

Innovation in Home-Based Care Models

Speakers:

- Patrick T. Courneya, MD, Former Chief Health Plan Medical Officer, HealthPartners
- Dana Crosby, Vice President, Education and Practice Development, Home Centered Care Institute (HCCI)
- Susan Ponder-Stansel, President & CEO, Alivia Care, Inc.
- Michelle Ward, MSN, ANP-BC, ACHPN, Chief Operations Officer, VyncaCare





**Advancing home-based primary care
to ensure medically complex patients
have access to high-quality care
in their homes**

EDUCATION | CONSULTING | RESEARCH | ADVOCACY

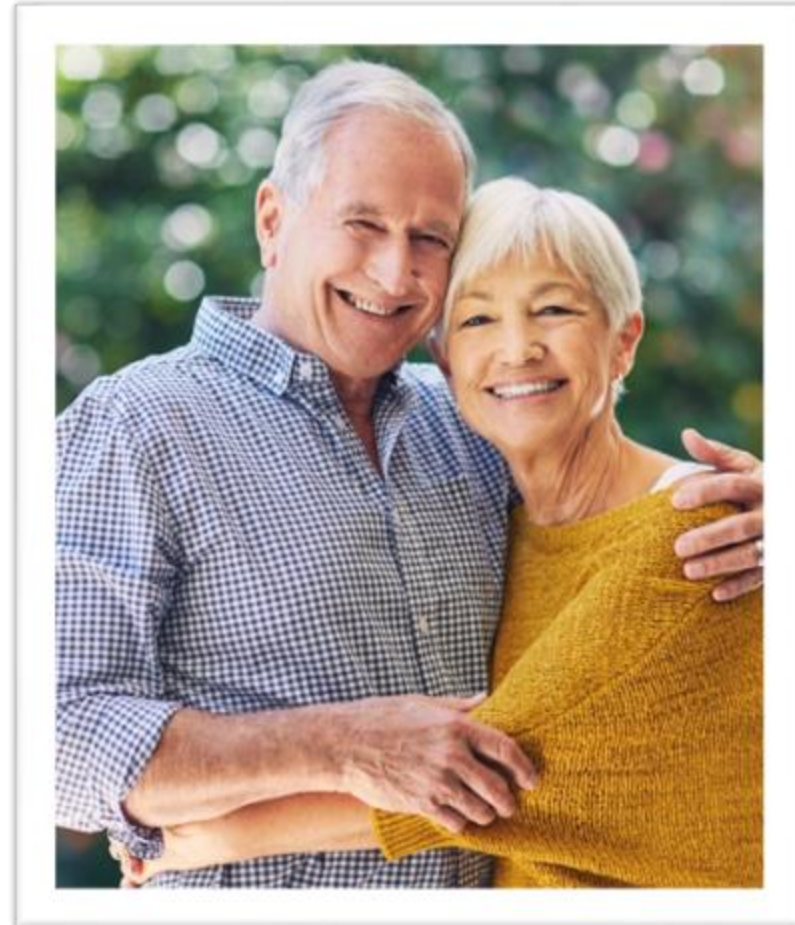
ALIVIA CARE, INC.





