WellSky

VBCExhibitHall.com

*Educational Webinar Series*

# Post-acute care: **The Nexus of VBC success**


Rhonda Sanders-Allamon
Chief Mission Access Officer
*Empath Health*



Tom Martin
Senior Director of Data Insights
*WellSky*

# Agenda

- Empath Health overview
- Challenges Empath Health faced
- How Empath Health plays a vital role in VBC success
- How it works
- Q&A

# What type of organization do you work for?

# Empath Health at-a-glance

**20**
Counties

**3800**
Employees

**48**
Years of providing high quality care

**Serving**
Florida

## Services provided

- Hospice care
- Home health care
- Personal care
- Palliative care
- Pharmacy and DME
- Grief services
- And much more…

*Empath Health currently utilizes the following WellSky solutions:*
*CarePort Intake for managing patient referrals and CarePort Connect for tracking patients.*

# Challenges Empath Health faced

# Manual Processes

- Limited access to actionable data and data sharing to become a collaborative partner with hospitals and ACOs
- Manually pulling data and making phone calls to follow up with partners around patient outcomes and changes in care
- No centralized place to manage patients across the continuum

# Lack of patient visibility

- Not knowing when a patient is readmitted to the ED, or has a change in condition
- No real-time clinical event notifications or diagnosis codes to manage cost of care across multiple providers
- Understanding patient comorbidities and when to have care plan conversations with patients
- Lack of understanding around most appropriate point of contact to share pertinent clinical information with

# Disconnected from hospitals and other partners

- Lack of connectivity between systems for home health, hospice, and other PAC providers
- Difficulty caring for high-risk geriatric patients and VBC managed patients
- Inability for PACs to establish measurable metrics with hospitals and ACOs

# Under utilization of hospice care

**High costs of End-of-Life (EOL) care**

- Over 25% of Medicare spending occurs in the last year of life
- Intensive medical interventions dominate EOL care

**Limited time on hospice benefit**

- Median hospice stay is less than 18 days
- Over 50% of patients have stays under a week

**Contributing factors**

- Late referrals due to prognostic uncertainty and cultural/systemic barriers
- Lack of awareness among patients and families about the hospice benefit

**Implications**

- Patients miss out on quality-focused care, while families bear emotional and physical tolls
- Healthcare system experiences increased costs due to unnecessary hospitalizations

# Empath Health outcomes

EHR

Manual updates by clinician

Subject to human error and delays in updates

# How Empath Health plays a vital role in VBC success

# Improving care and cost savings across the continuum

## Know patient changes in condition in real-time

- Provide timely information and clinical insights  back to partners to support MIPS and enhance patient outcomes and partnerships
- Collaborate with the Care Team in real-time to support patient transitions to ensure the most appropriate patient care plan
- Improve customer experience with patients' and families
- Identify patient diagnosis and change in condition in real-time for more appropriate clinical care and oversight

## Enhanced patient experience measured

- Improved patient engagement
  - Enhanced health literacy and understanding
  - Improved patient engagement in care plan
- Quality of care improvement
  - Improved adherence to treatment and care plans
  - Lower infection rates
- Cost reduction
  - Decreased total cost of care
  - Decreased utilization of hospital and ED
- Improved care coordination
  - Reduced medication errors
  - Improved patient outcomes
- Improved patient satisfaction
  - Improved HCAHPS
  - Improved NPS
- Patient outcome improvement
  - Improved readmission rates
  - Increased LOS hospice
  - Improvement in functional status

# Bridging the gap between ACOs and hospitals

## Understand when a patient needs EOL care

- Enable ACOs, primary care, and at-risk providers to identify patients in-need of hospice care through shared real-time information
- Provide visibility into patient history and utilization to determine hospice suitability
- Intervene early for optimized cost savings and enhanced quality

## Geriatric at-risk groups and ACO program measures shared through CarePort Connect

- Patient centered goals and priorities
- Early intervention requests
- Multi-disciplinary care updates
- Continued monitoring and change in condition status updates
- Polypharmacy and medication reconciliation
- Changes in care setting and condition

# Coordinating and collaborating with care teams

## Receive ED alerts for repatriation

- Coordinate patient care with at-risk partners to intervene and avoid unnecessary hospital stays
- Identify patients before admitted to the ED or in the ER to deploy dedicated staff for patient consultations
- Trend avoidable readmissions and provide real-time root cause analysis and process improvement.

