



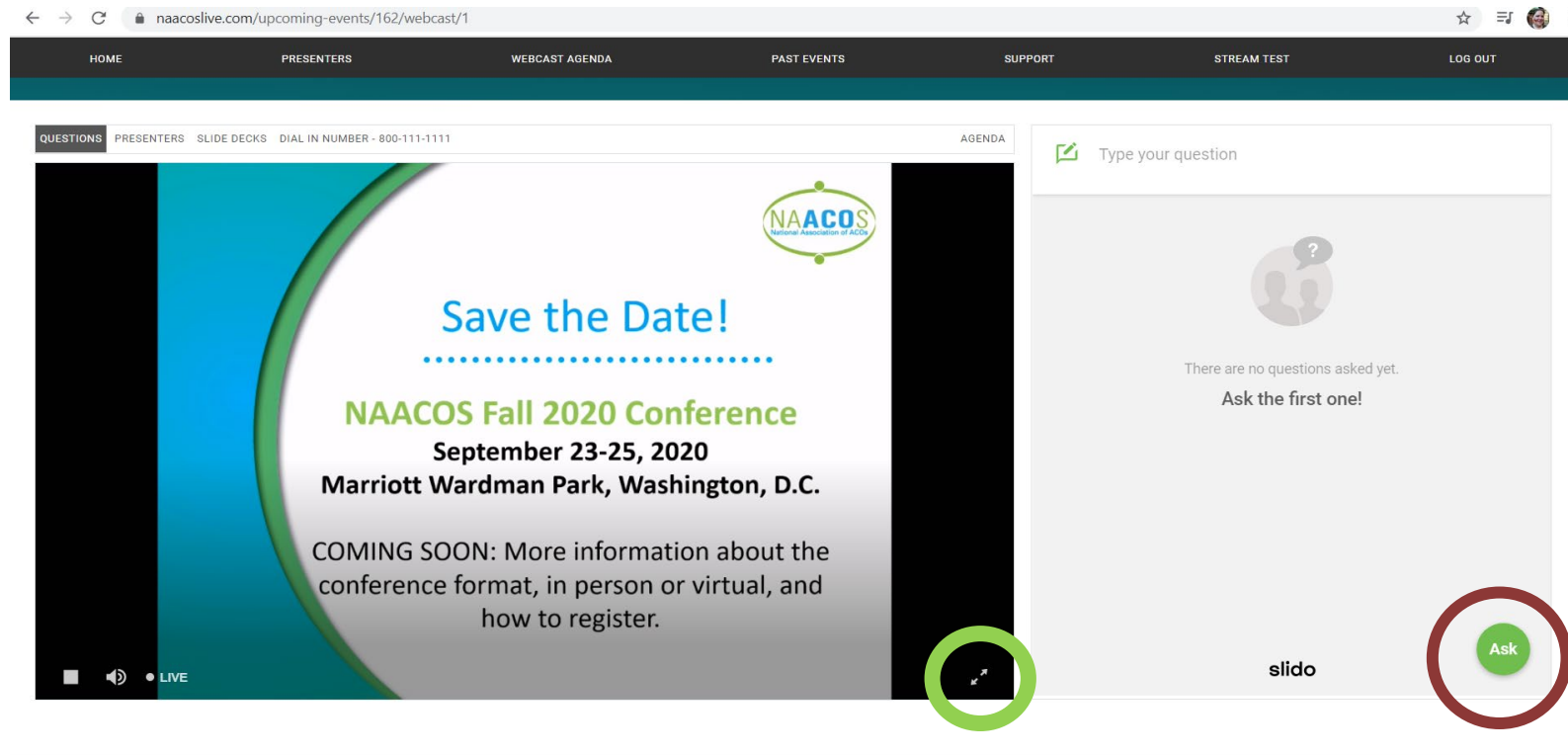
The Future of Population Health Management



Data Sharing Is the Change Agent

Housekeeping.....

1. If you would like to make the presentation full screen on your device, hover over the presentation and hit the double arrow button circled in the screen shot below in green.
2. To ask a question, click on the green “ask” button in the bottom right of the questions box. Please see the red circle in the screen shot below.
 - You can type in a question at any time during the presentation.



Speakers



Travis Broome

Vice-President of Policy and ACO Administration
Aledade



Daniel Hyman

CEO, AllCare Health Alliance
Medical Director of Population Health and Primary Care, Cooper University Health Care



