



**Georgia  
Healthcare  
Innovation  
Challenge**

**8/4 Champion Q&A Session  
Challenge #1 - Rising-Risk Beneficiaries**



## **8/4 Agenda: Challenge #1 (Rising-Risk Beneficiaries)**

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- Recap Challenge highlights, provide additional details
- Questions: left-over from 7/30 Kick-off
- Questions: new questions from the audience
- Logistics: Where do we go from here?
- Appendix: Navicent background

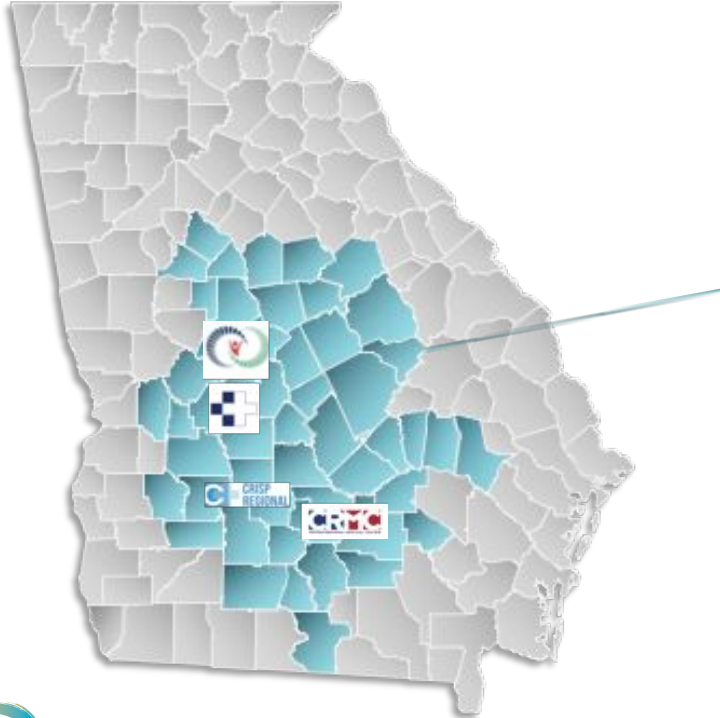


# Challenge #1 - Rising-Risk Beneficiaries





# About TC2



## TC2: Accountable Care Organization (ACO)

- Participates in the Medicare Shared Savings Program (MSSP) on a two-sided risk basis
- Role is to help physicians maintain the health of their attributed Beneficiaries, thereby reducing unnecessary utilization and related costs
- Navicent Health is a founding member of TC2



