FINANCIAL PERFORMANCE THROUGH CLINICAL EXCELLENCE
Agenda

1. Titanium in Brief
2. BPCIa Program at Hollywood Presbyterian Medical Center
3. Building Blocks for Success
4. Results
5. Questions
Titanium Healthcare

A risk partner delivering better quality and lower cost through a clinic centric model.
Providing services to 1MM people in the greater Los Angeles area. We operate at less than 3% readmissions on Medicaid.
Bundled Payments for Care Improvement Advanced (BPCIa)
# Bundled Payment history, a quick look

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Dates</th>
<th>Clinical Scope</th>
<th>Model Type</th>
<th>Participation Type</th>
<th>Participants</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Acute Care Episode (ACE) Demonstration</td>
<td>2007 - 2012 (varied by hospital)</td>
<td>Acute care hospital stay only (37 clinical episodes - 28 cardiac and 9 orthopedic)</td>
<td>Retrospective</td>
<td>Voluntary</td>
<td>5</td>
<td>Inactive</td>
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<td>BPCI Model 1</td>
<td>2013 - 2016</td>
<td>Acute care hospital stay only (All DRGs)</td>
<td>Retrospective</td>
<td>Voluntary</td>
<td>24</td>
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<tr>
<td>BPCI Model 2</td>
<td>2013 - 2018</td>
<td>Acute care and post-acute care episode (48 clinical episodes)</td>
<td>Retrospective</td>
<td>Voluntary</td>
<td>402</td>
<td>Ongoing</td>
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<td>BPCI Model 3</td>
<td>2013 - 2018</td>
<td>Post-acute care only (48 clinical episodes)</td>
<td>Retrospective</td>
<td>Voluntary</td>
<td>577</td>
<td>Ongoing</td>
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<td>BPCI Model 4</td>
<td>2013 - 2018</td>
<td>Acute care hospital stay only (48 clinical episodes)</td>
<td>Prospective</td>
<td>Voluntary</td>
<td>2</td>
<td>Ongoing</td>
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<tr>
<td>Comprehensive Care for Joint Replacement Model (CJR)</td>
<td>2016 - 2020</td>
<td>Major joint replacement of the lower extremity (LEJR)</td>
<td>Retrospective</td>
<td>Mandatory</td>
<td>488</td>
<td>Ongoing</td>
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<tr>
<td>Cardiac Rehabilitation (CR)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Mandatory</td>
<td>-</td>
<td>Canceled</td>
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<tr>
<td>Oncology Care Model</td>
<td>2016 - 2021</td>
<td>Chemotherapy for cancer</td>
<td>Both</td>
<td>Voluntary</td>
<td>187</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

BPCIa has 432 participants in the 1st cohort

Source: Aditya Govil, Avant-garde Health
Bundled Payments for Care Improvement Advanced Initiative

• CMS is going to continue to push bundle payments, case rates and capitation
• The second and final opportunity gives an opportunity to monetize it
• Deadline for applying is June 24th, 2019, but go live is January 1, 2020
• Application is NON-BINDING

Hospital Scope of Responsibility

- Hospital
- Post-Acute
- PCP
Bundled Payments for Care Improvement Advanced Initiative (Cont’d)

• “Bad history” is an advantage as historical cost calculation will be higher
• CMS uses 4 years of history. Recent trends can be helpful
• Post-acute savings will move into Hospital P&L
• Many hospitals don’t have the infrastructure to manage post-acute
  • Medical Management
  • SNF optimization
  • High risk patient management
  • Analytics
BPCIa Support

ID & Enrollment
Patients Identified as Bundle Participant

Bedside Visit
Enrollment and warm human contact
Patients have access to call line

Post Discharge Program
Clinic, telemedicine, home and SNF visits combine to provide support

Discharge to PCP
Primary Care Physicians received all progress notes
A closer look at the Post-Discharge Program

- ED Presentation
- Patient Identification
- Case Management
- Bedside Visit
- On-going clinical support
- Plan of Care
- Assessment
- Telephone Access
- Advanced Care Planning
- PCP Communication
- Education
- Discharge to PCP
BPCIa Keys to Success

1. **Pick the Bundles Well**
   Bundle targets and network performance vary widely

2. **Provide Comprehensive Care Management**
   A clinical partner to help the patient in the entire 90 day program

3. **Human connection and immediate access to caregiver team**

4. **Strong follow-up process**
   Ensure that every member is managed every day

5. **Incentive Alignment with Community Docs**
   Key stakeholders need to benefit from change

6. **Hospital Champion**
   Hospital should designate executive champion to steer and resolve issues

7. **Notification system and intelligence – IT support**
   ED Visits, discharges, census

8. **Early Identification of Patients**
   Hospital should identify patients as early in that admission process as possible

9. **Establish Strong Workflows for Post Acute Players**
   Narrow your network and partner
Bundles need to be selected carefully..

A Handful of Sepsis Target Prices

- Targets Vary Widely
- There can be opportunities between target and recent history
- Sepsis nationally
  - Mean of $34K
  - Minimum $15K
  - Maximum 108K

Source: Avant Garde and Titanium Healthcare Analysis
Objections

01. Too hard/too much work
   Program structure set up to outsource a lot of the work

02. CMS takes forever to pay
   Reconciliation payments every 6 months

03. Too good to be true, so it must be
   Hollywood expects $3MM, why can’t you?

04. Don’t want to upset the doctors
   Bring them into the partnership
Do patients like it?

The comments say it all:

• “I felt I got the help I needed”
• “I love the help I received. This needs to be put out more”
• “Thanks for explaining things. Keep up the wonderful service”
• “The Staff and Dr. were awesome. Very kind and supportive”
• “Perfect 10”
• “Dr. very informative and very active listening”
• “I am so very pleased with Titanium Extra. I can’t express more how happy I am”
• “Thank you for everything and the time you took caring for my mother”
• ”How can you improve? Please hire a male stripper”

Satisfaction greater than 99%
Preliminary Results...

- $3MM/year in projected CMS payments for Sepsis alone ($10K/case)
- >99% patient sat
- 15% reduction in 90-day readmissions
- 16% reduction in post-acute facility utilization
- 17% growth in sepsis cases
- Significant reduction in readmissions for CHF, Pneumonia, AMI
Summary...

- BPCIa is a significant opportunity
- There is work but it is worth it
- CMS is moving to bundle payments, case rates and capitation – the smile is optional!
- Applying now is an easy putt and not binding. Go live is January 2020
- Pick the bundles well and set up the post-acute infrastructure.
  It will also help with LOS, Readmissions and Global Risk pools