Julia Jenkins

Medical Director
UnityPoint Accountable Care



Theresa Knowles

Chief Quality Officer
Community Care Partnership of Maine

TELEHEALTH

Expansion and Alignment of Telehealth Capabilities
in response to COVID-19

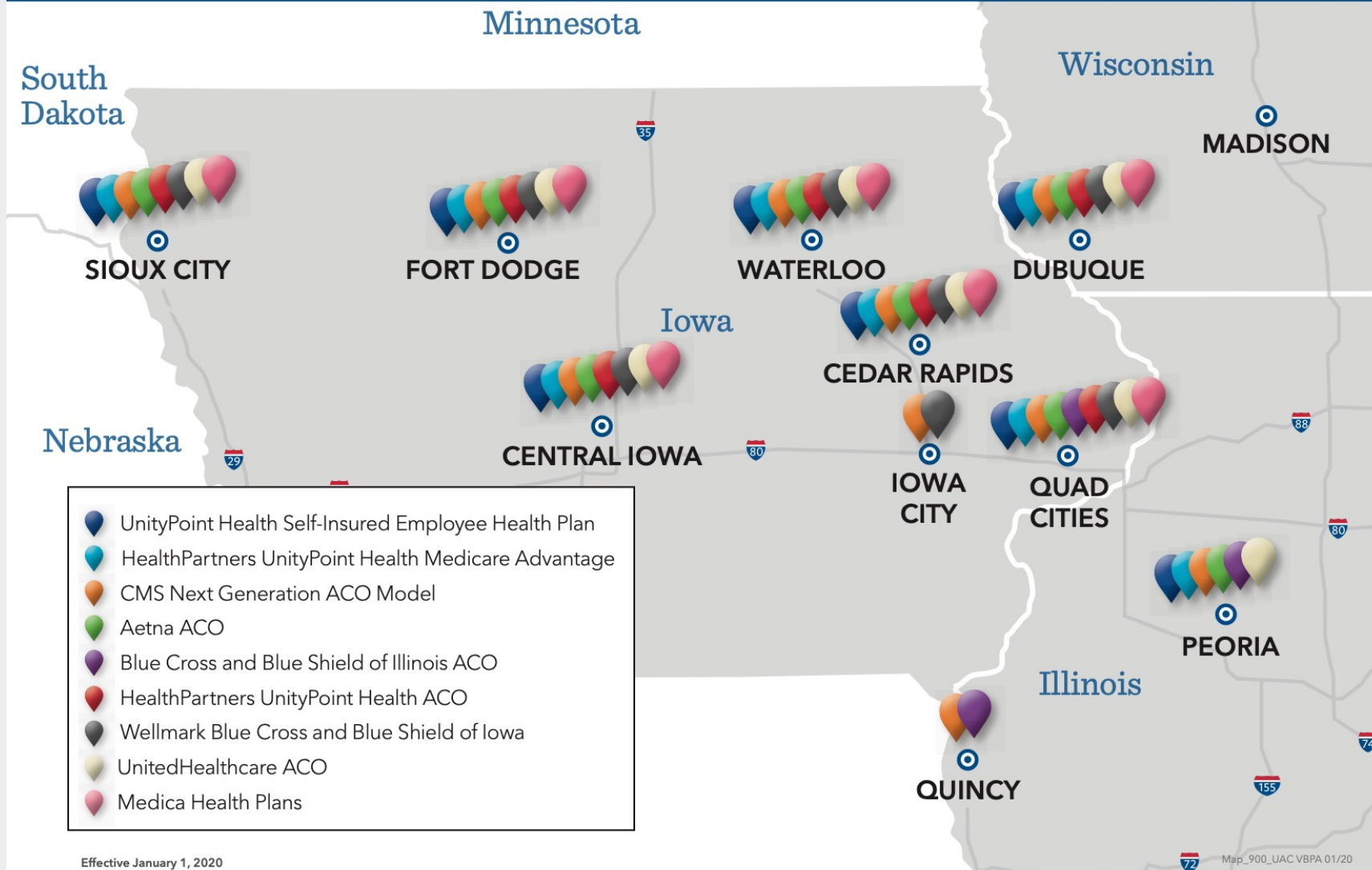
JULIA C JENKINS, DO, FAAFP, MMM



UnityPoint Health

- UnityPoint Accountable Care is a large ACO in the Midwest
 - Clinically Integrated Network comprised of over 9000 providers across three states with both employed and independent practices
 - Mixed Urban and Rural demographics
- Participation in numerous Value Based Payor agreements with several including downside risk
- Approximately 350,000 lives in value-based agreements
- Significant use of multiple data informed tools to achieve The Triple Aim
 - 3-day waiver
 - Care Coordination and Population Health
 - Integrated Care Management
 - Care at Home
 - Post Discharge Home Visits
 - Care Management Home Visits
 - PatientPing
 - Telemedicine
 - Clinical Decision Support

Value-Based Contracts



Effective January 1, 2020

Map_900_UAC VBPA 01/20

Contact us at (515) 241-3767 or UnityPointAccountableCare@unitypoint.org



Ambulatory Virtual Care

- Primarily Clinic to Clinic
- **Behavioral Health**
 - Scheduled visits for rural outreach
 - Emergency department coverage
- **Primary Care**
 - Early stages of implementation
- **Specialty Care**
 - HIV Clinic with coverage of infectious disease between regions
- **Virtual Urgent Care**
 - On demand virtual urgent care availability 24/7

Inpatient Virtual Care

- Tele-hospitalist program kicked off in Fall 2019



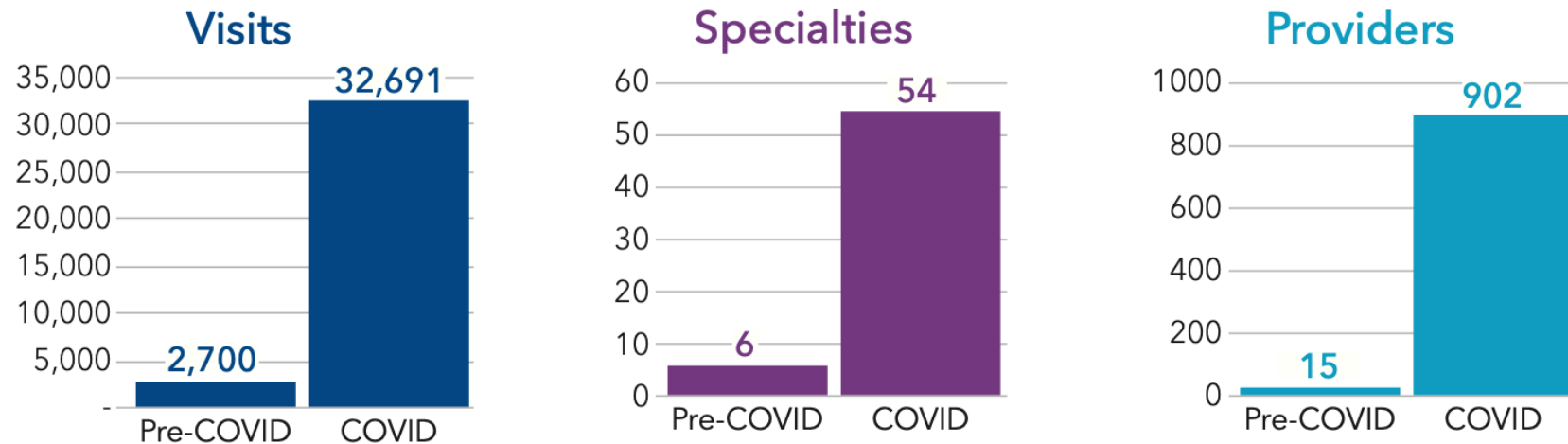
***Rapid broad expansion across
all sites of care utilizing
several different platforms***

