Holon Inclusive

Health System

Holon Inclusive Health System™ presents:
The Jessica Whelan Holocracy Healthcare Model©

Business Presentation

By: Dr. Jessica Whelan FMPHNP-BC

Visit www.hihealthsystem.com

Welcome!!

We Are Changing the Face of Healthcare

-Together-

Join the Healthcare Revolution™!

THE MARKET CAN PRICE THINGS WRONG

"Price is what you pay.
Value is what you get."

Agenda Style

1 Identify the Problem

2 Explain the Problem

3 Explain the Solution

4 Discuss Implementation

About Us

The Jessica Whelan Holocracy Healthcare Model™ is the original holocracy healthcare model that offers a solution to improve VALUE, access, outcomes, and wellness through the implementation of the **Health Promotion & Disease Prevention Nurse™** and the adoption of the tenants and principles of the **Patient Centered Care, Shared Decision Making, and Holistic Healthcare.** **HIHS™ seeks to** educate others about this model.

Introducing the Healthcare Revolution
with the
Original Holocracy in Healthcare Model ™

Name of CEOs

Dr. Jessica Whelan is the CEO and owner of **Holon Inclusive System™**. They share a common vision to change the face of healthcare through the discipline of nursing science in order to change the American Healthcare System for the betterment of all United States Citizens and eventually all global health systems.
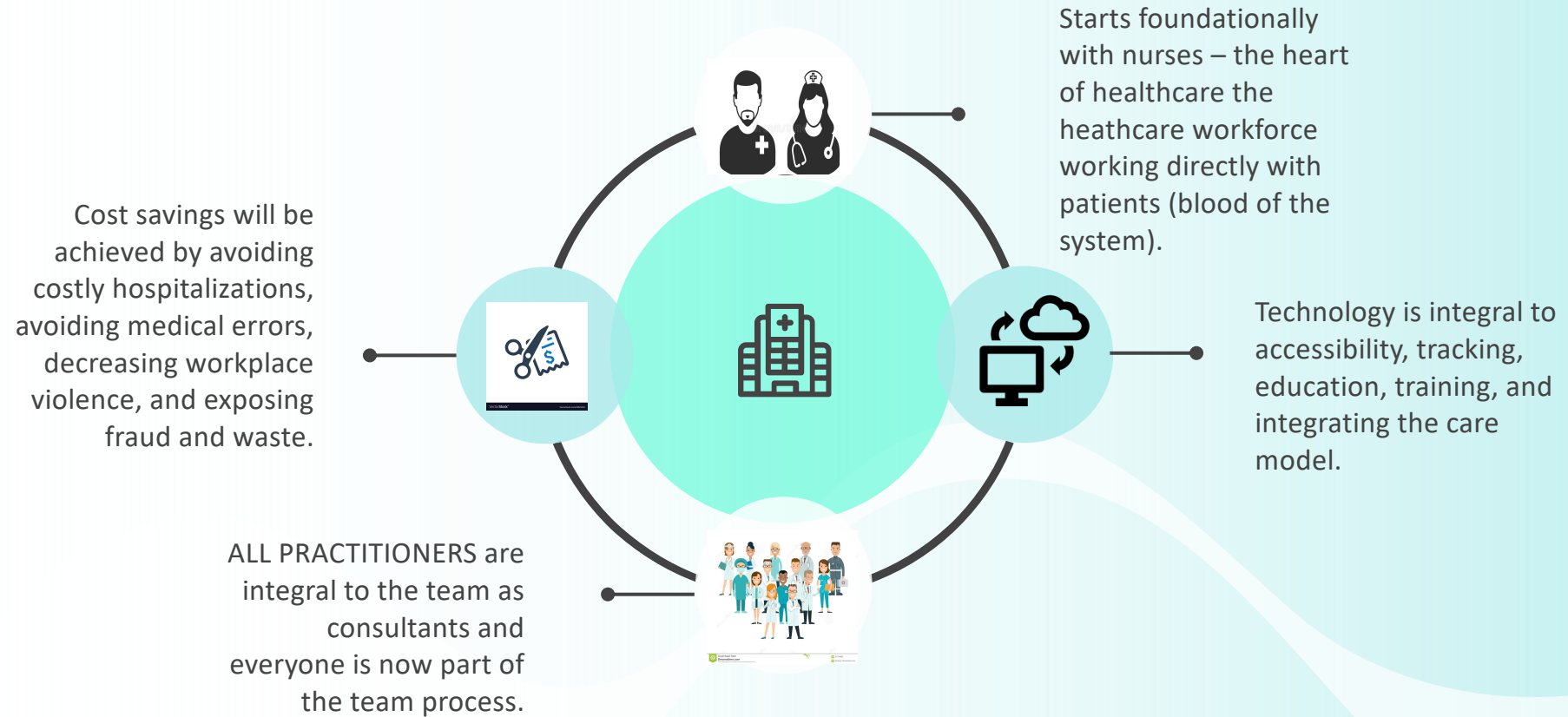
VISION AND MISSION

MISSION

•**Holon Inclusive Health System™** has the mission to promote the best systems developed in the industry for Healthcare. Currently multiple entities support **The Jessica Whelan Holocracy Healthcare Model© and Holon Inclusive Health Organization™ (HIHO)** to change the face of healthcare through the expansion of the **Collaborative Care Model** and **Chronic Care Management;** nursing services, telehealth services, decreasing workplace violence; all while improving value, quality, and improving outcomes in all of healthcare areas in which we serve through: education, health promotion, and disease prevention.

VISION

•**Holon Inclusive Health System™** sees a future where healthcare is a valuable, efficient, equitable, accessible, service offering quality care at every level throughout the industry that eliminates wasteful, exploitive, and fraudulent profiteering and believes that **The Jessica Whelan Holocracy Healthcare Model© and Holon Inclusive Health Organization™** will deliver exactly this concept.

•**The Jessica Whelan Holocracy Healthcare Model© and Holon Inclusive Health Organization™** wishes to bring back the feelings of the small town, personalized and individualized care treatment feel to the global

OUR PROCESS

Starts foundationally with nurses – the heart of healthcare the heathcare workforce working directly with patients (blood of the system).

Cost savings will be achieved by avoiding costly hospitalizations, avoiding medical errors, decreasing workplace violence, and exposing fraud and waste.

Technology is integral to accessibility, tracking, education, training, and integrating the care model.

ALL PRACTITIONERS are integral to the team as consultants and everyone is now part of the team process.

HIHO Our Services - Specialists

Some of the main focuses of service lines

Health Promotion & Disease Prevention Nurse™

Advanced Health Practitioner Consultants

Specialty Consultants

Expanded Service Lines- and BYOB

Education

The core specialist tasked with CoCM, CCM, BHI model services. NANDA diagnoses. Disease state specific care plans all included with a behavioral health plan. Education plans. Health and wellness plans.

APRNS, MDs, DOs, PAs – All specialties connected via telemedicine and in person services through the HPDP nurse with strong collaboration and collaborative care models.

All other specialists. LPCs, LCSW, PsyD, PT, PTa, RT, RTa, OT, OTa, SLP, BCBA, BTA, Nutritional Therapist, Dietician, Massage Therapy, Chiropractor

Holon Life Coach™, Holon Personal Trainer™, Holon Cosmetologist™, Holon Naturopathy™, Holon Traditional Chinese Medicine™, Holon Veterinary Services™, Other specialist partners

HPDP™ nurses will have ANCC certifications or other accredited certifixations for each disease state maintained through the ANCC or other certifying body – supplied by HIHS training platforms.

HIHO Our Services - Integrations
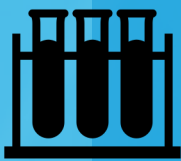
Some of the main focuses of service lines

Behavioral Health Integration

Specialty Pharmacy Services

Specialty Laboratory Services

Research Repository

Personalized Genetic Testing

All HDPD™ nurses will be required to have training and certification in behavioral health modules, cultural competency, and therapeutic communication, to assure outstanding patient interactions.

Relationships with specialty pharmacy services like Genoa and Psych Care pharmacies ensure medications at discharge, ensure flow of the PA process, and enhance patient compliance. Holon Pharmacist™ and Holon Pharmacy™

Lab tests sent directly to the client home for those receiving telemedicine services. Protocols implemented to ensure health outcomes dictated by UHC. Holon Labs™ through the infrastructure of PCC labs.

Patients may sign up to have information tracked to monitor outcomes for various retrospective analysis measures or other treatment purposes. Solutions like the Telehealth Research & Clinical Trial Consortium™

Partnerships with organizations such as Genomind™, Self Decode, or 23andME or Holon Genomics™ to send kits direct to patient to assure personalized medicine. Employees trained routinely on personalized medicine and informed on industry trends.

HIHO Our Services – Unique Service Lines

Some of the main focuses of service lines

Virtual Intensive Outpatient Programming

Virtual Mother Baby Post Partum Services

Virtual Discharge Planning & Nurse Call Center

Disease State Specific Meal Plans

Telehealth Physical Fitness Coaching

Rural area hospitals or clinics get stations / Ipads where patients may log-in to virtual services or they may access on mobile devices. Holon IOP™ delivered through Psych Care consultants infrastructure.

Mothers may access services through their HPDP nurses. Mommy Holon Wellness Program™ and the Postpartum Depression IOP Model™

All discharge planning from ER and hospitalization outsourced to a patient HPDP nurse. If a patient doesn't have one, one can be assigned. A Tele Nurse Call line for patient questions the Holon Nurse Line™

Metabolic Meals™ has agreed to work on development of disease state specific meals that can be ordered for patients through insurance plans. Health outcomes to be tracked. Holon Genomics Meal Planning™

Personal trainers can become available and reimbursable per insurance guidelines. Holon Fitness™

HIHO Our Services – Decreasing Cost & Violence

Some of the main focuses of service lines

Reporting Model: HOLON Inclusive Healthcare Anonymous Reporting System & Whistleblower Support™

Telehealth Life Coaching & Peer Support

Life coaches Holon Life Coaches™ and Holon Peer Support Specialists may wish to provide services through the platform as a cash business.

Workplace Violence Reporting

Anonymous reporting. Employee may remain anonymous and TW will report on their behalf.

Workplace Fraud / Whistleblowing Reporting

Anonymous reporting system trademarked and established. Employee may remain anonymous and HIHS will report on their behalf.

Fraudulent EOB Reporting

Reporting system trademarked and established. Patient may streamline reports through Anonymous reporting system and we will follow through and manage the report for them.

Negligent Care Reporting

Reporting system trademarked and established. Patient may streamline reports through Holon Inclusive Health and we will follow through and manage the report for them in addition to offer Medical Support Services as necessary.

HIHO Our Services – Decreasing Cost & Violence

Some of the main focuses of service lines

Holon Clinical Pharmaceutical Centers

A new and expanded research training program and physical and virtual pharmaceutical trial centers will be developed.

Holon Academic Research Centers

A new and expanded research training program and physical and virtual pharmaceutical centers will be developed delivering cutting edge healthcare research to the field.

Holon Healthcare Mentorship and Training Center

Nursing Clinical rotation models that later can progress to post graduate residencies can be built especially in partnership with Nursing Universities. Residency and other Training programs developed in house.

Holon Remote Patient Monitoring Programs

Utilizing key technology partners, Holon patients will be enrolled in patient specific Remote Patient Monitoring – tracking physical, mental, social, and other aspects of wellbeing.

Holocracy Based Mentorship Model for Employees

Using Holon technology partners, achievements, success programs, and employee support will be developed.

HIHO Our Services – Decreasing Cost & Violence

Some of the main focuses of service lines

Holon Inclusive Health System Wellness Network

Through television, social media platforms, and other key technology systems – education to the general population will be delivered.

Holon CME center

CME programs will be developed and delivered across the Nation utilizing the correct social media and broadcasting networks for providers.

Nursing Preceptorship Placement Program

In models similar to physician "scramble". APRN candidates can apply for preceptorship with Holon aligned practitioners – ensuring a streamlined and consistent education program.

RN and other specialty Clinical Programs

Holon Clinical rotation programs for all specialties will be developed in house to ensure the best in industry outcomes.
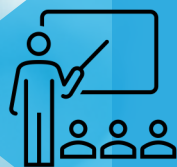
Holocracy Based Mentorship Model for Employees

Using Holon technology partners, achievements, success programs, and employee support will be developed.

HIHO Our Services – Decreasing Cost & Violence

Some of the main focuses of service lines

Wellness Centre

Holon Recovery & Mental Wellness Model™

Holon Health Organization Trauma Informed Culture™

Holon Health Organization Just Culture™

The Holon Centre of Mental Wellness™ – a Brick and mortar recovery centers dedicated to decreasing the stigma of mental illness and treating healthcare professionals working on mental wellness goals

A Model Built and Founded for Assisting Healthcare professionals who are struggling with substance use disorder and other addictions, grief, loss, and other mental health and wellness conditions. A special Healthcare Professional Recovery Model arm as well.

A system that: promotes a culture of safety, empowerment, and healing. We respect inclusion, diversity, learning, and education. Questions are always acceptable, and everyone is a student and teacher at the same time. Ideas enforced at the Holon Inclusive Health Trauma Informed Care Symposium™

In a just culture, individuals are continually learning, designing safe systems, and managing behavioral choices. Events are not things to be punitively fixed, but opportunities to discover, improve understanding of the system, and find novel solutions.

HIHO Our Services – Decreasing Cost & Violence

Some of the main focuses of service lines

Holon Healthcare Transportation and Delivery Model

Holon Procedure Delivery™

Holon Medspa™, Holon Televet™, Holon TeleDentist™, Holon Television™

Holon Health Hospital Systems™

Holon Transportation™ – a central hub for patients to coordinate transportation via, car, bus, ambulance or any other service need to make sure patients can quickly and efficiently get transportation to any in person appointment necessary.

A Model Built and Founded for delivering treatments to the patient. Utilizing mobile Healthcare units, specialty procedures can be delivered via mobile unit like TMS, injections, **Holon Medspa™, Dental and Vision services.** health screenings with traveling health staff.

Other necessary and ancillary services that will be delivered in an integrated way.

Our number one goal is to keep patients out of the Hospital, but if a patient needs that higher level of care, Holon will deliver patients through concierge-like, personalized services, to ensure continuity of care across the spectrum

HIHO MSO Services

Some of the main focuses of service lines

Healthcare Credentialing and Practice Start up

HR Management, Background Checks, Employee MGMT

Holon Universities

Training, CME licensure, and practitioner Mgmt

<u>Most</u> practitioners hit the field and they are not ready to start their own business. The world of credentialing can be complex. HIHO can deliver this to allow practitioners to be able to do what they do best, PRACTICE.

Ensuring that practitioners are managed correctly can be a challenge, the Holon model ensures that consistency is maintained to only deliver the BEST care in the U.S. and Globally.

Sometimes it just makes sense to build your own educational program. Holon Health does exactly that, building training programs for the next generation of practitioner.

Keeping practitioners up to date can be a complex juggling act: managing licenses, credentialing, and those applications can be a challenge. Holon ensures that providers are managed in the best way possible for an organization.
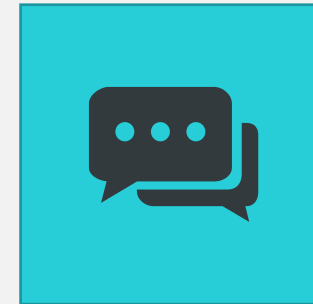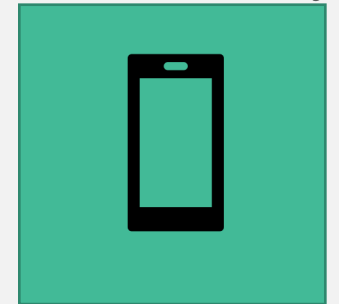
HIHO Technologies

Technology is not the only solution, but an integral part of the solution. Where many of the systems have failed is relying on the technology to do all of the work. Someone must still monitor and manage these systems. Patients can access care on platforms that make the most sense for them and their community.
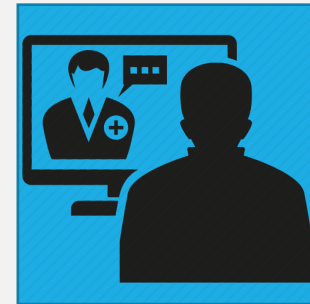
TELEHEALTH   **SMS**   **MOBILE**

Background & Significance

HEALTHCARE COSTS BY STATE

A heated debate continues over the prospect of provision of public health care. While lobbyists are spending over $1 million per day in the fight to keep it private, this map shows that senators are falling evenly on either side of the issue, with some yet unde-cided.
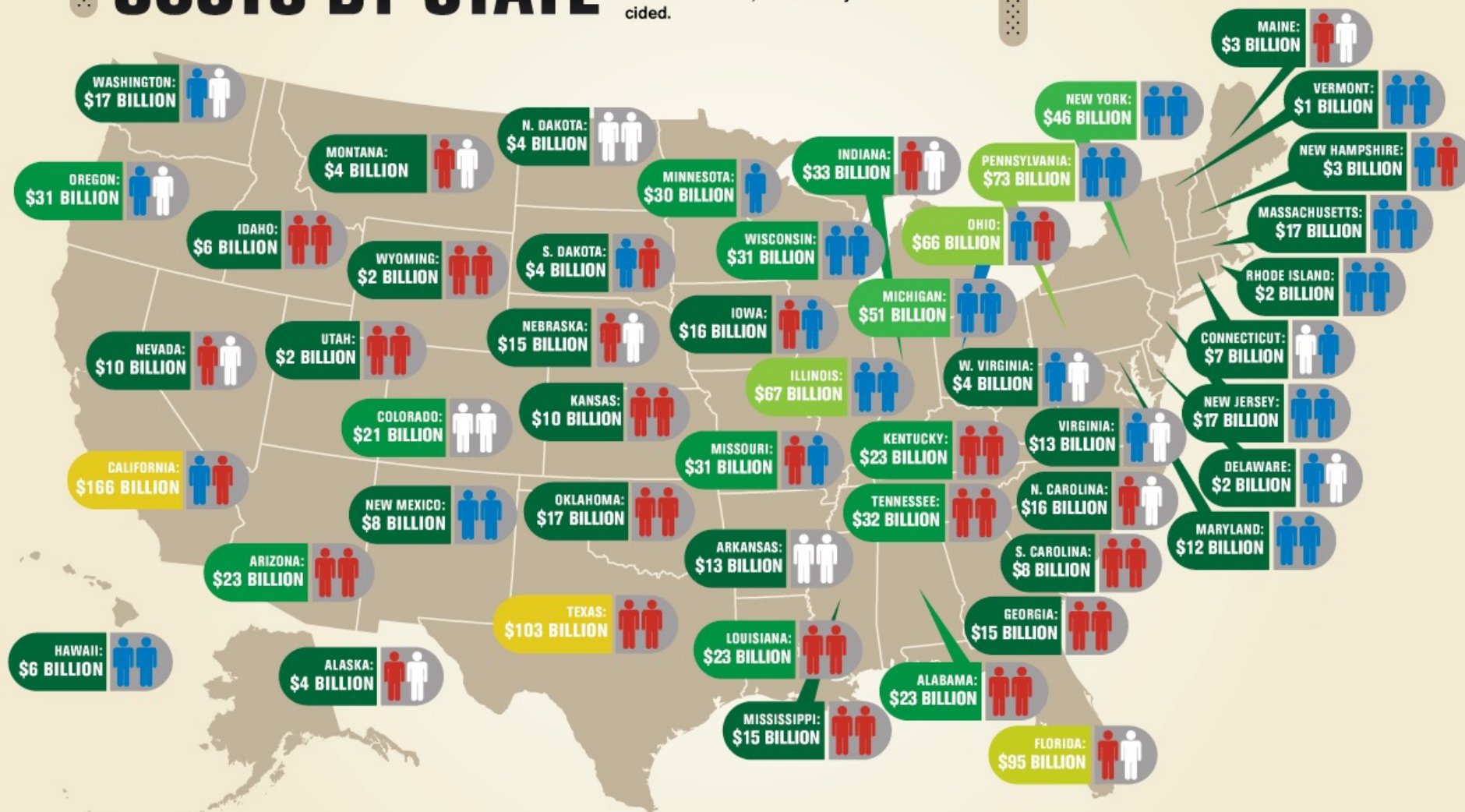
STATE NAME: TOTAL ANNUAL SPENT ON HEALTHCARE · FOR · AGAINST · UNDECIDED
SENATORS' OPINION OF PUBLIC HEALTH CARE BILL

