



What You Can Learn From VA-DOE's COVID-19 Mortality Risk Model and the Emerging Trends Like Telehealth

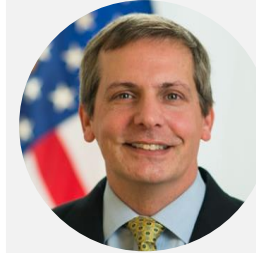
Our Speakers Today!



Dr. Amy C. Justice
*Medicine and Public Health,
Yale University
Staff Physician, VA Connecticut
Healthcare System*



Raj Shrestha
*COO, Community-Based
Care and President & CEO,
Castell (Intermountain
Healthcare)*



John Pilotte
*Director of Performance-
Based Payment Policy
Group, CMS*

Special Guest!



David Klebonis
*COO, Palm Beach
Accountable Care
Organization (PBACO)*



Mike Kerouac
*CEO and Founder,
Precise Telehealth*



Aneesh Chopra
*President
CareJourney*

Expert Panelists

Moderator

Focus of Today's Webinar

We will take a look at the early findings derived from mapping linked claims and encounter data of over 130+ Million beneficiaries to the VA-DOE 30-Day COVID Mortality Model to answer important questions that will impact care delivery and ACO operations, now and into the future. We will also share ACO-level insights around the surge of telehealth utilization in 2020, exploring trends in terms of the providers and populations who have leveraged telehealth in response to the public health crisis.

Attendees will learn:



Which patient population segments are at a higher risk of mortality and are they getting the preventive services they need?



What regions in the country are flash points for COVID-19 resurgence and are Providers in these region equipped to hand a surge?



Has the sharp increase in telehealth utilization in 2020 helped in the response to the public health crisis?

CMS perspective with:



John Pilotte

*Director of Performance-
Based Payment Policy
Group, CMS*

Health Affairs: 2019 Shared Savings Program ACO Performance

HealthAffairs

2019 Medicare Shared Savings Program ACO Performance: Lower Costs And Promising Results Under 'Pathways To Success'

Seema Verma

SEPTEMBER 14, 2020

10.1377/hblog20200914.598838



Conversation with:



Dr. Amy C. Justice

CNH Long Professor of Medicine and of Public Health, Yale University

Staff Physician, VA Connecticut Healthcare System

Predicted 30-Day COVID Mortality Model Developed by a VA-DOE Collaboration

Story in Brief

Using Veterans in Care data, the COVID-19 Project Team (VA-DOE Collaboration) developed a 30-Day COVID Mortality Risk Model based on both administrative claims data and EHR data leveraging a number of key variables. The administrative claims predictive model leveraged 4 key variables highlighted below and resulted in an AUC = 0.79. The predictive model was codified and run by CareJourney on the 100% FFS dataset.

Experts



JT King, Jr



AC Justice

Charlson Comorbidity Index



Leverages CCI weights for patients that have diabetes, liver disease, and/or cancer documented within 2 years prior to a positive test

Age



Increase in age leads to an increased risk of mortality including a flag for patients ≥ 85 years old

