

Innovative Care Coordination by an Empire State Pioneer

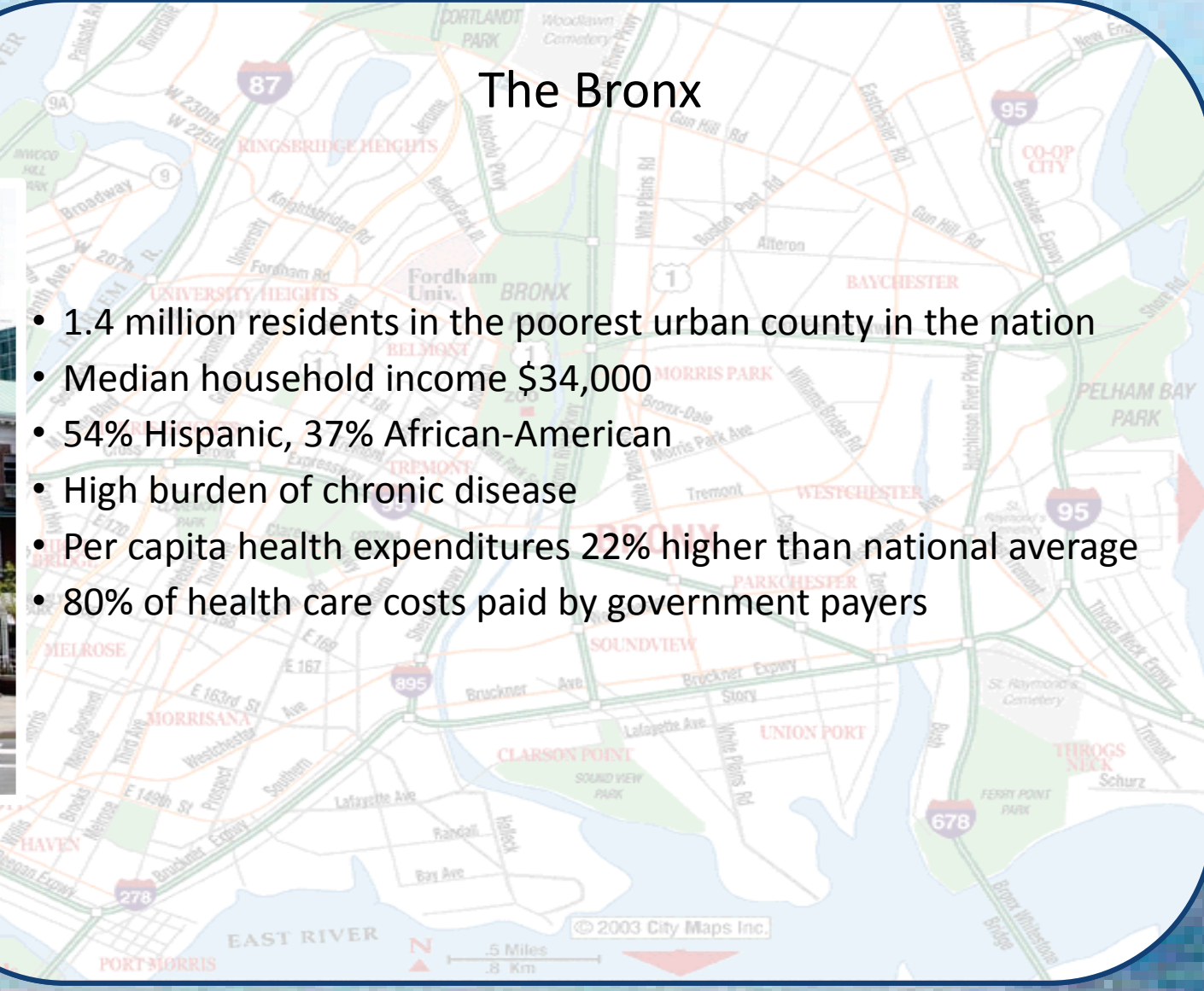
An Introduction

The only CMS Pioneer ACO in New York is the Montefiore ACO, an IPA serving the Bronx and lower Westchester County that is helping to push the boundaries in support of population health using innovative care coordination models supported by advanced analytics and transformative, rules-based workflow technology to lower costs.



The Bronx

- 1.4 million residents in the poorest urban county in the nation
- Median household income \$34,000
- 54% Hispanic, 37% African-American
- High burden of chronic disease
- Per capita health expenditures 22% higher than national average
- 80% of health care costs paid by government payers



Montefiore Medical Center

- Teaching hospital for Albert Einstein College of Medicine
- 5 acute care hospitals plus a children's hospital on 5 campuses
 - 1,900 beds; 97,000 admissions
 - 6 EDs-350,000 visits
- 3,900 providers
- 22 community primary care centers:
 - >1 million visits
 - Home care agency: 500,000 visits



Montefiore IPA

- Formed in 1995
- MD/ Hospital Partnership
- Contracts with managed care to accept and manage risk
- Over 3,900 providers
 - 3,000 physicians
 - 1,900 employed
 - 500 PCPs

CMO

- Established in 1996
- Wholly-owned subsidiary of Montefiore
- Performs care management delegated by health plans as well as other administrative functions (e.g., claims payment, credentialing)

