Vesta

Transforming Homecare

A Caregiver Strategy

A SMARTER APPROACH

Engaging caregivers as part of the clinical care team allows them to support patients' health by serving as the care team's "eyes and ears" in the home.

Integrating these modalities creates an "early warning system" that allows the care team to intervene early, mitigate complications, and escalate urgent needs so that patients get timely care to prevent hospital visits and remain safely at home.

To bring this vision to reality, Vesta Healthcare developed a care model with six related components (at right) that research has shown to be effective for people with complex care needs. This approach regularly assesses participants' needs and helps assure that they receive timely and appropriate care in coordination with their regular healthcare providers.

AN URGENT OPPORTUNITY

More than 50 million Americans serve as unpaid caregivers for family and friends, and another 2.6 million paid home caregivers work in people's homes. Caregivers play a critical role helping people manage complex health conditions and live independently at home.

Caregivers have first-hand insight into unmet needs and changes in symptoms that may signal an unfolding medical crisis. All too often, however, caregivers are not connected to the medical care team and have no easy way to share their concerns and observations.

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Identification

Risk-prediction algorithm to stratify patients into risk segments, guide outreach, and enchance impact

Onboarding

Consented call with patient and caregivers to validate current needs and engage in Vesta's program

Planning

Nurse practitioner-led personalized, home-based intervention plan using evidence-based clinical care

Monitoring

Proactive chronic care support, remote patient monitoring, health check-ins, and transitions in care

Urgent Care

24/7 access with average response rate of 90 seconds to address urgent concerns by patients or caregivers

Closing the Loop

Communication to community physician and care team on changes in health status and other care needs

VESTA CONNECTS CAREGIVER COMMUNITIES WITH TRADITIONAL CARE TEAMS

Caregiver Community

Daughter (Primary) • Daughter • Son Aide #1 • Aide #2 **Traditional Care Team**

Care Manager • Primary Care Physician Pulmonologist • Cardiologist • Neurologist





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RESULTS OF VESTA'S APPROACH

The impact of Vesta's integrated system of homecare has been documented through rigorous analysis of data from client engagements, including a controlled study of 333 members of a Special Needs (D-SNP) Medicare Advantage plan who opted to enroll in Vesta Healthcare's program. Their experience was compared to a matched group of 333 health plan members who were eligible for but did not enroll in the program. Findings of this study of Vesta's model and approach are summarized at right.

Utilization

35% reduction in ER visits* 18% reduction in hospital admissions* 114% reduction in SNF admissions* 70% reduction in long-term care placements

Care Process

80% engagement rate 96% of urgent alerts handled at home

Outcomes

\$537 PMPM cost savings*

2 more healthy days at home per month*

90% satisfaction

5% higher health plan member retention at 2 years**

Notes:

*Indicates comparisons to a matched control group. The 114% reduction in SNF admissions reflects the net effect of a 31% decrease in the intervention group and a 95% increase in the control group.

**Health plan retention was measured among those who were using homecare at baseline.

ER=emergency room; SNF=skilled nursing facility; PMPM=per member per month.

DELIVERING AND FINANCING VESTA'S APPROACH

The complexity of reimbursement and benefit design makes it challenging to finance and deliver this kind of care model.

Vesta Healthcare has found this goal is best achieved through two related structures: an affiliated medical group and a network of homecare agencies. These entities work together to align financial incentives and achieve the scale and scope of services needed to drive value and quality improvement in collaboration with health plans, healthcare providers, and caregivers. This arrangement allows the program to be provided under fee-forservice, capitated, or value-based arrangements with health plans or medical groups in partnership with homecare agencies. All three options can include incentives for achieving quality performance targets such as these:

QUALITY PERFORMANCE TARGETS

Preventive Care

- Fall risk
- Alcohol abuse screening
- Smoking cessation
- Depression screening

Improving Care for Older Adults

- Medication review
- Functional status assessment
- Pain assessment

Improving Transitions in Care

- Patient engagement after hospital discharge
- Adult immunization
- Dental exam
- Follow up after ED visit
- Follow up after hospitalization



Vesta Healthcare's goal is to improve caregiving and care at home by combining personalized care and support with easy-to-use tools and technology. Vesta connects the entire care team – patients, family, caregivers, insurance plans, agencies, doctors, and nurses – to support the best possible care at home. The ancient Roman goddess of hearth and home inspired Vesta's name, because Vesta's mission is to ensure that people stay in the comfort of their homes as long as possible.

For more information, visit: www.vestahealthcare.com.