

Knowledge Performance Now

KPN Health, Inc. TMSI Endorsed Partner TORCH Spring Conference Hyatt Regency Dallas

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March 30 - April 1, 2021

About KPN Health Inc.

 KPN Health provides IT-based software solutions and a wide range of crossindustry strategic business and operational services, leveraging existing infrastructure and existing technology landscapes based on community health needs. These methodologies offer a faster roadmap to deployment for communities and health care providers.

• KPN Health's *solution sets* and *dashboards* provide physicians with actionable insights into cost, quality, and utilization that influence patient behavior for improved health and financial performance outcomes and improve clinical and operational performance and financial reimbursements.

For more information, visit www.kpnhealth.com

K KNOWLEDGE E EMPOWERS Y YOU



About This Session...

- Accessibility to vital patient information as patients move throughout the continuum of care.
- COVID-19 and healthcare costs have exposed the need for greater care collaboration and informed decisionmaking at the "point of care" and the population level.

Key "Take-Aways"

- Visualize data empowerment.
- Recall how the use of KPN Optimize[®] Point of Care generates savings, summarizes solid clinical decision support and increases financial reimbursement.
- Utilize care transition to reduce readmissions and overall cost to the system.

KPN Health | Panel of Experts



Kim Pichanick, CEO kim.Pichanick@kpnadvisors.com

Kim has concentrated her focus in the healthcare industry with a hyper focus on the development of technologies for clinical, operational and financial aspects of healthcare to reduce healthcare costs and the delivery of improved patient care.

Kim holds a BS in Political Science from Troy University; and has completed an Executive Healthcare Leadership Program from Harvard T.H. Chan School of Public Health.



David Hultsman, SVP CITO David.hultsman@kpnadvisors.com

David is a senior executive with more than 25 years of Fortune 250 experience, having served as Vice President and CIO/CTO for major airlines, banking software development, telecommunications services, oil/gas energy corporations, and health services.

David Mr. has led significant M&A projects, long-range strategy development, global infrastructure optimization and technology innovation initiatives.

David holds an MBA from The University of Dallas, an MA, Psychology and a BA, Social Sciences, from Southern Methodist University.



Gene Hicks, SVP, Chief Strategy Officer gene.hicks@kpnadvisors.com

Gene has over 25 years in senior executive positions both inside and outside of the healthcare industry focused on commercial strategies and financial success. Gene is an experienced strategist delivering deep knowledge and expertise in establishing value and improving financial performance through increasing revenue and measuring and managing cost.

Gene holds a BA in Economics from Davidson College and completed the Accounting Sequence at UNC Charlotte.



Don Navarro, Executive Chairman Don.navarri@kpnadvisors.com

A seasoned business executive who is recognized for his leadership and innovative abilities in complex business situations in many industries.

Most recently, Don has concentrated on technology-based companies serving the healthcare industry.



Brandy Killion, Sr. Advisor, RN, BSN, MS Brandy.Killion@kpnadvisors.com

Brandy is an experienced Vice President Of Clinical Informatics and Quality with a demonstrated history of working in the healthcare industry. Skilled in Clinical Informatics, Quality Metrics and Reporting SME, At Risk clinical and financial bundle management, EMR data interoperability and integration and population health management.

She holds a Master of Science, Health Policy /Health Care Administration/Management, George Mason University – College of Health and Human Services, Bachelor of Science, Registered Nursing, Millikin University. She is currently enrolled in the FNP/DNP program at George Mason University



Edward Bujold, MD, FAAFP www.bujoldmd.com

Dr. Bujold serves as Sr. Physician Advisor where he brings his extensive knowledge and experience as a practicing family physician to help guide development of KPN Health's Solution Sets and services designed to aid healthcare professionals in achieving the Triple Aim – improved quality metrics, reduced healthcare costs and more satisfied patients.

Dr. Bujold received his Doctor of Medicine Degree (MD), from Wayne State University and his BS, Zoology/Animal Biology, from University of Michigan.



