

An Operator's Journey to Value-Based Care

Improving Outcomes & Operational Metrics





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August

Danyeale Homer, MPH is the Head of Customer Experience at August Health, the easy-to-use EHR that caregivers love.

Prior to joining August Health, Danyeale served as the VP of Operations at Pear Suite, a care navigation platform that empowers Community Health Workers. Danyeale also led the population health team at Epic Systems, supporting the large-scale implementation of EHRs and strategic initiatives at leading health systems across the country. Danyeale holds a B.A. in Psychology and a Masters in Public Health from Boston University.



Terese Corbin, Mjur, MSN, RN, is the VP of Care and Compliance at 12 Oaks Senior Living. With an extensive 30-year career in healthcare and senior housing clinical leadership roles, Terese brings valuable risk management experience and competencies to 12 Oaks Senior Living's heightened focus on care and compliance.

Prior to joining 12 Oaks, Terese worked as Executive Director for a large, assisted living and memory care community in Dallas. Previously, she worked for a post-acute healthcare company, where she served as Regional Reimbursement Specialist and Director of Risk Management. Her background also includes regional work as a consultant and compliance officer.

Terese holds a master's degree in nursing from Tarleton State University (2023) and a master's in jurisprudence with a certification in health law, policy, and management from Texas A&M University (2021). She is currently pursuing a Doctor of Nursing Practice at The University of Texas at Tyler. She is also an Army combat veteran, having served 16 years as an accounting specialist and nurse.

What is value-based care?

The Big Picture

The increasing age of move-ins to assisted living coupled with a rising prevalence of chronic conditions has propelled the senior living industry into uncharted territory...

Increased frailty across all levels of care

What is a value-based care model?

A greater alignment and **collaboration** between providers to bring **better outcomes to residents** through **proactive care**

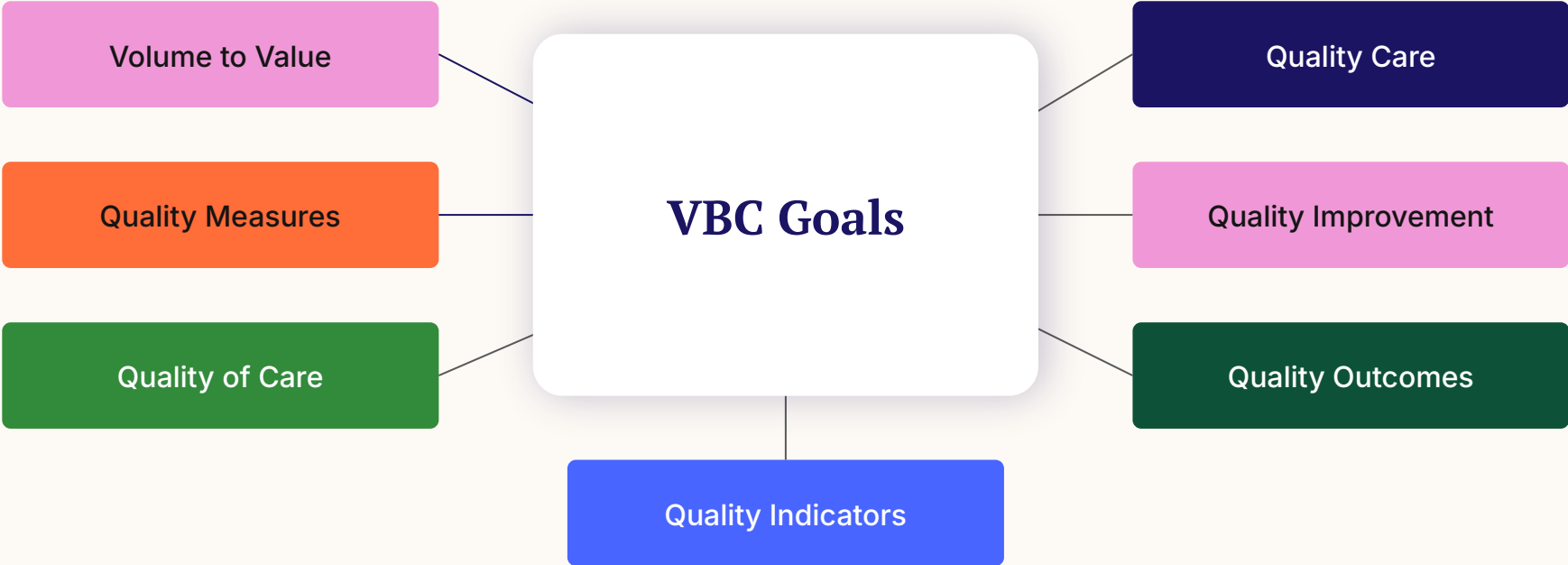
Volume to Value



Fee for service

Payment for value

Goals of value-based care



What are we trying to achieve?



