

New Models of Care

What We Can Do Together

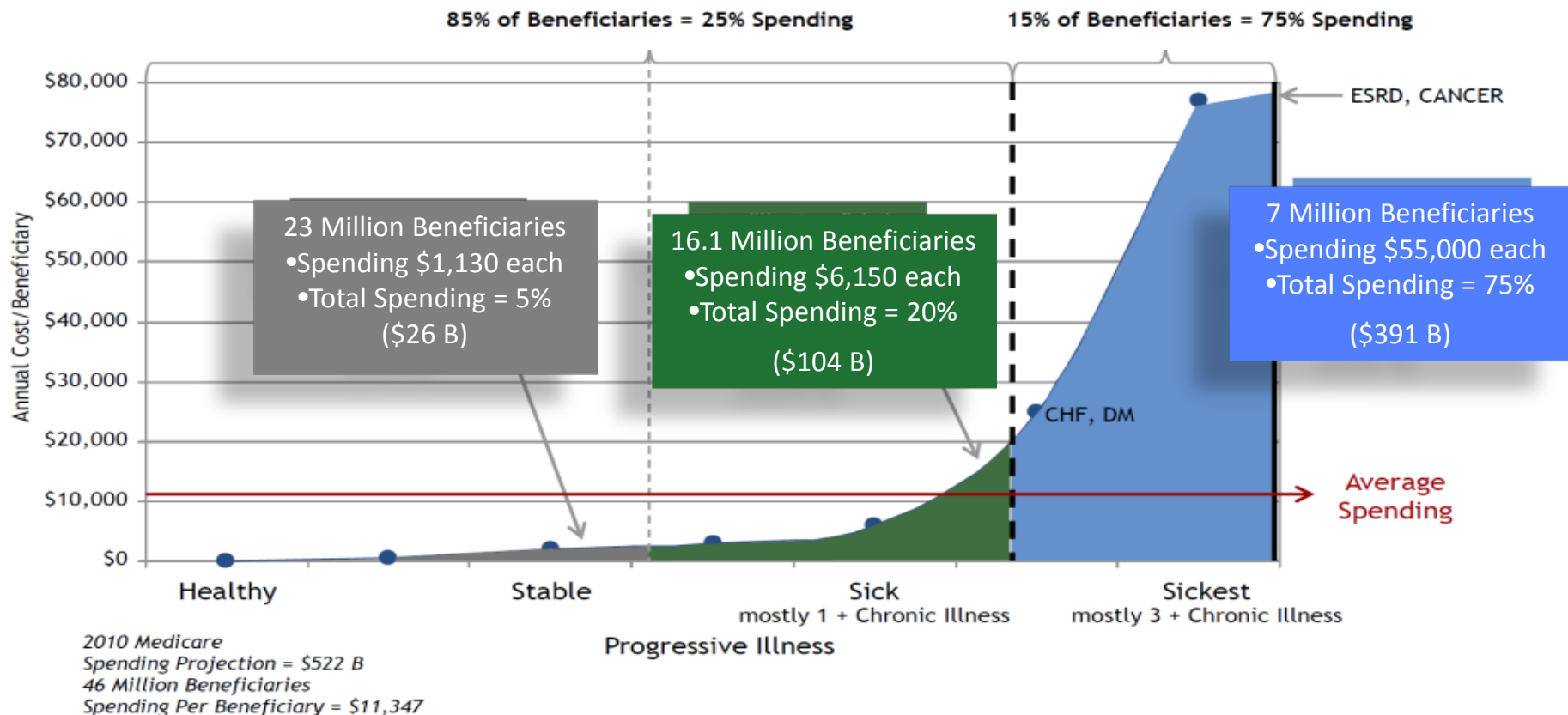
September 30, 2014

Jeffrey Burnich, MD

Senior Vice President, Sutter Health