Care Coordination Is Like Air Traffic Control

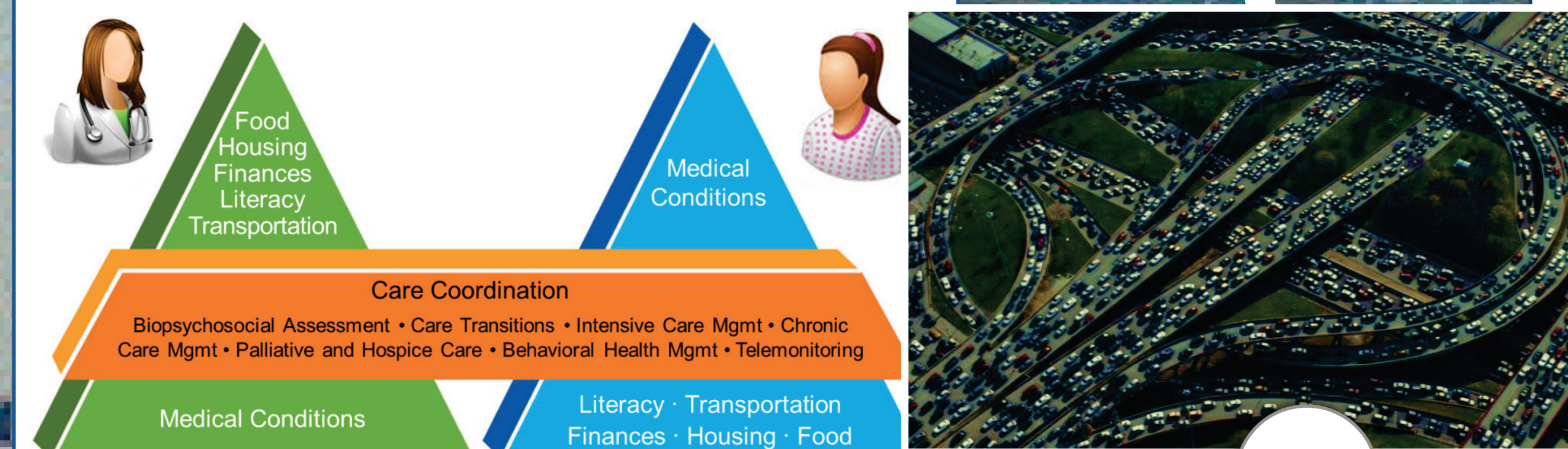
- Managing activities across multiple resources
- Numerous variables impacting process
- Requires precision for safety and efficiency
- Careful planning that rarely follows initial design
- Significant number of variables can impact care
- Dynamic, subject to continuous reassessment and adjustments
- Use of accurate, real-time data to support workflow



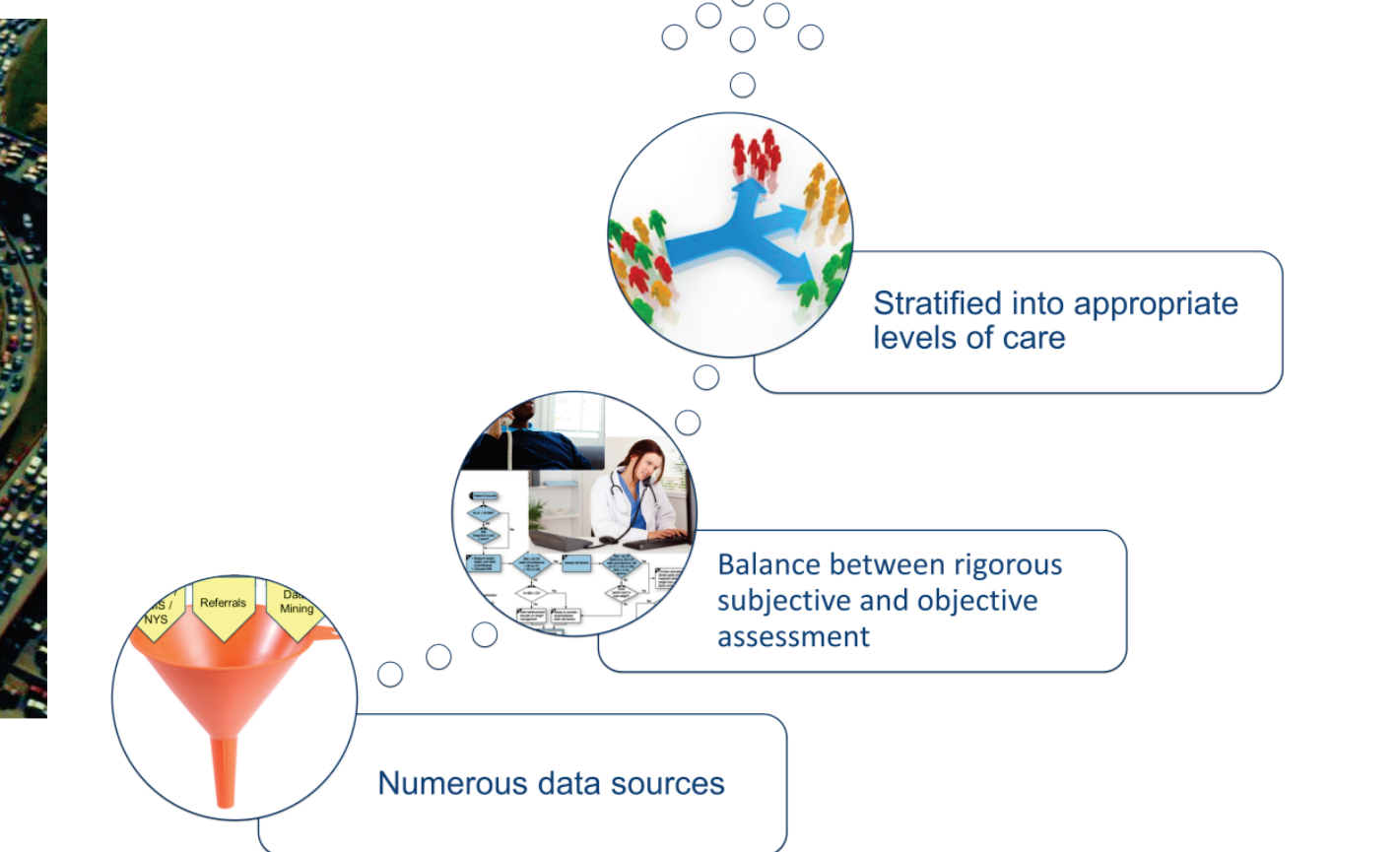
Care Coordination Has Some Catching Up to Do with the Airline Industry

