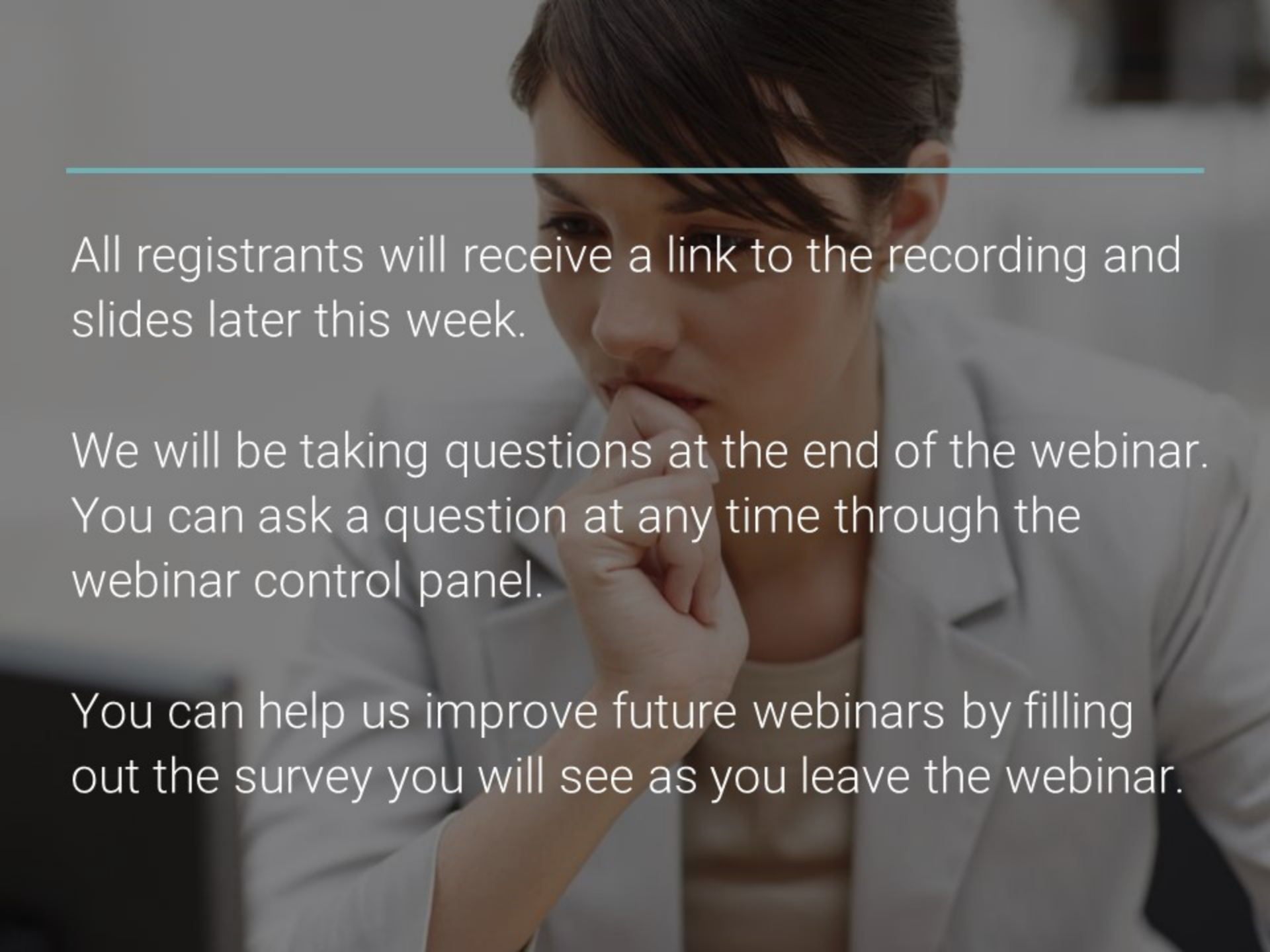
Main Line Health®
Well ahead.®

Healthcare partnerships that benefit your agency

Brian M. Duke MHA MBE
System Director Senior Services

October 1, 2019



All registrants will receive a link to the recording and slides later this week.

We will be taking questions at the end of the webinar. You can ask a question at any time through the webinar control panel.

You can help us improve future webinars by filling out the survey you will see as you leave the webinar.

