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Getting Your ACO Through the Crisis Webinar Series

Part 2

Re-Thinking Your Risk-Based Contracts - How to Prepare for the New Normal

Thursday, June 18th 2020

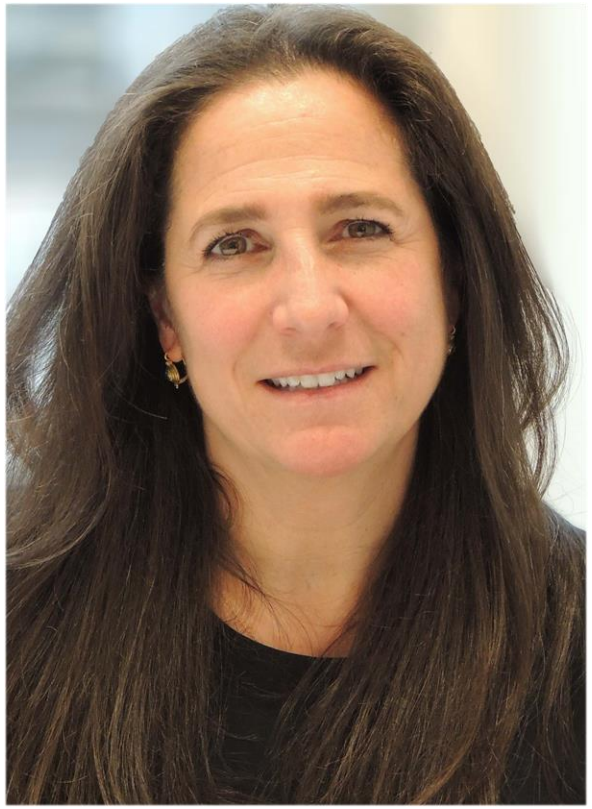
Today's Speakers

Dr. Sanjay Seth

Executive Vice President & CMIO - HealthEC

Dr. Jenifer Leaf Jaeger

Senior Medical Director - HealthEC



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Agenda

1. Introduction
2. First - The Recovery
4. Then - Why Risk (based contracts) Makes More Sense NOW
5. Discussion and Questions

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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

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The Recovery 1. Processes and Issues

Provider

- Sympathy vs Empathy
- Communicating and Mis-Communicating
- Retain “office discipline” while avoiding gaps in care
- Greater chance of interruption
- Time moves differently
- Out of sight – Out of Mind
- Practice, Practice, Practice
- Compliance
- WHO PLAYED THE PSYCHOLOGIST

Processes

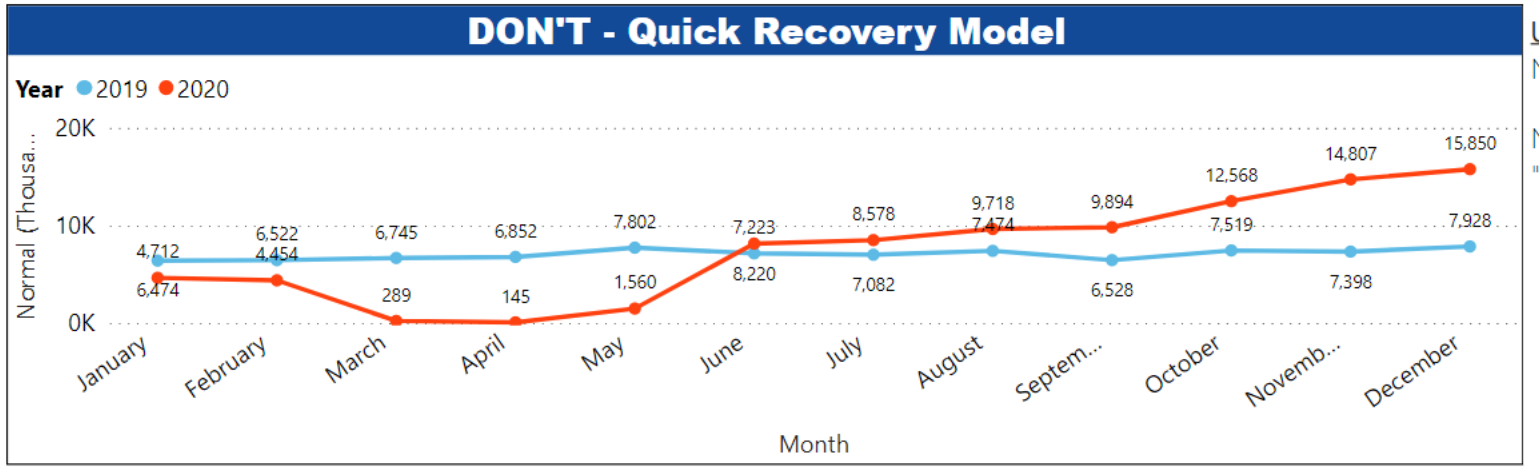
- Registration Eliminated vs Modified
- Staff Interactions and loss of socialization
- Co-Pay, Deductibles and Payments
- Hand off’s to other staff
- Prescriptions, Lab work, referrals
- Practice, Practice, Practice
- New Protocols and Communications
- Documentation and the EMR

