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The Journey to Clinical Integration: Pitfalls and Discoveries

Background

The Journey to Clinical Integration: Pitfalls and Discoveries

Clinical integration has many facets, each required to ensure success: collaborative leadership, aligned incentives and stakeholder support, realistic clinical programs (actionable data and metrics, management, protocols), technology infrastructure that is neutral to EMR or vendor choice.

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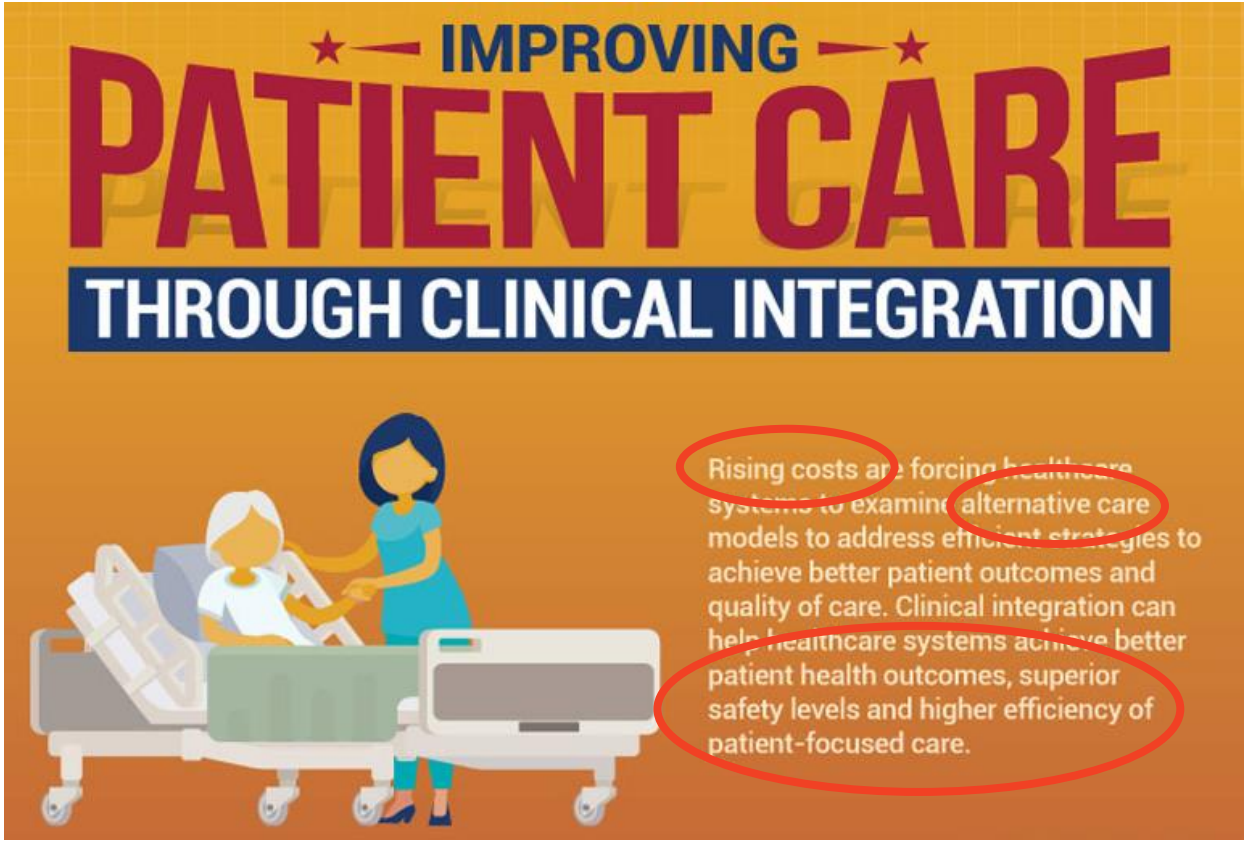
Setting the Scene



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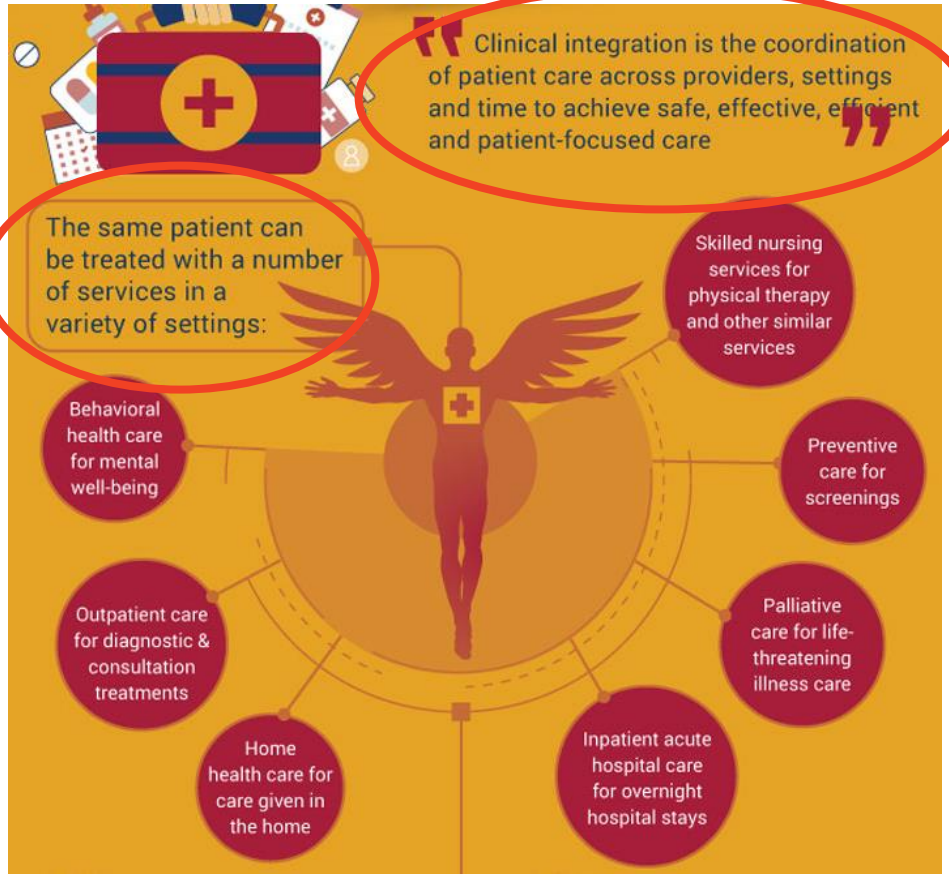
Key Dimensions of Clinical Integration?



