PAIN MANAGEMENT

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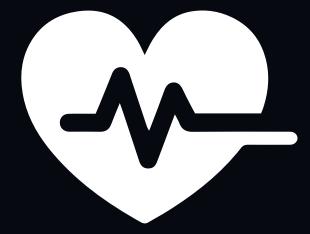


June 20, 2024

IMPROVING HOSPITAL AND COMMUNITY HEALTH OUTCOMES THROUGH EVIDENCE-BASED APPROACHES TO REACH THE CHRONIC PAIN POPULATION IN YOUR COMMUNITY







AGENDA

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O 1 Chronic
Pain Data

we face today.

Discussing data reviewing the amount of chronic pain

03 Model for Pain
Care

Reviewing key components of pain management care and how to effectively tackle the challenges reviewed.

02

Challenges

04

Edgerton
Case Study

Noting the challenges rural hospitals face and how we can partner to tackle those challenges and make them opportunities.

Discussing collaboration between Edgerton Hospital and Pain Management Group to tackle pain management challenges together.

THE PAIN EPIDEMIC

Chronic pain is increasing in our communities, especially in rural areas.



51.6 million adults

20.9% had chronic pain in 2019 (Rikard et al, 2023)



107,543 deaths

107,543 deaths in 2023 involving opioid overdose



28.1% in Rural Pop.

Highest rates of pain are in rural areas (CDC 2019)



\$635 billion

Eoconomic cost of \$560-635 billion annually

PAIN PREVALENCE

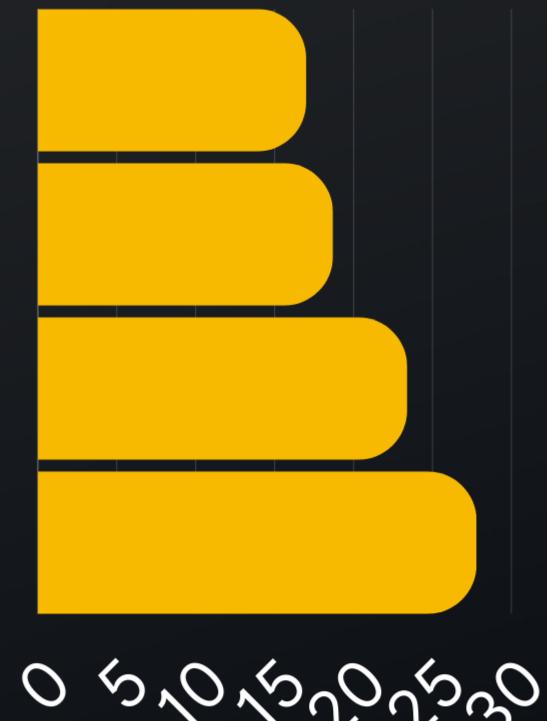
Highest Rates of pain in rural populations at 28.1% (CDC, 2019)

Urban Center

Suburban

Med-Sm Metro

Rural







The Effects of Pain:



APPROXIMATELY

19.6 MILLION

AMERICANS SUFFER FROM
CHRONIC PAIN THAT HAS
LIMITED THEIR DAILY ACTIVITIES
ON MOST OR EVERY DAY OVER
THE PAST 6 MONTHS.

ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH,
CHRONIC PAIN HAS BEEN LINKED TO









ANXIETY



REDUCED QUALITY OF LIFE



DEPRESSION

REHAB

Patient Challenges: Care Navigation

38%

38% of people with pain have consulted more than one medical practitioner seeking relief.

