

Building and Scaling a Successful Hospital-at-Home Program



Inbound Health

Allina Health 

Executive Overview

Background

- **Launch:** In 2019, Allina Health sought to provide Advanced Care in the Home (hospital replacement to start)
- **Scaling:** In 2020, leveraged program to increase access. Addressed LOS and SNF@Home opportunities in '21/22.
- **Sustainability:** Demand for service accelerated during COVID; sustainability achieved via non-COVID pathways

Opportunity

- **Access:** Because of capacity constraints, we can typically backfill beds freed up by an at-Home episode
- **Operational:** Particularly via SNF-at-Home, we are able to lower ALOS by 2-4 days and increase surgical volumes
- **Financial:** Typically backfilling beds, diversifying revenue via payer reimbursement, lower operational costs

Approach

- **Build v Partner:** Preferred partnership approach (to scale), but could not find a “full stack” partner
- **Payment Model:** Initially focused on Commercial and MA payers, implementing CMS waiver now
- **Iterate & Improve:** Targeted launch (limited diagnoses, sites), expanded to 7 sites, ADC of 50+ patients

Results

- **Patient Volume:** 6,000+ patients seen across 350+ different disease states (including post-surgical for SNF)
- **Clinical Results:** Lowered ALOS by 2-4 days per episode; reduced readmission rates vs. patient cohorts sent to SNF
- **Financial:** Increased contribution margin, depending upon care modality, payer, DRG

Lessons Learned

- **Hospital-at-Home requires more than just technology**
- **Be cautious of simply reusing existing assets, especially with workforce challenges**
- **Plan for a sustainable economic model before launching the program**
- **Don't solely rely on CMS Waiver Program, focus on developing Commercial/MA contracts**
- **Ensure that P&L is distributed to the divisions where financial value accrues**
- **Start small, build awareness, expand over time – compel partners to take risk on results**



Bringing Healthcare Home

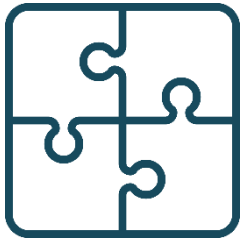
Leadership Institute Overview

August 2023

Overview: Inbound Health



Solutions



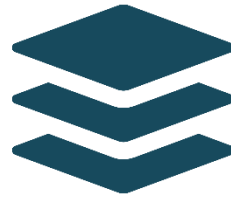
- Hospital-at-Home
- SNF-at-Home
- ED-at-Home (Pending)
- Health System Grown

Experience



- 6,000+ Care Episodes
- 350+ DRGs Managed
- All Payer
- Higher Acuity
- Lower Readmissions
- NPS of 86

Platform



- Care Model
- Technology & Analytics
- Virtual Command Center
- Supply Chain & Labor
- Payment Model

