HEALTH DATA ANALYTICS INSTITUTE

# HOW BUENA VIDA Y SALUD ACO USES PREDICTIVE TARGETING TO HELP KEEP PATIENTS HEALTHY AT HOME

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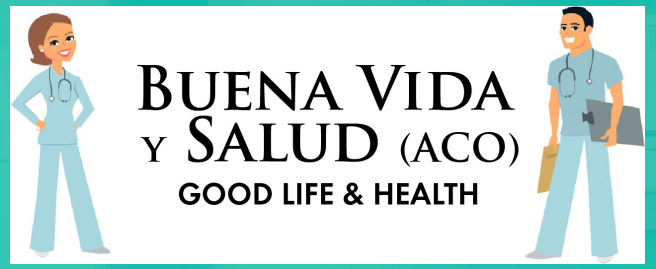


# AGENDA

WELCOME & INTRODUCTIONS
BUENA VIDA Y SALUD ACO BACKGROUND
CHALLENGES FACED & THE DISCOVERY OF AN INNOVATIVE SOLUTION
THE PRACTICAL APPLICATION OF PREDICTIVE ANALYTICS
RESULTS & LOOKING FORWARD
HDAI APPROACH
DISCUSSION & CLOSING

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BUENA VIDA Y SALUD (ACO)
GOOD LIFE & HEALTH

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Director, Care Management Advisory Services, HDAI

# Buena Vida y Salud ACO

BACKGROUND

- Services Texas, rural & urban
- 86 providers, no hospitals
- ACO roughly ~2k beneficiaries

## The guiding vision is *to connect the dots*

- The system is focused on navigating complexities of rising costs and utilization of their aging patient population
- Right data / right place / right time
- Point of care
- Connecting = EMRs / HIE / referral platforms / telehealth / data sources
- Preserving doctor-patient relationship

*Change is a constant up-hill battle!*

*Persistence is necessary*

# Buena Vida y Salud ACO

STRUCTURE, STRATEGY, & GOALS

## Structure: Independently Practicing Physicians

- Programs initiated
  - Peer-to-peer recommendations

## Strategy:

- Keep it simple
  - Keep physicians focused on direct patient care
- Delegate to staff as appropriate
  - Goal is top of license
- Break process down to more manageable process and size
- Clinical workflows
  - Keep as efficient and consistent as possible

## Goals:

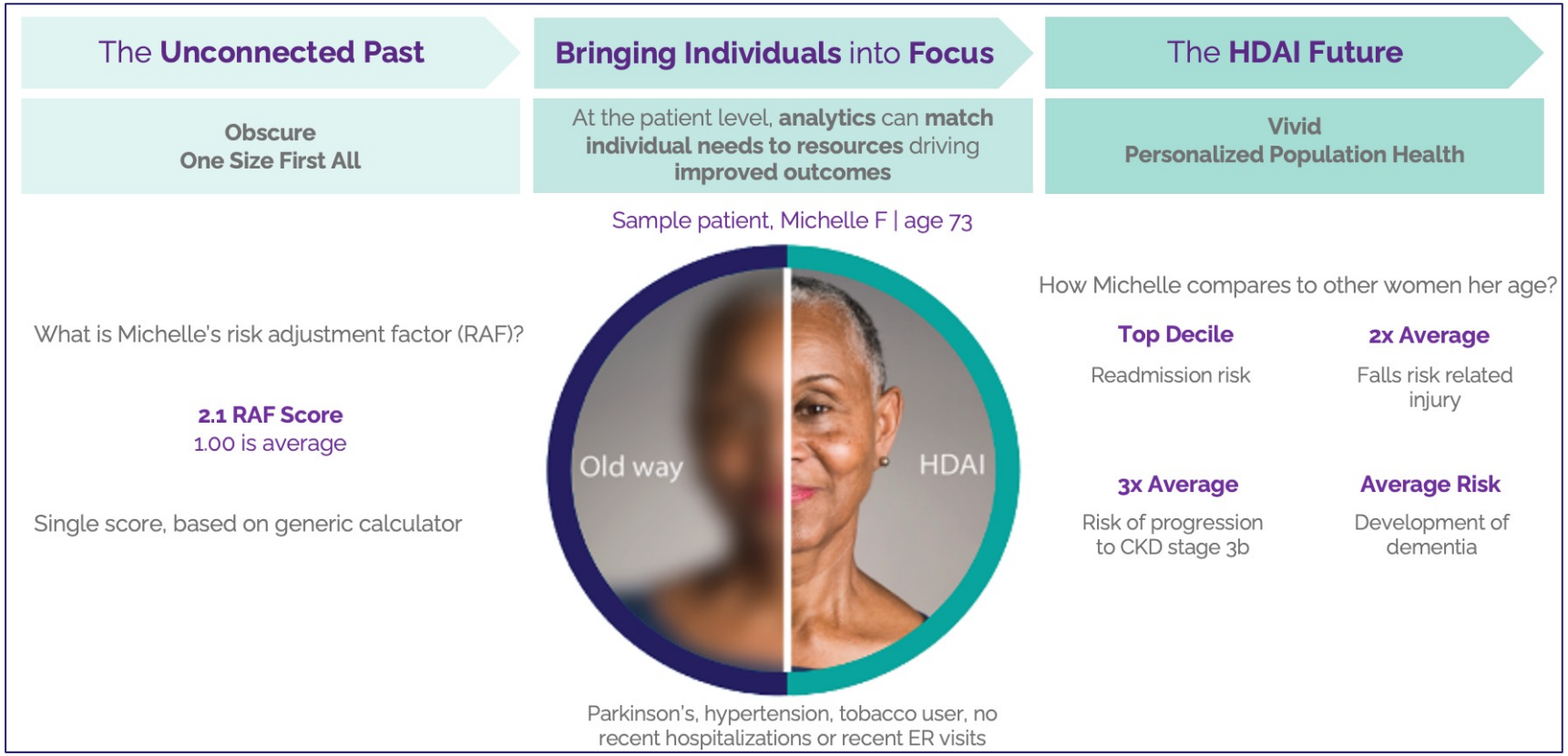
- Reducing Potentially Preventable Hospitalization
- Reducing Potentially Preventable ER visits
- Reduce Readmissions
- Address Home Health Repetitive Recertification
- Improve Quality Metrics

