

TuftsMedicine | NAVVIS

Elevate
Population Health

Elevate Population Health and Practice Optimization Program Overview

July 2023



Agenda

- Elevate Population Health Partnership
- Practice Optimization Program (POP) Overview
- Initial POP and Care Coordination Specialist (CCS) Deployment
- POP Process
- What to Expect
- Measuring Success
- Questions



Elevate Population Health Partnership

Elevate

Population Health

The Start of a Beautiful Partnership

On May 11, 2023, about 75 leaders from across Tufts Medicine and Navvis came together in Burlington, MA to memorialize the beginning of a multi-year partnership that will create a new operating model for the Tufts Medicine Integrated Network and transform the way we think about and deliver on the promises we make around population health.

“This partnership is about doing something together that neither one of us could do on our own.”
— Mike Dandorh, CEO, Tufts Medicine

The full-day event served as the formal kick-off of an idea that came to life following a comprehensive review and prioritization of the ‘core services’ delivered by the Tufts Medicine Integrated Network. Through that process, we determined that we needed to move to a new operating model with a leaner central infrastructure to better support our practices. We also recognized that in order to make required performance improvements, we

couldn’t do it alone. We needed a partner to bring specialized expertise and scale to our business. Navvis is a nationally recognized population health company driving performance in value-based care, focused on geographic markets, and is the partner we selected. The message below includes some highlights from May 11 and more details about Navvis and the journey we’re on to Elevate Population Health.

Emily Young
President, Tufts Medicine Integrated Network

Beautiful Picture: A Value-Based Care Practice

➤ **Team-Based Model of Care**

- Multi-disciplinary team serving the practice and patients POM, CCS, part of the care team.
- Extension of your practice

➤ **Top of License for Physicians and practice staff**

- Optimized processes and workflows to the top of their license

➤ **Co-existence of volume AND value**

- Volume-based growth through value-based performance

➤ **Data Informed**

- Right information, at the right time

➤ **Physician and Patient satisfaction**

- Restoring joy in practice
- Patient-centered approach

➤ **Addressing access, quality, affordability and experience**



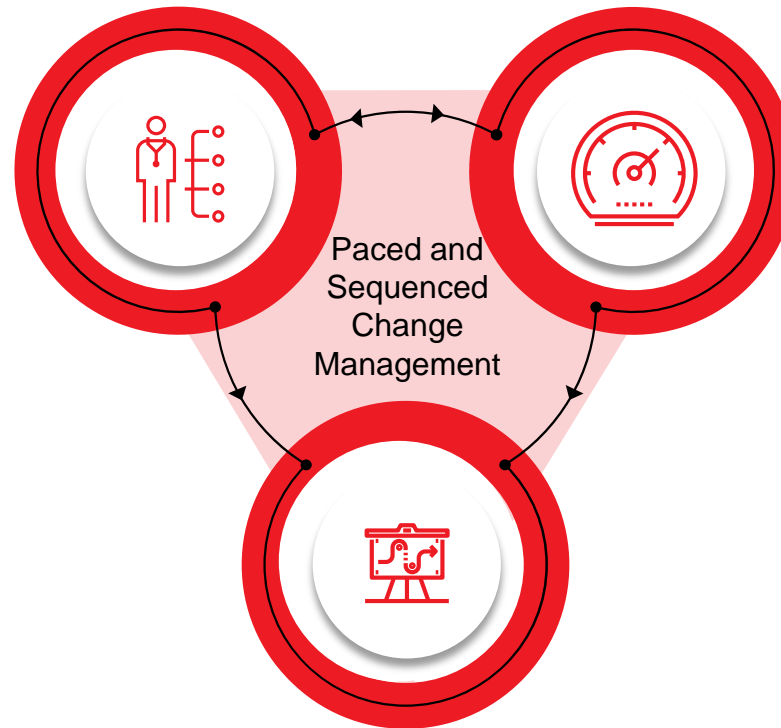
Practice Optimization Program (POP) Overview

Cracking the Code: Enterprise, Practice, Physician

Physician Enterprise Transformation

Connecting the physician enterprise and the health system within an aligned value-based care strategy:

- ✔ Building Physician Culture
- ✔ Establishing Physician Governance
- ✔ Deploying New Compensation Models
- ✔ Developing New Clinical Care Models
- ✔ Bringing the Physician Voice to the System
- ✔ Creating a Path for Transformation



Physician Executive Coaching

- ✔ Building Physician Leaders
- ✔ Supporting Effective Change Management
- ✔ Aligning Multidisciplinary Teams
- ✔ Enabling Value-Based Care Transformation

Practice Optimization Program

Advancing the aligned strategy to each practice through in-market guidance, tools, and support for the transition to value-based care:

- ✔ Completing Practice Assessments
- ✔ Enhancing Workflows and Processes
- ✔ Delivering Value-Based Education
- ✔ Deploying Care Management Programs
- ✔ Providing Actionable Analytics
- ✔ Serving as the Voice of the Practice

Practice Optimization Program Strategic Alignment

Program Tactics



Completing practice assessments through shadowing & understanding the patient population needs and breakdown



