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The Teacher Becomes the Student:

How to Successfully Implement Value-Based Care Strategies into Academic Medical Centers

Ask the Audience: Question 1

Do you represent an academic medical center?

- a) Yes
- b) No
- c) Not sure





Ask the Audience: Question 2

If you do represent an academic medical center, does your organization participate in value-based care?

- a) Yes, we're all in!
- b) We're dipping our toe in the water.
- c) We want to figure it out.
- d) What is value-based care?

What do we mean by value-based care?

Focus on providers taking on risk

			
CATEGORY 1 FEE FOR SERVICE - NO LINK TO QUALITY & VALUE	CATEGORY 2 FEE FOR SERVICE - LINK TO QUALITY & VALUE	CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	CATEGORY 4 POPULATION - BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations <small>(e.g., care coordination fees and payments for HIT investments)</small>	A APMs with Shared Savings <small>(e.g., shared savings with upside risk only)</small>	A Condition-Specific Population-Based Payment <small>(e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</small>
	B Pay for Reporting <small>(e.g., bonuses for reporting data or penalties for not reporting data)</small>	B APMs with Shared Savings and Downside Risk <small>(e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</small>	B Comprehensive Population-Based Payment <small>(e.g., global budgets or full/percent of premium payments)</small>
	C Pay-for-Performance <small>(e.g., bonuses for quality performance)</small>		C Integrated Finance & Delivery Systems <small>(e.g., global budgets or full/percent of premium payments in integrated systems)</small>
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality

Our focus for today is helping Academics shift into Alternative Payment Models where the Academic begins to take responsibility for the total cost of care the patients under care, category 3 & 4 in the Health Care Payment Learning & Action Network Alternative Payment Model framework¹.

This includes ACO-type contracts, including CMS MSSP, DCE, and ACO REACH.

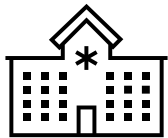
What does value-based care look like in AMCs today?

Types of Academic Medical Centers (AMC)



Teaching Hospitals

- Similar structure to large community hospitals
- More likely to have primary care assets
- Often have higher Total Cost of Care as residents order comprehensive suite of tests



Academic Health Centers (AHCs)

- Partner with affiliates to create primary care base (affiliate strategy usually designed to create referral opportunities)
- Challenging to employ PCP faculty given focus on research and tertiary / quaternary care

Performance of Academics in Value-based Care

Academics have historically struggled to be successful in value-based care¹, specifically as it relates to performance on cost of care management:

- **Cost per case 5.8% higher** at Academics vs. non-Academics in 2017 (Medicare mean wage and case mix index-adjusted), representing **\$3.1M additional added annual operating expenses**
- **22% cost disparity between high and low performing** Academic Medical Centers, representing approximately \$12M per Academic Medical Center
- While performance is still trailing non-Academics, **performance on readmission, hospital-acquired conditions, and value-based program measures improved 10.4%** from 2016 to 2018

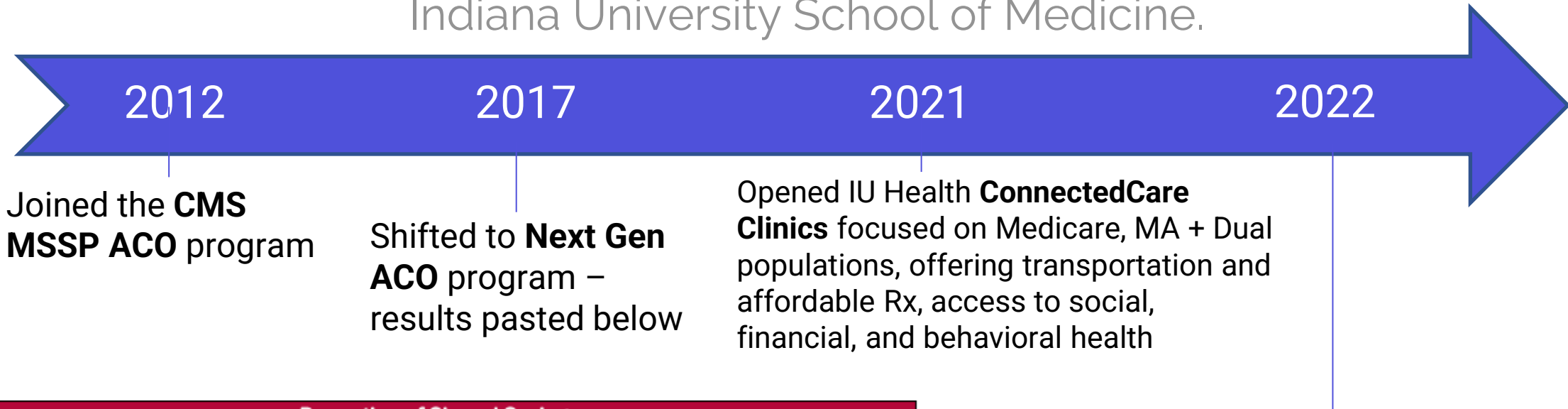
Value-based care is challenging for AMCs