WASHINGTON: $17 BILLION
OREGON: $31 BILLION
MONTANA: $4 BILLION
N. DAKOTA: $4 BILLION
MINNESOTA: $30 BILLION
INDIANA: $33 BILLION
PENNSYLVANIA: $73 BILLION
MAINE: $3 BILLION
NEW YORK: $46 BILLION
VERMONT: $1 BILLION
NEW HAMPSHIRE: $3 BILLION
IDAHO: $6 BILLION
WYOMING: $2 BILLION
S. DAKOTA: $4 BILLION
WISCONSIN: $31 BILLION
OHIO: $66 BILLION
MASSACHUSETTS: $17 BILLION
NEVADA: $10 BILLION
UTAH: $2 BILLION
NEBRASKA: $15 BILLION
IOWA: $16 BILLION
MICHIGAN: $51 BILLION
RHODE ISLAND: $2 BILLION
ILLINOIS: $67 BILLION
W. VIRGINIA: $4 BILLION
CONNECTICUT: $7 BILLION
COLORADO: $21 BILLION
KANSAS: $10 BILLION
NEW JERSEY: $17 BILLION
CALIFORNIA: $166 BILLION
MISSOURI: $31 BILLION
KENTUCKY: $23 BILLION
VIRGINIA: $13 BILLION
NEW MEXICO: $8 BILLION
OKLAHOMA: $17 BILLION
TENNESSEE: $32 BILLION
N. CAROLINA: $16 BILLION
DELAWARE: $2 BILLION
MARYLAND: $12 BILLION
ARIZONA: $23 BILLION
ARKANSAS: $13 BILLION
S. CAROLINA: $8 BILLION
TEXAS: $103 BILLION
LOUISIANA: $23 BILLION
GEORGIA: $15 BILLION
HAWAII: $6 BILLION
ALASKA: $4 BILLION
ALABAMA: $23 BILLION
MISSISSIPPI: $15 BILLION
FLORIDA: $95 BILLION

(IN BILLIONS)
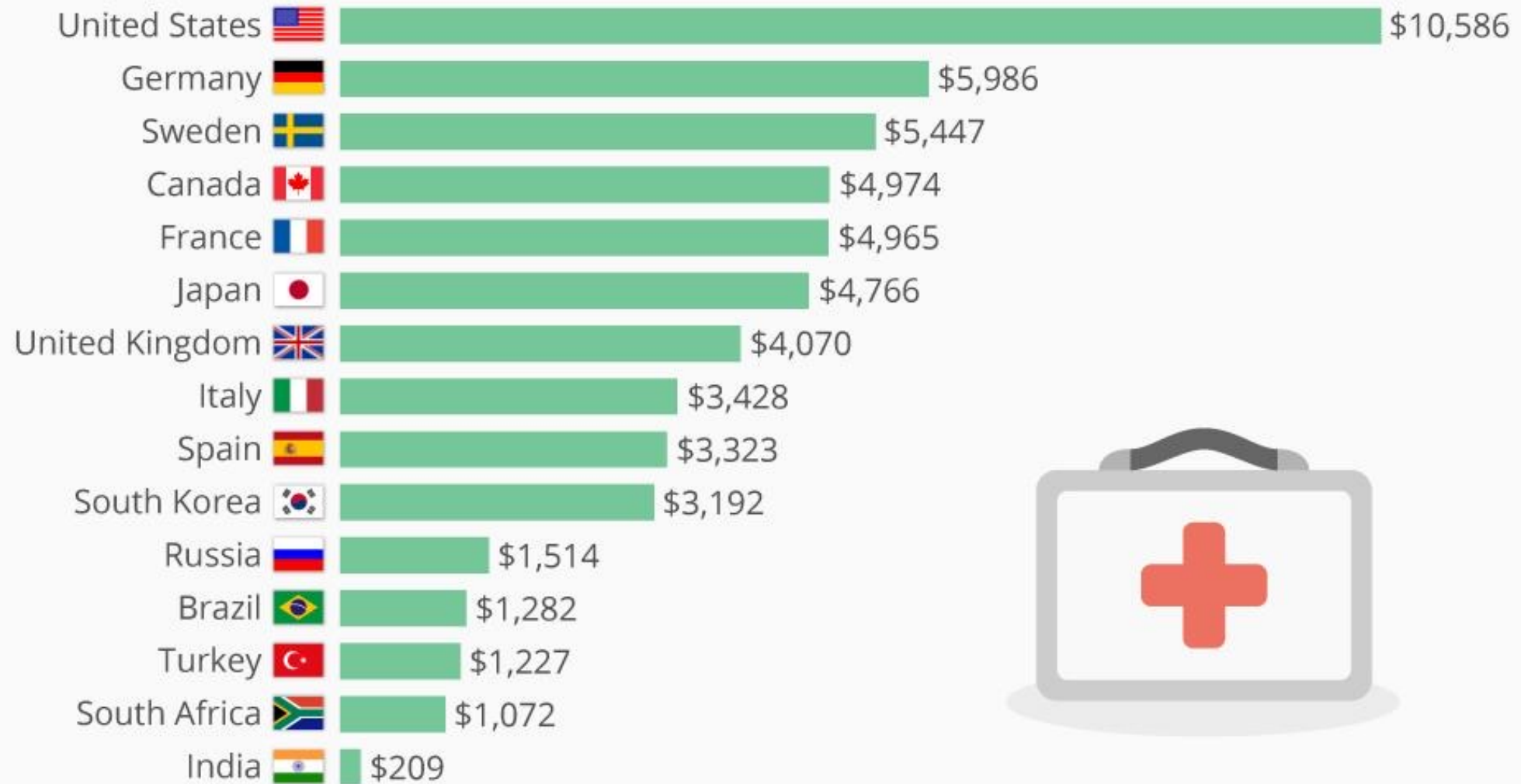1-20 · 20-40 · 40-60 · 60-80 · 60-100 · 100+
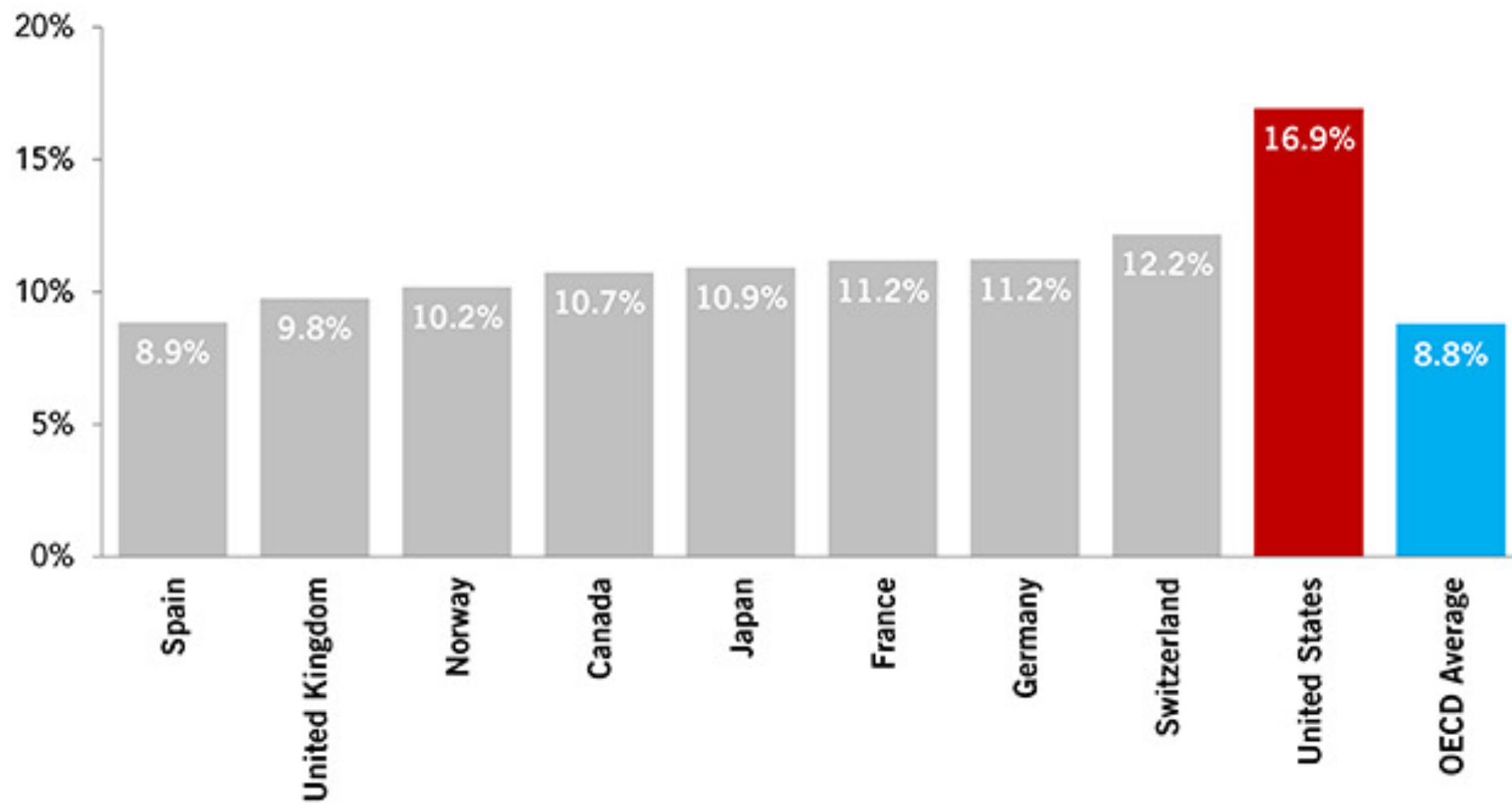
SOURCES:
OFFICE OF THE ACTUARY
STANDWITHDRDEAN.COM

The U.S. Has The Most Expensive Healthcare System

Per capita health expenditure in selected countries in 2018

Country	Expenditure
United States	$10,586
Germany	$5,986
Sweden	$5,447
Canada	$4,974
France	$4,965
Japan	$4,766
United Kingdom	$4,070
Italy	$3,428
Spain	$3,323
South Korea	$3,192
Russia	$1,514
Brazil	$1,282
Turkey	$1,227
South Africa	$1,072
India	$209

Forbes **statista**
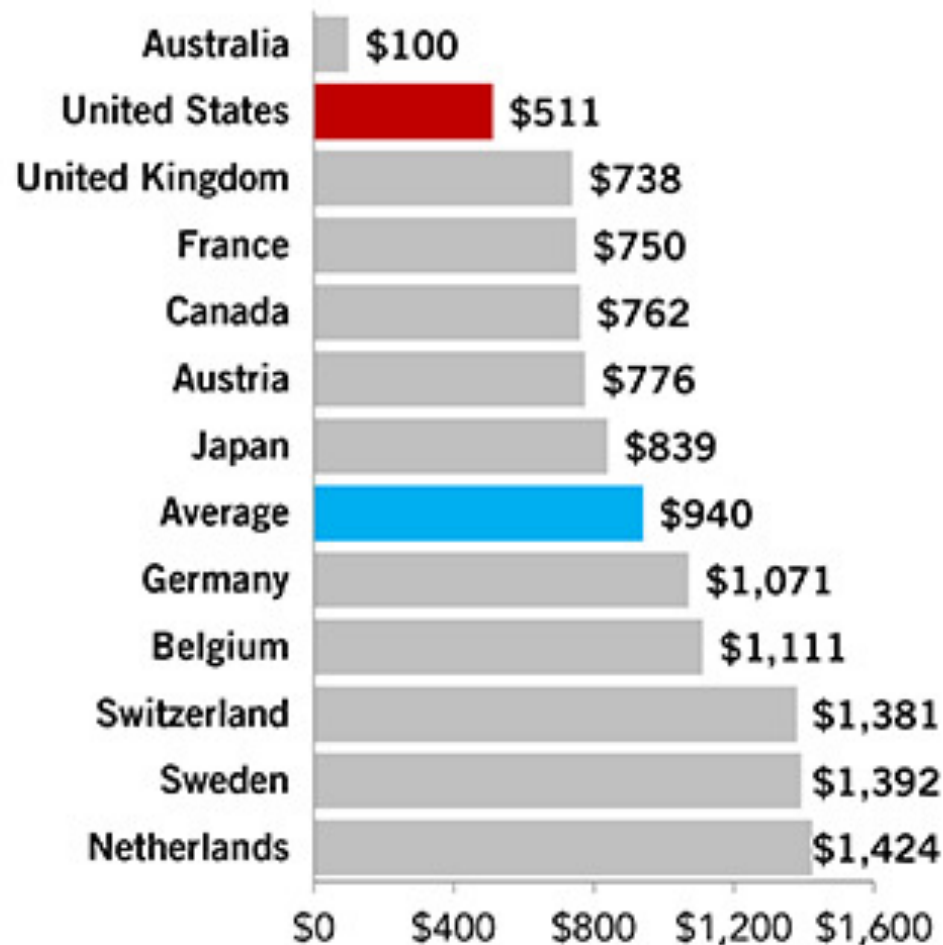
The U.S. spends significantly more on administrative costs, but less on long-term healthcare, than other wealthy countries

ADMINISTRATIVE COSTS PER CAPITA (DOLLARS)

Country	Amount
United Kingdom	$70
Japan	$75
Sweden	$89
Canada	$144
Australia	$154
Belgium	$166
Average	$175
Austria	$201
Netherlands	$202
Switzerland	$273
Germany	$273
France	$279
United States	$843
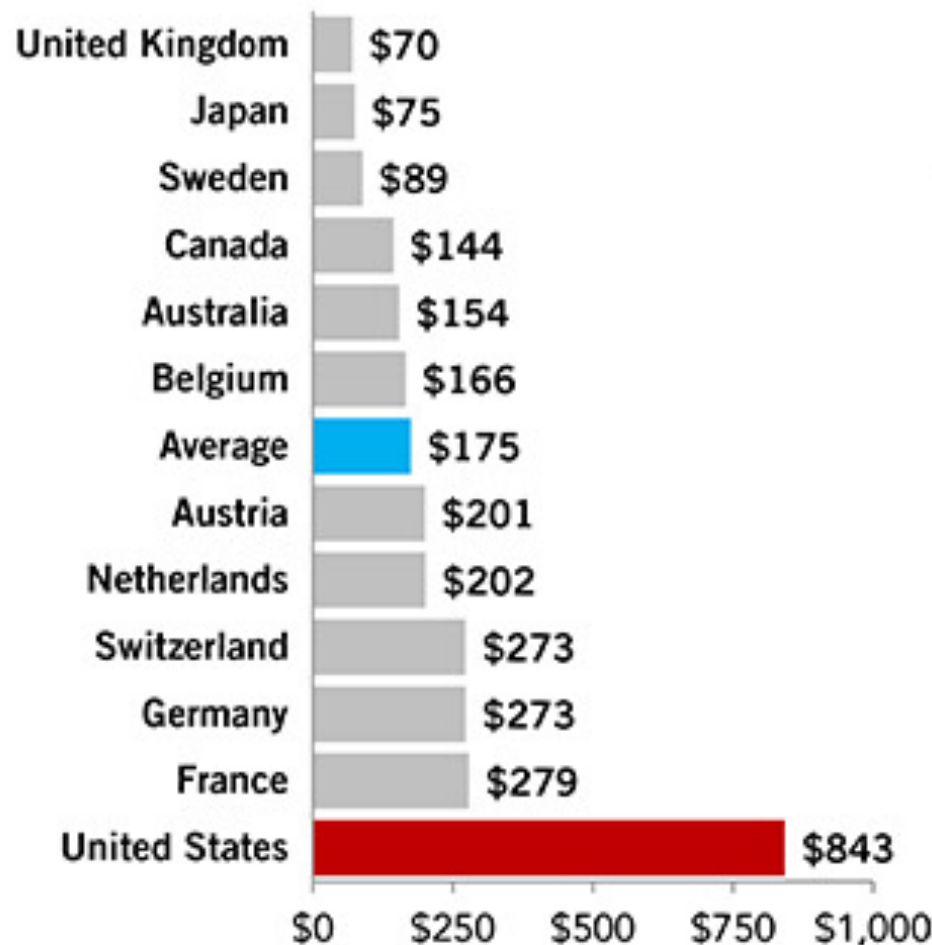
LONG-TERM CARE PER CAPITA (DOLLARS)

Country	Amount
Australia	$100
United States	$511
United Kingdom	$738
France	$750
Canada	$762
Austria	$776
Japan	$839
Average	$940
Germany	$1,071
Belgium	$1,111
Switzerland	$1,381
Sweden	$1,392
Netherlands	$1,424

PGPF.ORG

Although the United States spends more on healthcare than other developed countries, its health outcomes are generally not any better

Current Issues

Excessive Healthcare Spending - Fishbone (shikawa) Diagram

Facility
- Corporate vs. HC
- Cost variability betw.
- Unsupportive Admin
- Violence
- Competition
- Economic inflation
- Fraudulent Billing

Patient
- Poor access to services
- Frequent complaint and confusion
- Heterogenious

Services
- Administrative Burdent
- Poor patient engagement
- Confusing to patient
- Unreasonable product structure

External Factors

Method
- Too complex
- Disconnected
- Not streamlined
- Reactive vs. Proactive
- Too much variability

Personnel
- Staff Burnout and Fatigue
- Low morale
- Lack off support
- Underpaid
- Insufficient workforce

Excessive Spending

PREDEFINED DOMAINS OF WASTE

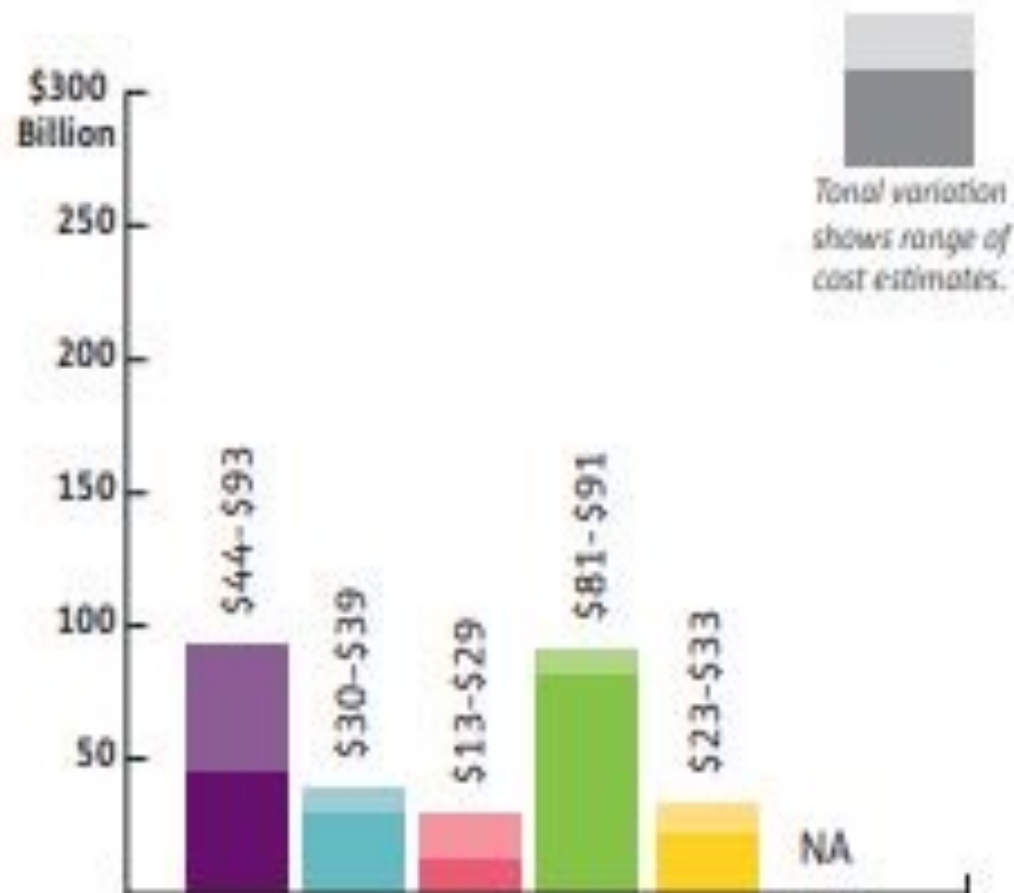| Failure of Care Delivery	Failure of Care Coordination	Overtreatment/ Low-Value Care	Pricing Failure	Fraud and Abuse	Administrative Complexity
EXAMPLES OF TARGETED COST COMPONENTS					
Inefficient/ costly care	Unnecessary ED visits and readmissions	Overtreatment/ overuse of low-value treatments and testing	Variability and inflation in pricing of products and services	Costs of fraud and abuse	Billing and coding costs, physician and insurance administrative burden
EXAMPLES OF TARGETED INTERVENTION COMPONENTS					
Clinical pathways, quality improvement	Urgent care, telehealth, postdischarge transition programs	Choosing Wisely®, generics/ biosimilars, early palliative care/hospice	Standardization of prices, value-based benefit design or contracting, cost transparency	Fraud and abuse legislative and administrative strategies/ programs	Elimination of useless processes, streamlining

