



Mitigate the Financial Impact of Covid-19 by Reducing Your Out-of-Network Leakage

August 27, 2020

Introducing Our Presenters



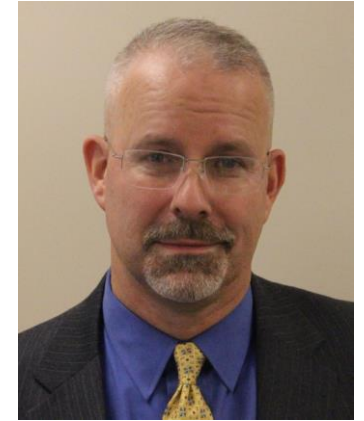
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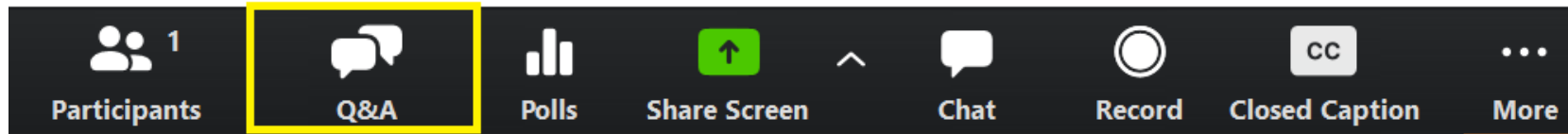
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Housekeeping

- Please enter questions through the Q&A feature in Zoom (screenshot below), and we will answer questions at the end
 - You may also email questions directly to info@copehealthsolutions.com



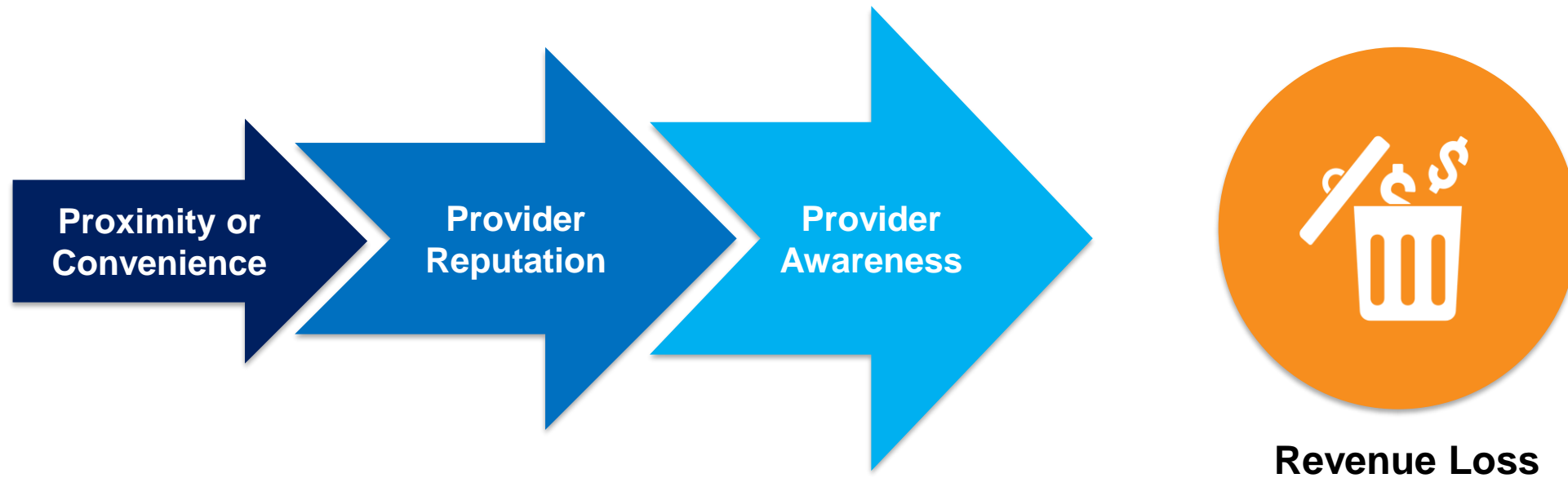
- Attendees will receive a PDF copy of the presentation, a link to the recording and a written Q&A
- After the presentation, COPE Health Solutions will send out a brief survey—we'd greatly appreciate you sharing any comments or feedback!

