

**Profile** | Oshi Health

- Fully virtual, multidisciplinary gastrointestinal (GI) clinical-focused on goal-directed, whole-person care
- Purpose-built care team includes dietitians, GI-specialized behavioral health clinicians, health coaches, nurse practitioners, and gastroenterologists
- Prospective health outcomes and economic study demonstrates efficacy in achieving patients' goals for symptom control and reduction in downstream health services utilization

**Piper's Story**

Piper is a mid-career professional trying to balance the needs of her family and stressful career. She lives with the constant discomfort from a GI illness that sometimes flares up so bad that she can't work and/or has to go to the emergency department. For many years, she has undergone multiple invasive diagnostic procedures, tried complicated diets, and taken medications that brought on side effects but no relief or definitive diagnosis. Right when she resigns herself to a life of discomfort and limitations, she receives an email from her new employer-sponsored health plan managed by Firefly Health, letting her know she may benefit from a virtual specialty care program through Oshi Health.

**Intake and Onboarding**

Piper's initial intake visit takes place with an Oshi GI provider. During the 45-minute appointment, they review her past records and treatments and take the time to create a full understanding of her symptoms, what tests have been done, and what Piper has already tried. She confirms that she doesn't have a good registered dietitian or GI-specialized psychologist, although she does see a GI specialist every few years for endoscopy-colonoscopy or to try new medications.

In this initial intake, Piper's GI provider confirms a preliminary diagnosis of irritable bowel syndrome with diarrhea (IBS-D) and comes up with a plan that complements her existing care and gives her access to mental health support, symptom, and diet tracking tools. She is thrilled to have a coach, a knowledgeable dietitian, who helps her create healthy and non-irritating meals, and is relieved that the Oshi team will take care of coordinating with her current GI and primary care doctors. She begins to feel better, her depression about her illness starts to lift, and she has tools and information to manage her condition moving forward.

**Longitudinal Co-Management**

When Piper reports increasing fatigue and pain and a lab test confirms low iron levels, her Oshi clinician suggests a referral to a gynecologist. Often, when a patient is referred to a new clinician for the first time, the status quo handoff consists of a 40-50 page PDF document that the clinician must parse to determine the patient's history and next steps. Alternatively, clinicians can comb through records available through online aggregators. This process is time-consuming and frustrating for clinicians and patients, leading to duplicative testing, excess costs, and delays in appropriate care that can compromise outcomes.

Piper dreads rehashing her history with another new doctor, but her Oshi team takes care of that for her. Recognizing the importance of directed, timely communication with fellow providers, Oshi Health has upended the typically burdensome process by embedding purpose-built referral templates into its EMR workflow. That means the Oshi team can create one-page referral notes containing all the critical information about the patient's

condition, what has been done, and the purpose of the referral. This process ensures that key information is not lost in transition, removing the burden from patients, caregivers, and fellow clinicians.

When a patient managing a complex disease is rushed to the emergency department because of an exacerbation, emergency clinicians are often in the dark about the patient's condition and plan of care and must rely on a patient, who may be incapacitated, to fill them in. The same dynamic plays out for less urgent visits to specialists and primary care providers. Although there are expanding options for accessing patients' medical records, the automated technology to ingest and filter health information is still maturing and is no substitute for two clinicians talking to one another about a patient to get up to speed. However, this valuable work is not often done because it is not prioritized over the myriad of activities competing for a clinician's time in a fee-for-service reimbursement system.

Oshi Health, operating instead through "pre-paid" or value-based contracts for members, has the leeway to incentivize physicians for these types of conversations, compensating its clinicians for 15-minute provider-provider consultations as needed to coordinate care. Communication is documented via standard sharable EMR notes.



### Downstream Referrals

While Piper has experienced steady improvement in her GI symptoms, there are still flares that concern her team. Her family caregiving responsibilities and a recent bout of illness have her unable to leave the house. When her Oshi team needs a new round of lab tests, they discuss options for blood draws with her to ensure the care is completed.

One-size-fits-all medicine does not work for Oshi Health's patient population. Especially for a subset of patients who, for various reasons including clinical conditions and social determinants of health, are struggling to meet their outcomes goals despite substantial health services inputs. Because of this, Oshi has assigned a dedicated committee to identify these patients and personalize "out-of-the-box" solutions to get each individual what they need. For example, if lab test orders are not fulfilled because a patient is home-bound, Oshi can order mobile phlebotomy services or testing. The additional costs to the practice are offset by preventing escalation and the need for costly urgent and acute care. This is where the risk-sharing, value-based payment model enables the virtual practice to shine: adapting care around patient needs instead of reimbursable services.

## TAKEAWAYS FOR EFFECTIVE CARE TRANSITIONS



### Partnering to Foster Awareness and Trust

Complement rather than compete with bricks and mortar provider offerings to create hybrid care partnerships that benefit both sides:

Oshi is a preferred partner with primary care and local gastroenterology groups, as unmanaged GI symptoms increasingly have become a top referral need and because Oshi helps to fill clinical care gaps. When patients have questions or issues, Oshi provides high-touch support with frequent check-ins, support, and constant monitoring of food, stress, anxiety, and GI symptoms to inform and iterate the care plan. This approach complements brick-and-mortar staffing with Oshi's GI-specialized clinicians including APPs, registered dietitians, licensed psychologists, behavioral health providers, and health coaches. When

Oshi members need procedures, we coordinate care with high-quality local GI partners forming a mutually beneficial relationship where the patient's issues are diagnosed and treated quickly.

### Clinical Integration



For patients who need in-person care, Oshi care coordinators will help the member find conveniently located, covered providers and assist in scheduling. Other times patients will want to keep their relationship with their current community GI provider, in which case Oshi providers and medical directors will reach out to the patient's community GI provider to discuss and coordinate Oshi recommendations and cooperate on a care plan that best benefits the patient.



### Bi-Directional Communication

Timely bi-directional communication between providers is critical for delivering timely, appropriate care in collaboration with other medical practices, reducing duplicative health services, and avoiding provider and patient frustration.

Processes and incentives for communication must be expected, embedded in workflows, streamlined in electronic systems, and compensated.



### Incentive Alignment

Judicious investment in the use of in-home care providers can help close gaps in care for patients needing downstream services. These services are economically viable in the context of value-based payment models and are increasingly supported by payors looking to close the "last mile of care".



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