



# Creating New Value for High Cost/Risk Patients

*Solutions*<sup>™</sup>  
**Bluestone**

Patient-centered Primary Care Cooperative  
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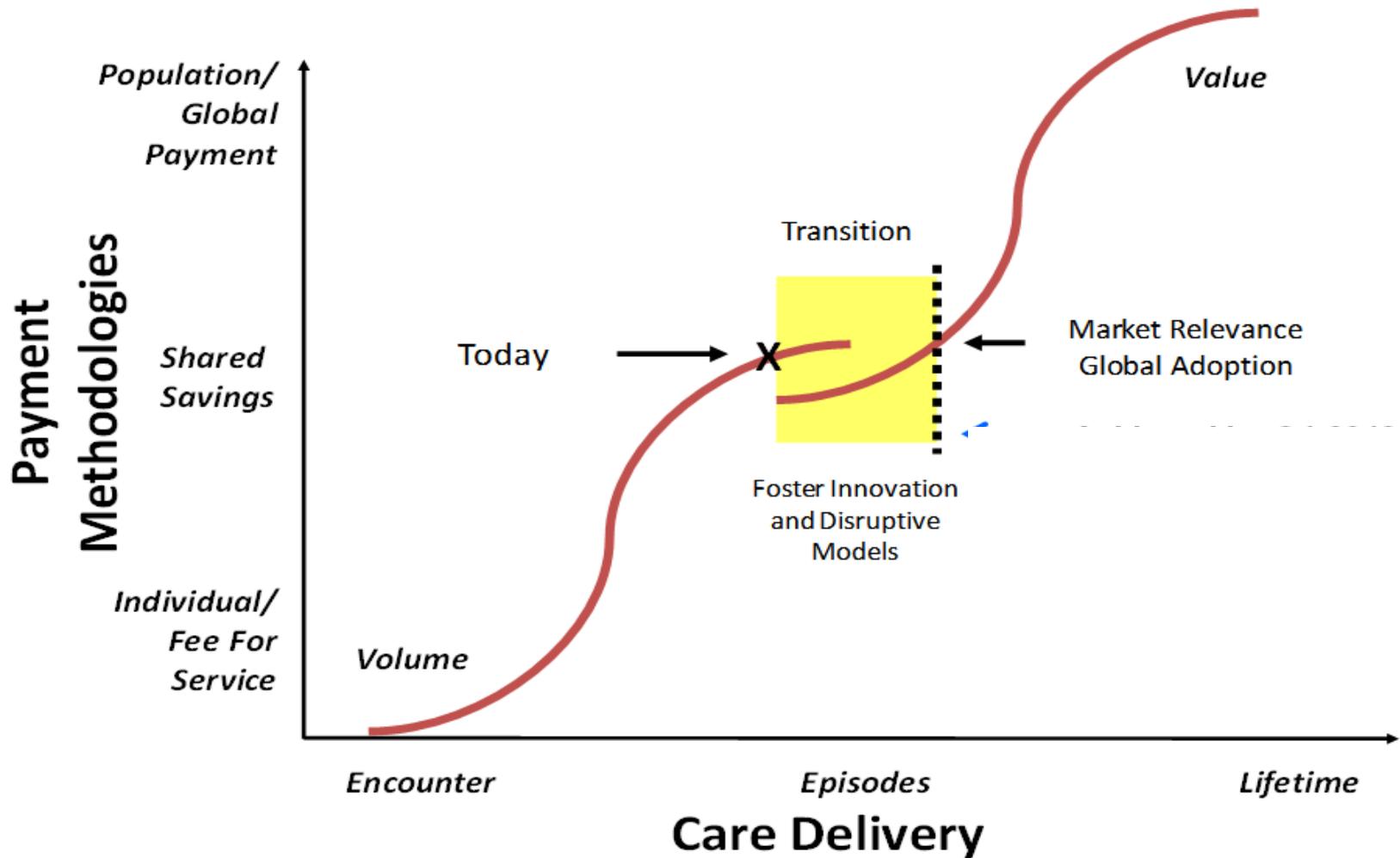
Director Sales/Marketing

