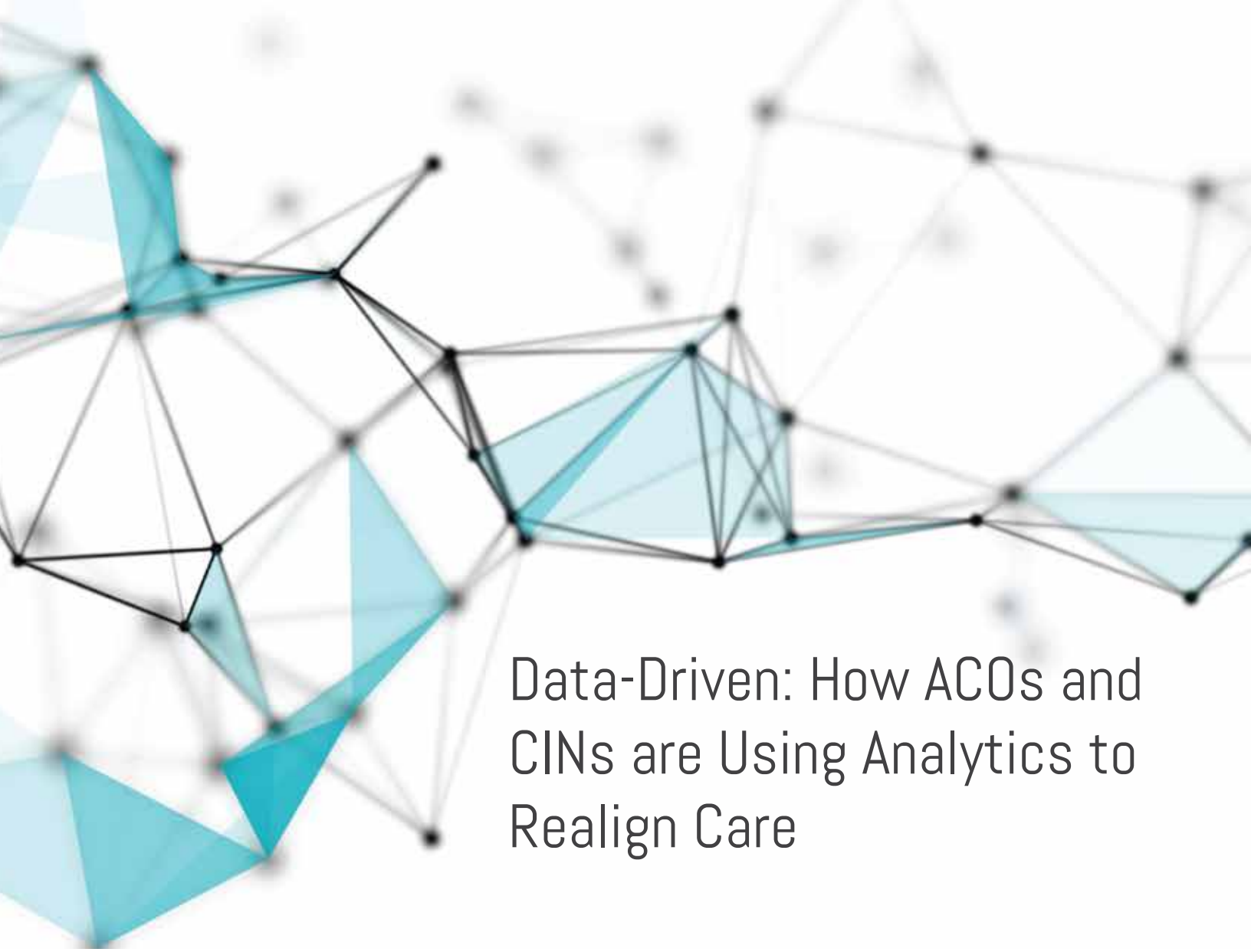

Data-Driven: How ACOs and CINs are Using Analytics to Realign Care

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Executive Overview

Healthcare is approaching a tipping point in its evolution to a tech-enabled, data-driven industry. As providers implement value-based care initiatives to reduce costs while improving care delivery and population health, data analytics has become an invaluable asset for identifying care gaps and areas for performance improvement. Increased insight into operational and individual practice performance data is changing traditional clinical and business models to promote better outcomes.