MANAGING PAIN

Hospital Challenges

Absence of care coordination for comprehensive pain management results in:



Primary care physicians grow frustrated with ongoing pain **FRUSTRATED** management issues which never **PROVIDERS** find resolution Medication management is taxing, especially when it comes INCREASED MEDICATIONS to controlled substances and ensuring appropriate guidelines are followed Pain patients will visit the emergency department for non-ED OVER -UTILIZATION emergent issues which can be better treated in the outpatient setting Without a clear pathway for **PATIENT** chronic pain relief, patients are **CONFUSION** left with a poorly defined roadmap to find relief for their pain

PATIENT

LEAKAGE

Without appropriate care offered to chronic pain patients, they will seek services outside of the immediate community

RURAL HOSPITAL CHALLENGES



Need For Revenue

50% of rural hospitals operated at a loss in 2023



Evolving Guidelines

Evolving opioid prescribing guidelines, regulations, and challenging care climate



Physican Recruiting

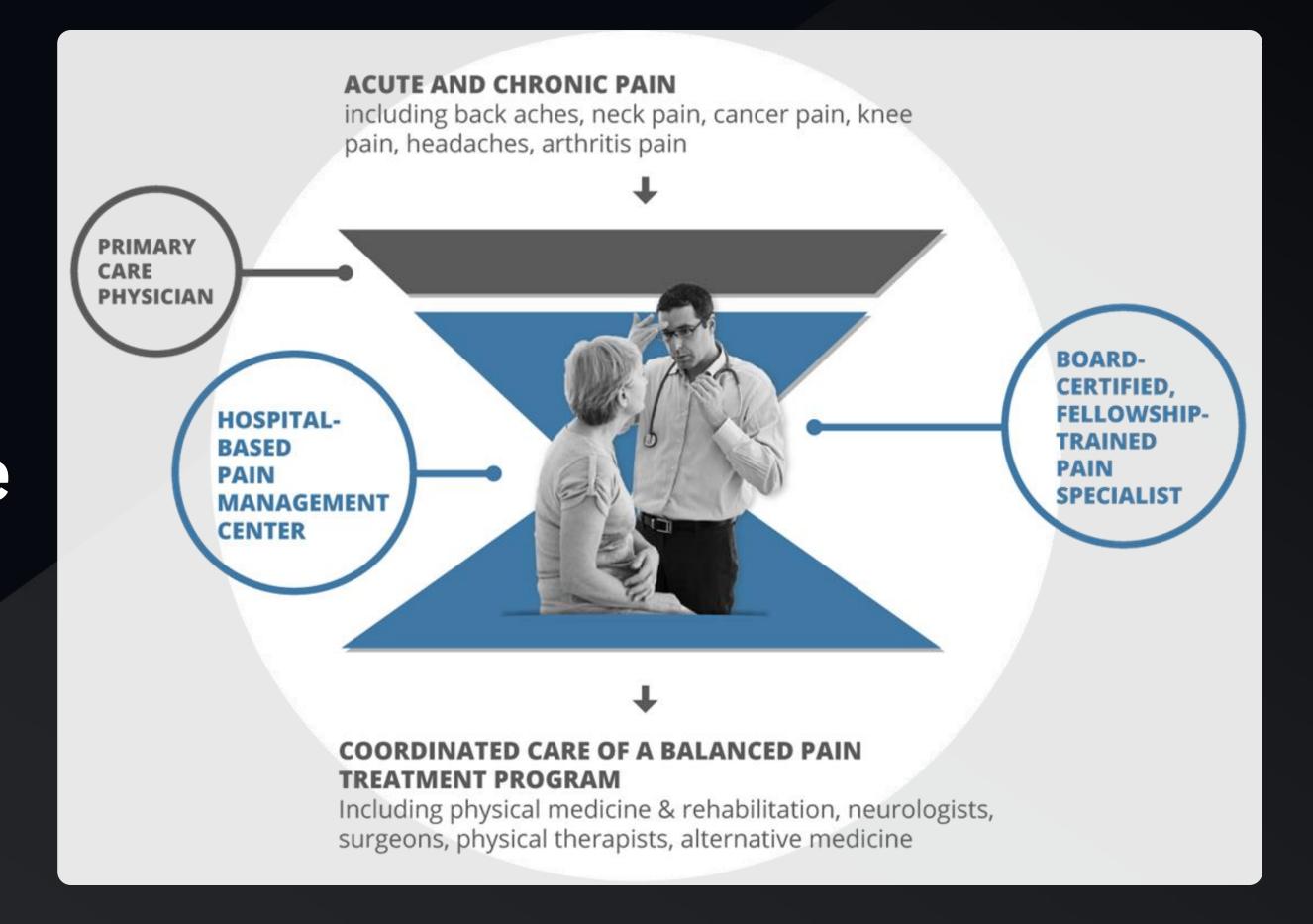
Recruiting high quality physician specialists to the community



