



Healing at Home: Hospital-Level Care in Patients' Homes

August 6, 2019

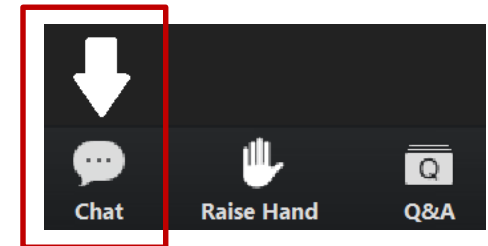
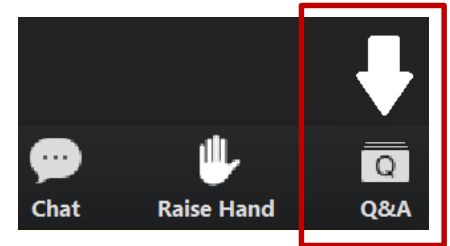
Agenda

- **Welcome and Introductions**
 - **Claudia Ellison**, Director, Programs & Services, eHealth Initiative
- **How Marshfield Clinic is Delivering Hospital-Level Care at Home**
 - **Narayana Murali, MD, FACP, CPE**, Executive Vice President, Care Delivery & Chief Clinical Strategy Officer, Marshfield Clinic Health System; Executive Director, Marshfield Clinic
 - **Travis Messina**, Co-Founder, CEO, Contessa
- **Q&A**
 - **Claudia Ellison**, Director, Programs & Services, eHealth Initiative



Housekeeping

- All participants are muted
- To ask a question to be answered by speakers:
 - Use the “Q&A” box found on the bottom of your screen
 - We will address as many as possible after the presentations
- For help with technical difficulties and non-speaker questions:
 - Use the “chat” box and we will respond as soon as possible
- Today’s slides will be available for download on eHI’s Resource page:
www.ehidc.org/resources