Gender



Males have a higher risk for mortality than females

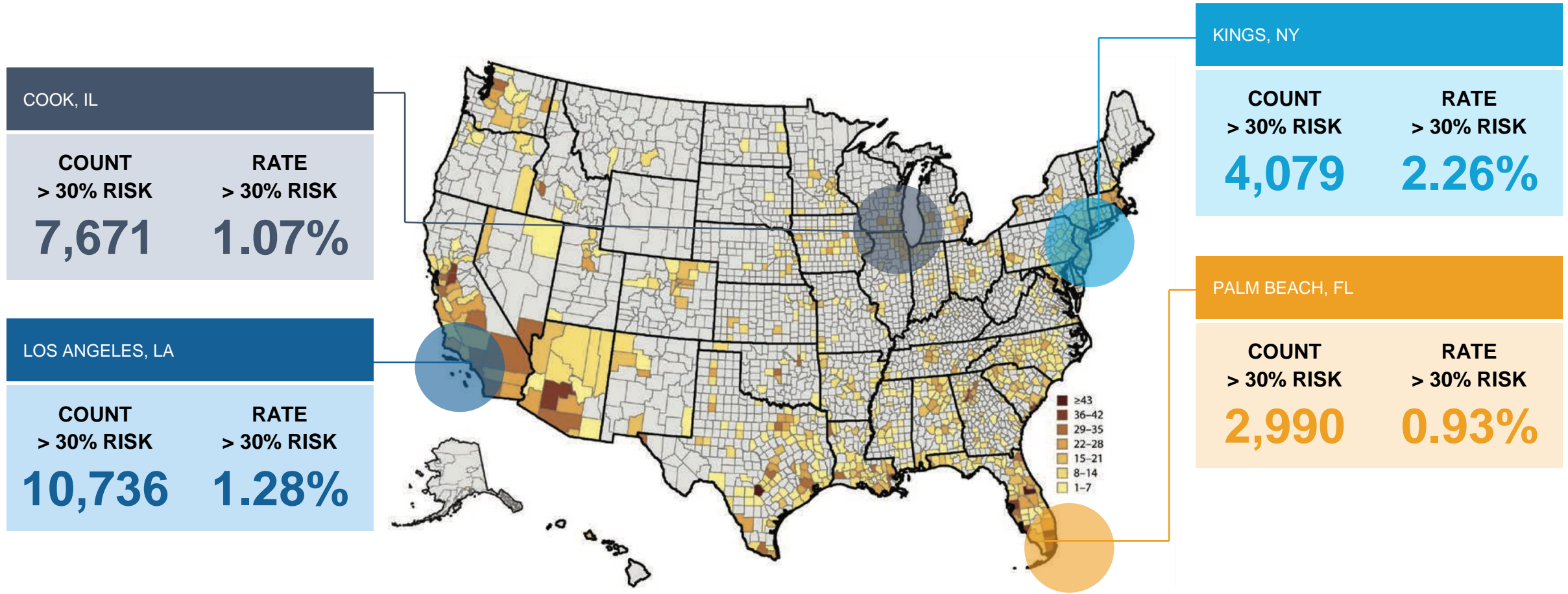
MI or PVD



Addition of documented myocardial infarction or peripheral vascular disease leads to an increase risk of mortality

Early Findings: Top Counties* by Mortality Risk Score

Trends in Number and Distribution of COVID-19 Hotspot Counties March 8–July 15, 2020



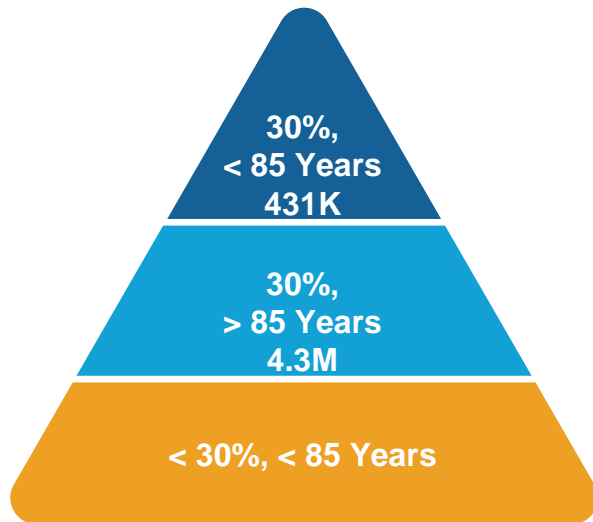
*Top Counties defined as Counties with 25,000 or more attributed patients

Map Source: www.cdc.gov/mmwr/volumes/69/wr/mm6933e2.htm

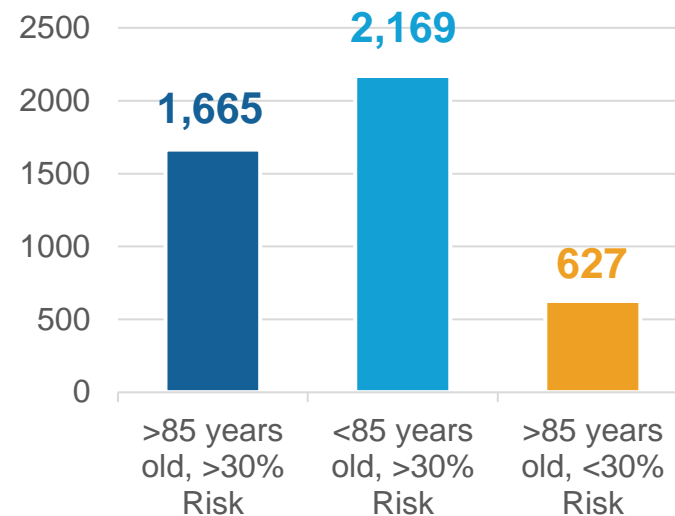
Isolating Patient Cohorts Based on Risk, Prevalence