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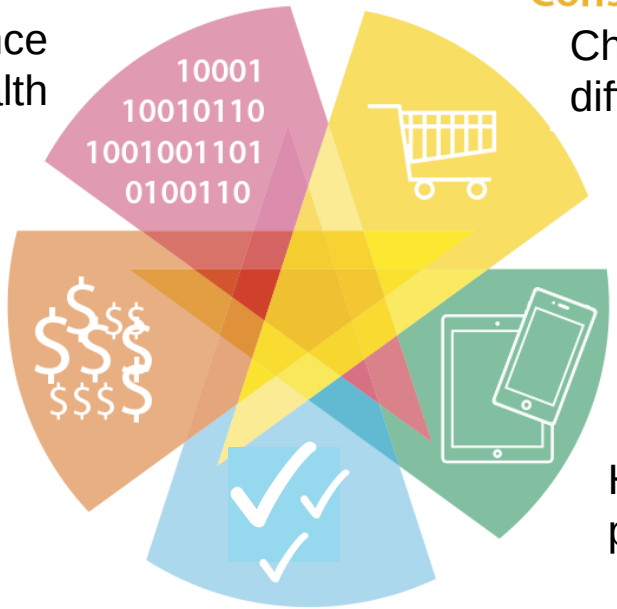
Key Drivers of Change

Big Data

Predictive and performance analytics for population health

Consumerism

Choices impacted by quest for a different experience of healthcare



Payment

Evolving models in transition from volume to value-based care

Mobile

Harnessing the myriad of platforms and applications

Engagement

Ability to drive sustained engagement key to managing populations

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Physician Challenges

Workload

Admin Burden

Satisfaction

$$$s

Patients as Consumers Have Choice

or

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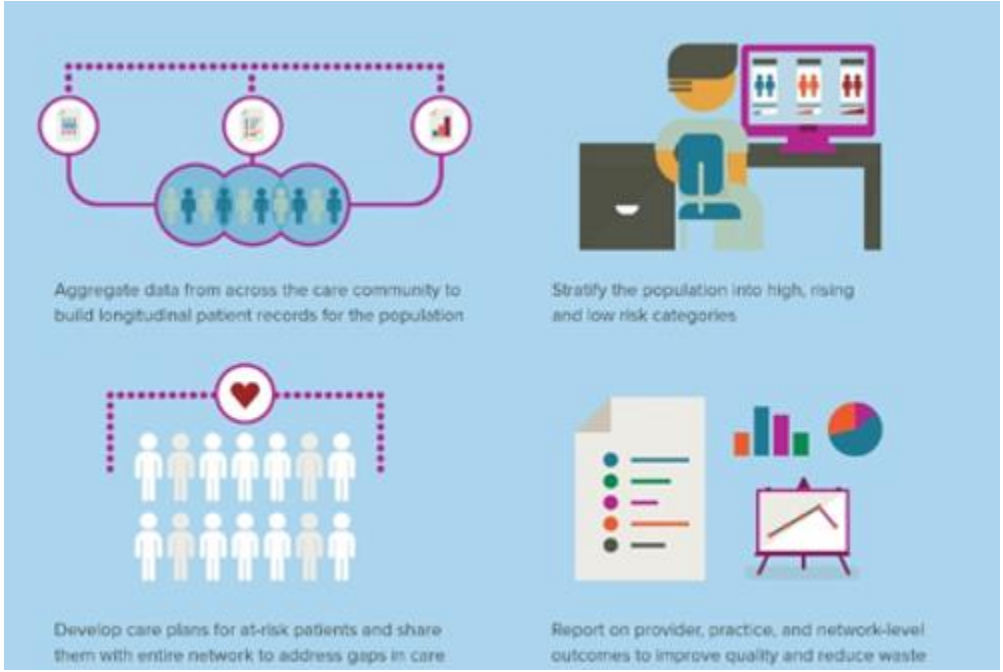
Technical Infrastructure – Key Components



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Key Considerations in Establishing Clinical Integration

Clinical conditions to target - quality

Provider mix – primary, secondary, community,

Provider type – IDN, hospital group, medical group

Location – rural, urban

Legal structure – collusion

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Doing it By the Textbook

Clinical Integration - Model

1. Comprehensive services across the care continuum
2. Patient focus
3. Improved patient access
4. Standardized care delivery through inter-professional teams
5. Performance management
6. Information systems
7. Organizational culture and leadership
8. Physician integration
9. Governance structure
10. Financial management

