

# Getting Your ACO Through the Crisis Webinar Series

## Part 1

# ACOs During COVID-19 *Five Steps to Take Now*

Dr. Sanjay Seth & Dr. Jenifer Jaeger

# Today's Speakers

**Dr. Sanjay Seth**

Executive Vice President & CMIO - HealthEC



**Dr. Jenifer Leaf Jaeger**

Senior Medical Director - HealthEC



# Agenda

1

Introduction

2

Overview of COVID 19 & Impact on HealthCare

4

What ACO's should expect – The DOs & DONTs

5

Discussion and Questions

# Validating HealthEC's Advice

- Full-service healthcare data management company offering PHM, data management, and more with expertise in value-based care (VBC) strategies and technology implementations
- Successfully implemented clinical and financial data aggregation, analytics, provider/patient engagement capabilities, and quality reporting for 50 organizations
- 2019 “Best in KLAS” healthcare IT firm providing top-rated PHM and VBC services for provider organizations across the healthcare landscape
- The only vendor recognized by KLAS Research in its 2019 Population Health Care Management Performance Report as having **all SDoH capabilities**
- CMS-approved QCDR/MIPS registry vendor; on track to be certified by NCQA for eCQM measure submission by first quarter 2020



## DIFFERENTIATORS

### Solved the Data Aggregation Challenge

- Ingests claims, lab, EMR, hospital data, from any setting, system, or format, into an integrated analytics & care coordination platform



### Approaches Data Warehouse Modeling from a Different Perspective

- Physician, hospital, IDN, payer, and patients



### Provides Expertise in Building and Executing a Strategy

- Transforms data into information that helps develop, execute, and monitor a strategy, enabling decision-making at multiple levels to drive quality, cost, and utilization improvements



### Single-Platform Solution

- Analytics, care coordination, utilization management, referral management with near-real-time data management

## PRODUCTS

### HealthEC® eConnectors™ (> 200 system connectors)

- Ingests, crosswalks, and normalizes data from any system or setting and in any format
- Ensures easy access to data, a 360-degree view of individual patients and cohorts, and a complete longitudinal record for each patient to create an eMPI

### HealthEC® CareConnect™

- Built on established clinical guidelines and designed to provide seamless coordination between case and disease management, utilization, and health and wellness functions
- Empowered by insights derived from data analytics, enables the entire healthcare team to streamline workflow, engage patients in their care, and optimize quality and performance outcomes

### HealthEC® 3D Analytics™

- Using fully interoperable, aggregated data, interprets and analyzes information across the three dimensions most essential to success in a value-based healthcare landscape: claims, clinical, and quality using over 500 quality measures, including HEDIS, UDS, CMS Core Measures, and MIPS

# What Drives Results with VBC

## HealthEC Clients Sample Results

- HealthEC helped **ACMG** save \$10M+ in 2018 over 20,162 beneficiaries – an avg. annual savings of \$540 per patient

29%

Reduction in  
ER visits

20%

Reduction in  
hospital admits

17%

Increase in  
PCP visits

14%

Reduction in  
PMPM

- HealthEC helped **AICNY** save ~ \$2.9 million by helping them to risk-stratify patients and target interventions

6.3%

Reduction in expenditures  
for 4,464 beneficiaries 2017 – 2018

11% & 7%

Reduction in ER visits &  
admits, respectively

- For **Shore Quality Partners**, HealthEC's risk stratification model revealed that high-frequency ED patients were costing \$3M to \$5M annually. By orchestrating more cost-effective care, Shore achieved the following results:

\$1,600

PMPM reduction for high-ED  
utilizers in 2016

Over \$6M

In shared savings across 20,000+  
patients in 2017

- Focusing on cost - ER Use, Inpatient Care, Length of Stay, Pharmacy
- Focusing on Utilization – ER Use, Procedures, Radiology and In-Network Use
- Focusing on Maximizing Risk
- Focusing on Quality
- Preventing Physician/Practice Burnout



# The COVID-19 – Impact of Isolation

## ○ Importance of a strategy based on data

- RWE on COVID-19

## ○ Unintended Consequence of Social Distancing

- Reduced access – medical care/medications, adequate nutrition, transportation, etc.
- Social Isolation, psychosocial stressors, and the loss of support/visibility – domestic violence, increased likelihood of depression, increased likelihood of Substance Use Disorder including alcohol, opioids, etc.

