


Cost-Reducing Strategy: AltaMed

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Advancing High Value System Performance to Eliminate Disparities

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AltaMed

OBJECTIVES

Overview

- History, Vision, Mission, Values & Strategy
- Our Services & Commitment to Health Equity

Our Journey to Value-Based Care: Progress & Lessons Learned

- AltaMed Viva Gold Senior Care & Enhanced Care Management (ECM)
- AltaMed Workforce & Pipelines

Next Steps

- Value-Based Care (VBC) Opportunities & Challenges
- Value-Based Care (VBC) Horizon

FOUNDED IN EAST LOS ANGELES IN 1969

From a volunteer-staffed storefront clinic...



...Today, We are the largest independent Federally Qualified Community Health Center in the U.S.

MISSION, VISION, VALUES, STRATEGY

Mission

To eliminate disparities in health care access and outcomes by providing superior quality health and human services through an integrated world-class service delivery system for Latino, multi-ethnic and underserved communities in Southern California.

Vision

To be the leading community-based provider of quality health care and human services.

Strategy

By 2030, AltaMed Health Services and its affiliates will reach the 90th percentile for all Medi-Cal priority HEDIS measures and achieve a 4.5-star rating in national Medicare benchmarks. AltaMed will grow to care for more than 500K full risk members and increase its geographic footprint in Southern California.

Core Values

- Patients always come first
- Employees are our most valuable asset.
- Encourage process excellence and innovation for quality outcomes.
- Promote wellness and advocate for strong and healthy communities.
- Integrity, honesty and respect in all of our endeavors.
- Commitment to teamwork.

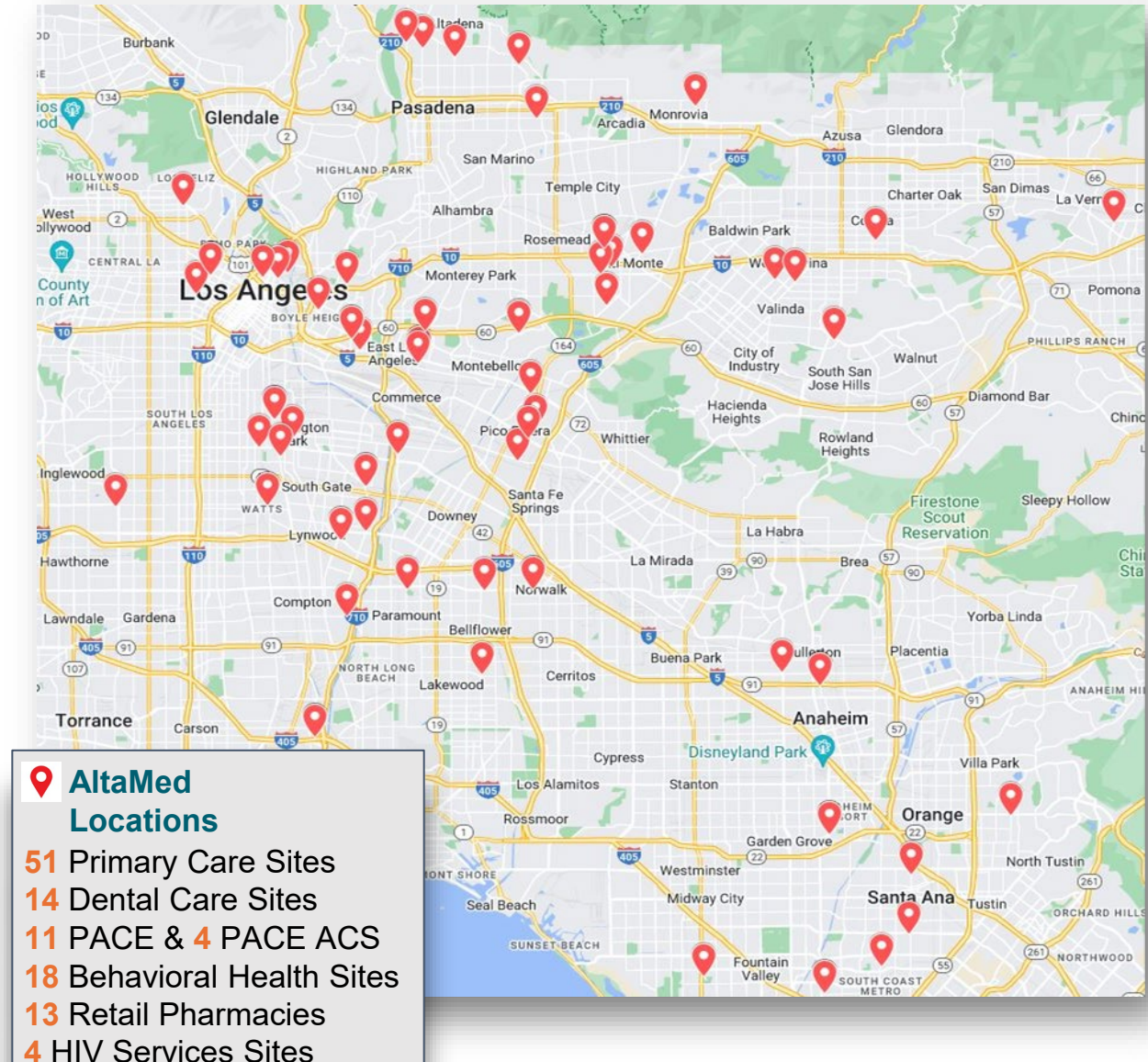
FAST FACTS: LARGEST INDEPENDENT FQHC IN THE U.S.

