

Value Based Care: Changing How We Practice

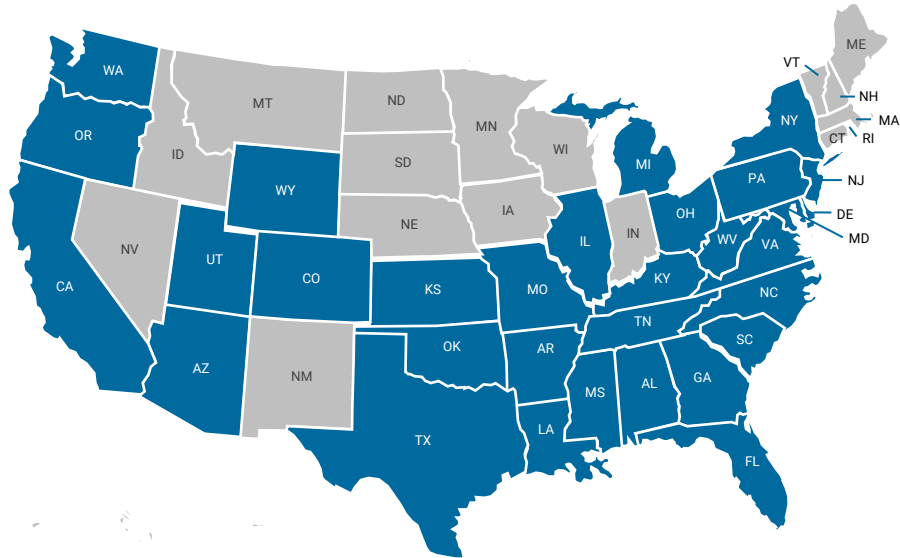
C. Annette DuBard, MD, MPH
VP of Clinical Strategy and
NC Market President
Aledade, Inc

October 9, 2020

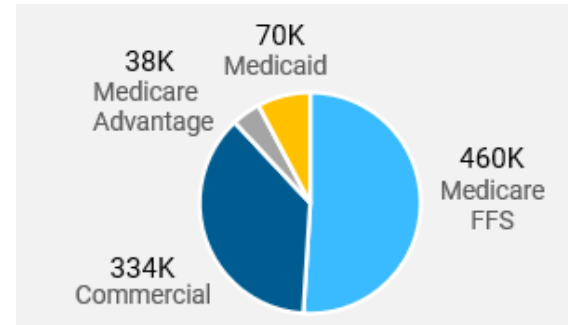


Aledade gives independent primary care practices
a roadmap for every patient on how to achieve better
health at a lower cost, a **financial reason** to do so, and
the **customized coaching** to get there.

Aledade is building a movement of independent physicians by aligning financial models with patient outcomes



- ✓ 31 States
- ✓ 615+ Practices, 7,300+ Providers
- ✓ 850,000+ Attributed Patients
- ✓ 90+ EHRs & Practice Mgt Systems
- ✓ \$8.5+ Billion Under Management
- ✓ \$378 M Savings to Date

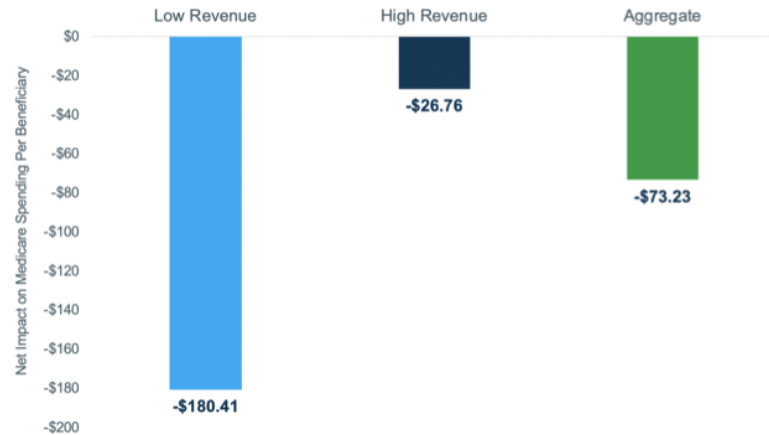


Why does value-based payment make sense for payers and for independent primary care practices?

