



Strategies to Optimize ACO Success

Presented by Lawrence Schimmel, M.D.

Chief Medical Officer

CLINIGENCE HEALTH

About Clinigence Health

Clinigence Health is a leading healthcare information technology company providing an advanced, cloud-based analytics platform that enables healthcare organizations to succeed in a value-based world where the *efficient use of resources* and the *delivery of quality care* are the principal measures of performance.



Strategies to Optimize ACO Performance



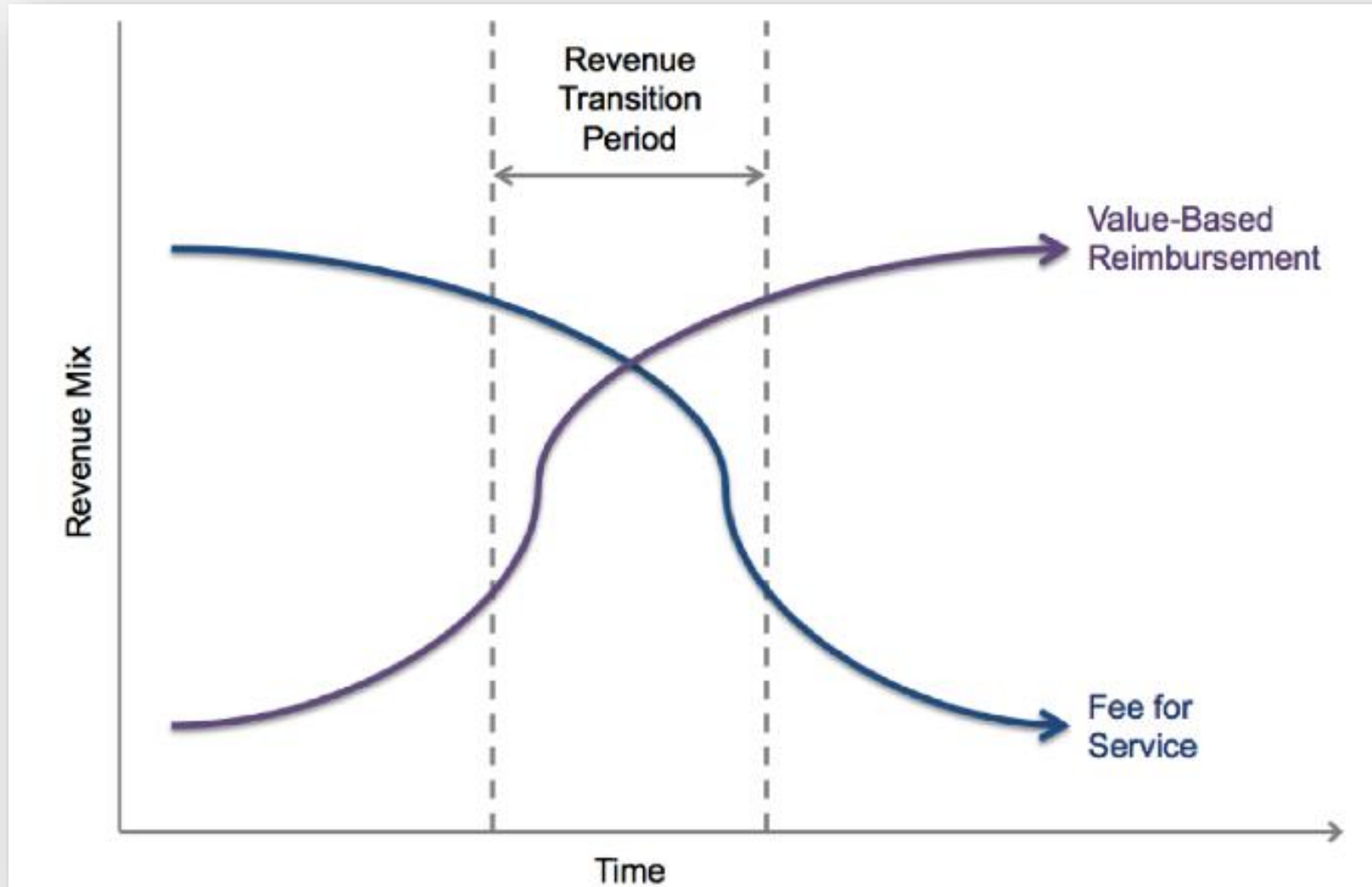
The ability of ACOs to continue to perform better year over year requires specific strategies to address opportunities to improve. In this webinar, Dr. Lawrence Schimmel, Chief Medical Officer of Clinigence Health, will provide audiences with insight on how to meet those challenges and optimize organizational performance.