Decrease hospitalizations



Increase LOS



Chronic disease management



Proactive care

Core elements of value-based care

Proactive &
Personalized Care

Social
Determinants of
Health

Outcomes
Focused

Coordination
of Care

Technology
& Data

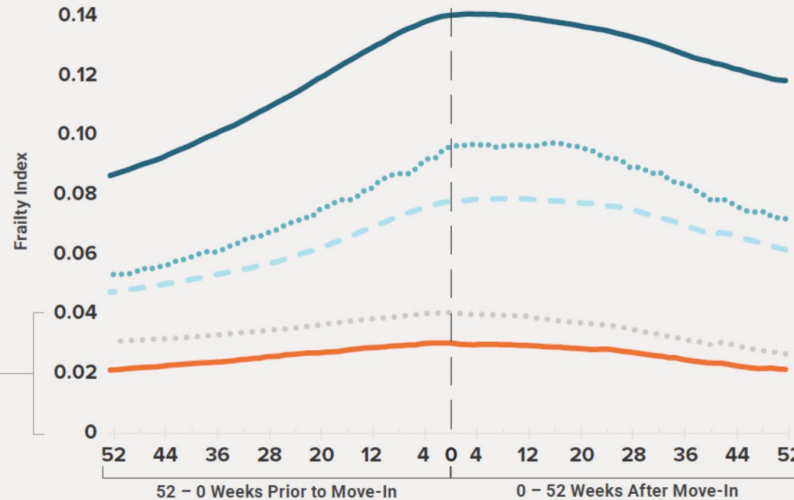
Senior living improves health status by addressing SDoH

NIC-NORC Senior Housing Research Series

- Nursing Care Community
- Memory Care Community
- Assisted Living Community
- Independent Living Community
- Continuing Care Retirement Community

An increase of 0.04 is equivalent to an incident diagnosis for early dementia.

Older adults are demonstrably less vulnerable soon after moving into senior housing



Source: NORC analyses of CMS Medicare claims, encounters, and enrollment data, and NIC MAP Vision property address data

Note: Frailty Index is median CFI score. CFI score refers to Harvard's Claims-Based Frailty Index (CFI). Increasing CFI score indicates older adults' increasing vulnerability to illness.

Higher claims-frailty scores are associated with:

- Lower mean gait speed
- Weaker grip strength
- ADL and I-ADL disability
- Hospitalization, SNF use
- Mortality

SDoH are key drivers of health outcomes

- Food security and nutrition
- Transportation
- Socialization
- Exercise and activities
- Stable, safe housing
- ADL support
- Medication management

Social determinants
of health account for

80-90%

of health outcomes

Texas HHSC Quality of Assisted Living Survey

The study resulted in **overwhelmingly positive** results indicating that the care and services that Assisted Living communities in Texas offer help residents thrive:

78%

Most residents **rate their health as good, very good, or excellent** (77.6%)

38%

(37.9%) indicate that their **health has improved** or not changed (41.0%) since living in the ALF.

73%

When asked about their mental health, the **majority of residents denied any form of depression** (72.7%) or anxiety (71.6%).

Texas HHSC Quality of Assisted Living Survey

38%

(37.9%) indicate that their **health has improved** or not changed (41.0%) since living in the ALF.

How can value-based care help to continue to improve and maintain the lives of Texas AL residents?

A Community's Journey to Value-Based Care

What are we trying to achieve at 12 Oaks?

Sustainable
excellence

Exceptional
Outcomes


Satisfaction

How did we get here?

✘ Gaps identified:

- Staffing challenges
- Limited access to primary care
- Fragmented care
- Training challenges
- Low recognition of social parts of wellness
- Inconsistent monitoring and assessment

Transition from reactive to proactive care

Preparing for higher acuity

- Assess the team & educate
- Set clear goals and expectations
- Use data analytics to identify high-risk patients and potential issues.
- Establish a system for follow-ups and continuous care
- Utilize technology for monitoring and early intervention and measure and track

Uplifting clinical teams

Explain the benefits:

- Improved resident outcomes & satisfaction
- Enhanced job satisfaction
- Better work life balance with improved staffing
- Innovation and cutting-edge trends

Clinical readiness

Transition from reactive to proactive care

- Education and training
- Involve the team in decision making
- Provide tools and resources
- Set clear goals
- Recognize and reward progress
- Foster culture of CQI
- Lead by example
- Address concerns and resistance

Model of Care



Collecting the data

Collecting the right data for your company is crucial, and makes it easy to provide the best care

Systems Innovation to Support Value-Based Care

The screenshot shows a patient profile for Mino Hotaru, a 71-year-old female resident in Room 104A. The interface includes a navigation menu with tabs for Tasks, Details, Contacts, Documents, Care, Medications, Notes, and Billing. The Medications tab is active, displaying a list of orders. The first order is for Atorvastatin 10mg tabs, received on January 28, 2023, with a 'POSSIBLE DUPLICATE' warning and a 'MATCH ORDERS' button. The second order is for Rivastigmine 3mg capsules, also received on January 28, 2023, with a 'PENDING NEW' warning, a 'REVIEW' button, and detailed instructions: 'TAKE 1 CAPSULE ONCE PER DAY, IN THE MORNING'. The interface also shows a search bar for orders, a 'NEW ORDER' button, and a 'DOWNLOAD' button.

