TANDEM365

CARE IS BETTER TOGETHER

INNOVATION MODEL:
A Comprehensive Care Management Solution For The Community

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ECHO, LLC

Established 2013

Five Partners:

- Clark Retirement
- Holland Home
- Life EMS
- Porter Hills
- Sunset

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The Journey of Tandem365

Extended care providers began working together with hospitals and other community health providers 4 years ago

Focused on reducing avoidable hospital admissions and emergency room visits, improving care transitions.

Transformed friendly competitors to trusted co-collaborators motivated to think BIGGER.

Created a vision for a new care model, Tandem 365.

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Value of Collaboration

Experienced Organizations

-Shared experiences

-Expert Leaders

-Unified approach

-Ability to capitalize on the strength of each organization

-Partners with strong linkages to community-based services and other health care providers

-Resources

-Capital investment

-Mission and Vision aligned

-Creates interest in the community

-Entices others to get interested

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Understanding the Need

Experienced senior providers:

-High quality providers

-Connected to the community

-Progressive service lines

-Focused on creating services that improve overall patient experience

Post-Acute providers understanding the needs of the community:

-health systems

-payers

-patients

-caregivers

Identified problems:

-readmission penalties

-rising cost of care

-fragmented health system

-lack of communication/ coordination

-complex health conditions/care-giver stress

Solution oriented:

-partnered with hospitals

-created services to fill gaps

-community oriented

-utilized existing programs

-enhanced current programs

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Concept Overview

Designed to improve health and reduce costs for elders

For those generally healthy:

- Model seeks to improve health behaviors - use other means to maintain and improve health
- Avoid or delay catastrophic events and onset of physical/behavioral chronic disease.

For those already at high risk and frail

- Provide a wide range of services
- Stabilize then improve overall health, with a corresponding reductions in high-cost service utilization

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Concept Overview

Systematic assessment approach

-physical

-behavioral

-social/financial

-spiritual

Person Centered

-preferences

-priorities

Interdisciplinary Team (IDT)

-creates “life plan”

-conduct daily care conference

Key players - RN and MSW navigators.

-hold the story

-right services at the right time

Non-Traditional Interventions:

-Advanced Care Planning

-Accompany to physician appointments and ED visits

-Transportation, meals, home support, home safety, financial planning, volunteers, long term planning

-Availability 24/7

-Triage urgent/emergent needs

-ICP (integrated care paramedics) support “life plan”

-Collaborate and coordinate with home health, skilled nursing facilities, other senior programs

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Tactical Strategies

-Rapid response protocols designed to address crisis calls, prevent avoidable ED visits & inpatient admissions.

-Extensive use of in home technologies

-Individualized “high touch” participant interaction

-Introduction of a proposed payment model, which eliminates incentives to use services

-Reduce errors - waste through a network wide commitment to LEAN methods.

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Creating Value with the Payer

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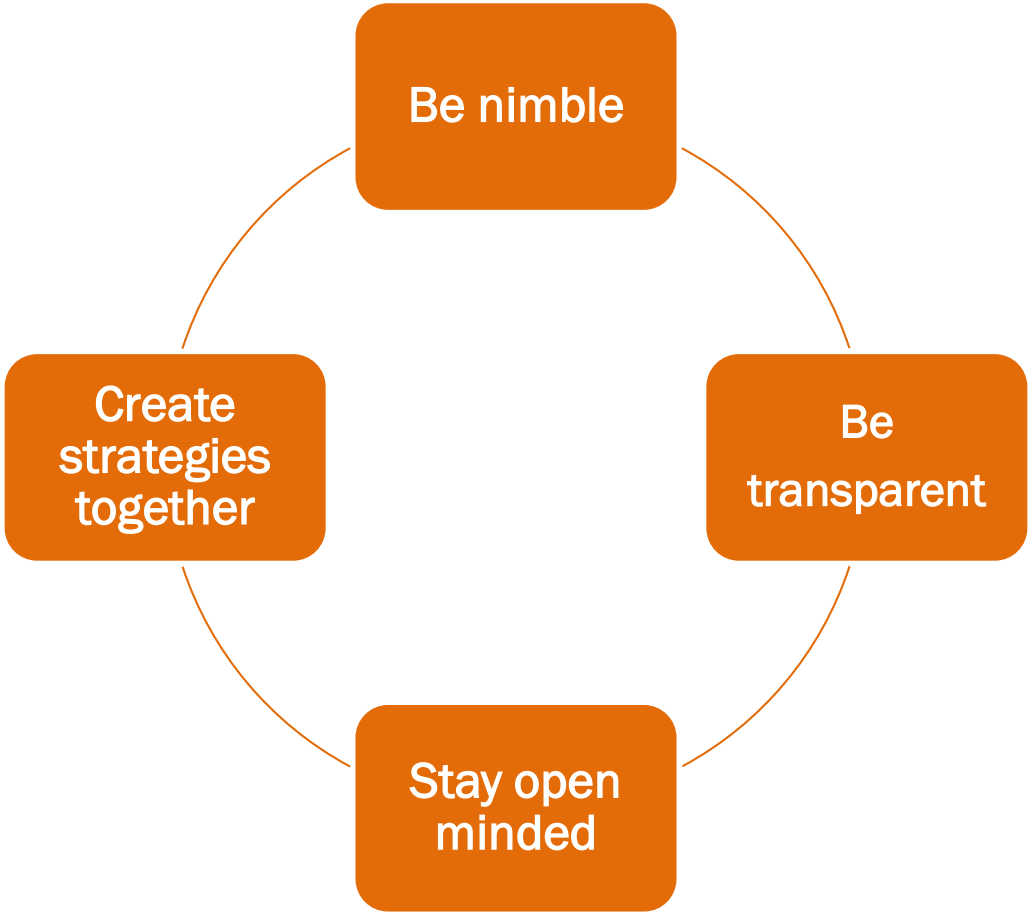
Creating Value with the Payer