Insurance Networks

Challenges to bring pain into insurance networks

Model for Edgerton Pain & Spine Center



Balanced Pain Management at Edgerton

MEDICATIONS

Patients and health care providers need pain medication options.

RESTORATIVE-THERAPIES

Patients need access to comprehensive treatment techniques including physical and occupational therapy.



BEHAVIORAL HEALTH CARE

Treating pain also means addressing the psychological elements of pain.

INTERVENTIONAL PROCEDURES

Patient-centered pain care requires access to a range of treatment options.

COMPLEMENTARY & INTEGRATIVE APPROACHES

Clinicians from across disciplines need to work together to provide comprehensive patient care.

Edgerton: Quality / Risk Management Indicators

Measure	2023 FINAL Baseline	2024 Goal	Jan	Feb	Mar	2024 YTD
Total	0	0	0	0	0	0
Wrong Site Surgery	0	0	0	0	0	0
Infection Rate	0	0	0	0	0	0
Admissions Following Surgery	0	0	0	0	0	0
Death	0	0	0	0	0	0
Overdose	0	0	0	0	0	0
Cervical / Thoracic Dural Puncture	0	0	0	0	0	0

Measure	2023 FINAL Baseline	2024 Goal	Jan	Feb	Mar	2024 YTD
Dto w ED Visito	1	1	0	0	0	0
Pts w ED Visits	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Non-Compliance Metrics	2023 FINAL Baseline	Jan	Feb	Mar	Apr	PMG Average
Dto Non compliant due to Medication Management	0	0	0	0		4
Pts. Non-compliant due to Medication Management	0.0%	0.0%	0.0%	0.0%		0.3%
Dts. Non-compliant due to Attendance	0	0	0	0		3
Pts. Non-compliant due to Attendance	0.0%	0.0%	0.0%	0.0%	-	0.2%
Dte. Non compliant due to Debouier	1	0	0	0		1
Pts. Non-compliant due to Behavior	0.0%	0.0%	0.0%	0.0%	-	0.1%

Edgerton Quality Progression: Procedure Pain Improvement Scores										
Pain Reduction:	Goal	Q2 2023	Q3 2023	Q4 2023	Q1 2024	PMG AVG				
*Diagnostic Procedures										
Sample Size	70%	38	85	34	23	48				
% Pts Reporting Beneficial	70%	71.05%	84.71%	91.18%	95.65%	85.48%				
**Therapeutic Procedures										
Sample Size	70%	127	149	196	193	100				
% Pts Reporting Beneficial	7070	74.8%	74.5%	90.82%	97.41%	81.31%				
Key Procedures										
RFA Sample Size	70%	16	13	20	15	21				
% Pts Reporting Beneficial	70%	81.25%	92.31%	100%	100%	87.47%				
SCS Sample Size	70%	5	1	7	3	2				
% Pts Reporting Beneficial	1070	100%	100%	100%	100%	100%				

^{*}Diagnostic: Beneficial means the patient continued to the next injection in series.

