

“How to Create Winning Partnerships with ACOs”

National Association for Home Care & Hospice
2015 Annual Meeting and Exposition
Education Session 708

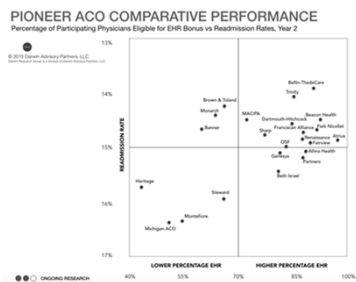


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AGENDA

- ACO Status Update - performance, new ACO models
- Just In: Highlights from Darwin's ACO and Home Health executive panel research
- Creating a winning value proposition: The Readmission Story
- Targeting and approaching the right ACO partner
- Q&A





OneOnOne was created specifically for individuals needing assistance with their current business or for those seeking to start their own home care agency.

We assist our clients by providing them with personalized one-on-one consulting services.

We believe our success is attributed to using our industry knowledge, experience and technological expertise.



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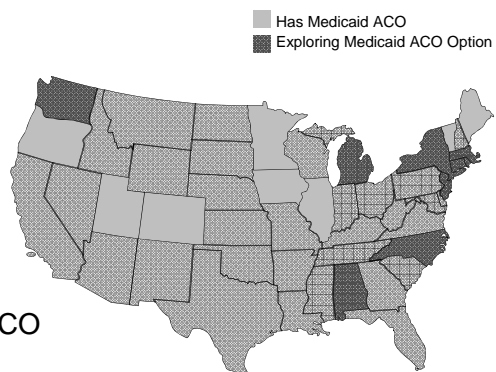
Darwin Research Group provides strategic information services for our healthcare clients, specializing in healthcare provider systems and life sciences. We solve difficult problems and promote understanding about the evolving healthcare ecosystem.

Through our unique relationships and growing knowledge base, we empower our clients with the tools to navigate change and become more profitable enterprises.

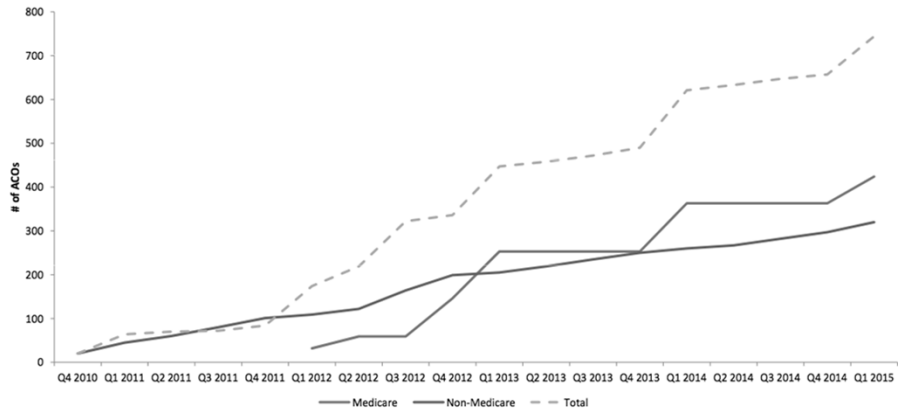
I. ACO STATUS UPDATE

ACO MODELS

- Pioneer (19)
- Medicare Shared Savings Program
 - MSSP—Tracks 1 and 2
 - Advance Payment
 - Investment Model
 - Next Generation
- Medicaid (9)
- Specialty ACO
- Commercial ACO (1000+)
- Employer-based ACO
- Local government-based ACO



