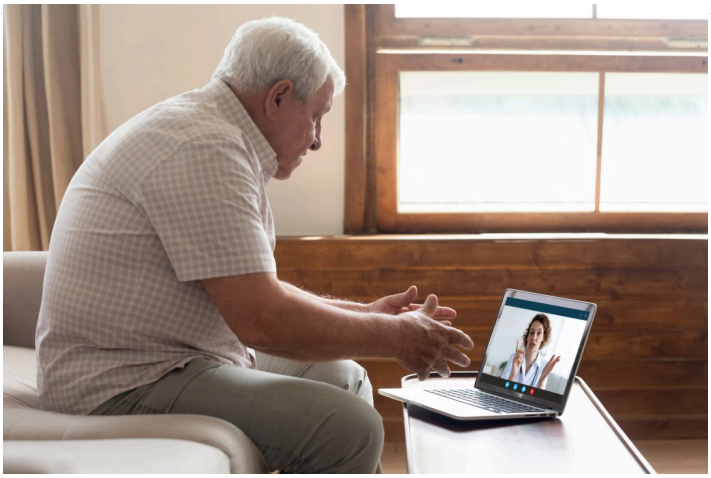

Health isn't just for the home: The First Step in Meeting Patients Wherever they are

The Virtual Health Community
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Introduction

The Care Anywhere framework empowers patients to receive coordinated and appropriate care by identifying the personalized combination of care locations and modalities that optimize health outcomes, access, experience, and cost. As a part of a broader series on the Care Anywhere framework, this article dives into how the Care Anywhere methodology applies to a home/patient mobility setting or a configurable, multi-purpose care setting.

For the first several articles in the series, visit **here**.

Moving Care 'Anywhere'

Consumer Demand

Accessible healthcare delivery has grown in significance as COVID-19 has impacted the accessibility of in person clinics and traditional care facilities. Although home care as an alternative to in person clinics predates the pandemic, COVID-19 accelerated the adoption of location flexible care. Recent years have pushed the definition of "home care" to mean a variety of settings, including dorms, study and working spaces, frequent community spaces (e.g., barbershops), and configurable, multi-purpose care spaces. The demand for location flexible care is set to continue as 1 in 2 customers **cite** convenient locations as a primary driver for their healthcare decision-making.

Across the care spectrum, consumers are more willing to incorporate technology into their care delivery to minimize travel while maintaining quality of care. With **60%** of patients open to remote patient monitoring and **83%** of patients expected to continue using telehealth after the pandemic, it's increasingly imperative for care delivery to provide a tailored and convenient option for consumers.

Market Response

In response to consumer demand and the steerage of patients to lower cost settings, the movement of health into the "home" across the care spectrum has grown significantly the past couple years, from virtual-first on-demand models for primary/specialty care to hospital-at-home programs for more complex cases.

Primary and specialty care is evolving, with virtual-first on-demand models and risk-bearing models that manage complex populations by cutting out payers and creating extensive care networks. The rise of direct to consumer primary care models providing concierge-like care, such as **Forward Health** and **98point6**, strives to address consumer liquid expectations for transparency and on-demand

convenience. We see other models in the market working to create extensive care networks, molding the primary care referral system into a specialty care network. One example is the **partnership** between Baylor Scott and White and One Medical, in which the convenience of One Medical's on-demand primary care services is matched with Baylor Scott and White's network of providers, ambulatory facilities, and hospitals, to create seamless downstream specialist referrals for increased care coordination and revenue optimization. As care is increasingly unbundled, comprehensive care models have also grown to meet the unique needs of narrow population segments, as seen in Modern Fertility's **acquisition** by women's startup Ro, to grow more services within their ecosystem while also moving into home-based healthcare through Workpath.

Hospital-at-home programs have also grown against the backdrop of COVID-19 and increasingly favorable CMS regulations. The market has seen an increase in providers moving traditional hospital treatment into the home, decreasing costs and in-hospital patient volumes, while improving outcomes. An example can be seen in the Mayo Clinic/Kaiser Permanente/Medically Home partnership **to provide** high-acuity post care to health system patients in their homes.

