

5 Ways ACOs Can Boost Cost Control through APP Reporting

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February 20, 2024

VBCExhibitHall
.com



Educational Webinar Series

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About Roji Health Intelligence

- We provide Value-Based Care technology and services to improve outcomes, cost performance, and equitable health care.
- Our powerful tools identify patients at risk and target health interventions.
- Roji Health Intelligence is a CMS-qualified ONC-certified registry for QPP reporting, and we report eCQMs and CQMs.
- Roji Episodes reveal cost variations and cost drivers to generate strategies and interventions to address Total Cost of Care.

This presentation is for:

- ACOs evaluating how they can address affordability and improve their savings.
- ACOs on the path to risk and considering value-based payments like population-based payments or capitation.
- Health systems, medical groups and ACOs negotiating contracts with Total Cost of Care or risk features.

POLLING QUESTION: How do you manage costs?

A. Address high utilization & expenditures using claims data.



B. Prevent avoidable costs by using EHR data to address patient outcomes.



C: Not sure which way to turn yet.



D. I need more options. These dogs are too hairy.

What We'll Cover:

- What Total Cost of Care (TCOC) and Total Per Capita Cost (TPCC) are
- Tricky issues in managing costs
- Short term vs long term gains in cost reduction
- How APP Reporting can be useful for addressing cost
- 5 Promising areas for using APP Reporting to initiate cost strategies
- What you need to use APP Reporting data for cost initiatives
- The best tool for evaluating cost variation
- How do you clear the path to cost control



Use The Tail To Wag the Dog

APP Reporting is about Quality.
Total Cost of Care is about Costs, whether
in total or per capita

No one said we had to stay in one lane.

What is Total Cost of Care?

- Total Per Capita Cost = Total Cost of Care divided by number of covered patients. It comprises billed covered services paid to eligible providers, according to the fee schedule(s).
- Physician services including those outside your network
- Hospital-based provider services are included
- Hospital inpatient and outpatient, including ER care
- Behavioral health is included
- Prescription drugs may be excluded or included
- Ancillary services like DME, SNF, hospice may be excluded or included
- Total Cost of Care is flexible – “in” or “out” is defined by a particular value-based care payment model

TCOC (or TPCC) is How Payers and Patients Measure Your Affordability

Provider Problem

- Savings levels are economically unsustainable for future of Medicare *as it exists*.
- If you are a higher cost provider (as measured by payers), your flow of patients is “managed.”
- Competition and greater risk models are becoming the norm.
- Move to value-based reimbursement is happening across health care.

TPCC is a key target of value-based payment models with risk

- ACO REACH
- Medicare Advantage payment models
- Specialty Care Models – e.g. Enhancing Oncology Model

Since Payers do the measurement, however...

- Providers are lacking the detail to challenge or replicate payers' cost calculations, and
- Providers have also lacked the perspective and tools to self-measure their costs
- Of these two, the second is more problematic.

Not Playing Isn't a Great Option



Value-Based Payment is a Balancing Act

Services
provided to
patients
(expenditures)



Health status of
patients
(outcomes)



3 Measures in APP Reporting are Outcomes

- Active reporting is required for 3 measures:
 - Diabetes Hemoglobin A1C Poor control Preventive Care (Quality ID 001)
 - Screening for Depression and Follow-up Plan (Quality ID 134)
 - Controlling High Blood Pressure (Quality ID 236)


APP Also Is Basis for Measuring Equity

- Health Equity is part of CMS Strategic Plan
- Each APP measure is a marker for both outcomes and health equity
- APP data enables a true population overview for highlighting health equity gaps

APP Reporting Data Opens your Options for Cost Control

- Each APP Reporting method uses patient outcome data
- Some reporting methods will generate richer data than others for cost initiatives
- But even the most data-limited options enable ACOs to experiment with cost initiatives that also improve outcomes





All-Patient MIPS CQM
Reporting with Flat Files
or combo Flat, QRDA,
Claims, etc.

Medicare CQM
Reporting with CMS
Patient Lists & Flat Files

All-Patient eCQM
Reporting with QRDA 1s

What Data
Connected with
APP Reporting
Can Get You the
Most for Cost
Initiatives?

Why is Data Content Less by Reporting Method?

Reporting Method	All-Patient eQMs	Medicare CQMs	All-Patient MIPS CQMs
Data Type – Measure Population (denominator)	QRDA-1	CMS Patient eligible lists	Flat files + QRDA's and other feeds
Data Description – Measure Population	All patients in group / ACO	Limited to Medicare patients in ACO	All patients in group / ACO
Data Type – Measure Response (numerator)	QRDA-1	Can be combination of data aggregation and/or manual input	Flat files + QRDA's and other feeds
Data Description – Measure Response	Limited to specific value(s) defined by measure	If aggregated, can include any other clinical, demographic, SDOH, or other data	Will include any clinical, demographic, SDOH or other data specified

Even APP Reporting Data with Least Volume Creates Beginning for Cost Initiatives

- The three measures together can identify cohorts of patients with heightened risk or trigger evaluation
- Diabetes measure alone can identify patients with need to review medical status
- In combination with claims data, quality status can find patients needing immediate visit



So...where do you
begin?