*Maximize capabilities of a limited workforce*

# Challenges faced

REDUCING HOSPITALIZATIONS & ED VISITS IN MEDICARE ACO PATIENTS

- High-Risk Patient Management
  - Heart failure
  - Prioritizing patients at risk for unplanned admissions
- Outcome Monitoring
  - Keeping track of patient outcomes effectively
- Maximizing Contracts
  - Benefiting from shared savings agreements
- BVyS needed a strategy that would maintain their high-quality care while also controlling expenses



# Audience Poll

# HDAI adverse event prediction

THE KEY TO REDUCING ADMISSIONS

Patients need to be seen by provider once per month for six months (including televisits)

Also consider utilizing:

- CCM
- Nurse visits
- Community paramedic visits

| Patient Name | DOB | Sex | PCP | Subscriber No | **Unplanned Admission** Classification | AE **Fall-related injuries** Classification | AE **Heart Failure** Classification | AE **Pneumonia** Classification |
|---|---|---|---|---|---|---|---|---|
| | | male | | | High Risk | | High Risk | High Risk |
| | | male | | | High Risk | | | High Risk |
| | | female | | | High Risk | High Risk | High Risk | High Risk |
| | | female | | | High Risk | High Risk | High Risk | High Risk |
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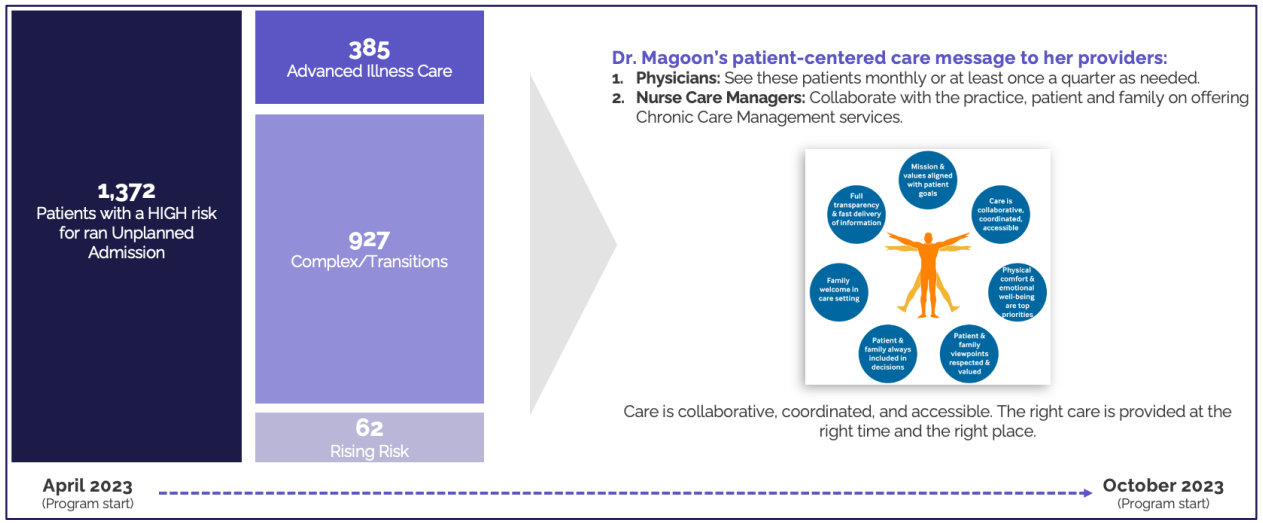
| | | female | | | High Risk | High Risk | | |
| | | female | | | | High Risk | | |
| | | female | | | | | High Risk | |
| | | female | | | | | | High Risk |