Telehealth COVID-19 Response



With the easing of telehealth restrictions during the COVID-19 emergency, UnityPoint Health has been able to keep lowans connected to vital health care services:

- Telehealth visits have increased by **1,111%**.
- The number of specialties available has increased from **6 to 54**.
- The number of UnityPoint Health providers using telehealth has increased from **15 to 902**.
- Settings include homes, clinics, hospitals, emergency rooms, nursing facilities and more.



Pre-COVID time period = 1/20/2020 - 3/20/2020; COVID time period = 3/21/2020 - 5/20/2020

Where we are - Current state



Current UPH Telehealth **TECHNOLOGY** vendors:



Ambulatory/HOD Virtual Scheduled Care

- Built capabilities for over 1700 Physicians, Advanced Practice Providers and Ancillary Providers such as Physical Therapy, Social Work, Nursing, Diabetes Educators, etc.
 - 1200 actively engaged and have successfully completed at least one virtual visit
 - Amwell interface with Epic for adult patients
 - Doximity Video Calls for pediatric patients
 - Vidyo for group visits including diabetes education, Intensive Outpatient (IOP)
- Expanded to provide services to patients located in their home with the support of the CMS waiver during the Public Health Emergency

Virtual Urgent Care

- Made available for patients with zero cost sharing through April 30, 2020
- Supplemented Amwell physician pool with UnityPoint Physicians
- Transitioned to Urgent Care providers in physical clinics supporting Virtual Urgent Care as able during their regular shifts

Telehealth COVID-19 Response



UnityPoint Health: Supporting rural access with telemedicine

816

Number of Iowa zip codes where patients, who have leveraged telemedicine services, reside

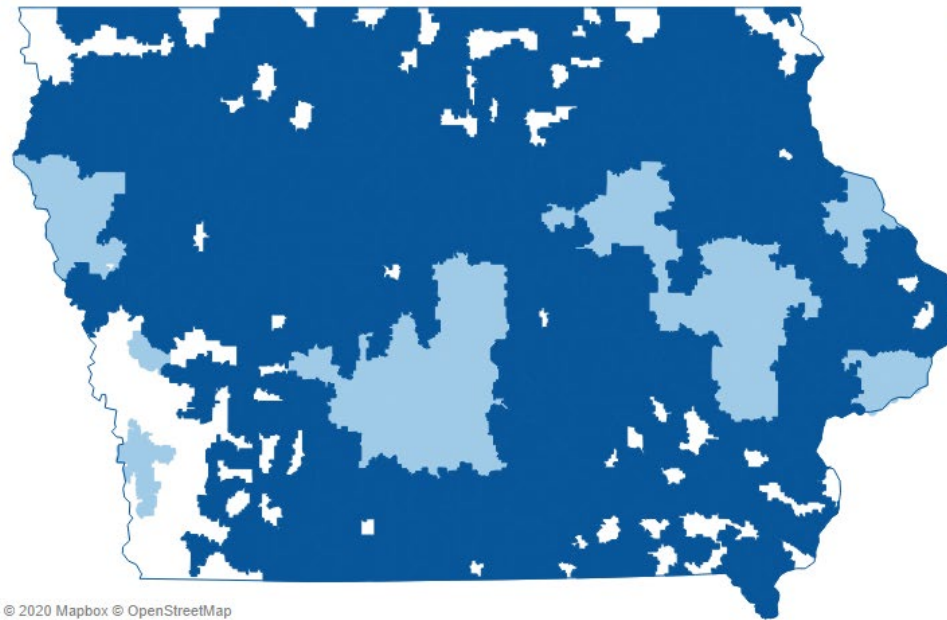
78%

Percent of rural Iowa zip codes where patients, who have leveraged telemedicine services, reside

+39%

Percent increase in 2020* of Iowa zip codes where patients, who have leveraged telemedicine services, reside

