The presentation will begin shortly.

Association for Community Health Improvement™

Leveraging Technology to Drive Population Health

June 6, 2018

Speakers:

- Ellie Zuehlke, Director Community Benefit and Engagement, Allina Health
- Emma Roberts, Director of Sales, NowPow
- Stephanie Fenniri, Senior Community Partnerships Manager, Parkland Center for Clinical Innovation
- Moderator: Julie Trocchio, Senior Director, Community Benefit and Continuing Care, Catholic Health Association of the United States

Association for Community Health Improvement™

Leveraging Technology to Drive Population Health:

Implementing the CMS Accountable Health Communities Model at Allina Health

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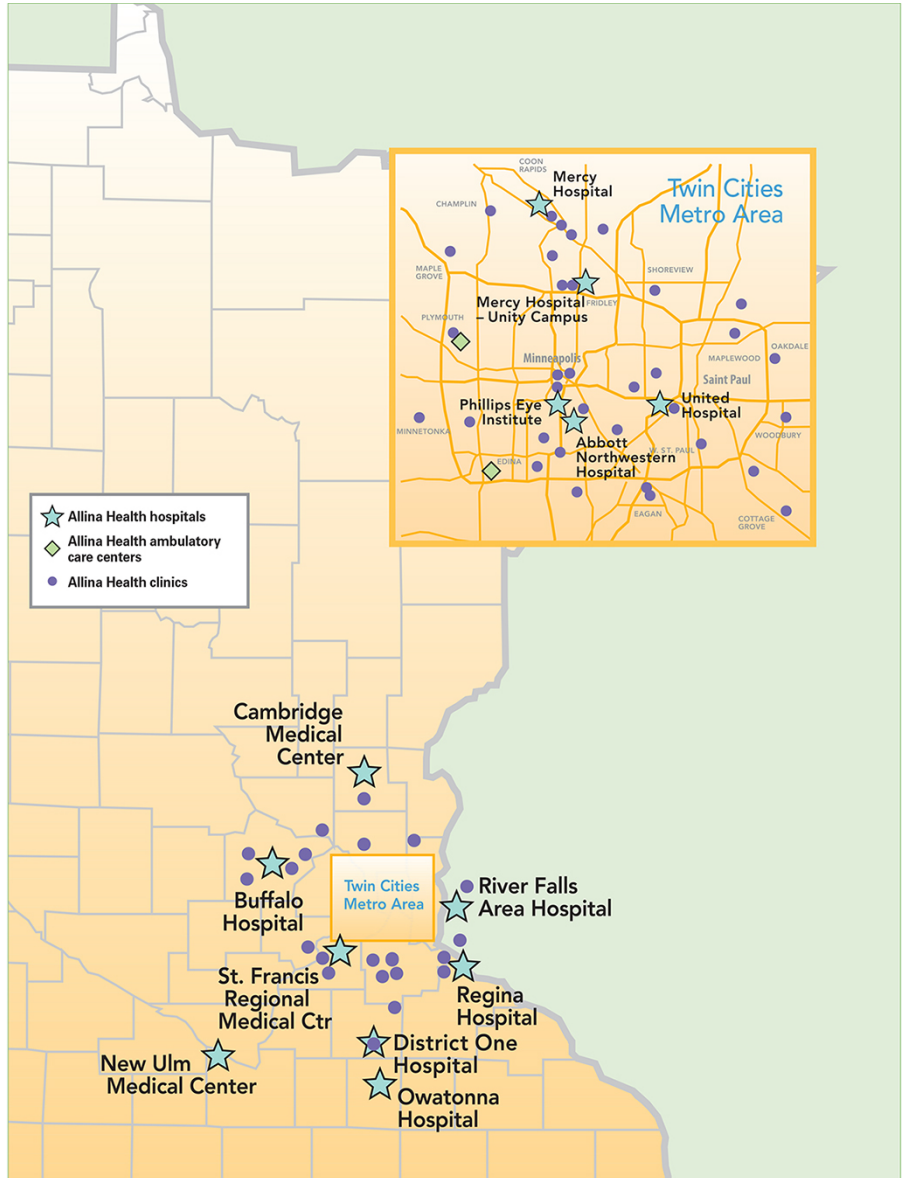
About Allina Health



Allina Health is a not-for-profit health system consisting of clinics, hospitals, and other health services, providing care throughout Minnesota and western Wisconsin.

- 12 Hospitals
- Over 90 clinics

- Received a CMS Accountable Health Communities Model Cooperative Agreement

Allina Health

What is the CMS Accountable Health Communities Model?

5-year cooperative agreement with CMS that tests whether systematically identifying and addressing the health-related social needs of community-dwelling Medicare and Medicaid beneficiaries impacts health care quality, utilization and costs.

- Allina Health received one of 32 awards nation-wide and the only site operating in Minnesota
- Full implementation June 2018- April 2022

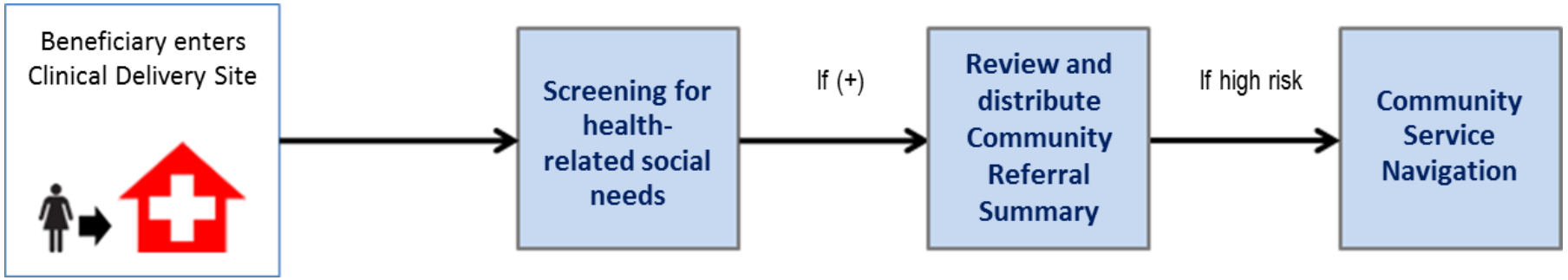
Allina Health

Why the CMS Accountable Health Communities Model?

- Many drivers of health outcomes are beyond clinical care
  - Health-related social needs, health behaviors and the physical environment significantly impact outcomes, utilization and costs
- Emerging evidence shows that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and impact costs
- Supports attainment of Allina Health strategy to provide whole person care and perform on outcomes-based risk models

Allina Health

Accountable Health Communities Model Overview



- Must <u>screen</u> 75,000 and <u>navigate</u> 2,048 community dwelling Medicare, Medicaid and dual-eligible beneficiaries per year in geographic target area in following care-delivery settings:

<u>Outpatient</u>

- All Allina Primary Care Clinics and Urgent Care Clinics
- Behavioral Health Clinics
- OB/GYN Clinics

<u>Inpatient</u>

Mercy (includes Unity), Cambridge & Regina Hospitals:

- Emergency Department
- Inpatient Mental Health
- Mom/Baby

Required CMS Screening Tool

Questions address:

- Housing Instability
- Food insecurity
- Difficulty paying utility bills
- Interpersonal Violence
- Transportation

Allina Health

What is an After Visit Community Referral Summary?

- Tailored list community resources automatically generated from NowPow based on screening results, patient address, age, and gender
- Curated resource list leverages existing community resource lists and customized to highlight preferred community partners and Allina-specific resources
- Community partners work with patients to address identified needs

NOWPOW

03/05/2017

Connecting Health Care to Self Care

NowPow is a list of places and programs near you that are matched to your specific health and wellness needs. These places and programs can help you stay healthy, live independently, and manage disease.

