



Experiences & Opportunities in Value-Based Care

Value-Based Healthcare Forum
October 8th, 2019

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Outline

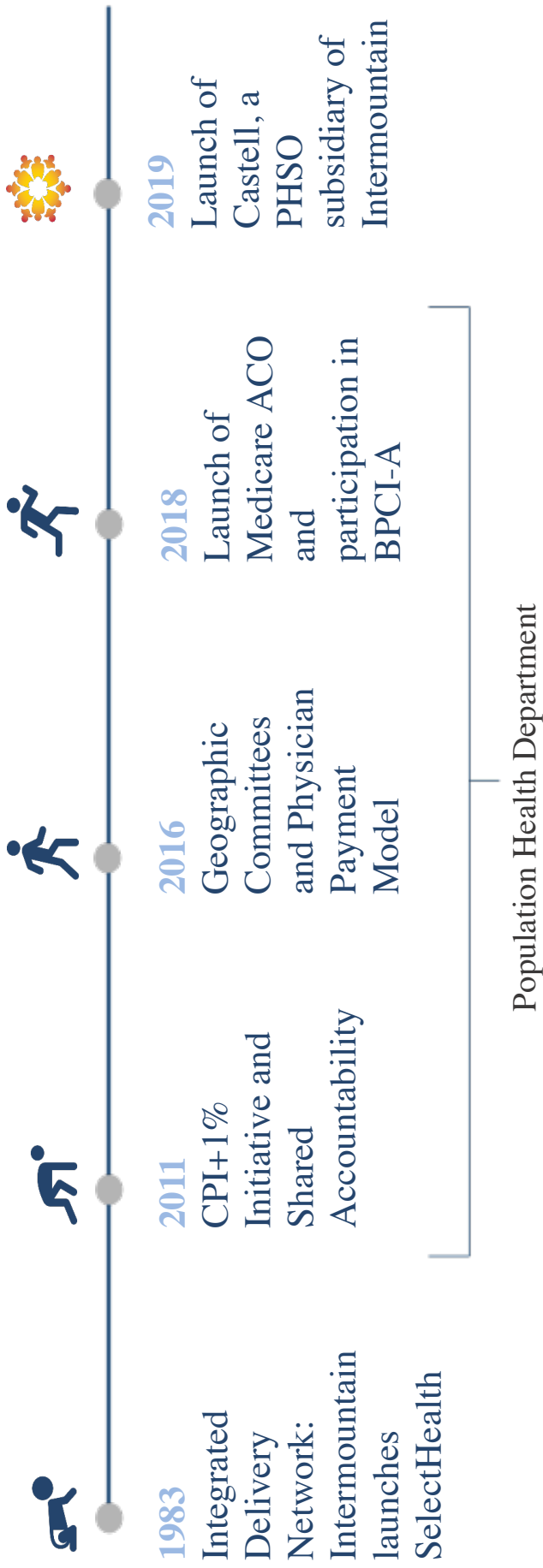
I. Shifting the Business Model

A. Evolving Operations

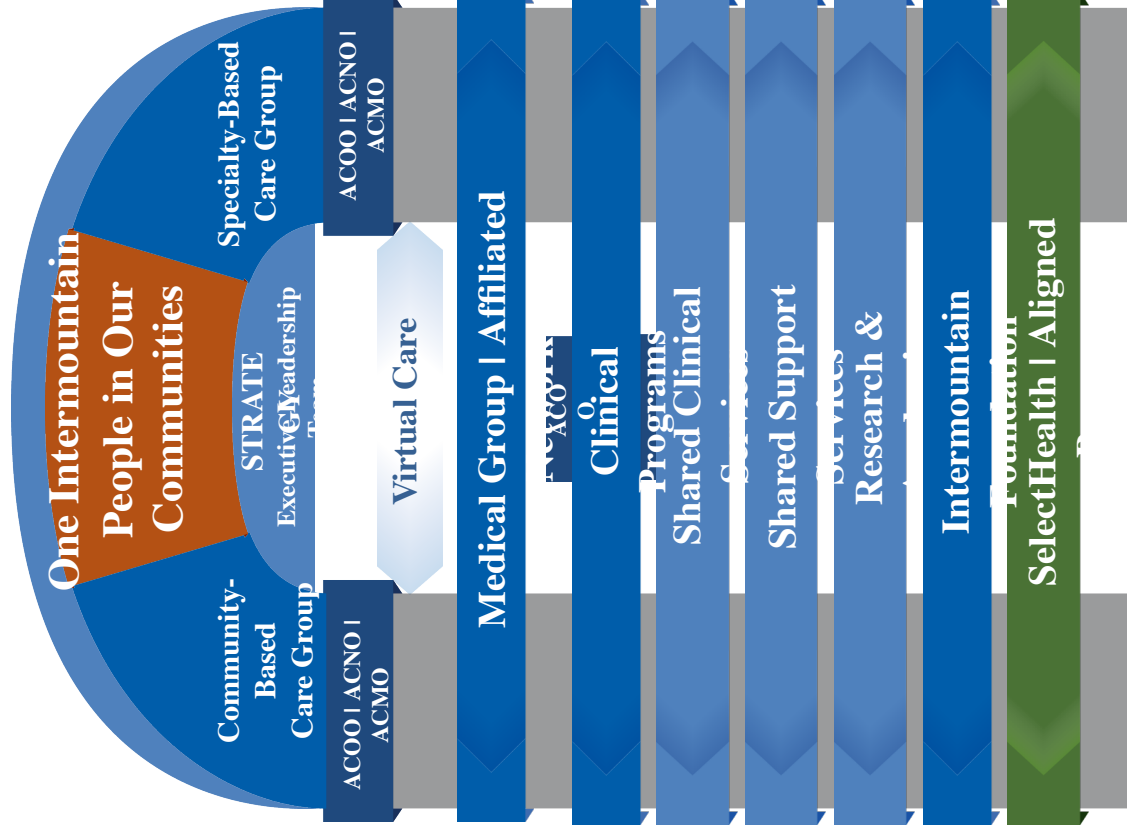
B. Lessons Learned