## ○ Importance of Addressing SDoH

- Disproportionate impact on the poor and minority populations
- Loss of financial stability – unemployment, food insecurity, unstable housing
- Overburdening community-based social agencies
- Lack of social support at home and in the communities that need it the most

“

We recognize that social determinants of health are responsible for about 80% of health outcomes — and while we can't fix them all, we can do our part.

”

Source: [https://www.northwell.edu/katz-institute-for-womens-health/articles/healthcare-inequalities-putting-nation-at-risk?utm\\_source=native&utm\\_medium=display&utm\\_campaign=kiwh\\_2020](https://www.northwell.edu/katz-institute-for-womens-health/articles/healthcare-inequalities-putting-nation-at-risk?utm_source=native&utm_medium=display&utm_campaign=kiwh_2020)

# Relevant Current Headlines

Payer

## Payer experts: Why COVID-19 will 'fundamentally' change care delivery

by Paige Minemyer | May 7, 2020 2:53pm



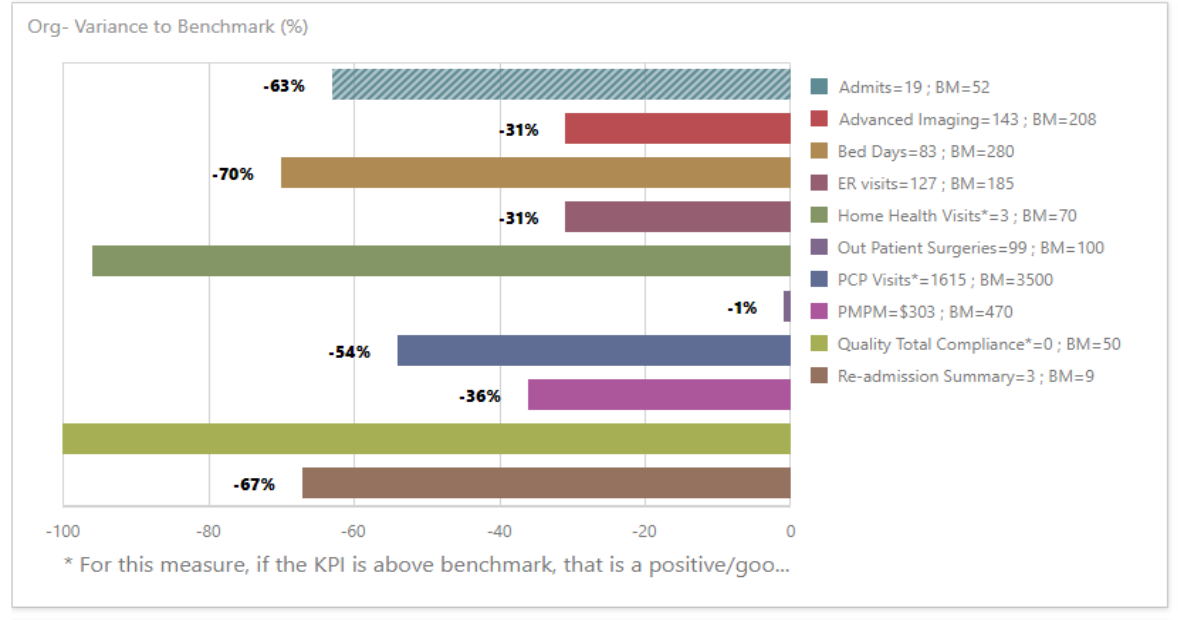
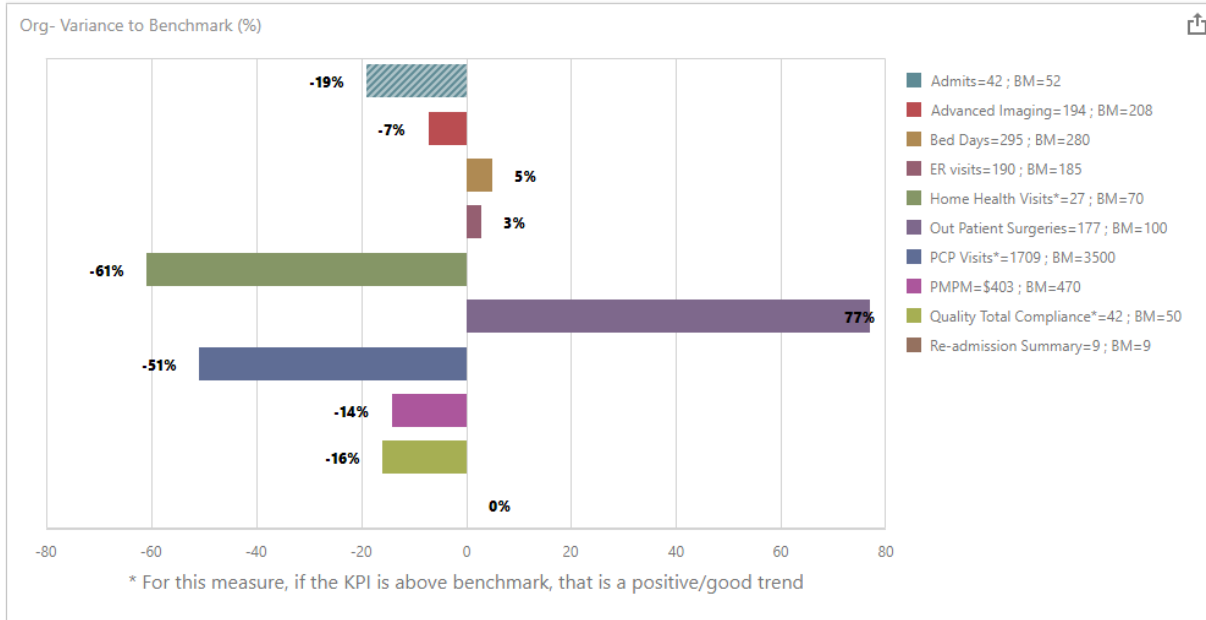
Glen Stettin, M.D., senior vice president and chief innovation officer at Express Scripts, said he and his team have been tracking data on members deferring care and have found significant numbers of people **avoiding trips to the emergency room for potentially high-risk needs** such as heart conditions due to COVID-19 fears.

