



Trella

HEALTH

SMARTER GROWTH.
HEALTHIER OUTCOMES.



Trella
HEALTH

FORMERLY EXCEL HEALTH

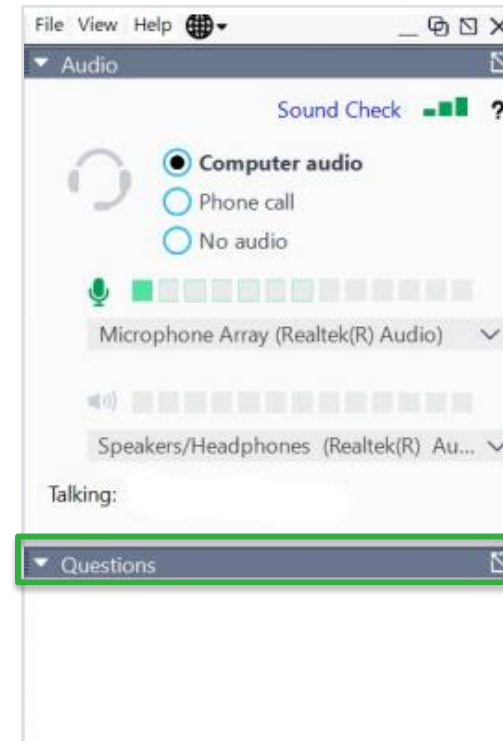
May 20, 2021

How to Model and Evaluate your Network for Advanced Risk Models

SMARTER GROWTH.
HEALTHIER OUTCOMES.

Housekeeping

- Attendees are in listen-only mode
- Use the “Questions” module at the bottom of your control panel to submit a question
- We will walk through discussion items and then open it up to audience submitted questions
- We are recording the session for those unable to attend today



Speakers



Rebecca Molesworth
VP, PRODUCT MANAGEMENT
Trella Health



Mimi Freleaux
SOLUTION ENGINEER
Trella Health

At Trella Health, we're focused on helping you thrive in value-based care.

Our unique data set provides market-wide visibility into consistent, standardized quality and cost metrics at the physician-level



- ✓ **Most up-to-date CMS data** through our Virtual Research Data Center innovator license
- ✓ **Sourced directly** from the CMS Chronic Conditions Data Warehouse (CCW)
- ✓ **100% of Part A, Part B and ACO Beneficiaries** across all settings provides full visibility into patient care, including office-based visits
- ✓ **100% MA claims** through 2018, ~75% 2020 MA/Commercial Claims for the 65+ population= claims data for 90% 65+ covered lives in the U.S.
- ✓ **Future Data Available in Mosaic:**
 - Part D
 - Medicaid
 - Commercial
 - MDS
 - Oasis

Agenda

- Modeling your network for ACOs and GPDCs
- Key considerations in building a network
 - Market evaluation
 - Building the optimal PCP roster
 - Building a specialist network
 - Building your post-acute network
- Appropriate care settings
- Ongoing network management
- Questions and discussion

There are **SO MANY** considerations in building an ACO or GPDC...

- Understand the ACO and/or GPDC programs
- Create leadership model
- Vet and adopt necessary IT capabilities
- Establish standardized clinical care guidelines
- Define clinical strategies
- **Build a comprehensive network**
- Manage claims processing
- Monitor cost and utilization
- Improve care across the continuum
- And many more...

...How do you make sure you aren't missing **critical opportunities** in building your network?



<https://www.beckershospitalreview.com/hospital-physician-relationships/11-steps-for-acos-to-set-up-a-provider-network.html>
<https://www.beckershospitalreview.com/accountable-care-organizations/6-necessary-guidelines-to-create-and-manage-a-successful-aco.html>

© Trella Health, LLC. All rights reserved. Confidential and proprietary. Not for distribution except to authorized persons.

