

A post-acute network management solution

CareStat[®] by SHP **SNF Shared Patients - Quality Overview**
: 10 Providers → SNF Network - Quality Overview

+ All - All	Hospitalization						
	CareStat Composite	30-Day Hospitalization (ACH)	# Eligible	LOS-Based ACH			
				2-Day	7-Day	60-Day	90-Day
SNFs							
High/Low Better (+/-)	+	-		-	-	-	-
Summary	84%	21.3%	3,216	2.5%	9.1%	24.9%	26.9%

Metro Skilled Nursing (47581)	62%	36.7%	177	4.5%	12.4%	45.2%	49.7%
Johns Skilled Care (76598)	76%	21.6%	215	2.3%	12.5%	20.5%	42.3%
Downtown Care Center (98765)							
Petra Skilled Nursing Facility (23456)							
Logical Care Center (57758)							
First Rehab Center (87598)							
Garden Skilled Care (12346)	88%	18.0%	430	3.0%	5.1%	18.3%	19.4%
Tri-Health Skilled Care (52233)	87%	22.1%	412	2.4%	10.2%	25.7%	28.2%
Best Skilled Nursing Facility (36363)	89%	15.1%	331	1.5%	6.9%	16.3%	16.6%
...	92%	11.2%	299	2.5%	5.1%	17.7%	20.2%

EVERYDAY SNF NETWORK MANAGEMENT USE CASES

Evaluate my skilled nursing (SNF) network's performance by having access to objective data & timely reports

Use Case

#1

“I need a real-time scorecard that helps me understand my partners' performance. Five Star Ratings from CMS provides data too generic and outdated to be actionable. Claims data only reports on services delivered – not outcomes.”

- Zoom-in on real-time comprehensive metrics that detail SNF quality, from functional improvement, clinical outcomes, readmission rates, etc.
- Rank the network to identify high and low performing SNFs to help oversee referral management and identify providers needing support.
- Obtain more detail on each facility's capabilities. Drill into outcomes by diagnosis or value-based care program. This narrowed insight will enable managers of care to oversee programs more closely and support referrals to the appropriate providers.

Conduct productive meetings with the SNFs in my network with objective data

Use Case

#2

“I need real-time data that helps me understand how each SNF is performing. I meet regularly with my network to establish benchmarks, build best practices, and support collaboration. With objective and consistent data I could get the most of these meetings.”

- Hold productive meetings that impact patient care and strengthens partnership by using objective data vs. “anecdotes” or self-reported metrics.
- Review individual SNF metrics on quality, outcomes, and readmissions to identify best practices and areas for improvement.
- Drill to review all patients shared by the partnership for trends, patterns, outcomes to focus on building better care plans.



Lower readmission rates by collaborating with your SNF partners

Use Case

#3

“I need to truly understand which SNFs have the highest hospitalization challenges. I want to collaborate and work with those facilities to improve performance.”

- Evaluate the appropriateness of readmissions with severity of illness scores and provider care intensity patterns to manage readmissions goals.
- Support SNFs who struggle with readmission rates by jointly discussion care plans to avoid re-hospitalizations.
- Understand readmissions by shared networks patients, diagnoses, value-based care programs to develop most productive corrective actions.



Optimize care for value-based programs (BPCI, MSSP, CJR, etc.)

Use Case

#4

“Our value programs dictate that we reduce costs and achieve high quality outcomes. I need to monitor the performance of my SNF network and patients’ outcomes within specific program to succeed.”

- Know your unique population’s clinical outcomes including functional improvement scores, quality of patient care, and length of stay, etc. Expertly oversee patient needs within your value-based program(s).
- Manage care and referrals with real-time metrics presented by diagnostic category.
- Empower Case Managers and other caregivers with real-time reports to help with appropriate patient care.



Use real-time comprehensive data to support the patient's choice for the best SNF from my network

Use Case

#5

“I need to empower my Case Management staff with timely data that helps them help patients choose the best SNF provider for their specific needs.”

