



Empowering \$10 per hour lay caregivers
to prevent \$10,000 hospitalizations

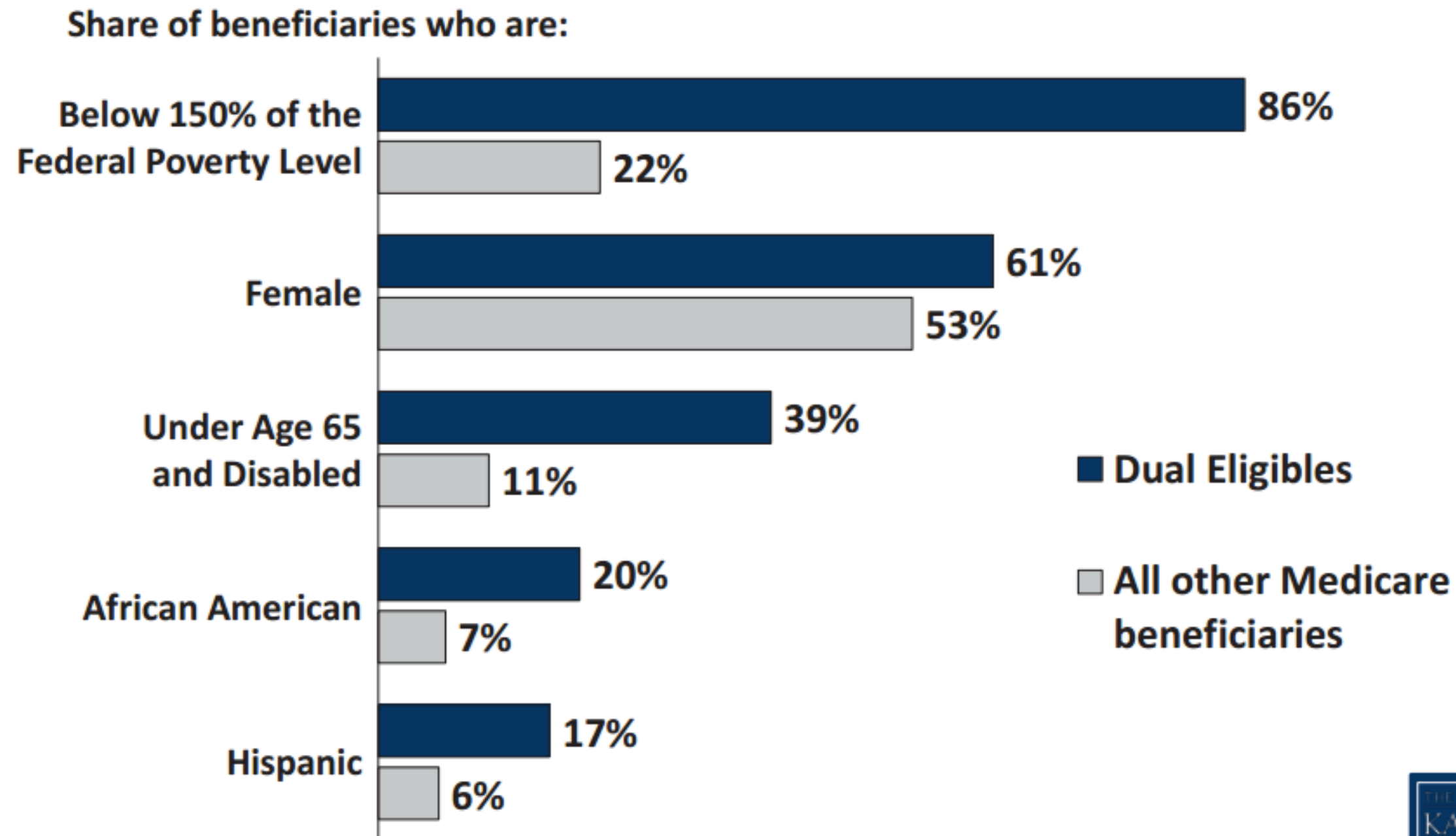
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Duals experience larger income, sex, and racial disparities