ACO GROWTH: MEDICARE vs COMMERCIAL



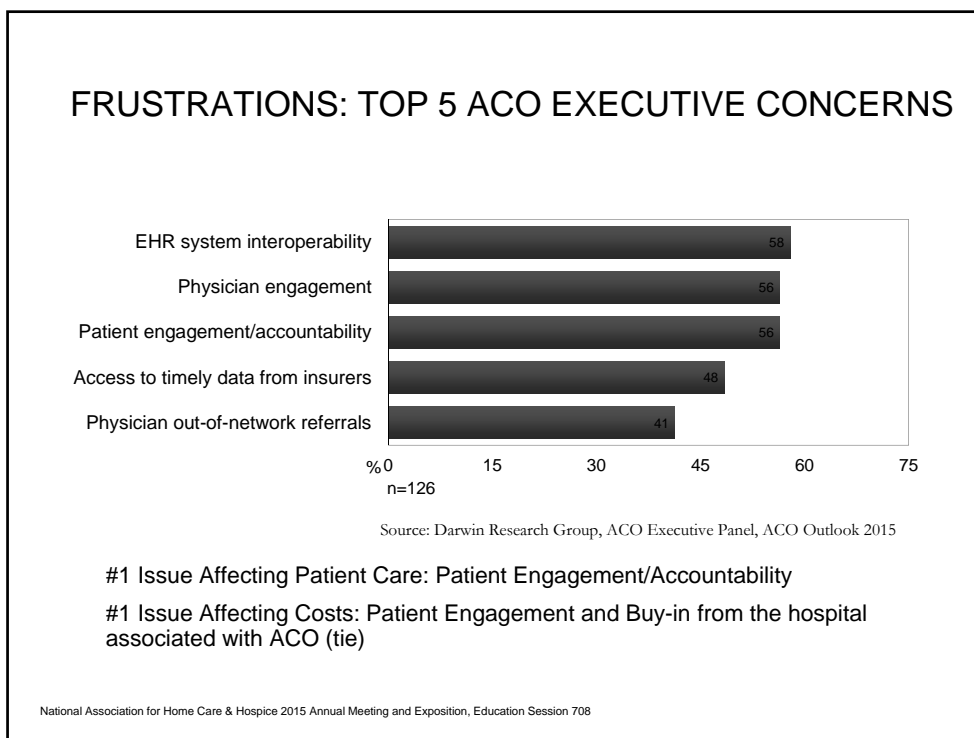
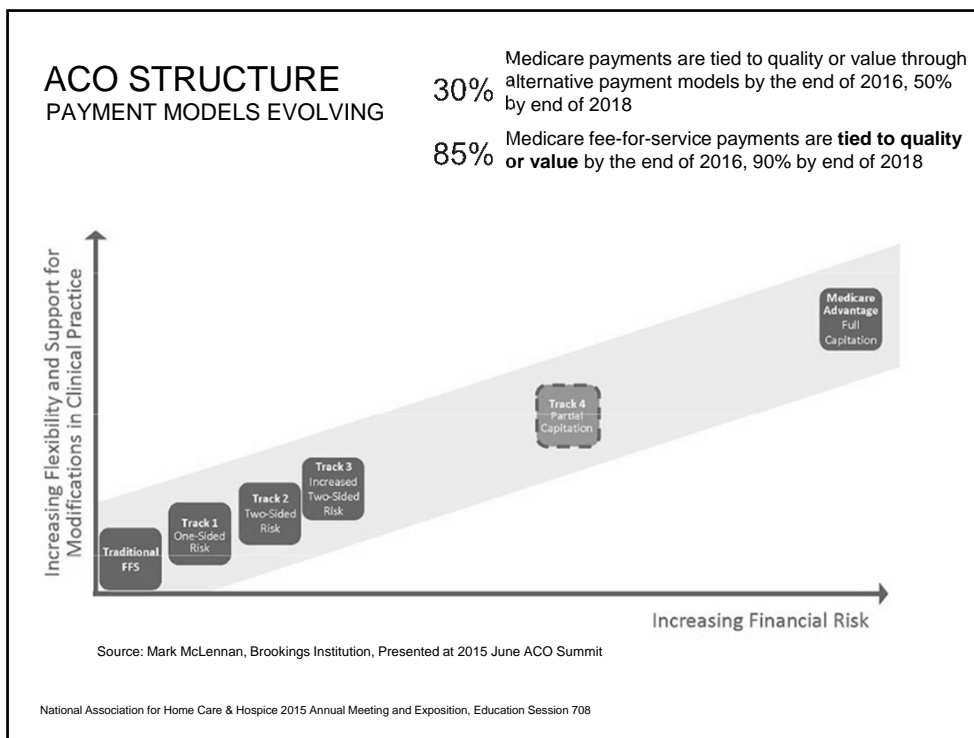
Source: Mark McLellan, Brookings Institute, Presented at 2015 June ACO Summit

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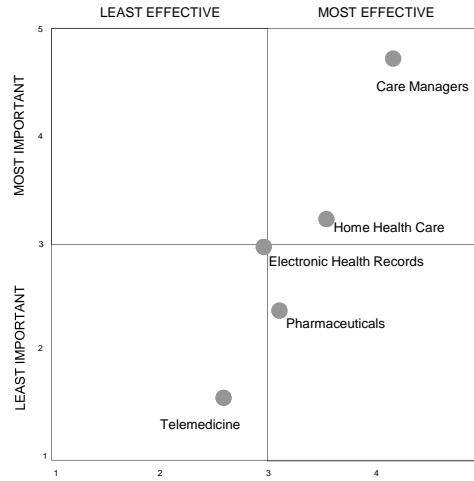
COMMERCIAL ACO ACTIVITY

	BCBS/Anthem	UnitedHealthcare	Cigna	Aetna
Number of ACOs	450	520	123	60
Geographic Reach	32 states	48 states	29 states	18 states
Covered Lives	25 million	11 million	1.3 million	750,000
Brand	BCBS ACO, Alternative Quality Contract (AQC)	ACO under Accountable Care Answers	Collaborative Accountable Care	Accountable Care Solutions under Aetna Whole Health
Key Agreements	Sutter Health, Dignity Health, Hill Physicians, Advocate, Partners, Texas Medical Association	Advocate, Arizona Care Network, ProHealth, Palo Alto Medical Foundation	Cleveland Clinic, Brown & Toland, Palo Alto Medical Foundation, Tenet	Baylor Scott & White Quality Alliance, Banner Health, Memorial Hermann

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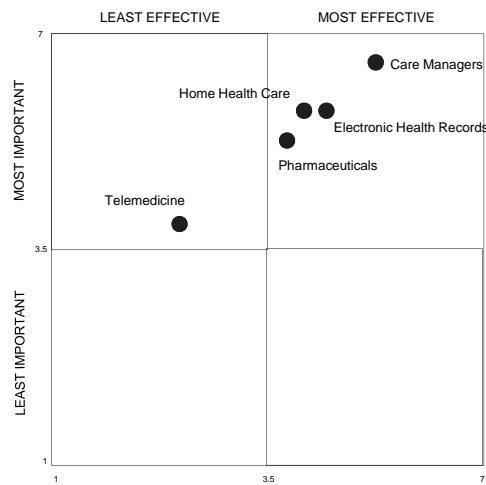
REDUCING READMISSION RATES Importance vs Effectiveness (Rank Order), 2014



Source: Darwin Research Group, ACO Executive Panel, ACO Outlook 2015

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REDUCING READMISSION RATES Importance vs Effectiveness, 2015



Source: Darwin Research Group, ACO Executive Panel, ACO Outlook 2015

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INDEPENDENCE AT HOME DEMONSTRATION BRINGING BACK THE HOUSE CALL

- Serves 8,400 Medicare beneficiaries
- In order to be accepted into the program, participating practices were required to demonstrate experience in providing care in the home to high-cost, chronically ill beneficiaries.
- Selected providers include primary care and other multidisciplinary teams led by physicians or nurse practitioners, are organized for the purpose of providing physicians services, and serve at least 200 beneficiaries.