- Integrated systems across process spectrum
- Seamless information flow among resources
- Real-time data being pushed to users
- Agility, flexibility to modify plans/workflow
- Visibility into current demand and capacity
- Single source of truth
- Transition from analytics to action

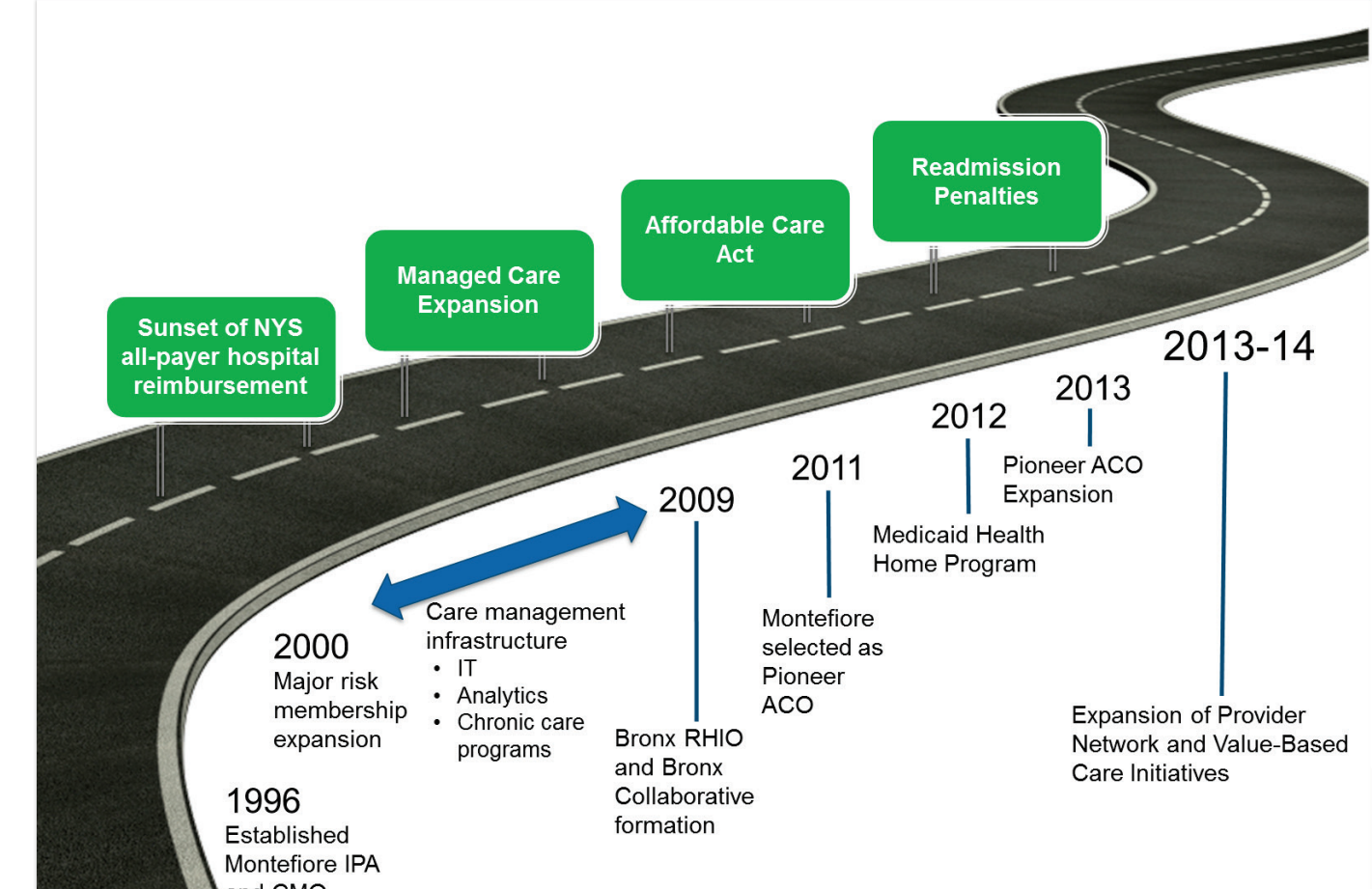
Care Coordination Bridges the Gap



Care Coordination Process



Montefiore's Accountable Care Journey



Performance-Based Payments at Montefiore

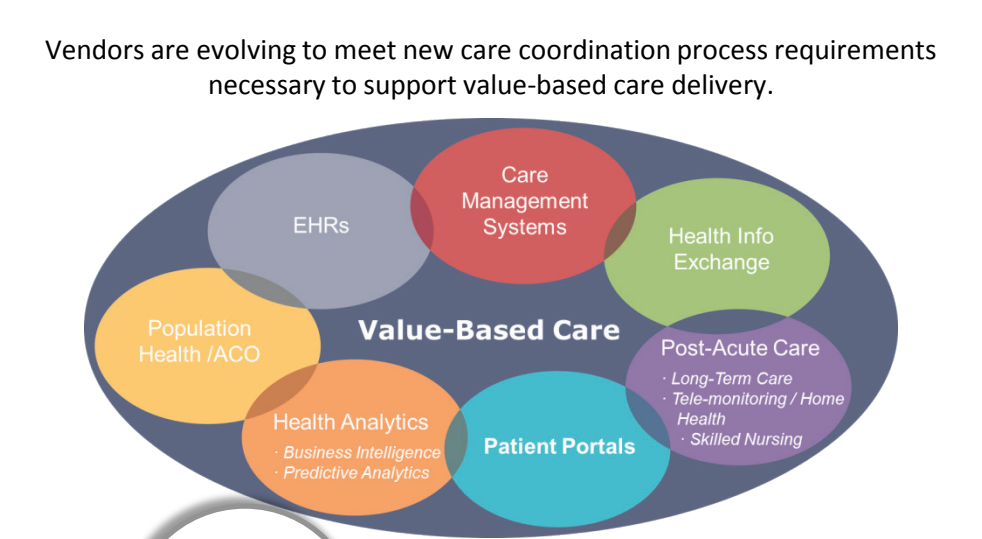
Source	2013 Population	2013 Est. Revenue
Risk Contracts	180,000	\$1,085 m
Shared Risk	80,000	\$685 m
Medicaid Health Home (Care Coordination)	10,000	\$18 m
Totals	270,000	\$1,788 m

