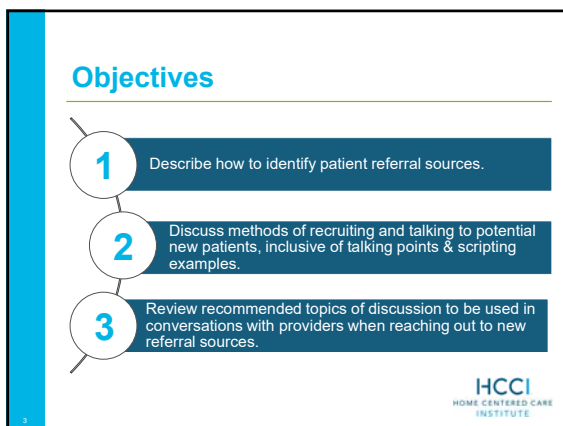


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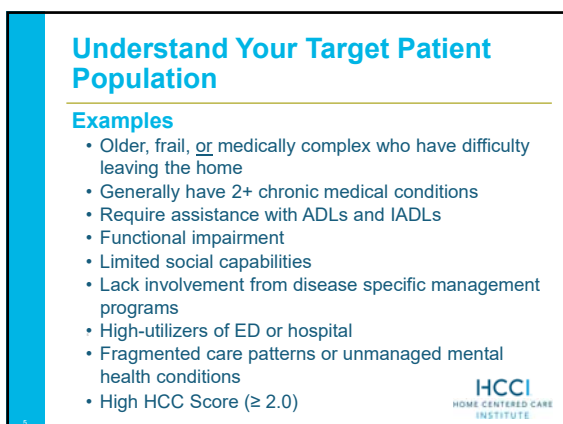
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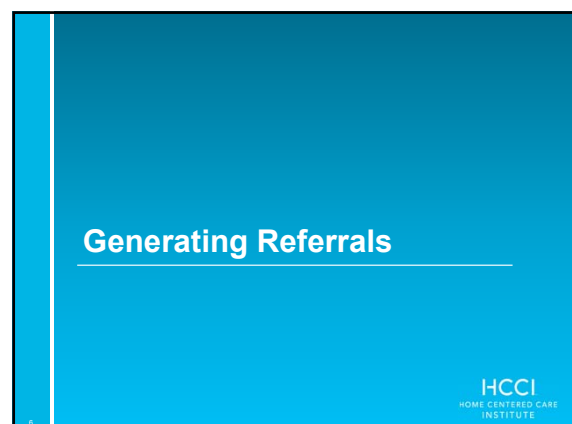
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How do you locate patients?

Network/Marketing Activities:

- Senior Living Communities/ Facilities (e.g. assisted living, group or foster homes, independent living)
- Local Area on Aging and Senior Services (Can you participate on any boards?)
- ER/ Hospital Discharge Planners & Care Coordination Teams
- Skilled Nursing Facilities (e.g. Nursing homes)
- Leverage any inpatient relationships for assistance managing transitions (i.e. offer a management solution for "frequent flyers")
- Community PCP's (e.g. ask them to think about patients they've been unable to see for over a year but are still liable for medication refills)
- Speaking Opportunities (Grand rounds, local senior services or area on aging)
- Home Health & Hospice Agencies (e.g. patients who need services with no face to face)

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Community Resources & Networking

- In Home Support Services or Private Duty Caregiving Agencies
- Adult Protective Services (APS)
- Linkages Program
- Meals on Wheels
- Adult Day Care Services
- Churches and Other Volunteer Programs

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Approaching Partnership Conversations


Be prepared to articulate and provide documentation related to:

- The mission, goals, and outcomes of your program
- Your enrollment criteria and process
- The benefits you will offer the partner (i.e. what burden can you relieve, or care gap do you fulfill)
- What you need from the partner to be successful, and how you will share information


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Internal Preparation



Practice has a clear mission and vision statement and marketing collateral



Every member of the team understands and is able to articulate the mission and vision of the practice and how it benefits patients/caregivers



Develop your practice script for new patients and referrals sources

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Practice Considerations

- How quickly can new patients receive an appointment?
- How easy is it to reach your team by telephone? (e.g. avoid long phone trees)
- How quickly do patients and caregivers receive responses from your team?
- Does the provider take time during home visits and help build patient/caregiver trust and respect?
- Does your team explain services (e.g. patient understand when/how to call and after-hours coverage)?

