The Importance of the Nurse Navigator in Value Based Care

Walter LeStrange, Senior Executive VP/COO
ProHEALTH Medical Management, LLC
May 23, 2017
Today’s Agenda

• Overview of ProHEALTH
• Trends in Healthcare: Transitioning from Fee For Service to Value Based Care (VBC)
• History of the Nurse Navigator
• Different types of Nurse Navigators and how they differ from Case Managers
• Clinical Outcome Measures that Nurse Navigators Impact
• The Role of the Nurse Navigator at ProHEALTH and their relationship to VBC
• Metrics relevant to Nurse Navigator performance
Learning Objectives

At the end of this presentation the learner will be able to:

• Discuss the changing payment model in healthcare (Fee For Service to Value Based Care)

• Describe the various types of Nurse Navigators, history of Nurse Navigators, value of Nurse Navigators

• Describe outcome measures that determine the efficacy of the position.
ProHEALTH - NY Market

- 180 unique clinic locations with 280 practices
- Mix: 40% primary / 60% specialty
- 6 imaging centers, 2 AmbSurg sites, 3 RadOnc, 3 PT, 2 sleep labs, 2 clinical labs, 1 path lab, 30 urgent cares
- High concentration in Nassau County
- Expansion opportunities east and west of Nassau County
- Heavy competition from health systems and urgent care networks
33 unique clinic locations with 84 medical offices
4 Northern NJ counties
200K patients, 600K visits
Principally adult medicine and pediatric primary care, with select specialties
HQ in Secaucus, NJ, total of 620 employees

Riverside practices (breakout of primary, peds, specialties to follow)
NY Geographic Footprint

<table>
<thead>
<tr>
<th>Location</th>
<th>PCP Count</th>
<th>Manhattan</th>
<th>Bronx</th>
<th>Queens</th>
<th>Brooklyn</th>
<th>Nassau</th>
<th>Suffolk</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staten Island</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>24</td>
<td>10</td>
<td>160</td>
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<td>0</td>
<td>12</td>
<td>6</td>
<td>22</td>
<td>18</td>
<td>224</td>
<td>52</td>
<td>334</td>
</tr>
<tr>
<td>Bronx</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>10</td>
<td>22</td>
<td>22</td>
<td>11</td>
<td>82</td>
</tr>
<tr>
<td>Queens</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brooklyn</td>
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</tr>
<tr>
<td>Nassau</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffolk</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Physicians*</td>
<td>9</td>
<td>20</td>
<td>11</td>
<td>56</td>
<td>50</td>
<td>406</td>
<td>127</td>
<td>679</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Patient Count**</th>
<th>Population</th>
<th>% Captured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staten Island</td>
<td>47,124</td>
<td>474,558</td>
<td>9.9%</td>
</tr>
<tr>
<td>Manhattan</td>
<td>15,827</td>
<td>1,644,518</td>
<td>1.0%</td>
</tr>
<tr>
<td>Bronx</td>
<td>18,488</td>
<td>1,455,444</td>
<td>1.3%</td>
</tr>
<tr>
<td>Queens</td>
<td>157,914</td>
<td>2,339,150</td>
<td>6.8%</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>104,808</td>
<td>2,636,735</td>
<td>4.0%</td>
</tr>
<tr>
<td>Nassau</td>
<td>407,684</td>
<td>1,361,350</td>
<td>29.9%</td>
</tr>
<tr>
<td>Suffolk</td>
<td>292,179</td>
<td>1,501,587</td>
<td>19.5%</td>
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<tr>
<td>Total</td>
<td>1,044,024</td>
<td>11,413,342</td>
<td>9.1%</td>
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</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Clinic Count</th>
<th>Urgent Care Count</th>
<th>ASC Count</th>
<th>Location Total</th>
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<td>11</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Manhattan</td>
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<tr>
<td>Bronx</td>
<td>2</td>
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<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Queens</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>Nassau</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>Suffolk</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>13</td>
<td>3</td>
<td>283</td>
</tr>
</tbody>
</table>

*Physicians counted once for each county they practice in
** Based on patient home zip code
The PH Story