STUDY RESULTS
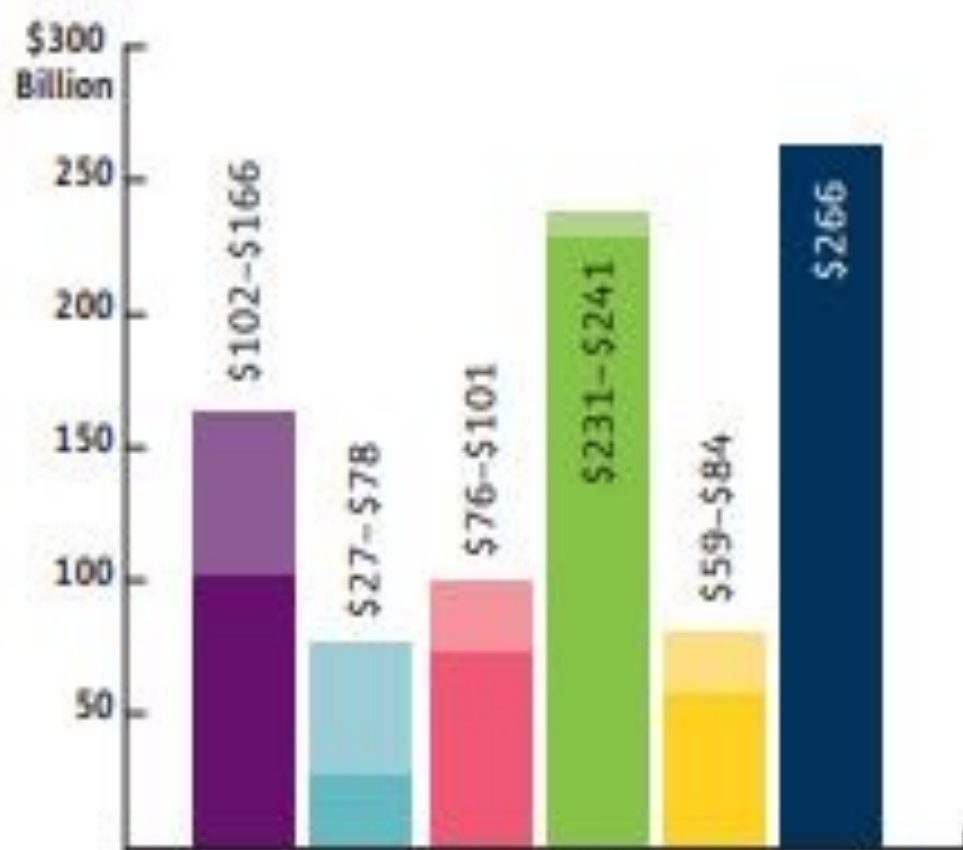
Annual Cost of Wasteful Expenditures (2019 dollars)
$760-$935 billion total

Bars: $102-$166, $27-$78, $76-$101, $231-$241, $59-$84, $266

Potential Annual Savings from Interventions (2019 dollars)
$191-$282 billion total

Bars: $44-$93, $30-$39, $13-$29, $81-$91, $23-$33, NA

Tonal variation shows range of cost estimates.

Administrative Complexity
Billing and coding costs, physician & insurance & administrative burden

18%

28%

26%

Inefficient Costly Care

Variability in Pricing and Inflation
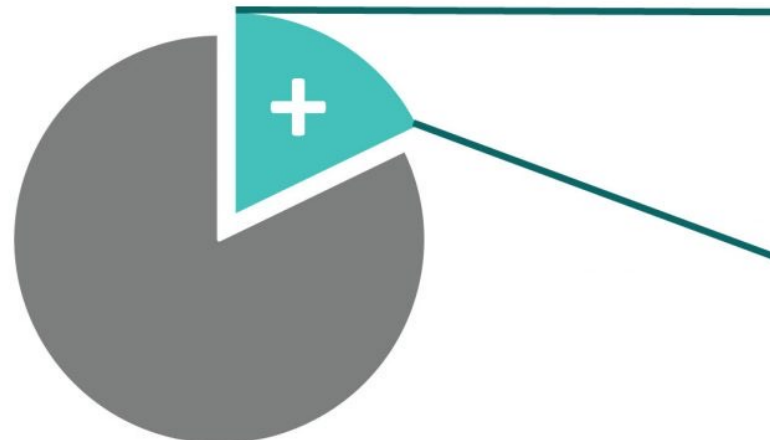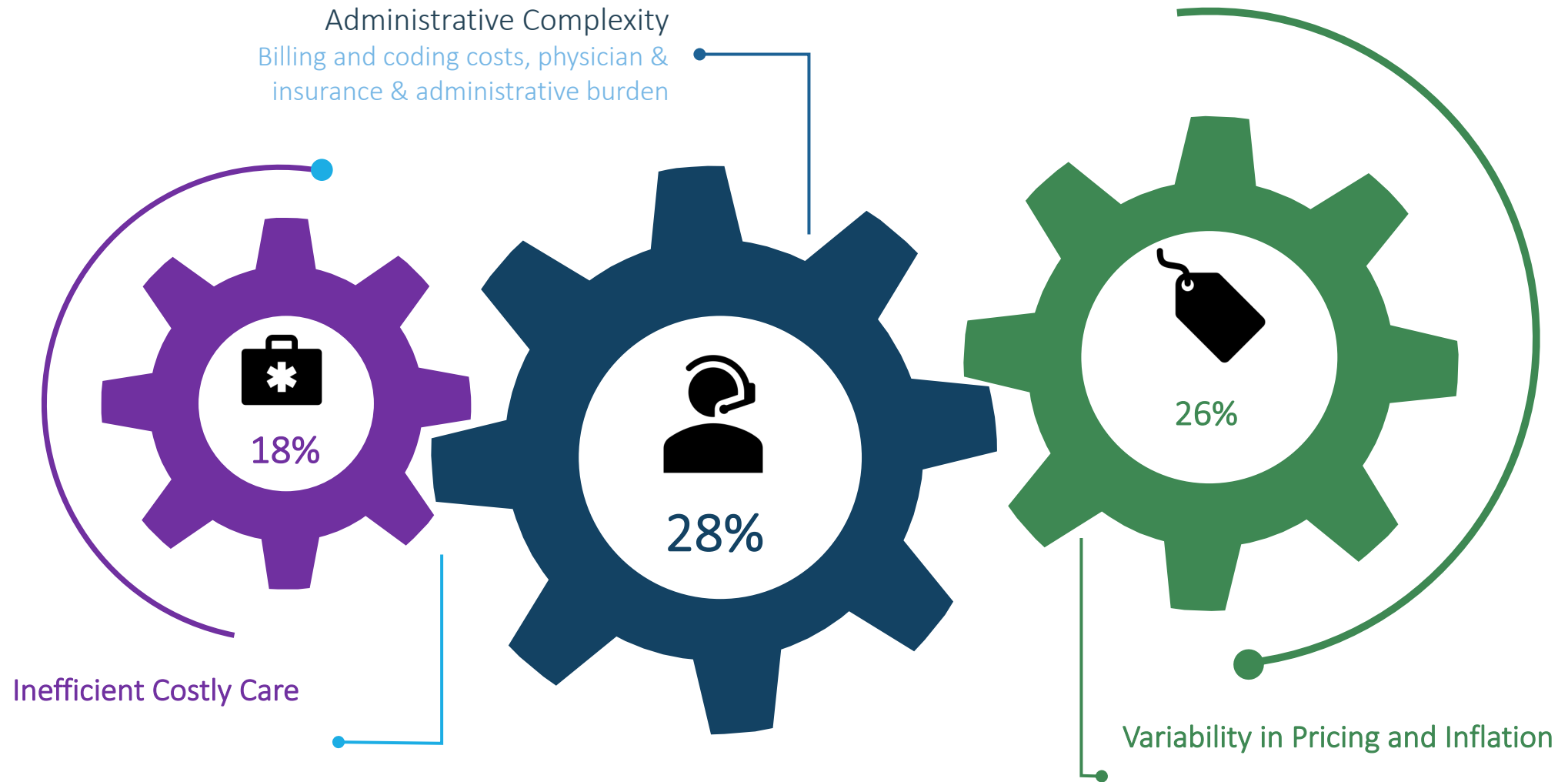
Top Three Issues of the Case
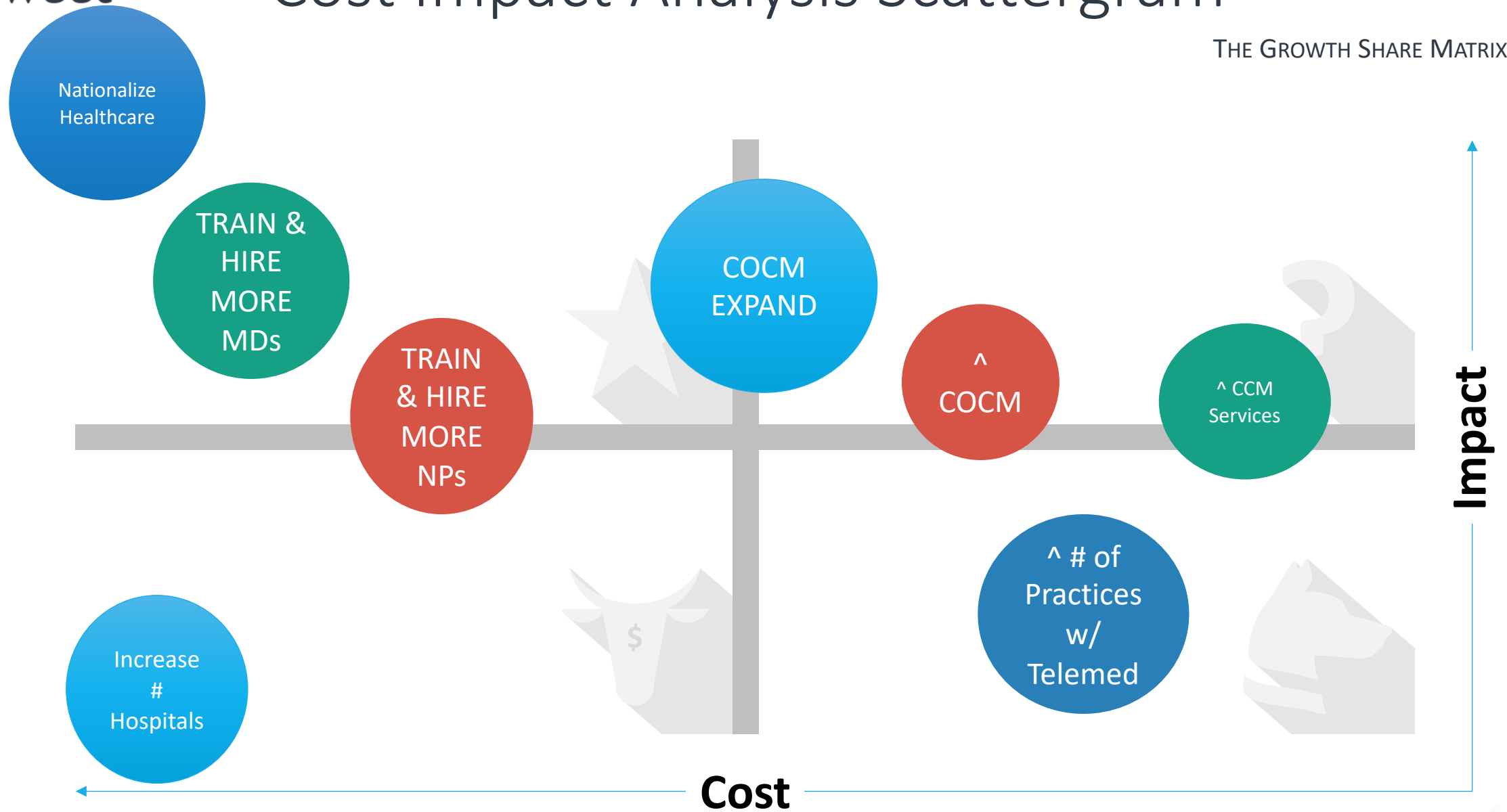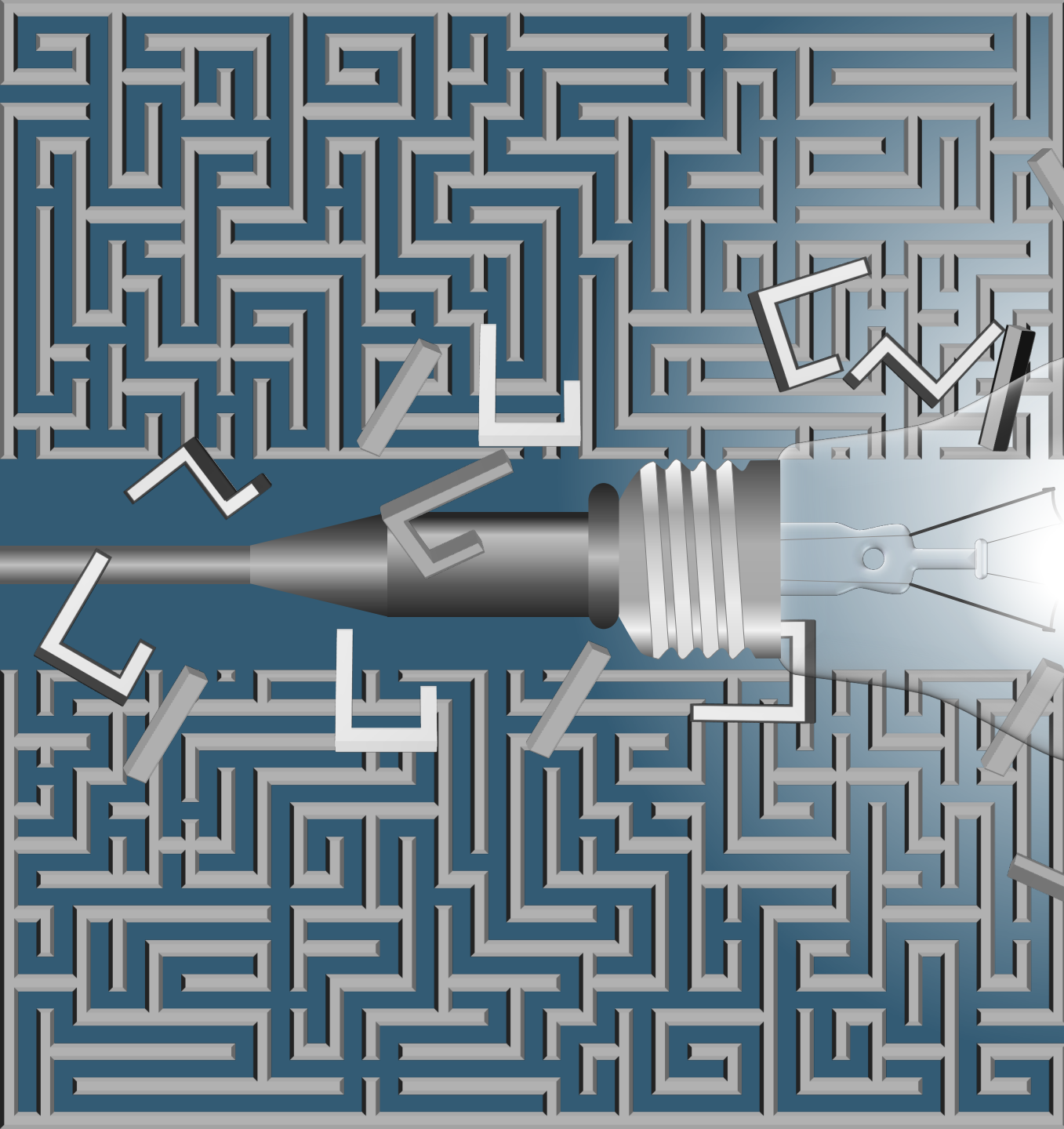
THE SOLUTION

Expansion of the Collaborative Care Model, BHI, & CCM using --- A New Healthcare Delivery Solution--- The Jessica Whelan Holocracy Healthcare Model©

What is the Collaborative Care Model and Behavioral Health Integration?
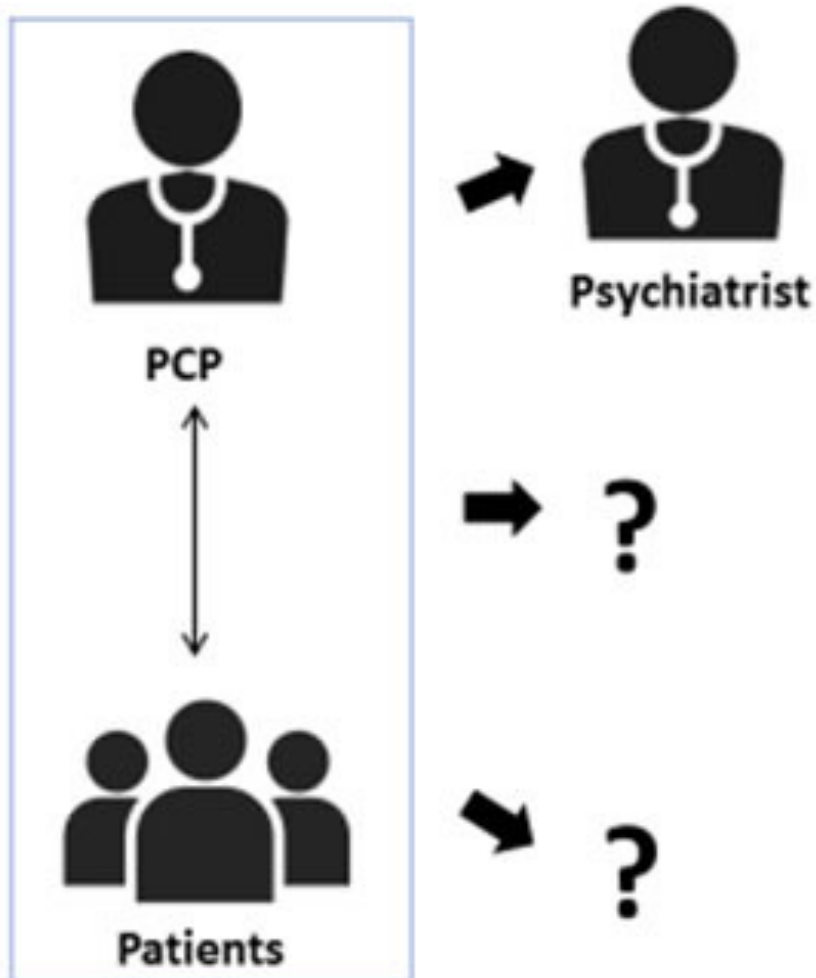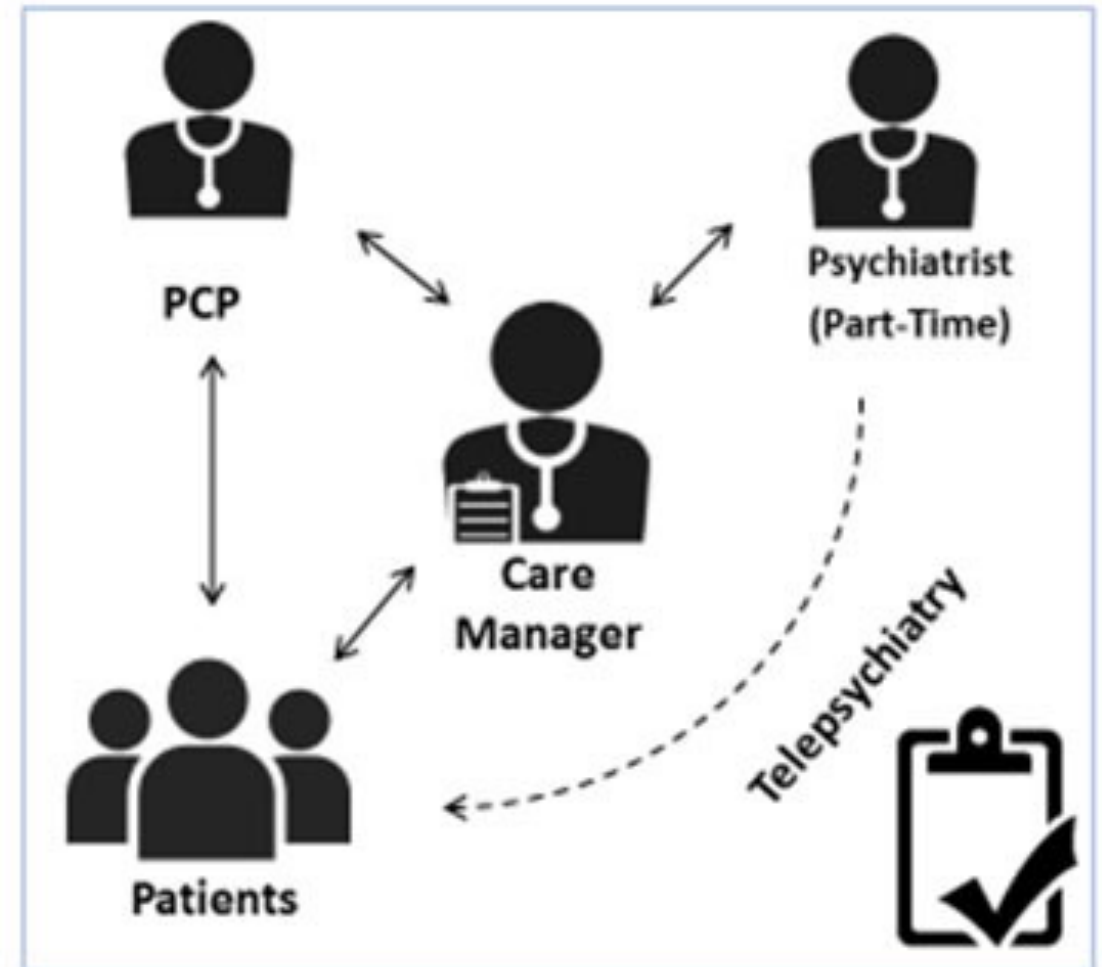
WHAT IS CHRONIC CARE MANAGEMENT?