II. Application in Rural Settings

Three Eras of Risk-Based Contracting at Intermountain

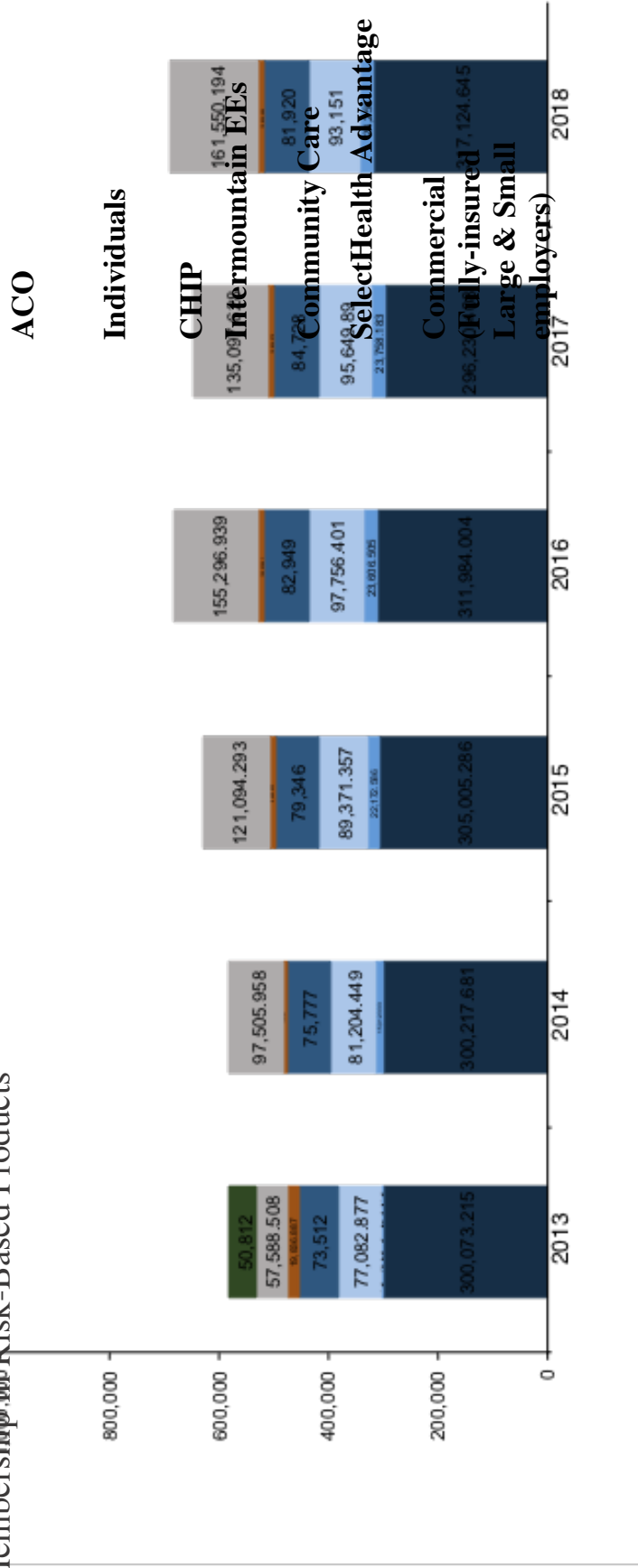


Undertaking Major Structural and Cultural Transformation