Beneficiaries participating in the demonstration had:

- Fewer 30-day readmissions
- Follow-up from their provider within 48 hours of hospital admission, discharge or ER visit
- Medications verified by their provider within 48 hours of hospital discharge
- Preferences documented by their provider
- Less use of ER and inpatient hospital services for diabetes, high blood pressure, asthma, pneumonia or urinary tract infection

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INDEPENDENCE AT HOME DEMONSTRATION BRINGING BACK THE HOUSE CALL

Practice Name	PBPM Target	PBPM Actual	Practice Incentive Payment
Boston Medical Center	\$4,781	\$4,741	
Christiana Care Health System	\$5,192	\$5,421	
Cleveland Clinic Home Care Services	\$4,778	\$4,434	
Doctors on Call	\$5,756	\$5,547	
Doctors Making Housecalls	\$3,638	\$3,415	\$275,427
Housecall Providers, Inc.	\$3,568	\$2,434	\$1,228,263
MD2U-KY, MD2U-IN	\$4,477	\$4,753	
House Call Doctors Inc.	\$5,210	\$5,384	
North Shore-Long Island Jewish Health Care	\$3,547	\$3,024	\$542,323
VPA Jacksonville	\$4,673	\$4,213	\$711,527
VPA Dallas	\$4,857	\$4,088	\$1,727,392
VPA Flint	\$5,471	\$4,404	\$2,915,062
VPA Lansing	\$4,886	\$4,134	\$1,018,857
VPA Milwaukee	\$3,953	\$3,059	\$1,443,964
Treasure Coast	\$4,011	\$4,254	
Innovative Primary Care	\$5,113	\$5,559	
Mid-Atlantic Consortium	\$5,076	\$4,060	\$1,805,208

\$7.8M

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ACO QUALITY METRICS

Domain: Patient/Caregiver Experience		Domain: At-risk Population—Diabetes	
ACO-1	Getting timely care, appointments, and information	ACO-22	High blood pressure control
ACO-2	How well your providers communicate	ACO-23	Low density lipoprotein control
ACO-3	Patients' rating of provider	ACO-24	Hemoglobin A1c control
ACO-4	Access to specialists	ACO-25	Daily aspirin or anti-platelet medication use for patients with diabetes and IVD
ACO-5	Health promotion and education	ACO-26	Tobacco non-use
ACO-6	Shared decision making	ACO-27	Diabetes: hemoglobin A1c poor control
ACO-7	Health status/functional status	Domain: At-risk Population—Hypertension	
Domain: Care Coordination and Patient Safety		ACO-28	Controlling High Blood Pressure
ACO-8	Risk standardized all condition readmission	ACO-29	Ischemic vascular disease: complete lipid panel and LDL control
ACO-9	Ambulatory Sensitive conditions admissions: COPD or asthma in older adults	ACO-30	Ischemic vascular disease: use of aspirin or another antithrombotic
ACO-10	Ambulatory sensitive conditions admissions: heart failure (HF)	ACO-31	Heart failure: beta-blocker therapy for left ventricular systolic dysfunction (ACO-31)
ACO-11	Percent of primary care physicians who successfully qualify for an EHR program incentive payment	ACO-32	Drug therapy to lower LDL
ACO-12	Medication reconciliation	ACO-33	ACE inhibitor or ARB therapy—diabetes or left ventricular systolic dysfunction
ACO-13	Falls: screening for future fall risk	Composite Scores	
Domain: Preventive Health		Diabetes Management Composite (ACO 22-26)	
ACO-14	Preventive care and screening: influenza immunization	Coronary Artery Disease Composite (ACO 32-33)	
ACO-15	Pneumonia vaccination status for older adults	Which metrics can Home Care improve? That leads to the Value Proposition...	
ACO-16	Body mass index screening and follow-up		
ACO-17	Tobacco use: screening and cessation Intervention		
ACO-18	Screening for clinical depression and follow-up plan		
ACO-19	Colorectal cancer screening		
ACO-20	Breast cancer screening		
ACO-21	Screening for high blood pressure and follow-up documented		

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BEST PERFORMING ACOs—CARDIAC MEASURES

Pioneer ACOs, more than one top-5 mention, 2014 (Year 3)

Pioneer ACO	Location	Top 5 Mentions	System	Beneficiaries
Fairview Health Services	Minneapolis, MN	6	Fairview Health Services	13,379
Atrius Health	Newton, MA	5	Physician-led	29,907
Bellin-ThedaCare	Appleton, WI	5	Bellin Health and ThedaCare	18,889
OSF Healthcare	Peoria, IL	4	OSF HealthCare System	31,652
Michigan Pioneer ACO	Southfield, MI	3	Detroit Medical Center	17,077
Beacon Health	Brewer, ME	2	EMHS (Eastern Maine Healthcare Systems)	12,490
Mount Auburn Cambridge IPA	Boston, MA	2	Physician-led	8,975
Park Nicollet	St. Louis Park, MN	2	Park Nicollet	12,731
Partners Healthcare	Needham, MA	2	Partners Healthcare	59,875
Trinity	Fort Dodge, IA	2	Trinity Regional Health System	8,852

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BEST PERFORMING ACOs—CARDIAC MEASURES