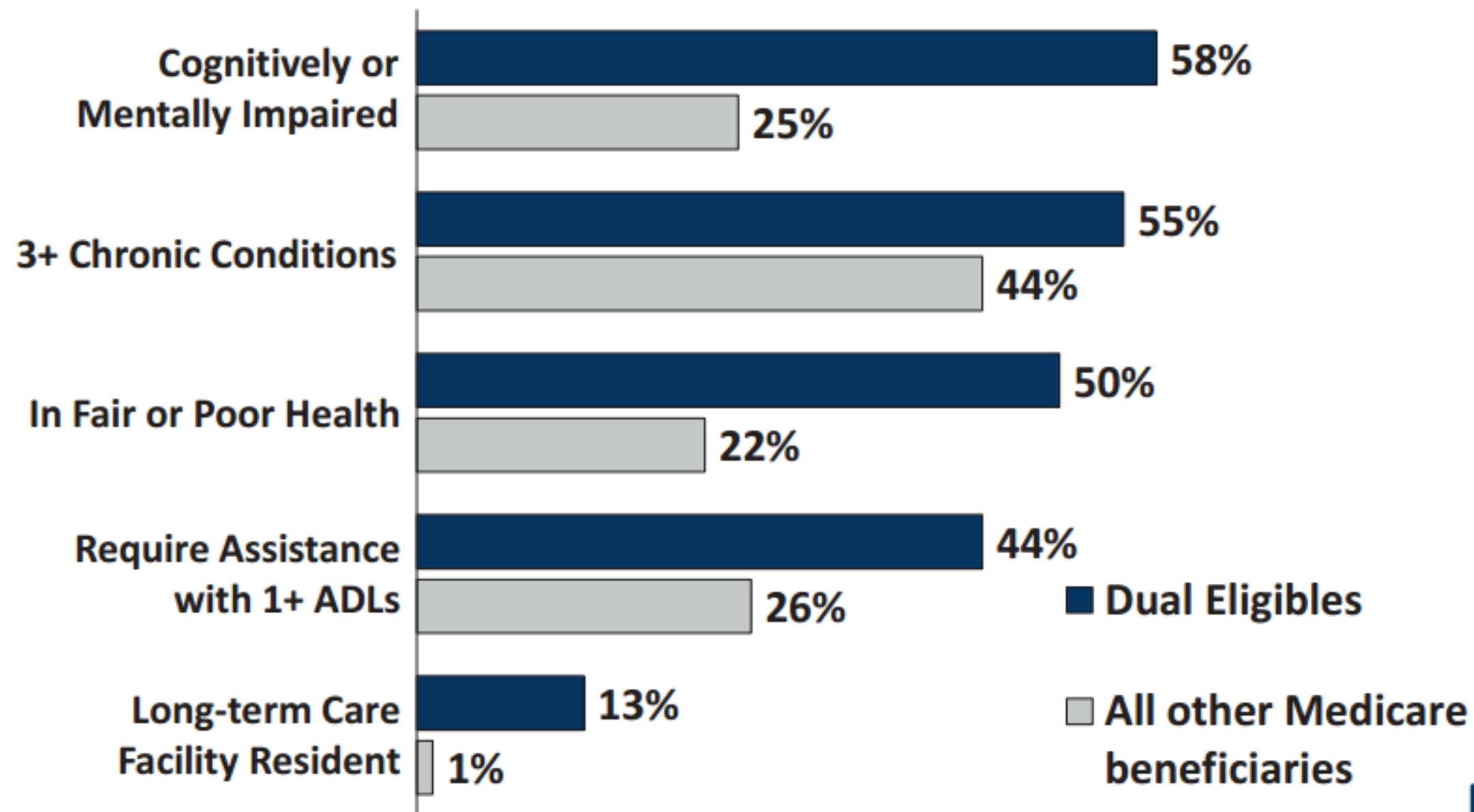


SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Cost & Use File, 2008.



Duals experience larger health disparities

Share of beneficiaries with:



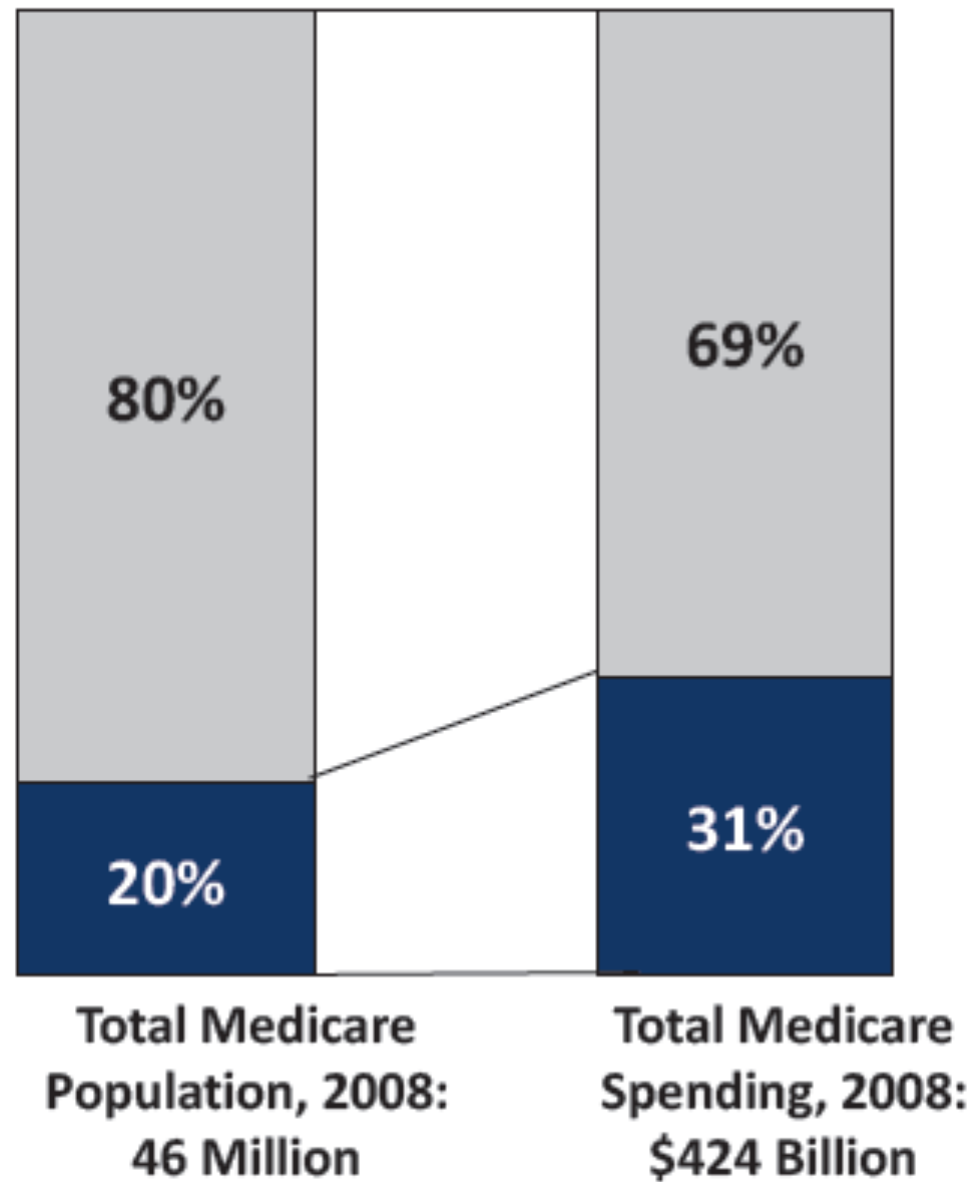
NOTE: ADLs are activities of daily living, and include self-care tasks.

SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Cost & Use File, 2008.