Care delivery will be fundamentally reorganized in addition to telehealth," said Sree Chaguturu, M.D., chief medical officer at CVS Caremark, during [a webinar hosted by FierceHealthcare](#).

Brett Lotito, vice president of insurance strategy and operations at Oscar Health, said the growing demand for virtual care options due to the pandemic "pretty much changed the landscape immediately."

- Social Distancing will be the new norm
- Patient behavior has been impacted
- Provider behavior has been impacted
- Telehealth is here to stay – it has solved the issue of access
- Crowding may never be another topic to manage
- Location Location Location may be a thing of the past
- Procedures “only if absolutely necessary”
- Dr. Google will be the first if not the second opinion

# 2019 vs YTD 2020



## FierceHealthcare

HOSPITALS & HEALTH SYSTEMS TECH PAYER FINANCE PRACTICES REGULATORY COVID-19 SPECIAL REPORTS

Register for the Fierce Coronavirus Virtual Series: Where are we now?

Join us the week of May 4th for a series of virtual updates and expert panels discussing the fight against COVID-19

Payer

### Blue Cross MN CEO: Why COVID-19 may be making the case for value-based care

by Paige Minemyer | May 1, 2020 11:37am



HEALTHCARE DIVE Deep Dive Opinion Library Events

Health IT Payer Health Law Finance Hospital Admin Policy & Reg Practice M

BRIEF

### Obamacare insurers on hook for \$2.7B in MLR-based refunds this year, KFF says



# Analytics – Tracking Cost and Utilization by Diagnosis

Org- Financial Activity Statement by Diagnosis Group

Jan 2018 - Dec 2018

Category	# of Units	\$ Cost/Unit	Rate/1,000	Total \$	\$PMPM Cost	Prior Year \$	Prior Year PMPM	% PMPM Change To Prior Year
Main Category: Hospital	3,778	\$11,495		\$846,640	\$39.93	\$1,965,424	30.78	30
Main Category: Pharmacy	10,710	\$48		\$168,806	\$7.49	\$232,563	3.64	106
Main Category: Professional	38,404	\$1,941		\$824,910	\$38.91	\$1,797,663	28.14	38
Grand Total	52,892	\$13,484		\$1,830,356	\$86.33	\$3,995,650	62.56	38

Samitt said he views the pandemic and its aftermath, including the return to normalcy in patient volumes, in four stages. In the first, providers suppress elective procedures—leading to patients also avoiding care for acute needs.

Data **recently released by Cigna backs this idea**. The insurer saw significant declines in claims for care for high-risk needs such as heart conditions.