Accountable care organizations (ACOs) helped pioneer the role of shared savings models in driving quality improvement and cost-effectiveness. As more clinically integrated networks (CINs) and other healthcare entities make the leap to similar payment models and risk-sharing contracts, providers are embracing the use of data analytics to inform decision-making and smarter resource use across the healthcare ecosystem.

Despite heavy investments in health IT, many organizations struggle to navigate the transition from patient data aggregation to analytics-driven action. This article highlights steps that CINs, physician practices and other interconnected stakeholders can take to implement a data analytics infrastructure that supports ACO and other value-based care initiatives.

Embracing Analytics for Shared Savings

A key tenet of the CMS Quality Strategy[1] is to put the power of healthcare information to work to change the way care is delivered through increased attention to population health and care coordination across settings. As provider organizations attempt to build collaborative care networks and implement population health management (PHM) strategies, establishing sustainable governance and infrastructure to align the care team around common goals is a vital first step.

Under shared savings models, providers earn a percentage through the group's collective efforts to reduce spending. Incentive distribution methodologies typically tether cost and utilization metrics to provider performance measures. Establishing an aggregate view of network-wide performance data represents an analytics imperative for ACOs and CINs.

For these providers to fully understand costs, patient risk and partner performance, a centralized view of clinical, financial and operational data across physicians' disparate systems and different locations must be established.

Healthcare executives and providers offer valuable insights and proven practices to:

- Establish a solid data integration foundation to support longitudinal visibility into patient care patterns and utilization trends
- Understand the overall health of a covered patient population and identify high-risk, high-cost members and associated care gaps
- Make informed, evidence-based decisions when creating and executing individual patient care plans

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Leaders of Somers Point, New Jersey-based Shore Quality Partners sought to establish a CIN including more than 200 independent, employed and contracted physicians to help collectively manage the health of patients in their region. They quickly realized the need to create a way for their network to collaborate.

Connectivity was similarly critical for developing a data-driven population health management strategy at Allegiance ACO, a multi-specialty physician network providing services to economically disadvantaged patients in the Trenton, New Jersey area.

Both physician-led organizations pursued two goals:

1. Telling an aggregate story of care: "We spend this much with this result. How could we do better?"

2. Arming primary care doctors with patient-specific insights and care intervention plans to effectively drive improved outcomes.

In April 2014, independent and employed physician stakeholders joined forces with Shore Medical Center to create Shore Quality Partners. The CIN's governance board included nine physician representatives and three hospital representatives. The hospital and physician board groups each have one respective vote among themselves. Two votes are required to move forward with any initiative.

Initial formation and operating costs were facilitated by Shore Medical and totaled roughly half a million dollars before technology investments. Participants agreed on a 50/50 earnings split between clinicians and the hospital. After initial setup and technology implementation, hospital investments were renegotiated to cover administrative hours on behalf of the CIN.

The CIN elected to deliver a portion of care management fees from each payer contract directly to Shore Quality Partner physicians. Remaining dividends funded care management infrastructure, including but not limited to diabetes education, case workers and care expeditors, data systems and analysis support, physician outreach and CIN leadership. Some contracts stipulate that care management fees be paid back should bonus earnings be achieved. In the event that a bonus is not earned, there is no downside risk for the provider.

Key performance indicators used during setup focused on performance improvement potential among eight key quality metrics that they contract for, which may vary by payer and plan year, plus total spend and patient risk scores. Once Shore Quality Partners' governance infrastructure was in place, establishing an aggregate view of patient and financial data to fuel clinical analytics became the CIN's primary objective.

Integration: Building the Patient Data Picture

Though healthcare has made great strides in the capture of patient data, much of that data exists in silos, limiting provider visibility into performance trends. Implementing a comprehensive data aggregation strategy is the first step in preparing ACOs and CINs for using analytics to realign care. Standardization and integration of data amassed across the care continuum establishes the foundation for gaining valuable insights.The more complete the picture, the better and more accurate the insights.

