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Creating New Value for High Cost/Risk Patients

Patient-Centered Primary Care Collaborative
May 16, 2013

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Hope Summers	Director Sales/Marketing Seasons of Maplewood (Ecumen Community)

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Learning Objectives

1. Describe differentiating characteristics of onsite care model for facility-based high risk patients
   -team-based, relationship-centered care
   -responsive and resilient care delivery/planning
   -technology-enabled efficiencies

2. Share patient/family/staff/provider team experiences

3. Discuss measurement framework and results

4. Share future direction and development

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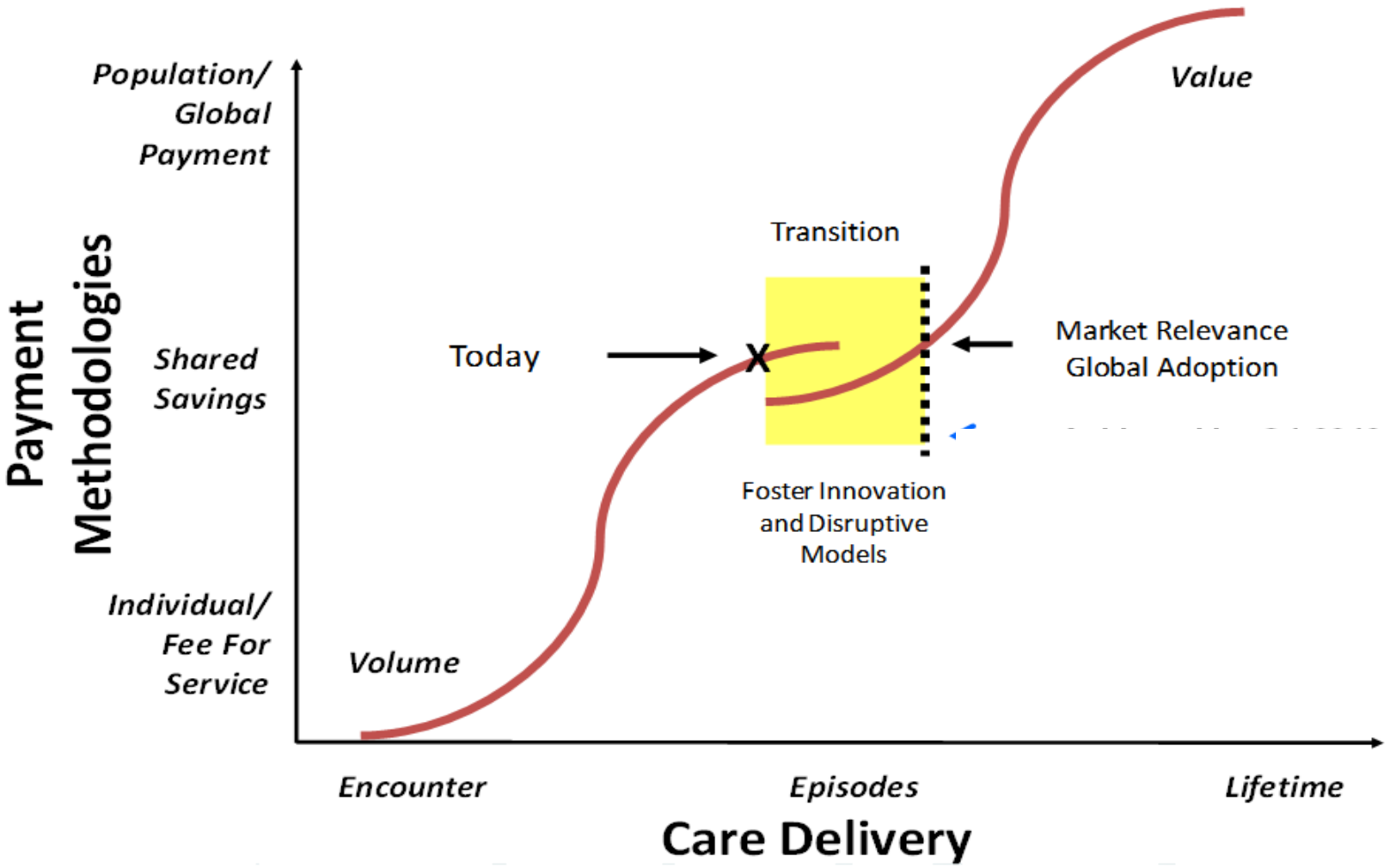
Making the Transition