- Sustainable alternative to fee for service
- Alignment of incentives for payer and provider, around what's best for patients and society
- Independent primary care providers are community-grounded, best situated to quarterback care, and have the most aligned incentives to drive downstream cost savings

Low-Revenue (aka physician-led) ACOs generate more savings than High-Revenue (aka hospital) ACOs.

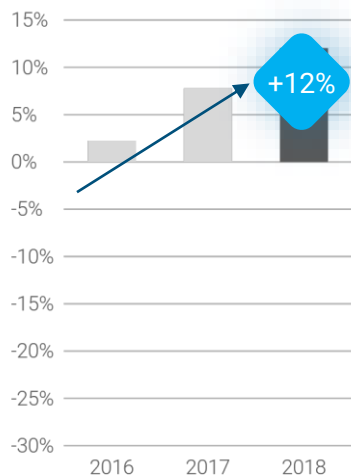
Figure 1. Net Impact on Medicare Spending Comparison of Low Revenue v. High Revenue ACOs



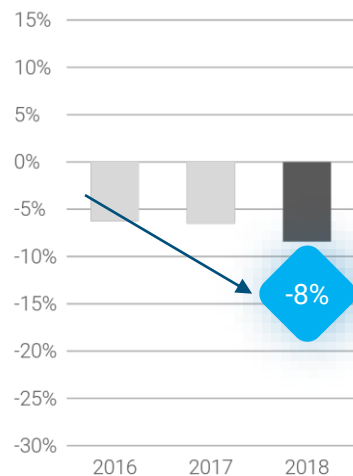
Confidential & Proprietary | Source: Avalere

More primary care, fewer ER visits, hospitalizations, and nursing home days.

