

Lone Star Circle of Care

Evidence Based Medicine – Data and Outcomes
Navigation & Technology Update (Best Practices Nov. 2013)



Health Care that revolves around you.

NAVIGATION...FOUNDATION OF MEMBER OPTIMIZATION

2



Health Optimization Solutions

OTHER NON-TRADITIONAL CONTACT POINTS

3

□ School Engaged Health Home

- Non-traditional contact points specific to population management and optimization by defining a new model of school care that currently does not exist

- Secure large segments of the population as part of the narrow network and ACO strategy
- Create an affinity for Partner Ntwk Brand
- Create intellectual property around population optimization
- Connect children into the Partner Network
- Create natural progression from PCP selection model to focused network model

□ Employer Health Models

- Independent School Districts
- City/County Governments
- Private Insurance Plans

□ Health Plan Member Outreach

- MCO, Star Health Plan

- Welcome to Plan
- Preventative Reminders
- Compliance/Education
- LSCC and non-LSCC patients

□ Home Visits by Care Team

- MCO, Star Plus & Exchange

- PMPM regardless of covered vs. non-covered services

- RN care coordination contracted services for full optimization of each member contact through advanced navigation and technology capabilities and innovations

□ Telemedicine/Telemonitoring

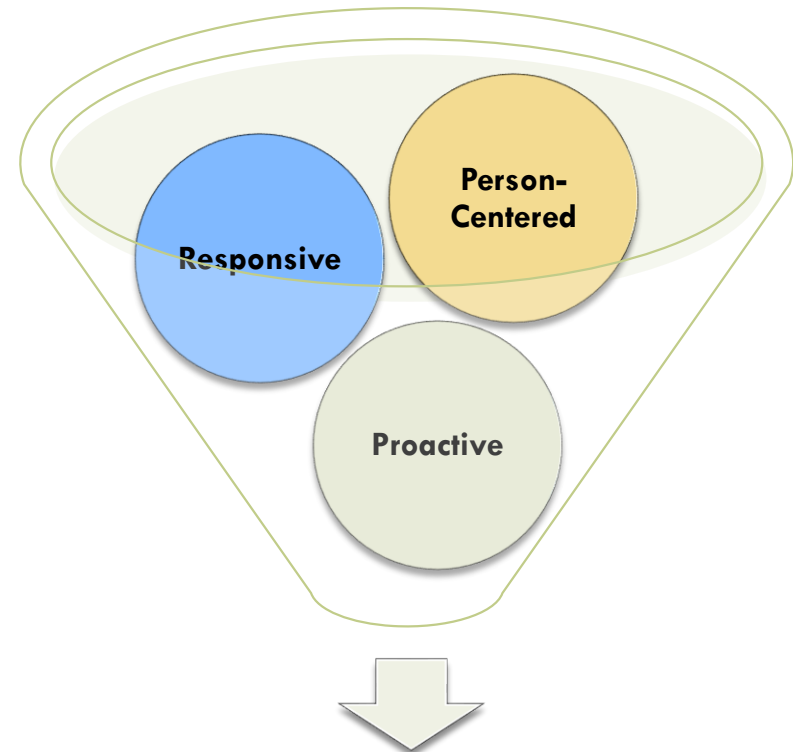


MEMBER NAVIGATION CENTER

MEMBER NAVIGATION CENTER

5

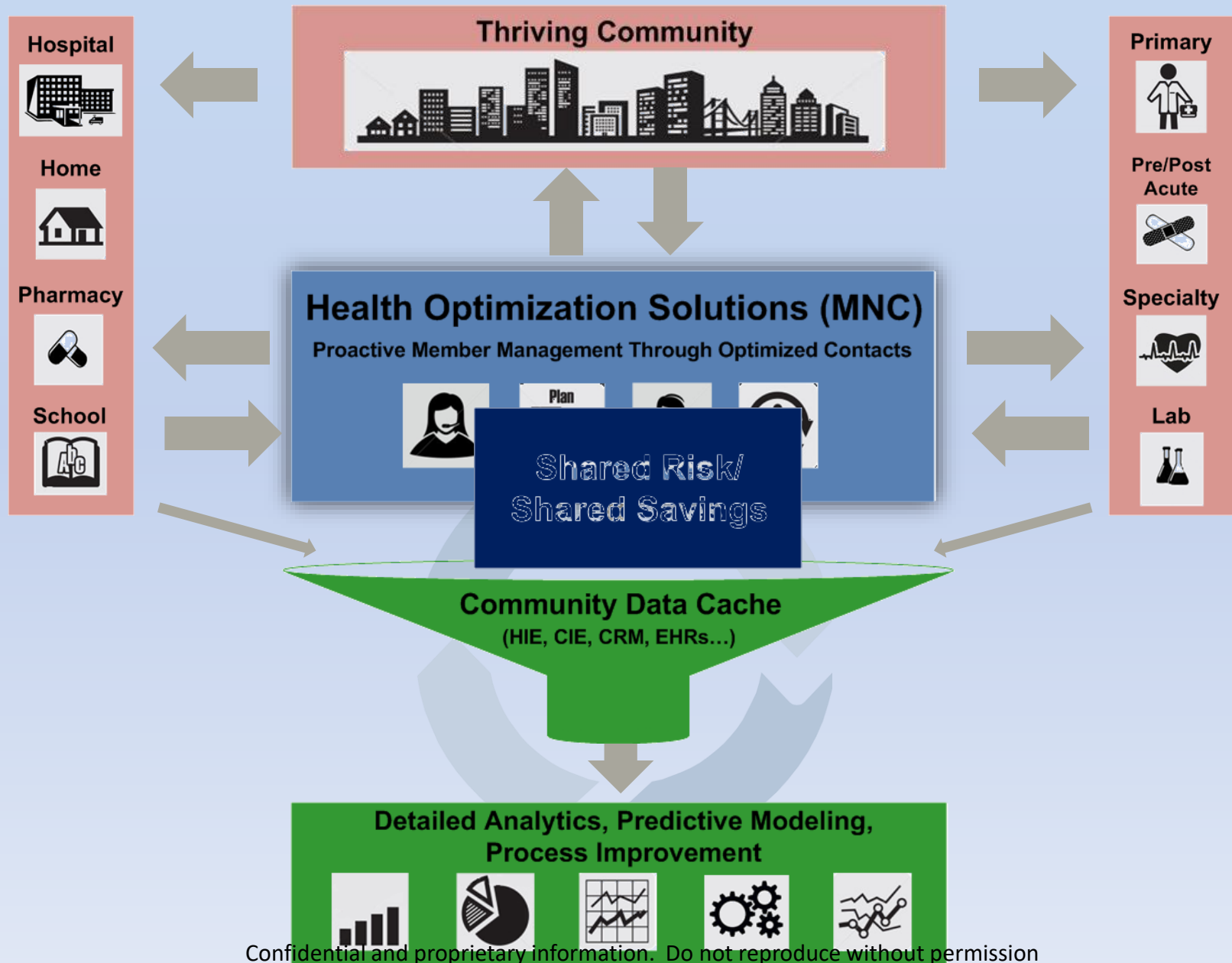
- Proactively manages patients (members) using state-of-the-art technology, connecting them to every service they need throughout the continuum
- Maximized via LSCC's EHR and enhanced by Health Optimization Technology
 - MNC staff can access data across LSCC's entire network versus a single clinic site
 - HIE includes data from external entities allowing for a more comprehensive picture of member service utilization and health status
 - All technology-driven business processes are designed to scale to a million lives