Residents > Mino Hotaru

Mino Hotaru RESIDENT

March 5, 1951 (71) · Female · Room 104A

FULL CODE AMBULATORY

Responsible Person: Katherine Howard

TASKS DETAILS CONTACTS DOCUMENTS CARE **MEDICATIONS** NOTES BILLING

Orders **NEW ORDER** **DOWNLOAD**

ATORVASTATIN 10MG TAB POSSIBLE DUPLICATE MATCH ORDERS

Received on January 28 2023 7:20 AM

RIVASTIGMINE 3MG CAPSULE PENDING NEW REVIEW

1 Capsule 8 AM

TAKE 1 CAPSULE ONCE PER DAY, IN THE MORNING

02/28/2023 03/28/2023 24689876 Good Health Pharmacy (profiled) Dr. Leslie Alexander

Received on January 28 2023 7:20 AM

Proactive care begins with

Culture + Data

Change Management

✗ Challenges

- Buy-in
- Integration of data and technology
- Financial risks
- Complexity



✓ Opportunities

- Engage, educate, demonstrate
- Efficiency, improved outcomes, reduced costs
- Shared savings, competitive advantage, high quality care
- Pushing through can improve outcomes, reduce hospital admissions, and enhance overall care efficiency

Systems Innovation

What systems can operators deploy to drive value based care?



Alert
Charting



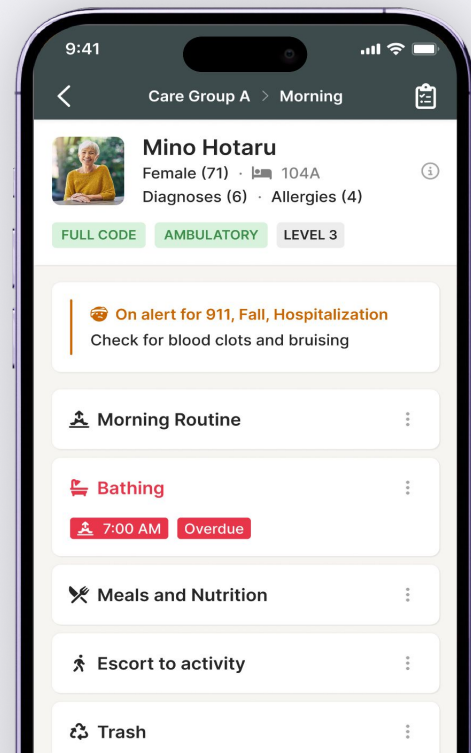
Analytics for
proactive care



KPIs for
Value-Based
Care

Alert charting & incident management

- ✓ Focus the team's attention on high risk residents and changes of condition
- ✓ Facilitate coordination and communication across shifts
- ✓ Address dynamic situations with evolving plan of care
- ✓ Surface real-time updates to clinical and compliance leaders



Alert charting is a **critical tool** for the well-prepared operator to promote **responsive, high-quality care and minimize risk**

Analytics for proactive care: Resident Watchlist

Resident Name	Care Level	Watchlist Reason	Total Incidents (90d)	Falls & On Floor (90d)	Skin Incidents (90d)	ER + Hospital (90d)	Significant Weight Change (90d)	Last Assessment Date
Mary	1	Frequent Falls & Significant Weight Change	13	11	0	1	-16 lbs	11 month ago
John	1	Frequent Incidents	15	2	0	0	N/A	8 months ago
James	1	Frequent Falls & Hospitalization / ER Visits	8	8	0	3	N/A	6 months ago
Patricia	2	Skin incidents & Significant Weight Change	4	1	3	0	+11 lbs	10 months ago

Deploying insights for early intervention

- ✓ Identify high-risk and rising risk residents and incident clusters
- ✓ Motivate care team to intervene proactively
- ✓ Intervene early and prevent adverse events
- ✓ Identify under-assessed residents
- ✓ Proactively address necessary care plan changes

The image displays two overlapping digital cards representing resident profiles. The top card is for **Floyd Miles**, showing a photo of an elderly man, a "RISING RISK" status in an orange pill, "Level of care: 2", and "Last assessment: 6 months ago". The bottom card is for **Alberta Flack**, showing a photo of an elderly woman, a "HIGH RISK" status in a red pill, "Level of care: 3", and "Last assessment: 2 month ago". Below the Alberta Flack card, a "REASON" section states: "Significant weight loss in the past 14 days. New resident." To the right of the Alberta Flack card, a partial text snippet reads "otics for past 3 days."

Quality measures for Value-Based Care

Community	Falls	ER visits	Falls with injury	Hospital Admission	Med errors	Move-outs to skilled nursing	Residents with recurring falls	Elopements
Community 179	117	8	13	1	1	2	20	2
Community 180	16	6	1	0	1	0	5	0
Community 182	38	2	1	2	0	0	9	0
Community 183	53	1	3	0	0	0	16	0

Actionable Next Steps

Actionable Next Steps



Access your community's
external partnerships



Prioritize a true system of
record



Hone in on a Primary Care
strategy



Build a culture of proactive
care

Questions?

Thank you

