



Strategies to Implement and Improve Value-Based:

Care Anywhere Aligned to NCQA's Call to Action

accenture

For all healthcare organizations, now is the time to actively explore paths forward on two fronts: first, charting the course forward in personalizing the care experience, innovating how consumers access care, and reimagining approaches for robust primary care and value-based care. Second, actively assessing and exploring future investments and non-traditional partnership opportunities in a healthcare delivery ecosystem that is becoming both more integrated and pluralistic.

Healthcare Next Intelligence, July 26, 2022

CARE ANYWHERE – ENHANCING VALUE- BASED CARE

Now that we have heard more about Value-Based Care, in this workshop let's expand into a broader Care Anywhere strategy and align to NCQA's (National Committee for Quality Assurance) Care Delivery Anywhere framework and expectation.

- Realize success in Value-Based Care requires both demand and supply-side optimization through Care Anywhere.
 - How to identify patients with the highest risk
 - Addressing patients who need care
 - Encouraging annual wellness visits
 - Keeping open communication with provider-relation reps
 - Being open-minded to succeed at VBC
- Establish the intent and alignment of NCQA's perspective to a Care Anywhere strategy.
- Define the Care Anywhere process that orchestrates the demand and supply of future care delivery.
- Provide examples, value propositions, and research highlighting additional value-based service areas that will drive a new Care Anywhere strategy

Care Anywhere • Collaborate Everywhere

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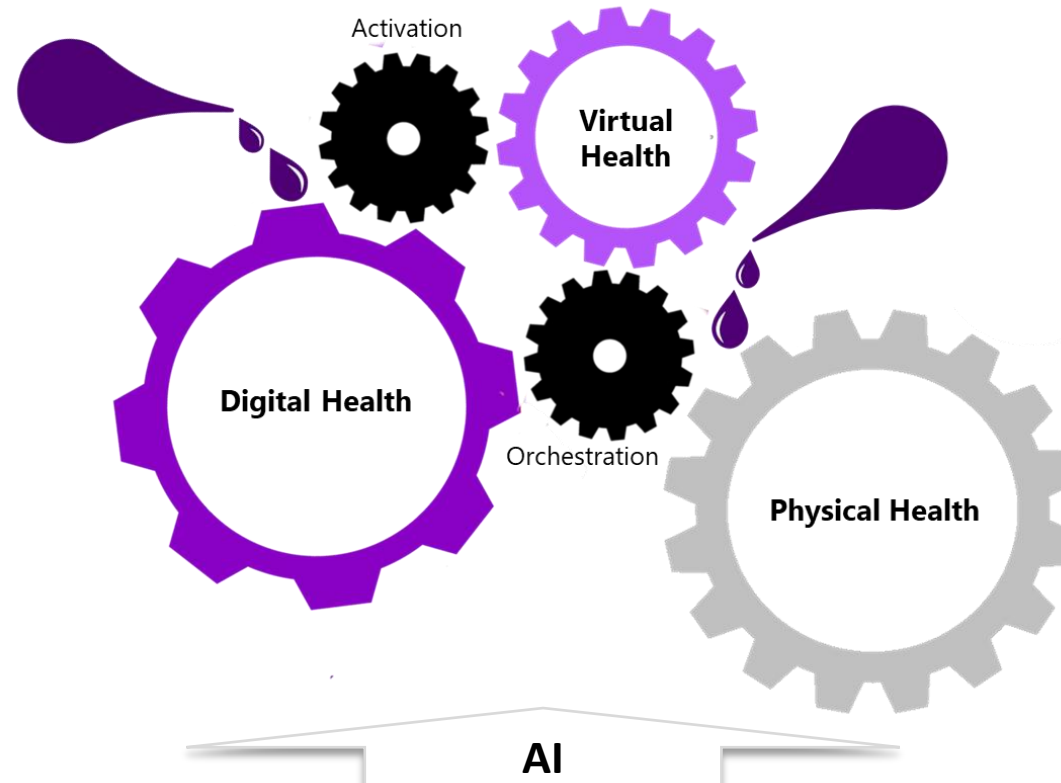
Healthcare Next Intelligence, July 26, 2022

Answer VBC Foundational Questions on Journey to Future

For example - "In 2030, every interaction ... – physical and virtual – will be seamless and markedly different than any other health care experience."

Realize success in Value-Based Care requires both demand and supply-side optimization through Care Anywhere.

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- AI**
- Member Enrollment
 - Intelligent Benefits
 - Mailroom
 - Risk Score Accuracy
 - HEDIS Clinical Review
 - UM Intake
 - UM Clinical Review
 - Fraud, Waste, and Abuse
 - Provider Data Management, Credentialing, Appeals Intake
 - Member Appeals

“Personalization can...

- Inform and educate
- Connect to appropriate care
- Guide to relevant resources
- Build trusted relationships
- Encourage action
- Onboard to an experience
- Improve quality of life and holistic wellness
- Support better health outcomes”

Orchestration will ...

- Guide to the right place, right time
- Lead to liquid expectations
- Create a distinct foundation
- Leverage AI (Gen AI)
- Hide complexity

Activation will ...

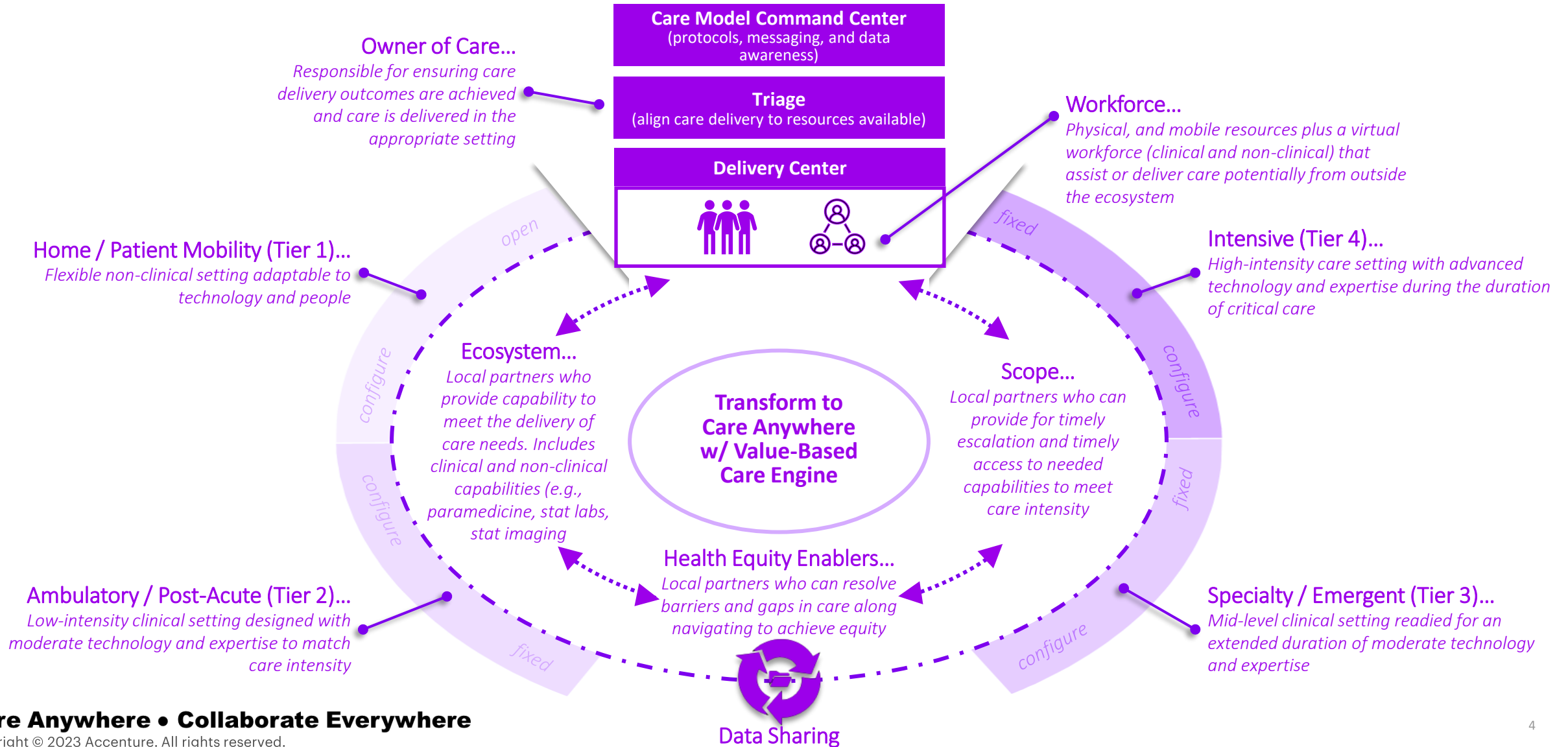
- Communicate to be understood
- Match channel to preference
- Create proactive engagement
- Transpose information to action
- Reduce barriers

Content/Knowledge can...

- Trigger action
- Enrich interactions
- Inform and educate
- Refine clinical workflow
- Reflect and transcribe

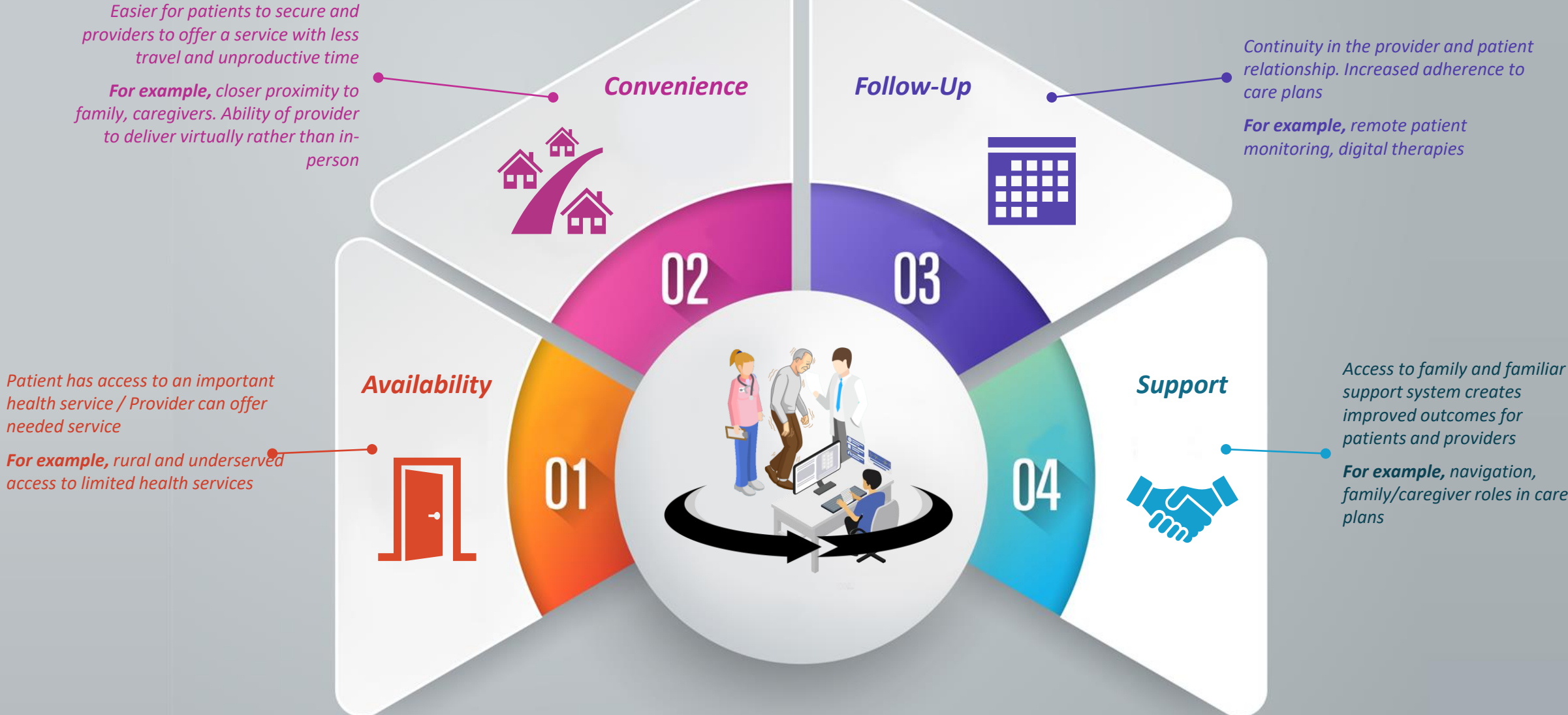
CARE ANYWHERE CARE MODEL – Leveraging Value-Based Care

Care Anywhere is uniquely designed to orchestrate the delivery of care in the most effective setting leveraging the capabilities across the care model.



Improve Access and Experience

Levers improving the patient and provider experience thru improved access to services, reducing costs through proximity, and reducing barriers to participation



Improve Economic Opportunities

Levers effecting costs: Inflation, Workforce (enabled thru Virtual Health), Facility (reduced hard footprint)

Underserved Population

Services are available to patients who previously had no access to the service

For example, leveraging rural clinics or FQHCs

Virtual First

Initiate broader regional reach leading to downstream revenues and expanded virtual to enhance "stickiness"

For example, group physician visits, virtual first throughout the journey

Existing Reimbursement

Expand into existing reimbursement, such as hospital @ home, home health, originating site use, and remote monitoring.

For example, Hospital@Home, advanced diagnostic visits (e.g., TriWest)

High Margin

Increasing access to services nearer to the patient with staff, device, and facility support

For example, complex diagnostic visits

Procedurally Intense

Services with significant upside to offset distributing care remotely (e.g., mobile, "pop-up" care centers, or visiting clinics)

For example, an outpatient surgical procedure

Ancillary Services

Realizing fees earlier, reduce leakage, and create continuity of care

For example, mobile labs, images, etc.