State of Rural Hospitals Today

Technology Innovation



DATA TYPES	DATA QUALITY DATA SOURCES		OURCES	DATA AGGREGATION	DATA EXTRACTION
UNDERSTANDING OF COST AND UTILIZATION	COMPLETE V THE PATIE HEALTH	NT'S	THROU	ED INSIGHTS IGH MORE SIVE DATA	REVENUE OPTIMIZATION AND IMPROVED CARE

KPN POC: Power



•Bring patient behaviors to the forefront •Manage adherence • Highlight cost, utilization and significant findings •Enables providers to view patient outcomes through a different lens Streamlines patient engagement •Helps drive outcomes beneficial to patients, providers and healthcare organizations • Displays risk elements and drivers

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KPN Optimiz	e® Point of Care	Utilization Rol	ling 6 Mo. A	LERT		_		lest Practi			
Becky Smith:	Female	THN At Risk Co	ontract: Yes				iment Mammogram ormal/Normal Final F		ument		
Age: 58	remaie	PCP Visits: 6							ment PHO9		
DOB: 12.14.1	962	Specialty Visit				 Administer PHQ2. If score >9 document PHQ9 Administer Flu sectine annually. Documentation can 					
Treating PCP	: Dr. Reade	Readmissions			- 1		de Refusals or Exclu				
Appointmen	t Date: 12.24.2020	Readmission F SNF Readmiss		c High						ocument	
Attribution:	Dr. Kerr	SNF Readmiss SNF: Brookside			- 1		ber of Falls, PREV				
		ER Visits: 5	e dicensooro		- 1		ment / Administer	Functiona	Assessment	t status (g	
United Healt	hcare MA ALERT	Inpatient Adm	issions: 4			year) for patients 66+ years.					
RAF: 2.98		Most Recent /	Admission: 11.	16.2020							
	sk adjust: 10	Discharge Dat			- 1		Adherence	& Compli	ance		
HCC Categor			osis: Hyperten	sion	- 1	Statin Co	mpliance: 65% Last i	fill date: 3.	.17.20		
High-Cost Ra		Discharged To	: Home Directive: 11.1	6.20		Metform	in Compliance 72% I	ast fill dat	te: 4.1.20		
Dual Eligibili		AWV-9.8.20	Directive. 11.1	0.20	- 1						
Disability: No	D	Care Manager	nent: No		- 1			ant Trend			
							rended up for the pa				
ICD-10 I	Description	Date	Provider				as trended up for th				
	Type 2 Diabetes	10.15.20					rended up for the p				
	Major Depression				Creatinin	e has trended up ov	er the last	year			
	Hypertension Vascular Disorder	Dr. Thomp Dr. Reade									
	Vascular Disorder Mixed Hyperlipidemia					Social Deter	rminants /	Risks			
	COPD	10.15.20					tatus: Widowed				
	Persistent Atrial Fib	Dr. Wilson				al Health Co-Morbid					
K21.9 (Gastroesophageal refl	Dr. Thomp	son			RX: Nearest Pharma Care: PCP + 15 mile		iles			