Step-by-Step
Chronic Care Management*

Miss our White Paper?
click here

Bill CCM Code
99490 Monthly

CMS

$32.31/month
(80% of $40.39)

○ Coordinate referrals
○ Identify appropriate providers
○ Capable of sharing electronic care plan and electronic summary care record
○ Medication reconciliation
○ Communicate to/from community-based providers

Educate

Written Consent

Practitioner
Conduct:
○ Initial Preventative Physical Exam
○ Annual Wellness Visit, or
○ Evaluation and Management Visit (billed separately)

Care Plan
(electronic)
(updated at least annually)

**Care Team**
(licensed clinical staff)

Other Providers

○ ≥20 minutes CCM/month
○ 24/7 access for urgent needs
○ Telephone and asynchronous consultation
○ Post-discharge TCM
○ ER follow-up

Certified EHR
○ Demographics
○ Problem list
○ Medications/ Medication Allergies
○ Summary Care Record
○ Beneficiary written consent
○ Documentation of communications to/from home and community-based providers

Access to successive, routine appointments

Copy

Care

Co-Payment
$8.08

Beneficiary

©2015 Pershing Yoakley & Associates, PC.
* This infographic does not constitute legal advice. It is offered for illustrative purposes only.
  For more information, contact Martie Ross (mross@pyapc.com) or Lori Foley (lfoley@pyapc.com)

PYA

REVIEW AND AGREE ON MANAGEMENT PLAN

- Review management plan
- Mutual agreement on changes
- Ensure agreed modification of therapy is implemented in a timely fashion to avoid clinical inertia
- Decision cycle undertaken regularly (at least once/twice a year)

ASSESS KEY PATIENT CHARACTERISTICS

- Current lifestyle
- Comorbidities, i.e., ASCVD, CKD, HF
- Clinical characteristics, i.e., age, HbA$_{1c}$, weight
- Issues such as motivation and depression
- Cultural and socioeconomic context

GOALS OF CARE

- **Prevent complications**
- **Optimize quality of life**

CONSIDER SPECIFIC FACTORS THAT IMPACT CHOICE OF TREATMENT

- Individualized HbA$_{1c}$ target
- Impact on weight and hypoglycemia
- Side effect profile of medication
- Complexity of regimen, i.e., frequency, mode of administration
- Choose regimen to optimize adherence and persistence
- Access, cost, and availability of medication

ONGOING MONITORING AND SUPPORT INCLUDING:

- Emotional well–being
- Check tolerability of medication
- Monitor glycemic status
- Biofeedback including SMBG, weight, step count, HbA$_{1c}$, blood pressure, lipids

IMPLEMENT MANAGEMENT PLAN

- Patients not meeting goals generally should be seen at least every 3 months as long as progress is being made, more frequent contact initially is often desirable for DSMES

AGREE ON MANAGEMENT PLAN

- Specify SMART goals:
  - **S**pecific
  - **M**easurable
  - **A**chievable
  - **R**ealistic
  - **T**ime limited

SHARED DECISION MAKING TO CREATE A MANAGEMENT PLAN

- Involves an educated and informed patient (and their family/caregiver)
- Seeks patient preferences
- Effective consultation includes motivational interviewing, goal setting, and shared decision making
- Empowers the patient
- Ensures access to DSMES

ASCVD = Atherosclerotic Cardiovascular Disease
CKD = Chronic Kidney Disease
HF = Heart Failure

MENTAL HEALTH TREATMENT PATHWAYS

Poor Access
Lack of Preparedness

Visits for Individuals with Poor Mental Health

49% Primary Care Only

18% No Visit

14% Primary Care + Mental Health

14% Other Combo

5% Mental Health Only

Findings from
109,593
respondents to the
2002-2009 Medical Expenditure
Panel Surveys (MEPS)

Peterson, S., Miller, B., Payne-Murphy, J., & Phillips, R. (2014). Mental health treatment in the primary care setting: patterns and pathways. Family, Systems, & Health.

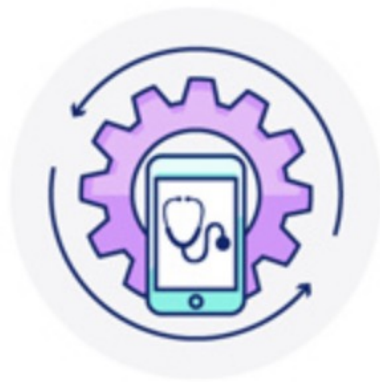# Why Primary and Behavioral Care Integration is Needed
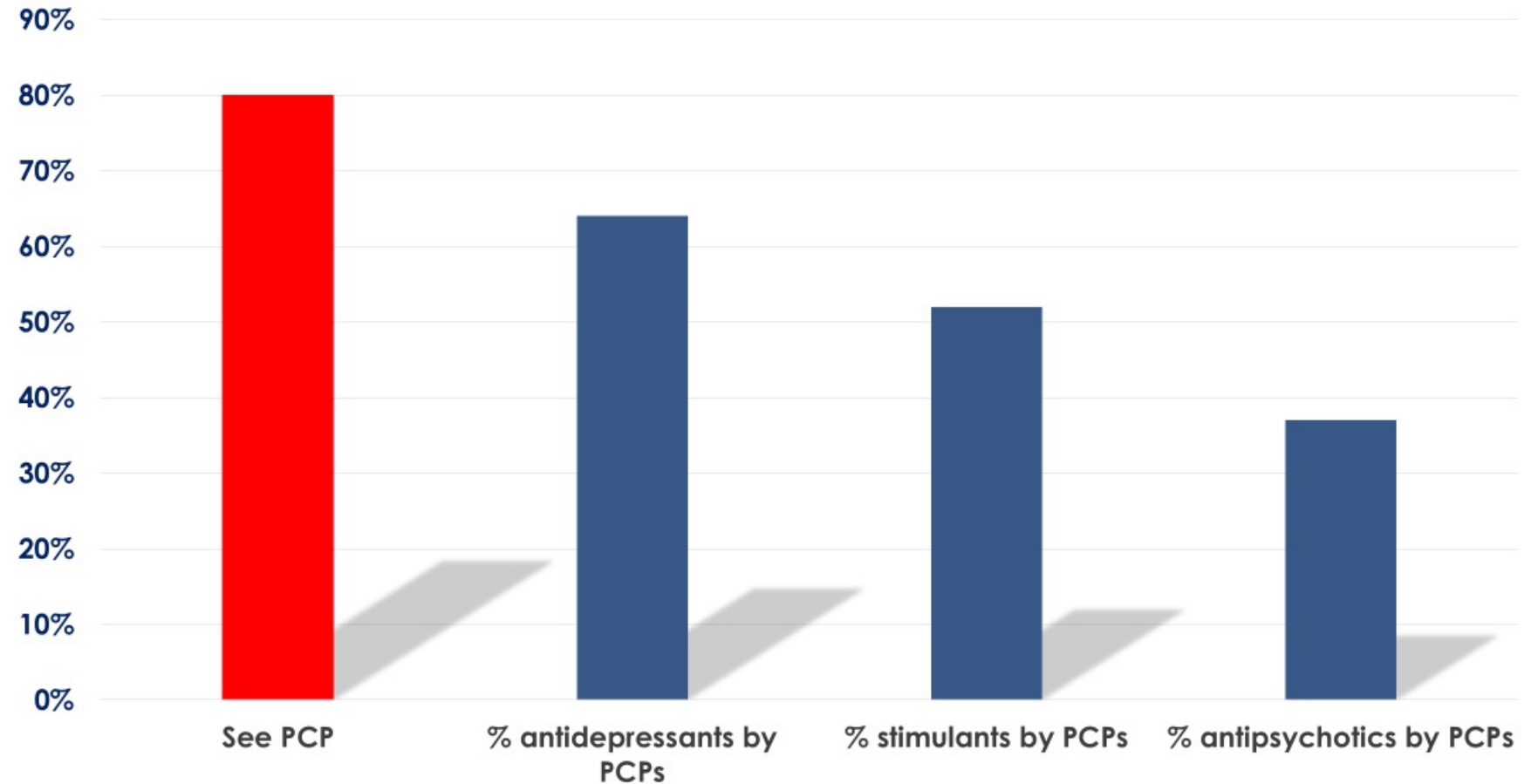
Telehealth Statistics [1]

Year 2017

65%
of hospitals offered telehealth services

13%
of hospitals were in the implementation stage of offering telehealth
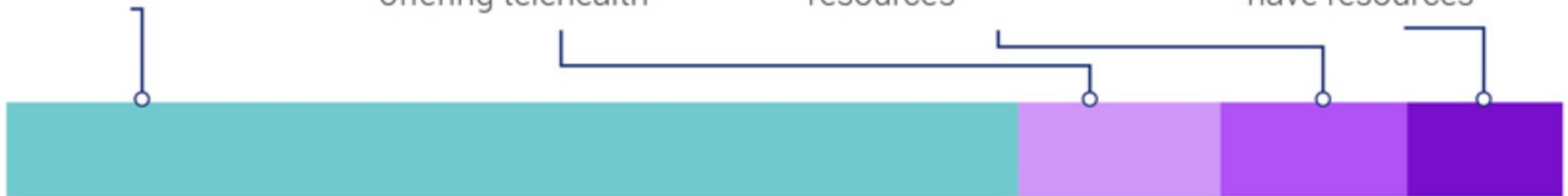
12%
wanted to offer telehealth but didn't have adequate resources

10%
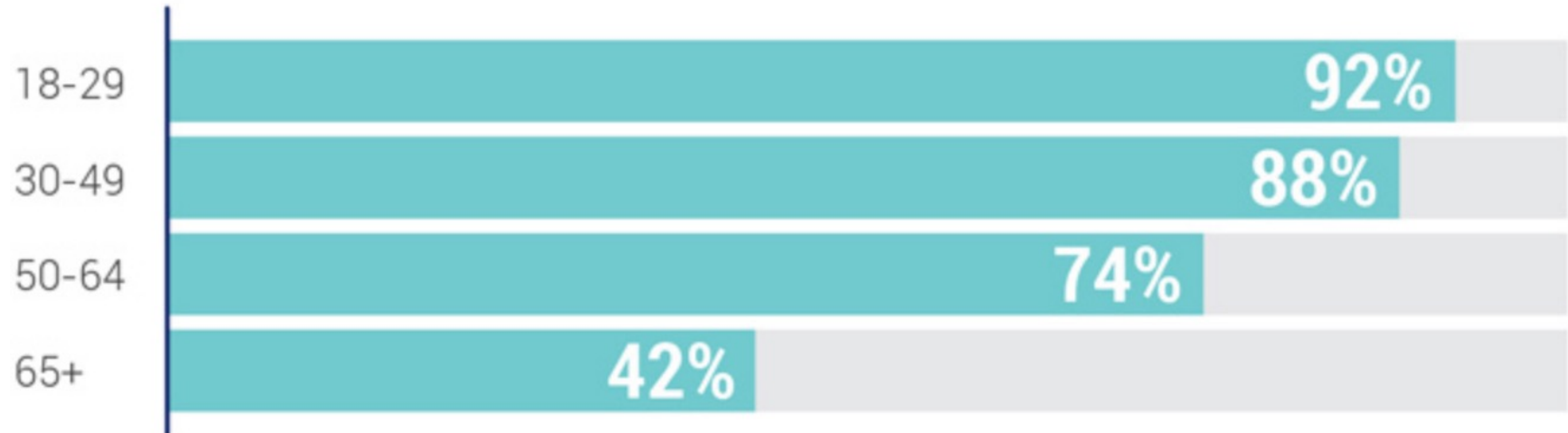didn't consider telehealth and didn't have resources

WHY TELEHEALTH CONTINUED?

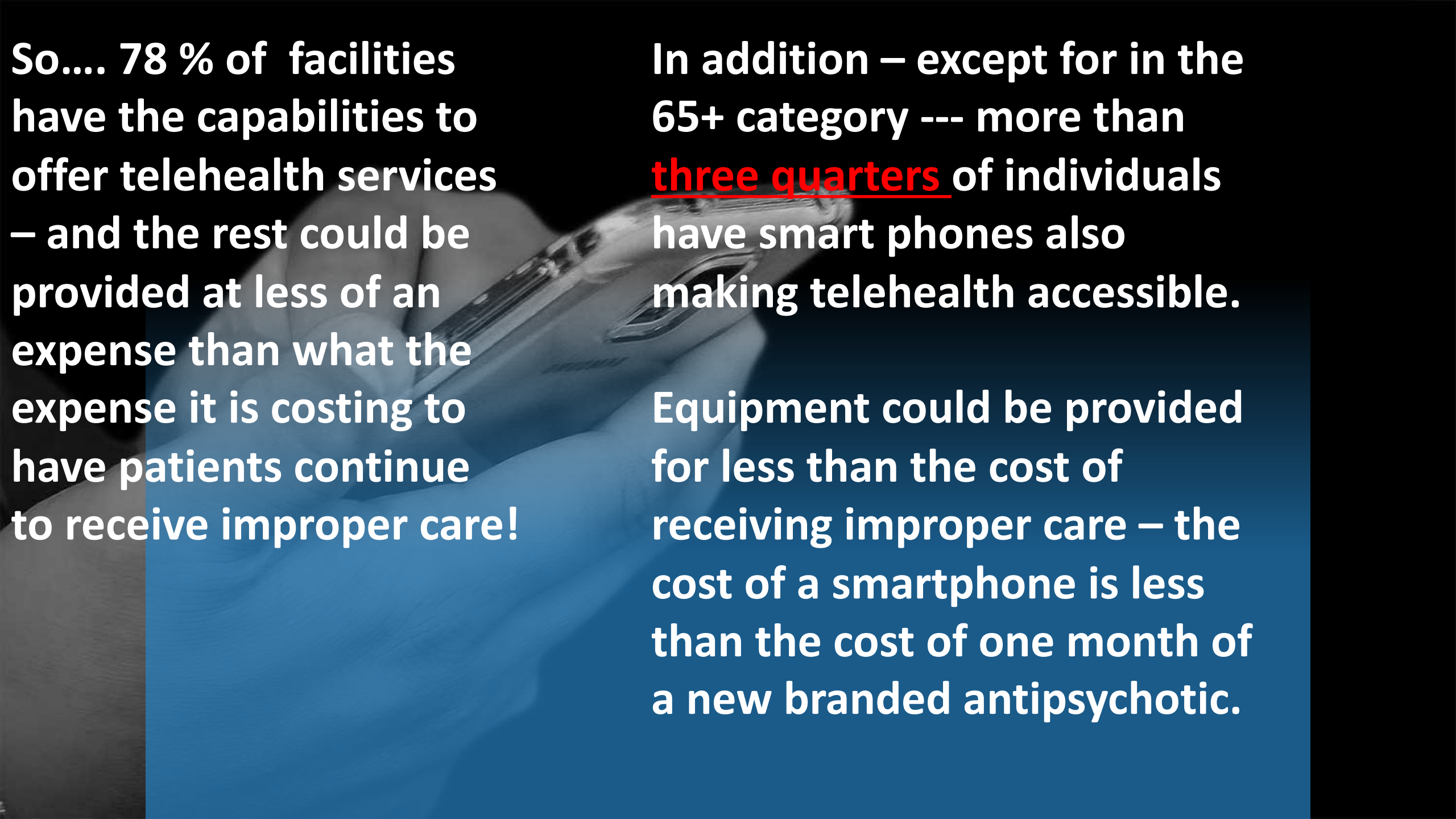## Tools Necessary for Telehealth Are Easily Accessible

Telehealth is growing in implementation because the necessary tools are already owned by most patients and providers.

Smartphone Ownership by Age [3]

Age	
18-29	92%
30-49	88%
50-64	74%
65+	42%

Generational Differences in Healthcare Delivery

	Baby Boomers (54-62)	Generation X (39-52)	Millennials (18-38)
Communication Preferences	Value quality care **Multiple office visits/ year**	By **digital means**- schedule appointments, order refills	60% **prefer telehealth and mHealth options**
Healthcare Decisions	Driver**: Personal health needs and as caregiver advisors to family**	**Shop for healthcare providers** Values brand reputation and checks provider online reviews	**Seek info from multiple sources including online research and social networks.** Influence by online ads
Physician Engagement	**Rely on physician's expertise and knowledge** Check information online	**Short-term expectations of their doctor relationships** Frequently switch providers	**Access healthcare through primary care or urgent care.** Value personal relationship with providers; loyal
Health Technology	**Active internet and social media users.** 78% search online for health info (treatment, med SEs)	**Spends most time online for dx and tx options**; wearables and patient portals most	**Want personalized experience but want to connect with providers via technology**
PHYSICIAN TECH BEHAVIOR	**Provide online tools**, access to patient portal as resource for info.	**Proficient in online resources** by providing medical records and offering information.	**Limit in-person communication and embrace telehealth tools.** Know how their brand is perceived online.

So…. 78 % of facilities have the capabilities to offer telehealth services – and the rest could be provided at less of an expense than what the expense it is costing to have patients continue to receive improper care!

In addition – except for in the 65+ category --- more than **three quarters** of individuals have smart phones also making telehealth accessible.

Equipment could be provided for less than the cost of receiving improper care – the cost of a smartphone is less than the cost of one month of a new branded antipsychotic.

BENEFITS OF COCM, CCM, and BHI

Already Shown to Save Money	Already Shown to Improve Access
Already Shown to Improve Value	Already Shown to Improve Outcomes
Already Makes Sense to Expand SO...	

Benefits of the HDPD Nurse

Care Plans

NANDA approved = Disease specific and individualized

Nurses are trained to assign diseases state specific education, identify educational needs and barriers, identify at risk areas, and manage care conditions.

Trained

Nurses are trained to manage multiple clinicians and multiple disease states – patients and families are not

Nurses are trained to translate complicated medical information from consultants to patients and can ensure an understanding.

Nurses are already familiar and trained in collaborative care. They are trained to manage scripts, discharge planning, and care coordination across multiple environments.

Education

Nurses can be trained and certified through ANCC or other accrediting agency per each disease state. Competency can also be defined.

Certifications can be verified and continuing education assigned.