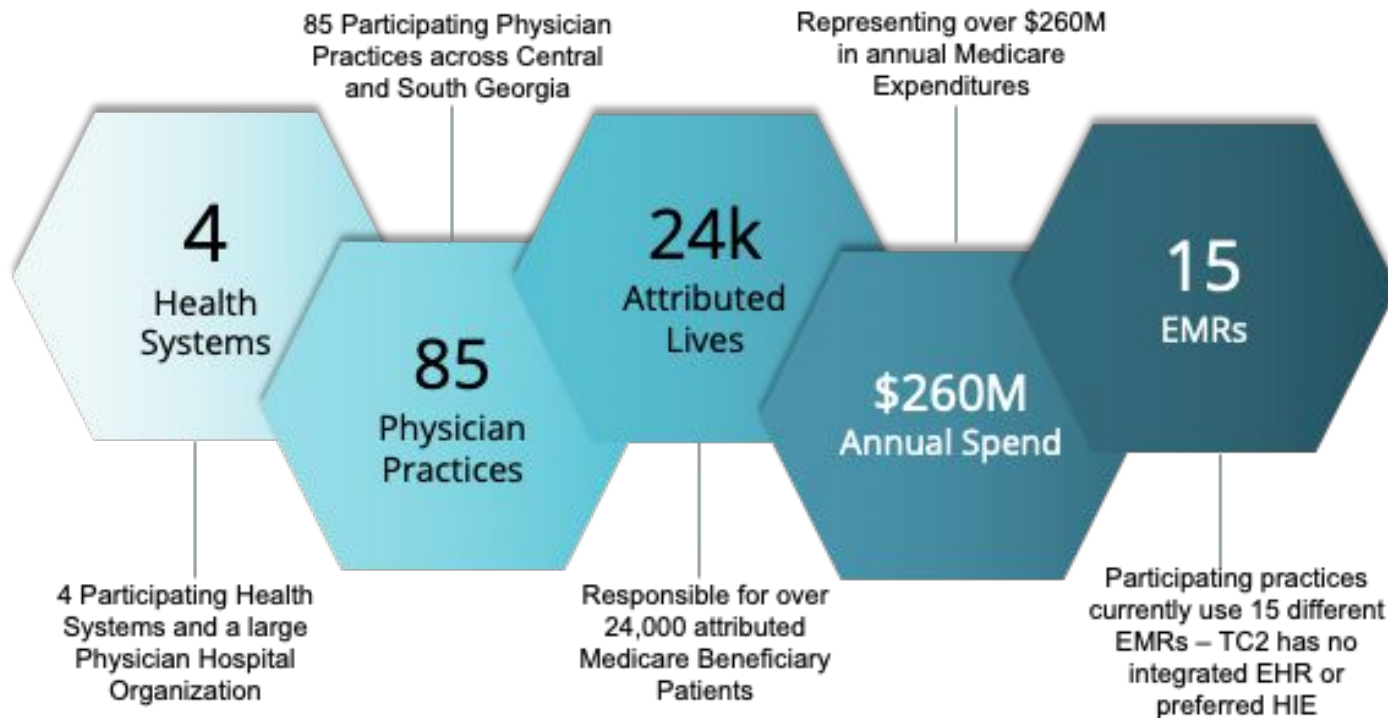
**Dale Boylston,**  
CEO, TC2 Health  
(Middle GA ACO)



## Challenge 1: Rising Risk Beneficiaries



# About TC2



Some stories behind the stats...



## Challenge 1: Rising Risk Beneficiaries



# Overview: Rising Risk Beneficiaries

## First some definitions:

- **CMS** refers to the Centers for Medicare Services, or Medicare.
- **Beneficiaries** are Medicare patients attributed to physicians participating in TC2.
- **"Rising-risk"** Beneficiaries are those with chronic conditions and/or some recent clinical activity indicating future likelihood of more expensive medical interventions (e.g., ED visits, hospital admissions).
- NOTE: Once Beneficiaries have multiple ED visits and/or hospitalizations, they are considered **"high-risk"**.





# Current Issues

- Currently, Beneficiary care managers rely heavily on CMS claims data which lags date of service by 45-75 days.
- Limited additional clinical data is available through direct EHR “look-ups”.
- Health Endeavors is our population health management tool but it has poor analytics & predictive modeling capabilities.
- No cost effective, off the shelf solution has yet been identified that can provide consistent early & actionable insights.
- Disparate EHRs among participating providers make it difficult to extract quantitative data.
  - This limitation disproportionately impacts rural communities!





# Key Components of a Potential Solution

- Cost-effective.
- Utilizes monthly/quarterly paid claims data from CMS, with some additional clinical data from EHRs.
- Integrates and uses new sources of clinical data via HIE(s) such as GRACHIE & CareQuality.
- Accurately predicts “rising risk” Beneficiaries before they become “high risk”/high cost.
- Easy for physicians & care managers to understand and use.
- Improves the ability of care managers to meet the health/support needs of Beneficiaries PRIOR TO them being classified “high risk”.







# Expected Impact

- Care managers/teams will focus on “rising risk” Beneficiaries before they become “high-risk”.
- Physicians can target their “rising risk” Beneficiaries in collaboration with the TC2 care teams.
- Pro-active interventions will help keep Beneficiaries healthier, improve quality measures and improve the cost-saving impact of care coordination.
- ED visits, admissions, and readmissions of Beneficiaries will decline in comparison with baseline.
- Additionally, other ACOs nationwide are facing the same challenge and may be interested in purchasing.





