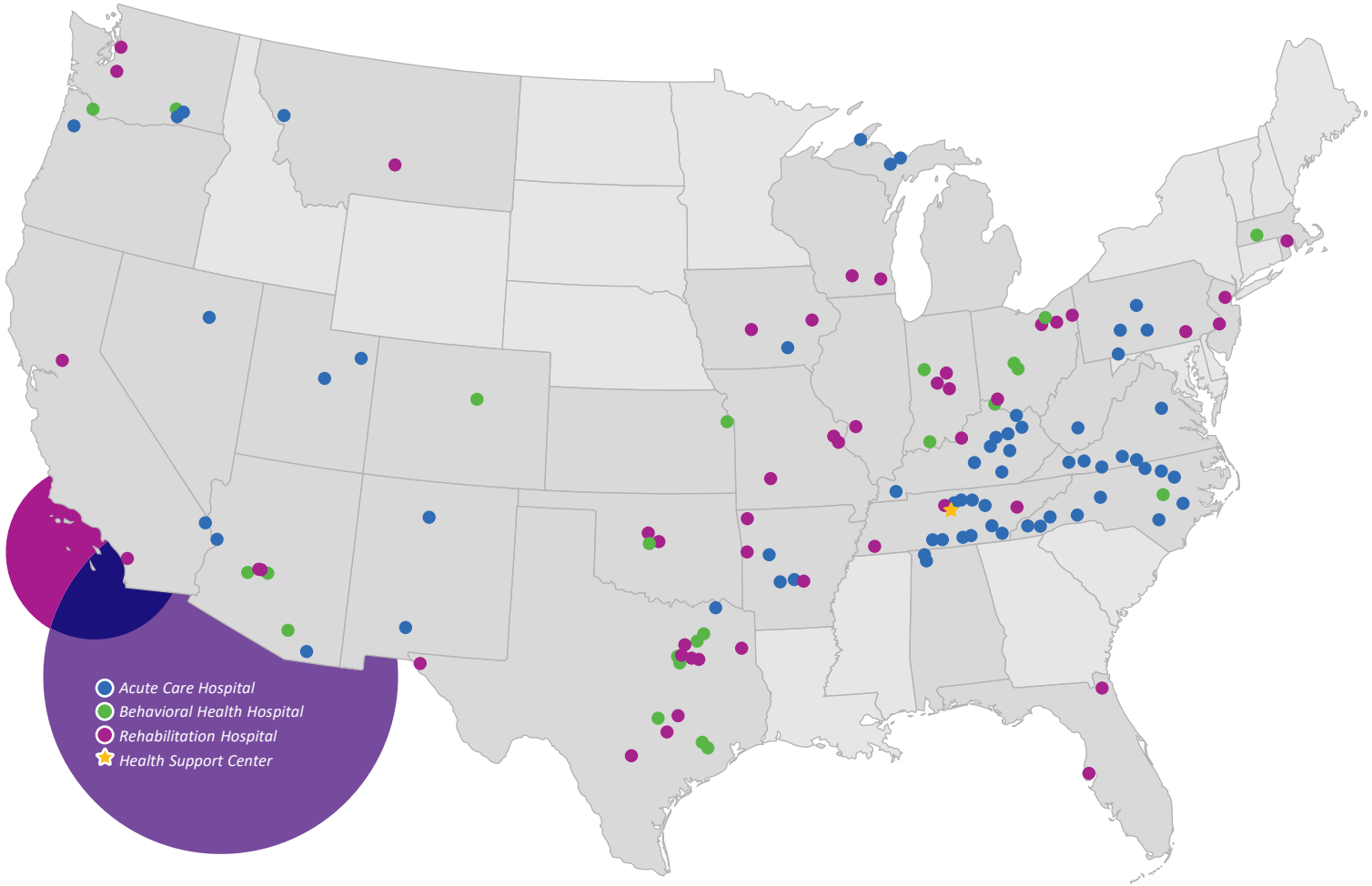
AdvantagePoint Health Alliance

Using AI for Clinical Workflows

Lifepoint Health

Lifepoint Health by the Numbers



Nearly 55,000	employees
2,000	employed providers
31	states
60	community hospital campuses
46	rehabilitation hospitals
24	behavioral health hospitals
300+	managed acute rehabilitation units, outpatient centers, post-acute care facilities and other sites of care

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AdvantagePoint Health Alliance Overview

40+ Hospitals | 2,300+ Providers Participating in CIN/ACO

Northwest
- 10+ primary care or specialty independent practices
- 4 non-LifePoint hospitals and employed practices
- 3 LifePoint hospitals and employed practices (excluding Castleview and Ashley Valley)