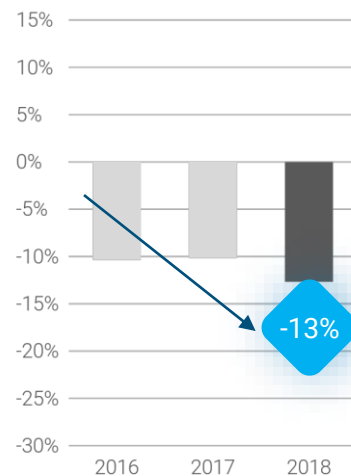
Primary Care Utilization



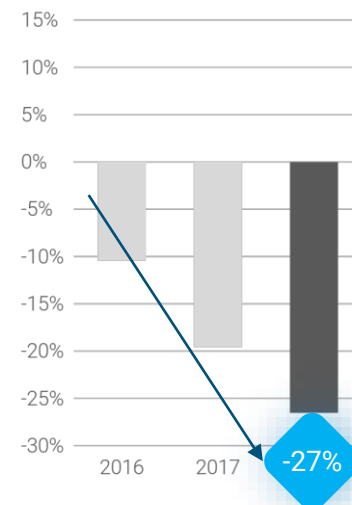
ER Utilization



Inpatient Utilization

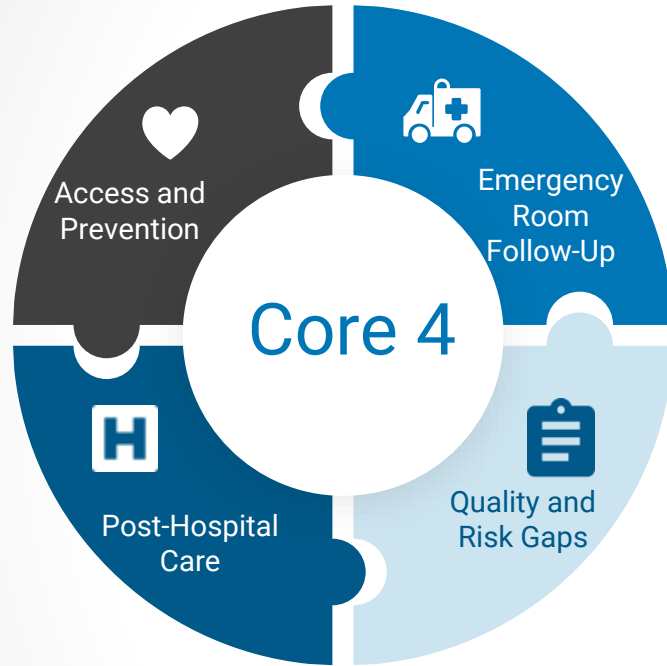


Skilled Nursing Days



Gross Savings Rate and Per Capita ACO Savings Share by Aledade ACO (2020 Q2)





- Focusing on the Aledade “Core 4” initiatives across all payer populations
- Actionable data at the point of care
- Elbow-to-elbow support in practices for EHR optimization and workflow redesign



Additional Initiatives Layer On

Behavioral Health
and Social Needs

High Value
Specialty Care

Medication
Management

Prioritized patient outreach, tech-enabled workflows



Aledade Carolina Internal Medicine and Pediatrics ▾

HOME DAILY HUDDLE CARE MANAGEMENT POPULATION EXPLORER WORKLISTS APPLICATION DATA SETTINGS

Outreach Priorities ⓘ

- Transitions of Care** ⓘ
Coordinate with **2 patients** to decrease the chance of readmission
- Annual Wellness Visits** ⓘ
Contact **197 eligible patients** to schedule wellness visits
- Emergency Department Visits** ⓘ
Check in with **2 patients** who recently visited the ED
- COVID-19: Very High Vulnerability** ⓘ
Schedule **15 vulnerable patients** for E&M “stay well at home”

WELLNESS VISITS TRANSITIONS OF CARE **EMERGENCY LIST** CHRONIC CARE MANAGEMENT LIST CUSTOM WORKLISTS ▾

1 1 **23**
OUTREACH NEEDED FOLLOWUP NEEDED **OUTREACH COMPLETED**

<input type="checkbox"/>	NAME	OUTREACH STATUS	OUTREACH DATE	PHONE	DISCHARGED	FACILITY
<input type="checkbox"/>	[REDACTED]	Must See Specialist	08/13/20	[REDACTED]	1:13 PM	Vidant Medical Center
<input type="checkbox"/>	[REDACTED]	Appointment was Made	08/13/20	[REDACTED]	8:23 AM	UNC Wayne Hospital

- Alerts (e.g.)
 - recent hospitalization
 - frequent ED
 - Medication adherence
 - high value medication alternatives
- Coding suggestions for accurate risk capture
- Visit history
 - Specialist and urgent care utilization
 - Hospital events
- Preventive services
 - Screenings
 - Immunizations

[Redacted] Age: 70 COVID-19 VULNERABILITY: VERY HIGH

Assigned PCP: [Redacted] **Year to Date Risk Score:** 1.931
Payer: MSSP-MEDICARE **2019 Risk Score:** 2.158
CM Status: Enrolled

Hi Pri AWW Due 4 med adherence concerns | Discuss barriers to adherence w/ patient

RISK SUGGESTIONS Do any of these diagnoses apply? YTD Status: 91% of total opportunity billed

Coagulation Defects and Other Specified Hematological Disorders 0.192
 D68.62 - Lupus anticoagulant syndrome | Last billed 10/10/19 by [Redacted]