Providing actionable analytics for point of care and other activities



Organizing care team communication through daily huddles



Enhancing workflows and processes through best-practices & working top of license



Building a trusted relationship with the physician, practice staff, and care team



Introduce & educate high-risk huddles w/ introductions to additional care team members (i.e., CM)



Delivering VBC Education



Enhancing & maximizing the use & integration of technology resources



Succinct & actionable market communication around progress opportunities and action items



Quality Metric Management

Offers Interventions to Achieve quality metric Gap closure



Annual Wellness Visit/Preventive Visits

Identifies patients who have not completed an annual wellness visit and facilitates a visit with the provider



Hierarchy Condition Category Coding

Identifies patients who may have incomplete or inaccurate coding



Emergency Dept (ED) Follow up

Engages and intervenes to address primary care access, patient/family education, and guidance to using appropriate facilities



Acute Care Transitions

Engages patients upon discharge from an inpatient setting to reduce the risk for readmission



Income / Life / Professional Satisfaction

Offers interventions to improve VBC payments, improved quality of life, and job satisfaction



Focus Area Alignment



TMIN 2023 Strategic Framework and Roadmap

Tufts Medicine Integrated Network Connect 4

- Readmissions and avoidable admissions – concentration on CHF (MSSP gate and significant efficiency dollars in Medicare contracts)

- Hypertension and Diabetes for Adult Population (>\$9M or 33% of Commercial incentives)
- Well-Child Visits and Immunizations for Pediatrics

- Continuity of Care
- Avoidable ED visits & preventable admissions

- Management of Hypertension, Behavioral Health and Diabetes

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EPIC Enhancements

- Timely, preventable, affordable, safe and appropriate care for all, including risk stratification and coding

- Timely discharges to network of post acute partners
- Ambulatory IT services

- Health Equity – concentration on data collection and key quality measure performance (\$4.9M or 18% of Commercial incentives, significant Medicaid ACO and 1115 waiver)

- Experience – Identify Network Patient experience Strategy (\$4.7M or 17% of Commercial incentives)

Appropriate Risk Stratification and Coding are Critical Components of All 4 Aspects of the Roadmap



Initial deployment of POP/CCS



Roles of the Practice Optimization Manager vs. Care Coordination Specialist

Role of the Practice Optimization Manager (POM)

- **Primarily Provider and Clinic facing**
- Building a trusted relationship with the physician, practice staff, and care team
- Completing practice assessments through shadowing & understanding the patient population needs and breakdown
- Enhancing workflows and processes through best-practices & working top of license
- Delivering VBC education
- Providing actionable analytics for point of care and other activities
- Enhancing & maximizing the use & integration of technology resources
- Organizing care team communication through daily huddles
- Introduce & educate high-risk huddles w/introductions to additional care team members (i.e., CM)
- Succinct & actionable market communication around progress opportunities and action items

Role of the Care Coordination Specialist (CCS)

- **Primarily Patient, Practice, and Payer facing**
- Subject matter experts on the quality measures in our Value-Based Programs
- Outreach to patients on behalf of the providers to help schedule and facilitate quality care gap closure
- Directly schedule appointments for patients (labs, PCP, Specialists, etc.) to address care gaps
- Extract medical records to submit to payers
- Submit supplemental data to payers and in payer portals to close care gaps
- Complete and submit required payer reports as needed
- Work with and engage the Population Health Care Team (Providers, Care Managers, POMs, etc.) for additional patient needs as identified



Deploy Practice Optimization Managers (POMs) to:

Meet You Where You Are

Do a practice diagnostic to learn current activities and improvement opportunities related to clinical processes, workflows, and pain points

Co-Create a Practice Plan

Based on analytics create and launch a plan to optimize practice workflows, tools, and reporting at a practice level to improve overall performance

Optimize Contract Performance

Improve risk adjustment coding, wellness visit rates and quality gap closures to impact MLR, quality, attribution, and medical cost performance

The directive established by the Board and TMIN President is to engage with the practices to have measurable impact in CY2023 to produce greater incentive payments to participating physicians.



Practice Optimization Deployment Strategy

- Recruitment and Hiring Process
 - (1) Regional Manager – Navvis employed
 - (3) POMs to support initial practice engagement across all regions
 - (8) POMs additional positions
 - Interview/Hiring Process
 - Training and Onboarding
 - Developing the reporting structure with roles and responsibilities
- Initial target practices – selection for all regions
 - Development of expanded target sites- In process
- Focus areas
 - Alignment with Connect 4 roadmap
 - Inventory of current state will be underway using various methods of on-site clinic visits, interviews with subject matter experts, and group design sessions to define long-term strategy based off areas of opportunities.
- Evaluation of current supportive roles within TMIN/TUFTs like POMs to ensure alignment and non-duplicative work.
- Communication/Presenting within leadership and practice forums for full transparency
- Education to Clinics & distribution of meaningful data
- Clinic Assessments for Inventory
- Strategic deployment of core strategies and tactics → Ongoing process improvement



Practice Optimization Updates

POP Introduction and Practice Visits
Completed by 8/31/2023



Target Practices (Phase 1 Sites)

Consideration Criteria:

- Membership- Highest volume of members in priority contracts
- Weightings: Patient condition, demographics, utilization, practice demographics, and quality. Overlaid with AWV and synchronous sites.