Analytics: Bridge from Information to Informed Action

With the foundational data elements and infrastructure in place, analytics software can be layered to derive actionable insights from information assets. Using centralized patient data, analysts can easily define and distinguish patient populations by demographics such as hospital or practice site, physician partner, payer plan, geographical region, known diseases and more. The value of analytics benefits stakeholders throughout the ACO, including executive leadership, physician members, care managers and coordinators, and even patients.

Executive-Level Insight

Patient Risk Stratification
Rising interest in value-based care initiatives, population health management and payer contract negotiations has made patient risk stratification a high-priority project for executive leadership teams. Through risk stratification, care providers weigh patient expenses against patient diagnosis, comorbidities and demographics. Equipped with this information, healthcare teams can focus on high-cost, high-risk patients most suited for targeted care plans designed to improve health conditions and reduce utilization through early intervention.

Payer Contract Negotiation
ACO leadership teams can use comprehensive patient-centric analytics to negotiate the best contractual terms with payers. By using detailed reports and analysis to articulate the quality of care delivered by the organization, and with a clearer understanding of risk stratification and cost-of-care averages among specific patient populations, leaders are equipped to negotiate payer contracts "eyes wide open." Every ACO and CIN leader achieves greater success under value-based care if able to make the case for the organization's quality performance and demonstrate risk across the patient population—and thereby conduct negotiations with payers armed with that knowledge.

Provider/Patient Care Gaps
Healthcare stakeholders also can uncover care gaps and areas for improvement with a bird's-eye view of analytics across the ACO. By monitoring key performance indicators (KPIs), leadership teams benchmark providers to identify opportunities for workflow adjustments, case management needs, and areas that might deserve additional resources to reinforce care delivery goals. Those KPIs further inform provider attribution calculations for shared savings incentives.

Provider Insight

Personal Performance Monitoring
Data analytics is changing physicians' personal view of performance as well. Analytics offers providers visibility into peer-based performance benchmarks across the network and personal areas of strength and weakness. Ideally, the analytics infrastructure supports visibility into performance trending as it relates to quality reporting initiatives. Peer comparison is often an effective motivator for physicians.

Patient Performance Monitoring
One of the most important roles analytics plays is empowering physicians with patient-specific insights to drive smarter care. By understanding prior patient experience, patterns and trends, providers can employ predictive analytics to anticipate what patient care expenses might look like in coming weeks or months. Data-driven dashboards can streamline physician workflows and preventive care programs, while reducing the cognitive burden on doctors and nurses.

Both Shore Quality Partners and Allegiance ACO laid the groundwork for care management strategies by implementing an enterprise-wide platform to capture, normalize and integrate clinical and financial data.

Data sources included:

- EHRs
- Patient Scheduling
- Reference Laboratories
- Pharmacy Benefits Managers
- Claims and Remittance
- Payer Adjudication
- Data Warehouses
- Registries
- HIEs

Shore rolled out data integration incrementally to ease budgeting and workflow adaptation for the CIN and its members. With each data asset addition, Shore enhances the degree of insight available to practitioners. This strategy helped the CIN develop an organizational culture that viewed data integration as more asset than obstacle.

"Shore's executive leadership used insights gleaned through clinical analytics to garner physician buy-in of the CIN's objectives. By sharing strategic insight into referral patterns, care gaps and areas for quality improvement with physician team members, we built trust through data-driven decision-making."

– Cliff Frank, Interim Executive Director, Shore Quality Partners

Both organizations developed an analytics strategy that enabled leadership to generate reports by physician as to which patients need attention around specific quality metrics. Initiatives targeted the following patient populations, among others:

- Patients due for mammograms
- Diabetic patients in need of HbA1C tests
- Patients in need of current blood pressure readings
- Patients with multiple emergency department (ED) visits and multiple admissions for low acuity problems
- Patients in need of preventive care or wellness visits

Care Coordination: Data-Driven Workflows

Jumping the chasm from clinical analytics to care execution requires a work process that supports data-driven care plans. Care coordination tools designed to help providers shift from information to action can help automate patient engagement practices across care roles. Provider dashboards should offer a clear view of data deliverables that are understandable, actionable and reportable for ongoing follow-up and accountability.