Goal: To reach 1,000,000 covered lives

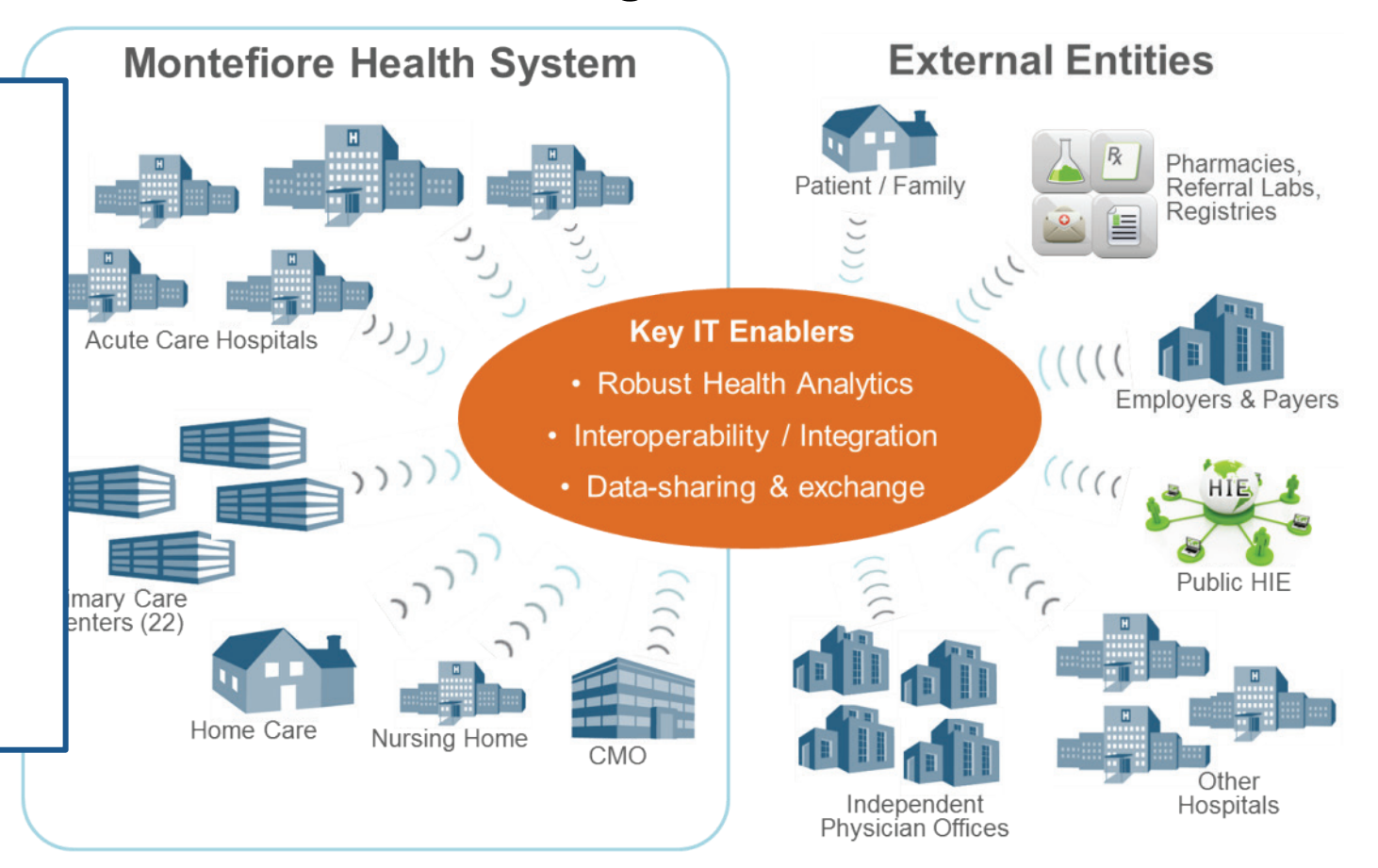
New IT Challenges

- Many different models (ACO, PCMH, CIN) and levels of maturity
 - Sponsorship (physician groups, large hospitals, hospital/physician organizations)
 - Population types (disease-specific, geographic)