37 sites selected!

Phase II design is in process

<i>South Region</i>	<i>Central Region</i>	<i>North Region</i>
Tufts Medical Center Primary Care - Quincy	Tufts Medical Center Primary Care - Framingham - Concord Street	Lowell Community Health Center, Inc.
Plymouth-Carver Primary Care, PC	Tufts Medical Center Primary Care - Wellesley	Merrimack Family Medicine
Norwood Medical Associates, PC	Fouad N. Aoude MD PC	Mill City Medical Group, Ltd
Cape Cod Primary Care, LLC -Yarmouthport	Wayside Health Associates	TMC CC Primary Care (MFHC)
Cape Cod Primary Care, LLC -Osterville	Suburban Cardiology and Internal Medicine, PC	Chelmsford Family Practice
Cape Cod Primary Care, LLC -Hyannis	Boroughs Medical & Wellness Center	Riverside Medical Group, PC - Lowell Suite 201
Blue Hills Medical Associates	Town Center Pediatrics	Family Practice Group, P.C.
Brewster Medical Associates, PC	Metrowest Physician Services (PCP - El Sharkawy)	TMC CC Primary Care (888 Main)
Comprehensive Primary Care	Metrowest Physician Services - Cochituate Rd Office	Merrimack Valley Internal Medicine
Robert F. Kelliher, M.D.	Pat Chira, MD	Melrose Internal Medicine
Medical Associates of New England, LLC	Pramod Chira, MD	
Lowney Medical Associates	Dr. He's Primary Care for Adults, Inc	
Cohasset Family Practice	Pratt Medical Group - General Medical Associates	
	Pratt Pediatric Associates, Inc.	



POP Introduction and Inventory

Current Inventory to Date

- ✓ Received documents, data, and reports to aid the inventory process
- ✓ Completed 9 POP Intro and Site Visits:
 - ✓ Tufts Medicine Quincy 6/13
 - ✓ Wayside Health Associates 6/14
 - ✓ Pratt Medical Group 6/26
 - ✓ TMCCC- MFHC 6/26
 - ✓ Mill City Medical Group 6/27
 - ✓ Melrose Internal Medicine 6/27
 - ✓ Riverside Medical Group 6/29
 - ✓ Chelmsford 6/29
 - ✓ Plymouth Carver 7/13
 - ✓ Pratt Peds 7/18
 - ✓ Cape Cod Hyannis 7/19
 - ✓ Cape Cod Osterville 7/19
 - ✓ Brewster Medical Associates 7/20
 - ✓ Cape Cod Yarmouth Port 7/20
- ✓ Complete interviews with SMEs

Initial Findings

- ✓ Revenue Management - Evaluation and Management Billing Issues
- ✓ Epic and eCw Optimization Opportunities
- ✓ Under Utilization of Epic Health Maintenance/Best Practice Alerts
- ✓ Opportunities for Epic Training Optimization and Ongoing Support Improvements
- ✓ Coding Resources and Support Inconsistent Across regions
- ✓ Care Teams – Opportunity to Work to Top of License/Scope of Practice
- ✓ Tiger Text for Specialty Support is not always reliable

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Practice Optimization Process

What to Expect



What to Expect- Initial Visits to be Coordinated

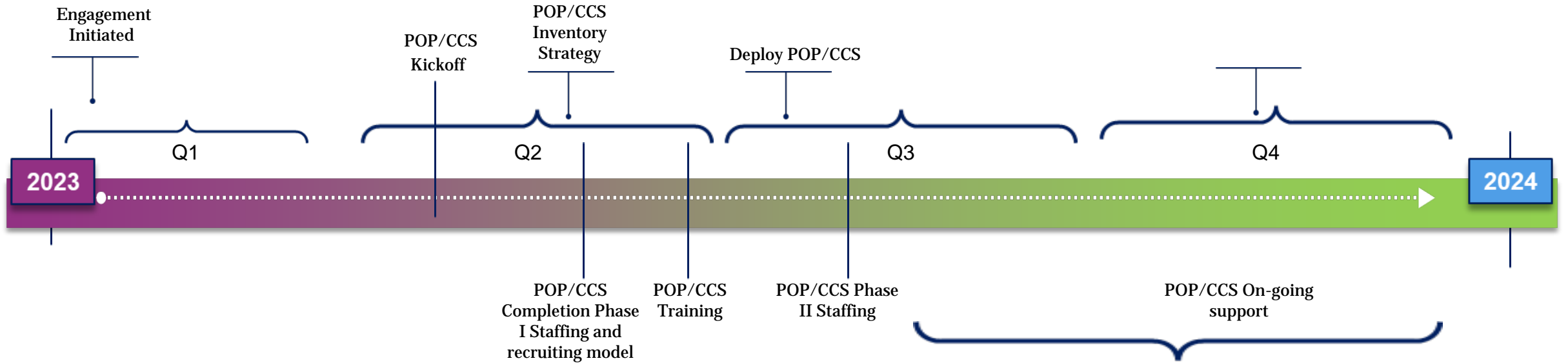
- We are looking for ~4 hours during your clinic day for onsite shadowing, discussion and discovery.
 - Welcome and introductions (15 minutes)
 - As many practice members as available
 - POP Overview Presentation (30 minutes)
 - As many practice members as available
 - Shadowing (3 hours)
 - 1 hour each with Front Desk, Nursing and Providers
 - Debrief (15 minutes)
 - As many practice members as available
- We understand you and your practice team are busy and we will work around your schedule.