- CMS Releases Paid Claims Through July 2020 to Understand COVID
- High Disease Prevalence Among pre-existing condition Mortality Risk, <85 years old

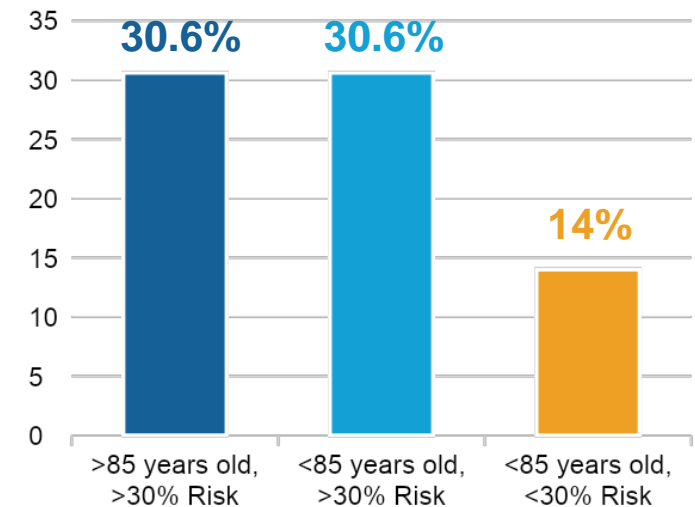
Beneficiary Distribution
(By Risk Cohort)



COVID+ per 1K, by Cohort



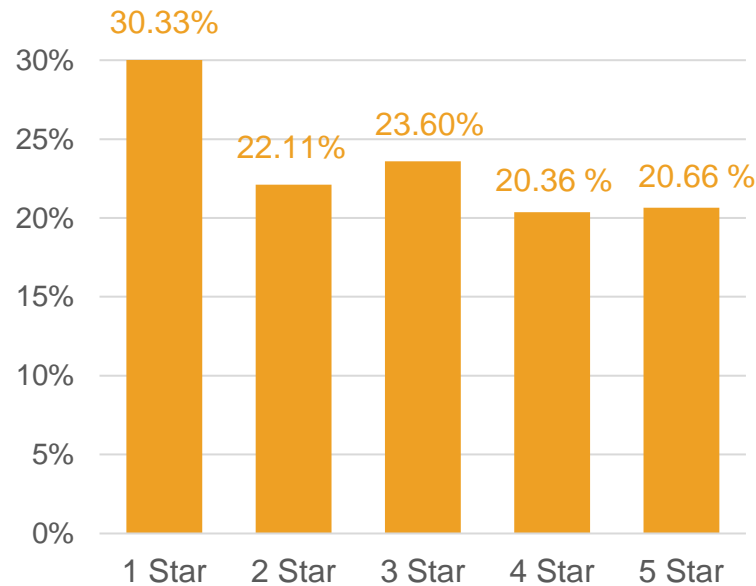
% COVID+ Death Rate, by Cohort



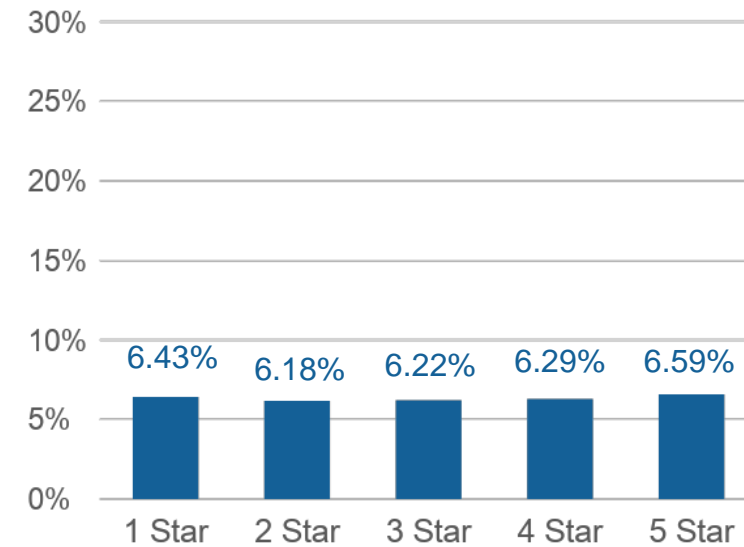
Early Analysis Suggests Greater Mortality Risk By Star Rating