# What Does Success Look Like

- More accurate identification of “rising risk” Beneficiaries, resulting in:
  - Decreased ED & inpatient utilization
  - Reduced frequency of readmissions
  - Greater Beneficiary involvement
- Improved physician engagement & support.
- A technology that scales nation-wide to:
  - Improve on current predictive modeling
  - Work with different population health management tools
  - Help improve health patient outcomes





# Logistics



wk 0	wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	wk 11	wk 12	wk 13	Going
7/27	8/3	8/10	8/17	8/24	8/31	9/7	9/14	9/21	9/28	10/5	10/12	10/19	10/26	

### **PHASE 1: PROPOSAL SUBMISSIONS**

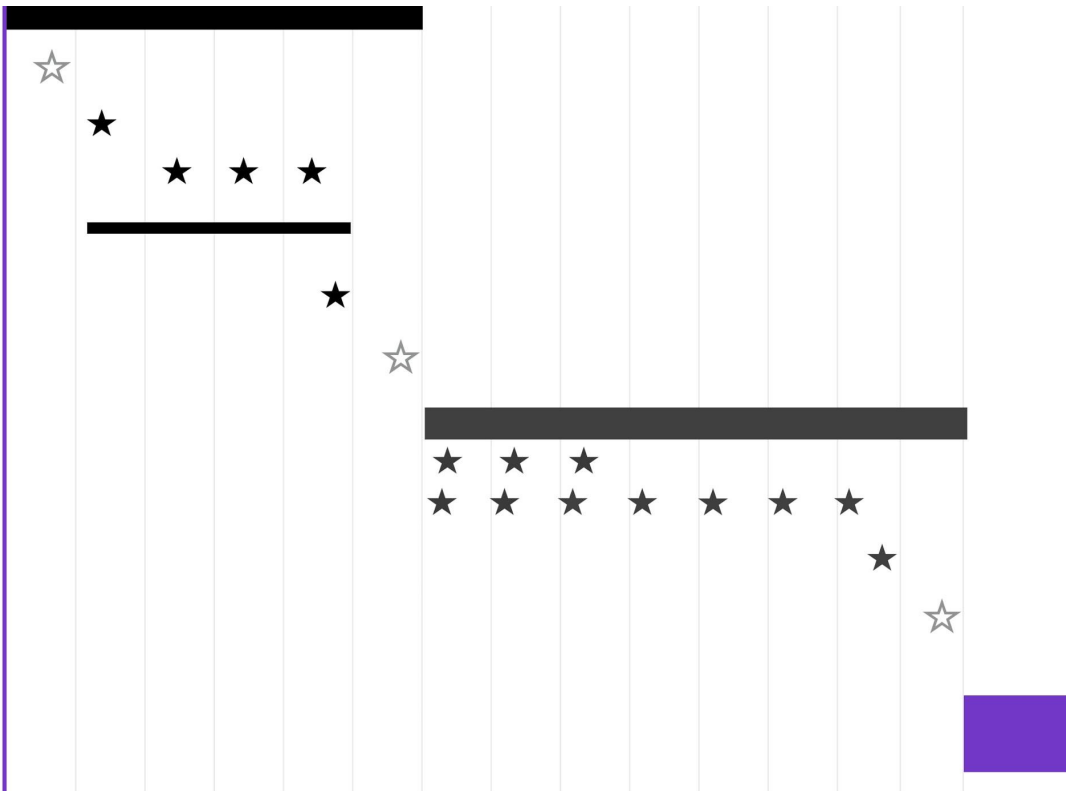
- **Reverse Pitch:** Navicent shares Two Challenges (7/30)
- Champion Q&A Sessions (8/4)
- Coaches Office Hours: (8/12, 8/19, 8/26)
- Research, Submission Preparation (8/4-8/27)
- **Submission Deadline** (8/28, 5 pm)
- **Announcement of Finalists** (9/4)

