Astrana Health

Rhode Island Business Group on Health

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Astrana Health – RI

10/21/2025

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Who We Are

+ 100 Provider PCP Network

+ 400 Integrated Specialist Providers

+ 85,000 Managed Care Covered Lives

75 FTE – 75% Clinical

Delegated Care Management

Delegated Utilization Management

6 Value-Based Contracts

7 Consecutive Years of Shared Savings Payments

Underwrite ALL Downside Risk for Practices

Sign-On Bonus

Astrana Health – RI Value-Based Contracts

Blue Cross RI – Medicare Advantage (Full Capitation)

Medicare Shared Savings Program ACO

Blue Cross – Commercial

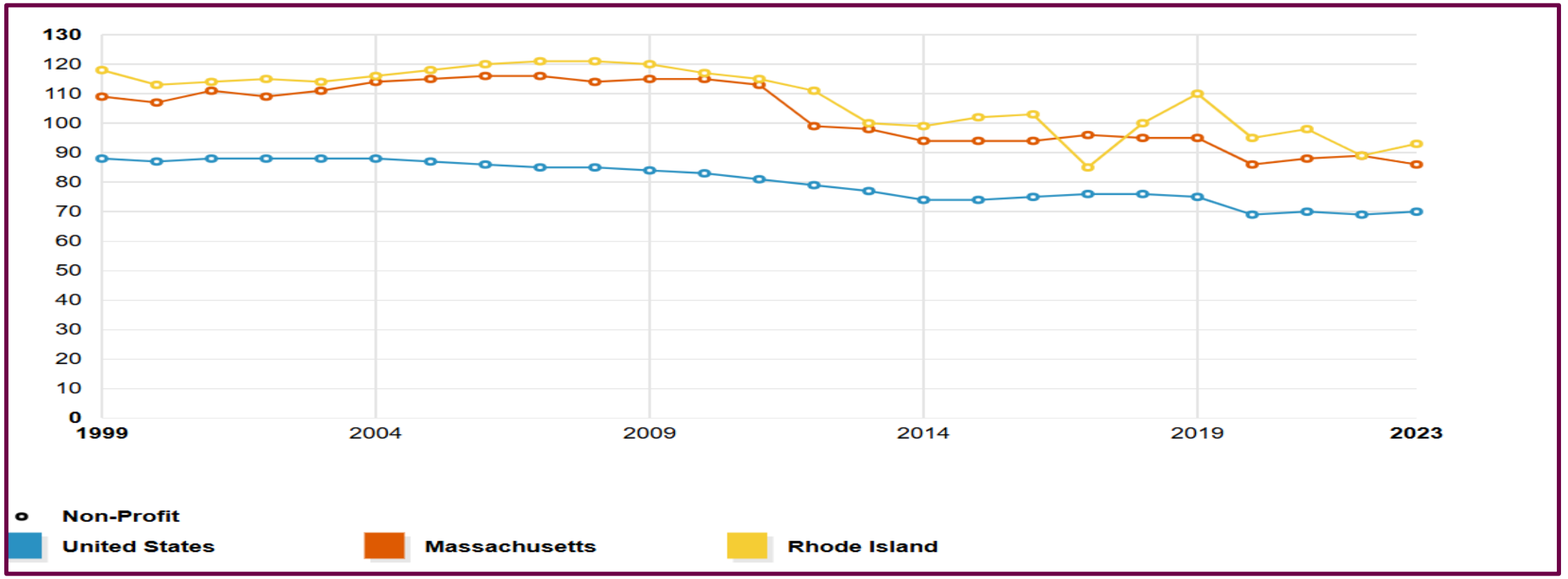
TUFTS – Medicaid

Neighborhood Health Plan – Medicaid AE

United Healthcare – Medicaid AE

In 2023, PCPs participating in all Astrana Health – RI value-based agreements earned, on average, over $100,000 in Surplus, Quality, and PCMH.