Allina Health - Community Benefit and Engagement
Ellie Zuehlke

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Coon Rapids, MN 55433
N/A

Housing

Emergency shelter

A Catholic Charities - Higher Ground Shelter Distance: 7.11 mi
165 Glenwood Ave Minneapolis, MN 55405 | Language: English | Fees: Self Pay, Free
(612) 204-8552 info@cctwincities.org https://www.cctwincities.org/locations/higher-ground-shelter/

B People Responding in Social Ministry (PRISM) Distance: 7.23 mi
730 Florida Ave S Golden Valley, MN 55426 | Language: English, Spanish | Fees: Self Pay, Sliding Fee
(763) 529-1350 kschell@prismmpls.org http://www.prismmpls.org/

Transitional homeless shelters

C Serenity Village - Transitional homeless shelters - Transitional housing Distance: 3.45 mi
4100 County Rd 102 Crystal, MN 55422 | Language: English | Fees: Self Pay
(763) 355-5421 info@serenityvillage.net http://serenityvillage.net/

D Ascension Place, Inc. - St. Anne's Place Distance: 4.89 mi
2634 Russell Ave N Minneapolis, MN 55411 | Language: English | Fees: Insurance
(612) 521-2128 http://www.ascensionplace.org/

Food and Nutrition

Food benefits (SNAP and WIC) registration assistance

E People, Inc. - Northside Mental Health Clinic Distance: 6.03 mi
1309 Girard Ave N Minneapolis, MN 55411 | Language: English | Fees: Insurance, Free

Disclaimer and Funding Opportunity Acknowledgment

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Allina Health


NOWPOW
Powering Communities
with Knowledge

We are a women-owned and led technology business

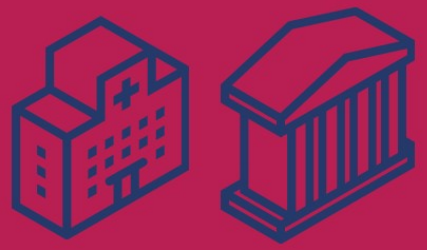
We combine medicine, health care, business, data analytics, and community expertise to revolutionize self care

NowPow reduces barriers to accessing self care resources

The Care Information Gap

Health care providers
Health care payers
Public housing providers
Corrections re-entry

Referral Senders



Care coordinators
Case managers
Probation officers
Social workers
Community health workers

Patients, Clients, Residents

Community Based Organizations

Referral Receivers

Smoking cessation class
Fitness class
Food pantry
Supportive housing

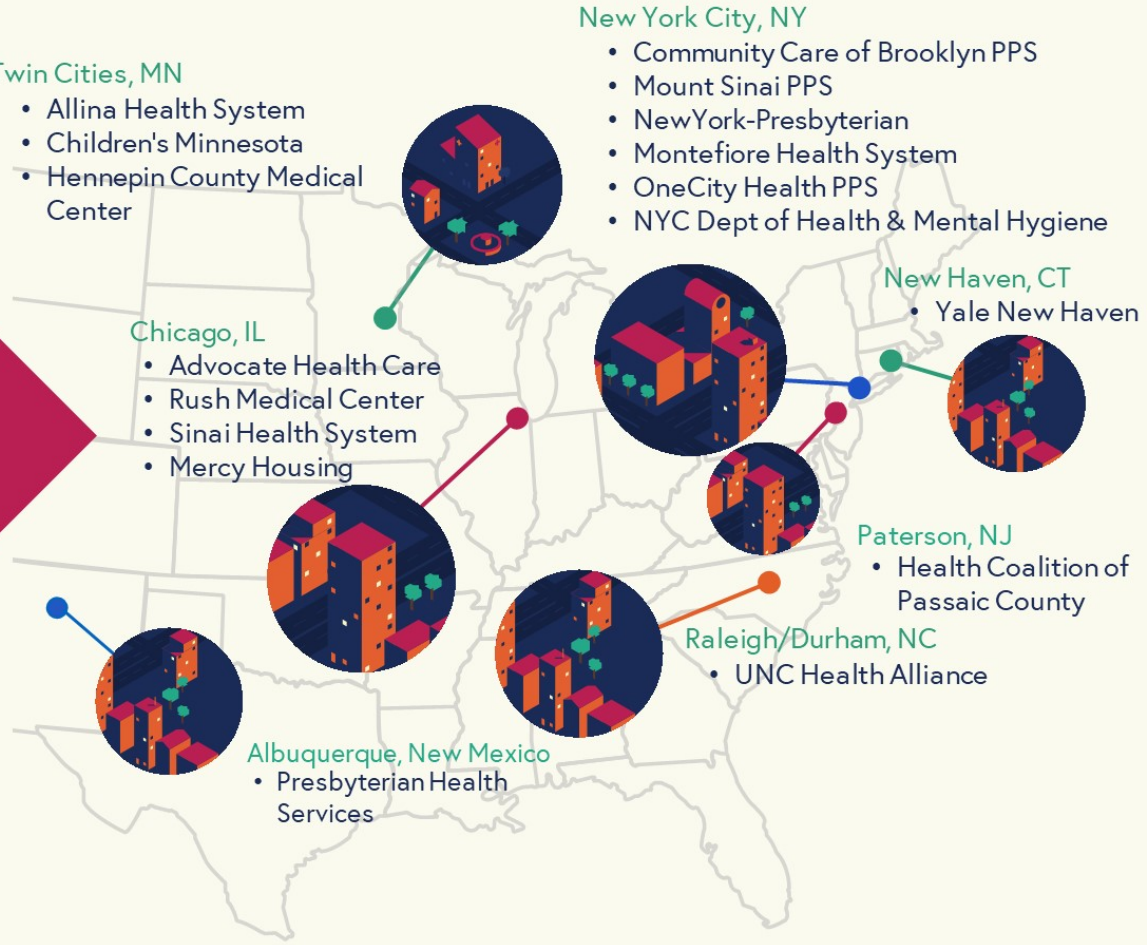
Dr. Lindau pioneered the idea of e-prescribing "community," with the CMMI CommunityRx award

- ✓ **$5.8M** CMMI Innovation Award to University of Chicago from 2012-2015
- ✓ Demonstrated in **33 clinical sites** on Chicago's South Side
- ✓ Connected with EHRs: Epic, GE Centricity, and NextGen
- ✓ Generated **350,000 HealtheRxs**
- ✓ Medicare beneficiaries had **significantly fewer** inpatient stays and unplanned readmissions *
- ✓ Medicaid beneficiaries had **significantly fewer** ED visits *

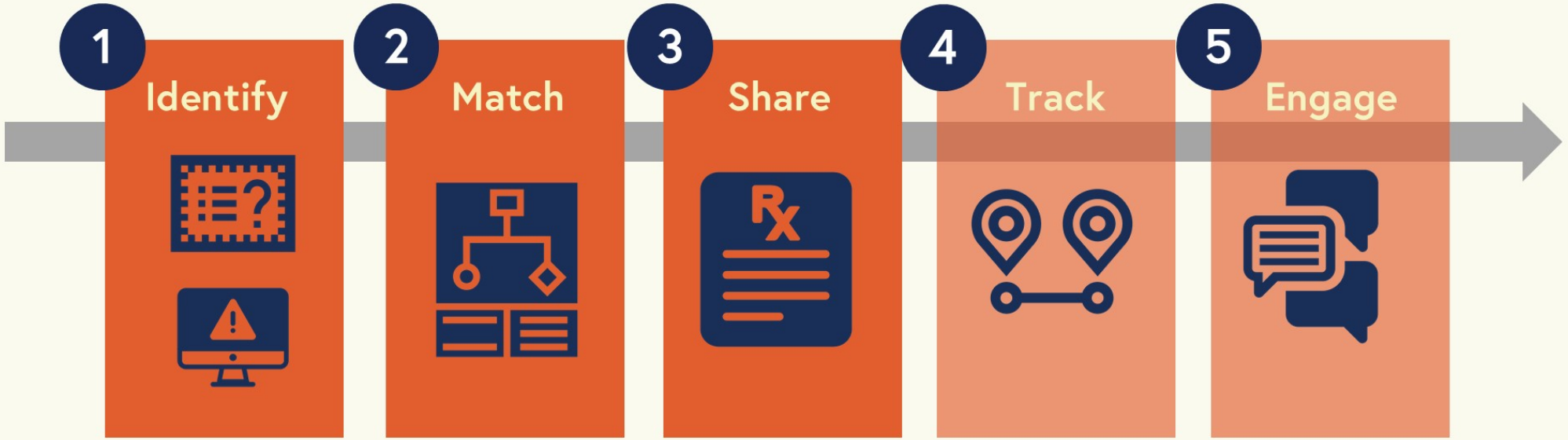
* Source: Third Annual Report, RTI, CMMI Third Party Evaluator, March 2017