■ Metro addition ■ Rural addition | *Through mid May 2020

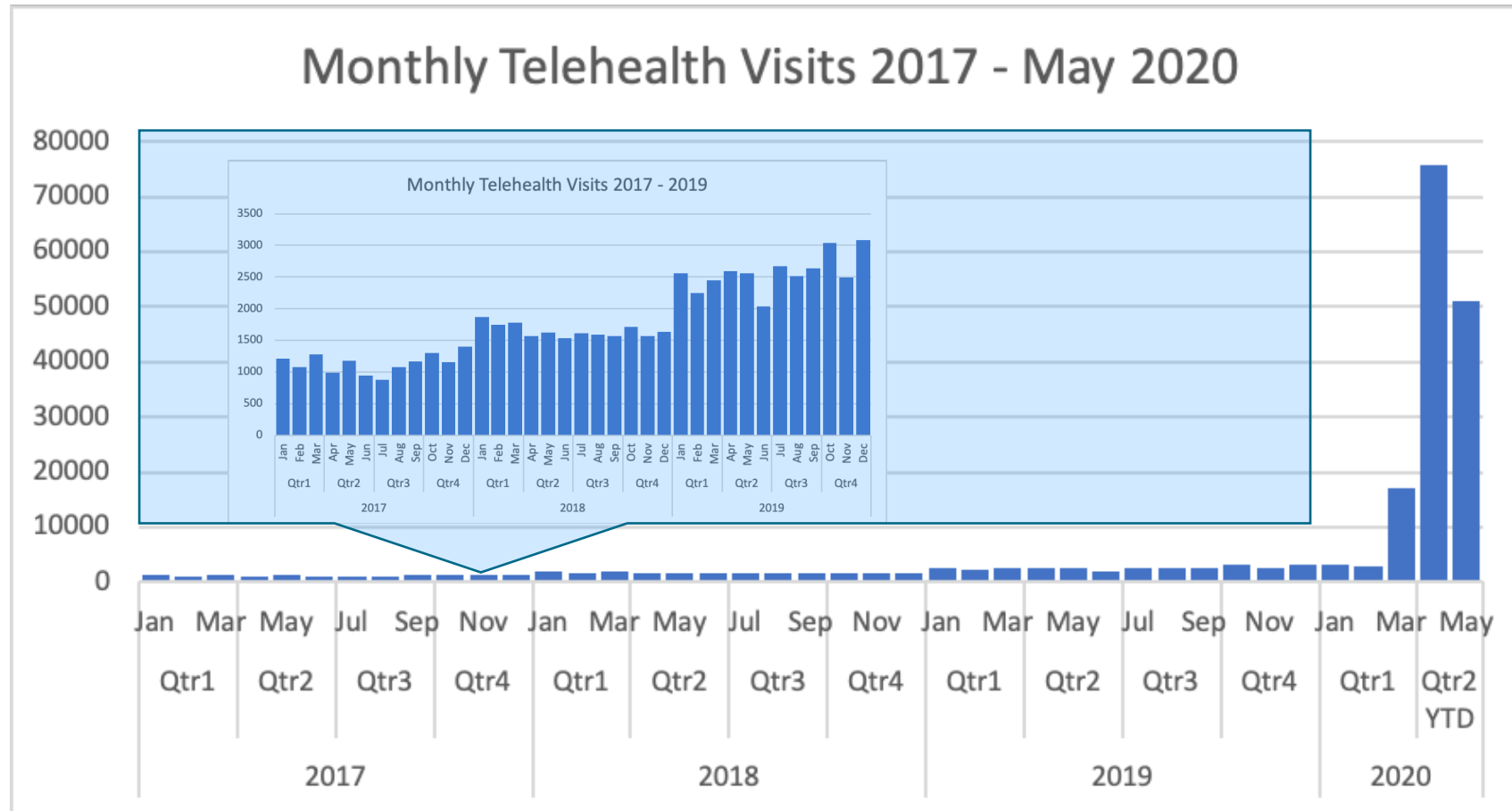


© 2020 Mapbox © OpenStreetMap

■ Metro ■ Rural

Map uses the Federal Office of Rural Health Policy (FORHP) definition of rurality <https://www.hrsa.gov/rural-health/about-us/definition/datafiles.html>

Telehealth COVID-19 Response



Inpatient Virtual Care

- Expansion of tele-hospitalist program to all regions with broad adoption
- Ability to do inpatient group behavioral health visits

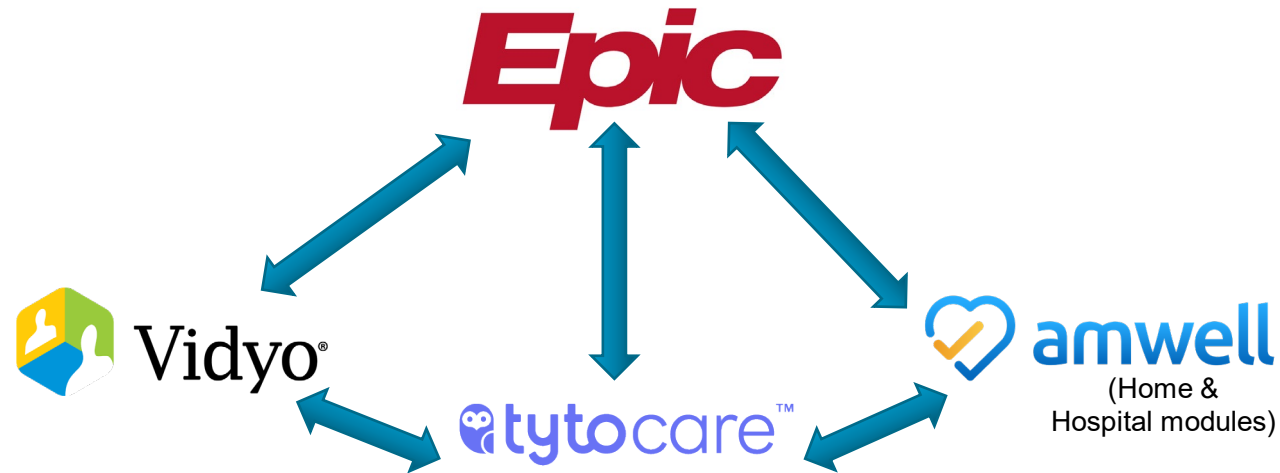
Remote Home Monitoring

- Developed for community follow up of COVID and COVID suspected patients to identify those worsening and facilitate timely connection to PCP and HHC.
- Two levels: basic and advanced monitoring
 - Basic monitoring uses text-based platform (CareSignal COVID Connect)
 - Advanced monitoring uses RN outreach (EPIC workflow)
- Can be augmented with “peripherals” including pulse ox monitoring.
- Basic processes broadly applicable to other disease states and clinical scenarios (e.g. CHF, DM, post-op, post-ED, etc).