5,200 employees working across
67+ sites in Southern California
500K patients served annually
2.89M annual in-clinic & virtual visits

Our providers and employees reflect the communities we serve in both culture and language.

Who We Serve

84% Medi-Cal
74% Hispanic/Latinos
40% Language Other than English
62% Spanish Language Preference
50% Below Federal Poverty Level
0.937 Social Vulnerability Index
0.87 Housing Stability Score



OUR HEALTH SERVICES

Primary Care

- Urgent Care
- Senior Care
- Women's Health
- Pediatrics
- Family Medicine
- Radiology Services

Dental Care & Oral Health

- Preventive & Restorative Services
- Extractions
- Exams & X-Rays
- 5 Mobile vans
- 6 Oral Health Units

Mobile Health Clinics

- 4 Mobile Health
- 6 Mobile Dental

Hospitalist/Transitions of Care/ Clinician Home Visit Program

- Clinical teams serving more chronically ill patients in the hospital / home / street

Infectious Disease & HIV Services

- Hepatitis C Treatment
- HIV Prevention and Testing
- Mental Health, Case Management

Pharmacy Services

- Online refills and text reminders
- Same day delivery

Behavioral Health

- Individual Psychosocial Therapy

Onsite Specialty Care

- *Pediatric:* Neurology, Urology, Dermatology, Gastroenterology, Orthopedics, Ophthalmology, Allergy/Immunology, Cardiology
- *Adult:* Psychiatry, Podiatry, Dermatology, Sports Medicine, Cardiology, Maternal Fetal Medicine, Urogynecology, Palliative Care

Health Equity

- Research/Evaluation & Medical Education
- Pipeline & Workforce
- Youth Services Linkages to Care
- Adolescent Family Life Program
- Certified Parenting Classes/ Family Planning

Program of All-Inclusive Care for the Elderly (PACE)

- Largest PACE provider in CA
- Full Service PACE Sites- 9
- Alternative Care Settings (ACS)- 4

ALTAMED & AFFILIATED COMPANIES



Infrastructure to Support Value-Based Care

- Largest independent FQHC in the U.S, IPA, MSO, RKK, Foundation
- Full and shared risk value-based care across multiple businesses
- Diverse portfolio, including Medi-Cal, Medicare, Dual-Eligibles, Managed Care, Commercial, HIV, Behavioral Health, Dental, Pharmacy, and PACE

VALUE-BASED CARE: THROUGH THEIR EYES



Our Patients

Excellence in patient care, medical knowledge, diagnosis, outcomes throughout care continuum