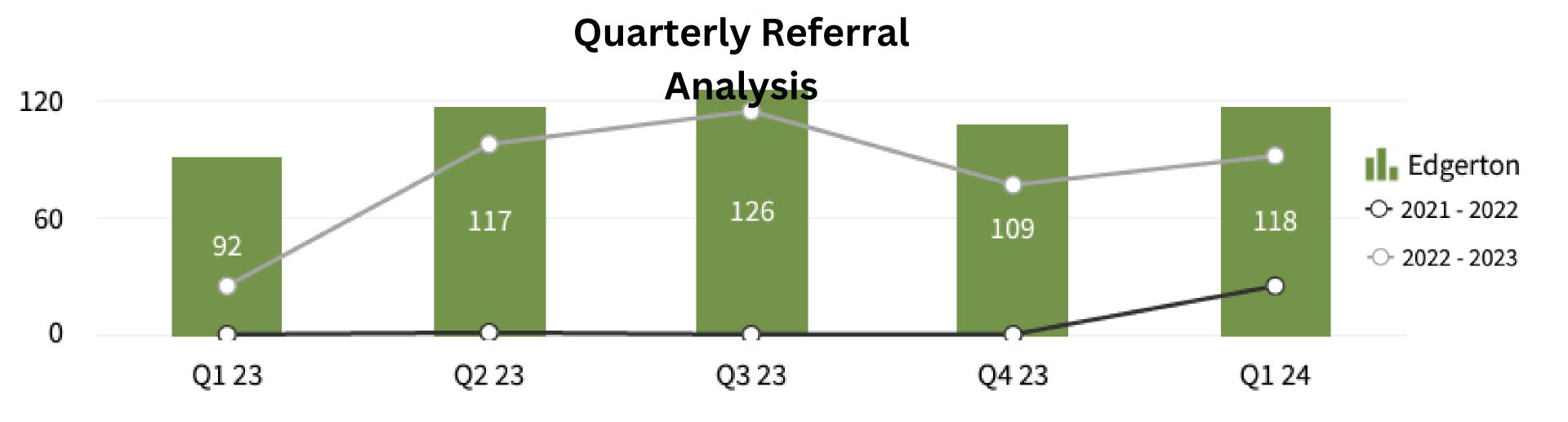
^{**}Therapeutic: Beneficial patient improved activities of daily living

Edgerton Procedure Quality Scores Q2 2023 -	Q1 2024		
Procedures	Count	Beneficial	PMG AVG
Epidural Steroid Injection	269	83%	72%
Medial Branch Block	158	84%	86%
Joint Injections: Shoulder, Knee, Hip, Bursa, Ankle	115	90%	84%
Nerve Root / TFESI	64	78%	76%
Radiofrequency Ablation	64	94%	89%
Trigger Points	55	95%	83%
Other Therapeutic	36	86%	81%
Sacroiliac Joint Injection	28	86%	79%
Other Diagnostic	19	89%	85%
SCS Implant or Revision	16	100%	91%
MILD	5	60%	80%
Occipital Nerve Block: Greater, Lesser, Third	3	100%	68%
SCS Trial	3	100%	84%
Facet Injection	2	100%	90%
Caudal Epidural	2	50%	70%
Lumbar Sympathetic block	2	0%	59%
Botox	2	100%	96%
Ganglion Impar	1	0%	52%
Intercostal Nerve Block	1	100%	72%
Grand Total	845	86%	81%
Cumulative ESI Rating [*]	335	82%	74%
Italic text = n < 30 so conclusions may be invalid			
*Cumulative FCI Dating - Enidural Staried Injections Coudal Enidurals TEFCI's			

Beneficial ≥ 70% = green

^{*}Cumulative ESI Rating = Epidural Steriod Injections + Caudal Epidurals + TFESI's

