

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

| | | | | | _ | | | | | | |
|---------------------------|---|--------------------------------|------------------------------|------------------|--|---|---|---------------|--|-------------|--|
| 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

BP: 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 Creatinie 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 |

| 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

Quality/Best Practices

- Document Mammogram. Must document Abnormal/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

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

Important Trends

BP: 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.



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

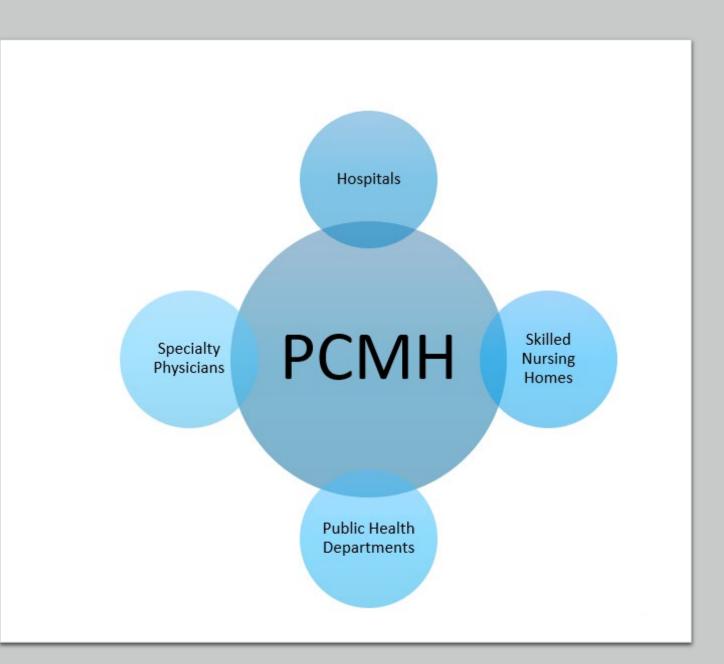
 Embedded Mental Health, PharmD, Physical Therapist, Dietician, Social Worker

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

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

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