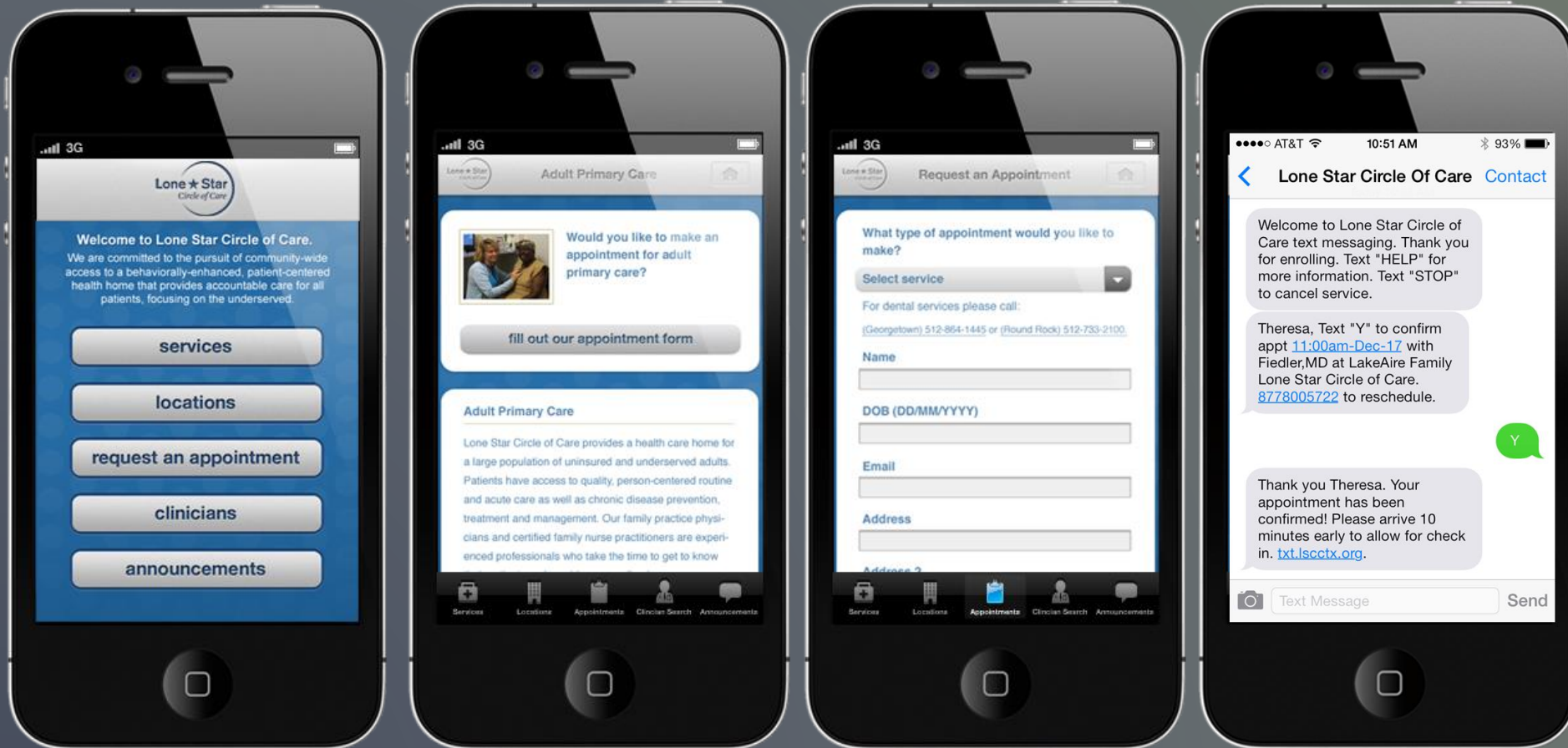
**Improves Quality
Reduces Cost**

Defined Value Networks & Strategies

Population Health Model



LSCC MOBILE APP & CONFIRMATION TEXT

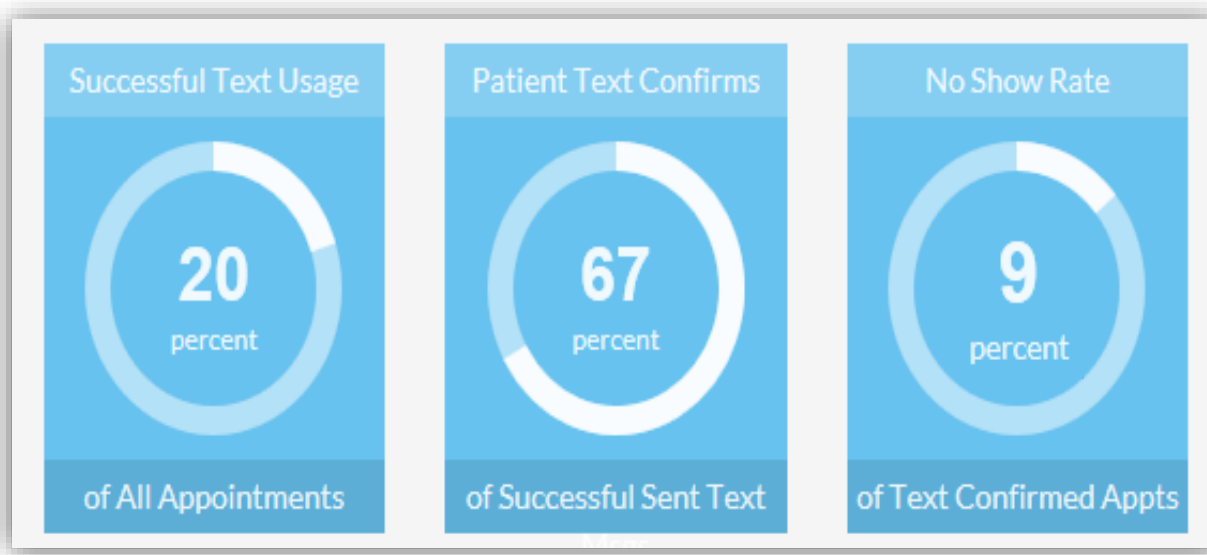


SMS TEXT SUMMARY

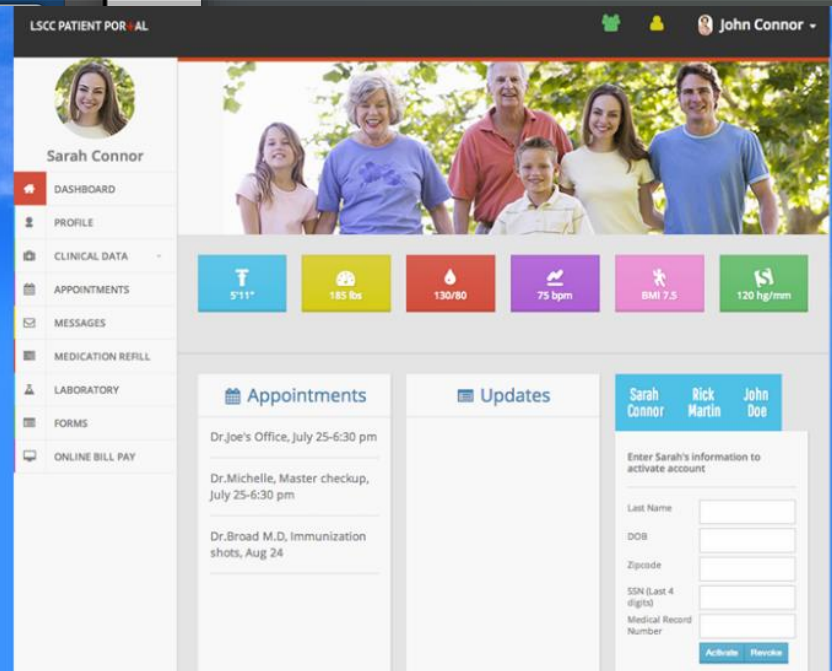
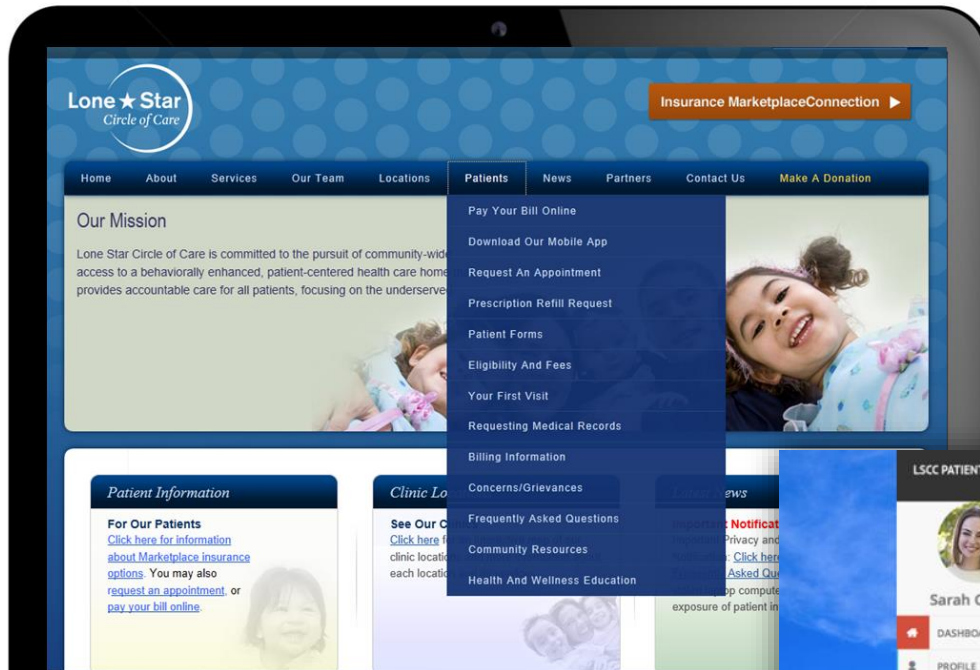
8

