



CASTELL

Seamless Transitions of Care

NAACOS 2020 Fall Conference

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Intermountain Scope & Stewardship



160

Intermountain Clinics
+55 Nevada Clinics



6 States, 40+ sites
~**620,000** Virtual
Interactions



23 Hospitals
+1 Virtual Hospital



39,800 Caregivers
(includes Nevada)

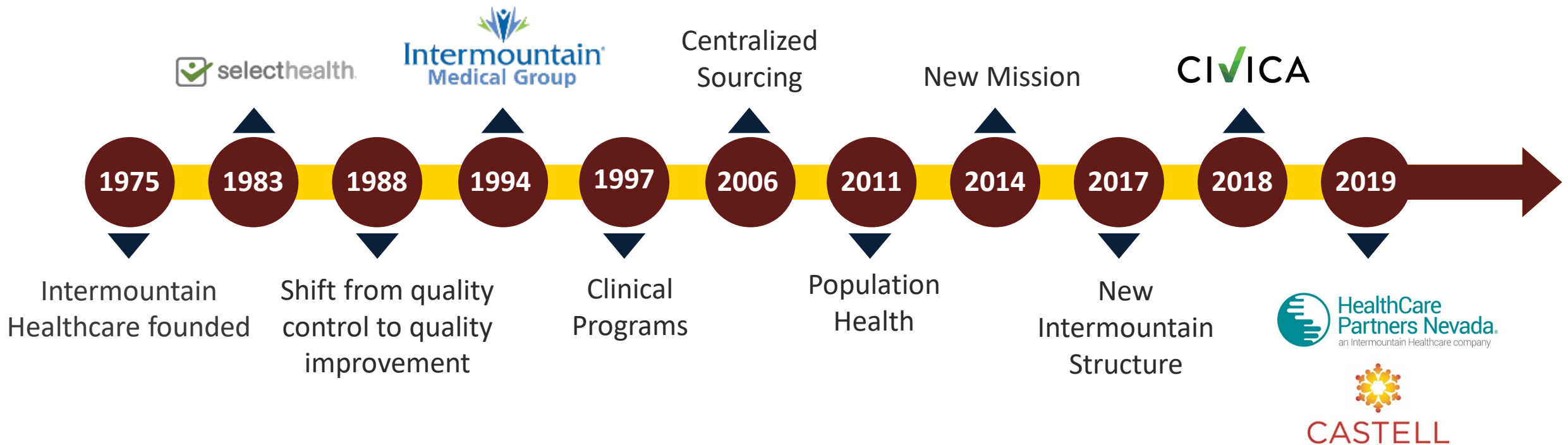


900,000+
SelectHealth Members

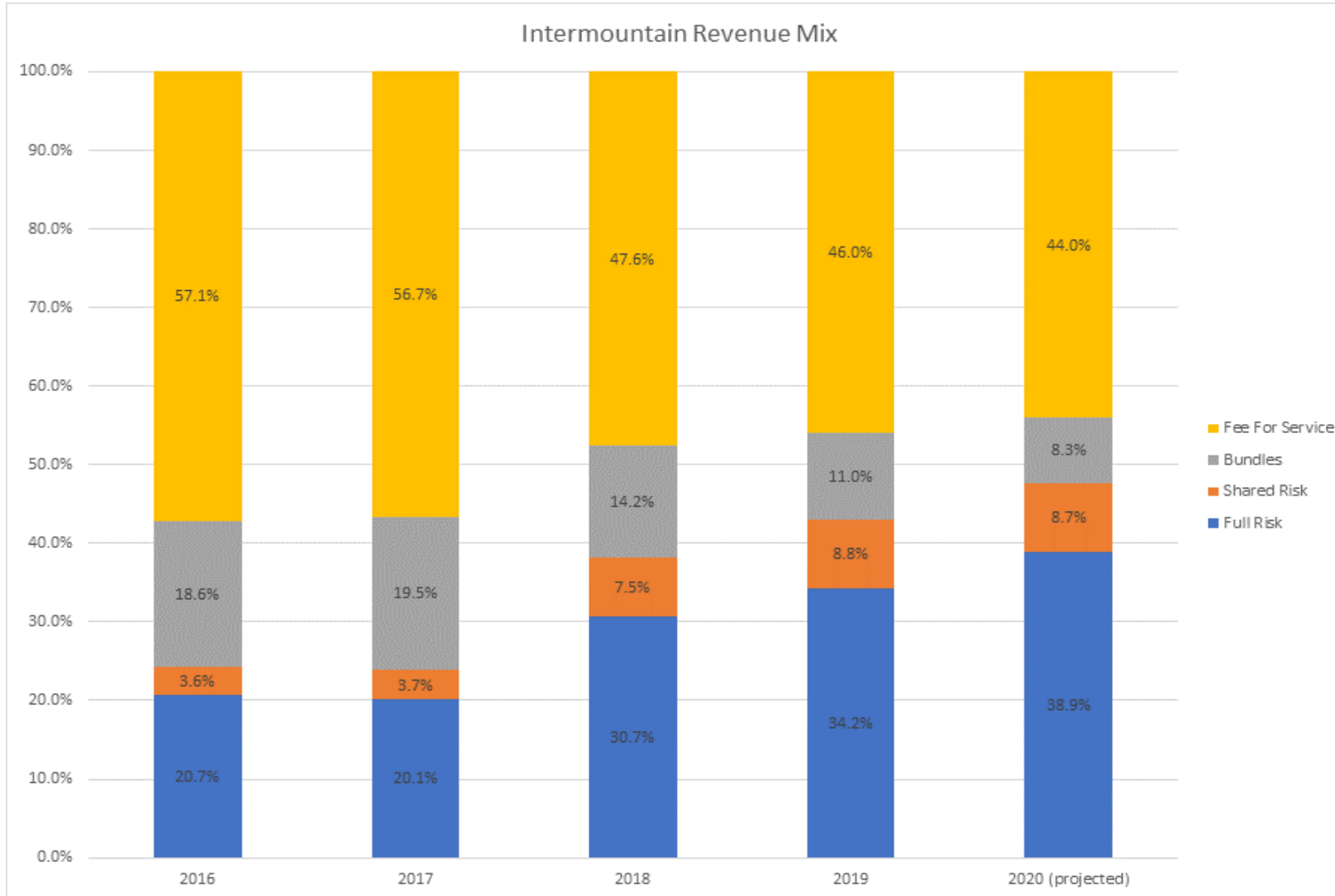


\$250M
Financial Assistance

A Tradition of Innovation and Growth



Accelerating the Shift to Risk-Based Payments



Multi-Pronged Approach to Transitions of Care



Hospital

- Improved collaboration between providers, care management and therapy
- Revising patient education
- Enhanced information provided to next site
- Developing guidelines with specialists


SNF

- Adjusted preferred SNF network
- Expanded and enhanced our Post-Acute Care Team

Home

- Ensuring clinic follow-up visits within 7-14 days
- Coordinating with primary care clinic

Concept



Pilot Program


- 2017**
- Homecare Operations
 - All Intermountain Hospital Discharges
 - 2 SNF Locations
 - 2 APPs
 - 492 covered lives

Growth & Development



- 2018**
- 5 Locations
 - 4 APPs
 - 0.8 Physician
 - 1080 covered lives

Production



- 2019**
- 8 Locations
 - 6 APPs
 - 1.2 Physicians
 - 2348 covered lives

Focus & Innovation



- 2020**
- Castell
 - Risk-only
 - 14 Locations
 - 2 COVID+ Units
 - 9 APPs
 - 2 PRN APPs
 - 1.6 Physicians
 - 5 Care Managers
 - 5 Coordinators
 - 1000 covered lives



Medical Management in Post Acute Care



CASTELL

CLINICALLY FOCUSED

Referral Management

QII Network of high-performing, efficient partners

Ensure patient access to right site of care

Provider Driven Care

Supports appropriate utilization, LOS and reduced returns to acute

Process standardization and care guidelines

Goals of care discussions, advanced care planning

On-site 5 days a week, 24 hr. on-call

Medical expense management

Care Management & Coordination

Registered Nurse Care Managers ensure physician involvement in transitions of care