With **77%** of people aged 55 years or older wanting to age in place, there has also been increasing attention towards offering in-home skilled nursing care to patients. For example, Humana has made a **big push** in home care for senior populations, acquiring OneHome to offer value-based home health services and partnering with Papa to help mitigate senior loneliness. As CMS continues the **Acute Hospital @ Home program** and the **ESRD Treatment Choices value-based care model** gains momentum, we expect to see further supply of care to patients in non-traditional care settings.

Challenges

Though partnerships and models are exponentially growing to serve consumers and patients in the home and

increasingly anywhere, several challenges remain across the patient, provider, and payer ecosystem.

COVID-19 spotlighted existing health inequities. Minority patients face challenges across language and cultural barriers, digital connectivity and digital literacy, care coordination between primary care physicians and specialists, and historical distrust in the healthcare system. With more than **25 million people** in the US with limited English proficiency, language and cultural barriers require creative solutions to spread awareness and increase community engagement. Some companies are directly targeting vulnerable communities, such as **Cityblock Health**, a value-based healthcare provider for Medicaid beneficiaries. Cityblock Health combines community outreach, local clinics, and virtual care in a culturally competent manner. Parallel efforts can also be seen in small grassroots startups such as **Live Chair Health**, a platform that engages barbershops to support preventative screenings for Black men.

In driving forward "home" healthcare, providers and payers also face operational challenges. Due to the varying resources, equipment, and services required across a patient's journey, providers face operational and technological obstacles to creating a seamless patient and provider experience. Fee-for-service models have historically disincentivized providers from spending extra time coordinating and managing preventative care at home. However, the healthcare industry has seen large growth in systems operating on capitated contracts. As reimbursement begins moving towards value-based care models (e.g., CMS's Patient-Driven Groupings Model), there's an increasing potential for home healthcare deserts to **unintentionally form** in the most fragile patient population zones, due to the need for more stringent regulations around more complex cases.

How can Care Anywhere provide a solution?

The Care Anywhere methodology strives to solve key challenges in operational and technological coordination

across patients, providers, and payers to provide tailored care responses. By taking a multivariable approach, the Care Anywhere framework can identify the optimal care delivery setting for all stakeholders involved. Considering the respective challenges and obstacles of every individual can drive greater success in care delivery, by moving away from the "one-size fits all" model into a reconfigured system that keeps patients at the center of the care process.

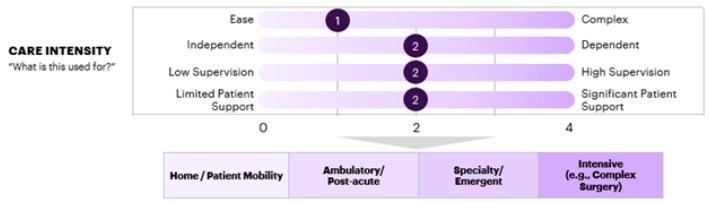
As introduced in the **Care Anywhere POV**, Maria's case shares an illustrative example of a patient for whom moving care into the home, or a ready location closer to home, can improve access, experience, outcomes, and cost optimization, according to her unique needs.

"Care Anywhere" Step 1: As a 67-year-old with moderate-to-severe rheumatoid arthritis, Maria experiences pain in her lower extremities. When a flare up occurs, she requires a treatment to relieve her joint pain and inflammation. To determine the appropriate care setting, an assessment of the care intensity, resources, and modality characteristics for her condition needs to occur first.

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

Care Intensity

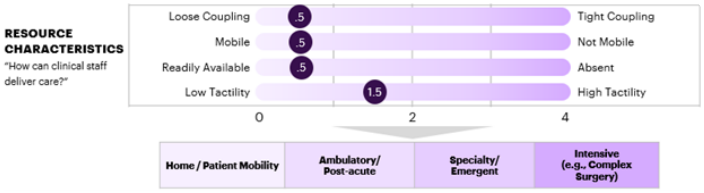
This category evaluates the complexity, supervision, clinical dependence, and patient support required to successfully meet the care need.