	Edgerton Chart Audit Summary											
	PMG AVG Q1 24	Program 2023	2024 Goal	Q2 23	Q3 23	Q4 23	Q1 24					
Charts Audited												
Total Encounters	816	2578		665	678	756	716					
Charts Audited	25.45	130		30	35	30	30					
% Visits Audited	4.25%	6.97%		6.09%	7.29%	5.67%	6.1%					
Staff Metrics												
PTA or CCA % Complete	95.65%	95.38%	100%	90%	100%	93.33%	96.67%					
PMP % Complete	97.33%	100%	100%	100%	100%	100%	100%					
Risk Tool % Complete	98.53%	96.72%	100%	91.67%	88.89%	100%	100%					
UDS % Complete	95.72%	91.3%	100%	100%	100%	100%	100%					
% High Risk Patients	17.81%	17.6%		21.43%	9.09%	17.24%	17.24%					
Prescription Metrics												
% Patients on Opiate	35.2%	17.69%	< 60%	20%	17.14%	13.33%	3.33%					
Was naloxone offered with opiate Rx?	95.01%	82.61%	100%	83.33%	100%	100%	100%					
Average MME	25	19		18	24	18	20					
Max MME [†]	188 [†]	49		23	49	20	20					
% Opiate Pts w/ MME >= 50	5.49%	0%	< 5%	0%	0%	0%	0%					
% Opiate Pts w/ Opiate + Benzo	2.14%	13.04%	< 5%	0%	16.67%	25%	0%					
% High Risk Pts Prescribed Opiates	3.21%	3.2%	< 10%	3.57%	3.03%	3.45%	0%					
† Max MME is highest reported MME across	all locations.											