Four Pillars for Building Clinically Integrated Care

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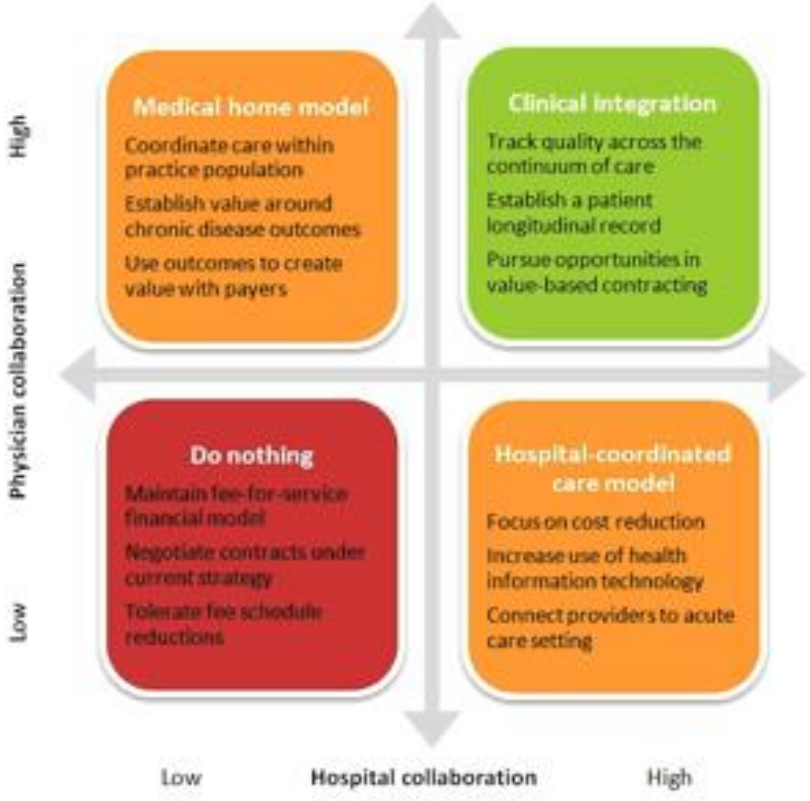
Options for Clinical Collaboration – Hospitals and Physicians



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Challenges for Clinical Integration Network Development

Dimensions of Model

Use of a health network

To coordinate and improve patient care

- Achieving effective, efficient care
- High quality, safe, timely
- Equitable and patient focused

Across multiple conditions

Across the continuum of care

With decrease cost and demonstrated value to the market

Challenges

Systems

Behaviors, Education & Training

Process & Workflows

Disparate Providers

Economics

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Barriers

The top three barriers to achieving clinical integration:

- Physicians and other providers being unwilling to participate — 29%
- Difficulties in implementation of cross-continuum electronic health records — 21%
- Lack of budget to create integration among providers — 16%

Top 3 Barriers to Clinical Integration "Economic Outlook," 2013 by Premier, a collaborative healthcare alliance of approximately 2,800 hospitals and 95,000 other healthcare sites.
https://www.beckershospitalreview.com/hospital-physician-relationships/top-3-biggest-barriers-to-clinical-integration.html

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Real-world Experience

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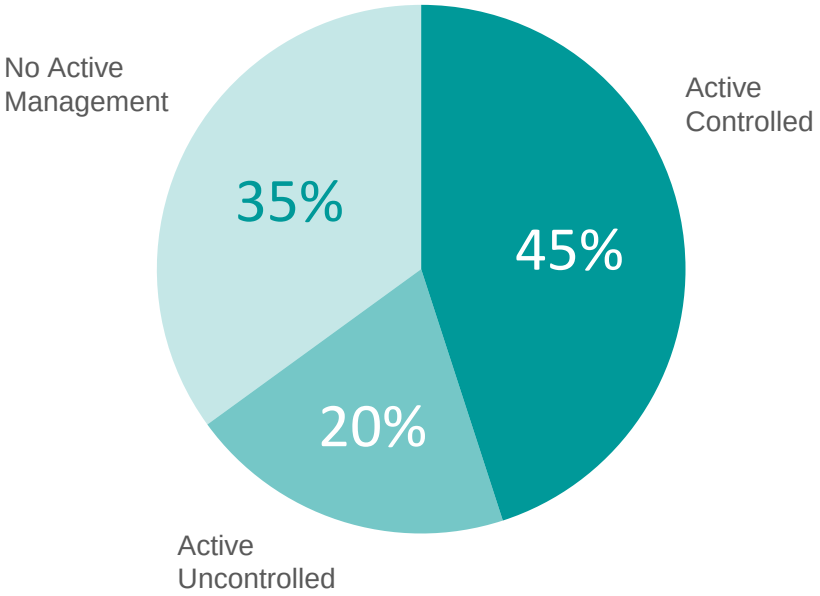
The Problem to Solve – Building the Care Continuum in an Existing Health System

- Intelligence: knowing where each individual is at on their healthcare journey
- Engagement: connecting every member of the population with the care team
- Personalization: tailoring care and support to each individual's needs

Addressing the Care Gap

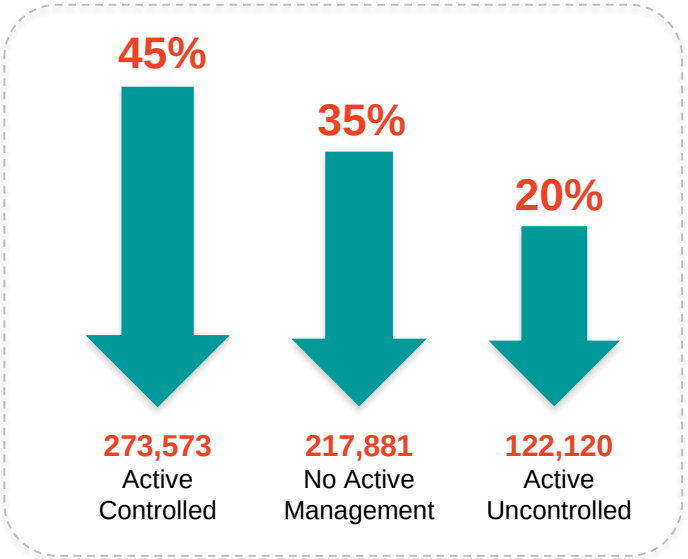
613,664

Patients with Hypertension
on their active Problem List



55%

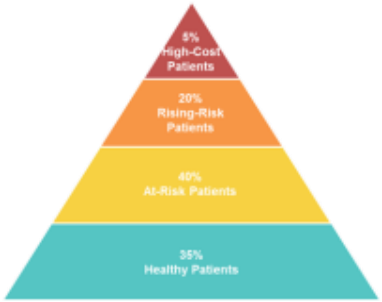
HTN population not under control
or not under active management