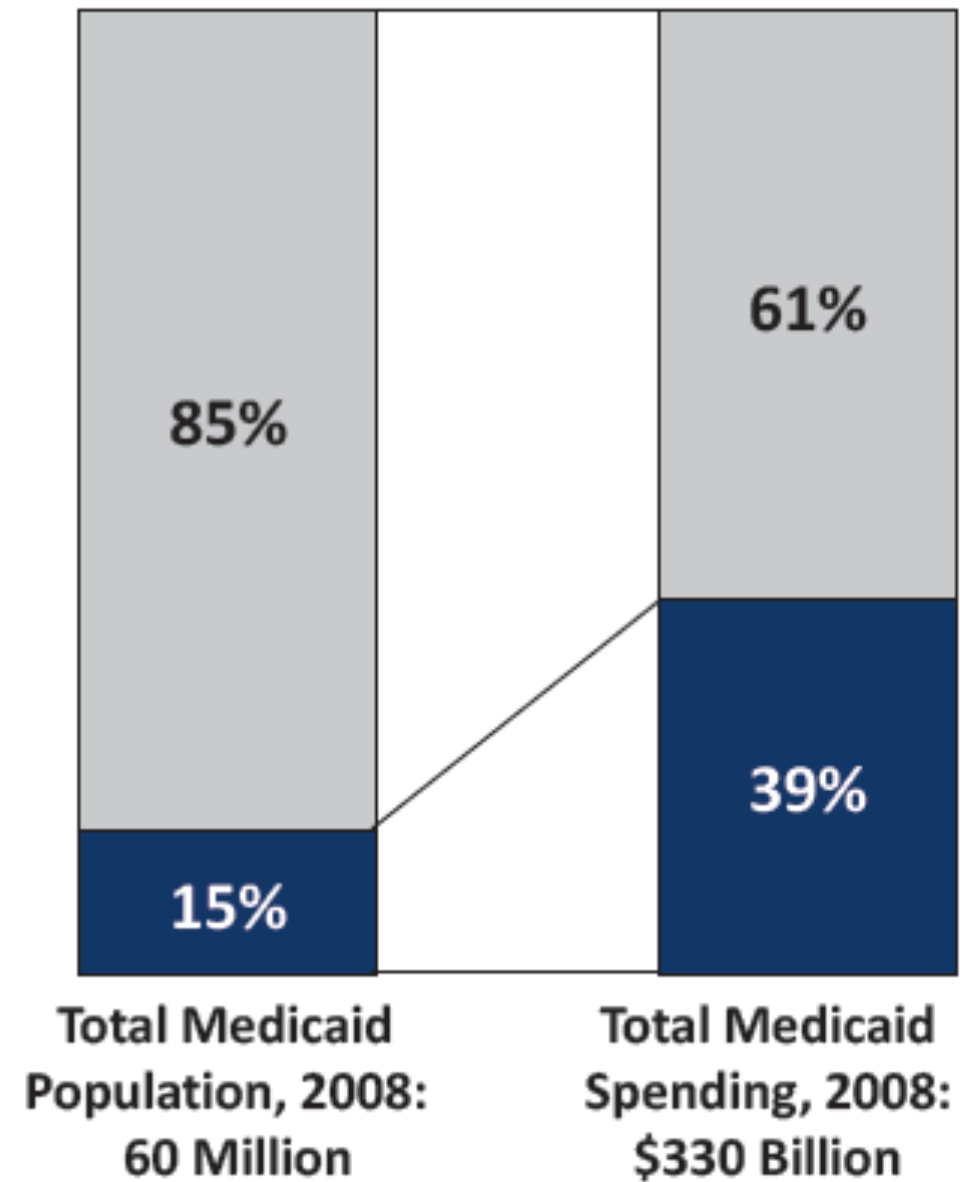


Duals account for a disproportionate share of Medicare and Medicaid spending

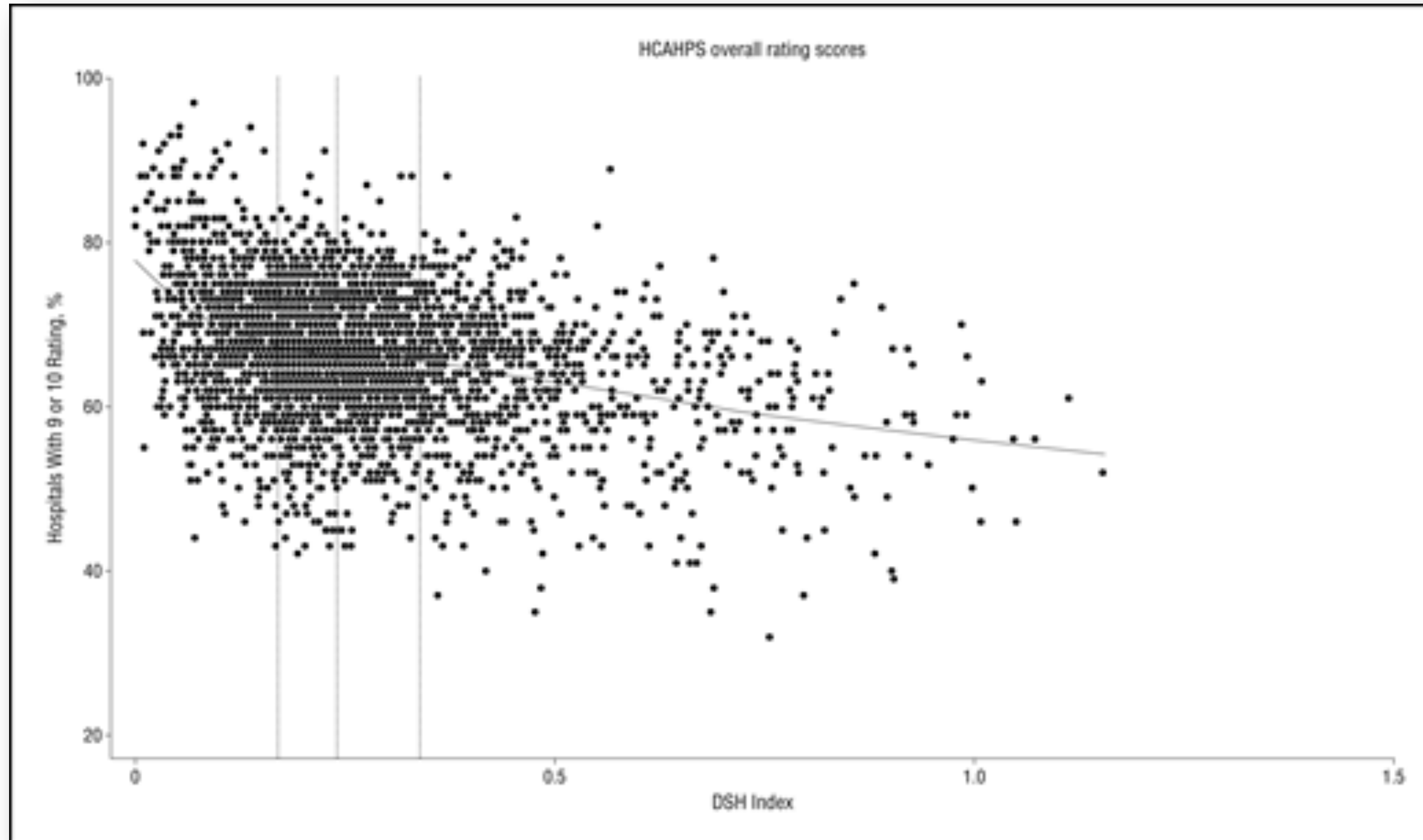
Dual Eligibles as a Share of the Medicare Population and Medicare Spending, 2008:



Dual Eligibles as a Share of the Medicaid Population and Medicaid Spending, 2008:



Patient Satisfaction lower for Disproportionate Share Hospitals (DSH)



We are **NOT** achieving the Triple Aim for the most vulnerable population



Largest cost driver for Duals is acute care



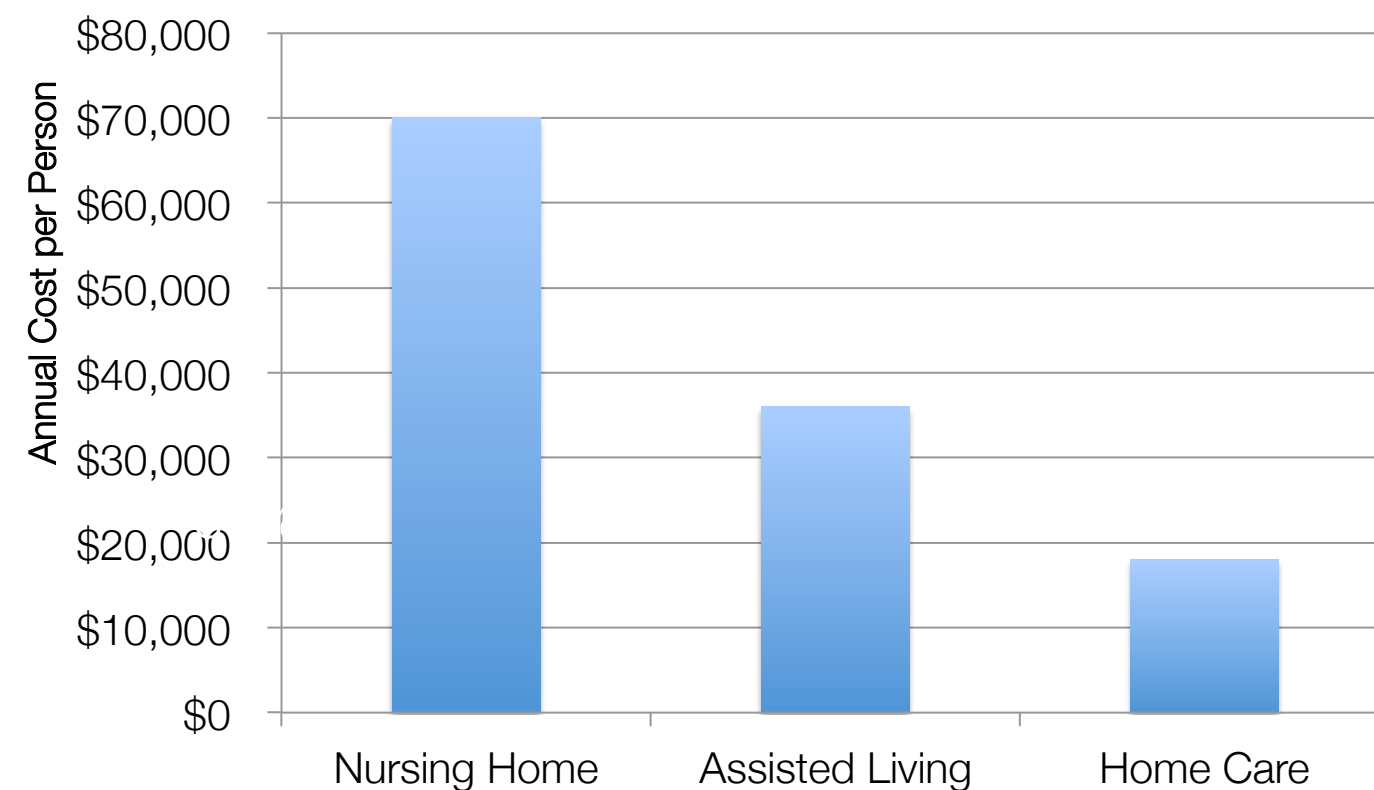
1 in 5 **Medicare** patients are readmitted every month



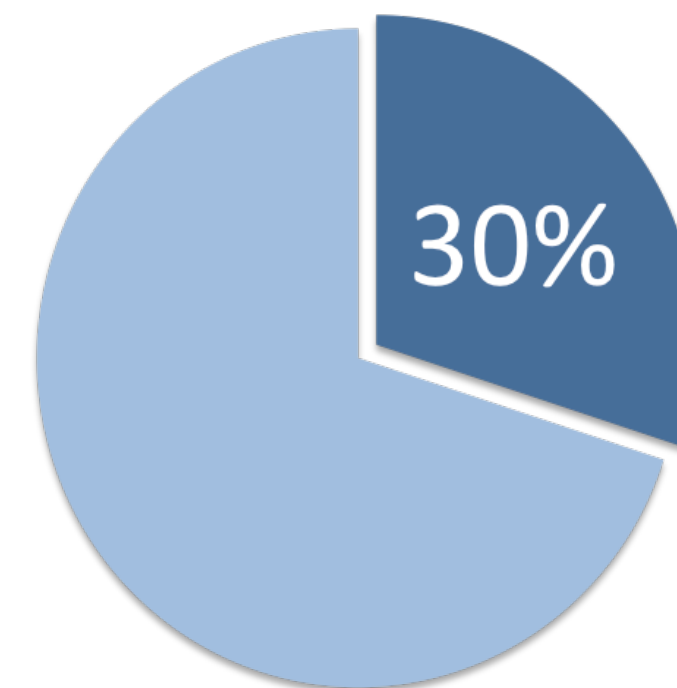
1 in 4 **Duals** are readmitted every month