### **PHASE 2: FINALIST PREP**

- Champion Q&A Sessions
- Coaches Office Hours
- Forward Pitch - Dry run (10/22)
- **Forward Pitch:** Finalists present and winners chosen (10/29)

### **BETA TEST**

- PREPARE FOR TESTS (1-2 MONTHS)
- LAUNCH/CONDUCT TESTS (3-6 MONTHS)





# Next Steps: Phase 1 (Proposal Submission process)

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## Key Dates

- Aug 12, 19, 26 (3-4 pm): Coaches office hours
- Aug 28 (5 pm): Submission Deadline
- Sept 4 - Finalists announced
- **Declaration of Interest Form** (on website, Resources) - please complete
- **Questions:** ask on Coaches calls and online throughout the Phase (on website, Resources)
- **Submission Package** (components listed on website, Resources)



# Next Steps: Proposal Packet

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- Company/Team Overview
- Contact info
- Challenge you are proposing on
- Your approach overview
- A more detailed explanation of how your approach tackles the problem
- How you will measure solving the problem
- Estimated time in beta (after the 10/29 Forward Pitch) you think you'll need to demonstrate the capability of your solution
- Any important assumptions
- Confirmation that your solution will be ready to go into beta test with Navicent Health in January 2021

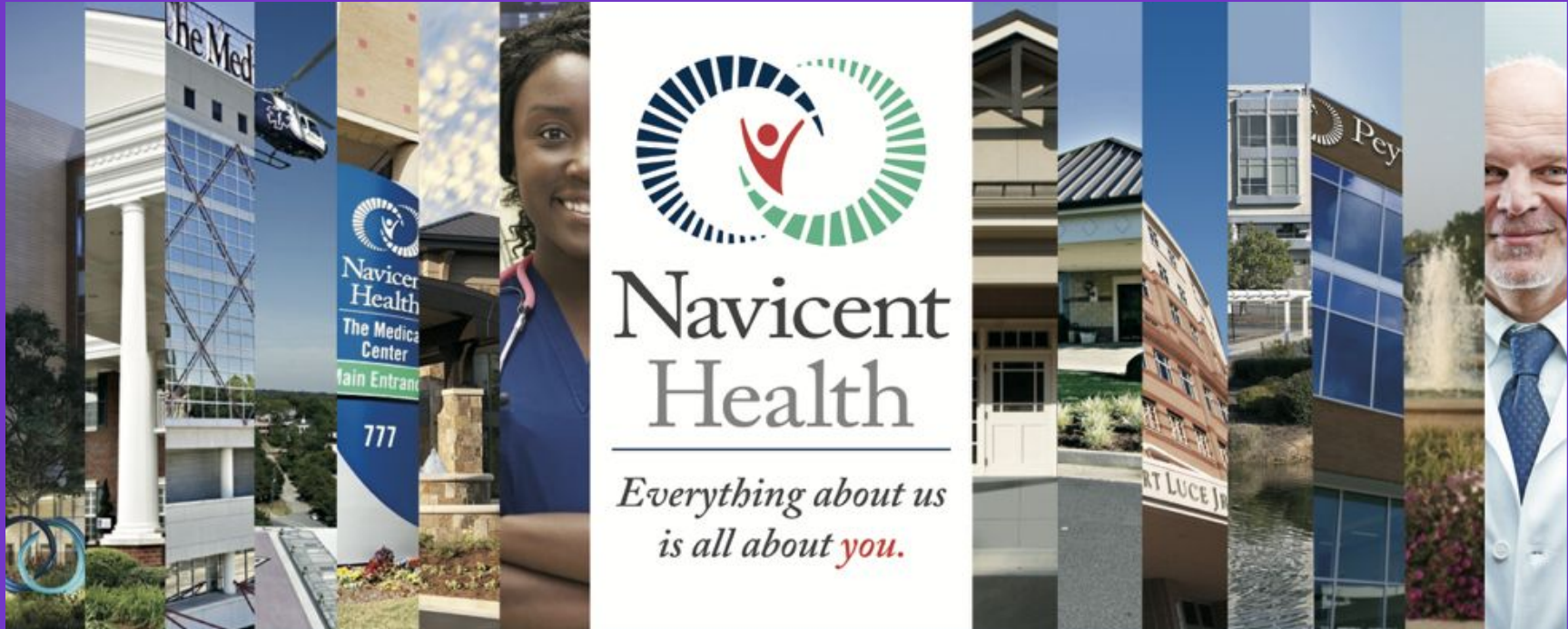


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## Appendix

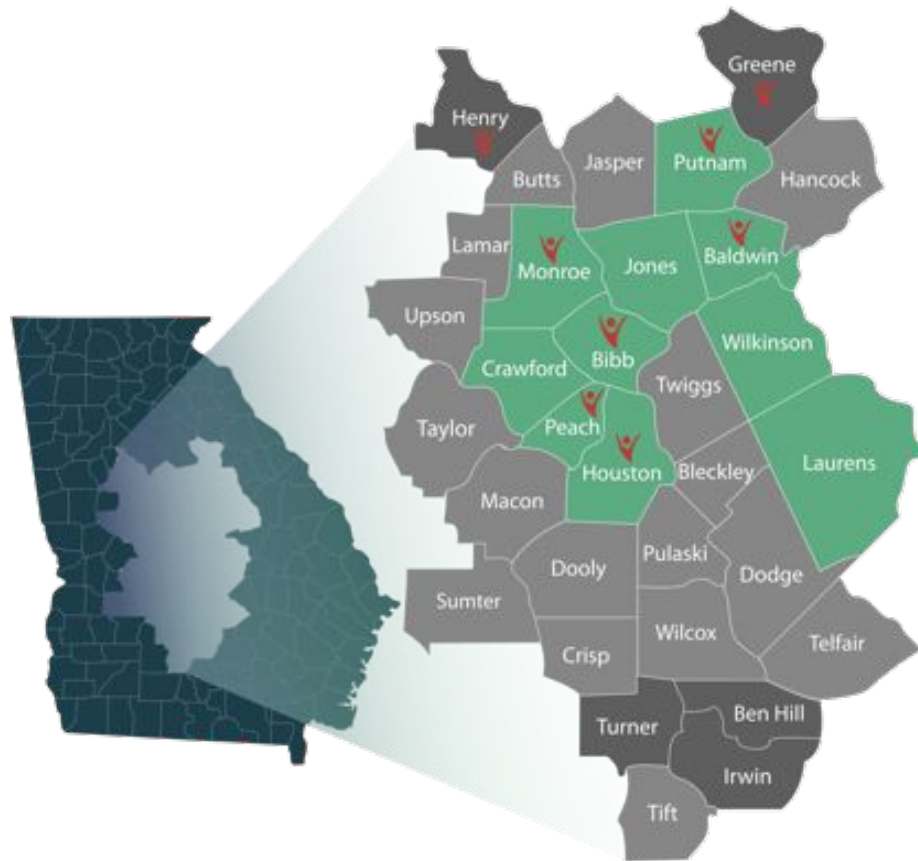


# Navicent Health





# Navicent's Footprint



## **BIBB COUNTY**

The Medical Center, Navicent Health  
Heart Center, Navicent Health  
Beverly Knight Olson Children's Hospital, Navicent Health  
Peyton Anderson Cancer Center, Navicent Health  
Rehabilitation Hospital, Navicent Health  
Urgent Care, Navicent Health  
Pine Pointe, Navicent Health  
Carlyle Place, Navicent Health