	Generalized Anxiety	Dr. Smith					5				
	Primary Osteoarthritis	Dr. Stewar	rt		Transportation: No Data Drinks per day: 3 per day						
	diopathic gout, RT Kn Congestive Heart Failu	Dr. Smith Dr. Smith				Smoking 1PPD					
	Congestive neart railu Chronic Bronchitis	Dr. Smith				sk: Medium					
	Anemia	6.15.19	Dr. Smith			At risk zip code: 23704*					
	Show	wing 14 of 27					n Status: No Data				
							ite Non-Hispanic				
	-	-			=						
Medication Lisinopril	Dosage 40mg BID	Date 10.15.20	Prescr Dr. Rei				Incidenta	I Findings	(2)		
Lisinoprii Metformin E		10.15.20	Dr. Ke			(3.18.21)	Recommended Che			mo.	
HCTZ	25mg	10.15.20	Dr. Re								
Carvedilol	15mg	10.15.20	Dr. Sm								
Wellbutrin	300mg	10.15.20	Dr. Wi								
Klonopin	0.5mg	10.15.20	Dr. Cla			Findings	Value	Date	Provider		
Allopurinol	100mg	10.15.20	Dr. Re			B/P:	160/87	12.1.20	Dr. Reade		
ASA Tylenol	81mg QD	10.15.20 8.13.19	Dr. Re Dr. Re			Wt.	205	12.1.20	Dr. Smith		
lylenol Mirtazapine	625mg TBD 45mg	8.13.19 7.14.19	Dr. Rei Dr. Sm			Ht.	67 inches	12.1.20	Dr. Kerr		
Synthroid	45mg 32.0mg	3.18.19	Dr. Sm Dr. Ker			BMI:	32.1 (obese)	12.1.20	Dr. Reade		
Warfarin	2.5mg	3.18.19	Dr. Ke			BSA:		12.1.20			
		ving 12 of 18				eGFR:	47.0	12.1.20	Dr. Wilson		
		-									
Lab	Result	Date	COVID-19				Procedure	Result		Date	
A1C	6.8%	4.1.20	COMD-19				Mammogram	Norma		4.18.20	
Lipid Panel	Completed	1.18.21	Positive Dat	e:	11	19.20	Colonoscopy	Norma		7.15.20	
HDL	56.9	1.18.21	Negative Da				DM Eye Exam	Norma		5.26.19	
LDL	136.0	1.18.21	Test Type:			tigen	DM Foot Exam	Norma		10.9.17	
Cholesterol	233	1.18.21	IP Admit:		_	19.20	BMD	Norma	d	11.5.20	
Triglycerides		1.18.21 10.5.20	IP Discharge			30.19	Spirometry	N/D		1.15.21	
Glucose Ran BUN	dom 88 13.0	10.5.20	Manufactur		Pfiz	er	Fall Risk Screen # of Falls	Norma	ll i	1.15.21	
Creatinine	1.120	9.12.20	Vaccine Date Booster Date				# of Falls PHQ-9 Screen	Ves		1.15.21	
TSH	3.9	9.12.20	booster Dat	c.			PHQ-9 score	8		1.15.21	
CMP	Completed	9.12.20	l				Suicide Risk	N/D		1.15.21	
Microalbumi		9.12.20	Vaccine	Date		rovider	Functional Status			1.15.21	
CBC	Completed	9.12.20	Flu	9.12.20		r. Reade	MRI Brain	Norma		1.15.21	
Urinalysis	Completed	9.12.20	PCV13	6.09.20		r. Reade	CT Scan		-up needed	3.15.20	
INR	1.5	9.12.20	PPSV23 Shingles	12.20.20 9.15.20		r. Reade	FOBT	Norma		12.19.20	
ESR	15	9.12.20			~		Pap Smear	Norma	al de la companya de	11.18.19	
ANA	1.49	9.12.20	tDAP	9.1.19	C	VS 1					