MSSPs: Scored in Top Decile on 3 or more measures

MSSP ACO	Location	Mentions	System	Beneficiaries
Asian American ACO	New York, NY	5	Physician-led	14,769
Beacon Health Partners, LLP	Manhasset, NY	5	IPA is 50% owned by Catholic Health Services	16,790
ProHEALTH Accountable Care	Lake Success, NY	5	Physician-led	28,651
Essentia Health	Duluth, MN	4	Essentia Health	37,862
Heartland	St. Joseph, MO	4	Heartland Regional Medical Center	13,617
Millennium ACO	Fort Meyers, FL	4	Millenium Physician Group/ProCare Med	28,957
AAMC Collaborative Care Network	Annapolis, MD	3	Anne Arundel Medical Center	10,485
Accountable Care Options, LLC	Boynton Beach, FL	3	Physician-led	6,962
Circle Health Alliance, LLC	Lowell, MA	3	Affiliated with all the best Boston-area hospitals	11,300
FPG Healthcare, LLC	Orlando, FL	3	Physician-led	5,887
HHC ACO Inc	New York, NY	3	Physician-led (Hartford HealthCare Medical Group)	12,369
Ochsner Accountable Care Network	New Orleans, LA	3	Ochsner Health System	23,129
Primary Partners	Clermont, FL	3	Physician-led	8,027
Rio Grande Valley Health Alliance	McAllen, TX	3	Physician-led	5,568
St. Luke's Clinic Coordinated Care	Boise, ID	3	St. Luke's Health System	28,830
Texoma ACO, LLC	Witchita Falls, TX	3	Physician-led	6,417

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Pioneer ACOs, Year 3 Performance Summary

ACO Name	Total Aligned Beneficiaries	Total Savings/Losses	Total Savings/Losses Per Beneficiary	Earned Savings/Losses	Quality Score
Allina Health	12,774	\$2,014,966	\$157.74	\$0	89.65%
Atrius Health	31,222	\$4,470,377	\$143.18	\$2,802,794	91.40%
Banner Health Network	52,772	\$29,047,736	\$550.44	\$18,698,005	87.58%
Beacon Health	19,765	-\$6,391,755	-\$323.39	-\$2,902,755	92.27%
Bellin-ThedaCare Healthcare Partners	19,586	\$3,162,368	\$161.46	\$2,190,483	94.24%
Beth Israel Deaconess Care Organization	34,631	\$16,316,793	\$471.16	\$9,847,873	87.98%
Brown & Toland Physicians	17,373	\$2,436,346	\$140.24	\$0	80.75%
Dartmouth-Hitchcock ACO	42,373	-\$7,459,051	-\$176.03	-\$3,629,877	87.62%
Fairview Health Services	13,539	-\$1,305,429	-\$96.42	\$0	87.15%
Franciscan Alliance	44,685	-\$5,384,581	-\$120.50	-\$2,543,794	89.65%
Heritage California ACO	77,447	-\$3,398,203	-\$43.88	\$0	74.16%
Michigan Pioneer ACO	16,540	\$16,761,772	\$1,013.41	\$9,821,272	85.41%
Monarch HealthCare	20,415	\$10,186,967	\$498.99	\$5,989,157	85.70%
Montefiore ACO	24,230	\$13,301,749	\$548.98	\$8,428,113	86.21%
Mount Auburn Cambridge IPA	10,422	\$6,204,478	\$595.33	\$3,888,598	91.36%
OSF Healthcare System	28,870	\$7,876,430	\$272.82	\$4,876,778	90.26%
Park Nicollet Health Services	13,195	\$2,882,893	\$218.48	\$1,792,811	84.61%
Partners HealthCare	69,751	\$21,686,328	\$310.91	\$13,218,122	88.85%
Steward Healthcare Network	63,333	\$5,949,720	\$93.94	\$0	82.08%
Trinity Pioneer ACO	9,342	\$1,253,257	\$134.15	\$0	87.49%

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MSSP ACOs, Top Performers

ACO Name	Shared Savings, Year 2	Earned Savings for ACO
Memorial Hermann ACO	\$52,931,447	\$22,723,305
Palm Beach ACO	\$32,173,449	\$14,455,933
POM ACO	\$27,073,648	\$12,075,693
Oakwood Accountable Care Organization	\$19,074,154	\$8,147,793
Millennium Accountable Care Organization	\$17,486,002	\$7,977,169
ProHEALTH Accountable Care Medical Group	\$17,153,220	\$8,019,532
Allcare Options	\$16,986,294	\$6,058,533
Qualuable Medical Professionals	\$16,622,809	\$7,406,111
Accountable Care Coalition of Texas, Inc.	\$16,041,318	\$6,335,569
Mercy Health Select	\$15,441,442	\$6,518,339
West Florida ACO	\$14,152,196	\$6,326,253
Collaborative Health ACO	\$13,902,836	\$6,287,775
RGV ACO Health Providers	\$13,767,494	\$7,528,797
Quality Independent Physicians	\$13,611,421	\$6,062,187
Delaware Valley ACO	\$13,402,585	\$6,567,267
Total	\$299,820,315	

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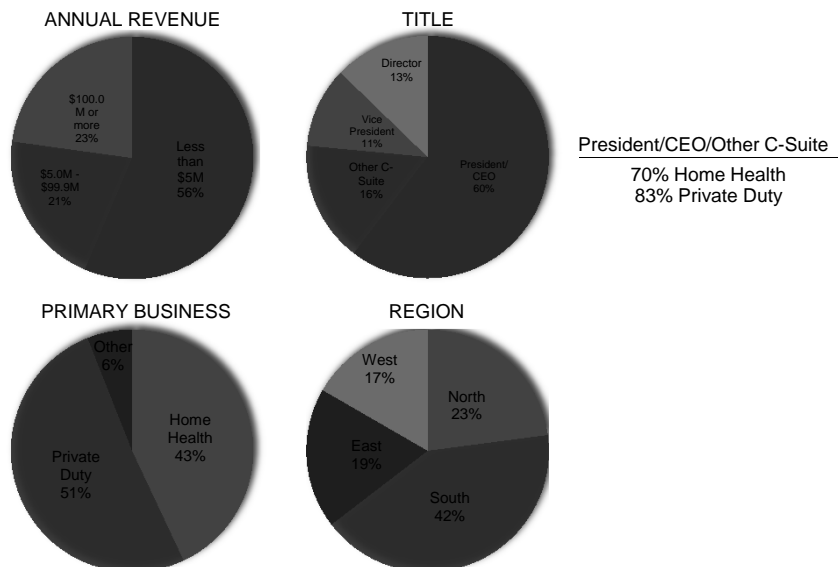
TRENDS & TAKEAWAYS