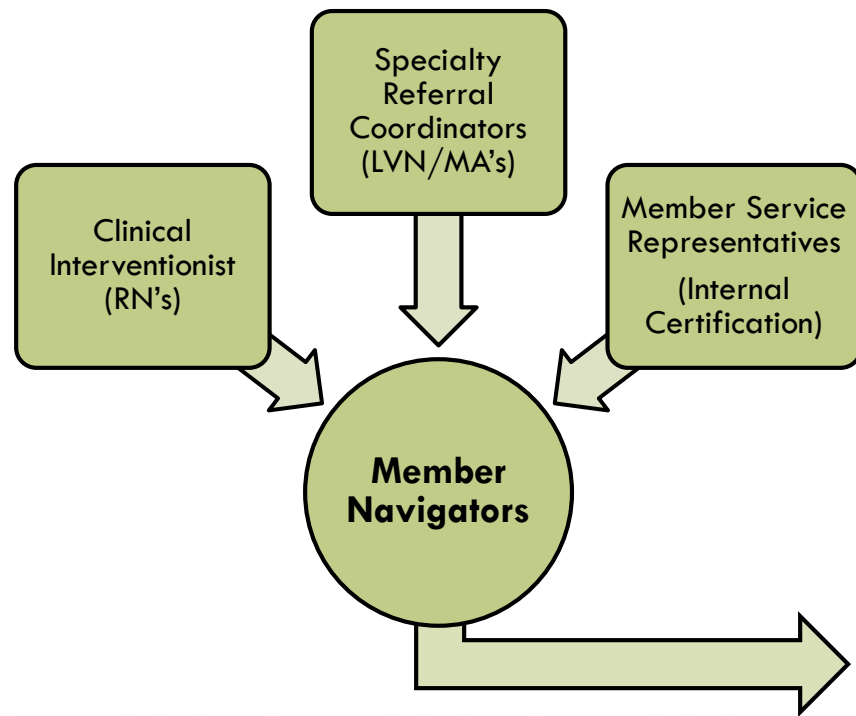
09/01/2013 to 09/30/2013

| Appt Date | Appointments | Appointments with Successful Text Sent | % of Appointments with Text Usage | Text Confirms | % of Text Confirms | % No Show Rate with Text Confirms |
|-----------|--------------|--|-----------------------------------|---------------|--------------------|-----------------------------------|
| 29 days | 39,949 | 8,189 | 20.5% | 5,450 | 66.6% | 9.3% |



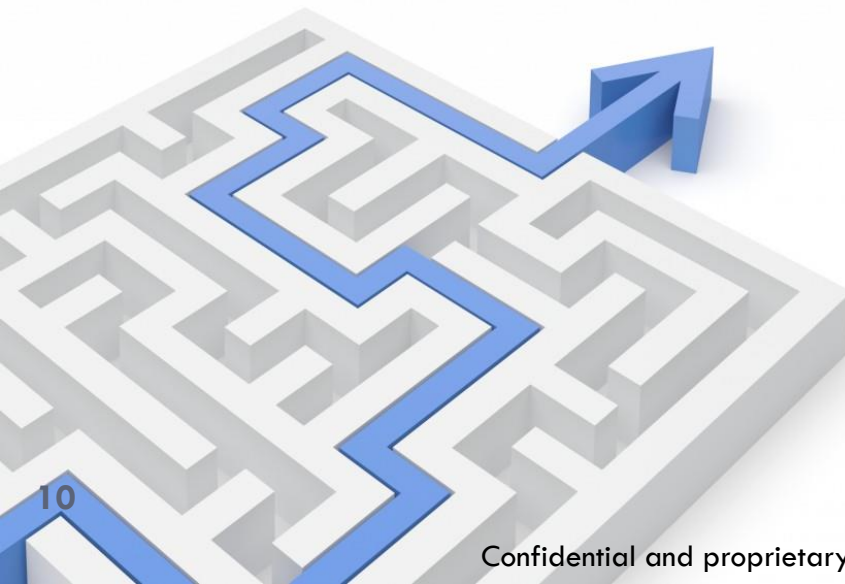
LSCC WEBSITE & PORTAL





Ensures ...

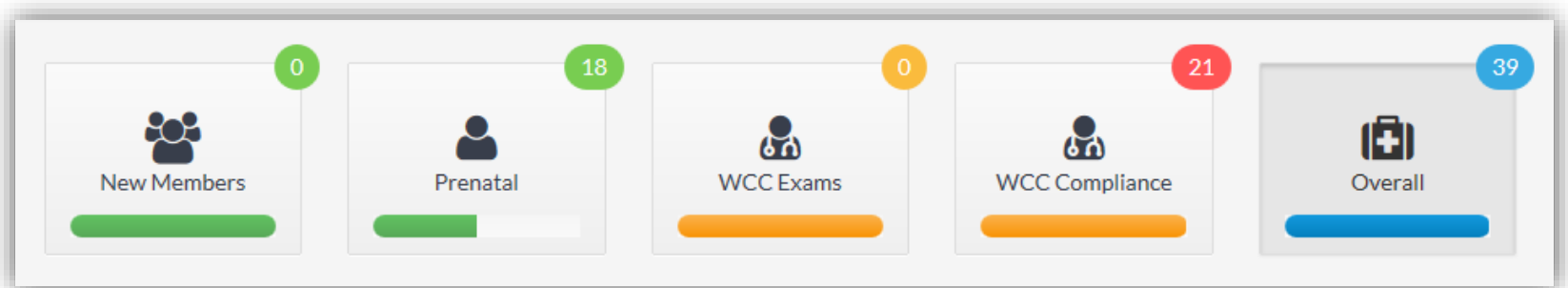
- Patient appointment is scheduled at a location/time convenient for the patient
- Patient attends appointment
- All “No Shows” are contacted
- Successful program enrollment
- Lab/meds are populated in the chart beyond the visit
- Referrals are authorized, scheduled and attended
- All new patients assigned to our MCO panel are contacted ([MCO MSO](#))
- All abandoned calls are contacted same day



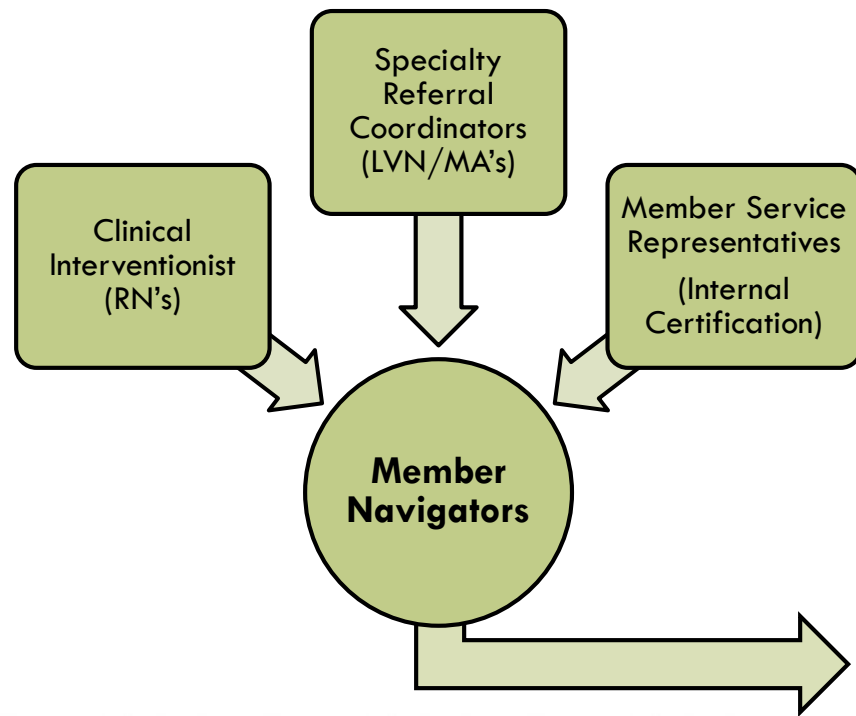
CONTRACTED HEALTH PLAN OUTREACH

Managed Care Organization- Medicaid STAR and CHIP

- LSCC's Member Navigation Center contracted to conduct three outbound dialing campaigns:
 - New Member Introduction and PCP Placement
 - Including Prenatal
 - Proactive Well Child Check Reminder Contacts
 - Well Child Check Compliance focusing on HEDIS measures
- Health Plan has the ability to monitor, report, and track trends for all campaign contacts executed through LSCC's MNC

