The Session...

- Forces Precipitating Change in Global Healthcare Delivery
- Some Ideas for Monetizing Existing Resources
- The Implications…
- After Thoughts on Future Directions

"You never change things by fighting against the existing reality. To change something, build a new model that makes the old model obsolete."

_F. Buckminster Fuller_
波
The Metaphor...
“Vision... is the art of seeing things invisible.”

Jonathon Swift
1711
The Issue...
The Premise…

- Society is demanding for all goods and services but – especially for health care – that we…
  - ↓ Costs
  - ↑ Quality
  - ↑ Service

- The inherent incentives of the health care industry are disparate, inconsistent and dysfunctional – causing leaders significant challenges

- Society is moving inextricably towards an information democracy rather than professionally dominated theocracy
  - Focal point for health care change
  - Appropriate management of information required
  - Intellectual capital of medicine
  - Simultaneously empowering (consumers) and disempowering (physicians)
Global Forces

- Shifting world economic power
- Fiscal pressure on governments
- Global migration and virtualization
- Consumer market expectations
- Simultaneous cultural diversity and integration

“Change is the price of survival.”

Sir Winston Churchill
Health Care Forces

- Large scale consolidation
- Breakdown of traditional boundaries
- Cross-industry convergence
- Rising tide of technology
- Workforce globalization

“Change is the price of survival.”

Sir Winston Churchill
The Domains of Change – in Healthcare...
Debt to GDP Ratio Pattern of the USA

- 1940: 52%
- 1950: 94%
- 1960: 56%
- 1970: 38%
- 1980: 33%
- 1990: 55%
- 2000: 58%
- 2010: 98%
- 2020: 115%
Average Health Insurance Premiums and Worker Contributions for Family Coverage, 1999-2009

The average worker contribution and the average employer contribution may not add to the average total premium due to rounding.

Accountable Care Organizations

• Essential Attributes of an Accountable Care Organization
  – Provides (or can effectively manage) continuum of care as a real or virtually
  – Integrated local delivery system
  – Sufficient size to support comprehensive performance measurement

• Potential Accountable Care Organizations
  – Integrated delivery systems – Geisinger, Kaiser, Cleveland Clinic
  – Virtual delivery organizations – Piedmont, Inova, University Medical Schools
  – Cross-national organizations – Walgreens, CVS, RiteAide
  – Regional collaboratives – Rural Health Initiative

• Evolving Models
  – Integrated Care Delivery Organizations – Cleveland Clinic Foundation
  – Academic Medical Center Network – Premier Academic Center agreements
  – Specialty Service Network – Women’s and Children’s, Oncology, Ophthalmology, Renal Services
Integrated Payment Methodologies Will Drive Organizational Integration

Medicare Payment Reform Framework: Organization and Payment Methods

- Global Payment per Enrollee
- Global DRG Case Rate (Hospital + PostAcute)
- Global DRG Case Rate (Hospital Only)
- Global Fee Primary Care Services
- Blended FFS Medical Home Fee
- Traditional FFS

Less Feasible

More Feasible

Independent MD Practices & Hospitals
Primary Care Group Practices
Hospital Systems
Integrated Delivery Networks
And, The Implications?

- **Consolidation** – of hospitals / physicians
- **Efficiency and Effectiveness** – the new watchwords
- **Globalization** – of care delivery
- **Virtualization** – of support and delivery
- **Accountable Care** – the **required** capability
- **Productivity** – the essential ingredient
- **Information Exchange / Data Analytics** – fostering open data sharing, transparency and interoperability
RCM & ACO Systems Linked

BI Powered Healthcare Technology Delivered Today

- **RCM System Set**
  - Charge Capture Review Systems
  - Electronic Medical Records Systems
  - Personal Health Records and Wellness Portal
  - Auditing, Billing, Collection and Follow-up Services
  - Foreign claim specialists for both current and zero balance billings

- **RCM Zero Balance & Variance BI Systems**
  - Specialists Nationally & Internationally

- **ACO Development System - ACA**
  - Diseases management and wellness programs
  - Consulting in ACO Administration & Network Development Technologies

- **ACO Management Partnerships**
  - Associations ABBA and AARP/AMAC
  - 4G Biometrics - Diseases management / Data Collections Systems
Global Care Delivery, Inc.
Contract Value Analysis (CVA)

• The CVA is a targeted strategy that removes the ambiguity and guesswork for demonstrating maximum contract value.

• Legacy data, Claims, EMR & EOB data provided by the client are processed against our payer modeling system.

• Business relationships based on partnering – by understanding the clients’ commitment to increase medical collections without sacrificing quality we can most effectively deliver our solution to this business problem.