Patient

- Empathy vs Compassion
- The examination surrogate
- The Loss of Personal Interaction
- Perceived lack of privacy??
- Technology Barriers
- Compliance

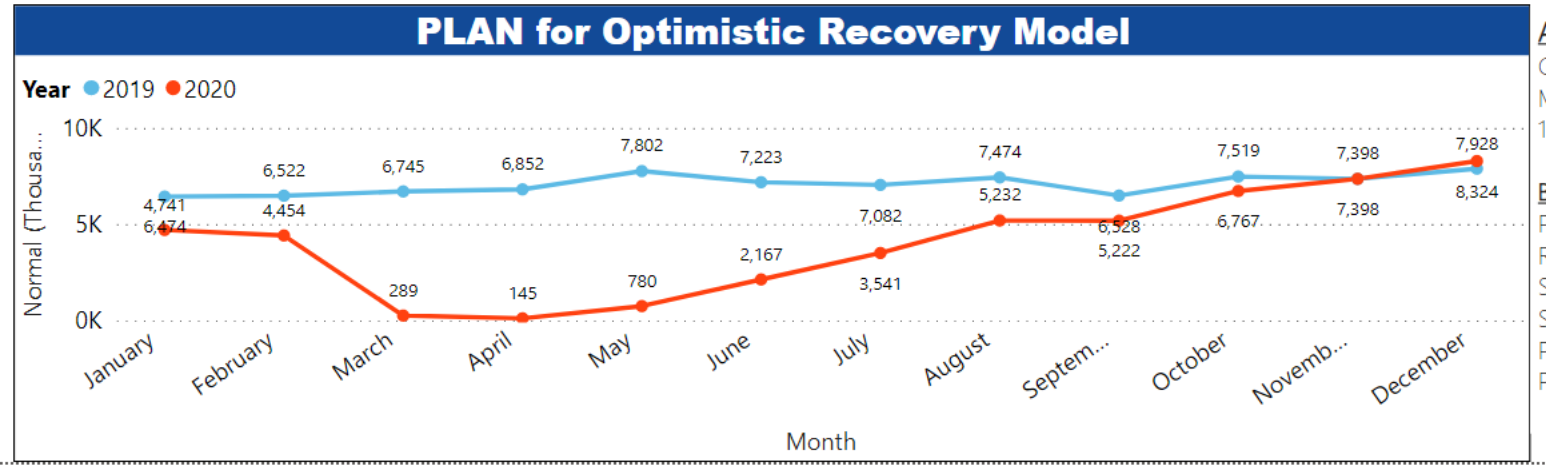
Recovery 2. Remain Conservative

Elective Surgeries - Recovery Models



Unrealistic Assumptions:
No capacity or resource issue

Normal operations as of June
"Back to Normal"



