Preferred Provider Network Post Acute Broadcast

- **February 2nd, 2022**
- **Dr. Miernik, Associate CMO**

INNOVATION CARE PARTNERS | HONORHEALTH

COLLABORATING FOR CARE

Agenda

- COVID-19 Overview
- COVID-19 in Arizona
- News Updates
- HonorHealth Updates
- Guest Speaker
- Future Broadcast

INNOVATION CARE PARTNERS | HONORHEALTH

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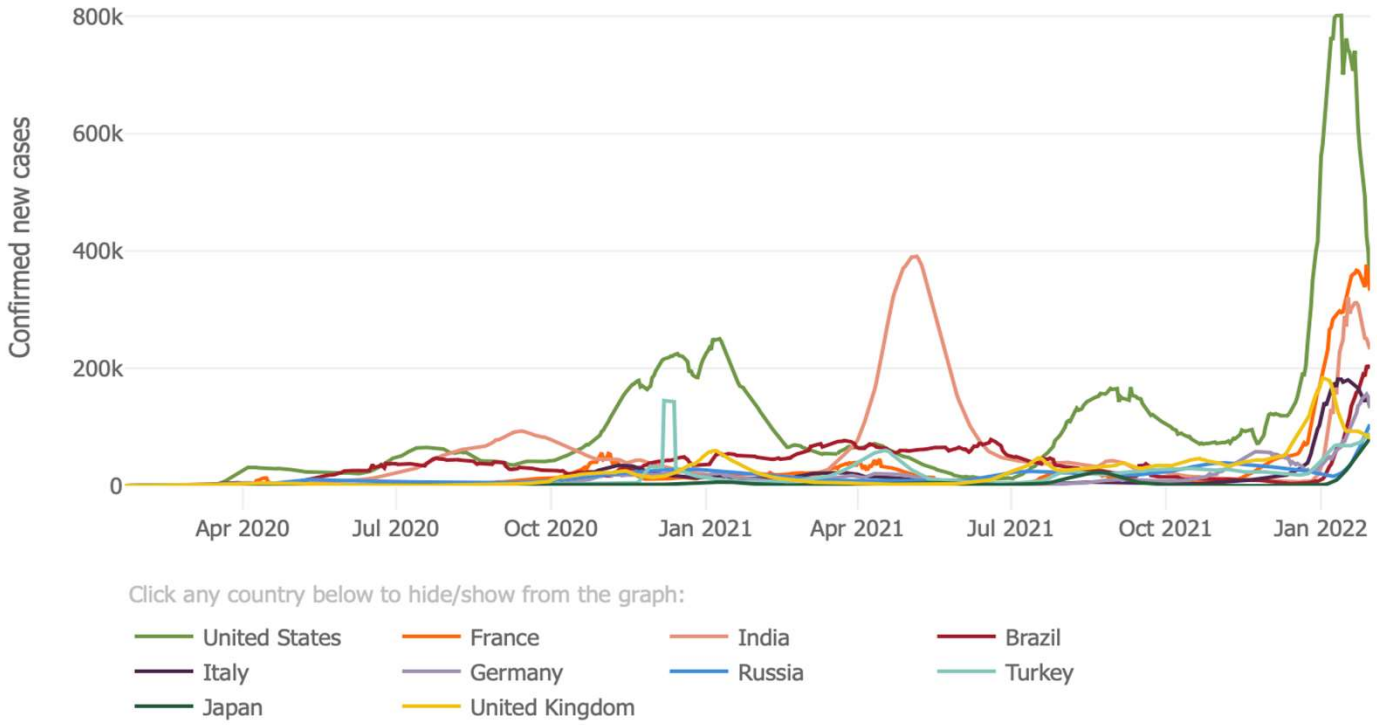
Johns Hopkins Tracker