In the second stage, the industry successfully ramps up its response to COVID-19 and the surge in care needs. He noted that different states are at different points in this transition. Minnesota, for example, is still in the early stages, while other states have been surging in cases for far longer.

**RELATED: CMS releases guidance for health systems can restart elective procedures canceled due to COVID-19**

In the third stage, the COVID-19 surges have subsided, but patients are still hesitant to seek care, and may choose themselves to hold off on elective services.

“I suspect there will be a period of time where patients will still be reticent,” Samitt said.

In the fourth stage, the industry finally starts to see a notable rise in elective procedures, though there could still be plenty of patients who choose to wait on those services.

Samitt said the stages he envisions are a series of rises and falls in volume and having a strong population-based strategy enables a provider to ride those waves more effectively.

“In a value-based model, the resources allow us to sustain and frankly be stable over the course of the rises and the falls,” he said.

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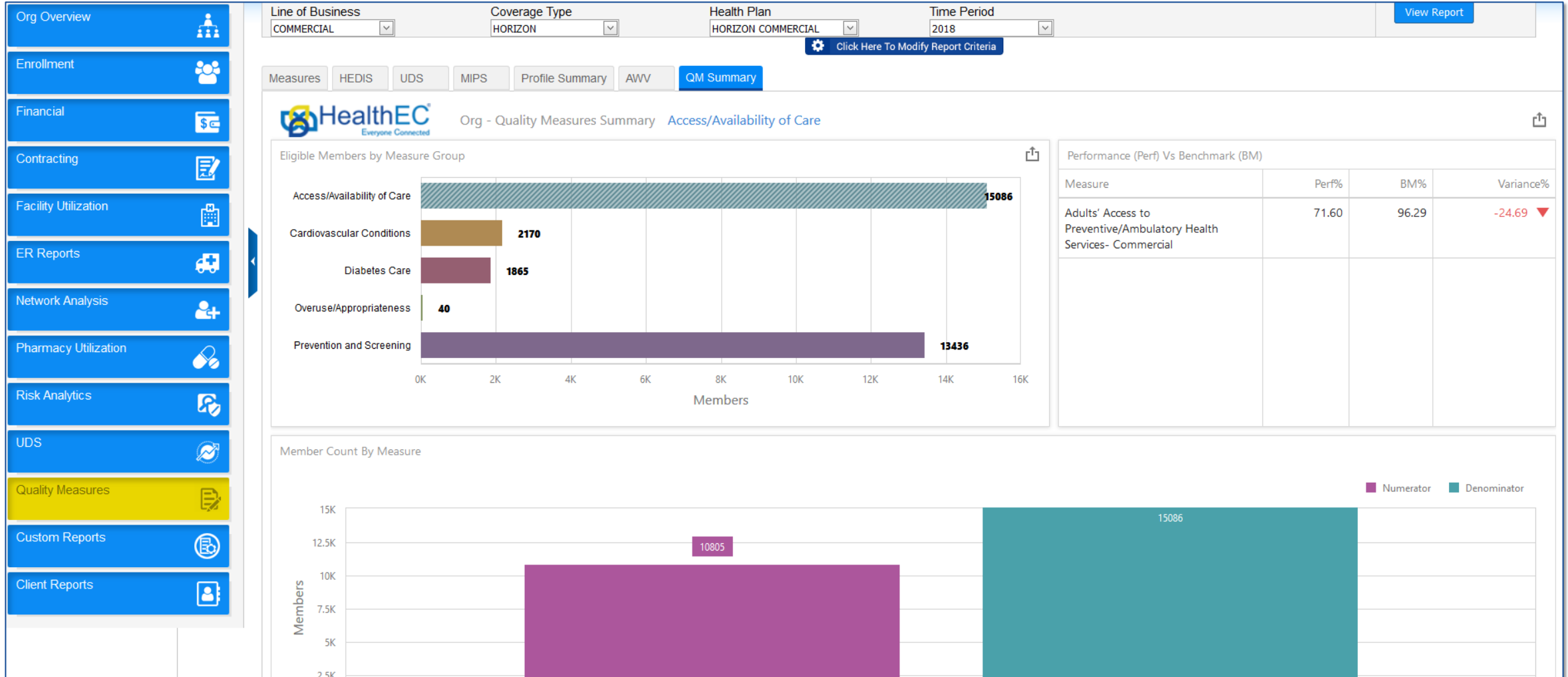
Payer

