

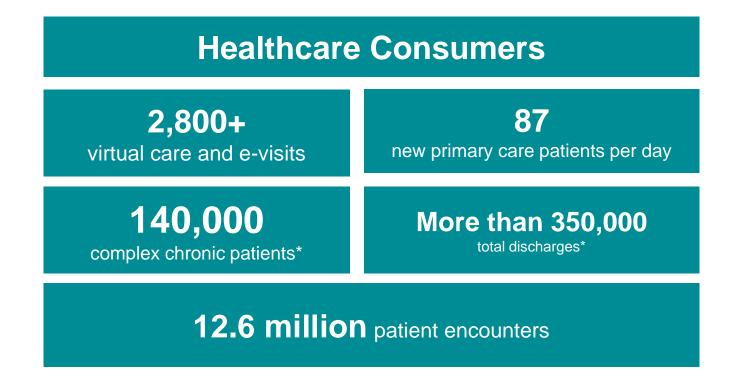
## Innovative Strategies for Post-Acute Providers

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Size and Scope						
<b>25+</b> cancer care locations*	<b>28+</b> urgent care locations*	<b>47</b> hospitals across three				
<b>6.5%</b> population growth in the Charlotte region	<b>65,000+</b> employees*	states*				
<b>350+</b> primary care practices*	8,700+ licensed beds*	emergency departments, including freestanding*				
\$9.03 billion net operating revenue*						





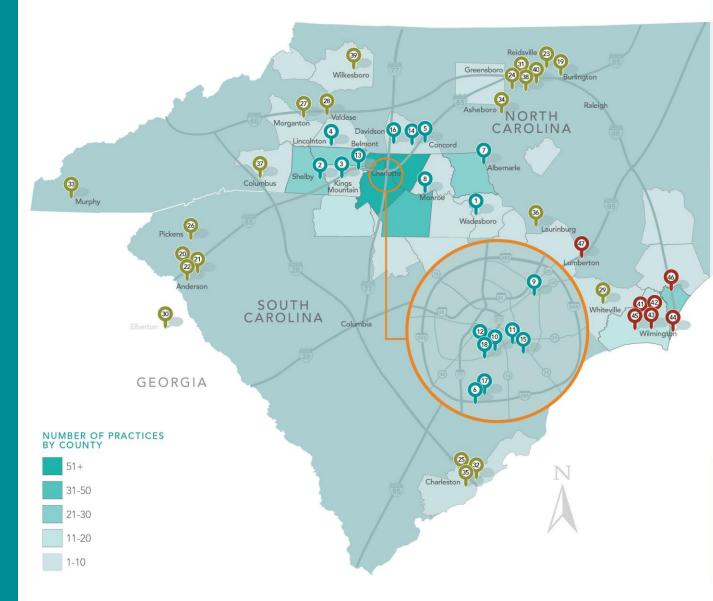


World-Class Care						
Open heart surgery program ranked in the top 15% nationally by the Society of Thoracic Surgeons	Charlotte region's only Level 1 trauma center	<b>1 Neurosciences</b> <b>Institute</b> serving a 22-facility Telestroke Network				
1 of only 5 academic medical centers in NC	Outperformed all 5 national Centers for Medicare & Medicaid Services benchmarks for readmissions	88,000 annual inpatient and outpatient neurology visits				
Levine Cancer Institute 12,500 new patient visits	<b>3,000+</b> System-employed physicians and ACPs*	<b>90,000</b> diabetic patients managed				

5 pediatric specialties ranked by U.S. News & World Report



### CAROLINAS HEALTHCARE SYSTEM FACILITY LOCATIONS



#### PRIMARY ENTERPRISES

- 1. Carolinas HealthCare System Anson
- 2. Carolinas HealthCare System Cleveland
- 3. Carolinas HealthCare System Kings Mountain
- 4. Carolinas HealthCare System Lincoln
- 5. Carolinas HealthCare System NorthEast
- 6. Carolinas HealthCare System Pineville
- 7. Carolinas HealthCare System Stanly
- 8. Carolinas HealthCare System Union
- 9. Carolinas HealthCare System University
- 10. Carolinas Medical Center
- 11. Carolinas Medical Center-Mercy
- 12. Carolinas Rehabilitation
- 13. Carolinas Rehabilitation-Mt. Holly
- 14. Carolinas Rehabilitation-NorthEast
- **15.** CHS Behavioral Health-Charlotte
- 16. CHS Behavioral Health-Davidson
- 17. CHS Rehabilitation (Pineville)
- **18.** Levine Children's Hospital