Where we are going - Potential future state



All vendors integrate with each other to create an improved patient and provider experience!





- **Continued Expansion through hospital system to include additional specialties**
 - Palliative Care
 - Infectious disease
 - Behavioral Health
 - **Cross regional coverage**
 - Improve access to specialists for patient care
 - Improve access to specialists for support of healthcare team
 - **Optimize virtual abilities to be able to provide added value services through innovative use cases**
 - **Integration into day to day operations**
 - Allow patients to self schedule
 - Improve ease of patient access
 - **Expand access in Post Acute Facilities**
 - **PACE Program utilization**
-

A Patient's Perspective



Average Patient Satisfaction Rating
4.85 out of 5 Stars
UnityPoint Health Virtual Care Visits

When it came time for his annual wellness visit, Scott Frank considered cancelling due to his busy schedule. He then learned he could have his visit virtually. Soon after scheduling his appointment, he was disking a field when he stopped his tractor to talk with his primary care provider.

"It's hard to give up good weather when you can be planting. Spending three hours going to the doctor and with the current pandemic, I was reluctant to go in. I had never done anything like this before. My wife helped download the app and we did it in one try. I'm not a super tech guy, but it was super convenient, and anyone could handle this to save time. My meeting with my doctor was great. I heard him fine. He went through my health history and we discussed options for my health. It was much easier and convenient with the same results. I would highly encourage everyone to consider the ease and convenience of virtual visits".

– Scott Frank, Farmer, Belle Plaine, Iowa

Thank You



UnityPoint Health

TELEHEALTH

Daniel J. Hyman, DO
AllCare Health Alliance
Cooper University Health Care
June 24, 2020

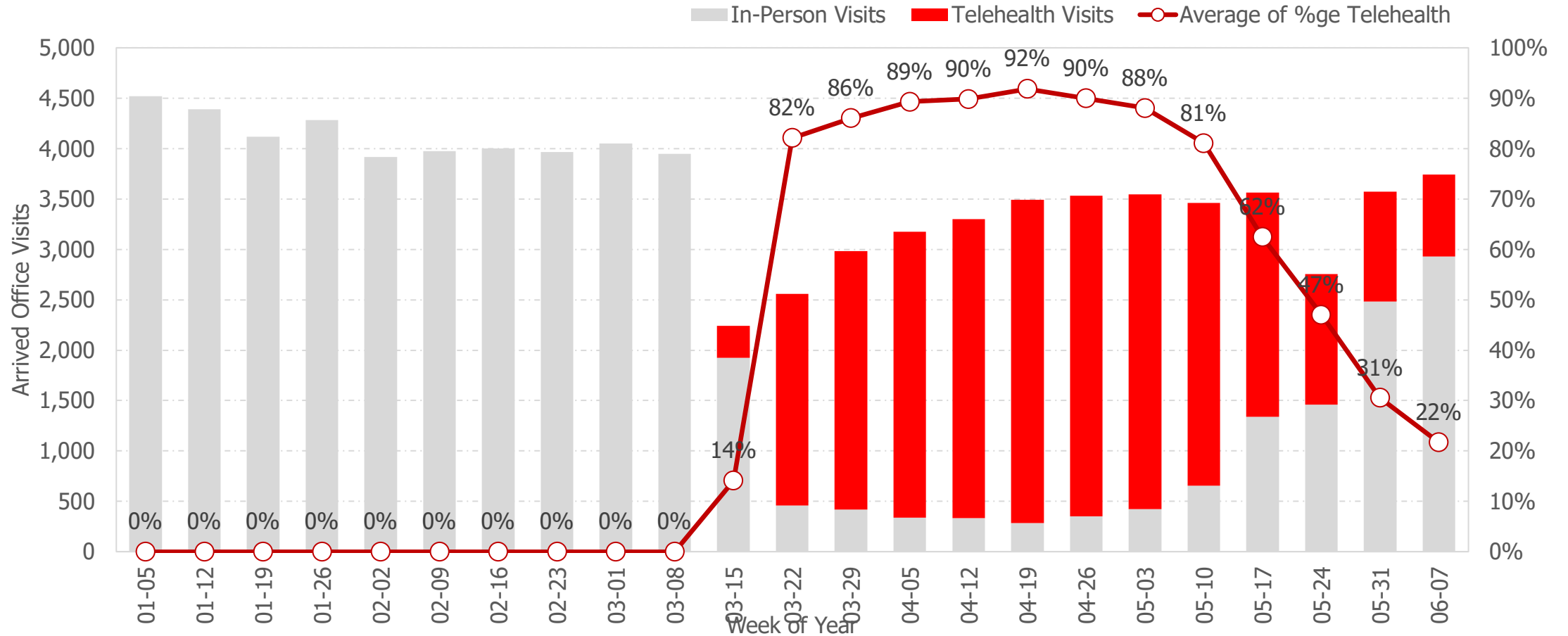
- Cooper University Health Care
 - Employed faculty
 - All 650
 - Primary care 73
 - Offices
 - Total 110
 - Primary care 27
 - Hospitals
 - 1 main
 - 13 hospitals with Cooper services