As of 1/31/2021

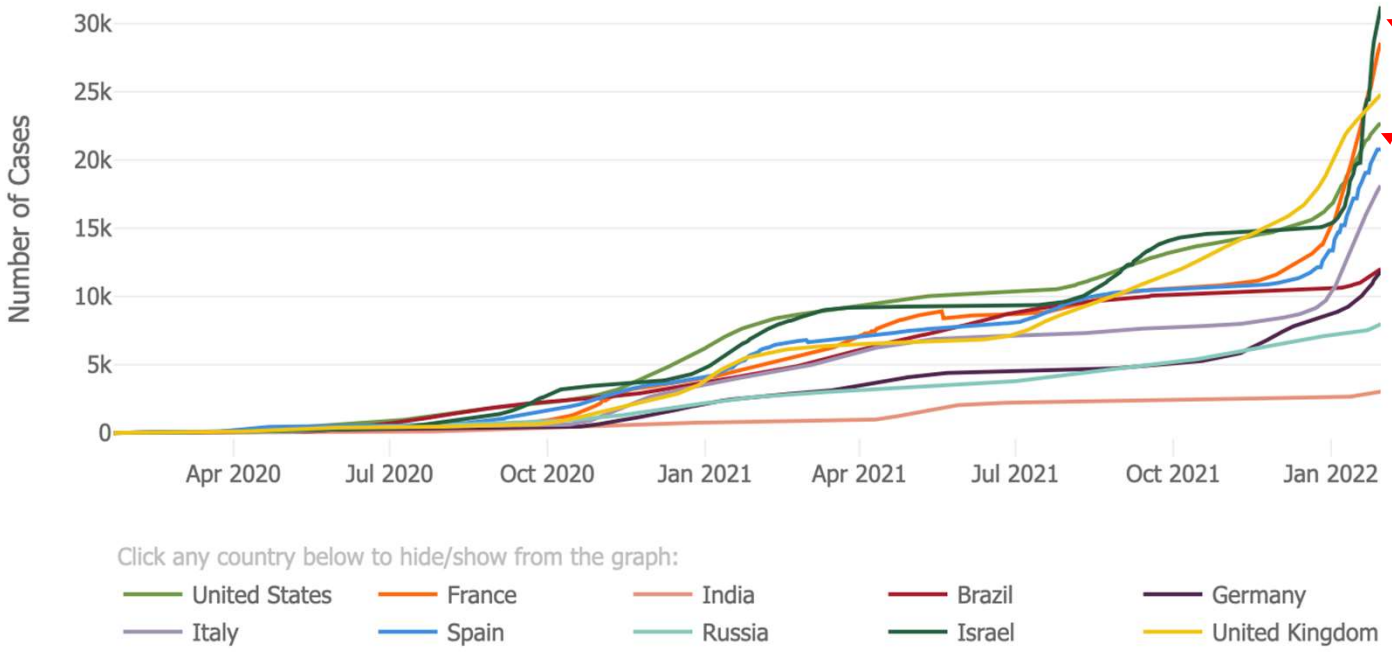
DAILY CONFIRMED NEW CASES WORLDWIDE



Globally, COVID-19 cases had a spike and now on a down trend

https://coronavirus.jhu.edu/data/new-cases

Global Cumulative Cases by Date, per 100K

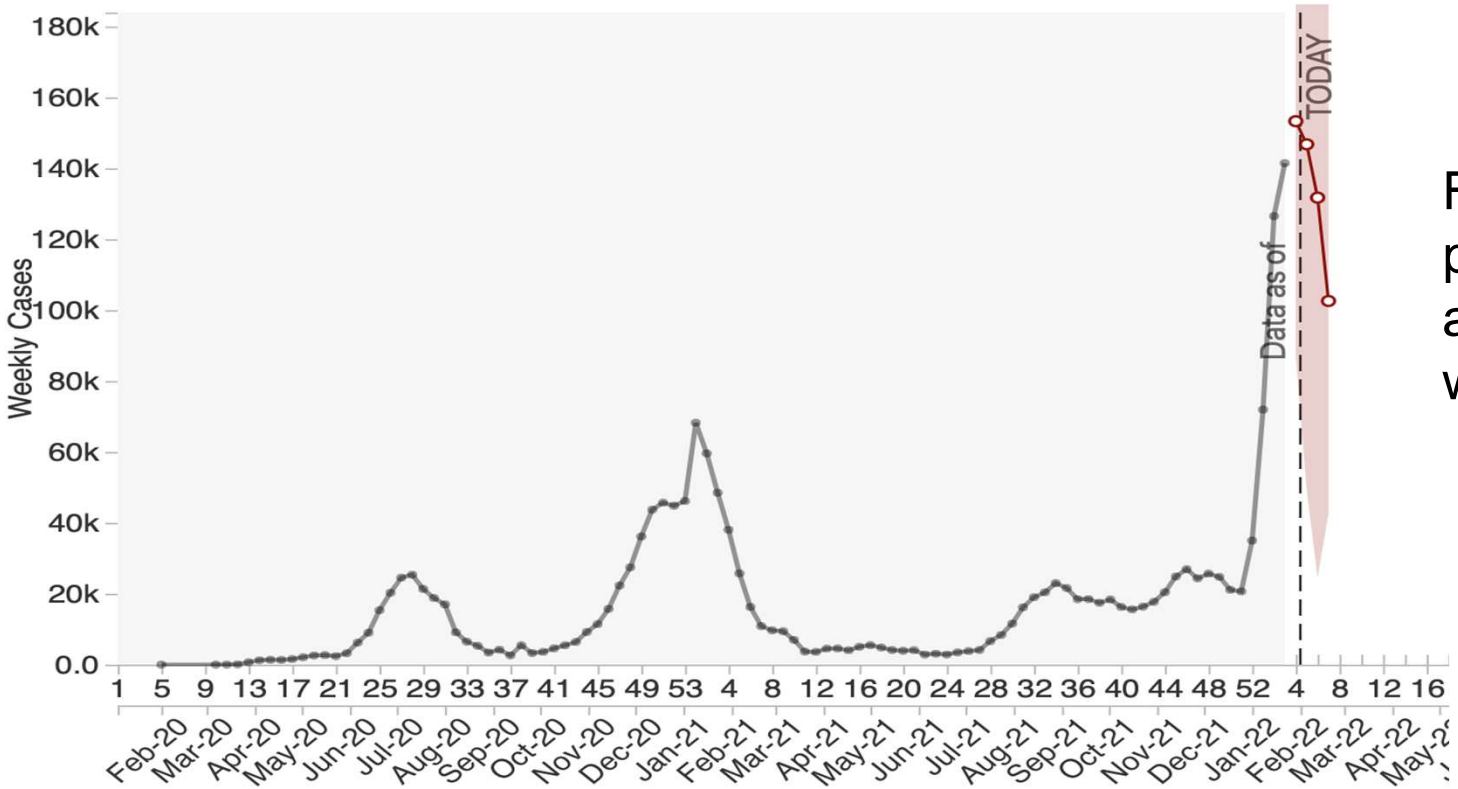


Israel

US

Top countries with the highest absolute daily number

COVID-19 Cases Forecasting in AZ



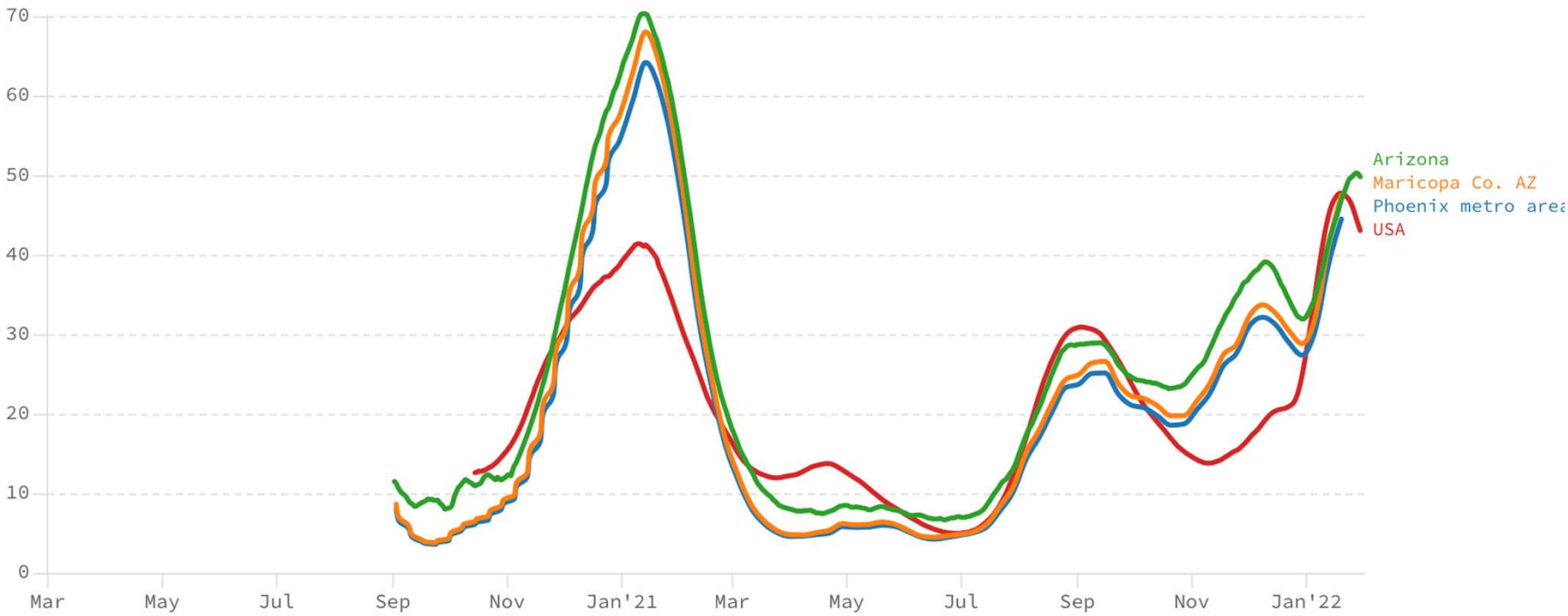
Forecasting in AZ - predicts we peaked and COVID numbers will trend downward

COVID-19 Cases Trends (per 100K), AZ vs US

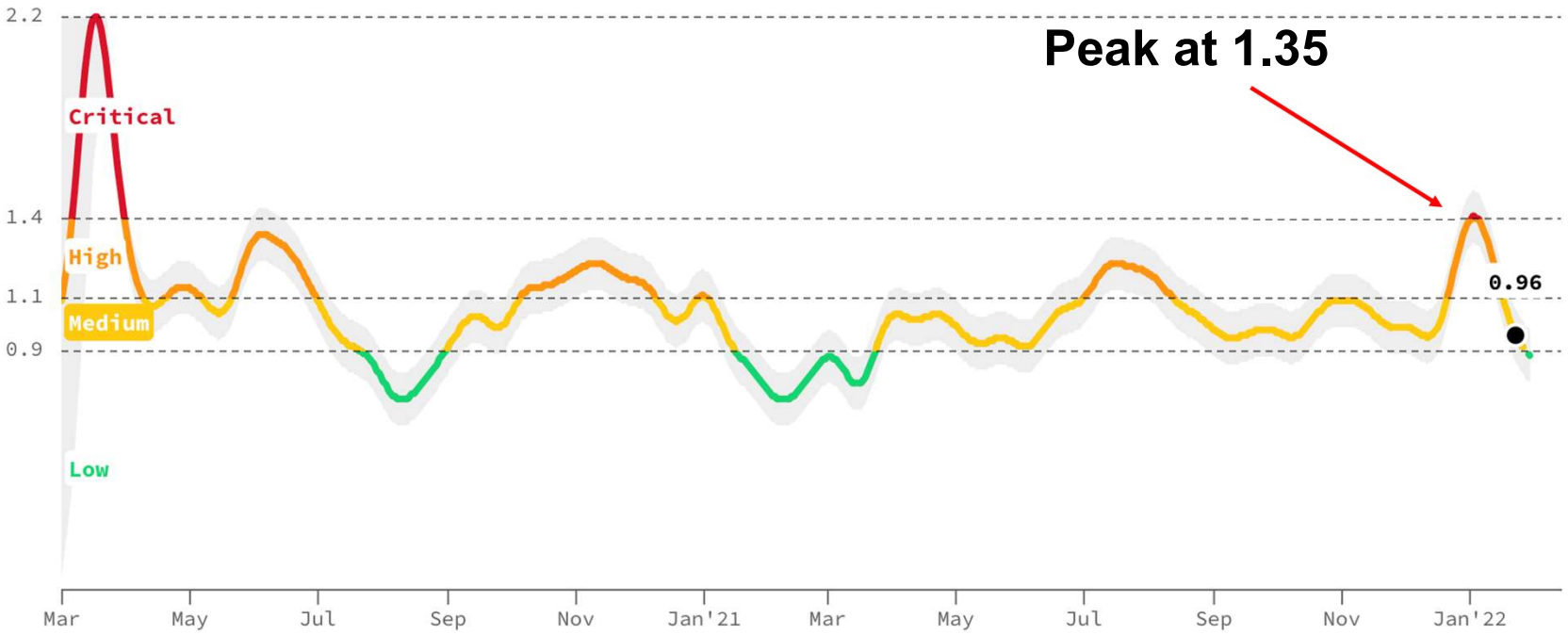
METRIC
Hospitalizations per 100K

PAST # OF DAYS
All time

LOCATIONS
Phoenix metro, AZ; Maricopa County, AZ; Arizo...



AZ Infection Rate



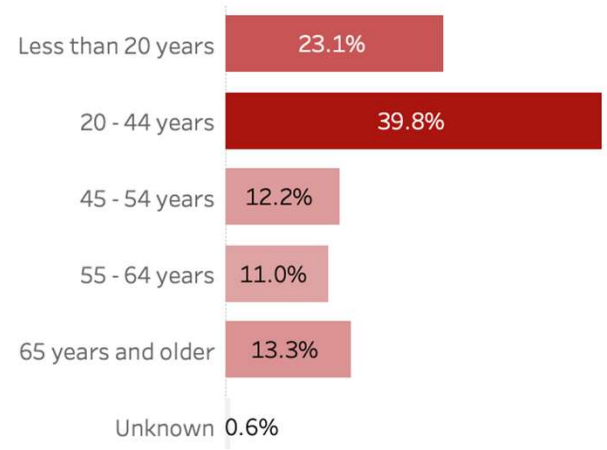
Current Rate of 0.96

On average, each person in Arizona with COVID is infecting 0.96 other people. Number is around 1.0, it means that COVID continues to spread at about a constant rate

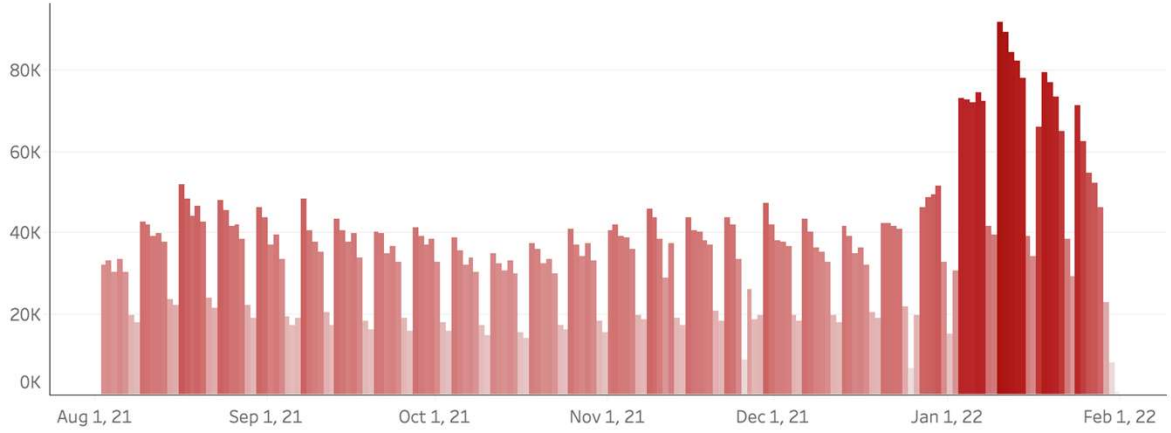
AZ COVID Testing

Total Tests Conducted	New Tests reported *today**	Total Percent Positive***
10,553,230	19,792	12.7%

Diagnostic Testing by Age Group

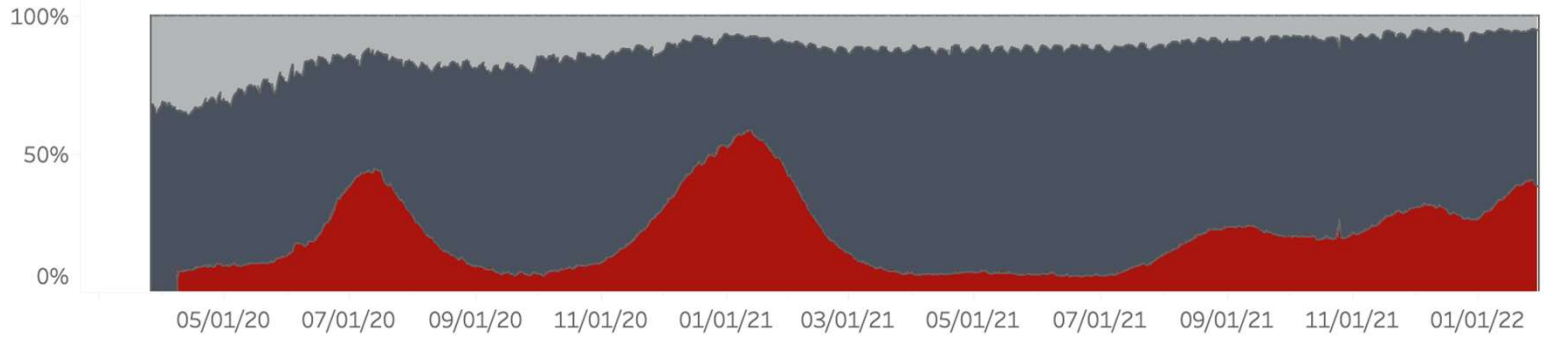


Diagnostic tests by date of collection



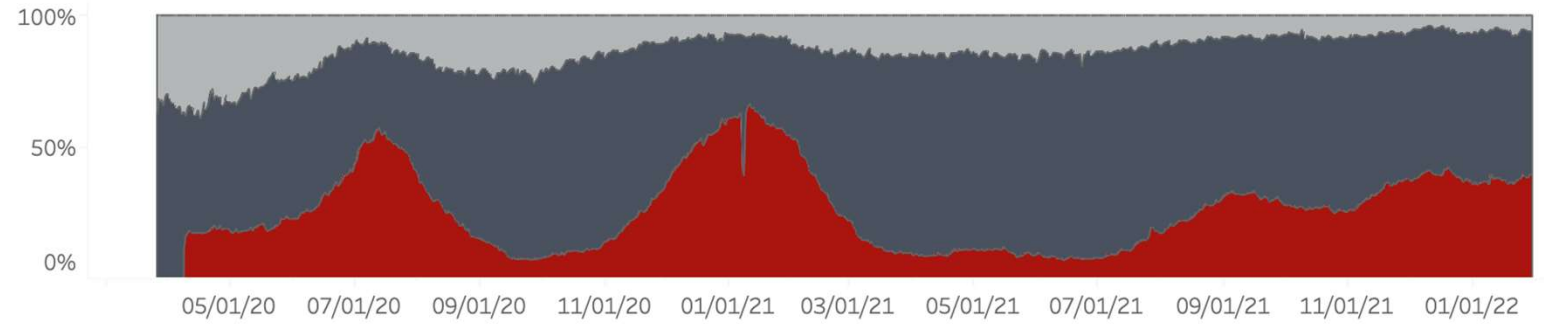
AZ Hospital Bed Usage & Availability, as of 1/31

