### ACOS of the Future TEAM-BASED CARE REIMAGINED

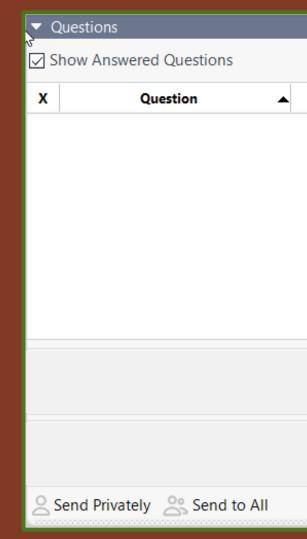
The presentation will begin shortly. Please note that all attendees are in listen only mode.





### THERE WILL BE A Q/A SESSION AT THE END OF THE WEBINAR.

Submit your questions in the webinar Questions window. A recording of this webinar will be sent to participants.



			Ø
Asker	Rec'd	Answer	-
Asker	Nec u	Answer	_
			$\sim$
			-
		)	∍



### **SPONSORED BY** eMedApps



eMedApps is a Healthcare Information Technology Services company providing healthcare clients across the USA (practices, hospitals, ACOs and payers) with a full range of services, as well as a suite of products designed to increase efficiency and facilitate communication.

Be sure to follow us on Facebook, Instagram, Twitter and LinkedIn and subscribe to our YouTube Channel! Just search eMedApps



#### e**Med**Apps<sup>™</sup>





### **SPONSORED BY** NPO

NPO is a physician organization that owns a clinically integrated network and ACO in Northern Michigan.