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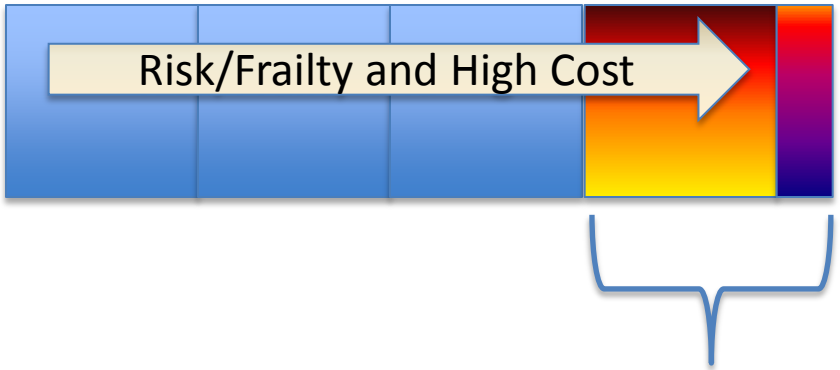
Care on the Continuum

Patient Population



Patients with Chronic Disease and Acute Episodes

>50% medical spend

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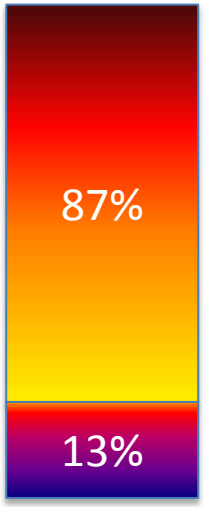
Care on the Continuum

Patient Population

High Utilization



Year 1

Patients with Chronic Disease and Acute Episodes

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Patient Population

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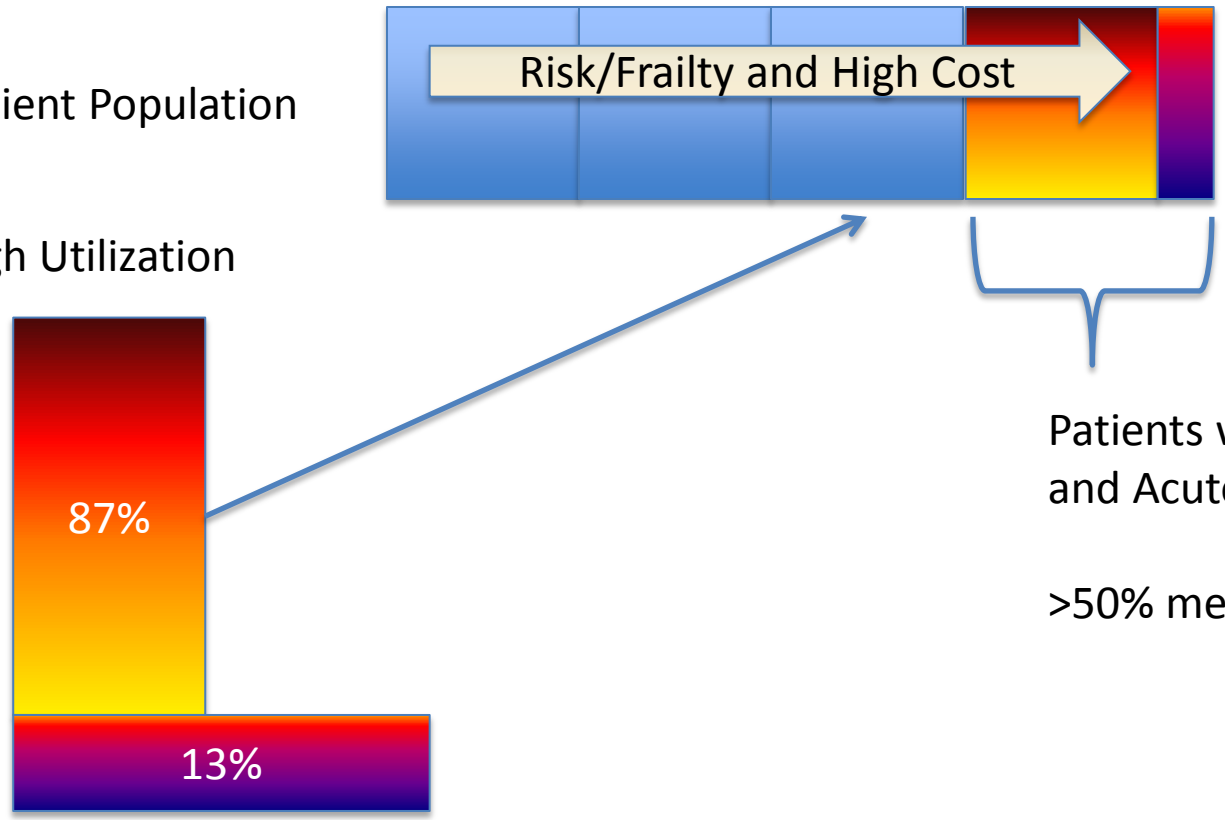