✓ A mission to provide high quality, cost-effective care outside the hospital

✓ Developing an integrated ambulatory system in NY metro area with full breadth of outpatient services

✓ Significant growth in Revenue, physicians and locations over a 20-year period

1997

PH Founded with PCPs, Specialists and Ancillaries

2008

EMR Implementation

2009

Expansion into Suffolk County

2012

$100

$144

$177

$228

$280

$349

$455

$590

$613

$679

2017

Acquired by
Optum
July 9, 2014

Today

Expansion into Burroughs and Urgent Cares

ACO created

Acquired Riverside (NJ)
Overview of ProHEALTH Medical Management
ProHEALTH Care Associates LLP

- 900 Providers
  - 325 Adult PCP’s
  - 165 Peds
  - 35 OB/GYN
  - 375 Sub-Specialists
    - 30+ different specialties
- 1,200,000+ Unique Patients
- 2+ Million Visits Annually
- 300 Locations
Market Overview

Payer Mix

- 98% FFS
- 2% Value Based

Health Plans

- Multi-Payer with 20+ plans

<table>
<thead>
<tr>
<th>Payer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>66%</td>
</tr>
<tr>
<td>Medicare</td>
<td>26%</td>
</tr>
<tr>
<td>Managed Medicaid</td>
<td>8%</td>
</tr>
</tbody>
</table>
Health Systems

• **Health Systems/Competitors**

  - NorthWell
  - NYU
  - Mt. Sinai

  - Catholic Health System
  - NYP (Columbia & Cornell)
  - Montefiore
Ancillaries

• Laboratory
  • Clinical
  • Pathology

• Imaging
  • Bone Density
  • Ultrasound
  • MRI
  • CT
  • PET CT
  • X-Ray
  • Interventional Radiology

• Sleep Labs
• Physical Therapy
• Echo
• Holter
• Audiology
• Dialysis Access
• Radiation Oncology
# EMR Platforms

<table>
<thead>
<tr>
<th>EMR/PAPER/LEGACY</th>
<th>Provider Count</th>
<th>Provider %</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR (GE Centricity)</td>
<td>442</td>
<td>56%</td>
</tr>
<tr>
<td>PAPER</td>
<td>199</td>
<td>25%</td>
</tr>
<tr>
<td>*LEGACY</td>
<td>147</td>
<td>19%</td>
</tr>
</tbody>
</table>

* 22 Different Legacy EMR Platforms
Administrative Departments

- Human Resources
- Legal
- IT & Applications
- Revenue Cycle
- Finance
- Accountable Care
- Practice Analytics
- Procurement
- Facilities
- Compliance & Privacy
- Health & Safety
Growth 2013-2016

Provider Count

- 2013
- 2014
- 2015
- 2016 (Projected)
Transition from FFS to Value Based Care

2009-2011
- PQRS
- P4P
- NCQA
- DRP

2012
- MSSP
- ACO

2017
- 7 Shared Savings Contracts
- 7 P4P Contracts
- 3 DSRIP Contracts

2017-2018
- MACRA
- MIPS APM

2019
RISK?
ProHEALTH Advantage

Optum July 2014
• Preparing for Risk
• Resources
• Optum Analytics

Population Health

Care Coordination
Primary Care
Specialist
Hospitalist
Palliative Care
Urgent Care
Case Management
Patients Enrolled in Shared Savings Programs
Total Patient Lives 125,360

- UHC/Oxf CmmrcI, 35,260
- MSSP, 32,600
- Blue Cross, 23,240
- CIGNA, 13,500
- Emblem, 11,600
- Aetna, 7,800
- UHC MA, 1,360
Patients Enrolled in Pay for Performance Programs P4P
Total Patient Lives 58,400

- UHC Empire Plan P4P, 19,350
- UHC C&S P4P, 16,650
- Healthfirst P4P, 8,100
- Emblem P4P, 6,800
- Fidelis P4P, 5,700
- UHC MAPCpi, 1,800
ProHEALTH Trend in Spend

Total Expenditures per Assigned Beneficiary

- 3 year Historical Benchmark: $10,083
- PY1 Interim Updated Benchmark: $9,992
- PY1 Final Benchmark: $9,774
- PY2 Final Benchmark: $9,773