What has held back AMCs from getting involved in risk-based initiatives?

- ✔ Lack of strategic alignment and priorities among stakeholders
- ✔ Operating model
- ✔ Culture
- ✔ Physician engagement
- ✔ Financial issues

Academic success in VBC: Indiana University Health ACO

Indiana University Health is an academic medical center partnered with Indiana University School of Medicine.



Proportion of Shared Savings					
Performance Year		Total Shared Savings/ (Shared Losses)	Invested in Infrastructure, Redesigned Care Processes, and Other Resources Necessary to Improve Outcomes and Reduce Medicare Costs for Beneficiaries	Distributed to Next Generation ACO Participants	
1	2017	\$4,574,904	70%	30%	
2	2018	\$5,225,144	70%	30%	
3	2019	\$30,157,373	70%	30%	
4	2020	\$32,455,540	70%	30%	
5	2021	To Be Posted in 2022			

Lessons Learned from IUH ACO

- ✔ Executive leadership support – System, School, Physician Group
- ✔ Becoming a core competency became a top priority
- ✔ Willingness to invest in infrastructure
- ✔ Need for robust primary care network
- ✔ Focus on biggest opportunities and standardize those care processes
- ✔ Actionable data available at point of care for improving quality, reducing utilization, and increasing risk adjustment accuracy
- ✔ Adoption of team-based care and align incentives of all team-members

Requirements for a Successful VBC Program in AMCs

- ✔ Executive leadership consensus and commitment
- ✔ Strong foundation and engagement of primary care providers
- ✔ Standardize and coordinate care across the continuum in a team-based model
- ✔ Aligned financial incentives for providers for quality, access, and cost outcomes
- ✔ Engagement of specialists and non-provider team members
- ✔ System infrastructure to capture timely data and provide actionable performance reports

How does Stellar help AMCs meet VBC requirements?



Real-Time Patient Info at Point of Care

Actionable patient information re: VBC performance is presented at the point-of-care when the team needs it - and only items to be acted upon are displayed



Facilitates Teamwork

Stellar prompts and incentivizes each team member of the practice to operate at the "top of their license" – providers and their staff all share in the rewards



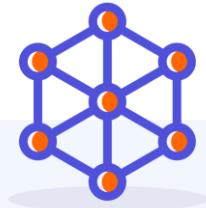
Timely Financial Rewards

Providers and staff can track the total rewards they've accumulated. Each month the practice receives a check for exactly the amount that is expected



Seamlessly Integrated

Stellar actions are designed to be flexible to fit into the existing day-to-day provider practice workflow and are not intended to be one-size-fits-all



Payor-agnostic Support

The Stellar App can be used across the entire panel, including Managed Care, Commercial, and Medicare ACO lives

How does Stellar drive better outcomes for AMCs?



Engaging Affiliated Networks

80+ provider groups onboarded for a client where unengaged independents were opting out of a value-based care incentive program



Prioritizing Proactive Patient Outreach for Annual Visits

Increasing annual visit completion by **7%+** over a 6-month period compared to baseline



Physician Education on HCC Documentation

Stellar's Chief Medical Officer facilitates physician training:

- Differences in what can be addressed at AWWs, annual physicals, and acute care visits
- Nuances in coding and reimbursement for each visit type
- How to address, document, and bill for HCCs