Fastest growing cost driver which is post acute care

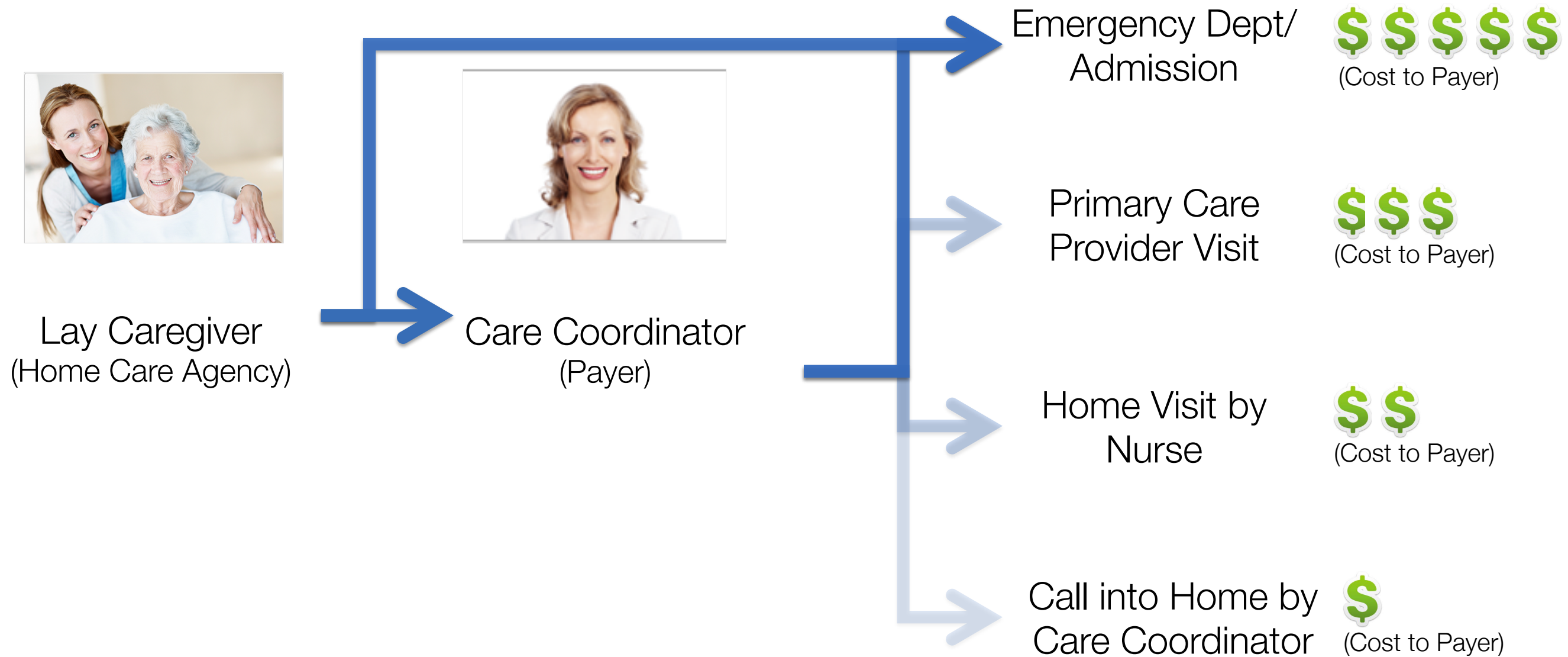
Institutional long term care is
\$1614 more expensive
PMPM than HCBS



Up to 30% of SNF patients are
“low-care” and could thrive at
home rather in a facility



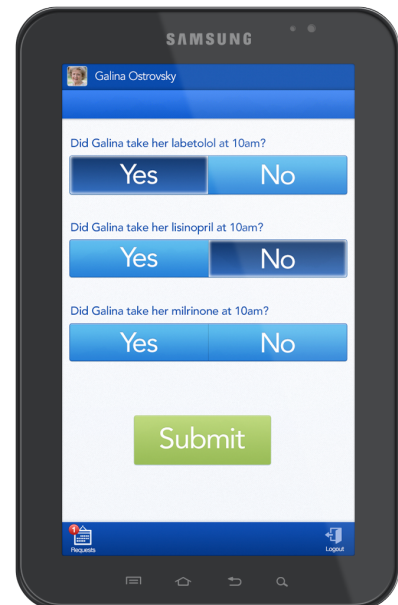
Poor care coordination with home care



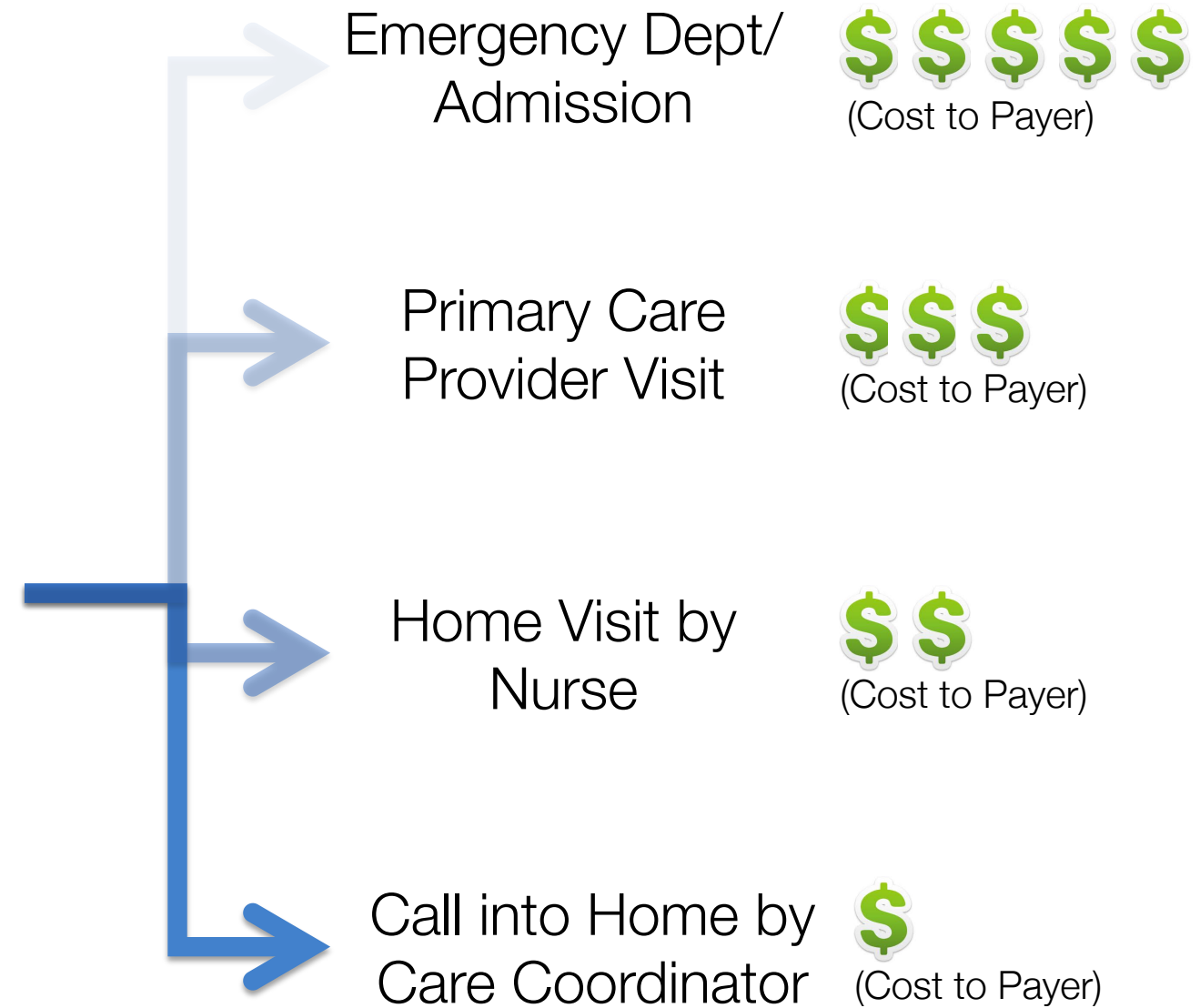
Care at Hand enables real-time care coordination