Practice Shadowing Purpose and Process

- To understand how your practice operates.
 - To observe best practices or learnings we can share with other practices.
 - To observe/learn about areas of potential opportunity to promote a top of license approach and provide more support to you and your practice.
-

- Intended to be as least disruptive as possible.
- Observe key areas such as front office, back office, clinical, workflows, processes, EMR, etc.
- POP will accommodate whatever works best for you and your practice.

Care Continuum Timeline 2023



Population Health – Early Interventions and Success



Milestones

Information Requests Completed

Completion of staffing and recruiting model

Inventory Strategy and Completion :
(How, Who, Where, When)
Inventory: staffing, practice information, process & workflows, initiatives, analytics

Design and Configure Completed:
Staffing, Hiring, Recruiting, initial Sites, Deployment strategy, communication, training & education

Implementation:
POP- Practice/in-clinic improvement workflows, processes, and initiatives.
CCS- quality gap closure, supplemental data submission, chart extraction and required payer reporting to support our providers and practices with success in our Value-Based programs.

2024



Strategy



What Can You Expect After This?



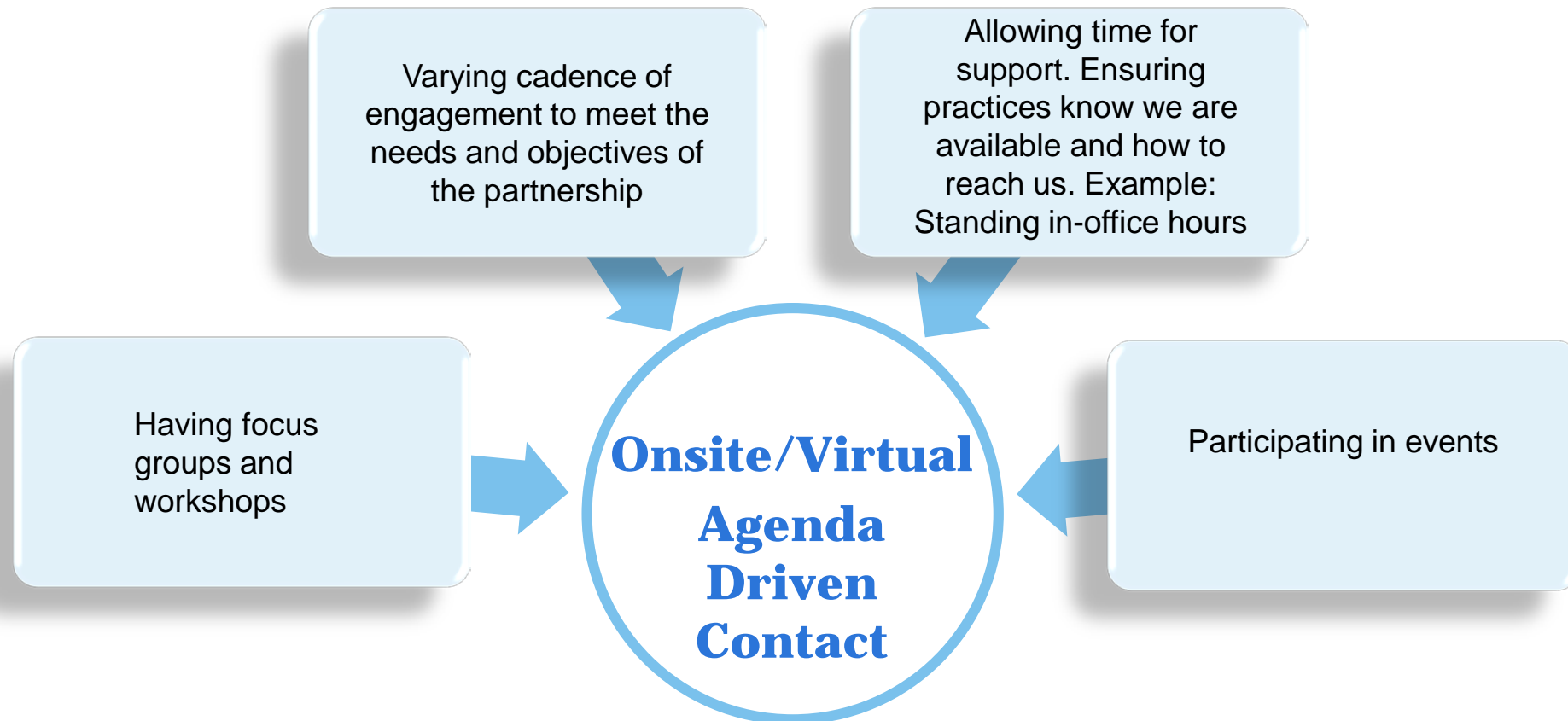
What to Expect?