Our Teams

Strong relationship with leadership, peers, and multi-disciplinary teams to achieve maximum scope of practice

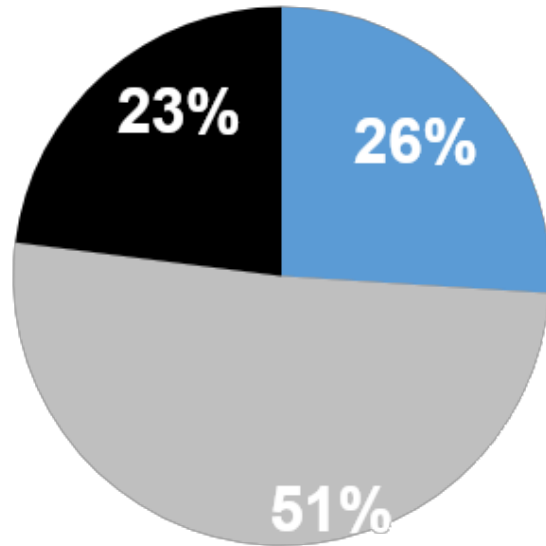


Our Physicians

Practice evidence-based high-quality care to improve health, making a greater impact

ALTAMED PATIENT RISK STRATIFICATION

Total Population
338,144



■ Low Risk ■ Moderate Risk ■ High/Very High Risk

High/Very High Risk (N=77,774)

DEMOGRAPHICS

46 Average Age

61%

% Female

39%

% Male

CHRONIC CONDITIONS

7.1 Average # of chronic conditions

34.7%

≤ 3

35.0%

4-6

30.3%

7+

Utilization	Implications for VBC
<ul style="list-style-type: none"> Emergency Department Utilization* 	<ul style="list-style-type: none"> 54.5% of all ED Visits are from High/Very High Risk

Top Diagnoses	Utilization	
	High	Very High
Chronic renal failure	2042	3496
Disorders of the immune system	2249	2332
Congestive heart failure	915	1941
Chronic ulcer of the skin	559	1335
Complications of mechanical devices	543	990
AIDS and or HIV complications	771	739
Cardiomyopathy	487	881
Spinal cord injury/disorders	551	785
Autoimmune / connective tissue diseases	756	553
Hepatitis C	298	593

ALTAMED VALUE-BASED CARE CONTINUUM

Global Risk Patients and Complex Clinical & Social Care Needs

- Medical Management (Altura MSO/AHN)
- Hospitalists
- Transitions of Care
- Clinician Home Visitation Program
- Urgent Care / 24/7 Virtual Care Access
- Behavioral Health / Psychiatry
- Diabetes Chronic Disease Management Clinic / Clinical Pharmacy
- Complex Care / Enhanced Care Management
- In-house Specialties