We seamlessly connect health care to self care creating strong community networks to help people get the self care they need

- ✓600,000 resources shared in 2017
- ✓7,000 care professionals on the platform
- ✓Completed Epic, Athena, GE Centricity & Allscripts integrations
- ✓Launching Long Island and Mississippi in Q2



Our multi-sided platform is configured to fit tightly into workflows, capture insights and assess impact all along the process



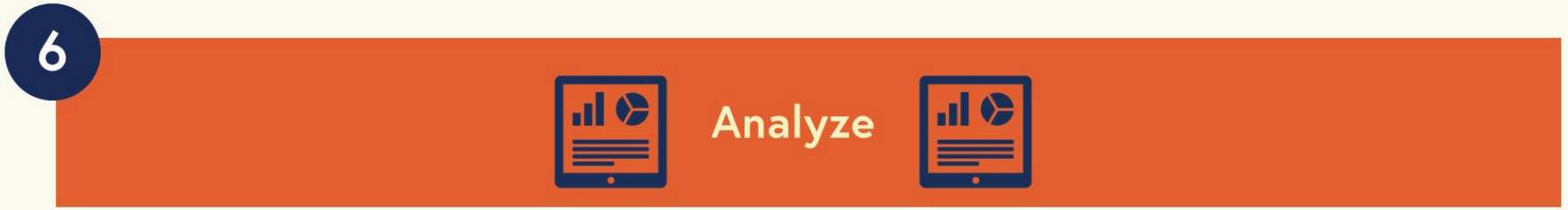
Identify needs using screenings, risk factors and/or condition codes

Leverage algorithms and filters to find highly matched services for people

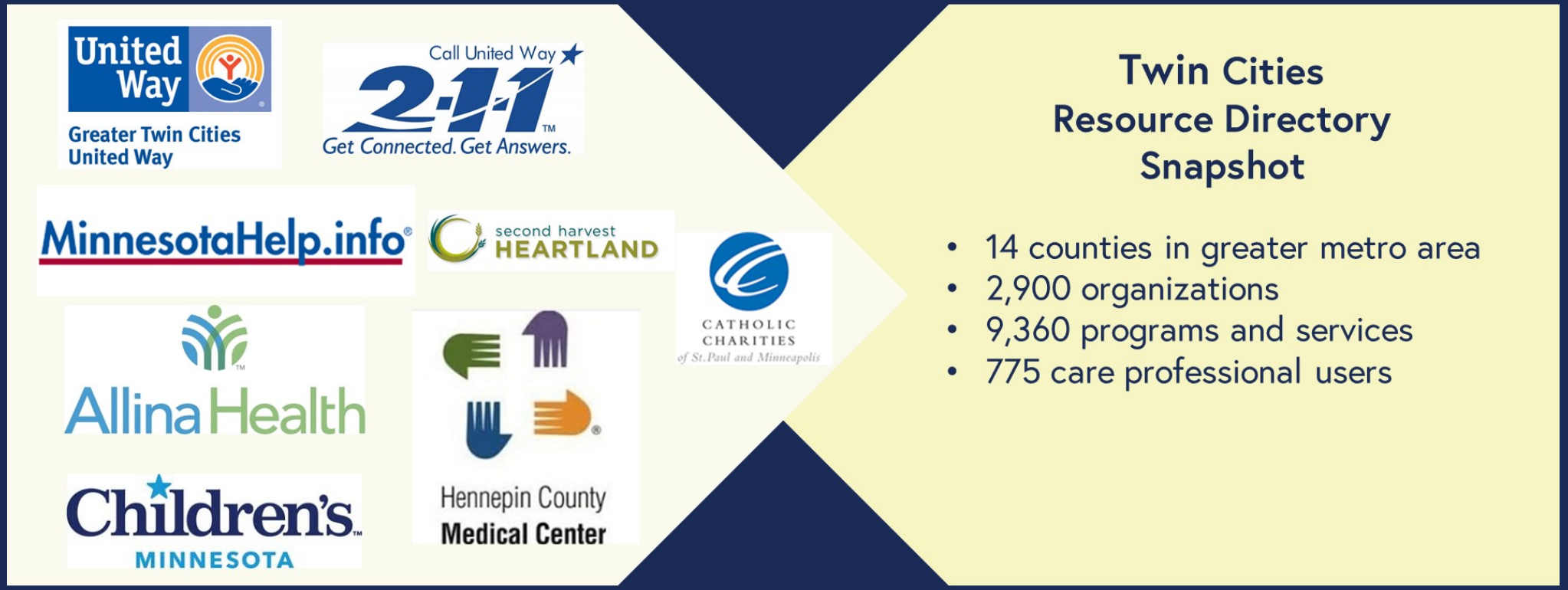
Generate a personalized list or single referrals and share via and text, email, or print

For higher risk patients, make tracked referrals with CBOs to close the loop on care

Support people in the process using bi-directional communication and reminders



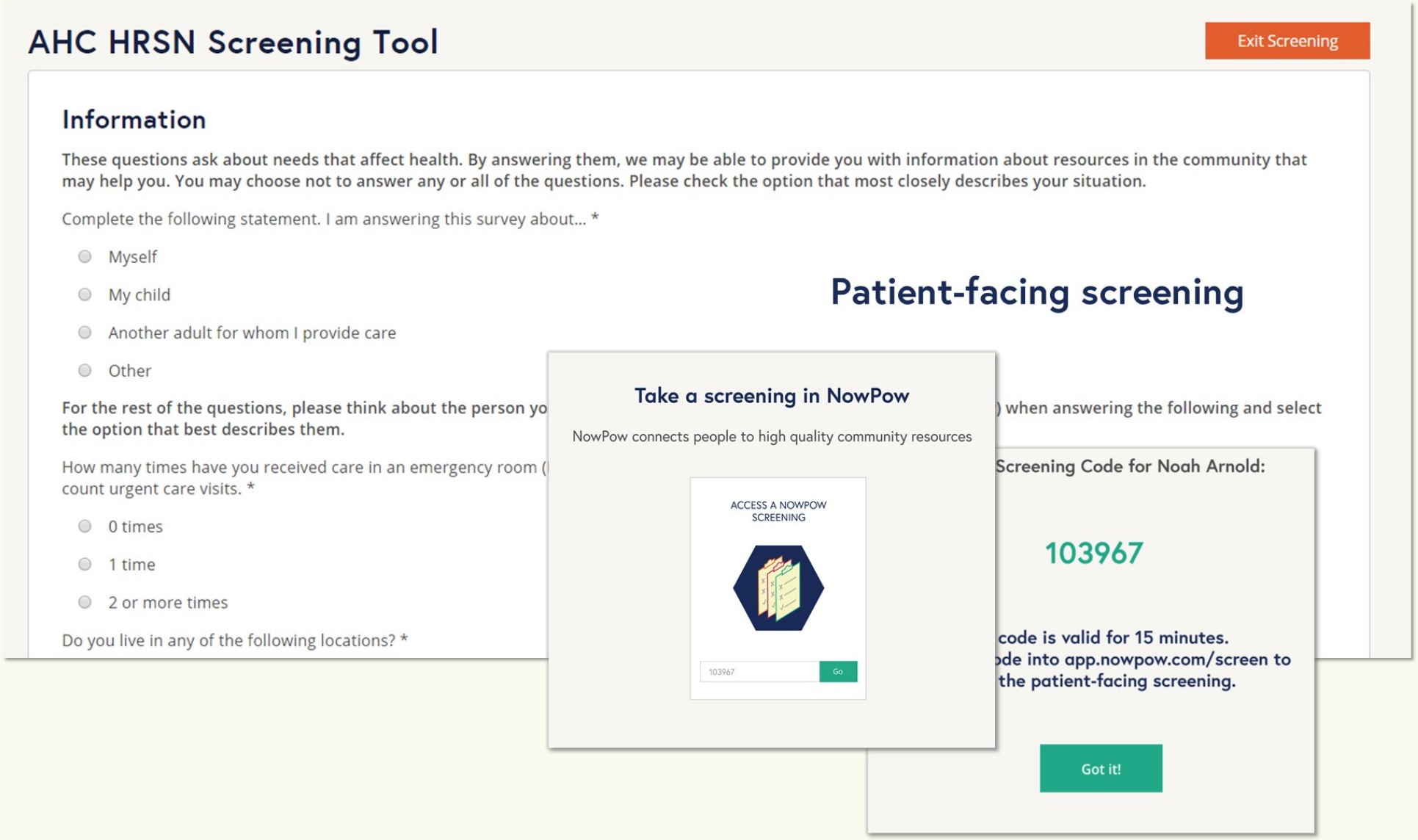
NowPow resource information is a true collaboration



We partner with local directory initiatives and incorporate users' internal lists and "black books"

We take geographical nuances into account and gather feedback from users regularly

Health Related Social Needs (HRSN) Screening in NowPow



Key Challenges and Learnings

- Building the case internally to integrate new technology into existing electronic medical records systems
- Addressing concerns related to privacy and information sharing (e.g. texting patients and sending referrals to community organizations)
- Configuring the service returns on the Community Referral Summary and finding solutions to challenges such as domestic violence needs
- Honing the resource directory by taking geographical nuances into account (e.g. county-limited services, focus on free and sliding fee services, focus on rural areas)

Thank you!

