

Specialist Engagement:

Ten Strategies for Getting Specialists on Board with Your Cost, Quality & Patient Satisfaction Goals



Theresa Hush - CEO

**Thomas Dent, MD – President
and Medical Director**

Roji Health Intelligence LLC



**Wayne King – Senior Vice
President, Strategy**

Proficient, Inc.

Specialty care drives 40-60% of medical costs.

- Direct physician services
- Diagnostics, imaging and lab
- Procedures and facility charges
- Course of treatment and post-acute therapy
- Pharmaceuticals

Why is it difficult to engage specialists?

- Specialists don't usually participate directly or get incentives, so may feel disenfranchised by the ACO/CIN.
- At odds with Value-based incentives that lower volume, from ACO goals and COVID-19 impact.
- Though critical to care delivery, specialists can be viewed as cost drivers as opposed to care partners.
- Some may not see the ACO as a partner but rather a necessary evil.

Many ACO Primary Care Physicians have only “soft tools” to choose specialists.

- “In Network” is not always easy to ascertain or most cost-effective care
- Cost comparisons not available, or are inaccurate
- Lack of tools at the point of referral
- No post-tracking of results, communication

Engaging both specialists and primary care physicians is essential to cost management.

- Helping specialists understand and then impact costs, quality and patient satisfaction
- Helping PCPs select specialists based on cost, communication, and patient outcomes

10 Strategies for Specialists' Engagement

Strategy 1 | Specialty network data aggregation.

- Specialists in ACOs should be asked to participate in a data-driven collaborative process
- Provider and claims data will be used to help specialists review their own cases in a practice-driven positive process
- Specialty data should be “protected” and not used against specialists without completion of at least one year review and improvement

Strategy 2

Episodes of care cost analysis.

- Episodes create capability to standardize costs for procedures, conditions, enabling comparisons
 - Examine cost variation
 - Compare different therapeutic approaches
 - Review outcomes
 - Examine cost drivers and costs over time of episode
- Objective is to reveal options for avoiding costs in future

Strategy 3

Individual specialists: Five cases per month review.

- Involve specialists in review of 5 cases per month
- Measure engagement via system logs
- Use algorithm to choose cases across cost curve
- Deploy method of collecting limited physician feedback or generating discussions about cost analysis as time progresses
- Initial focus should be on education and awareness

Strategy 4

Specialty practice: Examine key cost drivers per episode.

- Specialist-driven process to examine cases across practice
 - Include costs of anesthesia, pre- and post- services
- Review patient selection process and decision-framework for treatment plan
- Patient stories in episodes are revealing in a 20-20 retrospective vision



Reset Filters

Individual Episode Costs

Select Year

(All)

Select Episode Name

Hip Arthroplasty

Select Category

(All)

Select Service

(All)

Select Practice

Demo Practice - 5208

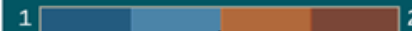
Select Provider

(All)

Slide to filter by # triggers



Nbr of Triggers



Patient Search

Enter Patient ID

Click on a circle in the scatter chart and select "[View Patient Episode Service Details](#)" to view detailed information for the patients episodes.