to Support New Delivery Models



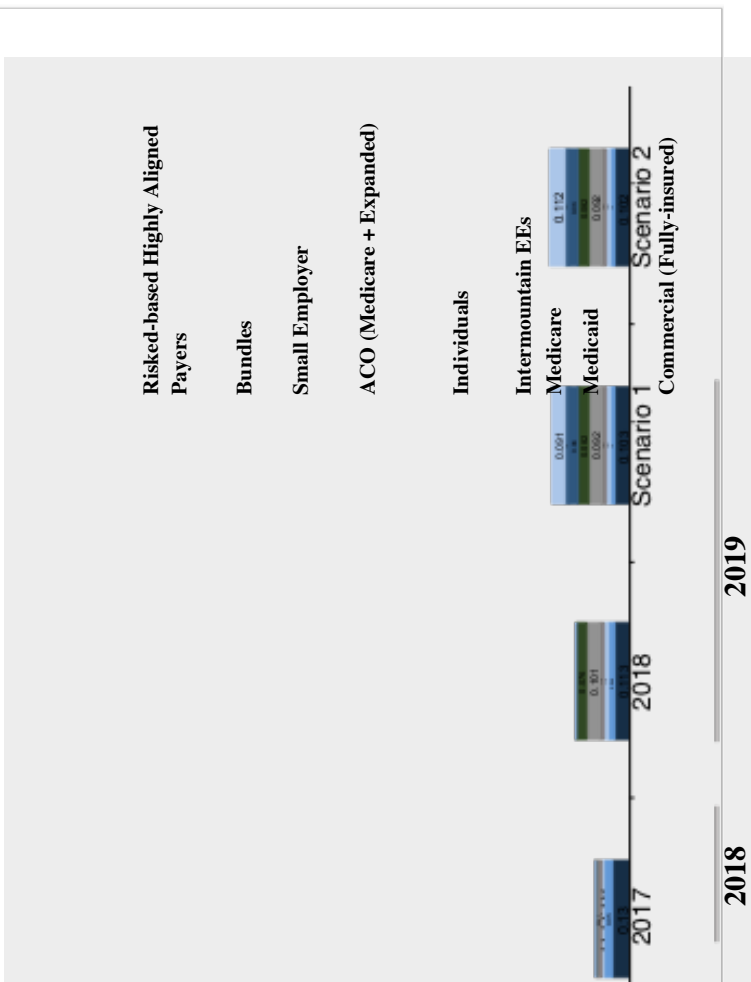
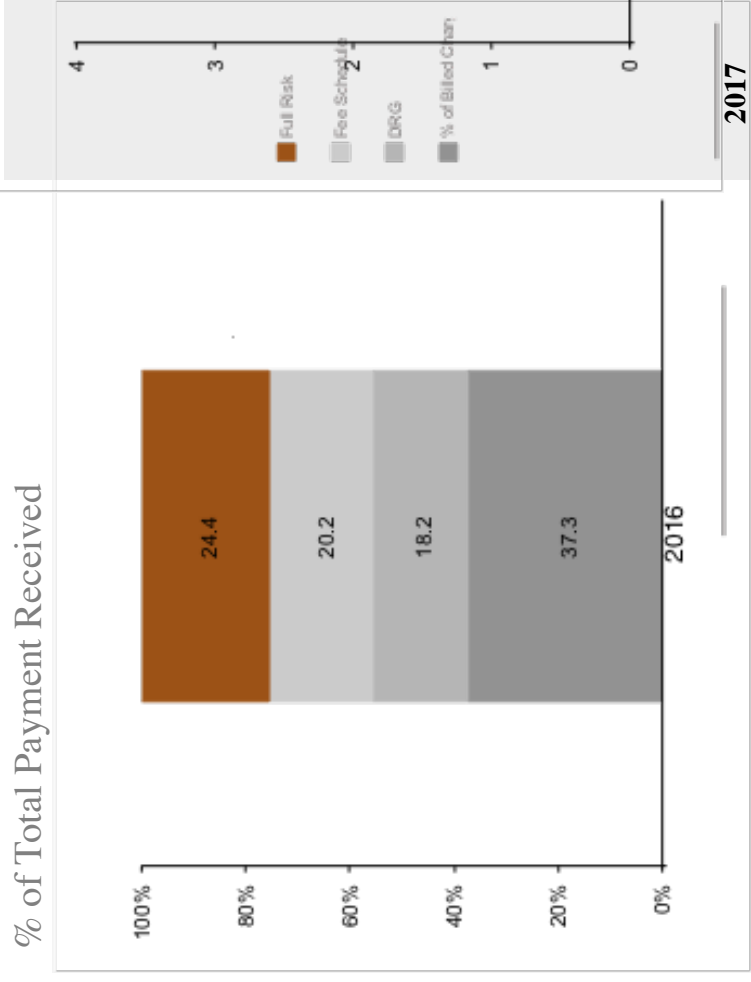
Focused on Growing Prevalence of Risk Contracts