## Prevent avoidable readmissions

- ER divergence program
- Call us first program
- Multidisciplinary disease management programs
- Patient education
- Enhanced care coordination and clinical liaison hospital model
- Transitional care

# How it works

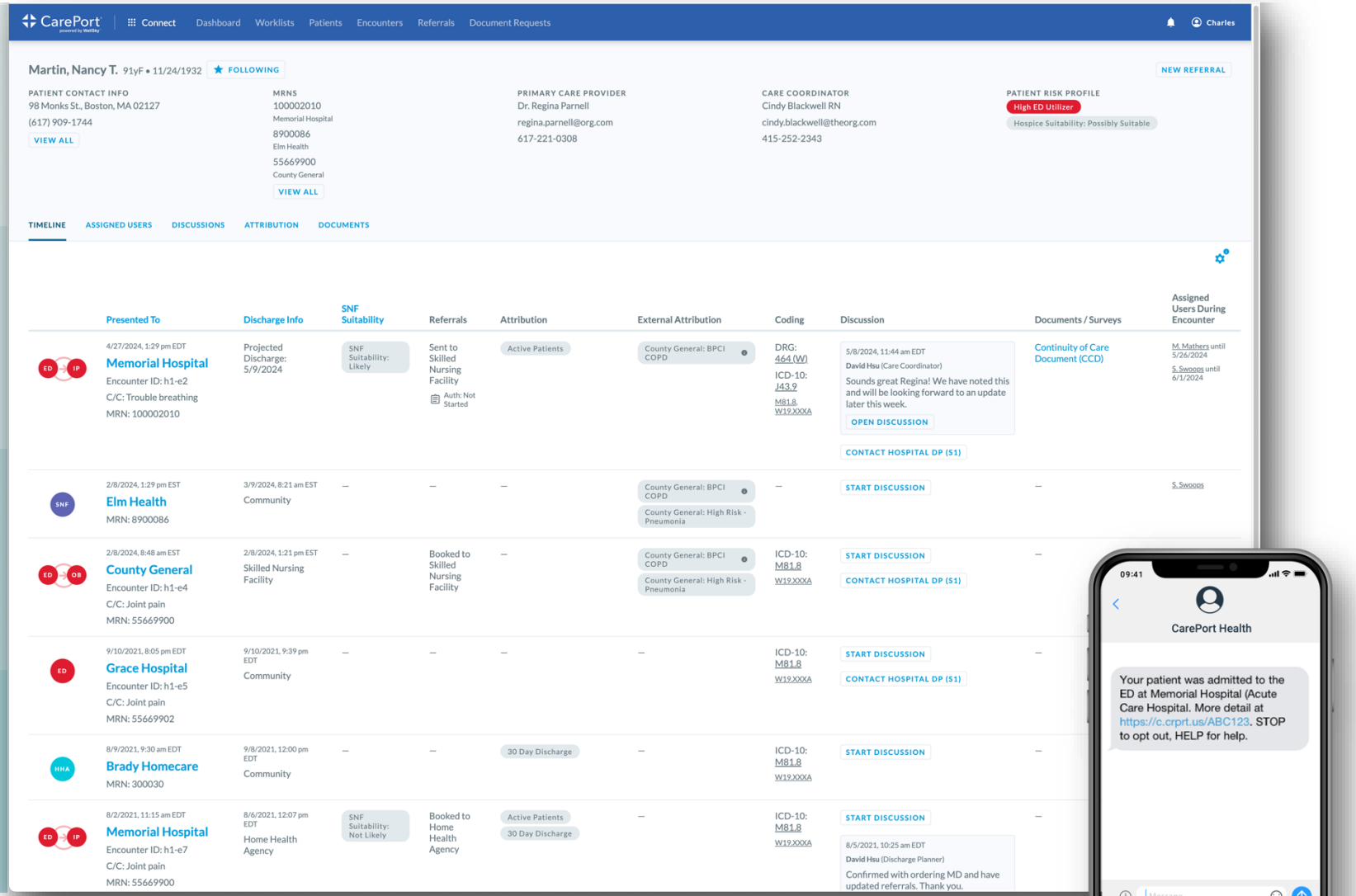
# Track and manage patients with CarePort Connect

