

Population Health and New Technology

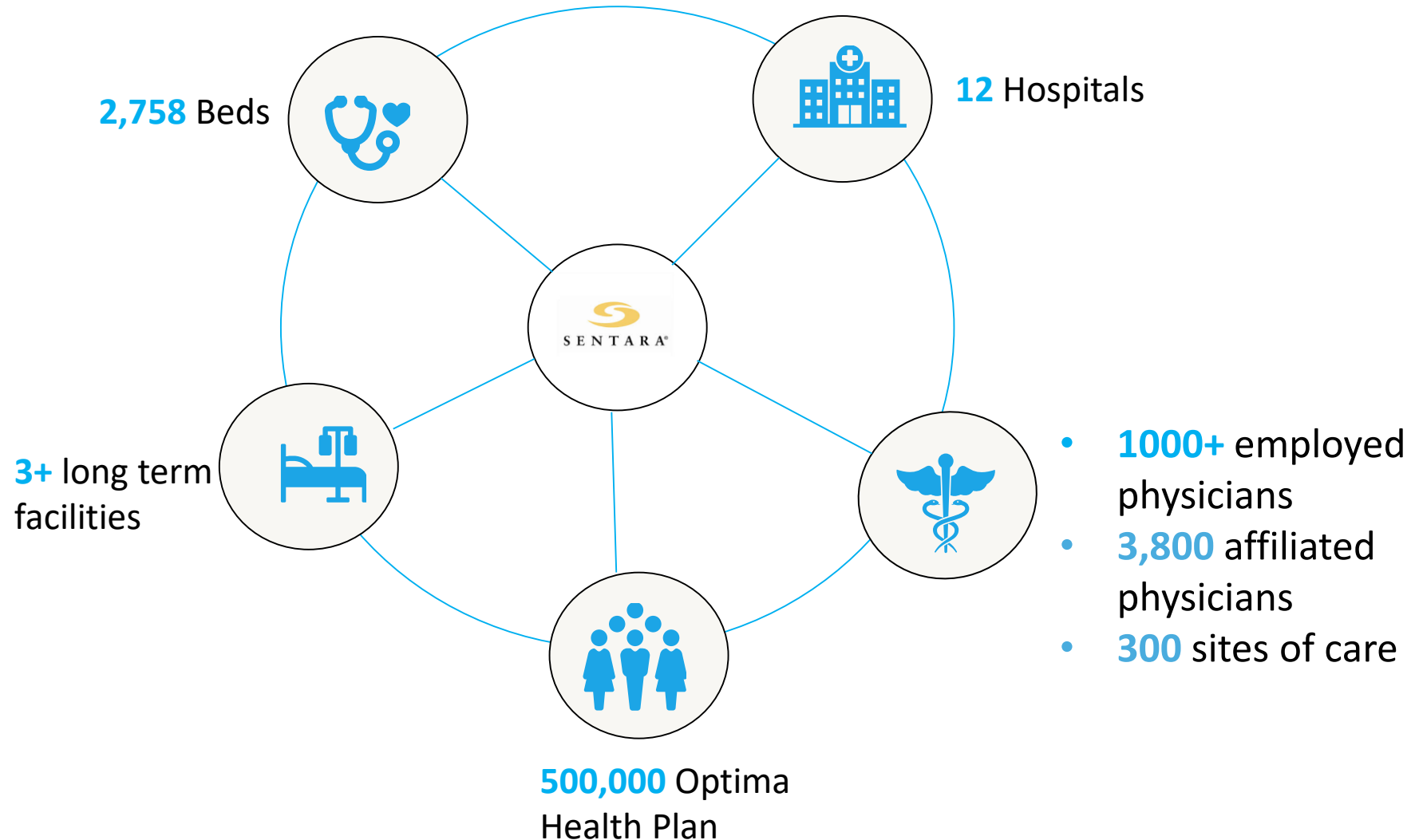
Sentara Healthcare



Outline

- Overview of Sentara and Population Health
- Key to successful population health
 - Physician leadership and engagement
 - Accurate information and dependable tools
 - Patient/member engagement
- Discussion