Barriers to discharge, social determinants of health, community resources

Specialist, PCP and next site of care coordination

OPERATIONALLY EFFICIENT

Improved utilization and program performance through

Partner collaboration

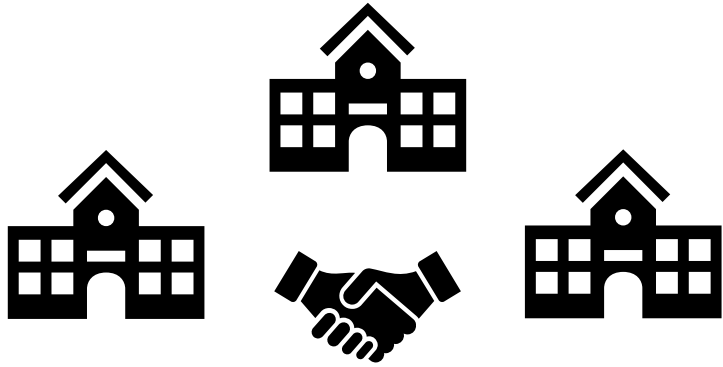
Process improvement and management

Education & support

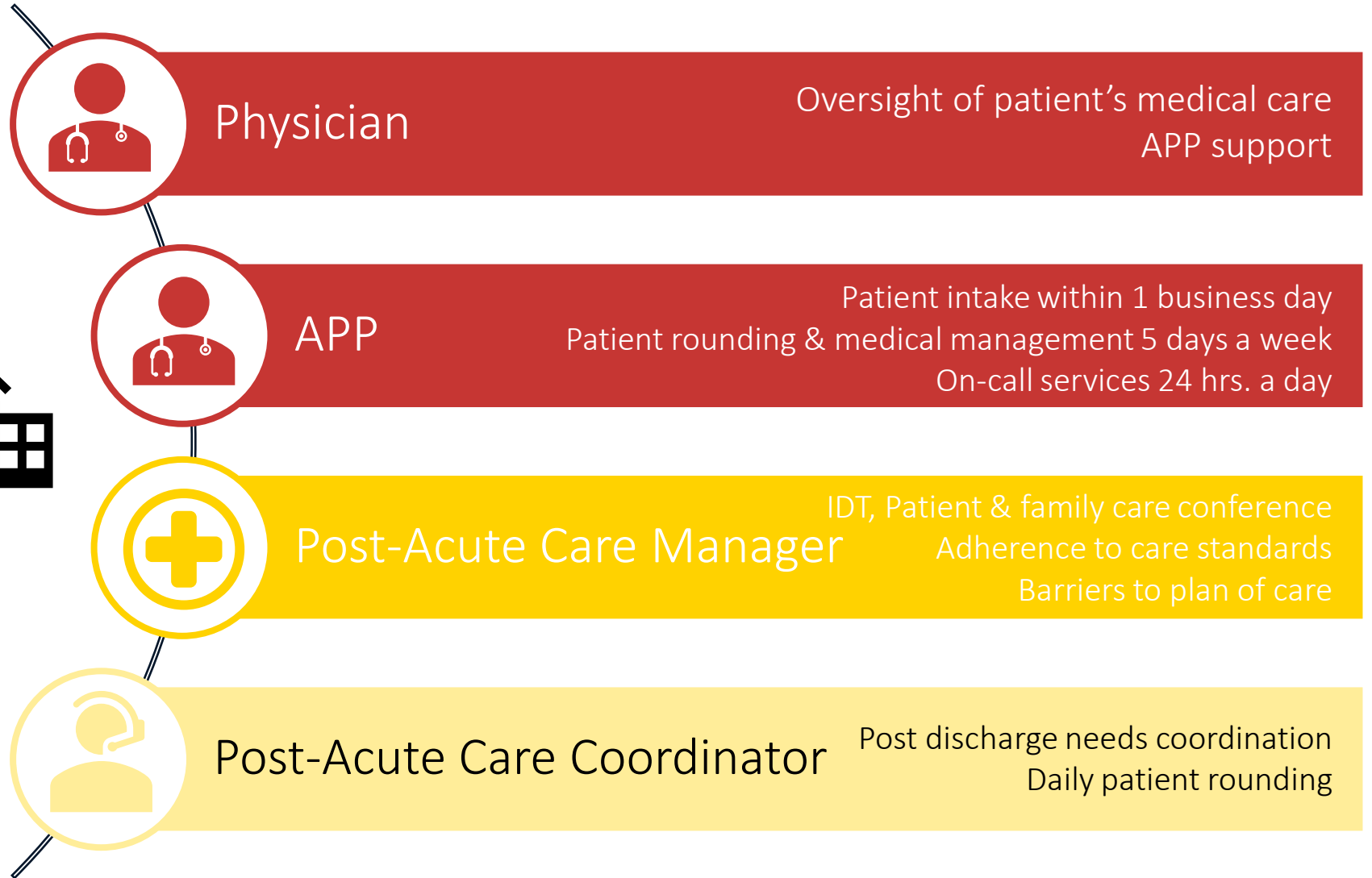
Information Technology

Hospital & SNF EMR Access, Collective Medical, Connect Care virtual visit platform