This educational presentation is provided by

WellSky

Software and services to realize care's potential

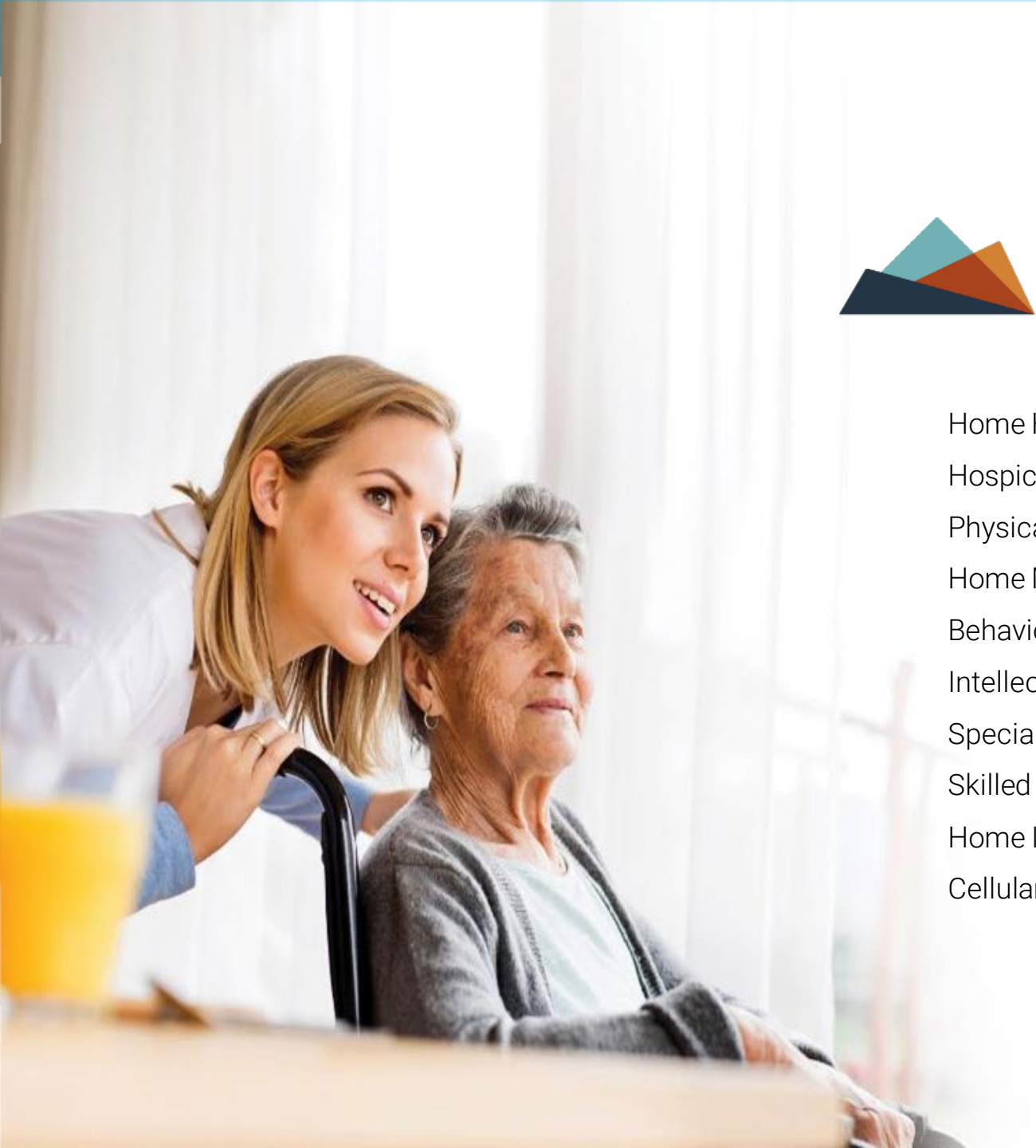
Aging & Disability | Protective Services and Guardianship | Behavioral Health
Homelessness | Community Services

WellSky

78% states use our LTSS solutions

60% HUD continuum of care

50% area agencies on aging



WellSky

- Home Health
- Hospice
- Physical Rehabilitation
- Home Medical Equipment
- Behavioral Health
- Intellectual & Developmental Disabilities
- Specialty Pharmacy
- Skilled Nursing
- Home Infusion
- Cellular Therapy

That great medicine is not just highly scientific and complex, it is also deeply personal.

That health care is not about any single event, it's a long-term partnership.

That there may come a day when our advanced care will save your life, our charge is to spend every other day making sure you're living it well.

That serving our friends, neighbors and communities, as we have for generations, is more than a privilege. It's an honor.

That practicing compassion, empathy and respect doesn't just make us better health care providers, it makes us better humans.

That health care is human care.