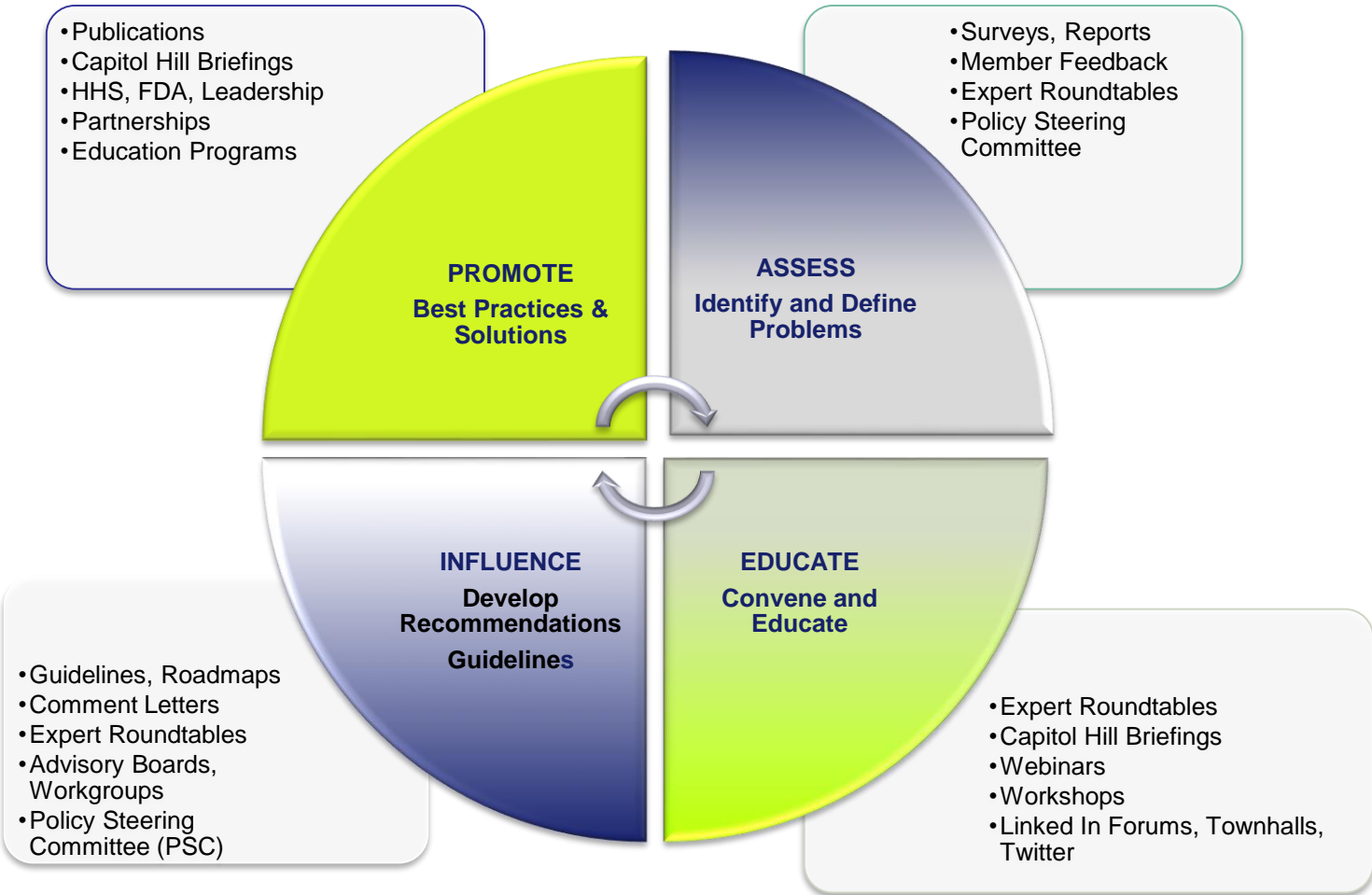


Our Mission

Convening executives from every stakeholder group in healthcare to discuss, identify and share best practices to transform the delivery of healthcare using technology and innovation.



Our Work



Our Members



Current Areas of Focus

Value Based Care

Cost
Transparency

Prior
Authorization

Interoperability

Understanding
FHIR/
APIs/DaVinci

Policy
Issues/Burden,
Workflow, Info
Blocking

Privacy/Security

Protection Vs
Access

HIPAA Part 2

Cybersecurity
Med Devices

Analytics/SDOH

Non-
Traditional
Sources of
Data for Health
(SDOH,
PGHD)

EHR data for
clinical trials
(Doublejump)

eHealth Resource Center

www.ehidc.org/resources

- eHealth Resource Center available with best practices & findings identifying and disseminating best practices
- Online Resource Center: Over 600 new pieces of content, 125 best practices added this year



**This webinar was made possible through the
generosity and support of**



**Marshfield Clinic
Health System**



Speakers



Narayana Murali, MD, FACP, CPE

Executive Vice President, Care
Delivery & Chief Clinical Strategy
Officer, Marshfield Clinic Health
System; Executive Director,
Marshfield Clinic



Travis Messina

Co-Founder, CEO, Contessa



How Marshfield Clinic Is Delivering Hospital- Level Care at Home



Marshfield Clinic Health System

Discussion Agenda

Marshfield Clinic & Contessa Health Overview

Home Recovery Care Clinical Model

Program Clinical Workflow

Outcomes



Marshfield Clinic Health System

Marshfield Clinic Health System (FY 2018)

- OUR MISSION -
WE ENRICH LIVES

System

50+
Locations
in 34 Communities




\$2.4 Billion
Revenue


10,750+
Employees


\$270+
Million
Community Benefit

Care Delivery

86 Specialties



1,200 Medical Providers



7 Hospitals


\$1.8 Billion
Care Delivery Revenue

Health Plan



235,000 Members
served by
Security Health Plan



\$1.3 Billion
Premium Revenue

1



Hospital-at-Home Programs Have Proven Results But Have Failed to Scale

The clinical model has produced strong quality outcomes but has not scaled, largely due to the lack of a sustainable reimbursement model

Early Adopters



Mt. Sinai Research Study Results⁽¹⁾

- Length of Stay
- 30-Day Readmission Rate
- ED Visit Rate
- Transfers to SNF
- Patient Satisfaction



Scalability Challenges

- No use of telehealth
- No form of reimbursement
- No incentive for health systems to adopt if not at capacity or at-risk
- Limited number of addressable conditions
- Inability to appropriately document

(1) Source: JAMA Internal Medicine, August 2018 – Association of a Bundled Hospital-at-Home and 30-Day Postacute Transitional Care Program With Clinical Outcomes and Patient Experiences.