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Talking Points for Home-Based Primary Care (HBPC)

- Comprehensive, Compassionate Care in the Comfort of the patients own home.
- Alleviates burden of arranging transportation, parking, maneuvering wheelchairs, or walking through a busy hospital or medical building to arrive at the doctor's waiting room.
- Unique more personal bond with providers and patients/caregivers.
- Team approach, with a devoted "care team" including multiple providers and/or clinicians with access to medical records. The care team communicates regularly to develop a plan that best meets the patient's needs and goals.
- Many outpatient tests, procedures, and treatments can be done in the home, which alleviates the travel burden.

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Talking Points for New Patients

- 1 You can reach us 24/7 at phone number (XXX-XXX-XXXX). We will be your first point of contact for all your care needs, but rest assured that we will always collaborate with the other specialists involved in your care.
- 2 We will see you for sick visits, manage chronic conditions, refill medication and order any supplies or medical equipment you will need.
- 3 We will track your care needs and work to keep you as healthy and independent as possible, for as long as possible.
- 4 We will work both you and any family members or caregivers to understand and help manage your medical needs. (e.g., how to use inhalers, change dressings, how to do exercises to help with leg swelling, and/or advice on how to avoid pressure sores).
- 5 Our practice works closely with many community agencies and we will ensure that we connect you with them as appropriate.

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Talking Points Continued

-  We will track the patient's care needs and work to keep the patient healthy and independent for as long as possible.
-  We will work to empower the patient, family members and caregivers to understand and help manage the patient's needs.
-  Our practice works closely with many community resources and services, and we will ensure that you are connected with them as appropriate.

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Sample Practice Script

"Our practice has the ability to travel to your home for your visits and our care team will manage all your medical needs. A provider would evaluate you during the first visit and make recommendations, manage medications, connect you with any additional resources, if needed, and determine when you require a follow-up. You can contact our office 24/7. We would arrange for certain treatments and procedures to be done in the comfort of your home. Our goal is for our team to work collaboratively with you and your family to develop a plan that aligns with your wishes and prevent unnecessary hospital admissions."

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Talking Points for Referral Sources

- HBPC is ideal for the "sickest of the sick" when it's no longer safe or feasible for them to come into the office for medical appointments.
 - Patients on gurney
 - Mile long med list
 - Patient's who require 2-4 outpatient PCP appointment slots
- HBPC has proven to be an effective model for keeping people at home who would otherwise rely on the 911 network when their conditions worsen.
- Effective HBPC has proven to lead to improved health outcomes and greater patient and caregiver satisfaction.

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Talking Points for Clinic Provider Partners

- Refilling medications for patients who have not been seen in years or frequent "no shows"
- Family members who express it's a taxing effort to get the patient to the office
- "Frequent flyers in the ED or hospital"
- Consider me a partner for your "highest risk" patients who I can help relieve the burden and risk for your practice by caring for them in the home

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Marketing Strategies

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Networking Strategies

- Stay connected with current and potential referral sources to build relationships
- Think about your website and other marketing tools
- Explore senior living and new facility partnerships in your area (Be aware of new facilities in your area)
- Consider meetings with discharge planners and/or care coordinators at local hospitals
- Do you have data to approach a payor conversation or pilot
- Predictive Analytics (e.g. Acclivity Health)
- If you're part of a health system or large group practice consider proactive referral approach

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Considerations Before You Grow

- Is your practice prepared to take on new patient volume from a staffing perspective
- Do you track referrals monthly to evaluate opportunities and keep track of partners to maintain relationships with
- Do you have a plan for patient turnover
- How will your community be aware of your services
- Do you know your outcomes and have data to share on the success of your practice

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Payor Conversations

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Why Start Thinking About Payors Now

- Marketing Opportunity
- Controlling cost and utilization
- Plan early and now for future partnerships and opportunities
- Build the foundation and track outcomes

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Contracting with Payers: Strategy 101

- Product**
 - Who do you take care of?
 - What is your model?
 - What do you measure?
- Cost**
 - Cost per patient per month
 - Understand fixed, variable and step costs
- Audience**
 - Health Plan
 - Provider organization
- Allies**
 - Has home care medicine been a solution to the needs of a plan or provider?
 - Where do your clinical leaders stand?
 - Does your contracting arm have contacts, and do they understand this?
- Pitch**
 - Be flexible enough, but know what concessions would jeopardize outcomes
 - Start slow, be careful with taking on significant risk initially

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What is Your Product?