- Cooper University Health Care
 - Visits/month
 - PreCOVID
 - All specialties 110,000
 - Primary care 16,700
 - During COVID
 - All specialties 36,700
 - Primary care 12,700

- Pre-COVID
 - Primary care
 - Other
 - Stroke Consults
 - Some Psychiatry
 - Remote Consults

- During COVID
 - Platforms
 - Webex
 - Doximity
 - InTouch

Telehealth



- During COVID
 - Call volume
 - Weekends

- During COVID
 - New templates
 - AWW
 - Routine telemed
 - Billing

New						
Payer Group	Level 3 In person	Level 3 Telemed (Pre COVID)	Level 3 Telemed (Current)	99442 Audio only	Waivers in existence?	Expiration date
Medicare	\$117.70	\$0.00	\$117.70		1135	End of PHE
Medicaid	\$211.23	\$0.00	\$211.23		Pursuant to EO 103	End of PHE
Horizon	\$88.40	\$0.00	\$88.40	\$28.75	Horizon policy	End of PHE
Horizon NJ Health	\$211.23	\$0.00	\$211.23		Horizon policy	End of PHE
Aetna	\$169.91	\$0.00	\$169.91		Aetna policy	8/4/2020
United	\$125.82	\$0.00	\$125.82	\$29.04	United policy	6/18/2020
Other						

Est						
Payer Group	Level 3 In person	Level 3 Telemed (Pre COVID)	Level 3 Telemed (Current)	Audio only	Waivers in existence?	Expiration date
Medicare	\$82.10	\$0.00	\$82.10		1135	End of PHE
Medicaid	\$142.83	\$0.00	\$142.83		Pursuant to EO 103	End of PHE
Horizon	\$66.78	\$0.00	\$66.78	\$28.75	Horizon policy	End of PHE
Horizon NJ Health	\$142.83	\$0.00	\$142.83		Horizon policy	End of PHE
Aetna	\$113.80	\$0.00	\$113.80		Aetna policy	8/4/2020
United	\$68.65	\$0.00	\$68.65	\$29.04	United policy	6/18/2020
Other						

PHE = Public Health Emergency
EO = Executive Order

Camden





THE POP HEALTH MODEL'S ESSENTIAL ELEMENTS FOR ADDRESSING THE COVID PANDEMIC AND BEYOND: TELEHEALTH

Thursday, June 25, 2020

Theresa Knowles

Chief Quality Officer

Community Care Partnership of Maine



Community Care Partnership of Maine by the numbers

June 2020

8

Aetna | Aetna Medicare Advantage | Anthem | Anthem Medicare Advantage | Cigna | Harvard Pilgrim Health Care | MaineCare Accountable Communities Program | Medicare Shared Savings Program

Payer Agreements



3,750

Employees

Across Our Member Organizations

245,000



Patients Served Annually

363

Miles between our northernmost & southernmost member organizations



18

Member Organizations

15 FQHCs

3 Community Hospitals

Bucksport Regional Health Center | Cary Medical Center | DFD Russell Medical Center | Eastport Health Care, Inc. | Fish River Rural Health | Greater Portland Health | Harrington Family Health Center | Health Access Network | Hometown Health Center | Islands Community Medical Services, Inc. | Katahdin Valley Health Center | Millinocket Regional Hospital | Nasson Health Care | Penobscot Community Health Care | Pines Health Services | Sacopee Valley Health Center | St. Croix Regional Family Health Center | St. Joseph Healthcare



\$30.7 million

in savings generated under the Medicare Shared Savings Program to date with \$13.7 million returned to CCPM and its member organizations



293

Primary Care Providers



80,000

Attributed Lives Overseen



Telehealth Prior to COVID-19 Pandemic



- Very Few Organizations Using Telehealth Pre-COVID
 - Two of the smaller organizations were using it for counseling services
 - Two other rural member organizations used it for psychiatry services
 - Nominal use for specialty consults

Telehealth During the COVID-19 Pandemic



- All 18 organizations shifted swiftly (within 1-2 weeks) to telehealth
 - Staff meetings, trainings, onboarding
 - Primary care and chronic disease management
 - Individual and group counseling, psychiatry
 - Annual Wellness Visits
 - Medication Assisted Recovery
 - Specialty consults
 - Dental triage
 - Same day care/walk-in care
 - Care Management, transitions and triage