- While Commercial ACOs are leading the numbers, Next Generation and Investment ACOs will boost participation in Medicare ACO program in 2016
- CMS is pushing toward full capitation
- EHR systems, physician engagement and patient engagement are continuing problems for ACOs
- Home (Health) Care is seen as important and effective in keeping people out of the hospital
- Are house calls a fad or trend?
- Certain ACOs—both MSSP and Pioneer—are trending positively for financial and quality performance, but not necessarily both

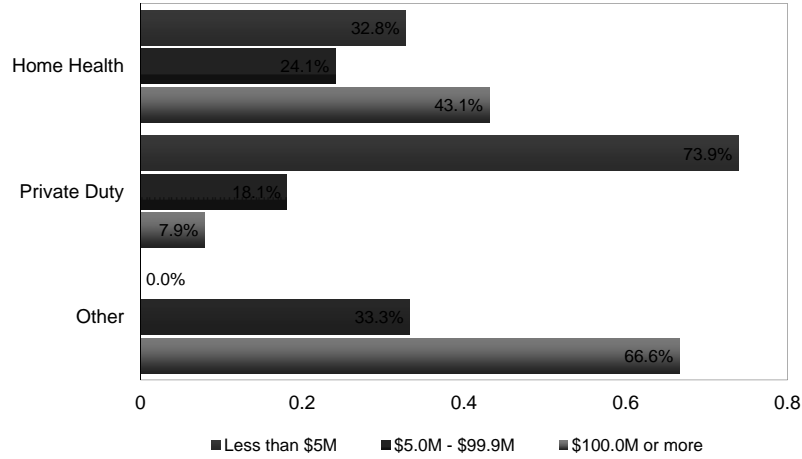
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II. LATEST PANEL RESEARCH

Home Care Executive Panel Composition



Annual Revenue Distribution, Participating Companies



“Which businesses are you currently involved in? Please select all that apply.”

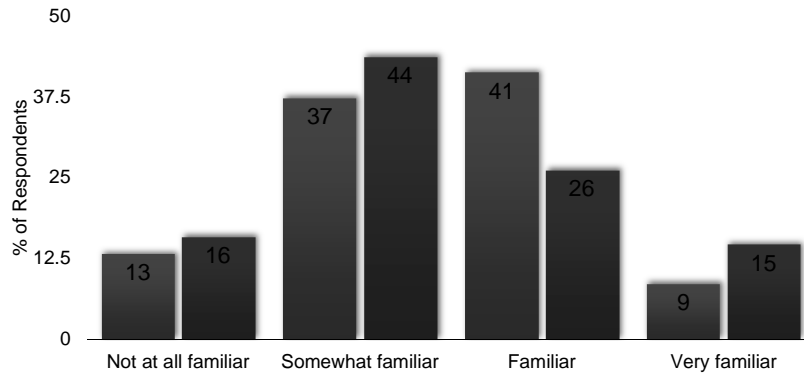
SERVICES OFFERED

BUSINESS LINE	Percent
Private duty care	67.8%
Home health care	46.9%
Hospice care	19.8%
Infusion or respiratory therapy	6.8%
Durable medical equipment	6.8%
Adult day care	3.4%
Physician house calls	3.4%
Assisted living	2.8%
Operate skilled nursing facilities	2.3%
Home medical supplies - distribution	1.7%
Home medical supplies - manufacturing	0.6%

FAMILIARITY WITH ACOS

HOME HEALTH EXECUTIVE SURVEY

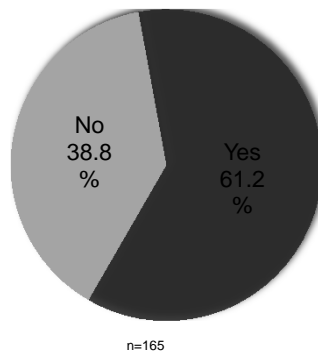
“How familiar are you with Accountable Care Organizations?”



Source: Darwin Research Group, *Home Care Market Outlook 2015-2017*
 n=57 ■ November 2013
 n=165 ■ August 2015

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“Are you aware of any ACOs that are in markets where you provide services?”



YES 63% Home Health
58% Private Duty

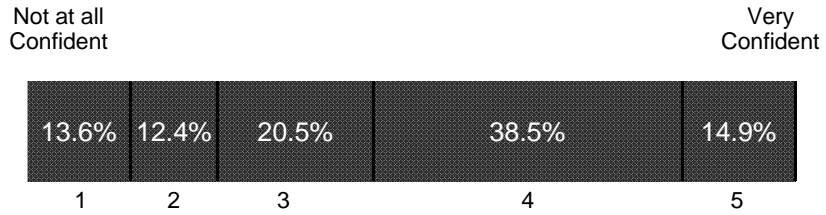
Please list the name(s) of ACOs you are aware of below. If unsure of the exact name, please list the hospital, physician group or payer with which it is associated.

77% of Yes responses answered the follow-up question with a valid response.

Source: Darwin Research Group, *Home Care Market Outlook 2015-2017*

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“On a 5-point scale where 1 is Not at all Confident and 5 is Very Confident, if you were presented with an opportunity to enter into a service or referral agreement with an ACO, how confident are you in your ability to do so profitably?”