Seasons of Maplewood (Ecumen Community)

# Learning Objectives

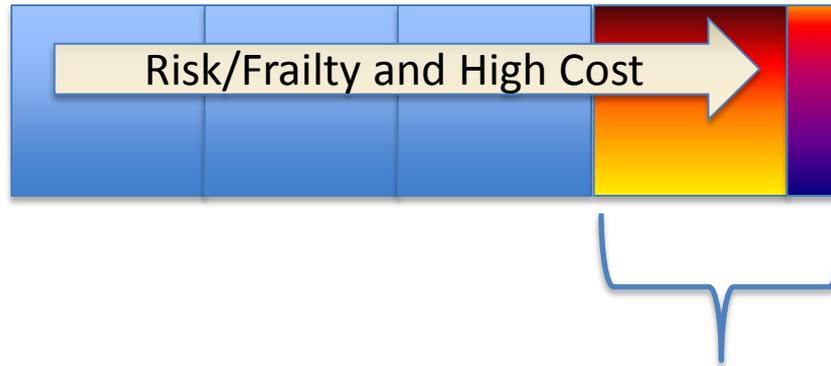
1. Describe differentiating characteristics of onsite care model for facility-based high risk patients
  - team-based, relationship-centered care
  - responsive and resilient care delivery/planning
  - technology-enabled efficiencies
2. Share patient/family/staff/provider team experiences
3. Discuss measurement framework and results
4. Share future direction and development