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PCCI

Pioneering New Ways to Health

Leveraging Technology to Drive Population Health: Connected Communities of Care

Stephanie Fenniri, MPA

June 6, 2018

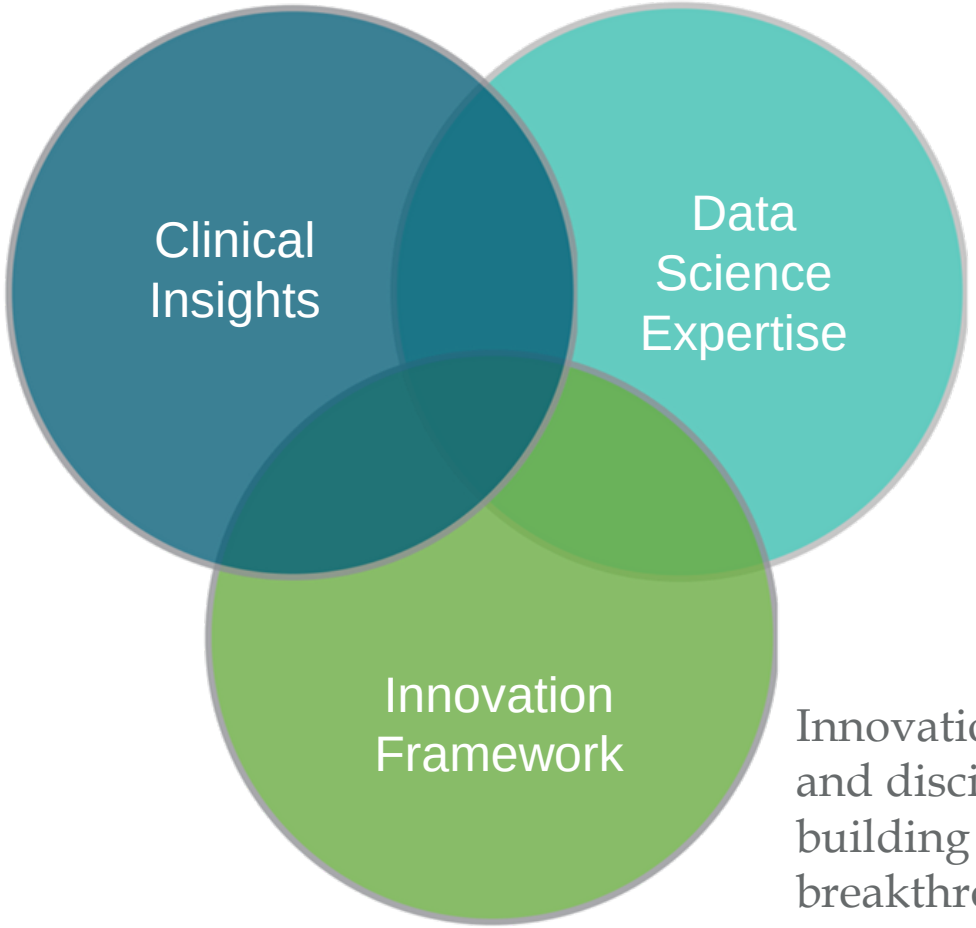
CREATING A WORLD OF CONNECTED COMMUNITIES WHERE EVERY HEALTH OUTCOME IS POSITIVE

MISSION*:* Reimagine and expand the knowledge base of healthcare through prescriptive analytics and artificial intelligence to deliver precision medicine.

PCCI

Leading clinical expertise applying practical insights across the continuum of care

Prescriptive analytics and artificial intelligence driving personalized and precision medicine



Innovation process and discipline, building breakthroughs and leading change

PCCI's VALUES

PROGRESS

We value progress over perfection. Our work is both innovative and practical.

COLLABORATION

We collaborate with our team, our partners and the community enabling us to go further, faster. There is power in diversity and numbers.

CARING

We have a servant approach and mindframe. Caring about each other, our partners and those we serve in the community is what motivates us every single day.

INITIATIVE

We go beyond what is asked of us. Expectations are starting points.

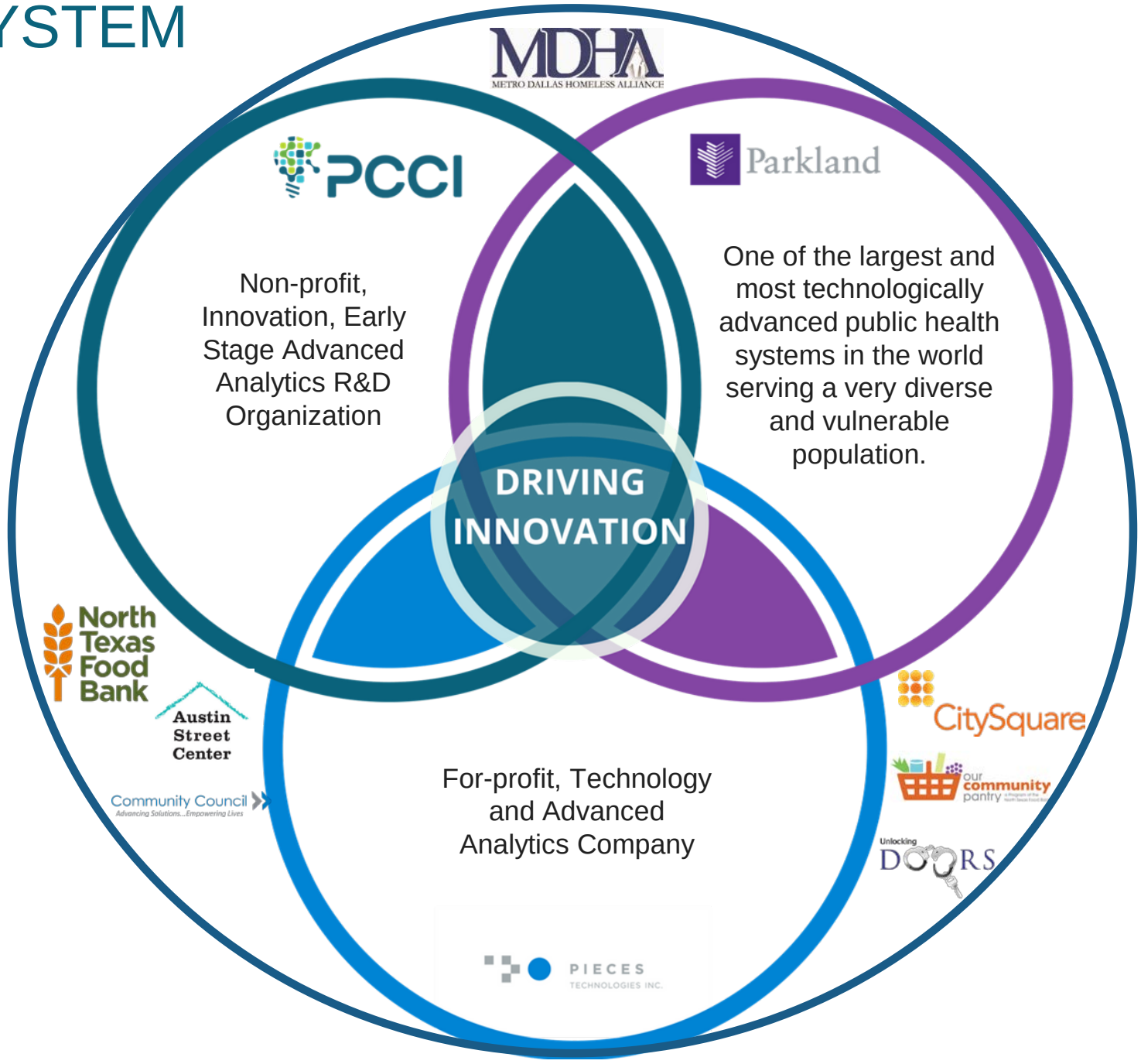
SCIENCE

We balance Innovation with science. Our work is grounded in scientific principles and rigor.