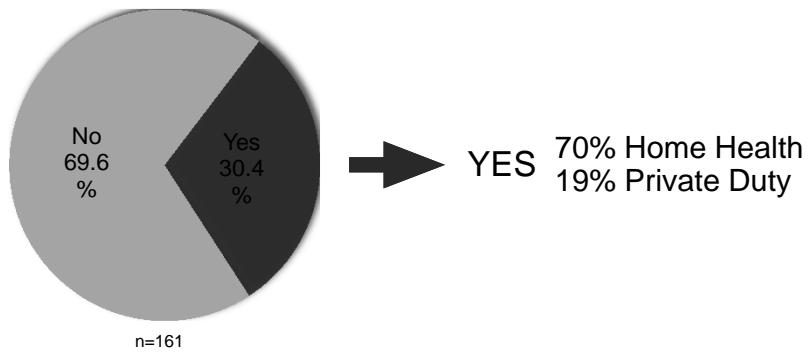
n=161

VERY CONFIDENT 18% Home Health (mean=3.3)
14% Private Duty (mean=3.3)

Source: Darwin Research Group,
Home Care Market Outlook 2015-2017

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“Have you had any formal meetings or discussions with an ACO?”

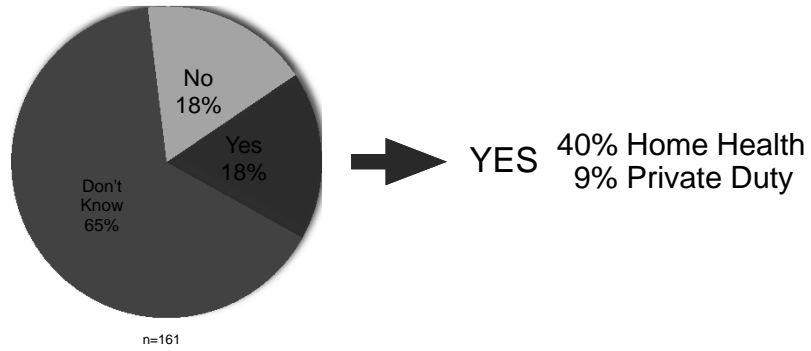


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Source: Darwin Research Group,
Home Care Market Outlook 2015-2017

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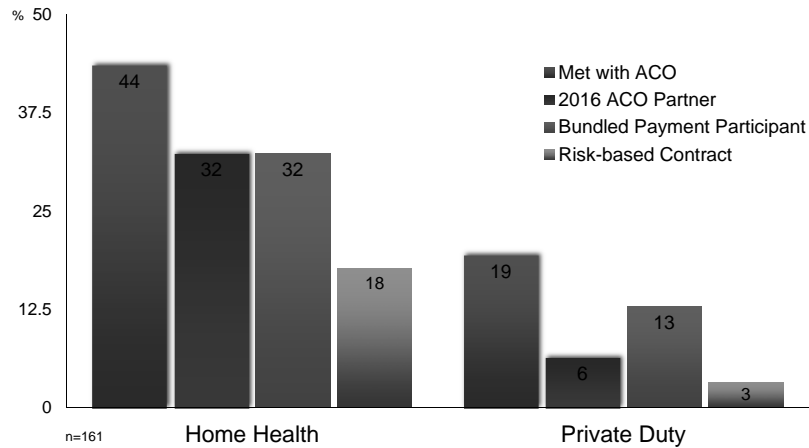
“Will you be a participating partner with an ACO in 2016?”



