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Aspire Health

- ❑ **Founded in 2013**
- ❑ **Non-hospice palliative care**
- ❑ **Nation's largest advanced illness care provider**
 - Currently serve 26,032 patients
 - Have served more than 150,000 patients over the last 6 years
 - Have provided over 899,546 home visits
 - Have provided over 125,010 social work calls or visits
 - Have answered over 254,319 after-hours support calls from patients and/or families
 - Have provided over 73,149 urgent home visits, helping patients avoid the hospital

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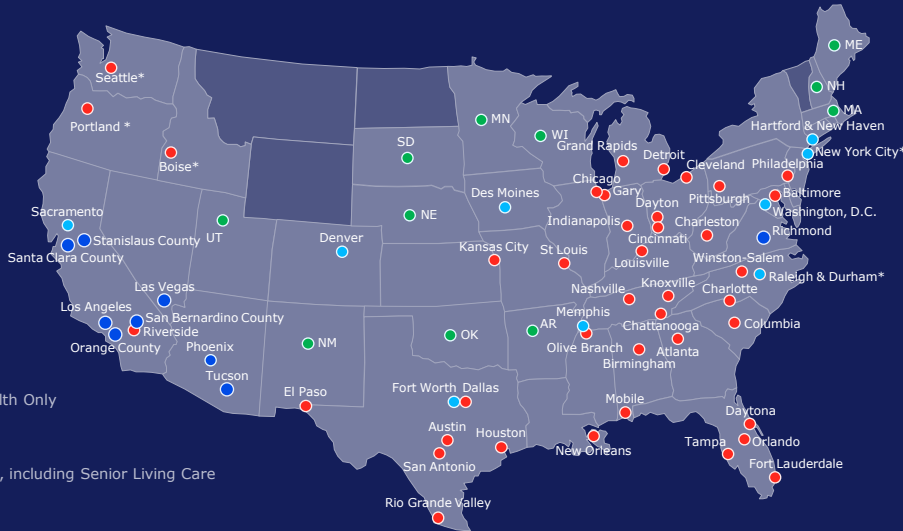
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CareMore Health and Aspire Health

CARING FOR MEDICALLY COMPLEX PATIENTS ACROSS THE NATION

Serving more than **105,000 patients** in partnership with the nation's largest health plans in **40+ states and the District of Columbia**



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Our Partners in Improving Care Delivery



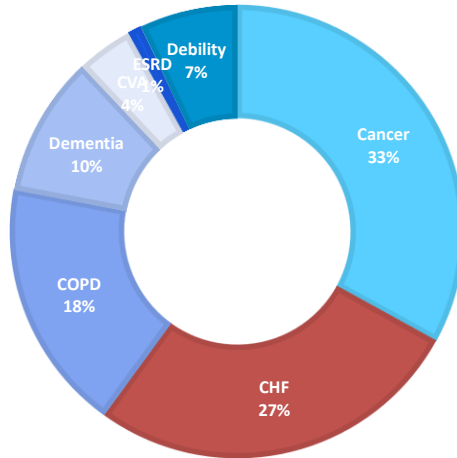
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Home-Based Program: Common Primary Diagnoses



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Executive Summary

- 1** | **What problem does Aspire solve?** >
 - Provides patient-centered and coordinated interdisciplinary care to support patients with advanced potentially life-limiting disease and their families. Prevents fragmentation of care and ensures care is aligned with patient's goals.
- 2** | How do we succeed? >
- 3** | How do we deliver care? >
- 4** | How are we doing? >
- 5** | Adapting during COVID-19 pandemic >

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MEET
MARY



Mary is an 82-year-old woman with Stage IV breast cancer, depression, hypertension, pain, weight loss/anorexia, fatigue, and anxiety.

- 3 ED visits and 2 Hospitalizations in the past 12 months
- Moved in with her daughter about 6 months ago following a notable decline in her ability to manage her own care

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MEET
MARY



• The Aspire APP meets Mary and her daughter during an initial in-home visit

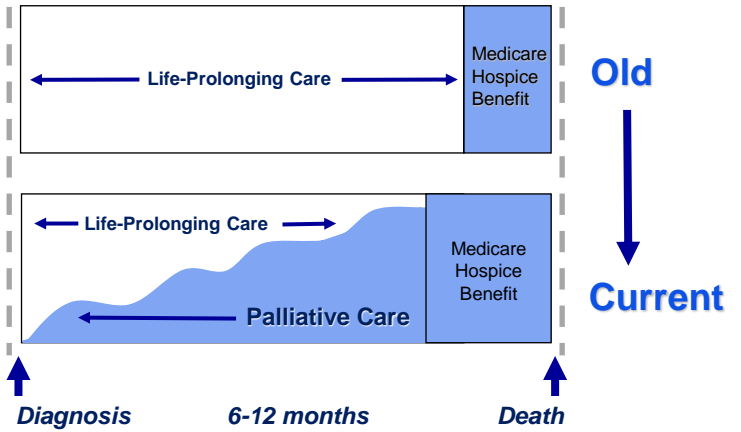
- Comprehensive assessment
- GOC conversations
- Symptom management
- Disease education
- Individualized plan of care
- Initiate advance care planning
- Assess prognosis