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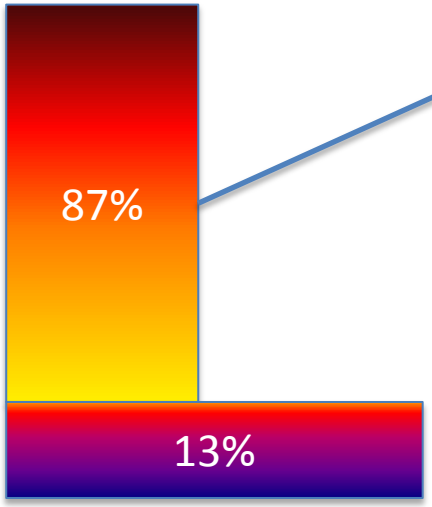
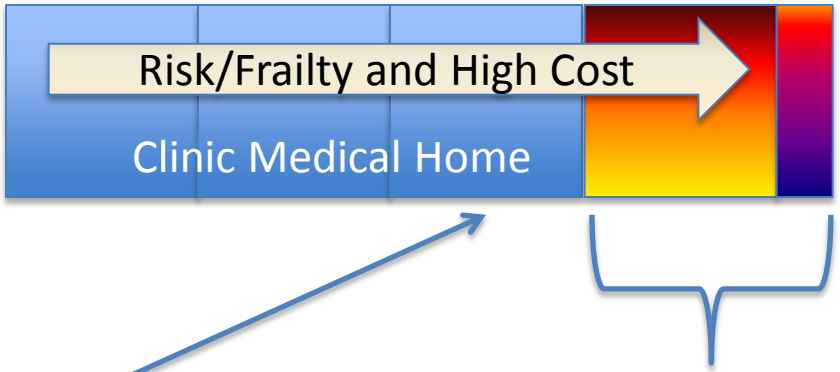


Year 1 Year 2



Regression to mean
-acute episodes
-well-managed
chronic disease

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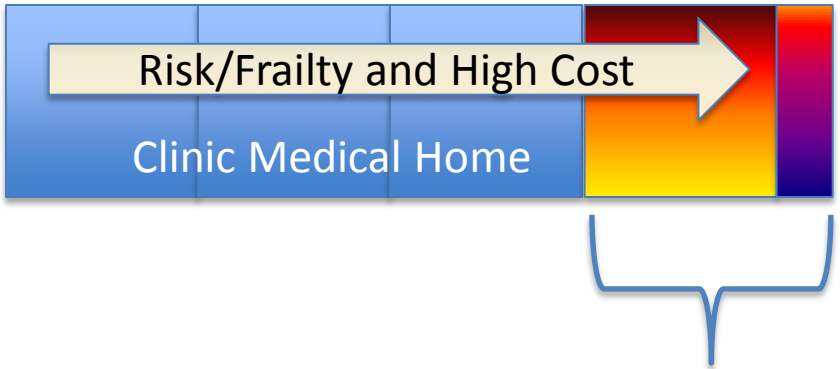
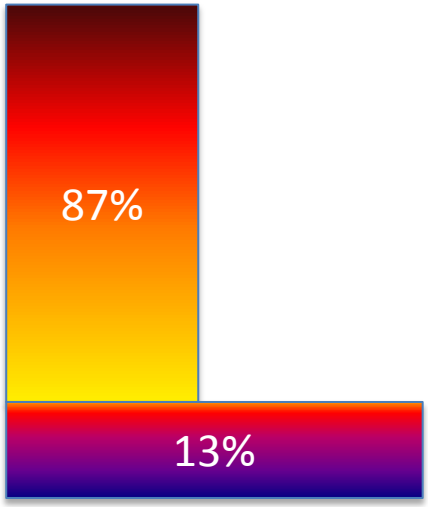
Care on the Continuum