Enhanced Coordination
of Care

Coordination & Referral to
Community & Social
Services

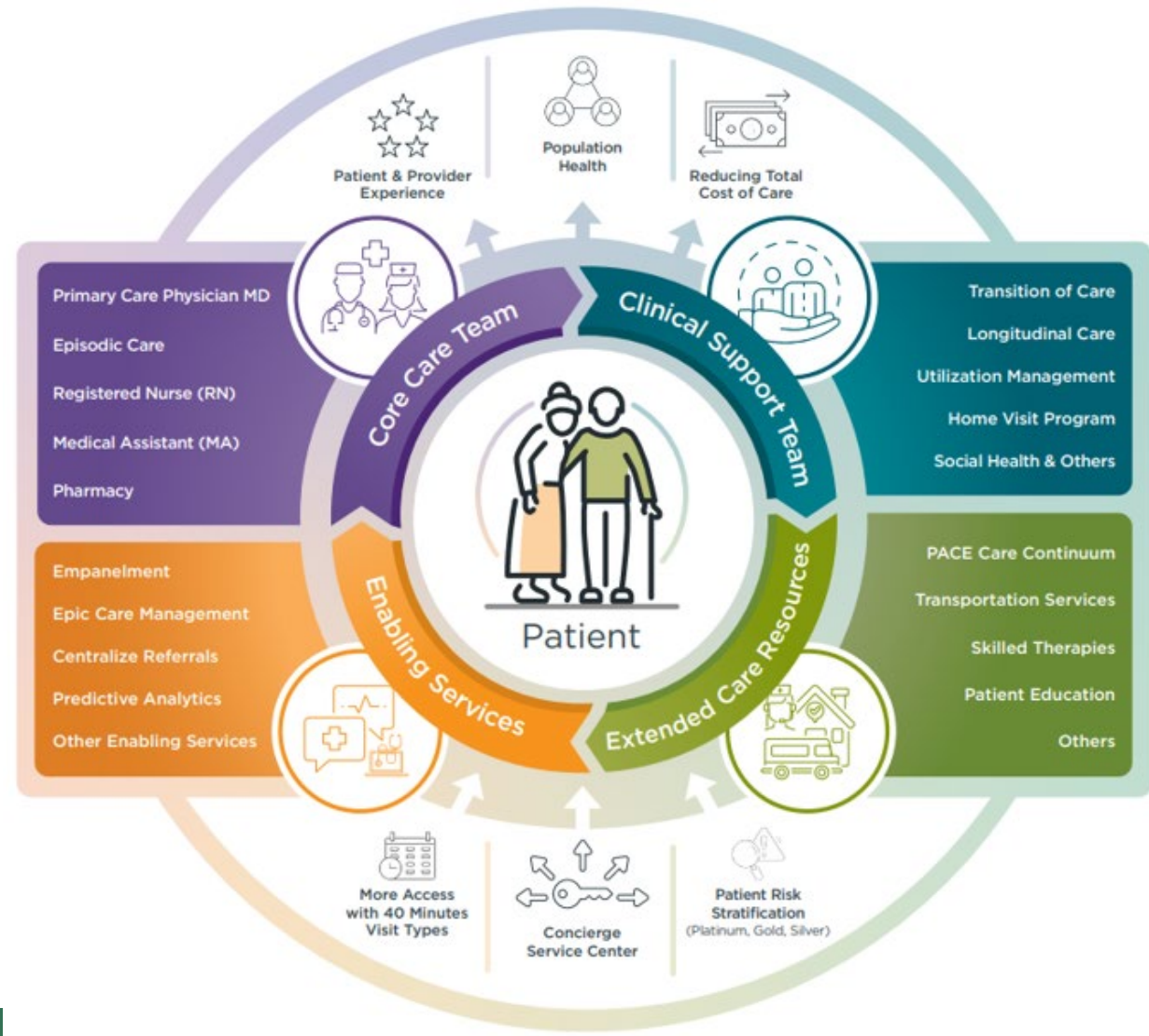
Comprehensive
Transition Care

Health Promotion

ALTAMED VIVA GOLD SENIOR CARE MODEL

Expanded Care Team

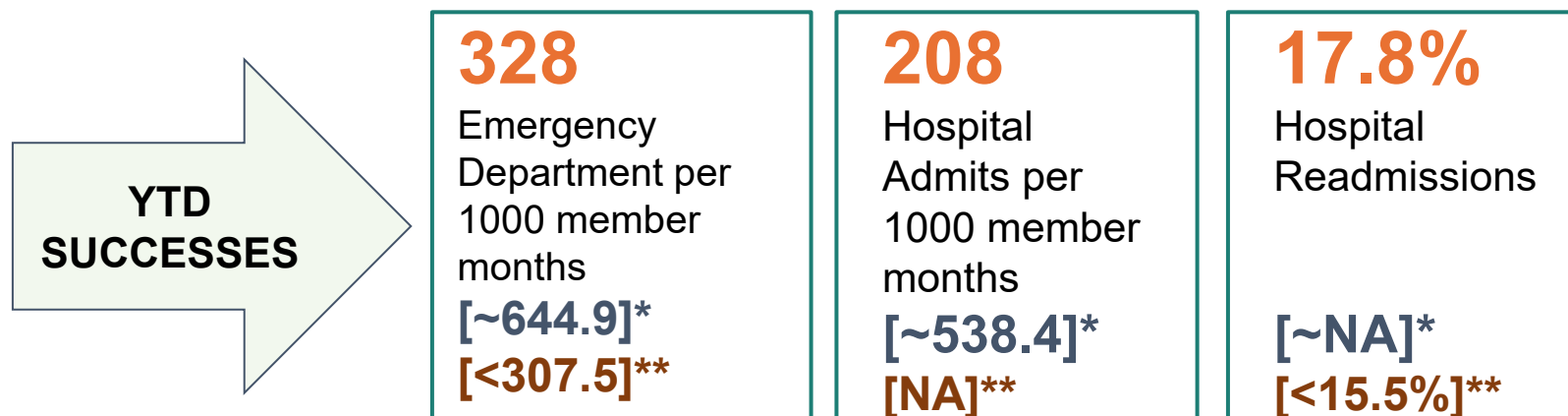
- Concierge Service
- Each Care Team cares for 900 patients
 - 1 Team Physician
 - 1 Advance Practice Provider
 - 2 Provider Partners (MA or LVN)
 - Care Manager RN