 - Risk Level / Services (care coordination, disease management, health education)
- IT support must be tailored to specific value-based model and operational processes
- Understanding of core processes to be supported is critical

New Care Models Creating Much Vendor Marketplace Activity

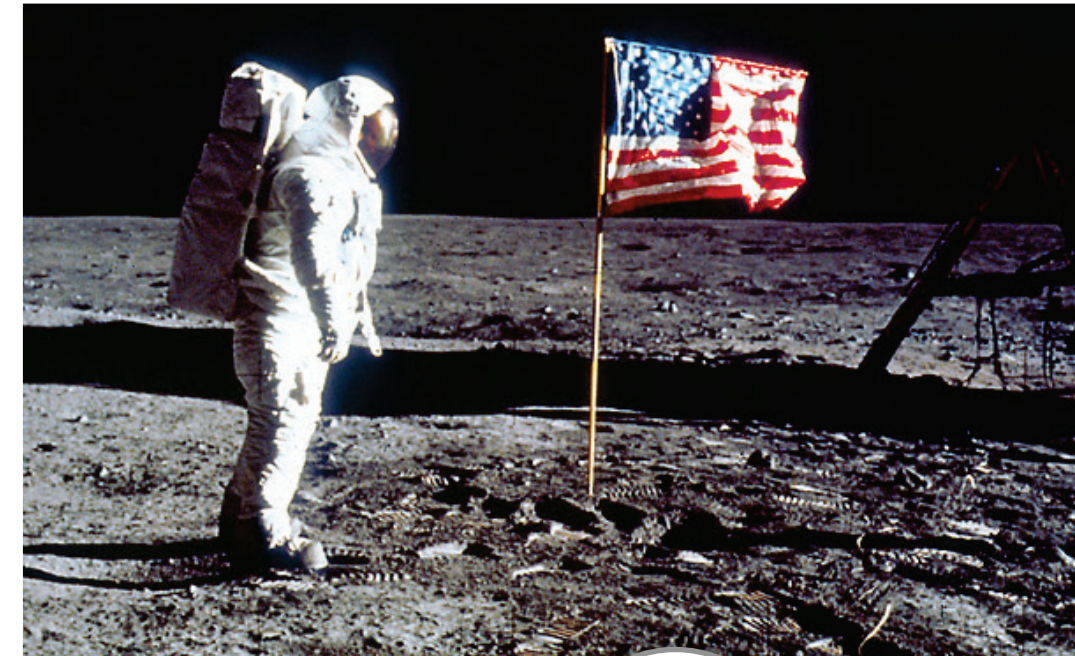
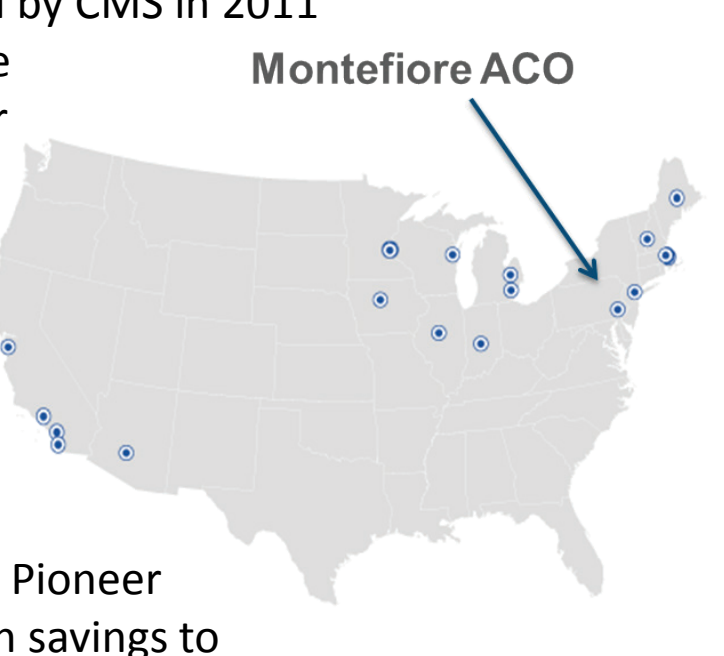