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Palliative Care

A Medical Specialty



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Prognostication| Importance



- Key skill in palliative care
- We are often the first one to discuss prognosis
- Essential to our support of patients, their families and our colleagues
- Healthcare system not set up to foster optimal exploration of prognosis
- Episodic
- Crisis focused versus pro-active
- Time constraints

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Prognostication| Challenges

Based on multiple studies:

- Substantial optimistic bias in the prognoses that physicians formulate for their terminally ill cancer patients
- Optimistic bias in the prognoses physicians disclose to the patients



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Potentially Missed Closure Opportunities

Spiritual Closure

Financial Planning

- For those they will leave behind
- Legacy Giving
- End of Life Planning/ Setting up DPOA

Psychosocial Tasks

- Honoring Important Relationships
- Reconnecting with friends/relatives
- Seeking/giving forgiveness

Autonomy

- Informed decisions
- Last days not spent as they would have chosen

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The Last Year of Life

Ideal

- Physical Comfort
- Spiritual Peace
- Intimacy with Family and Friends
- Love
- Meaning
- Closure

Reality

- Doctors
- Hospitals
- Emergency Rooms
- Chemotherapy
- Blood draws
- Nursing Homes
- Intensive Care Units

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MEET MARY



Mary is an 82-year-old woman with Stage IV breast cancer, depression, hypertension, pain, weight loss/anorexia, fatigue, and anxiety.

- 3 ED visits and 2 Hospitalizations in the past 12 months
- APP initiates in person visits every 2 weeks
- APP **collaborates** care with Mary's Oncologist
- Mary wishes to prevent hospitalizations and asks for assistance with ACP
- APP engages the **IDT** to optimally support Mary and her family

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Executive Summary

- 1 | What problem does it solve? > • Provides patient-centered and coordinated interdisciplinary care to support patients with advanced potentially life-limiting disease and their families. Prevents fragmentation of care and ensures care is aligned with patient’s goals
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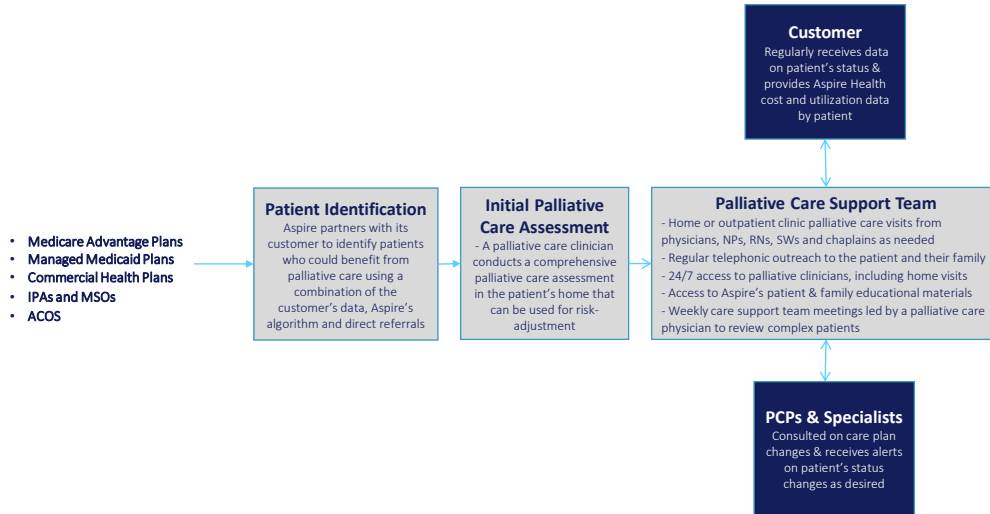
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Aspire’s Philosophy



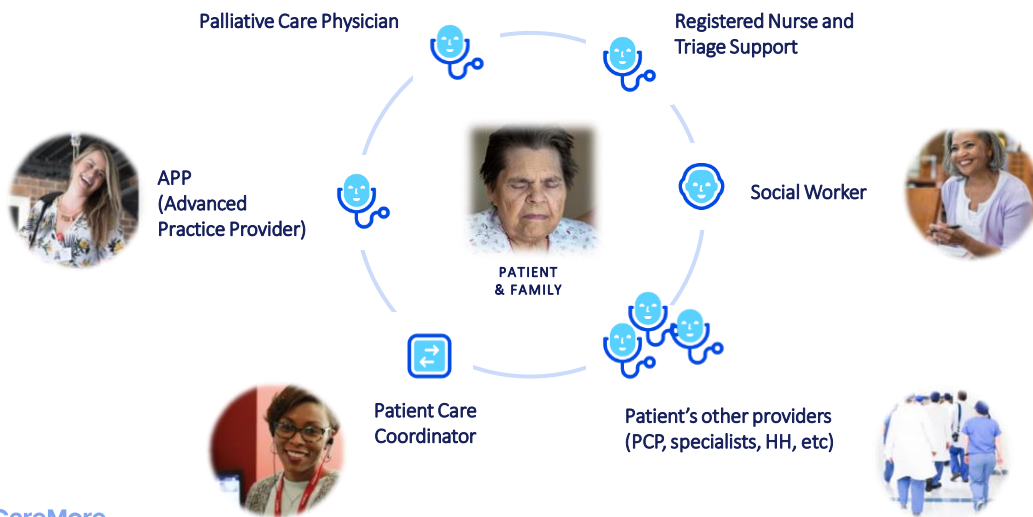
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Aspire Palliative Care