Agenda

1. Overview of Out-of-Network Leakage
2. Leveraging Data Analytics to Reduce Out-of-Network Leakage
3. Clinical Programs to Reduce Leakage
4. How Covid-19 Affects Network Operations
5. Questions & Answers

Overview of Out-of-Network (OON) Leakage

Referral leakage costs nearly half of U.S. health care organizations 10% of their annual revenue according to *Becker's Hospital Review*

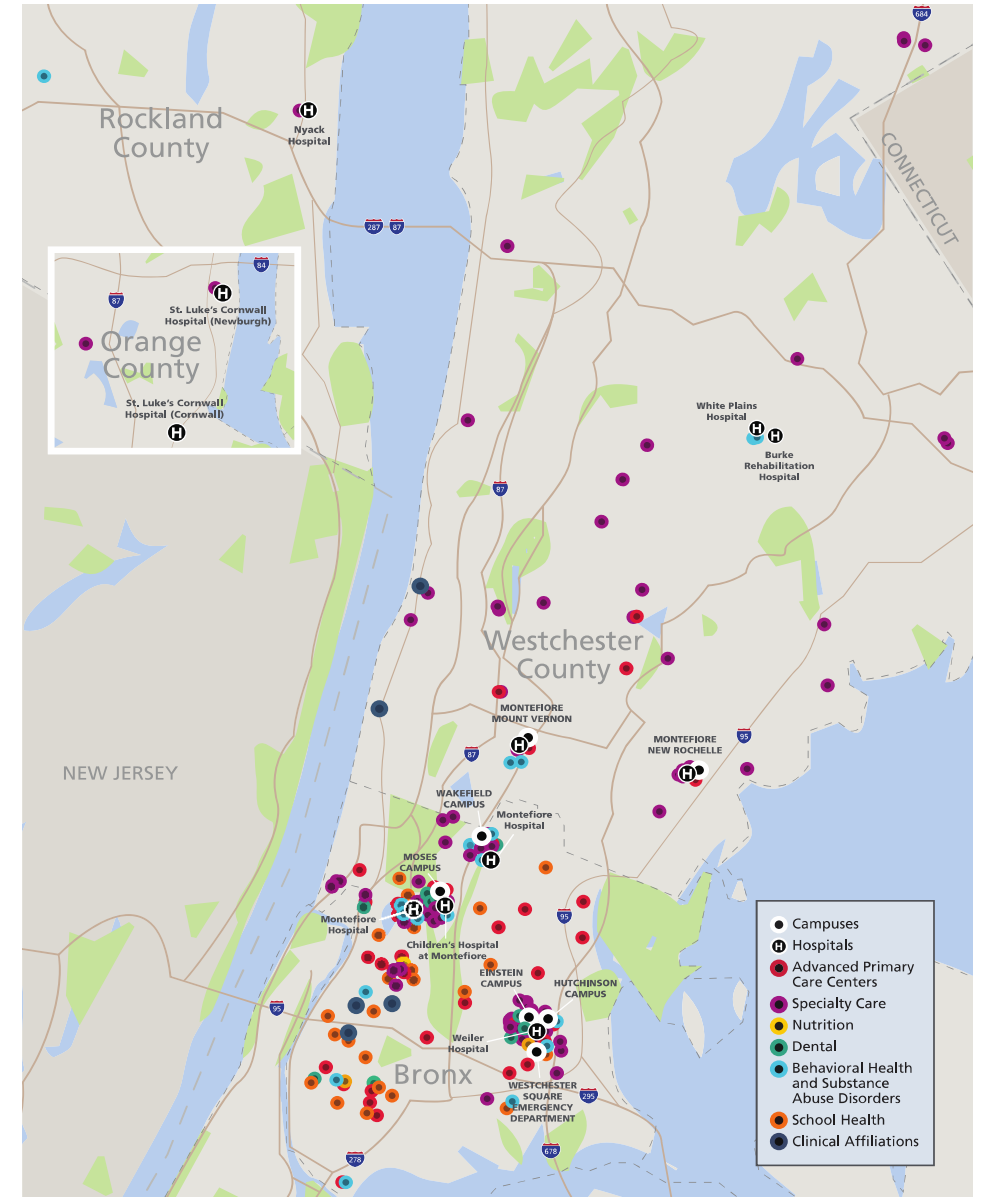


Leveraging Data Analytics to Reduce OON Leakage

Montefiore / Einstein

Integrated Academic Health System

- 11 Hospitals, including Burke Rehabilitation Hospital
- 6,200+ Providers in 2 IPAs
- 3,111 Total Beds - Including 166 Rehabilitation Beds
- 150 Skilled Nursing Beds
- 200+ Sites
- Clinical Affiliations
 - St. Barnabas Hospital, Bronx, NY
 - St. John's Riverside Hospital, Yonkers, NY
 - St. Joseph's Medical Center, Yonkers, NY
 - Physician Groups
- Crystal Run: 400 employed Clinician Practice in the Hudson Valley
- Scarsdale Medical Group
- CMO/IPA Value-based Payment Arrangements
- Risk Contracts: 240,000 lives
- Shared Risk: 100,000 lives
- NextGen ACO: 52,000 lives (2019)



Making Data-Driven Decisions to Control Leakage

Health care organizations can use data to understand the complex relationships that drive out of network leakage



Understanding patient population behaviors



“Real-time” visibility into network referral patterns



Timely data refreshes



Targeting services/service lines

Case Study: Utilizing Data to Approach OON Leakage

Challenges



- Identify a subset of patients within a cohort that needs to be addressed
