Primary Care as the Cornerstone for a Successful Network

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Essential Building Blocks

1. **Improve Quality & Access**
   - Reduce Costs & Waste

2. **Financially Sustainable**
   - Approaches that support the transition from a fee-for-service to value-based reimbursements

3. **Delivery Network**
   - Expanding and connecting the delivery network across the continuum of care

4. **Care Model & Enablement**
   - Driven by the care model across the continuum, connected and supported by effective uses of information technology

5. **Foundation**
   - Strong provider led organizational structure

6. **Value-Based Care**
7. **Value-Based Payment Models**
8. **Funds Flow Distribution**
9. **Expanding Primary Care Base**
10. **Strengthen Partnerships Along Continuum**
11. **Network Participation Performance**
12. **CARE Management**
13. **Population Health Management**
14. **Clinical Data Repository**
15. **Data Analytics**
16. **Physician Leadership**
17. **Entity Formation**
18. **Change Management**
19. **Establish Governance**
Continuum of Care

Acute Care
- Hospital
- Micro-Hospital

Ambulatory Care
- Home
- Digital Health
- Primary Care Clinic
- Urgent Care
- Hospital-Without-Beds
- Community Health Program

Multi-specialty Ambulatory Clinic

Post-Acute Care
- Inpatient Rehab
- Hospital-at-Home (HaH)
- Outpatient Rehab
- Skilled Nursing Facility
- Home Care

Modified from SG2 slide
Primary Care
Is where the real opportunity exists

Critical to the success of any network:

• Ability to engage and intervene early
• Opportunity to reengineer primary care for true transformation
• Ability to create linear integrity with the patient’s care
• Ability to intervene prior to an event
• Develop patient trust
Primary Care Transformation
Care Model Redesign – Embedded care team resources

Opportunity to:

• Directly engage the patient
• Aggregate all information and documents from across the continuum of care
• Discuss options and their expectations with the patient
• Identify SDOH and engage community resources
Primary Care Transformation
Care Model Redesign – Care team approach

• Combination of specific embedded team members linked to external resources across the delivery system and community
• Varying levels of clinical expertise and training based on goals of the role
• Continuous evaluation of outcomes and root cause analysis
• Effective team interventions and training for team members
Data & Analytics

- Ability to aggregate disparate clinical sources
- Automation of reporting data to physicians and purchasers
- Provide data to the point of care
- Verify payer reports and attribution
- Drive quality and performance improvement
- Produce risk categorization, quality and cost analysis, and develop predictive modeling
Inherent Barriers for Successful Networks

- **Reliance on hospital resources** to drive data, care management and quality
- Can’t afford the **upfront investment capital** to build expert teams and systems needed to drive outcomes
- **Physicians aren’t incentivized** in real time for driving outcomes
- Unwilling/unable to take **financial downside risk** to gain the upside potential of global contracts
- Not **enough patient volume** to drive changes in practice or financial reporting
- Consequences of **inaction or indecision**
Keys to Success in Value-Based Care

• **Develop enablement resources** into a focused separate company or create a partnership for services

• **Make investments** to create expertise and competencies up front

• Align **real time incentives** to support clinical models & engage physicians

• **Embrace risk** with enough upside potential to offset expenses

• Make the **value-based processes** the path of least resistance

• **Transform** the role of primary care
Thank you.

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