Insurance panels can define competency and also unpanel or unregister a provider they do not feel is meeting outcomes for certain disease states.
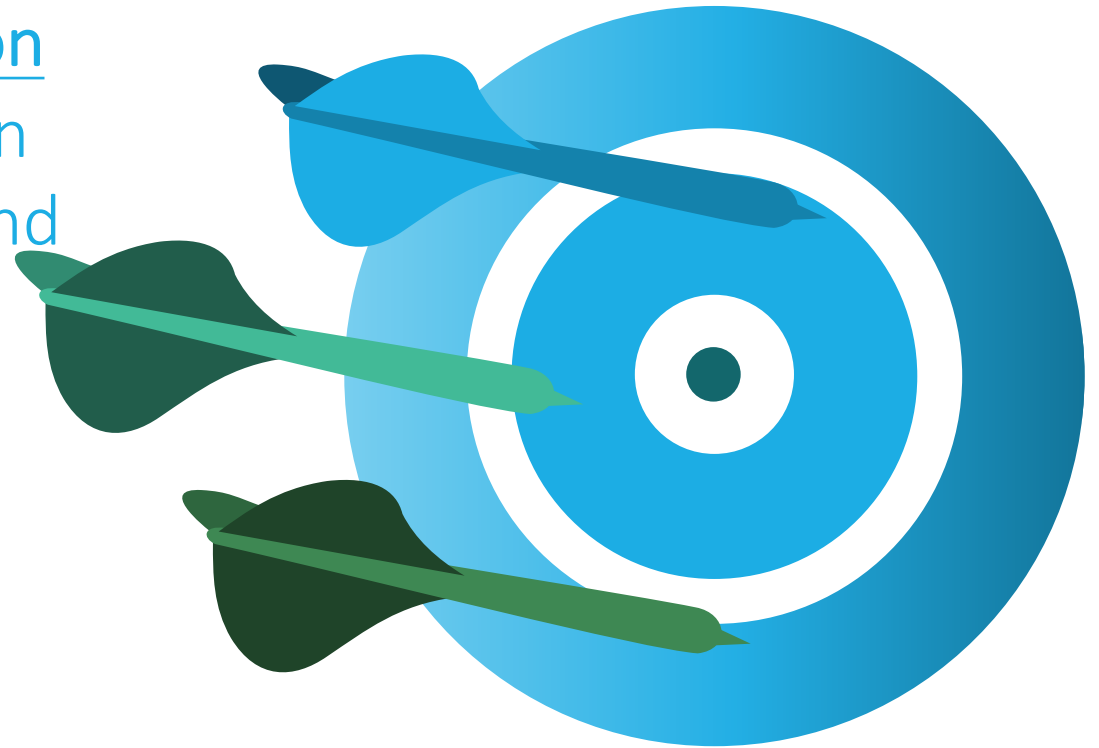
THE PROJECT:

Goal of the Project

Our **Goal**

Through the role of a <u>**Health Promotion and Disease Prevention Nurse™**</u> and an expanded Collaborative Care Model and Chronic Care Management (CoCM; through the Jessica Whelan Holocracy Healthcare Model©; decrease healthcare spending in patients with chronic conditions by a minimum average of $100 each enrolled client in 6 months.

AIMS of the Project

Identify all patients with chronic conditions and enroll them in the HIHS™ program

Measure # hosp. admits, readmits, $ spent, med compliance, health ratings via standard scores over 6 mo.

Ind. Care plans & goals for PT include a BHI plan and assigning of a HPDP Nurse.

Telehealth comm. daily if inpatient & weekly while outpatient. Plan for other proj. arms.

Assure adequate interaction with the preventative Health nurse

PICOT Questions Phase I

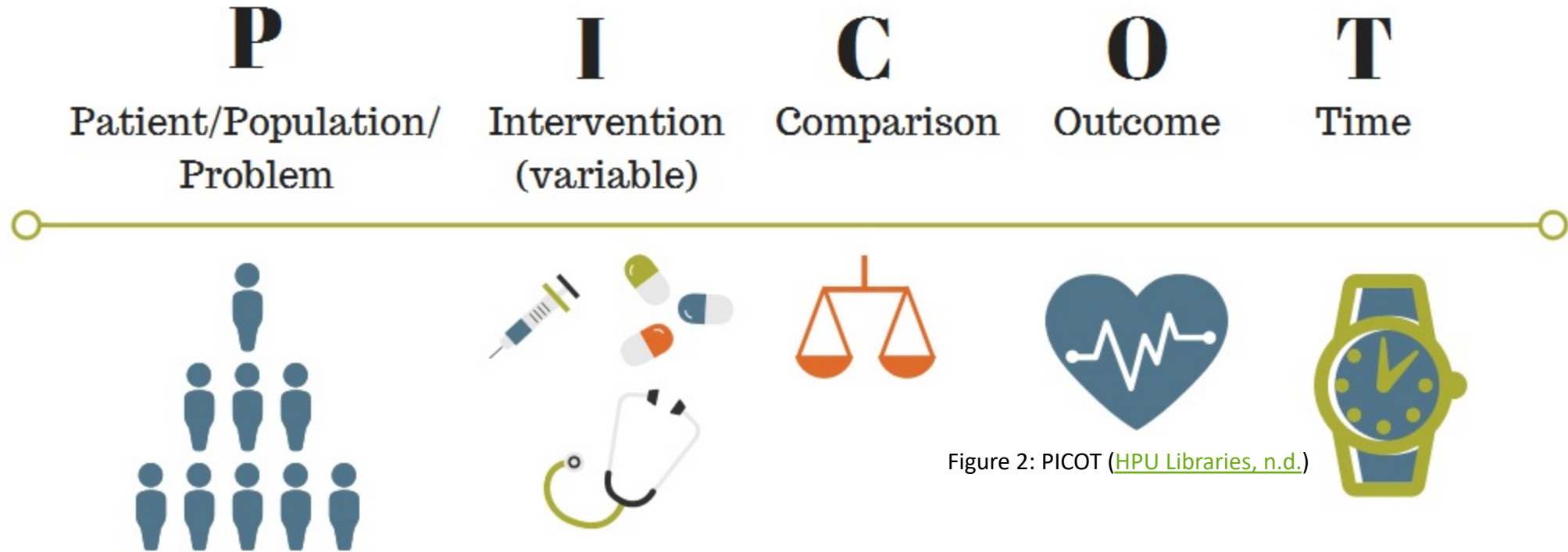| **P** | **I** | **C** | **O** | **T** |
| Patient/Population/ Problem | Intervention (variable) | Comparison | Outcome | Time |

Figure 2: PICOT (HPU Libraries, n.d.)

- In patients with chronic health conditions, how does an expanded CoCM (eCCM), compared to the traditional CoCM or no CoCM , decrease readmission rates within 30 days?

- In patients with chronic health conditions, how does eCCM, compared to no CCM or traditional CCM, decrease healthcare spending over 6 months?

STAKEHOLDERS

LOCAL COMMUNITY

GENERAL PUBLIC

HEALTH EMPLOYEES OR WORKERS

GOVERNMENT OR ADMINISRATIVE BODIES

ENVIRONMENT

SHAREHOLDERS OR INVESTORS

CONSUMERS OR PATIENTS

Process Interventions

IOM AIMS

Safe: Avoiding injuries to patients

Effective: Providing service based on evidence based, scientific knowledge to those with chronic health conditions

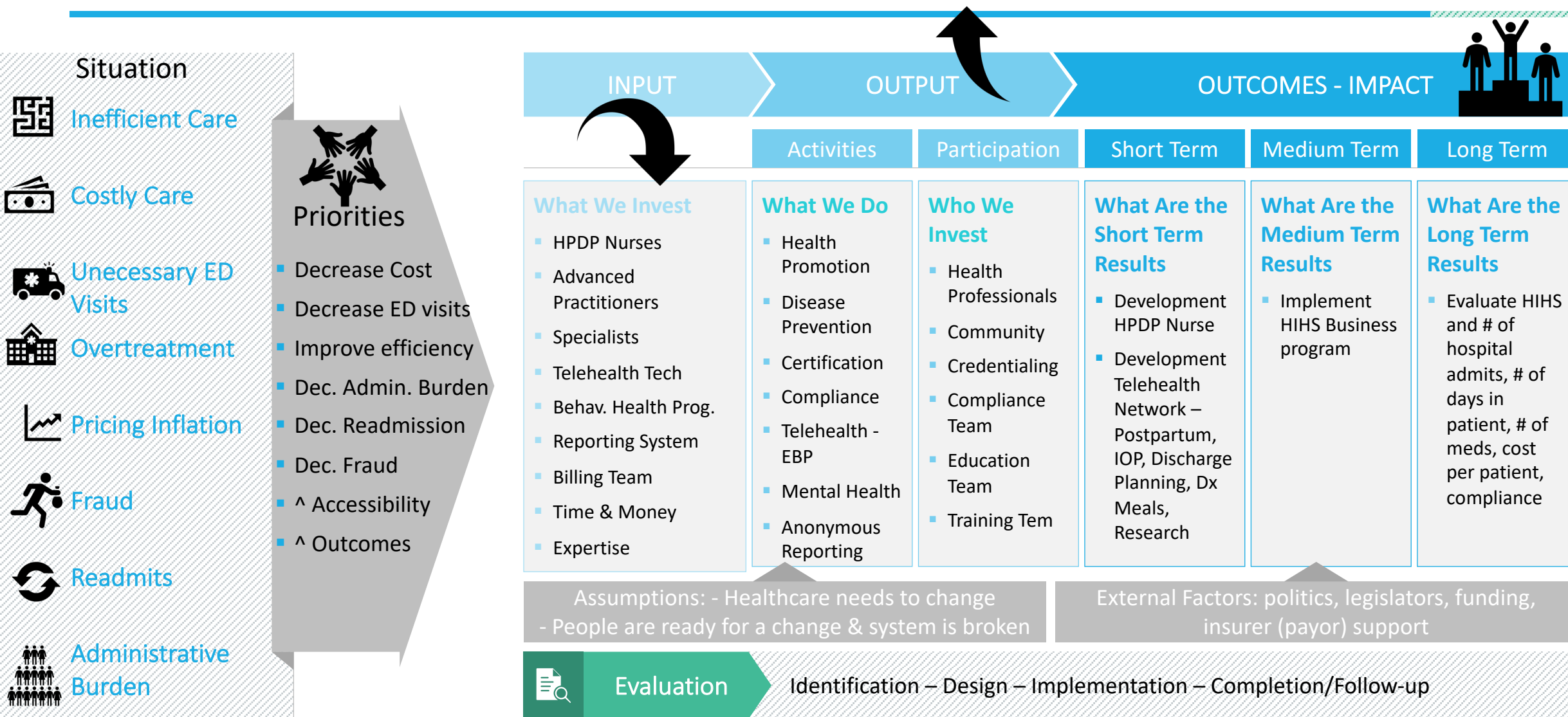*Efficient:* waste is avoided through the use of technology

Timely: harmful delays are reduced for those who give and receive care

Patient centered: Provider is respectful and responsive providing personalized care plans

Equitable: high-quality care is provided to all with chronic conditions through telehealth services

Logic Model

Situation
- Inefficient Care
- Costly Care
- Unecessary ED Visits
- Overtreatment
- Pricing Inflation
- Fraud
- Readmits
- Administrative Burden

Priorities
- Decrease Cost
- Decrease ED visits
- Improve efficiency
- Dec. Admin. Burden
- Dec. Readmission
- Dec. Fraud
- ^ Accessibility
- ^ Outcomes

INPUT	OUTPUT		OUTCOMES - IMPACT		
	Activities	Participation	Short Term	Medium Term	Long Term
What We Invest	**What We Do**	**Who We Invest**	**What Are the Short Term Results**	**What Are the Medium Term Results**	**What Are the Long Term Results**
▪ HPDP Nurses ▪ Advanced Practitioners ▪ Specialists ▪ Telehealth Tech ▪ Behav. Health Prog. ▪ Reporting System ▪ Billing Team ▪ Time & Money ▪ Expertise	▪ Health Promotion ▪ Disease Prevention ▪ Certification ▪ Compliance ▪ Telehealth - EBP ▪ Mental Health ▪ Anonymous Reporting	▪ Health Professionals ▪ Community ▪ Credentialing ▪ Compliance Team ▪ Education Team ▪ Training Tem	▪ Development HPDP Nurse ▪ Development Telehealth Network – Postpartum, IOP, Discharge Planning, Dx Meals, Research	▪ Implement HIHS Business program	▪ Evaluate HIHS and # of hospital admits, # of days in patient, # of meds, cost per patient, compliance

Assumptions: - Healthcare needs to change - People are ready for a change & system is broken

External Factors: politics, legislators, funding, insurer (payor) support

Evaluation Identification – Design – Implementation – Completion/Follow-up

Outcomes to Be Measured

QUALITY IMPROVEMENT MEASURES

Decrease Cost

Decrease the amount spent per enrolled client by an average of $100 per patient over 6 months

Decrease Hospitalizations

Decrease the total number of hospitalizations overall for the total number enrolled

Decrease ED Visits

Decrease the total number of ED visits for total number enrolled

Decrease Readmissions

Decrease the number of 30 day readmissions for clients enrolled

Improve Accessibility

Increase client accessibility to specialist care to less than 1 month wait time all specialties

Improve Outcomes & Compliance

Start implementation of standard measurement tools for industry standard

QUALITY IMPROVEMENT MEASURES

Improve Diet & Fitness

Improve type of food intake and health outcomes related to diet & fitness

Improve PPD Outcomes

Improve recognition of sepsis prior to discharge and post partum depression

Decrease Depression Cost

Increase access to virtual IOP programming and telehealth services

Improve Negligence Reporting

Encourage patients to report poor service directly to report system

Improve Fraud Reporting

Encourage employees and patients to report directly into system

Improve Patient Perception of Care

Measure the perception of care

QUALITY IMPROVEMENT MEASURES

Discharge Planning

Improve Inpatient & ED Discharge Planning

Decrease Workplace Violence

Decrease Workplace Violence in Hospitals

Improved Communication

Improve Communication between outpatient and inpatient services
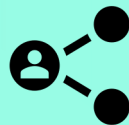
Data Sharing

Improve record sharing between non communicating EHR systems – Consultant Interoperability Model™

Improve Medication Compliance

Improve Access to Medications at Discharge, Enhance PA process. HIHS Telehealth PA Rx Assit™

Improve Personalized Medicine

Individualized treatment plans, genetic testing
Holon Genomics– Disease Prevention Mapping™

Test of Change

01 Plan Do Study Act

02 Barriers

03 Inclusion & Exclusion Criteria

Plan Do Study Act

Act

We will implement the Jessica Whelan Holocracy Healthcare© model and United Healthcare will assign members to the program by assigning patients to HPDP nurses. UHC will also determine outcome measure cutoffs and certification compliance standards for HIHO to implement.

Plan

Decrease ER visits, hospitalizations, number of 30 day readmissions, decrease healthcare spending, increase access to services, increase access to consultants, improve health outcome measures, improve value of services provided, decrease waste and fraud in the system, decrease negligent and wasteful care, enhance communication and individualized patient care.

Study

Continue to study outcomes and measure every 6 months money spent to improve upon the amount spent per patient to decrease spending and improve outcome and value.

Do

After creation of the plan, HIHO will implement the plan in the community with the assistance of UHC.

ACT
Develop Model
Recruit Stakeholders
Enlist Support
Edit text here

PLAN
Plan Certification
Plan Enrollment
Plan Measurement
Edit text here

EDIT TEXT HERE

Edit text here
Plan New Goals
Identify Areas to Improve
Measure Outcomes
STUDY

Edit text here
Communicate w/ Team
Enroll Members
Recruit Practitioners
Do

Inclusion & Exclusion Criteria

Inclusion

Age

Currently AGES 5-75

Health

Must have at least 1 chronic health condition: may be enrolled by nurse, practitioner or insurer but ultimately approved by UHC

Insurer

Must be a beneficiary of UHC

Exclusion

Age

Age younger than 4. or older than 75 at this time

Health

Acute self-limiting conditions, or no chronic health conditions.

Insurer

Not a beneficiary or UHC

Our Timeline of Events

Develop the Model
Develop the Model
-And get stakeholders UHC, and Nurses, Practitioners, Athena on board

Step 1

Start Developing Curriculum & Reporting Tools
Ongoing project with Accrediting body to develop HPDP Nurse curriculum™ & Reporting tools to UHC specs.

Step 2

Start Enrolling Patients
Start enrolling patients into the program

Step 3

Choose Disease State Measures
Work with UHC on choosing Measures for specific disease states to build in Athena

Step 4

Plan

Start to plan changes to adjust system to improve upon

Step 7

Measure
Start to Measure outcomes

Step 6

Choose Meals
Work with UHC on choosing specific meals that patients may choose for disease with metabolic meals

Step 5

Choose Education Tools
Work with UHC on choosing specific education tools required to include on Athena

Step 5
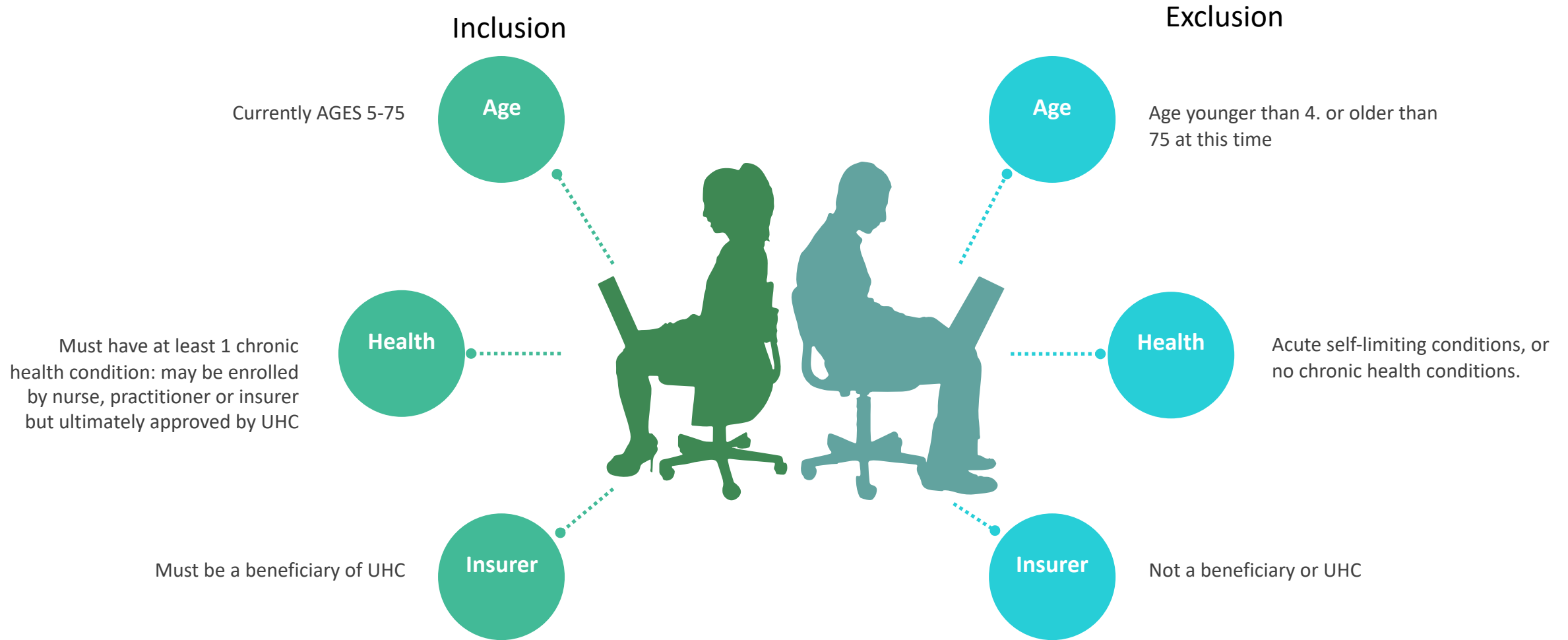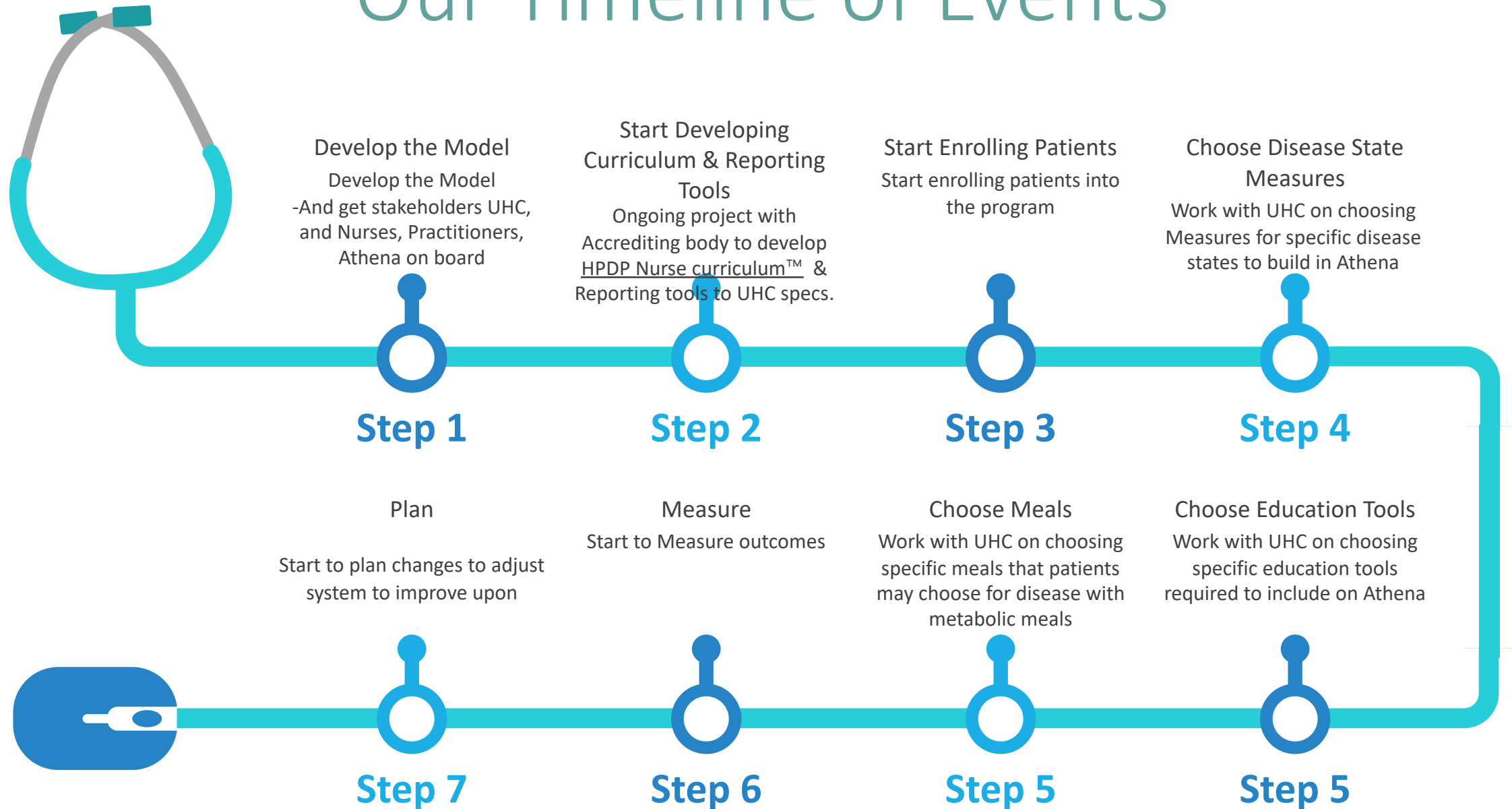
Financial Analysis

RESPONSIBLE BUSINESS

FOR PROFIT

CORPORATE SOCIAL CONSCIENCE

SOCIAL PURPOSE BUSINESS

NON-PROFIT/CHARITY

MAKING MONEY

MAKING MONEY AND GIVING BACK

DOING GOOD AND MAKING MONEY

DOING GOOD

Holon Inclusive Health Organization™ aims to do all of the above. As a for profit entity we do strive to make a profit. But we also strive to have a corporate social conscience that gives back to our members. We hope that UHC will team up with our members and that by identifying cost savings will allow that through cost savings will share some of that to the members and top savers as a Quality Improvement and Performance Bonus. We also hope to do good by encouraging whistleblowing activities. We are also hoping that UHC will partner to share whistle blowing funds and fraud money to give back to those that have discovered fraudulent claims. HIHS™ recruited contractors have also committed part of their collection to HIHS™ to support Front Line Health Care Workers and build the Holocracy Healthcare Revolution ™.