- Although Practice Optimization Managers (POM) and Care Coordination Specialists may have not yet been hired to support each practices however a representative from Navvis will be in the Boston area now in the coming months and would like to begin the discovery process for the initial implementation of the Practice Optimization Program.
- Initial introduction to the program and as part of program customization there is a need to gather information from identified practices on day-to-day operations to understand successes and opportunities.
- Initial practices were identified as a potential early adopters remaining sites will be a phased approach.
- Education sessions provided to practices by POMs.
- Ongoing support of the POMs and Regional Manager will continue through regular on-site visits.

Practice Optimization Manager

Partner Engagement

Engagement Methods – Methods can vary according to what works best for the partner/practice/provider. Methods are but not limited to:



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Measuring Success

POM Productivity and Key Performance Indicators (Tracking & Reporting)

POM Encounters Master Dashboard

Key Performance Indicators

- Contact <30 days by market/client
- Contact <30 days POM Contact (Total Volume)
- Overall time spend with practice (Average Minutes)

Navvis-Wide Summary Metrics

- Contact <30 days by POM
- Contact reasons by market/client

Summary Metrics by Market/Client

- Quality measures
- Performance Reviews
- Education Contact
- Training Contact

*Raw data is viewable as read only from the dashboard

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POM Encounters Master Dashboard

Total POM Visits
in the last 30 days

154

Overall # of
Minutes Spent
with Practice

54

Total POM Visits in the <30 days, by
Market/Client

STL/So. IL - SSM	21
Wisconsin - SSM	50
Oklahoma - SSM	2
Florida - FMC/HealthSync	39
New Jersey - RWJBH	2
New Jersey - CIN	1
Puerto Rico - Triple S	39
Minneapolis - Allina	0

Links

[POM Encounter Tracking Redesign Docs](#)

[SSM WI](#)

[Florida](#)

[Puerto Rico](#)

[Minneapolis](#)

[New Jersey](#)

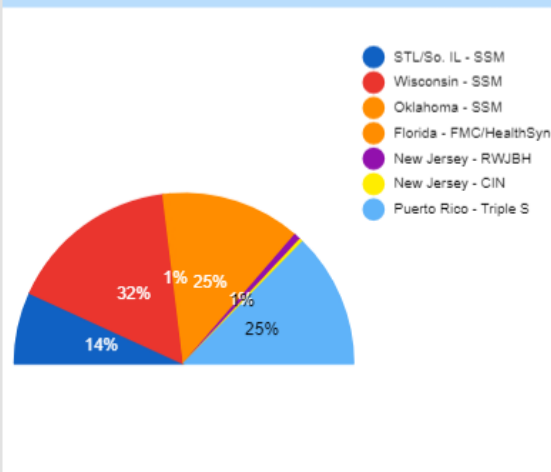
Total Contacts
requiring follow-
up:

(click this box to review)

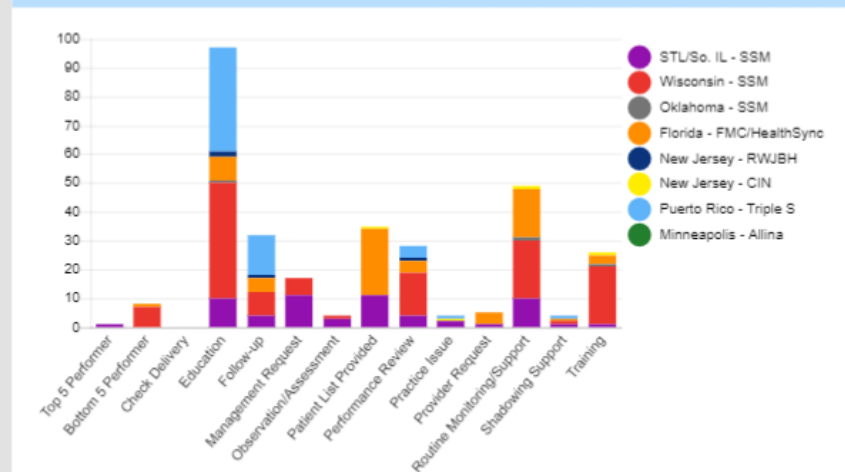
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Navvis-wide Summary Metrics

POM Visits in the last 30 days



Contact Reasons, by Market/Client



Measuring Success

- ✓ POMs document in Encounter/Visit Smartsheet form tracker

Operating Reports → Navvis Regional Manager to distribute/present

- 7-Day POM Productivity
- 30-Day POM Productivity
- Key Performance Indicators

Barriers and Escalation Processes

- POMs to document issue in need of escalation in encounter form
- Discuss with Regional Manager at next 1:1 (if urgent issue, contact ASAP)
- Regional Manager to call out in 7-day report out
- Regional Manager to discuss with VP and/or Director at next 1:1
- Depending on issue and if applicable, VP to discuss with Market President, Sr Dir Client Partner Success and/or Chief Operating Officer