#### REGIONAL ENTERPRISES

- 19. Alamance Regional Medical Center
- 20. AnMed Health Medical Center
- 21. AnMed Health Rehabilitation Hospital
- 22. AnMed Health Women's and Children's Hospital
- 23. Annie Penn Hospital
- 24. Behavioral Health Hospital (Cone Health)
- 25. Bon Secours/St. Francis Hospital
- 26. Cannon Memorial Hospital
- 27. CHS Blue Ridge-Morganton
- 28. CHS Blue Ridge-Valdese
- 29. Columbus Regional Healthcare System30. Elbert Memorial Hospital
- 30. Elbert Iviemorial Hospital
- 31. Moses H. Cone Memorial Hospital
- Mount Pleasant Hospital
   Murphy Medical Center
- Wurphy Medical Center
   Randolph Hospital
- 35. Roper Hospital
- **36.** Scotland Memorial Hospital
- **37.** St. Luke's Hospital
- 38. Wesley Long Hospital
- 39. Wilkes Regional Medical Center
- 40. Women's Hospital (Cone Health)

#### AFFILIATED ENTERPRISES

- **41.** Betty H. Cameron Women's and Children's Hospital
- 42. New Hanover Regional Medical Center
- **43.** New Hanover Regional Medical Center Behavioral Health
- 44. New Hanover Regional Orthopedic Hospital
- 45. New Hanover Regional Rehabilitation Hospital
- 46. Pender Memorial Hospital
- 47. Southeastern Health

#### **Atrium** Health



- Atrium Health has a unique story to share. Operating as a fully integrated system and connecting and transforming care delivery throughout the Carolinas and southeast, our overarching goal is to provide seamless access to coordinated, high quality healthcare – and provide that care closer to where our patients live.
- The depth and breadth of services results in a full continuum of integrated care including:
- Prevention and general wellness with focus on population health
- Primary care at more than 180 locations
- Specialty care via several nationally-recognized service lines
- Critical care with one of the largest virtual (e-ICU) programs in the nation
- Continuing Care including home health, skilled nursing, hospice, palliative care centers, inpatient/outpatient rehab, and other services



# What is Continuing Care?



### COST



US Medicare spending on continuing care in 2001

\$59B

US Medicare spending on continuing care in 2014



Regional variation in annual Medicare spending on continuing care services QUALITY

**8.4%** Readmission rate for top quartile skilled nursing facilities

20%

Readmission rate for bottom quartile skilled nursing facilities



Percentage of health systems that have implemented some type of SNF preferred network **EXPERIENCE** 

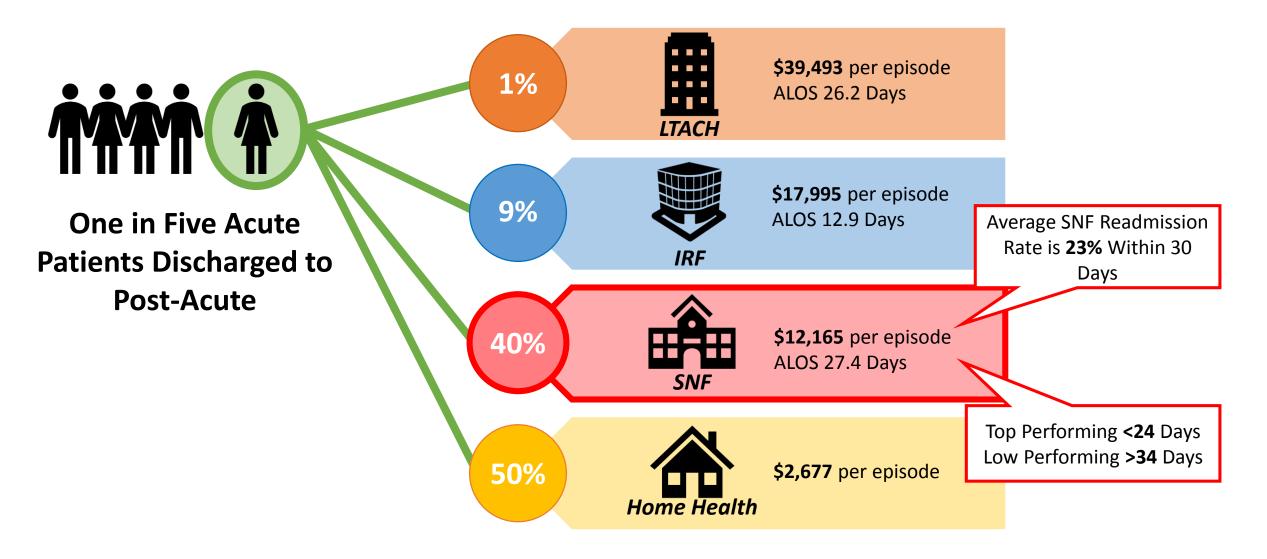
Patients value <u>quality</u> of care and <u>proximity</u> to home and family