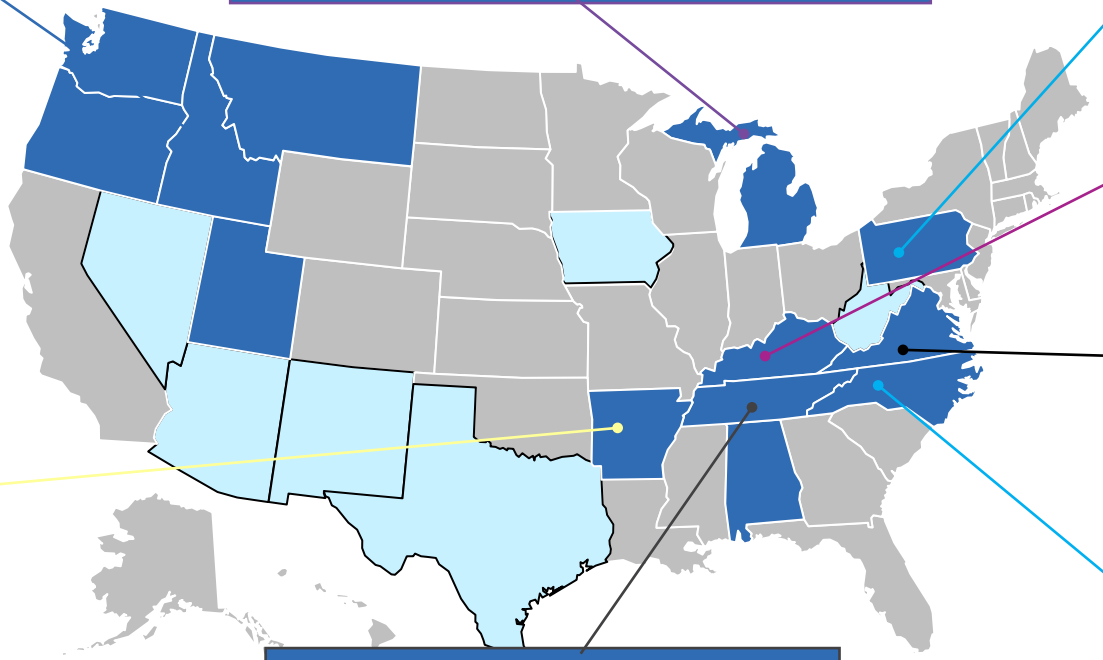
Great Lakes
- 25+ independent provider groups | 1 independent FQHC
- 2 non-LifePoint hospitals and employed practices
- 3 LifePoint hospitals and employed physician groups

Laurel Highlands
- 25+ independent provider groups
- 4 LifePoint hospitals and employed practices (Conemaugh)

Commonwealth
- 2 independent practices (primary care & nephrology)
- 9 LifePoint hospitals and employed practices
- Included Scion facilities until 2025

Blue Ridge
- 15+ independent provider groups
- 1 independent FQHC
- 6 LifePoint hospitals and employed practices

Hot Springs
- 3 primary care or oncology independent practices
- 3 LifePoint hospitals and employed practices



Tennessee Valley
- 2 independent practices (primary care & nephrology)
- 7 LifePoint hospitals and employed practices

Western North Carolina
- 2 independent specialty provider groups
- 5 LifePoint hospitals and employed practices
- Now includes entire state, **including Central Carolina, Maria Parham, Person, and Wilson** who had previously participated with Duke

Current Markets

Potential future expansion

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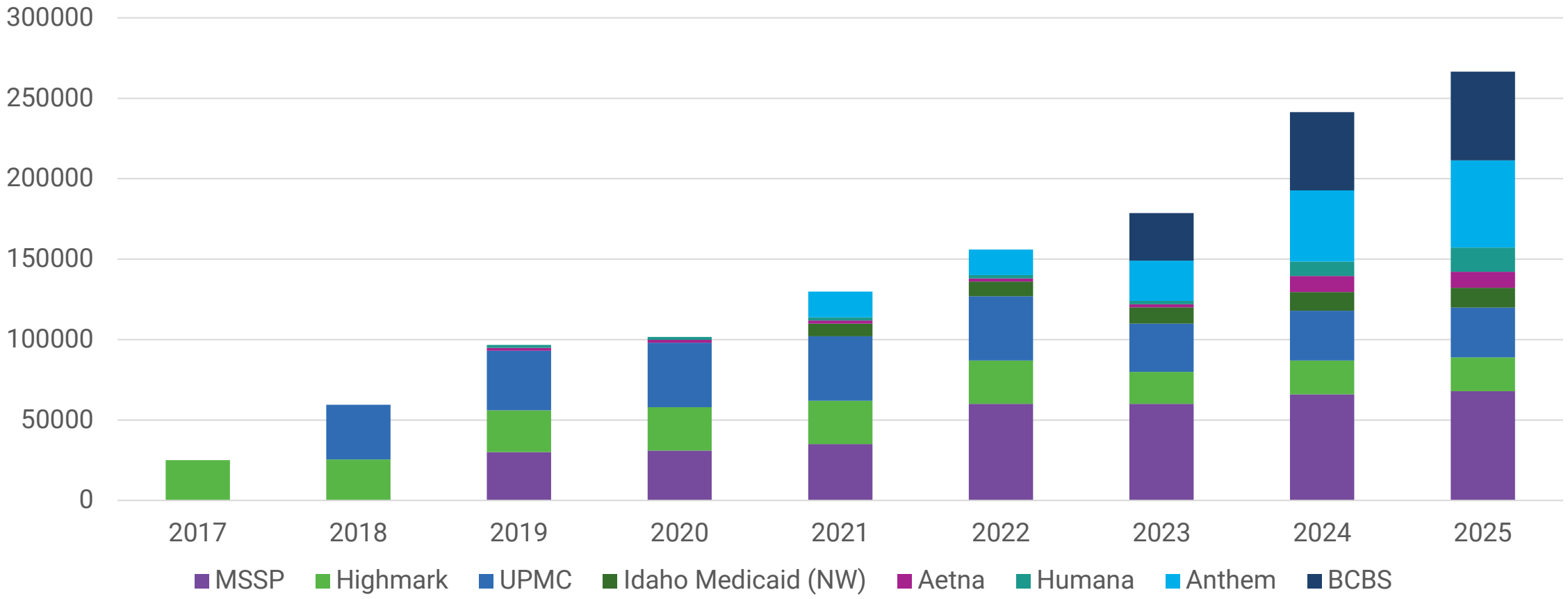
Lives under management by contract– 2017 to present