Post-Acute Services



Quality Improvement Initiative (QII)
Network of SNFs



Length of Stay

All SNF Discharges

Most Recent 12 Months Available (May 2019 - Apr 2020)	Most Recent 6 Months Available (Nov 2019 - Apr 2020)
21.6	24.5

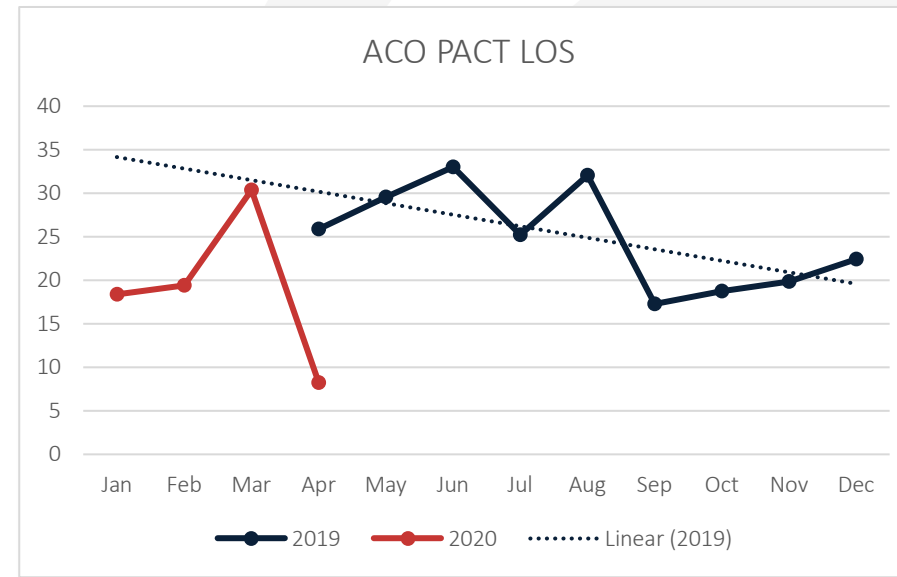
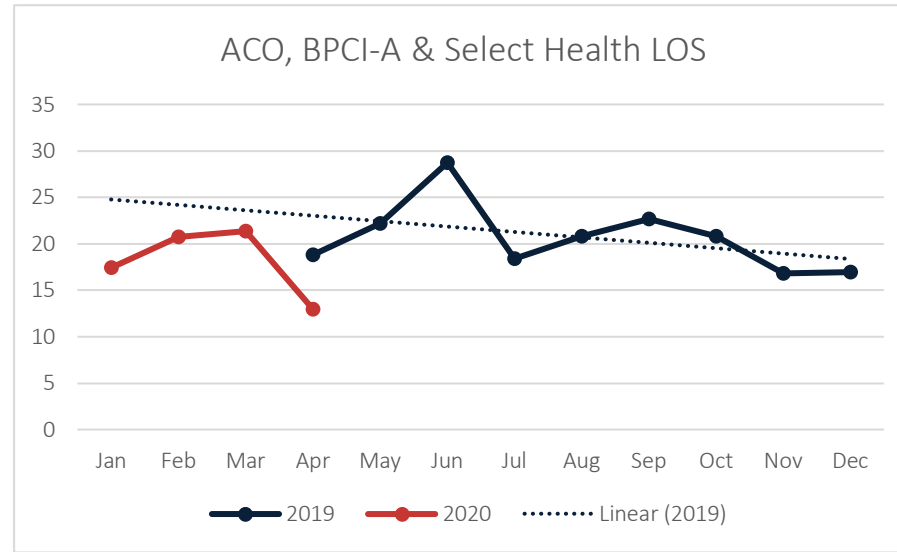
PACT SNF Discharges

Most Recent 12 Months Available (May 2019 - Apr 2020)	Most Recent 6 Months Available (Nov 2019 - Apr 2020)
20.3	19.2