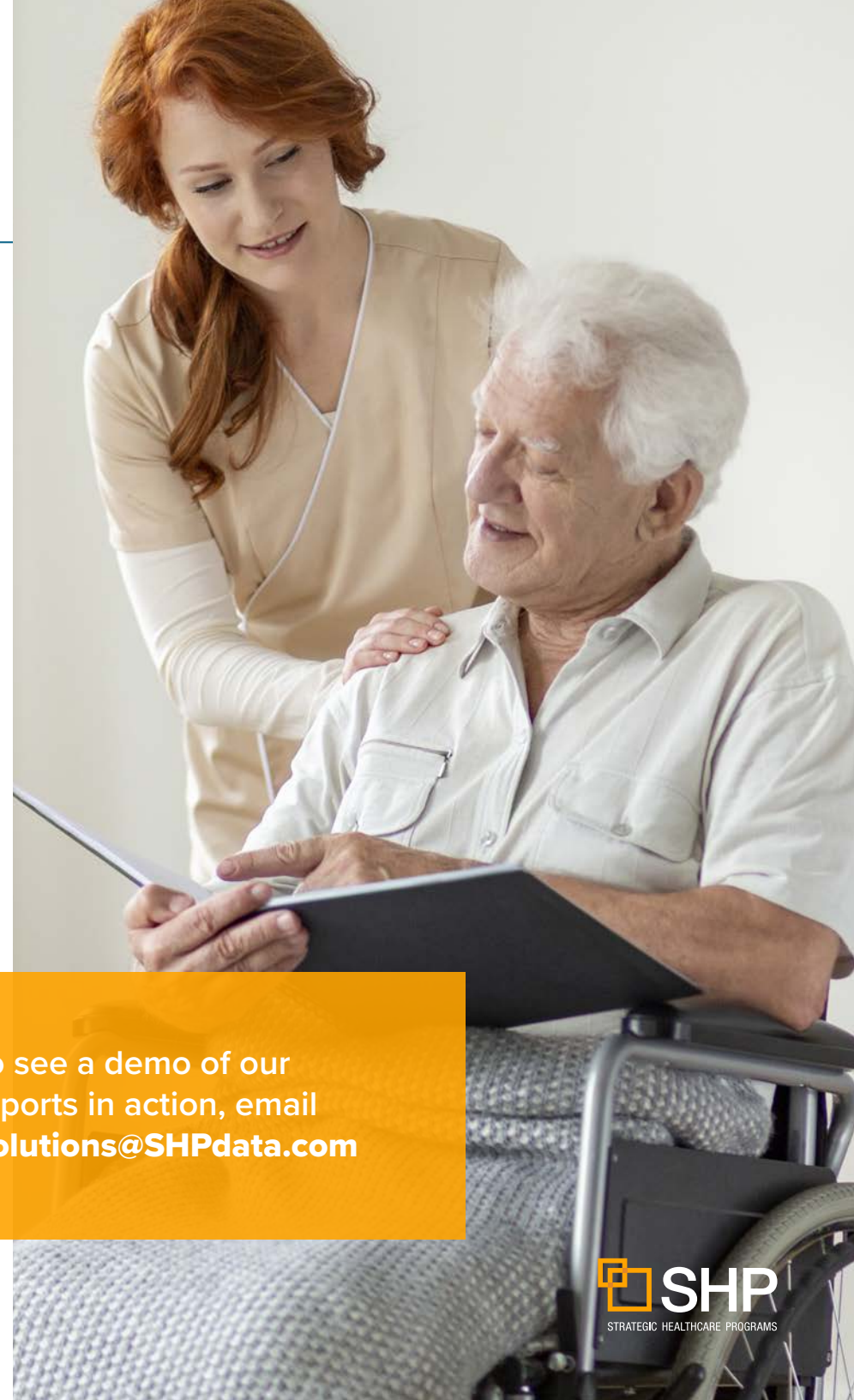
- Support patient choice by creating patient-centric worksheets with real-time metrics—comparative scores, readmission rates, timely initiation of therapy, and quality of patient care delivered.
- Deliver real-time, meaningful review of outcome metrics by diagnosis to patients to further support the provider selection process.
- Educate your physicians on the quality of your network using trusted, MDS-based, real-time data.