ALTAMED VIVA GOLD SENIOR CARE RESULTS

Performance

- As of 11/1/24: Total Members 2,074 out of 18,806 Medicare lives (>53% Duals)
- 74% of members completed their Medicare Health Assessment
- Recognition for Excellence in Dementia Care by the Healthy Brain LA Coalition



Lessons Learned & Scalability

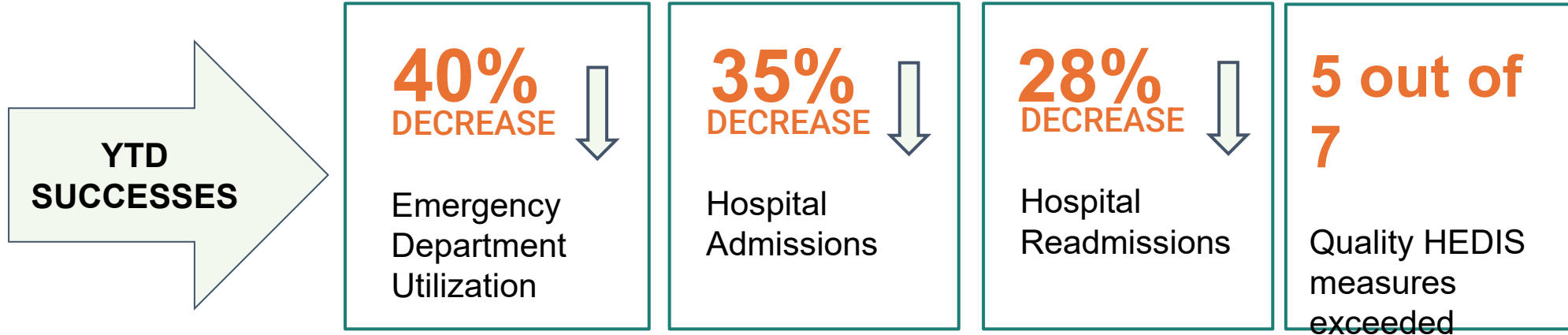
- PCP – Patient bonding are difficult to overcome, but possible over time
- Hospital and Specialty Contracting require different approaches

*DHCS Managed Care Performance Monitoring Dashboard Data, April 2024, Data from Dual Members Jul 2023 – Jun 2024, 12 mo average rate in member months **National Medicare Benchmark for 2024

ENHANCED CARE MANAGEMENT RESULTS

Performance

- As of 11/1/24: 972 out of 1,092 enrolled members
- In 2023: 433 unique patients receiving enhanced care management
- ~3.8X PCP visits per year compared to 2.4X for non ECM eligible members
- Reduced ER visits in the first 3 months of enrollment



Lessons Learned & Scalability

- Turnover due to Community Health Worker capacity, health plan pausing enrollment
- Opportunity for increased enrollment into ECM

WORKFORCE & PIPELINES TO ADDRESS PROVIDER SHORTAGE



Established in 2017, the AltaMed Institute for Health Equity is our incubator for research & evaluation, medical and clinical education in underserved communities