## **PEACH COUNTY**

Medical Center of Peach County, Navicent Health

## **HOUSTON COUNTY**

Navicent Health, Physician Group

## **MONROE COUNTY**

Monroe County Hospital a partner of Navicent Health  
Diagnostics Monroe, Navicent Health

## **BALDWIN COUNTY**

Navicent Health Baldwin  
Lake Center Navicent Health

## **PUTNAM COUNTY**

Putnam General Hospital a partner of Navicent Health

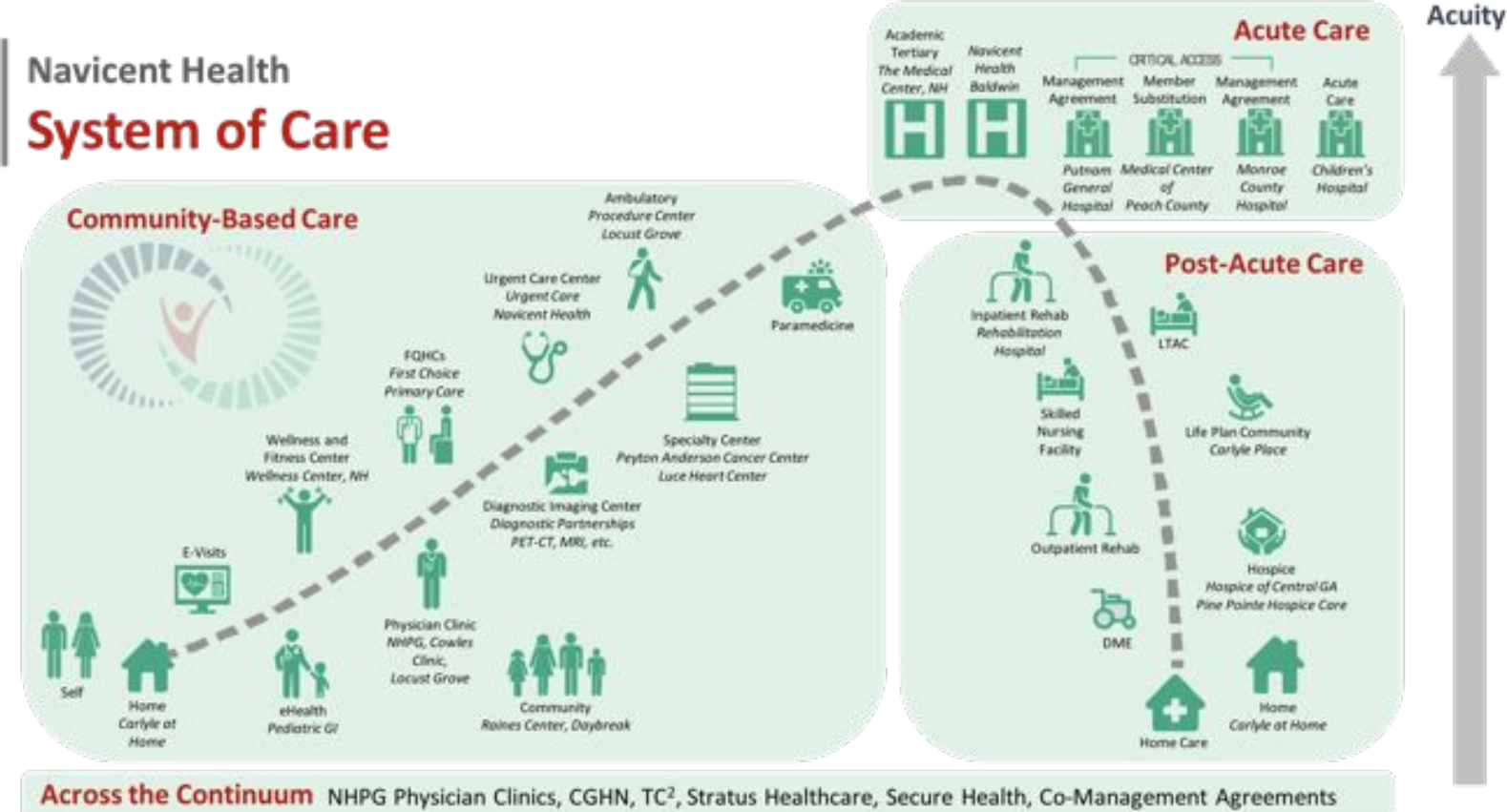
## **GREENE COUNTY**

Navicent Health at Cowles Clinic