VISION

"*We can do it if...*" vs "*We can't do it because...*". We see healthcare, not as it is, but as it can become.

PCCI ECOSYSTEM

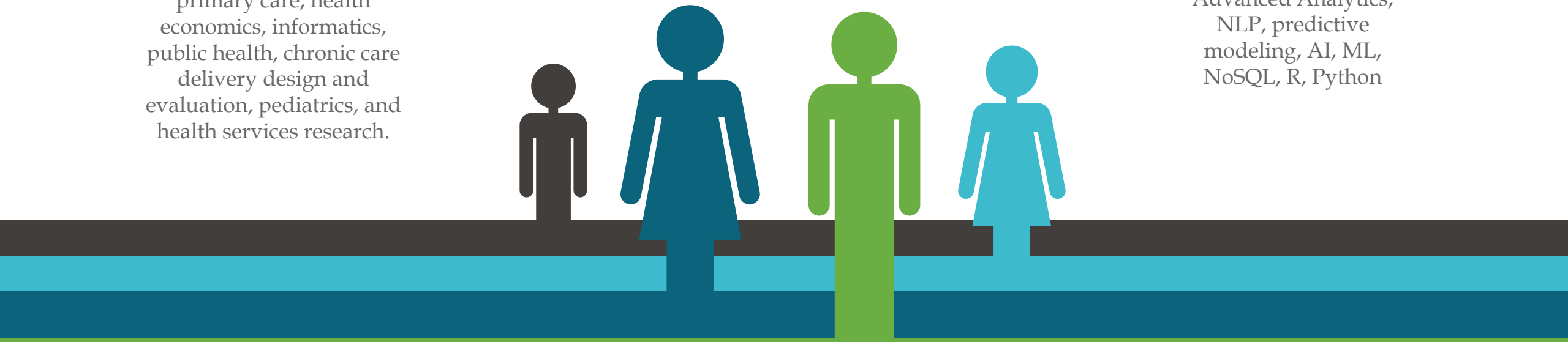


OUR TEAM

CLINICAL EXPERTISE

11 MDs/PhDs/MBA/MS

Epidemiology, oncology, primary care, health economics, informatics, public health, chronic care delivery design and evaluation, pediatrics, and health services research.



DATA SCIENCE

9 PhDs/MD/MS

50+ years experience

Advanced Analytics, NLP, predictive modeling, AI, ML, NoSQL, R, Python

AGILE∘ DESIGN THINKING∘ INNOVATION∘ COLLABORATION

ADVANCED DATA ARCHITECTURE & PLATFORM

OUR JOURNEY

2010

INCUBATED AT PARKLAND HEALTH & HOSPITAL SYSTEM

$50M+ GRANTS AND 29 PEER-REVIEWED PUBLICATIONS

2018

R&D AND INNOVATIONS IN PROGRESS

DCCC, Opioids, oncology, palliative care, medication management, mental/behavioral health, post-acute, pediatric asthma, pre-term births, wearables and digital technology

DCCC=Dallas Connected Communities of Care (IEP)