Marshfield Clinic and Contessa Have Partnered to Offer Home Recovery Care (“HRC”)

Marshfield & Contessa launched Home Recovery Care in 2016 and have demonstrated significant outcomes



- 2 payers contracted
- 44% decrease in readmissions vs. matched cohort
- 90%+ patient satisfaction



Home Recovery Care Addresses Approximately 40% of Hospitalizations

Marshfield and Contessa's Home Recovery Care clinical model delivers all the essential elements of inpatient care in the safety and comfort of a patient's home

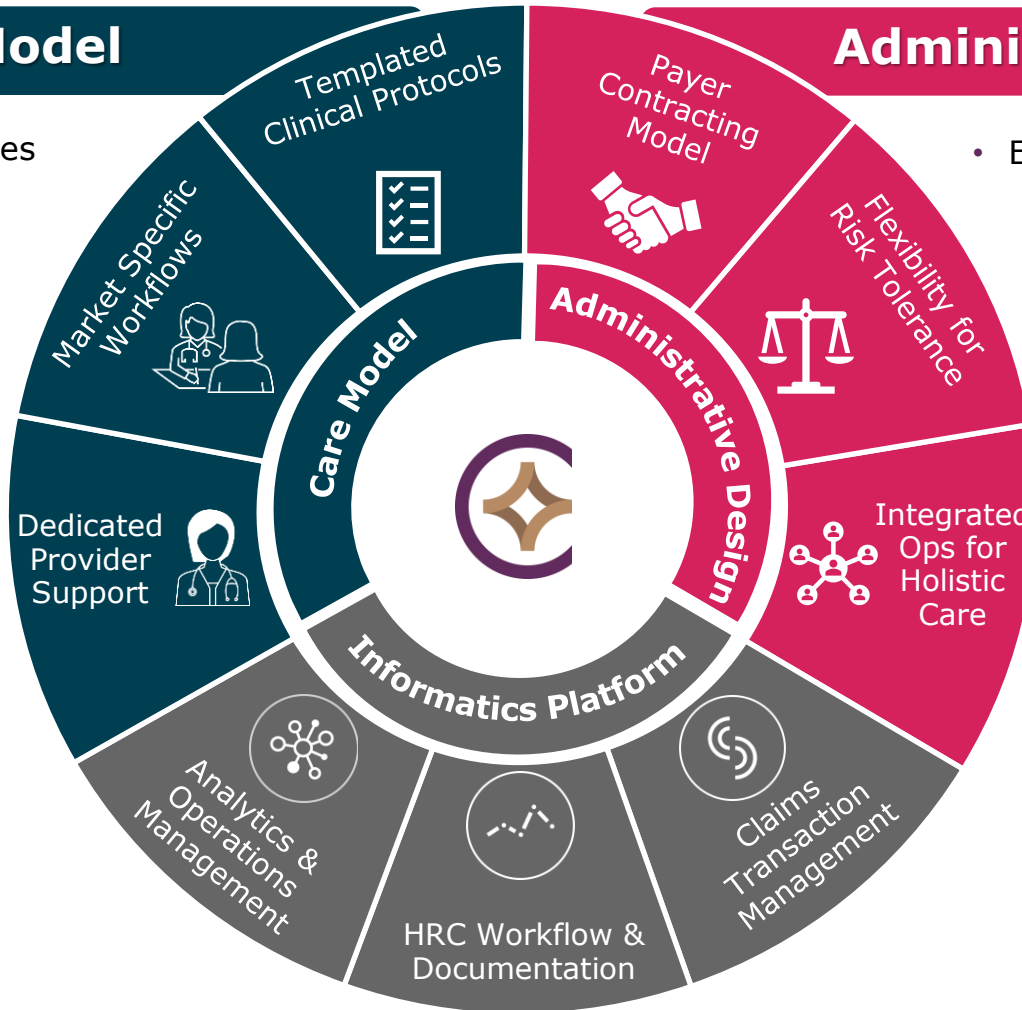
CLINICAL MODEL



Marshfield & Contessa Provide Differentiated Services through a Joint Venture Relationship

Care Model

- In-market resources
- Centralized clinical structure
- Evidence-based, best practices
- Detailed training regimen