Higher Rated Hospitals Show Lower Mortality but Not Treating Less Risky Patients

% COVID Mortality



Distribution of COVID+ Patients, by <85 > 30% Risk Cohort



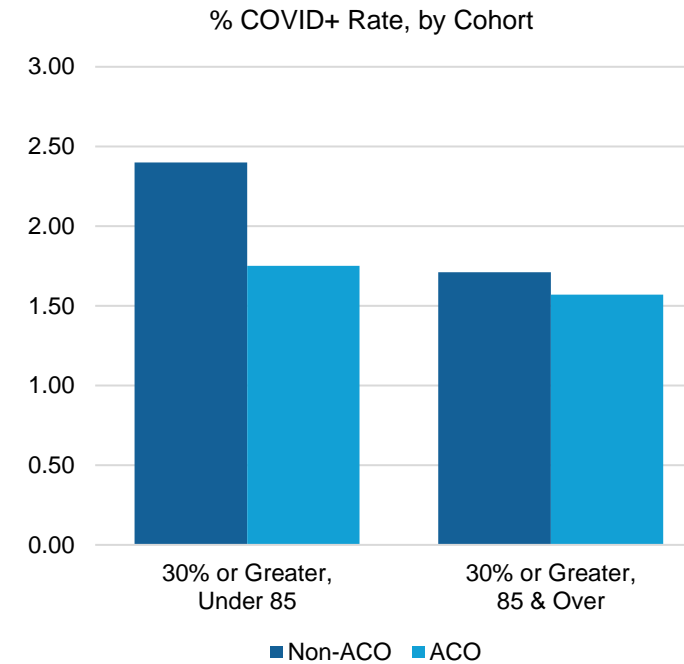
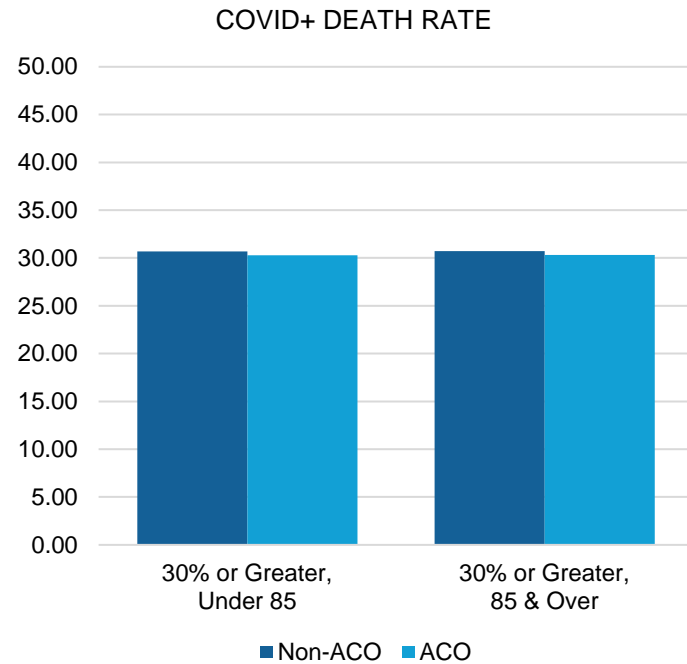
Bala Hota, MD, MPH
Tom Webb
Ken Locey



Understanding ACO Performance

ACOs Continue to Deliver Needed Services

Although mortality rates are similar, ACOs have fewer COVID+ patients in high-risk cohorts