Lay Caregiver
Completes Survey
(Home Care Agency)



Care Coordinator
Receives Alerts
(Payer)



Control group

- 543 discharged patients
- 2/1/12 – 6/30/13

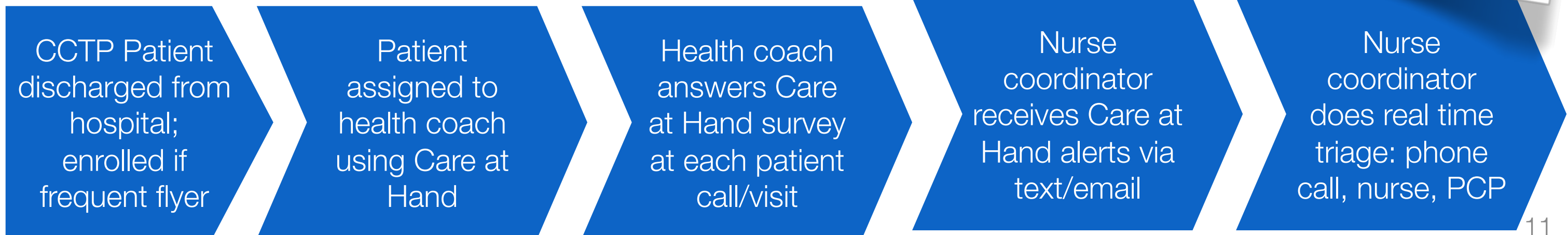
Intervention group

- 129 discharged patients
- 7/1/13 – 10/31

Study Design

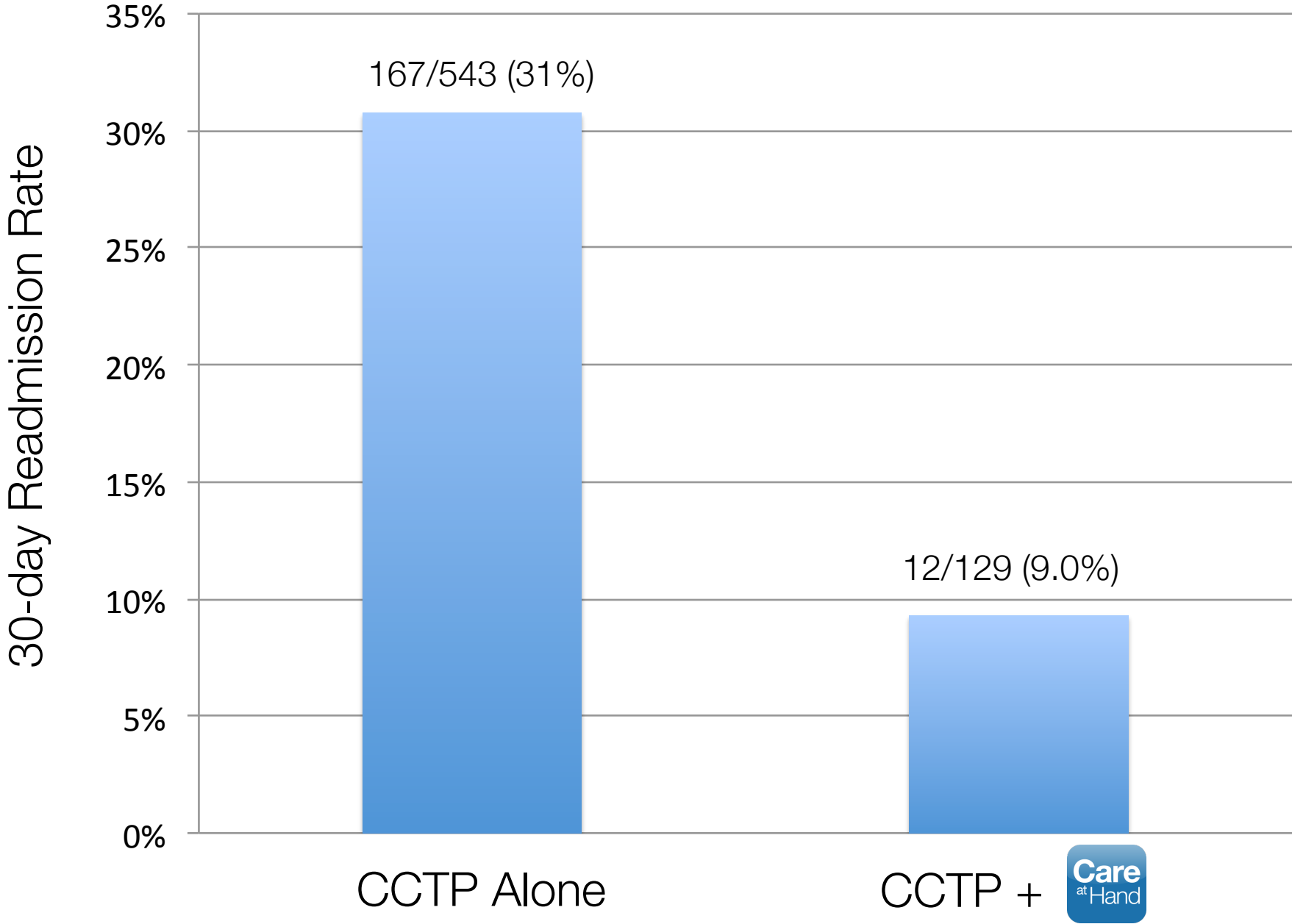
- Pre-post cohort analysis
- ESMV patients enrolled in CCTP w/ >2 admissions
- Pt d/c from 1 of 6 hospitals in Merrimack Valley
- Health coaches see patient and do 4 f/u phone calls over 1 month