Expenditures

2009 2010 2011
Q32012 Q42012 Q12013 Q22013 Q32013 Q42013 Q12014 Q22014 Q32014 Q42014 Q12015 Q22015 Q32015

$9,000 $9,200 $9,400 $9,600 $9,800 $10,000 $10,200 $10,400 $10,600 $10,800

- 3 Year Benchmark

$9,000 $9,200 $9,400 $9,600 $9,800 $10,000 $10,200 $10,400 $10,600 $10,800

OPTUMCare

Part of OptumCare™
ACO Quality Measures

- 2014 Final Score: 95.41 (#1 all ACOs)
- 2015 Final Score: 95.77
- 2016 Projected Score: 98.6
ACO Population by Home Zip Code

2012

2016
United States ACO Population
# MSSP ACO Dashboard

<table>
<thead>
<tr>
<th>MSSP ACO</th>
<th>2015 Q1</th>
<th>2015 Q2</th>
<th>2015 Q3</th>
<th>2015 Q4</th>
<th>2016 Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>28,556</td>
<td>28,926</td>
<td>29,802</td>
<td>31,282</td>
<td>30,687</td>
</tr>
<tr>
<td><strong>Expenditures per Bene</strong></td>
<td>$9,396</td>
<td>$9,282</td>
<td>$9,319</td>
<td>$9,355</td>
<td>$9,448</td>
</tr>
<tr>
<td><strong>Admit per 1,000</strong></td>
<td>200</td>
<td>196</td>
<td>196</td>
<td>193</td>
<td>189</td>
</tr>
<tr>
<td><strong>ER per 1,000</strong></td>
<td>345</td>
<td>343</td>
<td>346</td>
<td>338</td>
<td>339</td>
</tr>
<tr>
<td><strong>ProHEALTH Care Support New Patient Enrollment</strong></td>
<td>63</td>
<td>56</td>
<td>89</td>
<td>93</td>
<td>72</td>
</tr>
<tr>
<td><strong>Currently Enrolled in ProHEALTH Care Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>245</td>
</tr>
<tr>
<td><strong>Currently Enrolled in Case Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>485</td>
</tr>
</tbody>
</table>
### ProHEALTH Performance

<table>
<thead>
<tr>
<th>Category</th>
<th>ACO-Specific¹</th>
<th>All MSSP ACOs²</th>
<th>National FFS²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition of Care/Care Coordination Utilization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-Day All-Cause Readmissions Per 1,000 Discharges¹³</td>
<td>132</td>
<td>160</td>
<td>168</td>
</tr>
<tr>
<td>Ambulatory Care Sensitive Conditions Discharge Rates Per 1,000 Beneficiaries¹³</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease or Asthma</td>
<td>4.50</td>
<td>9.73</td>
<td>9.05</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>7.76</td>
<td>13.02</td>
<td>11.96</td>
</tr>
<tr>
<td>Bacterial Pneumonia</td>
<td>5.28</td>
<td>8.13</td>
<td>7.83</td>
</tr>
<tr>
<td>Additional Utilization Rates (Per 1,000 Person-Years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Discharges, Total¹⁴</td>
<td>189</td>
<td>306</td>
<td>293</td>
</tr>
<tr>
<td>Skilled Nursing Facility or Unit Utilization Days¹⁵</td>
<td>467</td>
<td>1,569</td>
<td>1,735</td>
</tr>
<tr>
<td>Emergency Department Visits</td>
<td>339</td>
<td>686</td>
<td>664</td>
</tr>
<tr>
<td>Emergency Department Visits that Lead to Hospitalizations</td>
<td>127</td>
<td>206</td>
<td>197</td>
</tr>
</tbody>
</table>

Does not include embargoed data: From 1Q 2016 data: Note that all utilization rates shown below are far lower than those compared to all other ACOs and lower than National FFS. These are categories which are most closely related to high spend.
MSSP Physician Report Card

Dear Dr. [Name],

Here is your report for your Medicare Shared Savings Program (MSSP) ACO patients for the most recent 12 month reporting period. These measures are important for our overall performance in the MSSP ACO and will become a key factor for physician reimbursement under the new MACRA physician payment model beginning in 2019 which rewards high value care. The purpose of this data is to better inform you about your practice pattern in relation to your peers.