360° Value Meter: Care Anywhere

Financial Business Case

Revenue:

- Increased revenue for additional visits
- Increases from remote monitoring, hospital and other care at home or Care Anywhere
- Improved management of revenue in value-based care arrangements
- Other fee for service improvements supported through virtual or alternative location care

OpEx:

- Labor management and cost reduction by leveraging a virtual workforce and prolonging careers for needed health professionals
- Improved coordination of services

Capital:

- Leverage investments in foundation technologies
- Reduce need for physical facilities and physical plan

Modernization

- **Growth:** Scalable infrastructure to accelerate and promote virtual health across the enterprise and the "community."
- **Security:** Leverage cloud vendor investments and cybersecurity expertise to secure the patient record; rapid rebuild and recover after ransomware attack
- **Data:** Data driven access and delivery of care and supporting capabilities driven by timely data

Inclusion & Equity

- **Equity:** Drive care and health services into diverse care settings that support convenience for patients and health professionals that meet security and privacy expectations
- **Inclusive Design:** Designed to support the inclusion of all diverse participants in care, from patients, family, caregivers to supporting professionals such as physicians, case managers, medical delivery, etc.
- **Inclusive Culture:** Quick, easy, and convenient ability to bring people together to support care

Experience

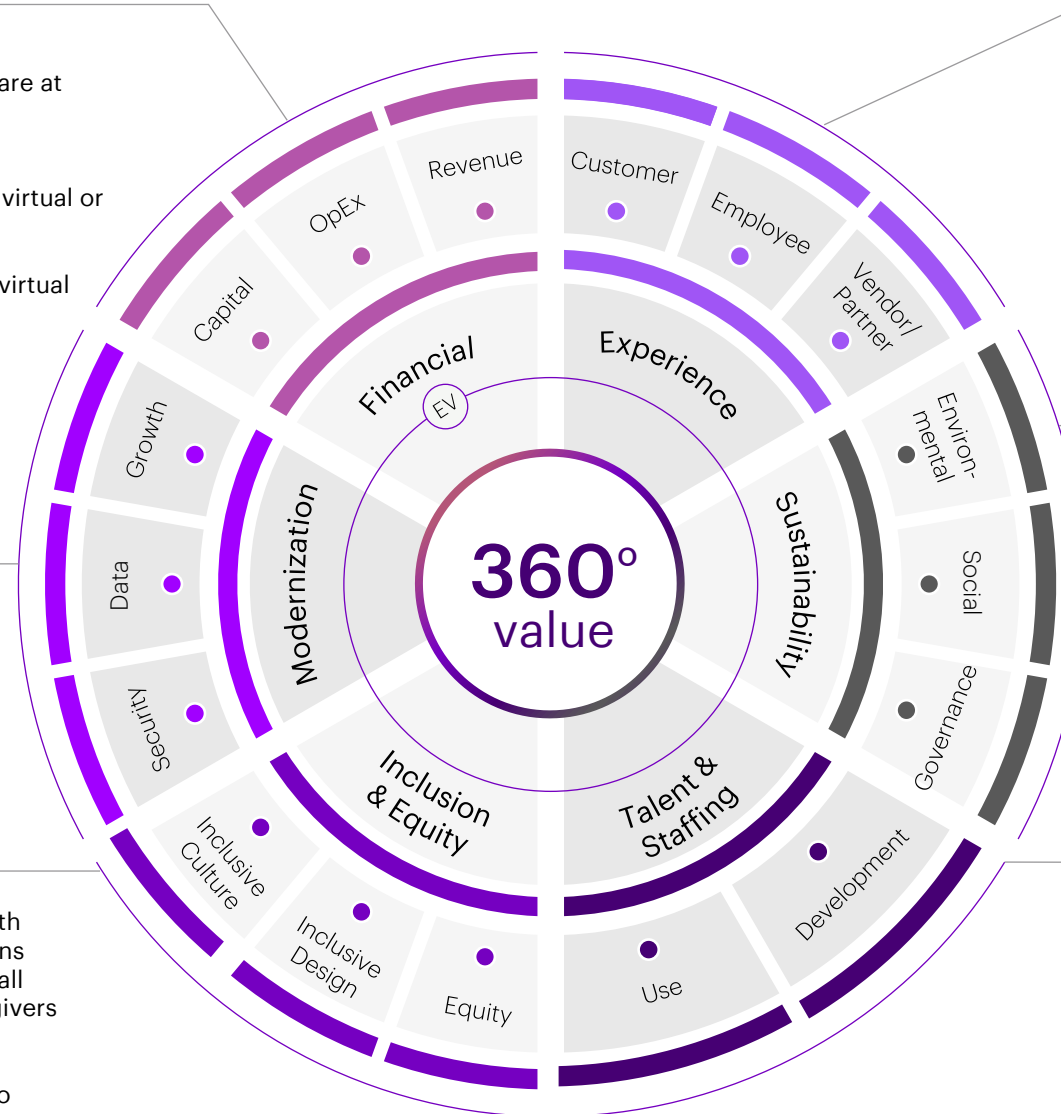
- **Customer (Patient):** Improve access, engagement, and experience supporting Care Anywhere with focus on patient/consumer convenience.
- **Clinician/Employee:** Collaboration and convenience for all participants that support or deliver care. Enable collaboration and coordination while improving experience thru convenience and coordination
- **Vendor/Partner:** Enhance range and scope of products and services with client. Increase client diversity and deepen client engagement.

Sustainability

- **Environment:** Care Anywhere is about moving consumers, patients, providers and others via technology rather than in person
- **Social Community:** Impact access and convenience of care supporting greater participation. Enhanced support and collaboration across the community to drive better individual and community outcomes.
- **Governance:** Data, platform security along with use of data based on standards to effect how care is delivered

Talent & Staffing

- **Development:**
 - Demonstrated ability to use to mentor, support professionals support care delivery, such as in Remote Nursing
- **Use:**
 - Reduced overtime and turnover
 - Increased productivity
 - Improved length of stay and reduced readmissions



CARE ANYWHERE

Workshop Activity

SPECIALTY DIAGNOSTIC/FOLLOW-UP

A recent review by clinicians supporting care to the veteran population identified the following expectations across typical specialties. Each will be impacted by a specific patient.

PRODUCT MINDSET

Diagnostic Opportunities:

- **Audiology***
- Behavioral Health Prescribing
- Behavioral Health Psychotherapy
- **Cardiology***
- Dialysis
- **Dermatology***
- Endocrinology
- Gastroenterology
- General Surgery
- Hematology and Oncology
- Infectious Diseases
- Nephrology
- Neurological Surgery
- Neurology
- Neuropsychology
- Nutrition/Dietetics
- Orthopedic Surgery
- **Otolaryngology***
- Pain Management
- Physical Medicine and Rehabilitation
- Physical Therapy/ Occupational Therapy
- Plastic Surgery
- Podiatry
- **Primary Care***
- Rheumatology
- Sleep Medicine
- Speech Therapy
- Urology

Informational Pre-/Post-Care Opportunities:

- All specialties



Tier 1: Home / Patient Mobility

Diagnostic Opportunities:

- Acupuncture
- Chiropractic
- Dentistry
- Ophthalmology
- Optometry
- Radiation Oncology (see Hematology and Oncology)
- Radiology



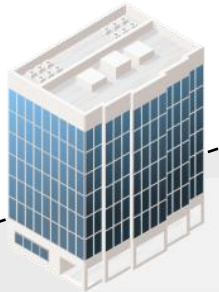
Tier 2: In-Person Ambulatory

Emergent Care:

- Patient condition is emergent and complex from comorbidities



Tier 3 or 4: Specialty Consult
In-Person



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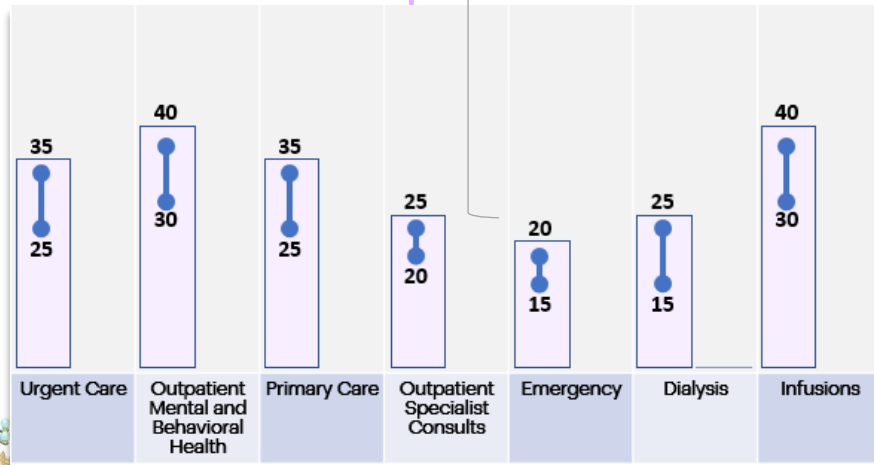
Why?

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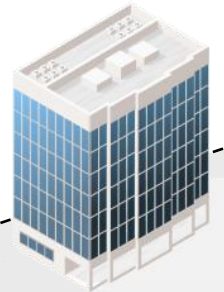
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Virtual Clinician



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Diagnostic Opportunities:

- Allergy and Immunology
- Audiology
- Cardiology
- **Dentistry***
- Dermatology
- Obstetrics and Gynecology
- **Ophthalmology***
- **Optometry***
- Otolaryngology
- Primary Care
- Pulmonary Diseases
- **Radiology***
- Thoracic and Cardiovascular Surgery

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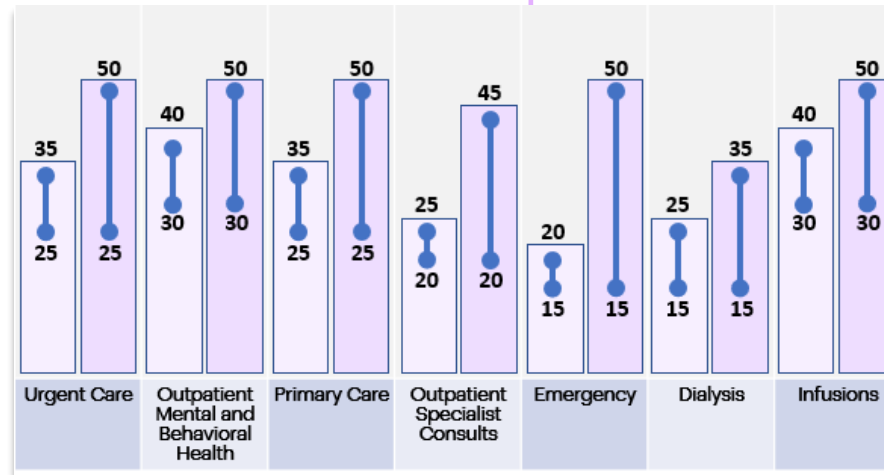
Emergent Care:

- Patient condition is emergent and complex from comorbidities

Informational Pre-/Post-Care Opportunities:

- All specialties

*Capability may require movement of resources, such as mobile ancillaries, labs, images as well as people. Relies on the ecosystem of partners as well as workforce strategies



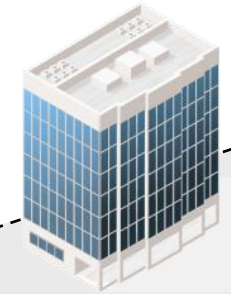
Tier 1: Home / Patient Mobility



Tier 2: Alternative Site of Care (space, staff, technology)



Virtual Clinician



Tier 3 or 4: Specialty Consult In-Person

Tier 2: In-Person Ambulatory

NEUROPSYCHOLOGY DIAGNOSTIC/FOLLOW-UP

For example, in Neuropsychology care can be targeted based on patient capability and desired level of care.

PRODUCT MINDSET

Patient Criteria:

- Patient condition, mental state, and living situation are appropriate
- Patient is complying with medications and requires periodic support
- Patient can consent to care at home

Ability to Perform:

- Treatment is self-administered but watched by remote clinician
- Store, forward, documentation of diaries
- Verbal reinforcement of treatment and compliance
- Planned lab, imaging, ancillary services
- Patient, caregiver, or trained staff support the following:
 - Ready assessments including WAIS-IV Digit Span, WAIS-IV Similarities, HVLT-R, Semantic Fluency, Letter Fluency
 - Stimulus materials including MoCA, TOPF, Strep Test, Oral SDMT, WAIS-IV Vocabulary, BNT-2, Trial Making Test

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 1: Home / Patient Mobility

Patient Criteria:

- Patient would benefit from additional education, reinforcement, or review of medications
- Patient's living condition or mental state are not appropriate for staff to provide care at home

Ability to Perform:

- Staff administer treatment and a remote clinician
- Staff support document or image review
- Staff training on treatment and compliance
- Planned lab, imaging, ancillary services
- Trained staff support the following:
 - Use of examination methods requiring assistance required including WAIS-IV Block Design, WMS-IV Visual Reproduction, WAIS-IV Matrix Reasoning, Rey Complex Figure Test and Recognition Trial (RCFT)

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 2: Alternative Site of Care (space, staff, technology)

Patient Criteria:

- Patient condition or progress has changed and would benefit from detailed review

Ability to Perform:

- Provider and ancillary staff can perform a full range of neuropsychology tests, diagnosis and treatment
- Adhoc or planned lab, imaging, and other ancillary services are onsite or near

Technology Required:

- In-person access to staff and ancillary services



Tier 2: In-Person Ambulatory

Patient Criteria:

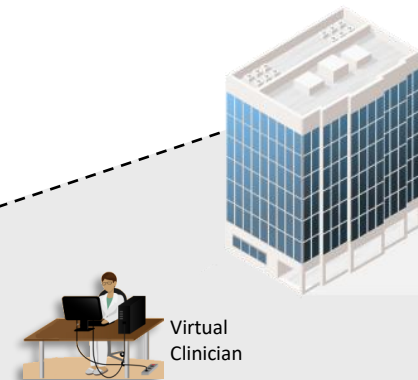
- Patient condition is emergent and complex from comorbidities

Ability to Perform:

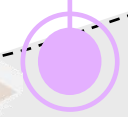
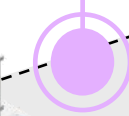
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Technology Required:

- In-person access to staff and ancillary services



Tier 3 or 4: Specialty Consult In-Person



CARE DELIVERY ANYWHERE

Quality Framework

Areas of Focus



Data Sharing & Interoperability

Aligning around standards for data sharing and interoperability



Health Equity

Ensuring health equity in the delivery of care



Referrals

Processes for verifying that patients can access necessary follow-up care



Communication

Guidelines for effective communication for innovative modalities of care delivery