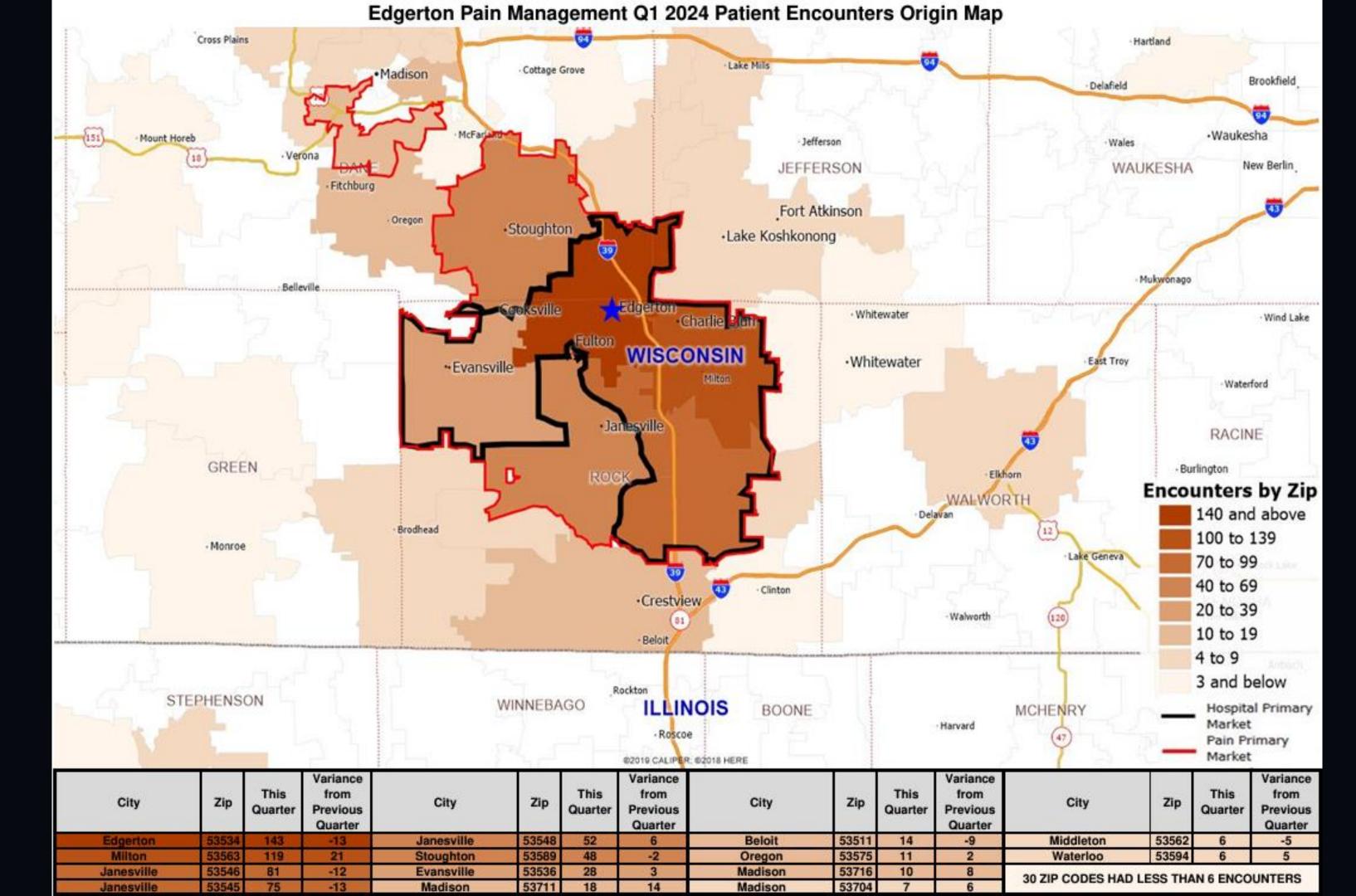
Referral Management

Analysis

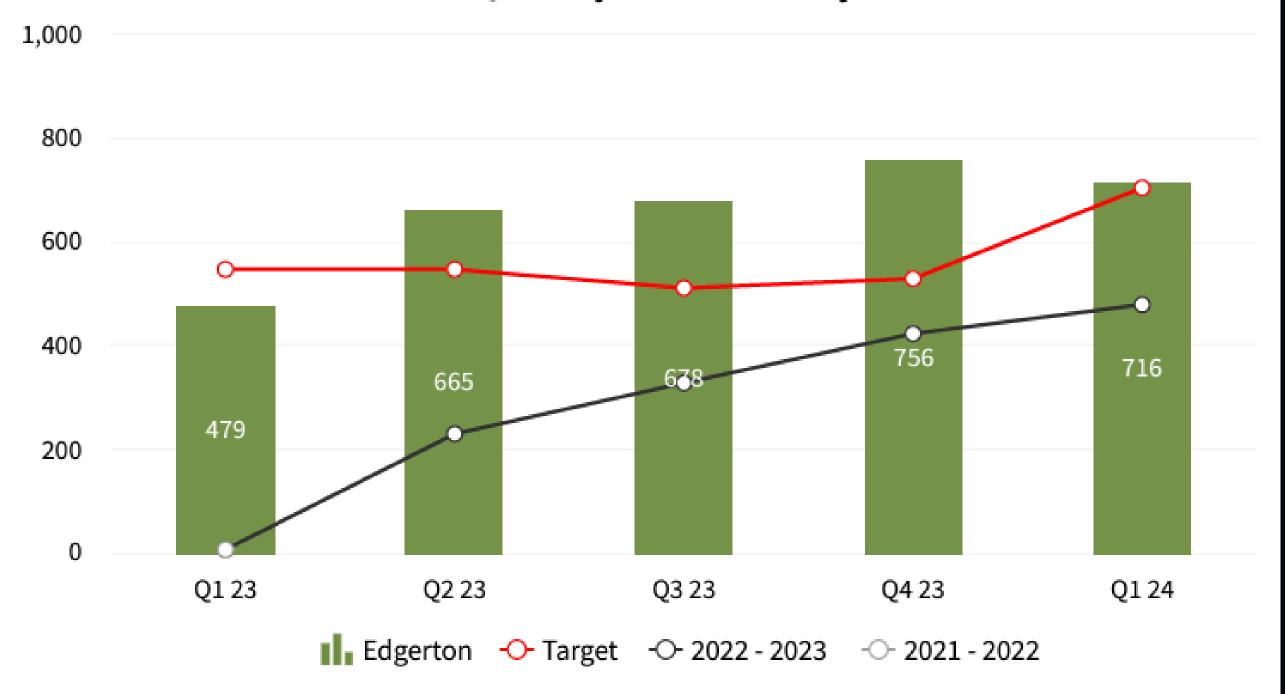
Goals	Q4 2023	Jan	Feb	Mar	Q1 2024
251	109	32	32	54	118
	105	30	30	52	112
	79%	75%	44%	65%	62%
80%	96%	94%	94%	96%	95%
	0	0	0	1	1
0	0	0	0	0	0
7	2	2	6	8	6
14	6	6	13	17	12
14	5	6	9	11	8
0	5	1	7	7	15
0	0	0	0	0	0
	251 80% 0 7 14 14	251 109 105 79% 80% 96% 0 0 7 2 14 6 14 5	251 109 32 105 30 79% 75% 80% 96% 94% 0 0 0 0 0 0 7 2 2 14 6 6 14 5 6 0 5 1	251 109 32 32 105 30 30 79% 75% 44% 80% 96% 94% 94% 0 0 0 0 7 2 2 6 14 6 6 13 14 5 6 9 0 5 1 7	251 109 32 32 54 105 30 30 52 79% 75% 44% 65% 80% 96% 94% 94% 96% 0 0 0 0 1 0 0 0 0 0 7 2 2 6 8 14 6 6 13 17 14 5 6 9 11 0 5 1 7 7

