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The Latest Developments Driving the Transformation of Care

THIS WEEK



Market expands for teaching value-based care imperatives

What's new: Utah-based Intermountain Healthcare recently spun off a new company, [Castell](#), to help providers and payers accelerate their transition to value-based care.

The nonprofit company will share best practices from Intermountain's prevention-focused Reimagined Primary Care delivery model and offer a technology and analytics platform to guide care. Castell also will provide digital tools for virtual care, patient experience and social determinants of health, as well as provide access to Intermountain's latest innovation initiatives.

In its first year, the Reimagined Primary Care model has led to:

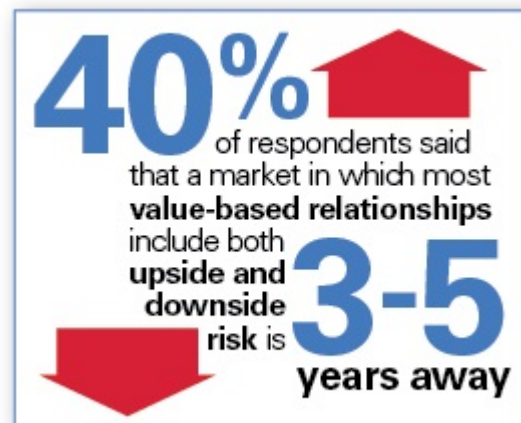
- A 60% cut in Medicare Advantage admissions.
- 25% fewer commercial insurance admissions.
- A 20% reduction in per member per month costs.
- Improved patient ratings and physician satisfaction.

What's going on: Intermountain is leveraging its deep knowledge in improving quality, reducing costs and effectively managing downside risk in value-based care programs to improve access. Its leaders say they are shifting to a more community-based mindset and that Castell will provide benefits to adjacent markets in Utah and Nevada. This could help participating providers in these areas to improve efficiency and outcomes and cut costs as they participate in value-based care models.

The launch of Castell also is part of a broader trend among some health systems to diversify their business lines outside of reimbursable medical services. These innovators are creating companies in areas like technology, automation, group purchasing and supply chain management. And with the field likely being several years or more away from assuming full risk in value-based payment models, others are stepping up with services to help ease the transition.

Providence St. Joseph Health, for instance, earlier this year launched [Ayin Health Solutions](#), a population health company that offers expertise to help payers, providers, employers and government entities reduce costs and improve care in the transition from inpatient to ambulatory care. Evolent Health, an independent company formed by UPMC and The Advisory Board in 2011 to provide an integrated population and health management platform, is a \$1 billion company today focusing on helping providers and health plans succeed in value-based care. Among its partners are Banner Health Network, Passport Health Plan, St. Luke's Health Partners and Deaconess Health System.

If you build it, will they come? Whether these latest business launches will have the staying power of Evolent Health remains to be seen, but many providers are looking for insights and tools as they move deeper into value-based care. However, it could be some time before the bulk of the field assumes full risk in value-based payment models, as a HealthCare Executive Group and Change Healthcare survey of health care executives found earlier this year. The [study](#) noted that nearly 40% of respondents said that a market in which most value-based relationships include both upside and downside risk is three to five years off.



To drive your telehealth strategy, answer one simple question



It seems simple, but hospitals and health systems looking to expand their telehealth capabilities and services must first answer why telehealth is a solution for their organizations, patients and communities, said Kevin Curtis, M.D., medical director of Dartmouth-Hitchcock's Center for Telehealth and Connected Care, at a recent AHA Executive Forum on addressing disruption through innovation and value in Boston.

The worst answer? Too many answers. While telehealth can help organizations solve a variety of problems, including addressing gaps in care delivery, increasing capacity and access, increasing patient and/or provider convenience, addressing workforce shortages and improving reputation, failing to select the top one or two primary problems can derail telehealth implementation.

“If you say [you want to impact] everything, you’ll have a hard time designing the telehealth program you want,” said Curtis, who cited Harvard Business School’s Michael Porter’s oft-cited words, “the essence of strategy is choosing what not to do.”

Dartmouth-Hitchcock defined its top objective for telehealth squarely around access: to help deliver outstanding care to the region independent of patient location.

“What did we decide not to do, all of which there was a need for and a potential benefit for?” asked Curtis. “We said, we’re not doing direct to consumer. We’re not doing remote patient monitoring.”

When the system opened its Center for Telehealth and Connected Care in 2012, its initial offering of telestroke and telespecialty e-consults to rural providers reflected the focus on increasing capacity and access. Today, the center offers seven provider-to-provider telehealth services.

For more on the current state of telehealth and how to inform your telehealth strategy, read the AHA Center for Health Innovation Market Insights report [Telehealth: A Path to Virtual Care](#).

AI image recognition moves from radiology to pathology

Researchers from Memorial Sloan Kettering Cancer Center in New York City and med-tech computational pathology startup Paige say they’ve developed a clinical-grade artificial intelligence model to detect cancer in tissue slides with near-perfect accuracy.



The [study](#), published July 15 in Nature Medicine, used an AI-based detection system that employs deep learning to analyze slides from more than 15,000 patients with prostate, skin and breast cancer. [Tech Crunch](#) reports that the system is novel in that it can eschew the need to curate data sets for training first, which greatly reduces cost and the time required to build accurate AI-based diagnostic tools.

In February, Paige announced \$25 million in Series A funding and a partnership with Memorial Sloan Kettering to gain access to one of the largest single repositories of pathology slides in the world. Paige is reportedly working to commercialize its technology and the Food and Drug Administration is reviewing the work described in the MSK study.

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