Thinking Beyond “Lowest Hanging Fruit” to Drive Savings

Lowest Hanging “Fruit”

- Inpatient Readmission
- ED Utilization
- SNF utilization

*Acute focus
Large dollar amount
Easiest Access*



Higher Hanging “Fruit”

- PCP mix
- Adequate specialty coverage
- Full preferred provider network that includes post-acute
- Community network & SDOH
- Appropriate Care Setting

*Impacted by business strategy
Increases acute costs if not managed well
Less ease of access / transition*

Pathways To A Successful Network

Relationship-Driven

- Using an existing network
- Reach out to local physician community in catchment area
- Look at practices in area and see who is already working in capitated model

VS.

Data-Driven

- Evaluate existing physician performance and behaviors
- Evaluate costs and outcomes
- Compare to local and state benchmarks

Data Sources

- Existing clinical sources (Narrow & Deep)
- CMS claims for expected beneficiaries (Narrow & Deep)
- Market data that looks at all MA and FFS claims data (Broad)

Data Matters - Getting Out of the “Echo-Chamber”

Use comprehensive market data to learn actual provider behaviors more broadly with all Medicare

- Full provider behavior across Medicare
- Other ACO behaviors and networks
- Providers not yet participating in an ACO

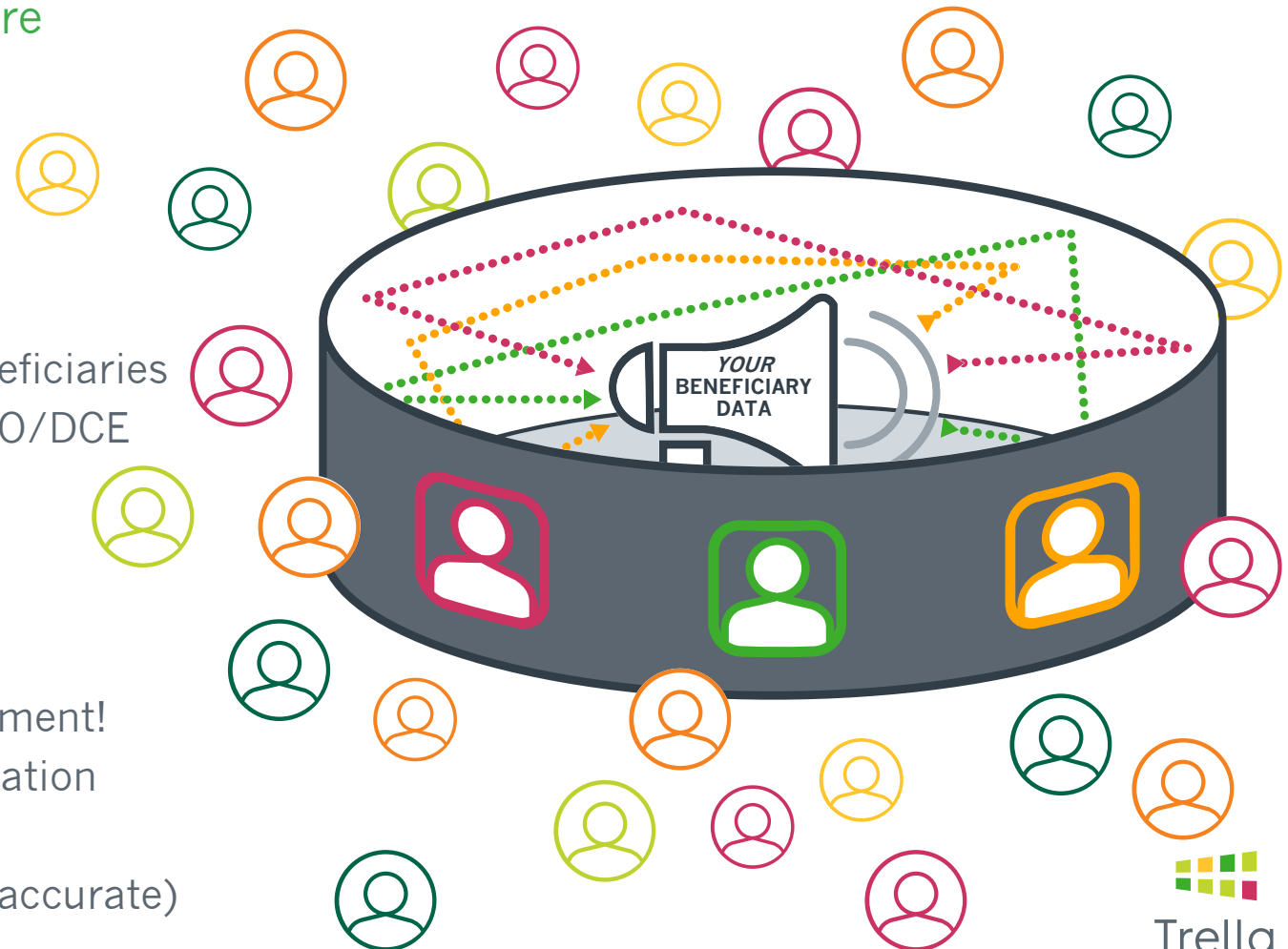
CCLF data limitations

- Only see acute and post-acute behavior for your beneficiaries
- Missing high-value physicians not currently in an ACO/DCE
- Comparisons to other ACOs using their claims
- No Benchmarks

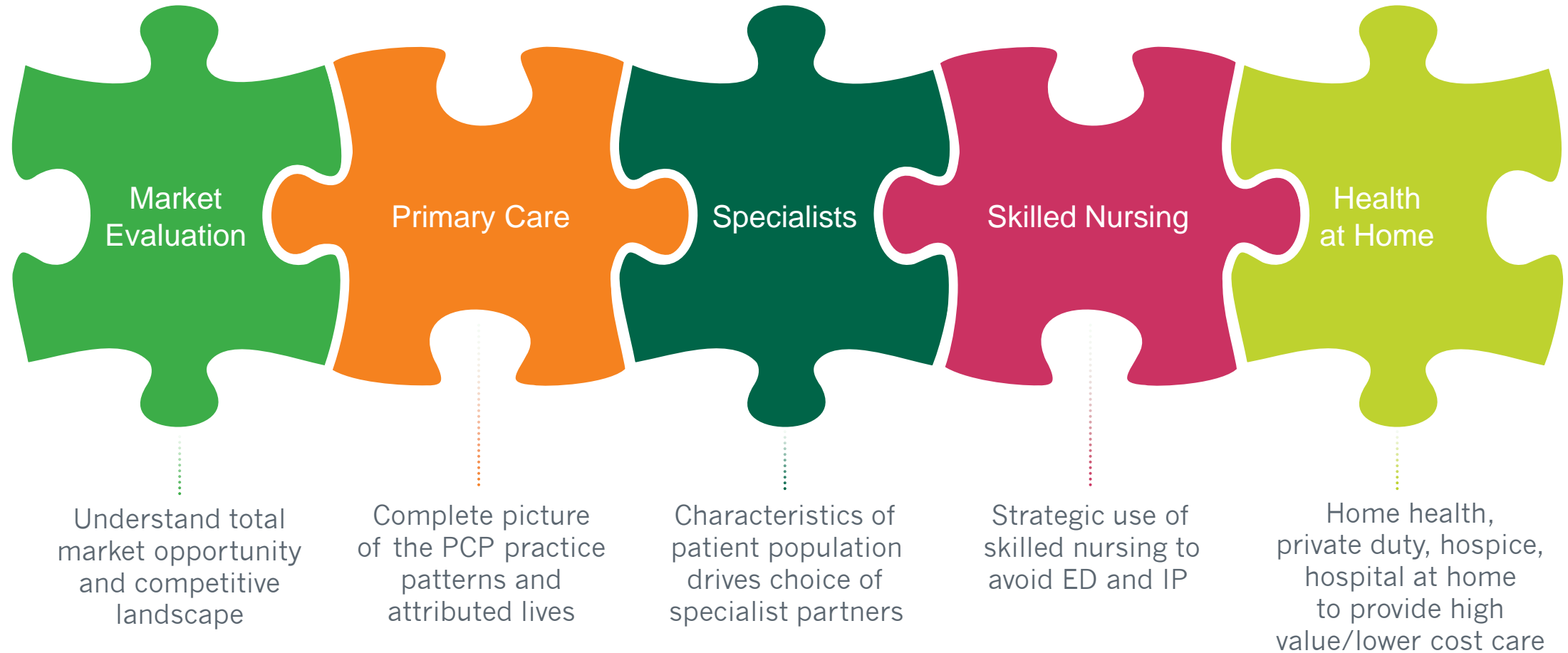
EMR data limitations

- Timely data that is very valuable for patient management!
- But missing the broad view of the total patient utilization
- Missing comparisons to rest of FFS population
- Missing adjudicated cost data (charge data wildly inaccurate)