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

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

It will hurt (something else) even if you do

Uncoupling Payments and Encounters

The breakup guru who invented conscious uncoupling: 'I understand the backlash'

Katherine Woodward Thomas's term went mainstream when Gwyneth Paltrow used it to announce her separation from Chris Martin. But, argues the lifestyle guru, divorcing happily is not just for the rich and famous

1. Civilised 'conscious uncoupling' is now out of control ...
www.theguardian.com/commentisfree/2019/jan/18/...
Jan 18, 2019 · "Conscious uncoupling", and its counterpart "conscious coupling", are phrases that suggest the possibility of a certain level of control over the emotionally volatile matters of love, sex ...

- It must be a conscious decision
- Patient behavior has been impacted and "Less is More"
- Access and Quality (Patient Satisfaction) more than frequency
- Strategize to (retain ??) regain control while planning a transition – practice, provider and patient
- Whose Processes are Ready? (Provider or Payer)

PHYSICIANS PRACTICE®

Enter your keywords

Topics | Health IT | Careers | Law/Malpractice | Compensation | Pearls | St

COVID19 demonstrates need for independent physciain groups to assert authority against payers

By Nathaniel Arana

May 11, 2020

Contracts, Health IT, Payers, Physician Compensation, Reimbursement, Telemedicine

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2-Sided Risk Based Contracts

PROVIDER GOALS

- Minimize Risk Taken – Share the burden
- Maximize Revenue
- To get paid based on severity of illness
- Provide the best quality of care – provider definition
- Contract only for care and services under their control

COMMON GOALS

- Manage the Risk
- Manage Cost
- Right care at the right time at the right location
- 
- Track Total Cost of Care

PAYER GOALS

- Minimize Risk - Shift the burden of risk
- Fix cost of care
- Justify premium – based on risk
- Cheap and best alternative
- Contract for all forms of care and services

Services and Relationship to Total Cost

Service Type	Relationship to Total Cost
Inpatient Care	Direct and Linear
– Acute Care	– Direct and Linear
Hospital-Based Outpatient	Direct and Linear
Free standing Centers	Direct and Linear or Inverse
SNF	Direct and Linear
Professional Services	Inverse or Direct
– E and M	– Inverse
– Procedures	– Direct
– Imaging	– Direct
– Lab	– Direct
Home Health and DME	Inverse
Pharmacy	Direct and Linear

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10 Common Phrases and Terms for 2-sided Risk Contracts

- MLR – Medical Loss Ratio – know how it is defined and calculated
- Percent of Premium
- Star Ratings and Quality Measures
- Enrollment types, membership months and continuous enrollment
- Risk and TCC Corridors and Caps or Stop Loss
- Exclusions – Procedures, Services (Implants & Transplants), Drugs and Age Groups
- Mental Health, Behavioral Health and New Technology
- Re-Insurance
- Network Adequacy and Leakage
- Core and Optional Services