STRATEGIC AREAS OF FOCUS

Connected Communities of Care

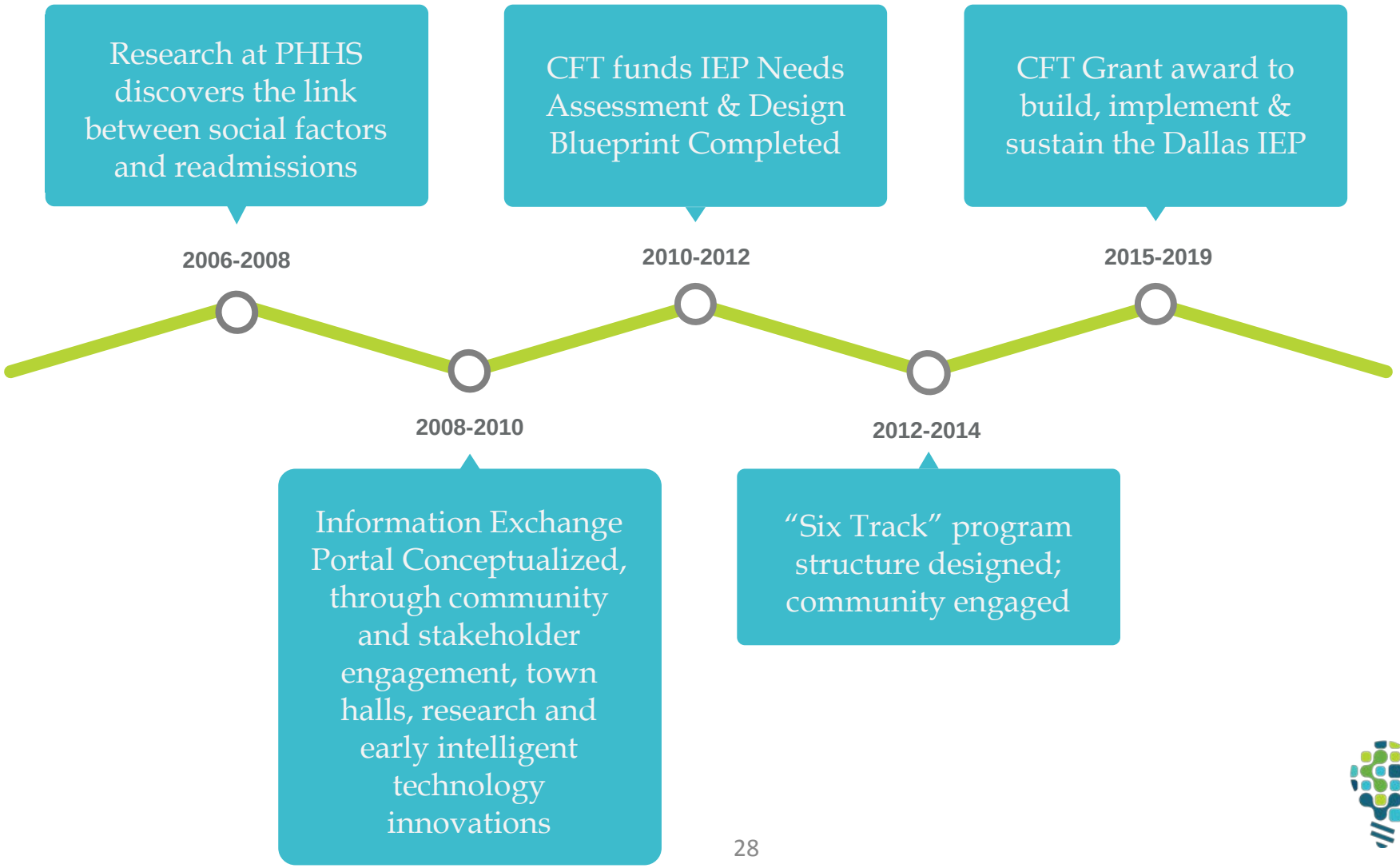
Personal Engagement

PCCI

Hospitals Reimagined

Innovation Portal

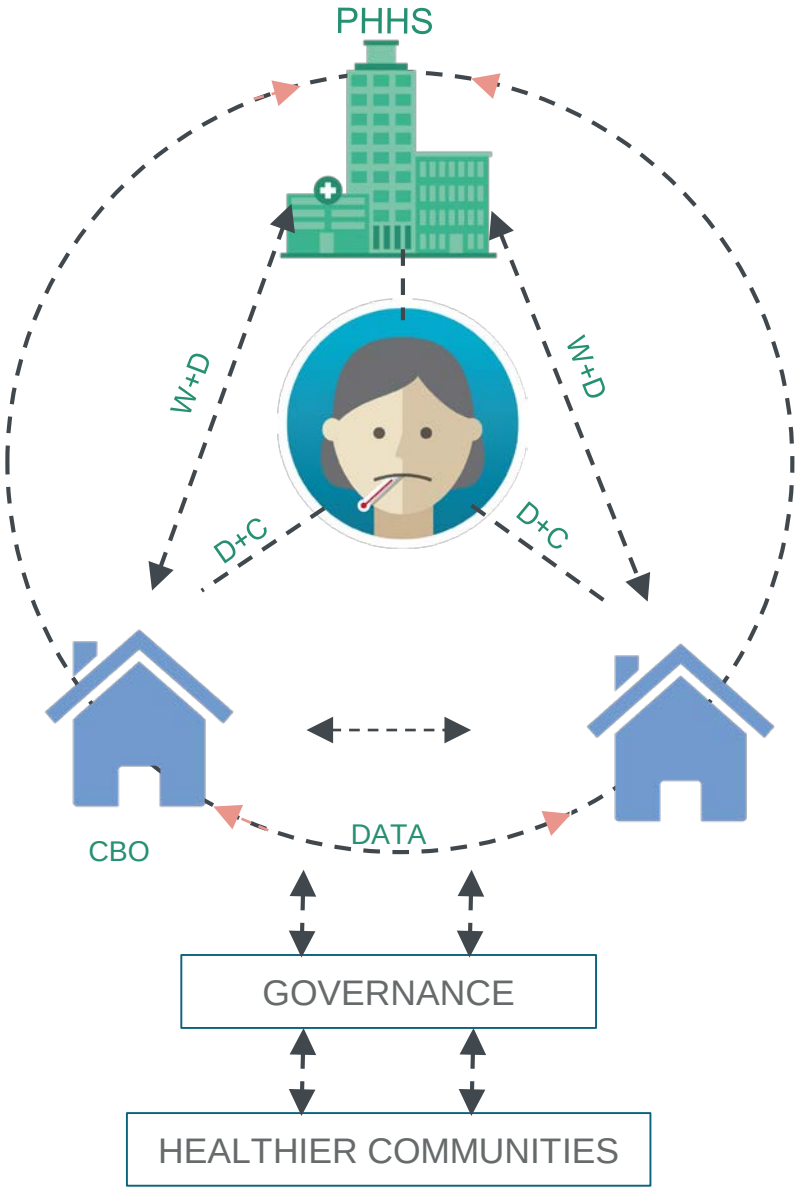
HISTORY OF THE DALLAS IEP



PCCI*Connect*

PCCI*Connect* is a portfolio of proprietary information exchange products, including PCCI's Connected Communities of Care, that focus on addressing the health and social needs of a community. The program connects healthcare providers and CBOs to coordinate the communication and care for individuals.

- Cutting edge cloud-based technology that enables bi-directional communication, referrals, and service tracking
- Comprehensive Playbook covering:
  - Legal, policy, and governance documents
  - Clinical and community workflows
- Continually updated inventory of clinicians and community service providers
- Innovation network for learning, research, co-creation, and rapid knowledge dissemination