Number of **Inpatient** Beds **Available,** **In Use by non-COVID Patients,** and **In Use by COVID Patients** (starting 4/10/20) at Arizona Hospitals



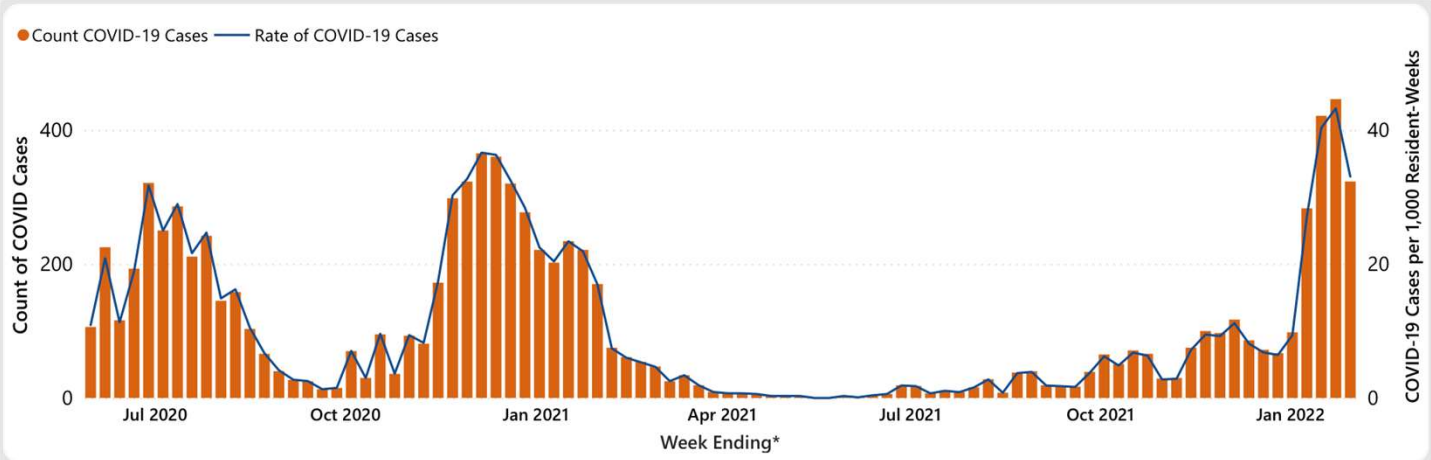
There is 5% of IN-pt bed availability (38% by COVID)

Number of **Intensive Care Unit (ICU)** Beds **Available,** **In Use by non-COVID Patients,** and **In Use by COVID Patients** (starting 4/10/20) at Arizona Hospitals

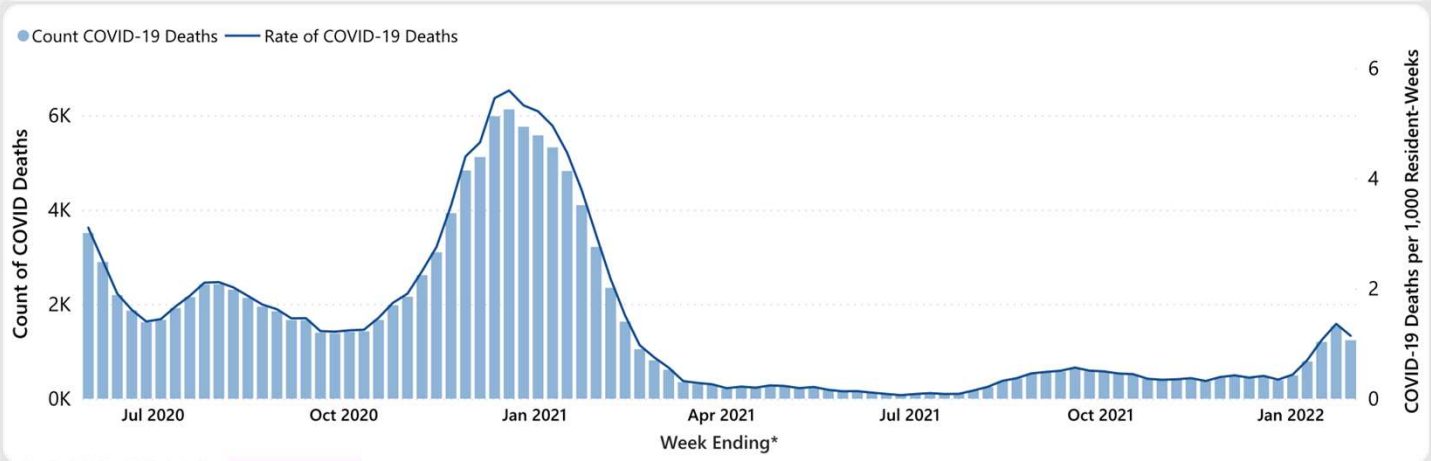


There is 6% of ICU bed availability (39% by COVID)

Nursing Home COVID-19 Cases and Deaths



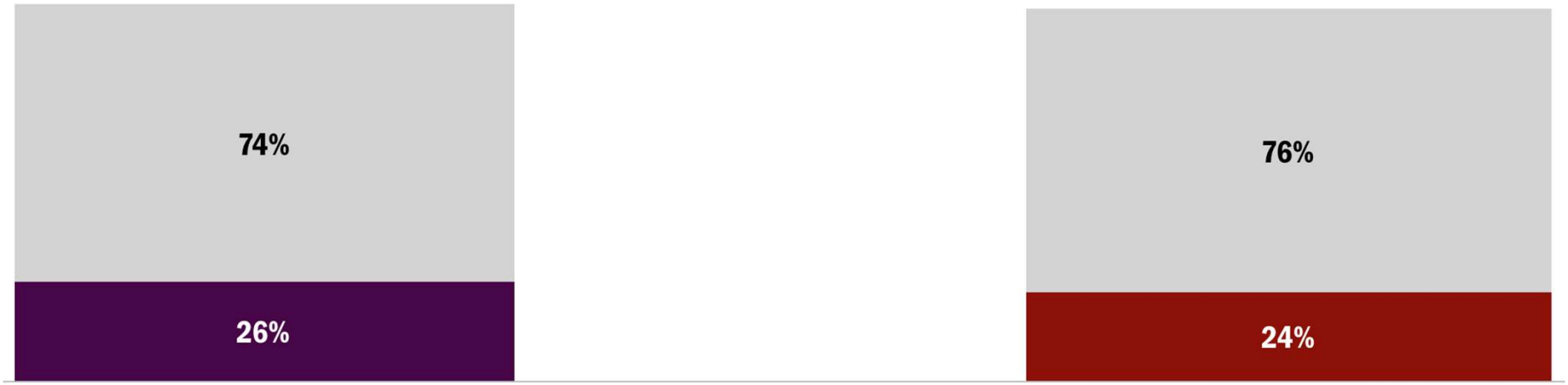
Cases per 1000



Deaths per 1000

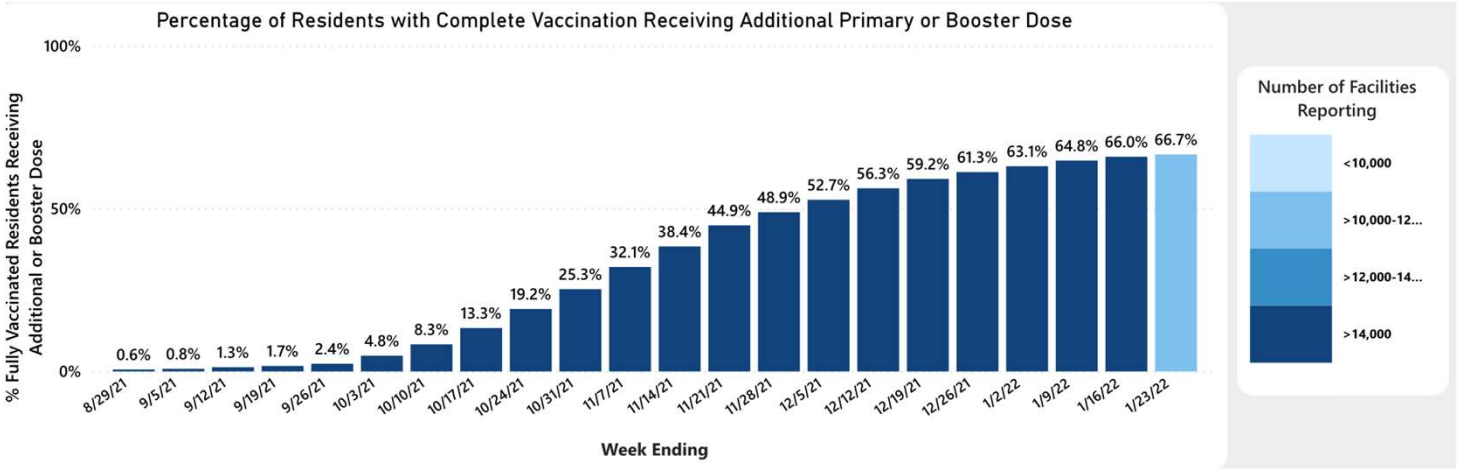
COVID-19 in Long-term Care Facilities

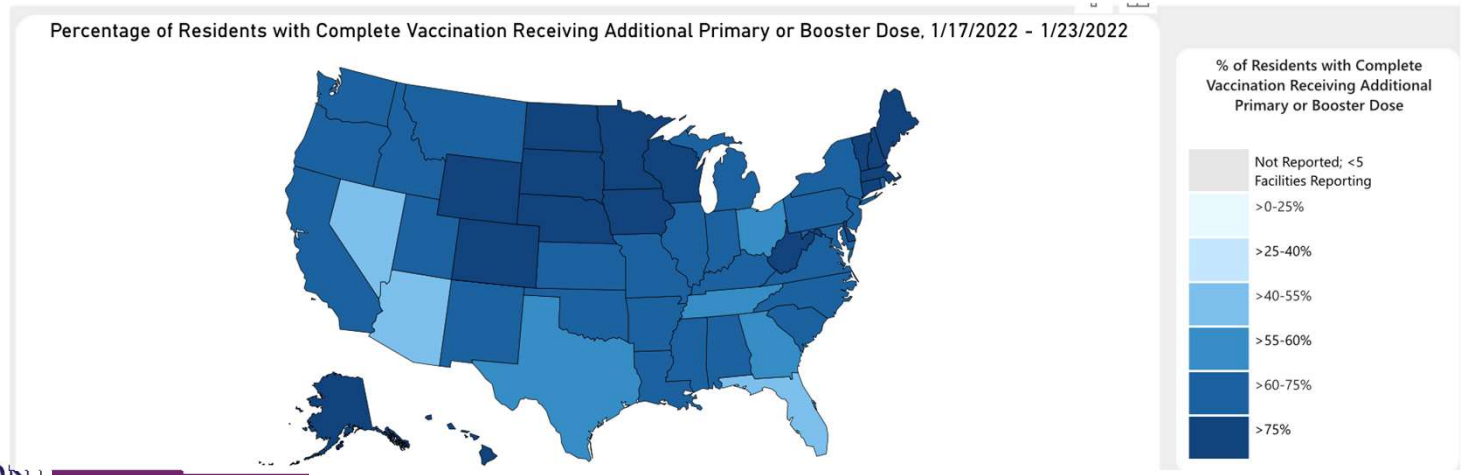
Of 11,347 COVID-19 cases among residents, 3,003 (26%) have been hospitalized and 2,713 (24%) have died.



Of 8,179 COVID-19 cases among staff, 302 (4%) have been hospitalized and 21 (0%) have died.