Membership in Risk-Based Products



2013 2014 2015 2016 2017 2018 Est. 2018

Financial Sustainability Contingent on Tipping Point



2016

2017

2018

2019

Cumulative Percentage of Total Payment Received

Scenario 1

Scenario 2

24.9%

39.5%

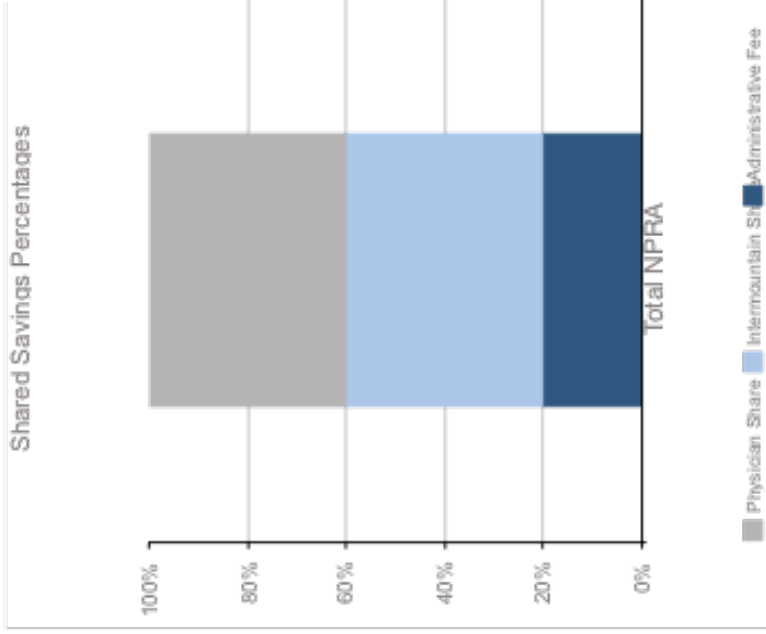
56.4%

57.4%



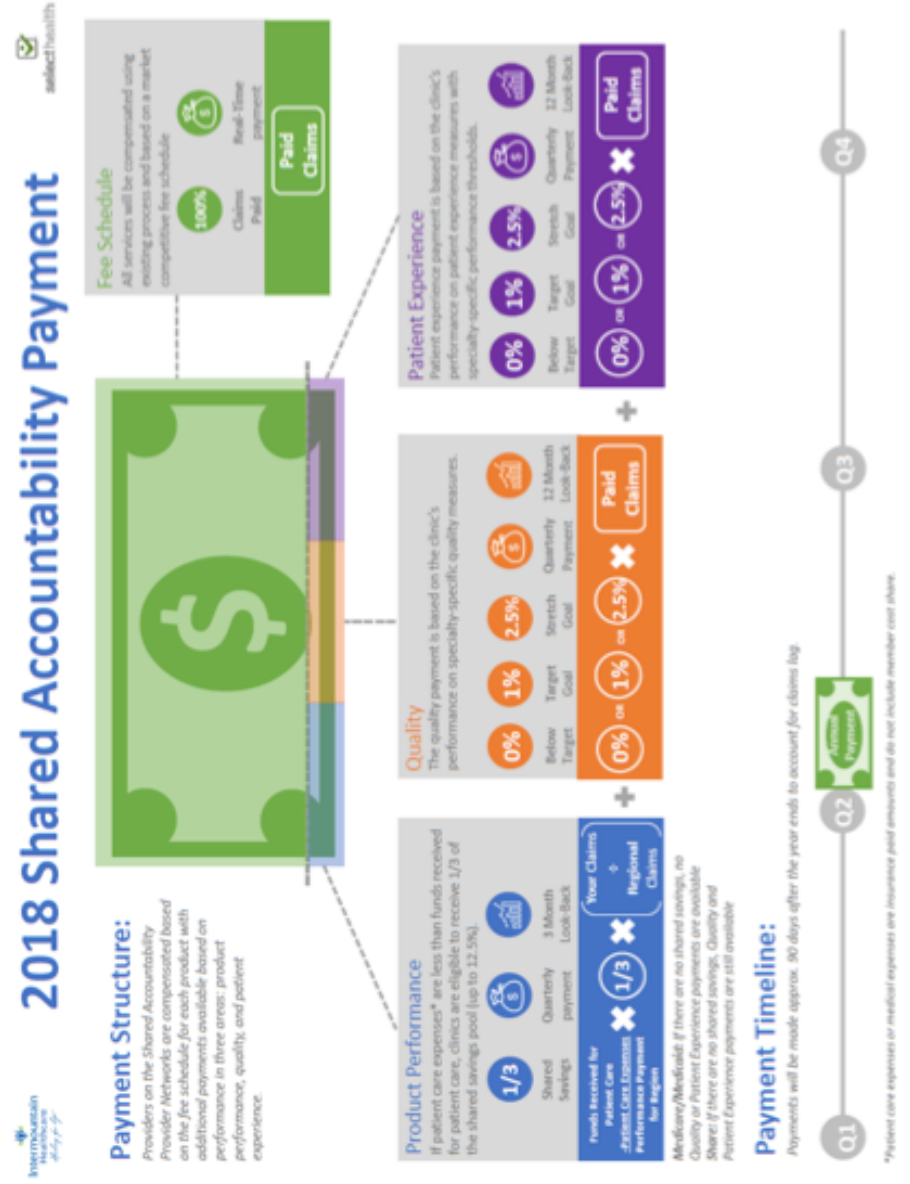
Need to Align Incentives Within the Organization

TOR Model



Share Type	%	Receiving Division	Value Proposition
Administrative	20%	Population Health/ Castell	Program administration & contracting Data analytics & product management
Physician	40%	Physician Groups	Quality Improvement Appropriate next site of care orders Appropriate follow-up care
Intermountain	40%	25% Hospitals 25% Clinical Programs 50% Enterprise Care Management	Therapy and nursing care Lead physician clinical quality improvement Appropriate next site of care selection; skilled nursing facility engagement