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AdvantagePoint's Use of AI

Ambulatory CDI

CDI platform to surface suspects/adds/deletes to CDI Specialists

Uses NLP to find supporting clinical indicators in EHR chart

Uses AI logic to combine historical claims data with unstructured clinical data to produce a more accurate representation of the patient's condition and risk profile

Care Navigator Risk Stratification

Care Navigators are responsible for many patients (2:7,000-12,000)

Care Management module in our Population Health tool – CareSpace (Persivia)

AI logic prioritizes patients with risk stratification to allow CN to focus on high priority patients

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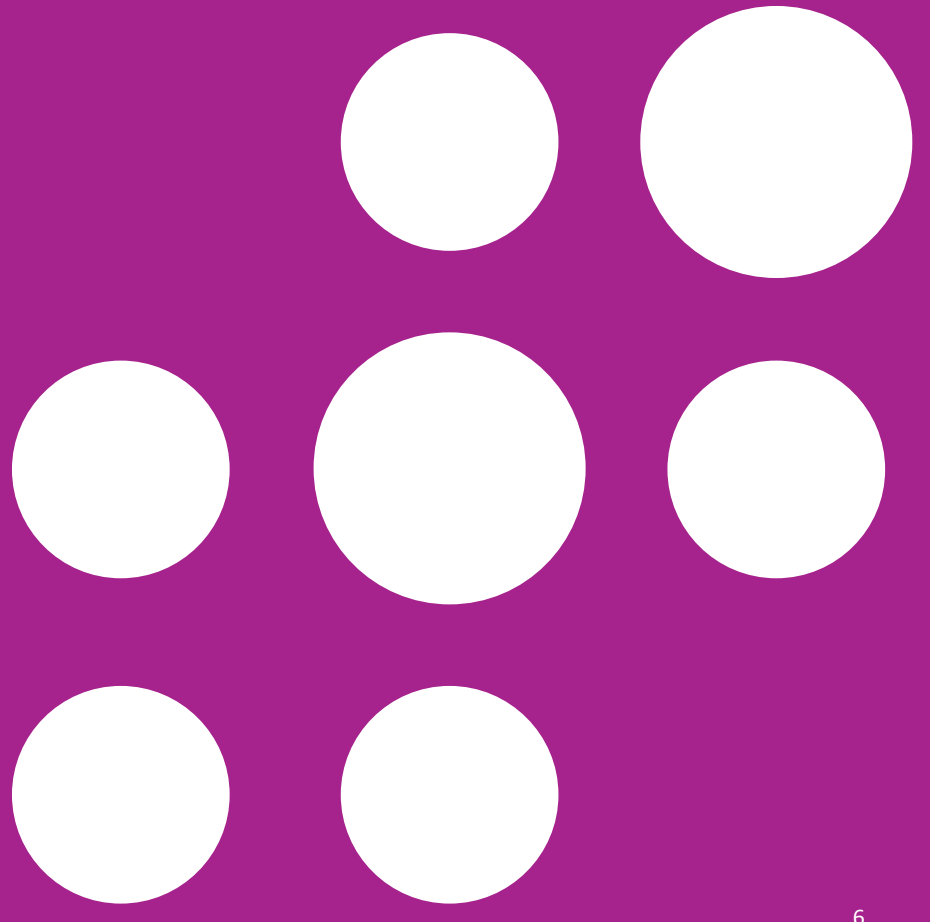
Clinical Documentation Improvement