IT Challenges for Montefiore

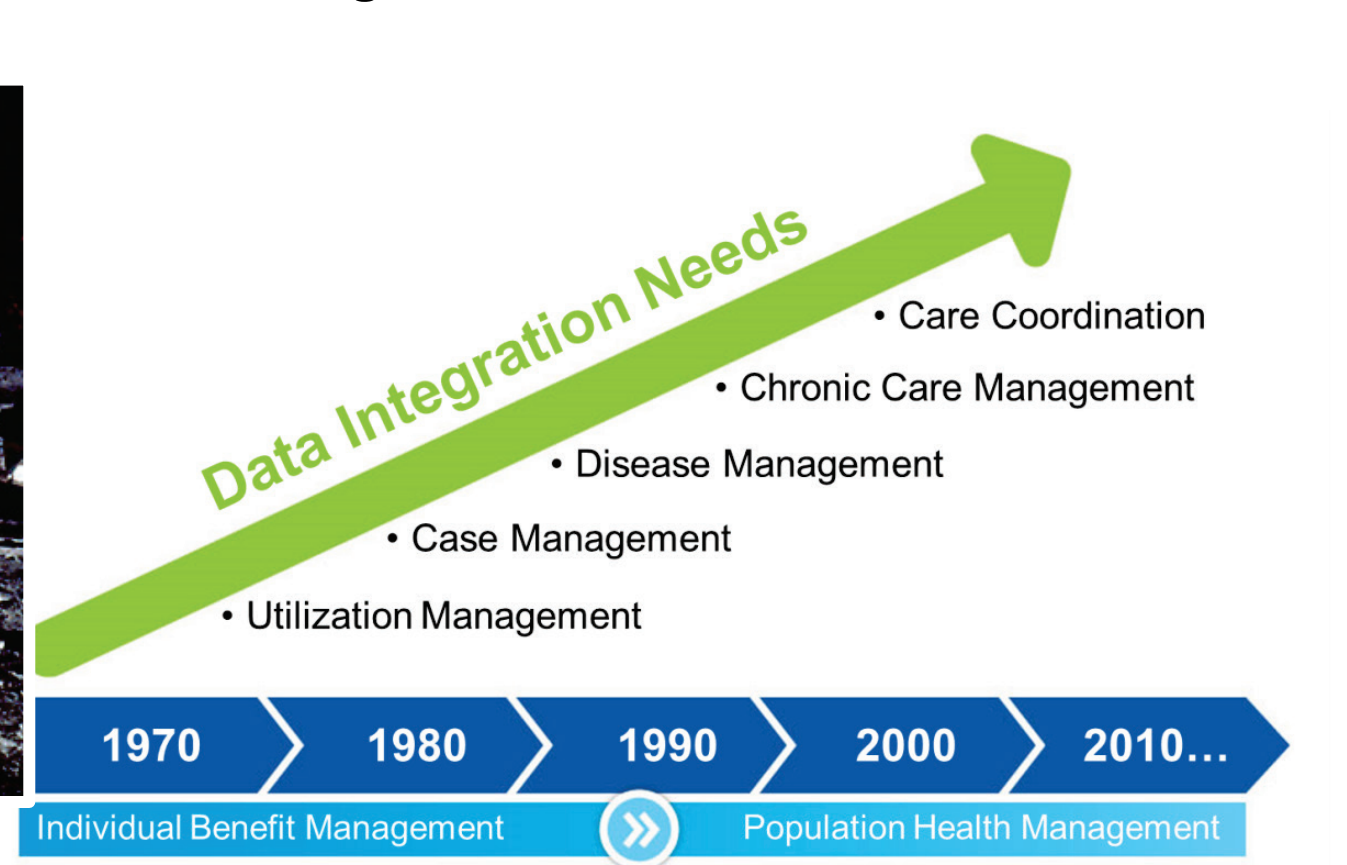


Pioneer ACO Overview

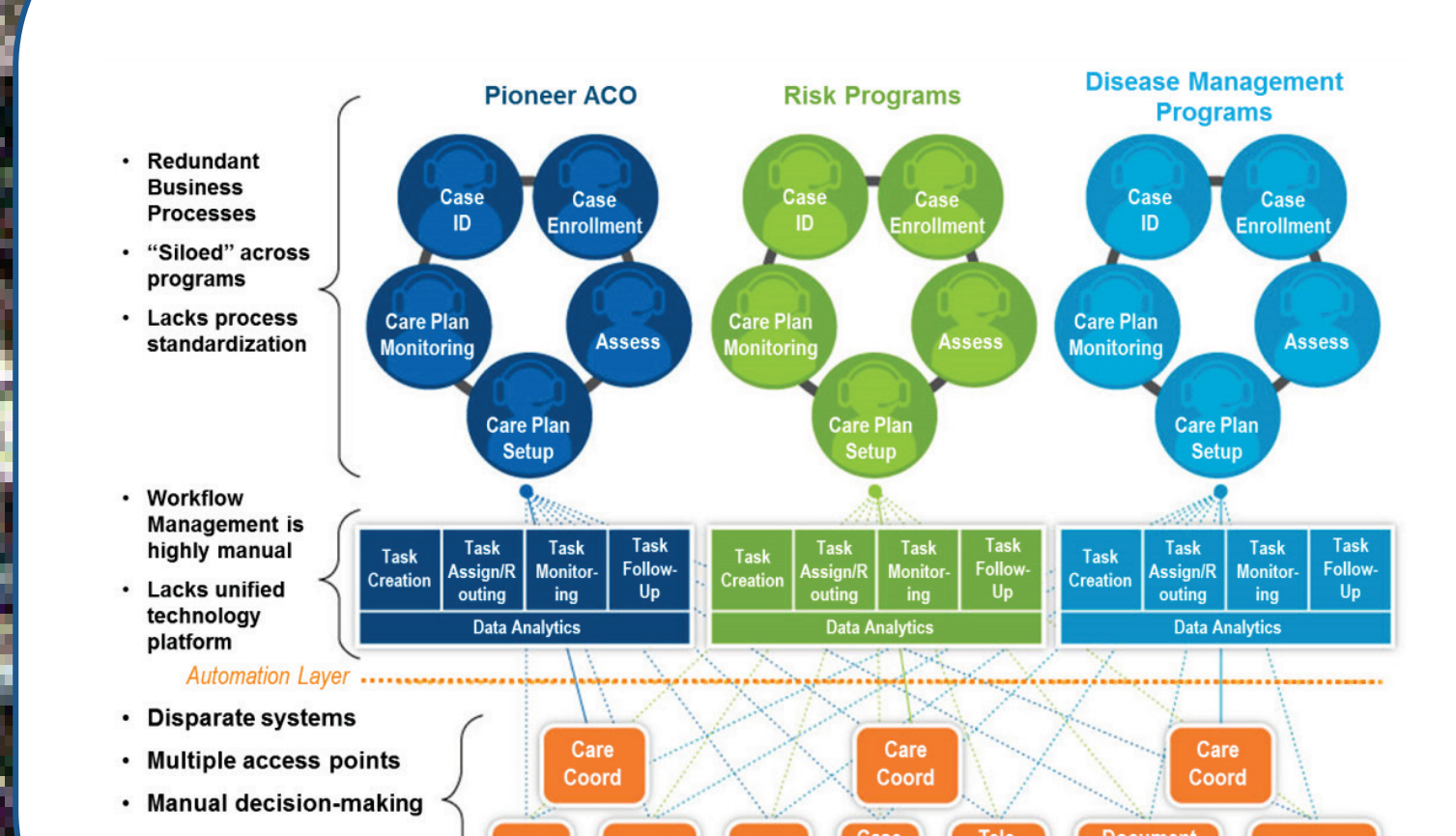
- One of original 32 selected by CMS in 2011
- Only one in New York State
 - Montefiore plus 3 other hospitals, 2 FQHCs
 - 3,000 physicians