Executive Officer, Sutter Medical Network

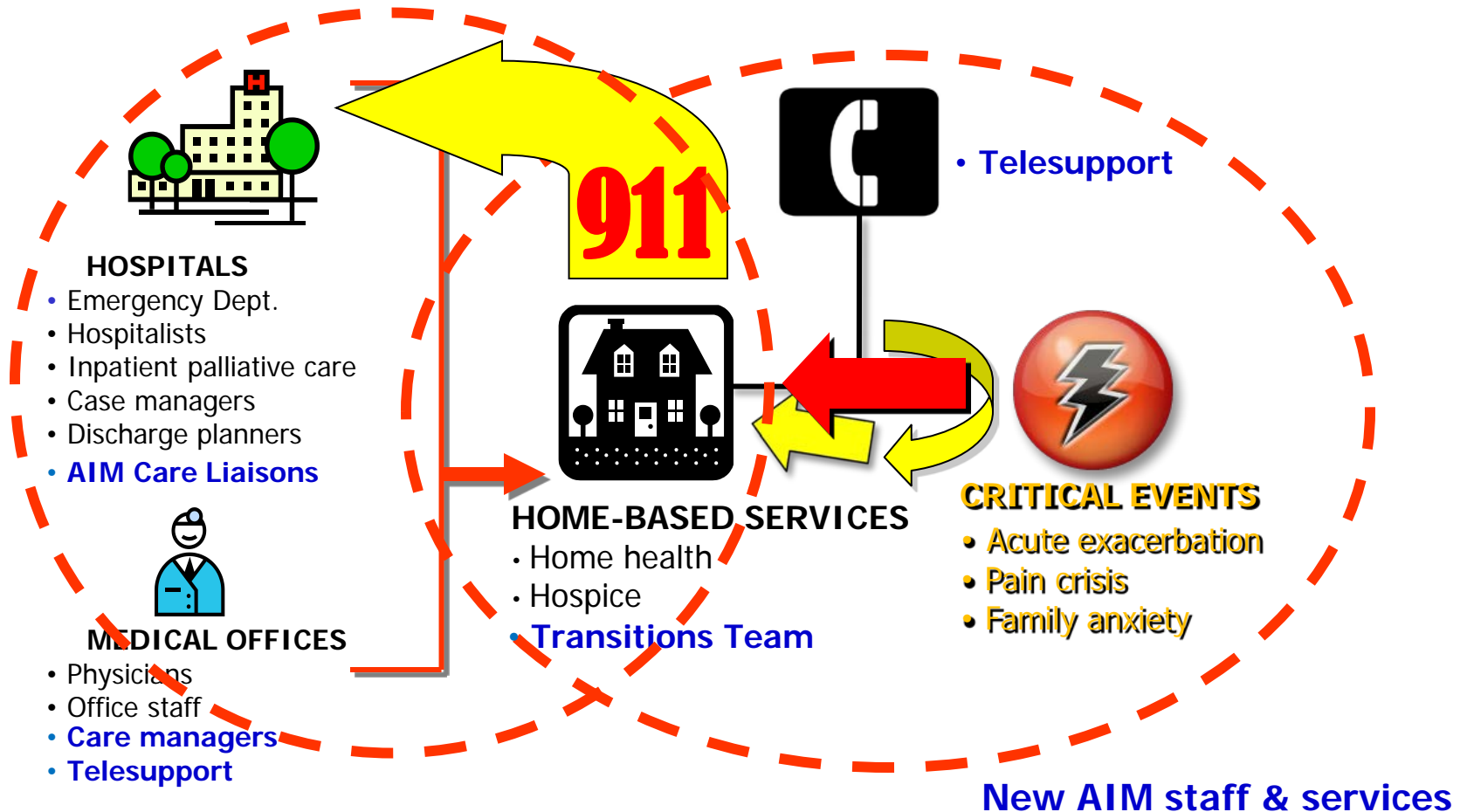
Challenge creates a sense of urgency to **transform** our care delivery practices **across the healthcare continuum**