Main Line Health®

LANKENAU MEDICAL CENTER

BRYN MAWR HOSPITAL

PAOLI HOSPITAL

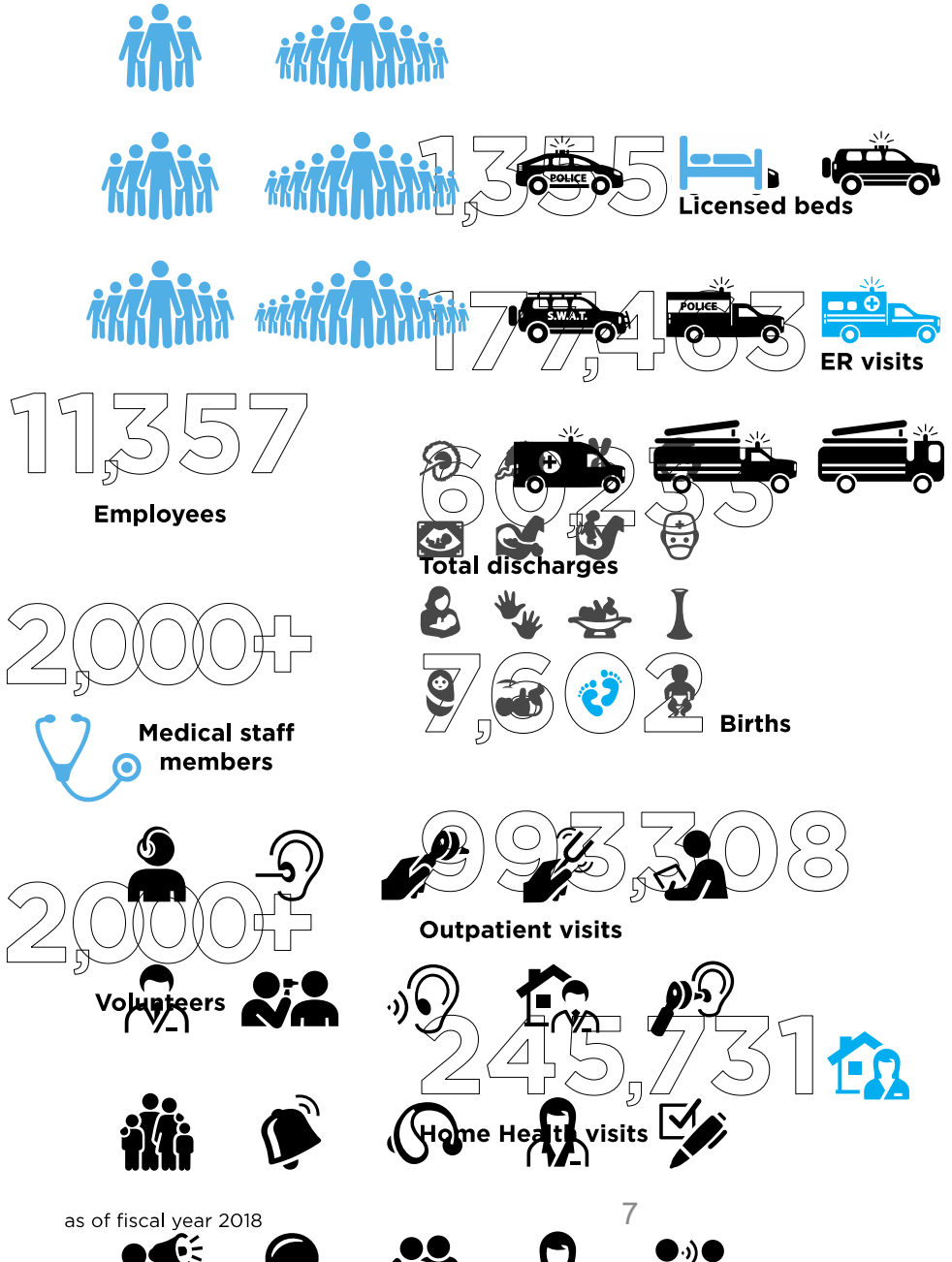
RIDDLE HOSPITAL

BRYN MAWR REHAB HOSPITAL

MIRMONT TREATMENT CENTER

HOMECARE & HOSPICE

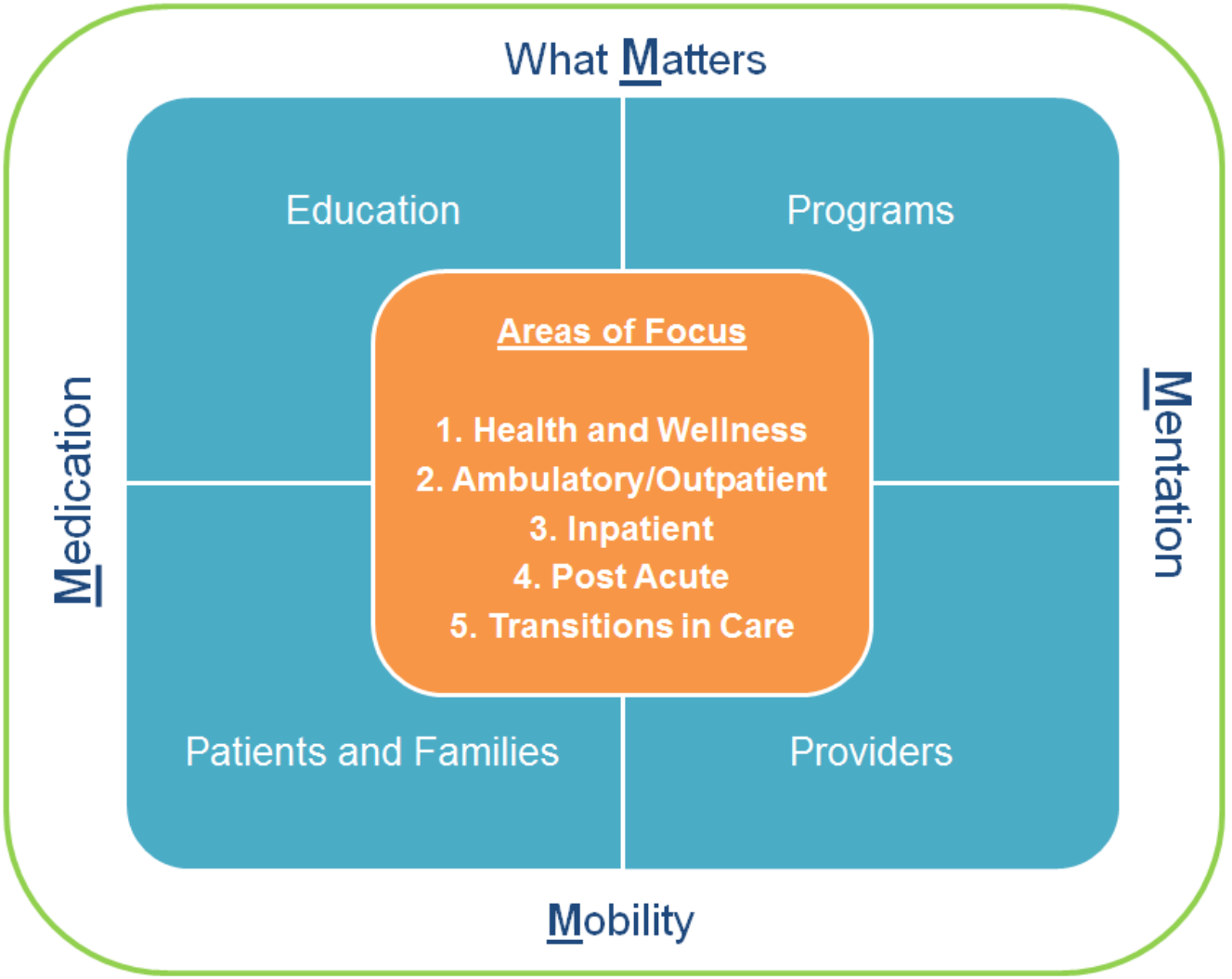
LANKENAU INSTITUTE FOR MEDICAL RESEARCH



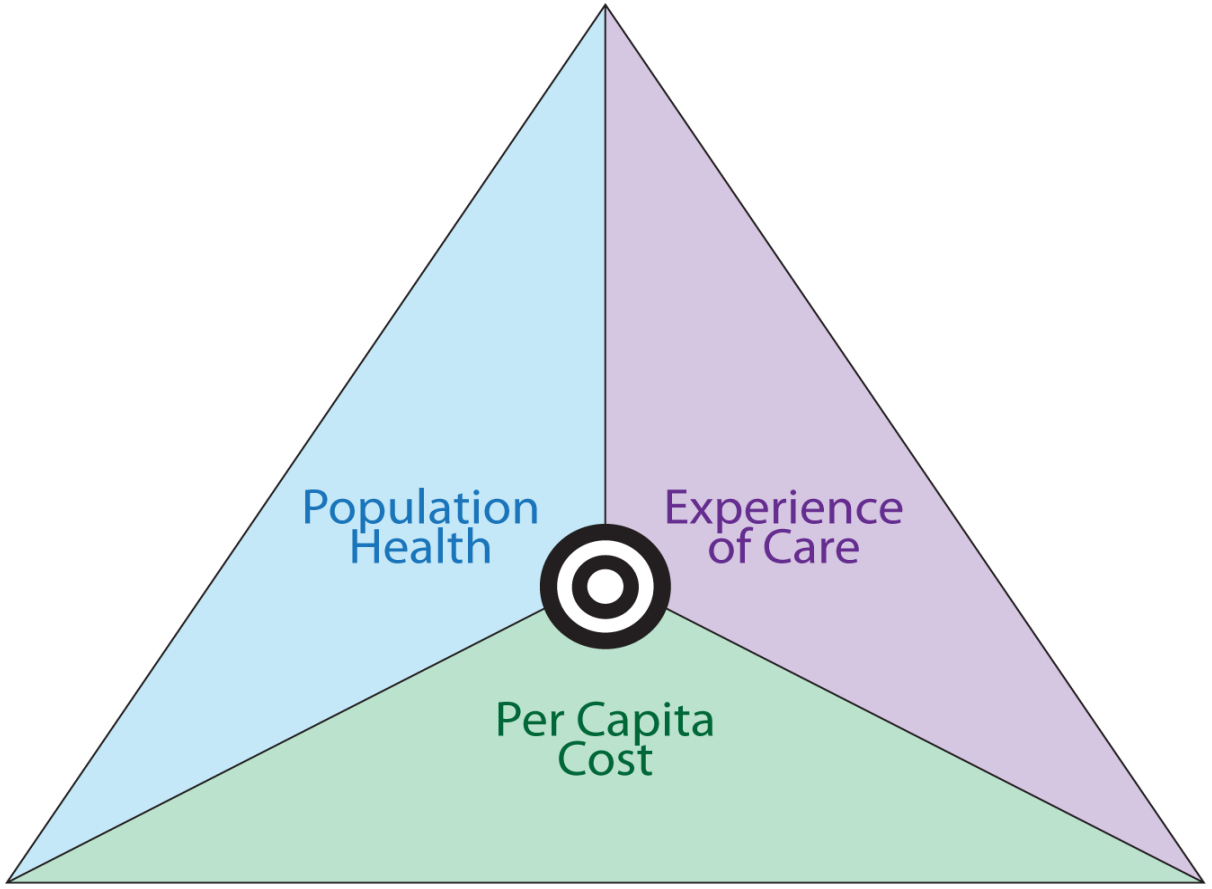
as of fiscal year 2018

Senior Services Service Line as a population health service line adopts the Age Friendly Health System movement as a framework to provide coordinated care to older adults and families in the most appropriate setting across the entire continuum.

To collaborate with internal or external partners in order to support Main Line Health's vision of providing superior care to the senior population.