RX ADHERENCE CONCERNS PROPORTION OF DAYS COVERED
PDC% < 80% IS NON-ADHERENT

Filled Rx	Prescriber	Qty	PDC%
GLIPIZIDE 5 MG TABLET, EXTENDED RELEASE	[Redacted] , M.D.	30	78%
ATORVASTATIN 80 MG TABLET	[Redacted] , M.D.	30	78%
LISINAPRIL 20 MG TABLET	[Redacted] , M.D.	30	78%
METFORMIN 1000 MG TABLET	[Redacted] , M.D.	60	78%

SPECIALIST UTILIZATION (4) Visits with outside providers FOR PAID CLAIMS PROCESSED 09-26-2019 TO 09-26-2020

Rendering Provider	Specialty	Total Visits	Last Visit
[Redacted] , M.D.	Psychiatry	2	[Redacted]
[Redacted] , M.D.	Cardiology	1	[Redacted]

HOSPITAL EVENTS (ED/OBS/IP) 30-DAY READMIT

No hospital events data

PREVENTIVE SERVICES NO DATE = NO CLAIMS FOUND

Name	Provider	Date
AWV (All)	[Redacted]	[Redacted]
Adv Care Plan (65+)	[Redacted]	[Redacted]
CRC Screen (50-75)	[Redacted]	[Redacted]
DEXA (65+)	[Redacted]	[Redacted]
Flu Shot (All)	[Redacted]	[Redacted]
Pneumonia Vacc (65+)	[Redacted]	[Redacted]

Medication Management-- Best Practices for All Practices

- Habitual use of Aledade “Daily Huddle” for morning team huddles and at point of care, for need-to-know, need-to-act information
- Always inquire about medication use, using motivational interviewing techniques
 - “How often do you miss a dose of your meds?”
 - “How do you remember to take your medication every day?”
- Minimize samples. Default to generic. Use \$0 copay options.
- First Fill Follow Up (check in before the 1st refill)
- Use 90d supplies and maximize # refills
- Streamline refill protocols and processes. Don’t hold the meds hostage.

Empowering the Care Team



- Lindsey Mitchell, CRNP
- Dr. Basel Refai, MD
- Alexander City, AL (pop. 14,375)

Actionable information at the point of care



- Clinton Medical Clinic, Clinton, NC (population 8,529)
- 9 physicians, 7 APPs
- Value-based contracts with total cost of care accountability: Medicare MSSP, BCBSNC MA and commercial, Humana, United



Art Apolinario, MD

(Age: 66) COVID-19 VULNERABILITY: HIGH

Assigned PCP:

Payer: HUMANA

Year to Date Risk Score: 0.882

2019 Risk Score: 0.428

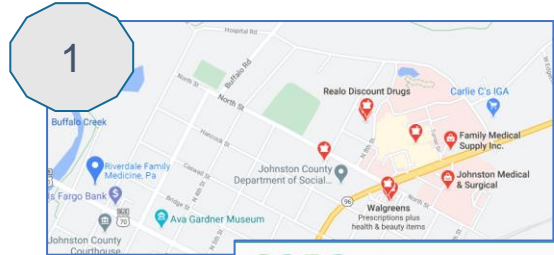
CM Status: No Status

2 med adherence concerns | Discuss barriers to adherence w/ patient

RX ADHERENCE CONCERNS <small>PROPORTION OF DAYS COVERED PDC% < 80% IS NON-ADHERENT</small>				HIGH VALUE MEDS <small>BASED ON 30 DAY SUPPLY</small>		
Filled Rx	Prescriber	Qty	PDC%	High Cost Med	Lower Cost Alt(s)	Est. Savings
ROSUVASTATIN 10 MG TABLET		90	68%	Esomeprazole Magnesium 20 Mg Capsule, Delayed Release	Pantoprazole 20 Mg Tablet, Delayed Release Omeprazole 20 Mg Capsule, Delayed Release	\$149.00 \$149.00
HYDROCHLOROTHIAZIDE 25 MG / OLMESARTAN 40 MG TABLET		90	79%	Myrbetriq 50 Mg Tablet, Extended Release	Oxybutynin Chloride Er 5 Mg Tablet, Extended Release 24 Hr	\$383.00