The use of technology allows managers to easily determine variance within both patient and provider populations. How you react to the variance can lead to the success or failure of an organization.

Learn more at <https://clinigencehealth.com/solutions>

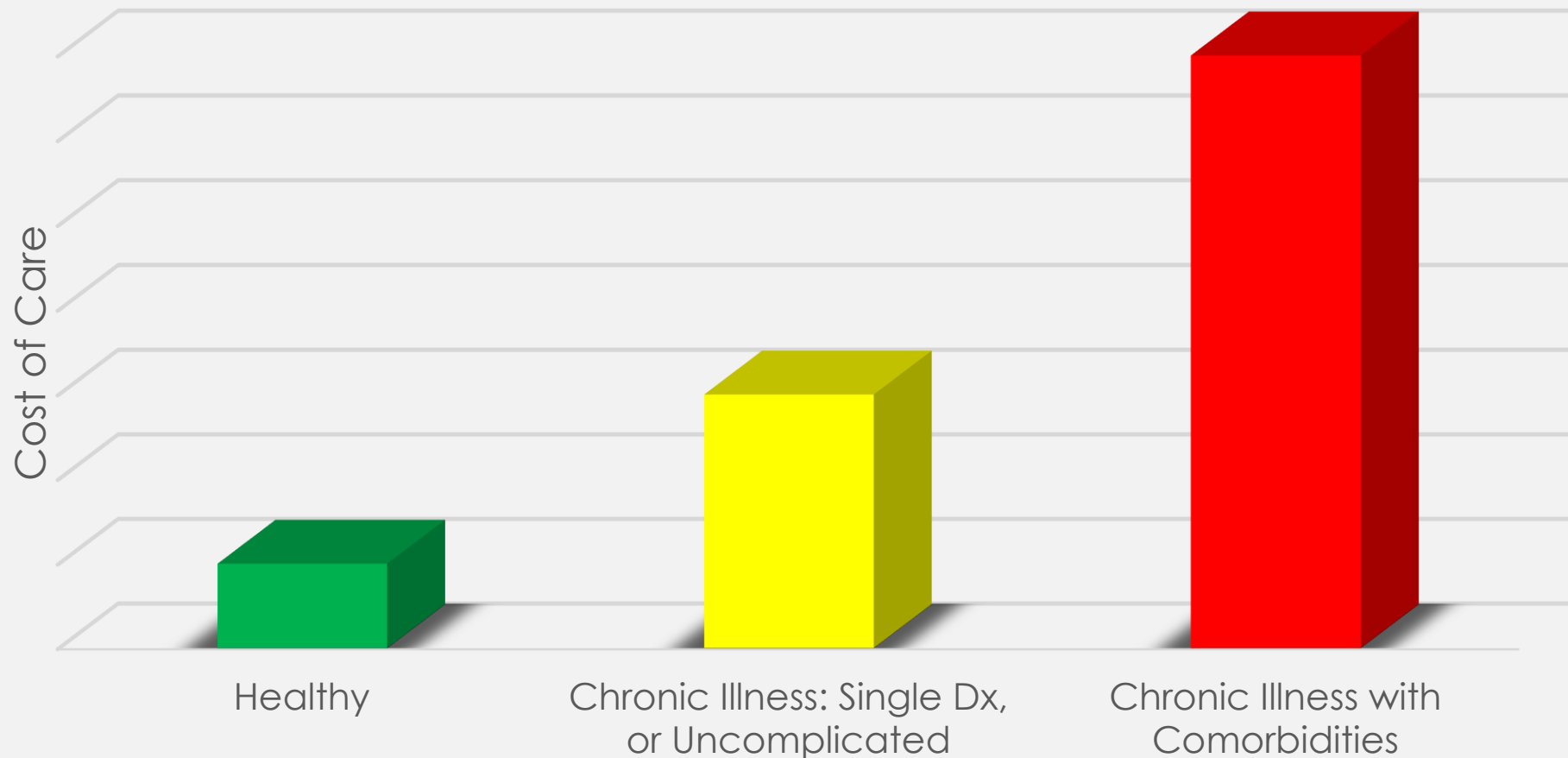


Revenue Mix Over Time



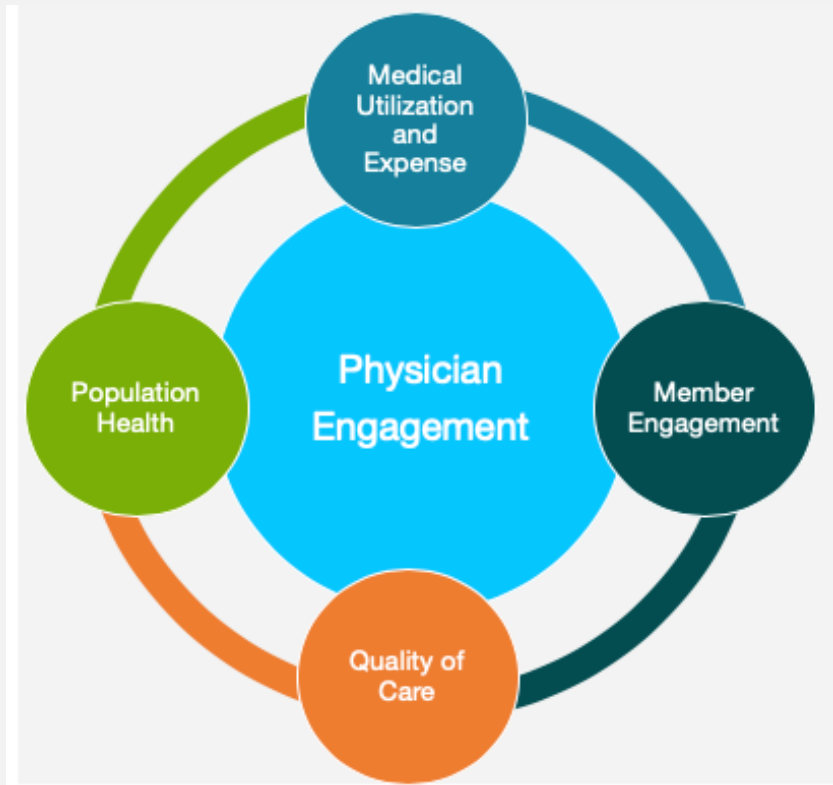
Cost of Care

Costs dramatically increase as patients develop chronic conditions and move to complications and comorbidities



Physician Controls Consumption

Physicians with their pens control almost 100% of all healthcare dollars spent: Connecting PCPs to actionable information regarding their patients will enable transformative change to occur.



Technology

- Enables data transparency between payers and providers and provider organizations to providers, Physician Engagement
- Provides the ability to manage multiple contracts on a single platform
- Compares how a provider is performing in relation to last year and to their peers
- Delivers a holistic view of patient-centric data across the continuum of care that enables Patient Engagement
- Should deliver a predictive model to proactively manage care
- Gives providers access to data in a way they can act on it, to make more informed decisions that directly impact cost, utilization, and quality

Important ACO Measurements

- Year over Year Performance for ACO and by TIN
- Did we Spend less this year than we did last year
- Measure 30,90,and 180-day Readmissions with target below 50%
- See Patients Four Times a Year – Especially Chronic Disease patients
- Pharmacy Gaps – Patients that did not refill their scripts
- Annual Wellness Visits
- Prevention Management and Screening
- Transition of Care - Are all Discharges from the hospital seen within 10 days
- ED visits/1000
- Admissions/1000
- Focus on Patients you can help
- MRA Score
- Patient Retention

Technology Helps ACOs Operate Efficiently

High Cost of Doing Nothing

The Three Key Questions

Are You Improving?

Are You Staying the Same?

Are You Getting Worse?



Are You **Improving**, **Staying the Same**, or **Getting Worse**?