% TELEHEALTH UTILIZATION – NON ACO

29.61%

30% or Greater,
Under 85

18.33%

30% or Greater,
85 & Over

% TELEHEALTH UTILIZATION – ACO

33.53%

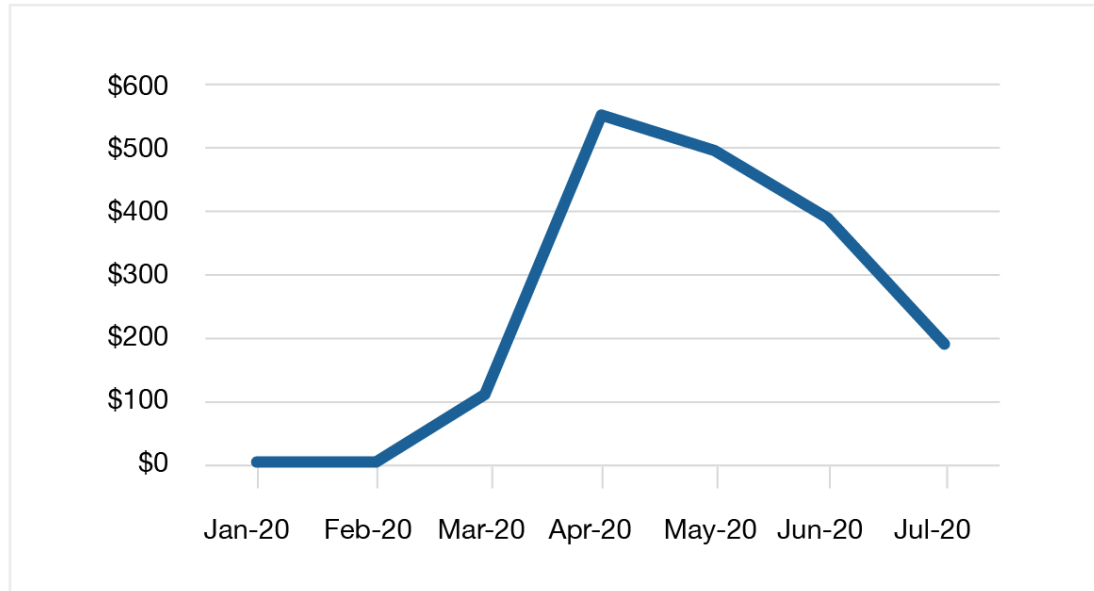
30% or Greater,
Under 85

24.76%

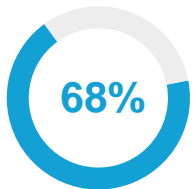
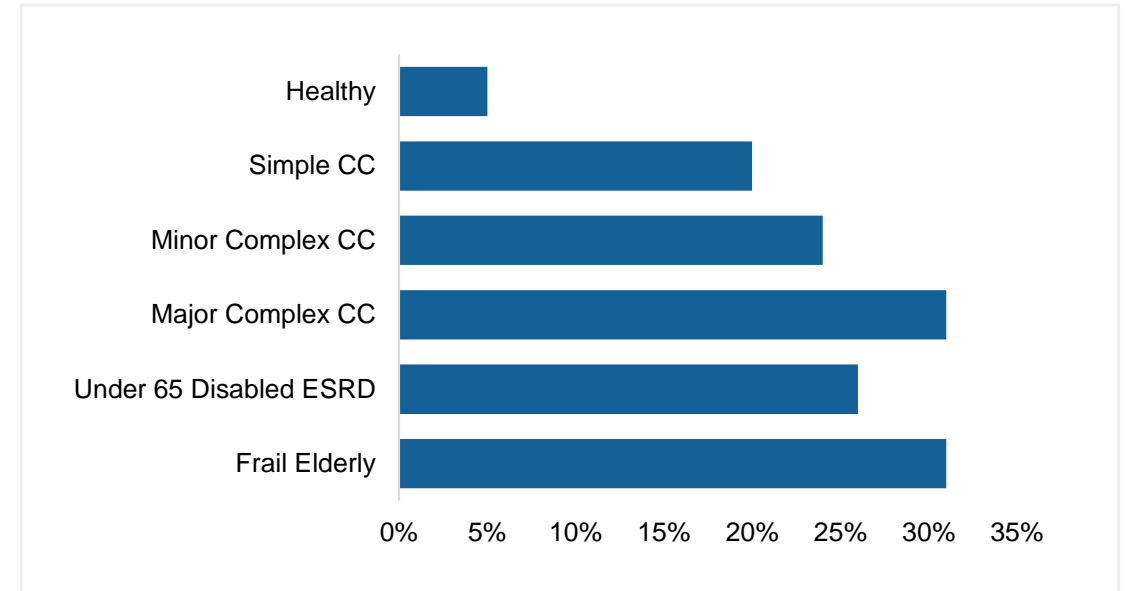
30% or Greater,
85 & Over