Illustrative example: Maria requires a corticoid steroid injection to treat an acute rheumatoid arthritis flare up, and this injection can be delivered by a registered nurse, but not self-administered by the patient. The level of supervision required is not minimal, since simple clinical involvement is needed, and is not high, since physician involvement is not needed. The level of supervision could therefore be scored at a moderate level.

Resource Characteristics

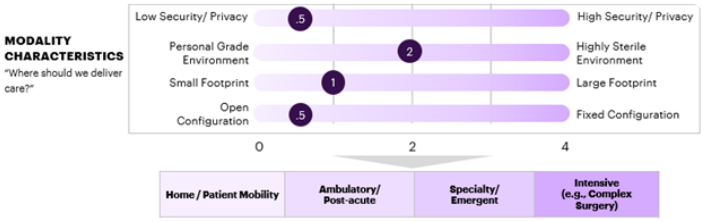
The second category evaluates the dynamic of the clinical team that is appropriate for the case, assessing the level of availability, tactility, mobility, and coupling required of the team.



Illustrative example: Continuing the example of Maria requiring a corticoid steroid injection, the equipment and clinical staff required to deliver the service can be transported relatively easily. Therefore, this service's clinical requirements can be scored as highly mobile.

Modality Characteristics

The third category evaluates the care setting characteristics necessary to meet the care need. This category's criteria include the evaluation of clinical requirements as they relate to privacy, sterility, configuration, and breadth of impacted areas.



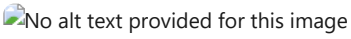
Illustrative example: Returning to Maria's case, the corticoid steroid injection's clinical requirement of privacy would likely be scored low. The procedure is not typically socially sensitive, does not require a high level of physical exposure,

and does not pose a risk to the health of those in proximity to patient.

"Care Anywhere" Step 1 Outcome

This initial evaluation of expectations within Care Intensity, Resource Characteristics, and Modality Characteristics sets the boundaries for the most appropriate locations for care. Once the initial evaluation is complete, the clinical requirements are then weighted and synthesized to determine the range of appropriate care settings among the following: home/patient mobility, ambulatory/post-acute, specialty/emergent, and intensive.

Illustrative Example: The weighted clinical requirements for Maria's rheumatoid arthritis corticoid steroid injection indicate the spectrum of clinically appropriate care modalities range from home/patient mobility to the ambulatory post-acute care setting. As shown in the below figure, this provider organization anticipates that this service may be most appropriate to deliver at home if special considerations can be made to ensure the injection can be administered by trained staff.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More to Come: What happens next?

Step 1 establishes the range of appropriate locations to provide the care needed by Maria. A future article will provide more detail on the subsequent steps. The following provides a brief overview:

Step 2: Once this analysis has been determined, the various case-specific priorities and business considerations need to be considered by identifying the relevant stakeholders and their prioritization of preferences and constraints. These considerations may include payer coverage, provider capabilities, and patient accessibility to care. After completing this priority and business case assessment, Maria, her Rheumatology provider, and Medicare all identified ambulatory/post-acute as their preferred care delivery method.

Step 3: Now that both assessments have been completed, a strategic delivery plan can be built using all stakeholder preferences to identify the single optimal setting based on the needs, capabilities, and preferences in Maria's unique circumstance. Given Maria's preference to receive her care in the home, her provider's ability to deliver care in the home, and Medicare's opportunity to reduce costs, the home location was determined to be Maria's optimal care delivery location.

In Maria's case, and across all patients, humanizing healthcare breaks down the one-size-fits-all model into a unique and modularized system for every individual circumstance. The Care Anywhere framework guides the healthcare ecosystem to do just that.

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Up next in the #CareAnywhere blog series: How to humanize healthcare to meet every individual's needs

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