Institute Initiatives

Undergrad, Graduate & Continuing Medical Education

- **Site Medical University**
- Nursing University
- AltaMed Family Medicine Residency Program
- Nurse Practitioner Fellowship
- Sports Medicine Fellowship
- Community Medicine Fellowship
- CHLA Pediatric Residency Rotations
- USC FM Residency Rotations
- White Memorial FM Residency Rotation
- AB 1045- Licensed Physicians from Mexico Program
- UCLA, UCI, USC, CDU
- National Medical Fellowships

School of Nursing Collaborative

- Certified Nursing Assistant (CNA) Program
- Licensed Vocational Nurse (LVN) Program
- LVN to Associates Degree Nursing (ADN) Program
- ADN to Bachelors Science Nursing (BSN) Program
- Bachelors Science Nursing (BSN) Leadership Program
- Phlebotomy Skills Training Program

Clinical Training Programs

- USC Pediatric Dentistry Fellowship
- Masters of Public Health (MPH) Field Study Program
- Masters of Social Work (MSW) Field Study Program
- Associate Clinical Social Worker (ACSW) Program

PHYSICIAN LEADERSHIP AND PROVIDER RETENTION

Training Our Own Leaders: Site Medical Director University Successes



See appendix for AltaMed provider demographics

Performance

- **Savings**: \$>1-1.5M per provider leader. Savings based on projected loss of visits, recruitment fees, onboarding, and leadership development investments
- **Investment**: \$>5 per day per SMDU leader based on associated costs of the program.
- **Retention/Leadership Growth**: 100% retention and several have been promoted into key executive leadership roles. SMDU survey shows SMDs plan to continue working at AltaMed for 3+ years in the future.
- **Access**: Supports retention and recruitment of culturally and linguistically concordant physician leaders

Lessons Learned & Scalability

- Retention rate for Medical Director leadership increased from 30% to 100% after 3 years of SMDU implementation.
- SMDU:
 - **Race Ethnicity**: 32% of Medical Directors identify as Latino, 23% Asian, 3% Black or AA, 3% Pacific Islander, 10% White, and 29% did not respond or other.
 - **Gender**: 35% of Medical Directors identify as Female, versus 58% as Male, and 7% as other.
- Physicians' leadership development is critical to be successful in VBC transformation: clinical care, access, revenue, and VBC health outcomes.

VALUE-BASED CARE: OPPORTUNITIES & CHALLENGES

Risk

AltaMed is leveraging its successful track record in VBC, however taking full risk across its entire patient population and a growing population poses greater challenges.

Opportunities

- Focus on VBC care models that are proactive about provider and patient engagement
- Manage growing volume in more efficient and effective ways
- Medi-Cal Enrollment/ Membership Retention
- PCP Continuity of Care
- Support transitions of care between Hospital, Specialty, Primary Care, and Ancillary Services.
- Re-design care teams, existing roles, and develop roles that align with VBC goals
- Integrated Care Management
- Invest in provider leadership and address provider shortage

ALTAMED VALUE-BASED CARE HORIZON

Short Term (6 months)	Midterm (7-24 months)	Long Term (2026 +)
<ul style="list-style-type: none">• VBC Leadership and Clinical Committee• Population health analysis & segmentation with targeted interventions• Integrate metrics and analysis for systems (PCP Continuity of Care, High-risk Programs, Specialty & Hospital)• Re-design care teams: patient service-advocates, nursing, pre-visit planning/huddling	<ul style="list-style-type: none">• Leverage Physician, RNs and NPs – working at top of license – with focus on high risk patients, while achieving population health acute & chronic needs• Develop high-value specialist & hospital network using quality and affordability metrics• SDOH System & Workflow Integration<ul style="list-style-type: none">• CBO registry• Predictive high-risk patient analysis	<ul style="list-style-type: none">• Adopt capitated APM model that further enhances VBC outcomes / affordability• Further align payment models to credit providers/clinics/regions for high-value quality outcomes• Scale VBC to new sites/regions



Questions & Public Comment

AltaMed