Administrative Design

- Established contracts
- Dedicated network development team
- Health economics & data science teams
- Risk arrangement support

 **CARE
CONVERGENCE**



HRC Clinical Workflows Integrate with Existing Operations



ADMISSION
(ED, UC, Clinic)

~2 hours

Initial Treatment/Triage
by Referring Provider
(ER Physician)

Admission by Admitting
Provider (Hospitalist)



ACUTE PHASE
(Patient's Home)

3-5 days

Home Visits by
Acute Care RN

Virtual Rounding by
Admitting Provider



25-27 days

MONITORING PHASE
(Patient's Home & Clinic)

25-27 days

Home Health and Other
PAC Services if Necessary

Coordinates Care Team,
Monitors Health Data,
Executes Care Plan, ID's
Gaps in Care

Social Worker coordinates
community-based services

PCP Follow-up &
Health Plan Transition



CONTESSA

RECOVERY CARE COORDINATOR (RCC)

Verifies Clinical, Home,
Insurance Eligibility

Coordinates Care Team,
Monitors Health Data,
Arranges Clinical Services



The Care Convergence Platform Connects Patient Care with Providers and Health Plans



tracker

Manages Patient Care Coordination and tracking platform provides robust patient documentation



exchange

Manages Transactions Revenue cycle management system supports risk arrangements



knowledge

Mines Claims Data Establishes base-line costs for risk arrangements and uncovers opportunities for cost savings



SIMPLIFIES
entering into risk
arrangements



IMPROVES
care delivery, quality and
outcomes by leveraging
real-time analytics



Extensive Administrative Services Needed to Support Health Plan Operations

Significant Experience, Incorporation of Best Practices



Clinical Ops /
Medical Necessity

Clinical
guidelines and
protocols
drive
appropriate
patient
identification



Compliance &
Regulatory

Contract
structure and
service offering
adhere
to regulatory
landscape



Benefit
Design

Differentiated
service offering
within existing
health plan
benefit design



Claims /
IT

Transaction
formats &
process flow
avoid disruption
to systems



Integration
with Value-Based
Care Initiatives

Flexible risk
model
complements
current risk
arrangements

Clinical Efficacy and Long-Term Viability Demonstrated in Marshfield's HRC Program

- 5 Hospital system
- 55+ ambulatory clinics



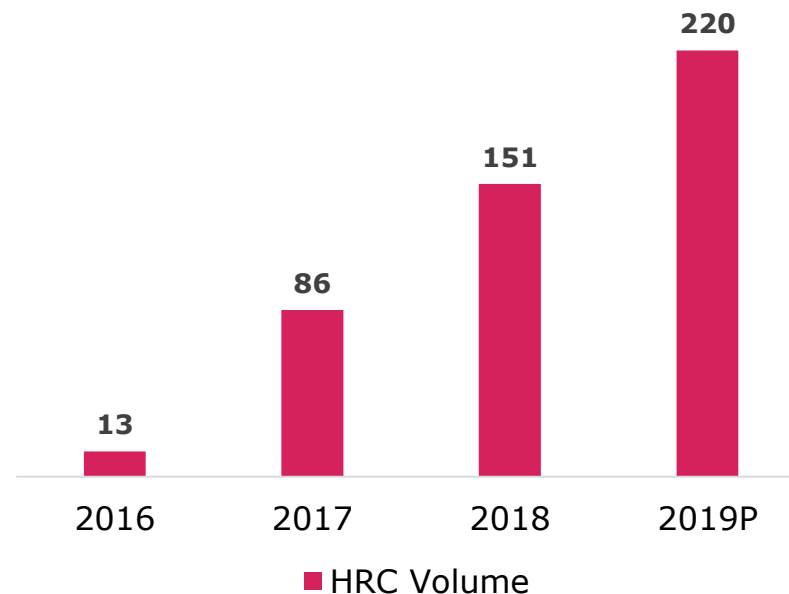
Marshfield Clinic
Health System

- 1,200 employed physicians & clinical providers
- 5th largest health plan in WI

HRC Program Highlights

- **35% reduction** in mean LOS
- **22% increase** in patient satisfaction
- **90%+ patient acceptance** rate
- **HRC clinical offering expansion**
 - Treating cancer patients
 - HRC Post-Acute model
 - Palliative care

HRC Program Performance



Contact Information

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Q&A



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