Annual Wellness Visit

- **Helps Increase Quality Scores**
- **Helps Identify Who You Need to Focus On – Development of Care Plans**
- **Those Patients with AWV See Their Doctor More**

See Your Patients Every Three Months – Especially Those With Chronic Illness

- **Identify Issues Before They Occur**
- **Identify Which Patients Have Not Refilled Their Scripts**
- **Reduces Visits to the ED and Unnecessary Admissions**
- **Increases Prevention and Quality Measure Performance**

Are You **Improving**, **Staying the Same**, or **Getting Worse**?

Transition of Care

- All Patients Discharged from Hospital Should see their Doctor within 10 Days
- Likelihood of Readmission Decreases as Percentage of TOC Visits Increases
- Reduction in SNF and Rehab Transfers Back to The Hospital

All Cause Readmission to the Hospital

- Measure 30, 90, and 180 Days Readmissions
- 50% of Patients Discharged will be Readmitted – Especially if Not Seen
- Example CHF has 22%, 35%, 50% over 30, 90, and 180 Days - SCALE

Are You **Improving**, **Staying the Same**, or **Getting Worse**?

Patient Retention

- The Higher the Percentage, the Better the Overall Performance of the ACO
- Anyone Who is Not Seen within 6 Months is Considered Lost

ED Visits/1000 and Admissions/1000

- 50% of All ED Visits Result in an Admission

MRA Score/HCC

- An MRA/HCC Score that is going up or Remaining the Same is Good
- An MRA/HCC Score that is Going Down is Bad
- **Chronic Illnesses Do Not Resolve, They are Managed or Get Worse**

Are You **Improving**, **Staying the Same**, or **Getting Worse**?

Best medical practices and utilization drive overall cost, which determines how well or how poorly you perform financially

What is Total PMPM for ACO and by TIN?

What is Professional, Facility, ED, OP Facility, Hospice Costs by ACO and by TIN?

Measure by Entity and by TIN



Mix of Healthy Versus Sick/Chronic patients in practice
Transition of Care (CPT code) for doc follow-up visit – try to get 100%
Readmission Rate 180 days less than 50%
Percent of All/Chronic Patients Seen Each Quarter – 75% or better
Trend AWV by Month
In Network versus OON Utilization
Number of patients you start with and lose – “not seen in 6 months”
MRA/HCC
Acute Admits per 1000
ED visits per 1000
Imaging PMPY
PMPM - Total, Medical, Hospital IP, Pharmacy
Post-Acute PMPY (SNF, Rehab, HH)



“

He who hath the data, hath the knowledge.