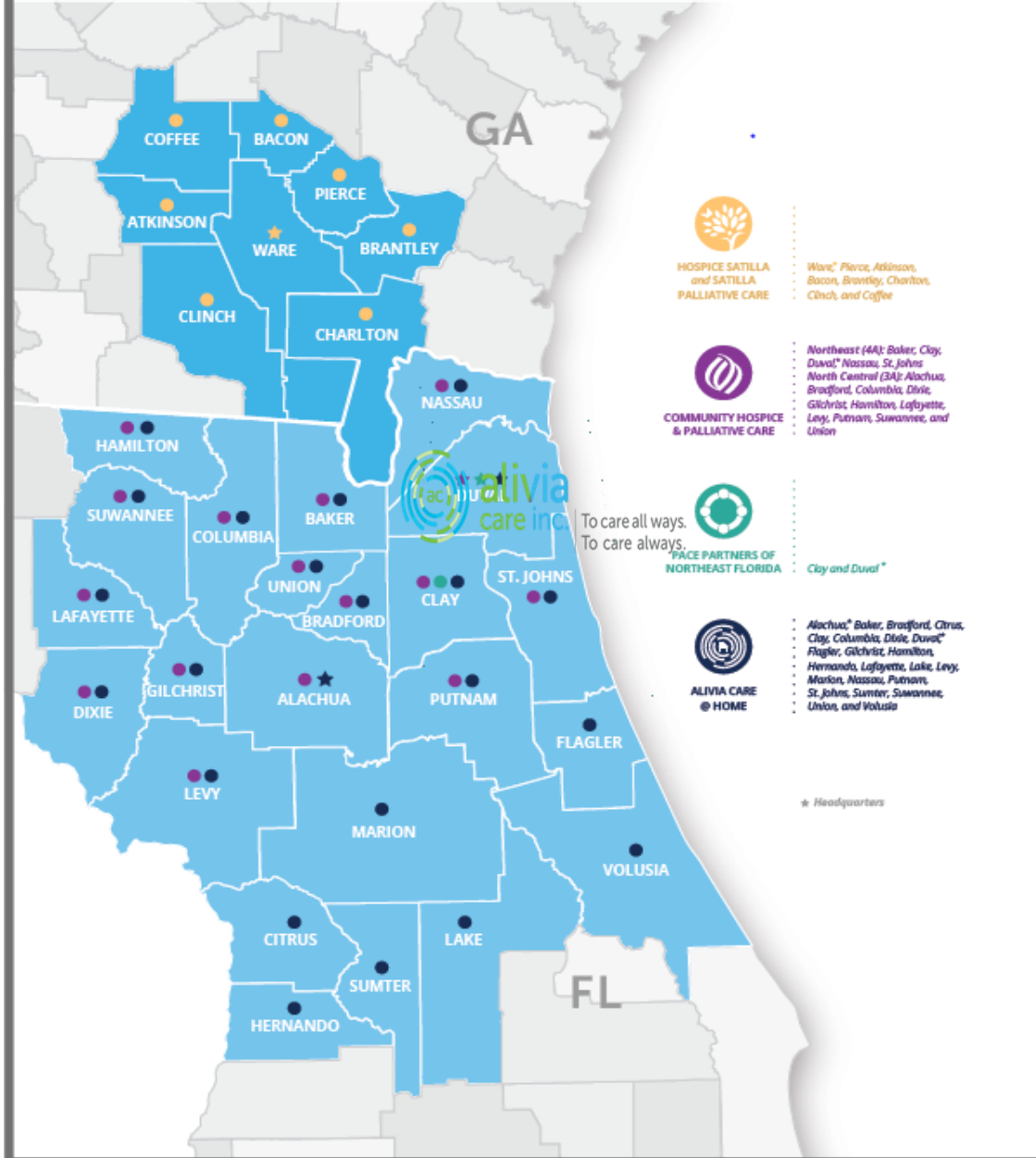
Strategic Intent

Establish a platform to develop and deliver care solutions to respond to **existing and emerging opportunities** in providing care to those living with **serious or advancing illness and frailty**.





