Convert information into action across workflows.

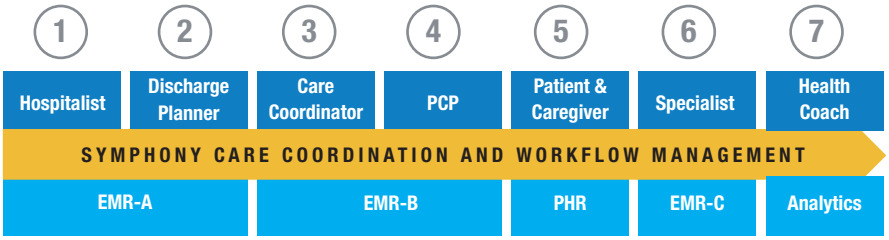
As accountable care organizations face the challenges of coordinating activities among enterprise partners and third-party infrastructure companies, it has become clear that EHRs and registries do an adequate job of making lists of "at risk patients," but fall short of closing the "last mile" for timely, efficient, and productive outreach.

Compounding the issue is "patient inertia." They are drowning in non-personalized information, receiving virtually no self-care guidance, and have minimal collaborative contact with their care team.

Symphony™ is the industry's first cloud-based workflow management and coordination platform designed specifically for today's accountable care environments. It doesn't replace EMRs, PHRs, and claims analytics engines— it makes them work harder. Symphony enables hand-off loops and patient engagement activities that are missing from conventional "siloed" approaches to care coordination.

Many Roles. Many Data Sources. One Coordination Platform.

Introducing our patient, Millie Schwartz. As she enters the hospital, her continuum of care will involve numerous members of her care team across the Accountable Care Organization (ACO). Each will use Symphony's cloud-based access to guide and document their encounter while providing action cues to downstream team members. With each step, data will be cross-pollinated between Symphony and the respective HIT system through an efficient "light" integration.



1 **Hospitalist.** Millie is admitted to the hospital for a blood clot in her leg. The Hospitalist logs into Symphony and finds Millie, which is pre-populated with her demographics, MRN and other information acquired through the EMR-A interface. The Hospitalist also has access to prior encounters documented in Symphony. He uses Symphony's dynamic checklists to capture inpatient information and current medications. Throughout her stay, the Hospitalist updates information in Symphony and, as he prescribes Coumadin, cues action items for Discharge Planning and Primary Care to follow up on appropriately.

2 **Discharge Planner.** Millie is ready to be released from hospital. The Discharge Planner uses Symphony to provide her with instructions based on the Hospitalist specific orders. The interactive checklist flags the Coumadin prescription and prompts the Planner to educate Millie and document her understanding of how the medication should be used. The flag is cleared in Symphony, which closes the item in EMR-A. The Planner also captures information about Millie's home environment, family support, and other factors that could impact her recovery.

Millie Schwartz

Patient Overview

- Millie Schwartz is a 63 year old female that has been diagnosed with a DVT blood clot in her leg.
- She is a smoker and does not maintain the healthiest diet.
- She lives alone, but has close friends and family that live close by.
- She has no history of DVT or other coronary disorders. This is a wake-up call for her.

ACO Overview

- This ACO is a joint venture among several IPAs and the community hospital.
- Each IPA and the hospital utilize different EMRs within their workflows
- ACO workflows include hospitalists, care coordinators, nurse practitioners, primary care physicians, and specialists
- The ACO contracts with an analyitics company, along with a health coaching and shared decision making call center
- A third-party administrator manages claims

USE CASE: CARE CONTINUUM

CONTINUED

Symphony

Cloud-based
Care Coordination &
Workflow Management

3 **PCP Care Coordinator.** Millie receives a call from her Primary Care Physician's office. Symphony has placed Millie on the Care Coordinator's to-do list for her 48-hour post-discharge follow up. Her patient information is linked to EMR-B used by the practice. The Coordinator sees in Symphony that the Discharge Planner noted a potential issue for Millie to climb her front stairs and checks that she is not having any trouble. The Coordinator does uncover that Millie is "not used to taking her Coumadin" and sets an Alert for her PCP while scheduling a follow-up office visit for her.

4 **PCP Nurse Practitioner.** The PCP receives the Alert about Millie's Coumadin concern and has his Nurse Practitioner call Millie to review the medication instructions. The NP also moves up her office visit based on Millie's feeling a bit overwhelmed by the recovery process. The Alert is check as "completed" in Symphony and the accelerated follow-up visit is noted.

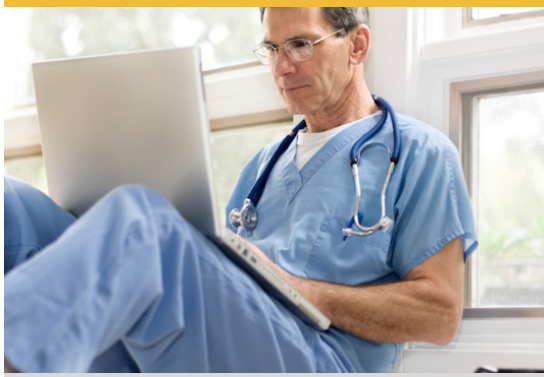
5 **Millie's Self-Care.** After her PCP visit, Millie uses Symphony's patient access feature through her Personal Health Record to review her treatment instructions and complete the to-do checklist. She indicates she is taking her Coumadin as directed, avoiding foods that cause negative drug interactions. She also notes that she is getting her blood evaluated regularly. If she had indicated on the checklist that she was not complying with the PCP's orders, a flag would be set for a follow-up call and placed in the Care Coordinator action cue.

6 **Specialist.** Following the instructions from her PCP, Millie was watchful for signs of DVT reoccurrence and called the Care Coordinator with concern. Using the Symphony checklist that screens for symptoms requiring Specialist care, the Coordinator schedules an appointment with her Cardiologist and an Alert is sent to the Cardiologist. At the appointment, the Cardiologist clears the Alert in Symphony and Millie's record is automatically updated in EMR-C used by the Specialty Practice. The PCP's office is automatically notified, closing the loop. While there was no cause for concern, Millie was commended for her self-care precautions.

7 **Health Coach.** The third-party health coaching partner for the ACO uses an analytics system that takes data feeds from both the claims system and Symphony. Based on her responses to the Discharge Planner and Care Coordinator using Symphony, Millie has been identified for a health coaching intervention. She is working with the health coach to quit smoking and developing an exercise routine. The Coach uses a Symphony checklist to note enrollment, progress, and Millie's overall attitude about her condition. This information is available for the entire care team to collaborate with Millie in managing her health and reinforce the benefits of her healthier choices.

Intended Results. No silos. No sand between the cracks. Symphony eliminates obstacles for executing truly coordinate care. From her inpatient admission, through PCP and Specialist follow-ups, to her Health Coaching program, she is engaged with her care team and they all share a common view of her progress and ongoing opportunities for improved outcomes.

Synchronizing Accountable Care



Support Every Workflow. Engage Every Patient.

Symphony enable you to affordably scale population management programs for your ACO

- Guide care by generating dynamic checklists
- Capture patient-centric information otherwise difficult to collect
- Apply a "light touch" across an entire population through efficient annual wellness outreach
- Target support for high-cost/high-risk opportunities
- Empower users quickly through an easily-trained and intuitive interface
- Message among the care team and the patient with structured, actionable data
- Optimize workflows through hand-off loop closures, documentation and continuous process improvement

For more information please contact us: (415) 946-4007 or info@performanceclnical.com
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