t Practices ust document

- sult
- 9 document PHQ9
- nnually. Documentation can
- ng (q 12 mos.) and document
- nctional Assessment states (g

t Trends

KPN Optimize® Point of Care	Utilization Rolling 6 Mo. ALERT
Becky Smith: Female Age: 58 DOB: 12.14.1962 Treating PCP: Dr. Reade Appointment Date: 12.24.2020 Attribution: Dr. Kerr	THN At Risk Contract: Yes PCP Visits: 6 Specialty Visits: 4 Readmissions: 7 Readmission Risk: High SNF Readmissions: 2 SNF: Brookside Greensboro
United Healthcare MA ALERT	ER Visits: 5 Inpatient Admissions: 4
RAF: 2.98 ICD10 that risk adjust: 10 HCC Categories: 4 High-Cost Ratio: ALERT Dual Eligibility: Yes Disability: No	Most Recent Admission: 11.16.2020 Discharge Date: 11.30.20 Primary Diagnosis: Hypertension Discharged To: Home Advance Care Directive: 11.16.20 AWV: 9.8.20 Care Management: No

KPN Optimize	• Point of Care	Utilization Rol	ling 6 Mo. ALERT			
Attribution: D	962 Dr. Reade Date: 12.24.2020 Ir. Kerr Incare MA ALERT Ik adjust: 10 es: 4 cio: ALERT IV Yes	Discharge Dat Primary Diagn Discharged To	s: 4 .7 lisk: High ions: 2 e Greensboro lissions: 4 Idmission: 11.16.202 esis: Hypertension : Home Directive: 11.16.20	0	Abn Adm Adm inclu Adm Nun Doc year Statin Co Metform	ument Ma oormal/Nor hinister PH hinister Fl de Refusa hinister Fal ument / A c) for patie hini Compliances hin Compliances
		, i			C	rended up has trende
	escription	Date	Provider			trended u
	ype 2 Diabetes Iajor Depression	10.15.20				ne has tren
	ajor Depression	10.15.20			C.C.C.	a martinen
	ascular Disorder	9.1.20	Dr. Reade			s
	lixed Hyperlipidemia	10.15.20	Dr. Smith		Marital S	Status: Wie
	OPD	10.15.20				al Health (
	ersistent Atrial Fib	8.1.20	Dr. Wilson			RX: Near
	astroesophageal refl		Dr. Thompson			o Care: PC
	eneralized Anxiety rimary Osteoarthritis	8.1.20 8.1.20	Dr. Smith Dr. Stewart		Transpor	rtation: No
	liopathic gout, RT Kne		Dr. Smith		Drinks p	er day: 3 p
	ongestive Heart Failu		Dr. Smith			: Smoking
J42 C	hronic Bronchitis	6.15.19	Dr. Smith		Opioid R	isk: Mediu
D64.9 A	nemia	6.15.19	Dr. Smith			p code: 23
	Shov	ving 14 of 27			Activatio	on Status: I
					Race: W	hite Non-H
Medication	Dosage	Date	Prescriber			
Lisinopril	40mg BID	10.15.20	Dr. Reade			
Metformin El		10.15.20	Dr. Kerr		(3.18.21)	Recomm
HCTZ	25mg	10.15.20	Dr. Reade			
Carvedilol	15mg	10.15.20	Dr. Smith			
Wellbutrin	300mg	10.15.20	Dr. Wilson			
Klonopin	0.5mg	10.15.20	Dr. Clarke		Findings	
Allopurinol ASA	100mg 81mg QD	10.15.20 10.15.20	Dr. Reade Dr. Reade		B/P:	160,
Tylenol	625mg TBD	8.13.19	Dr. Reade		Wt.	205
Mirtazapine	45mg	7.14.19	Dr. Smith		Ht.	67 i
Synthroid	32.0mg	3.18.19	Dr. Kerr		BMI:	32.1
Warfarin	2.5mg	3.18.19	Dr. Kerr		BSA:	
	Show	ving 12 of 18			eGFR:	47.0
Lab	Result	Date	COVID-19			Proced
A1C	6.8%	4.1.20	COMID-13			Mamn
Lipid Panel	Completed	1.18.21	Positive Date:	11.	19.20	Colone
HDL	56.9	1.18.21	Negative Date:			DM Ey
LDL	136.0	1.18.21	Test Type:		tigen	DM Fo
Cholesterol	233	1.18.21	IP Admit:		19.20	BMD
Triglycerides Glucose Rand	204 Iom 88	1.18.21 10.5.20	IP Discharge:		30.19	Spirom
Glucose Rand BUN	13.0	10.5.20	Manufacturer: Vaccine Date:	Pfi	.er	Fall Ris # of Fa
Creatinine	1.120	9.12.20	Vaccine Date: Booster Date:			PHQ-9
TSH	3.9	9.12.20	booster bate:			PHQ-9
CMP	Completed	9.12.20	ļ			Suicide
Microalbumi		9.12.20	Vaccine Date		rovider	Functio
CBC	Completed	9.12.20	Flu 9.12.	20 D	r. Reade	MRIB

CBC

INR

ESR ANA

Urinalysis

Completed

Completed

1.5

15

1.49

Quality/Best Practices

ocument Mammogram. Must document onormal/Normal Final Result

- Administer PHQ2. If score >9 document PHQ9
- Administer Flu vaccine annually. Documentation can include Refusals or Exclusions.
- Administer Fall Risk Screening (q 12 mos.) and document Number of Falls. PREV
- Document / Administer Functional Assessment Status (q year) for patients 66+ years.

Adherence & compliance atin Compliance: 65% Less fill date: 3.17.20 etformin Compliance 72% Last fill date: 4.1.20

Important Trends

P: has trended up for the past 6 months Weight has trended up for the past 3 months A1C has trended up for the past 3 quarters Creatinine has trended up over the last year

Social Determinants / Risks Marital Status: Widowed Behavioral Health Co-Morbidities: Yes Access to RX: Nearest Pharmacy > 10 miles Access to Care: PCP > 15 miles Transportation: No Data Drinks per day: 3 per day Tobacco: Smoking 1PPD Opioid Risk: Medium At risk zip code: 23704* Activation Status: No Data Race: White Non-Hispanic

Incidental Findings (2) 3.18.21) Recommended Chest CT. Follow-up 3 to 6 mo.