EXAMPLE Financial Analysis – Maximum Financial Penalty Calculation

Examples of How Integrated Care Reduces

Studies

Results

Depression Treatment in Primary care w/ Diabetes	$896 lower total healthcare cost over 24 month[1]
Depression Treatment in Primary Care	$3,300 lower total healthcare cost over 48 months, resulting in a return of $6.50 for every $1 spent[2]
Multi-Condition Collaborative Care for Depression & Diabetes	$594 saved per person over 24 months[3]

1. Katon et al, 2006, *Diabetes Care*, 29, 263-270
2. Unitilzner et al, 2008, *American Journal of Managed Care*, 1-4, 95-100
3. Katon et al, 2012, *Arch Gen Psych*, 69, 506-514

Examples from Medicare and CCM

Inpatient hospital services: -$2, -$21 ***, -$44 ***

Skilled nursing facilities: -$14 ***, -$21 ***, -$27 ***

Home health services: $15 ***, $17 ***, $16 ***

Hospice services: $0, $0, -$2

Durable medical equipment: $1 ***, $1, $0

Outpatient services: -$8 ***, -$18 ***, -$22 ***

Professional services: $31 ***, $23 ***, $18 ***

Total Medicare expenditure: $14 *, -$28 **, -$74 ***

- 6-month follow-up period
- 12-month follow-up period
- 18-month follow-up period

Kaiser Permanente's Collaborative Cardiac Care Service

Example from a similar but less systems program:

Program overview

- 12,000 patients in program
- Collaborative team composed primarily of nurses and pharmacists
- Sophisticated disease-registry software is used to identify patients within 24 hours of hospital discharge after an acute coronary event and to track those patients thereafter
- Referrals are also taken from primary care physicians
- A <u>nurse manager</u> follows up with patients frequently

Actions

Care coordination

Lifestyle modification

Medication initiation and adjustment

Patient education

Laboratory monitoring

Impact, %

Cholesterol screening: 55 → 96

Proportion of patients at target LDL[1] levels: 22 → 77
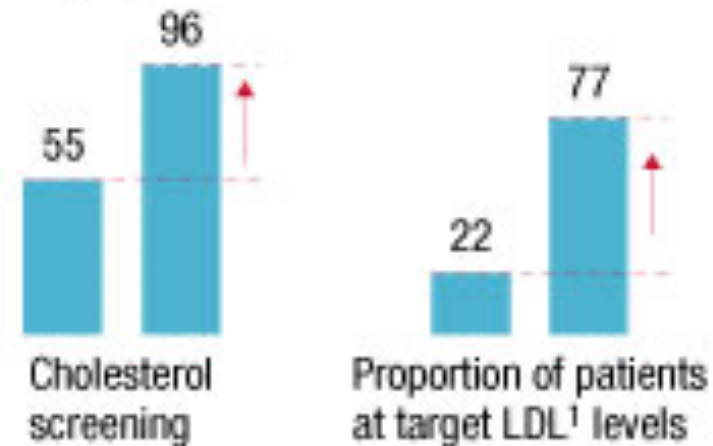
76% reduction in all-cause mortality
73% reduction in cardiac mortality
$3 million in annualized cost savings

[1] Low-density lipoprotein.

Cost Effectiveness of Collaborative Care
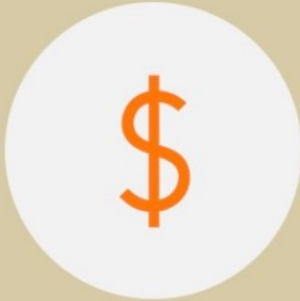
$15,000-$80,000 PER QUALITY-ADJUSTED LIFE YEAR GAINED VERSUS USUAL CARE.

COST SAVINGS LAG BEHIND MODEL IMPLEMENTATION BY 3-4 YEARS

IMPACT STUDY SHOWED $6 SAVINGS FOR EVERY $1 SPENT ON COLLABORATIVE CARE FOR DEPRESSION OVER A 4 YEAR PERIOD

Reed et al. JAMA 2016; Hunkeler et al. BMJ, 2006; Unutzer et al. 2008

EXAMPLE FROM CIGNA

Here's the proof

Large Physician Groups

74% of doctors and hospitals with two or more years experience have seen success in both total medical costs (TMC) and quality[1]

91% have seen success in TMC[1]

78% have seen success in quality[1]

Overall **2:1 ROI** for most mature arrangements[2]

Large physician groups active two or more years have shown **2%** better total medical cost and **2%** better quality performance[3]

Three of our highest performing arrangements each removed over **$3 million** from the health care system[4]

Cigna collaborative care arrangements continue to produce positive, measurable results.

Cigna

Cigna Collaborative Care

Florida

Large physician groups
- Advantage Health Network (Tenet)
- BayCare Physician Partners
- Broward Health ACO Services
- Central Florida Affordable Care
- Florida Accountable Care Services
- Florida Hospital Medical Group (Adventist)
- Holy Cross Physician Partners
- Integrated Independent Physician Group
- Memorial Health
- Millennium Independent Physician Group
- Orlando Health Physician Partners
- Palm Beach Accountable Care Org.
- Primary Partners
- PrimeHealth Physicians
- Tampa Bay Integrated Healthcare Network

Specialty groups
- Florida Cancer Specialists
- Florida Orthopedic Institute
- Florida Woman Care
- Vital MD
- Women's Care Florida
- North Florida ObGyn

Hospitals
- Adventist Health System
- HCA Florida (statewide)
- Health First Inc.
- Holy Cross Hospital
- Jackson Memorial System
- Mount Sinai
- North Broward Hospital District
- Orlando Health
- Parrish Medical Center
- St. Cloud Regional Medical Center
- Wellington Regional Medical Center
- Tenet Healthcare

Map labels: Jacksonville, Orlando, Tampa, Ft. Myers, Miami

Blue map area indicates Cigna Care Network available
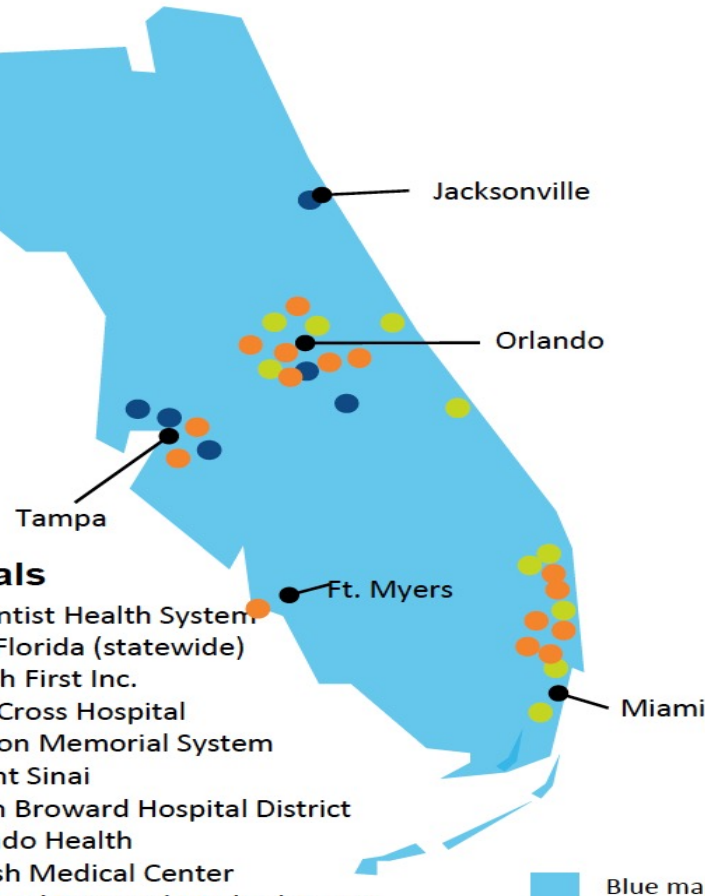
Market-Specific Results

Large physician groups
- Achieved a 4% lower than market total medical cost performance
- Overall spend on emergency room visits per thousand is 12% lower than market
- Cervical cancer and breast cancer screenings rate were both 5% better than market
- Overall advanced imaging PPPM is 10% lower than market

Specialty groups
- Improved 15.2% in primary cesarean delivery rate
- Improved 6.4% in generic dispensing rate
- Achieved 3.7% rate for early elective deliveries, better than the national rate of 5%

Example Financial Analysis – TOTAL UHC HEALTHCARE SAVINGS – If just implementing basic CoCM CIGNA MODEL

$10,586 (per capita) spent

+

$10,586 x 4% est savings (per Cigna)

=

$423.44 profit per patient per year

Example Financial Analysis – TOTAL UHC HEALTHCARE SAVINGS – If adding savings from CCM Medicare MODEL
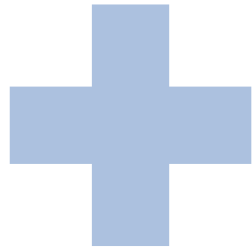
$423.44 profit per patient per year + **$74.00 profit per patient per year** = **$497.44 profit per patient per year**

Employers with work site health promotion programs see on average:

27% REDUCTION
In sick leave absenteeism

26% REDUCTION
In health costs

32% REDUCTION
In workers' compensation and disability claims

Source: Society for Human Resource Management

42% MORE

Obese individuals (body mass index > 30) spend 42% more on health care than their healthy-weight counterparts.
Source: Health Affairs

$5,800

On average, smokers miss 2.5 more work days than non-smokers each year, and cost their employers $5,800 annually in reduced productivity and higher medical costs.
Source: Gallup; Tobacco Control

For every dollar invested in EAP services, employers save between $5 and $16.
Source: U.S. Department of Labor

For every dollar invested in wellness, employers saw an average savings of $5.81 due to improved employee health and reduced medical claims.
Source: Society for Human Resource Management

Influenza typically leads to 100 million lost workdays per flu season; two-thirds of the missed workdays are employer-paid sick time contributing to $16.3 billion in lost earnings.
Source: Partnership for Prevention

Corporate Wellness Return on Investment

$358 reduced health care costs per employee/year

$294 saved per employee/year in absenteeism

$144 per employee/year spent to run a program

$132 invested per employee/year

Averages a $3.27 return per $1

Averages a $2.73 return per $1

$ $ $ $ $

$6 return for every $1 spent
Is your wellness program making you money?

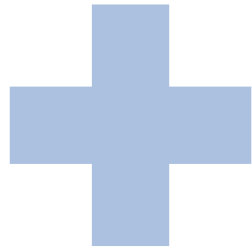# Example Financial Analysis – TOTAL UHC HEALTHCARE SAVINGS – If adding Health Promotion MODEL

$497.44 profit per patient per year + **$294.00 profit per patient per year** = **$791.44 profit per patient per year**

Telehealth Cost Savings

Telehealth can help drive better outcomes

VA case study found that using telehealth resulted in...
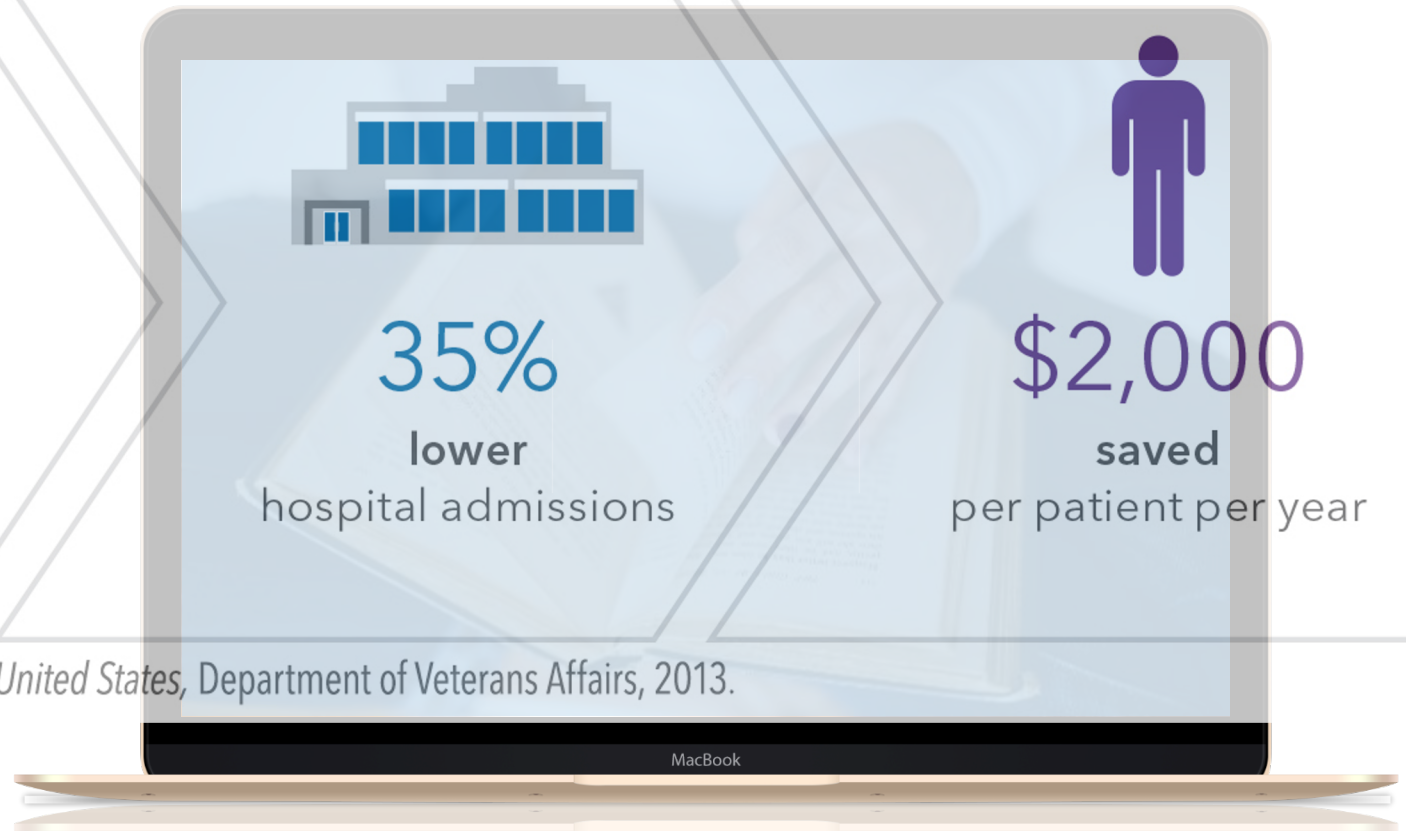
59% fewer hospital days
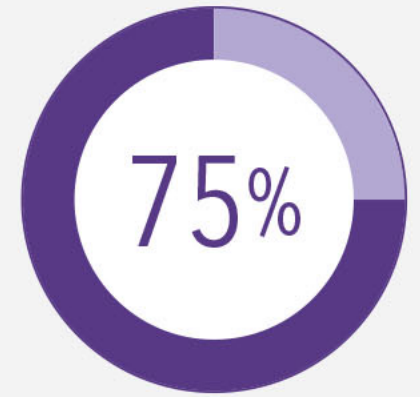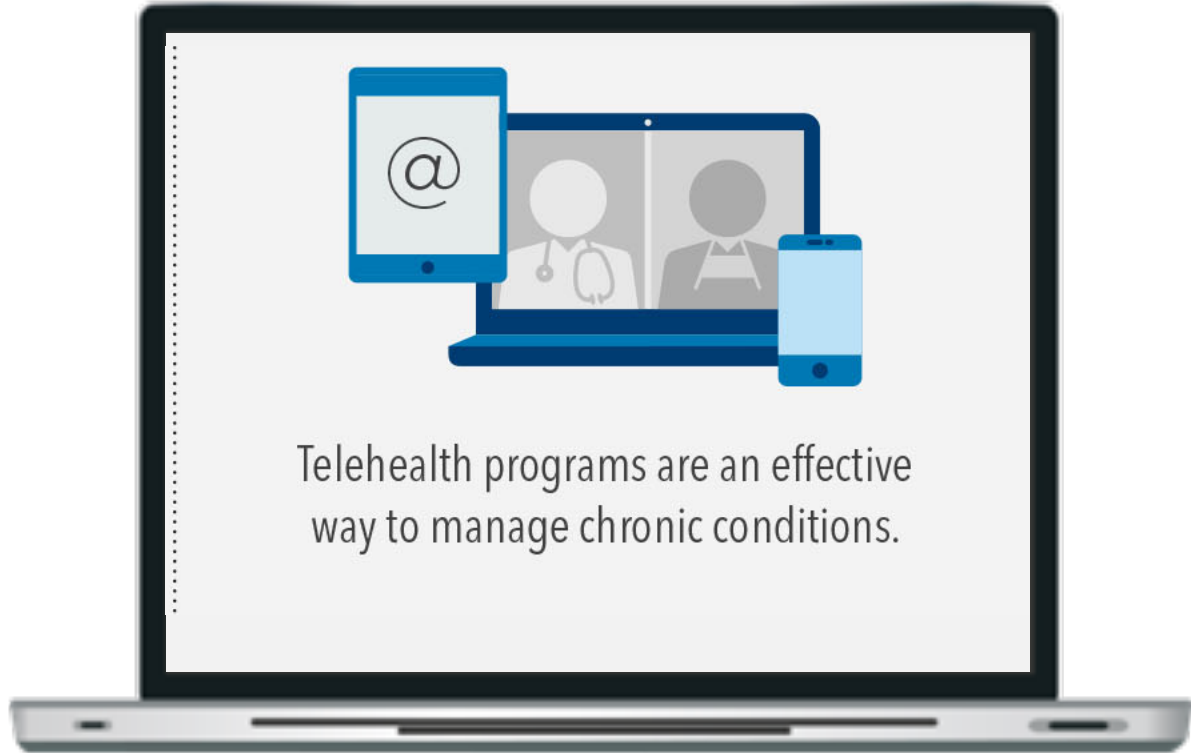
35% lower hospital admissions

$2,000 saved per patient per year

Telehealth Services in the United States, Department of Veterans Affairs, 2013.
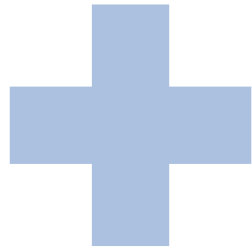
MacBook

Telehealth Cost Savings

Telehealth programs are an effective way to manage chronic conditions.