Sentara Healthcare



Optima Health



Service of Sentara Healthcare

*Population health and care
coordination focus*

Health Plan Membership – 507,500

- 241,700 Employer Group Members
- 197,000 Medicaid Members
- 65,900 Exchange/Individual Members
- 2,900 Medicare Advantage

Employee Assistance Program (EAP)

- 344,303 Employer Group Members

Provider Network

- 27,758 Providers
- 114 Hospitals

Population Health

DEFINITION:

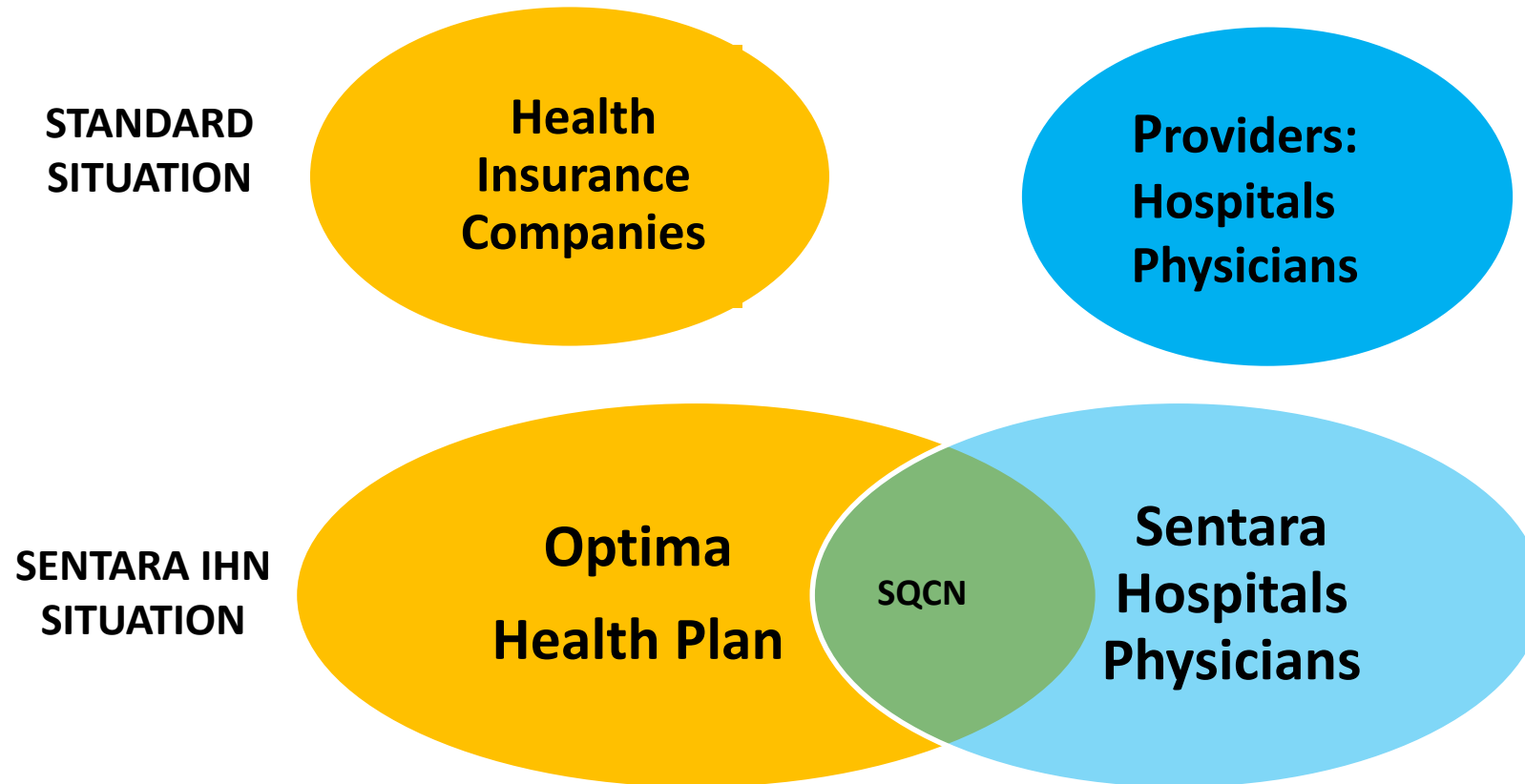
“Individual health” is care provided by an individual doctor to an individual patient. The traditional model of care.