Primary Market Capture Analysis

Edgerton										
	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Rolling 4Q Capture ¹	135/1000 Benchmark ²	Remaining Opportunity	Capture Rate		
53534 - Edgerton	184	172	156	143	655	1256	601	52%		
53563 - Milton	118	76	98	119	411	1111	700	37%		
53546 - Janesville	78	74	93	81	326	3167	2841	10%		
53545 - Janesville	62	76	88	75	301	2373	2072	13%		
53536 - Evansville	24	26	25	28	103	851	748	12%		
Primary Total	466	424	460	446	1,796	8758	6962	21%		
Other Total	202	222	299	255						
Total Encounters	668	646	759	701						



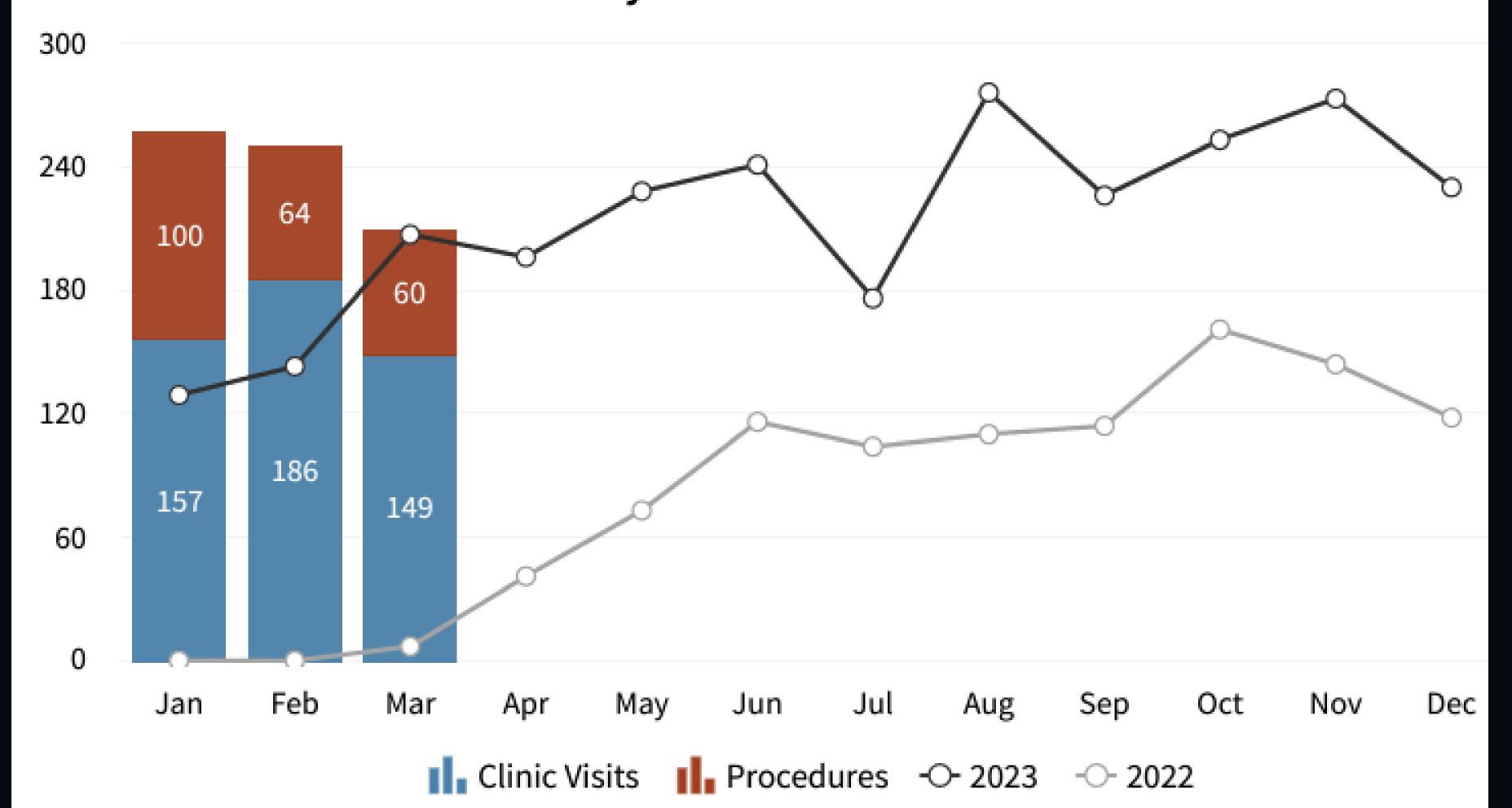
Quarterly Encounter Analysis



	Q1 24 Goal	Jan	Feb	Mar	Q1 2024
Clinic Visits	506	157	186	149	492
Procedures	198	100	64	60	224
Total Encounters	704	257	250	209	716
Variance from Budget		30	34	(52)	12
Procedure Ratio	28%	39%	26%	29%	31%

¹Goals represent budgeted values.

Monthly Encounter Trend 2022-2024



Edgerton: 1st Quarter 2024 Benchmark Report

Encounters	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Target	YTD 2024
Clinic Visits	364	493	480	529	492	506	492
Procedures	115	172	198	227	224	198	224
Total Encounters	479	665	678	756	716	704	716
Clinic Visits % of Encounters	76%	74%	71%	70%	69%	72%	69%
Procedures % of Encounters	24%	26%	29%	30%	31%	28%	31%
RFA: Procedure Ratio	11%	9%	7%	7%	8%	12%	8%
Cost Analysis							
Monthly Average FTEs	2.67	3.10	3.42	3.89	3.98		3.98
Encounters per FTE	59.73	71.58	66.08	64.84	60.02	50.00	60.02
Compensation \$ per Encounter ²	\$112.42	\$87.02	\$90.18	\$81.67	\$76.85	\$81.18	\$76.85
Benefits % of Compensation	36%	38%	29%	27%	33%	37%	33%
Medical Supplies per Procedure ³	\$60.02	\$69.20	\$59.67	\$87.27	\$51.98	\$85.00	\$51.98
Pharmacy per Procedure ³	\$0.00	\$44.72	\$32.93	\$37.08	\$15.10	\$30.62	\$15.10
Profitability Analysis Net Operating Margin	60%	56%	32%	68%	71%	61%	71%

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THANK YOU

Any Questions?