# Making the Transition



# Care on the Continuum

Patient Population

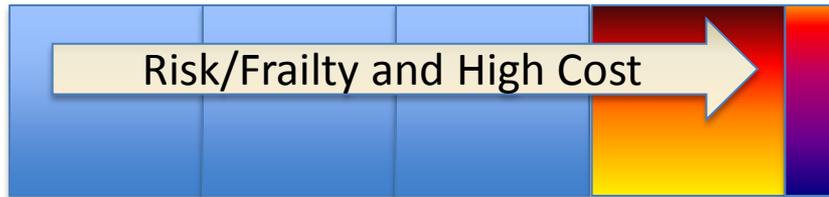


Patients with Chronic Disease  
and Acute Episodes

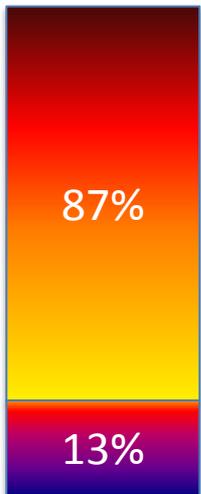
>50% medical spend

# Care on the Continuum

Patient Population



High Utilization

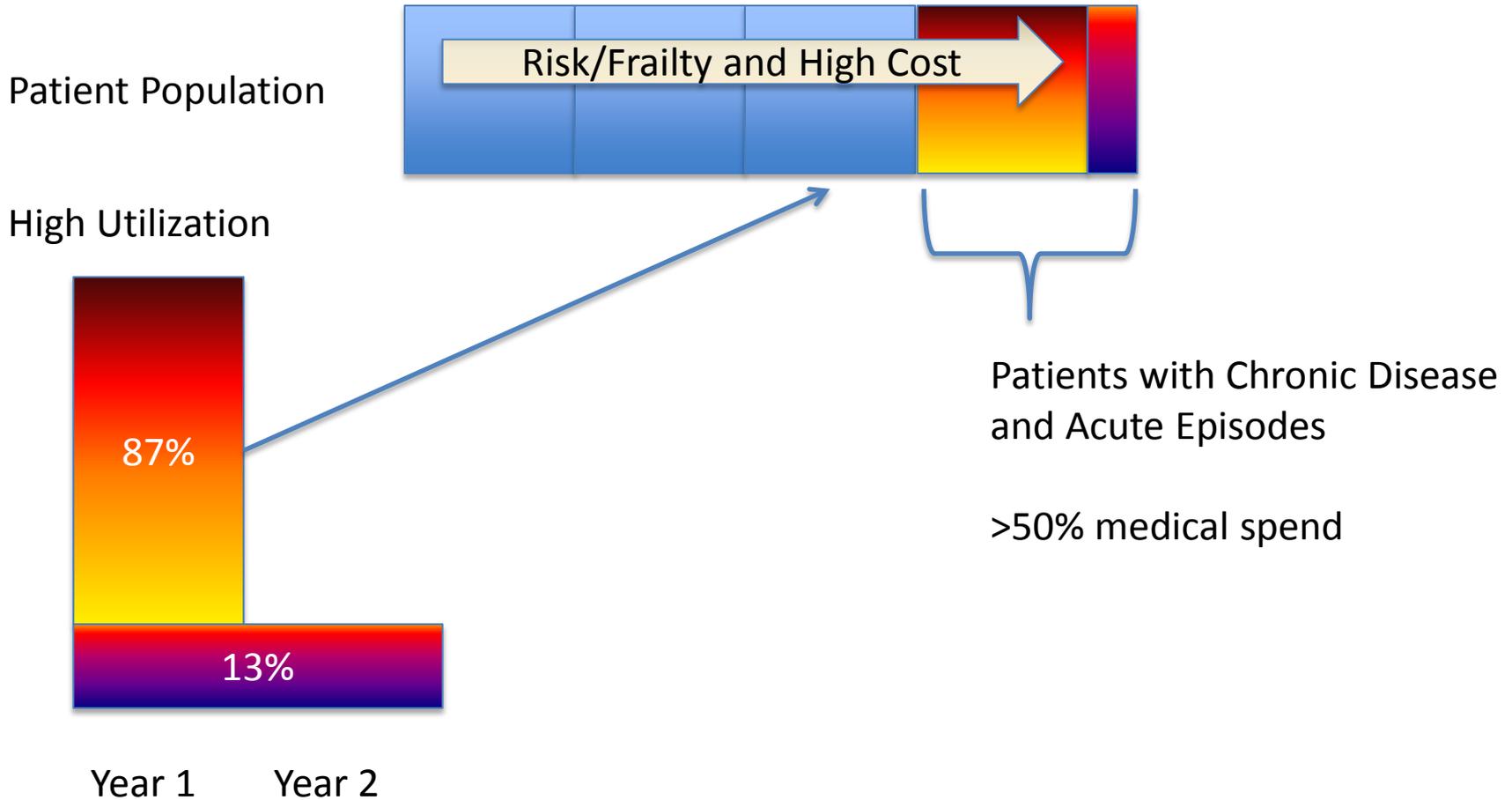


Year 1

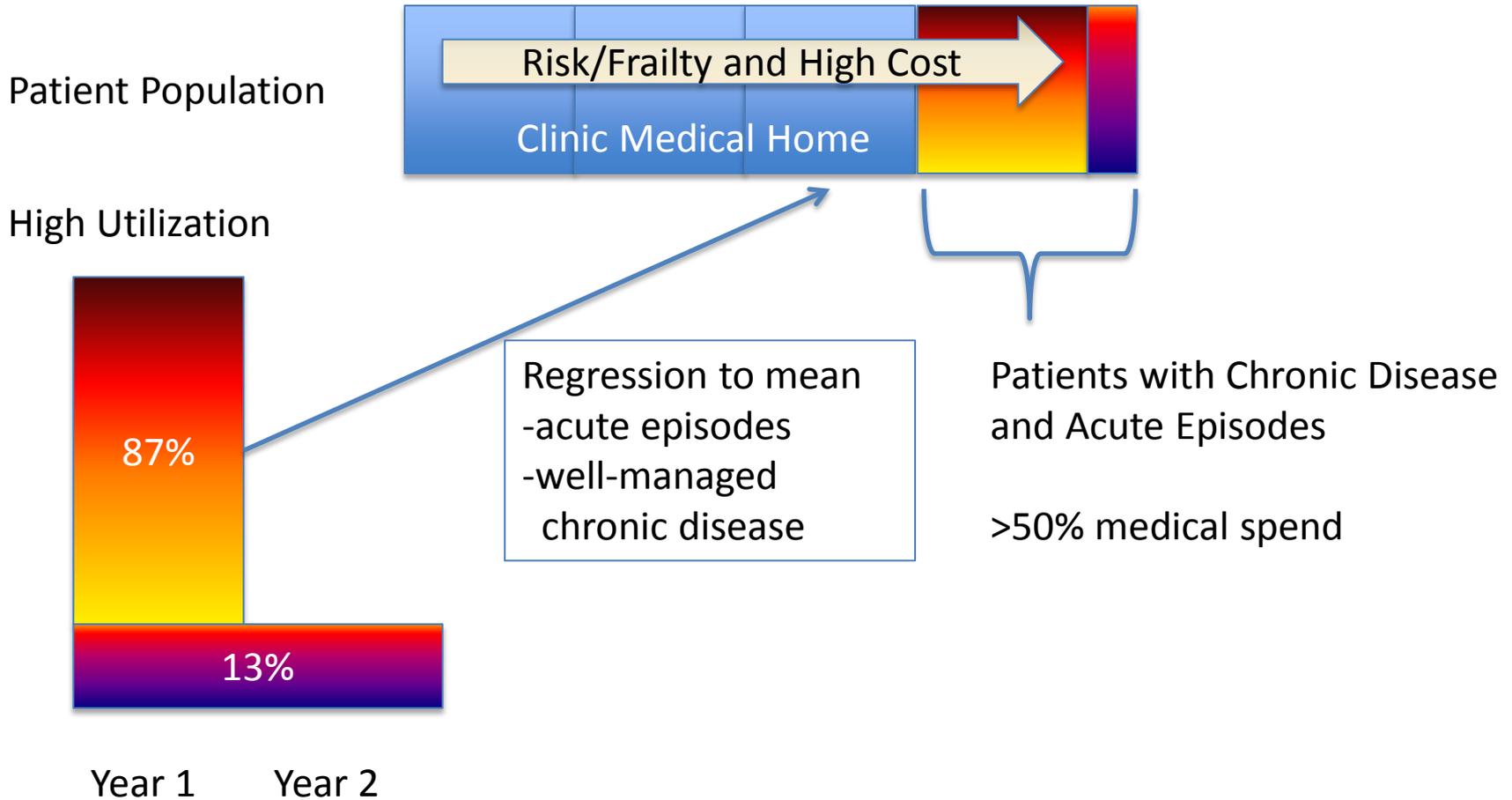
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# Care on the Continuum