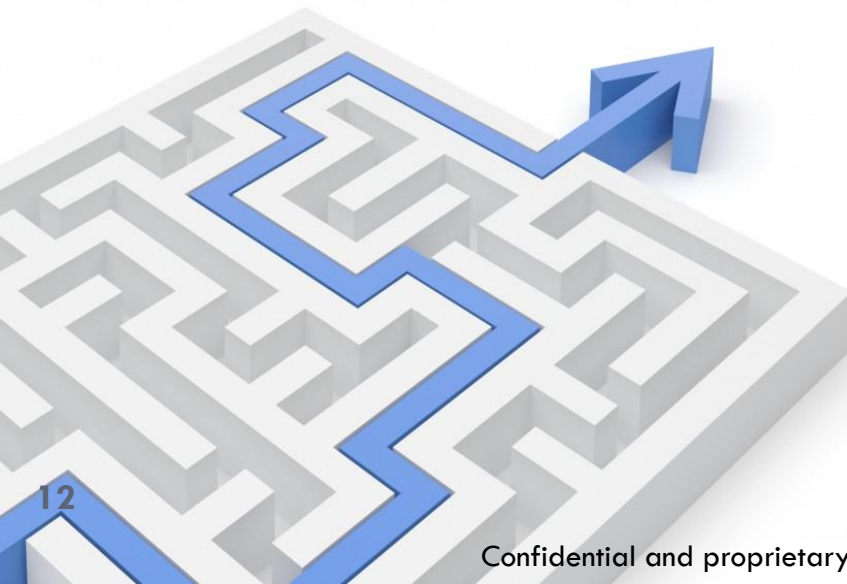


http://lscdev1/prod/seton_mnc/seton_mnc.asp



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ABANDONED CALLS DASHBOARD

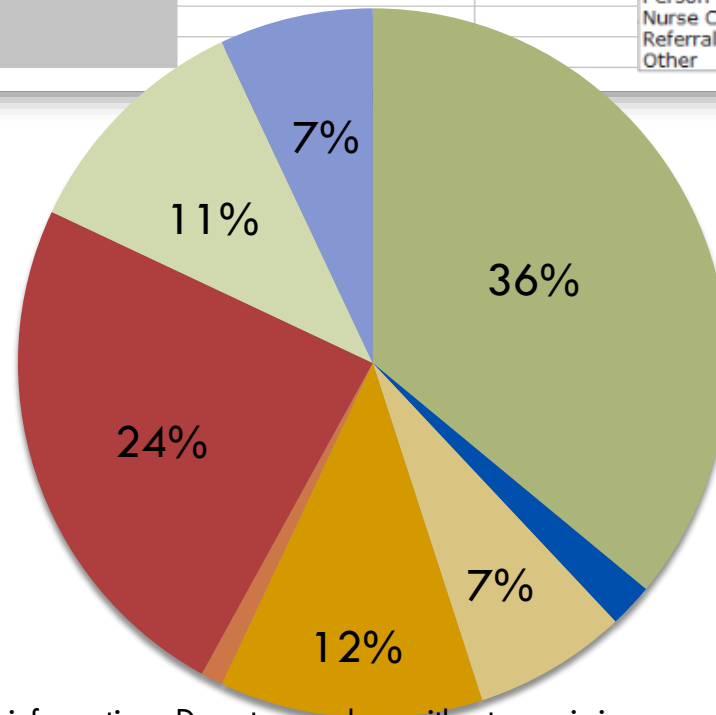
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| | | | | | | | | | | |
|----------|-----------|------------|------------|-----------|---------|---------|-------------|-----|--------------|---------|
| Home | Dashboard | Reports | Operations | Strategic | Finance | Billing | Eligibility | MNC | Appointments | Quality |
| MNC Home | MNC Stats | PSR Portal | | | | | | | | |

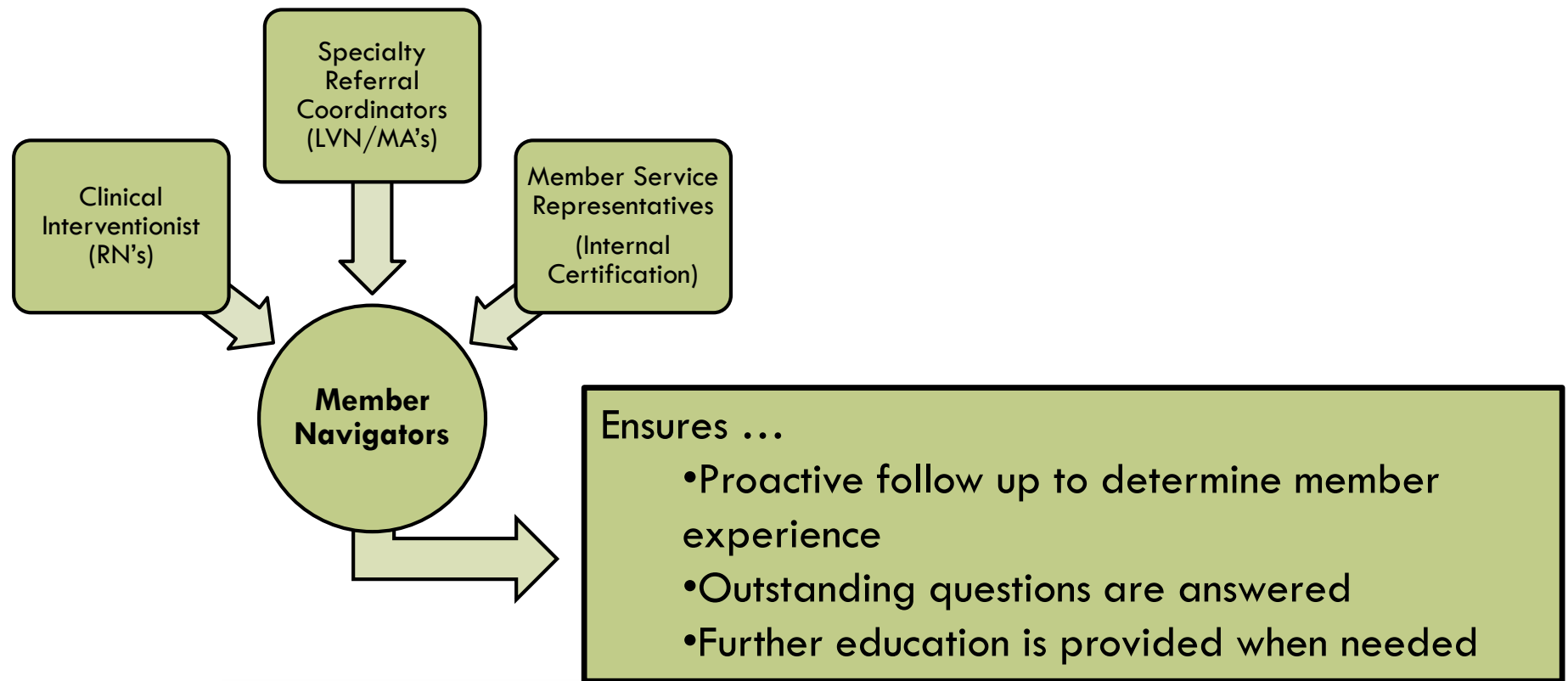
LSCC Member Navigation Center
Abandoned Calls for 9/25/2013

| MNC Data | | | | | NextGen Data (matched by calling number) | | | Reason for Call |
|----------|------------|------------------|-----------|----------------------|--|--------------------------|------------|--|
| Rec # | Phone | # of Calls Today | Last Call | Total Wait (Seconds) | Person | Appt Event | Appt Date | |
| 1 | 2544668280 | 1 | 10:27 AM | 78 | | WCC Established | 9/25/2013 | Scheduled New Rescheduled Confirmation Unable To Contact Left Message Person Taken Care Of Nurse Call Referral Other |
| 2 | 5129053214 | 1 | 10:10 AM | 34 | | Senior Est Patient | 10/22/2013 | |
| 3 | 2548138719 | 1 | 10:10 AM | 17 | | Pedi Established Patient | 9/26/2013 | |
| 4 | 5125512321 | 1 | 10:25 AM | 38 | | Glasses Fitting | 9/23/2013 | |
| 5 | 5123241000 | 1 | 10:23 AM | 62 | | Adult New Patient | 1/11/2011 | |
| 6 | 5125509937 | 1 | 10:20 AM | 61 | | | | |
| 7 | 8888661835 | 1 | 10:32 AM | 38 | | | | |