Know where your patients are across the continuum including outside your network

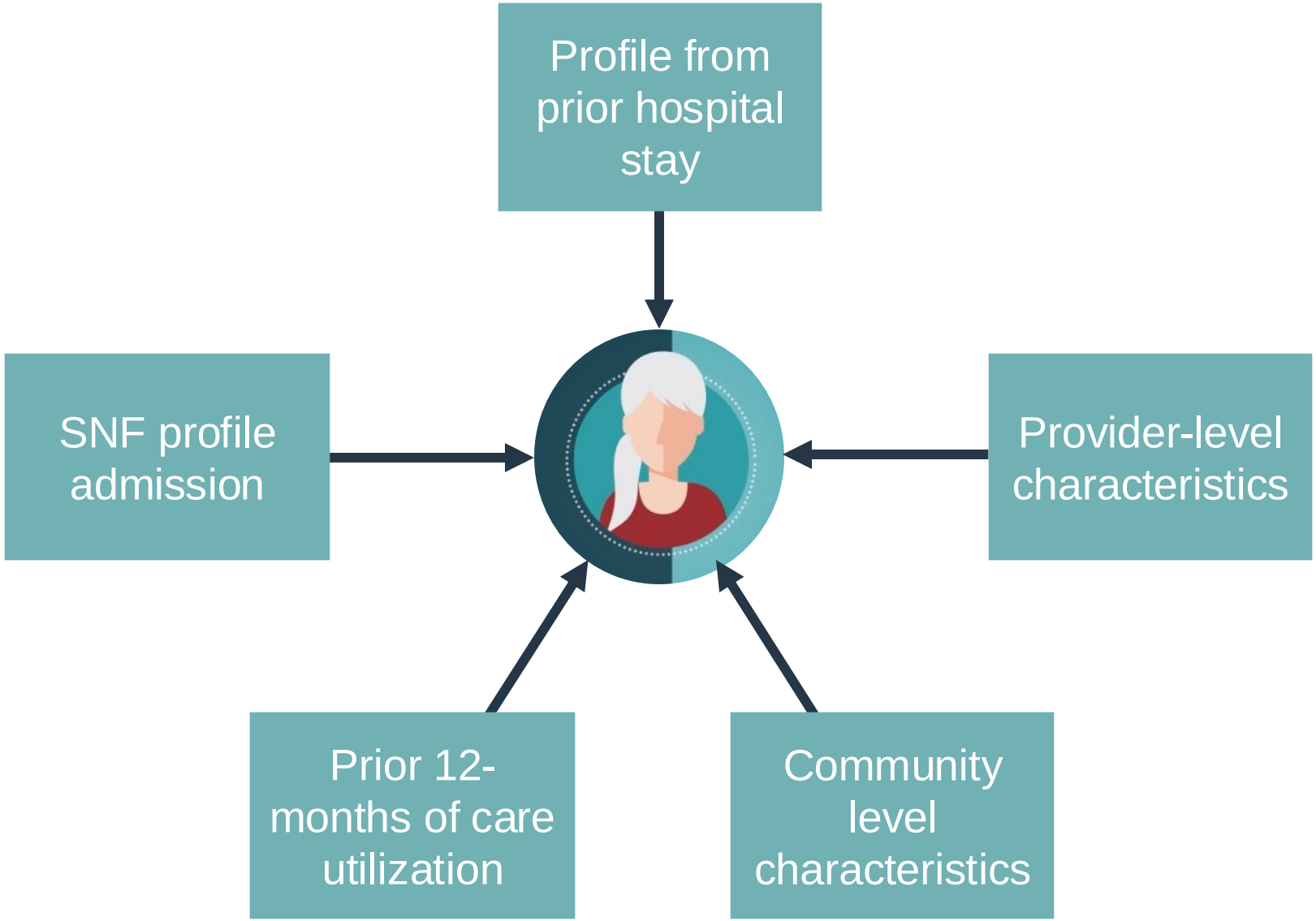
Real-time visibility and alerts when active patients present at the ED, admit inpatient to the hospital, or discharge from the hospital

