

# ResolutionCare



***“Bringing capable and compassionate care to everyone everywhere as life approaches completion.”***

## Key Facts:

### Established Leadership Team

Deep experience in palliative care medicine, nursing and healthcare administration.

### Established Market Need

Research shows there is an acute need for palliative care in the U.S. and a shortage of palliative care teams able to meet that need.

### Positioned for Value-Based Reimbursement Models

Delivery and reimbursement models are changing. *ResolutionCare* is ahead of the curve, already engaged in systemic change.

### Harnessing Telemedicine to Drive Patient-Centered Care

*ResolutionCare* uses established video conferencing technologies to connect patients with their care team and community.

*ResolutionCare PC* is a Professional Corporation formed by Michael D. Fratkin, M.D. in fall of 2014 after a successful crowdfunding campaign to raise initial capital. In response to overwhelming demand and severely constrained capacity resulting from the limitations of the fee-for-service system to support the development of the needed interdisciplinary team, Dr. Fratkin left Humboldt Medical Specialists (HMS). *ResolutionCare PC* began providing community-based home-centered palliative care on January 1, 2015 without the infrastructure of an outpatient clinic, conducting home consultations and utilizing home based videoconferencing. By April 2015, the capacity for outpatient palliative care support had increased to 140% from December 2014.

*ResolutionCare PC* has established excellent relationships with community agencies and has recently secured approval for a pilot funded by Partnership Healthplan of California.

This is a trial of value-based payment and delivery models to support community palliative care that meet the intent of SB 1004, mandating a membership benefit for palliative care for all Medi-Cal enrollees. As part of this plan, we will have a high quality specialty trained interdisciplinary team delivering services by September 1, 2015. We project that this will have effectively increased capacity for outpatient palliative care by more than 200% in less than a year of initiating this program and extended the PC's service area to a radius of 150 miles from Eureka, California.

With an established leadership team in place, and a business model that leverages the acute need for palliative care services throughout the United States and the enormous growth of telemedicine as a tool for improving care delivery, *ResolutionCare* is perfectly positioned for growth.

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### Successful Crowdfunding Campaign Completed

\$150,000 raised from more than 500 contributors in 2014, major donor circle development

### Growth Objectives in Place

Double current capacity, create jobs, demonstrate our value nationwide

### Building Momentum

Successful partnerships in place, pilot programs approved and launching

### Sustainability Model in Place

Extending our reach nationwide through Project ECHO

### Service Delivery Model

In collaboration with referring and other treating physicians, ResolutionCare provides:

- Initial assessment
- 24/7 telephonic and/or telemedicine support
- Pain/symptom management
- Advance care Planning
- POLST form completion
- Acute management plan
- Assessment of caregiver support needs
- Warm hand-offs from hospital and to hospice

### Telementoring in Palliative Care

In addition to the clinical services provided by *ResolutionCare PC*, a separate non-profit structure called *ResolutionCare Fund*, (a fiscally sponsored project of Community Initiatives,) will launch professional education programs on September 1, 2015 in partnership with the University of New Mexico's powerful learning model, Project ECHO (Extension for Community Healthcare Outcomes). Using videoconferencing, ResolutionCare Fund will train healthcare providers everywhere people receive care for serious illness (primary care practices, skilled nursing facilities, oncology practices and cancer care centers as examples) in providing primary palliative care. Through case-based learning, providers will learn from nationally recognized palliative care specialists while gaining insight and support from their peers.

### The Shift to Value-based Reimbursement

Value-based payment models based on capitation can provide the resources required to support dedicated, interdisciplinary team-based palliative care structured around patient-centered goals. By adding this extra layer of support to disease-directed care for people with serious illness, improvements in quality of life, patient engagement/satisfaction, and reduced costs are possible.

### Leadership Team:

#### Michael Fratkin, MD



Father, husband, brother, son, and physician, Dr. Fratkin is dedicated to the well being of his community. Since completing his training, he has made his home and built his family in rural Northern California. He has served his community in primary care in a community clinic system, as a medical director of our local hospice, as a leader in the community hospital medical staff, and a transformative voice for improving the experience of people facing the end of life.

#### Stephen G. Franey



Steve received his bachelor's degree from Occidental College and his MBA from the University of Chicago in Hospital Administration. He has been in the health care field for 35 years, 28 of which have been in consulting with Booz, Allen & Hamilton; Abt Associates; and his own firms, and the remainder working for Providence Health & Services in the Oregon Region.

# We need your help!