Updating our Model for Affiliate Physicians



Defining Reimagined Primary Care: Exceeding Consumer Expectations



Empowering



Always-on

Frictionless



Personalized

Simplified



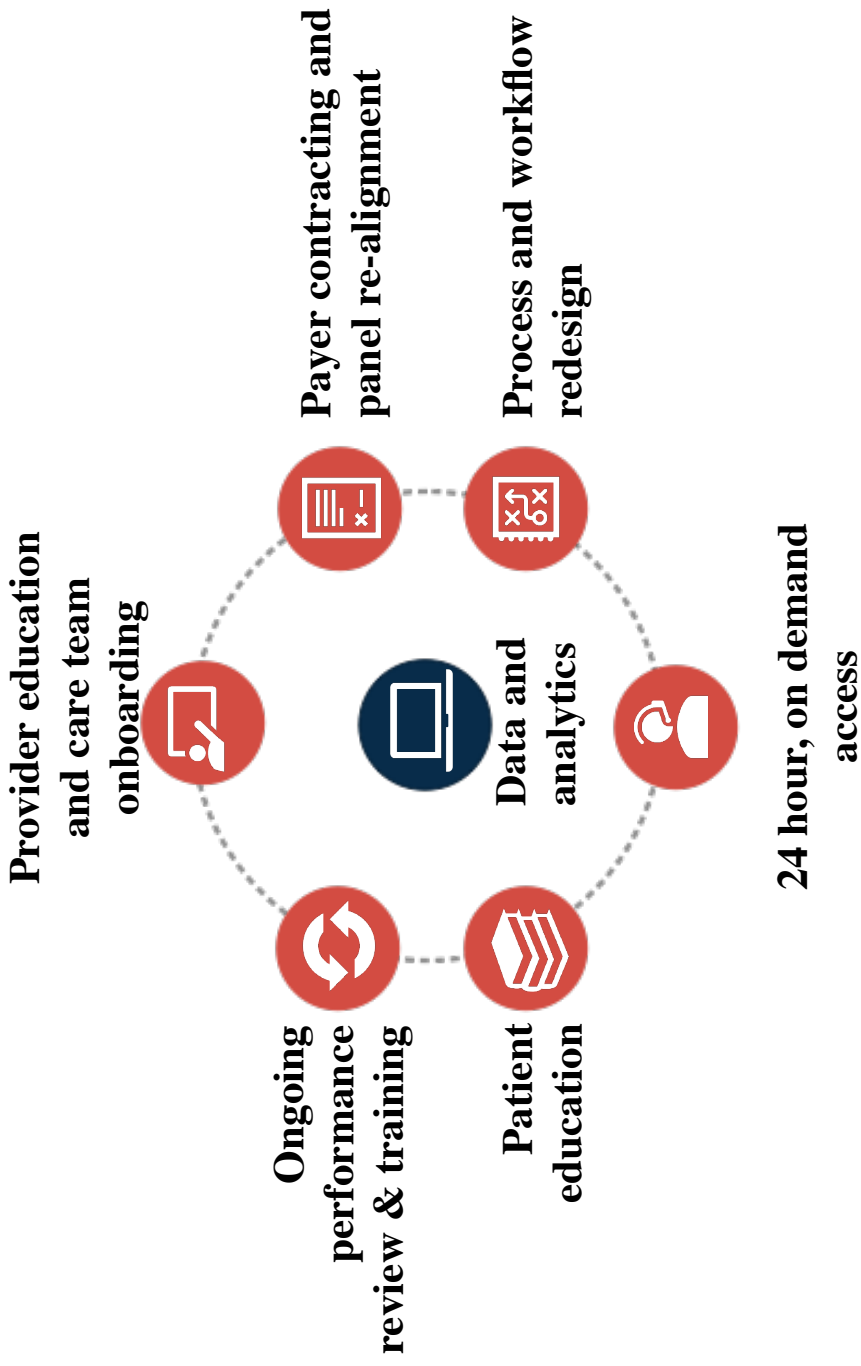
Empathetic

Transparent



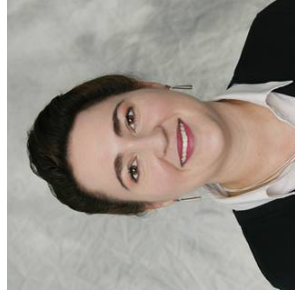
CASTELL | REIMAGINED PRIMARY CARE

RPC Practice Transformation Process



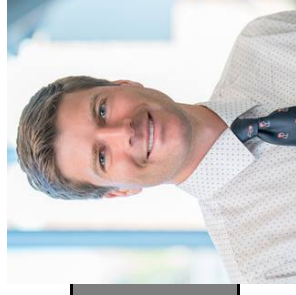
Feedback from Providers

“4 years into practicing medicine I was ready to give up and now, I love what I do.” – Chad Spain, MD