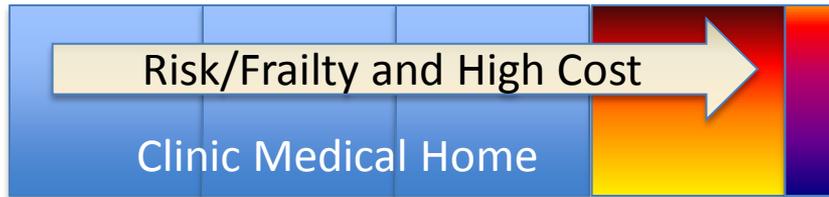


# Care on the Continuum

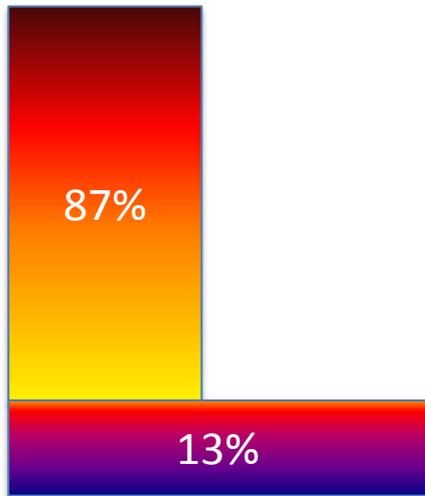


# Care on the Continuum

Patient Population



High Utilization



Year 1

Year 2

Bluestone population



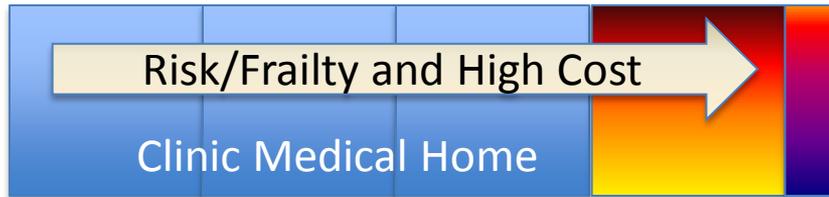
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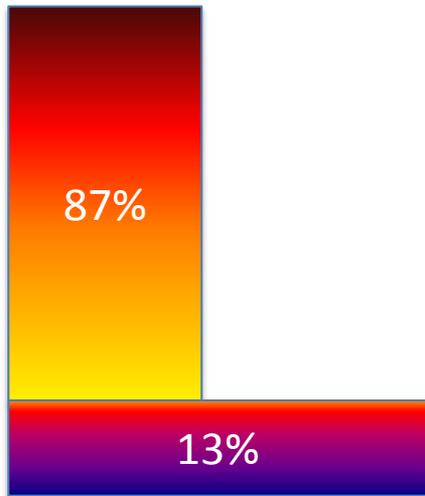
Complex social/behavioral/medical  
Chronic High Spend  
Higher % on public programs  
Frail/elderly/vulnerable  
High incidence dementia  
*Underserved*

# Care on the Continuum

Patient Population



High Utilization



Year 1

Year 2

Bluestone population



Patients with Chronic Disease and Acute Episodes

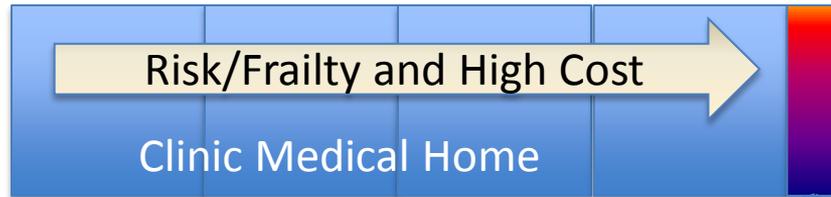
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- Complex social/behavioral/medical
- Chronic High Spend
- Higher % on public programs
- Frail/elderly/vulnerable
- High incidence dementia