Findings	Value	Date	Provider
B/P:	160/87	12.1.20	Dr. Reade
Wt.	205	12.1.20	Dr. Smith
Ht.	67 inches	12.1.20	Dr. Kerr
BMI:	32.1 (obese)	12.1.20	Dr. Reade
BSA:		12.1.20	
eGFR:	47.0	12.1.20	Dr. Wilson

Date 4.1.20	COVID-19)		Procedure	Result Normal	Date 4.18.20	
1.120 1.18.21 1.18.21 1.18.21 1.18.21 1.18.21 1.18.21 1.18.21 1.05.20 10.5.20 9.12.20	Positive De Negative D Test Type: IP Admit: IP Discharg Manufactu Vaccine Da	je: irer: ite:	11.19.20 Antigen 11.19.20 11.30.19 Pfizer	Colonoscopy DM Eye Exam DM Foot Exam BMD Spirometry Fall Risk Screen # of Falls	olonoscopy Normal M Eye Exam Normal M Foot Exam Normal MD Normal pirometry N/D all Risk Screen Normal		
9.12.20	Booster Da	ite:		PHQ-9 score	8	1.15.21 1.15.21	
9.12.20 9.12.20 9.12.20 9.12.20 9.12.20 9.12.20 9.12.20 9.12.20	Vaccine Flu PCV13 PPSV23 Shingles tDAP	Date 9.12.20 6.09.20 12.20.20 9.15.20 9.1.19	Provider Dr. Reade Dr. Reade Dr. Reade CVS CVS	Suicide Risk Functional Status MRI Brain CT Scan FOBT Pap Smear	N/D N/D Normal Follow-up needed Normal Normal	1.15.21 1.15.21 1.15.21 3.15.20 12.19.20 11.18.19	

ICD-10	Description	Date	Provider
*E11.9	Type 2 Diabetes	10.15.20	Dr. Kerr
*F32.5	Major Depression	10.15.20	Dr. Smith
*I10	Hypertension	10.15.20	Dr. Thompson
*K55.9	Vascular Disorder	9.1.20	Dr. Reade
E78.2	Mixed Hyperlipidemia	10.15.20	Dr. Smith
J44.1	COPD	10.15.20	Dr. Reade
148.1	Persistent Atrial Fib	8.1.20	Dr. Wilson
K21.9	Gastroesophageal reflux	8.1.20	Dr. Thompson
F41.1	Generalized Anxiety	8.1.20	Dr. Smith
M19.91	Primary Osteoarthritis	8.1.20	Dr. Stewart
M10.061	Idiopathic gout, RT Knee	6.15.19	Dr. Smith
150.9	Congestive Heart Failure	6.15.19	Dr. Smith
J42	Chronic Bronchitis	6.15.19	Dr. Smith
D64.9	Anemia	6.15.19	Dr. Smith

Showing 14 of 27

Medication	Dosage	Date	Prescriber
Lisinopril	40mg BID	10.15.20	Dr. Reade
Metformin ER	750mg	10.15.20	Dr. Kerr
HCTZ	25mg	10.15.20	Dr. Reade
Carvedilol	15mg	10.15.20	Dr. Smith
Wellbutrin	300mg	10.15.20	Dr. Wilson
Klonopin	0.5mg	10.15.20	Dr. Clarke
Allopurinol	100mg	10.15.20	Dr. Reade
ASA	81mg QD	10.15.20	Dr. Reade
Tylenol	625mg TBD	8.13.19	Dr. Reade
Mirtazapine	45mg	7.14.19	Dr. Smith
Synthroid	32.0mg	3.18.19	Dr. Kerr
Warfarin	2.5mg	3.18.19	Dr. Kerr
	Showi	ing 12 of 18	