Rather than inundate providers with an overwhelming amount of data, show them six patients and three specific steps that providers can take to improve health status. Start small and incrementally to make the biggest impact for sustainable physician buy-in.

Shore's network leaders identified diabetic patients with high HbA1c levels who were not seeing an endocrinologist and secured the proper referrals. The network plans to use its analytics tools to schedule even more diabetes patients for office visits and education programs.

By alerting staff to ED visits and inpatient discharges, Shore has been able to actively engage high-utilization patients in transition-of-care activities and if appropriate, care management programs that promote more cost-effective, pre-emptive outpatient visits.

To improve overall population health, Shore now endeavors to move care management activities into the primary care physician's office as often as possible. This initiative includes reaching out to patient members lacking routine annual visits to support screening and prevention activities.

Care protocols rooted in evidenced-based clinical guidelines should be implemented to manage patients by disease and patient risk-level. Resource allocation should pay heed to budget constraints and promote preventive care measures to mitigate high-cost catastrophic care events down the road.

Providers must be able to assign workflows to appropriate care team members to maximize patient throughput. Resources such as a social determinant of health assessment can help care coordinators better understand factors that affect health outcomes beyond institutionalized care. Patient engagement tools also must be employed to promote patient self-care. Outreach campaigns, appointment reminders and mobile alert programs offer cost-effective ways to encourage patient participation in achieving better health outcomes.

One year into using analytics, Allegiance was able to protect its patients from undergoing inappropriate tests in the hospital care setting. The ACO made a conscious effort to negotiate expanded office hours with its participating physicians to reduce ED visits. Allegiance also partnered with a physician-owned radiology center to offer after-hours services, which improved compliance with mammogram screening.

To put their analytics insight to use, Shore arms clinicians with a list of care gaps every month. Through follow-up care intervention, that list is expected to shrink over the course of the year, with specialized attention from the staff to help address gaps.

Clinical and Financial Outcomes

Allegiance ACO

CEO Marc Whitman, M.D., attributes the ACO's success achieving shared savings, reducing healthcare spending and improving the patient experience to analytics programs. Ranked among the top 12 ACOs initiated in 2014, Allegiance has produced promising outcomes along its data analytics journey:

- Decreased duplicate and unnecessary tests performed at local hospitals: 9 percent
- Decreased ED visits: 9 percent
- Decreased hospital admissions: 5 percent
- Achieved cost savings: approximately 6 percent or $2 million among 2,867 Medicare patients.
- Promoted shared savings: nearly $1 million due to collaborative care coordination program

Shore Quality Partners CIN

Analytics programs have influenced a variety of achievements and initiatives by Shore Partners, especially with newfound visibility into organization-wide patient referral patterns:

- Promoted cost savings: effectively rerouted referrals to new, lower-cost freestanding centers
- Reduced the number of patient ED visits by 20 percent
- Generated $4.6M in savings across 16,000 patients, netting $1.7 million in total bonuses and $950,000 in incentives for physicians
- Provided $2,000 to each specialist and $20,000 to each primary care physician covering a total of 13,000 patient lives
- Contracted for more than 30,000 patients and plans to expand analytics and PHM efforts

Both Allegiance and Shore anticipate more opportunities to earn financial incentives through care management programs. The organizations intend to allocate a portion of those earnings to expand analytics and care coordination efforts.