Source: Darwin Research Group,
Home Care Market Outlook 2015-2017

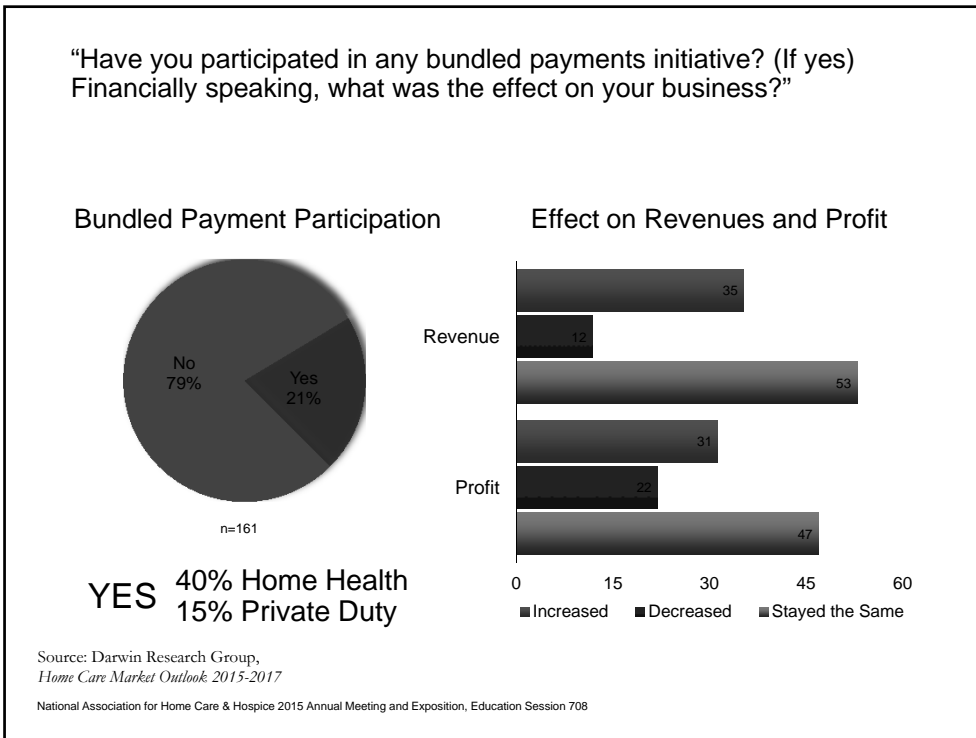
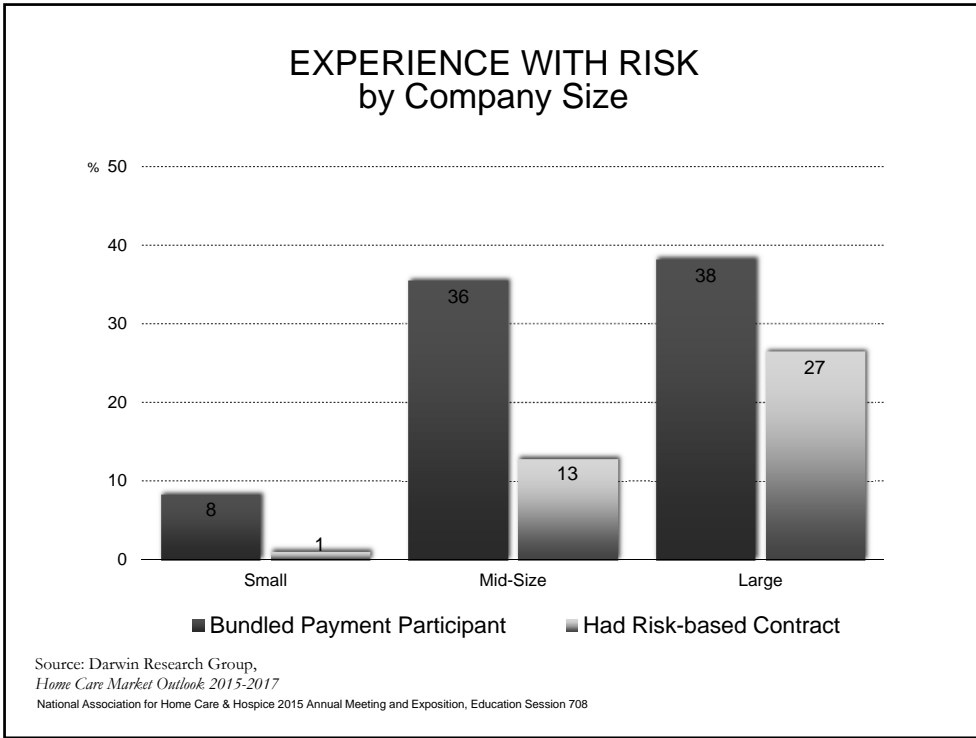
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EXPERIENCE WITH ACOs Home Health vs. Private Duty



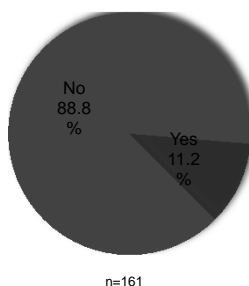
Source: Darwin Research Group,
Home Care Market Outlook 2015-2017

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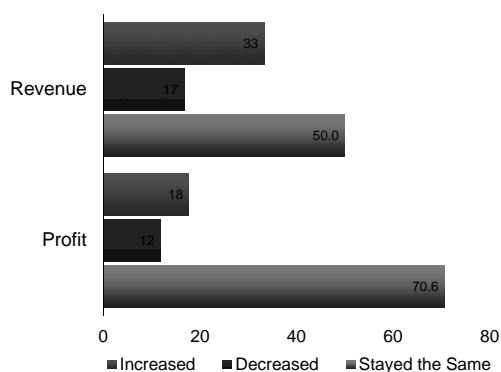
“Have you participated in a risk-sharing agreement? (If yes) Financially speaking, what was the effect on your business?”

Had Risk-Sharing Contract



YES 40% Home Health
15% Private Duty

Effect on Revenues and Profit



Source: Darwin Research Group,
Home Care Market Outlook 2015-2017
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KEY TAKEAWAYS

- ACO awareness could be higher: 62% aware of ACO in area
- Only a quarter to a third of home care companies engaged in any way with ACOs
- Lack of confidence in having a profitable relationship, despite generally positive experiences
- Larger companies more experienced with value-based agreements
- Home Health Care is ahead of Private Duty: more meetings, more participation, more bundled payment experience, more risk-based contracting experience

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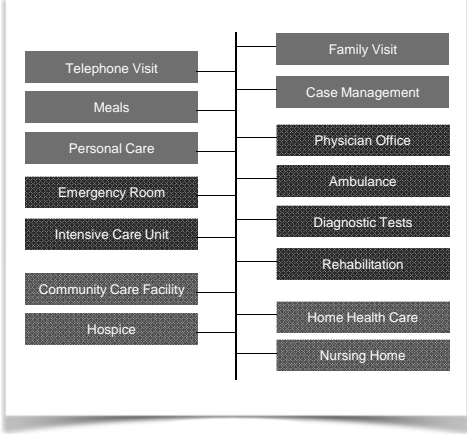
III. CREATING A WINNING VALUE PROPOSITION

CONTINUUM OF CARE

PRE-ACUTE

ACUTE

POST-ACUTE



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PREVENTING HOSPITAL READMISSIONS

1. Utilizing Home Care as a part of the solution to transitioning a patient from a hospital or post acute setting to the home
2. Communication is paramount to the success of making this transition
3. Strategies together will keep the patient in our case client from re-entering your facility

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REDUCING HOSPITAL READMISSIONS: Partnering for success

State of the Industry: What has changed?

20% readmission rate = \$17 Billion annual cost to Medicare

- ✦CMS Mandates major cuts to Medicare Programs
- ✦First Focus is on:
 - ✦Heart Failure (broader than CHF)
 - ✦Pneumonia
 - ✦AMI acute myocardial infarction (heart attack)
 - ✦Will be adding more chronic conditions in the future

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STATE OF THE INDUSTRY: THE GOOD NEWS...