• The success of the Contract Value Analysis (CVA) is driven by the quantity and quality of information the prospective client makes available. A minimum of six-twelve months of actual claims, EMR and EOB data obtain the best results.

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...we put your “Medical Data Intelligence” to work today.

The Global Care team includes some of the most respected doctors and hospitals in the world with their focus on saving lives and improving health care through the business of medicine...

*State of the art* software management tools and reporting. Increase zero balance recoveries and billing income. (averaging more than $1million per payer contract audited)
1. State-of-the-Art Bluetooth Glucometer

- 99.5% Testing Accuracy
- 3 Second Test Results
- .3 μL Blood Sample (Smallest Available)
- Icon Based Activity Tracking

2. Connection Solution

- Cellular Based Bluetooth Home Tracker (March 2012)
- iPhone 4S & Android Smartphone Application
- Tracker for Home Phone Line
- USB Cable for Computer w/ Free Software

3. Diabetes Supplies

- Diabetes Testing Supplies (50 Count Each)
- Adjustable Lancing Device
- Lancets
- Control Solution

4. On-Time Delivery to Patient’s Door
High Blood Glucose & High Claims Cost Correlate

- 16% of Patients live in top four tiers
- They spend 63% of all claims dollars
True Cost Continuum of Diabetes

- Complications
  - Retinopathy
  - Hypoglycemia
  - Nephropathy
  - Neuropathy
  - Cardiovascular Disease
  - Congestive Heart Failure

- Co-Morbidities
  - Obesity
  - Dysmetabolic Syndrome
  - Hypertension
  - Hyperlipidemia
Intervention Profiles

<table>
<thead>
<tr>
<th>Role</th>
<th>BG Range</th>
<th>Duration</th>
<th>Immediate Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payer / DM Nurse (Jenny)</td>
<td>BG&gt;300 or &lt;70; 3 Days</td>
<td>Immediate: BG&gt;400 &lt;60</td>
<td></td>
</tr>
<tr>
<td>Physician (Dr. Baker)</td>
<td>Preprandial BG&gt;175; 5 days</td>
<td>Postprandial BG&gt;200; 4 days</td>
<td></td>
</tr>
<tr>
<td>Physician (Dr. Ellinger)</td>
<td>BG&gt;180 or &lt;65; 4 Days</td>
<td>Immediate: BG&gt;500 &lt;50</td>
<td></td>
</tr>
<tr>
<td>Loved One (Joan Henry)</td>
<td>BG&gt;140 or &lt;85; 1 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient (John Henry)</td>
<td>BG&gt;135 or &lt;80; 3 Days</td>
<td>Immediate: BG&gt;240 &lt;65</td>
<td></td>
</tr>
</tbody>
</table>

BG = 420

Patient (John Henry)

BG = 420

Patient (John Henry)

DM Nurse (Jenny)

Physician (Dr. Baker)

Physician (Dr. Ellinger)

Loved One (Joan Henry)
Collect-Interpret-Communicate

**Intervention Profiles**

**Medical Director**
- Establishes Safety Protocols
- Online Access to Company wide records

**Safety Officer / Terminal Dispatcher**
- Immediate Hypoglycemia Review Protocol
- Minimum BG = 75
- BG Too Low = Pull Over

**Patient (John Henry)**
- BG > 135 or < 75; Every Day
- Immediate: BG > 240 < 65

BG = 55

Secure Email

Advise Safety Violation

Terminal Dispatcher

Text Msg
The Study

Third Party Study Outcomes using Medicare Pricing

2002 - 2004 data ~516 Total Patients
Prepared for Informed Care, Inc. by
Jeanne Sappington, Ph.D., The Emblematics Corporation
April 12, 2006
Referred by Local Physicians
Diabetes w/ Co-morbidities
History of Non-Compliance
All Cost Data provided by CMS (Medicare)
Monitoring & Intervention Impact

Percentage of Monthly Tests in Danger Zone

Pre-Implementation

Post-Implementation

36%

11%
Monitoring & Intervention Impact

ER Visits per Month; No Admissions

Pre-Implementation

Post-Implementation
Monitoring & Intervention Impact

Pre-Implementation

Inpatient: $1,240,243
Outpatient: $248,256
Total Cost: $1,488,499

Post-Implementation

Inpatient: $639,232
Outpatient: $161,528
Total Cost: $800,760
Medical Home Model

- Blood Glucose
- Medical Alert Systems
- Thermal Wt Scale
  - BP Cuff
- Heart Monitor
- Pulse Oxymeter

Bluetooth & Zigby Enabled Devices
Unique Offerings

GLOBAL CARE DELIVERY has developed an *unprecedented recovery system* that increases revenue for providers.