Full Medicare FFS Universe



A Comprehensive Network Strategy Includes All Partners



Start With A Solid Market Evaluation

Competition

- MSSP, GPDC, PCP 1st, & more
- PCP & beneficiary penetration
- Generate shared savings
- Patient / physician churn



Beneficiary analysis

- Patient characteristics
- Historical spend vs MA rate book
- Spend breakout by category
- Utilization patterns

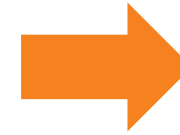
PCP Assessment

- Density per Medicare patient
- FFS vs MA Population
- Open PCPs for roster
- Eligible Medicare patients for program

Resources

- Enough specialist to treat patient needs
- Hospital census
- Home health, hospice, & SNF
- Community support

Building The Optimal PCP Roster



Target

Identify the best PCP's in your market based on their impact to your benchmark.

Build

Model target physicians to understand groups potential performance.

Recruit

Create a compelling story using the physician's data as to why the physician needs to join your program and now.

Optimize

Never stop assessing the market.

HIGH-VALUE EXAMPLES:

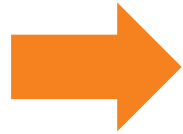
- Aligned GPDC beneficiary count
- Risk Score
- Projected benchmark
- Utilization
- PMPY Base Cost
- ACO Participation
- MA lives
- Relationships

Building Your Preferred Network of Specialists



Population Needs

- Patient Demographics
- Clinical conditions – comorbidities
- Acuity Risk



Coverage Area

- Practice locations
- Beneficiary service area
- Physician-to-physician service area



Cost & Utilization

- Episode based cost and utilization
- Physician antipatterns
- Hospital for ASC eligible surgeries



Quality

- Readmissions
- Hospitalizations
- Mortality
- Patient experience
- Effectiveness of care

Building Your Post-Acute Network – Beyond STAR Ratings



	Home Health	Hospice	Skilled Nursing
FFS & MA Volume & Avg Daily Census	X	X	X
HCC Risk Score	X	X	X
Average Length of Stay (Days)	X	X	X
Total Cost of Care - 3 & 6 Months	X		X
Avg Reimbursement Per Stay	X	X	X
Readmission Rate (Risk-Adjusted)	X	X	X
30-, 60-, and 90-Day Hospitalization Rate	X	X	X
All Provider Visits	X	X	
Mortality Rate	X		X

Evaluating metrics at the patient diagnostic and acuity level can align your population with post-acute partners that fit your needs

Multiple Factors in Determining Appropriate Care Setting

Examine Available Options

- Hospital-at-home
- SNF 3-day waiver
- Skilled and unskilled home care
- Hospice appropriate

