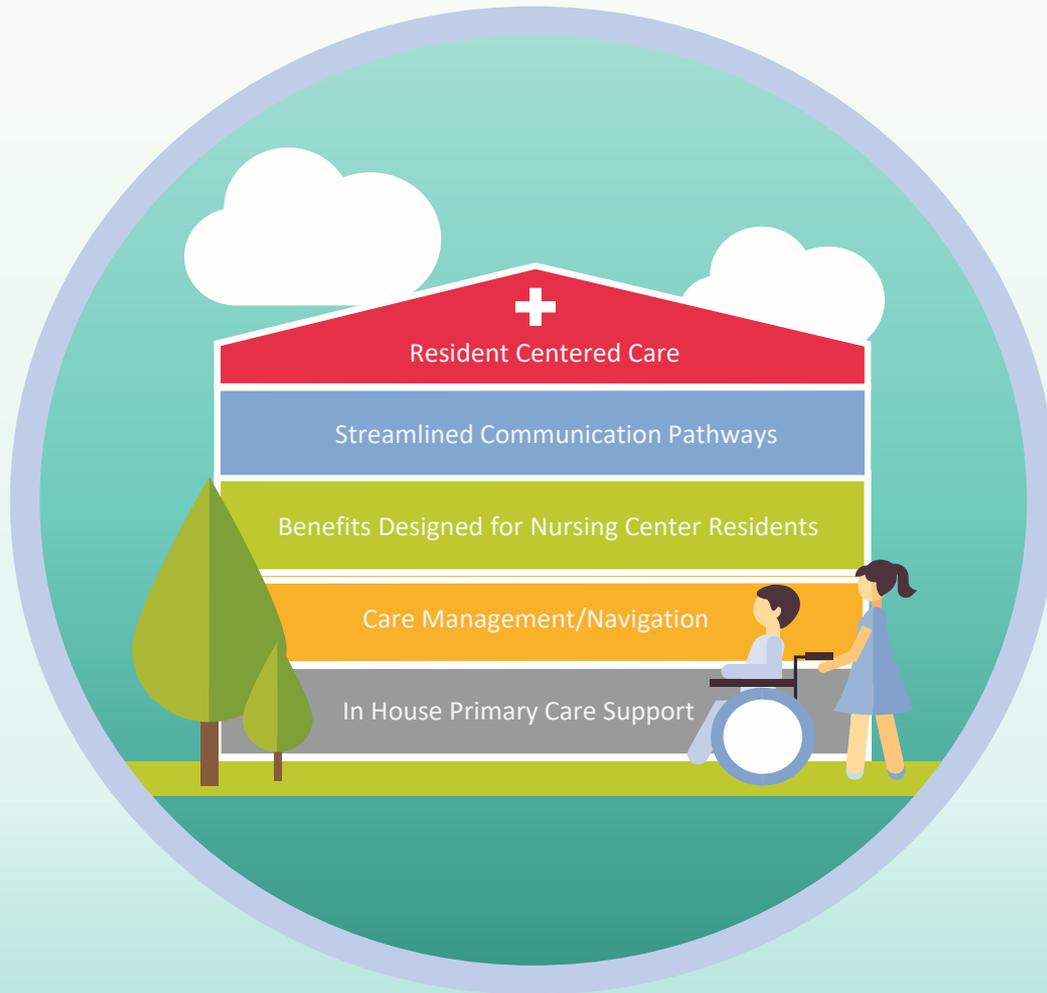




Model of Care Training



LifeWorks Advantage Model



A New Way of Delivering Care

LifeWorks Advantage is more than a health plan, we are comprehensive **model of care delivery** focused on best practices and innovation. Created and delivered through a unique partnership between long term care providers and care management experts. The model focuses on placing decision making and caregiving in the hands of those who know your residents best, YOU.

Together we:

- Employ a response focused, physician and nurse practitioner team specialized in treating older adults through onsite support
- Use tools designed for use with nursing home populations to identify those most at risk for hospitalizations and complications
- Develop individualized care plans that pulls together information from providers and caregivers within and outside of the community they live in
- Access a care management tool that,
 - helps identify gaps in care and reminders for preventive services,
 - allows for easier care team communications for better care coordination.