Partnership Model



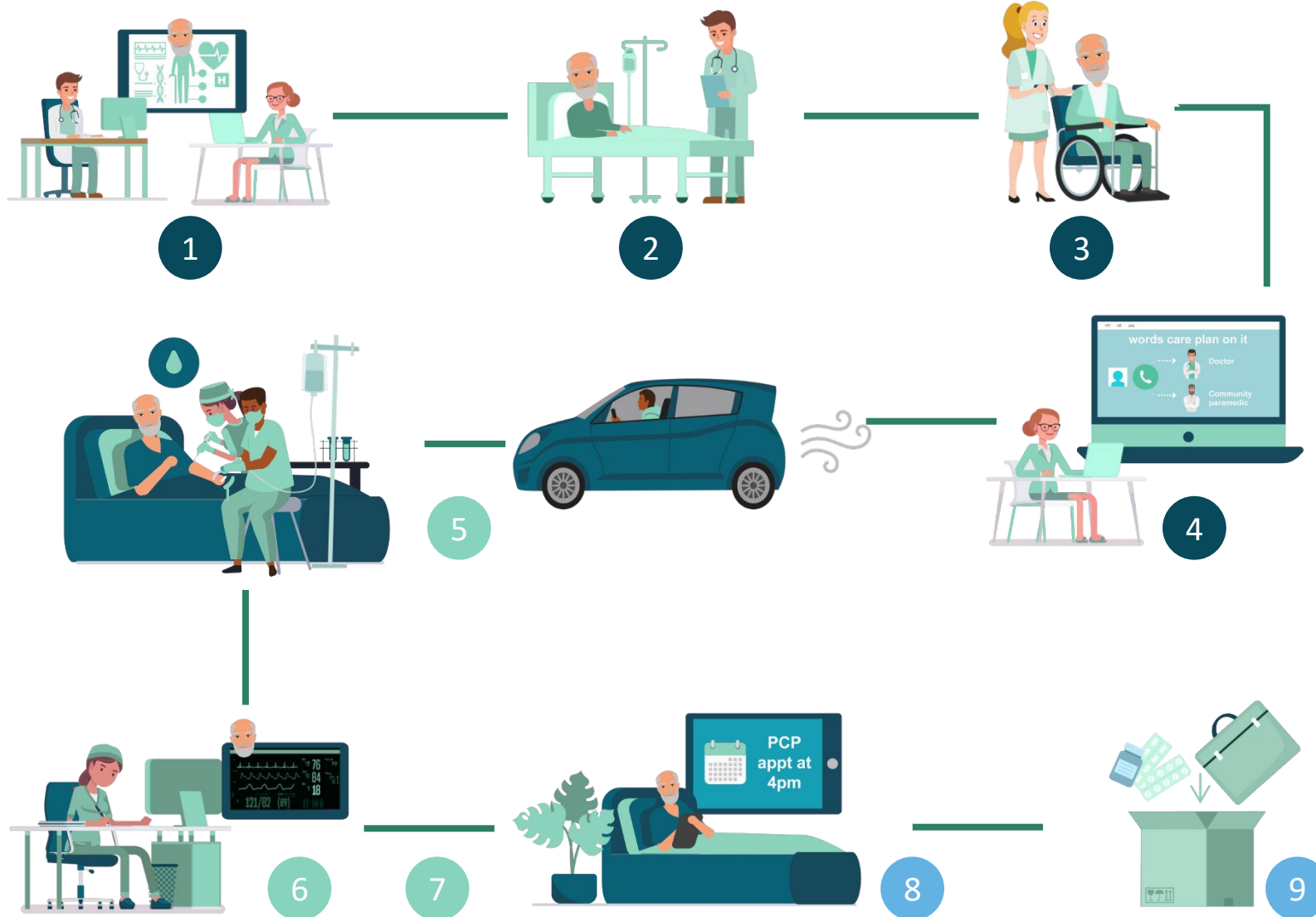
- Filling the Gaps
- Flexible Op Model
- Simple Business Model
- Aligned Economics

Differentiators



- Experience Scaling
- Comprehensive
- Flexible
- Path to Profitability

Curated Care Model Based upon Input From All Stakeholders



- 1 AI Platform flags Darrel as candidate for home-based care based upon 150+ data points
- 2 Clinical team completes chart review & presents case to attending MD
- 3 Inbound in-hospital liaisons coordinates with family/patient, and discharge planning
- 4a Care Manger creates care plan and orders, syndicates with regional care team
- 4b Community paramedic visits Darrel's home to set up equipment, perform final home check
- 5 Community paramedic provides teaching, meds, coordinates visit with virtual provider
- 6 Daily visits from RN to deliver in-person care, virtual hospitalist/SNFists to oversee care
- 7a 24/7 virtual care team oversees biometric monitoring, delivers digital surveillance
- 7b Virtual RN identifies clinical decompensation; works w MD to identify plan, dispatch care
- 8 After acute stay, team monitors Darrel for 30 days, carefully plans transition (visits, Rx, etc.)
- 9 At "discharge," care plan is carefully transitioned to original care team, next episode