Nursing Home COVID-19 Vaccination





CMS COVID-19 Data Reporting for LTCF - US

By the numbers

87.3%
National Percent of Vaccinated Residents per Facility

81.6%
National Percent of Vaccinated Staff per Facility

853,910
Total Resident COVID-19 Confirmed Cases

145,270
Total Resident COVID-19 Deaths

889,968
Total Staff COVID-19 Confirmed Cases

2,253
Total Staff COVID-19 Deaths

IN THE NEWS

As of 02/02/2022

CDC and COVID-19 Vaccines Updates

- **Up to date:** Person has received all recommended COVID-19 vaccines, including any booster dose(s)
- **Fully vaccinated:** Person has received their primary series of COVID-19 vaccines
- **Vaccines**: Effective at protecting people from getting seriously ill, getting hospitalized, and even dying
- **CDC recommends:** Everyone 5 years and older get their primary series of COVID-19 vaccines, and receive a booster dose (when eligible)

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fvaccines%2Ffully-vaccinated.html

Pfizer-BioNTech[1]	Moderna[1]	Johnson & Johnson's Janssen[1,2]
Ages Recommended 5+ years old	**Ages Recommended** 18+ years old	**Ages Recommended** 18+ years old
Primary Series 2 doses[3,4] Given 3 weeks (21 days) apart [5]	**Primary Series** 2 doses [3] Given 4 weeks (28 days) apart [5]	**Primary Series** 1 dose
Fully Vaccinated 2 weeks after final dose in primary series	**Fully Vaccinated** 2 weeks after final dose in primary series	**Fully Vaccinated** 2 weeks after 1st dose

Pfizer-BioNTech[1]	Moderna[1]	Johnson & Johnson's Janssen[1,2]
Booster Dose Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series. • Teens 12–17 should only get a Pfizer-BioNTech COVID-19 Vaccine booster • Everyone 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines)	**Booster Dose** Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 months after the last dose in their primary series.	**Booster Dose** Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&J/Janssen COVID-19 Vaccine. You may get J&J/Janssen in some situations.

Study: BNT162b2 Covid-19 Vax in Children, 5 to 11 Years

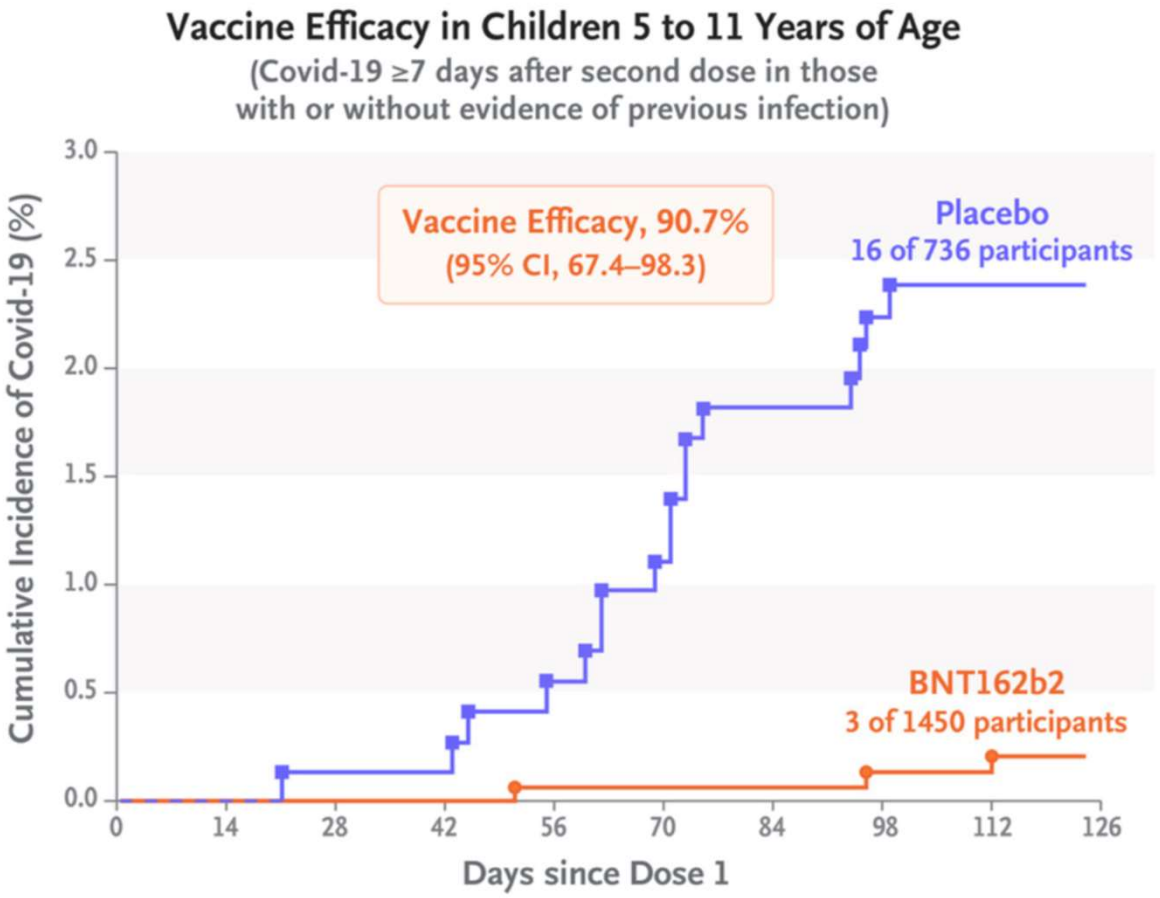
Results of Serum SARS-CoV-2 Neutralization Assay 1 Month after the Second Dose of BNT162b2

	5-to-11-yr-olds	16-to-25-yr-olds
BNT162b2 dose level	10 μg	30 μg
No. of participants	264	253
GMT (95% CI)	1197.6 (1106.1–1296.6)	1146.5 (1045.5–1257.2)
Geometric mean ratio (95% CI)	1.04 (0.93–1.18)	—

Neutralizing antibodies against SARS-CoV-2, measured 1 month after the second vaccine dose, were similar to those in a comparison group of 16-to-25-year-old group.

During a median follow-up of 2.3 months, vaccine efficacy against confirmed Covid-19 was 90.7%.

Study: BNT162b2 Covid-19 Vax in Children, 5 to 11 Years



CONCLUSIONS

A Covid-19 vaccination regimen consisting of two 10-ug doses of BNT162b2 administered 21 days apart was found to be safe, immunogenic, and efficacious in children 5 to 11 years of age.

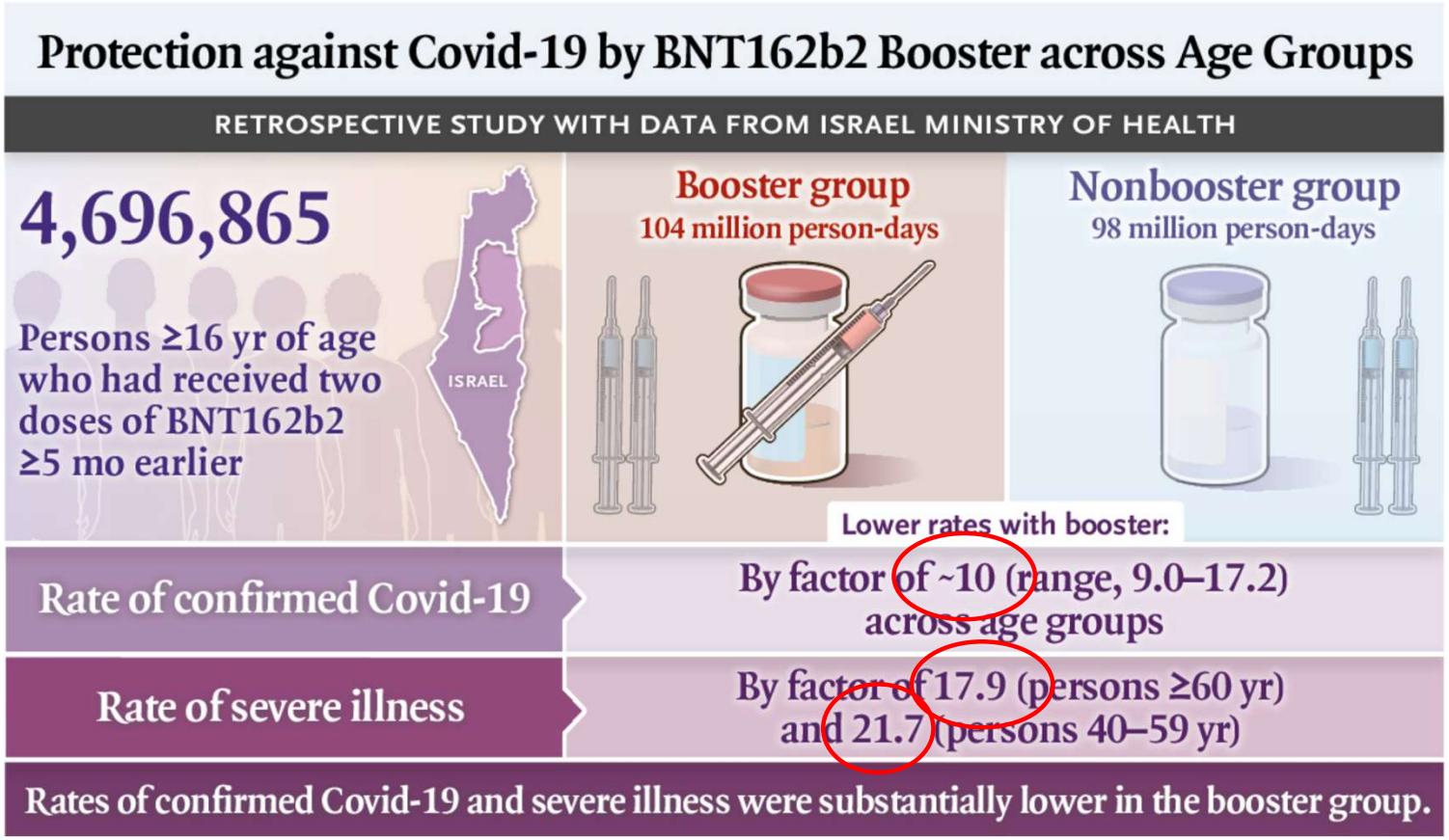
https://www.nejm.org/doi/full/10.1056/NEJMoa2116298?query=featured_coronavirus

STUDY: Protection against Covid-19 by BNT162b2 Booster

METHODS:

- Data for the period from July 30 to October 10, 2021
- Israel Ministry of Health database
- 4,696,865 persons 16 years of age or older
  - Received two doses of BNT162b2 at least 5 months earlier
- Primary analysis:
  - Rates of confirmed Covid-19, severe illness, and death among booster dose (12 days earlier) VS nonbooster group
- Secondary analysis:
  - we compared the rates in the booster group with the rates among those who had received a booster 3 to 7 days earlier