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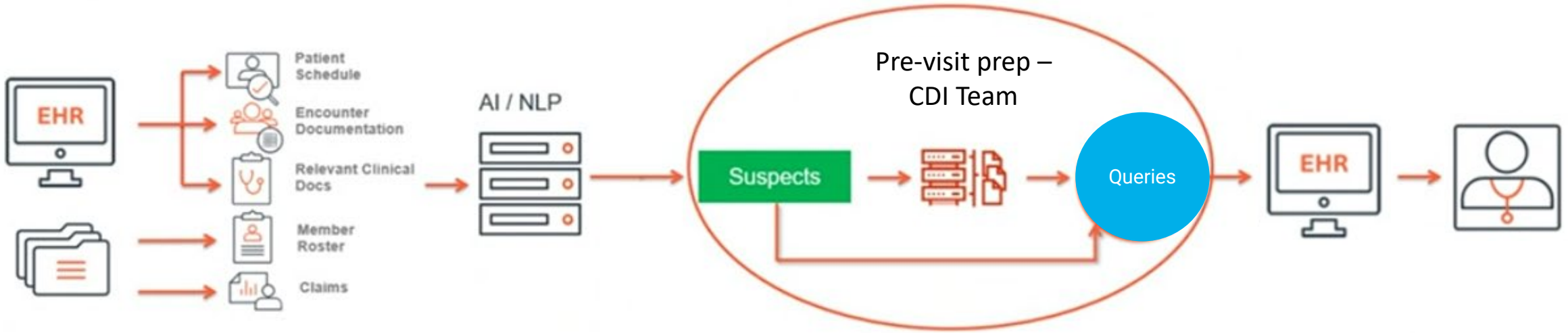
CDI Pre-encounter workflow with AI/NLP



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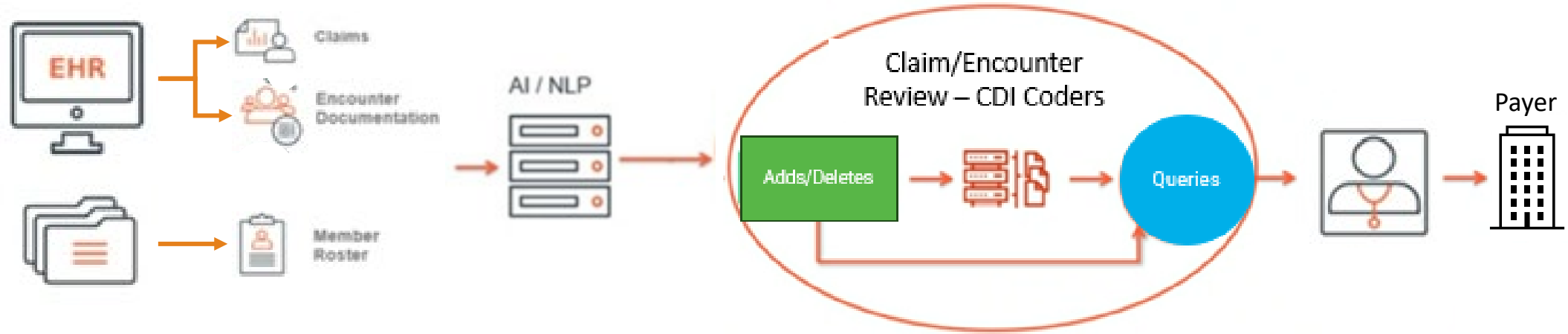
CDI Post-encounter workflow with AI/NLP



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Care Navigation

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Persivia CareSpace CMR

In the Consolidated Medical Record (CMR) CareSpace uses AI to support clinical programs to prioritize patients for the care navigation team

- Risk Stratification
- AWV specific to Medicare, MA, and Medicaid
- ESRD – New to Dialysis
- Frequent Flyer
- Quality Measures (HEDIS)

AI also analyzes the patient's full CMR to identify any potential clinical alerts or gaps in care

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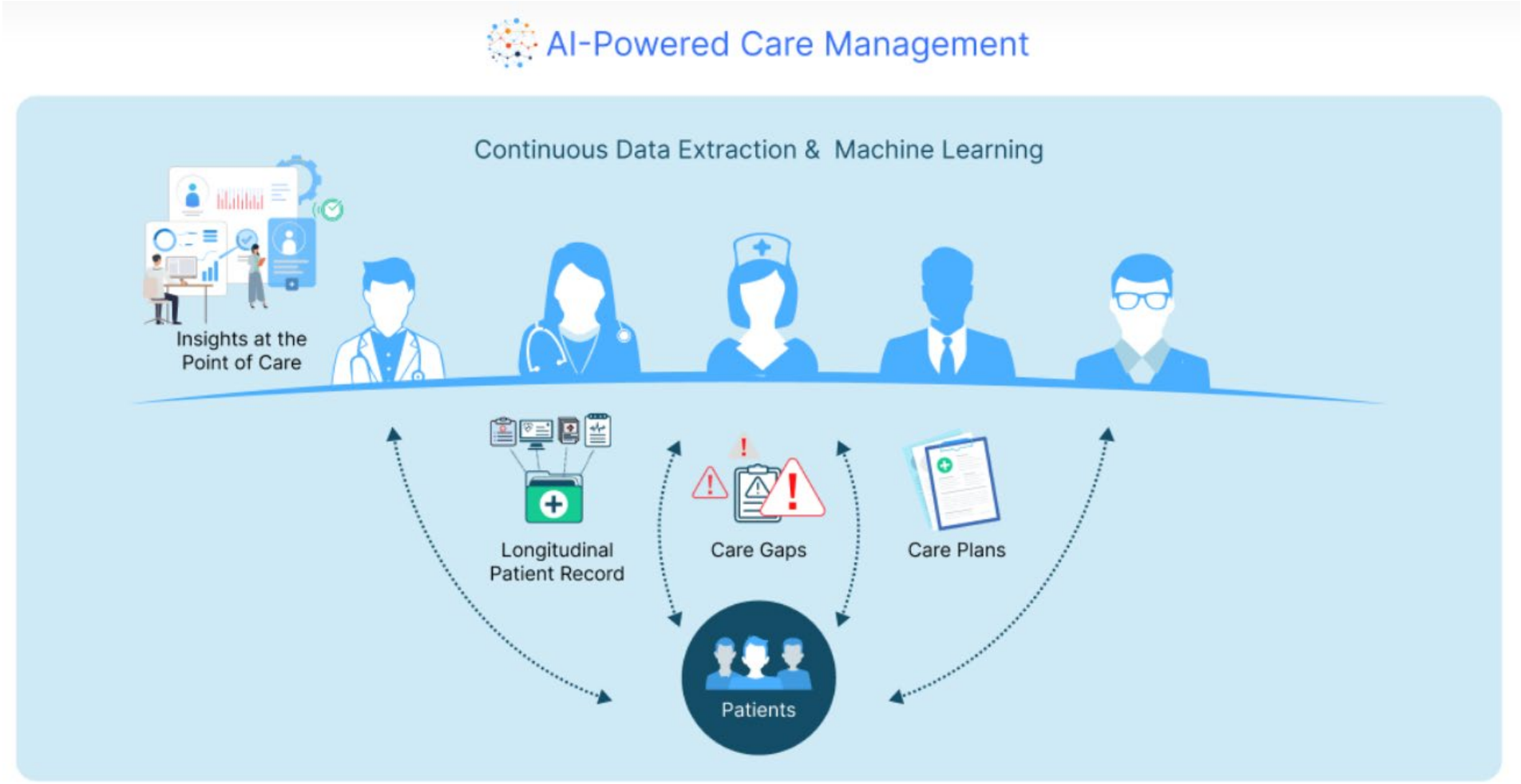
Care Management Platform - CMR