CMS reports that up to 75% of re-admissions to hospitals are potentially preventable.*

3 Main Reasons most patients are re-admitted to the hospital

1. They miss follow-up visits
(New England Journal of Medicine reported that half of all patients re-admitted within 30 days hadn't visited a doctor since discharge)
2. They have difficulty complying with their medication schedule
3. They have a poor understanding of "red flag" symptoms

*Medicare Payment Advisory Commission (MedPac), "report to the Congress: Promoting Greater Efficiency in Medicare" June 2007

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HOSPITAL READMISSIONS: WHAT'S THE PROBLEM?

Hospitals are being financially penalized 3% of each payment for readmission for the following diagnosis:

- Congestive heart failure
- Myocardial infarction (heart attack)
- Pneumonia
- Chronic obstructive pulmonary disease (COPD)
- Orthopedic Hip and Knee

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DEVELOPING A STRATEGY TO REDUCE READMISSIONS

DON'T PLACE ALL THE BLAME ON THE HOSPITAL!

“Not all of the responsibility is the hospital's” said Arnie Kimmel, CEO, MetroSouth Medical Center in Blue Island, IL, referring to why patients are readmitted within 30 days. “significant part of the reason we have to attribute to (patients) lack of compliance with medical recommendations.”

Hospitals are a little upset (and they deserve to be) about being penalized for something that they have very little control over, HUMAN BEHAVIOR.

DEVELOPING AN EFFECTIVE STRATEGY

The Goal – Disease or condition management during the 30 day post acute discharge and beyond

- Who will help the patient understand the challenges of disease/condition management?
- Who will provide solutions for a smooth transition to a lower level of care?
- Who else is involved in helping patients stay at home for 30 days and beyond?

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PATIENT CONFUSION UPON DISCHARGE

Older adults are particularly vulnerable to poor transition outcomes:

- Multiple medical conditions
- Multiple care providers
- Multiple medications
- Physical and cognitive limitations
- Health literacy
- Burdened caregivers

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PATIENT CONFUSION UPON DISCHARGE

Illinois Study – 83% of patients had problems identified by the social worker during the assessment at 2 days post-discharge – “surprises”

- Management of post-discharge care – 25%
- Obtaining community services – 24%
- Understanding discharge plan – 17%
- Caregiver Stress – 35%
- Patient stress/coping – 35%
- Social support – 10%

*The Illinois Transitional Care Consortium (ITCC) presentation at the 2011 American Society on Aging Conference the Bridge Model of Transitional Care.

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WHO PULLS IT ALL TOGETHER

Gut reaction – Medicare Home Health will take care of all of this

Reality – Medicare nurse – 30 minute visit, 2-3x/week for 2-3 weeks

We believe preventing readmissions is a shared responsibility – private duty homecare can take much of the burden off of the family and help pull the team together.

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PRIVATE DUTY HOMECARE: THE BENEFITS

Basics of Private Duty Homecare

- ADL's
- Meal Prep
- Laundry/linens
- Light Housekeeping
- Transportation

Historically seen as something a select minority of older adults could afford

Increased competition in the private duty homecare industry have resulted in:

- Lower cost to consumer
- Greater flexibility in scheduling around the client's needs
- Higher expectations of the caregiver and agency

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PRIVATE DUTY HOMECARE: THE BENEFITS

Role of Private Duty Homecare in delivering high quality care and reducing readmissions:

- Private Duty Homecare aides spend more time in the home with patient than any other provider
 - Medicare home health aide – 30 to 60 minute visit, 2-3x/week for 2-3 week – personal care only
 - Average Cypress HomeCare Solutions client that discharges from a hospital or post acute provider receives 60 hours of care/week!

Main Reasons Patients are Re-admitted to Hospital	What Private Duty Homecare can do
1. Miss follow-up visits	Arrange and accompany clients to follow-up physician visits
2. Difficulty complying with medication schedule	Medication reminders
3. Poor understanding of "red flag" symptoms	Not all private duty agencies are the same

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COMMON BARRIERS TO PRIVATE DUTY HOMECARE

It costs too much – It will cost you more if the patient gets readmitted to the hospital

“The patient is already getting Medicare home health services – we don’t need private duty home care also”

- They can go home with both – the first 48 hours is critical! 50% of the Cypress HomeCare Solutions clients discharge from the hospital discharge from the hospital with both Medicare and Private Duty home care, it should be 100%!
- Patients often come home weak, debilitated and tired – have challenges because too tired to eat, take meds, get out of bed
 - Home health cannot be there to ensure proper nutrition, medication compliance, help a patient get to the bathroom, etc.

“The patient is going to rehab”

- Rehab typically lasts around 20 days, leaving 10 days left when they could still be readmitted during the 30 day period. Who will be there to support them and what will their needs be when they leave rehab?

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COMMON BARRIERS TO PRIVATE DUTY HOMECARE

“Some patients are in and out so quickly, we don’t have time to set up a lot of services”

- Tag them early so they can get appropriate referrals

“We have transitional specialist working with the patient”

- Great! We can begin coordinating the discharge plans with him/her as soon as the patient steps into the ER
- The transitional specialist is not going to be with the patient in the home environment, that’s where our expertise comes in

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CONCLUSION

- Private duty homecare needs to share the responsibility of preventing hospital readmissions
- Private duty homecare is the only post-acute provider who can be in the home consistently with the patient after discharge (avg. 60 hours/wk)

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CHOOSING THE RIGHT PARTNER

- Estimate the Lifetime Value of your Customer
- Find out beneficiaries per ACO
- Estimate share available using traditional marketing
- Estimate added share from being preferred provider
- Quantify the benefit of partnership
- ACO must be willing to listen to your story
- Smaller vs. larger ACOs
- Are you willing to go at risk? Reduce fees? Alter payment schedule?

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“How to Create Winning Partnerships with ACOs”

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