Patient Population



High Utilization



Year 1 Year 2

Patients with Chronic Disease and Acute Episodes

>50% medical spend

Bluestone population

Complex social/behavioral/medical
Chronic High Spend
Higher % on public programs
Frail/elderly/vulnerable
High incidence dementia
*Under*served

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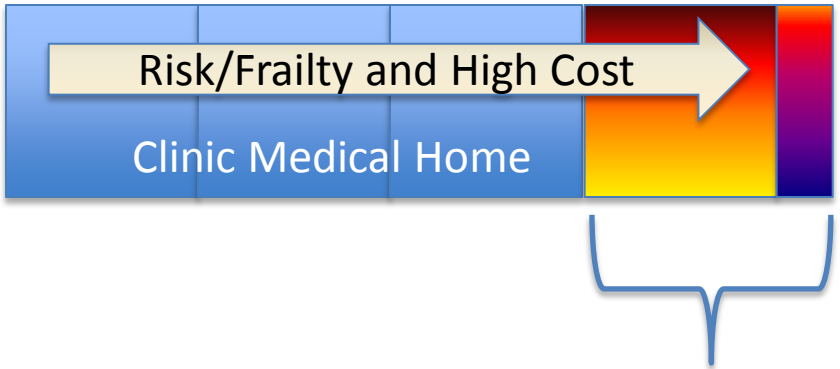
Care on the Continuum

Patient Population



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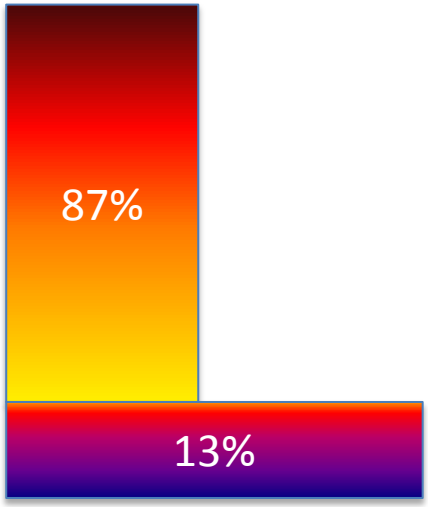