- Appointment
- Reschedule
- CI RN
- Confirmation
- Referral
- No Answer
- Assisted
- Inquiry



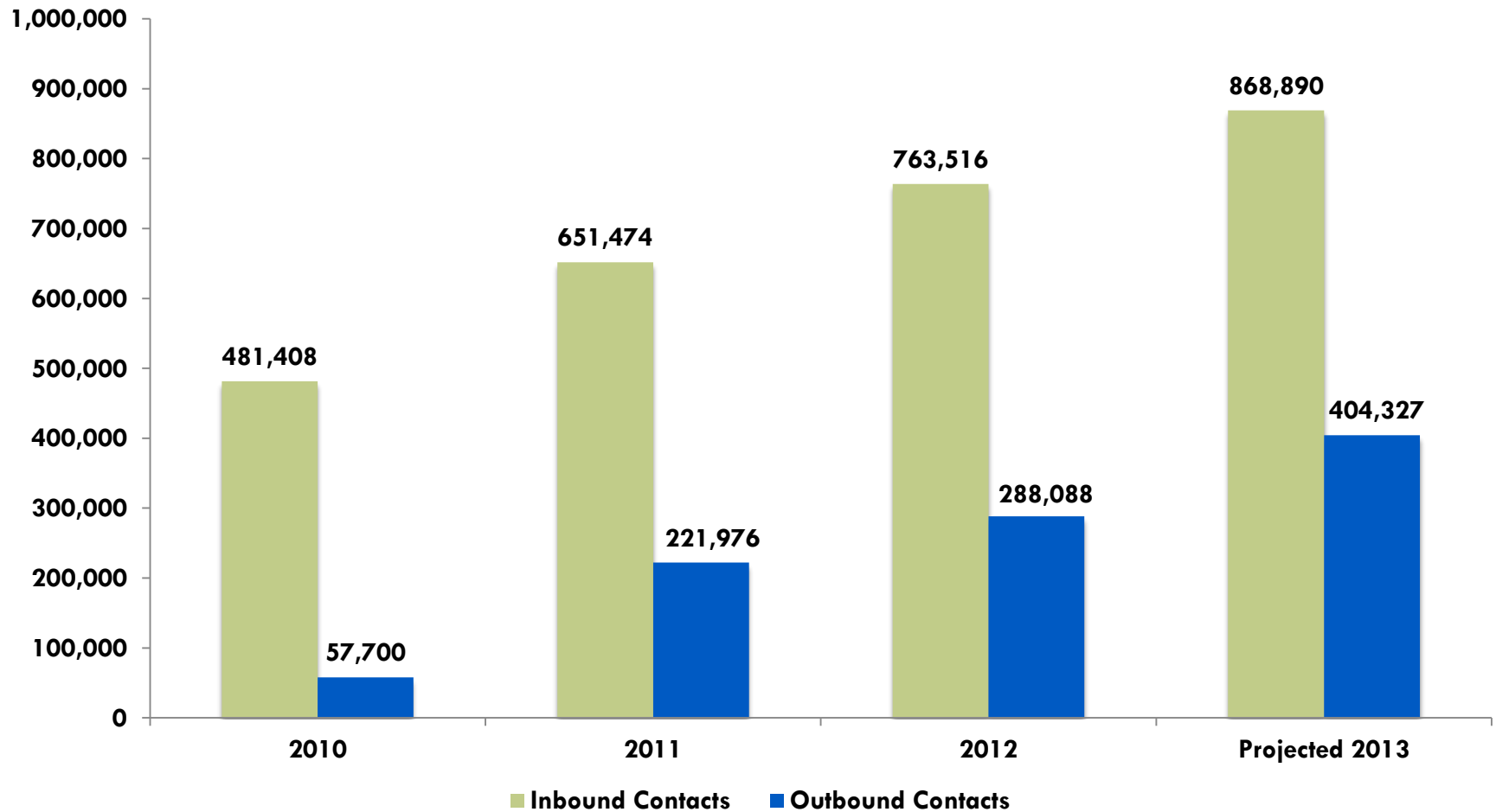
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Overall coordination of patient's healthcare through optimized contact points

CONTACT VOLUME

15



PROJECTED 2013

16

1,273,217

Projected contacts in 2013

ALL optimized through
Member Navigation Services

868,890

404,327

Projected 2013

CLINICAL INTERVENTIONISTS



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- Identify risk & proactively manage patient (member)
- Increase compliance
- Fill in space between episodic visits with preventive contacts
- Works in tandem with LSCC Clinicians
- ALL is documented in the EHR/HIE for continuity of care

<http://lscdev1/reports/quality.asp>

Elizabeth Jones, Female

Encounter Summary

| Date | Type | Point of Care | Attending Provider |
|---------------------|--------|---------------------------------------|------------------------------|
| 09-30-2013 16:00:42 | Clinic | LSCC - Lake Aire Medical Center | Hedges, Amanda |
| 09-23-2013 15:46:00 | ER | DELL - Dell Children's Medical Center | Solomon, Barbara |
| 09-23-2013 11:32:49 | Clinic | LSCC - Lake Aire Medical Center | Day, Barakah |
| 09-19-2013 10:49:40 | Clinic | LSCC - Lake Aire Medical Center | Day, Barakah |
| 09-12-2013 11:29:00 | Clinic | LSCC - Lake Aire Medical Center | Day, Barakah |
| 09-03-2013 14:51:53 | Clinic | LSCC - Lake Aire Medical Center | Day, Barakah |
| 08-26-2013 08:11:29 | Clinic | LSCC - Lake Aire Medical Center | Pautler, Denise |
| 07-30-2013 17:26:45 | Clinic | LSCC - Lake Aire Medical Center | Carrazales Pintor, Catherine |
| 07-03-2013 18:00:00 | Clinic | LSCC - Lake Aire Medical Center | Perez, Armando |
| 02-20-2013 12:20:00 | Clinic | LSCC - Lake Aire Medical Center | Day, Barakah |
| 02-06-2013 13:00:00 | Clinic | LSCC - Lake Aire Medical Center | Day, Barakah |
| 02-05-2013 09:00:00 | Clinic | LSCC - Lake Aire Medical Center | Day, Barakah |
| 09-25-2012 10:40:00 | Clinic | LSCC - Lake Aire Medical Center | Li Palaez, J |