What Matters
Education
Programs
Areas of Focus
1. Health and Wellness
2. Ambulatory/Outpatient
3. Inpatient
4. Post Acute
5. Transitions in Care
Medication
Mentation
Patients and Families
Providers
Mobility

TRIPLE AIM




Age-Friendly
Health Systems

Evidence-based Practice Changes

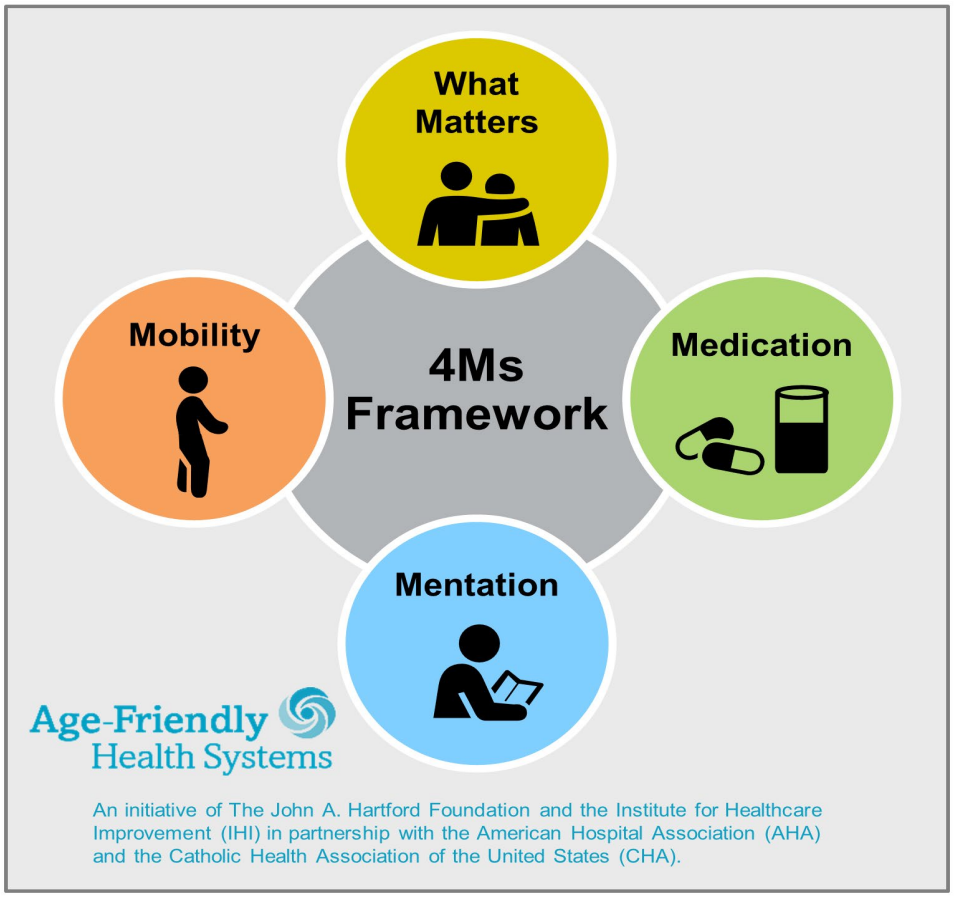
Methods: Reviewed 17 care models with level 1 or 2a evidence of impact for model features