- **Define Your Product**
 - How do you do it?
 - Clinical model
 - Administrative infrastructure
 - What do you measure?
 - Patient outcomes
 - Quality data
 - Patient satisfaction
 - HCC scores
 - For what population?

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Measures to suggest competence

- **Quality**
 - Advanced Care Planning Rate
 - Medication management, falls assessment, depression
 - Patient Experience (likelihood to recommend)
 - Pneumococcal Vaccination Rate
- **Revenue**
 - HCC – malnutrition, pressure ulcers, resp. failure, functional quadriplegia, EMR tools, diagnostic specificity
- **Expense**
 - Hospice referral rate
 - Death at home
 - 30-day readmission rate
 - Days at home last 90 days

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What does your product cost?

- **Cost per patient**
 - Start of care
 - Middle of care
 - Immediately prior to death
- **Operations**
 - Fixed costs
 - Variable costs
 - Step variable costs

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Prepare for Your Audience

- **Insurance Company**
 - How can you help them reduce their medical expense or increase revenue?
 - What existing programs align with your goals?
- **Health System**
 - What is the fee-for-service benefit to status-quo today? What is financial imperative for tomorrow?
 - What revenue or quality opportunity does your product solve? (e.g., decrease 30-day readmissions, reduce low revenue patients, increase Medicare patients, reduce hospital mortality)

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Identify Your Allies

- **Were similar partnerships successful?**
 - 3rd party vendors
 - Other clinical groups
 - Other health systems
- **Who is eager to leverage this opportunity?**
 - Senior leadership
 - Contracting
 - Quality
 - Finance
 - Post-acute

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Make Your Pitch

- **Speak to their priorities, challenges, and opportunities**
- **Look for “small wins”**
- **Be prepared to change, respond to feedback, data, and experience**
- **Proactively suggest process and outcome measures**

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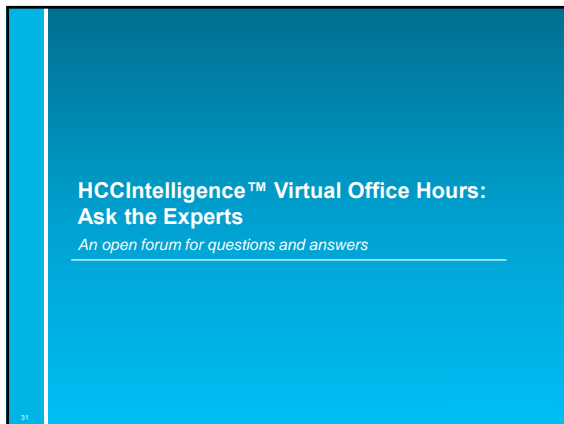
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Creative Partnership Examples

- **Contracting with Medicare Advantage plans for in-home annual wellness visits**
- **ACO Partnerships**
- **Value-Based contracts or participation in shared savings models**
- **Others?**

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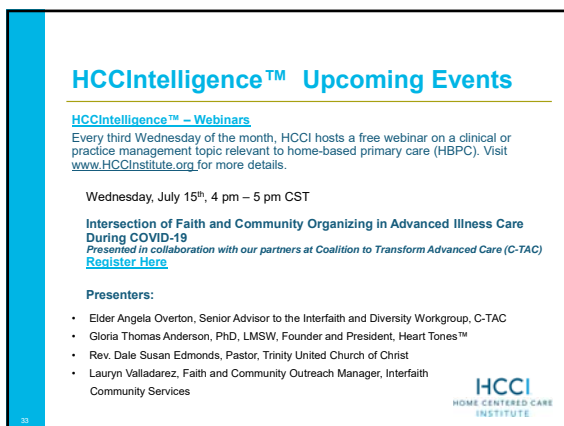
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