Tip: find the head of the beardie

5 Areas to Consider for Cost Initiatives

- Patients with poor control in diabetes and hypertension
- Behavioral health
- Patient risk in metabolic disease
- Early Kidney Disease status
- Specialty care services

Diabetes and Hypertension: What's in the Data?

- APP Measures provide HgbA1C
- QRDA 1s or flat files provide many values over time
 - Trend in control values over the year
 - Patients with most problematic values
 - Claims (hospital/ER events with Dx) and EHR data (e.g. obesity) show comorbidities that can increase risk

Measure Data is Your Path to Action: Diabetes and Hypertension

With integration of claims and EHR Data
(including measure data):

- Identify patients for review / change of clinical treatment program
- Review patients for SDOH
- Initiate self-management programs, case management
- Monitoring and patient reporting



Behavioral Health: What's in the Data?

- Patients with indication of depression
- Patients with depression and with/without a plan going forward
- Patients with indication of depression and with diabetes and/or hypertension

Measure Data is Your Path to Action: Behavioral Health

With integration of claims and EHR
Data (including measure data):

- Identify patients without treatment plan & with hospital / ER visits
- With both depression and diabetes, interventions to manage
- Referral arrangements to community resources
- Link patients to virtual resources



Patient Risk For CVD / Stroke: What's in the Data?

- EHR data: Patients with metabolic disease markers: A1c, hypertension, obesity, hyperglycemia, dyslipidemia
- Claims data: hospital and ER events, other Dx such as AFib



Measure Data is Your Path to Action:

Patient Risk Assessment

With integration of claims and EHR Data (including measure data):

- ID patients with multiple indicators and utilization events
- Investigate unknown Dx: e.g. missing hypertension
- Patients moving into diabetes: Glycemic indication
- Use values to enhance data-driven risk assessment

Early ID of Chronic Kidney Disease: What's in the Data?

- Risk factors: hypertension, diabetes, cardiovascular disease
- Other values in data: obesity, age
- Lab values: serum creatinine (eGFR) and albuminuria (UACR)

If your data aggregation is not limited to QRDA 1 values, your data will include more clinical lab values.

ACOs pursuing MIPS CQMs and potentially Medicare CQMs (depending on how measure values are collected) will have these data.

Full Aggregation of Clinical Data is Your Path to Action: Early CKD Identification

- Use Measure Data to ID patients with risk, and then use aggregated data to follow ISN protocol for diagnosing CKD:
- CQM data-aggregation process on all patients, or Medicare patients only
- With eGFR and UACR , identify patients with potential CKD
- Population health initiative to screen patients with suspected CKD and develop lifestyle modification and treatment programs



Improving Specialty Care Costs: What's in the Data?

- EHR: Specialty providers, diagnoses
- Claims: Procedures and diagnoses from patients referred to & independently sought specialists

Coordinating Specialty Costs

- Specialty costs are 40-60% of total cost of care
- How can you improve your understanding / collaboration with specialists?
- How can you assist in management of patients under specialty care?

Data Sharing & Collaboration is Path to Action

- MIPS Value Pathway Measures for Specialists
- Cost Sharing / Cost collaboration - Episodes' Cost Variation analytics
- Referral arrangements built on shared activities to address costs
- Protocols for referrals and communication



Both parties have a “steak” in the game!

Data is Your Power for Reducing TCOC



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Peak Performance for ACOs is about Value



- The data you collect for APP Reporting is path to reduce TCOC.
- If APP Reporting method requires more data, it increases opportunities for TCOC reduction.
- Balancing cost of data for APP Reporting is the same as for TCOC, except that TCOC gives you \$\$ return.

Do You Have a Path to Data?

- Do ACO practices understand the value of data-driven initiatives for the future of health care?
- Can you influence the gravitation of practices to a centralized system or to certified status, for better data?
- Do you have a vendor with experience in practice data aggregation across many systems, patient matching, and integration with claims?

We've Got Data, Now What

- Episodes of care analytics for conditions and procedures are the key tool to evaluate cost variations and view the data
- Episodes must be clinically focused
- Bundled payment "episodes" are not clinical, consisting of various Dx
- Within each episode, you can compare what services and costs vary
- Episodes can reveal cost drivers and factors that appear to drive both cost and quality, for discussion with physicians

Ensure that Your ACO *and* APP Reporting are successful – 3 Takeaways

- Your APP Reporting should also maximize your opportunity for cost control.
- Consider the value of your data. Data is your most expensive resource to retrieve, and most valuable to all your ACO initiatives.
- Medicare CQMs are a middle ground that provide potentially more data value, if you are aggregating numerator value.



Questions and Answers



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Contact us to make your APP Reporting a successful venture!

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