### **Northern Physicians Organization**



### **ACOs of the Future:** Team-based Care Reimagined

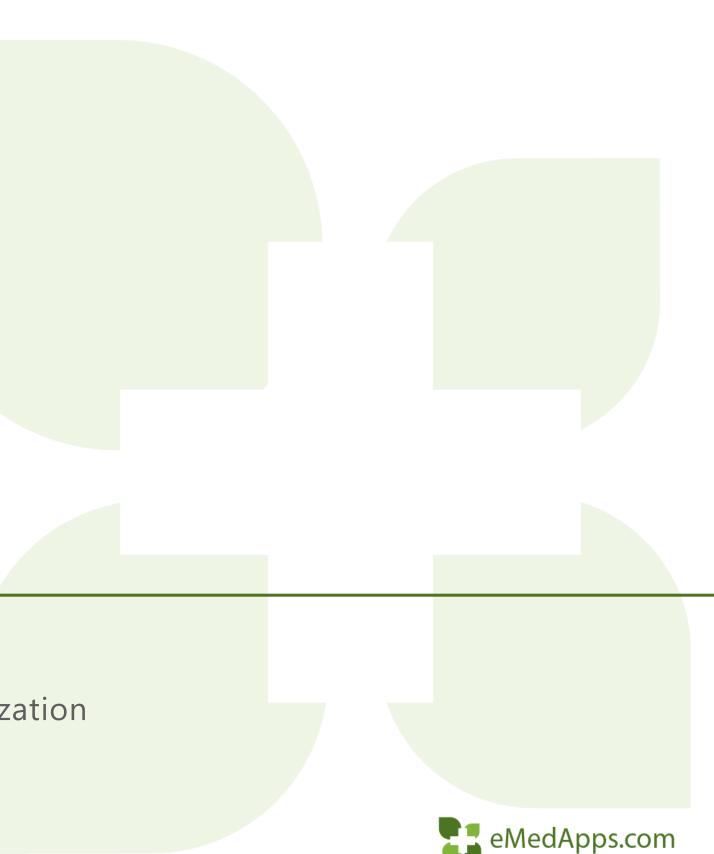
Presented by

#### **VIK SHESHADRI**

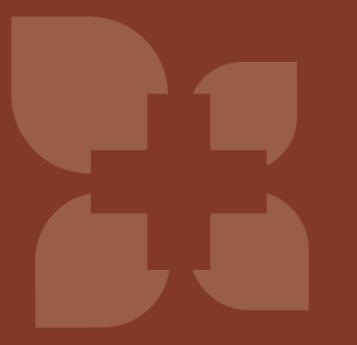
eMedApps VP of Product Development

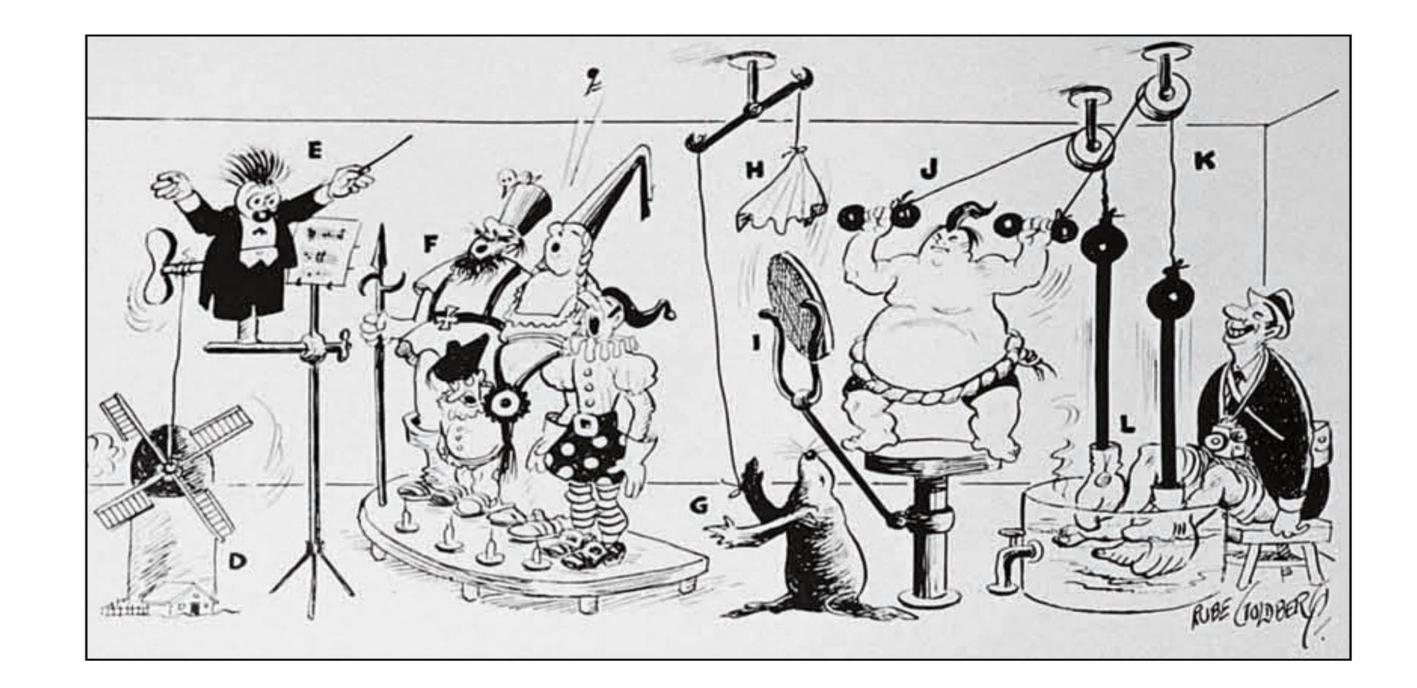
#### **ED WORTHINGTON**

Northern Physicians Organization Director



### CURRENT STATE OF DATA SHARING





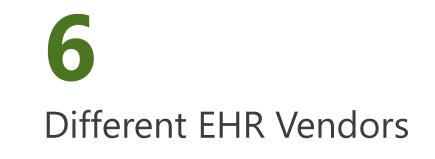


## **CLIENT STORY**









### **546**

Clinical Users- 74 Provider Users & 472 Clinical Support Staff Users



Patient Users



#### Organizations including 33 Physician Practices





## HEALTH INFORMATION EXCHANGE



- Single access to a lot of data
- Meets exchange of data MIPS/MU measure



• Searching for data needed for your patient visit



# **OVERCOMING THE CHALLENGES- OUR APPROACH**

#### **TECHNOLOGY**

#### WORKFLOW



#### OUTCOME



# **IT'S NOT JUST ABOUT THE TECHNOLOGY**

#### We Studied

- How practices work / interact with data
- How they compensate for missing data



**Then We Created** Technology that complements the workflow





## CARE MANAGERS





### **NEED FOR CARE** COORDINATION **IS CLEAR**

Well-designed, targeted care coordination that is delivered to the right people can improve outcomes for everyone:





# **SPECIFIC CARE COORDINATION ACTIVITIES**



Communicating/sharing knowledge and data



Helping with transitions of care



Creating a proactive care plan



Monitoring and follow up, including to responding to changes in patient needs



Accessing patient needs and goals



Linking to community resources



# Consent



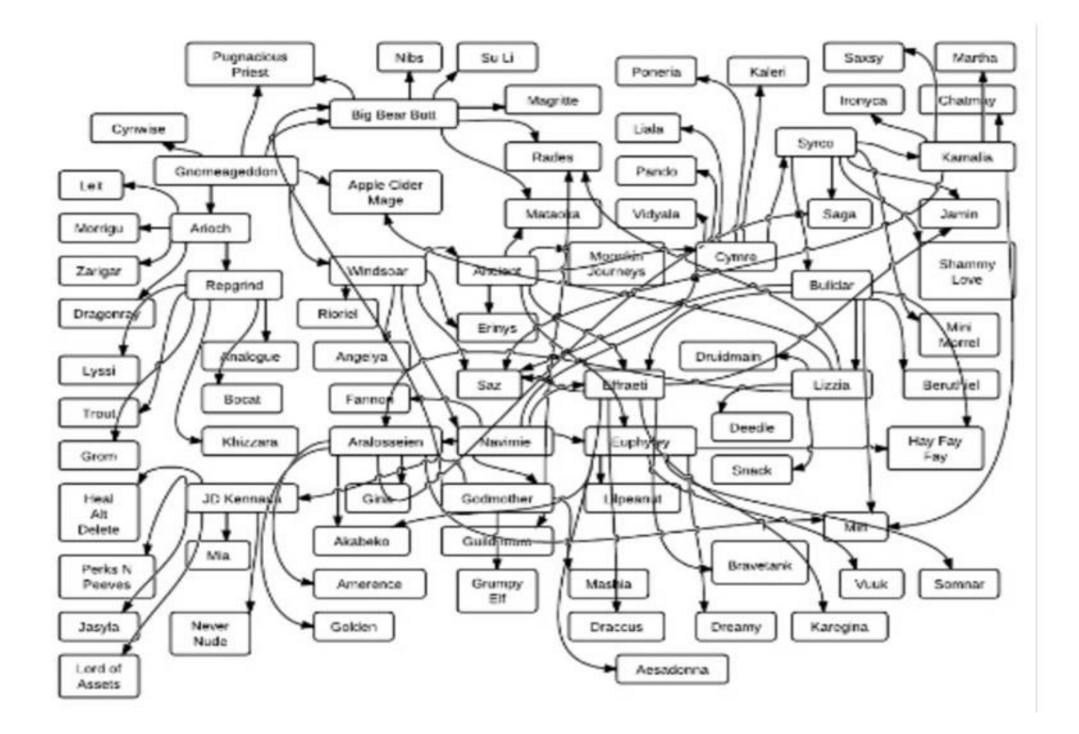
#### No implicit consent



Difficult to track & update consent



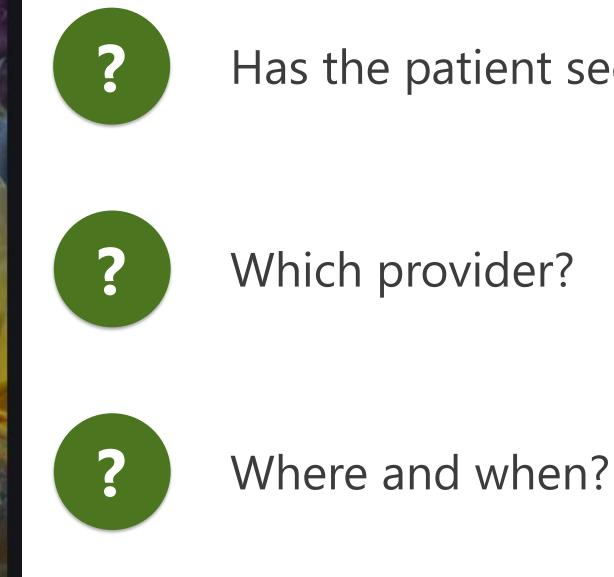
Aligning consents for each data source







### **Care Managers Challenges COMPLETE DATA**



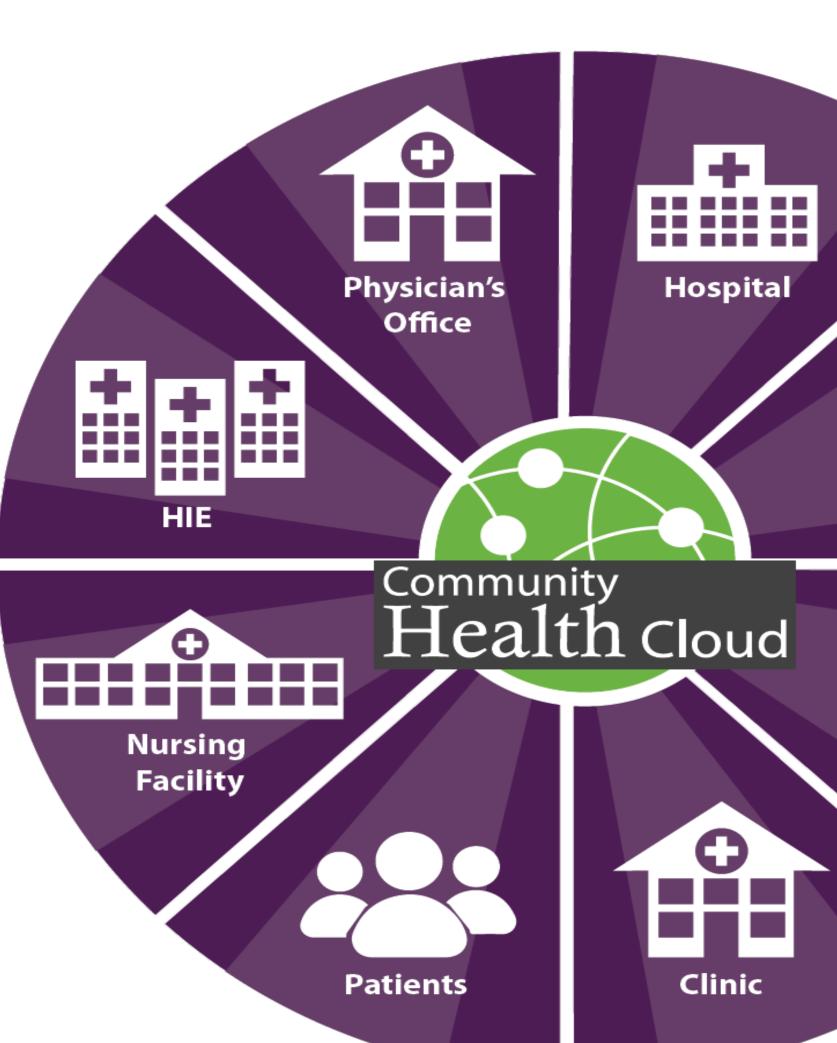
### Has the patient seen another provider?



### LET'S SEE HOW IT WORKS-**Care Managers**











needs and role





timeframe

### **ACTIONABLE DATA BENEFITS**

- Patients presented by default based on schedule- focus for the day
- Filter rules flexible for users day to day
- Lab trending across data sources

ADT messages with instances in







Consent becomes patient engagement opportunity





### Practice at the top of their license

More time available to focus on care since time consuming processes are automated i.e. obtaining records



#### Identify gaps in care and improved care coordination

Access aggregated real time data - not at time of next encounter



## PROVIDERS





### **PROVIDERS CHALLENGES**

## Disjointed health care system

- Inadequate info on tests/procedures already completed
- Inability to trend outside results
- Patient matching & multiple sources of data, inability of data imports

#### **Cumbersome communication**

- Often cannot
  communicate with
  clinicians/care
  providers outside of
  the organization
  with contextual
  clinical data
- Lack of info on social services provided
- Transient patients snowbirds, students

#### **Timely Data**

- Unavailability of complete data at time of patient visit needed to drive treatment
- Patient visit time spent collecting history via patient memory rather than having data available to engage patient in care plan and health goals