Telehealth Utilization Growing Across High Need, High Cost Segments

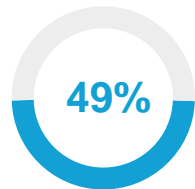
Telehealth Spend by Month, 2020



% of Beneficiaries Utilizing Telehealth by Segment, 2020



Average % of Part B Spend on Telehealth



Average % of Total Spend on Telehealth

\$198

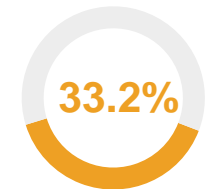
Average Telehealth Spend per Patient

490K

Providers Rendering Telehealth

26

Average Telehealth Patients per Provider



ACO Attributed Benes with Telehealth

Telehealth Utilization, by ACOs, by High Risk COVID Cohort

ACO Name	Count > 30% Risk, <85	% COVID+	% Telehealth
Palm Beach Accountable Care Organization LLC	1,415	1.84%	54.63%
Advocate Physician Partners Accountable Care Inc.	2,263	2.87%	43.75%
Delaware Valley ACO	1,417	4.59%	43.12%
Millennium Accountable Care Organization LLC	1,470	NA (<11)	36.46%
Health Connect Partners LLC	1,675	0.90%	35.76%
Baylor Scott & White Quality Alliance	1,697	0.88%	35.12%
Cleveland Clinic Medicare ACO LLC	1,480	NA (<11)	29.80%
Caravan Health ACO 17 LLC	2,967	1.08%	26.46%
Mercy Health ACO LLC	2,298	0.70%	25.37%
Keystone ACO	1,401	1.43%	19.27%

Conversation with:



David Klebonis

*COO, Palm Beach Accountable
Care Organization*

"All-in" On Driving Telehealth Adoption Across PBACO Provider Network



SuperDocACO 2.0 17+

Tech Titan, LLC

★★★★★ 4.9 • 28 Ratings

Free

Stay Connected & Effective With Remote AWV

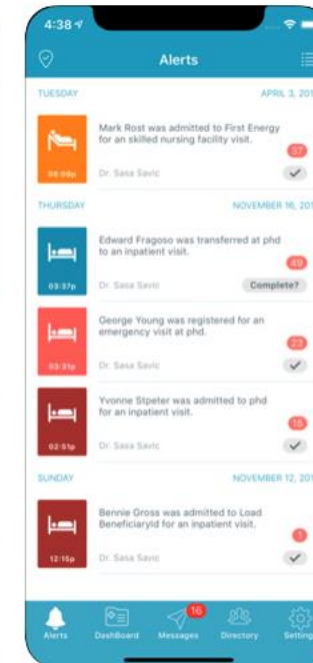
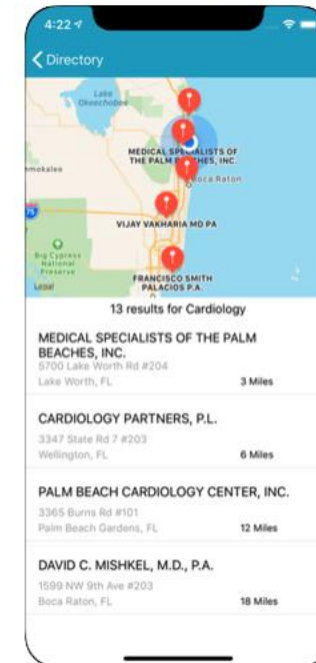
Annual Wellness Visits

An AWV can absolutely be completed via telehealth (not the G0402); the "vitals" requirements are still in effect.

- Some physicians may find it easier to just complete E&M visits or TCM. (Vitals are not required during the emergency)
- Below are the measure requirements for AWVs: Any device validated for clinical accuracy can be used.
 - **G0402**: NOT an allowed Telehealth service.
 - **G0438**: Requires Height, weight, body mass index or waist circumference, and blood pressure.
 - **G0439**: Requires Weight and blood pressure.

Annual Wellness Visits G0402 (~\$172.88) , G0438 (~\$177.24) & G0439 (~\$120.34) meet most quality measures, increase assignment, and earn you immediate revenue along with ACO Shared-Savings.