(sample Aledade daily huddle sheet for patient similar to Dr. Apolinario's)

Building the Team for Getting the Meds Right: Many Flavors



2

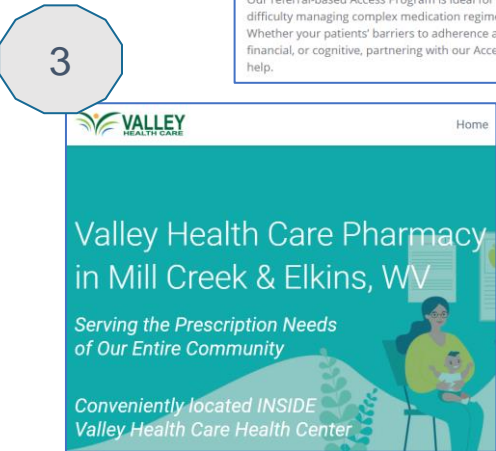
sona
PHARMACY + CLINIC

Flu Shots Pharmacy

For Providers

When it comes to helping patients manage medications, we have the years of experience and the expertise that you need.

Our referral-based Access Program is ideal for patients having difficulty managing complex medication regimens on their own. Whether your patients' barriers to adherence are physical, financial, or cognitive, partnering with our Access Program can help.



3

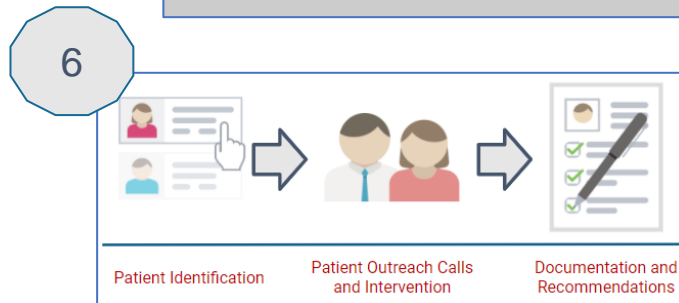
VALLEY HEALTH CARE

Home

Valley Health Care Pharmacy in Mill Creek & Elkins, WV

Serving the Prescription Needs of Our Entire Community

Conveniently located *INSIDE* Valley Health Care Health Center



1. Healthcare is local: strengthening PCP and community pharmacy relationships
2. Community pharmacies who understand what we need gain PCP loyalty
3. CHCs with embedded 403B pharmacies expanding the pharmacist role on the care team
4. Practices serving as community pharmacy residency program site
5. Co-located services with collaborative agreements (BH, MTM, TCM, AWW)
6. ACO or payer-funded centralized clinical pharmacy support

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COVID-19 "Stay Well at Home" Telehealth Visit Checklist



Don't forget to review the Daily Huddle for alerts and tags!



Starred tasks can be performed outside of the visit by practice staff or using a questionnaire.



Provide COVID-19 Patient Education & Guidance

*Educate on Vulnerability to COVID-19:

- People aged 65 and older and those with heart conditions, lung disease, high blood pressure, diabetes and cancer or other immunocompromising conditions are significantly more vulnerable to severe illness in the event of coronavirus exposure.

*Avoiding Exposure – Advise:

- "Stay at home as much as possible, stay >6 feet away from others if you must go out."
- "Wash hands frequently for >20 seconds, keep hand sanitizer with you, avoid touching your face."
- "Postpone elective procedures, surgeries, dental and other non-urgent visits. *Did you have anything coming up?*"

Make a Care Plan for Chronic Conditions & Ensure Adequate Supplies

Medications and Durable Medical Equipment:

- *Ensure patients have a 90 DAY SUPPLY of medications and DME, including home oxygen, nebulizers, incontinence supplies, etc.
- *Encourage to call for refills at least 2 weeks in advance, and arrange for home delivery from local or mail order pharmacy. *(Many payers are allowing for early refills)*
- *Ask: "How often do you miss a dose of your medication?" *(Address barriers to adherence)*
- See full medication review guidance [here](#).