791

Total Hip Arthroplasty Episodes

\$1,590,312

Total Cost

\$2,011

Average Cost

211

Episodes Above Average Cost

27%

% Above Average Cost

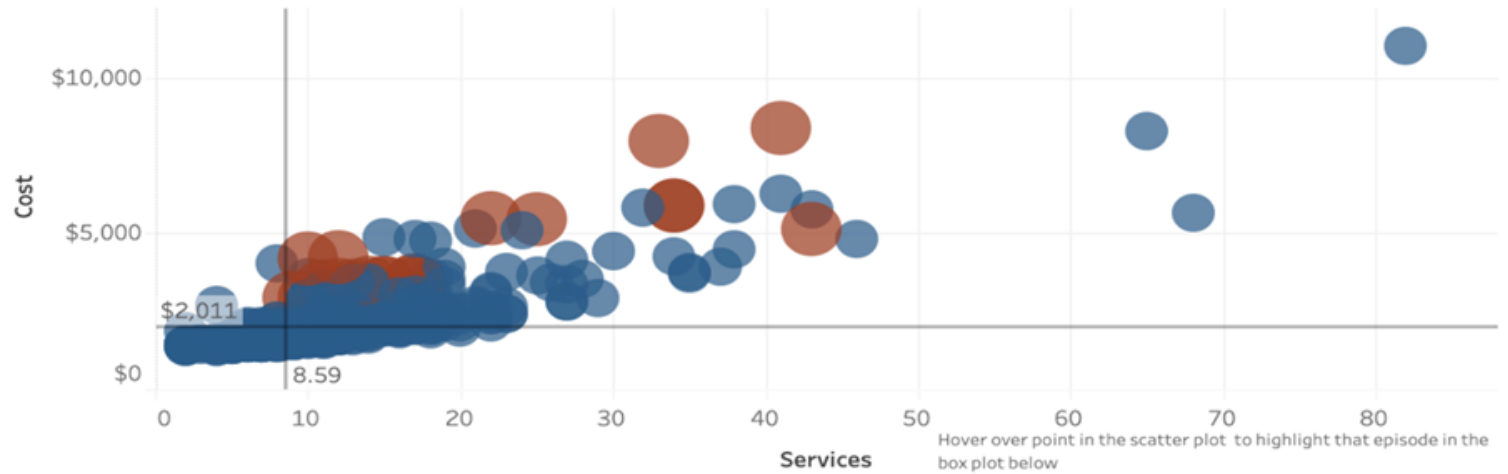
\$141,647

Cumulative Cost Above Avg

Episodes: Hip Arthroplasty

For Category: All For Service: All

For Provider: All



Episode Cost Range by Category



< Episode

< Observation

Episode Patient Details

Service

(All)

Service Desc

(All)

Episode Name

Hip Arthroplasty

1

Total Episodes

\$11,050.64

Total Costs

1

Total Triggers

1

Episodes Above Avg

\$7,100.15

Episode Costs Above Avg

Episode Display	Day of Service D..	Service Desc	TriggerServi..	Service	Service Provider	Service Order Type		
						Before	During	After
July 9, 2019		LEVEL IV SURG PATHOLOGY GROSS&MI..	Trigger	Laboratory	Purcell, Juan		\$69.13	
		PATH CONSLTJ SURG 1ST BLK FROZEN ..		Laboratory	Payne, Carrie		\$97.27	
		PATH CONSLTJ SURG EA ADDL BLK FRO..		Laboratory	Payne, Carrie		\$53.73	
		RADIOLOGIC EXAMINATION PELVIS 1/2..		Radiology	Hymes, Wendy		\$27.58	
		REVJ TOT HIP ARTHRP BTH W/WO AGR..		Surgery	Defranco, Cheryl		\$1,895.49	
July 11, 2019					Duggan, Phillip		\$1,895.49	
		INPATIENT CONSULTATION		E & M	Brewer, Jason			\$0.00
		US RETROPERITONEAL REAL TIME W/I..		Radiology	Cassidy, Kenneth			\$110.48
July 12, 2019		INITIAL HOSPITAL CARE		E & M	Budde, Franklin			\$105.04
		SUBSEQUENT HOSPITAL CARE		E & M	Brewer, Jason			\$81.31

Notable Observation Details							
Episode Display	Day of Observatio..	Notable Observations	Code	During Trigger		Post Trigger Only	
				Post Op Days	Occurrences	Post Op Days	Occurrences
Episode: Hip Arthroplasty Patient ID: 34028 Trigger Date: 2019-07-09 Trigger Provider: Defranco, Cheryl	July 9, 2019	Complications of internal orthopedic prosthetic Devices, i..	T84.013A	0	1		
			T84.031A	0	1		
	July 12, 2019	Hypotension	I95.89			3	1
	July 14, 2019	Acute kidney failure	N17.0			5	1
	July 16, 2019	Other Disorders Of Fluid, Electr..	E87.5			7	1
	July 21, 2019	Acute posthemorrhagic anemia	D62			12	1
	July 23, 2019	Acute kidney failure	N17.9			14	1
	July 26, 2019	Complications of internal ortho..	T84.028A			17	1
		Fracture Of Femur	S72.141D			17	1



Reset Filters

Notable Observations for Episode: Hip Arthroplasty

Observation: All Provider: All

Select Year

(All)