5.3
days
lower
In most recent
6-month period

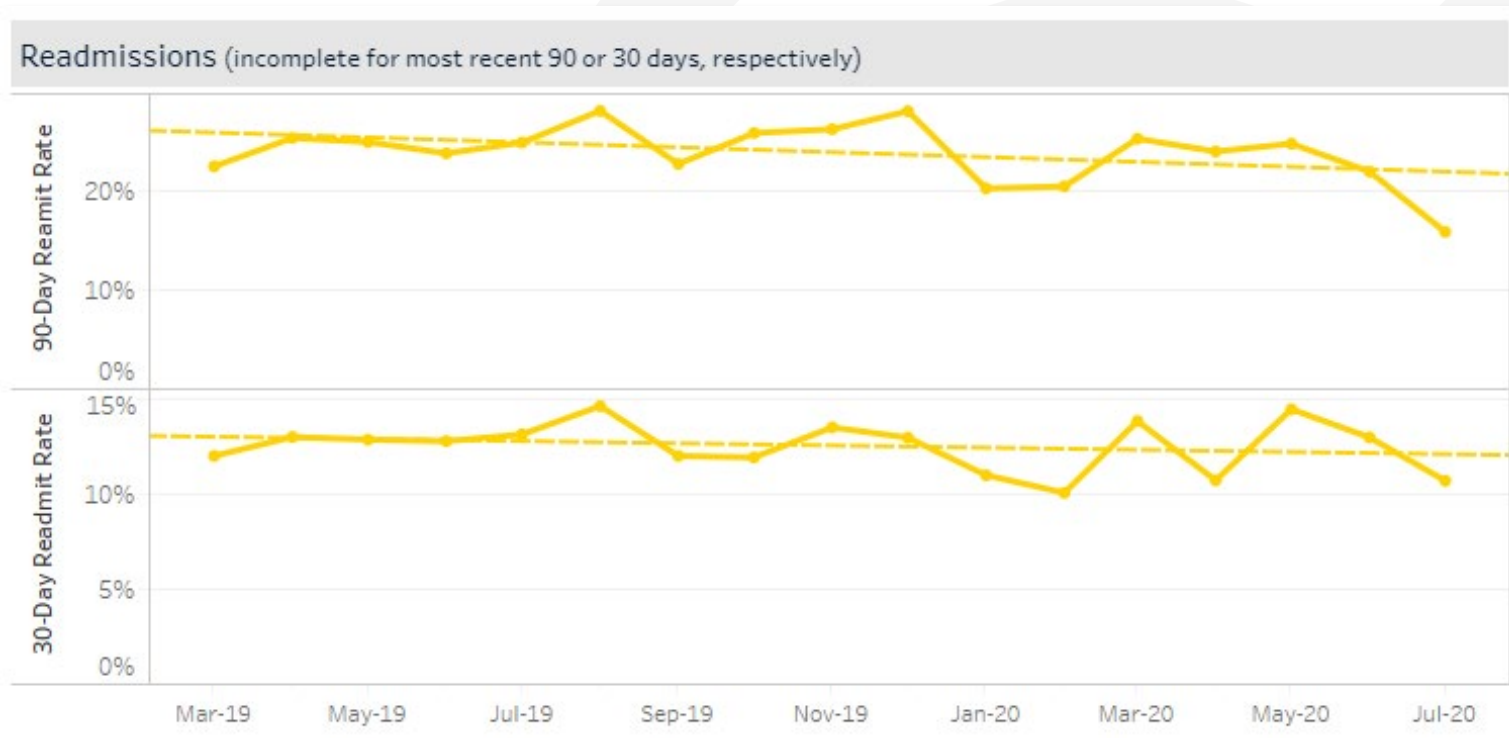
LOS Reduced
2.71 days
 All at-risk

ACO LOS 2019
25.2 days
 ACO LOS 2020*
18.7 days



*PACT SNFs, Risk products
 Apr.-Dec. 2019 compared to Jan.-Apr. 2020

Return to Acute (RTA)