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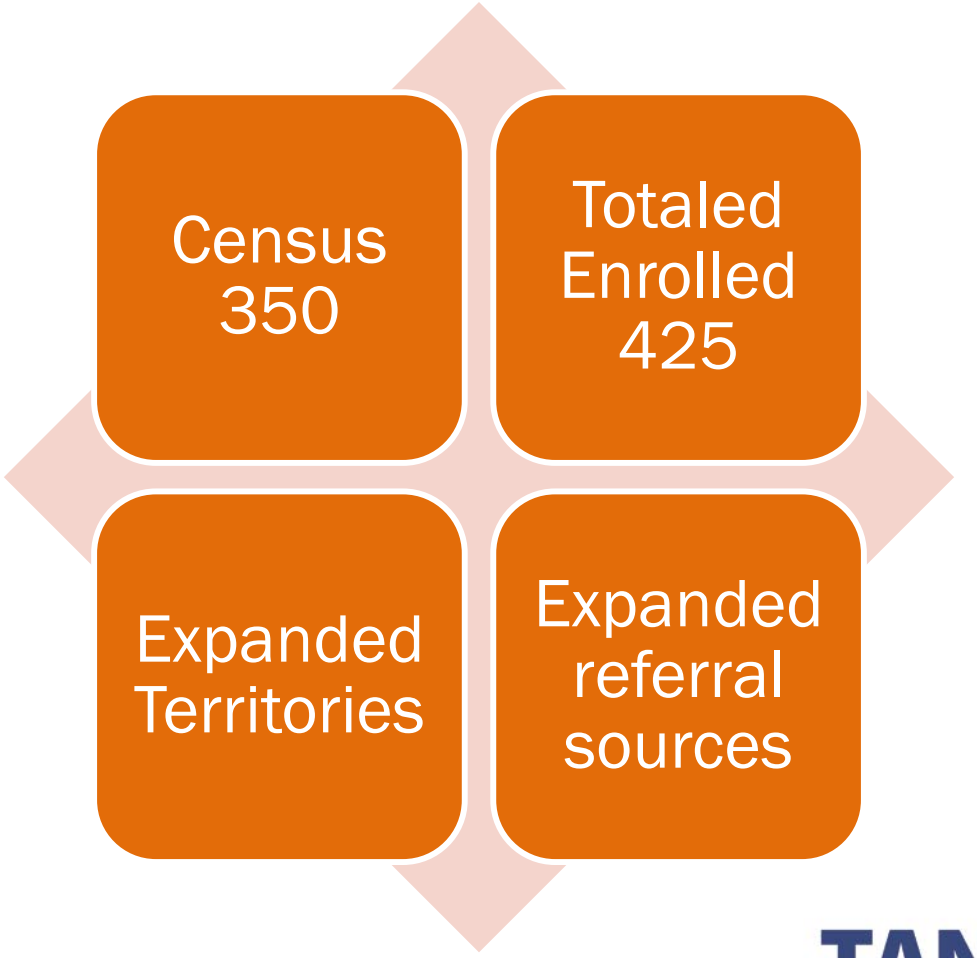
CURRENT STATE



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CURRENT STATE

Total Members*	193
Estimated Gross Allowed Amt Savings	$1,853,389
PH Investment (through March 2015)	($1,129,630)
Estimated Net Savings	$723,759

	Pre[1]	Post[2]	Difference	% inc / (dec)
Mbr Mos.	2,250	1,830		
Allowed Amt PMPM	$3,539	$2,526	$1,013	(28.6%)
Acute IP Stays / 1,000 Mbr Mos	101	55	46	(45.8%)
ER Visits / 1,000 Mbr Mos	276	156	120	(43.5%)
OP Visits / 1,000 Mbr Mos	1,031	923	108	(10.5%)
Specialty Visits / 1,000 Mbr Mos	2,234	1,698	536	(24.0%)
SNF Stays / 1,000 Mbr Mos	37	19	18	(49.6%)
SNF Days / 1,000 Mbr Mos	669	275	393	(58.8%)

* *Includes all members who enrolled prior to 6/30/2015, for the duration of their enrollment, regardless of current enrollment status*

1 *"Pre" includes 14 mos. up to 2 mos. before starting Tandem365*

2 *"Post" includes all enrolled mos. after starting Tandem365, services through 8/31/2015 and paid through 10/31/2015*

FUTURE

- Next 3 years – Ending June 30th 2018
- Enroll 2000
- Expand geographic reach to additional counties
- Seek additional funding opportunities
- Dual eligible project with state of Michigan

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What's Next

- Establish best practices and outcome measures.
- Gain experience and confidence.
- Focus on barriers and find solutions.
- Adjust the concept based on reality BUT stay focused on the desired outcomes.
- Continue to develop Tandem's own culture.

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Questions?

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