## **HENRY COUNTY**

Navicent Health Locust Grove

# Coordinated System of Care



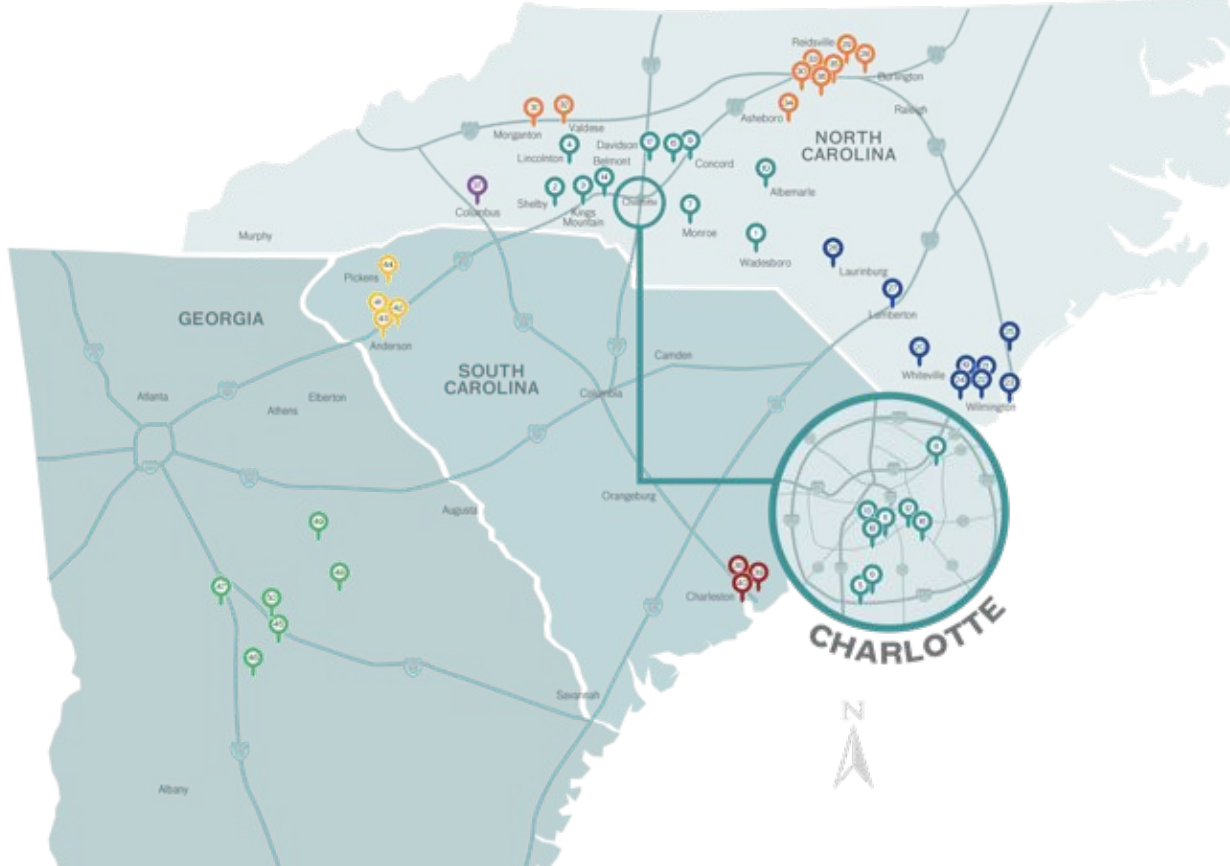
Notes: Adapted from SgZ's System of CARE model. NHPG = Navicent Health Physician Group; TC<sup>2</sup> is a regional Accountable Care Organization (ACO); FQHC = Federally Qualified Health Center; DME = Durable Medical Equipment; CGHN = Central Georgia Health Network; LTACH = Long-Term Acute Care Hospital; BKH-CH = Beverly Knight Olson-Children's Hospital