Patients find the process of making decisions about continuing care <u>confusing</u>

Atrium Health

Source: MedPAC, 2015-2018

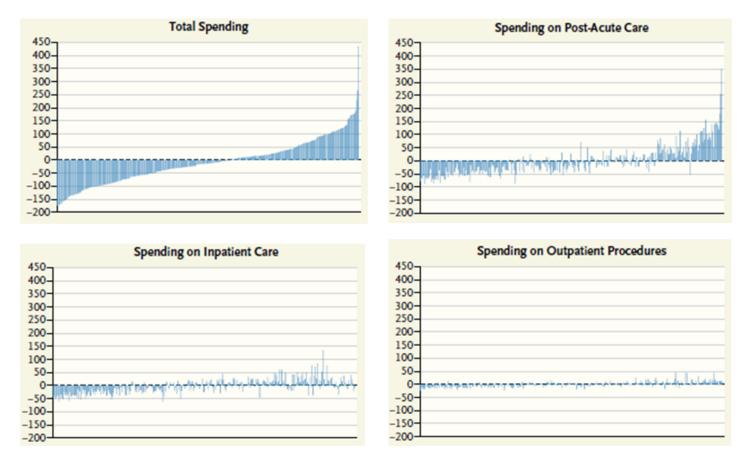
### What is Continuing Care and Who Uses It?





### **Variation in Medicare Spending**

#### Variation in Adjusted Average Monthly Spending by Medicare per Beneficiary<sup>1</sup>



<sup>1</sup> Newhouse, J., & Garber, A. (2013). Geographic Variation in Medicare Spending. *NEJM, 368*(16), 1465-1468.



### What Challenges Exist Today?

Home Health?