75% of health care dollars go toward chronic diseases.

$576 per person

In one study of people with cardiovascular disease, a telehealth program lowered monthly health care costs by **$576 per person** compared to usual in-person care.

Example Financial Analysis – TOTAL UHC HEALTHCARE SAVINGS – If adding TELEHEALTH MODEL

$791.44 profit per patient per year

+

$2,000profit per patient per year

=

$2,791.44 profit per patient per year

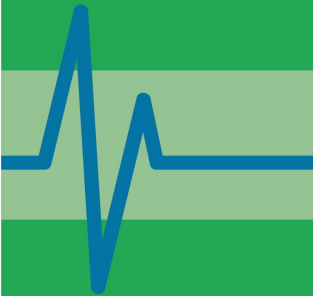# PGx Cost Savings

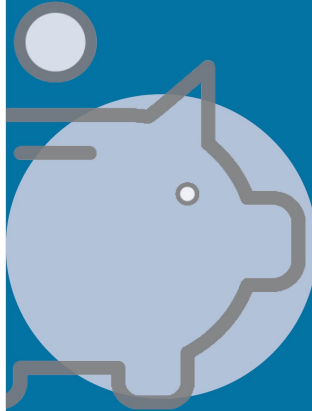**52%** DECREASE IN HOSPITAL READMISSIONS

42% REDUCTION IN ER VISITS

85% DECREASE IN MORTALITY

$4,382 SAVINGS PER PATIENT IN 60 DAYS

RIGHT DRUG • RIGHT DOSE • RIGHT NOW
youscript

Savings Congruent vs. Incongruent Prescribing $

CNS
1,593$

Vitamins
216$.

Rheumatology
215$

CVD
183$
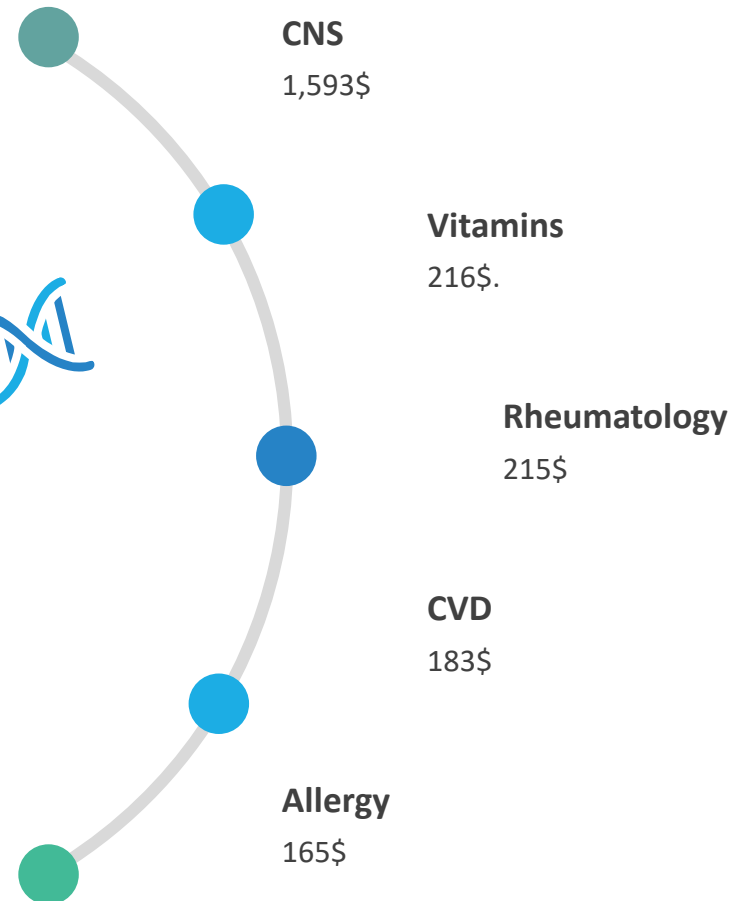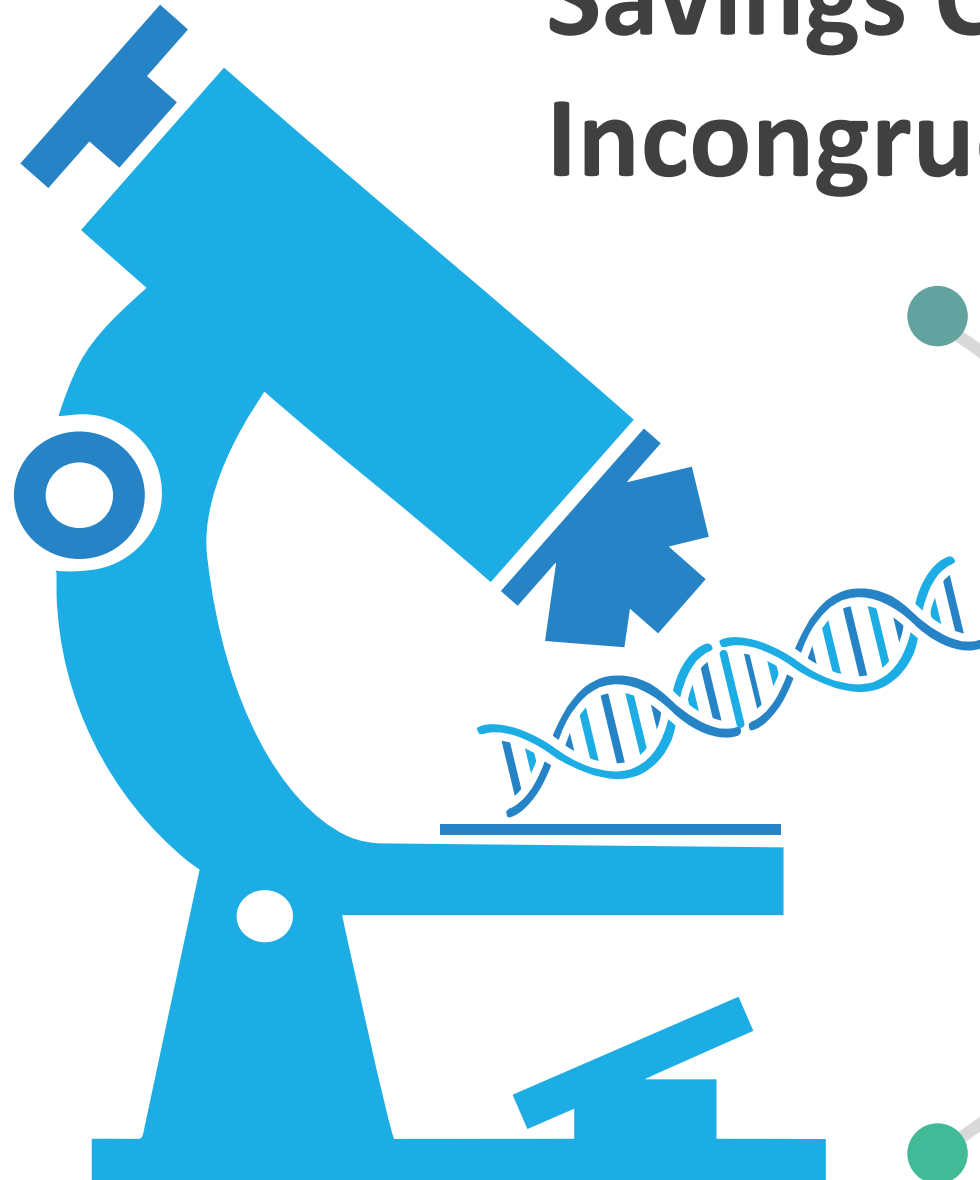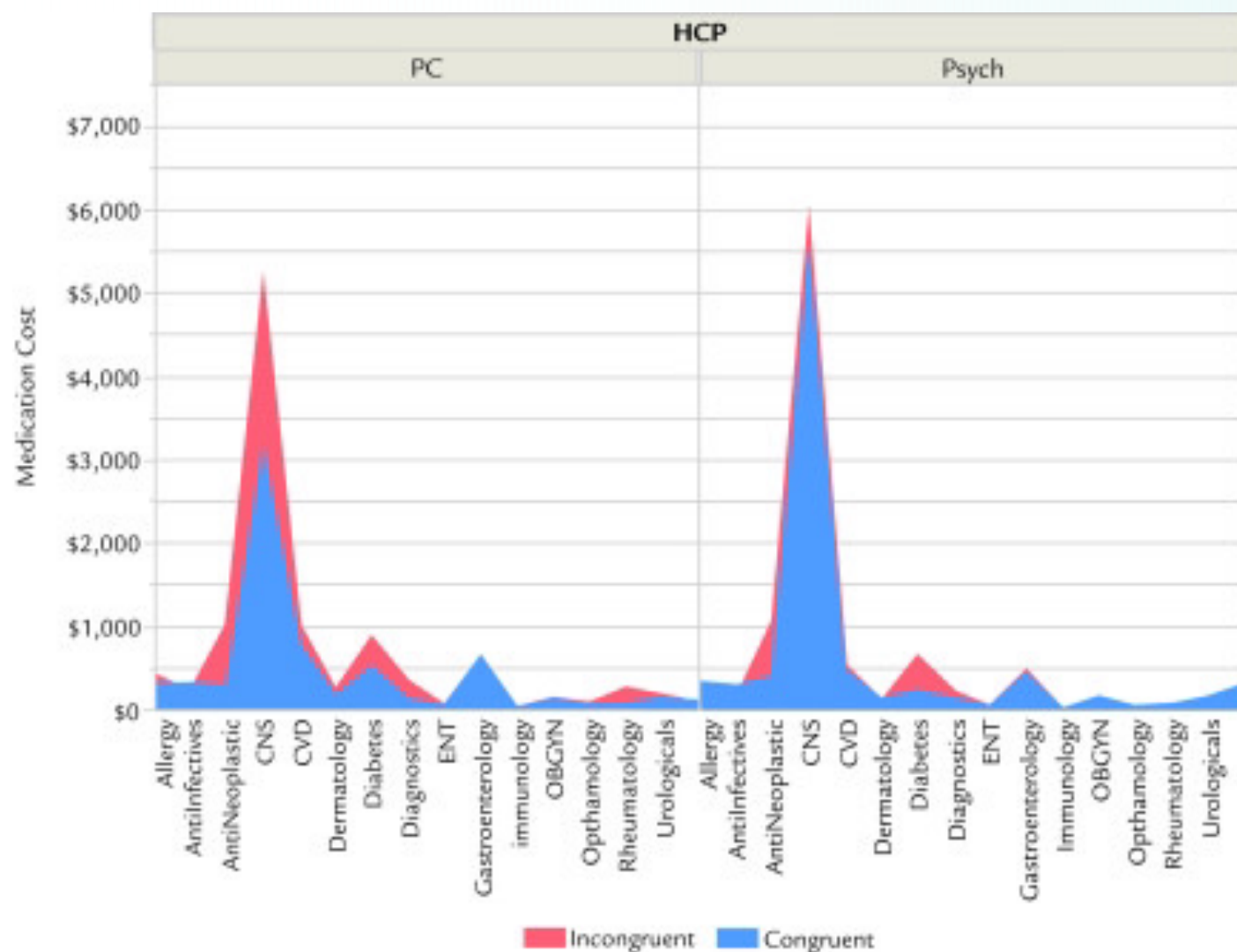
Allergy
165$

Chapter	PC	Psych	Δ
Allergy	$ 129	$ (36)	$ 165
AntiInfectives	$ (96)	$ (144)	$ 49
AntiNeoplastic	$ 761	$ 689	$ 73
CNS	$ 2088	$ 495	$ 1,593
CVD	$ 252	$ 69	$ 183
Dermatology	$ 252	$ (25)	$ 91
Diabetes	$ 67	$ 424	$ (72)
Diagnostics	$ 352	$ 89	$ 122
ENT	$ 15	$ 6	$ 8
Gastroenterology	$ (35)	$ 47	$ (82)
Immunology	$ 4	$ 7	$ (3)
OBGYN	$ 8	$ (37)	$ 45
Opthamology	$ 24	$ 4	$ 20
Rheumatology	$ 198	$ (18)	$ 215
Urologicals	$ 39	$ (27)	$ 66
Vitamins	$ (18)	$ (234)	$ 216
Total	**$ 3,998**	**$ 1,308**	**$2,691**

6-MONTH ESTIMATED HEALTHCARE COSTS

TOTAL HEALTHCARE COSTS, 6 MONTHS POST-TESTING

$1,948 lower

CONTROL   TESTED GROUP
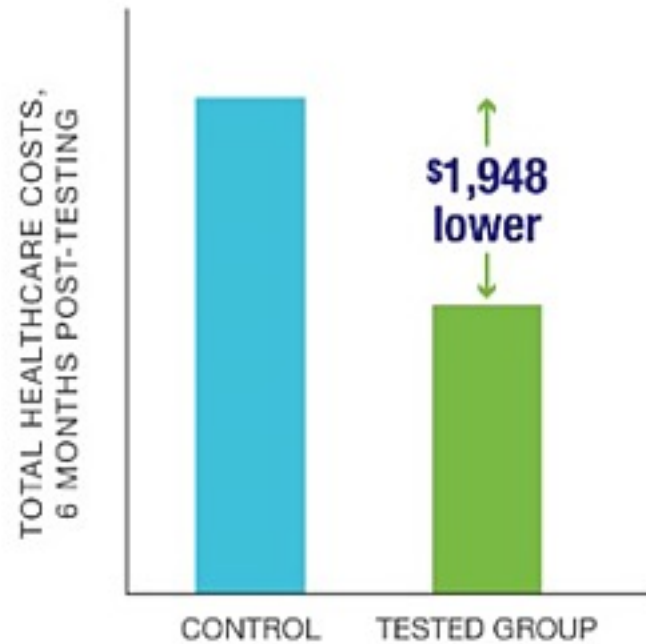
Overall 6 month healthcare costs after testing for Genecept Assay tested patients were estimated to be **$1948 LOWER per individual** than costs in the control group

INPATIENT HOSPITALIZATIONS

NUMBER OF INPATIENT HOSPITALIZATIONS, 6 MONTHS POST-TESTING

0.2
0.15
0.1
0.05
0

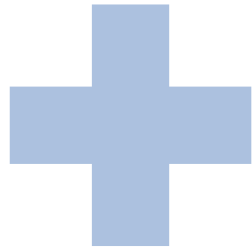58% fewer

CONTROL   TESTED GROUP
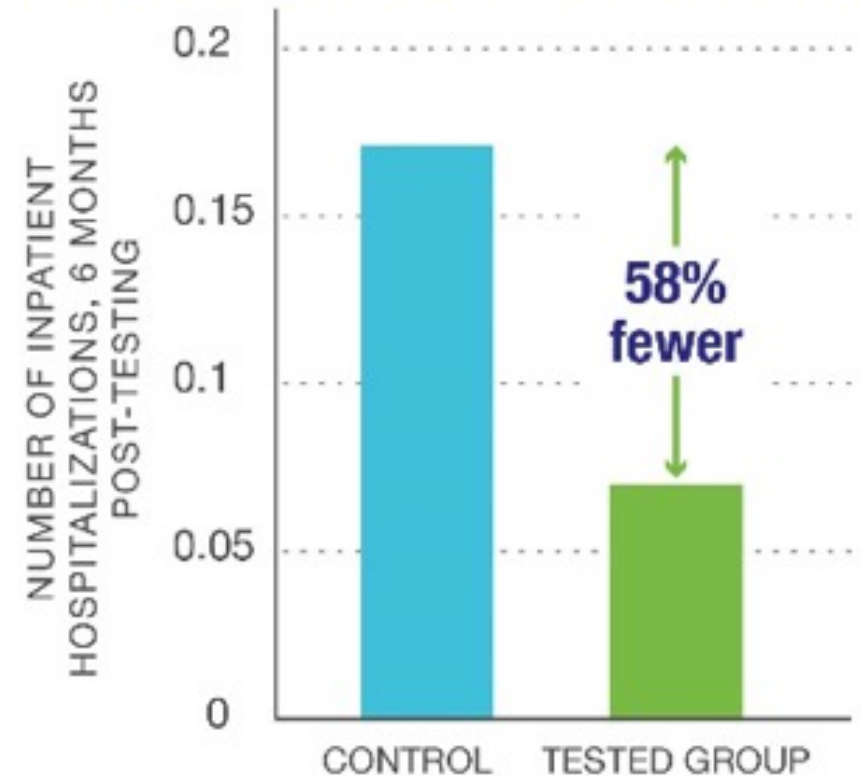
Genecept Assay tested patients experienced **58% FEWER inpatient hospitalizations** than individuals in the control group

Cost Savings for Congruent Prescribing by Provider Type
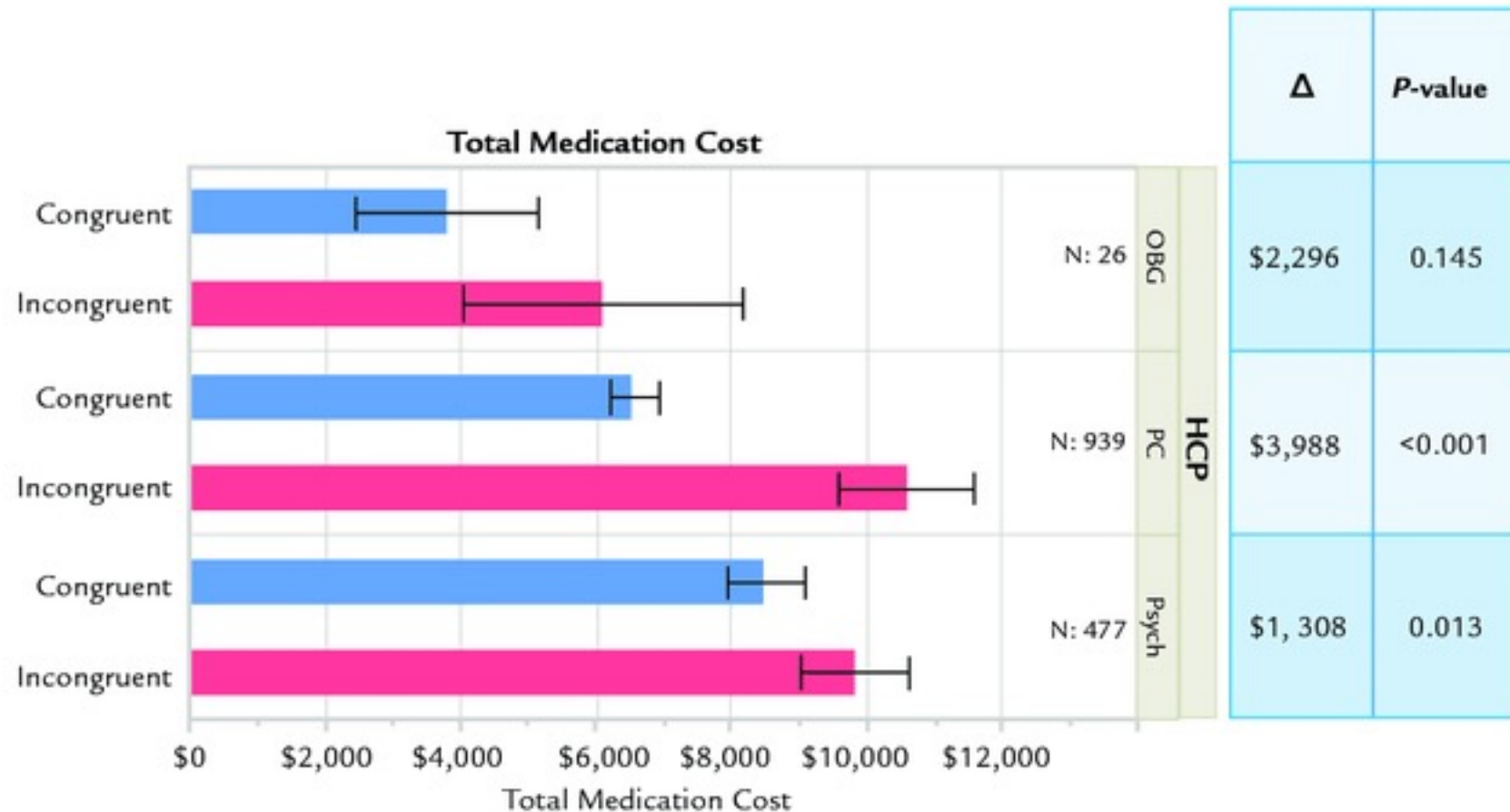
Example Financial Analysis – TOTAL UHC HEALTHCARE SAVINGS – If adding PGx MODEL

$2,791.44 profit per patient per year **+** $(1,948 x2) profit per patient per year **=** $6,687.44 profit per patient per year

THE SOLUTION: Proven Community-Based Programs

A Matter of Balance

8-session workshop to reduce fear of falling and increase activity among older adults in the community

- **97%** of participants feel more comfortable talking about their fear of falling
- **99%** of participants plan to continue exercising
- **$938** savings in unplanned medical costs per Medicare beneficiary

Otago Exercise Program

Individual program of muscle strengthening and balance exercises prescribed by a physical therapist for frail older adults living at home (aged 80+)

- **35%** reduction in falls rate
- **$429** net benefit per participant*
- **127%** ROI**

Stepping On

7-week program that offers older adults living in the community proven strategies to reduce falls and increase self-confidence

- **30%** reduction in falls rate
- **$134** net benefit per participant
- **64%** ROI

Tai Chi: Moving for Better Balance***

Balance and gait training program of controlled movements for older adults and people with balance disorders

- **55%** reduction in falls rate
- **$530** net benefit per participant
- **509%** ROI

Falls Free®
National Council on Aging

Learn more about these and other proven programs at ncoa.org/FallsPrevention

Sources:

Carande-Kulis, V., Stevens, J., Florence, C., Beattie, B.L., Arias, I. (2015). A cost-benefit analysis of three older adult falls prevention interventions. Journal of Safety Research, 52, 65–70.