Mpower Deployment Model – Care Delivery

Enrolled patients continuously triaged between care and self-management

Processes for Onboarding + Referral



Assess
Triage
Monitor

Care Managed

Care Management
Tracking
Action Plans
Supporting Education

Processes for Case Management

Self Managed

Tracking
Action Plans
Supporting Education

Processes for Outreach and Engagement

Charge Capture $$$

Processes for Physician / Care-team Workflow

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Delivery Model Supports the Continuum of Care

Enables shift to personalized care and population health management with reduced physician overhead

Facilitates deployment of wide-scale programs for identification, prevention and management of risks, targeting patients, plan members, employers

Transforming the patient experience in risk prevention and chronic care management through personalization using advanced tools and technology

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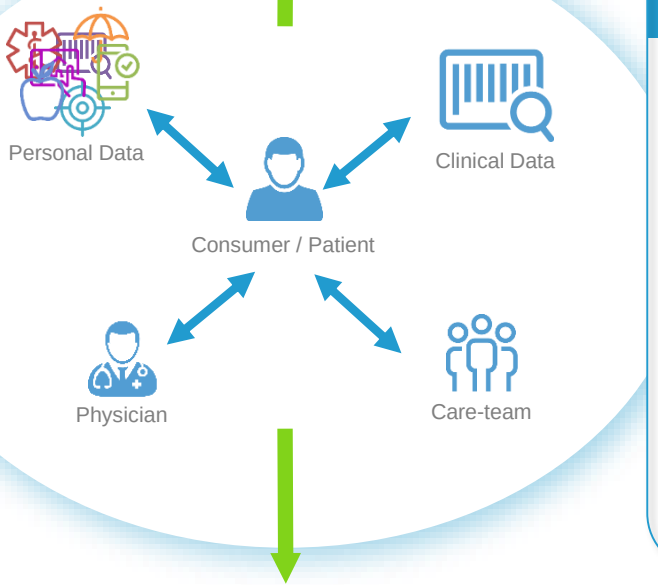
Bridging the Ecosystem Gap to Engage Consumers, Connect with Care-teams, Drive Outcomes and Bottom-line Value

Self-directed Consumer Meeting Goals
Driving Improved Health Outcomes

Consumer Health Ecosystem

- Apps & Trackers
- Risk Assessment
- Home & Social Data
- Devices & Smartphones



Clinical Health Ecosystem

- Health and Wellness
- Analytics and DM
- Care-management
- Health Plan

Engaged and Motivated Consumer
Connected with Care-Team

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Mpower Personalized Care System – User Experience Integrated with EHR / PHR

Create actionable intelligence from personal data to engage consumers and connect with care-teams

Mpower
YOUR HEALTH

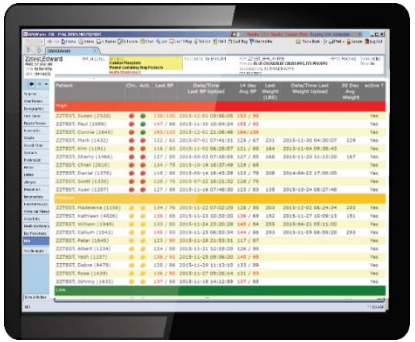
EHR, PHR and HIE

Looks like you haven't uploaded your BP for a few days. How can I help?

Try this video to learn more.

End-user view
Real-time feedback to drive action and engagement

Care-team view
Population snap-shot flagging patients needing attention



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Program Participants Engaged Through Mobile App – Data Upload and Real-time Feedback

- **Real-time uploading**
- **Ability to capture and upload data from legacy devices**
- **Available in Epic (Patient Entered Flowsheet) and Mpower**
- **Personalized “Nuggets” with context relevant feedback and motivation**