### LET'S SEE HOW IT WORKS Providers









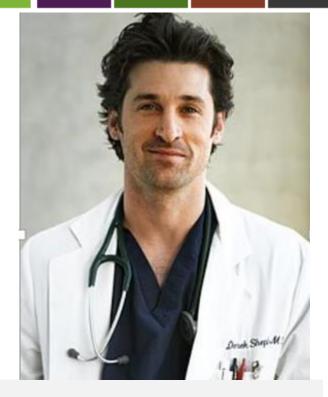
### Support for optimal delivery of care

- Aggregated clinical data- more holistic view of patient
- Actionable insights to clinicians at the point of care



#### Better chronic care management

Unified record shared by patient's care team





#### Streamlined visitsallows provider to see more patients per day

Prep for visit by reviewing information prior to appointment





### PATIENTS



### **PATIENTS CHALLENGES**

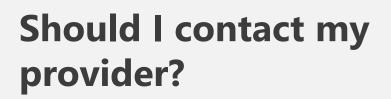
#### Are often unclear on

- Why they are being referred from Primary Care to Specialist
- How to make appointments
- What to do after seeing a Specialist or hospital visit

Struggle to collect all necessary previous medical records

- Falls to family members
- Process for referrals and release of information vary by organization.
- Lost information = less efficient care



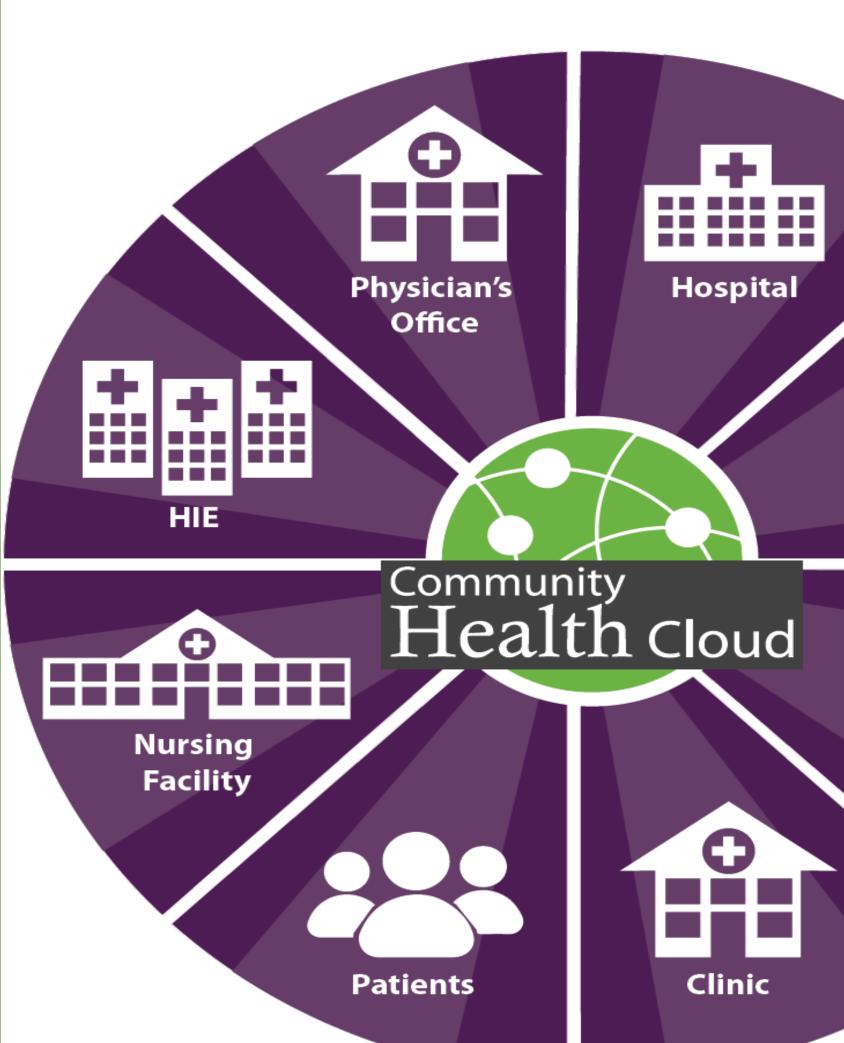


Patients may not understand what conditions require proactive intervention or timely follow up