Driving a Compelling Year 1 ROI

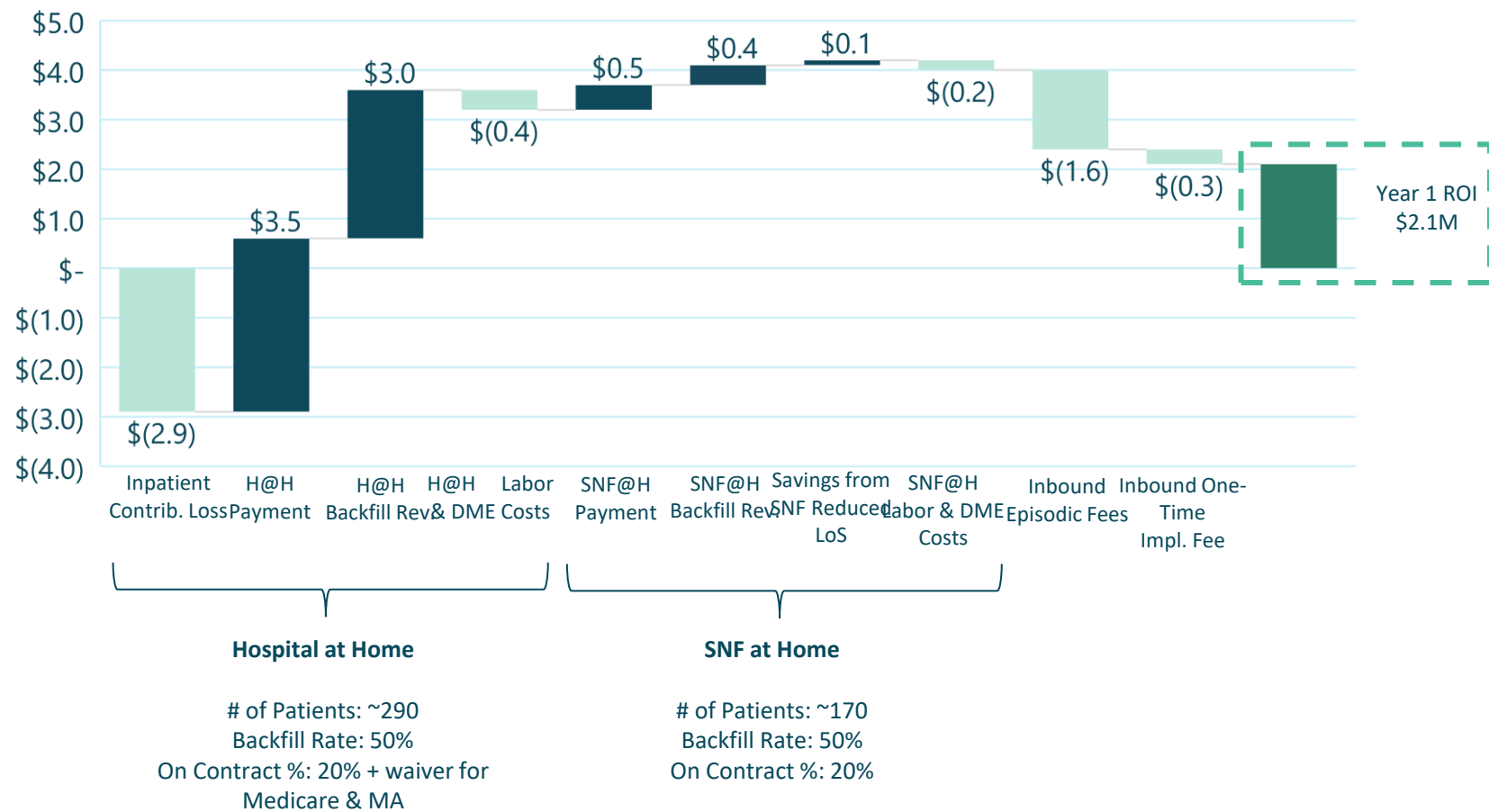


We work with our health system partners to conduct a customized data analysis that targets a **return on investment in year 1** of the program

<i>Value Levers:</i>	Hospital at-home	SNF at-home
Managed Care Reimbursement	⊕	⊕
Admissions Decanted to the Home	⊖	N/A
Increased Bed Capacity	⊕	⊕
Reduced inpatient Length of Stay	⊕	⊕
Revenue Diversification	N/A	⊕
Supply Chain and Labor Expenses	⊖	⊖
Per Episode Fees to Inbound Health	⊖	⊖



Illustrative Customer ROI – 450 Bed Hospital with no Internal Health Plan (\$mm)



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Bringing Healthcare Home

Appendix

Technology Stack: Applications and Use Cases



- Pre-Enrollment: SMS Surveys
- On demand Chat/call/video
- Conduct video visits
- Complete digital surveys
- Consume digital content (videos)
- Receive alerts/notifications
- Track care episode
- Rate care experience



- ← Evaluating
- Bid on open shifts
 - Chat/call w/ staff as necessary
 - Track location
 - Submit time / shifts
 - Submit orders

2



In-Home Hardware

- Cell-Enabled Tablet
- Cell-Enabled Peripherals
- Pre-Installed Engagement App
- In-Market Hardware Associates

1



4

AI Analytics



- Patient Identification
- Care Planning
- Risk Identification

3



- Review candidates
- Begin referral process
- Coordinate w/ attending
- Conduct video visits
- Chat/call/video
- Chart (EMR)
- Order (EMR)
- Enroll patients
- Design care plan
- Coordinate partners
- Monitor patients
- Manage orders
- "Prescribe" content
- Build/publish surveys