- For example, Montefiore has 5,100 patients with morbid obesity



- Need: Understand and approach this population with a concrete solution
 - How do we mitigate competing interests?
 - How do you ensure patients know where and how to receive the services they will need?
 - How do we ensure that the referral processes work as planned?

Solutions



- Identify population affected
- Identify network strengths and weaknesses
- Identify leakages downstream and address the root upstream



- Create a list of critical providers to outreach
 - Create physician engagement strategies while considering various forms of patient trajectories
 - Educate about in-network options and quality
 - Introduce to in-network physicians to build trust

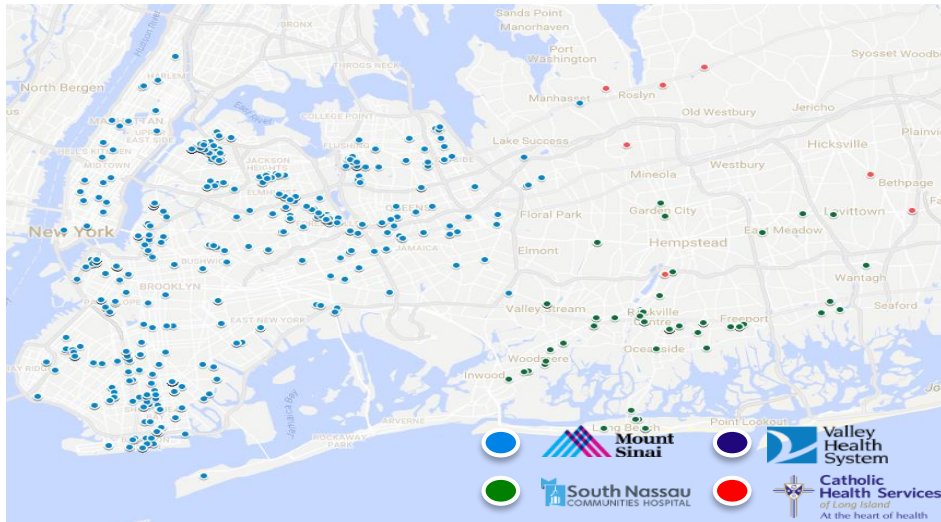
Clinical Programs to Reduce Leakage

Mount Sinai Health System: Positioned for Value

With breadth and depth of assets, Mount Sinai is well positioned as one of the highest value providers in New York City

Health System Assets

- Icahn School of Medicine at Mount Sinai
- Flagship academic hospital + 6 community hospitals
- >300 community care locations throughout NYC Metro
- >6,600 physicians on medical staff (~2,500 employed)
- Clinical affiliations that further our geographic reach



Value Proposition in NYC

- **Quality:** ranked in the top 10 nationally in CareChex ratings for patient safety in medical & hospital care
- **Reputation:** our flagship hospital & medical school are in top 20 nationally; the most “best doctors” in NYC
- **Cost:** the “lower-priced” alternative compared with our academic medical center peers in NYC