Protection against Covid-19 by BNT162b2 Booster

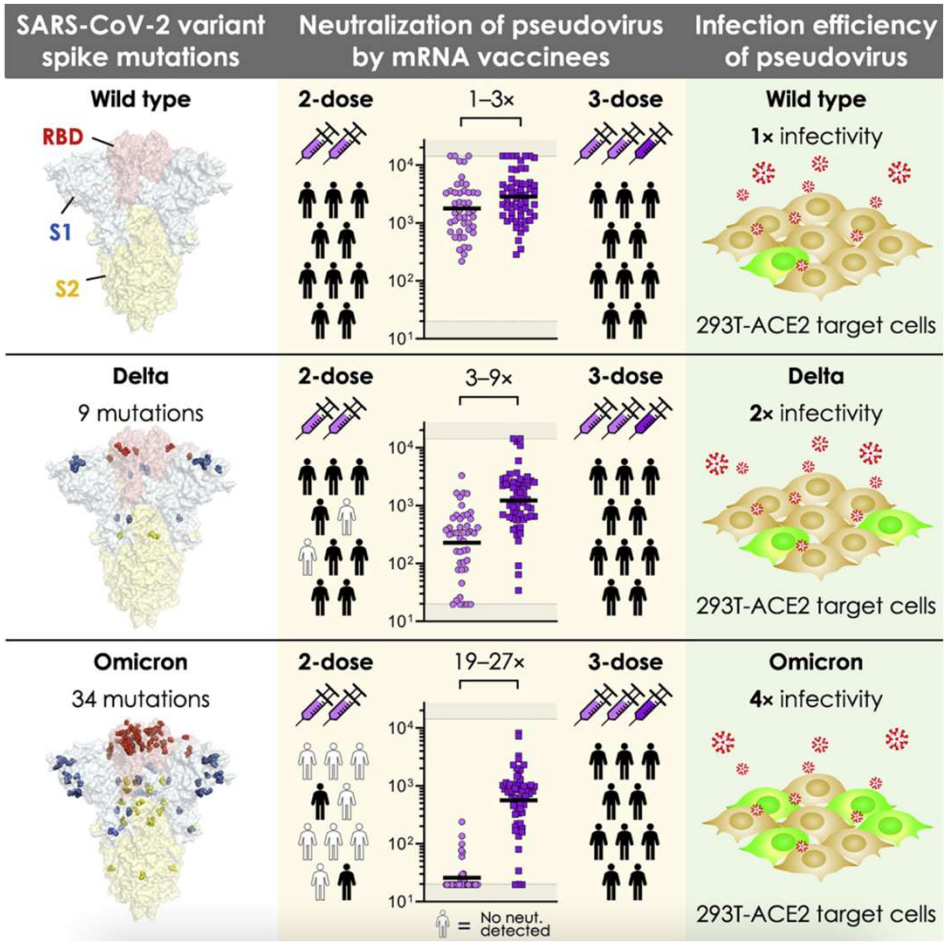


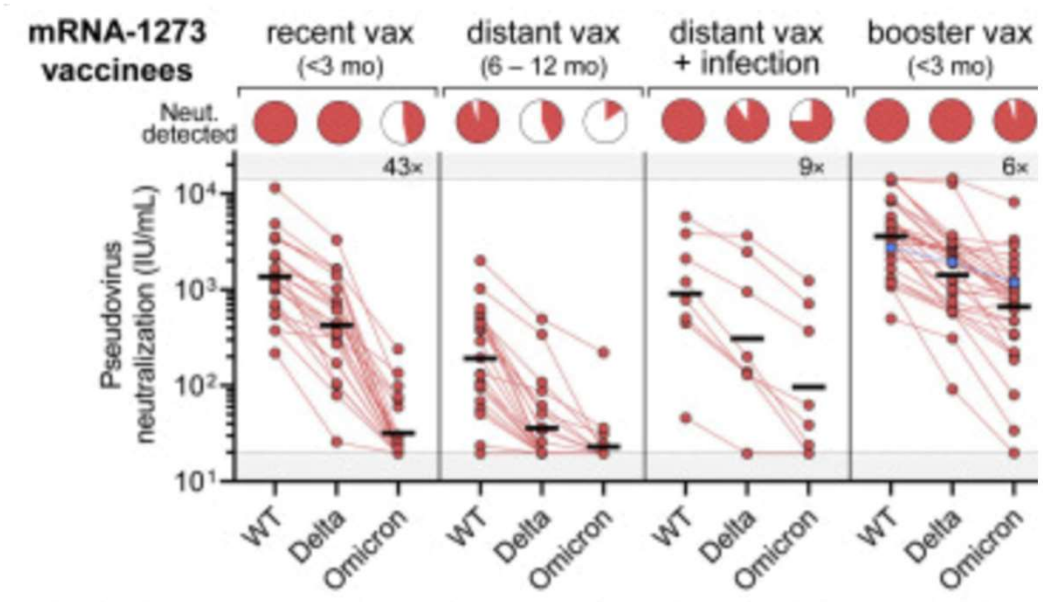
CONSLUSION: Across the age groups studied, rates of confirmed Covid-19 and severe illness were substantially lower among participants who received a booster dose

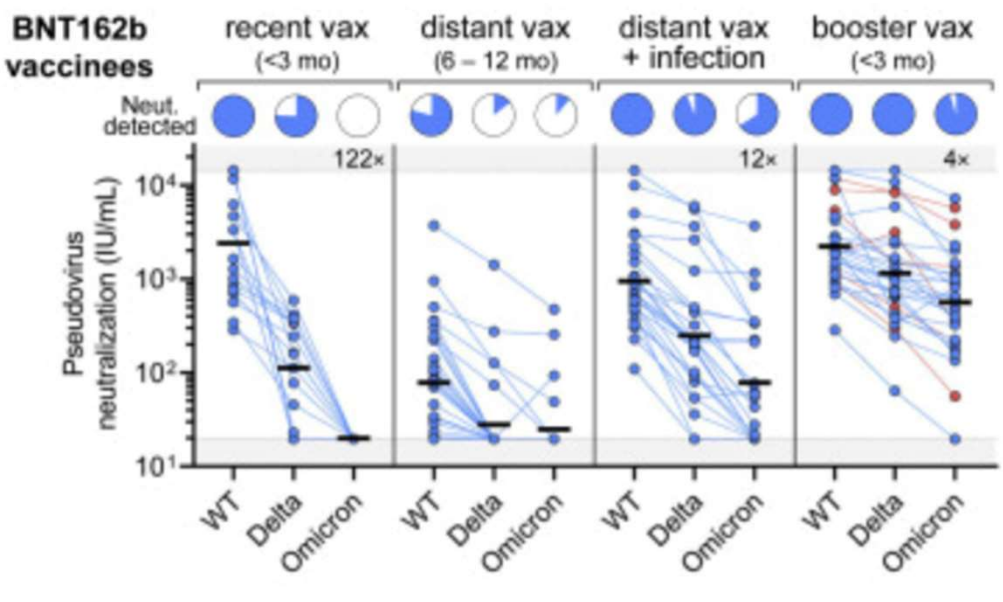
https://www.nejm.org/doi/full/10.1056/NEJMoa2115926?query=featured_coronavirus

Vaccine Boosters Against SARS-CoV-2 Omicron Variant

- Omicron variant harbors up to 36 mutations in spike protein -> target of neutralizing antibodies.
  - Potential to escape vaccine-induced humoral immunity
- Measured neutralization potency of sera from vaccine recipients against wild-type, Delta, and Omicron
- Individuals that received their primary series recently (<3 months), distantly (6–12 months), or “booster” dose







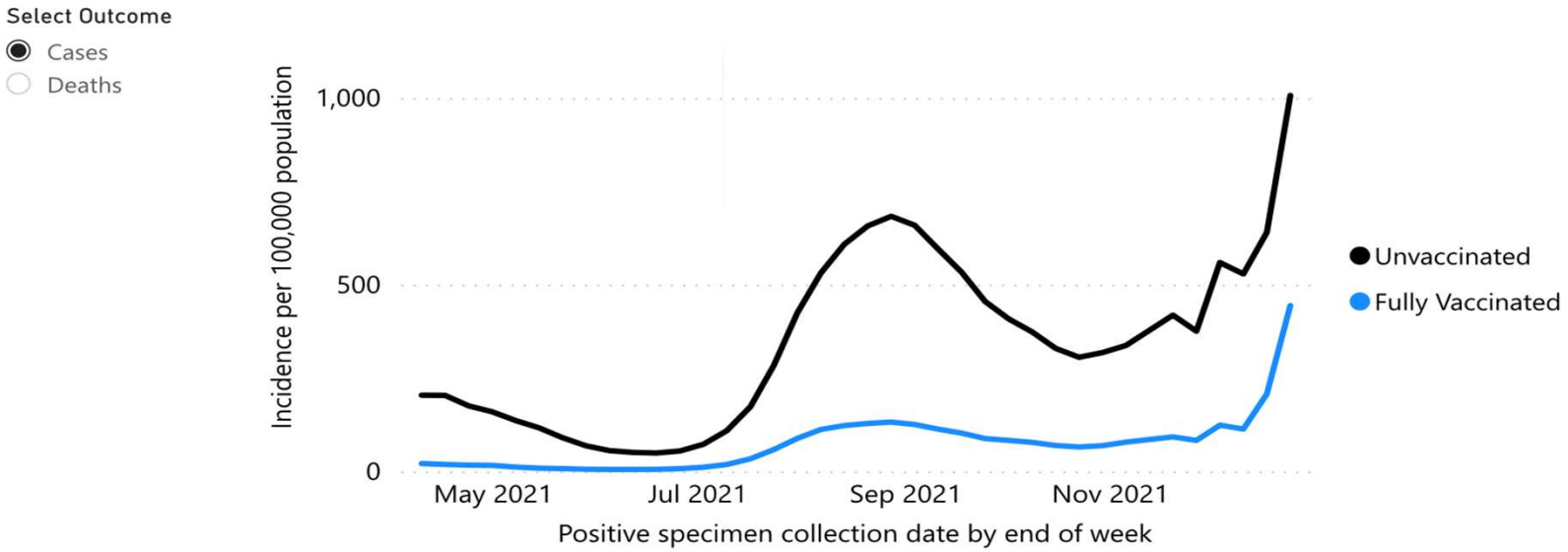
Highlights

- Two doses of mRNA-based vaccines elicit poor neutralization of Omicron
- Three mRNA vaccine doses elicit potent variant cross-neutralization, including Omicron
- The Omicron pseudovirus infects cells more efficiently than other SARS-CoV-2 variants

https://www.sciencedirect.com/science/article/pii/S0092867421014963

Rates of COVID-19 Cases by Vaccination Status

Timeline, May to Dec 2021



In November, unvaccinated adults aged 18 years and older had:

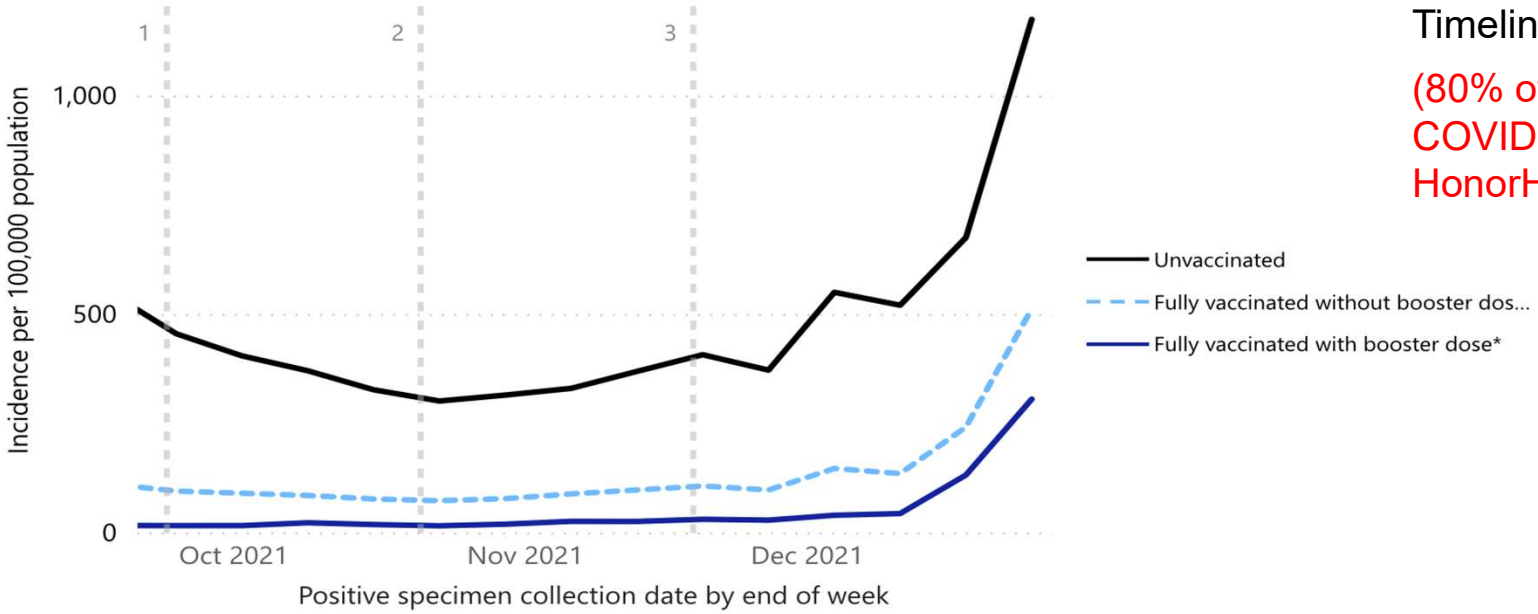
4X *Risk of Testing Positive for COVID-19*