“I used to spend 22 minutes per patient closing care gaps in the record and I spend significantly less today. I am performing at a higher level.” – Karen Hill-Garrett, MD

“I’m practicing how I always imagined I would practice.” – Brett Porter, MD



What Makes Reimagined Primary Care

Unique?

- Aligned with integrated delivery system and health plan committed to moving from volume to value
- Non-profit focused on returning value to community
- Serve all products and populations
- Pace of growth, improvements, and innovation



CASTELL

Connect Care – Urgent Care

- **Access**
 - 24 x 365 mobile, web, kiosk access
 - Across the US
- **Urgent Care Conditions**
 - UTI, URI, Conjunctivitis, Sinusitis, etc.
- **Treatment Guarantee**
 - No bill if we can't treat
- **Interpretation Services**
 - Onscreen simultaneous
- **Real-Time Eligibility**
 - Verification / Payment



Utah Alliance for the Determinants of Health

\$2 million annually per community for 3 years



WASHINGTON COUNTY

- Lower than average life expectancy
- High behavioral health needs



WEBER COUNTY

- High emergency room use for non-emergency needs

AWARENESS



Local Mental Health Authorities and Federally Qualified Health Centers



Community Based Organizations

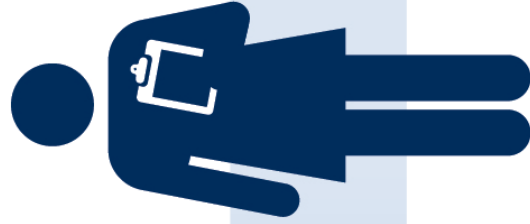


Intermountain Emergency Departments and Clinics



selecthealth.

ASSISTANCE



Community Health Worker



Screening for Social Determinants Of Health



Digital Platform

ALIGNMENT



Navigation Services




Individualized Social Care and Treatment Plan



Community Resources

Improving Episodes

- Participating in BPCI-A at 12 facilities and Intermountain Medical Group
- Focusing on discharge planning and better collaboration with post-acute partners
- Using efforts to drive improvements for all patient populations



Bundle Name	Utah Valley Hospital	McKay-Dee Hospital	LDS Hospital	Cedar City Hospital	Intermountain Medical Center	Logan Regional Hospital	Dixie Regional Medical Center	American Fork Hospital	Sevier County Hospital	Alta View Hospital	The Orthopedic Specialty Hospital	Riverton Hospital	Intermountain Medical Group
Cardiovascular													
Acute myocardial infarction	x	x											x
Cardiac arrhythmia	x	x		x	x	x							x
Congestive heart failure	x		x	x			x	x	x				x
Coronary artery bypass graft	x	x			x								x
Percutaneous coronary intervention (Outpatient)		x			x								x
Digestive Health													
Gastrointestinal hemorrhage	x					x	x						x
Gastrointestinal obstruction	x	x			x	x	x						x
Major bowel procedure				x									
General Medicine													
Cellulitis	x	x											x
Chronic obstructive pulmonary disease, bronchitis, asthma	x	x		x									x
Disorders of Liver Except Malignancy, Cirrhosis or Alcoholic Hepatitis	x	x			x								x
Renal failure						x		x					x
Sepsis						x		x	x				x
Simple pneumonia and respiratory infections	x			x	x	x		x	x				x
Urinary tract infection	x	x		x	x	x		x	x				x
Musculoskeletal													
Fractures of the femur and hip or pelvis					x								x
Hip & femur procedures except major joint		x			x			x					x
Lower extremity and humerus procedure except hip, foot, femur	x	x			x		x						x
Major joint replacement of the lower extremity			x	x	x	x				x	x		x
Major joint replacement of the upper extremity	x		x	x	x								
Neuroscience													
Back & neck except spinal fusion	x						x						x
Cervical spinal fusion		x					x						x
Spinal fusion (non-cervical)		x											
Stroke	x	x			x								x