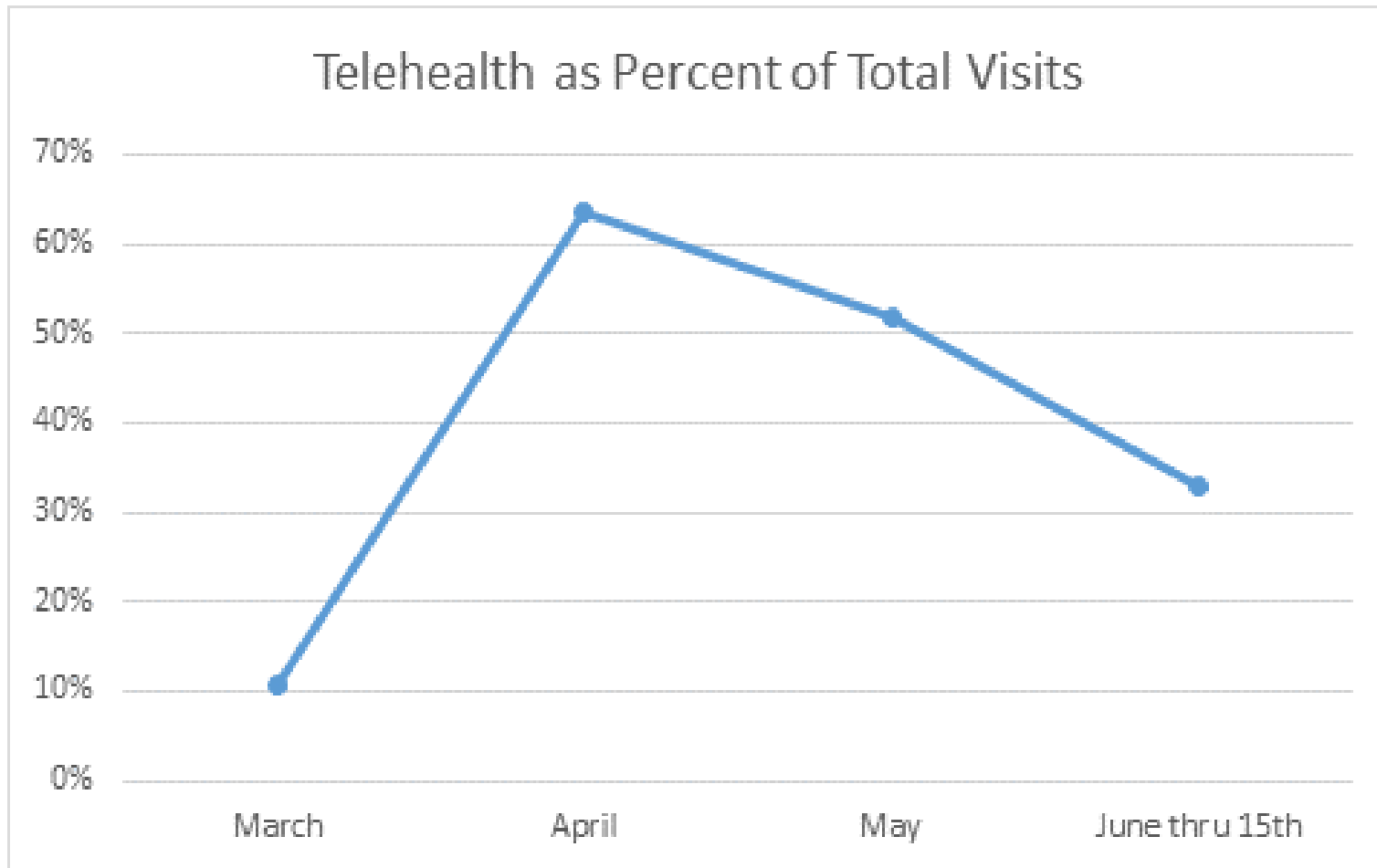


Challenges with Adoption

- Lack of webcams
 - no WI-FI or limited broadband
 - Discomfort with technology
- Annual Physicals
- Procedures
- New patients
- Patients new to a provider without well-established relationships
- Some chronic disease management visits if patient does not have remote monitoring equipment



Telehealth Adoption During COVID



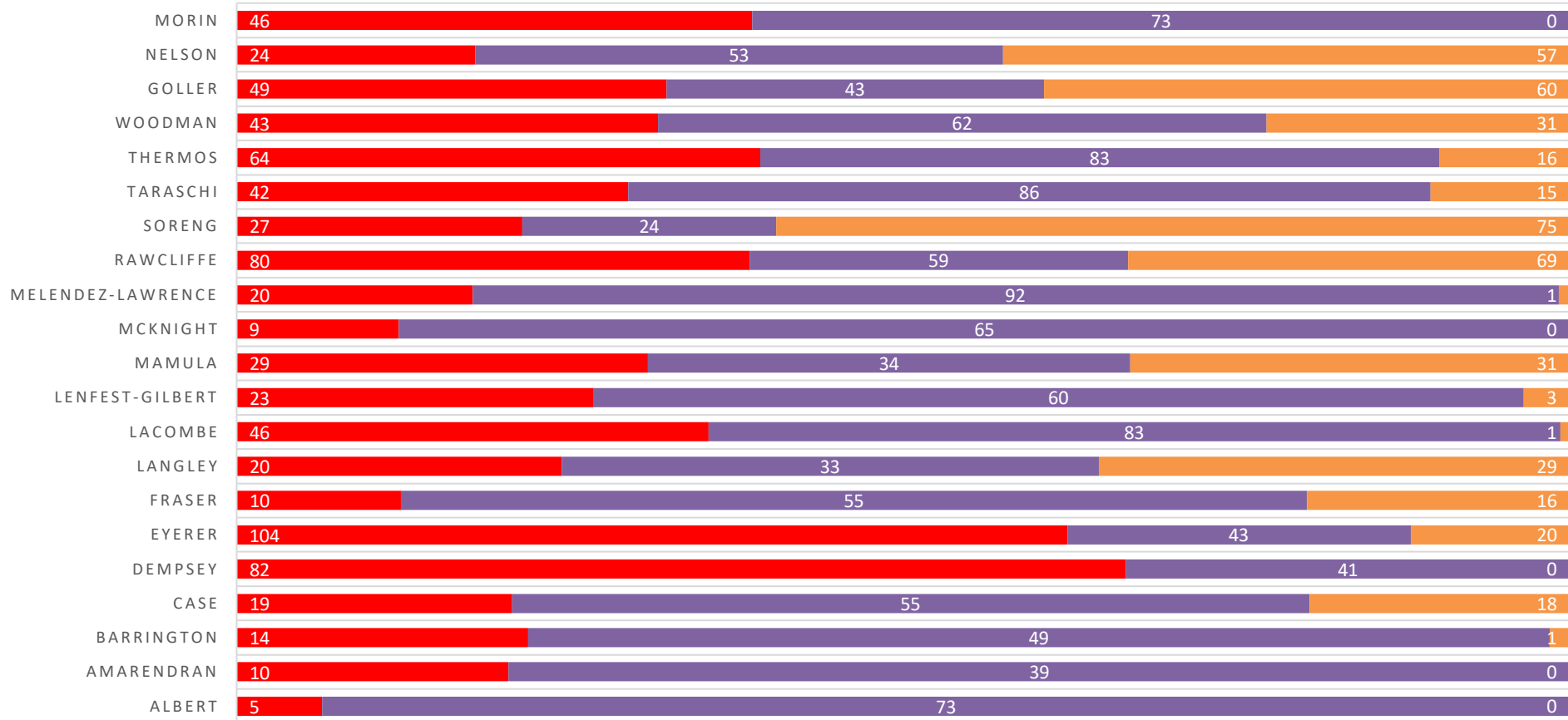
Variation Between Video and Phone Adoption



