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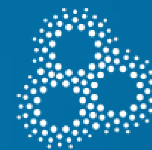


Educational Webinar Series

Accelerating Insights in Value-Based Care

July 18, 2023

Property of CareJourney Confidential and Proprietary

Our Moderator

Katherine Schneider, MD, MPhil., FAAFP
CareJourney Advisor

Nationally known for her work in the field of accountable care and population health, Dr. Katherine Schneider's mission is to deliver better health, better care, and sustainable cost in the communities that we work in, live in, and serve.

As President and CEO of the Delaware Valley Accountable Care Organization, Dr. Schneider built and led one of the nation's largest multi-payer ACOs including more than 2000 physicians, 16 hospitals, 2 health systems, and a quarter million lives in the Philadelphia region. During her tenure she also served as Chairman of the Board of the National Association of ACOs.

Dr. Schneider is a former member of the National Advisory Council to the Agency for Healthcare Research and Quality (AHRQ). She is a graduate of Smith College and Columbia University. She is a board-certified Family Physician with an additional degree in Epidemiology and is also in the first cohort of US physicians to achieve subspecialty certification in Clinical Informatics in 2013.

Our Panelists

Jennifer Rabiner

Chief Product Officer,

Pearl Health

John Supra

Chief Data & Analytics Officer,

Upstream

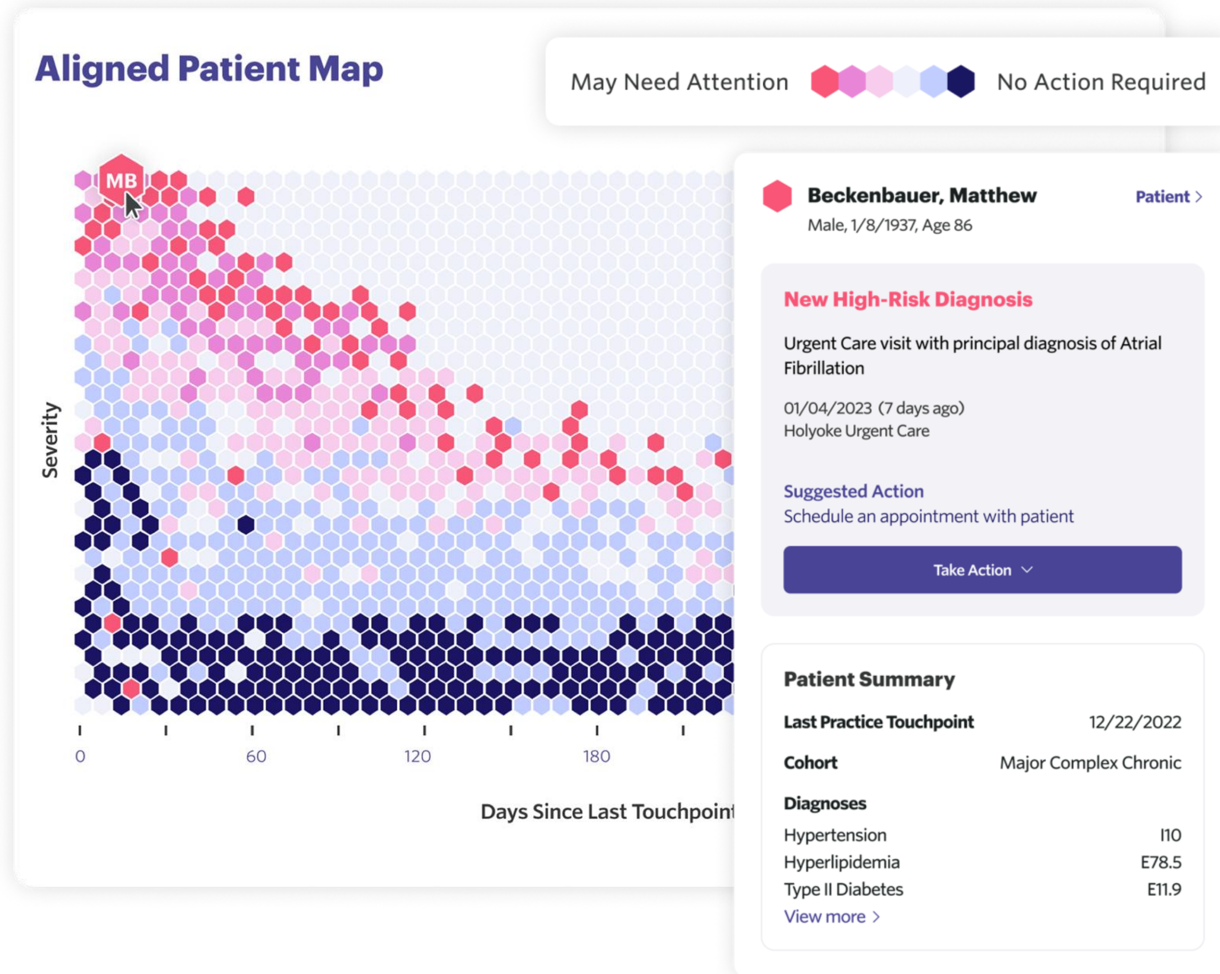
Zach Bredl

Director of Product,

CareJourney

PEARL HEALTH

Tech-Enabled Value Based Care



pearl

We're a rapidly growing **technology company** led by **provider-enablement** and **risk-bearing experts,** with **demonstrated success** partnering with PCPs in risk-based arrangements.