RESOURCE ACQUISITION AND PREPARATION

Payer/Health Plan Data

City Municipal Data

CBO Client Surveys

CBO Leader Interviews

Healthcare Leader Interviews

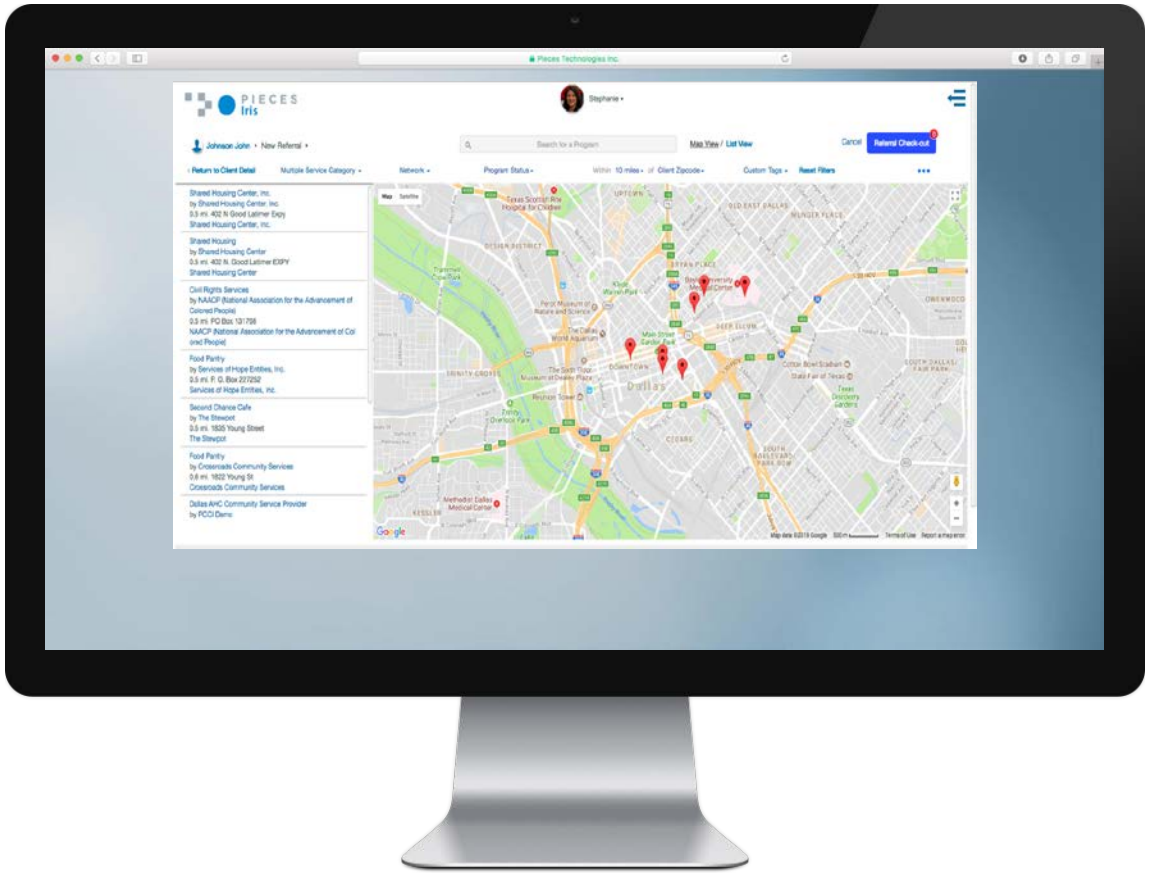
Outpatient Surveys

Health Department Data

COMMUNITY, USA

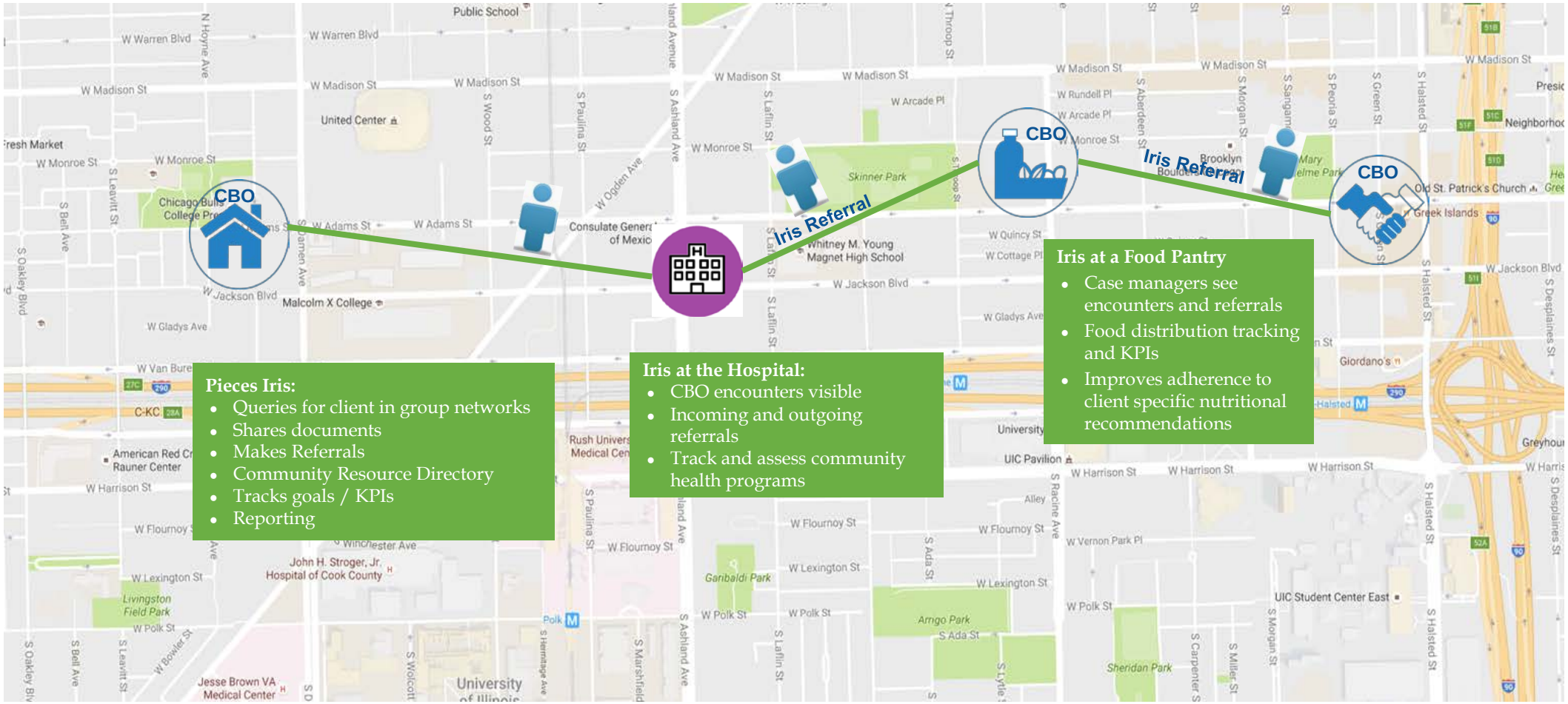
1. Identify target clinical conditions
2. Identify social needs that impact clinical conditions
3. Describe population to be served by the Dallas information exchange platform
4. Describe the organizations and users of the Dallas information exchange platform
5. Develop use cases for the Dallas information exchange platform

PIECES IRIS™

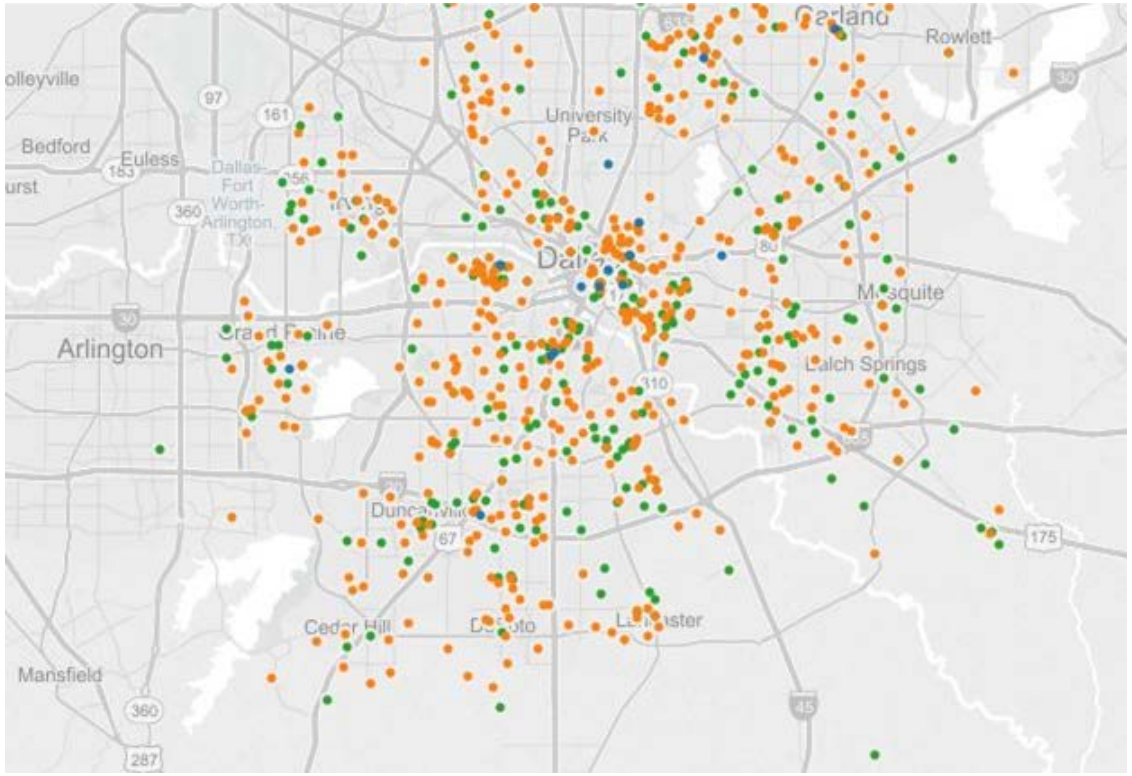


- Comprehensive referral directory (integrated with 2-1-1 systems)
- Configurable intake forms
- Cloud-based: accessible anywhere you get the internet
- HIPAA compliant
- 2-factor security
- 24/7 customer support
- Multiple user roles keeps sensitive information in the right hands
- Standard and custom reporting

PATIENT TRACKING



COMMUNITY ADOPTION



1 million services documented; 215K+ unique patients impacted

- Over 100 organizations in DFW
- Includes two major umbrella organizations with national accolades:
  - North Texas Food Bank
  - Metro Dallas Homeless Alliance
- Mental Health
- Criminal Justice Reintegration Services
- Prevent Blindness Texas
- VNA

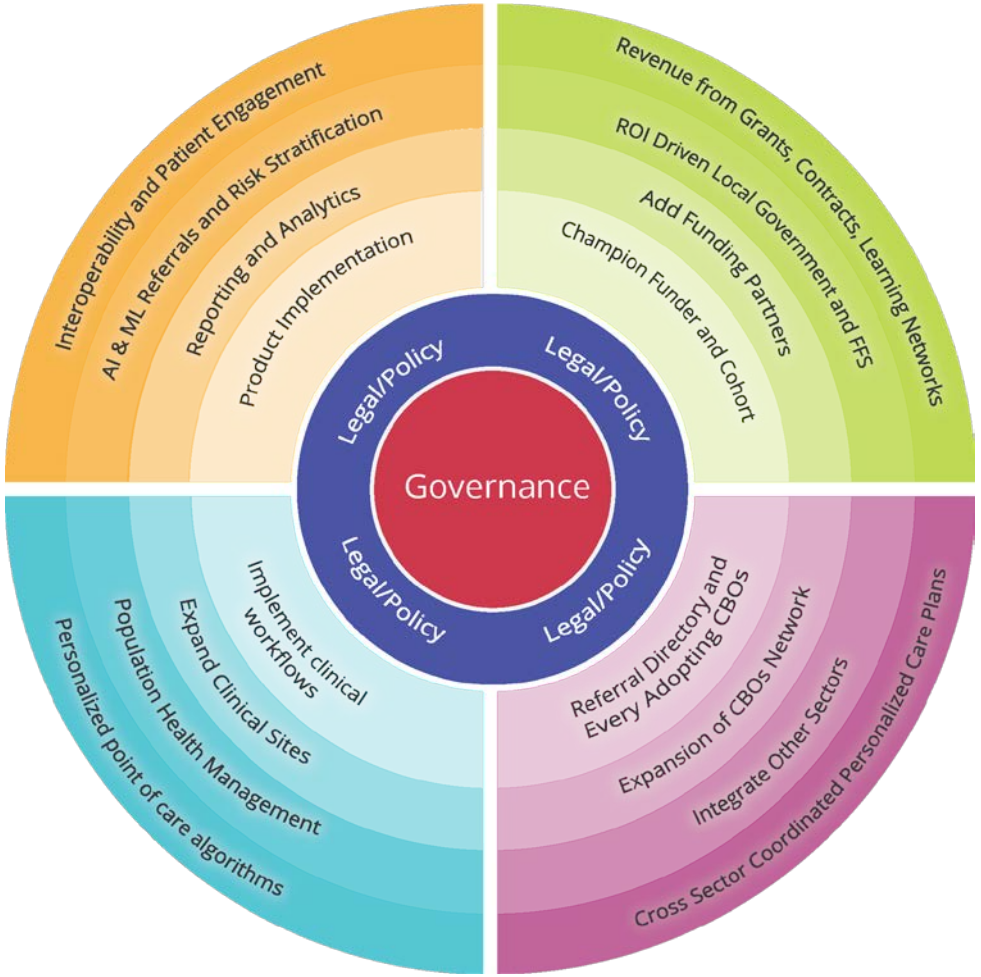
CONNECTED COMMUNITIES OF CARE PLAYBOOK

TECHNOLOGY

Pieces Iris™ technology to create bi-directional exchange of information, smart referrals and individual tracking

CLINICAL

Build clinical workflows and utilize predictive analytics and AI to prevent readmissions, save lives and reduce healthcare costs.



