An Operator's Journey to Value-Based Care

Improving Outcomes & Operational Metrics

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

Prior to joining August Health, Danyele served as the VP of Operations at Pear Suite, a care navigation platform that empowers Community Health Workers. Danyele 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. Danyele holds a B.A. in Psychology and a Masters in Public Health from Boston University.

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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?

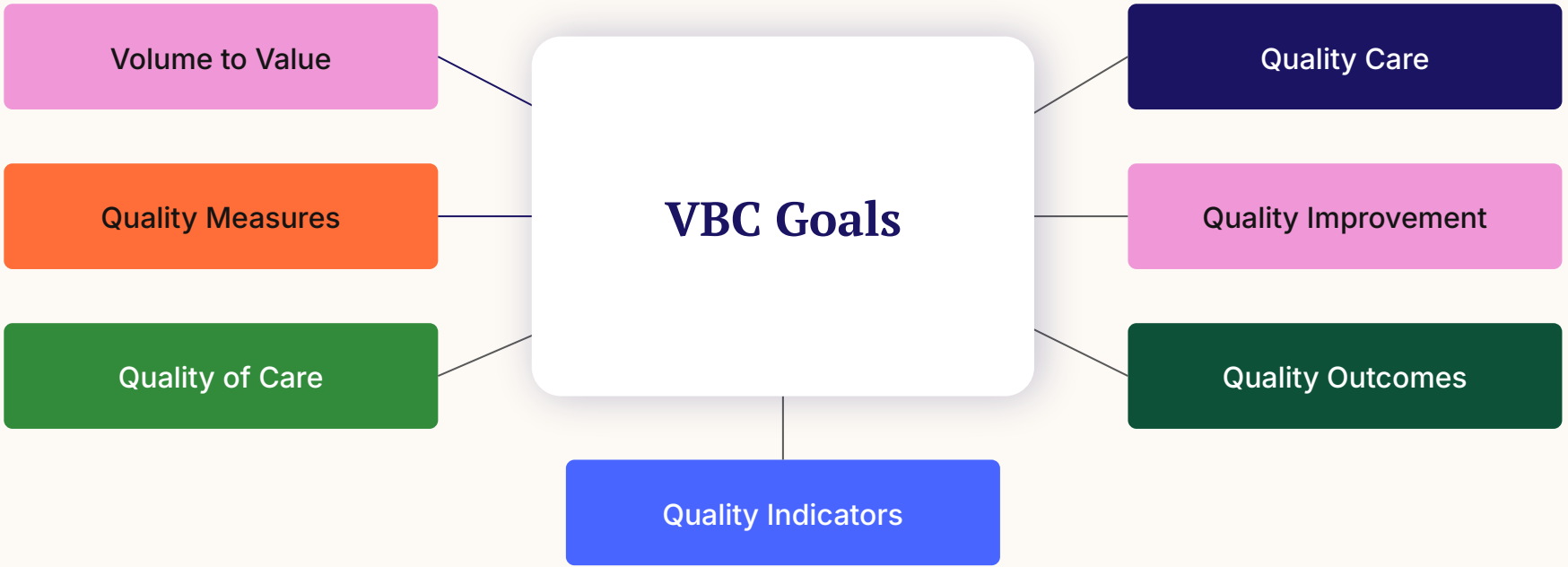
A greater alignment and **collaboration** between providers to bring **better outcomes to residents** through **proactive care**