View clinical documentation and key events to drive actionable care coordination

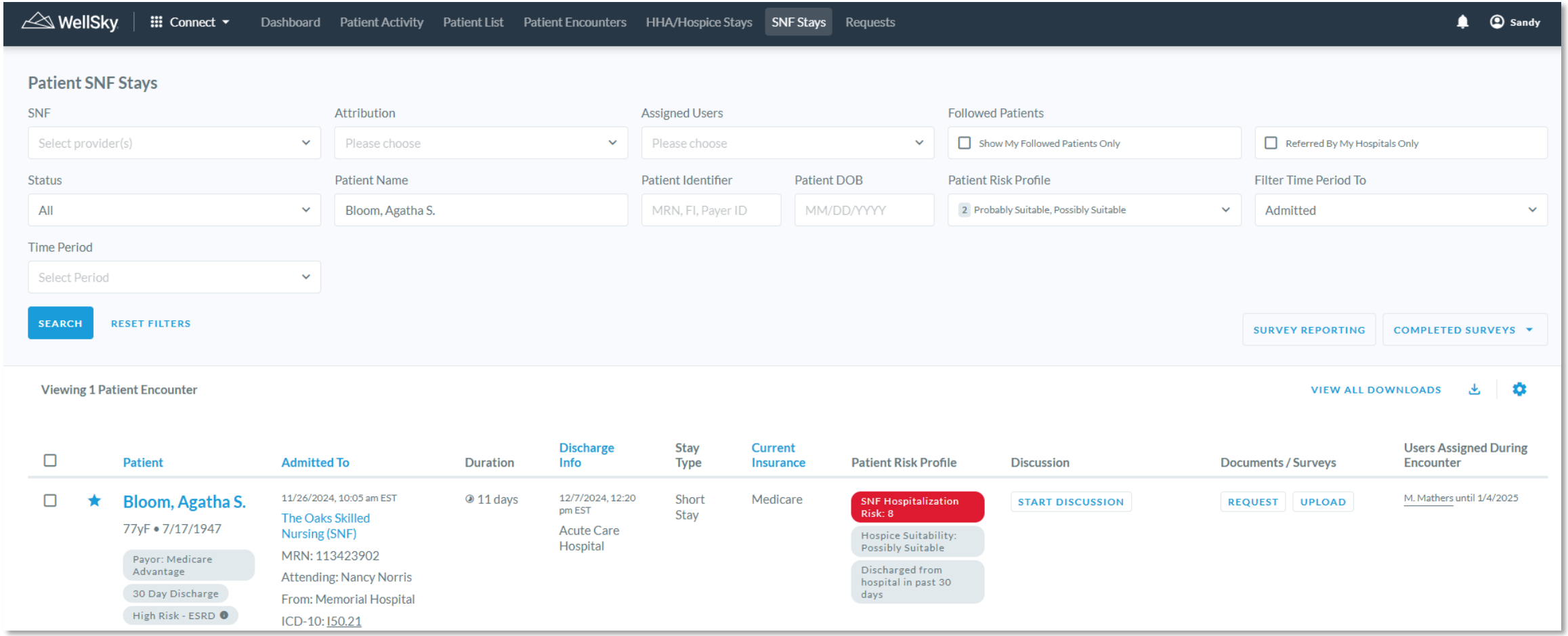
Collaborate with hospitals, health plans, risk-bearing organizations, physicians, and other post-acute care providers



# CarePort Connect predictions



# Hospice suitability score



Where is your organization in adopting technology to track patients and collaborate across the continuum?

# KEY TAKEAWAYS

Identify patients early who need hospice or palliative care

Reduce readmissions with ED repatriation

Improve communication between ACOs, hospitals, and post-acute care providers

# Q&A

# Stop by our VBCExhibitHall.com Virtual Booth:


**Visit the WellSky exhibit booth**

# Contact us

cn-general@wellsky.com