

HEALTH INNOVATION THINK TANK III

Key Takeaways & Best Practices

Directly and unscripted from thought leaders on the front lines of healthcare

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Think Tank Collaborators

- UPMC & UPMC Health Plan
- Northwell Health
- Thomas Jefferson University
- University of Virginia Health System
- Duke Health
- Partners Healthcare
- Resurgens Orthopaedics
- Christus Health
- UT Southwestern Medical Center/
Parkland Health
- Boston University School of Medicine
- Tahoe Forest Hospital District
- Pratt Regional Medical Center
- Nemaha County Hospital'
- Florida Association of ACOs
- Children's Integrated Center for
Success
- HHS/ ONC
- Meditech
- Cerner
- Allscripts
- CPSI
- NextGen Healthcare
- Change Healthcare
- Philips Healthcare
- Qualcomm Life
- McKesson
- MedAllies, Inc.
- New York eHealth
Collaborative
- Practice Fusion
- CDW
- Insight Enterprises
- HealthEC
- HIPnation
- HIMSS/ HIMSS Media
- VVVital
- NeHII
- Livongo Health
- Tomeah Health
- LifemedID
- Orbita, Inc.
- WallerMD
- Call9 Inc.
- Peerbridge Health
- Commonwealth Health Advisors, LLC
- Lenovo Health
- Center for Connected Medicine (CCM)
- Justin Barnes Advisors
- Elevation Health Consulting
- Syneos Health

**Sampling of collaborators*

Value-based Care Key Takeaway's

- Begin to strategize about an organization-wide glidepath to transition from fee-for-service (FFS) to a value-based care model
 - Healthcare leaders today are generating 110%+ of the revenue that they generated 2 years ago by balancing FFS with VBC and other outcome-improvement incentive models.
 - When possible, start VBC strategies “contained” with a portion of patient base (500, 1,000, 5,000) or a single disease state.
 - Scrutinize cost vs reimbursement, update policies, review business models
 - Pay close attention to find proper alignment between acute and ambulatory incentives
 - Understand the tipping point when it makes sense to serve all patients through a VBC “lens” to reduce administrative complexity and better serve the patient. – Partners Healthcare example
- 80/20 Rule – Success relies on 80% process, 20% technology and 100% on culture
- Be cognizant of barriers to portability and scalability of best practices
 - Culture, Human Behavior, Policies, Incentives, Payer Mix, Patient Population, Technology, etc.)

Value-based Care Key Takeaway's

- Use data and allocate assets to address topologies of chronic diseases
 - Example – UPMC uses claims and other data sets such as the area deprivation index to determine the topology of chronic conditions in specific geographic areas, enabling leaders to determine which locales have a high prevalence of chronic conditions (cancer, CHF, diabetes, etc..) and deploy proactive (instead of reactive) care engagement strategies to meet patient needs
 - Area Deprivation Index (ADI) – <https://www.hipxchange.org/ADI>
 - Claims/ transactional data is “old” so be cautious of basing VBC programs on transactional data.
- For advanced VBC models, discuss managing disease at the household level rather than individual level; effects of all household members (UPMC Opioid example)

Value-based Care Key Takeaway's

- Leverage community resource to facilitate patient needs – i.e., community wellness programs and local grocery store nutritionist for diabetic care
- Payer models need to reimburse more openly outside of their network to rightly support the patient and their needs (*Best practice for both Value-Based and Virtual Care*)
- Research how the Direct Primary Care model is evolving locally and regionally
- Examine reward and penalty system for physicians to improve outcomes – lead physicians to explore their office team structures – shared savings and shared risk (CPC+)
- Watch the evolving trend of hospitals/health systems becoming “payers”
- Be clear of patients’ end of life decisions (CPC+)

Value-based Care Key Takeaway's

Future Best Practice Goals

- Some recommend providers be willing to take on more risk, others recommend providers hire appropriate staff/services to help address and assess risk
- Additional physician and provider-led organization recommendations:
 - Take on more risk (a “best practice” recommended by most)
 - Learn to modify work flows to support value-based care and be in the “wellness business”
 - Create enhanced teams to delegate simple patient care, office management, patient care management (i.e., patient navigators, behaviorists, HIT-enhanced support), etc., to ensure that physicians maximize their time
- Need to understand resource expenditures to produce true facility/ practice “costs” and not just what payers reimburse (Financial visibility and transparency across organization)
- Wearables/IoT need to improve provider workflows and create actionable data

Value-based Care Key Takeaway's



Future Value-Based Care Best Practice Goals

- Recommend both physician-led (bottom up) and health-system led (top-down) components to healthcare business models that offer the right input and flexibility
- Recommend that physicians think in terms of value, as employers and not employees... this should start in medical school
- Improve inter-organization communication, i.e. discharge summary to PCP same day of hospital discharge and schedule follow-up
- Recommend that C-Suite members better leverage each other and work seamlessly together as one unit; one goal for organization.