Provider Service Area Map



The Strategic Imperatives of Alivia Care

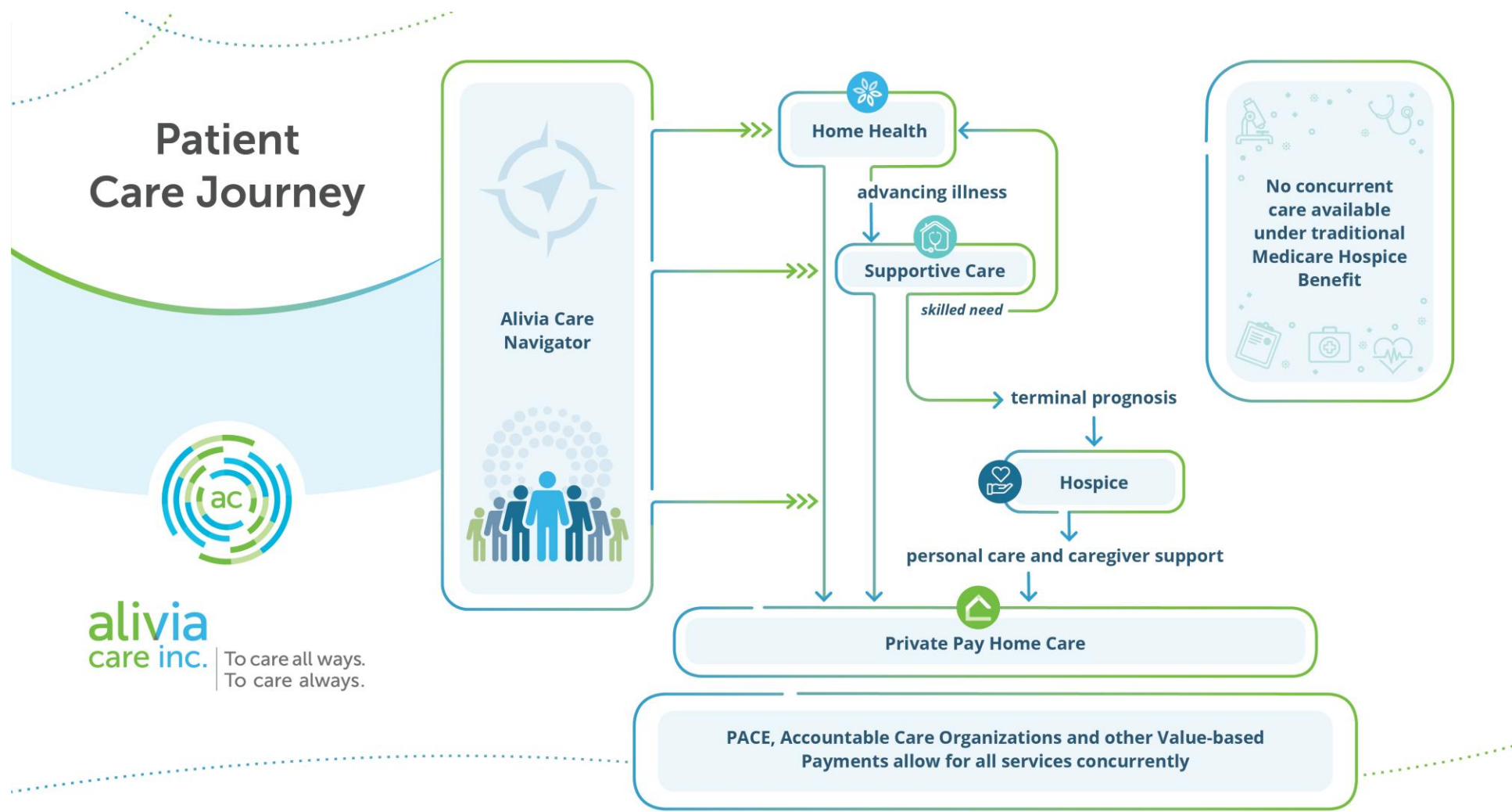
We **empower patients** living with advanced illness and their caregivers with information and alternatives so that they make informed decisions about the care they receive.

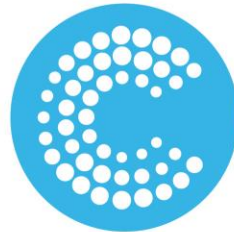
We **transform the patient** experience with compassionate care that is of the highest clinical quality and honors the preferences of patients.

We are an essential and trusted partner in our healthcare system **collaborating with providers and payers** to develop care solutions that add value and address critical needs.

We **demonstrate leadership** by investing and collaborating in the development and delivery of innovative care solutions through our partner organizations.

We provide business and healthcare management services to our providers. These include strategic planning and initiatives, formation, operation and management of alliances, and collaboration among medical, healthcare, hospice, home health, and palliative medicine providers.