“Population health” is care provided by a group of doctors and hospitals to a group of patients for whom they have clinical and financial responsibility. A new model of care.

GOALS:

- Improve quality of care and service
- Improve the health outcomes
- Reduce the total cost of care









Population Health in an Integrated Healthcare Network (IHN)



Keys to success of Population Health

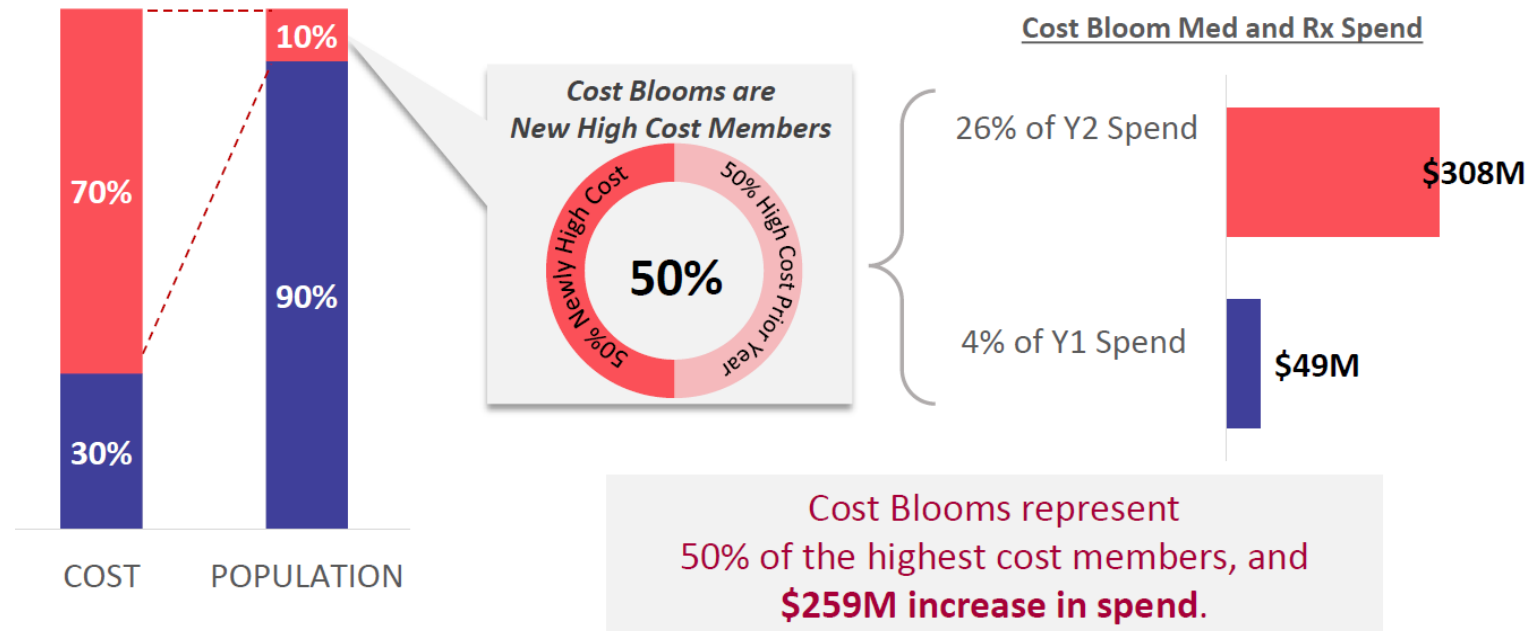
- Physician Leadership and Physician Engagement
- Trusted Information and Dependable tools
- Patient/Member Engagement