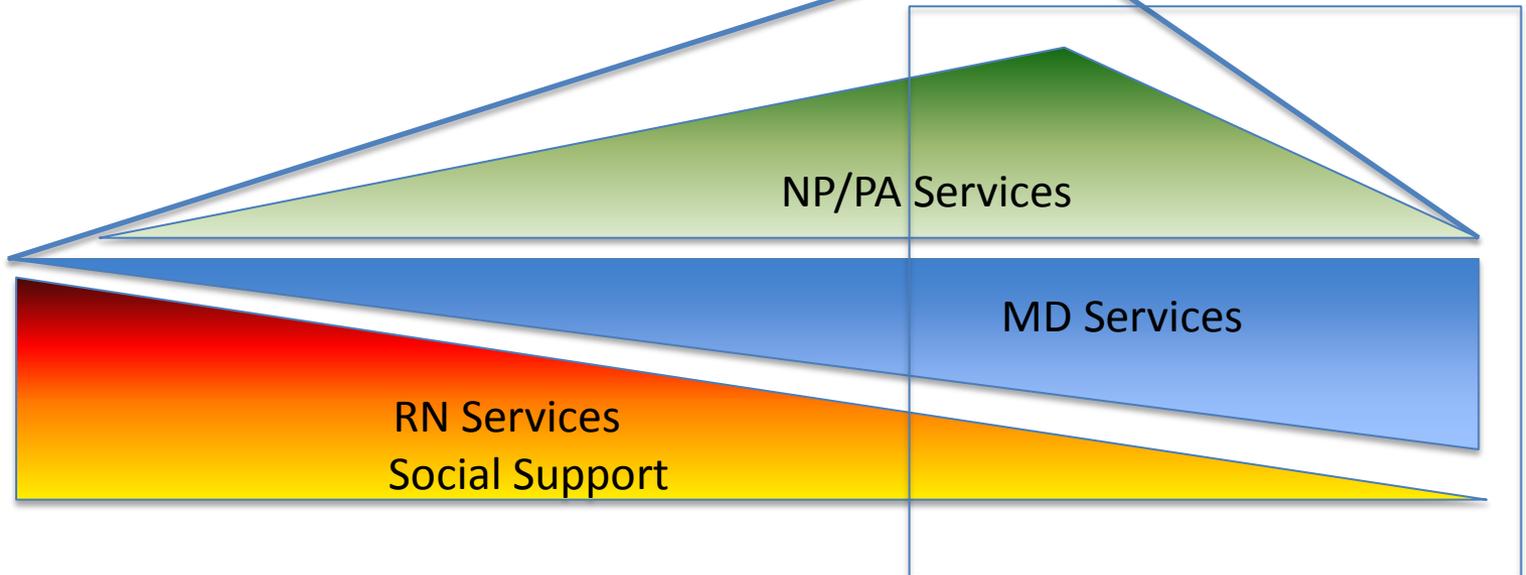
★ *Underserved*

# Care on the Continuum

Patient Population



Facility Partners  
Assisted Living and  
Group Homes



High Risk Care Coordination  
Care Coordination *PLUS*

On-site Primary Care  
*Bluestone Vista*

# Traditional Residential Care

- Hospital
- Clinics
- Nursing Home
- MD's



## Residential Care



- Nursing Care
- Home Care
- Hospice
- DME
- Care Coordination

The traditional health care model does not integrate with the new models of Assisted Living care



## Residential Care



- MD's
- Nursing Care
- Home Care
- Hospice
- DME
- Care Coordination

Key services integrated on site

## Key Performance *Differentiators*

- predictive model to find right patients
- onsite, team-based, relationship-centered care
- care migrates to patient's life geography
- responsive and resilient care planning
- dementia, behavior, and med. mgt. as a focus
- technology enabled efficiencies

# Sharing the Experience

- Patient/family/facility staff experience  
Hope Summers - Season's of Maplewood
- Provider team experience  
Trish Pitcher – Bluestone Physician Services

## Enhancing Fee for Service Performance:

- Leveraging geographic efficiencies
- Team and tech-enabled efficiencies
- Care Plan Oversight and Medical Home billing

## Total Cost of Care Performance

- Decreased ED, Hospital admit/readmit
- Aging in place: slowing progression to facility-based care and to skilled nursing

- Quality indicators:
    - advanced care plan completion
    - appropriate chronic disease management
    - optimal medication management
  - Cost indicators:
    - ED/Hospital utilization
- Aging in place:
- Days out of home (AL) setting
  - %deaths in home (AL) setting

1. Enhancing efficiencies with technology
  - activity monitoring
  - efficient support service distribution
  - operational efficiencies for all players
2. Extending model to more patients through provider partnerships in new markets
3. New payment models that promote further adoption, aligned incentives, and long-term sustainability

# Questions? (and thank you!)