General:

- Consider need for home self-monitoring devices to complement telehealth visits.
- Provide instructions for self-measurement and symptom monitoring, and when to call. Engage family members to support.
- Reinforce medication adherence and address barriers.
- Consider enrollment in chronic care management.

Specific Conditions:

- HTN:** BP monitor at home? Establish self-monitoring plan.
- DM:** Glucometer at home? Establish self-monitoring plan.
- HF:** Scale at home? Establish self-monitoring plan.
- Coumadin:** Can the patient switch to a direct oral anticoagulant? *If not, establish plan for INR monitoring. (Click [here](#) for further anticoagulation guidelines)*

Dialysis, Infusions, & Other Critical Therapies:

- *Ask: "Are there any barriers to care or treatment?"

Keep Patients Prepared for the Future

Advanced Care Planning:

- Ask: "Have you and your family talked about your wishes for ventilator support or resuscitation in the event of serious illness?" *(Discuss end of life wishes and advance directives. Offer t/u telehealth ACP visit)*

*Provide Guidance on When to Call:

- Advise: "Call us if you develop a cough or fever, feel bad in any way, or if you have any other concerns."

*Urgent or Emergent Care:

- Does your patient know who to call or where to go if high acuity care is required?

- ✓ COVID-19 Precautions
- ✓ Medication and DME supplies
- ✓ Plan of care for chronic conditions
 - home monitoring
- ✓ Advance care planning
- ✓ Food and safety at home
- ✓ Anxiety, depression, stress management
- ✓ Alcohol and substance use

Address Social & Behavioral Health Needs

*Social Needs:

- Ask: "How are you currently obtaining groceries? Do you have sufficient access to food?" *(Arrange Meals on Wheels or other services as necessary)*
- Ask: "What is the one thing that worries you most about staying at home during this emergency?"
- Ask: "Do you have a family member or friend who can check in on you regularly?" *(Encourage staying connected virtually)*

Behavioral Health:

- *Consider a [PHQ-2](#) or [GAD-7](#) screen.
- *Ask about alcohol and substance use.
- Refer for behavioral health telehealth services as needed.

Smoking Cessation:

- More important now than ever! *(Consider nicotine replacement therapy and pharmaceutical support)*

Physical Activity & Healthy Eating:

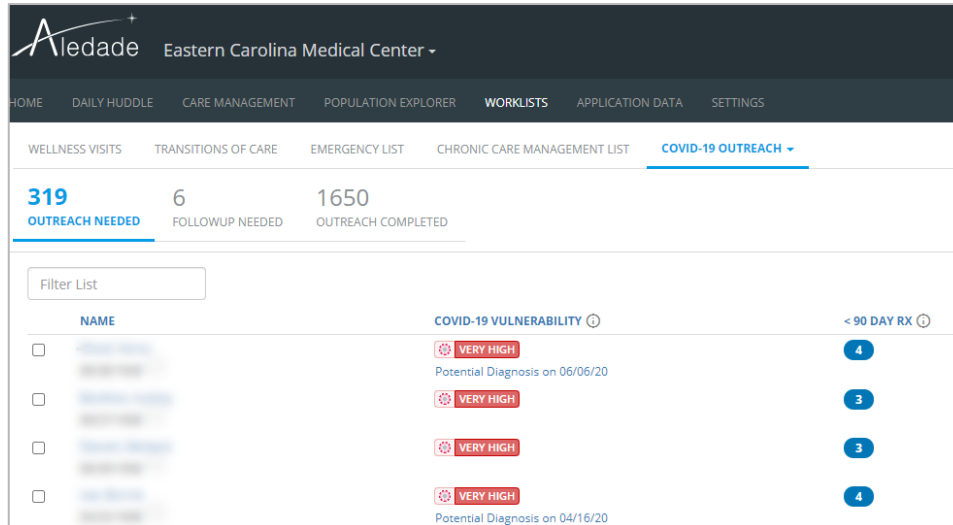
- Make a plan for staying physically active and maintaining a healthy diet during social isolation.