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

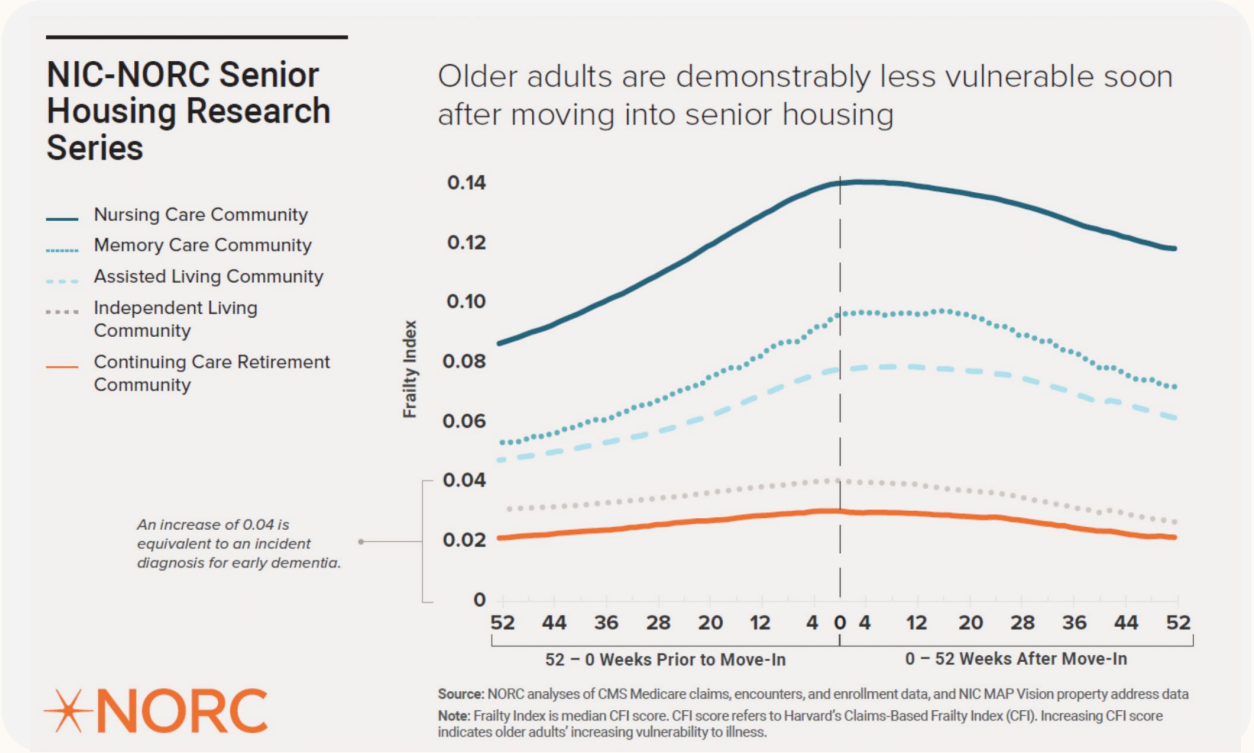
Social Determinants of Health

Outcomes Focused

Coordination of Care

Technology & Data

Senior living improves health status by addressing SDoH



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

Source: Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC.

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%).

Source: Assisted Living Quality Study, Texas HHS, April 2023

Texas HHSC Quality of Assisted Living Survey

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(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?

Source: Assisted Living Quality Study, Texas HHS, April 2023

A Community's Journey to Value-Based Care

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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