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by Paige Minemyer | May 1, 2020 11:37am



# Quality Measure Summary



# So the 5 Things

## DON'T

- ⦿ Abandon the VBC Strategy or stay away from taking risk – this is where the rewards are hiding
- ⦿ Worry about the ER Visits, Admissions – they are not occurring
- ⦿ Abandon Provider and Patient Engagement Strategies – you will need their attention shortly
- ⦿ Ignore your Hospital – they need you more than ever now
- ⦿ Stray from evidence-based care and ignore standard protocols – “the best business for medicine is good medicine”

## DO

- ⦿ Worry about the high-risk patients – preventing disasters
- ⦿ Focus on AWV, Preventive Care, TCM and CCM with Remote Patient Monitoring – they have multiple benefits including impacting physician revenue and can all be done via telehealth
- ⦿ Plan to address all the measures on preventive care, screenings and patient safety in 4 months or less
- ⦿ Start contract negotiations with attention to new benchmarks and risk score
- ⦿ Remain flexible to adapt to new patient paradigms

# Executing a Care Coordination (Telehealth) Strategy

## Built-In Patient Assessments

- Social Determinants of Health
- Disease management – chronic illnesses
- Depression screen – PHQ 2/9
- Cognitive function
- Fall risk
- Prevention at home

## Social Determinants of Health

- Access to Medication & Nutrition
- Issues with safe housing
- Loss of Financial Support
- Social Isolation, Depression, Alcoholism & Domestic Violence

## Re Prioritizing Approach to Care Coordination

An approach based on:

- Predictive risk
- Focus on chronic care or annual wellness
- HCC risk adjustment factor maximization strategy
- Medication adherence rates
- Quality score improvement
- SOCIAL ISOLATION and SOCIAL DETERMINANTS
  
- ~~Predictive cost, resources utilization~~
- ~~High- or rising-cost patient~~
- ~~High-cost diagnosis or cost per patient~~
- ~~High-ER users and non-emergent use of ER~~
- ~~Frequently admitted patients or admissions for low acuity~~
- ~~Re-admissions by facility, diagnosis~~



Questions and Discussion

# Stop by our ACO Exhibit Hall Virtual Booth



<https://www.acoexhibithall.com/vendor-booth/healthec/population-health-ii-software-tools-data-analytics/114/>

# Thank You

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[www.HealthEC.com](http://www.HealthEC.com)  
[www.ACOExhbithHall.com](http://www.ACOExhbithHall.com)

Part 2: June 18, 2020

Welcome to the New Normal in Risk-Based Contracting

# About Us

## Sanjay Seth, MD, Executive Vice President, Chief Medical Information Officer

[Sanjay.Seth@healthec.com](mailto:Sanjay.Seth@healthec.com)

- Dr. Sanjay Seth brings over 30 years of clinical, administrative and consulting experience to the HealthEC leadership team. As executive vice president, he develops approaches to support providers and organizations participating in healthcare programs borne out of the Affordable Care Act, including physician engagement strategies, care coordination programs, population risk management, ACO strategies, and payer/provider contract negotiations.
- Dr. Seth has supported physician groups in the formation of Accountable Care Organizations creating collaborative care coordination agreements and introducing technology and processes to manage ACO operations. Prior to joining HealthEC, he was a part of the turnaround team for Interfaith Medical Center, Newark Beth Israel Hospital Center at Orange and East Orange General Hospital, leading the implementation of complex hospital and physician clinical, financial, contractual and compensation relationships. Dr. Seth has also led numerous physician groups in their formation or re-structuring efforts including modification of billing systems, implementation of EMR's and development of partnership agreements.
- Dr. Seth studied medicine in Bangalore, India and holds a Masters in Health Administration from Cornell University, Ithaca, NY.

## Jenifer Leaf Jaeger, MD, MPH, Senior Medical Director

[Jenifer.Jaeger@healthec.com](mailto:Jenifer.Jaeger@healthec.com)

- Jenifer is trained in Pediatric Infectious Disease and Pediatric Urgent Care medicine and holds a master's degree in Biomedical Sciences and a medical degree from Washington University in St. Louis, MO and a Master's in Public Health in Healthcare Management and Policy from the Harvard T.H. Chan School of Public Health.
- Jenifer provides clinical oversight to HealthEC's population health management programs, now with a major focus on COVID-19. She functions at the intersection of healthcare policy, clinical care, and data analytics, translating knowledge into actionable insights for healthcare organizations to improve patient care and health outcomes at reduced cost.
- Prior to HealthEC, Jenifer served as Director, Infectious Disease Bureau and Population Health for the Boston Public Health Commission. She has previously held executive-level and advisory positions at the Massachusetts Department of Public Health, New York City Department of Health and Mental Hygiene, Centers for Disease Control and Prevention, as well as academic positions at Harvard Medical School, Boston University School of Medicine, and the Warren Alpert Medical School of Brown University.