Connected Health Key Takeaway's

- A successful Connected Health strategy includes three main components - Risk stratification, supportive technology and process redesign
- Numerous recommendations that Patient ID matching across systems is imperative
- Recommendations for Open Platform and open API infrastructures
- Integration of disparate care into larger healthcare systems (minute clinics, etc.)
- Understand total cost of ownership (TCO) for any possible solutions (5-year +)
- Implement gamification to enhance usability and engagement (Patients, providers, etc..)
- Patient interaction with the healthcare system is not linear. It is circular, continuous, and complex.

Connected Health Key Takeaway's

- UPMC - Driving vision of “bedless hospitals”
- Healthcare is evolving to a collaborative care model
- Understand how best to take on more “risk” for your entity/ care strategy
- Research Medicare’s “unbundled” Remote Patient Monitoring (RPM) reimbursement code (CPT 99091) and see how to implement with applicable patient base
 - \$58.67 per month per patient unadjusted Medicare rate (\$704 per year)
- Discharge patients with technology-enabled follow-up as well as support **care** (Best practice for both Connected and Virtual Care)

Connected Health Key Takeaway's

Future Connected Health Best Practice Goals

- Recommend that organizations rearchitect the way they provide care:
 - Reduce the levels of “friction” in the system – i.e., efficient procurement of supplies, improved patient engagement
 - Think about “bedless” hospitals – allow folks to continue their lives outside the hospital while managing their care – *“manage towards wellness”*
 - Build trust and loyalty around innovation (“People buy into trust, not into products.”)
 - Connect consumer needs to easy-to-deploy solutions. Leverage technological advances whenever possible to reduce “friction”
- Need privacy/security regulations that enhance the trust framework without stifling innovation

VIRTUAL CARE & CONNECTED HEALTH



Voice Assistants are Invading the Practice (and Home)

New research from DRG Digital/Manhattan: In the company's annual "Taking the Pulse" survey of 2,784 physicians, 23 percent said they used a voice assistant "for professional reasons"

Patient Interacting with Conversational Agent



Vital sign monitoring platform

- Heart Rate
- Respiratory Rate
- Pulse Ox (SpO2)
- Temperature
- Blood pressure
- Glucose
- Nitric Oxide (NO)

Virtual Care Key Takeaway's

- Ask what does your organization want out of a virtual care strategy?
 - Attract customers, expand reach, reduce cost, enhance access, triage for ER/ ED, etc..
- Virtual care will suffuse every element of care
 - For success, must be integrated into care design with proper change management
 - “It’s the care model that matters”
- When possible, start your virtual care strategies small with a portion of patient base (100, 500, 1,000) or a single disease state
- Understand how voice-enabled technologies and innovations can support your advanced care delivery
- “Voice First, not Voice Only” – Reduce friction in these transformational strategies
 - Voice has shown to lower the friction with patients and post-care instructions

Virtual Care Key Takeaway's

- Virtual Patient Advocates – “Louise” by Dr. Jack and BU School of Medicine
 - Emulate face-to-face communication
 - Develop therapeutic alliance-empathy, gaze, posture, gesture
 - Teach After Hospital Care Plan (AHCP)
- Orbita example – How Amazon’s Alexa can be enabled with “Health Skills” and made HIPAA-compliant
- Use technology to help discharge patients with accurate/ comprehensive info, continuity of communication, solve fragmentation, decrease variability, provide clear med/ Rx instructions, reliable contact information & post-hospital information
- Virtual Assistant-enabled post-acute care in the home setting
 - Amazon, Google & Apple are the leaders today

Virtual Care Key Takeaway's

Future Virtual Care Best Practice Goals

- Understand how the new CMS CPT codes for telehealth can be used to support for virtual care strategy
- Work towards all payers reimbursing and incentivizing for telehealth
- Create “on-demand care” vs web-based physician appointment strategy
- Have the mindset that telehealth is a solution and not a technology
- Build telehealth into the fabric of health system and not as a stand-alone item
- Provide adequate time for telehealth to have proper buy-in to support successful change management

Virtual Care Key Takeaway's

Future Virtual Care Best Practice Goals – Cont'd

- Direct-to-consumer is the last mile of virtual care – the success of virtual care is based on the care model and how virtual care is integrated into every element of care...it's so much more than the technology
- Recommendation to properly educate C-suite/ leaders on definition, timing, development and financial models of virtual care. Misunderstanding with organization leadership can halt progress and encumber outcomes.
- To make a timely impact with the release of telehealth products, must have mind set that “perfect can be the enemy of the good.”
- Successful telehealth models will be patient-driven with telehealth being a “digital front door.”

THANK YOU

— Justin Barnes

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