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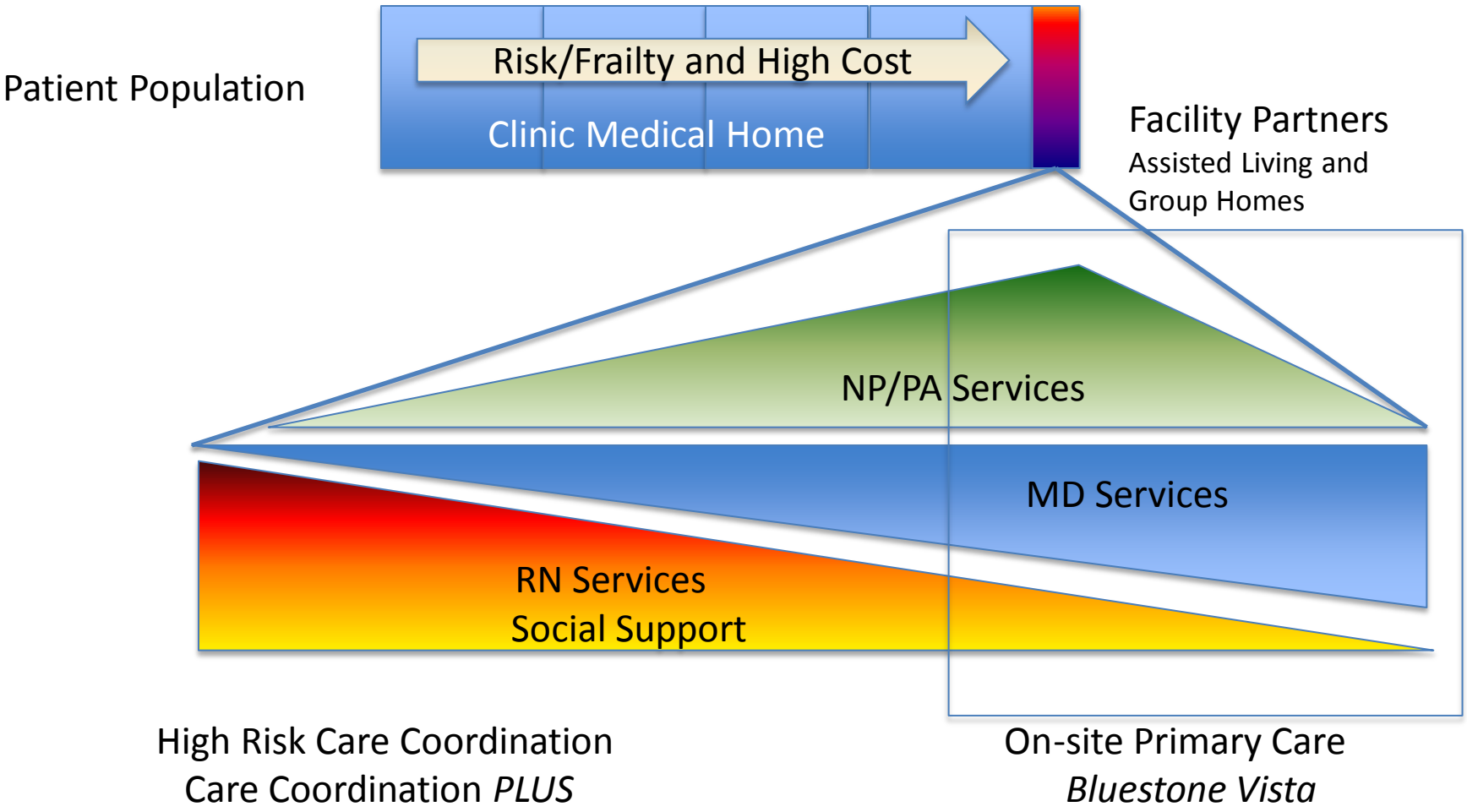

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Traditional Residential Care

- Hospital
- Clinics
- Nursing Home
- MD's

Residential Care

- Nursing Care
- Home Care
- Hospice
- DME
- Care Coordination

The traditional health care model does not integrate with the new models of Assisted Living care

On-site Medical Home

Residential Care

- MD's
- Nursing Care
- Home Care
- Hospice
- DME
- Care Coordination

Key services integrated on site

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Bluestone Vista Model

Key Performance *Differentiators*

- predictive model to find right patients
- onsite, team-based, relationship-centered care
- care migrates to patient's life geography
- responsive and resilient care planning
- dementia, behavior, and med. mgt. as a focus
- technology enabled efficiencies

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Sharing the Experience

- Patient/family/facility staff experience

  Hope Summers - Season's of Maplewood

- Provider team experience

  Trish Pitcher – Bluestone Physician Services

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Business Cases

Enhancing Fee for Service Performance:

- Leveraging geographic efficiencies
- Team and tech-enabled efficiencies
- Care Plan Oversight and Medical Home billing

Total Cost of Care Performance

- Decreased ED, Hospital admit/readmit
- Aging in place: slowing progression to facility-based care and to skilled nursing

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Measurement Framework

- Quality indicators:
  -advanced care plan completion
  -appropriate chronic disease management
  -optimal medication management
- Cost indicators:
  -ED/Hospital utilization

  Aging in place:
  -Days out of home (AL) setting
  -%deaths in home (AL) setting

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Ongoing developments

1. Enhancing efficiencies with technology
   -activity monitoring
   -efficient support service distribution
   -operational efficiencies for all players