<table>
<thead>
<tr>
<th>Q3 2015 – Q2 2016</th>
<th>Your Rate</th>
<th>Target Rate</th>
<th>Target Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Count</td>
<td>376</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spend/Patient per Year</td>
<td>$9,291</td>
<td>$9,200</td>
<td>ProHEALTH Target</td>
</tr>
<tr>
<td>ER Visits per 1000</td>
<td>295</td>
<td>222</td>
<td>Milliman Medicare Best Practice</td>
</tr>
<tr>
<td>Hospital Admits per 1000</td>
<td>189</td>
<td>192</td>
<td>Milliman Medicare Best Practice</td>
</tr>
<tr>
<td>Average Patient Risk Score (measures disease burden)</td>
<td>2.0</td>
<td>2.1</td>
<td>ProHEALTH Average</td>
</tr>
<tr>
<td>% of Decedents Enrolled in Hospice Care</td>
<td>44%</td>
<td>75%</td>
<td>Best Practice</td>
</tr>
</tbody>
</table>

We look forward to your comments. Please direct all questions to ACOCare@ProHEALTHcare.com and we will gladly assist.

Warmest Regards,

Gary Weissman MD
Advanced Illness Management

- **Well Patients**: Patients with controlled chronic conditions
- **3-5% High Risk**: High Risk Chronic Care Management
- **Top 1% Highest Risk**: Advanced Care Planning, MOLST, Advanced Illness Care

Extra Layer of Care

Co-Management w/ PCP
The Palliative Care Landscape

An aging population

- In 2050, the number of Americans aged 65 and older will double to 90 million. Those over 65 will account for 20% of U.S. population, up from 13%. 10,000 new people enter Medicare every day.
- People living with advanced illness will double in 25 years.

The Good News

- Increased demand for outpatient palliative care

The Bad News

- Expanding market will contribute to workforce shortage, need additional 18,000 palliative care physicians to meet need, currently only 1 palliative care physician for every 20,000 people with serious illness
Health Care Gap for People with Advanced Illness

Stage 1 → Stage 2 → Stage 3 → Care Gap → Terminal → Mourning

- Chronic Disease 2 → 20 Years
- Seriously Ill 18-24 mos.
- Hospice
- Grief Support

5% Population
50% Cost
# Advanced Illness/ Palliative Care

<table>
<thead>
<tr>
<th>MSSP ACO (n=215)</th>
<th>90 Day Pre Enrollment</th>
<th>PH Care Support Enrollment</th>
<th>90 Day Post Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare PartA Spend</td>
<td>$1,446,975</td>
<td></td>
<td>$651,898</td>
</tr>
<tr>
<td>#ED Visits in 90 Days</td>
<td>101 Visits</td>
<td></td>
<td>67 Visits</td>
</tr>
</tbody>
</table>

## Location of Death is Home

- **Baseline Population (Control)**: 25%
- **ProHEALTH Care Support**: 85% (n=100/110)
ProHEALTH Care Support: Location of Death and Hospice Median LOS

**Location of Death**
- Home: 15% (n=167/197)
- Hospital: 85%

**Median LOS (days)**
- Usual Care: 5
- ProHEALTH Care Support: 30
Frank is an 89 year old man with dementia, heart failure and CKD IV

- Freq ER visits for weakness
- Admitted 2x in past 6 months for confusion
- His 86 year old wife and adult son are overwhelmed
- Wife calls doctor at 6:15 pm and voicemail says go to the ER, so she does
# Palliative Care vs. Fragmented Care

<table>
<thead>
<tr>
<th><strong>More Care</strong></th>
<th><strong>Better Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 calls to 911</td>
<td>24/7 phone coverage</td>
</tr>
<tr>
<td>2 hospitalizations</td>
<td>Case management and palliative care</td>
</tr>
<tr>
<td>6 physicians involved with Frank’s care but no one really knows him</td>
<td>Caregiver support</td>
</tr>
<tr>
<td>Functional decline with each admission</td>
<td>Meals on Wheels</td>
</tr>
<tr>
<td>Family distress</td>
<td>Advanced Care Planning</td>
</tr>
<tr>
<td></td>
<td>Timely referral to hospice</td>
</tr>
</tbody>
</table>

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**OPTUMCare**

[ProHEALTH℠ Part of OptumCare™]
Home based palliative care cost $12,000 less than usual care.