Care at Hand with ESMV CCTP workflow:



Statistically significant decrease in 30-day readmissions for frequent flyers with Care at Hand

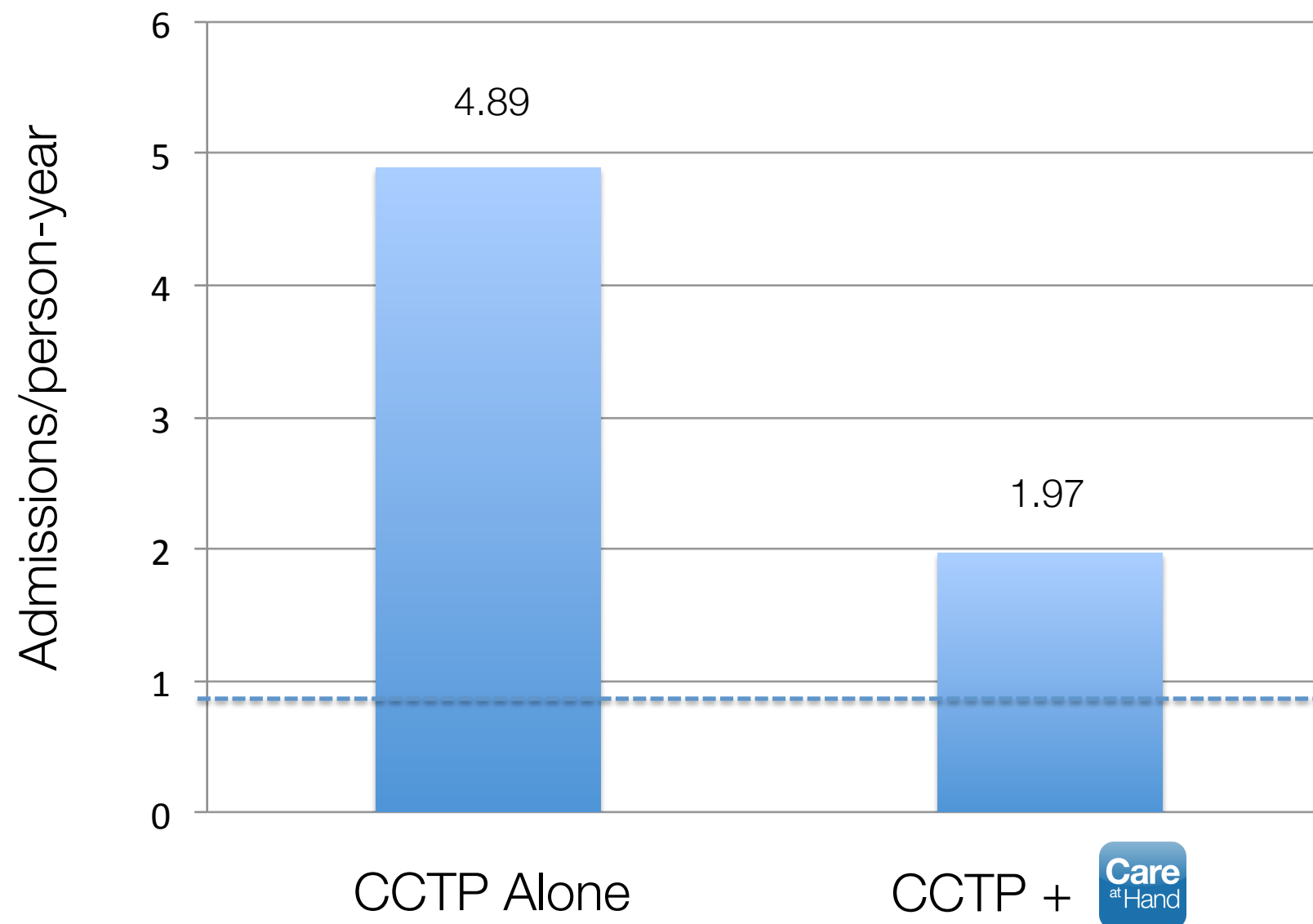
69.8% decrease in 30-day readmissions



P < 0.0001, Fisher exact test

Overall admission rate for frequent flyers cut by more than half after Care at Hand

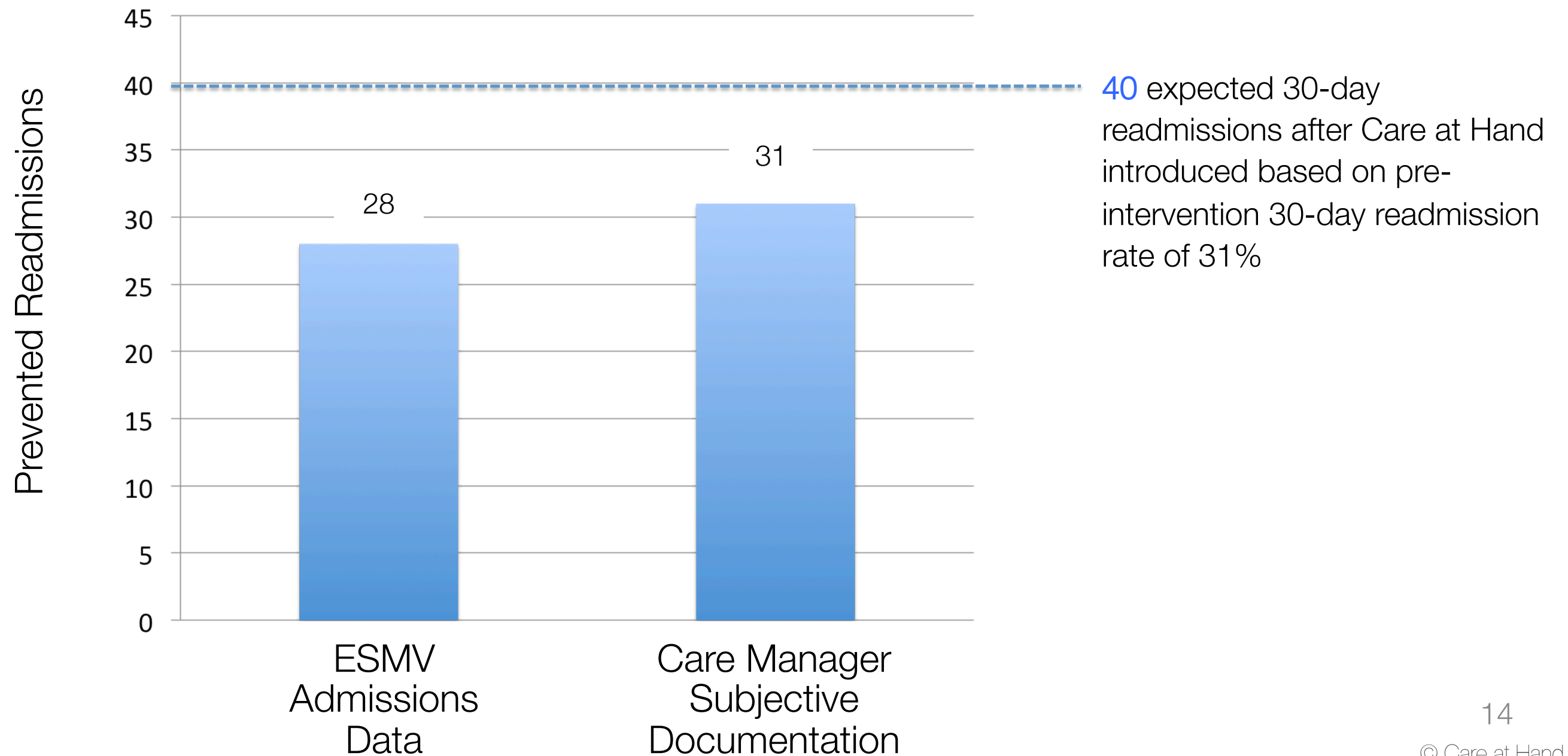
59.8% decrease in admissions per person-year



