Volume-based to Value-based Care at a Pioneer ACO

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Disclaimer: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.

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Conflict of Interest

• Manu Varma, MBA, has no real or apparent conflicts of interest to report.

• Julie Reisetter, BSN, MS, has no real or apparent conflicts of interest to report.
Agenda

• Roadmap of solutions to enable value-based care (Manu Varma)

• Value-based enterprise telehealth solutions applied at Banner Health (Julie Reisetter)
Learning Objectives

• Discuss the strategies of other health systems regarding telehealth-based care, to inform your own system’s options.

• Identify some of the practical care delivery design considerations when implementing telehealth-based care models in the hospital and community setting.

• Recognize the clinical and financial outcomes that can be expected from telehealth-based clinical programs.
An Introduction of How Benefits Were Realized for the Value of Enterprise Telehealth

**Treatment / Clinical Outcomes**
- Reduced:
  - Mortality 26%
  - Length of Stay 20%
  - Hospitalizations by 45%
  - ED visits 67%

**Cost**
- Reduced:
  - Total cost of care by 27%
  - Inpatient Cost per Case 16%

**Patient Engagement / Population Health**
- Increased:
  - Patient Satisfaction

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Healthcare today:
A time of radical shifts

- Rising Healthcare Costs
- Increase in Lifestyle Related Illness
- Value Based Medicine & Population Health
- Need to Improve Productivity
- Rapidly Expanding Digital World
- Aging Population
- Consumerism & Personalized Care

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Continuous Health – in Population Health Management

Where healthcare today is fragmented and episodic, we need to aim for care that is coordinated and continuous.

Providers will need to focus on the full spectrum of where, when and how health happens – from hospital to home and in day-to-day life.
Modular Enterprise Telehealth and Care Coordination... across the Care Continuum

Home
Emergent care

Hospital
Critical care, Med surg, Episodic care, SNF

Home
Perpetual chronic care – Post discharge care

Modular Telehealth and Care Coordination Platform Clinical Nerve Center
Clinical programs utilizing a common platform, leveraging overhead and common ways of working and simplifying care transitions

Digital Health Platform

EMR
HIE

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Telehealth-based care models steadily gaining broad acceptance

Inpatient Beds Monitored continue to rise rapidly

'000s of monitored beds

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Managing populations over the year

Introducing visibility into the white space...

- Hospital stay – shorter or avoided
- Home healthcare – 30–60 days
- In the white space, up to 25% of the frail and elderly population will move to higher risk yearly
- Visibility to who and when provides opportunity for intervention
- Real-time alerts of who is at risk for transport in any upcoming month

Potential clinical interactions
Intensive Ambulatory Care program (eIAC): Helping reduce healthcare costs and hospitalization rates

- 27% reduction in total cost of care
- 32% reduction in acute and long-term care costs
- 45% reduction in hospitalization rate (acute & long-term care)
Manage chronic patients remotely

Chronic Ambulatory Care (eCAC) Program

- Reduced hospital visits 38%
- Reduced ED visits 67%
- Reduced costs $26,663/yr
- Reduced hosp. 10 days/pt/year
Programs for those at risk

Heart Health Program –
A program designed to reduce the risk of heart disease through diet & activity

Philips Connected Devices –
A holistic view of overall health and wellbeing at your fingertips

Based on deep expertise in behavioral change with Weight Watchers and Monitoring Technologies
Supported by Technology and Services

- Clinical Dashboard
- Mobile Apps
- Sensors & Devices

Medical Alert

Analytics

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“More than half of frail and elderly patients are discharged without any long-term monitoring. Staying connected with these patients can help prevent events that could send them back to the hospital.”

Michael Hamaker, President, WellSpan VNA HomeCare
Julie Reisetter, MS, RN
Chief Nursing Officer
Banner Telehealth
“PHOENIX (August 19, 2015)¹ – Banner Health Network has delivered its best-ever result in a third successful year as part of the Pioneer Accountable Care Organization. The Center for Medicare and Medicaid Innovation reports that in Performance Year 3 (2014), BHN returned more than $29 million in savings over the predicted financial benchmark, while at the same time improving its quality score by nearly 10 percent over the previous year.”

The savings returned represents a 5 percent savings in the overall cost of care for the 61,200 traditional Medicare beneficiaries attributed to BHN in 2014. A portion of this savings ($18,000,000²) will be made available to BHN to provide for ongoing infrastructure improvements and related administrative costs.