Questions

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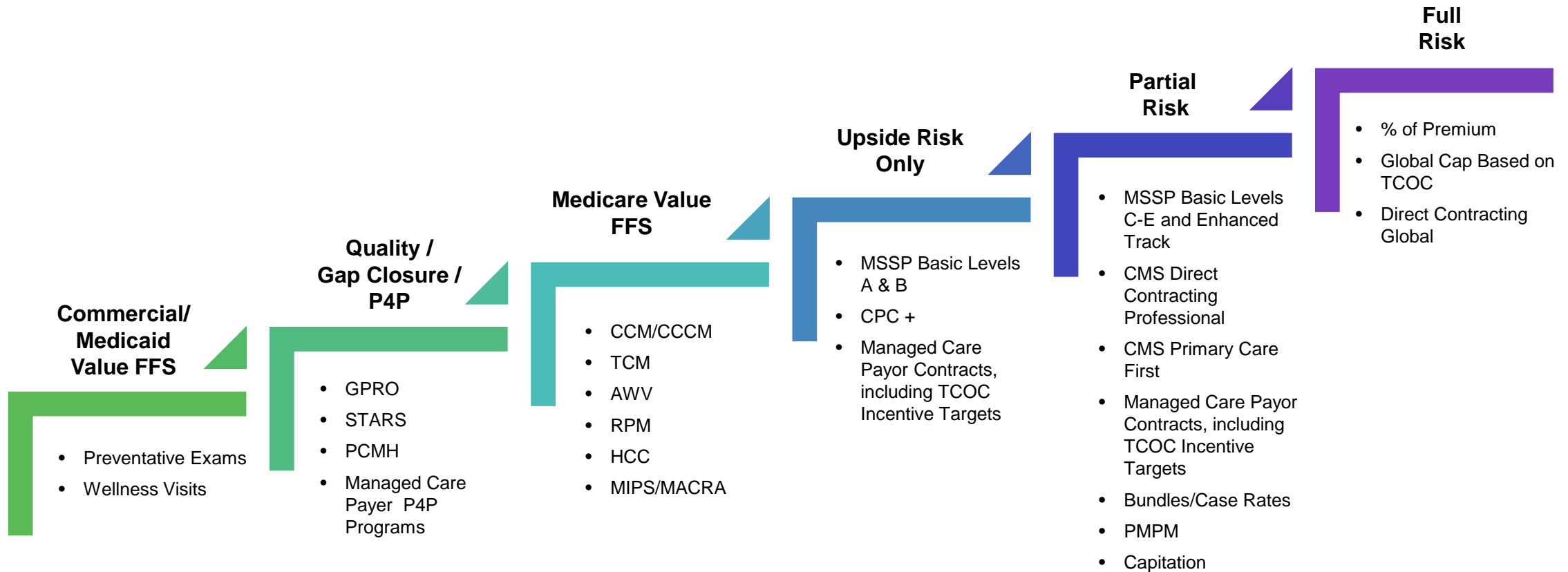
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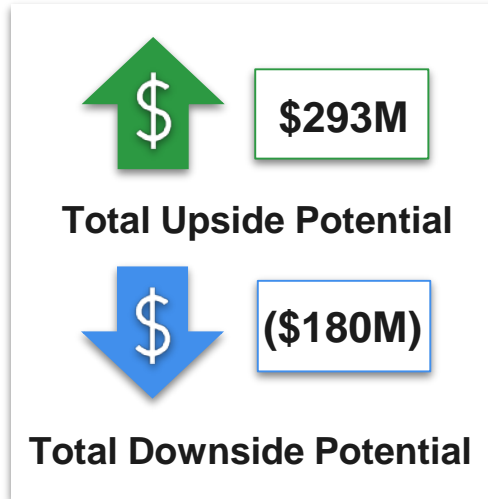
Payer/Provider Contracting Payment Models

Pacing and Sequencing to Risk





TMIN 2023 Value-Based Contracts Risk Profile



Payer Breakdown:		
	Total Upside Opportunity	Total Downside Risk
Commercial:	\$115M	(\$33.7M)
Medicare:	\$140M	(\$107M)
Medicaid:	\$39M	(\$39M)