Appropriateness of Setting for Care

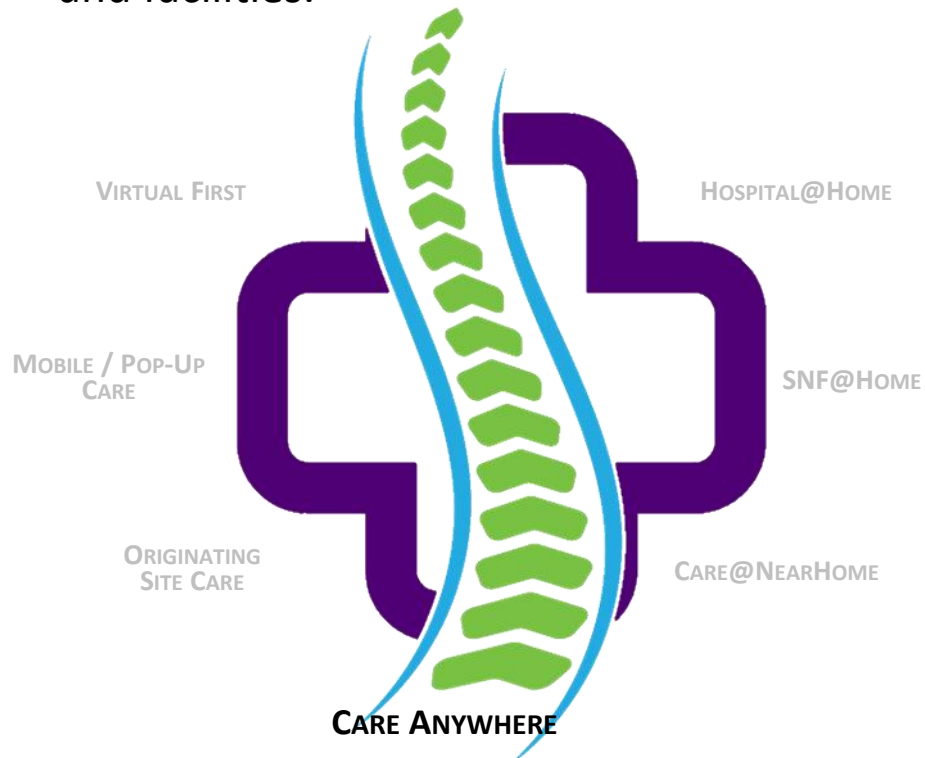
Processes for ensuring that patients receive the right care, in the right way

NCQA, January 12, 2023, Care Delivery Anywhere



CARE ANYWHERE – ORCHESTRATING TOMORROW’S CARE

Redefining how and where care is provided driving improved cost effectiveness and use of tomorrow’s health professional workforce and facilities.



It is...

- **Intentional** – Delivering productized delivery of a service
- **Location agnostic** – Driving care to the optimal setting, ensuring appropriate site of care and reflecting preference
- **Tiered** – Reimagining care delivered to the home (i.e., wherever the patient is), to spaces (i.e., both fixed and pliable) that are proximal to the patient; rethinking the professional workforce, facilities (e.g., specialty/emergent care), and intensive care capabilities
- **Focused on care “delivery” rather than care “routing”**

It isn’t...

- **Monitoring focused** – Rather, it is care delivery-centric, enabling the delivery of care in the most effective location
- **One-sided** – Care Anywhere is about matching provider capabilities expressed as a product to patient preferences
- **Fixed** – Care Anywhere is about creating and leveraging flexibility for providers & patients and in the spaces where care is delivered to provide the most appropriate location for care
- **Cost neutral** – Economically, the goal is to reduce overall cost, increase revenue, and more effectively use the clinical workforce

CARE ANYWHERE CAPABILITIES ACROSS THE JOURNEY

Care Anywhere extends the delivery of care beyond traditional physical settings to locations and approaches that suit people. Productization of services or a product mindset encourages consideration of settings such as homes, offices, hotels, dormitories, and flexible care settings. Care Anywhere provides convenient, cost-efficient care in a competitive health ecosystem.

MARKET FORCES

Growth of consumer liquid expectations

Consumer expectations have become truly liquid across industries – comparisons evolve between brand experience (e.g., receiving primary care vs best-in-class tech support)¹



Innovative care models anchored on flexibility

COVID-19 has driven differentiated & flexible care models, anchoring on true patient centricity and strong digital foundation (e.g., virtual visit expansion, RPM, novel partnerships)²



Productization of healthcare via unbundling of care services

Traditional care services are seeing an unbundling into disparate product offerings (e.g., primary care), reframing operating models with a product mindset³

A blended care system relies on CARE ANYWHERE – componentized delivery of care anchored to optimizing cost & choice – to link care delivery services across its core enablers.

CARE ANYWHERE IS FOCUSED ON HEALTH EQUITY

PRIMARY HEALTH EQUITY FOCUS

- Get healthcare to people that need it most
- Urban care
- Rural care
- People of color
- People that can't afford care
- The elderly
- People who need mental health and behavioral resources
- Digital divide

Previous research indicates...



Health equity is an **inclusive**, just **distribution of resources** and opportunities needed to achieve **peace of mind and improved health outcomes**

Forming unlikely partnerships to design innovative solutions for undeserved and vulnerable people

Investing in initiatives that proactively address the needs of vulnerable populations and support community wellness

Ensuring marginalized individuals have the agency and support needed to lead healthful lives

Which means...



“ Health equity is being able to ensure equal access to and delivery of healthcare in a manner that treats everyone as equals.



“ The opportunity for all persons to be healthy through access to care and resources by addressing the social determinants of health.



“ Understanding disparities within healthcare and working with experts to make sure decisions & processes are put in place to mitigate these disparities as much as possible to ensure equity for everyone who is in need of health care.



“ Providing the same level of health care services to any individual devoid of socioeconomic status.



“ Healthcare needs of all patients are appropriately addressed in order to achieve the desired health outcomes for all



“ Addressing SDOH matters for the patient population.

2



1. Accenture, Ankor Shah, 2022
2. HIMSS, Accenture, Ankor Shah, 2022

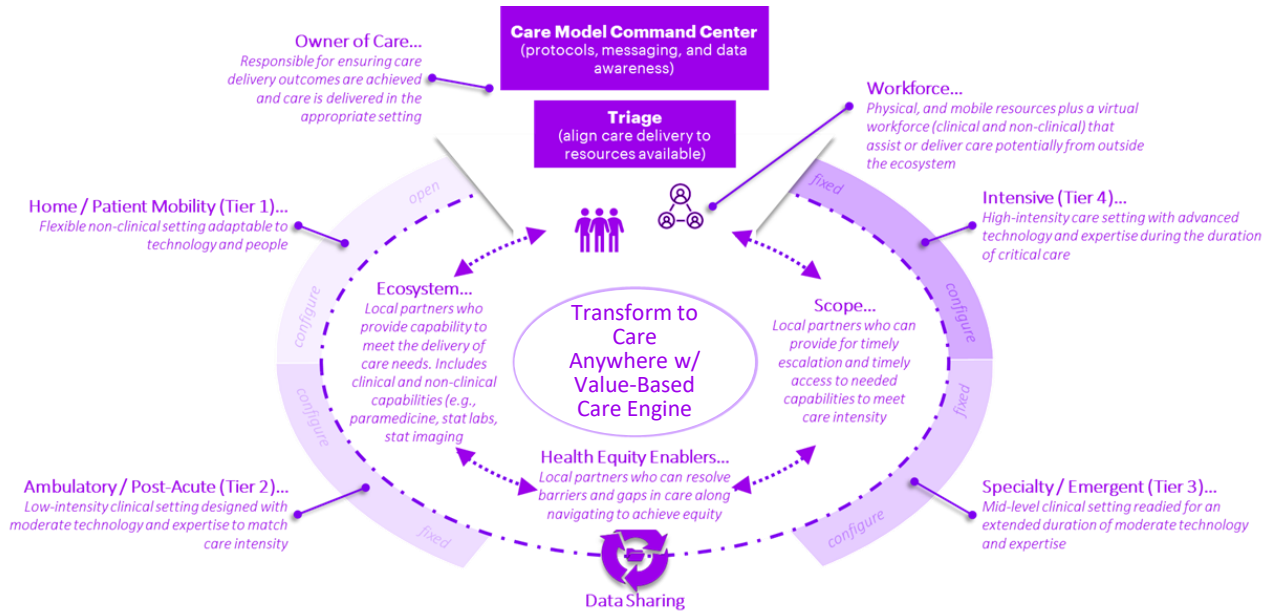
CARE ANYWHERE

Workshop Activity

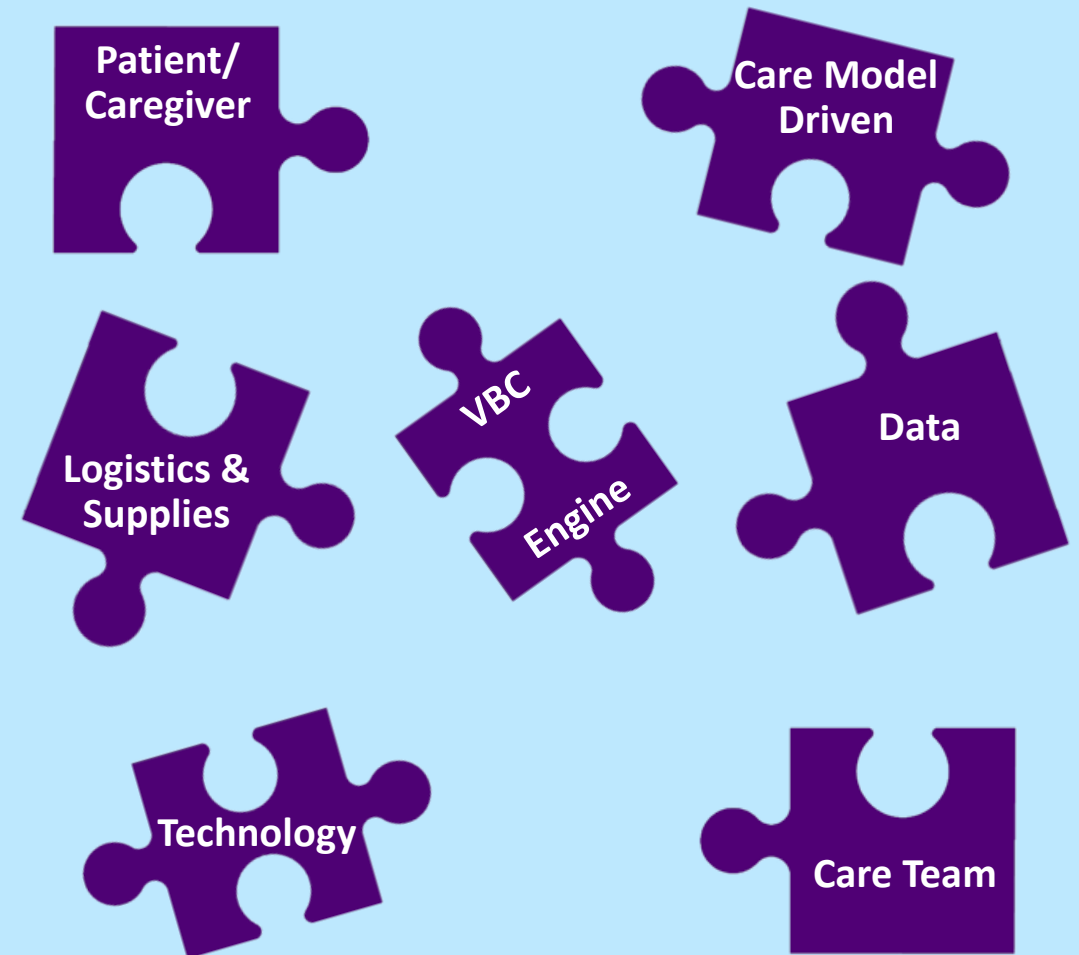


The Opportunity

The Care Anywhere model may provide alternative, economically favorable locations to **keep services open, maintain access, increase compliance, resolve inequity, and address supply shortages**



What we learned from 2 days on Value-Based Care?...





The Opportunity - Foundation

8:15am – 9:00am

Opportunities in Value-Based Care

Karen Marie Wilding, MHA, CHCIO, FHIMSS

9:00am – 9:45am

Key Metrics to Gauge the Quality of Value Based Care

Marybeth Sexton, MD, MSc

10:15am – 11:00am

The Value of Pharmacist Interventions to Patients, Providers, Health Plans, and Payers

William N. Kelly, Pharm.D.

11:00am – 11:45am

Engaging Providers in Value-Based Care

Michele Forgues-Lackie MBA, FACHE, CHFP, FACMPE

11:45am – 12:30pm

Value Based Care and Remote Patient Monitoring

James Marcin, MD, MPH

1:30pm – 2:15pm

The Future of Value-Based Payment

Cameron Adams, MPP

William Riley, PhD

2:15pm – 3:15pm

Panel: Transparency and Value-Based Care Collaborations Between Providers and Payers

Stuart L. Lustig, M.D., M.P.H.