Managing Transitions of Care

- Timeliness
- Lowest cost appropriate care setting
- Avoid the easy button



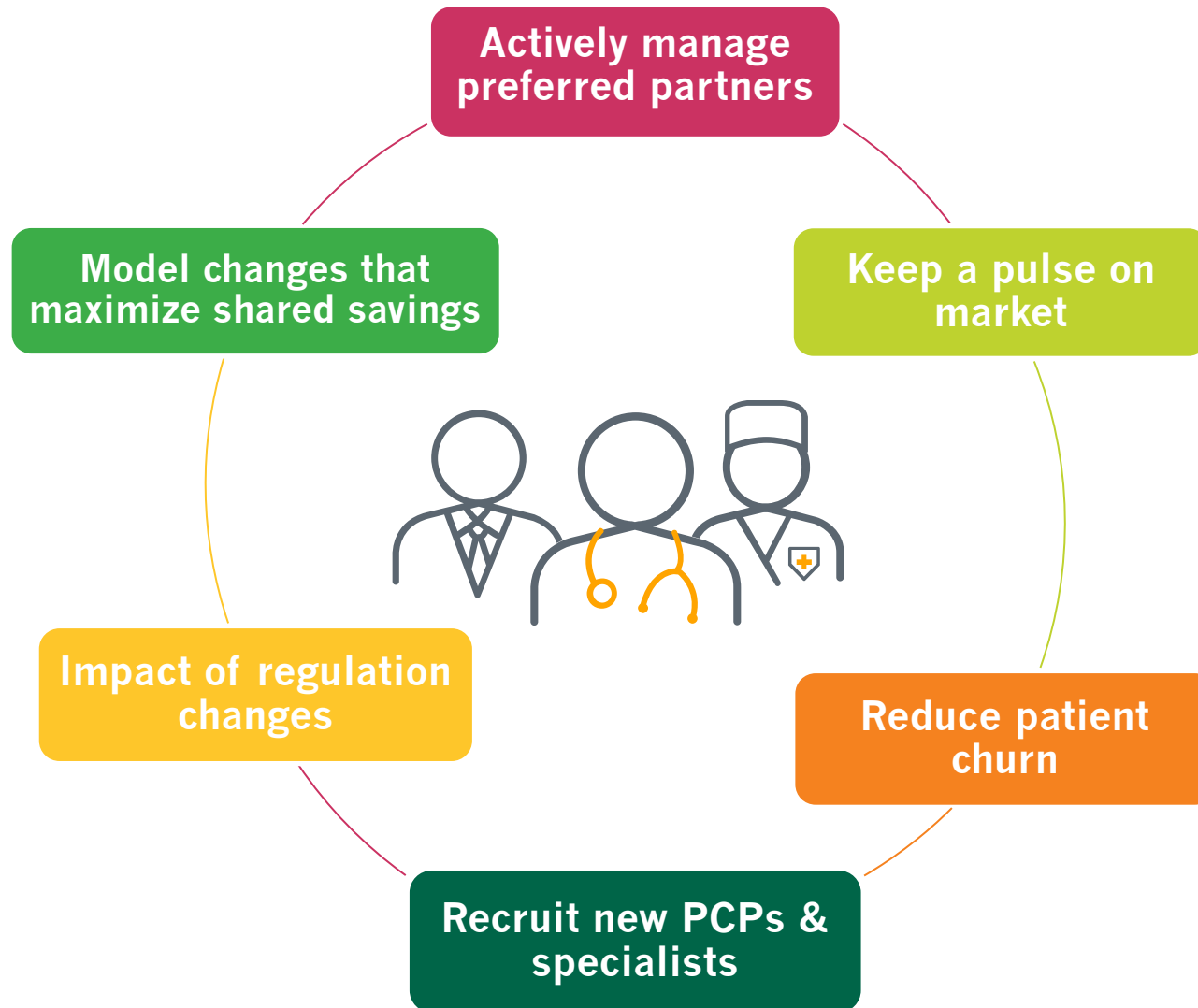
Not Cost Avoidance Alone

- Increasing cost in lower cost care settings to avoid Acute/ED
- Value of procedures and services and utilizing lower cost options

Predicting Those Who “Fall Through the Cracks”

- Pro-active prediction of those who need a different care setting
- Using data to determine anti-patterns in patient flow

Managing Your Network Is An Ongoing Activity...



...It could be the difference between seeing savings, paying a penalty or leaving money on the table

Poll Questions

Questions and Discussion

Stop by our ACO Exhibit Hall Virtual Booth

<https://www.acoexhibithall.com/vendor-booth/trella-health/population-health-ii-software-tools-data-analytics/132/>



Thank
You

Rebecca Molesworth
VP, Product Management
rmolesworth@trellahealth.com

Mimi Freleaux
Solution Engineer
mfreleaux@trellahealth.com

www.trellahealth.com
www.ACOExhibitHall.com