A New Way of Delivering Care



- Long term care provider owned health plan
- Uses Medicare Advantage Institutional Special Needs Plan platform to modernize Medicare benefits and their delivery
- Employs Nurse Practitioner/Physician model that has been proven to deliver improved clinical outcomes
- Transformational in nature/allows our team to control its destiny
- Prepares organization to successfully manage under other alternative payment models such as ACOs and Bundled Payments
- Protects facility against outside managed care plan penetration as States move toward Managed LTSS
- Allows for significant reinvestment into facilities and staff

The Model in Practice



- Scenario 1:
- Nurse notices Mrs Fields is acting strangely, with sudden confusion and talking about having to get home to feed her cat. Nurse knows that Mrs. Fields has a history of urinary tract infections and suspects she has another infection.
- It is 5:00 on a Friday night.
- Let's take a look at how this scenario unfolds under Traditional Medicare and under the LifeWorks Advantage Model of care.

The Model in Practice

- Traditional Medicare FFS model:
- Nurse calls Mrs. Fields physician. The physician's after hour service picks up and says they will page the on call physician.
- Nurse waits until a call is received from the on call physician. After explaining symptoms and Mrs. Fields' history the doctor agrees it is likely a urinary tract infection. The doctor directs Nurse to send Mrs. Fields to the local Emergency Room.
- Nurse calls for non emergency transportation and asks the CNA to get Mrs. Fields ready to go to the hospital. It is dinnertime and Mrs. Fields is not in the dining room but in her room waiting to go to the hospital. Non emergency transportation is not responsive so Nurse calls for ambulance transport. Nurse spends 20 minutes on the paperwork needed to accompany Mrs. Fields to the Emergency Room.
- Nurse has notified Mrs. Fields family who will meet her at the Emergency Room. The ambulance arrives and Mrs. Fields does not want to go. She is agitated and worried about who will feed her cats. The Nurse and CNA spend 20 minutes trying to calm Mrs. Fields and reassure her that all will be ok. She is finally in the ambulance and on her way to the Emergency Room.
- Mrs. Field's family is at the Emergency Room when she arrives. They are concerned because she is so confused and worried that something else is wrong with her. Mrs. Fields also feels lightheaded and complains of being hungry. After several hours and additional testing at the family's insistence Mrs. Fields is diagnosed with a urinary tract infection and prescribed antibiotics. She is discharged from the Emergency Room and sent back to the Community at midnight. Mrs. Fields' family is tired and upset believing that the Center could have done something to prevent this mess.

The Model in Practice



- The LifeWorks Advantage Model:
- Mrs. Fields has opted to participate in the LifeWorks Advantage Model. Nurse calls the nurse practitioner or physician on call. The nurse practitioner had just left the Center but turns around and comes back in to evaluate Mrs. Fields.
- Nurse Practitioner sees Mrs. Fields regularly and knows she has a history of urinary tract infections. NP orders a urine specimen collected and stat lab workup for UTI.
- Upon arriving at the Center the NP evaluates Mrs. Fields and believes she does indeed have a UTI. Stat lab results are not yet ready but NP puts Mrs. Fields on the antibiotic she usually has when diagnosed with a UTI. The NP consults with the dietary department and writes orders to include a glass of cranberry juice at every meal for preventive purposes.
- Nurse calls Mrs. Fields family and notifies them of the change in her condition and new orders. Mrs. Fields family is appreciative of being kept in the loop and are relieved to hear Mrs. Fields did not have to go to the hospital.

The Model in Practice

• Traditional Medicare Model

- Cost of emergency room visit \$
- Cost of using ambulance service when not meeting Medicare medical necessity criteria – paid by family \$
- Cost of Nurse time to prepare discharge paperwork and readmission paperwork
- Cost of CNA time to get Mrs Fields ready for discharge
- Cost of family time in the Emergency Room
- Cost of additional testing beyond that of a UTI because of family concerns
- Cost of non emergency transportation back to Center
- Emotional and physical costs to Mrs. Fields