Madelyn M. Meyn, MD MBA

Stephanie Turner, RN, MSN

3:45pm – 4:30pm

Value-Based Care Best Practices for the Best Patient Experience

Francis Balucan, MD, MBA, FACP

4:30pm – 5:15pm

How to Achieve Medicare's VBC Goals of 100% by 2030: Growth Tactics and Strategies for Healthcare Providers

Tori Bratcher, MHA

8:15am – 9:00am

Asynchronous Provider Care Models to Effectively Manage Our At-Risk Population and Reduce TME

Heather M. Meyers, MBA

Boston Children's Hospital

9:00am – 9:45am

Integrating Social Determinants of Health into Value-Based Care

Karen L. Fortuna, PhD, LICSW

10:15am – 11:00am

Innovative Approaches to Leverage Care Team Members to Succeed in Value-Based Care

Hae Mi Choe, PharmD

11:00am – 11:45am

How Value-Based Care Supports Workforce Well-Being

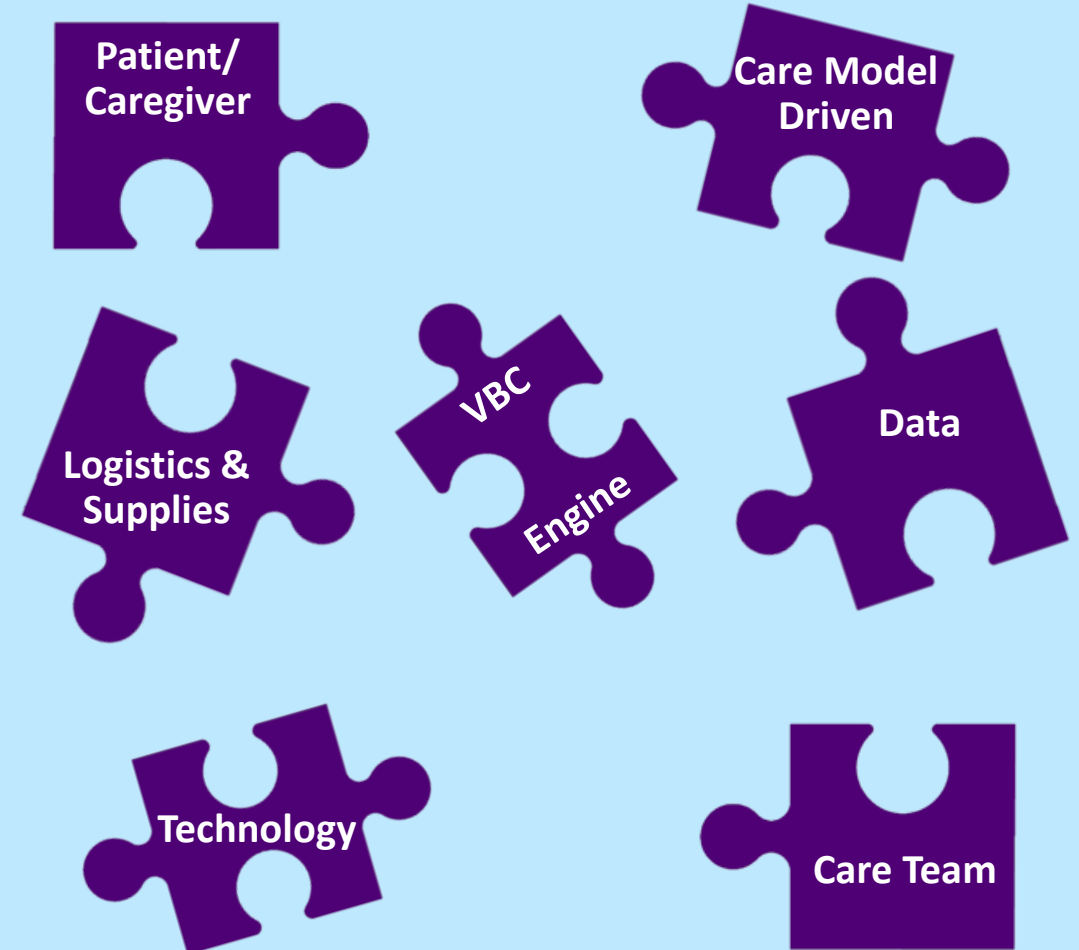
Alice Andrews, PhD

11:45am – 12:30pm

How to Successfully Deploy Digital Health in Value-Based Care

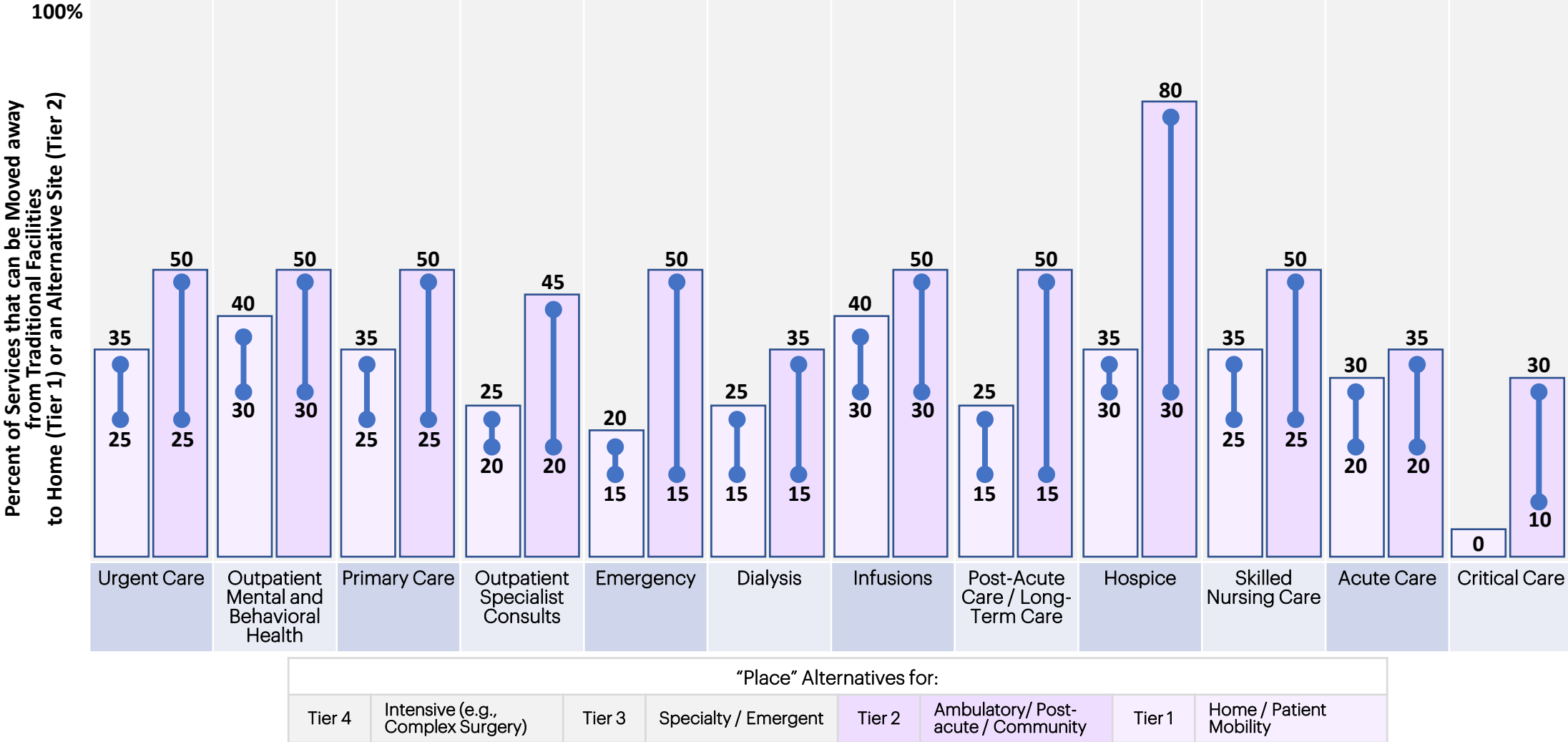
Anthony Roggio, MD

What we learned from 2 days on Value-Based Care?...



Care Anywhere: Orchestrating the Reinvention of Care Delivery

Shifting “place” is a key aspect of Care Anywhere. Increasing opportunities exist to shift to more convenient places.



Sources:

- “From facility to home: How healthcare could shift by 2025, February 1, 2022, Bestsenny, Chmielewski, Koffel, and Shah, McKinsey & Company
- Accenture study.

CONSUMER JOURNEY

General Approach

“CARE ANYWHERE” PARADIGM

Care anywhere- Overview

CARE ANYWHERE IS..

The curation of care model building blocks to **“fit” the preferences and constraints** of care delivery, in order to improve access, experience, outcomes, and optimize cost

& ORCHESTRATES ACROSS...



PLACE and PEOPLE’S
proximity, capabilities to ensure the outcome



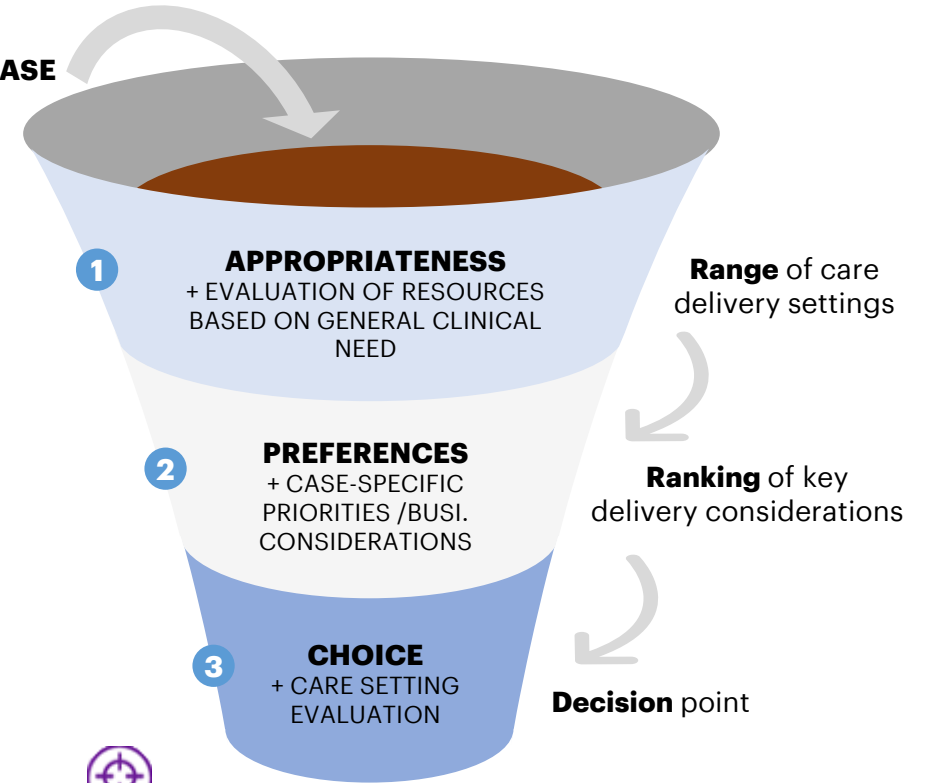
TECHNOLOGY as equipment, facilities, and devices available to people



PROCESS to appropriately couple and direct people and technology

THE THREE STEP PROCESS:

CLINICAL USE CASE



CLINICAL CARE SETTING CHOICE

Home / Patient Mobility	Ambulatory/ Post-acute	Specialty/ Emergent	Intensive (e.g., Complex Surgery)
Flexible non-clinical setting adaptable to technology and people	Low-intensity clinical setting designed with moderate tech and expertise to match care intensity	Mid-level clinical setting readied for an extended duration of moderate tech and expertise	High-intensity care setting with advanced tech and expertise the duration of critical care

"CARE ANYWHERE" PARADIGM

STEP 1 - APPROPRIATENESS

STEP 1:

The first step to identify which modalities to deliver care across requires analyzing clinical need across three categories:

- a) **Care intensity:** What is the clinical intensity of the service required?
- b) **Resource Characteristics:** Does the clinical team need to be altogether in a room (e.g., surgery) vs symptom monitoring?
- c) **Modality Characteristics:** How much security & privacy is needed for care (e.g., gynecology appt vs triage)?

1a) ILLUSTRATIVE: To find the range of appropriate delivery locations, identify degree of clinical requirements across 3 key categories

CARE INTENSITY

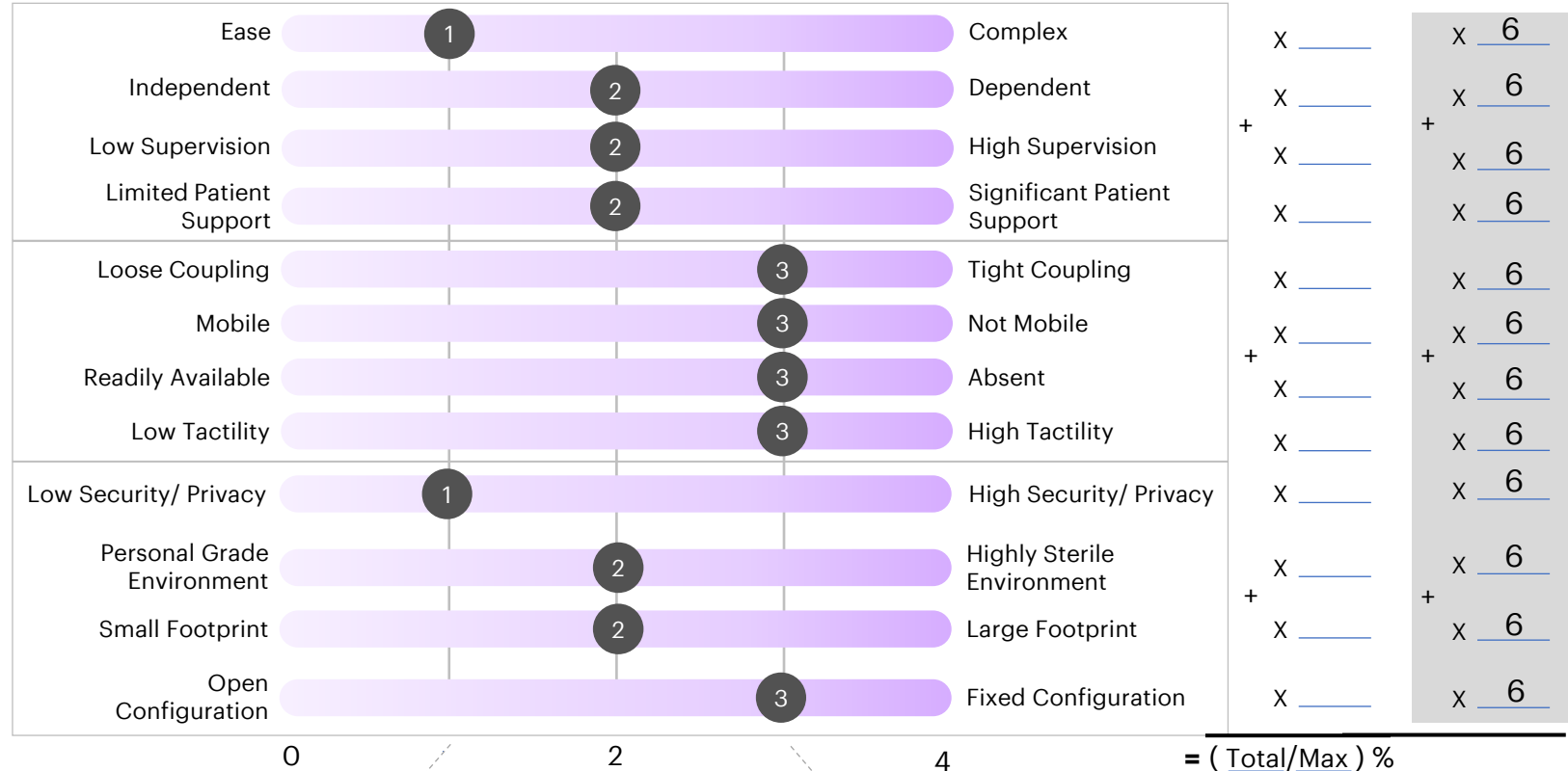
"What care is to be provided?"

RESOURCE CHARACTERISTICS

"How can clinical resources deliver care?"