Diagnoses

[382.9] OTITIS MEDIA NOS
[465.9] ACUTE URI NOS

Procedures

[99203] OFFICE/OUTPATIENT VISIT NEW
[71015] Clinic service

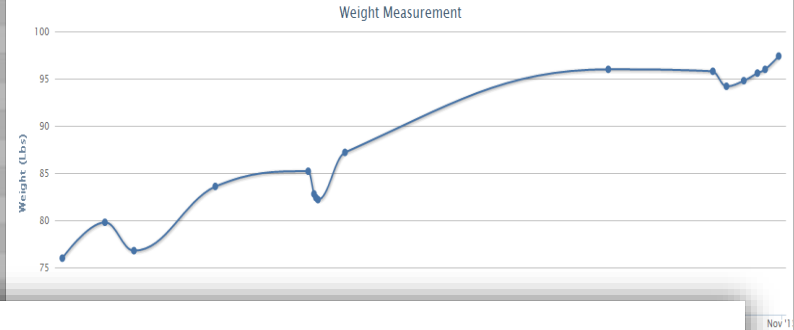
| | | | |
|---------------------|------------|---------------------------------------|--------------|
| 09-21-2012 01:30:00 | ER | SHHC - Seton Hospital Hays County | LI, Morgan |
| 09-20-2012 18:02:00 | ER | SDH - South Austin Hospital | Lpmse, |
| 06-28-2012 13:20:00 | ER | DELL - Dell Children's Medical Center | Wilkinson, M |
| 11-10-2011 06:47:00 | ER | SDH - South Austin Hospital | Ackrell, Ma |
| 09-07-2011 14:58:00 | Outpatient | DELL - Dell Children's Medical Center | Hine, Peter |
| 09-03-2011 15:47:00 | ER | DELL - Dell Children's Medical Center | Kempema, |
| 09-03-2011 12:12:00 | ER | SDH - South Austin Hospital | Mitchon, A |
| 06-30-2011 23:53:00 | ER | SHHC - Seton Hospital Hays County | LI, Morgan |
| 04-22-2011 23:56:00 | ER | DELL - Dell Children's Medical Center | Garney, Cat |
| 04-07-2011 17:26:00 | ER | SHHC - Seton Hospital Hays County | Reed, Rhett |
| 02-05-2011 20:24:00 | ER | SHHC - Seton Hospital Hays County | LI, Morgan |
| 02-04-2011 13:39:00 | ER | SDH - South Austin Hospital | Loisel, Dan |

Diagnoses

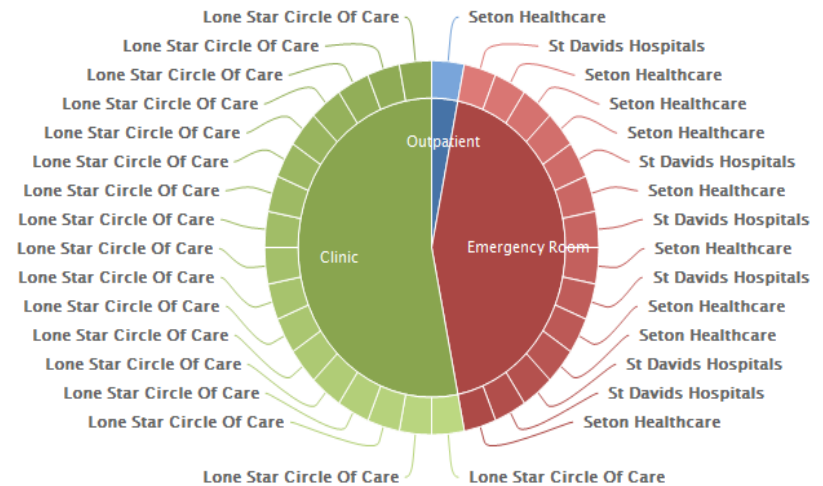
Procedures

Elizabeth Jones, Female

Graph Dashboard



Utilization



HIE Patient Summary

Hospital Follow-Up

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NAVIGATOR DEMONSTRATION

19

| | | | | |
|---------------------|-----------|---------------------------------|------------------|---|
| 03-28-2013 11:19:40 | Clinic | LSCC - Ben White Health Clinic | Pittman, Bradley | ▼ |
| 03-27-2013 16:20:00 | Clinic | LSCC - Ben White Health Clinic | Pittman, Bradley | ▼ |
| 03-08-2013 14:40:00 | Clinic | LSCC - Ben White Health Clinic | Pittman, Bradley | ▼ |
| 02-26-2013 19:28:00 | Inpatient | BRACK - Brackenridge Hospital | Meza, Carlos | ▼ |
| 02-25-2013 19:35:00 | ER | SDH - St. Davids Medical Center | Yadav, Ajay | ▲ |

Diagnoses

[041.89] OTH SPEC BACTERIA
[285.9] ANEMIA NOS
[305.70] AMPHETAMINE ABUSE-UNSPEC
[305.90] DRUG ABUSE NEC-UNSPEC
[338.29] CHRONIC PAIN NEC
[686.01] PYODERMIA GANGRENOSUM
[789.07] ABDOMINAL PAIN GENERALIZED
[790.7] BACTEREMIA

Procedures

| | | | | |
|---------------------|---------|--|----------|---|
| 02-25-2013 18:08:16 | EMS 911 | ATCEMS - Austin-Travis County EMS Unit | Atc Ems, | ▲ |
|---------------------|---------|--|----------|---|

Diagnoses

[780.96] GENERALIZED PAIN

Procedures

| | | | | |
|---------------------|-----------|--|------------------|---|
| 02-22-2013 10:59:00 | ER | SDH - St. Davids Medical Center | Kim, Ronald | ▼ |
| 02-17-2013 02:07:00 | ER | SDH - St. Davids Medical Center | Zimbler, Andrea | ▼ |
| 02-17-2013 01:24:21 | EMS 911 | ATCEMS - Austin-Travis County EMS Unit | Atc Ems, | ▼ |
| 02-13-2013 13:40:00 | Clinic | LSCC - Ben White Health Clinic | Pittman, Bradley | ▼ |
| 01-30-2013 06:00:00 | Inpatient | SDH - St. Davids Medical Center | Chow, Frank | ▼ |
| 01-30-2013 03:54:46 | EMS 911 | ATCEMS - Austin-Travis County EMS Unit | Atc Ems, | ▼ |
| 01-28-2013 07:30:00 | ER | SDH - St. Davids Medical Center | Kim, Ronald | ▼ |

YouTube

<http://www.youtube.com/watch?v=zBJ2jZd3yLQ>

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CSSS HIE LINK EMBEDDED IN EHR

20

AW Grimes Medical Offices | Arenivar, Leroy MD

Logout | Save | Clear | Delete

Patient | History | Inbox | PAQ | EPM | ICS

Intake | Histories | Summary | SOAP | Disease Mgmt

OBGYN Details | Sticky Note | Referring Provider | HIPAA | Advance Directives

Patient Name: | Gender: F | DOB: 02/20/1988 | Age: 24 Years

Established patient | New patient | Visit type: Office Visit | PE Type: Multi system

Medical Decision Making

- Straight forward
- Low complexity
- Moderate complexity
- High complexity

View Risk Table

Counseling

- Counseled greater than 50
- Total visit time (minutes):
- Counseling Details
- Total counsel time (minutes):