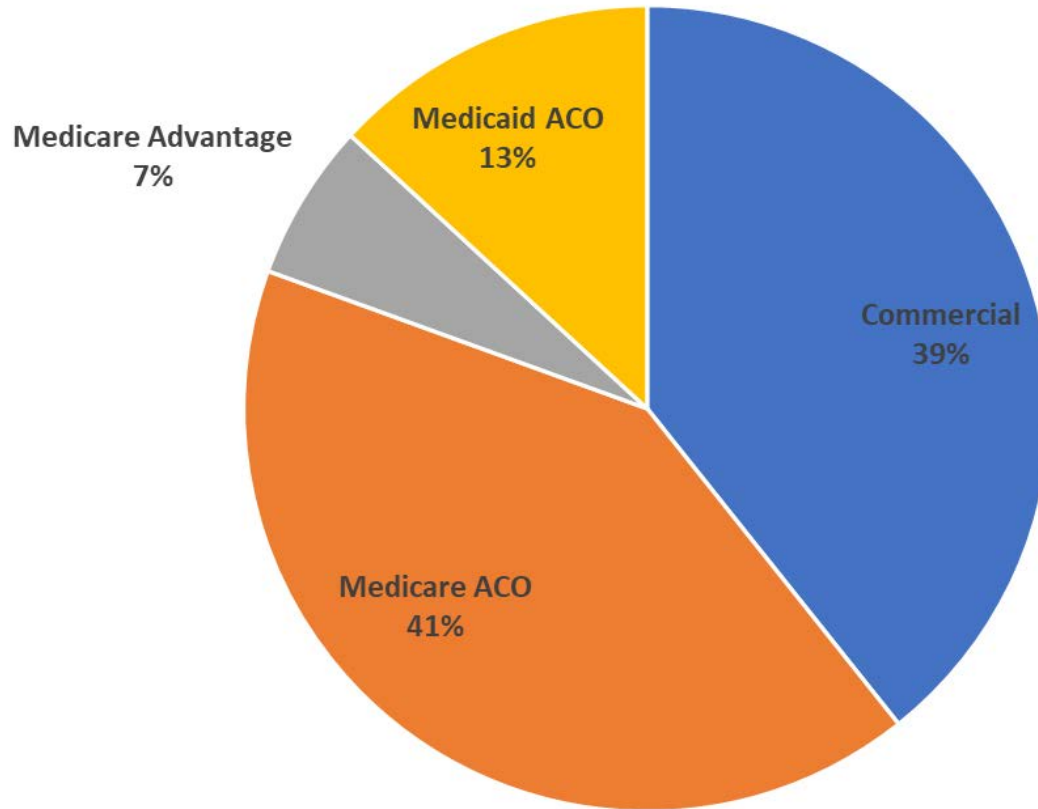
In an upside risk contract, providers share in the savings and not the risk of loss. When the total cost of care is lower than projected budgeted costs, providers receive a defined percentage of the difference between actual costs and budgeted costs. Think of this as “gain-sharing”.



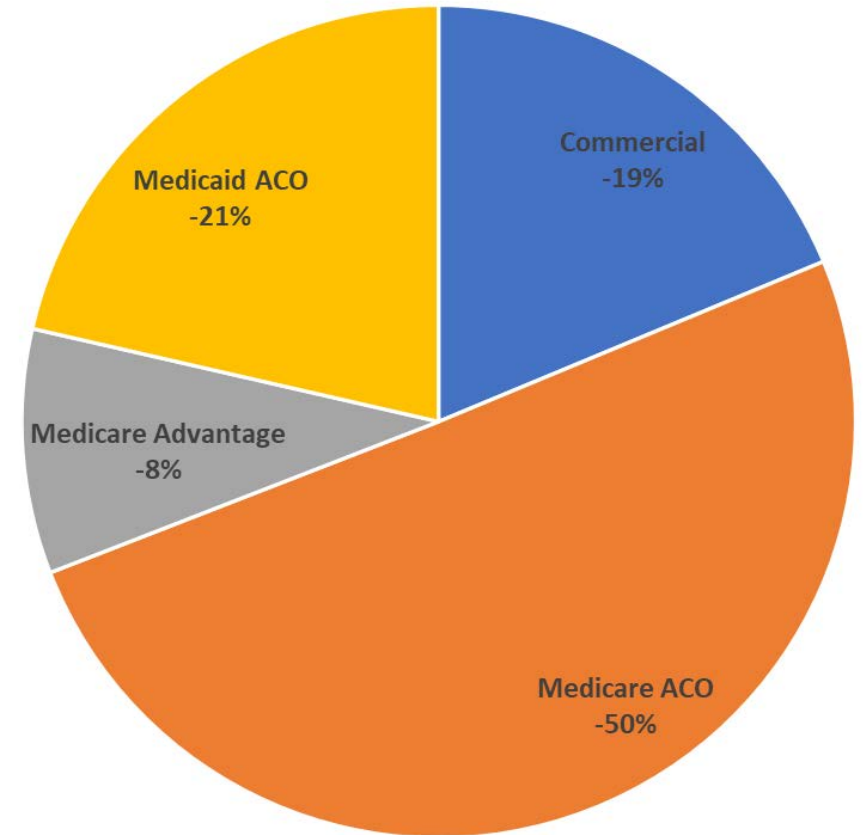
In downside-risk, the risk is either shared between payers and providers or assumed entirely by providers. Downside risk is not about identifying the sickest members in the population and putting the right programs in place to manage them but rather managing the here and now.

- Success requires a focus on short-term inputs to understand what is happening across the network in real time. Providers must understand where each person is in the disease process and then at the right time, be able to give them the right care in the right care setting. This trifecta allows the most efficient outcomes from a cost perspective to occur.