Credit: Persivia

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Questions?

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Persivia

Personalized Care for All

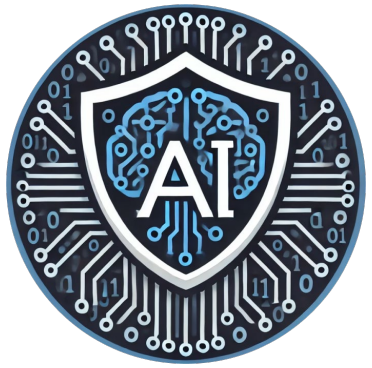
How AI Enhances Clinical Workflows

Shardul Mehta, M.D.

Clinical Solutions Architect, Persivia

The Challenge

Clinical & Operational Challenges



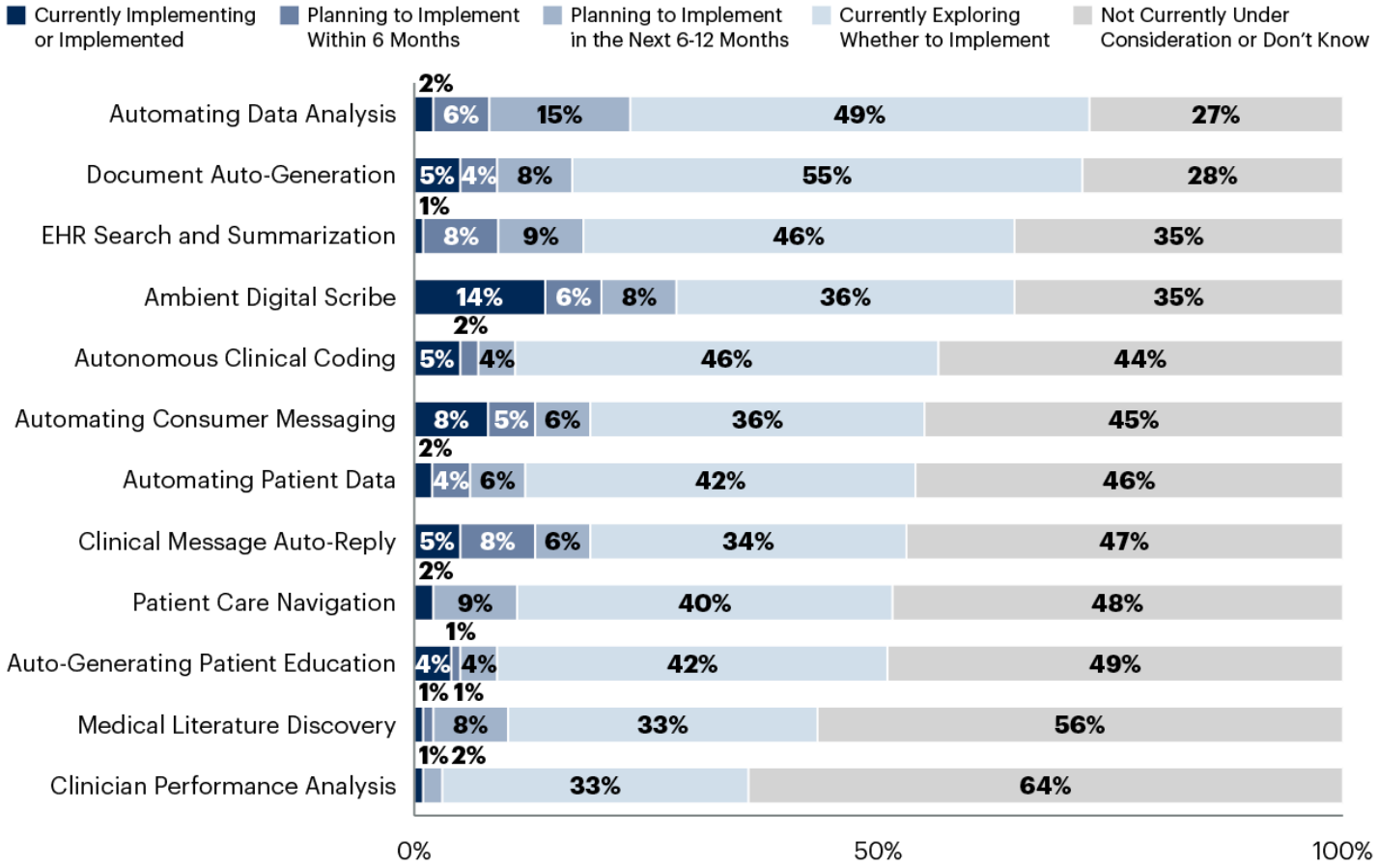
Transparency & Safety in AI Solutions

Data Woes

LLM Adoption Statistics

LLM Use Cases and Timeframes

Percentage of Healthcare Provider Executives



n = 85

Q. What large language model (LLM) use case categories are you considering, and in what timeframe?

Source: 2023 Gartner Healthcare Provider Research Panel Survey

799723_C

How AI will Impact Healthcare

Predictions by Industry Analysts

- By 2027, the average daily **amount of data collected from inpatient rooms will exceed that of the average ICU bed today.**

- By 2027, clinicians will have **reduced the time spent on clinical documentation tasks by 50% through GenAI** technologies integrated into the EHR, improving clinician and patient experience.