Confusing to Patients

Reimbursement Differences

Standardization

No Information

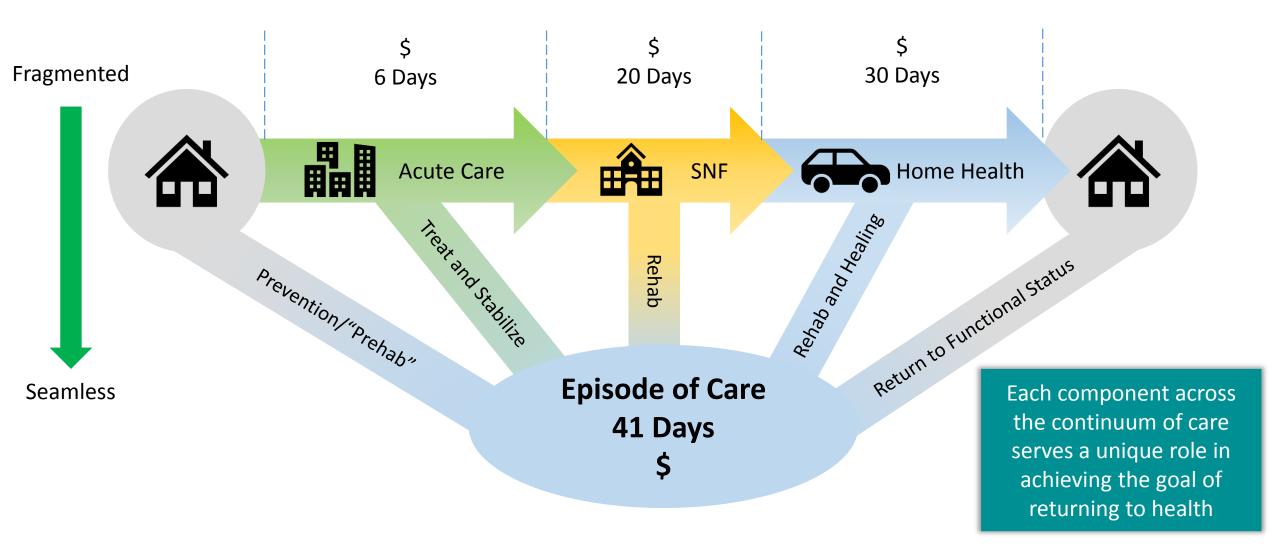
Confusing to Doctors a service

- allestation

"Post acute looks like an archipelago of little islands with no bridges. Consumers are at a loss about which island to approach, with poor transportation and communication options."