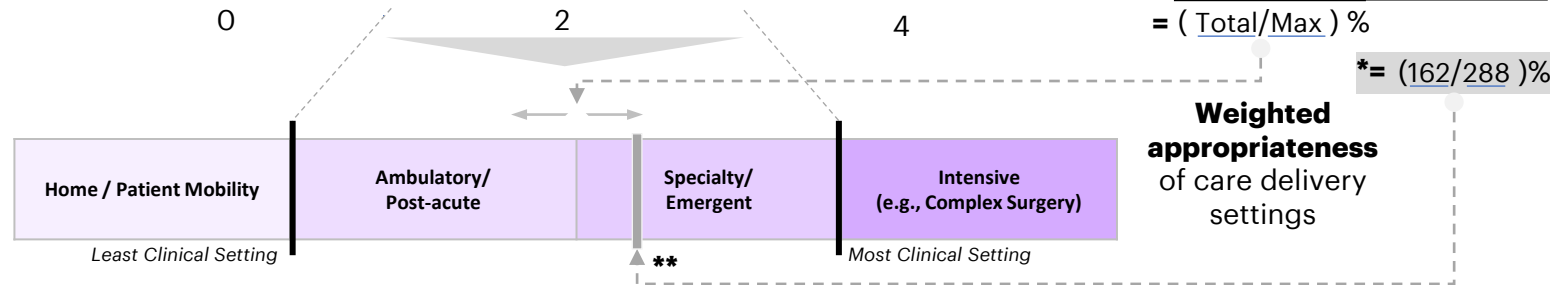
MODALITY CHARACTERISTICS

"Where should we deliver care?"



1b) To find the most likely appropriate location, add weight across each of the three categories (example)

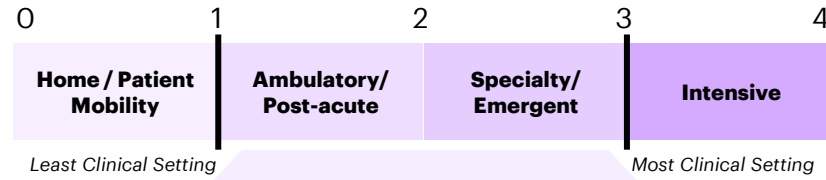
1c) Based on the weighting, the clinical use case will fall within a spectrum of the four potential care modalities



* (Total / Max) % Total is the sum of the selected value for a category x the weight Max is highest weight x 4 x number of non-zero weighted categories
 **Likely Appropriate = Least Clinical Setting + ((Most Clinical Setting - Least Clinical Setting) * (Total / Max) %)

"CARE ANYWHERE" PARADIGM

STEP 2 - PREFERENCE



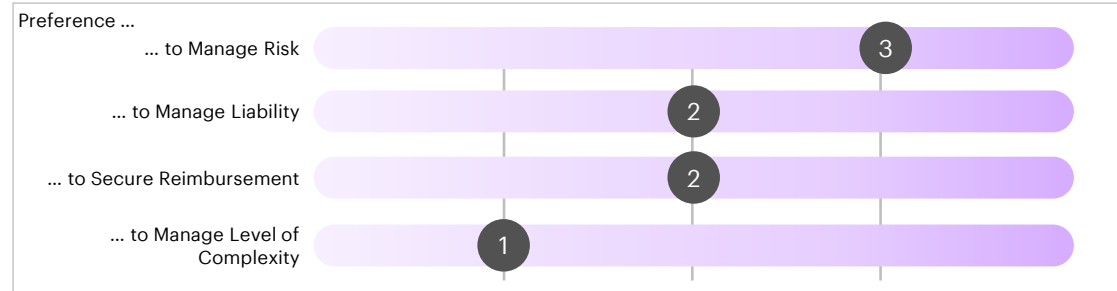
STEP 2:

The second step will identify various players to consider when deciding on modalities of care

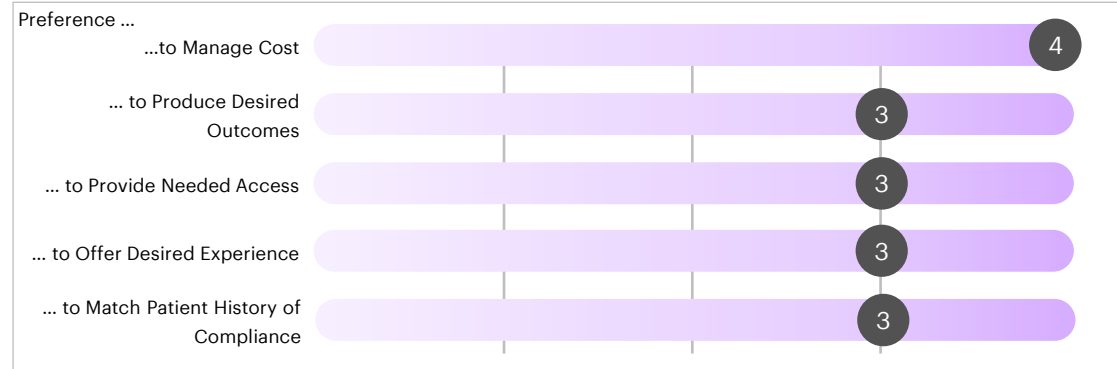
- a) **Identify various players** (e.g., providers, employer-sponsored health plans, Medicare)
- b) **Identify categories** within each player to consider within each player
- c) **Select the level of importance** across each slider to then tally up at the category level to determine the most important group

2a) ILLUSTRATIVE: Identify various preference considerations for each of the key players based on the findings in Step 1

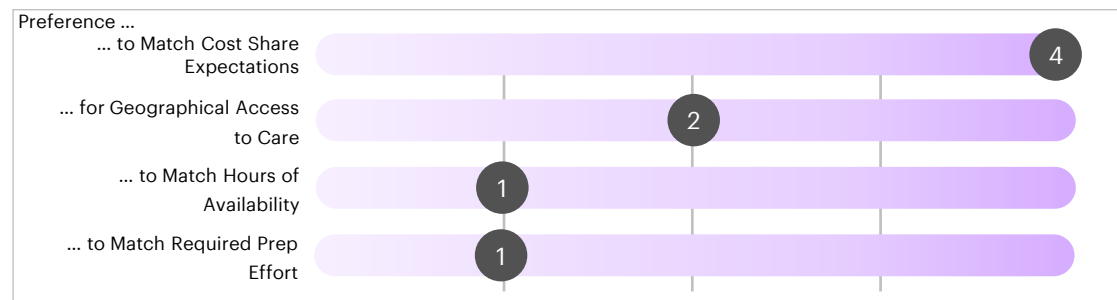
CARE DELIVERY



PAYER



PATIENT



2b) Calculate each key player's considerations indicating their overall preference and will inform the choice in Step 3.

Where: Starting Location + Preference within the identified range

$$= \frac{8}{16} \quad 1 + (50\% * 2) = 2$$

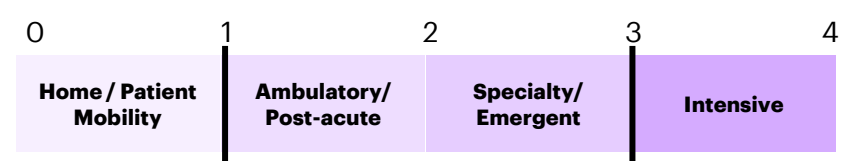
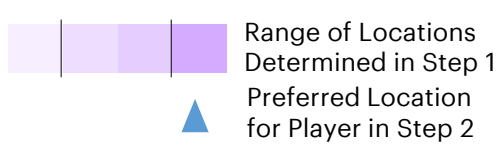
$$= \frac{16}{20} \quad 1 + (80\% * 2) = 2.6$$

$$= \frac{8}{16} \quad 1 + (50\% * 2) = 2$$



"CARE ANYWHERE" PARADIGM

STEP 3 - CHOICE



STEP 3:

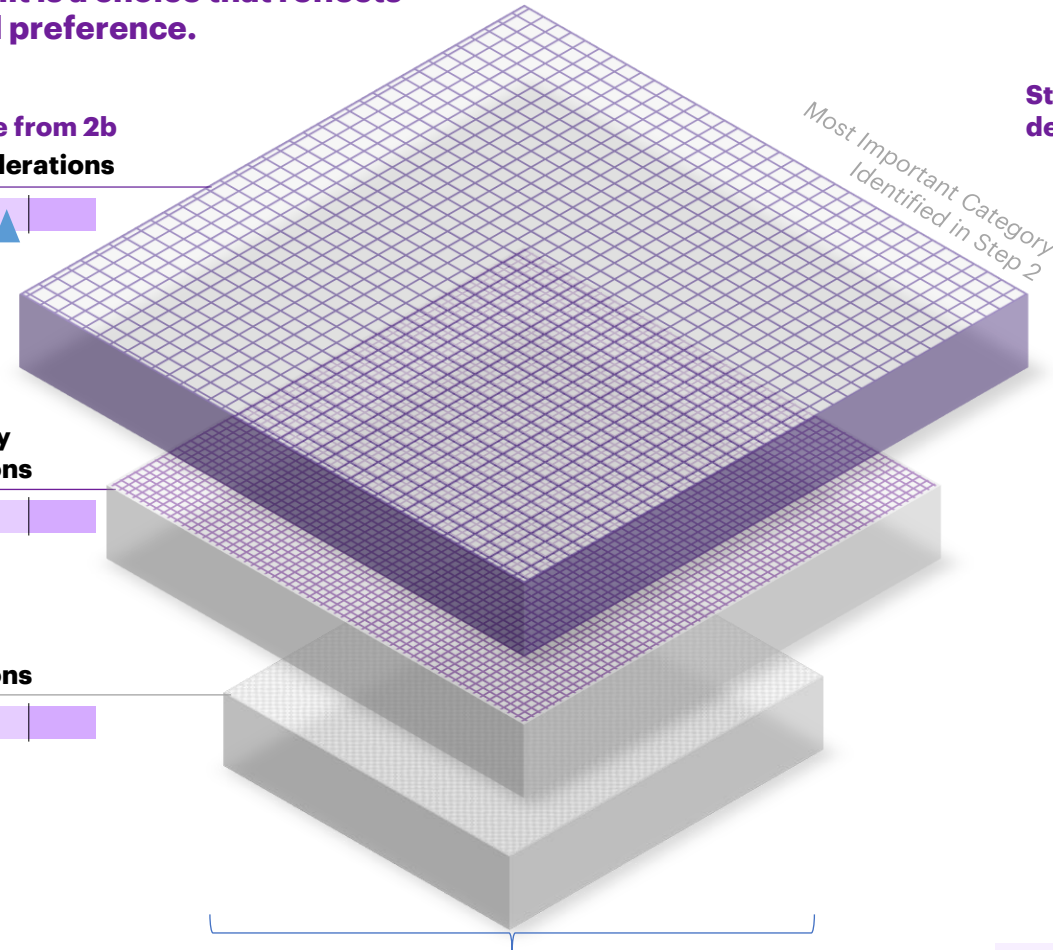
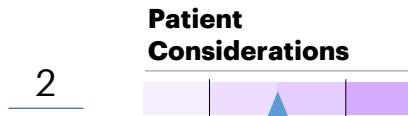
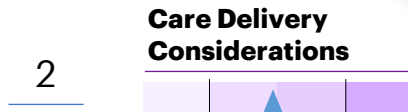
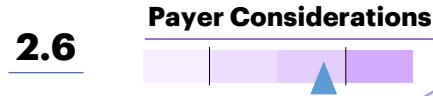
Using the established hierarchy of players (step 2), a series of filters will be applied to the range of locations accordingly.

Pictured example:

- Since the payer was determined to have the greatest sum in step 2, its considerations will be used as the first filter to **narrow the location options**.
- The following filter will use the provider considerations to narrow down the number of locations a **level further**.
- Patient considerations will be applied to make the **final clinical care setting decision**.
- A **single optimal location** for clinical care is determined.

3a) Based on the individual preferences of key players in Step 2, **Step 3 aligns the preferences among those key players. The result is a choice that reflects appropriateness and preference.**

Step 3b) Final preference from 2b



Step 3c) Weight of decision makers

x **50%**

x **30%**

x **20%**

2.3

Single Optimal Location



CONSUMER JOURNEY

Use Case: Rheumatology

“CARE ANYWHERE” PARADIGM

STEP 1 - APPROPRIATENESS

MEET MARIA



Maria is a 67-year-old retired teacher who lives with her partner in a Dallas suburb. She has moderate to severe **rheumatoid arthritis causing pain in her lower extremities**. She is experiencing an acute flare up and requires a treatment that will relieve her joint pain and inflammation.