Lowest Cost ————— Highest Cost

Group 1	Group 2	Group 3	Group 4	Group 5
Elmhurst	MS Brooklyn	MS Beth Israel	LJMC	NYP-Queens
Harlem	MS Queens	MS West	Montefiore MV	NYP-Columbia
Jacobi		MS St. Luke's	Montefiore NR	NYP-New York Hospital
Kings County		NYP Methodist	Mt. Sinai Hospital	NYP-Weill
Lutheran			North Shore	NYP-Lawrence
Metropolitan			Phelps Memorial	NYU
Queens HC			Plainview	NYU-Joint Disease
			Winthrop	Staten Island UHS

Source: New York State Health Foundation. Why are Hospital Prices Different? An Examination of New York Hospital Reimbursement. December 2016.

Market Dynamics and Identifying Problems



Understand Factors Influencing Patient Choice

Manhattan is an unusually competitive market with several world-renowned health systems within blocks of each other

The compact geography makes it difficult to constrain patients to a single system; patients can switch providers very quickly

Identifying Sources of Leakage

Mount Sinai had patients coming in for some services but then going to out of network for specialty care

Leakage was particularly acute in outer boroughs with fewer Mount Sinai clinicians, services, and capital assets

Systems have no control over where EMS will transport a patient when 911 is called

Clinical Strategies to Combat Leakage

Create Physician Engagement Strategies



Define network carefully and communicate network composition to physicians



Educate physicians on their out-of-network referral patterns



Strategically locate specialty clinics where patients need care

Education & Outreach



Provide patients with thorough information promoting the quality of in-network providers and services



Move upstream to prevent leakage, proactively reaching out to patients that are likely to need care



Once patients need care, it is imperative to provide it quickly, either through video or in person

Examples of Clinical Solutions at Mount Sinai

E-Consults



Created an E-Consult system to connect providers in Mount Sinai's Clinically Integrated Network (CIN) to Mount Sinai specialists



The program improves patient care while fostering relationships between providers

Community Paramedicine



Community paramedics visit the patient's home and communicate in real-time with a Mount Sinai ED physician +/- the PCP via video conference to appropriately triage/treat the patient

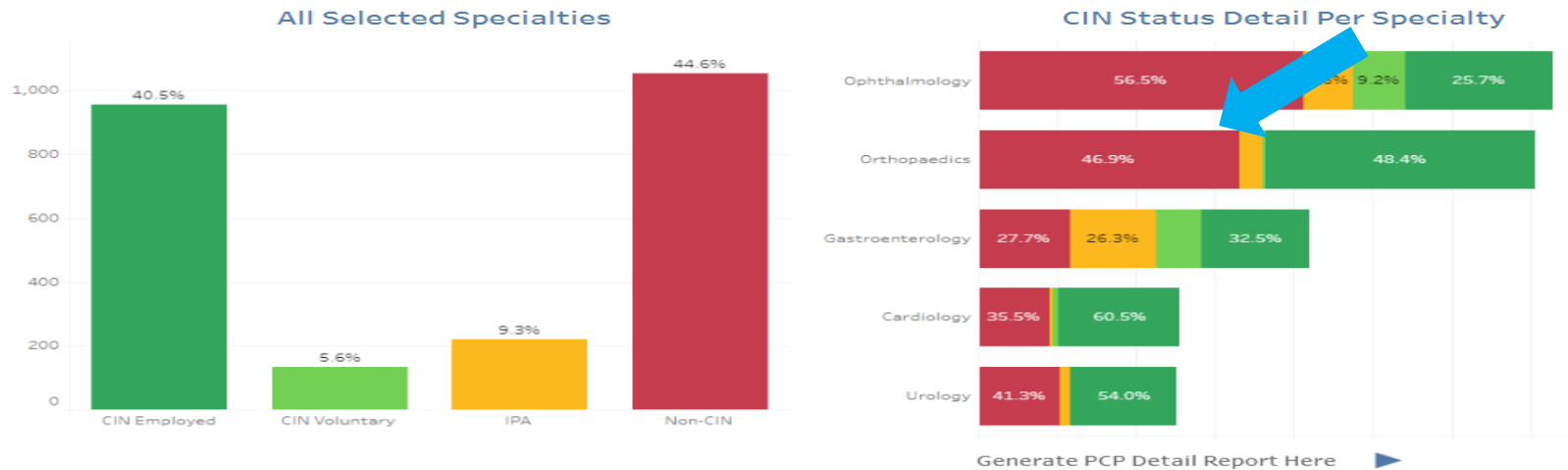


Allow for course correction, avoiding EMS Transport and emergency department (ED) visits, which provides enhanced patient care coordination