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So How To Negotiate

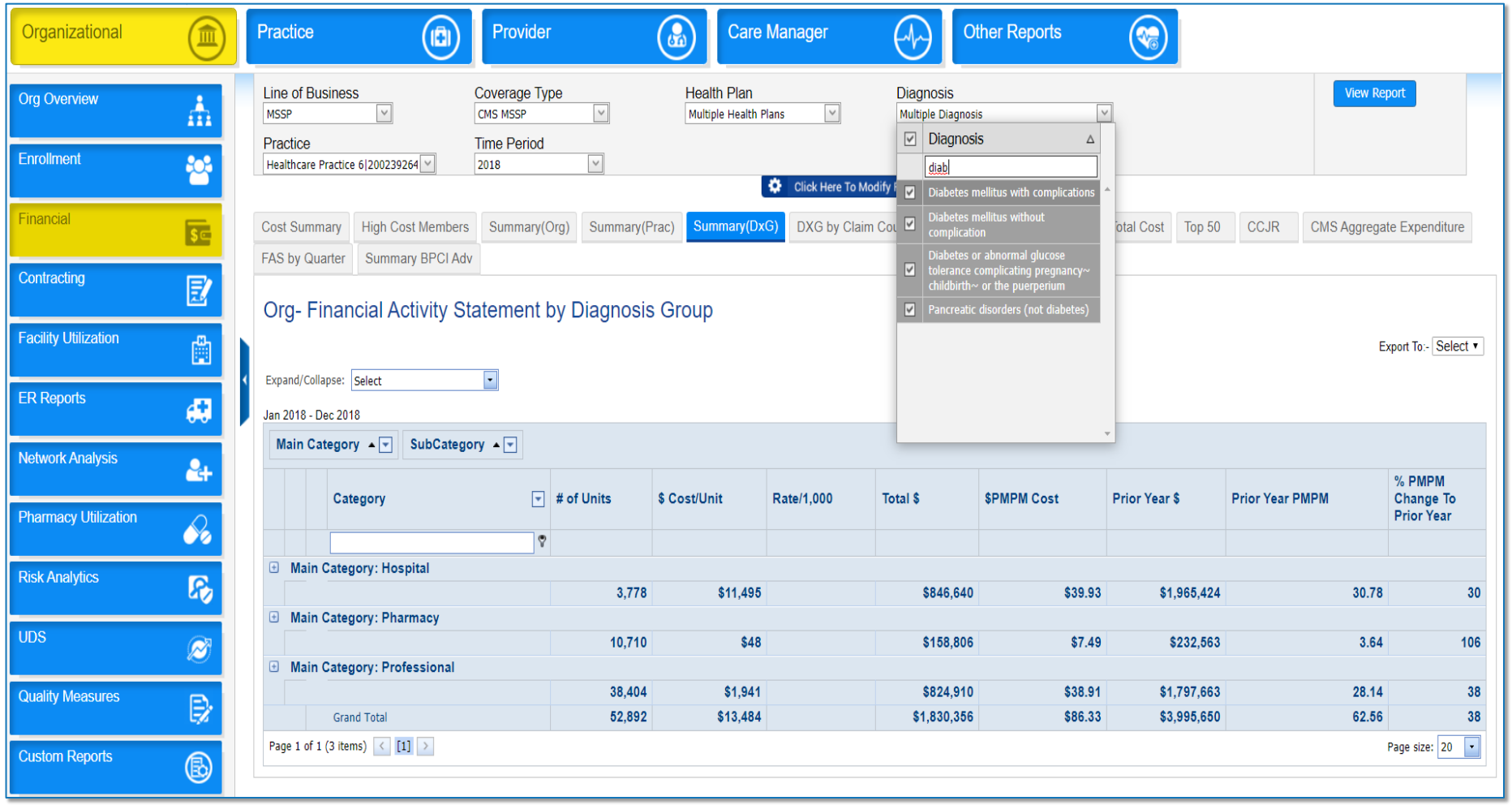
DO

- SWOT Analysis (On yourself as well)
  - Memorize Data and Benchmarks
    - TCC and Components
    - Exclusions and Caps
  - Background research on Payer
    - Quality and Performance
    - Network Adequacy
- **Focus on Access and Quality of Care then Total Cost of Care**
- Alternate meetings between Home and Away
- Include CMO and Nursing leadership
- Demonstrate Technology and Expertise

DON'T

- Go un-prepared or alone; take or find a subject matter expert to accompany
- Agree to take on services, measures that are not under your control
- Plan to address all the measures and issues in one meeting
- Start contract negotiations based on emotions
- Demonstrate flexibility on everything