Select Period

(All)

Select Episode

Hip Arthroplasty

Select Practice

Demo Practice - 5208

Select Provider

(All)

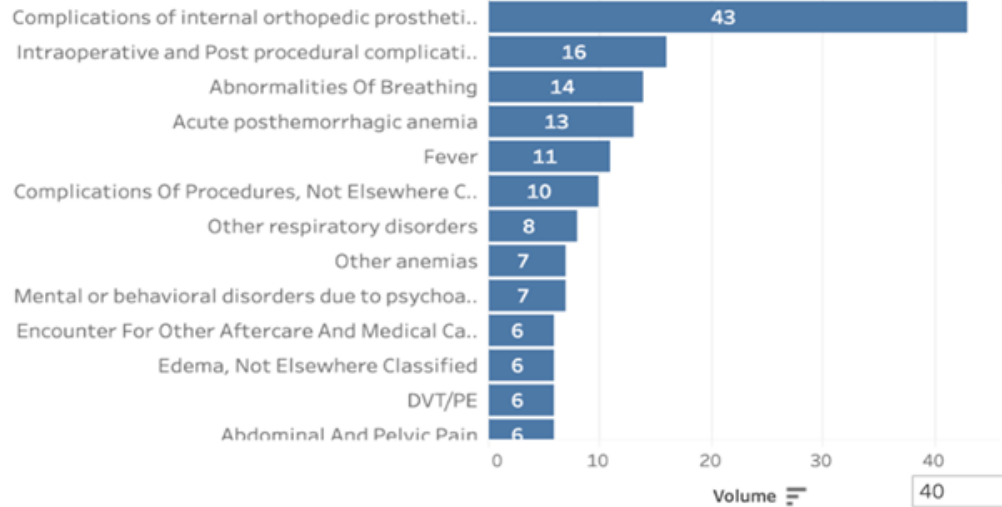
NOTE: This dashboard contains data for episodes with notable observations only.

Reset Filters: When filtering the dashboard by selecting on a Mark in one of the charts (i.e. Bar or Circle) the Reset Filters return all data but the Marks selected will still be highlighted. Click on the Mark to unhighlight it.



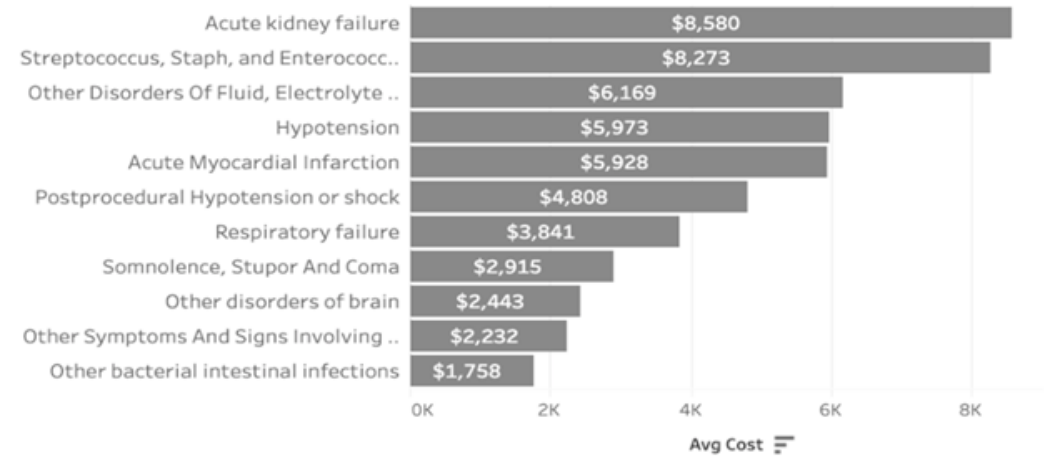
Top 40 Notable Observation Volume for Hip Arthroplasty

(Click on a bar in the chart to filter dashboard)