Sleep Hygiene:

- Encourage patients to get sufficient sleep and to practice healthy habits to avoid insomnia.

Pandemic learnings for Accountable Care

- ACO infrastructure proved valuable for practice resiliency and patient outreach
 - Rapid implementation of telehealth
 - Support for PPE acquisition and accessing financial relief
 - Proactive outreach to vulnerable patients (>130,000 patients with increased COVID vulnerability reached in 1st 6 weeks)
- Acceleration of virtual care
 - Telehealth becomes an asset for comprehensive medication management
- Greater awareness of the urgency of payment reform to solidify primary care infrastructure



The screenshot shows the Aledade dashboard for Eastern Carolina Medical Center. The navigation bar includes HOME, DAILY HUDDLE, CARE MANAGEMENT, POPULATION EXPLORER, WORKLISTS, APPLICATION DATA, and SETTINGS. The main content area is titled 'COVID-19 OUTREACH' and displays three metrics: 319 OUTREACH NEEDED, 6 FOLLOWUP NEEDED, and 1650 OUTREACH COMPLETED. Below the metrics is a 'Filter List' input field and a table of patients.

NAME	COVID-19 VULNERABILITY ⓘ	< 90 DAY RX ⓘ
<input type="checkbox"/>	VERY HIGH Potential Diagnosis on 06/06/20	4
<input type="checkbox"/>	VERY HIGH	3
<input type="checkbox"/>	VERY HIGH	3
<input type="checkbox"/>	VERY HIGH Potential Diagnosis on 04/16/20	4



Scope of the Problem

- **50%** of medications for chronic diseases are not taken as prescribed.
- **20-30%** of medications prescribed are never filled.
- Medication non-adherence accounts for **10%** of total hospital admissions

Aligned Incentives under Value-Based Payment Models

- Consistent medication adherence yields total cost of care savings through reduced hospitalizations and ED visits
 - Medication adherence associated with **\$5K-8K** lower annual total healthcare costs for Medicare patients with DM, HTN, CHF
- Medicare Advantage STARS Rating heavily influenced by performance on 3 medication adherence measures

Size of the Opportunity

- **18%** of Aledade-attributed patients have an identified major medication adherence concern (PDC <0.8 for HTN, DM, or Cholesterol medication)

Osterberg L, Blaschke T. Adherence to medication. *N Engl J Med.* 2005;353:487-489.

Peterson AM, Takiya L, Finley R. Meta-analysis of trials of interventions to improve medication adherence. *Am J Health Syst Pharm.* 2003;60(7):657-665

Viswanathan M, Golin CE, Jones CD, et al. Interventions to improve adherence to self-administered medications for chronic diseases in the United States: a systematic review. *Ann Intern Med.* 2012;157(11):785-795.

Zullig, Leah L, and Hayden Bosworth. "Engaging Patients to Optimize Medication Adherence." *New England Journal of Medicine Catalyst*, Massachusetts Medical Society, catalyst.nejm.org/optimize-patients-medication-adherence

Roebuck et al. "Medication Adherence Leads to Lower Health Care Use and Drug Costs Despite Increased Drug Spending." *Health Affairs.* Jan 2011