Research review led to over **90 care features** identified

Similar concepts removed: **13 discrete care features** remained

Expert Meeting led to the selection of the "vital few": **the 4Ms**

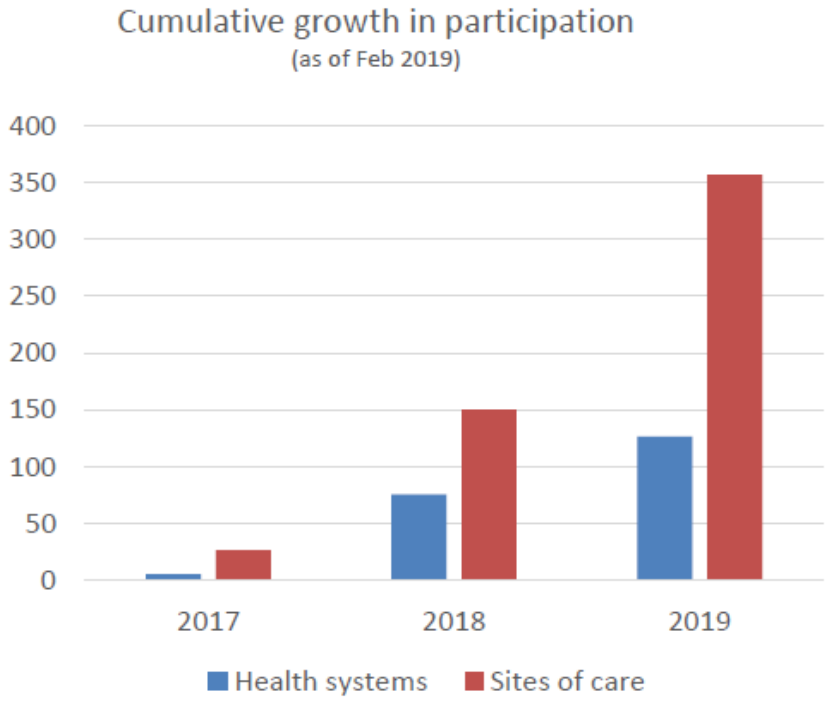
AGE FRIENDLY HEALTH SYSTEM

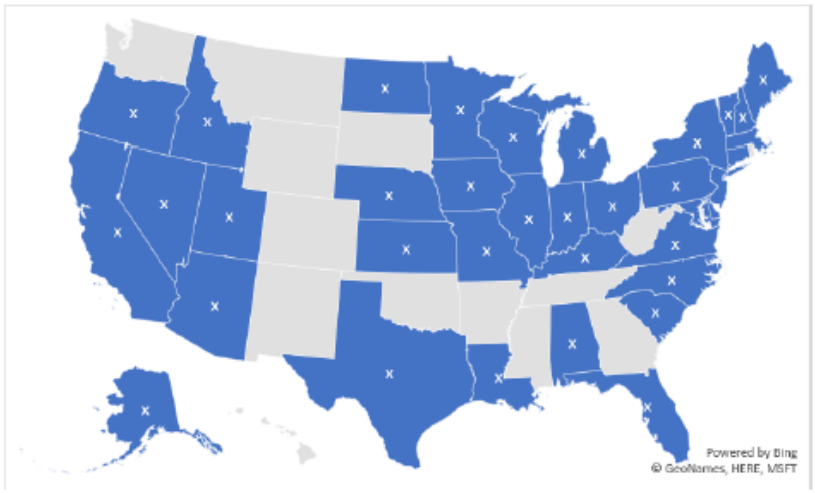


The 4Ms Framework

The 4Ms	Description
What Matters	Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to end-of-life care, and across settings of care
Medication	If medication is necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care
Mentation	Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care
Mobility	Ensure that older adults move safely every day to maintain function and do What Matters

AFHS Implementation on the Rise





126 systems 357 sites

37 states

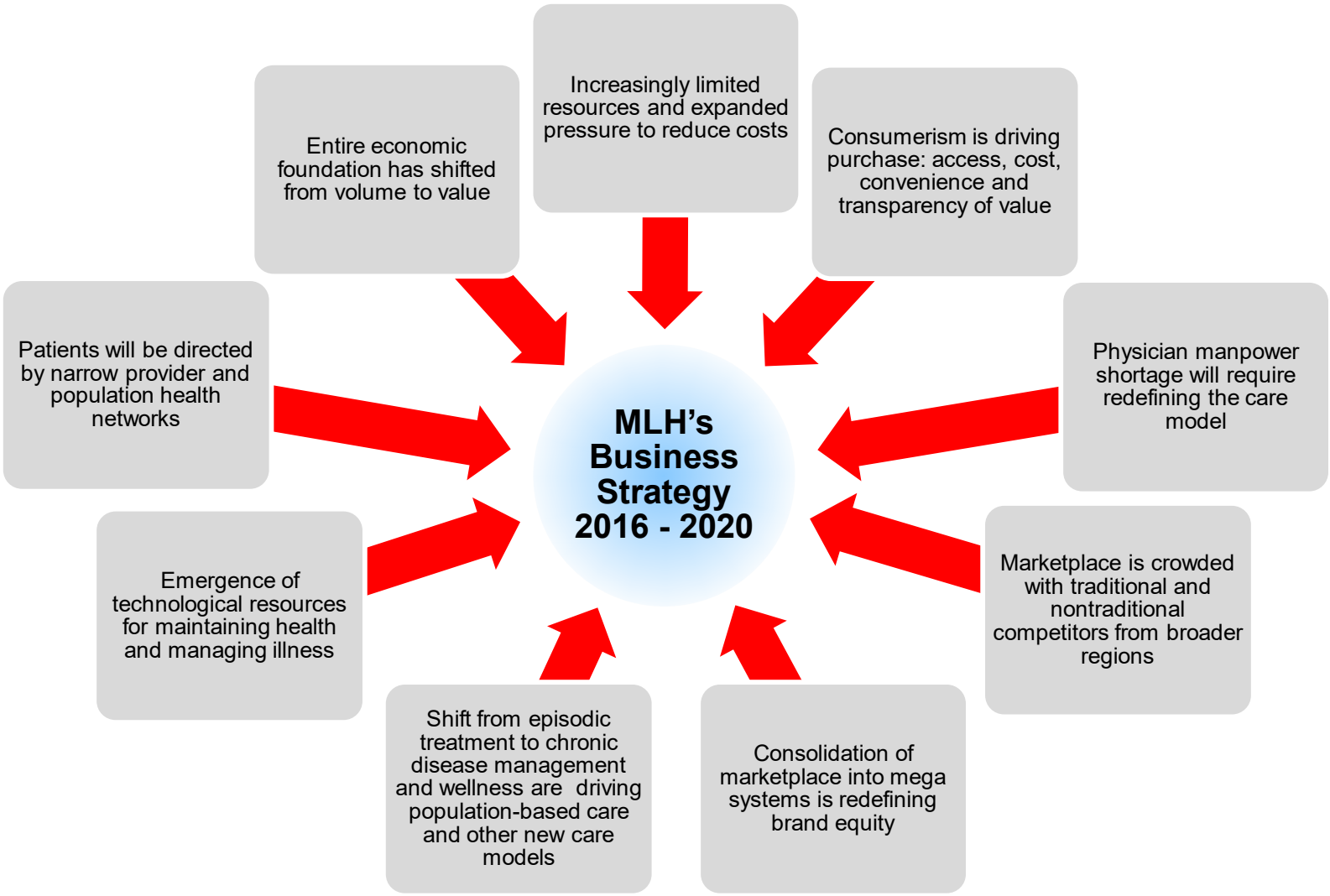
AGS19 ANNUAL SCIENTIFIC MEETING

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

Age-Friendly Health Systems

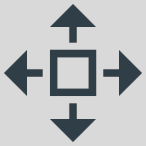
- Changes in health care - Volume to Value
- Changes in post-acute care – skilled nursing facilities; home health
- Managed LTSS
- Changes in senior living