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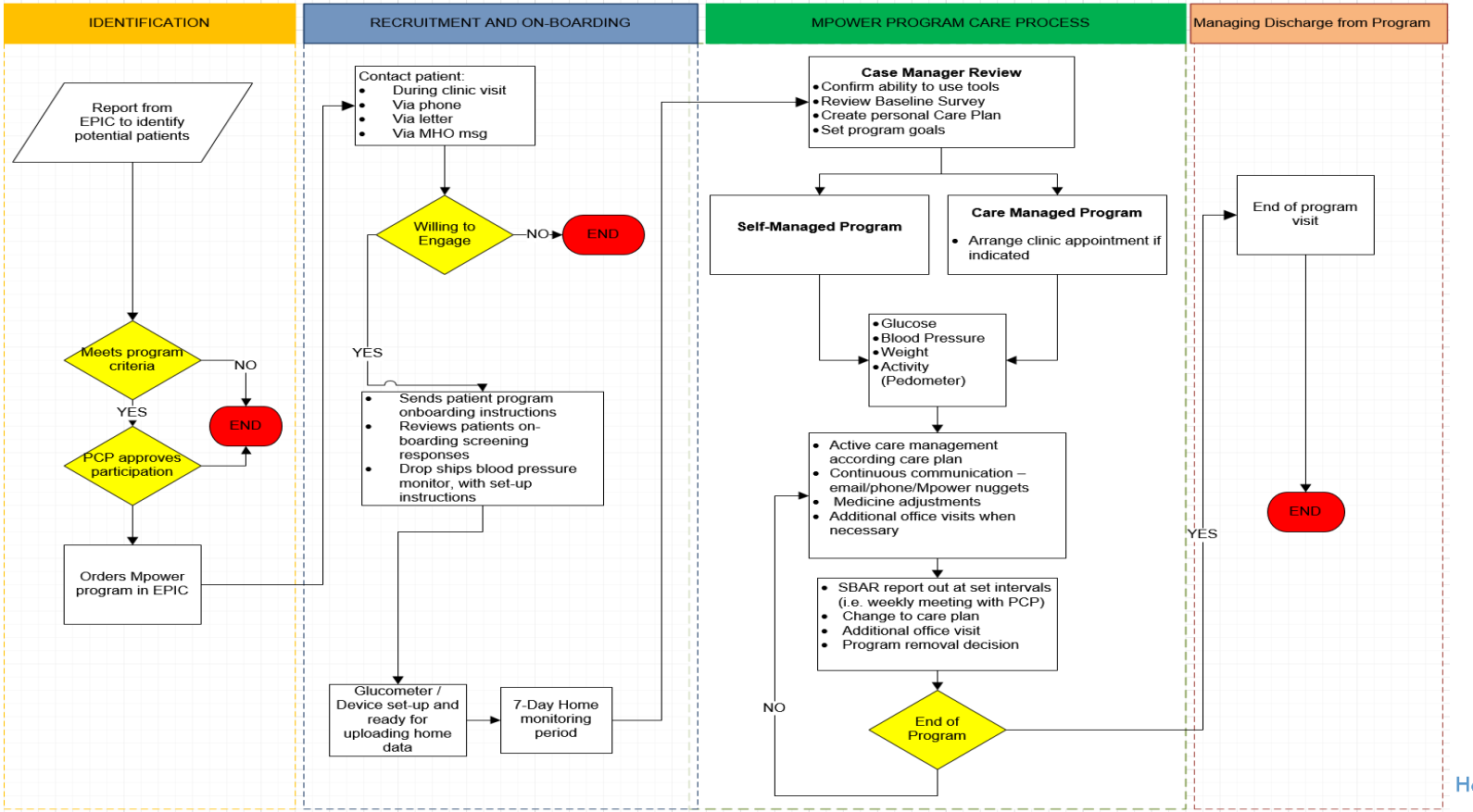
Workflow Designed to Share Load Across Teams and Automate as Many Steps as Possible



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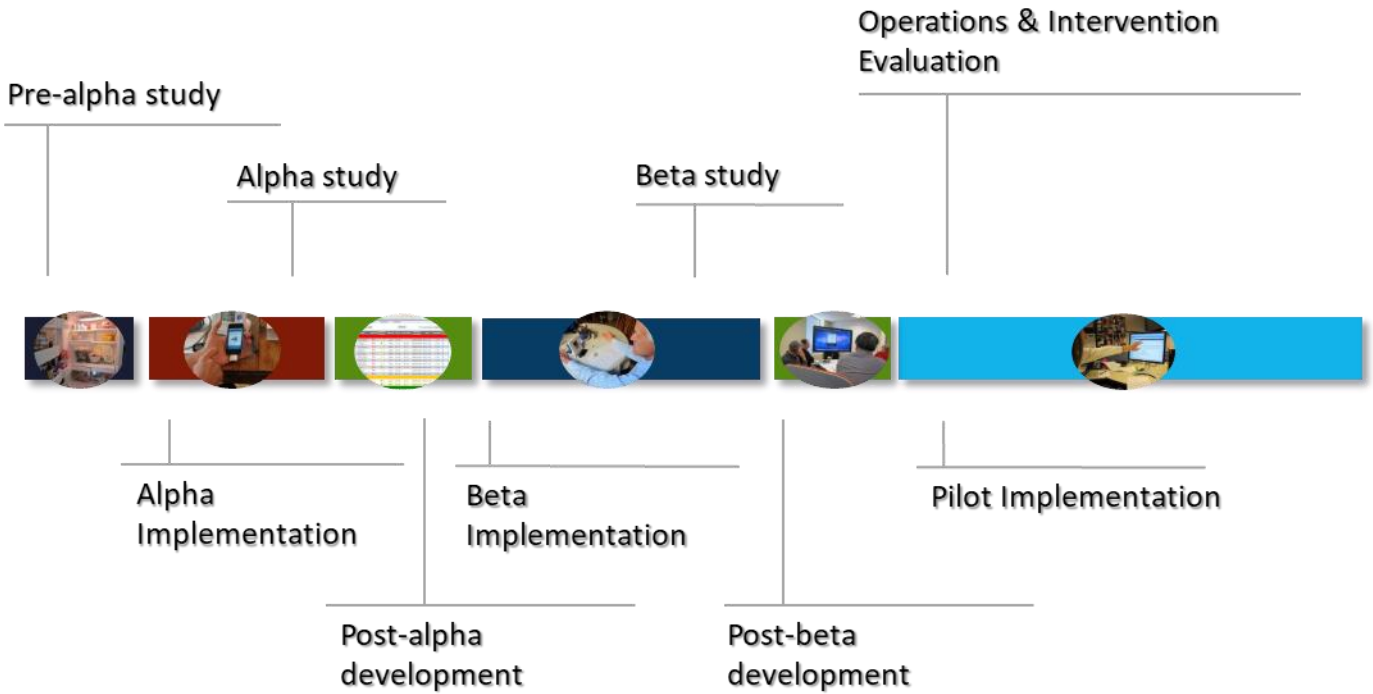
Applying Rapid-Cycle Development – Iterating the Model over an 18 Month Timeline