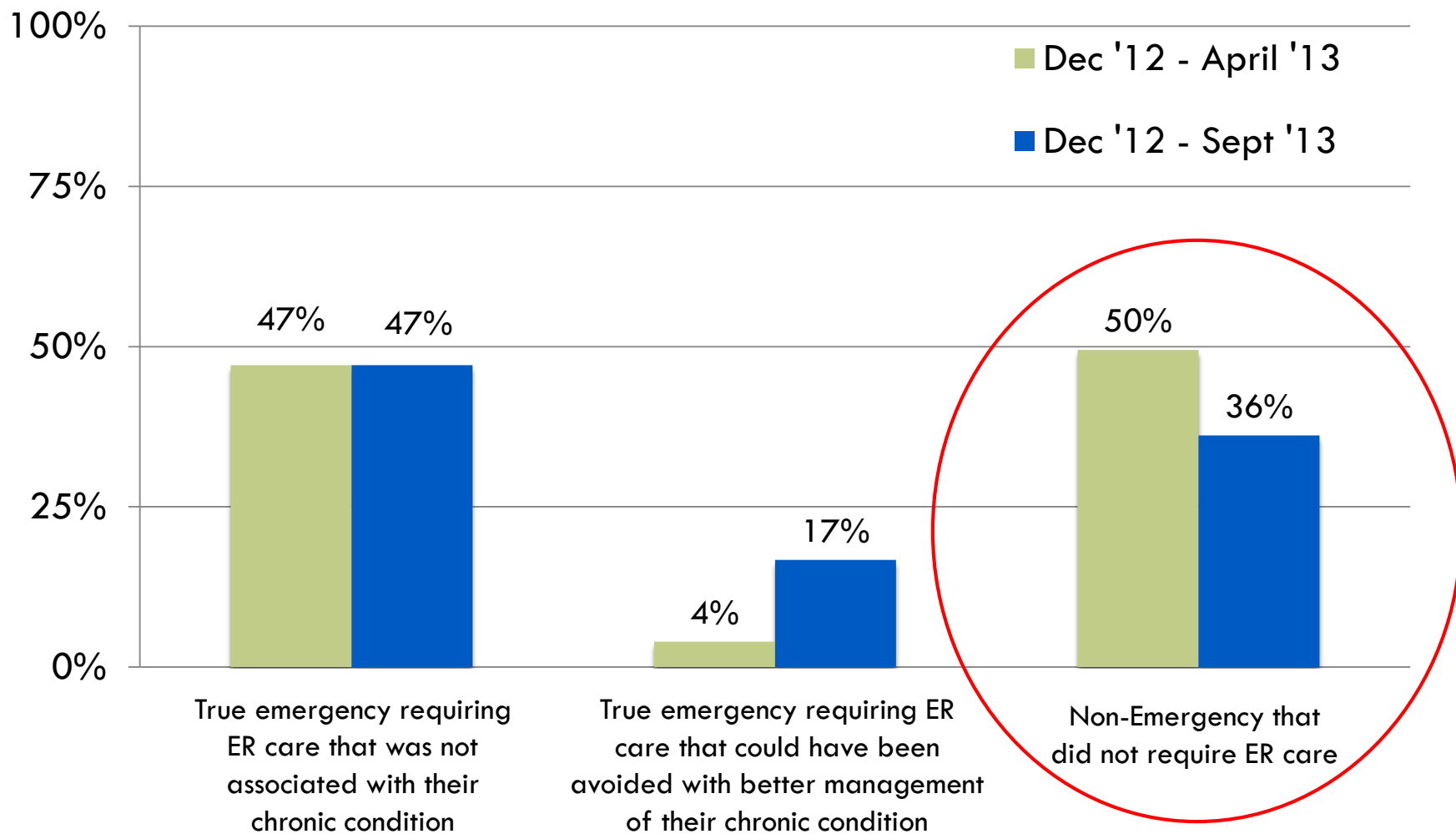
Patient Details

Patient History | Patient D... | Categories

Insurance

- Adult Chart Summary
- Centex All Referral Orders
- Centex HIE Notifications
- Centex HIE Patient Summary**
- Centex Patient

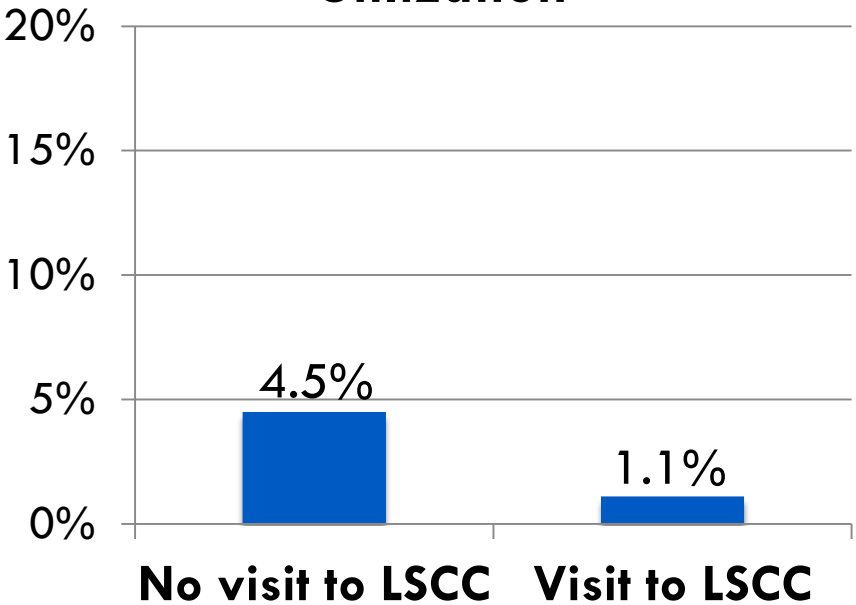
Why were you at the Emergency Department?



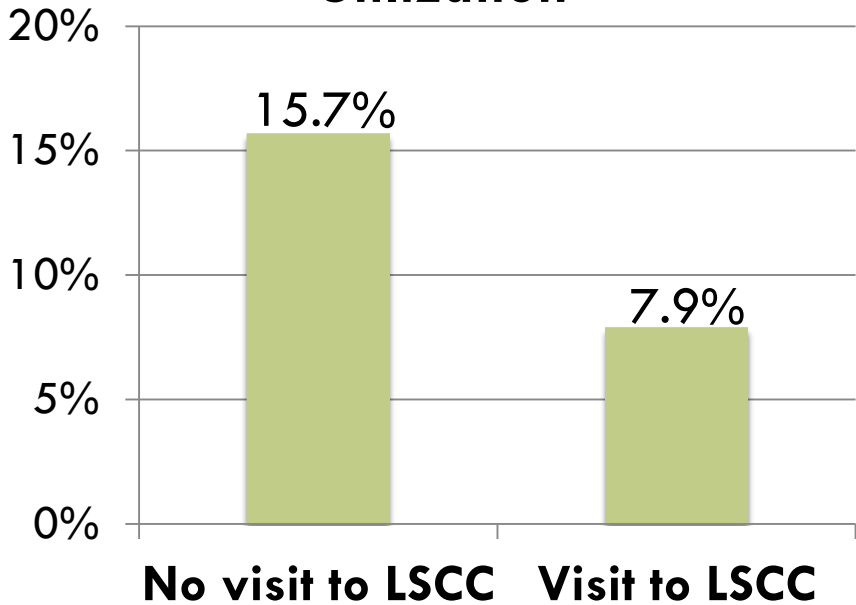
Patient Behavior...Goes Beyond Clinical Hospital Follow-Up

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In-Patient Hospital Utilization



Emergency Department Utilization



- Patients who had not had a visit to LSCC were more than four times as likely to have at least one avoidable hospital visit
- Patients who had not had a visit to LSCC were nearly twice as likely to show up in the Emergency Department

Navigation Model
Measured Outcomes

Medical Loss Ratio requires insurance companies to spend at least 80% or 85% of premium dollars on medical care