CareStat®

A web-based solution that delivers consistent and timely real-time post-acute performance data. Improve quality of care across the continuum with performance metrics presented in an easy-to-use, actionable reporting tool.

- ✓ Evaluate my SNF network's performance
- ✓ Conduct productive meetings with SNFs
- ✓ Lower readmission rates
- ✓ Optimize care for value-based programs
- ✓ Support the patient's choice for the best SNF from my network



To see a demo of our reports in action, email Solutions@SHPdata.com



STRATEGIC HEALTHCARE PROGRAMS

ABOUT SHP

Strategic Healthcare Programs (SHP) is a leader in data analytics and benchmarking that drive daily clinical and operational decisions. Our solutions bring real-time data to post-acute providers, hospitals, physician groups and ACOs to better coordinate quality care and improve patient outcomes. In business since 1996, SHP has built deep expertise and a strong reputation to help organizations nationwide raise the bar for patient care.

Strategic Healthcare Programs (SHP)

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SNF Shared Patients - Quality Patient Detail

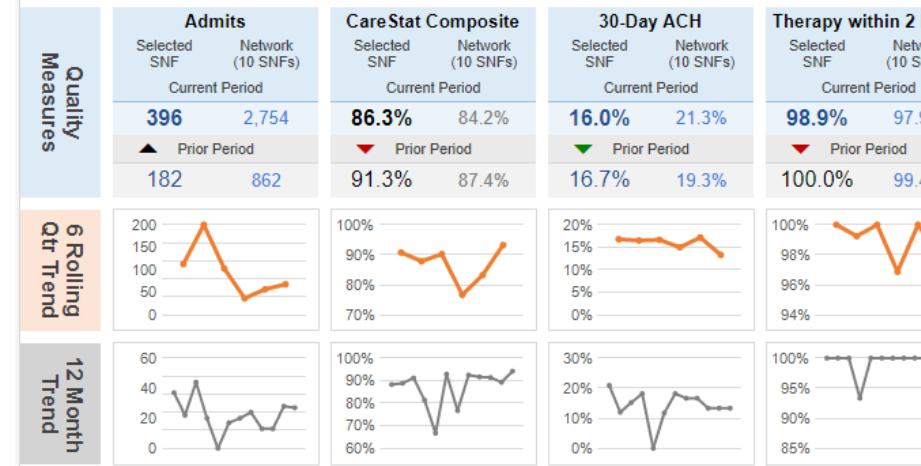
Garden Skilled Care (12346)

+ All - All		Linked SNF Stay Count: 70 Encounters: 135			Primary Dx
CareStat Patient Name	SNF Patient ID	DOB	SNF Start		SNF Category
			Date	Reentry	
Wood, Frederick	46956	09/25/1950	09/16/20		Gu: Other
Grinberg, Alexandra	46089	02/22/1941	02/01/21		Infectn: Pneu
Robertson, Paula	43269	06/27/1934	11/09/20		Infectn: Other
Stevenson, Everett	46205	08/21/1951	01/23/20	✓	Msk: Other
Owens, Lois	46309	02/01/1935	01/02/20		Infectn: Pneu
Smith, Joseph	46999	11/09/1959	09/16/20		Msk: Other
Brown, Shirley					
Peterson, Gregor					
Johnson, Robert					
Jones, Barbara					

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SNF Shared Patients - Quality Trends

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Quarter	Admits	Re-entries	Score	Stays	Score	Eligible	Score	Eligible
Feb 21	68	10	93.3%	78	13.3%	75	98.1%	5
Nov 20	57	12	83.3%	69	17.2%	64	100.0%	4
Aug 20	37	5	76.7%	42	15.0%	40	96.9%	3
May 20	103	14	90.2%	117	16.7%	114	100.0%	6
Feb 20	200	24	87.9%	224	16.5%	218	99.2%	13
Nov 19	113	7	90.8%	120	16.8%	119	100.0%	6

Month	Admits	Re-entries	Score	Stays	Score	Eligible	Score	Eligible
Feb 21	27	4	94.2%	31	13.3%	30	95.5%	2