New Models of Care: Population Health at VNSNY

September 30, 2014

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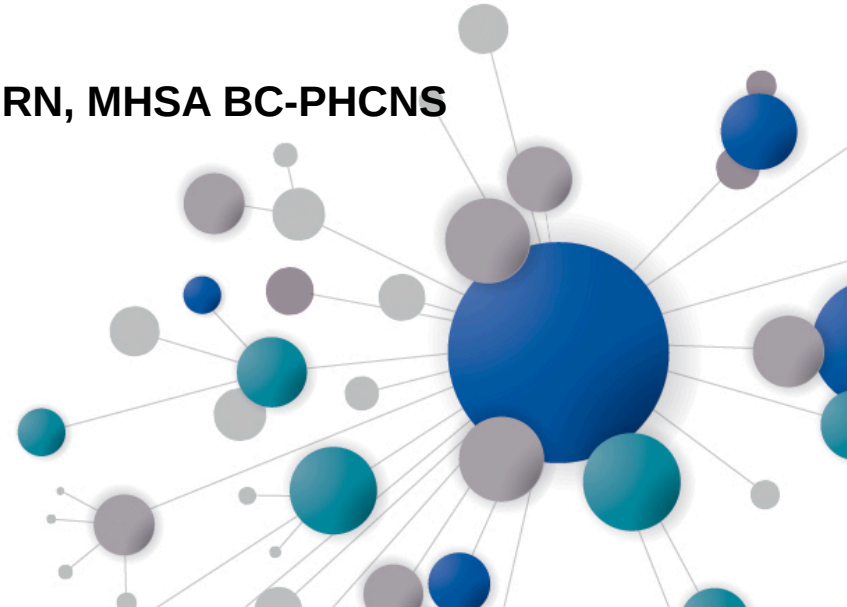


About VNSNY

Visiting Nurse Service of New York (VNSNY)

- Nation's largest not-for-profit home health organization
- Offers home health, hospice and palliative care, private duty, and a health plan
- On any given day, approximately 70,000 patients and members under direct or coordinated care
- 2.3 million clinical visits in 2013

Rose Madden-Baer
SVP, Population Health Management

- Description of role

VNSNY Patient Profile:
Safety Net Mission to Serve the Most Vulnerable

- Medically frail, high-risk individuals all ages
- Dual-eligibles
- Patients without primary care physician
- Patients with multiple chronic conditions

A Dual Imperative for Home Health Providers

Traditional Home Care Under Medicare/Managed Care Fee-for-Service

Ensuring a financially-viable model for traditional home care services in a declining reimbursement environment

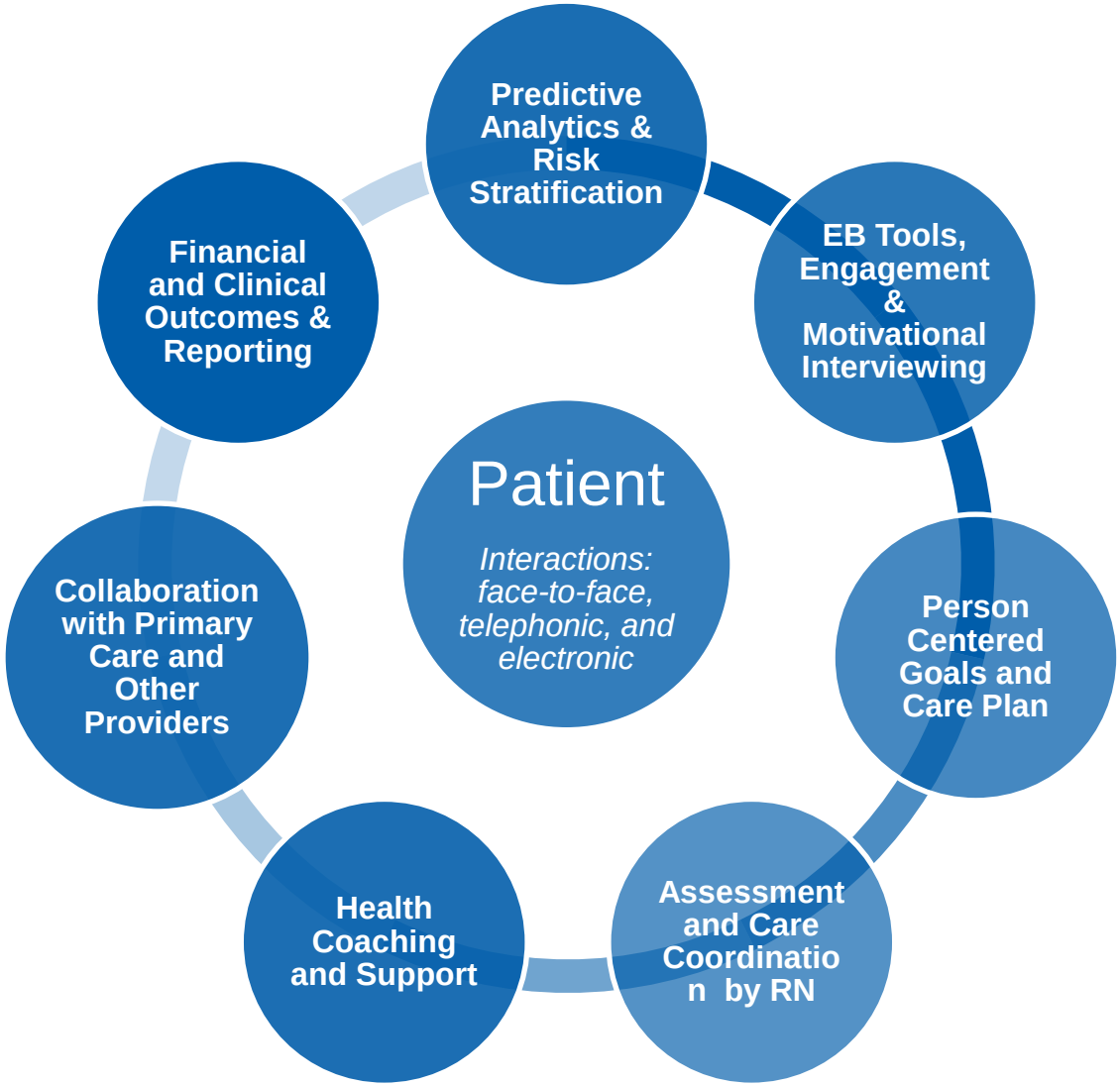
Care Coordination and Management Outside Core Patient Population