2. Extending model to more patients through provider partnerships in new markets

3. New payment models that promote further adoption, aligned incentives, and long-term sustainability

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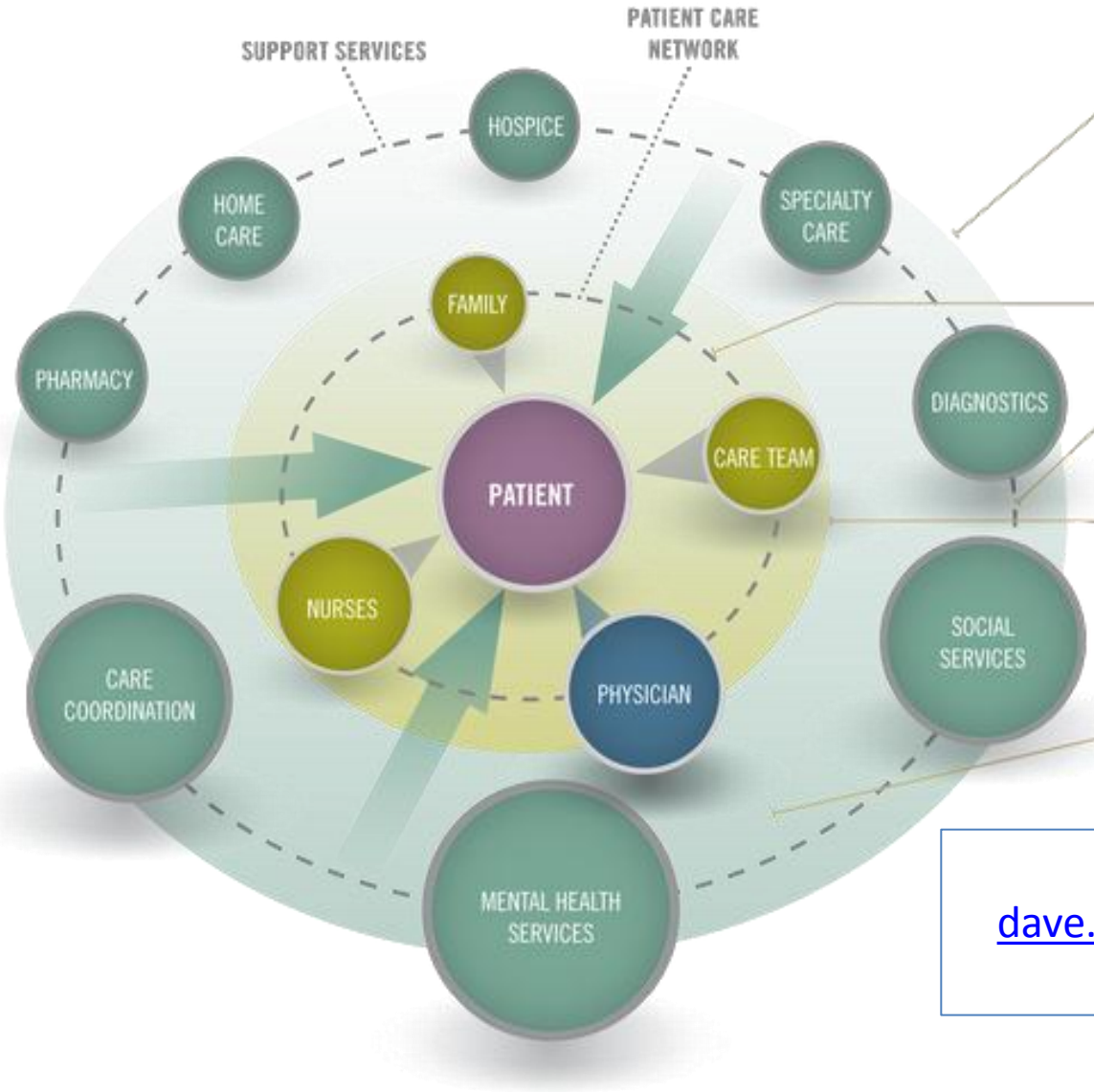
Questions? (and thank you!)



Bluestone Vista™ ON-SITE COORDINATED CARE

Bluestone Bridge™ COMMUNICATIONS EXCHANGE NETWORK

Bluestone Coordinated Care Plus™ CARE NAVIGATION AND SUPPORT

Bluestone Vista MANAGEMENT SERVICES ORGANIZATION

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