Opportunities to do Better: High Value Prescribing

HVMP Estimated Savings Opportunities



Fill Dates between 5/1/2020 - 9/19/2020

App opps that are deleted are removed from Total Savings

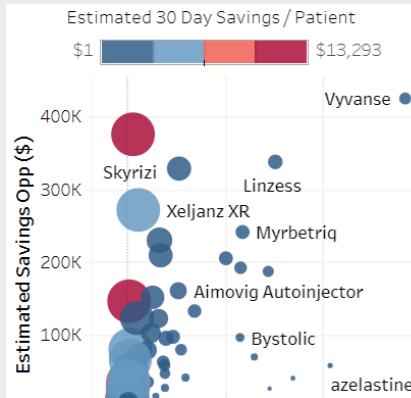
Total Patients
9,262

Total 30 Day Savings Opportunity
\$4,557,047

30 Day Savings / Patient
\$492

HVMP Top Drugs

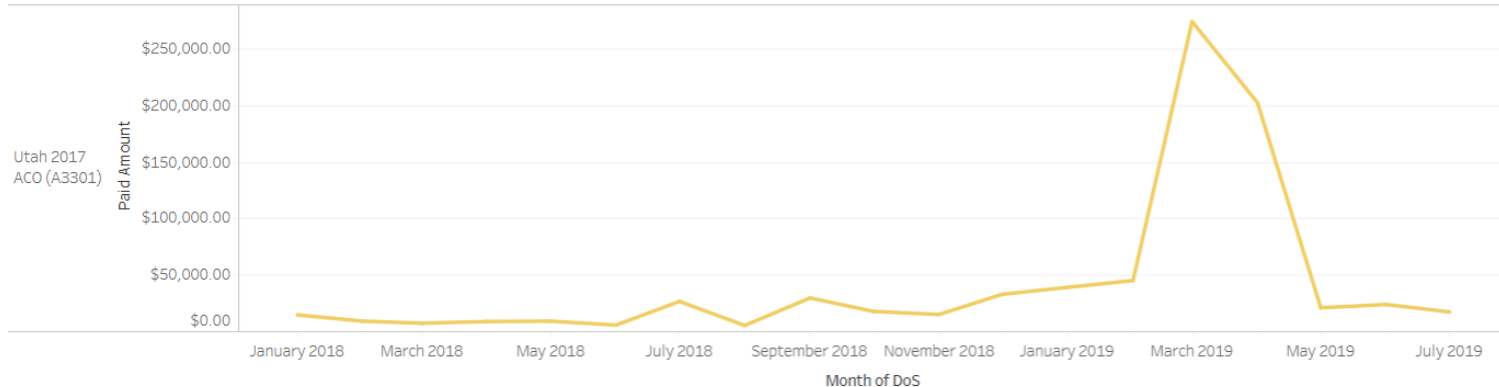
Prescribed Drug	Total Patients	Prescribed Drug Avg. 30 Day Cost	Alternative Drug Avg. 30 Day Cost	Estimated 30 Day Savings / Patient	Total 30 Day Savings
Grand Total	9,262	\$498	\$40	\$492	\$4,557,047
Skyrizi	27	\$15,451	\$0	\$12,824	\$346,247
Vyvanse	1,093	\$322	\$22	\$300	\$327,821
Xeljanz XR	48	\$4,700	\$11	\$4,689	\$225,074
Saxenda	182	\$1,264	\$35	\$1,233	\$224,399
Myrbetriq	472	\$429	\$16	\$414	\$195,207
Linzess	405	\$447	\$17	\$430	\$174,098
Latuda	118	\$1,429	\$8	\$1,421	\$167,736
Dexilant	463	\$356	\$13	\$344	\$159,127



- In our commercial VBC contracts, Rx accounts for **~25%** of total costs of care
- Our annual Rx spending for drugs with lower cost, therapeutically equivalent alternatives exceeds **\$54.6M**
- Brand->generic opportunities alone exceed **\$3.8M**

- From an ACO lens, this looks like the wild west
- Substantial unexplained variation in the use of genetic testing
 - Over time
 - Across geographies
 - Among providers in the same geography
- Absence of clear, reliable, unbiased, evidence-based best practice guidance

For example: Medicare spending for genetic testing in Utah ACO





Questions / Discussion

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