The system is designed using knowledge gained from our unique experience building actuarial systems, payer systems, and provider networks.

This *State of the art* system will bring a broad scope of medical administration *technologies* to your fingertips.
Proven Results

GCD loads your payer contacts and your zero balance paper Automatically re-calculating each bill exactly as your contract states it should have been paid for each payer. Then **GCD’s BI (Business Intelligence) Engine** identifies all claims paid incorrectly by the payer using our collection of identified payer issues collected over 20 years of processing claims.

The system was designed using knowledge gained from our unique experience building actuarial systems, payer systems, and provider networks nationally.

Then the system stays in place auto-auditing daily inbound & outgoing EDI files after payer payment issues are identified. This way issues are fixed forever and the bleeding is stopped.
Confidence Auditing and better Collections = **GCD Software Installed**

Auditing and Contract Management tool to increase recoveries, as well as advanced reporting.

The GCD software also captures foreign claims allowing the GCD team to collect an average collection rate exceeding 94%.

Never allow your international insurance claims to be heavily discounted by silent PPO’s. We often collect international claims above 80% of charges.

*Increase payer collections as well as zero balance recoveries,*

Analyze and compare payer contracts (renegotiating) to others in their area
GCD’s Unique Offering of funding your ACO through Recoveries

Global Care Delivery has developed an unprecedented recovery system that can fund your ACO development.

Give your Hospital /ACO an edge by using knowledge gained from our unique experience in building actuarial, payer claims payment, RCM and provider network systems.

This *State of the art* system will bring a broad scope of RCM & ACO administration *technologies* to your fingertips.
Receive Client Data for Analysis & Data Import

- Claims, EMR and EOB data provided by the potential client. Multiple formats are acceptable
- Import and reformat data
- Analyze and clean data
- Produce Reports
- Re-Tool Processes
- Re-Tool Contracts
- Automate payer Reject and Reduction Follow-Up
- ID Quality Issues

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Goal

CUBE DATA:
- EMR
- Legacy (financial class/acct)
- Contract
- EDI in & out
- Payer (plan benefit codes)
- Issue Codes (health data intelligence)

Reverse Engineer your health data into
Health Data Intelligence

Re-Adjudicate, ID Payer Issues, Projects & Zero Balance $

Collect all data and CUBE it.

Charge Master & Coding

EMR Data Analysis with Strategic Development ID & Targets

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Set Client Issue Codes & Payer Adjudication Codes

- Service rates, benefits rates and recovery rates are established.
- Client recovery reports are produced.
- Client recovery process is performed in which new client rates are rebilled to payer.
- Generally, calculated client amount on identified claims should be more than what has been previously paid on ID claims.
Reverse Engineer your health data into Health Data Intelligence

Re-Adjudicate, ID Payer Issues, Projects & Zero Balance

Contract Management Triggers & Variances

Charge Master & Coding

EMR Data Analysis with Strategic Development ID & Targets

CVA Reports ID Millions in Recovered Revenue for Strategic Development. IE. ACO

Goal
All ID issues auto-checked as EDI is outbound by an ongoing Auditing, Reporting & Monitoring System. Never repeat an issue again!

www.GLOBAL-CARES.com
Global Care Delivery, Inc.
Healthcare Today

Each service works independently – you end where you began...non integrated
Value Based Healthcare Tomorrow

Community Healthcare Partner
Delivery of Quality Healthcare Controlled Healthcare Costs Healthier Members

*Items incorporated in United States Patent #7,711,577
Why it Works

• ACO is an integrated healthcare management system that organizes a fragmented, disorganized healthcare delivery system into a high quality, cost effective system driving the best possible results.

• ACO combines the skills of highly trained healthcare providers and facilities, benefit plan administration, risk management and population health professionals to provide COMPLETE healthcare effectiveness. ACO results are better simply because everyone is working on the same team!
How it Works

**Benefit Budget**
- Employers and Healthcare Providers determine health benefit budgets.
- Healthcare Providers arrange for preferred healthcare service pricing.
- Employers and Healthcare Providers share in the savings to the healthcare budget through financial performance rewards.

**Engineering and Coordination of Care**
- ACO Medical Director engineers the coordination of patients care pathways through top performing medical providers.

**Highest Quality Physicians & Hospitals Recruited**
- Highest quality physicians are identified by the ACO Medical Director and are heavily incentivized by the gain sharing due to favorable variances to the employers healthcare budget.
- High quality, Cost Effective Physicians.

**Developing a New Culture of Wellness**
- Member Health Incentive Programs.
- Healthcare Coaching
  - Ongoing Healthcare Education.
A Perspective on the New Millennium...

*Embracing the future: reaching for the reality beyond the rhetoric...*
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