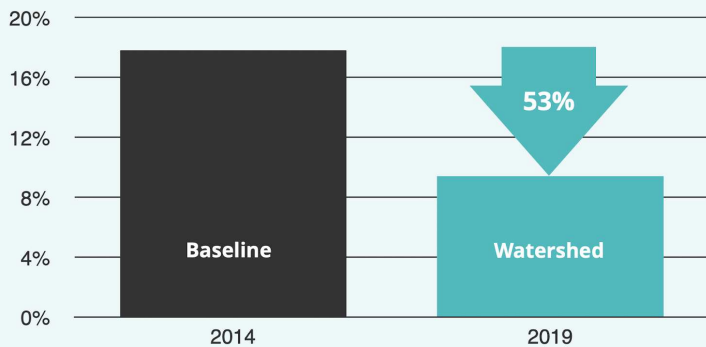# WatershedHealth

The post-acute platform that connects the entire care team to reduce readmissions and optimize post-acute networks

The Challenge

The U.S. healthcare system wastes billions of dollars on avoidable readmissions. While penalties and incentives have been enacted to improve post-acute outcomes, almost no progress has been made – **83% of hospitals will pay readmission penalties this year.** This is because past attempts have focused on hospitals, which have very little control over patients once they enter post-acute environments. In addition, industry-standard, claims-based post-acute quality metrics are 12+ months outdated, self-reported, and do not correlate with outcomes. **Watershed helps health systems create high-performing post-acute networks with confidence based on real-time metrics that are proven to correlate with outcomes.**

Real Results

In a recent 5-year, 5-hospital deployment, Watershed reached a >50% reduction in 30-day hospital readmissions.

53%

Baseline — 2014

Watershed — 2019

A 100-bed hospital could expect an estimated 5x ROI (~$800K savings) in Year 1 alone.

Source: Watershed internal data. 5 hospitals and 19,399 hospital discharges adjudicated for 30-day readmission. Payer mix: Medicare (76.2%), Medicare Advantage (13.1%), Medicaid (2.1%), Commercial (3.2%), Uninsured (5.4%)

The Watershed Difference

Watershed is the first post-acute platform that supports closed loop referrals and fosters continuous improvement for post-acute and social determinants of health (SDOH) providers.

- Post-acute and SDOH partners are chosen based on transparent, real-time performance metrics that correlate with outcomes

- Post-acute and SDOH partners who underperform have a natural incentive to improve in order to earn more referrals

- > 50% reduction in all-cause Medicare 30-day readmissions - saving millions for the average hospital

- < 1% prevented readmissions required for Year 1 program break-even

- 50% reduction in average time spent per post-acute referral by case managers

Watershed Post-Acute and SDOH Partners

- ☑ Durable Medical Equipment / Infusion
- ☑ Home Health Agencies & Hospice
- ☑ Inpatient Rehabilitation Facilities
- ☑ Long Term Acute Care Hospitals
- ☑ Skilled Nursing Facilities
- ☑ Community Resources: Housing, Food, Transport
- ☑ Personal Care

Seamless Interface, Simple Implementations

Interfaces seamlessly with any EHR, including Epic, Cerner, Allscripts & MEDITECH

4 week implementation for hospital and post-acute network onboarding and training

watershedhealth.com

Inside the Watershed Platform

Best-in-Class Post-Acute Platform

Watershed **leverages existing resources** in your hospital and community to **optimize your post-acute network and improve post-acute outcomes** via a comprehensive, end-to-end platform that incorporates all features found in best-in-class post-acute solutions - **without expensive ancillary services**.

Post-Acute Network Optimization

Referral Management

Communication & Information Exchange

Quality Assurance

Care Pathway Adherence

Navigation Management

Clinical Event Tracking

> " Better clinical infrastructure and a clear track record using **Watershed has enabled our CIN to save approximately $5M in our first year** with payers, and we expect the savings to grow in future years. "

Scott Fenn
Chief Clinical Integration and Strategy Officer, Infirmary Health

Platform Features

- ✓ **Insights for optimizing post-acute networks** based on real-time, Watershed metrics

- ✓ **Patient referrals to top-performing post-acute and social determinants of health providers**

- ✓ **Robust inter-provider information exchange** functionality that continues beyond transitions of care

- ✓ **Collaborative quality assurance enablement** leading to continuous improvement

- ✓ **Integration of patient specific care pathways** based on clinical and social determinants of health

- ✓ **Technology for navigator tracking**, documentation and optimization of patient care

- ✓ **Real-time alerts and longitudinal patient event records for population health** and alignment with CMS Interoperability and Patient Access Rule