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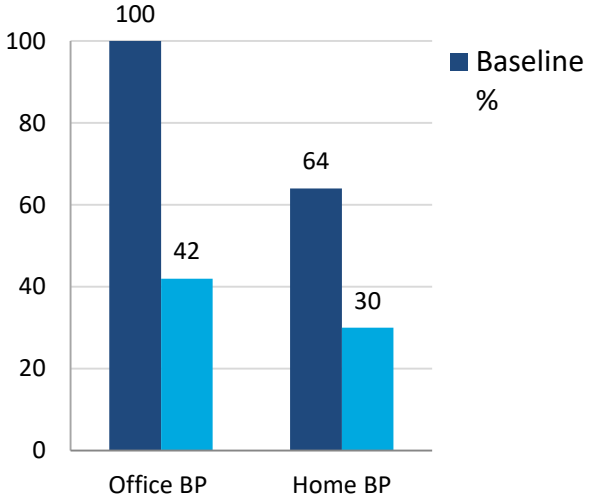
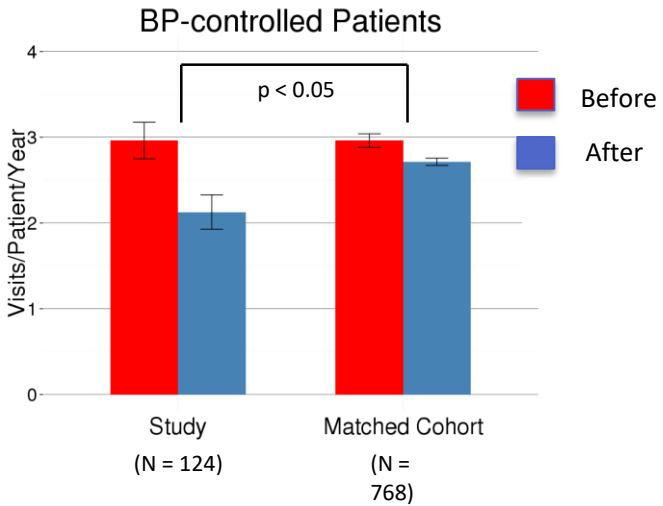
EMPOWER-H Clinical Outcomes

Study Results - Reduction in Uncontrolled HTN

Patients with Uncontrolled HTN Pre-Post Intervention (%)



Reduction in Visit Utilization



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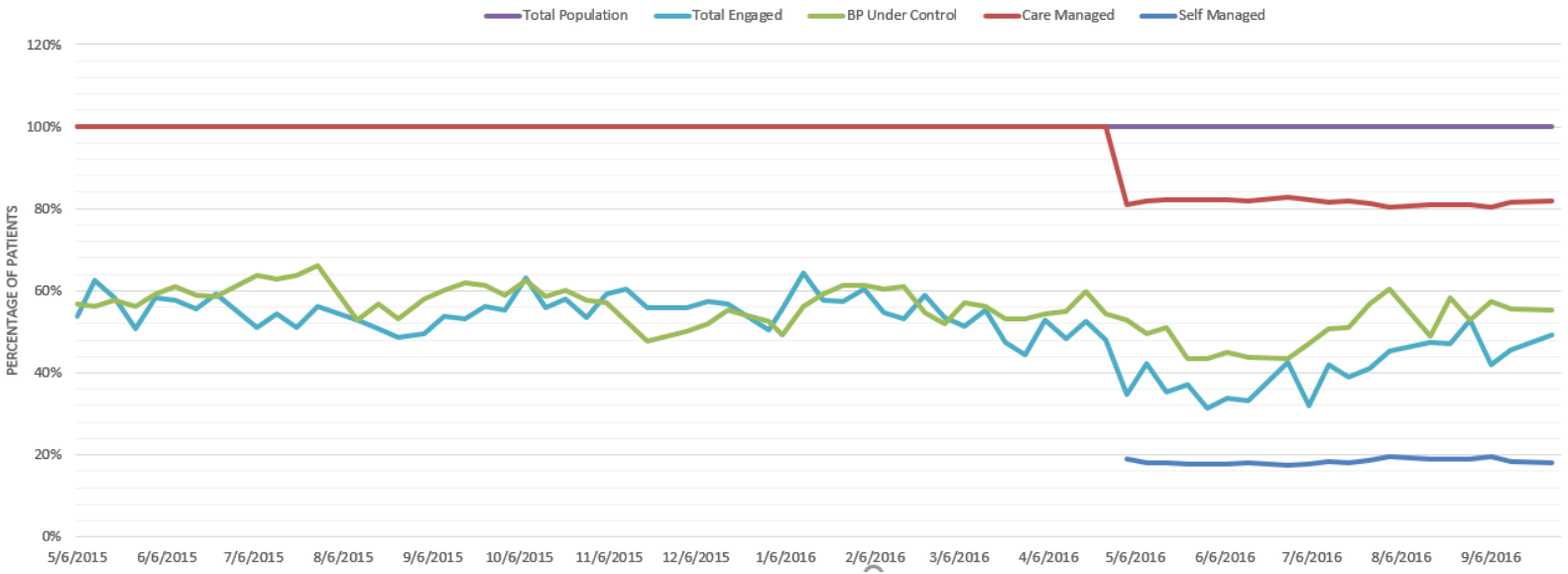
Mpower Program Performance in Usual Care

Twelve months Performance - Mpower-H in Usual Care



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Challenges and Lessons

Key Challenges

Multi-level Management Support

- Commitment to redesign, changed roles and dedicated resources

Overcoming Resistance to Participation and Driving Sustained Engagement

- Activation, Motivation, Incentives, Support

Changing the Care-model Perspective and Breaking Down Delivery Silos

- Health, Social, Disability, Community

Overcoming Technical and Barriers

- Facilitating a consumer friendly, medical grade ecosystem

Overcoming Economic Barriers

- Accessible, Sustainable and Affordable

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Key Learning Points – Critical Success Factors

- Executive leadership
- Physician buy-in
- Immediate delivery of value
- No increase in perceived effort
- Standard work and dedicated resource for new roles
- Training
- Understandable intolerance of bugs in program or technology
- Active hands-on support for operations
- “Agile” approach to fixing issues rapidly

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What About the Patient

Transitioning Care from Clinic to Community

- Change focus and change locus
- Personalized care, with continuity, delivered in the community

Mpower End-user Impact - Feedback and Testimonials

INDIVIDUAL ENGAGEMENT

"Using the feedback, I increased my exercise and lost 10lbs within 6 weeks. I feel so much better!"

