Down the Rabbit Hole…

C2C DATA & THE LA JEWISH HOME

Molly Forrest, CEO – President
LA Jewish Home April 4, 2017
Aging Today & Tomorrow

Medicare, Social Security & Medicaid Changes

+65
"Martin Short"

+75
"Tina Turner"

+85
"Clint Eastwood"

April 7, 2017 AJAS Data & Analytics You Need to Run Your Business
“20% to 30% of health spending is waste that yields no benefit to patients… much is done that does not help patients at all, and many physicians know it” - Don Berwick, New York Times, December 3, 2011
“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going to Heaven, we were all going direct the other way.”

Charles Dickens, *Tale of Two Cities*
DHSS Secretary, Tom Price, has Authority ...

To release ACA waivers & rule changes as administrative actions...
Takes time & public comments must be heard

Undermine the ACA marketplace by actions such as:

- Change the requirement that most Americans pay a penalty for not having insurance.
- End subsidies that insurers get (could quickly cause the individual insurance markets to crater)
- Offer federal approval to state proposals for Medicaid changes within state borders (i.e., setting of premiums, cost-sharing, lifetime caps on benefits, subsidies to high-risk medical beneficiaries, establish high-risk pools)

Make administrative changes as key tools to change the health-care system

- Introduce work requirements for Medicaid recipients, including poor & disabled
- Ease the coverage of certain services, such as contraception
- Water down the ACA requirement that most insurers provide a specific raft of benefits, such as maternity and mental-health care.

*If insurers are allowed to offer less generous benefit packages, many believe this would lower premiums

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HEALTH CARE REFORM VS INSURANCE REFORM OF OBAMACARE

CARE Reform Continues: Lower Cost, Better Outcomes & Improved Health

Yesterday: Fee for Service

Manage the Episode (Traditional Sources)

Manage Population Health

TRIPLE AIM
- Better patient care and experience
- Better population health
- Lower costs

Better patient care and experience
Better population health
Lower costs
Post-Acute Care (PAC) & Coordination Is Key to Managing HC Needs & Costs
How the LA Jewish Home Can Meets the Need in 2017 & Beyond

RED are Post Acute Discharges Back to Hospital (readmissions) – average 18%

BLUE Are Hospital Discharges To Post Acute Settings (PAC) 40% of Hospital Patients Transfer to PAC

GREEN indicate transfers between PAC settings

LA JH Provides

Eisenberg Keefers Acute Psychiatric Hospital
BCSC or PACE "a La Carte" Medical Home
Connections to Care
The One-Call Personal Counseling & Assistance

April 4, 2017 AJAS Conference
Navigating Asteroids: Skilled Nursing Moves With Changing Times With Technology

- Skilled Nursing
- VBP
- IMPACT Act: 10.1.16
- APIs
- CMS COPs Final
- VBP → Readmission data gathering
- IMPACT Act: 10.1.18
- 21st Century Cures Act
- FHIR
- QAPI
- Facility Operations
- Outcome Management → Analytics
- INTERACT
- Market Forces
- ACOs
- Pace of APM Increasing
- Precision Medicine: Genotyping
- Labor Shortage
- Transitions of Care
- ONC/Technology
- Regulatory
- ONC/Technology
- Facility Operations
- Market Forces
- Transitions of Care
- Skilled Nursing
- VBP Penalties & Incentives begin
- VPB → reporting on NHC
- VBP → report on NHC
- IMPACT Act: 10.1.16
- 21st Century Cures Act
- FHIR
- QAPI
- Facility Operations
- Outcome Management → Analytics
- INTERACT
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Data Standardization
“Site Neutral” Payments

AS “SPECIALTY” INSURANCE PLANS, PACE OPERATES WITH AND PAYS “SITE NEUTRAL” “GLOBAL PAYMENTS”

1 – Data Standardization = Individual Conditions and Requirements for Care.
2 – “Site Neutral Payments” = 2020 “Money Follows the Person”
3 – “Value Based Purchasing”
Post-Acute Care: (PAC) The Hottest Area in Health Care

• **ALL STAKEHOLDERS** see role PAC will play

Inpatient margins **shrinking**  
Reimbursement “incentives” **increases** pressure on “ALL”  
✓ Inpatient providers to partner with PAC providers  
✓ Healthcare efficiencies driven by scale & integration  
✓ Mergers & Acquisitions abound

• Effective PAC limits downside for ALL  
✓ Hospitals, Doctors, Healthcare Plans  
✓ Government

• **CMS & Health planners** see PAC revenues will **far exceed inpatient revenues**!  
• **Improving Medicare PAC Transformation Act of 2014**