SYSTEM FRAGMENTATION

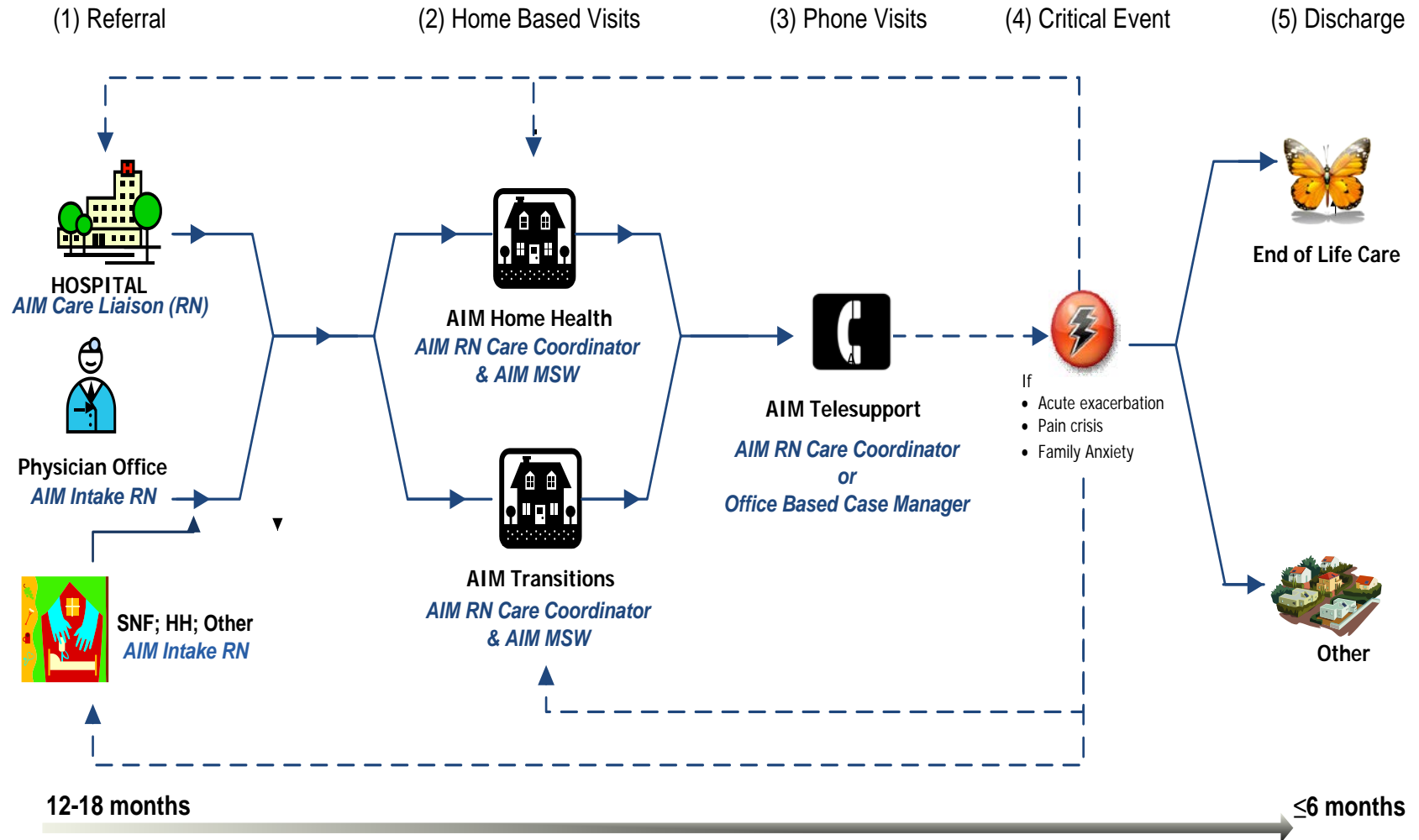


SYSTEM INTEGRATION

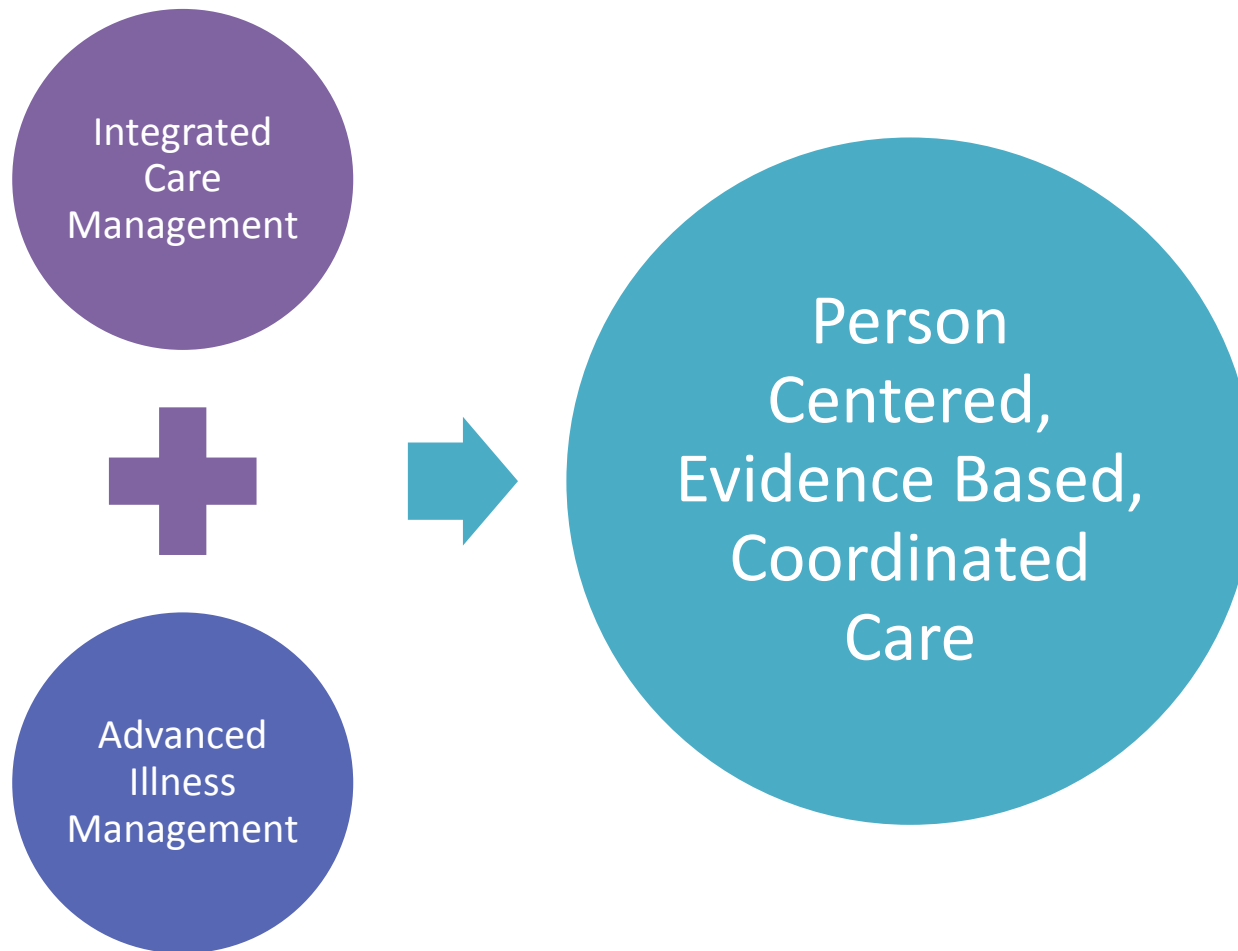


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CLOSER LOOK AT INTEGRATION



Care Delivery Transformations: Emerging From Home Care



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AIM[®] MODEL DESIGN CHARACTERISTICS

Target Population

- > 2 Chronic Illnesses;
>1 Illness Advancing
- Poly-pharmacy
- Clinical, Functional,
and/or Nutritional
Decline
- High Symptom
Burden leading to
repeat utilization
- MD 'Surprise
Question' 12 Months

Model Principles

- Personal Goals
- Person & Physician
Relationship Central
- Dual Therapeutic
Approach Curative +
Palliative
- Evidenced Based
Clinical Care and Care
Management
- Simplify and Drive
Communication

Pillars of Care

- Advanced Care Plans
- Self Management Plan of
Red Flag Symptoms
- Medication
Management
- Ongoing Follow Up Visits
- Engagement & Self
Management Support
- Resting on Curative +
Palliative Care
Foundation