Step 1 Discussion:

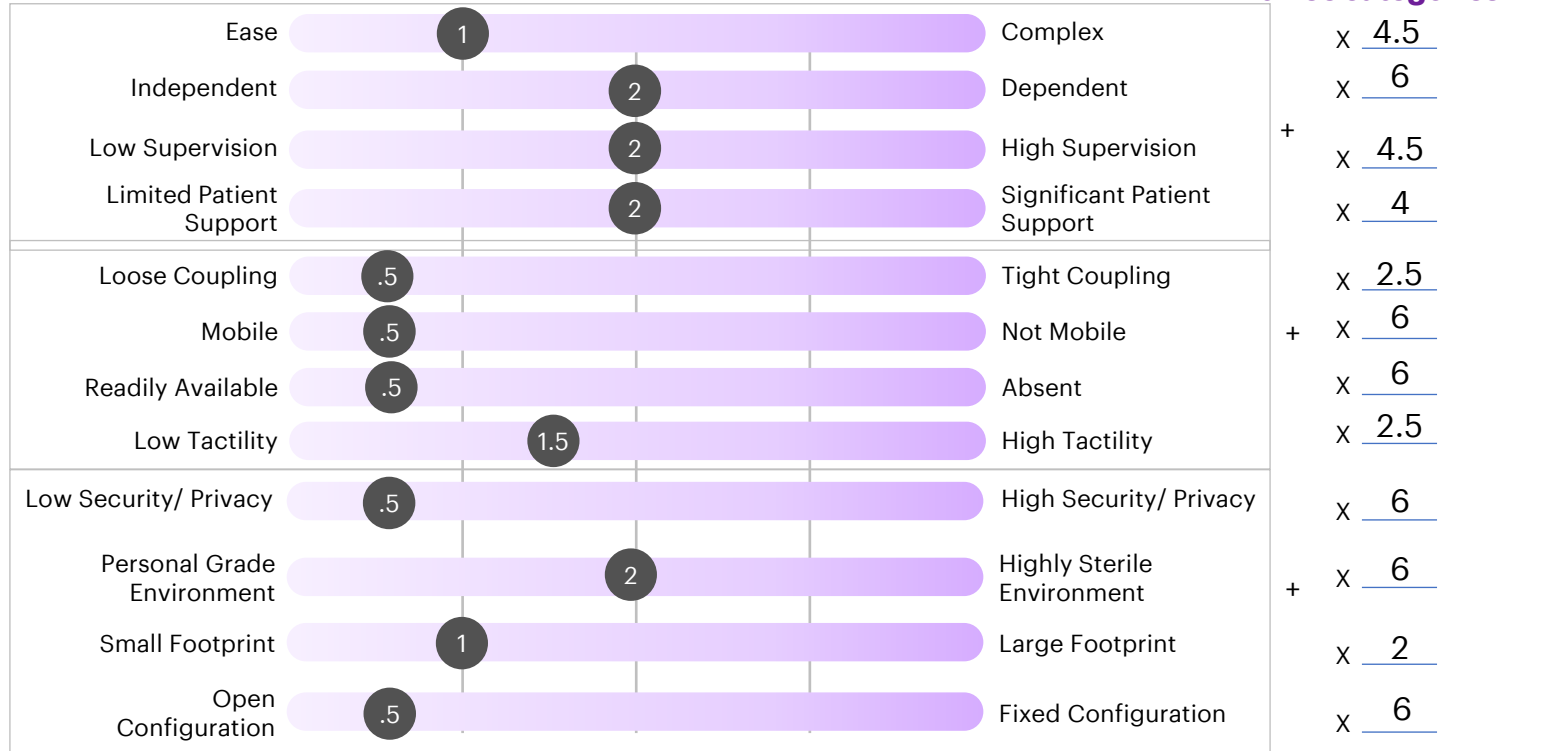
- a) Care Intensity:** Maria’s acute flare up is causing her severe pain and stiffness in her joints, inhibiting her ability to walk. Her doctor recommends a corticoid steroid injection. Treatment delivery is ranges from low to moderate complexity and requires moderate supervision. A review of an image is required to ensure proper placement of the injection.
- b) Resource Characteristics:** Corticoid steroid injections have moderate to high mobility and moderate tactility.
- c) Modality Characteristics:** Corticoid steroid injections for arthritis pain and inflammation relief require low privacy and can be delivered in a clinical setting or personal environment.

1a) To find the range of appropriate delivery locations, identify degree of clinical requirements across 3 key categories

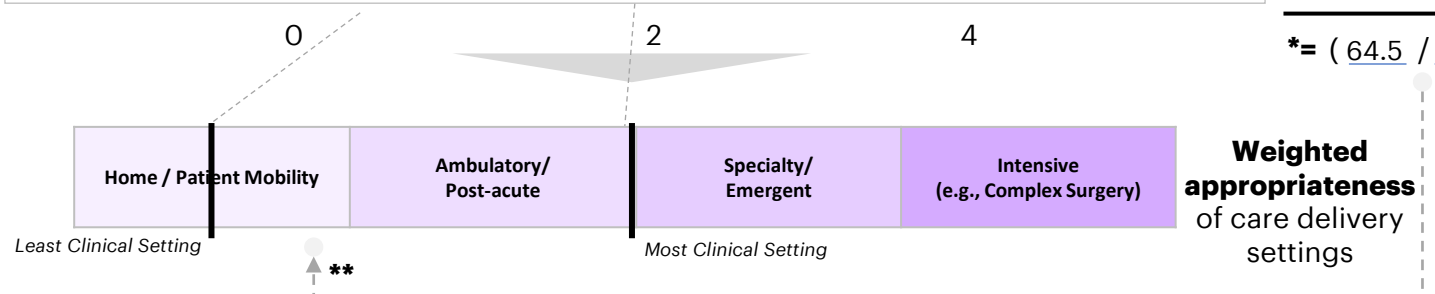
CARE INTENSITY
“What is this used for?”

RESOURCE CHARACTERISTICS
“How can clinical staff deliver care?”

MODALITY CHARACTERISTICS
“Where should we deliver care?”



1c) Based on the weighting, the clinical use case will fall within a spectrum of the four potential care modalities



* (Total / Max) % Total is the sum of the selected value for a category x the weight Max is highest weight x 4 x number of non-zero weighted categories

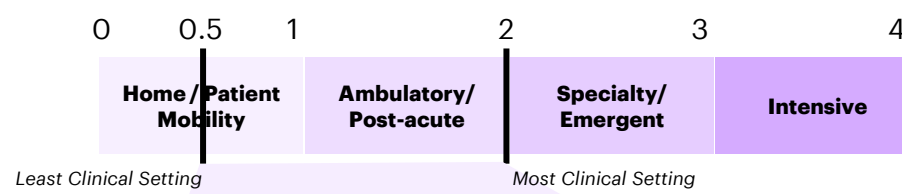
**Likely Appropriate = Least Clinical Setting + ((Most Clinical Setting - Least Clinical Setting) * (Total / Max) %)



1b) To find the most likely appropriate location, add weight across each of the three categories

“CARE ANYWHERE” PARADIGM

STEP 2 – PREFERENCE



Step 2 Discussion:

- a) **Identify various players:** The relevant players for Maria’s case include herself, her rheumatologist provider’s practice, and her Medicare insurance.
- b) **Identify categories:** Identifying Maria’s optimal treatment requires consideration of her cost share, her historical treatment adherence, her personal support network, and her geographical and technological access to care. Necessary considerations also include her insurance benefit, reimbursement, and incentives. Additional categories include her provider’s care delivery capabilities, costs, professional network, and community resources.
- c) **Importance:** As a 67-year-old retiree, Maria values options with low-cost share. Her insurance, Medicare, values low cost, low complexity interventions, unless medically necessary; and her provider values options that optimize resource time and costs

2a) Identify various preference considerations for each of the key players based on the findings in Step 1



2b) Calculate each key player’s considerations indicating their overall preference and will inform the choice in Step 3.
Where: Starting Location + Preference within the identified range

$$= \frac{6}{12} \quad 0.5 + (50\% * 1.5) = 1.25$$

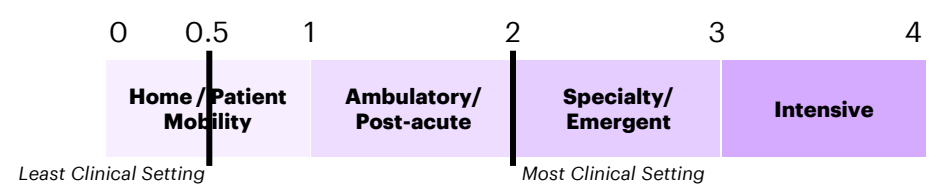
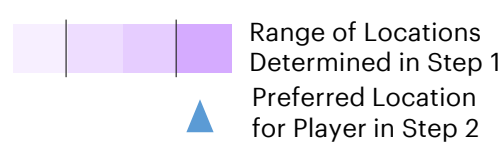
$$= \frac{15}{20} \quad 0.5 + (80\% * 1.5) = 1.7$$

$$= \frac{7}{12} \quad 0.5 + (50\% * 1.5) = 1.25$$



"CARE ANYWHERE" PARADIGM

STEP 3 - CHOICE



3a) Based on the individual preferences of key players in Step 2, Step 3 aligns the preferences among those key players. The result is a choice that reflects appropriateness and preference.

Step 3b) Final preference from 2b



Ambulatory Location Confirmed as Optimal

- Corticoid steroid injections delivered by nurse in an ambulatory setting
- Provider is available if concerns arise
- Virtual follow-up visits with the provider to evaluate treatment efficacy and next steps.



Single Optimal Location

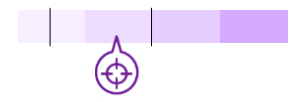
Step 3c) Weight of decision makers

x **50%**

x **30%**

x **20%**

1.5



Step 3 Discussion:

a) Patient Considerations:

- Maria's home is distant from her rheumatologist provider's practice, and given her acute pain and joint stiffness, she prefers not to drive long distances
- Maria's provider's practice is owned by a hospital, and she is consequently charged a high facility fee for her in-person visits. Her cost share is lower for home visits.
- Maria has access to a tablet and laptop for virtual care visits.

b) Care Delivery Considerations:

- Maria's rheumatologist's practice has robust virtual health capabilities.
- Maria's rheumatologist's practice has a network of mobile nurses and EMTs for home visits, as well as a brick-and-mortar practice for in person visits.
- It is less costly and resource intensive for the practice to have their nurses deliver corticoid steroids, rather than their providers.

c) Payor Considerations:

- Maria's covered benefits include corticoid steroid injections, nurse home visits, and virtual health visits.
- It is less costly for the payor to reimburse virtual health compared to in-person visits.

CARE ANYWHERE

Workshop Activity

High-Level Analysis: Example - Closures

Cost pressures, staffing shortages, and inconsistent volumes are driving service closures and limiting access



The Problem

Hospitals are closing services & locations at an **unprecedented clip** due to financial pressures

136

Rural hospital **closures** between 2010 and 2021

\$7B

Medicare & Medicaid **underpayments** to rural hospitals in 2020

70%

...of **HPSAs*** are located in rural or partially rural areas

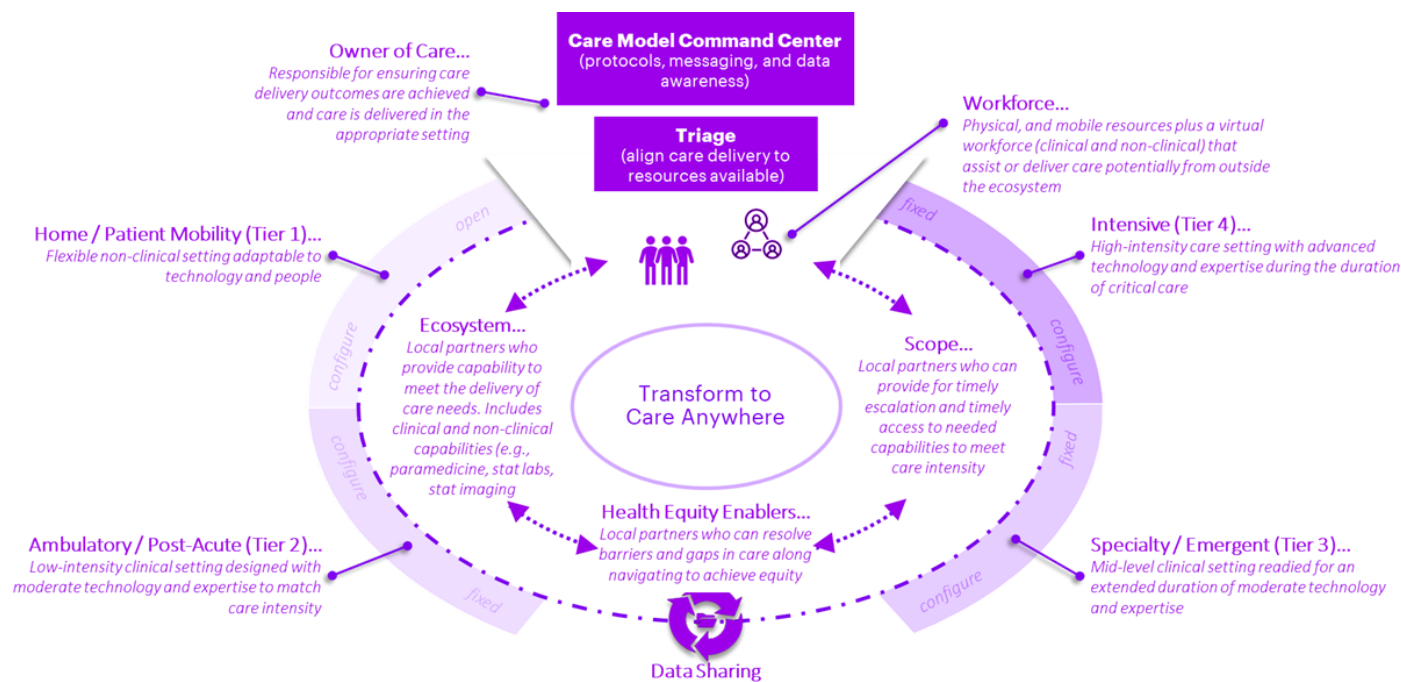
Health services with low margins are often the first to be cut. Low margins can be attributed to several factors, including:

- **High capital expenditures**, which limit the ceiling of cost reduction efforts
- **Poor staff availability**, which caps volume potential
- **Non-optimal staff usage**, where a mismatch exists between labor compensation and productivity
- **Irregular patient volumes and spare capacity**, which limit revenue and prevent facility cost coverage
- **Unfavorable payor mix**, which can limit reimbursement potential



The Opportunity

The Care Anywhere model may provide alternative, economically favorable locations to **keep services open and maintain access**