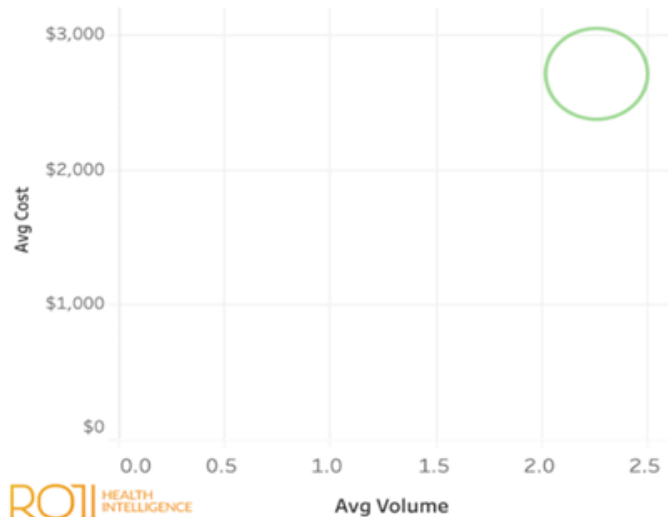
Top 40 Notable Observations by Avg Cost for Hip Arthroplasty

(Click on a bar in the chart to filter dashboard)



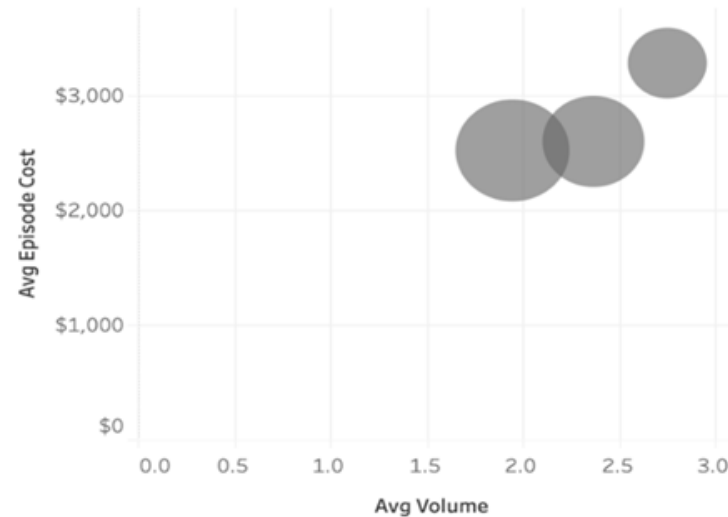
Episode Type with Notable Observations

(Click on an Episode Type to filter dashboard)



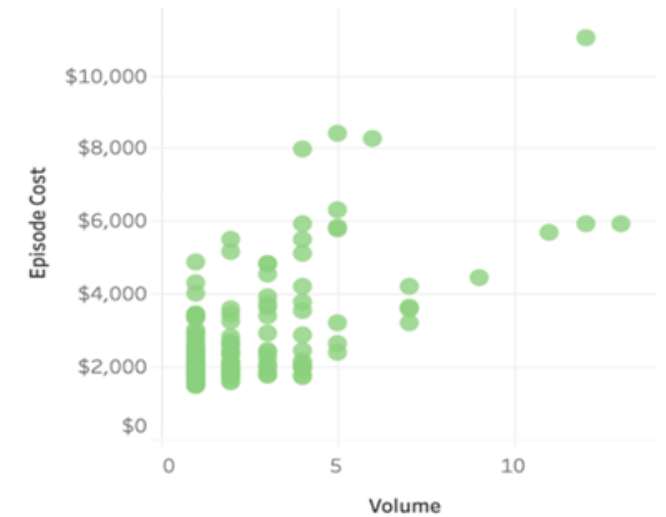
Provider Episodes with Notable Observations

(Click on a Provider to filter dashboard)



Patient Episode with Notable Observations

(Click on a Patient Episode and select "View Episode Detail")