Screenshots iPhone iPad



How PBACO Scaled Telehealth



Patient Education



Dedicated Participant Officers



Mobile Phone Integration into EHR

COHORT	TOTAL PATIENTS	% COVID+	% COVID DEATHS	% TELEHEALTH UTIL
PBACO 30% or Greater 85 & Over	12,738	1.63%	22.12%	45.59%
PBACO 30% or Greater Under 85	1,415	1.84%	NA (<11)	54.63%

Telehealth Utilization: **44.7%** Palm Beach CBSA

Conversation with:



Raj Shrestha

*COO, Community-Based Care &
President & CEO, Castell
(Intermountain Healthcare)*

Building the Infrastructure for New Clinical Care Models

What One Health Care CEO Is Learning from the Pandemic

by Marc Harrison

July 20, 2020

Summary Save Share Comment 0 Print \$8.95 Buy Copies



Intermountain Healthcare Launches New 'Intermountain at Home' Service to Enable Patients to Receive Clinical Care at Home

Mar 07

Intermountain Healthcare is expanding its home-based services this year to include primary care, some traditional hospital-level services, and palliative care for patients with chronic or serious medical conditions.



The new service, called Intermountain at Home, is a comprehensive program that will expand established Intermountain Homecare & Hospice services to prevent or

How Intermountain Optimized Their Resources During COVID



Enabled Telemedicine Early



Focused on Highest Risk Population



Alignment to Care Models

COHORT	TOTAL PATIENTS	% COVID+	% COVID DEATHS	% TELEHEALTH UTIL
Intermountain 30% or Greater 85 & Over	7,263	0.29%	NA (<11)	17.61%
Intermountain 30% or Greater Under 85	644	NA (<11)	NA (<11)	29.35%

Telehealth Utilization: **27.6%** Salt Lake CBSA

Conversation with:



Michael Kerouac
CEO and Founder
Precise Telehealth

Scaling Requires Overcoming (Many) Barriers to Tackle

Medicare diabetes prevention program helps a few hundred instead of hundreds of thousands



The Department of Health and Human Services. | Alex Wong/Getty Images

REMOTE PATIENT MODELING

- Less than 0.5% of beneficiaries are utilizing remote patient monitoring (RPM)
- Utilization of RPM codes increasing nationwide, but still slow
- Precise Telehealth is averaging almost 1.5 RPM claims per patient in Q2 2020

How Precise Telehealth Continues to Move the Dial

2019 Results

	Precise Patients	CMS 3 Chronic Condition Benchmark
ED Visits	<10/1000	621/1000
Avoidable ED Visits	<10/1000	257/1000
Office Visits per Year	9.9/patient	5.1/patient
SNF Admits per Year	100/1000	170/1000

Patient Population

- 7 Tribal clinics in Southern California with A1c over 9 and behavioral complications
- Urban underserved in Baltimore, Chicago and SE Texas
- Hispanic patient base in 5 states
- Patients with Dialysis and Oncology treatments along with complications
- Patients with learning disabilities, loneliness, depression, anxiety and economic complications

2020 Self Reported Results

Average high cost, high need Precise patient

- 5+ Conditions; 9.5 meds; 21% on behavioral meds;
- 71% of all patients on medication tracking with 90+% compliance

All Patient Outcomes

- 87% of all patients with no ER or Inpatient admissions
- 95% of all patient months with no ER or Inpatient Admissions

Diabetic patient Outcomes

- 70% of patients w/ decrease of A1c by more than 0.3 within 6 months

Dialysis Patient Outcomes

- 17.5% of dialysis patients had Inpatient visits; 5.8% with multiple
- 22.5% of dialysis patients had ED visits; 6% with multiple