- 28,000 attributed beneficiaries in PY3
 - ~8,000 duals
 - Estimate 9%-55% of spend
- Most financially successful Pioneer ACO in PY1—\$23 million in savings to Medicare
 - Montefiore share: \$14 million



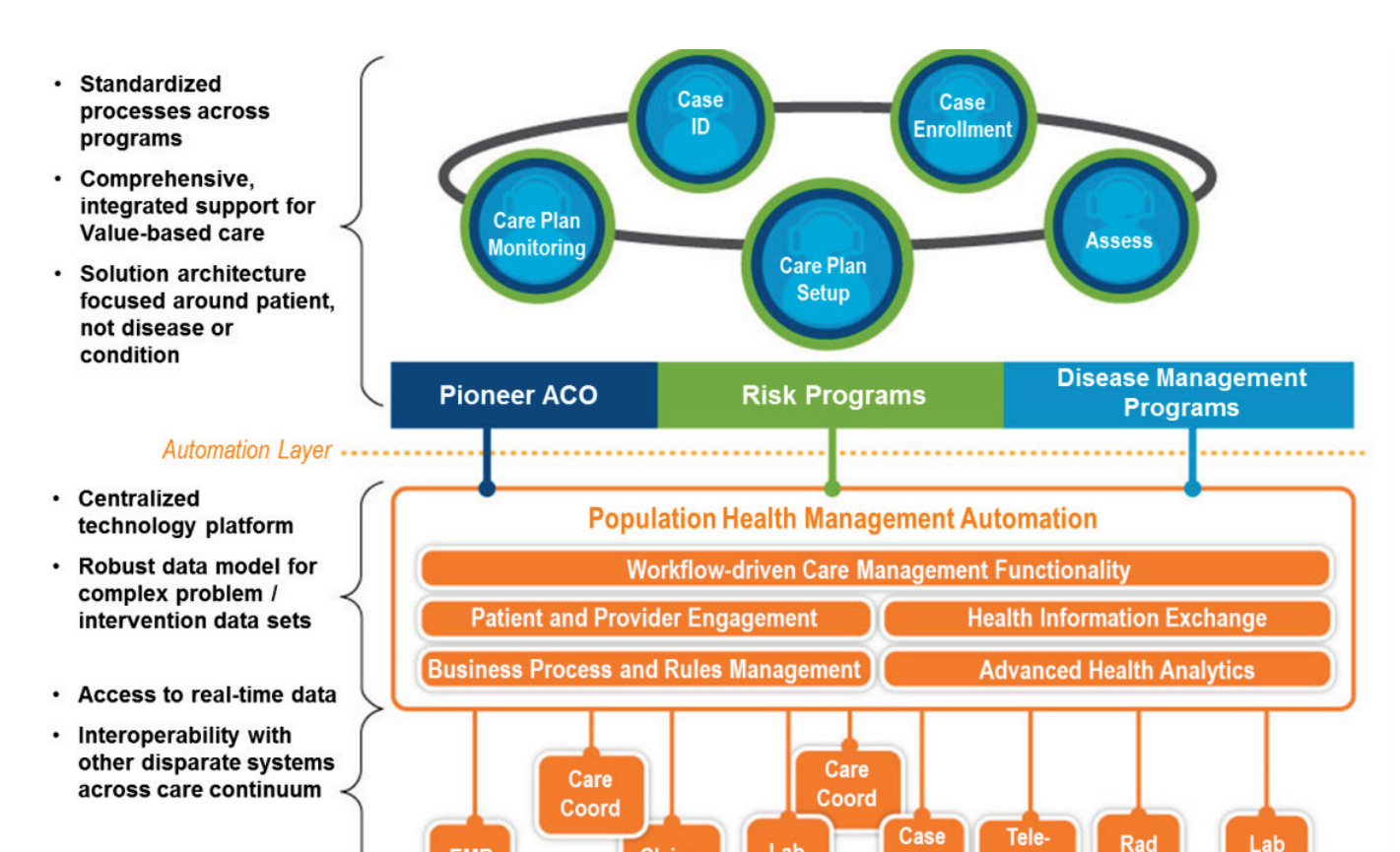
Background-How Did We Get Here?