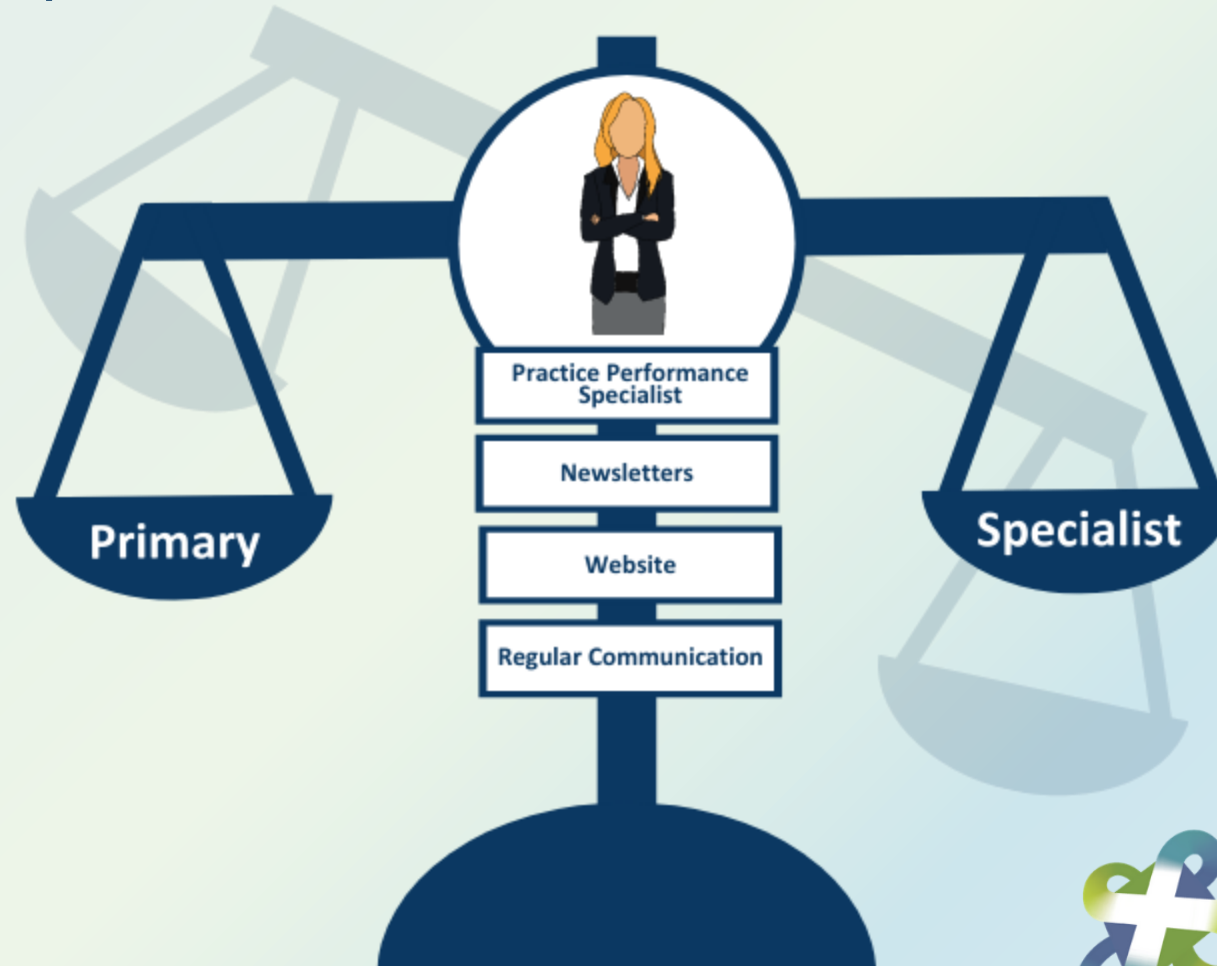
Strategy 5

Centers of Excellence

- Ask Centers of Excellence to collaborate on standard of care based on clinical studies and episode review, for each episode
- Centers of Excellence can germinate better informed decision process for specialists and patients, with materials that specialists can use with patients
- Centers can also create volume minimums for specialists, assist ACOs with resource decisions

Strategy 6

Establish regular communication protocols with specialists.



Strategy 7

Implement technology that enables collaboration, lowers costs and improves patient satisfaction

PH EXCHANGE™

Secure information exchange that allows organizations to send and receive patient referrals including patient health information.