Providing Remote Support During Episodes

Connect Care Pro

Critical Care
>450,000 interactions
33% reduced mortality




Stroke
>2,800 consultations
Reducing door-to-needle time



Patient Monitoring
Patient Observations
Centralized Monitoring Hub



Crisis Care
>4,300 consultations
<15-minute response



Infectious Disease
Decreased pharmacy cost
Appropriate antibiotic usage



Hospitalist
Nocturnist Support for Rural Facilities
Post-Acute Engagements (SNF)

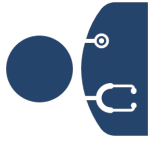


Lessons Learned In Our Journey to Value-Based Care

- This work can help patients and communities
- Incentives matter
- The middle is the most challenging
- Have to be willing to question status quo
- Partners (including non-traditional partners) are key
- No one has this all figured out



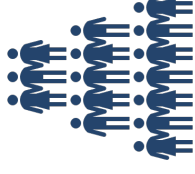
Opportunity to Apply Learnings to Rural Health



Reimagined
Primary Care
clinics



ConnectCare
access



Risk-based
payment
models

Challenges are Unique in Rural Settings

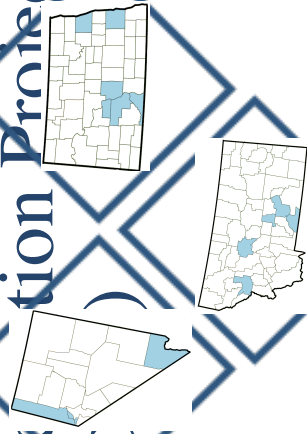
- Shortage of physicians and other clinicians
- Distance to facilities and lack of reliable internet access
- Community perception of local resources and privacy
- Rural hospitals operate on thin margins, often largest employer in community

Broad CMS Models Offer Rural Opportunities

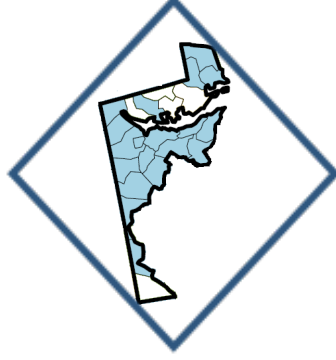
	 <p>MSSP/Next Gen ACO <i>Payment model to share accountability for quality and cost of care for Medicare beneficiaries across groups of providers</i></p>	 <p>CPC/CPC+/Primary Cares First <i>Multi-payer PCP practice transformation model including upfront and improvement payment along with technical assistance</i></p>	 <p>Practice Transformation Networks <i>Peer-based networks designed to coach, mentor and assist clinicians in core competencies for practice transformation</i></p>
Model Summary	<ul style="list-style-type: none"> Substantial recent growth in ACO-attributed enrollees in non-metro counties ACO Investment Model (AIM) provided capital to recent/new rural ACOs 	<ul style="list-style-type: none"> No specific rural focus but participation regions include many rural areas 467 rural practices in the first round of CPC+ 	<ul style="list-style-type: none"> Participation criteria involved commitment to serving rural and underserved populations 10 of the 29 networks target rural providers
Rural Participation/Impact			

Regional- and State-Specific Innovation Models

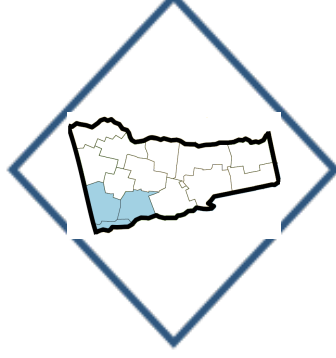
Frontier
Community Health
Integration Project
(FCIP)



Maryland Total
Cost of Care
(TCOC) Model



Vermont All-Payer
ACO Model



Pennsylvania
Rural Health
Model