Physician engagement depends on trusted information

Capabilities		Description	Tool
 Member Stratification & Predictive Analytics	➔	<ul style="list-style-type: none">○ Identification of high risk, motivated members, for targeted case management.○ Disease specific analytics.	
 Physician Stratification, Reporting & Analytics	➔	<ul style="list-style-type: none">○ Broad-based quality reporting by physician/practice.○ Effectiveness, variation patterns, utilization appropriateness, benchmarking by physician/practice.	
 Physician / Care Manager Workflow Technology	➔	<ul style="list-style-type: none">○ Customized workflows to assist physicians in provision of required care (gaps in care).	
 Global Budget / Value Based Contract Modeling	➔	<ul style="list-style-type: none">○ Budget projections and actual financial reports for “Clinically Integrated Networks.”	

Cardinal Analytx

“Cost Blooms” present a significant savings opportunity by identifying high cost patients



Predictive Analytics/Member Stratification



Scope: Machine-learning Predictive Analytics to identify member cost increases *before* they occur

Model	Description
Cost Blooms	Predicts next year's new high cost members by identifying members who are in the bottom 90% of costs for the prior 12 months but are predicted to be in the top 10% for the next 12 months
Cost Jumps: \$5k/\$10k	Members expected to have a cost increase above \$5,000 and \$10,000 thresholds in the next 12 months
Impactability Score	Indicates the likelihood of an impact on future costs via Outreach and Care Management Programs
Engagement Score	Indicated the likelihood of a member to engage with Care Management
Case Summaries	Detailed summaries for each Cost Bloom/Jump to support proactive outreach

Physician engagement increases when financial incentives are available

Payment Models:

Traditional fee-for-service

- *Incentive is to provide more services*

Value-based Reimbursement

- *Pay-for-performance*
 - Discrete payment for performance on quality metrics or lower cost
- *Episode/bundled payments*
 - Providers take responsibility for total cost of entire episode of care
 - Procedural episodes (e.g., joint replacement, colonoscopy), Acute episodes (e.g., AMI, Stroke, Pneumonia), Chronic episodes (e.g., Diabetes, Depression)
- *Capitation or “Total Cost of Care”*
 - Focus on total attributed membership
 - Providers take responsibility for clinical outcomes and total cost of care

Total Cost of Care Payment Model

Year 1 (2017)

Year 2 (2018)

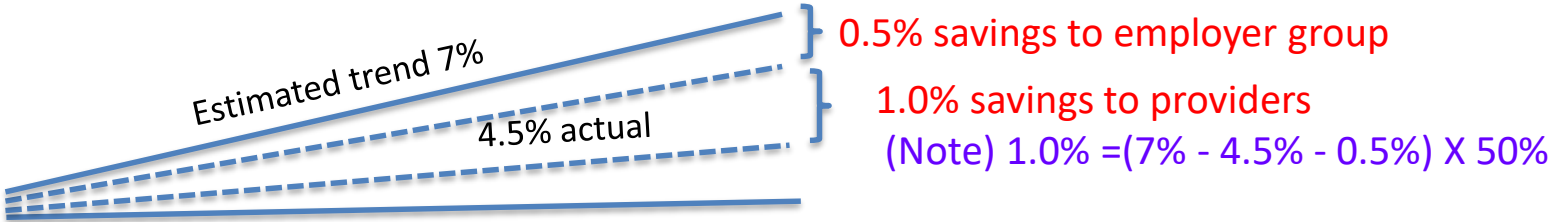
Year 3 (2019)

Year 4 (2020)

Year 5 (2021)

First year expected trend line established based on prior 3 year period, then mutually agreed upon projected trend forecasted

3 year budget forecasted on attributed membership
3 year budget reviewed, agreed upon adjustments made with actuarial and consulting input.
Next 3 year budget cycle forecasted each year during closeout of prior year’s shared savings determination in 2-3Q



SHARED SAVINGS: will be agreed upon as a portion of the allowed **Total Cost of Care** budgeted for the attributed population.

QUALITY MEASUREMENT PERCENTAGE (“Quality Gate”): Quality metrics will be established and tracked.