TIME for CHANGE !!! – Negotiating / Managing Using Data



S.W.O.T Components

1. Actual Total Spend
2. Trending on defined intervals
3. Network capacity and capabilities
4. Benchmarked
5. Inclusions: Exclusions
    1. Services
    2. Facilities
    3. Providers
    4. Procedures
    5. Drugs
    6. Implants
6. Performance on associated Quality Measures

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Data Modeling - The COVID Impact

COVID Impact Analysis											COVID 19 Cases					
Estimated and will be Updated after 2020 Q1 expenditure report											Sorted by Confirmed in descending order					Calculated
											Location	Confirmed	Cases per 1M people	Recovered	Deaths	% age of Deaths
											Worldwid	4,233,504	544	1,481,314	289,932	
Sample Medicare data		**ANALYSIS of Impact of Direct Expenses related to COVID 19**									United States	1,399,905	4,248	234,607	83,019	5.93%
Category	Unit			New Jersy COVID 19						Months in COVID Conditions	State	140,743	15,955	15,642	9,508	6.76%
Total Assigned Beneficiaries	**13351**	% of Population	HighRisk	COVID + ve/1000 at the worst in the state	Death Rate Worst in the state	Hospitalization Rate (less deaths)	Normal Expenditure	Expediture During COVID	**3.5**		Bergen	16,804	18,446	—	1,348	8.02%
Person-Years			**14.00%**	**28.741**	**9.20%**	**50.00%**		**65.00%**		Reduced Medical Expenditure	Hudson	16,675	26,005	—	954	5.72%
Total	13,100		1834	377	35	154	13100	13100		Population	Essex	15,365	19,570	—	1,414	**9.20%**
End Stage Renal Disease	70	0.53%					$ 5,679,703				Passaic	14,428	**28,741**	—	734	5.09%
Disabled	779	5.95%					$ 8,415,606				Union	13,984	25,921	—	852	6.09%
Aged/Dual	329	2.51%					$ 3,765,255				Middlesex	13,759	16,898	—	759	5.52%
Aged/Non-Dual	11,922	91.01%					$ 106,536,808				Ocean	7,366	12,714	—	522	7.09%
Total Expenditures by Type		**ARDS**									Monmouth	6,815	10,800	—	439	6.44%
Total	9,496	518.82	ICD				$ 791	$ 514		pmpm	Morris	5,833	11,784	—	511	8.76%
End Stage Renal Disease	81,235	518.5	ICD				$ 9,496	$ 8,526		pmpy months COVID	Mercer	5,233	14,256	—	330	6.31%
Disabled	10,803	189	DRG								Camden	4,758	9,270	—	217	4.56%
Aged/Dual	11,430	$ 7,908	$ 26,000		$ 900,890	$ 3,993,796	$ 124,397,372	$ 110,093,311		Annual for Non COVID	Somerset	3,996	12,299	—	331	8.28%
Aged/Non-Dual	8,936	Avg	75%ile					$ 4,894,686		COVID 19 Related	Burlington	3,531	7,854	—	194	5.49%
								$ 114,987,997		Total with COVID 19	Gloucester	1,631	5,642	—	79	4.84%
		Min	Max					$ (9,409,376)		Difference (Savings)	Atlantic	1,494	5,446	—	72	4.82%
		There are about 200,000 (165 in 2017)cases of ARDS each year in the United States, with a mortality rate between 30% and 50%.									Cumberlan	1,245	7,925	—	34	2.73%
		https://news.google.com/covid19/map?hl=en-US&mid=%2Fm%2F05fjf&gl=US&ceid=US%3Aen									Warren	1,040	9,599	—	103	9.90%
		https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Inpatient2017									Sussex	1,023	6,888	—	127	12.41%