KPN Optimize® Point of	Care Utilization Roll	ing 6 Mo. ALERT				
Becky Smith: Female Age: 58 DOB: 12.14.1962 Treating PCP: Dr. Reade Appointment Date: 12.2 Attribution: Dr. Kerr	PCP Visits: 6 Specialty Visits Readmissions: 4.2020 SNF Readmissi	THN At Risk Contract: Yes PCP Visits: 6 Specialty Visits: 4 Readmissions: 7 Readmission Risk: High SNF Readmissions: 2 SNF: Brookside Greensboro				
United Healthcare MA RAF: 2.98 ICD10 that risk adjust: 11 HCC Categories: 4 High-Cost Ratio: ALERT Dual Eligibility: Yes Disability: No	0 Discharge Date Discharge Date Discharge To: Discharge To:	dmission: 11.16.2020 e: 11.30.20 osis: Hypertension e Home Directive: 11.16.20				
ICD-10 Description *E11.9 Type 2 Diabo *F32.5 Major Depre *H10 Hypertensio *K55.9 Vascular Dis E78.2 Mixed Hyper J44.1 COPD I48.1 Persistent At K21.9 Gastroesoph F41.1 Generalized M19.91 Primary Oste M10.061 Idiopathic gr J42 Chronic Bror D64.9 Anemia	ssion 10.15.20 n 10.15.20 order 9.1.20 rlipidemia 10.15.20 trial Fib 8.1.20 aggeal reflux 8.1.20 Anxiety 8.1.20 soarthritis 8.1.20 soarthritis 8.1.20 soarthritis 8.1.20 soarthritis 8.1.20 soarthritis 8.1.20 soarthritis 8.1.20	Dr. Smith Dr. Thompson Dr. Reade Dr. Smith				
Medication Dos Lisinopril 40m Metformin ER 750 HCTZ 25m Carvedilol 15m	rg BID 10.15.20 mg 10.15.20 rg 10.15.20	Prescriber Dr. Reade Dr. Kerr Dr. Reade Dr. Smith				

10.15.20

10.15.20

10.15.20

10.15.20

8.13.19

7.14.19

3.18.19

3.18.19

Showing 12 of 18

300mg

0.5mg

100mg

45mg

32.0mg

2.5mg

81mg QD

625mg TBD

Wellbutrin

Allopurinol

Mirtazapine

Synthroid

Warfarin

Klonopin

ASA

Tylenol

Quality/Best Practices Document Mammogram. Must document

- Abnormal/Normal Final Result Administer PHO2. If score >9 document PHO9
- Administer Flu vaccine annually. Documentation can include Refusals or Exclusions.
- Administer Fall Risk Screening (q 12 mos.) and document Number of Falls, PREV
- Document / Administer Functional Assessment status (q year) for patients 66+ years.

Adherence & Compliance

Statin Compliance: 65% Last fill date: 3.17.20 Metformin Compliance 72% Last fill date: 4.1.20

Important Trends

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Incidental Findings (2) (3.18.21) Recommended Chest CT. Follow-up 3 to 6 mo.

Findings	Value	Date	Provider
B/P:	160/87	12.1.20	Dr. Reade
Wt.	205	12.1.20	Dr. Smith
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BMI:	32.1 (obese)	12.1.20	Dr. Reade
BSA:		12.1.20	
eGFR:	47.0	12.1.20	Dr. Wilson

Lab A1C	Result 6.8%	Date 4.1.20	COVID-19			Procedure	Result	Date 4.18.20
Lipid Panel HDL LDL Cholesterol Triglycerides Glucose Random BUN Creatinine TSH	Completed 56.9 136.0 233 204 88 13.0 1.120 3.9	1.18.21 1.18.21 1.18.21 1.18.21 1.18.21 1.18.21 10.5.20 10.5.20 9.12.20 9.12.20	Positive Da Negative Da Test Type: IP Admit: IP Discharge Manufactur Vaccine Dat Booster Dat	e: rer: te:	11.19.20 Antigen 11.19.20 11.30.19 Pfizer	Mammogram Colonoscopy DM Eye Exam DM Foot Exam BMD Spirometry Fall Risk Screen # of Falls PHQ-9 Screen PHQ-9 score	Normal Normal Normal Normal N/D N/D Normal Q Yes 8	7.15.20 5.26.19 10.9.17 11.5.20 1.15.21 1.15.21 1.15.21 1.15.21 1.15.21
CMP Microalbumin CBC Urinalysis INR ESR ANA	Completed 85 Completed 1.5 15 1.49	9.12.20 9.12.20 9.12.20 9.12.20 9.12.20 9.12.20 9.12.20 9.12.20	Vaccine Flu PCV13 PPSV23 Shingles tDAP	Date 9.12.20 6.09.20 12.20.20 9.15.20 9.1.19	Provider Dr. Reade Dr. Reade Dr. Reade CVS CVS	Suicide Risk Functional Status MRI Brain CT Scan FOBT Pap Smear	N/D N/D Normal Follow-up needed Normal Normal	1.15.21 1.15.21 1.15.21 3.15.20 12.19.20 11.18.19