ALIVIA CARE CONNECT



CALL CENTER



**ALIVIA CARE
ANYWHERE**



**CARE NAVIGATION
CENTER**

Alivia Care @ Home



**ALIVIA
SUPPORTIVE CARE**



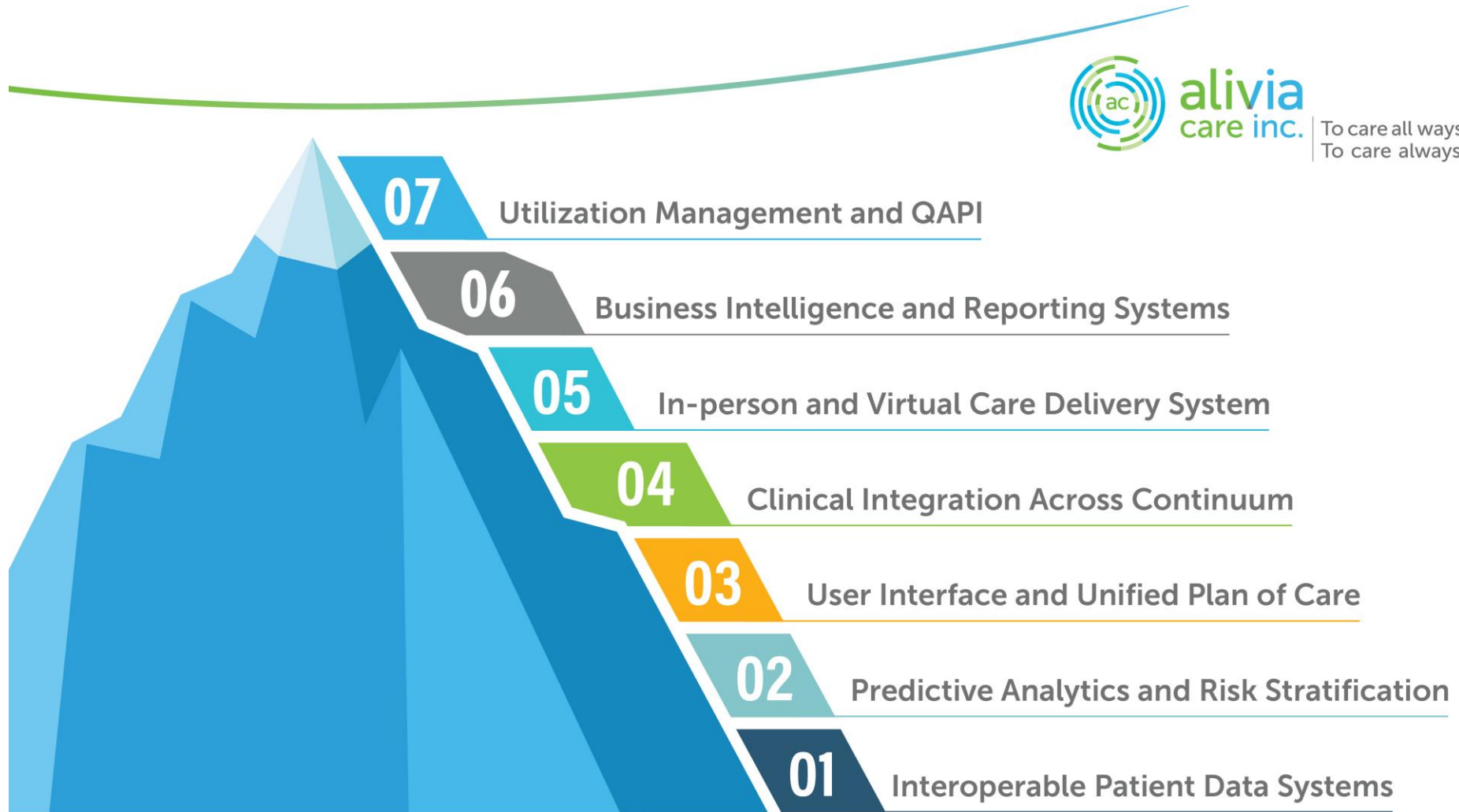
**ALIVIA HOME
HEALTH**



**ALIVIA HOME
CARE**



**ALIVIA
PRIMARY CARE**





Michelle Ward

MSN, ANP-BC, ACHPN

Vynca Chief Operations Officer

Current Role

Chief Operating Officer at Vynca, responsible for oversight of clinical operations and account management teams, as well as care model and clinical product design

Background

- Twenty years of clinical experience as a Registered Nurse and Nurse Practitioner caring for the seriously ill
- Former Regional Vice President of Operations at Quartet Health and Aspire (acquired by Anthem/Elevance)

Professional Interests

- Innovative care model design focused on the provision of goal concordant care
- Increasing access to quality palliative care regardless of patient location

Education

- BS, Loyola Marymount University
- MSN, University of San Diego

Our vision: To enable more quality days at home for individuals suffering from life-limiting, serious illness