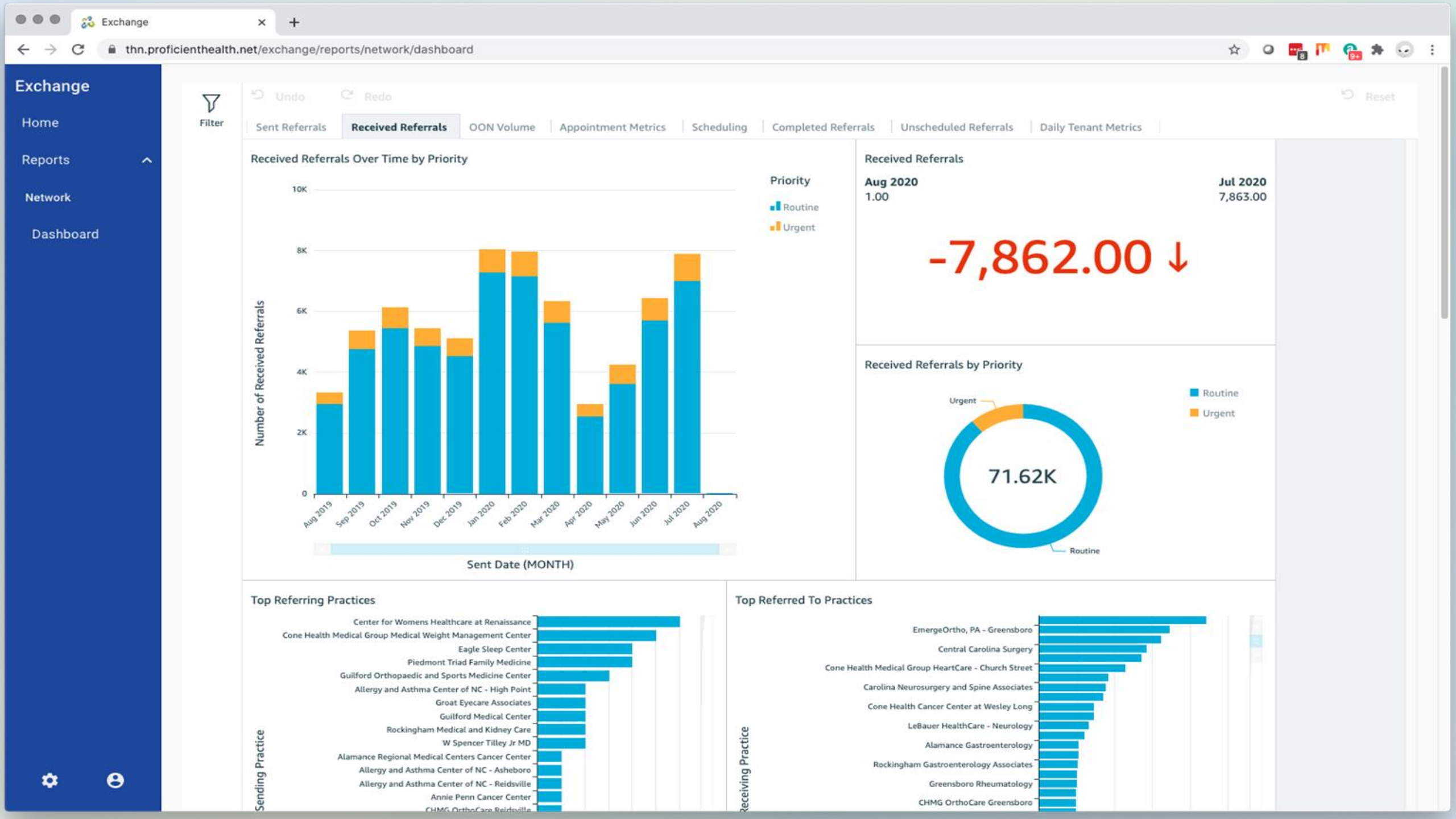
DESKTOP

PH CONNECT™



Provider-centric, mobile messaging solution that allows you to send and receive urgent communication and referrals.

MOBILE



Strategy 8

Develop a specialists focused compensation plan rewarding cost, clinical and operational excellence.

Examples

- Participation in specialty specific quality initiatives
- Engagement in episode of care cost review process
- Use of technology tools provided to streamline communication
- Meeting established service parameters

Strategy 9

Share relevant data with primary care physicians.