Hospital Admissions



- **Hospital Admissions are too high.**
- **RI admissions have continually trended higher than the national average.**
- **Most hospitalizations originate from the Emergency Room.**

Health Affairs, August 2025

Clinical Programs

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Clinical Care Programs

Program	Description	Notes
Transitions of Care (TOC)	**30 Day NCM-Led Telephonic Program** • Outreach within 48 hrs of discharge for med rec • 7-day f/u TOC PCP appt • Red flag pt education	
High Intensity Care Management (HICM)	**90-120 Day NCM-Led Telephonic High Touch Program for High-Risk Patients** • Outreach by care coordinators • Services from SWs & CHWs	
Care@Home (CAH)	**Longitudinal In-Home Provider -Led Program for High-Risk Patients** • Monthly visits by NP/PA/RN/SW • TOC visits by CAH Provider • On Call 24/7	**Because our clinical programs are run by our own staff, we maintain direct control over their administration.**
SNF@Home	**14-Day In-Home Program** • Led by CAH team • VNA services (RN/PT/OT/ST)	**Avg SNF Cost (Two Weeks)** **$6,300** **Avg SNF@Home Cost (Two Weeks)** **$2,300** **63% Cost Savings** **Only 1 of 12 initial patients readmitted**
PT@Home	**14-Day In-Home Program** • Led by Highbar Physical Therapy • CAH team services (NP/PA/RN/SW)	• **Avoid post-surgery rehab and SNF admissions** • **PT Starts within 48 hrs of discharge** • **Patient education and in-home evaluation prior to surgery** • **Offered in collaboration with in-network orthopedic practices**
Advanced Illness Care Coordination (AICC)	**90-120 In-Home Program** • Led by CAH RN • Review Advance Directives Activate hospice benefit earlier, as needed	

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Clinical Care Programs

Program	Description	Notes
Remote Patient Monitoring (RPM)	**Remote Monitoring** • BP • Weight • Pulse ox	
Social Work (SW)	**In-Home or Telephonic Visits** • SW to resolve SDOH needs	
Conversio COPD Program	**Medication Adherence Program** • Nebulized medications & portable inhaler (No cost to patient) • Virtual pulmonary rehab • Adherence outreach by Pharmacist, coach and RT	• **Medication adherence improved from 54% to 82%** • **Medication costs reduced 74%** • **33% reduction ED visits (all cause)** • **PMPM Medical Savings $252** • **Pharmacy Savings PPPM $177** • **Gross Savings PPPM $429 (5/15/23-4/30/25)**
Daymark Health Oncology Program	**Provider-Led Team of RNs & SWs** • Manage new cancer patients at home • Improve care coordination between oncology and primary care teams	
Elwyn Adult Behavioral Health Services	**Rapid Referral and Evaluation** • Telehealth outreach for behavioral health evaluation for needs identified during primary care office visit, care management, etc. • Patients will be referred to appropriate level of care and receive prescriptions/med management if needed	

Specialist Utilization

- We are integrated with our Specialist. Involving them in our monthly PCP POD meetings and incentivizing high quality and cost efficiency.
- Collaborating with our Dermatologist – We have developed pharmacy prescribing protocols, projected to save approximately $1M annually.
- Collaborating with our Orthopedic Surgery groups to transition patient care from hospital OP to ASC saving 4 to 6x per case, use and coordinating our PT and SNF @ Home programs.
- We are in the process of developing higher quality, more cost effective and improved communications across our provider groups, to promote retention in the network.

Direct to Employee Partnership

Cost Control – Flexibility – Data Transparency – Population Health Alignment – Potential ROI

Direct-to-Employer Partnerships

Networks work *directly* with employers to offer healthcare services under a value-based or capitated arrangement.

Opportunities for Provider Groups

1. **Direct Primary Care Networks:** Offer employer groups guaranteed access, same-day visits, and preventive care programs for a fixed PMPM fee.
2. **Bundled or Episode-Based Pricing:** Flat rates for predictable procedures (e.g., joint replacements, maternity care).
3. **Value-Based Shared Savings:** Share in savings from reduced hospitalizations and improved quality metrics.
4. **Data Integration Partnerships:** Provide analytics dashboards to employers showing quality and cost trends.
5. **Custom Employer Health Programs:** Onsite health coaching, chronic disease management, or wellness fairs.
6. **MSO (Master Service Organization)** – we will pay claims, put the network together, develop analytics, and work with your broker on plan design.

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Questions?