Care Management Organization: Past



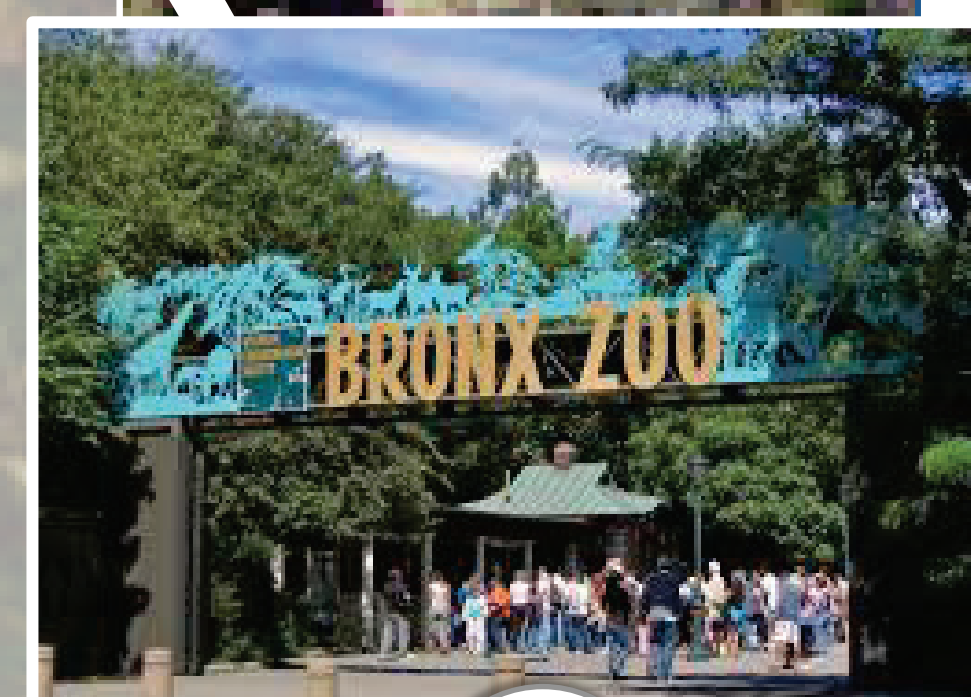
Care Management Organization: Vision



Care Coordination-A Baby Unicorn?

Recent systematic review identified over 40 definitions of the term *Care Coordination*.

- Agency for Healthcare Research and Quality (AHRQ) The deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.
- National Quality Forum (NQF) A function that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites that are met over time



Transition to Care-Based Delivery

- We are in a season of cautious experimentation.
- Regulatory pressure continues to mount (e.g., readmission penalties, value-based purchasing)
- Most organizations awaiting results of preliminary ACO initiatives
- The IT vendor marketplace is beginning to respond



Final Thoughts: Know Where You're Headed

- Understand your organization's long-term vision and near-term strategy for value-based care delivery.
- Who are your payer partners (commercial, CMS)?
- What other provider organizations are you aligning with?
- What strategic imperatives are impacting your timeline?



Final Thoughts: Invest Wisely

Develop your IT strategy for Population Health / Care Coordination around your organizational strategy

- Who will you be sharing and exchanging data with?
- What are key processes / workflows IT needs to support?
- What systems (EMR, HIE) can you leverage for population health / care coordination (build vs buy)?
- How will your current BI/Analytics strategy and solutions enable care coordination?

Push the vendor marketplace to develop innovative, agile, interoperable solutions and flexible platforms

- Do not force fit workflow to accommodate inflexible solution functionality
- Think process first!!!