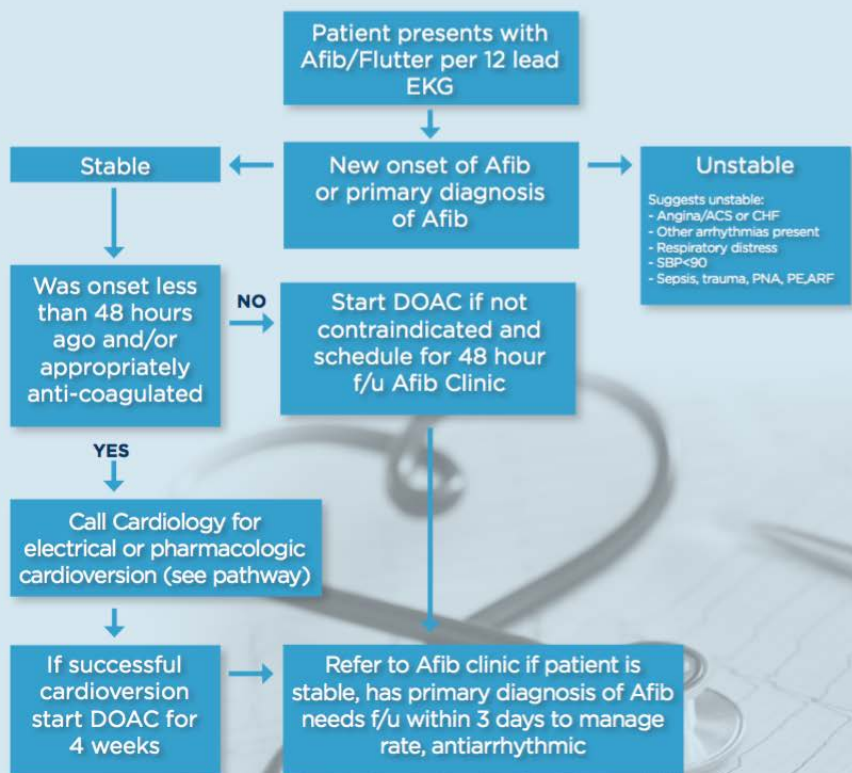
30%

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

Triad HealthCare Network Variation Reporting



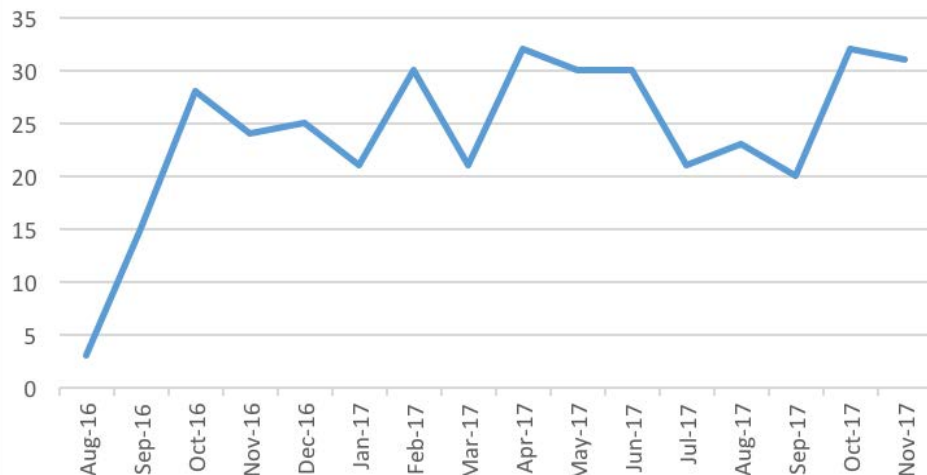
ATRIAL FIBRILLATION PROTOCOL



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.

Discharges from ER for AF patients



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

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Lessons Learned

- Referred to THN Pharmacist for medication reconciliation and to help determine a way to afford medications
- CHF, DM, COPD, anxiety, HTN, depression, MVA resulting in chronic headaches
- Upon questioning about migraines, he brought out a bag of medications



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Lessons Learned – You Can't Predict Everything



Two of four cabinets of old medications

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Lessons Learned – You Can't Predict Everything



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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 – risk aligns!
- 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