% Savings	Employer Share	Provider Share
0.5%	100%	0%
0.5-10%	50%	50%
> 10%	100%	0%

Patient/Member engagement: Digital Consumer Strategy Approach

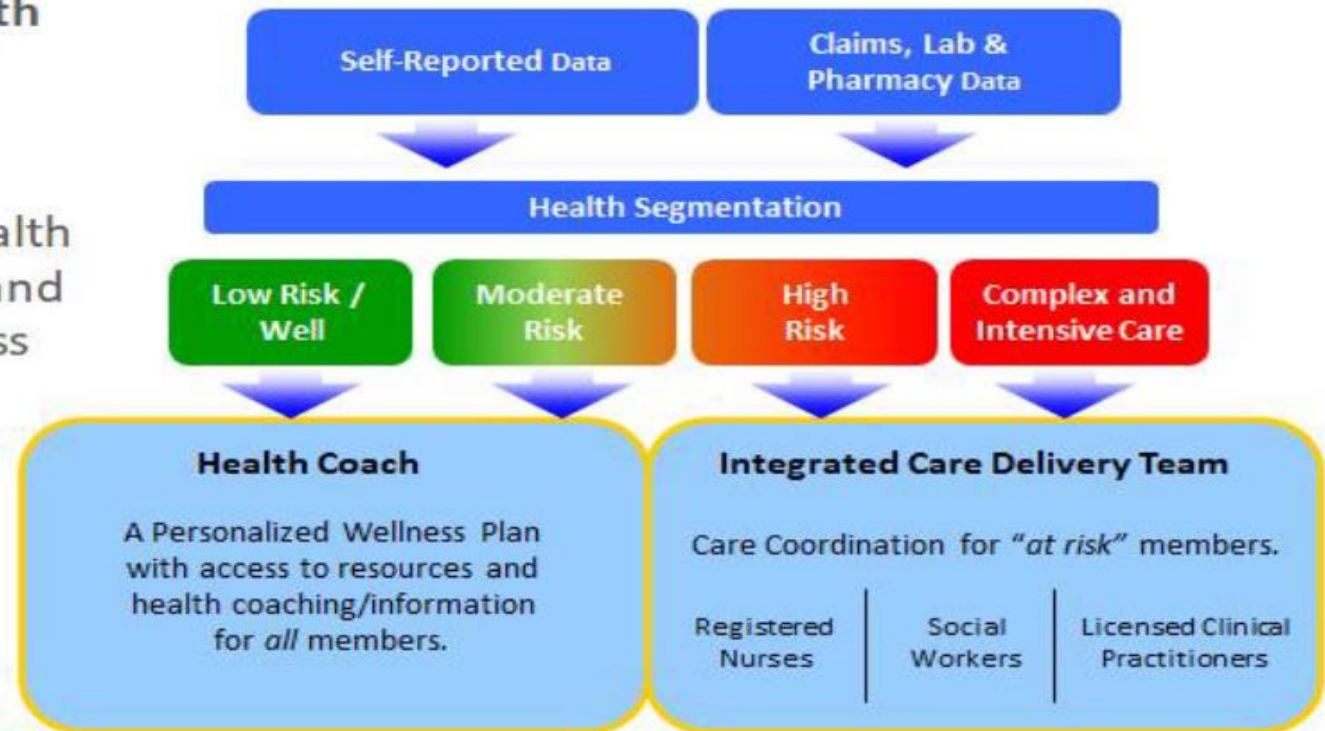


Areas of Focus

- Sentara/Optima app integration
- Customer insights
- Chat
- Geo location tracking and wayfinding
- Expanded scheduling (SQCN)
- Virtual care across ambulatory services
- Care gaps/disease management
- Digital ID/payment integration

Patient/Member engagement: Digital Consumer Strategy Approach

- **Fully Integrated:** Self-reported data, predictive modeling and claims data combine for better targeting; outreach and interactions are well coordinated and “member centric” rather than “disease centric.”
- **Total Population Health Management:** *All members* receive Wellness resources, including access to health coaches/information and a personalized wellness plan.



Questions

Keys to successful population health

Physician leadership and engagement

Accurate information and dependable tools

Patient/member engagement