Dr. Wilson

Dr. Clarke

Dr. Reade

Dr. Reade

Dr. Reade

Dr. Smith

Dr. Kerr

Dr. Kerr

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Marital Status: Widowed Behavioral Health Co-Morbidities: Yes Access to RX: Nearest Pharmacy > 10 miles Access to Care: PCP > 15 miles Transportation: No Data Drinks per day: 3 per day Tobacco: Smoking 1PPD Opioid Risk: Medium At risk zip code: 23704* Activation Status: No Data Race: White Non-Hispanic

Incidental Findings (2) (3.18.21) Recommended Chest CT. Follow-up 3 to 6 mo.



Manage Care, Generate New Revenue & Reduce Cost

Data | Reduce Hospital Readmissions

- Readmission within 30 days = hospital absorbs the cost
- National average cost of in-patient stay = \$12k
- Data | Generate New Revenue
 - \$7-\$10 per Encounter at the *"Point of Care"*
 - Remote Patient Monitoring
- Data | Improve Margin
 - Expanded Services
 - Critical Access Hospitals Increase from 2.5% to 3.2%
 - Behavioral Health (Underserved in the Rural Setting)
 - Telehealth (In Partnership with Area Providers)
 - Expanded Reach
 - Improved Provider Retention

TOC with Post Acute Support

Current Admissions	0 - 24 Hours	25 - 4	8 Hour	s 2 - 7 Day	rs 7 - 14 Days	14 - 30 Days	ED	Bundle	SNF	НН						
Export to Excel																
Name	:	Age	:	Dob :	Gender	Patient Group	:	Primary : Insurance #	Care Managemer	t Status	Patient C	lass	Current Location	Room : Number	Admit Date/Time (EST)	Admit Dx
Milner, Adelaide I			86	02/01/1934	F	Hulla Medicare	Patient	H5330955100			Inpatient		CHMG - UnAttributed in Client List		04/09/2021 04:12 PM	Sepsis, unspecifi
Radley, Ada A	0		73	03/01/1947	М	Heart Advantag	ge Patient	T9808030500	No-Not Active		Inpatient		CHMG - UnAttributed in Client List		04/09/2021 01:26 PM	Unspecified atria
Fleming, Adelaide L			70				Readmissi	on Details					CHMG - UnAttributed in Client List		04/09/2021 02:14 AM	Weakness
Aorley, Abdul O	COVID		83		Current Admission			vious harge	Days Since Discharge				CHMG - UnAttributed in Client List		04/08/2021 10:27 PM	Anemia, unspeci
Amstead, Abdul M	SIF		71		1/13/2021 8:54 PM	ie		12/27/2020 06:15 PM 17 days Days Since Discharge: 17		CHMG - UnAttributed in Client List		04/08/2021 08:26 PM	Sepsis, unspecifi			
Malone, Ada A			61	A4	1.9 (DRG 871 htting: Dr. Ka	.)	N39.9 (D	ng DX: UTI DRG 698) e 03: SNF	DX: UTI Days G 698) Readmissions Yr. to Date: 8 D3: SNF 30-day readmissions: 2			CHMG - UnAttributed in Client List		04/08/2021 08:10 PM	Hypoglycemia, u	
Redden, Adelaide E	Bundle DRG 535		70				Brookside: I	LOS 9.2 days				CHMG - UnAttributed in Client List		04/08/2021 06:58 PM	Cerebral infarcti	
Pratt, Adeline R	RISK		69										CHMG - UnAttributed in Client List		04/08/2021 01:07 PM	Acute cystitis wi
	CT of Chest: Mass identified F/U with Pulmonology / Oncology															