- By 2027, **60% of healthcare provider AI-enabled workflow automation will mitigate staffing shortages and clinician burnout,** rather than focusing solely on patient engagement.

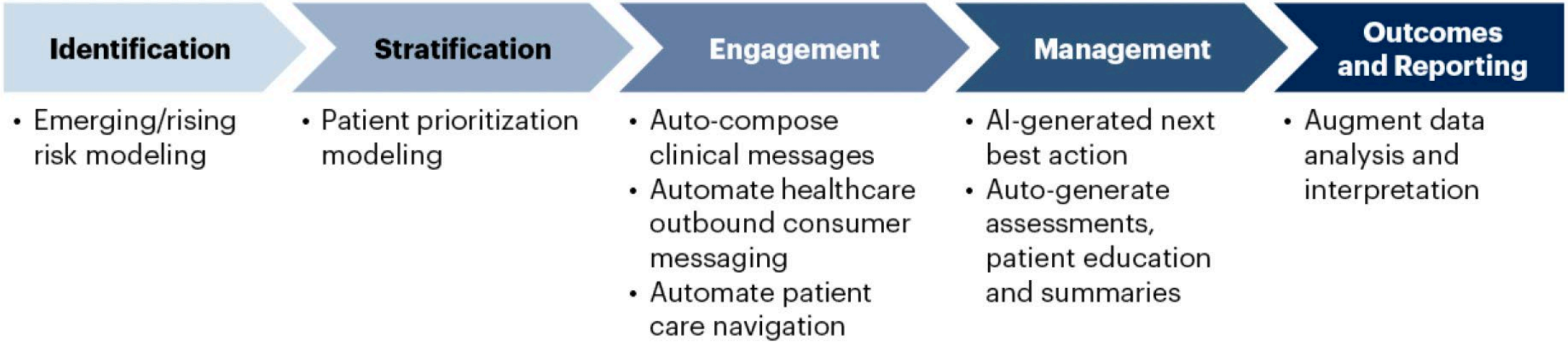
Enter Persivia – The AI-first Company

Started Off as a Clinical Decision Support (now AI) in 2005 and evolved into an

AI-driven **Digital Health Platform – CareSpace®**

The problems we help solve!

How Persivia Uses AI Technologies across the entire care continuum



Preparing the Enterprise for AI in the Clinical Workflow

February 2025

MultiCare

Barriers to Adoption of AI in Healthcare

Regulatory Challenges: Navigating the complex regulatory landscape is a significant hurdle. Ensuring AI systems comply with healthcare regulations and standards can be time-consuming and costly[1].

Data Quality and Bias: High-quality, representative datasets are crucial for AI accuracy. However, healthcare data often suffers from inconsistencies and biases, which can affect the performance of AI models[2].

Integration with Existing Systems: Integrating AI solutions with existing healthcare IT infrastructure can be challenging. Many healthcare systems are not designed to support advanced AI technologies[1].