Year 2011 LSCC...92% MLR

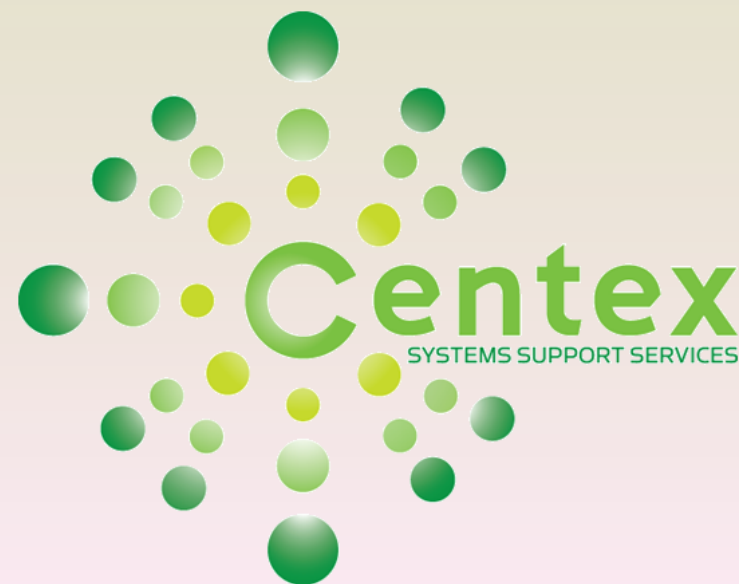
Year 2012 LSCC...82% MLR

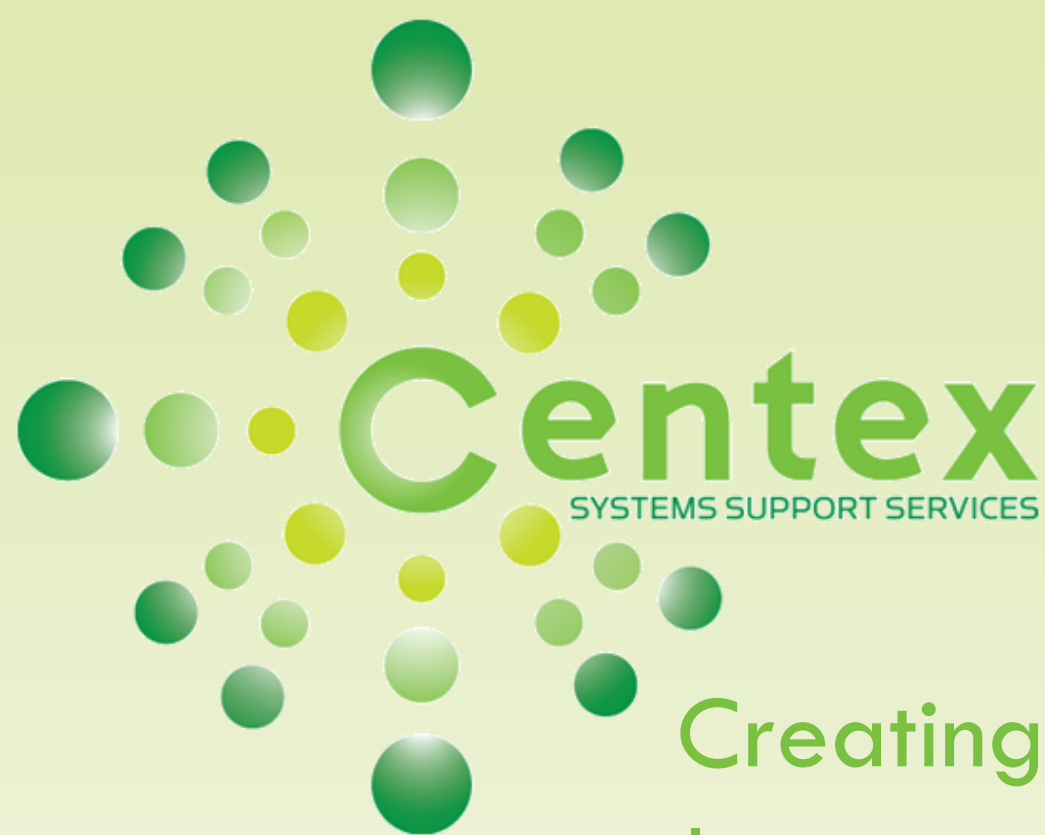
Year 2013 LSCC...78% MLR

Navigation Model

Measured Outcomes

Develop and deploy advanced technology capabilities and innovations that enable health system integration and consumer health optimization





Creating an Aligned and
Integrated Network with HIT

HIT Innovation

Development and deployment of advanced navigation and technology capabilities/innovations required to achieve true clinical integration and population management

SERVICES OVERVIEW

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HIE

- HIE Software Development
- Interface Development
- HIE Hosting and Development
- Portal Development
- HIE Data Warehousing, Analytics and Reporting
- ACO Applications Development

EHR

- EHR Selection
- EHR Hosting
- Management and Support
- EHR Data Warehousing, Analytics and Reporting
- EHR Customization and Development
- Practice Management Support

Core IT

- Solution Hosting and Monitoring
- Server Managed Services
- Desktop Support
- Website Hosting and Management
- Helpdesk Services



OUR MODEL

27

- Our Model for Innovation and Development
 - ▣ Ideas originate from the providers of care
 - ▣ Centex and clinical teams work together to create a solution to optimize care
- Innovations in healthcare drive innovation in HIT out of necessity

**THE CONSUMERS OF THE TECHNOLOGY
ARE ALSO THE CREATORS**



HOW DATA NEEDS DRIVE TECHNOLOGY

28

Data Action

Build the Process and Engage the Patient

Optimize the Point of Contact including Non-Traditional Visit Types

Data Analysis

Understand the Patient

Advanced Analytics on the Longitudinal Patient Record

Data Collection

Build the Longitudinal Patient Record

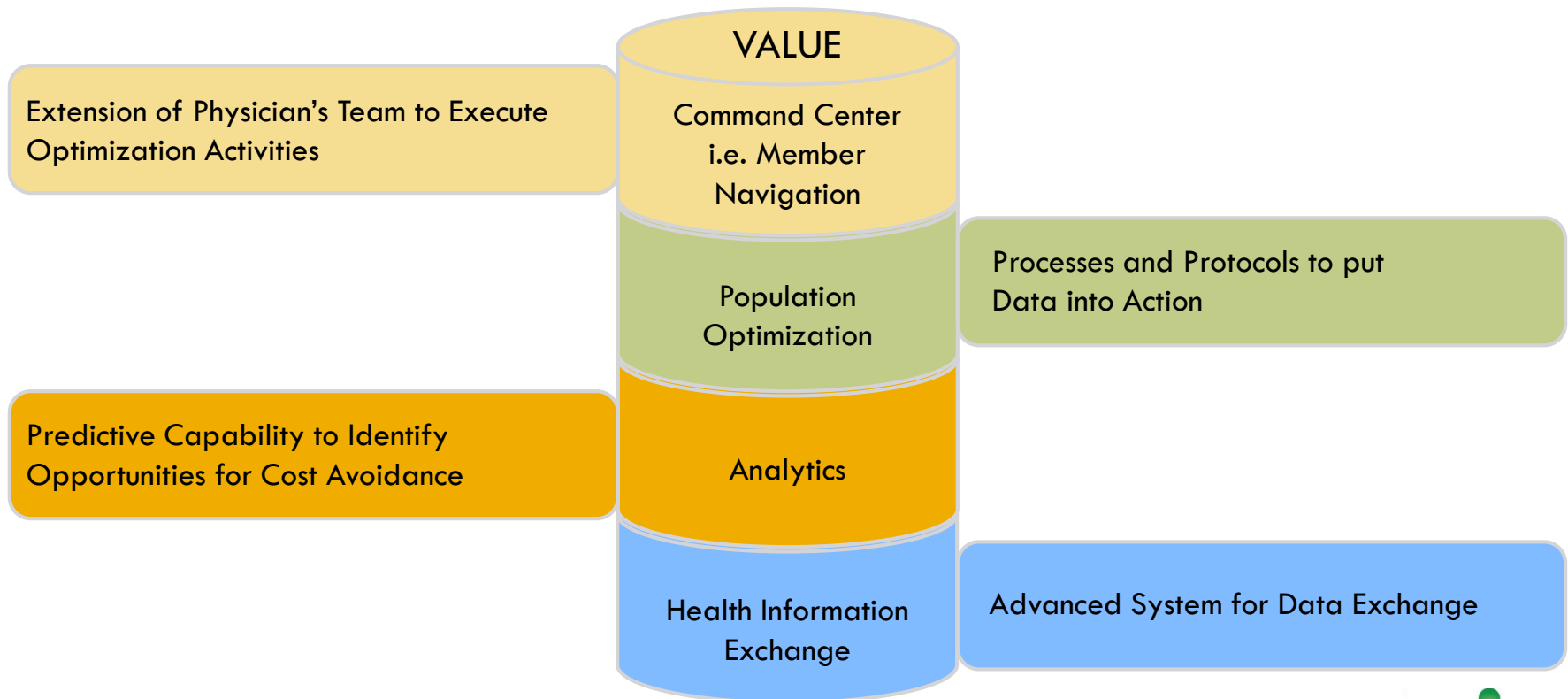
EHR, HIE, CRM, Navigation, Non-Traditional Documentation



HEALTH OPTIMIZATION PLATFORM

29

A Foundation for Clinical Integration



MORE THAN CLINICAL DATA

30

Using Information Technology to Learn More about our Patients

- Clinical Data is not enough
- Use our technology solutions to gather information
 - ▣ Patient portal
 - ▣ Mobile app
- Gather information in the community
 - ▣ Grocery information
 - ▣ Social services data (school, homeless, etc.)



MORE THAN BASIC ANALYTICS

31

- How is this different than “traditional” analytics?
 - Low hanging fruit of data—Was my pt in the ED? How many on my panel are diabetic?
 - Basic dashboards
 - ED Utilization
 - Includes care gaps—patient specific information
 - Still not mastered
 - Still innovating around workflow—alerts/notifications/registries/etc.
 - More passive
- We want to use the Adaptive Learning and Optimization Platform to accelerate and implement effective change creating value
 - Actively drive clinical innovation



ADAPTIVE LEARNING MODEL

32

Goal:

- Intelligent system capable of coordinating care in all settings, while ensuring compliance, measuring outcomes and monitoring costs

We do this by:

- Creating a system that improves (gets “smarter”) the longer it is in place, the more types of information that are collected and the more protocols that are defined, implemented and evaluated (value cycle)



TURNING DATA INTO ACTION

33

- Now that I know about it, how do I get someone to do something? How do I know it has been done? How do I know what the outcome was?

- Use the Adaptive Learning and Optimization Platform to:
 - Drive action
 - Predictive Modeling
 - Actions driven into the clinic and navigation centers
 - Measure results
 - Dashboards
 - Advanced Analytics
 - Ensure compliance
 - System/Network
 - Provider
 - Patient