MANAGING POPULATIONS

"The Mpower program certainly allows me to be more effective as a provider."

DRIVING SUSTAINED OUTCOMES

"Your program has positively impacted my life in ways that you can't measure."

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Gains for the Patient in Clinical Integration

- Improved coordination of care across care teams
- Improved coordination of care across providers and settings
- Improved access with greater convenience
- Improved support for chronic or complex conditions
- Improved support for post-acute care
- Options for remote management avoiding office visits
- Continuous support and engagement with care team
- Reduced wait-times

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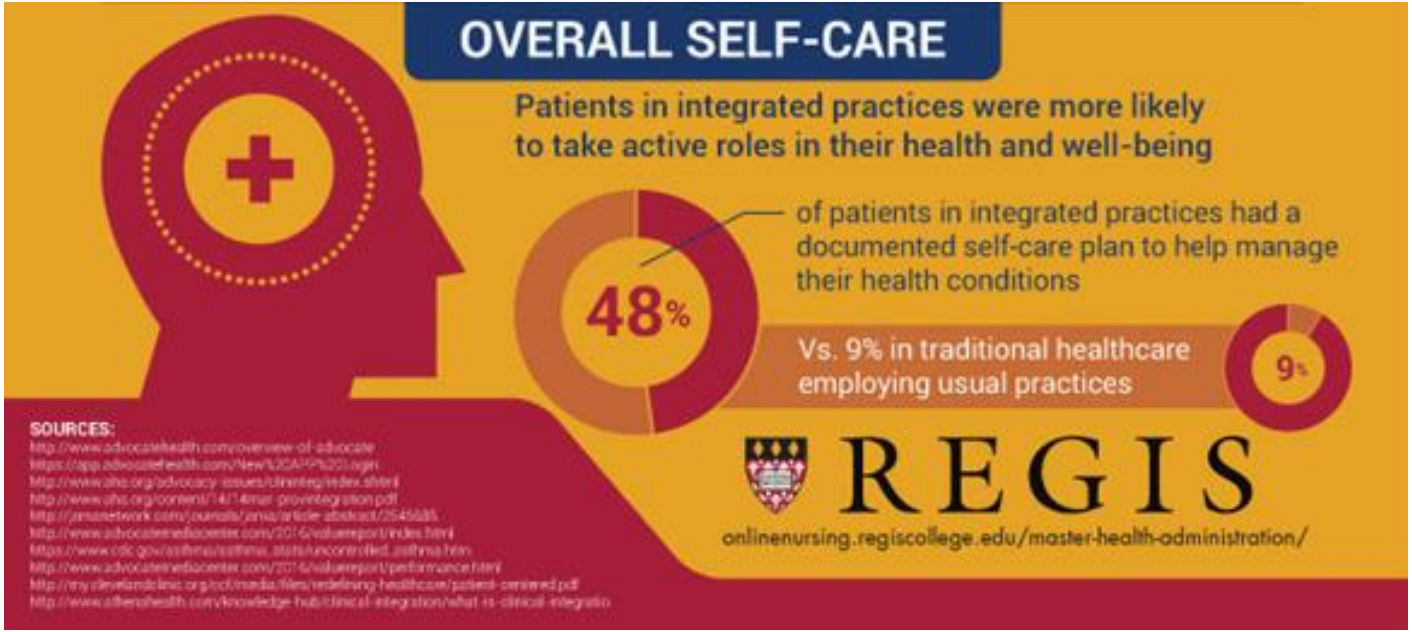
Empowering Patients to Self-manage



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Putting the Jig-saw Together

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Strategic Objectives for Clinical Integration

Clinical performance / clinical efficiency strategy?

Population health management strategy?

Referral growth strategy?

Risk-based payment / value-based payment strategy?

Patient satisfaction / engagement strategy?

Physician satisfaction / engagement strategy?

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Clinical Integration Strategic Questions

- How important is clinical integration for you strategically?
- Have you set clear expectations of what Clinical Integration is to deliver - what are your specific aims and objectives?
- Do you see Clinical Integration as a service to be contracted or is it a core competency?
- Where are you today – programs, skills, competencies and gaps
- What lessons can you apply from ACOs, bundled payments, CCM?
- Who is championing Clinical Integration – one person or a team?
- How are you resourcing and financing Clinical Integration initiatives?
- How will you manage relationships with plans?