Building the Telehealth Foundation

• 2006: Started in high cost, high risk Intensive Care setting
  – Could TeleICU, as system wide strategy, reduce variation and increase reliability
  – Started as small scale implementation in a few facilities with evaluation of clinical and financial impact
  – Now standard of care in all Banner ICUs

• 2010: Expansion into General Ward
  – Leverage centralized model of care and existing technology
  – Evaluate ability to identify adverse trends earlier; impact outcomes and length of stay
  – Develop new model of care that incorporates virtual team members/functions
Enabling Technology in Acute Care

Intelligent Monitoring
Continual Surveillance

Automated Scoring:
Acuity, PAD & Discharge Readiness

Population Management

Mobile Care

Web-enabled Remote Consult

2-Way Audio with HD Video
Population Management Tools
Automated Acuity

- Identify rapidly deteriorating patients
- Identify patients requiring increasing levels of support to maintain stable physiologic parameters
- Highlight organ dysfunction of highest priority
From Populations to Patients
Impact: 1,890 lives
Estimated saved, as reported (comparing to benchmark data)

$109M+
Saved

45,861
Fewer hospital days

46,435
Fewer ICU days than predicted

Banner Health Critical Care Results 2014

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Intensive Ambulatory Care Program

**Design Concept**
- Extension of the TeleICU & TeleAcute care model
  - Telehealth team manages highest risk, highest cost outpatients

**Care Model**
- “Perpetual” management of high risk patients with chronic health conditions
  - Targeted population (top 5%) allows high intensity, home-focused care
  - Dedicated IAC care team (physicians, nurses, pharmacists, coaches, MSW, quarterbacks) provides coordinated, proactive care

**Structure**
- Advanced data tools and in home devices enable daily patient assessment and centralized patient management from TeleHealth center
- High touch services for patient education & support
Evolution of Eligibility

Initial screen:
- Banner Health Network member and
- High risk flag – 2 chronic conditions and either 2+ IP visits (last 12 months) or 3+ Observation/ED visits (last 12 months)

Not quite….

Secondary screen by IAC provider:
- Life expectancy > 12 months
- Poorly controlled disease process defined
- Psycho-social issues

Not quite….

5 or more chronic conditions + utilization factor
Home Devices

- Patient Telehealth Station
- Scale
- Blood Pressure Cuff
- Pulse Ox
- Glucometer
- Rhythm Strip Recorder
- Thermometer
- Lifeline (fall alert)
Personal Health Tablet

My WellBook

Video Visit

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Role of the Telehealth Team

• Respond to requests for assistance from the member

• Monitor for adverse trends and intervene before those adverse trends become adverse events

• Implement “best practices”

• Continuous learning and improvement
From Populations to Patients – in the home...
Additional Views
Lessons Learned

• Scaling from small pilot to mission-critical program requires robust processes
  – Non-clinical operations (equipment deployment and support)
  – IT support (interfaces, change management)

• Nailing down data definitions and reporting processes presented challenges:
  – Align on definitive claims data source
  – Define analysis methodology (program start date, relevant sub-groups, comparators)
  – Create reliable data extract / transfer process
  – Review data regularly to assure alignment with all stakeholders
Targeting The 'Superusers' Of Healthcare With Telehealth

Dan Munro
Contributor

I write about the intersection of healthcare innovation and policy.

Forbes Contributors are their own.

Peter S. Fine, FACHE - President & CEO of Banner Health Photo Courtesy of Shavon Rose, AZ Big Media

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In Home Results

- One year pre–iCare as compared to six months post-enrollment in iCare:
  - 27% absolute cost savings
  - 32% reduction in acute, long term care costs
  - 45% reduction in hospitalizations (acute & LTC)
- 11.5 vs. 6.3 per 100 pts/month
  - Acute short term hospitalizations: 7.7 vs. 4.9 per 100 patients per month
  - Long term care, home health or other facilities: 3.9 vs. 1.4 per 100 patients per month

Evolution of Telehealth-based Care

**LEVEL 1**
- Chaotic
  - Ad hoc
  - Uncoordinated
  - Unpredictable
  - Disjointed processes
  - Silos of knowledge
  - Inconsistent Care

**LEVEL 2**
- Reactive
  - Best eEffort
  - Establish standards of care basics
  - Timely interventions
  - Team formulation & knowledge sharing
  - Acuity stratification need recognized
  - Awareness emergence
  - Adhoc base

**LEVEL 3**
- Proactive
  - Care process adherence & stabilization
  - Proactive interventions
  - Classification & Stratification process
  - Resource load balancing
  - Monitor performance
  - Automation emergence
  - Analyze trends
  - Integrated data

**LEVEL 4**
- Innovative
  - Cutting edge chronic & wellness programs
  - Predictive modeling
  - Highly efficient and reliable operations
  - Managed SLAs
  - Integration across entire continuum of care
  - Effective capacity planning
  - Advanced Program Integration Tailoring

**STRATEGIC**
- Aligned member and clinician stratification
- Influence ACO business plan & road map
- Recognized as core differentiator
- Major financial contributor
- Industry leadership pioneers & influencers
- Blueprint for other programs

**Embedded Standard**
- Business “Value” Management
- Optimization
  - People and Process Stabilization
- Operational Process Emergence

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“If we are to achieve results never before accomplished, we must employ methods never before attempted.”

Francis Bacon
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Questions

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