- Primary care physicians should have access to episode cost curve and patient details when making referral decisions
- Engage primaries in long term cost assessment

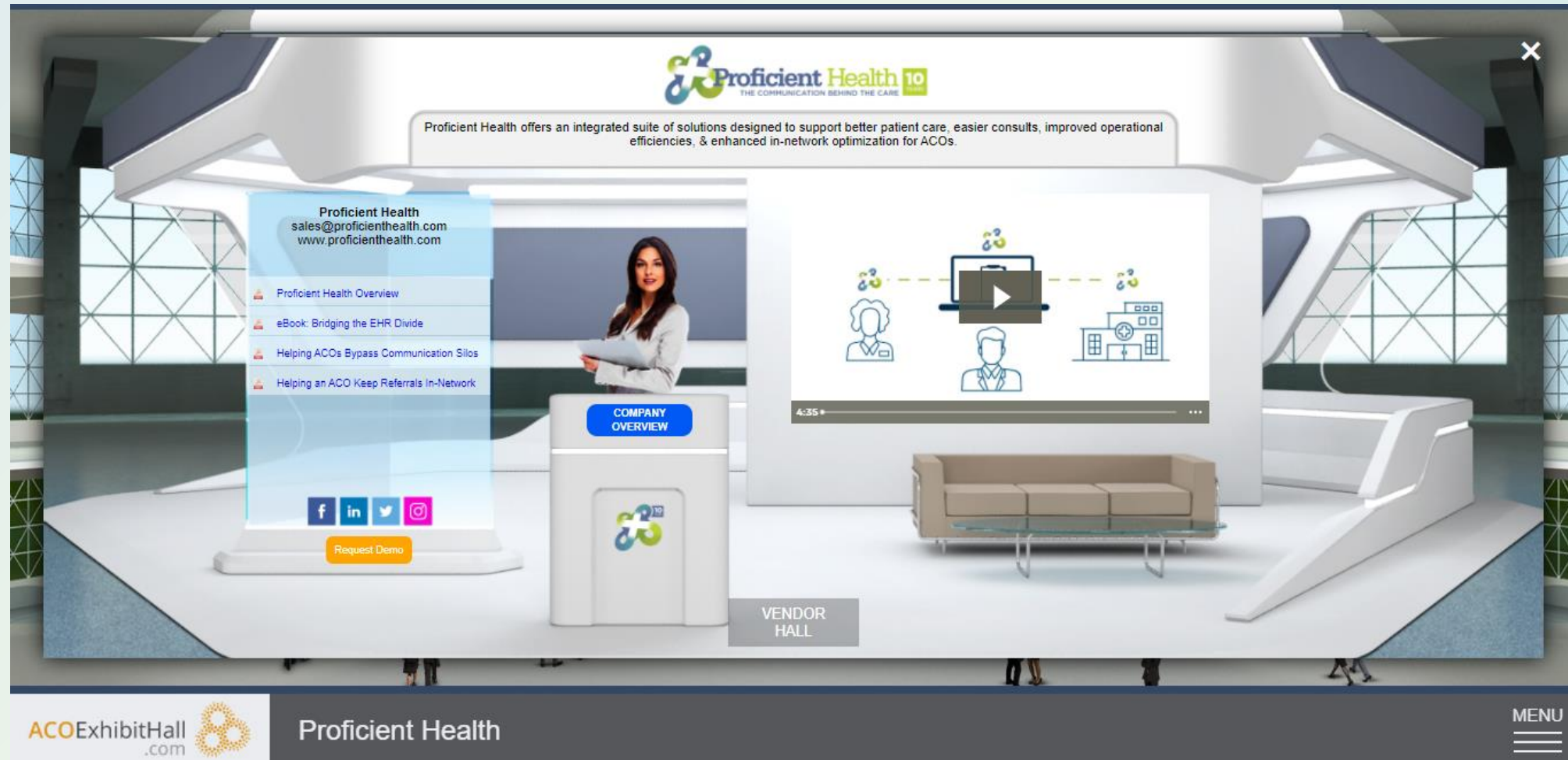
Strategy 10 | Regularly Evaluate Network Membership

- Evaluation of providers is required to maintain network optimization.
- Factors for consideration should include:
 - Cost and quality performance
 - Patient satisfaction levels
 - Primary care responsiveness
 - Patient scheduling guideline adherence
- Specialists should be given ample opportunity to improve performance

**Your approach should be holistic, data-driven
and technology enabled help reach ACO goals.**

Questions?