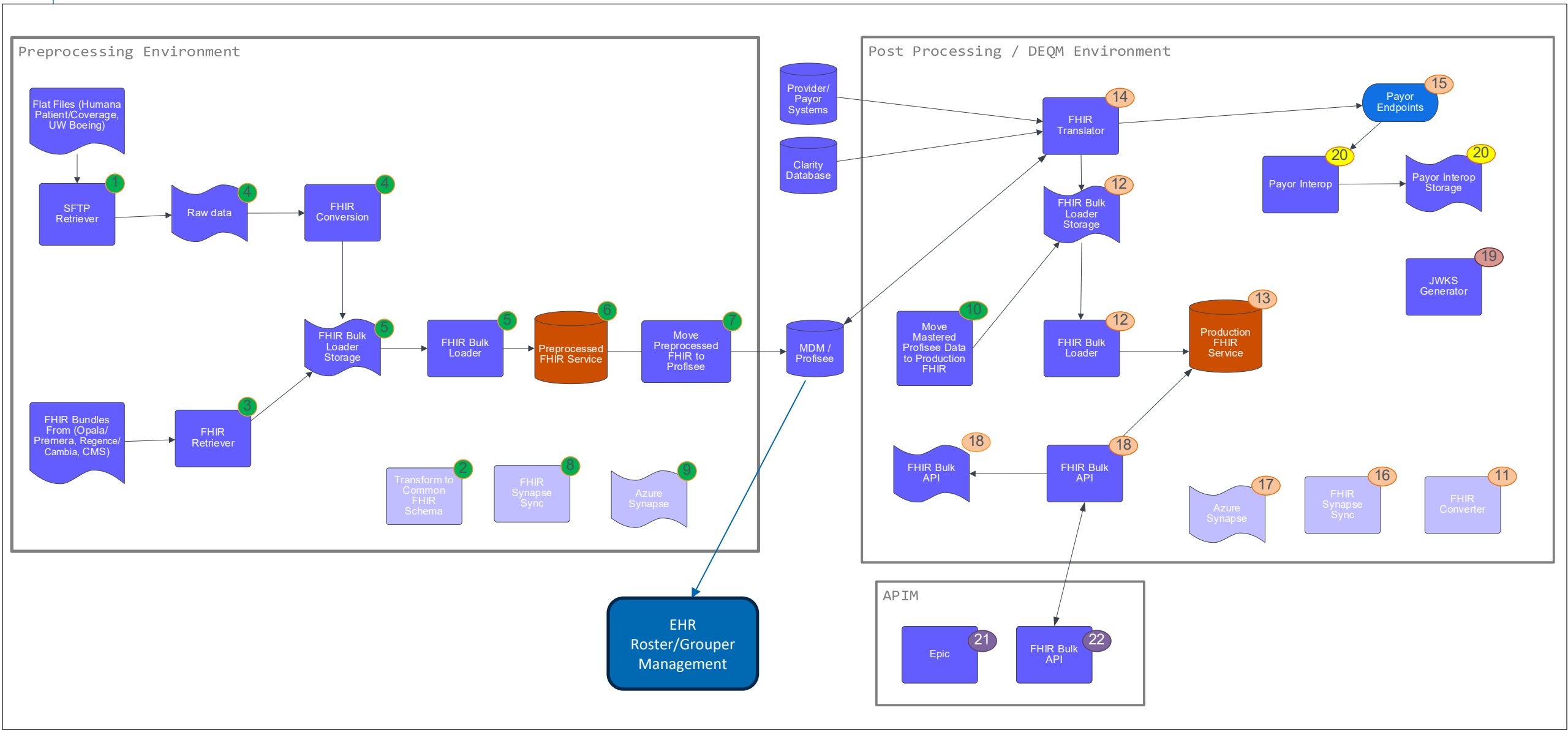
Clinical Relevance: Ensuring that AI tools are clinically relevant and provide actionable insights is essential. There is often skepticism among healthcare professionals about the practical utility of AI[1].

Cost and Investment: The initial cost of implementing AI technologies can be high. Additionally, ongoing maintenance and updates require continuous investment[1].

Ethical and Privacy Concerns: Protecting patient privacy and ensuring ethical use of AI in healthcare are paramount. There are concerns about data security and the potential misuse of AI[1].

How to Prepare for AI

- **Invest in Education and Training**: Equip healthcare professionals with the necessary skills to understand and work with AI technologies. This includes offering courses, workshops, and continuous learning opportunities focused on AI and data science.
- **Develop Robust Data Governance Policies**: Establish clear guidelines for data privacy, security, and ethical use. This ensures that patient data is handled responsibly and that AI systems are transparent and accountable.
- **Foster Interdisciplinary Collaboration**: Encourage collaboration between healthcare providers, data scientists, and AI developers. This helps in creating AI solutions that are practical, effective, and aligned with clinical needs.
- **Pilot AI Projects**: Start with small-scale pilot projects to test and refine AI applications. This allows for the identification of potential issues and the gathering of valuable insights before broader implementation.
- **Engage Stakeholders**: Involve patients, healthcare providers, and policymakers in discussions about AI adoption. Their input can help address concerns, build trust, and ensure that AI solutions meet the needs of all stakeholders.
- **Promote Ethical AI Development**: Focus on developing AI systems that are fair, unbiased, and transparent. This includes conducting regular audits and assessments to ensure ethical standards are maintained.
- **Invest in Infrastructure**: Ensure that healthcare facilities have the necessary technological infrastructure to support AI applications. This includes high-speed internet, advanced computing resources, and secure data storage solutions.
- **Stay Informed**: Keep up with the latest advancements in AI and healthcare. This helps in understanding emerging trends, potential benefits, and challenges, allowing for better preparation and adaptation.