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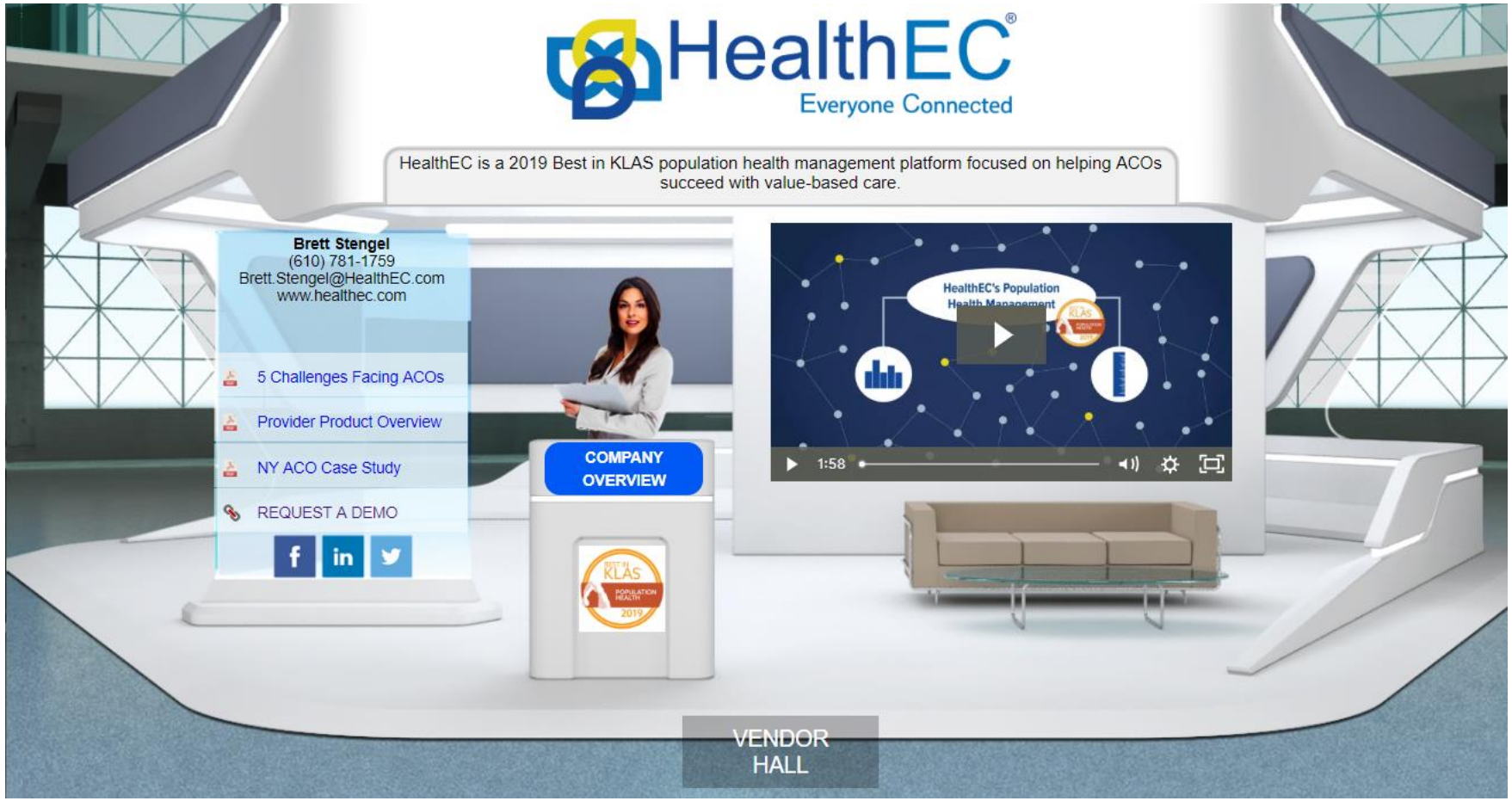
Questions and Discussion

Stop by our ACO Exhibit Hall Virtual Booth



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

ACOExhibitHall.com

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Thank You

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Part 3: July 17, 2020
Drive Member Health with Post Covid Provider Data

About Us

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

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- *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

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- *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.*

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