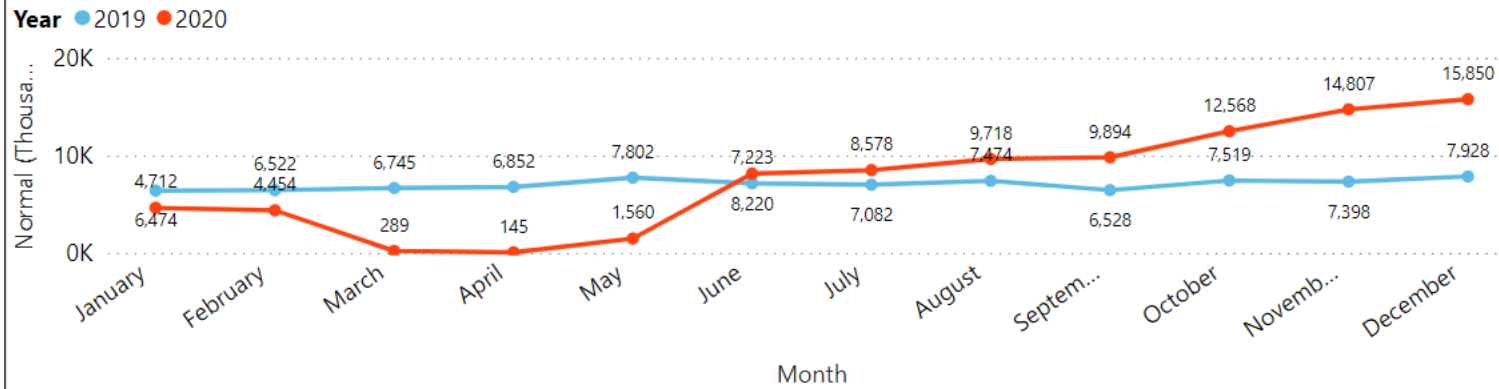


# Recovery – Remain Conservative



## Elective Surgeries - Recovery Models

### DON'T - Quick Recovery Model



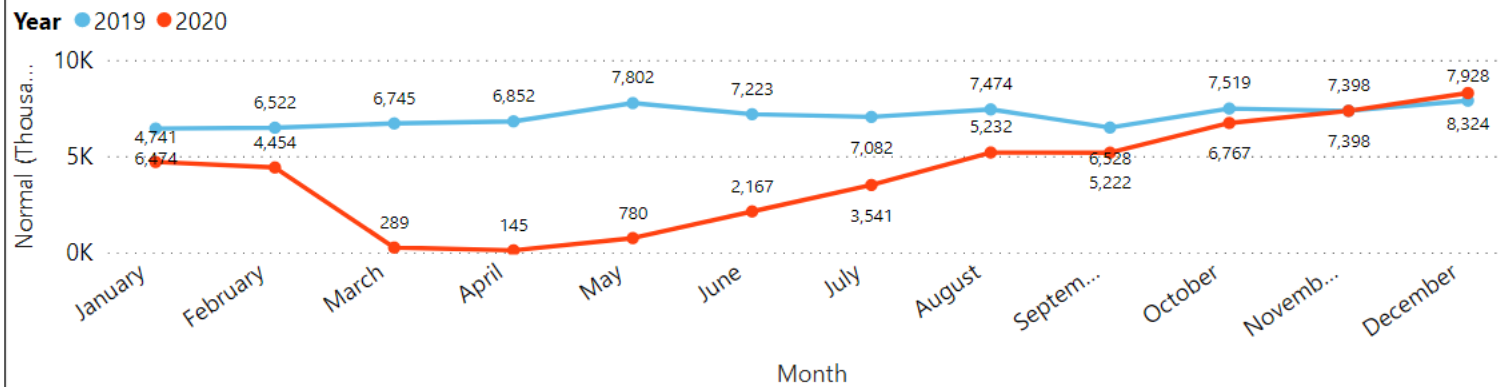
#### Unrealistic Assumptions:

- No capacity or resource issue
- Normal operations as of June
- "Back to Normal"



**DON'T chase your tail**  
(trying to make up for losses)

### PLAN for Optimistic Recovery Model



#### Assumptions:

- Gradual Optimistic Increase in Monthly Volume
- 10 % to 100% in 7 months

#### Barriers:

- Physical Capacity Limitation
- Resource Limitations
- Supply Chain Disruption
- Staffing Limitations
- Patient Behavior Changes
- Provider Behavior Changes



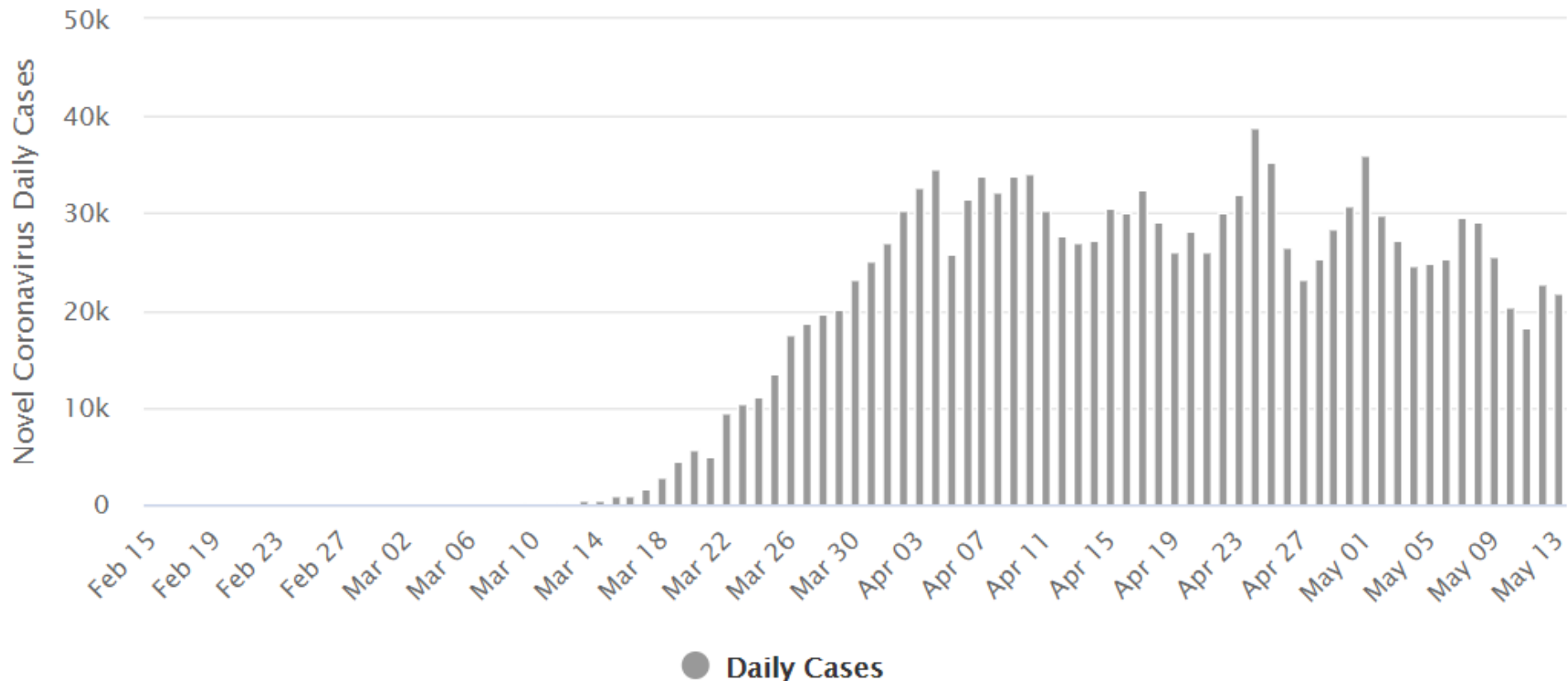
It will hurt (something else) even if you do



# COVID-19 Today - Worldometer

## Daily New Cases

Cases per Day  
Data as of 0:00 GMT+0



# COVID-19 Today - Worldometer

## Active Cases

(Number of Infected People)