Drivers of Outcome

- Aware and Skilled in
Health Literacy &
Patient Engagement
- Continue During
Periods of Illness and
'Wellness', across all
settings
- Frequent &
Predictable MD
Communication
- Teams Without
Borders

Integrated Care Management Training, Tools, Competencies

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Health Care Innovations Awards

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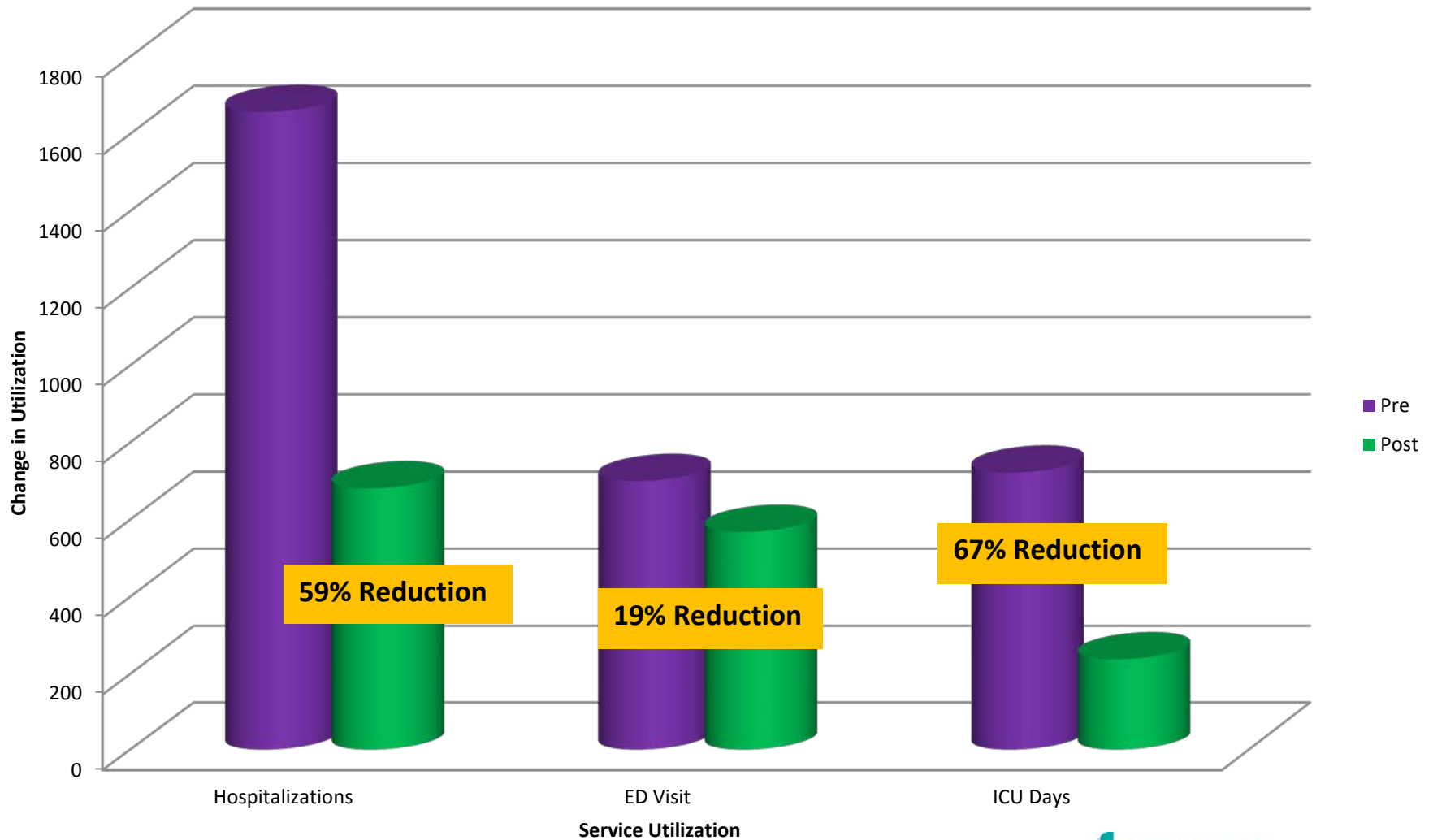
AIM Utilization and Cost Outcomes