- Physician Interview, Deloitte

### The Continuum of Care – Rethinking Post Acute



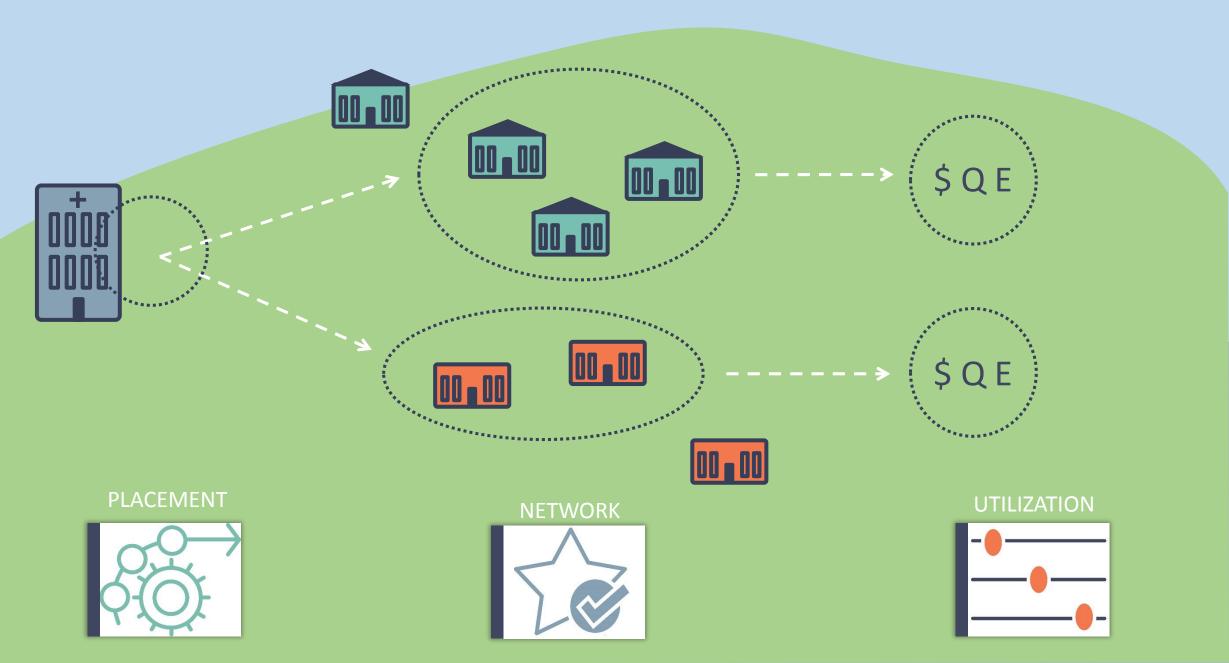


# **Continuing Care Strategy**



#### ACUTE -----> TRANSITION

CONTINUING CARE



### **Key Components of Strategic Management**





### 2. Cross-Continuum Care

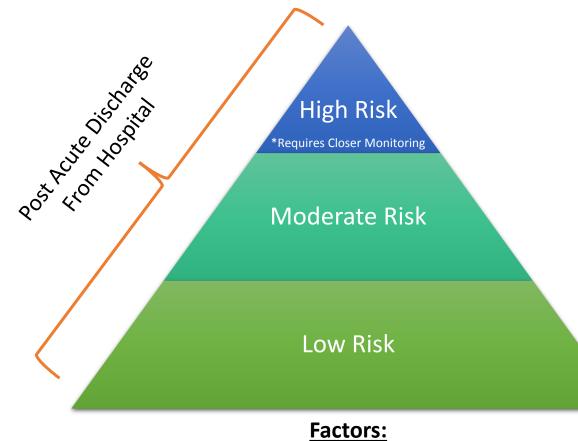
Management







### 1. Risk Stratification – Focusing Resources Where Most Needed

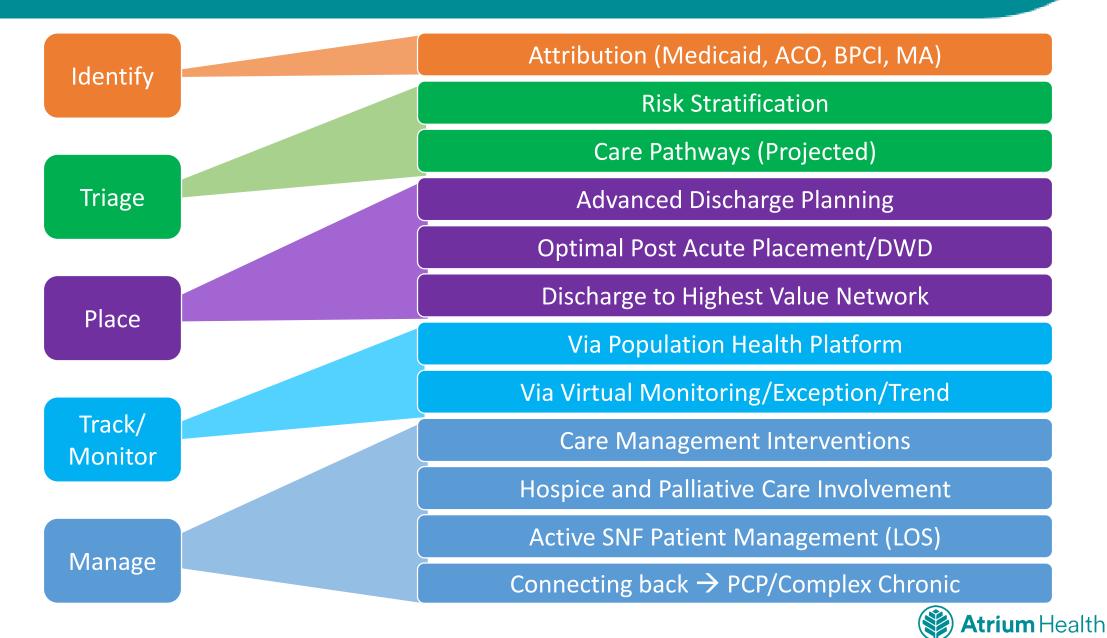


Socioeconomic Complex Chronic

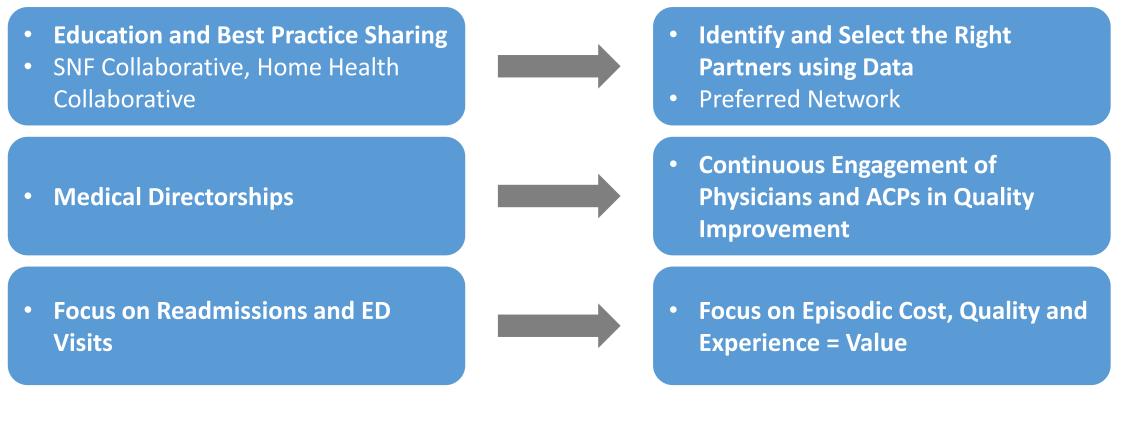
- Begins with discharge planning and assessment:
   *Right Place, Right Time, Right Cost*
- Data driven process
- Requires elevating communication, coordination, and navigation across settings
- Goal is to manage higher risk patients to proactively intervene prior to readmission or ED visit
  - e.g. flags for missed appointments, blood pressure, etc.