0.57-0.82 admissions/person-year is the typical range for duals; rates in this pilot are higher because sample population is comprised of frequent flyers

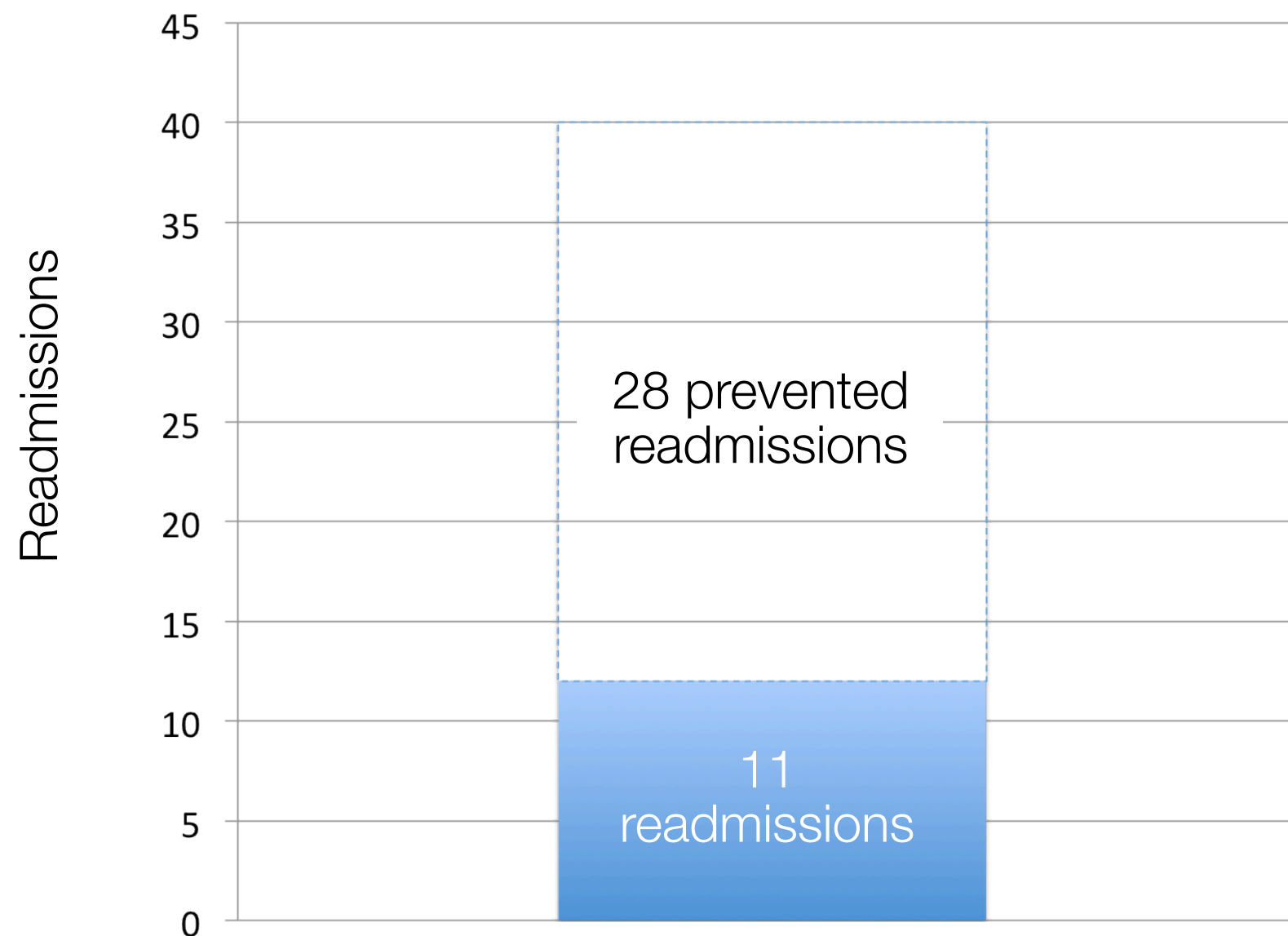
Real-time measurement of readmission prevention highly correlated with claims data

Care manager perception of prevented readmissions
only 11% off from claims data



Care at Hand saved Medicare over \$1/4 million over 4 months

Estimated 28 of 40 admissions prevented corresponding to savings of \$310,800 to Medicare



Achieving the Triple Aim for Duals through Optimizing Managed Long-Term Supports and Services (MLTSS)

High Value MLTSS = Risk-bearing Payers + Care Coordinators + (Home Care x 

Dual special
needs plans

Care managers
internal to payers

Medicare
managed care

Area Agency on
Aging (AAA)

MLTCs

ASAPs

ACOs

CCTP Sites

ICOs

More important than these outcome measures or saving tax dollars...

...enabling frail elderly to age in place





Thank you!

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