\$293.1M Upside Opportunity



(180.12M) in Downside Risk

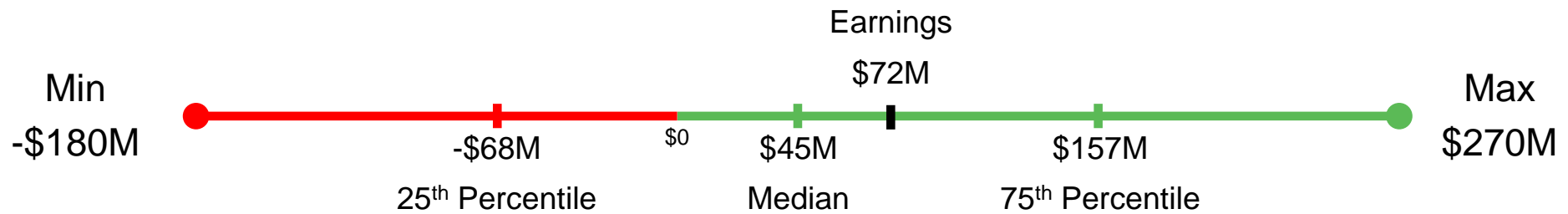


More Asymmetry seen in Commercial Risk Deals
Medicare Risk Contracts offer **most risk** and **most opportunity**

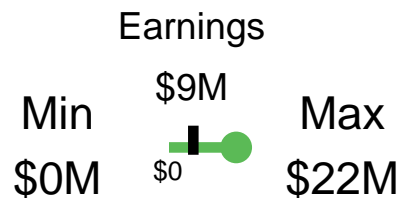
Network Total Upside Opportunity: \$292M
Network Total Downside Risk: -\$180M
Estimated 2022 Earnings: \$81M
Earnings Range Percentile: 55th

12:1 Efficiency to Quality Dollars Opportunity

2023 Contractual Efficiency Opportunity Range with Forecasted 2022 Earnings



2023 Contractual Quality Opportunity Range with Forecasted 2022 Earnings





What is Value Based Care?

Value-Based Care

Simply put – alternative economic model vs. traditional FFS model

Traditional Fee For Service

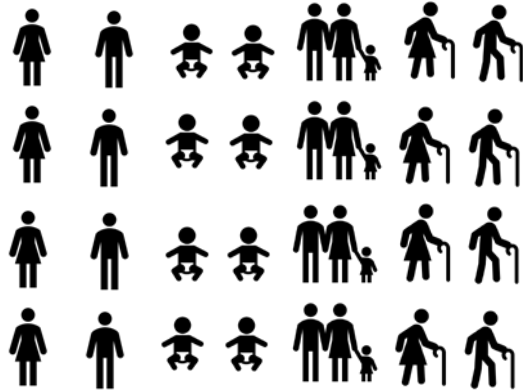
- ❑ Compensate for volume rather than quality.
 - Higher volume of patients, higher reimbursement \$\$
- ❑ Don't take patient outcomes into account when determining reimbursement amounts.
- ❑ Can lead to unnecessary tests and treatments when less-invasive, less-expensive options may be available and more desirable.

Value Based Care

- ❑ Compensate for quality rather than volume.
- ❑ Value preventative, holistic, patient-centered care.
- ❑ Incentivize providers to collaborate with care providers across the continuum of a patient's care to achieve the best possible health outcomes.
- ❑ Widely believed to be key to achieving the Institute of Healthcare Improvement's Triple aim to improve patient experience, health of populations, and reduce the per capita cost of healthcare.

Why is this important?





Current FFS Payment Model: Transactional



Payment is reimbursed when patient receives treatment in office visit with PCP, procedure, hospital, ED, surgery, etc.

Payment is fixed regardless of the amount time spent with patient or for the patient!

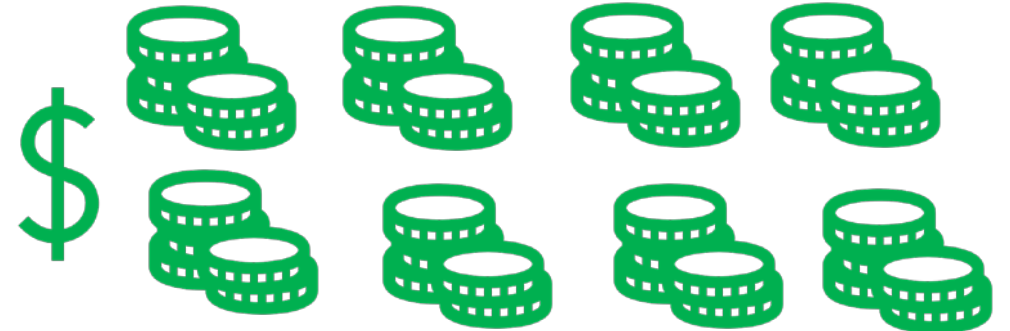






Health outcomes  Life expectancy 
Healthcare Spending  Health care costs 

Future Payment Model: Value/Outcomes



Payment is reimbursed based on outcomes!



Health outcomes  Life expectancy 
Healthcare Spending  Health care costs 



Practice Optimization

Status Key	
●	Completed
●	On Track
●	At Risk
●	Off Track