Decreasing New Patient Non-CIN Specialist Visits

Specialty Office Visits by Provider CIN Status

PCP Pod: 02 - MSD UES Primary Care | PCP Default Practice: (All) | PCP Default TIN: (All) | Time Period: (Multiple values)
 Attributed PCP: (All) | PCP Employment Status: (All) | Payer-LOB: (All) | Member Borough: (All) | Member Neighborhood: (All)
 Select Provider Specialties Here: (Multiple values) | Show Results By: New Office Visits



Use slider bar or enter a number below to select number of providers to display

CIN Specialists				Non-CIN Specialists			
Specialty	CIN Status	Count	Order	Specialty	CIN Status	Count	Order
Orthopaedics	CIN Employed	63	1	Ophthalmology		16	1
Orthopaedics	CIN Employed	40	2	Urology		13	2
Gastroenterology	CIN Employed	32	3	Orthopaedics		10	3
Orthopaedics	CIN Employed	31	4	Urology		9	4
Orthopaedics	CIN Employed	31	5	Orthopaedics		8	5

V 1.0 - Privileged and confidential prepared for quality assurance purposes
CIN designation based on most recent Opt In/Out File

CIN Status Detail defaulted to show no more than top 10 specialties

To not interrupt established patient-specialist relationships, point of intervention focused at reducing new patient visits

How Covid-19 Affects Network Operations

Communities Adventist Health Serves

At A Glance

- 23 hospitals with more than 3500 beds
- 290+ clinics
- 15 home care agencies
- 8 hospice agencies
- 3 retirement centers and one continuing care retirement community
- Our workforce of more than 37,000 includes associates, medical staff physicians, allied health professionals and volunteers

2019 Facts and Statistics

- Admissions: 134,458
- Emergency department visits: 757,362
- Outpatient visits: 1,533,485
- Deliveries: 17,919
- Clinic visits: 2,187,085
- Home health visits: 208,430
- Hospice visits: 75,043



How Covid-19 Changes Network Operations

Capacity

- Capacity has opened up as elective procedures have halted
- Telemedicine and virtual appointments may be maxed out in a resurgence
- Vital to balance usage and keep patients in network virtually

Network Management

- Manages patient flow
- Determines what is considered in and out of network
- Expands definition of network to encompass other services

Data Platforms

- Requires real-time data on patient utilization is required to administer the flow of patients
- Needs data platform to understand capacity across system
- Artificial intelligent (AI) enablement of behavioral health

Clinical Offerings

- Needs a network that is defined around whole person care
- Partners with community-based organizations (CBOs) to address health disparities during a critical period
- Needs intra-network fluidity

Covid-19 Strategies

Telehealth and Technology



Innovative Pilot Programs



Payer Alignment



Tracking Patient Pool through Data



**Address Health Disparities
(Social Determinants of Health)**



Communication Strategies



**Network
management
during &
post
Covid-19**

In Summary

Key Takeaways

Factors Affecting Status Quo



Shifting utilization patterns



Changing patient motivations (geographic, convenience, reputation, etc.)



Directing volume and flow of patient populations



Real-time visibility into network referral patterns



Lack of clinical interoperability

Utilizing Toolkit to Address OON Leakage



Data analytics

- Identify population affected
- Identify downstream network leakages and address the root upstream



Clinical strategies

- Physician engagement strategies
- Patient education
- E-consults and community paramedicine



Covid-19 Specific

- Address health disparities
- Telehealth
- Payer alignment
- Pilot programs

Questions & Answers

For more information on how COPE Health Solutions can provide quick, prepared and valuable services during a critical time of need, please contact our team at info@copehealthsolutions.com or [213-259-0245](tel:213-259-0245).

www.copehealthsolutions.com



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