# Introducing Atrium Health

- Integration Focused on 4 Economies
- The Atrium Health Brand





## NORTH CAROLINA

### CHARLOTTE

1. Atrium Health Anson
2. Atrium Health Cleveland
3. Atrium Health Kings Mountain
4. Atrium Health Lincoln
5. Atrium Health Pineville
6. Atrium Health Pineville Rehabilitation Hospital
7. Atrium Health Union
8. Atrium Health University City
9. Carolinas HealthCare System NorthEast
10. Carolinas HealthCare System Stanly
11. Atrium Health's Carolinas Medical Center
12. Carolinas Medical Center-Mercy
13. Carolinas Rehabilitation
14. Carolinas Rehabilitation-Mt. Holly
15. Carolinas Rehabilitation-NorthEast
16. CHS Behavioral Health-Charlotte
17. CHS Behavioral Health-Davidson
18. Levine Children's Hospital

### COASTAL

19. Betty H. Cameron Women's and Children's Hospital\*
20. Columbus Regional Healthcare System\*
21. New Hanover Regional Medical Center\*
22. New Hanover Regional Medical Center Behavioral Health\*
23. New Hanover Regional Orthopedic Hospital\*
24. New Hanover Regional Rehabilitation Hospital\*
25. Pender Memorial Hospital\*
26. Scotland Memorial Hospital\*
27. Southeastern Regional Medical Center\*

### TRIAD

28. Alamance Regional Medical Center (Cone Health)\*
29. Annie Peen Hospital\*
30. Behavioral Health Hospital (Cone Health)\*
31. CHS Blue Ridge-Morganton\*
32. CHS Blue Ridge-Valdese\*
33. Moses H. Cone Memorial Hospital (Cone Health)\*
34. Randolph Hospital\*
35. Wesley Long Hospital\*
36. Women's Hospital (Cone Health)\*

### WESTERN

37. St. Luke's Hospital\*

## SOUTH CAROLINA

### LOW COUNTRY

38. Bon Secours/St. Francis Hospital\*
39. Mount Pleasant Hospital\*
40. Roper Hospital\*

### UPSTATE

41. AnMed Health Medical Center\*
42. AnMed Health Rehabilitation Hospital\*
43. AnMed Health Women's and Children's Hospital\*
44. Cannon Memorial Hospital (AnMed)\*

### CENTRAL

45. The Medical Center, Navicent Health
46. Medical Center of Peach County (Navicent Health)
47. Monroe County Hospital (Navicent Health)\*
48. Navicent Health Baldwin
49. Putnam General Hospital (Navicent Health)\*
50. Rehabilitation Hospital, Navicent Health

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## **In One Day at Atrium Health**

**37,800** Patient Encounters (1 every 2 seconds)

**25,000** Physician Visits | **3,900** ED Visits | **700** Home Health Visits

**475** New Primary Care Patients | **14,000** Virtual Care Encounters

**91** Babies Delivered | **635** Surgeries

**\$5.6 Million**

Each day in uncompensated care  
and other benefits to our community.

## Size & Scope

**69,800** Teammates | 50 Hospitals

**44** Urgent Care Locations | **45** EDs | **25** Cancer Care Locations

**4,650+** Physicians | **17,000** Nurses

**\$11.1 Billion**

Net Operating Revenue

**\$2.9 Billion**

In last 5 years

Invested into renovations, new care locations, equipment upgrades and other capital projects