Continued Research: National Level Benchmarks Coming Soon

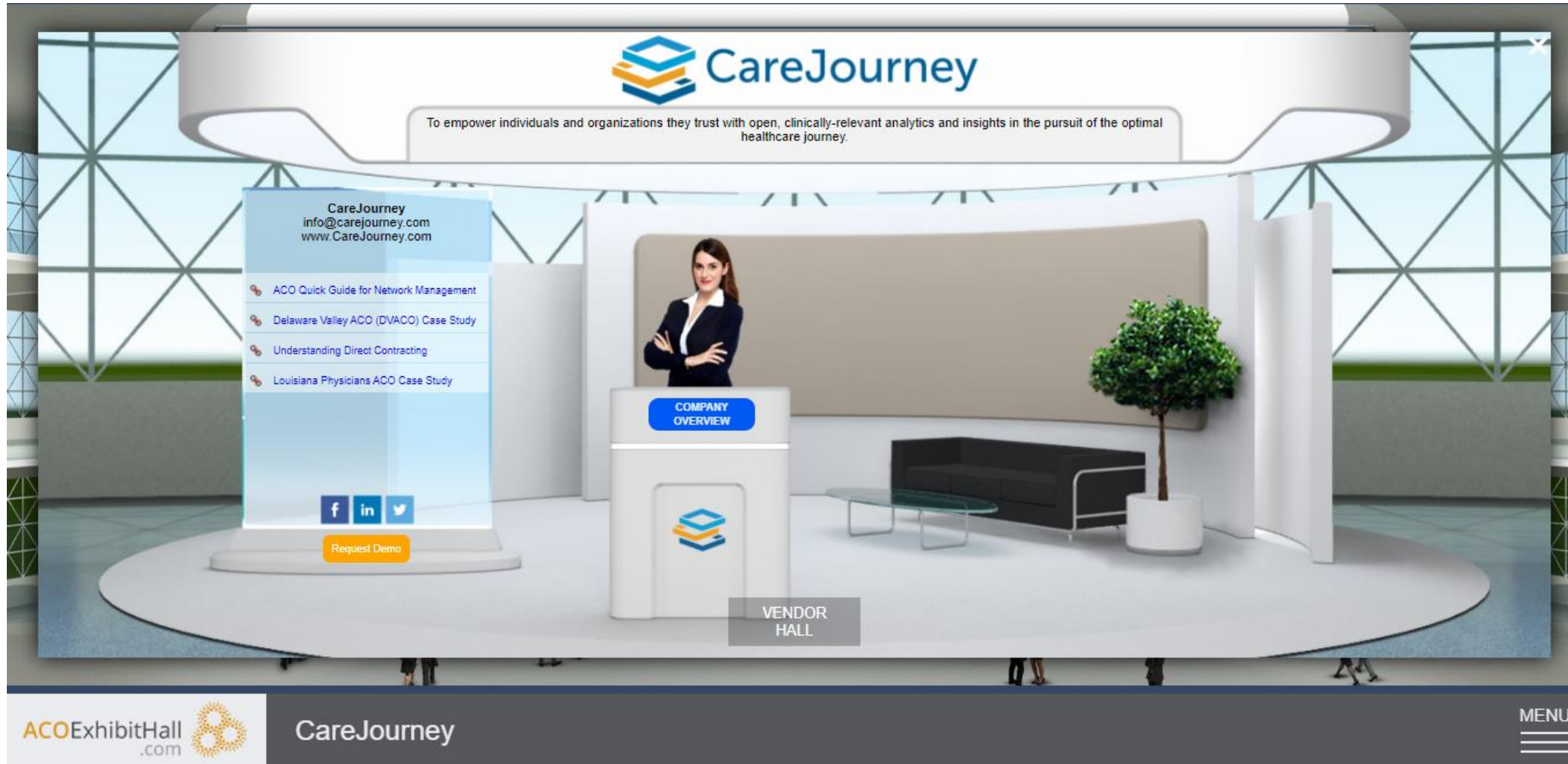


COVID IP Encounters by DRG March - July 2020

DRG	Desc.	# Claims	PAYMENT					BENE DEMOGRAPHIC			LOS CHARACTERISTICS			
			Mean	StDev	Skewness	% of Patient w/ Outlier	Mean Outlier	Mean Age	% Female	% White/Black /Asian/Hispanic /Other	LOS	% Xfer	Mortality - Stay	Xfer to Hospice
All	All	155,101	\$23,240	\$24,571	5.1	4.7%	\$1,135	75.2	49.6%	61.3%/25.0%...	9.8	7.7%	23.1%	5.8%
177	Respir...	69,079	\$17,130	\$9,190	4.8	2.1%	\$313	76.0	51.8%	62.1%/23.9%...	8.3	5.4%	14.9%	5.9%
871	Septic...	31,276	\$17,849	\$9,172	4.3	3.1%	\$427	76.5	47.8%	61.2%/25.5%...	8.4	4.5%	32.4%	9.0%
870	Septic...	7,576	\$63,153	\$27,963	2.6	16.5%	\$4,534	72.1	39.9%	52.7%/28.3%...	17.8	10.9%	67.0%	4.1%

Questions From the Audience

Stop by our ACO Exhibit Hall Virtual Booth



[Visit the CareJourney exhibit booth](#)

Contact Us

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