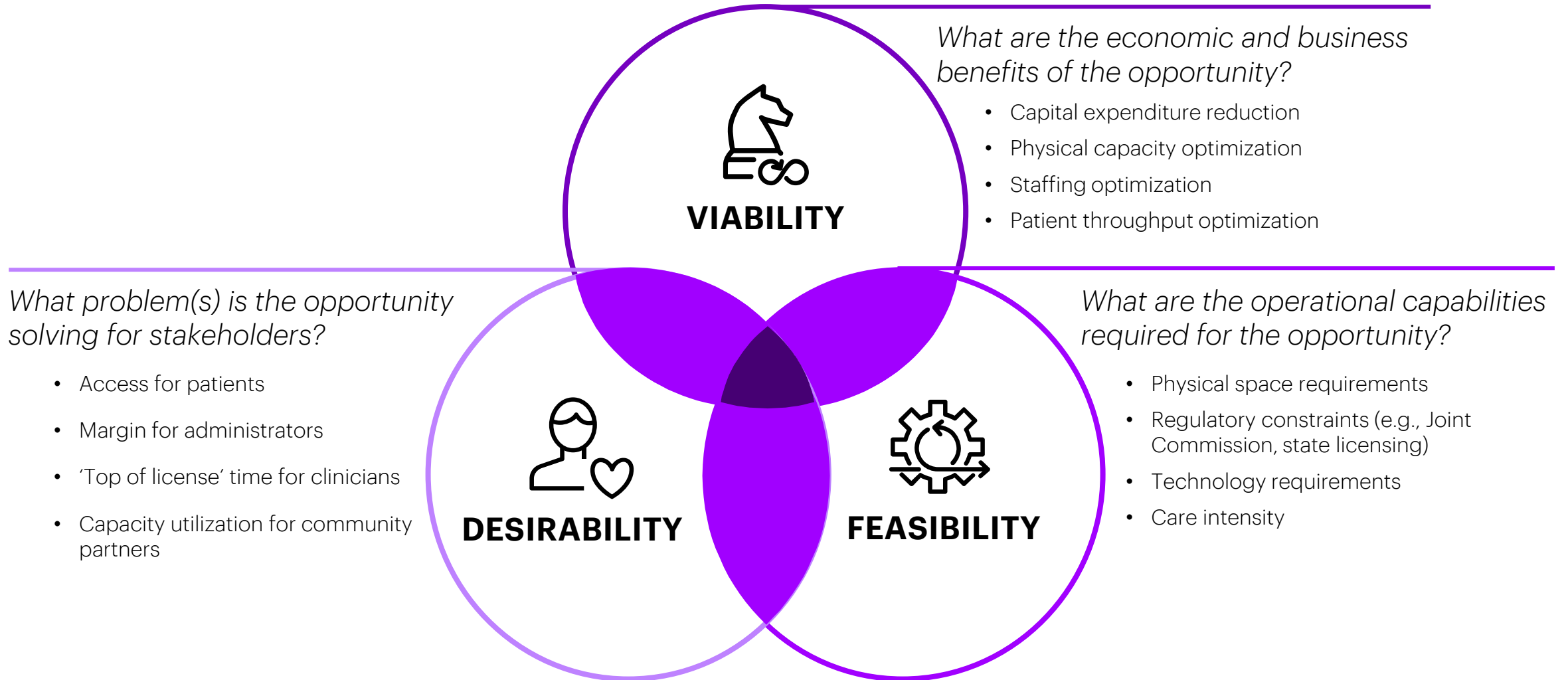


Note (*): Health Professional Shortage Area

Source: [American Hospital Association – Rural Hospital Closures Threaten Access](#)

Evaluating Alternatives to Closing Lower Margin Services

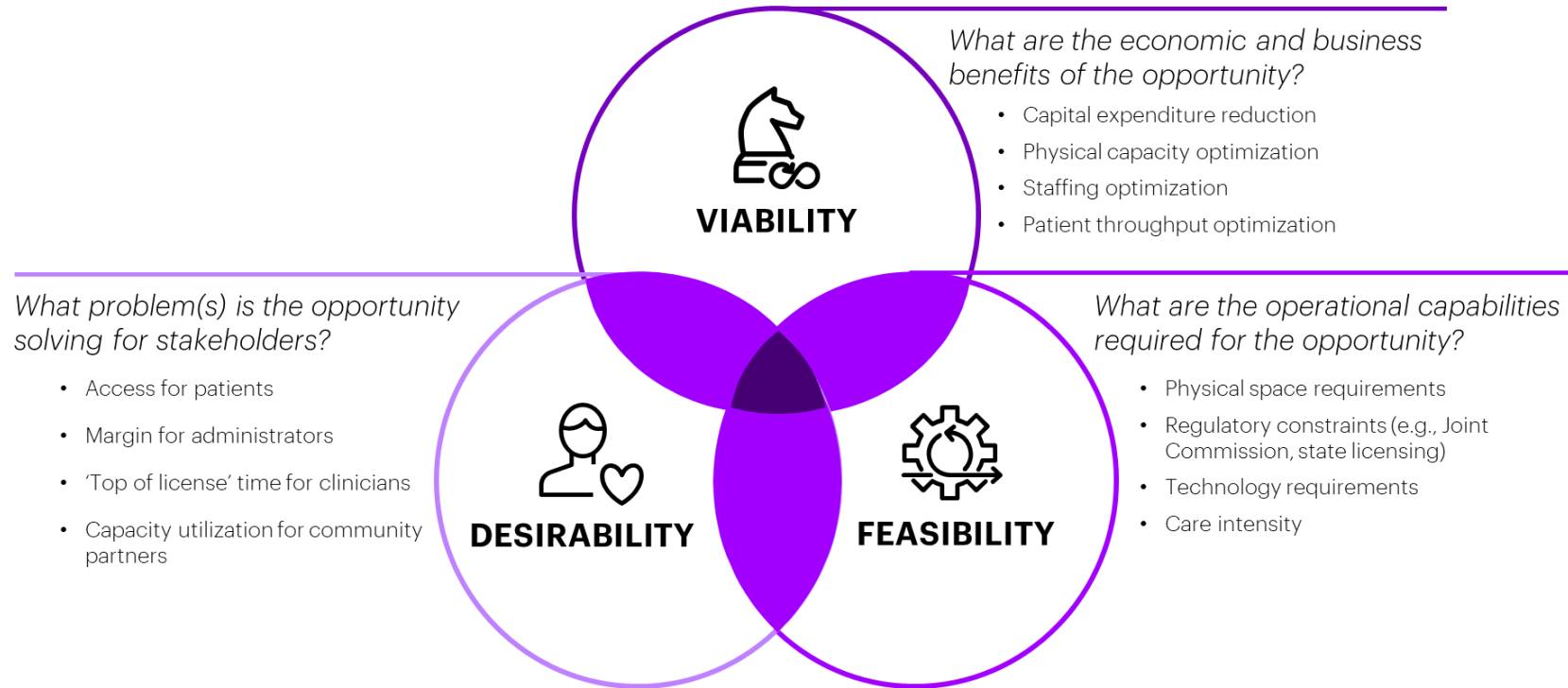
If a service is low margin in its current setting, consider its desirability, viability, and feasibility a Tier 2 care setting to avoid service closure



Lower Margin Services | Opportunities

Can the low margin service of Labor & Delivery be offered in a more cost-effective setting

Labor & Delivery



Note: Desirability, Viability, and Feasibility are ranked on a qualitative, subjective scale.
Sources: ¹[Commonwealth Fund](#) ²[UHC Obstetrics Policy](#) ³[NYT Birth Center](#) ⁴[ASHP Site of Care Infusion](#) ⁵[JADPRO](#) ⁶[Hopkins Payment Policy](#) ⁷[ACS Clinical Trials](#) ⁸[AAC](#) ⁹[HHS](#)

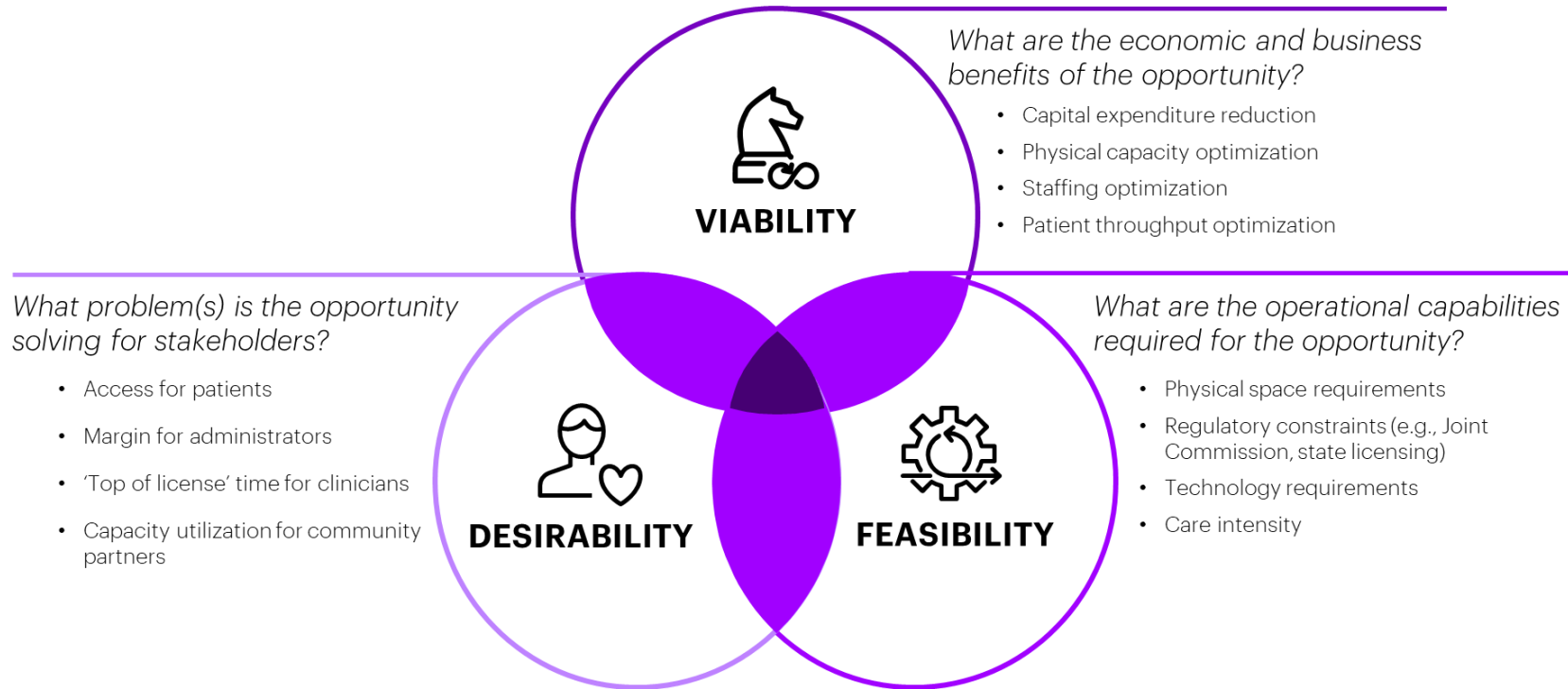
Lower Margin Services | Opportunities

Can the low margin service of Labor & Delivery be offered in a more cost-effective setting

Labor & Delivery



L&D closures in rural settings have dramatically reduced access to birthing services¹. Alternatively, health systems can offer L&D care in the Tier 2 setting – similar to birth centers² – for low-risk pregnancies to maintain access. Business viability is strong as payment is irrespective of service delivery location³; feasibility is contingent upon pregnancy risk and ability to provide anesthesia services.



Note: Desirability, Viability, and Feasibility are ranked on a qualitative, subjective scale.
Sources: ¹[Commonwealth Fund](#) ²[UHC Obstetrics Policy](#) ³[NYT Birth Center](#) ⁴[ASHP Site of Care Infusion](#) ⁵[JADPRO](#) ⁶[Hopkins Payment Policy](#) ⁷[ACS Clinical Trials](#) ⁸[AAC](#) ⁹[HHS](#)

Lower Margin Services | Opportunities













L&D, Clinical Trials, Oncology Care, and Substance Abuse care may better serve rural communities in Tier 2

Labor & Delivery	Desirability	L		H	L&D closures in rural settings have dramatically reduced access to birthing services ¹ . Alternatively, health systems can offer L&D care in the Tier 2 setting – similar to birth centers ² – for low-risk pregnancies to maintain access. Business viability is strong as payment is irrespective of service delivery location ³ ; feasibility is contingent upon pregnancy risk and ability to provide anesthesia services.
	Viability	L		H	
	Feasibility	L		H	
Oncology Care & Infusion Services	Desirability	L		H	
	Viability	L		H	
	Feasibility	L		H	
Clinical Trials <i>Phases 2-4</i>	Desirability	L		H	
	Viability	L		H	
	Feasibility	L		H	
Outpatient & Partial Hospitalization Programs for Substance Abuse	Desirability	L		H	
	Viability	L		H	
	Feasibility	L		H	

Note: Desirability, Viability, and Feasibility are ranked on a qualitative, subjective scale.
Sources: ¹[Commonwealth Fund](#) ²[UHC Obstetrics Policy](#) ³[NYT Birth Center](#) ⁴[ASHP Site of Care Infusion](#) ⁵[JADPRO](#) ⁶[Hopkins Payment Policy](#) ⁷[ACS Clinical Trials](#) ⁸[AAC](#) ⁹[HHS](#)

Lower Margin Services | Opportunities

L&D, Clinical Trials, Oncology Care, and Substance Abuse care may better serve rural communities in Tier 2

<p>Labor & Delivery</p>	<p>Desirability L  H</p> <p>Viability L  H</p> <p>Feasibility L  H</p>	<p>L&D closures in rural settings have dramatically reduced access to birthing services¹. Alternatively, health systems can offer L&D care in the Tier 2 setting – similar to birth centers² – for low-risk pregnancies to maintain access. Business viability is strong as payment is irrespective of service delivery location³; feasibility is contingent upon pregnancy risk and ability to provide anesthesia services.</p>
<p>Oncology Care & Infusion Services</p>	<p>Desirability L  H</p> <p>Viability L  H</p> <p>Feasibility L  H</p>	<p>While infusion services are often delivered in the home and retail settings⁴, complications from chemotherapy can land patients in the emergency room or in observation units for relatively low intensity care. Leveraging retail settings, or remote patient monitoring in the home, to address common chemo complications like nausea and vomiting, pain, or fever can decompress EDs, drive patient satisfaction, and lower costs⁵.</p>
<p>Clinical Trials <i>Phases 2-4</i></p>	<p>Desirability L  H</p> <p>Viability L  H</p> <p>Feasibility L  H</p>	<p>Rural residents typically travel further to access clinical trials; extending Phase 2, 3, and 4 trials into retail settings supports rural access, is economically favorable for providers as payment is not contingent upon location and is feasible for therapies with strong safety indications.^{6,7}</p>
<p>Outpatient & Partial Hospitalization Programs for Substance Abuse</p>	<p>Desirability L  H</p> <p>Viability L  H</p> <p>Feasibility L  H</p>	<p>Rural communities have higher rates of substance abuse and limited access to mental health services.⁸ Shifting outpatient substance abuse care and partial hospitalization programs to retail settings enables access and would be supported by both private pay opportunities and grant funding, like the SAMHSA block grants.⁹</p>

Note: Desirability, Viability, and Feasibility are ranked on a qualitative, subjective scale.
Sources: ¹[Commonwealth Fund](#) ²[UHC Obstetrics Policy](#) ³[NYT Birth Center](#) ⁴[ASHP Site of Care Infusion](#) ⁵[JADPRO](#) ⁶[Hopkins Payment Policy](#) ⁷[ACS Clinical Trials](#) ⁸[AAC](#) ⁹[HHS](#)

CARE ANYWHERE

Case Studies

Lower Margin Services | First Movers

Several lower margin services have already shifted into Tier 1 and Tier 2 settings



Primary Care

Traditionally delivered in...

- Outpatient or ambulatory brick-and-mortar settings

Now being delivered in...