### 2. Cross Continuum Care Management – Connecting The Dots



### **3. Network Management – Elevating Performance**

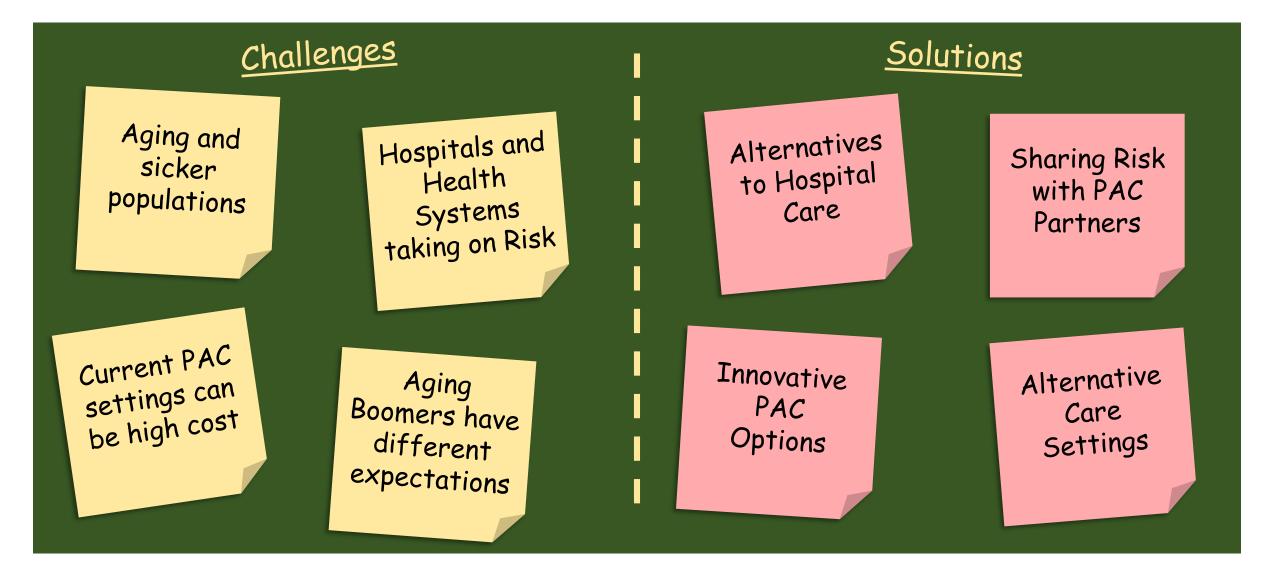


#### **Options For Discharge**

#### **Network for Value**



### 4. Post Acute Service Evolution

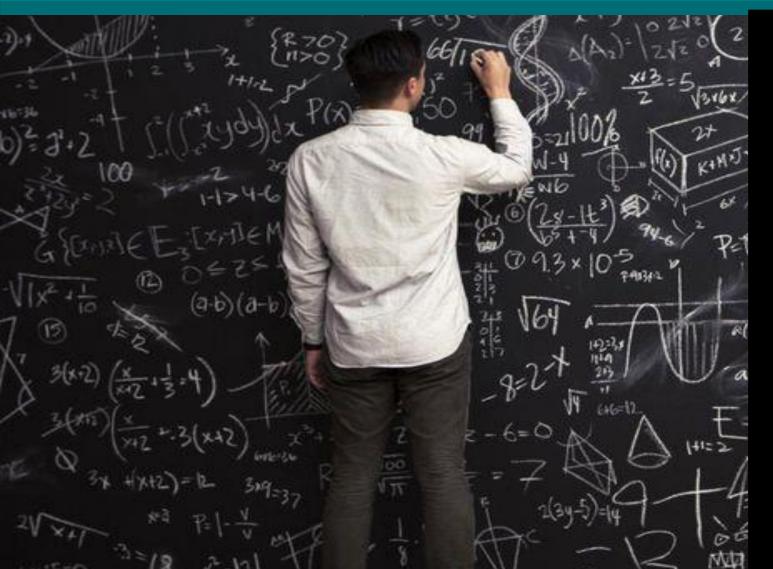




### **SNF Network Development**



# Atrium Health Continuing Care Strategy: SNF Network



To improve outcomes and overall Medicare spend

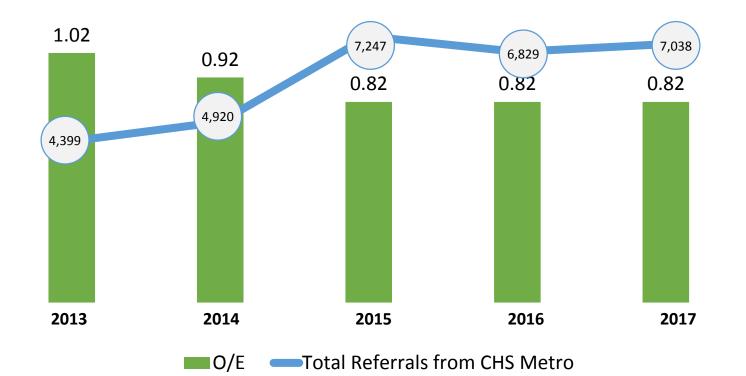
To establish the largest, best network

To focus on partnership and shared accountability

To proactively address opportunities for improvement

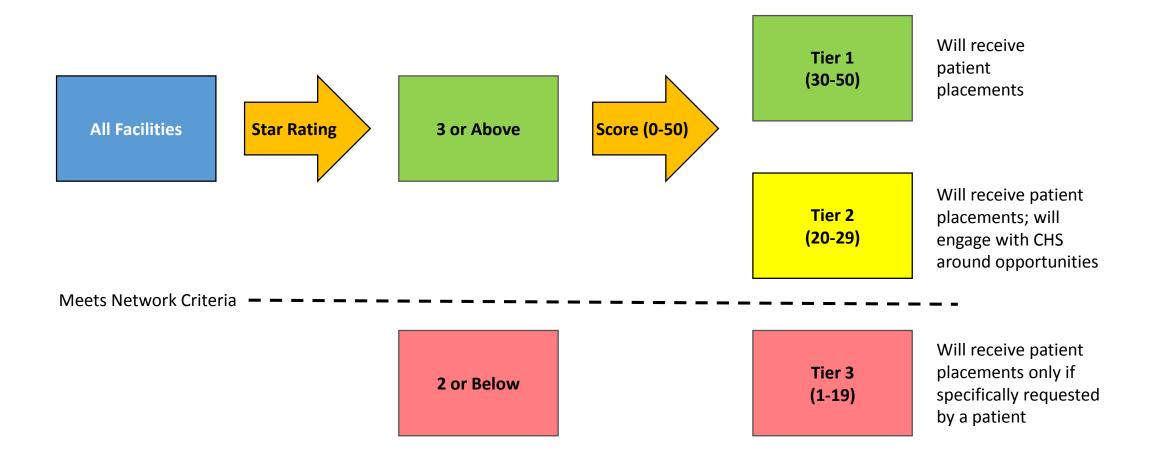
We want to partner with facilities that share a **Vision** and **Commitment** to **Quality** 

# Readmission Observed/Expected Ratio for CHS SNF Collaborative Facilities





# **SNF Preferred Network Design**



# **SNF Preferred Network Facility Performance Metrics**

Metric	Source	Weight	Top Performer	Acceptable	Needs Improvement
Readmission Rate O/E	Premier	40%	< 0.9	< 1.1	> 1.1
% Medicare/ MA Placements	CHS 2017	25%	< 80.0%	< 90%	> 90.0%
Market Payment Ratio	CMS (2016)	35%	<1 SD Below Market Average	Market Average (+/- 1 SD)	>1 SD Higher than Market Average
Weighted Score			30.0 – 50.0	20.0 – 29.9	0.0 – 19.9

### SNF Preferred Network Management Plan

Complete educ internal staken including awar knowledge scripting	holders reness, and	Finalize metrics process for moni compliance		nonitoring	itoring steps with		engagement th lower tier ilities			Monitor performance metrics and make adjustments	
	Monitor o met			Expand g		• •		Evalua compone design bey comprise netv	er or pc	nts and nd SNF to ost acute	