AND

15X *Risk of Dying from COVID-19*

compared to fully vaccinated adults

Rates of COVID-19 Cases by Vaccination Status and Booster Status



Timeline, Oct to Dec 2021

(80% of hospitalized COVID cases in HonorHealth are unvax)

In November, unvaccinated adults aged 18 years and older had:

13X
Risk of Testing Positive for COVID-19

AND

68X
Risk of Dying from COVID-19

compared to fully vaccinated adults with booster doses*

CDC Updates Work Restrictions for HCP

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2‡ and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1‡, 2, 3, & 5–7	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

cdc.gov/coronavirus

CMS - Nursing Home Staffing Data and Star Rating

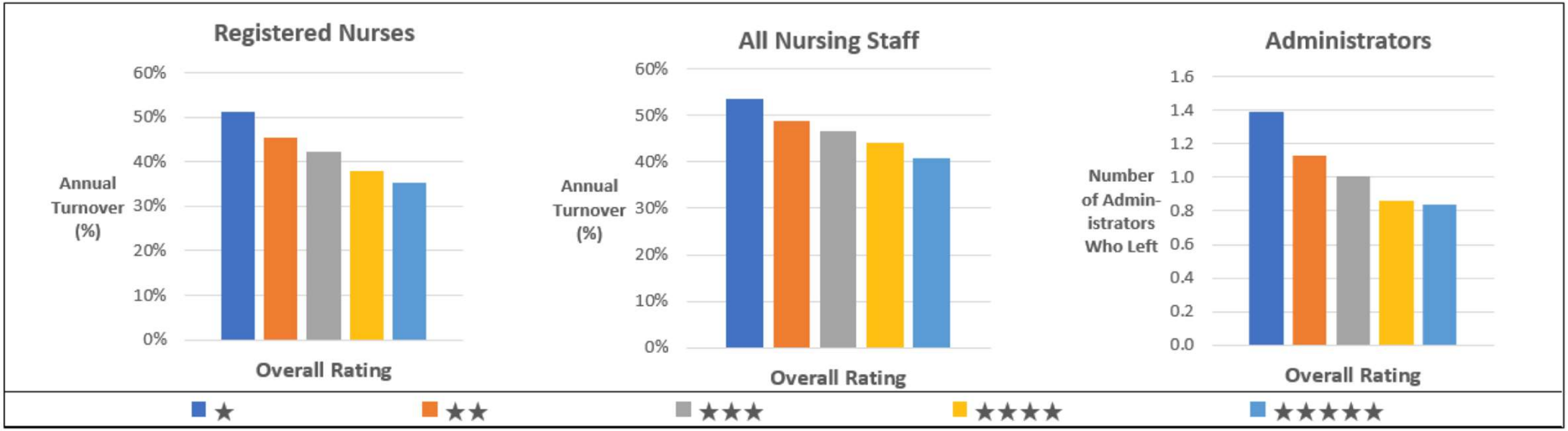
CMS will begin posting the following each SNF:

- **Weekend Staffing:** The level of total nurse and registered RN staffing on weekends provided by each nursing home over a quarter
- **Staff Turnover:** The percent of nursing staff and number of administrators that stopped working at the nursing home over a 12-month period.
  - This information will be added to the Care Compare website in January 2022 and used in the *Nursing Home Five Star Quality Rating System* in July 2022.

https://www.cms.gov/files/document/qso-22-08-nh.pdf

CMS Makes Nursing Home Staffing Data

- **Posting Detailed Staffing Data:** CMS will begin posting the submitted employee-level staffing data
- **Reminder for Nursing Homes to Link Employee Identifiers**



Antigen Tests

Antigen tests in general perform roughly as well for Omicron as Delta (though one pre-print study reported slightly lower sensitivity with lab samples)

However, every brand of rapid test is unique and needs to be re-evaluated. There are dozens of tests

Antigen tests work on Omicron because they target a fairly stable part of virus called the nucleocapsid protein and there are only 4 mutations here (many more mutations on spike)

Anecdotally, more virus in saliva than nasal swabs and Omicron is better at replicating in the bronchus compared to the lungs

4 Tips for Better Antigen Test Results

Wait	Fewer false negatives if you wait a day or 2
Throat Swab	Swab the throat and nose rather than just nose – the UK has recommended since May 2020. Avoid swabbing after eating/drinking anything acidic (false positive) or after mouthwash (false negative)
Line	If the line is very dark, there is more virus and you are very contagious. If faint, you may be at beginning or end of contagious period.
Retest	A single negative rapid test cannot reliably rule out COVID-19 as could be too early. Retest in 1-2 days.

FDA Approving Second COVID-19 Vaccine, Jan 31

- **Moderna's Covid Shot**, mRNA-1273 becomes second approved SARS-CoV-2 vaccine
  - Follows five months after the agency offered full approval to Pfizer-BioNTech's BNT162b2 vaccine (summer 2021)
- FDA: Two-dose mRNA vaccine stands up to the safety, efficacy, and quality standards
- Indicated use:18yrs and older consisting of two shots (0.5 mL each) administered one month apart
  - " 93% effective in preventing Covid-19" and "98% effective in preventing severe disease."

VARIANTS UPDATE

As of 02/02/2022

UK Study: Omicron Variant – Severity

Vaccine effectiveness against hospitalization of 88% for Omicron after 3 doses of vaccine.

The risk of presentation to emergency care or hospital admission with Omicron was approximately half of that for Delta.

The risk of hospital admission from emergency departments with Omicron was approximately one-third of that for Delta.

The risk of hospitalization is lower for Omicron cases after 2 and 3 doses of vaccine, with an **81% reduction in the risk of hospitalization after 3 doses compared to unvaccinated Omicron cases.**

Table 6: Vaccine effectiveness against hospitalisation for Omicron (all vaccine brands combined). OR = odds ratio, HR = hazard ratio, VE = vaccine effectiveness (CI=Confidence interval)

Dose	Interval after dose	OR against symptomatic disease (95% CI)	HR against hospitalisation (95% CI)	VE against hospitalisation (95% CI)
1	4+ weeks	0.74 (0.70-0.77)	0.65 (0.30-1.42)	52% (-5-78)
2	2-24 weeks	0.82 (0.80-0.84)	0.33 (0.21-0.55)	72% (55-83)
2	25+ weeks	0.98 (0.95-1.00)	0.49 (0.30-0.81)	52% (21-71)
3	2+ weeks	0.37 (0.36-0.38)	0.32 (0.18-0.58)	88% (78-93)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044481/Technical-Briefing-31-Dec-2021-Omicron_severity_update.pdf

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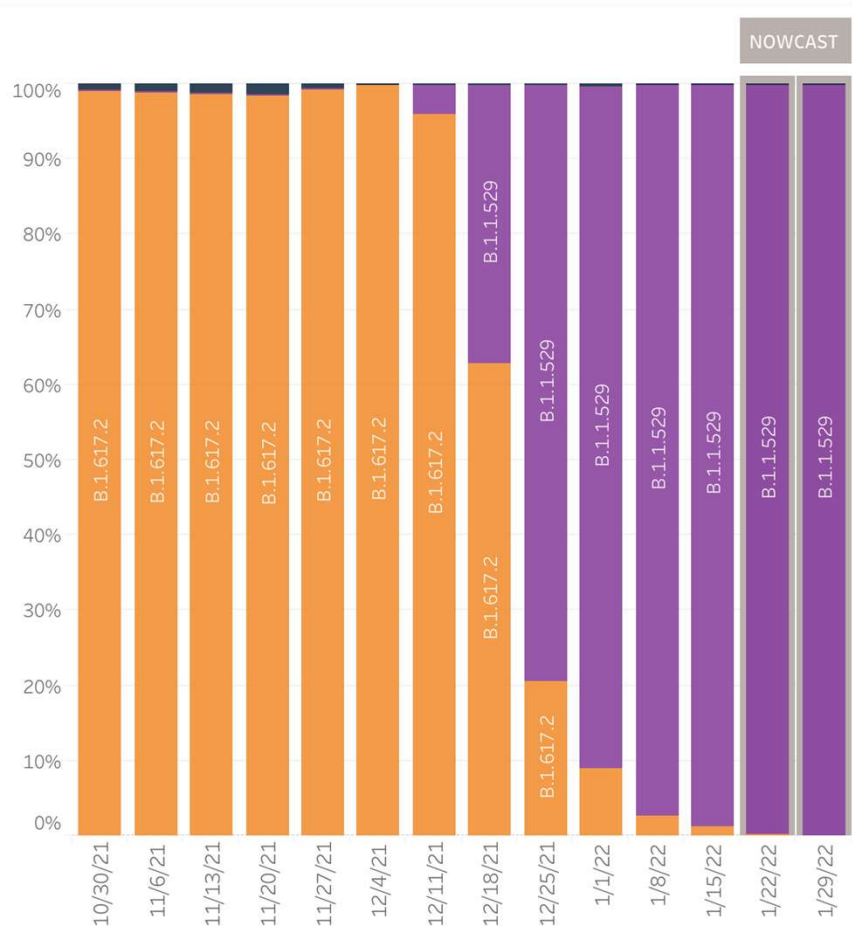
As of 1/4/22

Omicron is Now the Predominant Variant in AZ



Region 9 - Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	100.0%	99.9-100.0%
Delta	B.1.617.2	VOC	0.0%	0.0-0.1%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

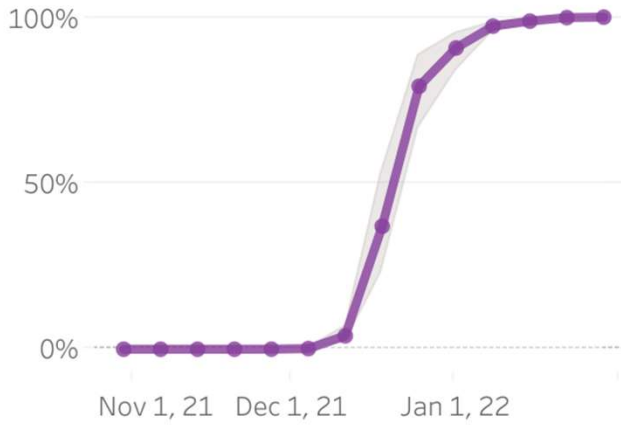
AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

As of 1/4/22

Omicron Variant in the CAL / AZ states

Region 9 **B.1.1.529 (Omicron):**
Percent Share in selected week: 100.0% (Colored line in line chart below)
95%PI in selected week: 99.9-100.0% (Grey shaded area in line chart below)

Nowcast for weeks ending 2022-01-22 and 2022-01-29
These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates



B.1.1.529	Omicron	VOC	100.0%
B.1.617.2	Delta	VOC	0.0%
Other*	Other		0.0%

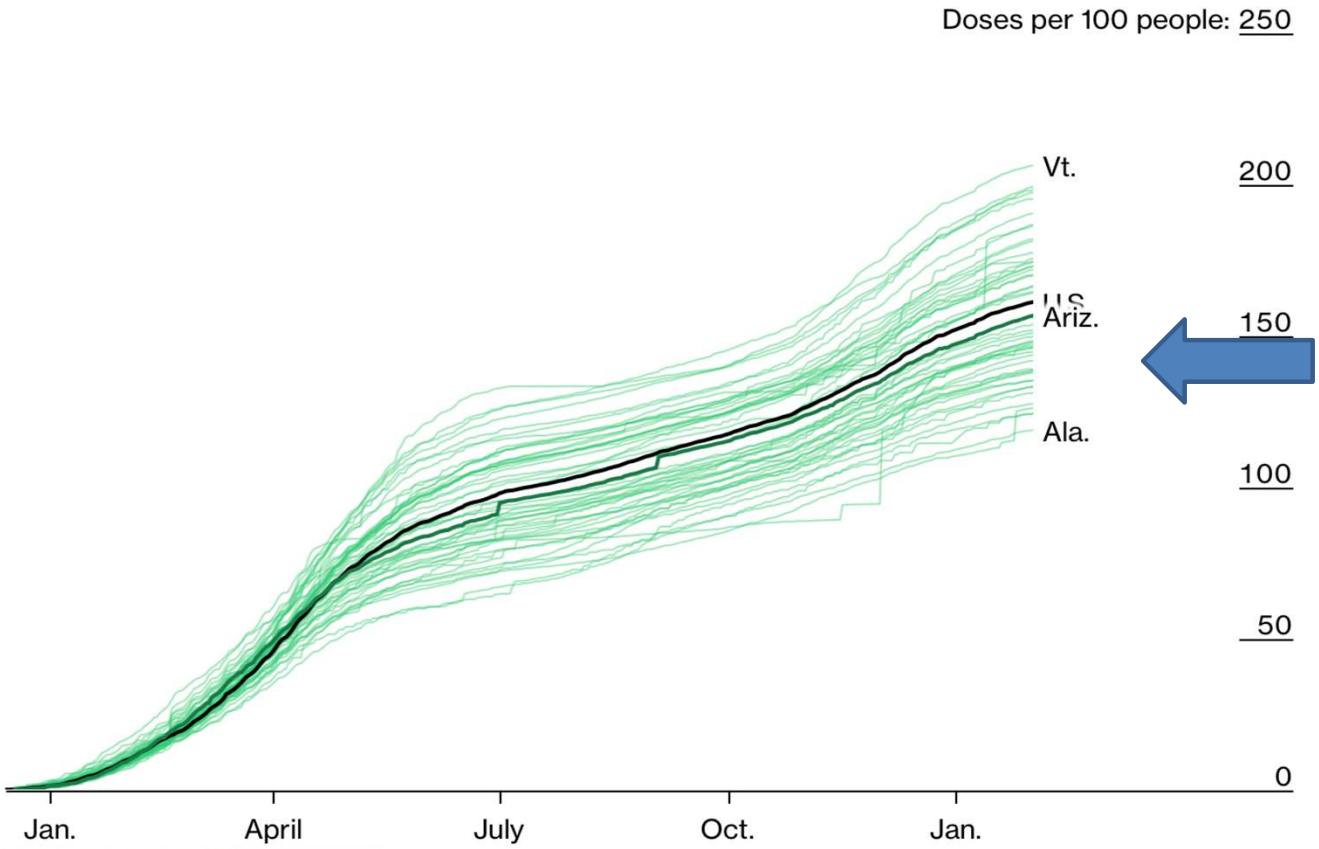
Omicron Subvariant BA.2

- Study, 8,500 Danish households between December and January, BA.2 subvariant was roughly 33% more infectious
- BA.2 subvariant of the Omicron coronavirus variant is more transmissible than the more common BA.1
- Subvariant is already becoming dominant in the Philippines, Nepal, Qatar, India and Denmark, Pavlin
- WHO: not seem to be more severe than the original BA.1
- "Vaccination is profoundly protective against severe disease”

VACCINE UPDATES

As of 02/02/2022

Arizona Below National Avg for Vaccinations



Arizona:

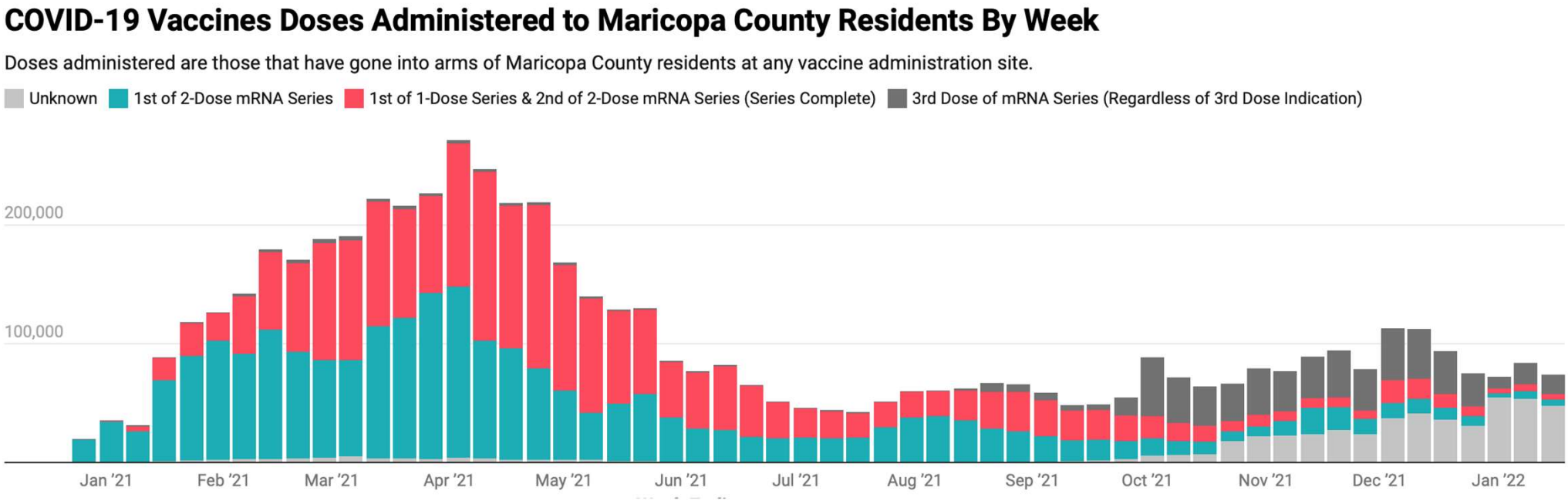
- Below National avg
- Vaccination rate is about **17,785 doses** per day
- At this pace, it will take another **2 months** until **75%** of the population has received at least one dose

Az Vaccinations & Boosters Rates

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	5,105,550	4,282,544
% of Total Population	70.1%	58.8%
Population ≥ 5 Years of Age	5,104,731	4,282,252
% of Population ≥ 5 Years of Age	74.5%	62.5%
Population ≥ 12 Years of Age	4,920,975	4,174,843
% of Population ≥ 12 Years of Age	79.3%	67.3%
Population ≥ 18 Years of Age	4,550,757	3,877,601
% of Population ≥ 18 Years of Age	80.7%	68.8%
Population ≥ 65 Years of Age	1,273,954	1,104,687
% of Population ≥ 65 Years of Age	95%	84.4%

People Fully Vaccinated with a Booster ‡	Boosters
Total	1,601,100
% of Fully Vaccinated Population with a Booster Dose	37.4%
Fully Vaccinated Population ≥ 18 Years of Age with a Booster Dose	1,558,166
% of Fully Vaccinated Population ≥ 18 Years of Age with a Booster Dose	40.2%
Fully Vaccinated Population ≥ 50 Years of Age with a Booster Dose	1,052,967
% of Fully Vaccinated Population ≥ 50 Years of Age with a Booster Dose	50.7%
Fully Vaccinated Population ≥ 65 Years of Age with a Booster Dose	629,703
% of Fully Vaccinated Population ≥ 65 Years of Age with a Booster Dose	57.0%

>55% of Maricopa County Residents with ≥1 Dose



Ordering COVID-19 Vaccine

- All COVID-19 vaccines are now available for order directly in ASIIS.
- For **Pfizer 5-11**, the order minimum in ASIIS is **300 doses**. For questions about ordering in ASIIS, please contact the ASIIS Help Desk at 602-364-3899 or ASIISHelpDesk@azdhs.gov
- **Want to vaccinate the community but need smaller amounts of vaccine?** You can order minimums of 100 doses for Pfizer 5-11. Please fill out this transfer request form with Maricopa County:
- https://maricopasneb.co1.qualtrics.com/jfe/form/SV_a4wdrCHceoOXP5H
- If you have excess vaccine and would like to help reduce wastage by transferring to/from another provider in Maricopa County, please use the vaccine Matchmaker Tool.

PLEASE GET VACCINATE & Boosted

HONORHEALTH UPDATES

As of 02/02/2022

HonorHealth Updates

- If you have any issues with the new Strata Health Referral Platform, please reach out to Chris Kelly at chkelly@honorhealth.com
- All feedback is welcomed!

HONORHEALTH®

HonorHealth.com

GUEST SPEAKERS

As of 02/02/2022

Dispatch Health

Guest Speaker:

- Michael Phillips
- Director of Clinical Integration
- micheal.phillips@dispatchhealth.com

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Home Is Where Your Health Is™

Transforming the Facility-Based Care Model

INNOVATION CARE PARTNERS
AFFILIATED WITH HONORHEALTH

HONORHEALTH®

Healthcare is Rapidly Moving to the Home

$4 Trillion Healthcare System is Unsustainable: Lower Cost Alternative

DispatchHealth Facts:

- Acute care visits save **$1,100-1,500** per visit on average
- In-home hospitalizations save **$5,000 – $7,000** per episode on average
- Generated **$227m** in medical cost savings to date
- In-network provider for over **300+** managed care plans

Consumers Want Care in the Comfort of Home

DispatchHealth Facts:

- Demand exists: **100-200%** YoY visit growth rate
- After more than 200,000 patient visits and a 40- market expansion **NPS = 95**

Improved Clinical Efficacy in the Home

DispatchHealth Facts:

- **20% mortality reduction** for in-home hospitalization
- Unnecessary hospitalization can be harmful to seniors: **33% over age 75** and **50% over age 85** are unable to return to their home after a hospital admission
- **9 million seniors** will be homebound by 2030

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DispatchHealth Experience

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Patient Satisfaction

95 NPS

Net Promoter Score **95**
(Healthcare average <30)

Medical Cost Savings

$$$

Medical Cost Savings:
$1,100-1,500 net savings per acute care visit
$5,000–$7,000 net savings per
in-home hospitalization

Largest High Acuity Provider

100s of Thousands

Of patients treated in their home
> 750 employed clinicians

Value-Based & Managed Care Partners

CareMore HEALTH
innovAge
INNOVATION CARE PARTNERS
VillageMD
Anthem
OPTUM
Humana
Cigna
United Healthcare

120 clinical integrations with providers
in the last 12 months
>300 Managed Care Contract

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Care Integration

94%

94% of visits result in clinical note
transfer to PCP or Specialist

Market Expansion

Markets across the US containing **80M people**
Insurance contracts covering **150M lives**

What We Do:

Broadest and Deepest At-Home Care Solution in the Market

Acute Care

Emergency Room Substitution

On-demand high acuity care in the home

Bridge Care

Hospital to Home

Focused medical intervention to reduce readmissions: 1 day to 1 week post discharge