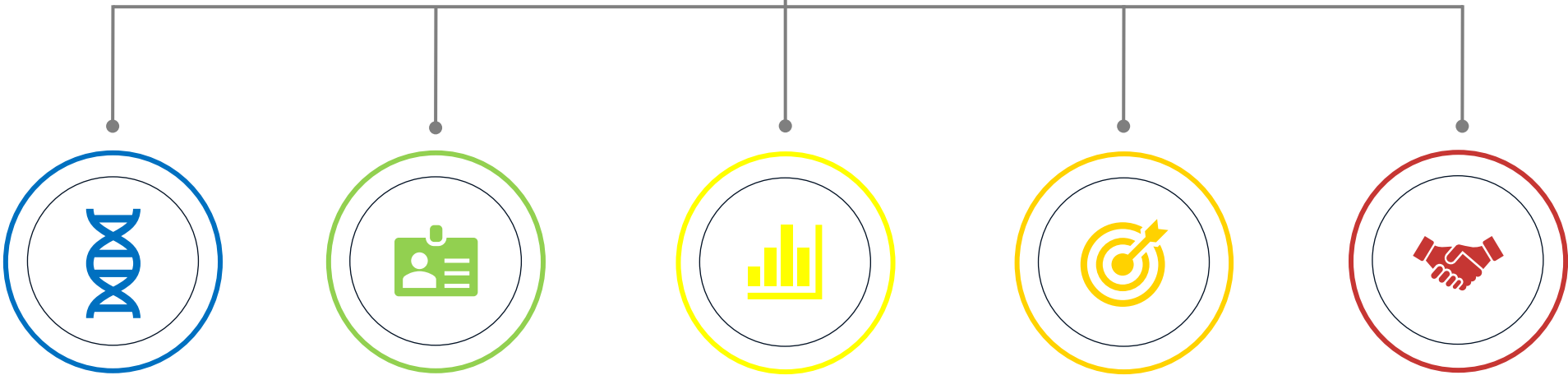


QII 90 Day RTA
down from 26% to 21%

QII 30 Day RTA
Holding 12-13%



Challenges



COVID-19 Effects

Working through operational and data challenges due to the pandemic

Patient Identification

Internally flagging all risk patients & notifying SNFs.

Data Collection

Combining data from multiple data sources in real time.

Establishing Benchmarks

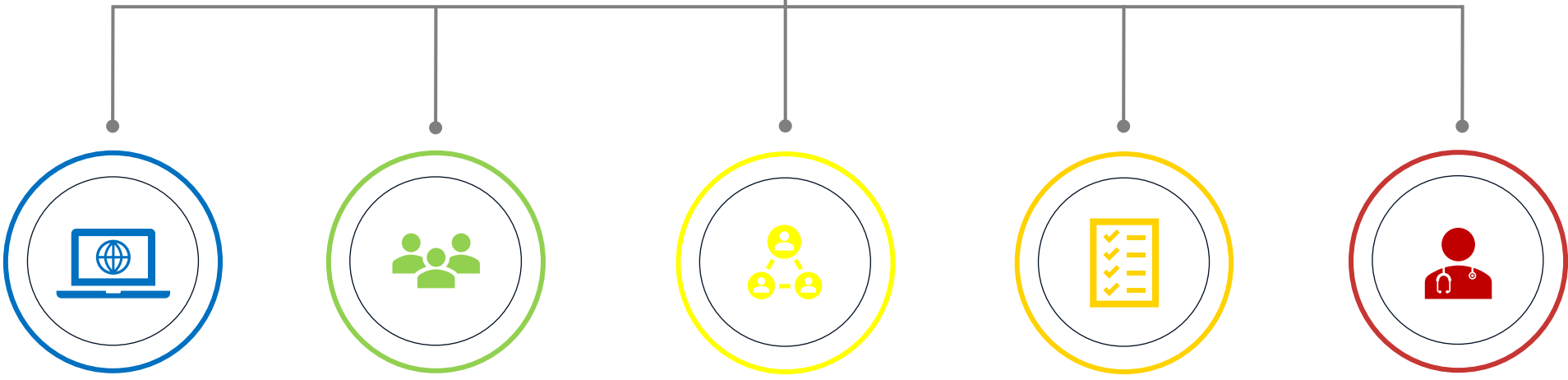
Identifying national benchmarks for best practice applying to MCR & Commercial patients.

Partner Incentive

Aligning with the financial model of SNFs without the payer authority over LOS.



Opportunities & Future State



Technology & Innovation

- Castell Post Acute Dashboard
- Connect Care video visits
- Signify BPCI-A
- Collective Medical

Covered Patient Lives

- Managing all downside risk patients
- Provider clinical chart reviews
- Post Acute Care management models

Continuum of Care

- Collaboration with Homecare providers to ensure VBC for 90-day episodes

Care Process Models

- THA/TKA guidelines
- More guidelines coming soon!

VBC Product Offerings

- Medical management & care management models for affiliates providers and ACOs



Transitions of Care Significant Part of Success