12 month rolling average
Ending March 2014

Change in Utilization 90 Days Post AIM Enrollment

9 of 10 sites reporting; Q2 2013-Q1 2014; n-1544

(Results not yet confirmed independently by CMS Evaluators)

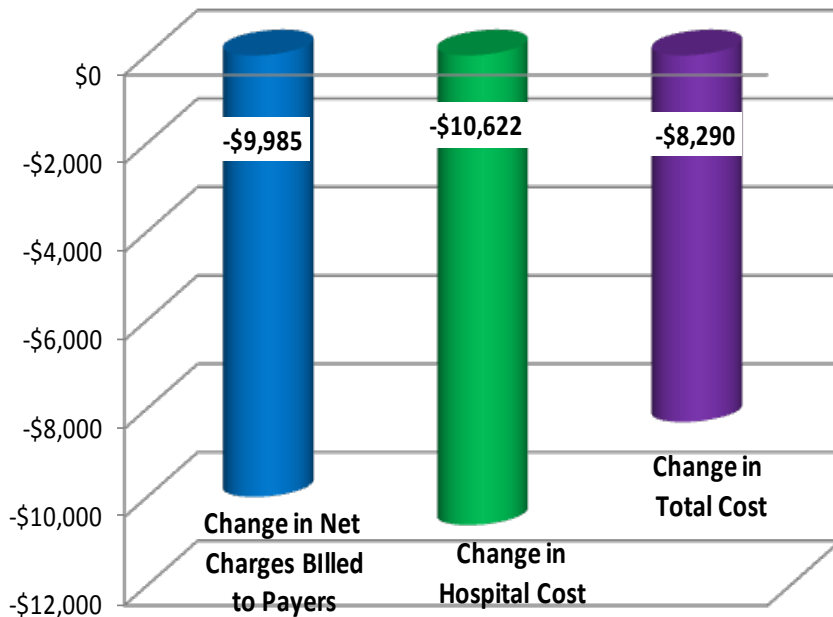


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AIM Pre/Post Cost Analysis

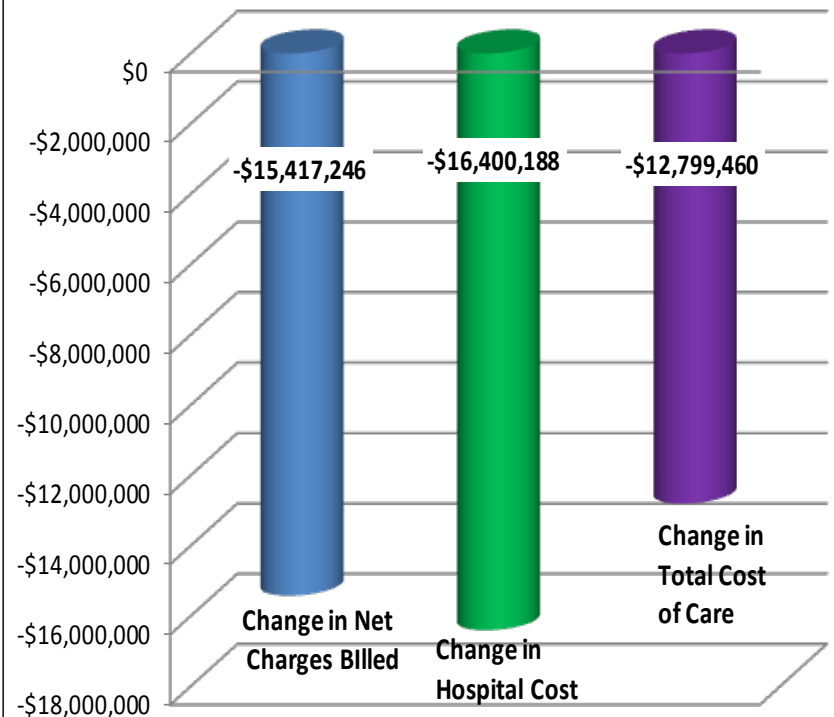
AIM 90 Day Cost of Care Impact Per Enrollee (N=1,544)

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AIM 90 Day Cost of Care Impact (N=1,544)

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