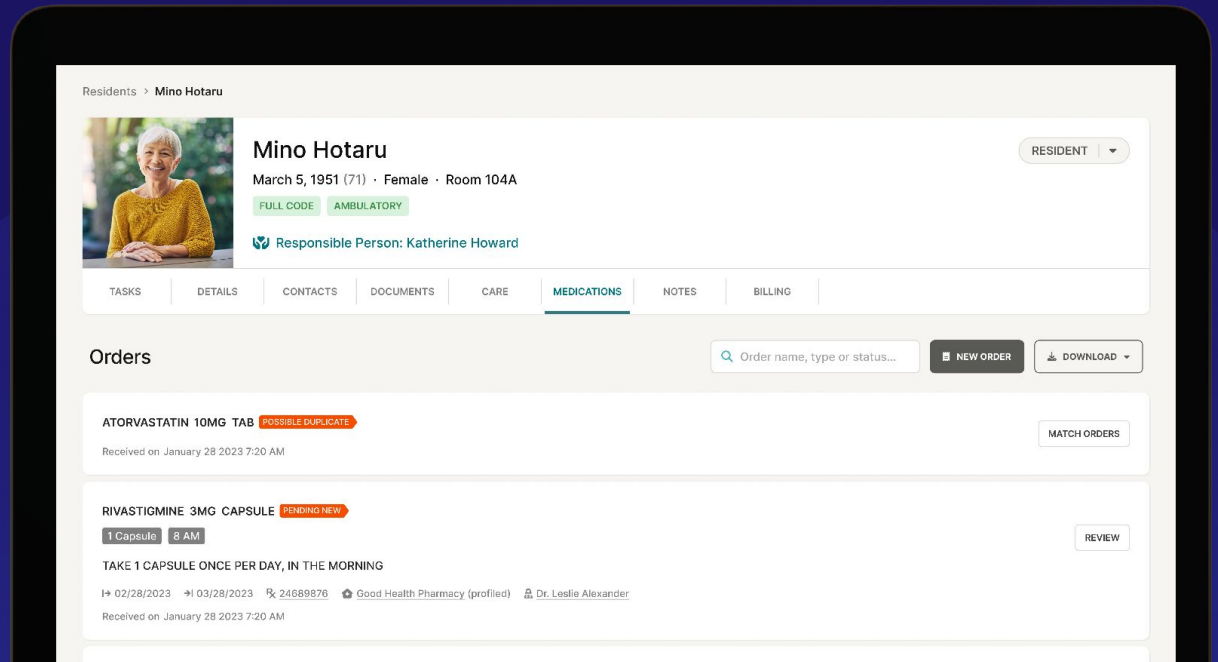
- Education and training
- Involve the team in decision making
- Provide tools and resources
- Set clear goals
- Recognize and reward progress
- Foster culture of CQI
- Lead by example
- Address concerns and resistance

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



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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

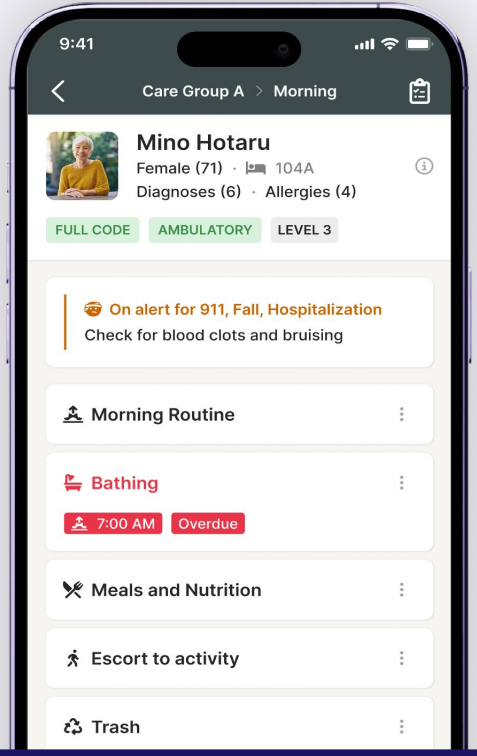
Systems Innovation

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



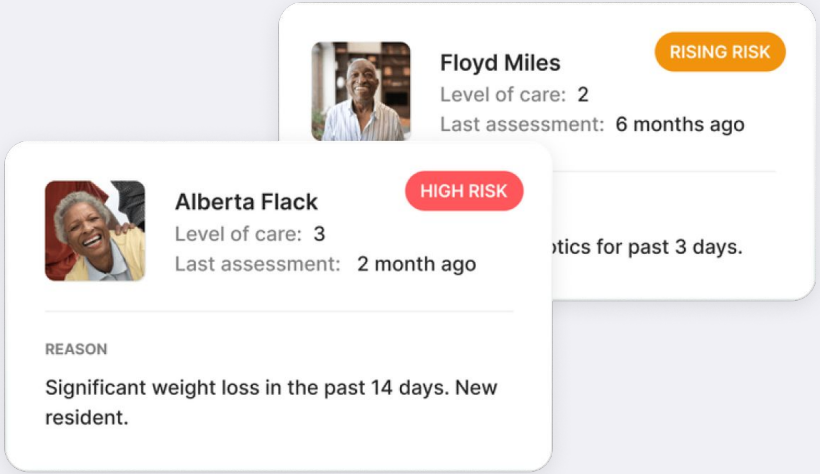
Alert charting is a **critical tool** for the well-prepared operator to promote **responsive, high-quality care and minimize risk**

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



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

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