Visit our Virtual Booth at ACOExhibitHall.com

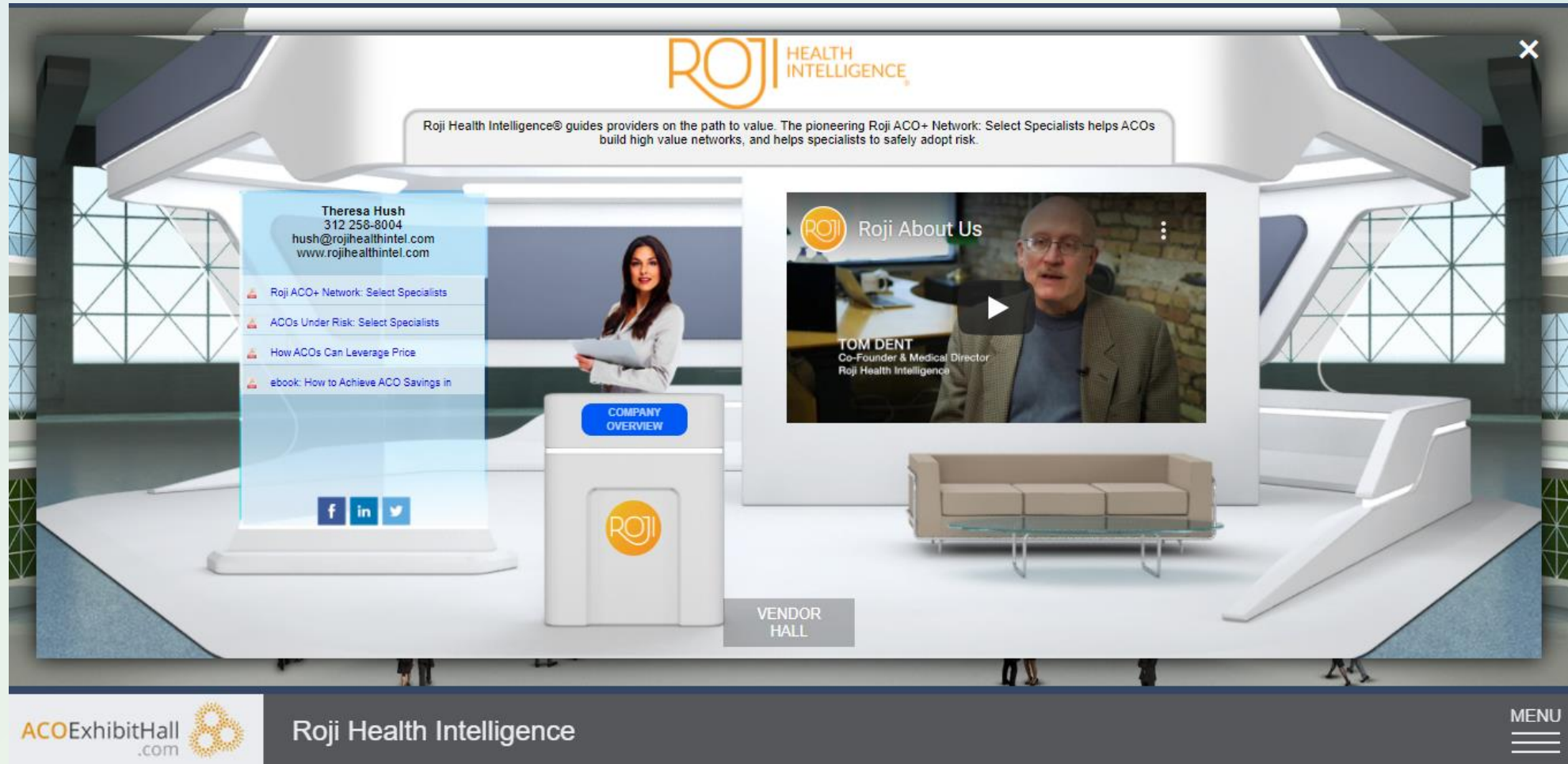


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Thank you!



Terry Hush – CEO, Roji Health Intelligence
hush@RojiHealthIntel.com
312-258-8004



Wayne King – SVP Strategy, Proficient Health
wking@ProficientHealth.com
336-389-6600