Reduction in hospitalization in final month of life by 34%.

Hospice utilization increased 5x.

Better care cost less.
Urgent Care Locations
Urgent Care Patient Volume

Visit Growth

- 2014: 68,000+
- 2015: 180,000+
- 2016: 253,000+
What is a Nurse Navigator?

Definition: Nurse Navigators are professionals who help patients go through the medical treatment process in a smooth fashion.
Requirements

• Baccalaureate degree in nursing
• State licensure
• Work well independently
• Collaborates with physicians and other members of the health care team
• Able to provide education about the medical treatments the clients receive
History of Nurse Navigator

- Patient advocacy gained significant attention in the 1970’s
- 1972 - Patients Bill of Rights was incorporated into the accreditation standards for hospitals by the American Hospital Association
- 1980 - Masters program in Health Advocacy established at Sarah Lawrence College in collaboration with Mt. Sinai Hospital in NYC
- Many courses and certificate programs were subsequently established
History of Nurse Navigator

• 1990 – Dr. Harold Freeman pioneered the concept at Harlem Hospital

• Purpose was to eliminate barriers to cancer screening, diagnosis, treatment and support

• Minority communities at risk due to financial, communication and cultural barriers to care
History of Nurse Navigator

- 2005 – Passage of the Patient Navigator Outreach and Chronic Disease Prevention Act
- $25 million was allotted to develop community based navigation programs
- Center to Reduce Cancer Health Disparities was created by the NIH
- Data supported the value of the role
  - Five year survival rates increased from 39% to 70% for breast cancer patients at Harlem Hospital
History of Nurse Navigator

• Role has expanded beyond breast cancer

• Hospital based navigators manage patients’ needs during the hospital stay and after D/C

• The Affordable Care Act requires that “insurance navigators” be available to help consumers research and enroll in health insurance through the exchanges
History of Nurse Navigator

• Private patient advocates and navigators paid by patients/families

• Private services are not generally covered by insurance despite the evidence of efficacy

• Some health care flexible spending accounts will reimburse the expense
Types of Nurse Navigators

Oncology!

Others?
- Total Joint
- Cardiology
- Transplant
- Palliative Care
Oncology Nurse Navigation Care Model

- Access to Care
- Education, resources & referrals
- Screening
- Diagnosis & Treatment
- Advance & Complex Care
- Shared Decision Making
- End of Life
- Advanced Care Planning/
- Palliative
# Case Management vs Nurse Navigator

## Case Management
- Financial Management
- Resource Utilization
- Goal is to yield cost-effective outcomes that are patient-centric, safe and provided in the least restrictive setting

## Nurse Navigator
- Work 1:1 with patients living with chronic conditions/disabilities
- Function as liaisons with insurance companies and healthcare providers
- Help with medication management, care planning of care, exploring treatment options


* [http://www.caremanager.org/](http://www.caremanager.org/)
Role of the Nurse Navigator at ProHEALTH

• Coordinates complex clinical care

• Enhances communication between all treating physicians

• Helps patients and families interpret medical information

• Guides patients and families through decision making processes associated with care options
Improved Outcomes of the Nurse Navigator

• **Avoid duplication of services and unnecessary diagnostic procedures**
  - Reduce Hospitalizations and Readmissions
  - Decreased Emergency Department Visits

• **Personal guide to help patients make informed choices**
  - Shared Decision Making
  - Better Follow Up/Adherence

• **Triple Aim**
  - Reduce cost
  - Better outcomes
  - Better patient experience
Improved Outcomes of the Nurse Navigator (Con’t)

• Five year survival rates increase from 39% to 70%

• Stress decreases
Thank you.

Contact information:

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email: wlestrange@prohealthcare.com