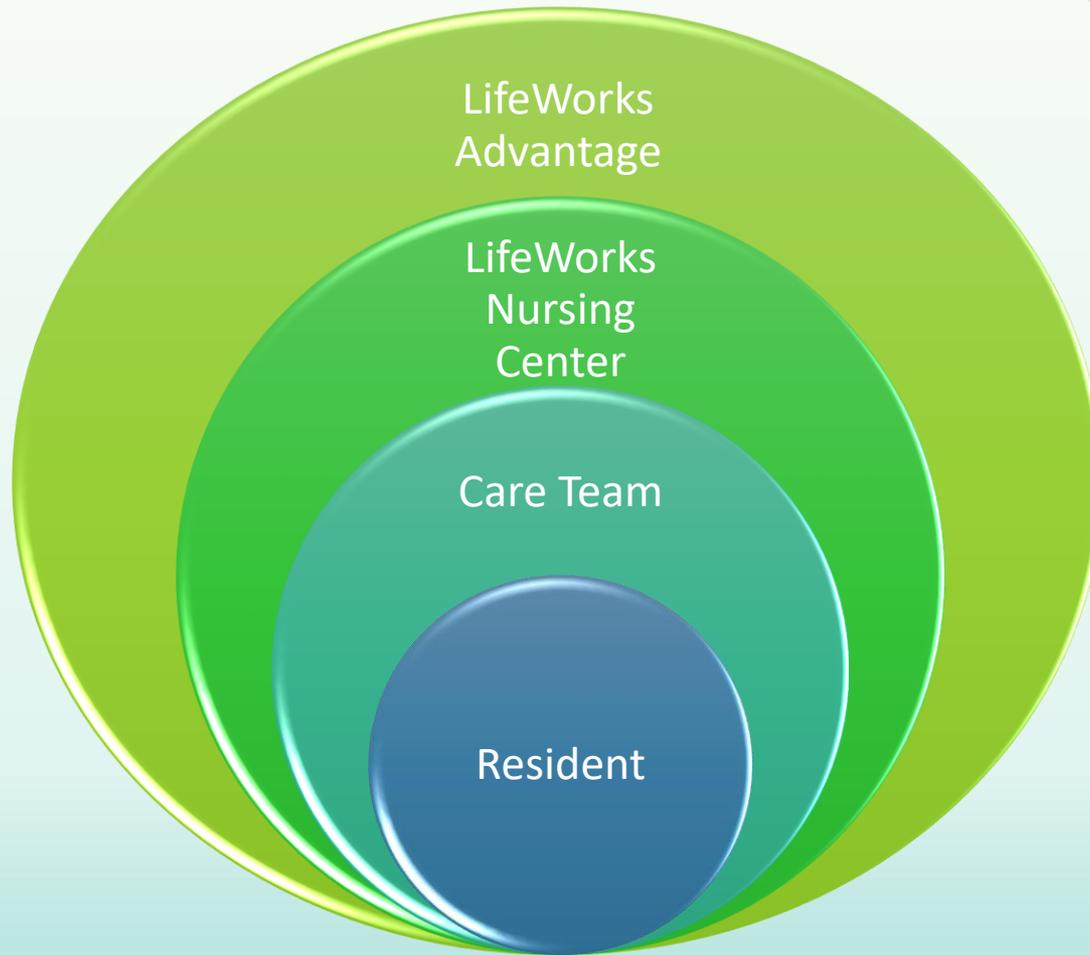
• LifeWorks Advantage Model

- Cost of NP for after hours visit \$200
- Cost of stat lab
- No additional work for Nurse
- No additional work for CNA
- No additional work for family
- No additional cost for emergency room, emergency physician, unnecessary testing, transportation
- No emotional and physical distress for Mrs. Fields
- No emotional distress or time spent in emergency room for family