Aligning Incentives & Administering Payment

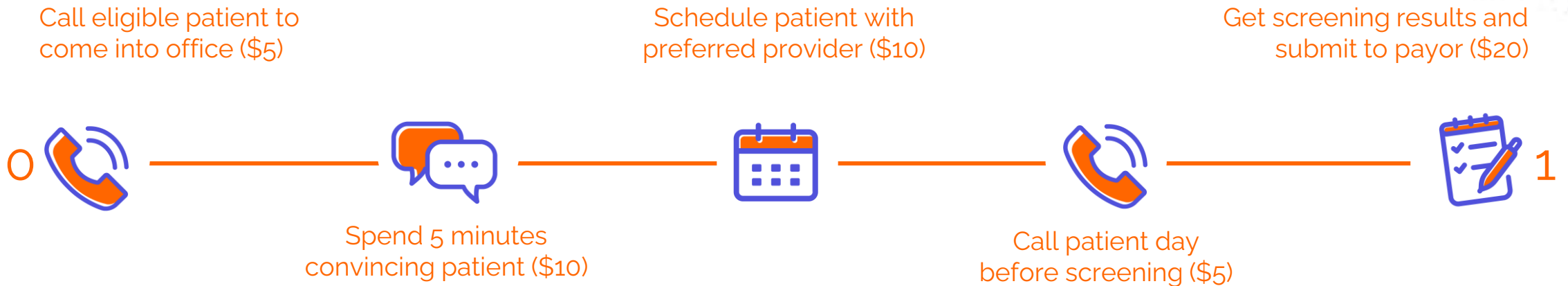
Stellar breaks down metrics into the specific, granular workflow steps that occur between the provider, staff, and patient and rewards the completion of each step

Aligning incentives and administering payment

STATUS QUO



WITH STELLAR HEALTH



Feedback from AMC Partners

"Would it be possible for me to get logins for my 11 3rd year resident physicians? ... I need to teach them about risk scoring, suspect diagnoses, HCCs, care gaps, etc. I think a great way to do that would be after some training have them clean up the data of the MA patients on their teams."

– Physician at Teaching Hospital in Northwest

*"In all the years that I have worked [here], I've always worked in quality, I have never once had a provider email and ask for a form. We were worried about provider pushback, but there has been no resistance! **They like the way it's laid out, and they like that the reimbursement is straight forward.** Stellar is batting 3 for 3 with these providers. You are doing great work over there."*

– Quality Manager at Academic Medical Center in Southeast

*"One of the biggest questions we always get is where a care gap comes from. **Being able to see the history** of when and where a claim was submitted from a condition is a really amazing feature. **Diabetic eye exams** are a big focus for our clinic, so it's helpful to see the most recent claim. If we see a patient has a past visit with an outside eye doctor, we can reach out to [that provider] to see if the patient has come in this year, and if not, remind them to get it scheduled and speed along the process. **Our care coordinators in particular love that the information is in a centralized location.**"*

– Quality Lead at Academic Health Center in South Central

*"Of the 7 other platforms we're involved with, **Stellar is by far the most user friendly and easy to navigate.** Your team is also the most responsive and receptive to incorporating our feedback."*
– Academic Medical Center in Southeast





The Stellar Health Platform

We offer a suite of services that includes the Stellar Application (the “App”), the Stellar Incentive Payment Program, provider practice engagement and performance through business intelligence and analytics, and on-the-ground implementation and practice activation.

The Stellar Application

A web-based, point-of-care tool that is simple and easy to use. With an incentive structure that promotes completion of granular actions, as well as a seamless user interface, practices are motivated to use the App to manage their patients.

The Stellar Provider Performance Team

We provide all clients with a smooth onboarding and implementation process, regular check-ins for practice adoption, and ongoing support for value-based performance improvement.



The Stellar Incentive Payment Program

The financial reporting and accountability, real-time payments, and value-based fee schedule that comes with our platform.

The Stellar BI and Analytics Insights

Our platform can track practice performance in real time and takes a deep dive into key metrics that drive success in value-based care. The Stellar Application usage creates new data and allows our team to run analytics on provider engagement, workflow, and performance management.

750K+ managed lives on the Stellar Application

Growing and expanding with payors and providers in **all states**

50+ collaborations across **20+ states**

QUESTIONS?

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Stop by our VBCExhibitHall.com Virtual Booth





Thank you.

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