- Retail locations (e.g., CVS, Walmart)¹
- Virtual and online settings²



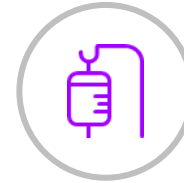
Emergency Services

Traditionally delivered in...

- Both inpatient and outpatient settings

Now being delivered in...

- Urgent care and retail settings³
- Virtual settings (e.g., triage)⁴
- Free standing ER facilities⁵



Dialysis

Traditionally delivered in...

- Inpatient settings or a dialysis outpatient unit

Now being delivered in...

- Homes⁶
- Retail locations (e.g., DaVita)⁶
- Skilled Nursing Facilities⁷



Sleep Studies

Traditionally delivered in...

- Outpatient settings

Now being delivered in...

- Homes⁸
- Hotels⁹
- Virtual and online settings¹⁰



Sources: ¹RAND ²CVS Health ³Concentra ⁴NYP ER Telemedicine ⁵HCA Healthcare ⁶DaVita Treatments ⁷DaVita SNF ⁸Stanford Sleep Study ⁹Vanderbilt Sleep Study ¹⁰Project Baseline Study

SKILLED NURSING FACILITY

For example, SNF can be targeted at several appropriate locations of care.

PRODUCT MINDSET

Patient Criteria:

- Ability to pay for Home Health
 - In a safe and appropriate house
 - No weapons
 - Family and/or caregiver support
- Hospital to SNF:**
- Lower acuity
 - Discharged to home from SNF within 7 days
 - Low ADL score on admission to SNF
- Rapid Discharge:**
- Higher acuity but stable
 - Stayed in SNF for more than 30 days
 - Low ADL score after 20 days

Fits target diagnosis:

- | | | | |
|-----------------------|----------------------------|----------------------------|-----------------------|
| ○ CHF Exacerbation | ○ Colitis | ○ Congestive heart failure | ○ aftercare |
| ○ COPD Exacerbation | ○ Dehydration | ○ Cerebral infarction | ○ Upper limb fracture |
| ○ Cerebral infarction | ○ Rhabdomyolysis | ○ Fracture | ○ Wound |
| ○ Fracture | ○ COVID-19 | ○ Surgical aftercare | ○ Diabetes |
| ○ Surgical aftercare | ○ Multiple Sclerosis Flare | ○ Cellulitis | |
| ○ Cellulitis | ○ Clostridium Difficile | ○ Orthopedic | |
| ○ Pneumonia | ○ Acute Gout Flare | | |
| ○ UTI | | | |
| ○ Pyelonephritis | | | |
| ○ Gastroenteritis & | | | |

Ability to Perform:

- Meets intermediate (observation/inpatient) level of care or higher
- No synchronous telemetry
- Typical SNF level care and interactions with roles supported by virtual clinicians

Resource Requirements:

- Audio and video through broadband
- Other infrastructure set up
- Virtual clinical support plus trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Patient Criteria: (like Tier 1 except)

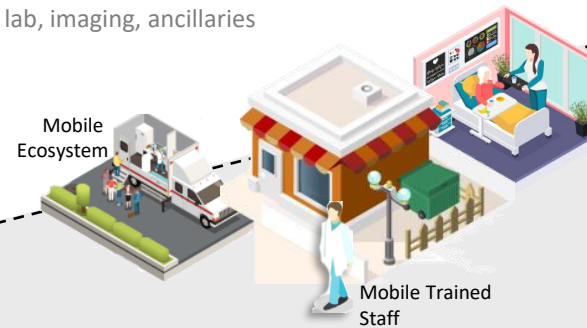
- Unsafe or inappropriate house
- No consistent family member or caregiver support
- Weapons in the home
- Moderate acuity including addition diagnosis:
 - New strokes
 - High rehabilitation potential
 - New joint replacements

Ability to Perform:

- Meets Level I or II intermediate (observation/inpatient) or Level III extensive
- Synchronous telemetry or no telemetry
- Manage complex medications and wound management
- Typical SNF level care and interactions with roles supported by virtual clinicians

Resource Requirements:

- Audio and video through broadband along with telemetry
- Other infrastructure set up
- Virtual clinical support plus trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Patient Criteria:

- Patient condition is critical and may be complex from comorbidities

Ability to Perform:

- Level IV intensive care which might include ventilator management
- Adhoc or planned lab, imaging, and other ancillary services are onsite

Resources Required:

- In-person access to staff and ancillary services



TIER 2 Examples for Alternatives to SNF@Home or Traditional

Skilled Nursing Facility

A care delivery model aimed at delivering a SNF-level of care near a patient's home, without sacrificing the quality of care delivered in a facility setting. Skilled care is supplemented with wrap-around services catering to holistic patient needs



Location Criteria

- 1** Adaptable Infrastructure
Facility can be outfitted* for care
- 2** Commonplace
Facility should be common to most communities
- 3** Mission-Aligned
Ownership should be aligned to the healthcare mission
- 4** Strategically Beneficial
Represents an attractive business opportunity for all parties
- 5** Accessible
Facility / location is easily accessed by community members
- 6** Secure & Safe
Facility is secure and in a safe location
- 7** Excess Capacity
Facility has excess capacity that is available for extended periods

(*) Includes technological and physical requirements to deliver care

Relevant Examples



CAHs, Nursing Homes & Assisted Living Facilities
Critical Access Hospitals and residential nursing facilities fit all location criteria and are the 'status quo' option



Hotels
Hotels operating below capacity allow for private care to be delivered comfortably and conveniently



Schools & Universities
Schools & universities have extra capacity – in both classrooms and residence halls – during off periods



Unused Retail Space
Shopping malls and seasonal retailers have been left with excess space with the shift to digital retail



Unused Homes
Airbnbs, rental properties, and second homes are comfortable environments to outfit for care



Places of Worship
Churches, synagogues, mosques, and the like are all mission-oriented and operate below capacity



SPECIALTY DIAGNOSTIC/FOLLOW-UP

A recent review by clinicians supporting care to the veteran population identified the following expectations across typical specialties. Each will be impacted by a specific patient.

PRODUCT MINDSET

Diagnostic Opportunities:

- **Audiology***
- Behavioral Health Prescribing
- Behavioral Health Psychotherapy
- **Cardiology***
- Dialysis
- **Dermatology***
- Endocrinology
- Gastroenterology
- General Surgery
- Hematology and Oncology
- Infectious Diseases
- Nephrology
- Neurological Surgery
- Neurology
- Neuropsychology
- Nutrition/Dietetics
- Orthopedic Surgery
- **Otolaryngology***
- Pain Management
- Physical Medicine and Rehabilitation
- Physical Therapy/ Occupational Therapy
- Plastic Surgery
- Podiatry
- **Primary Care***
- Rheumatology
- Sleep Medicine
- Speech Therapy
- Urology

Diagnostic Opportunities:

- Allergy and Immunology
- Audiology
- Cardiology
- **Dentistry***
- Dermatology
- Obstetrics and Gynecology
- **Ophthalmology***
- **Optometry***
- Otolaryngology
- Primary Care
- Pulmonary Diseases
- **Radiology***
- Thoracic and Cardiovascular Surgery

Diagnostic Opportunities:

- Acupuncture
- Chiropractic
- Dentistry
- Ophthalmology
- Optometry
- Radiation Oncology (see Hematology and Oncology)
- Radiology

Emergent Care:

- Patient condition is emergent and complex from comorbidities

Informational Pre-/Post-Care Opportunities:

- All specialties



*Capability may require movement of resources, such as mobile ancillaries, labs, images as well as people. Relies on the ecosystem of partners as well as workforce strategies



Tier 1: Home / Patient Mobility



Tier 2: Alternative Site of Care (space, staff, technology)

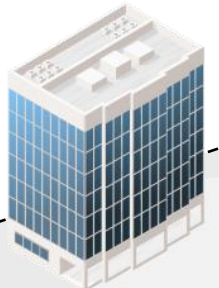


Tier 2: In-Person Ambulatory



Virtual Clinician

Tier 3 or 4: Specialty Consult In-Person



NEUROPSYCHOLOGY DIAGNOSTIC/FOLLOW-UP

For example, in Neuropsychology care can be targeted based on patient capability and desired level of care.

PRODUCT MINDSET

Patient Criteria:

- Patient condition, mental state, and living situation are appropriate
- Patient is complying with medications and requires periodic support
- Patient can consent to care at home

Ability to Perform:

- Treatment is self-administered but watched by remote clinician
- Store, forward, documentation of diaries
- Verbal reinforcement of treatment and compliance
- Planned lab, imaging, ancillary services
- Patient, caregiver, or trained staff support the following:
 - Ready assessments including WAIS-IV Digit Span, WAIS-IV Similarities, HVLT-R, Semantic Fluency, Letter Fluency
 - Stimulus materials including MoCA, TOPF, Strep Test, Oral SDMT, WAIS-IV Vocabulary, BNT-2, Trial Making Test

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 1: Home / Patient Mobility

Patient Criteria:

- Patient would benefit from additional education, reinforcement, or review of medications
- Patient's living condition or mental state are not appropriate for staff to provide care at home

Ability to Perform:

- Staff administer treatment and a remote clinician
- Staff support document or image review
- Staff training on treatment and compliance
- Planned lab, imaging, ancillary services
- Trained staff support the following:
 - Use of examination methods requiring assistance required including WAIS-IV Block Design, WMS-IV Visual Reproduction, WAIS-IV Matrix Reasoning, Rey Complex Figure Test and Recognition Trial (RCFT)

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 2: Alternative Site of Care (space, staff, technology)

Patient Criteria:

- Patient condition or progress has changed and would benefit from detailed review

Ability to Perform:

- Provider and ancillary staff can perform a full range of neuropsychology tests, diagnosis and treatment
- Adhoc or planned lab, imaging, and other ancillary services are onsite or near

Technology Required:

- In-person access to staff and ancillary services



Tier 2: In-Person Ambulatory

Patient Criteria:

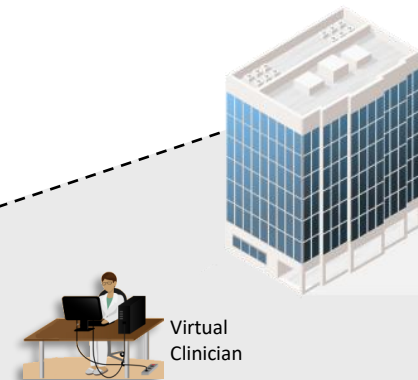
- Patient condition is emergent and complex from comorbidities

Ability to Perform:

- Provider and ancillary staff can perform a full range of neuropsychology tests, diagnosis and treatment
- Adhoc or planned lab, imaging, and other ancillary services are onsite

Technology Required:

- In-person access to staff and ancillary services



Tier 3 or 4: Specialty Consult In-Person

DEVICE ORIENTED DIAGNOSTIC/FOLLOW-UP

Vendors, such as Sensoria Health, focus on technologies that enhance Tier 1 and 2 flexibility, but tie to Tier 2 in-person approaches

Patient Criteria:

- Patient condition requires near continuous monitoring post procedure or as part of ongoing management
- Patient or care giver demonstrate ability to manipulate and manage sensor technology
- Patient can consent to care at home

Ability to Perform:

- Monitor movement and or health status based on device capability
- Perform diagnostic or follow up examination. May require trained staff or care giver support for examination
- Examination or treatment watched by remote clinician
- Store, forward, documentation of diaries
- Verbal reinforcement of treatment and compliance
- Planned lab, imaging, ancillary services
- Patient, caregiver, or trained staff support the following:



Resource Requirements:

- Audio and video through broadband
 - Trained staff mobile to the home
 - Mobile lab, imaging, ancillaries
-

Tier 1: Home / Patient Mobility

Patient Criteria:

- Patient would benefit from additional education, reinforcement, or review of medications
- Patient or caregiver living situation or home capability not conducive to the examination requirements

Ability to Perform:

- Staff administer treatment and a remote clinician
- Staff support document or image review
- Staff training on treatment and compliance
- Planned lab, imaging, ancillary services
- Trained staff support the following:
 - Patient sensor with trained staff manipulation
 - Clinician sensor system with trained staff

Resource Requirements:

- Audio and video through broadband
- Trained staff mobile to the home
- Mobile lab, imaging, ancillaries



Tier 2: Alternative Site of Care (space, staff, technology)

Patient Criteria:

- Patient condition or progress has changed and would benefit from detailed review

Ability to Perform:

- Provider and ancillary staff can perform a full range of tests, diagnosis and treatment with patient or clinician system
- Adhoc or planned lab, imaging, and other ancillary services are onsite or near

Technology Required:

- Full range of technology support
- In-person access to staff and ancillary services



Tier 2: In-Person Ambulatory

Patient Criteria:

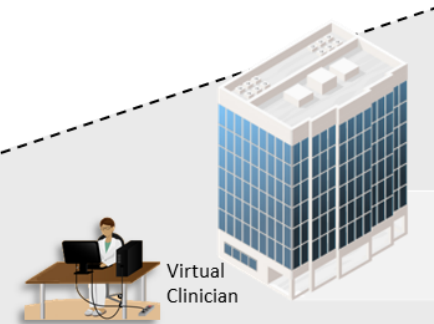
- Patient condition is emergent and complex from comorbidities

Ability to Perform:

- Provider and ancillary staff can perform a full range of tests, diagnosis and treatment with clinician system
- Adhoc or planned lab, imaging, and other ancillary services are onsite

Technology Required:

- Full range of specialized technology support
- In-person access to staff and ancillary services



Tier 3 or 4: Specialty Consult In-Person

PRODUCT MINDSET

PERSONALIZED CARE & CARE PLATFORMS

Care Anywhere orchestrates the personalization and supply of care delivery focusing on mobility, virtualization, and the care model to address labor shortage, drive outcomes and cost reduction

PRODUCT MINDSET



- Monitors **Activity** and **Adherence** in near real-time.
- **Full 9 axis IMU:** Accelerometer, Gyroscope, Magnetometer
- Built in **Bluetooth** Smart 4.2 and **Battery Charger**
- **Easy** to use. **No ON/OFF button.** Turns on automatically when snapped to the boot.
- **Easy** patient provisioning via **QR code** scanning.



Traditional, place-centric care centers with care systems and physical facilities configured (technology, space, staffing) to meet the needs of a broad, specialized patient population



Tier 1: Home / Patient Mobility



Tier 2: Alternative Site of Care (space, staff, technology)



Tier 2: In-Person Ambulatory



Tier 3 or 4: Specialty Consult In-Person



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Thank You