SUSTAINABILITY

ROI and SROI to support ecosystem to provide better healthcare to the individuals in their communities. Strive to improve healthcare trends across the national continuum.

COMMUNITY

Develop **CBO** workflows and understand SDoH's impact on quality of life and how connected communities build a support system for a path to self sufficiency.

- Governance, Legal and policy as foundational deliverables at the core
- Lightest to darkest shade & deliverable progression - Tier I (lightest) → Tier IV (darkest)

ACCOUNTABLE HEALTH COMMUNITIES

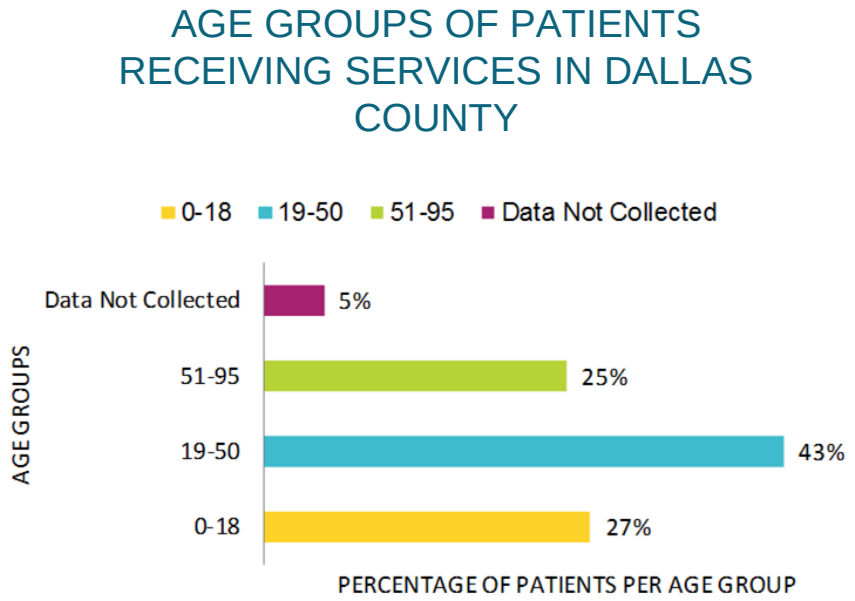
Model Demonstration: Standard social screens at point of health care. High needs & high ER utilizers navigated for six months through community services.

Goal: Decrease utilization, improved outcomes

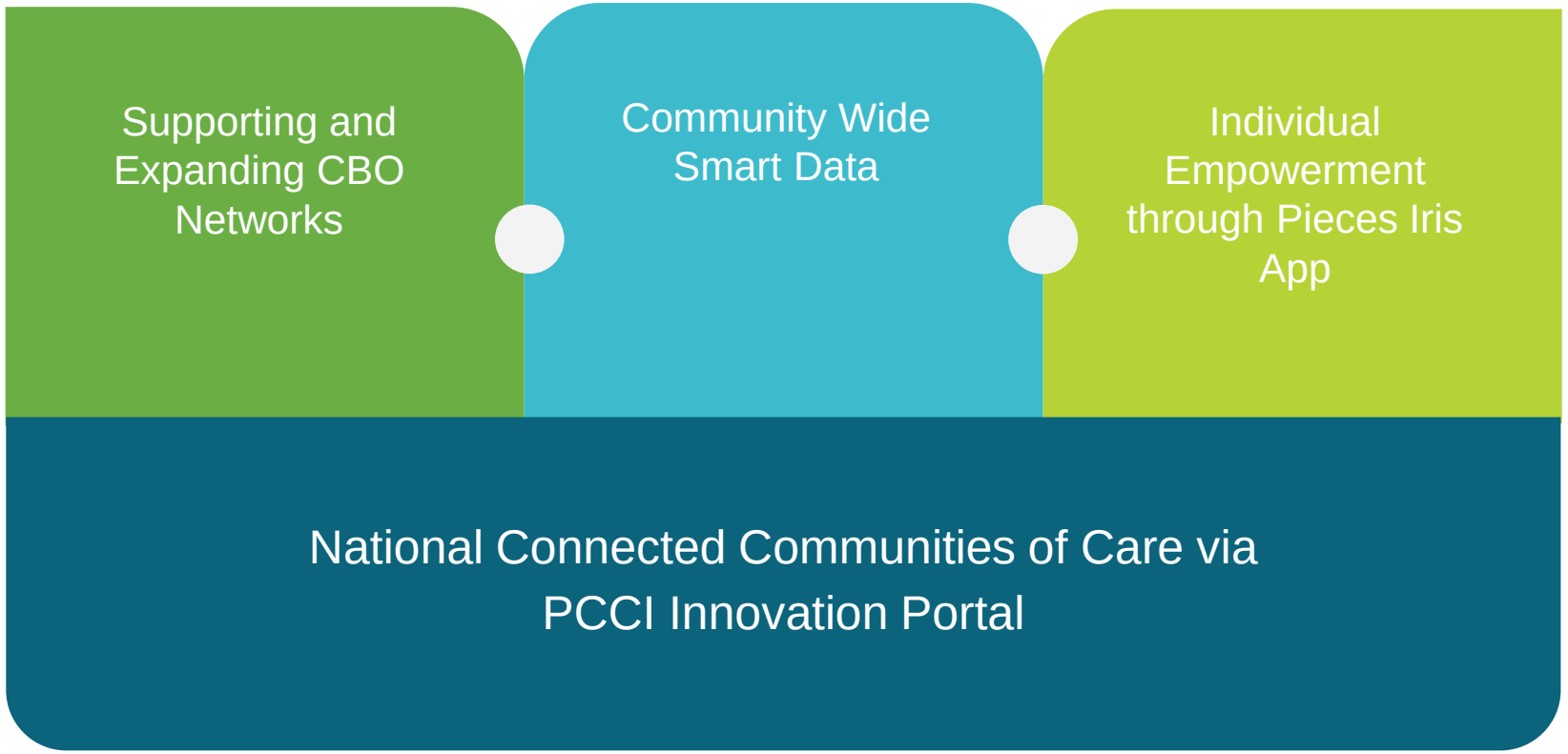
Process: Community Accountability

IMPACT TO DATE

- PHHS and ~100 CBOs engaged
- 215,000 unique patients have been impacted and enrolled into various programs and services focused on a variety of social services, i.e. addressing food insecurity, housing assistance, and increasing access to health care.
- 1 million services have been documented across a variety of social service domains
- Feasibility of cross-sector coordination and alignment was completed for a pilot cohort of Parkland patients with the highly prevalent conditions of hypertension/diabetes and food insecurities



EMERGING REQUIREMENTS IN THE CCC JOURNEY



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https://www.surveymonkey.com/r/aha_webinar_06-06-18

Association for Community Health Improvement™

Q & A

Association for Community Health Improvement

Continue to celebrate CHI Week with ACHI

Visit www.healthycommunities.org/chiweek

Association for Community Health Improvement™

Community Health Improvement Week
healthycommunities.org/chiweek
June 3-9, 2018

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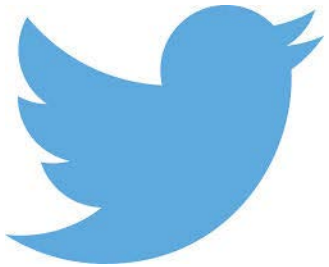

@communityhlth
#chiweek

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