Report to Congress in November 2013: The Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs under Section 4202 (b) of the Affordable Care Act. http://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf

* Net benefit = Direct medical costs averted (e.g., emergency department visits, hospitalizations, rehab, homecare) after subtracting intervention costs

** ROI (return on investment) = Net benefit per participant divided by average cost of the program per participant; percentage of return for each dollar invested

***Now known as "Tai Ji Quan: Moving for Better Balance"

Example Financial Analysis – TOTAL UHC HEALTHCARE SAVINGS – If adding Fitness like Tai Chi MODEL

$6,687.44 profit per patient per year **+** $ 530.00 profit per patient per year **=** $7,217.44 profit per patient per year
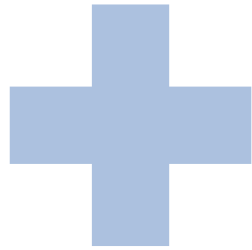
By 2018, **70%** of healthcare organizations worldwide will invest in consumer-facing technology including apps, remote monitoring, and virtual care.

Wearable technology could drop hospital costs by as much as **16%** over the course of 5 years, and remote patient monitoring technologies could save our healthcare system **$200 billion** over the next 25 years.

Over **80%** of consumers said an important benefit of wearable tech is its potential to make healthcare more convenient.
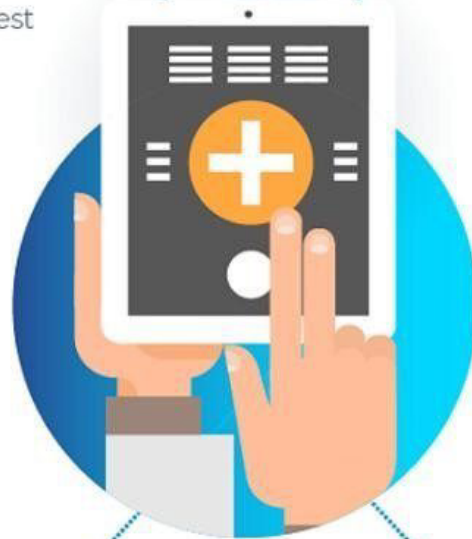
88% of physicians want patients to monitor their health parameters at home.

Source: Koeppel

Example Financial Analysis – TOTAL UHC HEALTHCARE SAVINGS – If adding MEDICARE NUTRITION MODEL & WEARABLE TECHNOLOGY?

$7,217.44 profit per patient per year

+

$??? profit per patient per year

=

$7,217.44 + ??? profit per patient per year

Future Implementation Goals

Develop Together Wellness

Test Drive with United Healthcare

Launch with Other Payers

Improve and Decrease Healthcare Costs Nationally

Input

Output

- Develop a model that aims to improve quality, accessibility, and outcomes, while decreasing cost.

- Engage stakeholders and pilot the program ensuring profitability, sustainability, success and maintenance

- Launch with other payers after successfully implemented with United Healthcare

Leading the Change

The Jessica Whelan Holocracy Healthcare Model© & Holon Inclusive Health Organization™

Communication
Involves regular communication with stakeholders at UHC & Athena.

Adjustments
Regular adjustments should be made to protocol to enhance the model

Measurement
Regular Measurement to take continually and reported every 6 months

Innovation
New concepts should regularly be considered for integration

Flexibility
Flexibility will lead to better process improvement

Transparency
Transparency will ensure that the system allows for expedient fixes of any potential errors
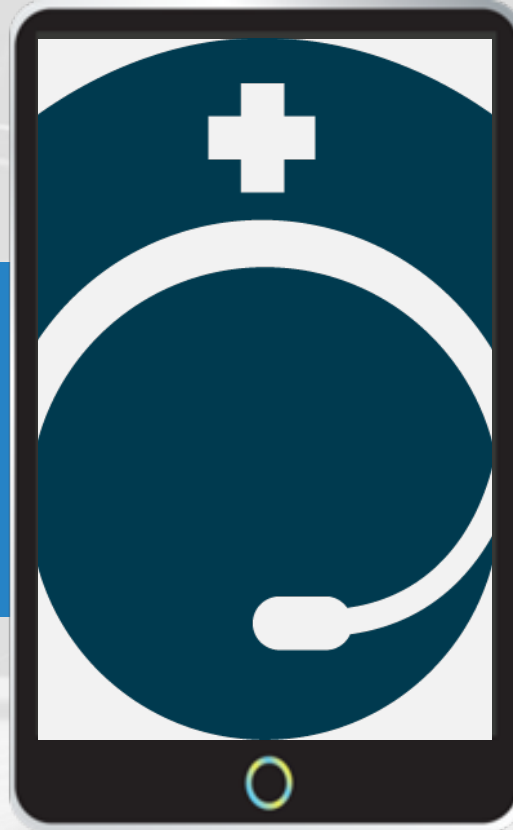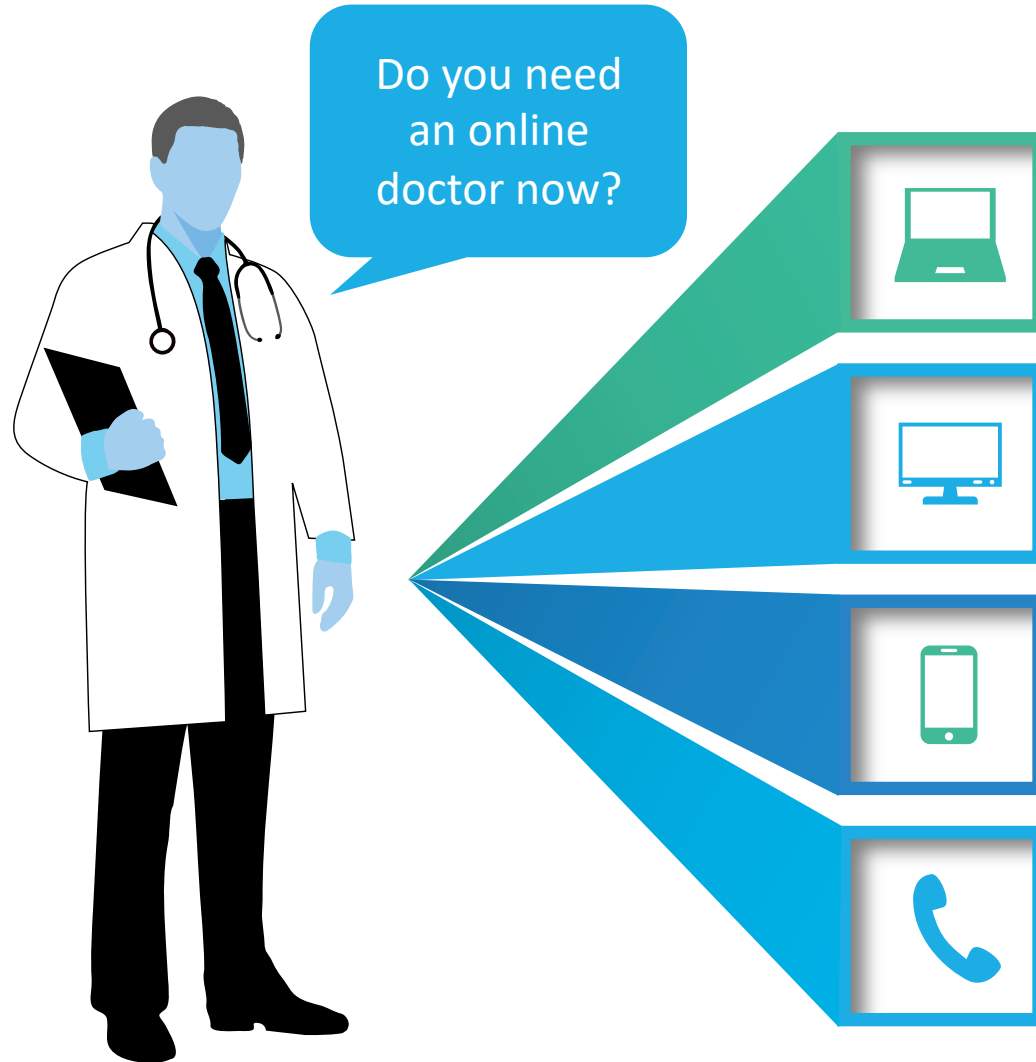
What do We Need

UHC Partnership

We need UHC stakeholders to enroll patients to help implement the model as this would further ensure success, drive engagement of patients, and engage other stakeholders. The UHC network also allows the greatest opportunity to study the potential cost savings to the healthcare system overall.

Athena Partnership

Athena will help to track patient information and ensure interoperability among different technology platforms within the healthcare delivery system. Also ensures one unified EHR system for the HPDP nurse to operate off of.

CME Accreditor Parnternship

Accreditors will assure credentialing and assure compliance across practitioners. In addition, accreditors will allow for the certification content for the HPDP nurse to be built in partnership with the ANCC or other certifying bodies. They can also help with the nation reporting system that helps to be submitted nationally.

Genoa Pharmacies Partnership

Genoa will assure that medications are delivered in a timely fashion to patients. Will help to track compliance for medications and pharmaceutical costs.

What do We Need

Metabolic Meals Partnership

Metabolic Meals will supply organically sourced disease state specific meals to insurer specified protocol to enhance patient outcomes and improve disease states for insured patients.

Holon Inclusive Health Organization

This is the Management Service organization for the practitioners delivering the principles of the Jessica Whelan Holocracy Healthcare Model©. The group will help to manage the tablespace within the Athena Platform for Together Wellness recruited practitioners.

Whistleblowing Partnership

Finding key stakeholder reporting systems for whistleblowing for workplace violence elimination in the healthcare environment as well as the workplace violence prevention philosophies and tenants that HIHO and the Jessica Whelan Holocracy Healthcare Model© have adopted for a successful healthcare system.

HIHS MSO

This organization supplies marketing, consulting, and educational services for individual practitioners interested in becoming part of the Jessica Whelan Holocracy Health Model© This may include clinical rotation programs, clinical residencies, and other programs.

Making complex care Easier with large physician groups

Traditional care	Collaborative care
Traditional care Limited information and a cumbersome process. Can create frustration and fragmented care.	**Collaborative care** The right connections and support. Enables total population management.
• "Sick" care = health risks not addressed early or handled separately	• **Actionable, patient-specific information** = see and address health risks sooner ("well-care")
• PCP has limited patient information and support = nobody coordinating care	• **Embedded care coordinators** = help coordinate ongoing care and use of available programs to improve whole health
• Misaligned financial incentives = unsustainable rising costs	• **Value-based reimbursement model** = aligned incentives reward when care quality and costs improve
• Limited collaboration with other HCPs = limited ability to share and learn best practices	• **Learning collaborative meetings** = share best practices and learn from one another
• Payer not seen as clinical partner/resource = missed opportunities for cost and quality improvement	• **Consultative clinical resources** = identify opportunities to improve quality and medical costs and drive better health outcomes

Cigna®

Exhibit 3. Common Attributes of Successful Care Models

Content/Features	Execution/Methods
• **Targeting** individuals most likely to benefit from intervention	• Effective **interdisciplinary teamwork** (e.g., defined roles and scope of work, trusting relationships, use of team meetings)
• **Comprehensive assessment** of patients' health-related risks and needs	• Specially trained **care manager builds rapport through face-to-face contact** with patients and collaborative relationship with physicians
• Evidence-based **care planning** and routine **patient monitoring**	• Use of **coaching and behavior-change techniques** to teach self-care skills
• Promotion of patients' and family caregivers' **engagement in patient self-care**	• Use of **standardized processes** for medication management, advanced care planning
• **Coordination** of care and communication among the patient and care team	• **Effective use of health IT** to provide timely and reliable information on hospital use, enable care management, remote monitoring, analytics
• **Facilitation of transitions** from hospital to postacute care and referral to **community resources**	• **Outcomes measurement** to evaluate and improve performance
• Provision of **appropriate care** in accordance with patients' goals and priorities	

Source: Authors' synthesis of key literature reviews (see Appendix A).

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:
- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

Reduce Burden

Eliminate Disparities

Improve Access for Rural Communities

Improve CMS Customer Experience
Support State Flexibility and Local Leadership
Support Innovative Approaches
Empower Patients and Doctors

Track to Measurable Outcomes and Impact

Achieve Cost Savings

Safeguard Public Health

Business Model Canvas for PowerPoint

Key Partners 🔗

UHC
Athena
HIHO™

Key Activities ✔

Health
Promotion
Dx Prevention

Key Resources 🏭

Telehealth
Compliance Reports
Health Professionals
JWHHM©

Value Proposition 🎁

Cost Savings
Fraud Reporting
Decreased Waste
Improved Outcomes
Improved Access

Customer Relationships ♥

Personalized
Collaborative

Channels 🚚

Inpatient
Outpatient
Telehealth

Customer Segments 👥

Chronic Care
Medical
Behavioral Health
Telehealth
Rural Health
Inpatient
Outpatient

Cost Structure 🏷

Possible investments required for technology, or UHC staffing.

Revenue Streams 💰

Fee-For Service
Grant funding

SUMMARY PROBLEM & SOLUTION

PROBLEM: Poor Healthcare in the Unite States

Health Care is Expensive: There is currently a lot of waste, abuse, fraud, and disjointed care that is difficult for patients to navigate and not easily accessible.

Current Care Isn't Personalized: There is not a focus on personalized genomics, on improving precision medicine or outcomes.

Current System Is Reactive Rather than Proactive: The current system focuses on expensive disease management treatments and lengthy costs of stays. There is workplace violence, fraud, negligence, and poor reporting.

Technology: Technology is under utilized in the current healthcare system.

SOLUTION: The Jessica Whelan Holocracy Healthcare Model© & Holon Inclusive Health Organization™

The Jessica Whelan Holocracy Healthcare Model© seeks to improve Healthcare spending through a multifaceted approach drawing from multiple models that addresses all levels of care by offering a collaborative care model drawing from CoCM, CCM, BHI, health promotion, and disease prevention services.

The Jessica Whelan Holocracy Healthcare Model© seeks to offer personalized medical options offering up individualized and personal care plans utilizing evidenced based treatment plans utilizing genomic and personalized medicine approaches to disease prevention.

The Jessica Whelan Holocracy Healthcare Model© seeks to offer services such as inclusive behavioral treatments to all patients, intensive outpatient programming, nutritional planning for all patients, fitness and wellness training, in addition to maternal well being all as part of a treatment methodology.

The Jessica Whelan Holocracy Healthcare Model© seeks to use technology that the majority of Americans have access to and use this network to improve upon the access to healthcare services. In addition, improving upon access to services by ensuring working with the patient rather than assuming they have the knowledge to manage their own care.
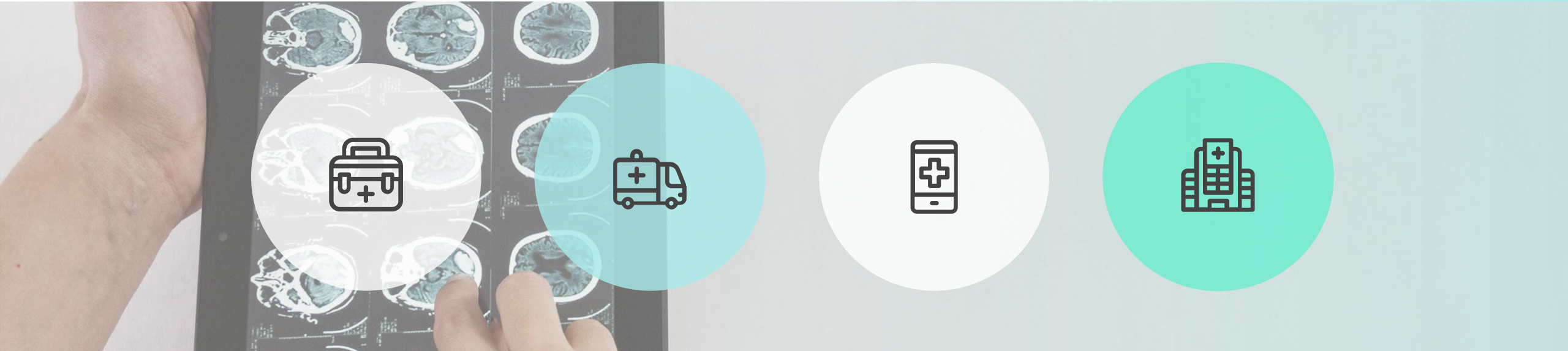
Questions?

Why nurses?

- They are generally voted the single most trusted profession in the nation year after year. Nurses as the central hub enhances patient buy in and practitioner buy in.

- Why 1099 based model? ---the number one expense in any business is hiring, firing, and training or your W-2 turnover. By adopting a flexible 1099 model, business costs are substantially cut down while allowing practitioners the work life balance they DEMAND in the current healthcare environment.

Where do Other Organizations fit in?

- Other organizations offer the infrastructure to be able to build and launch the Jessica Whelan Holocracy Healthcare model through Holon Inclusive Health– to propel it forward in the healthcare space.

- Current protocols and policies will be evaluated to make sure that other organizations are delivering the best in patient centered care, offering shared decision making, while also taking into account Evidence Based Practices.

Contact us

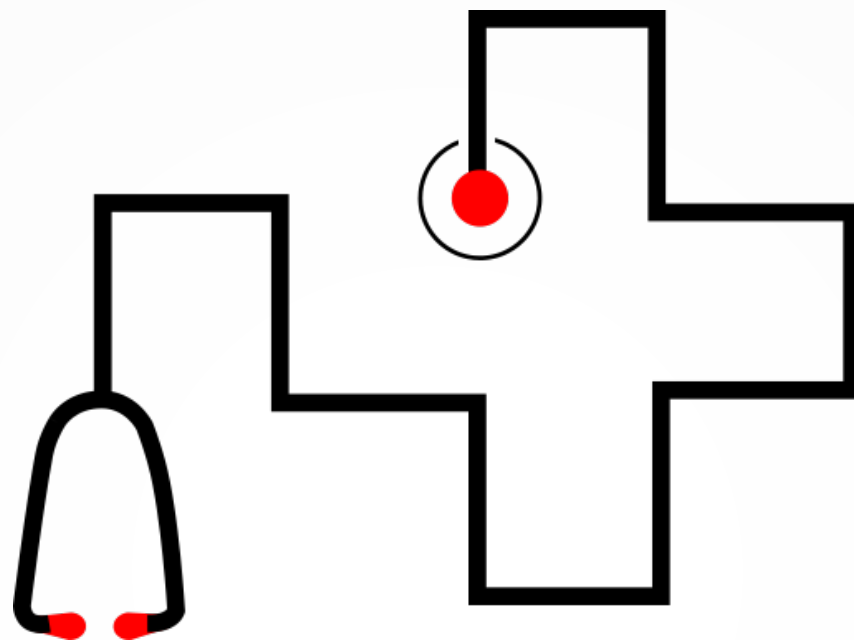📞 314-413-6243

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Image source: https://www.pexels.com/photo/person-using-macbook-374720/