TRANSFORMATIONAL INDUSTRY CHANGES



Four Imperatives For Health Systems

Desirable Network Attributes



Geographic Reach and Clinical Scope

Strategic Imperatives:

- Match service portfolios, footprints to target purchasers
- Explore partnership strategies that strengthen market presence

Clinical and Service Quality

Strategic Imperatives:

- Present unimpeachable clinical credentials to wholesale buyers
- Emphasize access, experience advantages to individual consumers

Low Cost

Competitive Unit Prices

Strategic Imperatives:

- Avoid reactive position vis-a-vis price cuts, transparency
- Radically restructure cost structures to sustain lower unit prices

Total Cost Control

Strategic Imperatives:

- Develop population health model to control cost trend
- Clearly communicate total cost advantage to potential purchasers

… And allow us to care for our patients across the continuum

Source: Health Care Advisory Board interviews and analysis.

- Eliminate harm
- Achieve top decile performance
- Deliver equity for all
- Ensure affordability

CONSUMER PREFERENCES ANYTHING BUT UNIFORM

	18-29	30-49	50-64	65+
CONVENIENCE	**Extended Hours** *Clinic is open 24/7* highest-ranked convenience attribute	**Time to First Available** *I can walk in without an appointment and be seen within 30 minutes* ranked highest among convenience attributes by these cohorts		**Ancillaries On-site** *I can get lab tests or x-rays done at clinic* highest attribute
ACCESS	**After-Hours Access** These cohorts preferred *After-hours access* over *Weekend access*		**Weekend Availability** These cohorts preferred *Weekend access* over *After-hours access*	
VALUE	**Eliminating Out-of-Pocket Charges** *Visit will be free* was these cohort's top preference across all 56 clinic attributes		**Convenience > Free** *Time to first available* and *Ancillaries on-site* over *Free visit*	**Convenience , Service Trump Free** *Provider continuity, credentials* over *Free visit*
REPUTATION	**What Reputation?** These cohorts cared less about reputation than the 65+ cohort—no reputation factors appeared in their top 20 attributes. Their highest reputation factor was *Clinic's patient satisfaction survey scores are in top 10% for my area*			**Brand/Affiliation** 4 of top 20 clinic attributes were on reputation
QUALITY	**Cutting Edge Technology and Provider Credentials** *Treatment by a doctor instead of a nurse practitioner and Clinic has latest, cutting-edge technology* were the highest-ranked quality preferences across all cohorts, both were preferred over *Clinic's quality scores are in the top 10% for my area* for all cohorts			

Source: The Advisory Board Company, 2014 Primary Care Consumer Choice Survey, Marketing and Planning Leadership Council; Health Care Advisory Board interviews and analysis.

ALL PAYERS SEEKING TO CHANGE PROVIDER INCENTIVES

	Traditional Fee-For-Service (FFS)	*Value-Based Purchasing*	*Bundled Payments*	*Accountable Care Organizations (ACOs)*
Definition	Payments are based on volume of service and no link to quality or efficiency	Pay-for-performance program differentially rewards or "punishes" based on performance against predefined process and outcomes performance measures	Purchaser disburses single payment to cover certain combination of hospital, physician, post-acute, or other services performed during an inpatient stay or across an episode of care; providers propose discounts, can gain-share on any money saved	Network of providers collectively accountable for the total cost and quality of care for a population of patients; ACOs are reimbursed through total cost payment structures, such as the shared savings model or capitation
Purpose	Reward based on volume (more tests, more admissions, more ED visits) necessary or not	Create material link between reimbursement and clinical quality, patient satisfaction scores	Incent multiple types of providers to coordinate care, reduce expenses associated with care episodes	Reward providers for reducing total cost of care for patients through prevention, disease management & care coordination

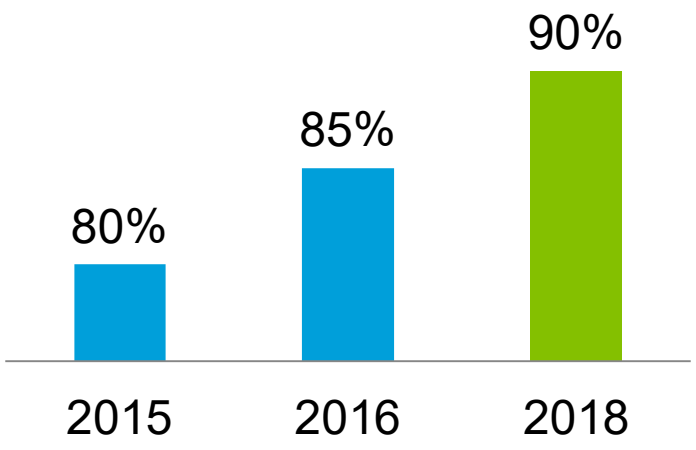
Source: Health Care Advisory Board interviews and analysis.