Opportunities and share in value by providing population health management services for broader range of patients

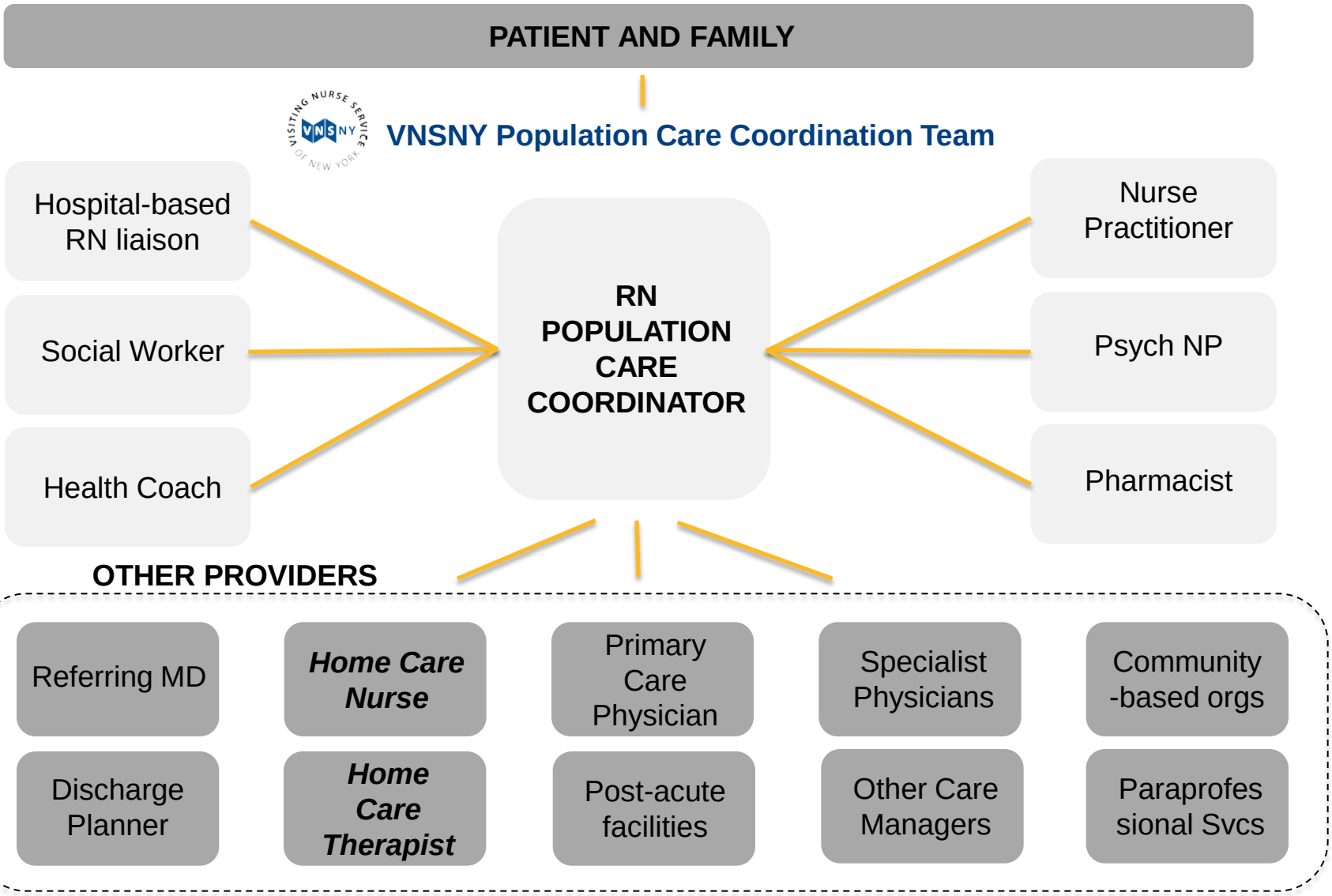
Our Vision

To become the most significant, best-in-class, nonprofit, community-based integrated delivery system providing superior care coordination and care management services to vulnerable populations across a broad regional footprint

Population Care Management



The VNSNY Population Care Coordination team, anchored by the RN Population Care Coordinator



Population Health at VNSNY: Applications

- 2 Medicare-sanctioned bundled payment demonstrations
- Delegated disease-specific care management for health plans
- Post-hospitalization transitional care for ACOs and health plans
- Ongoing population health management for vulnerable communities
- Remote and embedded care coordination for emerging provider systems as part of NY State Medicaid Delivery System Reform (DSRIP)
- Care coordination for largest Managed Long Term Care Plan in NY State

Success Factors and Challenges

Success Factors

- Use of evidence-based tools
- Partnership with leading-edge academic institution on training curriculum
- Standardized approach across all applications of model
- Stratification-driven, dosed mix of interventions