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Grab Attention – Clinical Integration Closely Aligned with Top 10 Near-term Health System Challenges

1. Clinical and Data Analytics: Leveraging big data with clinical evidence to segment populations, manage health and drive decisions
2. Population Health Services Organizations: Operationalizing population health strategy, chronic care management, driving clinical integration, and integrating social determinants of health
3. Value-based Payments: Targeting specific medical conditions to manage cost and quality of care
4. Cost Transparency: Growing legislation and consumer demand
5. Total Consumer Health: Improving members' overall well-being and medical, social, financial, and environment
6. Cybersecurity: Protecting the piracy and security of consumer information
7. Healthcare Reform: Repeal, replace, or substantial modification of current healthcare laws, Block Grants, Single-Payer, Industry Stability
8. Harnessing Mobile Health Technology: Improving disease management, member engagement, and date collection/distribution
9. Addressing Pharmacy Costs: Implementing strategies to address growth of pharma costs versus benefits to quality of care and total medical costs
10. The Engaged Digital Consumer: HSAs, member/patient portals, health and wellness education materials

Healthcare Executive Group Top 10 Challenges for 2018

Executives from leading health plans, health systems, provider organizations, other associations and HCEG sponsor partner organizations

http://hceg.org/healthcare-leaders-select-and-rank-their-top-10-challenges-for-2018/

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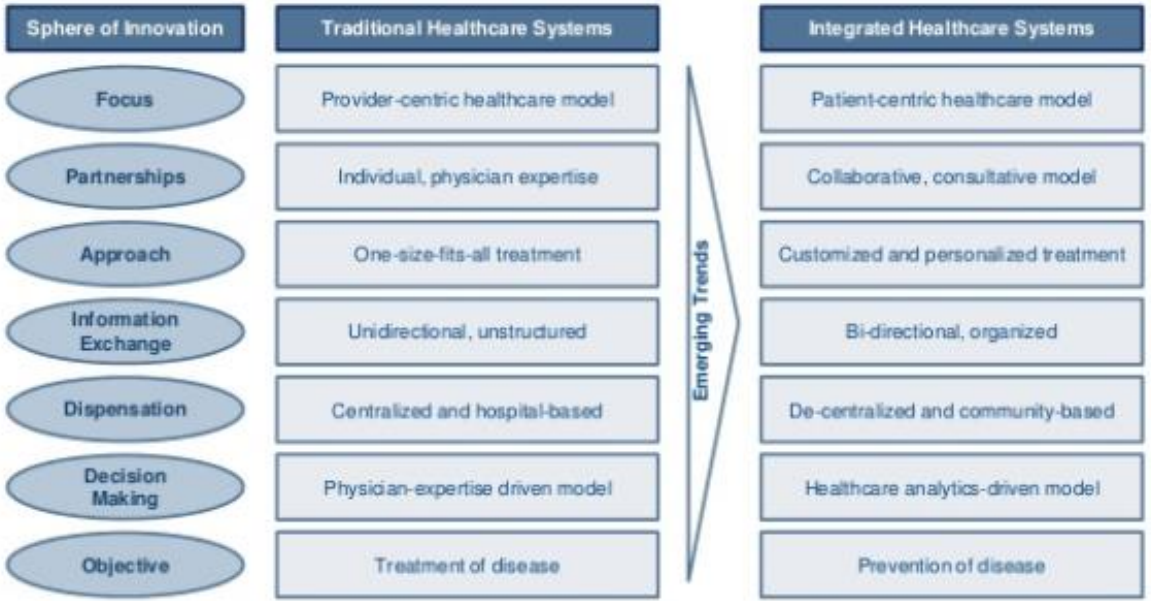
Recognize Clinical Integration Represents a Significant Change-management Process



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Engineer the Multiple Dimensions of Clinical Integration into a Model that Works for You

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Who’s On the Bus?

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Factor in Other Important Initiatives - MACRA and MIPS

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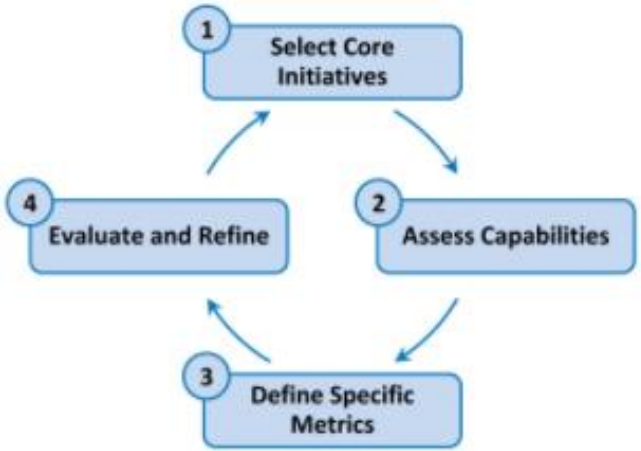
Plan a Development Path – Start Small, Gain Experience, Built Trust, Iterate and Grow

	Historic Model	Transitional	Advanced	Breakthrough
Clinical Integration Approach	Provide care within a given operating unit (e.g., orthopedics) for a specific condition; protocols and pathways exist within unit with little coordination	Coordinate care across operating units within a given stage of illness; protocols and pathways continue to be based within a given setting of care, such as a hospital or inpatient rehabilitation facility	Seamless transition across all relevant settings of care for a given episode of illness; protocols and care pathways based on service lines across providers, instead of within a single setting of care	Disease prevention and population health management across the full continuum of care
Management Model	Individual operating units	Horizontal alignment based on clusters of consolidated operating units within a setting (e.g., Vice President for Acute Care, Vice President for Physician Groups)	Horizontal or vertical alignment focused on clinical service lines (e.g., cardiovascular, oncology, behavioral health, women's health) across settings of care	Dynamic processes and capabilities created to serve the diverse and multiple care needs of a given population

Set Realistic but Meaningful Performance Metrics Covering All Dimension of the Care Management Process

- Clinical impact and outcomes
- Patient impact and experience
- Physician and care team impact
- Revenue, Variance and cost reduction
- Operational impact and efficiency
- Care redesign — Ensuring treatment in the most optimal setting and by the right provider
- System optimization — Shifting focus to preventive care and population health
- Strategic impact



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Seven Key Components for Clinical Integration Management

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Further Information

Martin Entwistle

President
Ares Health Systems

445 South Los Robles Avenue
Suite 202,
Pasadena, CA 91101

Cell: +1-858-717-0465

Email: ment@areshs.com

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