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Aspire's Care Model



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MEET MARY



Mary is an 82-year-old woman with Stage IV breast cancer, depression, hypertension, pain, weight loss/anorexia, fatigue, and anxiety.

- After 7 months of care, Mary's daughter calls into **Aspire 24/7 triage** to report uncontrolled pain and altered mental status
- Triggers an urgent APP visit
- The Aspire APP notifies Oncologist of the changes, adjusts Mary's analgesic regimen, addressed delirium, **introduces hospice**, discusses the patient's goals with her family and writes an order for hospice

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Executive Summary

- 1 | What problem does it solve? > • Provides patient-centered and coordinated interdisciplinary care to support patients with advanced potentially life-limiting disease and their families. Prevents fragmentation of care and ensures care is aligned with patient's goals
- 2 | How do we succeed? > • Focus on patient/proxy understanding of current disease state and expected progression, anticipate and treat symptoms, and establish advance care plans that reflect patient's health care goals to minimize unnecessary hospitalizations and encourage the appropriate level of care.
- 3 | How do we deliver care? >
- 4 | How are we doing? >
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Executive Summary

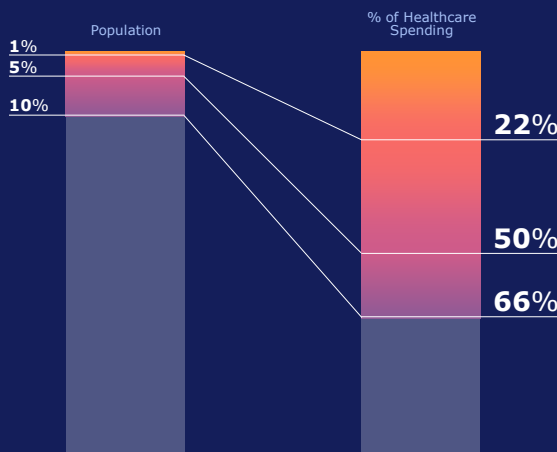
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- 2** | How do we succeed? >
 - Focus on patient/proxy understanding of current disease state and expected progression, anticipate and treat symptoms, and establish advance care plans that reflect patient's health care goals to minimize unnecessary hospitalizations and encourage the appropriate level of care.
- 3** | How do we deliver care? >
 - Conduct in-person visits in the patient's home, encouraging engagement of key decision-makers.
- 4** | How are we doing? >
 -
- 5** | Adapting during COVID-19 pandemic >
 -



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Bending the Cost Curve

OUR VULNERABLE PATIENTS NEED A DIFFERENT APPROACH



SOURCE
 Kaiser Family Foundation analysis of Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services



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Aspire's Philosophy



Build a clear understanding of palliative care as a separate service from hospice



Develop deep working relationships with PCPs and specialists



Provide co-management, interdisciplinary palliative care clinical services 24/7 across settings



Utilize robust data collection, tracking and sharing processes

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Data Collection and Sharing



- Proprietary EMR with **palliative care specific assessments** and workflows
- **E-prescribe** capability
- Supports co-management with brief **patient summary reports** that are automatically sent to a patient's primary physician (see left)
- EMR can also produce **customized reports for health plans**
- EMR allows Aspire to track palliative care specific **outcomes data**

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Aspire Palliative Care

Care that brings dignity back to patients' end-of-life health journey

1

Our data analytics identify which patients can benefit from our services

2

We foster strong partnerships with primary care physicians and specialists to co-manage patients

3

Our proprietary EMR and leading analytics engine support care delivery

Sites of Service



Patient's home



Telephonic



Independent and assisted living facilities

Non-Hospice Palliative Care

- HOME BASED
- TELEHEALTH SERVICES
- SYMPTOM MANAGEMENT
- ACUTE Avoid hospitalization and ER visits
- END-OF-LIFE Maintain the comfort of in-home care



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Best Practice in "Leveraging Telehealth To Support Aging Americans" in Coalition to Transform Advanced Care-AHIP Collaboration report [LINK](#)



Innovative Care Model for Advanced Illness Management [LINK](#)



Aspire Highlighted as Leading Example of Innovative, Home-Based Care [LINK](#)



A New Model of Community Care [LINK](#)



Aspire Health Ranked 5th Fastest Growing Private Company in Tennessee. [LINK](#)



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