Ed Bujold, MD, FAAFP

- Independent, Solo Practice in Western North Carolina for 36 years
- Practice includes all aspects of medical care except obstetrics
- Practice continues to see inpatients
- Practice is a member of a Clinical Integrated Network (CIN) and an Accountable Care Organization (ACO)
- Practice also works in the Addiction Medicine Space
- Many Years of Experience on the Hospital Board of my Hospital System (Blueridge Healthcare which is part of Atrium Health in Charlotte, NC)

Patient Centered Medical Home and Team Based Approach to Healthcare

Changing the Culture/Team Members

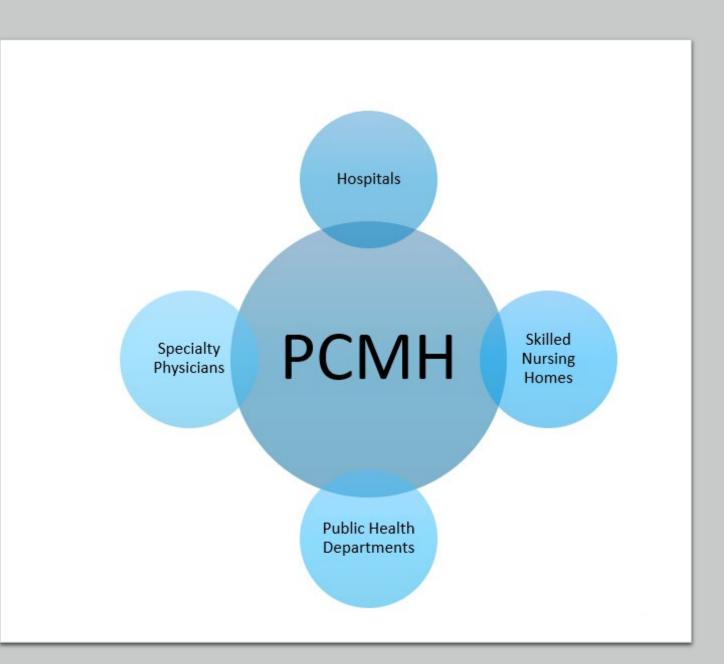
 Embedded Mental Health, PharmD, Physical Therapist, Dietician, Social Worker

Moving towards Value Based Healthcare

 Chronic Disease Management, Preventative Care, Filling in Gaps in Care, Transitions to Care from Hospitals and Nursing Homes, MIPS/MACRA. AWV

KPN Optimize[®] Point of Care Report

• Extraction of Data Every Night from Electronic Health Record



Our Team Success



80% Decrease in Hospital Admissions

- Use of the hospital infusion center
- IV fluids, IV antibiotics, IV steroids, IV diuretics

Appropriate Use of Hospice

• 75% of all health care costs occur in the last 6 months of a patient's life

Home health

 Use of our Virtual Hospital during the COVID Pandemic

Decreased Utilization of Emergency Room with Same Day Appts

Information Systems with a Team Approach

- Accurate, Useful and Up to Date Providing Information at the Point of Care
- Cost analysis at the Point of Care
 - Who are your High-Cost Patients?
 - What are the Drivers of High Cost?
- Prescription Pharmacy Fill Rates
- Over \$100,000 of additional income generated from filling gaps in care and shared savings.





- 64-year-old Homeless White Female
- COPD, Diabetes, Oxygen Dependent
- No Health Insurance
- Averages Two ER Admissions per Week and Twenty Hospital Admissions over a two-year period
- Cost to the Hospital: \$760,000 per year

Hospital Found and Paid for Low Income Housing	Social Worker Enrolled Patient in Medicaid
Hospital Introduced	Within 6 Months,
Patient to a Primary	Utilizing Clinical
Care Physician in	Guidelines, Chronic
Patient Centered	Diseases were well
Medical Home	controlled
Over the next 2 years,	Total Cost to the
patient had one	Hospital System over
nospitalization per year	the next two years:
and no ER visits	\$32,000 per year



Thank You for Attending

Kim Pichanick, Chief Executive Officer (O) 214- 593-6910 (C) 281-468-0878 kim.pichanick@kpnadvisors.com

https://kpnadvisors.com https://www.linkedin.com/company/kpnadvisors/

KPN Health Inc. 4347 W. Northwest Hwy | Ste 130, PMB 153 | Dallas, TX 75220 | 214. 593.6990