The Support Structure



Aligned Care Model



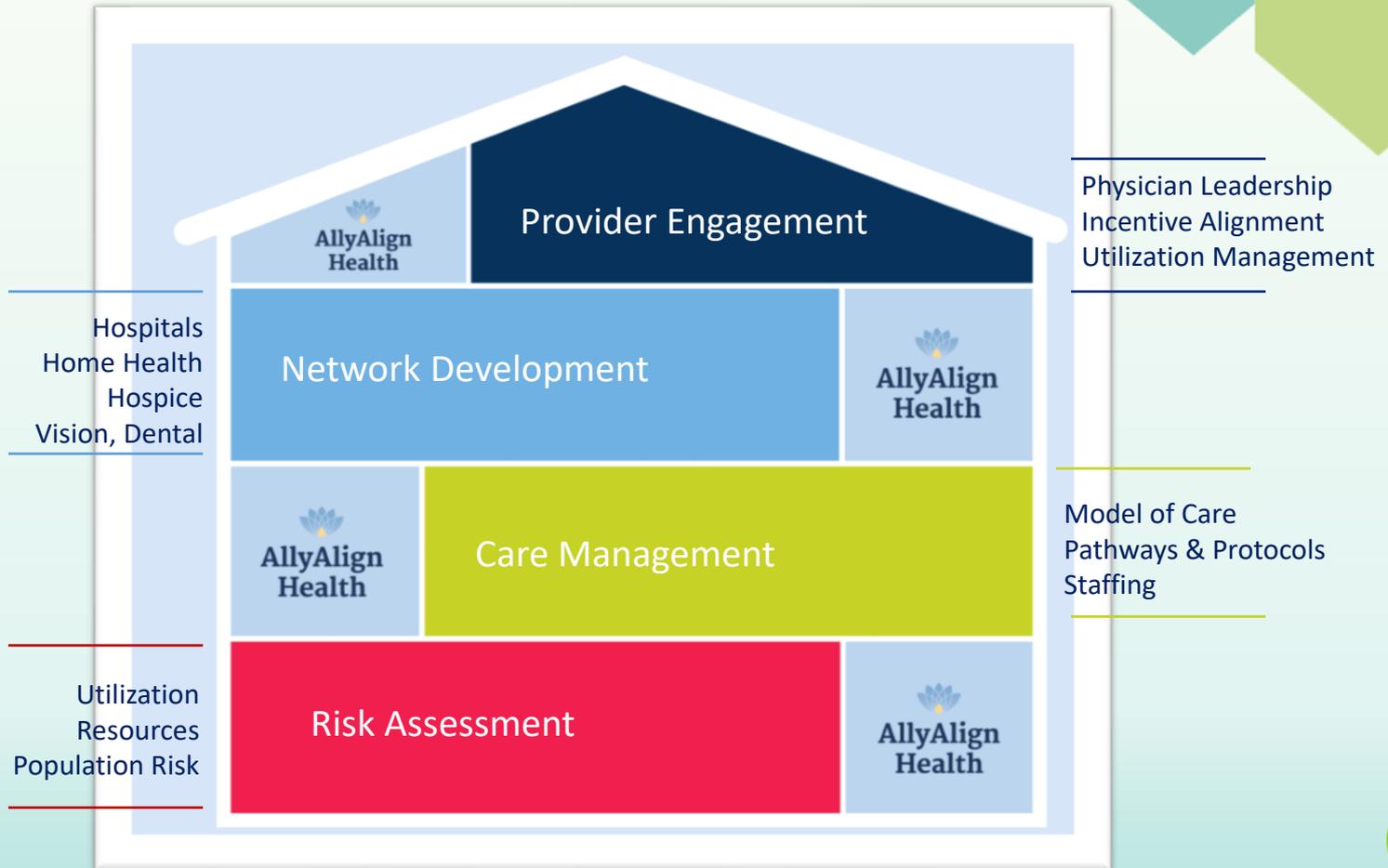
Model Benefits

Supplemental benefits – covered services above and beyond traditional Medicare (podiatry, vision and hearing)

Comprehensive Care Plan – created and routinely updated to address the physical, social, emotional and spiritual needs and preferences of residents and their families

Enhanced Clinical Care – specially trained physicians working in tandem with **on site nurse practitioners** to address changes in condition immediately and begin treatment protocols without hospital transfer when clinically appropriate

Organizational Building Blocks



Highly Engaged Providers

Dedicated Nurse Practitioner

- Part of Care Team with PCP
- Onsite Care
- Care Management & Coordination
- Hub of Model of Care

Accountable Primary Care Physician

- NFist for every community
- Nurse Practitioner Oversight
- HMO/Gatekeeper Model
- Accountable for quality and cost
- Care Team and ICT Involvement

Narrow Referral Network

- POD of RESPONSIVE specialists
- Willing to see patients in the AL community when needed
- Hospital care, ER care

Incentive Alignment is Key