Extended Care

Nursing Facility Substitution

Support for complex medical and post-surgical patients after discharge from the hospital

Advanced Care

Hospital Substitution

High Acuity hospital level care with up to 30-day post-acute management

ER diversion program facilitates Advanced Care admissions

FOCUS

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Acute Care

Acute Care Clinical Team

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DispatchHealth
Virtual Physician

Nurse Practitioner or
Physician Assistant

DispatchHealth
Medical Technician

Our teams can perform most of the care available in an ER in the comfort of a patient's home

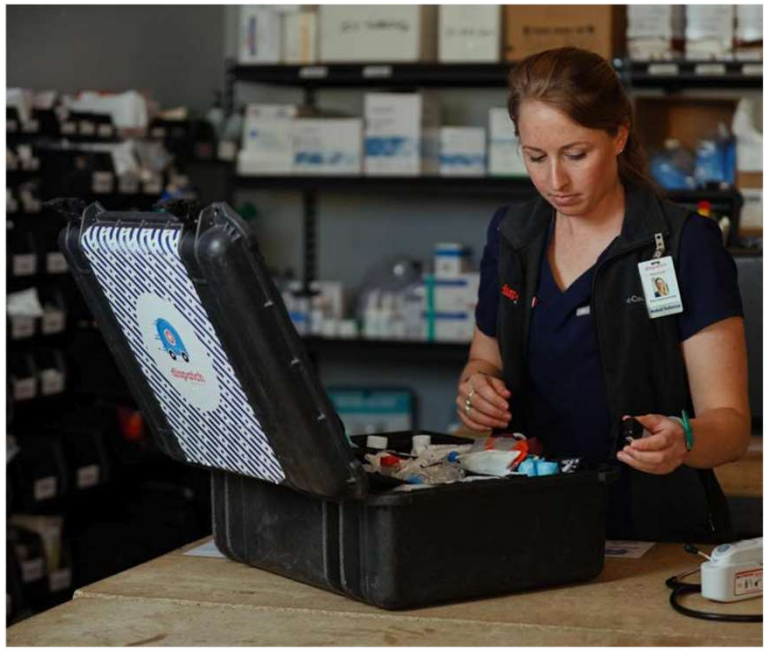
Procedures:
- Laceration/wound kit
- Catheter placement
- Epistaxis treatment
- I&D abscess

Pharma:
- IV Antibiotics
- Antiemetics
- Lasix
- Nebulizers
- Steroids
- IV fluids

CLIA Certified Moderate Complexity Lab:
- Electrolytes, blood count, lactate, PT/INR
- Urinalysis
- Culture send outs
- Integration with external labs
- Rapid infectious disease
  POC testing (flu, strep, mono, COVID, b-HCG)

Diagnostics:
- EKG
- Ultrasound (partner services)
- X-Ray (leverage owned and partner services)

Not comprehensive list



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Advanced Care

Advanced Care: How it works

1. From PCP/specialist as an alternative to direct hospital admission

2. Hospital to home: From ED/Hospital

3. From DispatchHealth acute visits

Days 0-4 → **Up to 30 days**

Advanced Care Team: High Acuity Phase

Hospital Medicine NP or PA

RN "Sherpa": care coordinator

Internal Medicine Hospitalist Physician

+ RN Partners

+ PT/OT Partners

Advanced Care: Transitional Phase

Sherpa-led 24/7 coverage to manage the episode of care

SUPPORTED BY UMATCHED IN-HOME CLINICAL CAPABILITIES

Admission Day 0-4 (on average)

- RN/Social workers coordinating daily
- Activities with morning huddles
- Daily physician / APP visit
- RN visit 2x per day
- Respiratory therapy
- PT/OT
- 24/7 call center access

30-Day Transitional Care

- Home health as needed
- DispatchHealth acute care visit
- RN Visit
- PT/OT
- 24/7 call center access

- Remote Monitoring
- Cardiologist Collaboration
- Community Resources
- Transportation
- Meal delivery
- EMS / Paramedicine

DispatchHealth's Advanced Care Outcomes

Improved Health Outcomes for Patients

30 Day Hospital Readmit Rate

DispatchHealth 6%

National Average 16%

+90%

National average v DispatchHealth for 30 day readmission rate for traditional hospitalization to DispatchHealth Advanced Care *Source CMS.gov*

SNF Admit Rate

DispatchHealth 0%

National Average 20%

+180%

National average v DispatchHealth for SNF admit rate for traditional hospitalization to DispatchHealth Advanced Care

Serious safety event rate: **0%**

Unexpected mortality rate: **0%**

ED escalation rate: **2%**

Increased Patient Satisfaction

Program Acceptance Rate (when offered Advanced Care vs. hospitalization)

DispatchHealth 98%

Other Programs 37%

+90%

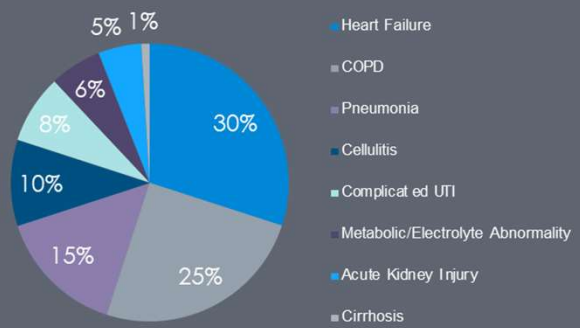
National average v DispatchHealth for other health at home programs

Source: Levine et al, 2020

+98 patient NPS score vs. the healthcare average of +30

+100 PCP NPS score

DRG



Referral Source

Acute Care Teams	71%
Primary Care	23%
Hospital	6%

Through Sept 2021

Hidden Benefits

- Goals of Care conversation 100%
- Goals of Care revision 26%

  Source https://www.uptodate.com/contents/discussing-goals-of-care
- Discontinue of at least one chronic medication
- Patient/family sharing unprompted positive feedback: 75%

Bridge Care

Patient Journey – High Risk

IDENTIFICATION

Identification of appropriate patients at high risk of readmission while in hospital

ACTIVATION

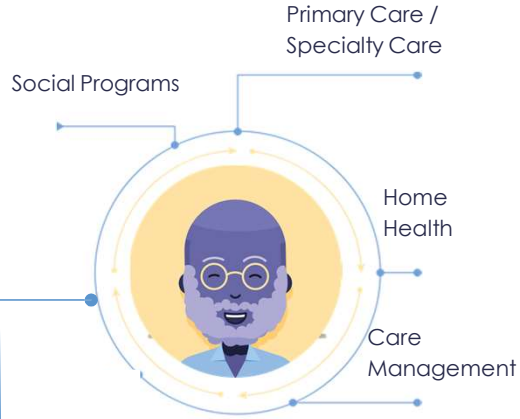
Patient education / outreach about Bridge Care program and offering of proactive visit

Call to DispatchHealth. DispatchHealth speaks to patient directly to obtain verbal consent.

BRIDGE CARE VISIT

In-home patient assessment and clinical intervention 24-72 hours post discharge

RECOVERY



DispatchHealth tucks patient into care team and acts as a safety net for future high acuity needs.

DispatchHealth Safety Net

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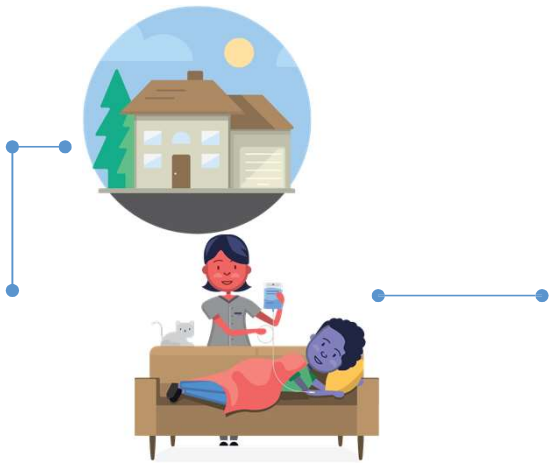
Bridge Care Encounter Detail

BRIDGE CARE VISIT



General Assessment and Medication Reconciliation

- History and physical assessment of patient's progress since discharge
- New prescriptions, medication reconciliation and patient education
- Nutrition assessment

Condition Specific Assessment and Symptom Management

- Condition specific care plan to drive targeted assessment and documentation
- Acute intervention for new or worsening symptoms

Assessment of Home and Environment

- Assessment and documentation of home and social environment
- Fall risk assessment and intervention
- Social Determinants of assessment and documentation

Education to Promote Self-Management

- Condition specific education to support patient and family with medical decision making and advocacy
- Patient and caregiver education regarding recovery

Coordination of Care Among Team Members

- Confirmation of follow up care with primary care provider
- Communicate with follow up physician on scene
- Clinical notes printed on scene and distributed to patient's care team

- ✓ Avoided ED visit and possible 911 transport
- ✓ Avoided Readmission
- ✓ Managed hypokalemia, and CHF
- ✓ Coordinated with PCP
- ✓ Breathing treatment and Rx provided for SOB
- ✓ Coordinated home O2 with team
- ✓ Sent encounter summary to PCP for morning appointment

Clinical Use Case: 61 Y/O/m with BLE Extremity Edema, PAFU to Acute Care - ICP

PRESENATION - PAFU

61 y/o Male presenting to DispatchHealth after a recent hospitalization for acute on chronic congestive heart failure. Patient was admitted at from for atrial fibrillation with RVR, Acute on chronic diastolic (congestive) heart failure, edema, lower extremity edema. Patient states that he feels better each day since discharge from the hospital. Patient admits to occasional shortness of breath, legs still swollen. Denies chest pain, shortness of breath at time of visit.

Patient has wound care twice a week and home health RN to deliver IV medications (Ceftriaxone, and Daptomycin). Patient reports limb swelling, Edema, PICC line – left antecubital in place, patient is safe to stay at home today, but DHFU appointment set for Bilat LE Edema.

DHFU

61-y/o/m being seen for DHFU, patient reporting **fatigue, mild increase SOB, limb swelling , bilat lower leg rash and weeping, skin discoloration and drainage**

UPON EXAM ; *Vitals* T-98.9, HR-88, BP110/90, RR18, **02 88% RA** *Musculoskeletal* **edema; post-inflammatory hyperpigmentation venous statis discoloration with erythema bilateral LE to the level of the mid tibia and tender to palpation, 3+ pitting edema from feet to upper calves bilaterally, some of the dorsal aspect of each foot is macerated due to excess moisture** DP pulses 2+ bilaterally. *Pulmonary* **No labored breathing or use of accessory muscles, mild SOB with activity and ambulation**. Auscultation: breath sounds normal, no wheezing, and **wet rales/crackles**; **diminished throughout with diminished crackles to bases bilateral**.

TREATMENT:

- IV Furosemide 20mg IV PICC Line administered
- Chem 8 (BUN 26, Creat 1.0, Na 139, K 3.2)
- 20mEq KCL administered on scene and RX of KCL 10mEq daily prescribed
- Patient seen for PAFU visits, DHFU visit scheduled for 2 days later
- Coordinated PCP follow up day after
- Breathing Treatment administered, 02 sat improved after treatment
- Rx For Ipratropium/ Nebulizer provided
- Extensive Education provided to patient and son on wound care
- Time on-scene with patient: 1:34:00
- DX: Cellulitis of lower limb (stable), Congestive Heart Failure (Ongoing), Venous stasis edema of bilat lower limbs (Stable, ongoing), Dyspnea

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Questions – Type in Q & A Section

Post-Acute Website: https://innovationcarepartners.com/postacutecommunications

- If you have further questions or issues you would like to discuss
- Please contact:
  Francisco Gonzalez– Preferred Network & Clinical Development Supervisor
  fgonzalez@icphealth.com