Preprocessing Environment
Flat Files (Humana Patient/Coverage, UW Boeing)
SFTP Retriever
1
Raw data
4
FHIR Conversion
4
FHIR Bulk Loader Storage
5
FHIR Bulk Loader
5
Preprocessed FHIR Service
6
Move Preprocessed FHIR to Profisee
7
FHIR Bundles From (Opala/ Premera, Regence/ Cambia, CMS)
FHIR Retriever
3
Transform to Common FHIR Schema
2
FHIR Synapse Sync
8
Azure Synapse
9
Provider/ Payor Systems
Clarity Database
MDM / Profisee
Post Processing / DEQM Environment
FHIR Translator
14
Payor Endpoints
15
Payor Interop
20
Payor Interop Storage
20
FHIR Bulk Loader Storage
12
JWKS Generator
19
Move Mastered Profisee Data to Production FHIR
10
FHIR Bulk Loader
12
Production FHIR Service
13
FHIR Bulk API
18
FHIR Bulk API
18
Azure Synapse
17
FHIR Synapse Sync
16
FHIR Converter
11
EHR Roster/Grouper Management
APIM
Epic
21
FHIR Bulk API
22

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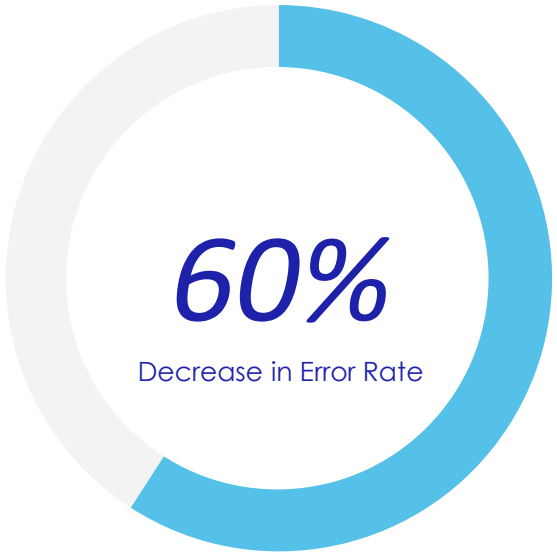
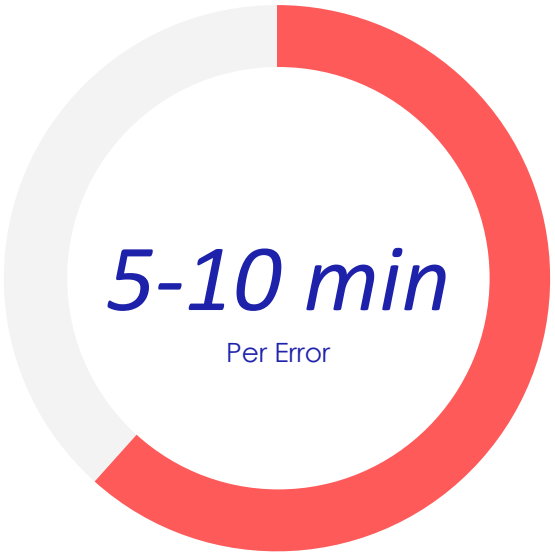
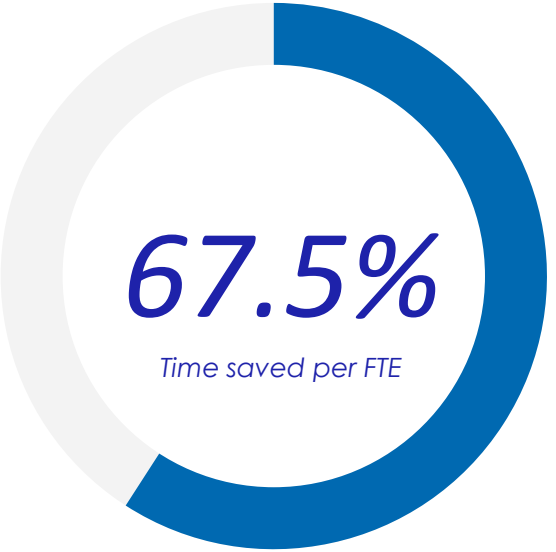
Measuring the Value – Risked Based Membership (ATR)



Decrease in Patient Matching Error Rates



Burden reduction from processing matching errors



Efficiency gains to be redirected to other activities

Veteran’s Interoperability Pledge

- Checking the status of veteran’s at the point of care
- https://www.healthcareitnews.com/news/epic-and-oracle-health-sign-veteran-interoperability-pledge
- More to come

VA | U.S. Department of Veterans Affairs

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Ambient Clinical Notes

Dr. Chris Kelly
Dr. Michael Han

- 13% reduction in time in notes. Corresponding increase in chart review and orders.
- Providers are spending 1.1 minutes more with patients.
- Providers are getting extra time back because of the AI.

Open Discussion

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