- Technology-first **physician enablement platform**
- **~800 providers** in 2023
- **~40k traditional Medicare lives;** growing into Medicare Advantage

UpStream

A high-quality care model with embedded clinical care support

An aligned financial model
Our G.A.P.-Q.™ Value-Based Payments Program offers guaranteed advance payments to physicians, rewarding quality

A mission-critical technology platform with actionable insights for physicians

“There comes a point where we need to stop just pulling the people out of the river. We need to go upstream and find out why they’re falling in.”

ARCHBISHOP DESMOND TUTU

CareJourney at a Glance

Employees & Staff
110

Customers
146

ACO REACH Coverage by our Customers
>50%

CareJourney

Market leader in provider analytics, including cost and quality data for health systems, provider groups, payers, and digital health.

Physician Profiles
1.7M

National Claims Database
300M+ lives

Episodes Benchmarked
300+

BCDA Insights Power Timelier Clinical Action

Close gaps in care ~8-10 weeks earlier

BCDA Pre-adjudicated

2-4 DAYS

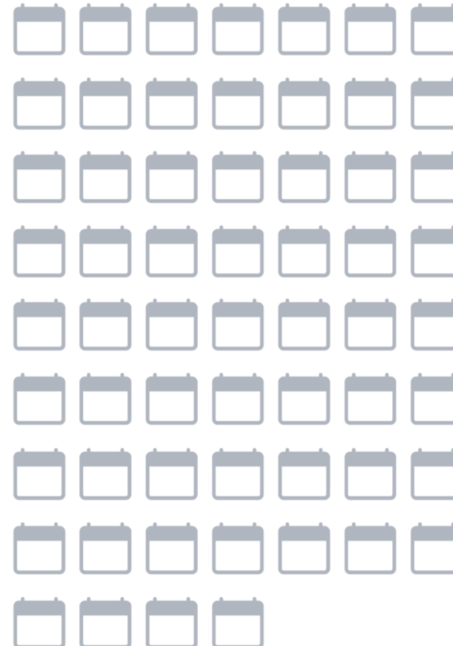
(ACO REACH Only)

BCDA Adjudicated

14 DAYS

Claim and Claim Line Feed (CCLF)

45-60 DAYS



Beneficiary Claims Data API

What is BCDA?

Supplements monthly CCLF files, enabling ACO REACH and MSSP ACOs to retrieve Medicare Parts A, B and D claims data for assigned beneficiaries **with a much shorter claims lag and weekly or daily updates.**

Enabling New Use Cases

Positively affect care with timely patient-level insights

CARE COORDINATION

Ensure that you know the details of every emergency department visit or inpatient admission regardless of the site. Use such notifications to plan for timely follow-up and prevent downstream issues.

Potential User: Care Managers

Example metrics:

- IP/ED admission triggers
- Timely follow-up triggers
- New diagnoses
- Frailty segmentation

GAP CLOSURE

Identify patients that have specific preventative care gaps, or coding gaps. Provide physicians with data that allows them to make the most of their patient outreach and interactions.

Potential User: MDs, NPs, PAs

Example metrics:

- AWV compliance
- BCS and CRC
- Depression screening
- HCC gap

FINANCIAL FORECASTING

Produce accurate financial trends earlier, allowing organizations more time to address any issues or make strategic changes. Understanding the volume of high cost events at the midpoint of a month can help you estimate total expenditures before the month is even over.

Potential User: Analysts, Execs, MDs

Example metrics:

- IP/ED visits
- High cost Part B encounters
- High cost prescriptions
- Episode triggers

Example Use Case: Care Coordination

Timely Follow-Up After Acute Exacerbations of Chronic Conditions

Rationale

Patients with acute exacerbations of chronic conditions are at high risk of readmission and poorly coordinated care.

Evidence has shown that **delivering clinically appropriate follow-up care** and improving care coordination can:

- Improve healthcare outcomes
- Reduce readmissions
- Reduce healthcare costs

What changes with BCDA?

Organizations can now use claims data as a well-rounded compliment to ADT feeds to flag relevant events and trigger follow-up protocols.

- **Day 0**: Heart failure-related event
- **Day 2-4**: Notification via BCDA
- **Day 7-14**: Latest date for follow-up (depending on complexity)

Example Use Case: Gap Closure

Accurate Patient Lists of Annual Wellness Visit Gaps

Rationale

Organizations aim for high annual wellness visit compliance rates for a variety of reasons:

1. Retain attribution
2. Ensure patients are appropriately documented for HCCs
3. Plan any necessary preventative care
4. Coordinate visits to optimal specialists to manage specific chronic conditions

What changes with BCDA?

Non-compliant patient lists are significantly more accurate than with CCLF, leading to more efficient patient outreach.

Patient Name	AWV Completed	Compliance via CCLF	Compliance via BCDA
Sandra	2 month ago	✓	✓
Nelson	13 months ago	✗	✗
Michael	1 week ago	✗	✓
Natalie	2 weeks ago	✗	✓

Example Use Case: Financial Forecasting

Use Episode Triggers to Project Expected Costs

Rationale

Recognizing and projecting financial trends earlier, or identifying the beginning of a care journey allows organizations to better control strategic decisions.

1. Effectively distribute resources
2. Manage downstream costs
3. Intervene earlier – connects back to care coordination use case

What changes with BCDA?

BCDA timeliness enables organizations to focus on episode triggers to project (and potentially mitigate) episode costs.

In the last week we identified…

5 patients newly diagnosed with Lung Cancer
X
$25,000 per Lung Cancer episode*
=
$125,000 in projected spend

**Benchmark based on market and patient risk.*

To learn more about a free trial with the CareJourney team:

1. Type “**YES**” in the questions tab

   or

1. Email us at info@carejourney.com

Audience Questions

Visit CareJourney's Virtual Exhibit Booth

Email:

info@carejourney.com

gschmitt@theexhibithalls.com

Visit the CareJourney Booth