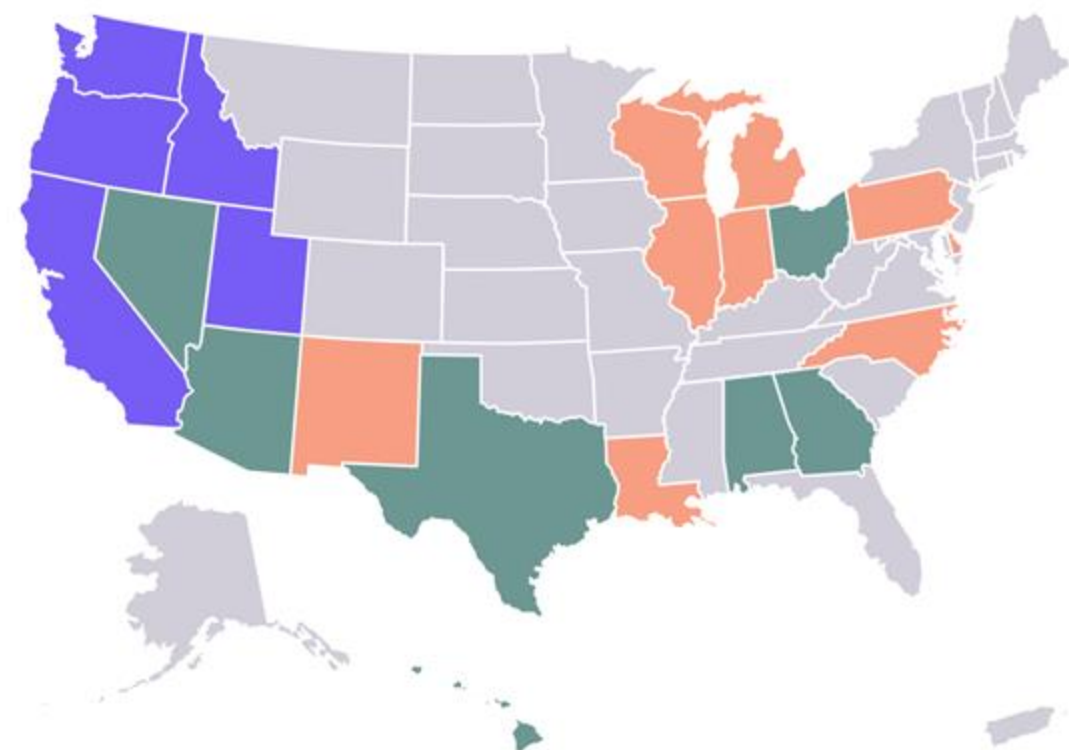
We achieve this by offering data-informed, technology-enabled palliative care and software for providers, patients, families, and caregivers.

>15,000

Palliative care patients across 5 states

>1 million

Documents on our ACP software used across 18 large and regional health systems



Palliative Care & ACP



ACP



Planned expansion
w/in 6-18 months

What we do

Community-Based Palliative Care

Palliative care designed to provide relief from the symptoms and stress of serious illness and **improve the quality** of life for patients and their families.¹



Studies demonstrate that palliative care can **reduce** inappropriate inpatient admissions and **total costs** and increase hospice selection and length of stay.²

But...



Palliative care has grown mainly in inpatient care settings.³ Today most outpatient palliative care is **limited in scope** and tied to health systems or home health & hospice companies.

1. Recognized by the WHO as a new specialty in 1990 and became an official medical sub-specialty in 2006 by ABMS.
 2. The Case for Community-Based Palliative Care. Center to Advance Palliative Care. www.capc.org.
 3. 95% of hospitals with >300 beds & 83% of hospitals > 50 beds offer palliative care services (Source: CAPC, 2022 report)



Our goal is to grow palliative care with a hybrid approach to home-based care

We can deliver high-quality care that is convenient and accessible for patients regardless of income or residence

Take a different approach to care for seriously ill patients with complex psychosocial needs, so they can spend more quality days at home.



Coordinate care to reduce fragmentation and treatment non-compliance



Identify and treat 'rising risk' before costly acute exacerbations of underlying disease occur



Collaborate with treating providers and extend their reach and care



Offer convenient, accessible, timely, comprehensive care in the community



Address drivers of health – mental health and social needs

Outcomes

Patients report high satisfaction, better managed symptoms, less hospital utilization, and experience net savings in the program.



95%

Patient satisfaction

Study patients report being satisfied or very satisfied with care

53

Median Hospice Length of Stay

Median days on Hospice following Vynca palliative care service vs 17 day national Medicare average

\$3.7k

Net savings

Average per patient per month Hospital cost avoidance minus total program fees¹

81%

Symptom reduction

Average per patient within 6 weeks post program enrollment²

79%

Advance care planning

Completed an ACP document (AD or POLST) vs. 28% national average

1. Assumes \$25k for average hospitalization and \$600 per month program fees
2. 900 patients were included in the study