CHRISTOPHER J. DONOVAN, Health Care Law Today, March 24, 2014
Care Reform Requires an Anticipation of a change in financial performance – It is not as profitable to Share savings versus 100% of Fee for Service payments

Areas Which Have the Most Positive Influence on Organizational Success
The LAJH Continuum: Comprehensive Elder Care Options Across Greater Los Angeles

Connections to Care

Community Solutions

- Home Care Services
  Medicare Certified
- Geriatric Community Clinic
  Eisenberg Village
  Reseda, CA
- Hospice & Palliative Care Services
  End-of-Life Care
- PACE
  Grancell Campus
  Reseda, CA

Inpatient Solutions

- Short-Term Skilled Care
  Post-Acute
  Grancell Campus
  Eisenberg Village
  Reseda, CA
- Residential Care
  Assisted Living
  Eisenberg Village
  Reseda, CA
  Fountainview at Gonda
  Playa Vista, CA
- Long-Term Skilled Care
  Traditional Custodial
  Grancell Campus
  Eisenberg Village
  Reseda, CA
- Behavioral Health Care
  Alzheimer's Dementia Care
  Eisenberg Village
  Inpatient Geri-Psych
  Grancell Campus

Care Transitions

Returning Patients “Home”
Right Place, Right Time, Right Cost

Evolving Enterprise Point of Entry
THE DIFFERENCE IS THAT OF ATTITUDE...Ideas, like people, flourish when they are welcomed and embraced.” Barbara J. Winter

Three Management Analytical Capabilities

- **Descriptive**: what has happened
- **Predictive**: what will happen, given past data
- **Prescriptive**: Combines predictive + proactive solutions

To address problem/non—productive areas based on anticipated events

FOCUS ON POSSIBILITIES

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CEO Responsibilities for the Organization Strategically Thinking of Organizational Success

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<th>Risk Management</th>
<th>Forecasting</th>
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<tr>
<td>Regulatory Compliance</td>
<td>Fiscal Management: Cost: PPD or DX</td>
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<tr>
<td>Quality Measures</td>
<td>Market Opportunities - Differences - Alignment</td>
</tr>
<tr>
<td>Labor Relations, Allocation &amp; Costs</td>
<td>Population Health Analytics</td>
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Identify where the market is moving, assess organizational performance at optimal levels & if needed, adapt organizationally to meet it.

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What are the goals?

- Modernizing Operations
- Heavy Dependence on Data, Data, Data
  - Identification
  - Accumulation
  - Development
  - Benchmarking
  - Exchanging with Others! ~Partners, participants & payers
- Integrating services with others – joint ventures, partnerships, mergers, acquisitions
- Alternative Payment Models (APMs)
  - Sharing Costs of Care
  - Sharing Revenues from Care
  - Sharing Savings from Care
StratusLink™ “Unlocked” data from the Home’s 21 systems into a fully integrated centrally available user interface

360° Visibility into Our Patients and Our Organization – Access, Control, Visualize, Analyze & Share
CDC (Center for Disease Control) 2012 data shows nursing home depression at 48.5%. According to the Kaiser Foundation, 31% of nursing home residents had psychiatric conditions such as schizophrenia or mood disorder.
Create Analytical Functions Using Existing Data From Software Systems

Data Reflects Results Achieved & Highlights Challenges

Open Doors & Share Inside & Outside with Referral Sources, Partners
WHAT’S NEW? –

What Partnerships with Healthcare Insurance Plans Can Mean….

• 16 Contracts with Health Insurance Companies for the Home & its Ancillary Services

• Jewish Home – IPA primary & specialist doctors
  - No Risk for almost Two Years – build-out IPA as “Sub IPA”
  - With large IPA as partner, JH learns & begins to take risk in late 2019

• FFS Primary MD $55-60/visit – usually 1x month
  - 600 JH residents x $55 x 12 months = $396k; MD cost $200,000/yr

• Proposed ↑ MD monthly + “Care Plan & Coordination”
  - Same #s increase IPA to $1,296,000/year! Covers our IPA practice

• Proposed JH Share in Hospitalization & ER Pool
  - Requires DATA, DATA, DATA
Areas of Focus Today....

- Demonstrate we are an optimal partner for Healthcare Systems & Insurance Plans
- Continue All Staff Focus on HCC Adjusted Risk Scores
- Continue Evolution of Data Analytics for C2C
- Contracts with “Duals” Plans, MCOs, MA, Hospitals
  - Bundled Payments
  - Share in Risk
  - Share in PMPM Capitated Payments
- Independent Physician Association - IPA
  - Implementation of HCC Adjusted Risk Scores = Sharing Revenue with Partners