### LET'S SEE HOW IT WORKS **Patients**









#### Improved patientdoctor communications

Provider has access to whole patient story, eliminates need for patient to retell story or bring meds to visit



Effortless control of consent/access of records

Able to view all their data and who has accessed It





### Improved Quality of Life

Proactive care avoids hospitalizations, ER visits, medication complications



## FUTURE ACOS





### 

Acco	unta	ble C	Care	Orga	nizat	ions	Are I	ncrea	asing	ly Le	d by
									tems		
May 14, 2	-										
David Mu	•	hD, JD , Ti	anna Tu, B	A , Carrie I	H. Colla, Pl	D	-	-			
Volume 2	6, Issue 05										
:		-	-			-	-		-	-	: :

2010	2018
22%	45%
16%	25%
63%	30%



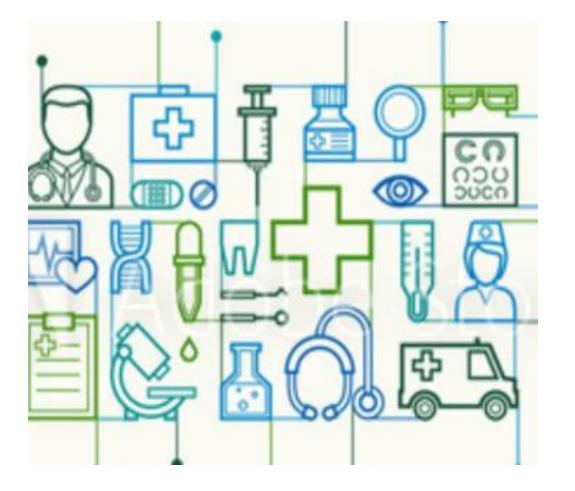
### **Physician group-led ACOS Hospital-led ACOS Joint-led ACOS**



# **PHYSICIAN LED ACOS**

#### THEN

## Health systems were early adopters of ACO model.



## Physician groups are now the predominate provider type in accountable care.

### ADVANTAGES

#### Eliminating Hospital Admissions

- Increases shared savings
- Does not result in loss of revenue stream

#### NOW

#### DISADVANTAGES

#### Lack Capital

- To invest in sophisticated HIT
- Without technology, care management is a significant challenge



### GALLUP

NOVEMBER 2, 2020



Maximize the value of the ecosystem Reimagine value-based care

Five Forces That Will Drive Healthcare's Future

Manage mergers effectively Prepare to be constantly disrupted

Embrace virtual healthcare



HOW ACOs BENEFIT



Avoid cost of implementing a single EHR system across all ACO care providers





Improve the speed of collaboration with traditional and nontraditional partners



Retain qualified staff and top talent



Increase shared savings and ACO success while improving Patient, Provider and Caregiver experience



# DO YOU HAVE ACCESS TO ALL DATA NEEDED?

# 1

#### Clinical data from all providers involved in patient care

- Regardless of practice size
- All EHR systems
- Comprehensive data



### Other data important to patient care

- Skilled Nursing Facilities
- Home Health
- Behavior Health Services
- Social Services/Social Determinants
- Paramedic Services Comprehensive data

## 3

#### Real time data- ability to get ahead of patient acuity

- ADTs
- Patient Appointments
- Messages with Clinical Data



# **KEY FEATURES**



Patient is steward of their data and controls consent with various consent options



Eliminates need for patient search since data is attached to schedule prior to visit



Ability to send messages with attached data to groups & individuals of care team and create actions for non-patient related notifications

5

ADT notifications when patients are seen in ER or hospital and patient appointment info with providers outside of the practice



Real-time aggregated data from all practices and organizations displayed in timeline & longitudinal record view





### **LEADS TO**

#### Improved Care Management - Care Coordination

- Messaging w/attached clinical data
- Real-time ADT notifications
- Ability to view patient appointments outside of practice

#### More accurately diagnosis patients & reduce test duplication

- Timely access to information 0
- Data from all providers- regardless of EHR system 0
- Consent management Ο

3

2

#### **Automated processes to** reduce provider/staff efforts

- Automated patient data collection 0
- Data available prior to the patient's 0 appointment



### **GREATER SHARED SAVINGS & IMPROVED PATIENT OUTCOMES**



# QUESTIONS and DISCUSSION

847-490-6869 info@eMedApps.com A recording of this webinar will be sent out to all attendees.