CMS COMMITS TO VBP REFORMATION

FFS Increasingly Tied to Value

Percent of Medicare Payments Tied to Quality

(Portion of payment vary based on quality/efficiency of care)



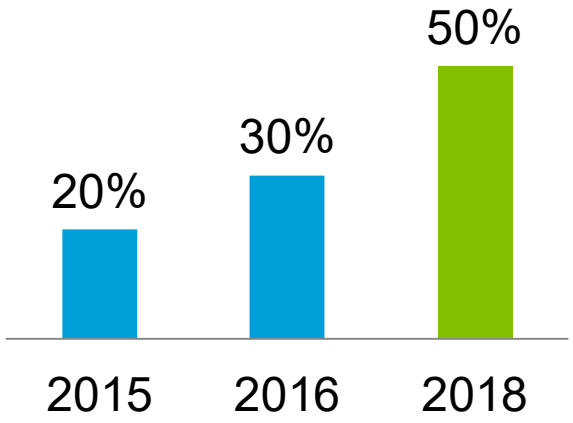
Examples of Quality/ Value Programs

- Hospital-Acquired Condition Reduction Program
- Hospital Value-Based Purchasing Program
- Hospital Readmissions Reduction Program
- Merit-Based Incentive Payment System

Aggressive Targets for Transition to Risk

Percent of Medicare Payments Tied to Risk Models

(Some payments linked to effective management of population or episode of care; triggered by care delivery with opportunities for shared savings or 2-sided risk)



Examples of Qualifying Risk Models

- Medicare Shared Savings Program
- Bundled Payments for Care Improvement Initiative
- Patient-Centered Medical Home

Source: The Advisory Board Company. 2015. HHS, "Progress Towards Achieving Better Care, Smarter Spending, Healthier People," available at: http://www.hhs.gov/, accessed February 2015; Health Care Advisory Board interviews and analysis.

CONSIDERATIONS FOR HEALTH SYSTEMS IN THE JOURNEY TOWARDS VALUE

Partnerships

- Hospitals and Health Systems
- Managed Care Organizations
- Accountable Care Organizations
- Medicare Advantage

Opportunities

- Information and Referral
- Health and Wellness
- Social Determinants of Health
- Care Transitions
- Family Caregiver Support
- Post Acute Care – Offerings/ Coordination/Management

Challenges

- Measures of Value
- Continuous Change
- Operational Transformation
- Payment

"Social and non-medical needs are medical needs"

- Dr Jandel Allen-David MD
Vice President
Kaiser Permanente

- 2 Health System Clinically Integrated Networks
- 16 Hospitals
- 250 Primary care Sites
- 2000 physicians
- 300,000 covered lives

KEY COMPONENTS ACO

- Care Coordination
- Population Informatics
- Practice Transformation
- Engaging Populations Through Primary Care

HEALTH CARE DELIVERY: 2 WORLD VIEWS

Fee for Service (Volume)

- Services (visits) generate revenue
- Code to capture complexity of the service
- Cost of care is what you are paid for the service
- Quality is what happens during the service/visit
- The care team is within your four walls
- Access to services is driven by provider capacity

APM (Value or Risk)

- Visits and services are cost centers
- Code to capture complexity of the patient (risk)
- Cost of care is for everything/ everywhere (or what you order/control)
- Quality is what happens to the patient/people 24/7/365
- The care team is across the continuum, region, country
- Access to services is driven by patient need

TRANSITIONS OF CARE /CARE COORDINATION

- All admissions, discharges and transfers are received electronically
- Care coordination calls
- Access to record systems (e.g. EpicCare Link)
- Handoff process and conversations
- Provider to provider handoff
- Preferred post-acute providers

- Length of stay guidelines and contact appropriate care coordinator when needed
- Clinical pathways by diagnosis (e.g. CHF/COPD, Sepsis)
- Advance care planning including POLST for appropriate patients

QUALITY AND ENGAGEMENT

- Review reports (vital signs)/action planning outlying metrics
- Readmission tracking and root cause analysis
- Attend hospital campus meetings for post acute care
- Timely response to queries or requests for service

- Emergency Department Utilization
- Hospital Discharges
- Skilled Nursing Facility Utilization and Cost
- Total Cost of Care Post Discharge
- Home Health Utilization and Cost
- Hospice Utilization and Cost
- Length of Stay
- Readmissions
- Discharge to Community Rates

COMMUNITY BASED PARTNERS

- Define services with information related to evolving needs or people served or potential populations to serve
- Develop or utilize measurements which demonstrate success with the process and which demonstrate impact on the health and wellness of participants
- Explore ways to extend expertise and services into other markets
- Determine if risk sharing is an option
- Expand connections including primary care practices, accountable care organizations and long term services and supports
- Pursue two way relationships and collaborative possibilities

- Definition of population and need
- Identify partners (primary, acute and post-acute care)
- Description of current relationship
  - Review of current services
- Determination of cost
- Capacity to meet service delivery, quality of care and cost goals
- Determine feasibility of partnerships
- Identification of impact measures
- Performance metrics in service delivery
- Determine a starting point

Brian Duke MHA MBE
System Director Senior Services
Main Line Health
240 N Radnor Chester Road
Radnor PA 19087
dukeb@mlhs.org
Office 484-580-4576
Mobile 215-327-5343

Age-Friendly Health Systems

Rush University Medical Center 4Ms Video

- https://player.vimeo.com/video/326176535?autoplay=0&byline=false&title=false&portrait=false&