BREWER MEDICAL CENTER

4/24/20-5/24/20

PHONE VIDEO IN PERSON

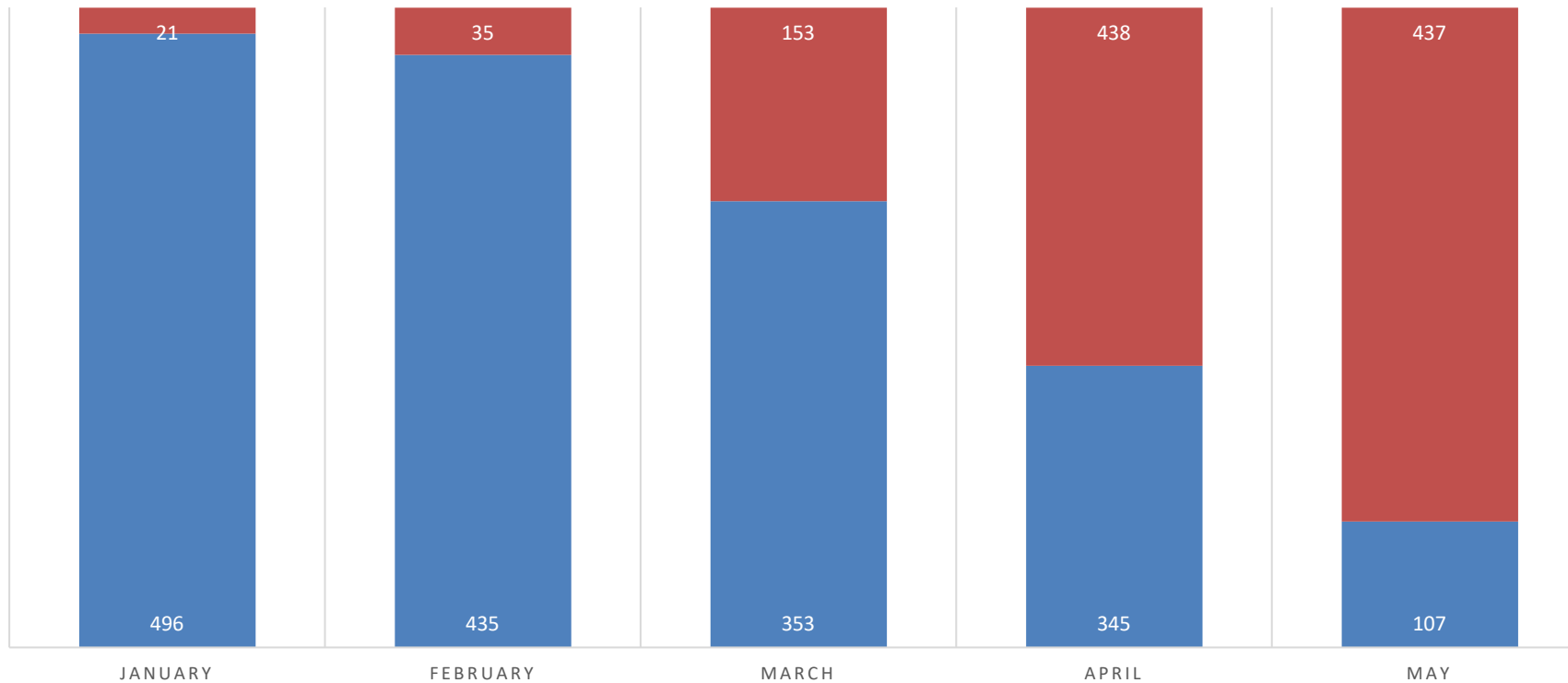


Telehealth Adoption in Mental Health



MENTAL HEALTH JANUARY - MAY 2020

■ Face to Face ■ Telehealth



Telehealth for the New Normal

- We see significant value in offering telehealth in the new normal
- Highly motivated to continue telehealth services but permanent adoption is dependent on ongoing reimbursement/relaxed requirements
- Some organizations would like to expand/use telehealth at SBHC's and with hospitals during transitions of care
- Significant opportunity for use with remote monitoring capabilities



Questions?