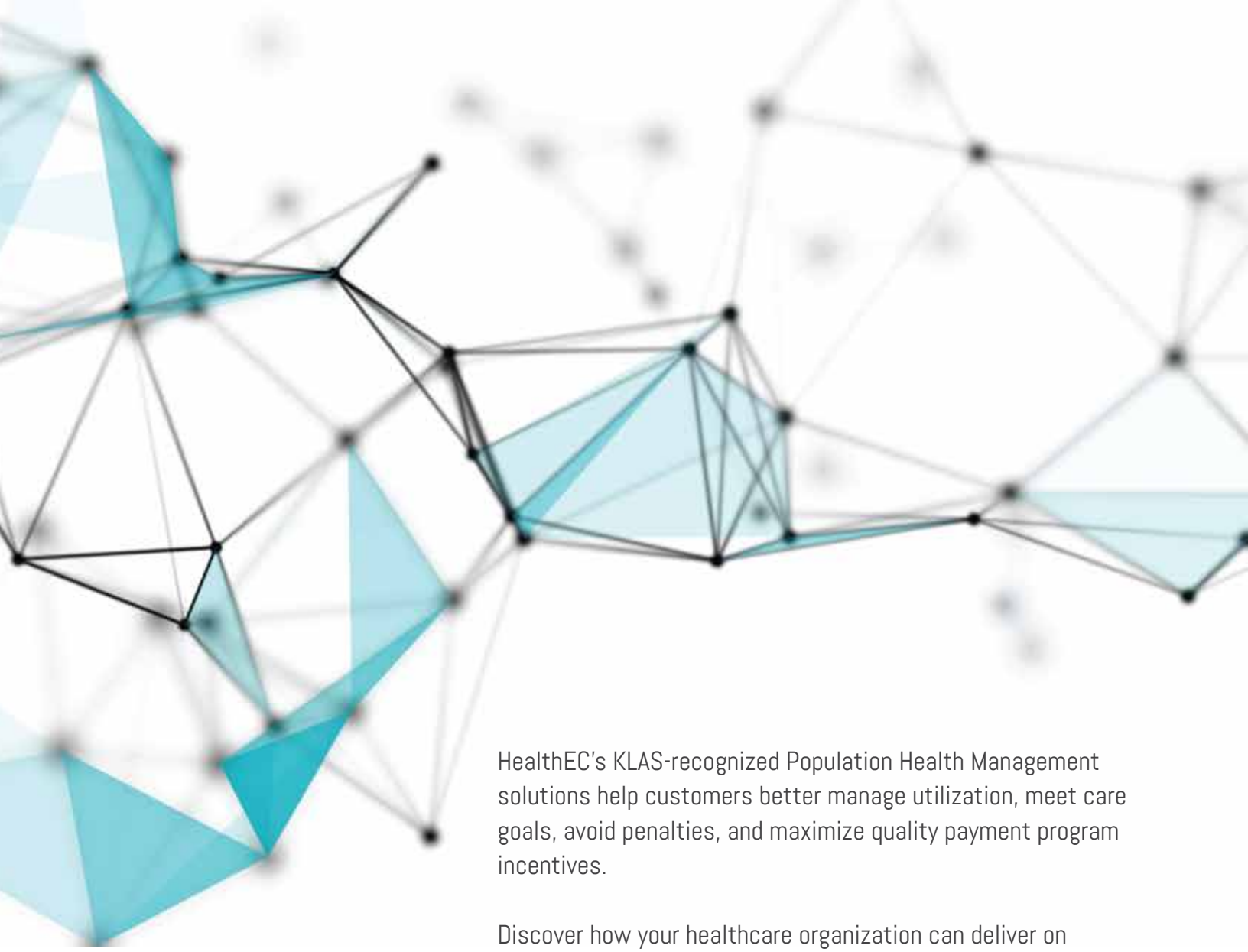
Advice as You Move Forward

From informing ACO and CIN partnerships to validating success under new value-based care payment models, analytics forms the underpinnings of many modern healthcare initiatives. As providers work to improve patient outcomes, manage costs and enhance the quality of life for the patients they serve, visibility into operational data trends will be paramount to success. As you move forward in evaluating data analytics and care coordination platforms, keep these key tips in mind:

- Appeal to physicians and care coordinators using specific, actionable, day-to-day care deliverables.
- Look for a solution that offers enterprise-wide insight into care gaps and patterns for leadership, as well as patient-specific workflow support for physicians.
- Consider an analytics solution that expands as users learn and as needs become more sophisticated.
- In the absence of internal expertise, seek partners who can help structure your analytics platform in a way that will be sustainable as the healthcare landscape evolves.

By implementing analytics-driven care programs built on comprehensive system integration practices and executed through provider workflow assistance, healthcare organizations will be better prepared to improve patient outcomes and control costs.

[1] *CMS Quality Strategy available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/CMS-Quality-Strategy.html*



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