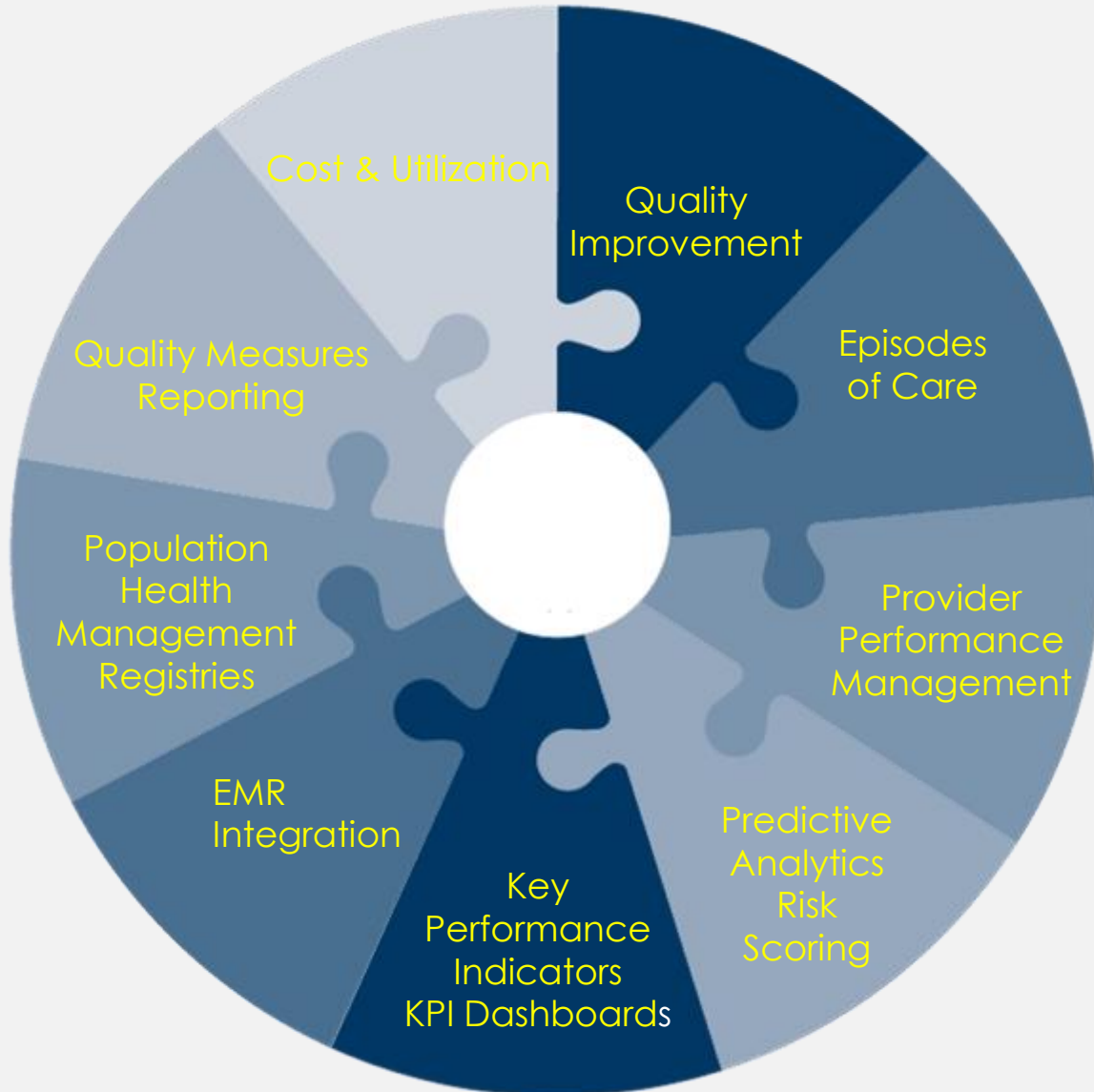
-- Abraham Lincoln

Technology Helps Organizations Enhance Performance



**Analytic Platform
Remote Patient Monitoring (RPM)**

What is Required of Your Technology



Analytic Platform

Ease of Use

- Interactive reports with deep drill down capability
- Powerful filters



Payer-Provider Transparency

- Payer-Multi Provider
- Provider-Multi Payer



Automated Insights Delivery

- M2M workflow integration



Rapid Speed to Value

- Automated customer data integration



Remote Patient Monitoring (RPM)

The ability to passively monitor your patients allows you to identify patients who are deteriorating and/or need medical attention before they require an ER visit or hospitalization

Medical Wearables, Blue Tooth Enabled Devices, and Dashboard

Use Cases for RPM

Examples

- CHF – Scale
- COPD – Oxygen Saturation Monitor
- Recent D/C from Hospital – Oxygen Sat Monitor plus Temp and Pulse
- Uncontrolled Diabetes Mellitus – Continuous BS monitoring
- Blood Pressure Treatment Adjustments – BP monitoring
- Cardiac Rhythm Issues - EKG

How Do the Pieces Come Together?

By Identifying Opportunities Across Your Patient Population

And Then Acting Upon Them



A top-down view of a white computer keyboard, a white mouse, and a black stethoscope on a white surface. The stethoscope is positioned in the lower right quadrant, with its chest piece near the mouse. The keyboard is in the upper right corner. The text "Any Questions?" is centered in the middle of the image.

Any Questions?

A dark gray curved shape at the bottom of the slide, with a blue vertical line on the left side. The text "THANK YOU" is written in white capital letters on this shape.

THANK YOU

Clinigence Health Booth on ACOExhibitHall.com



Contact Info



Lawrence Schimmel, M.D., CMO

Office: 678-607-6393 ext. 2001

Cell: 305-803-2469

Email: larry.schimmel@clinigencehealth.com

Jeremy Floyd, VP of Sales

Office: 678-607-6393

Cell: 404-205-9079

Email: jeremy.floyd@clinigencehealth.com