## You are invited to join us for a **INTERACTIVE ROUND TABLE DISCUSSION DECEMBER 10<sup>TH</sup> 11am CT**

This is an opportunity for you to consult with our experts and learn from other participants' experiences. Share your specific organizational challenges and get recommendations from the expert panel

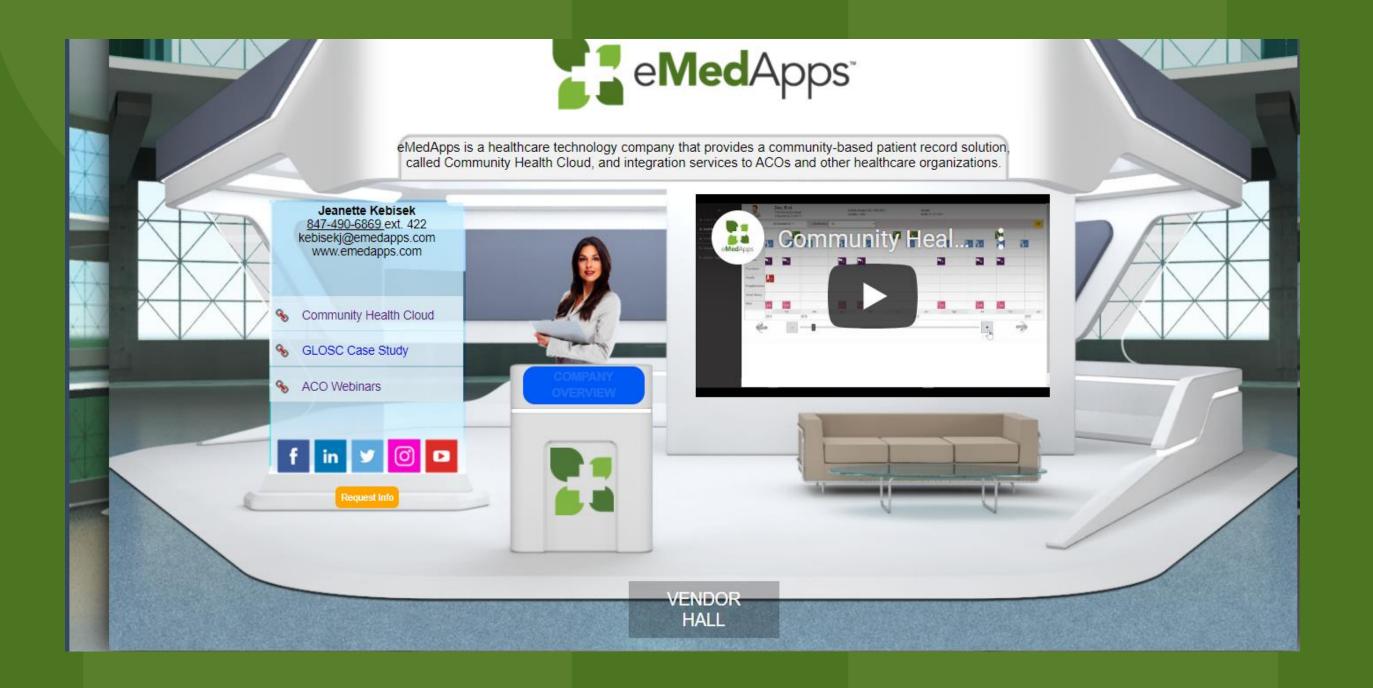
#### **REGISTER HERE!**

847-490-6869 info@eMedApps.com



## Stop by our ACOExhibitHall.com Virtual Booth

https://www.acoexhibithall.com/vendor-booth/emedapps/population-health-i-patient-ervices-ancillary-care/140/



847-490-6869 info@eMedApps.com





## Thank You

Vikram Sheshadri, Vice President of Product Development, eMedApps Edward Worthington, Director, Northern Physicians Organization

> To contact the speakers or for more information info@eMedApps.com

> > www.eMedApps.com www.ACOExhbithHall.com



847-490-6869 info@eMedApps.com