# The discovery of an innovative solution

## SUB-POPULATION IDENTIFICATION AT THE CORE OF THE APPROACH

- **Advanced Illness Care (AIC) –** patients at the **top 5th** percentile at risk for mortality or likelihood of entering hospice
- **Complex Care –** patients at the **top 25th** percentile at risk for an unplanned admission
- **Rising Risk –** patients at the **top 25th to 50th** percentile at risk for an unplanned admission

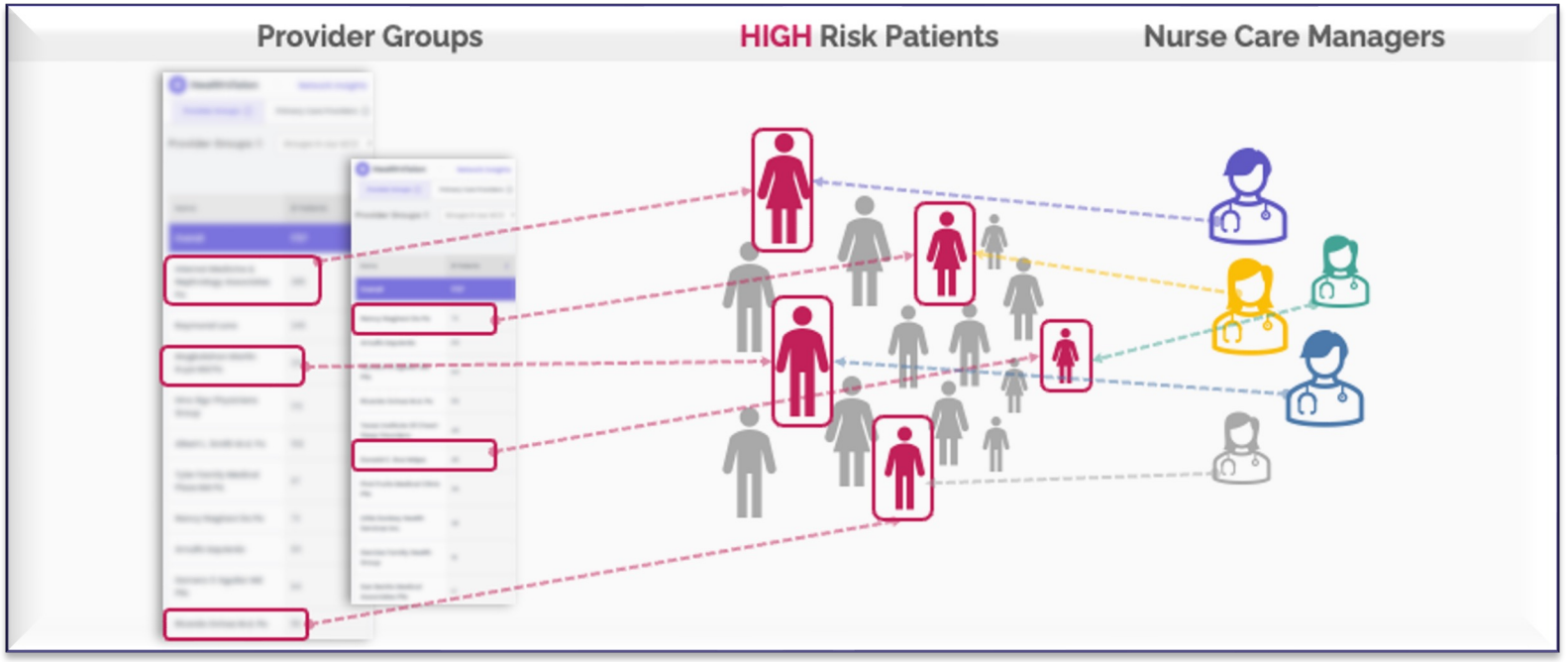



- Approach entailed pinpointing specific sub-populations based on predicted future risks of utilization, complication, and developing chronic diseases
  - Deploying tailored interventions
- Supporting intelligent decisions to improve patient outcomes
- HDAI collaborated with BVyS to enhance their platform, focusing on tracking key value-based metrics critical for assessing quality and outcomes
- HealthVision™ is a predictive analytics tool tailored to identify high-risk patients for unplanned admissions, highlighting the key factors that drive the risk score
  - Assessing the impact of HealthVision within primary care

# Practical application of predictive analytics and patient targeting

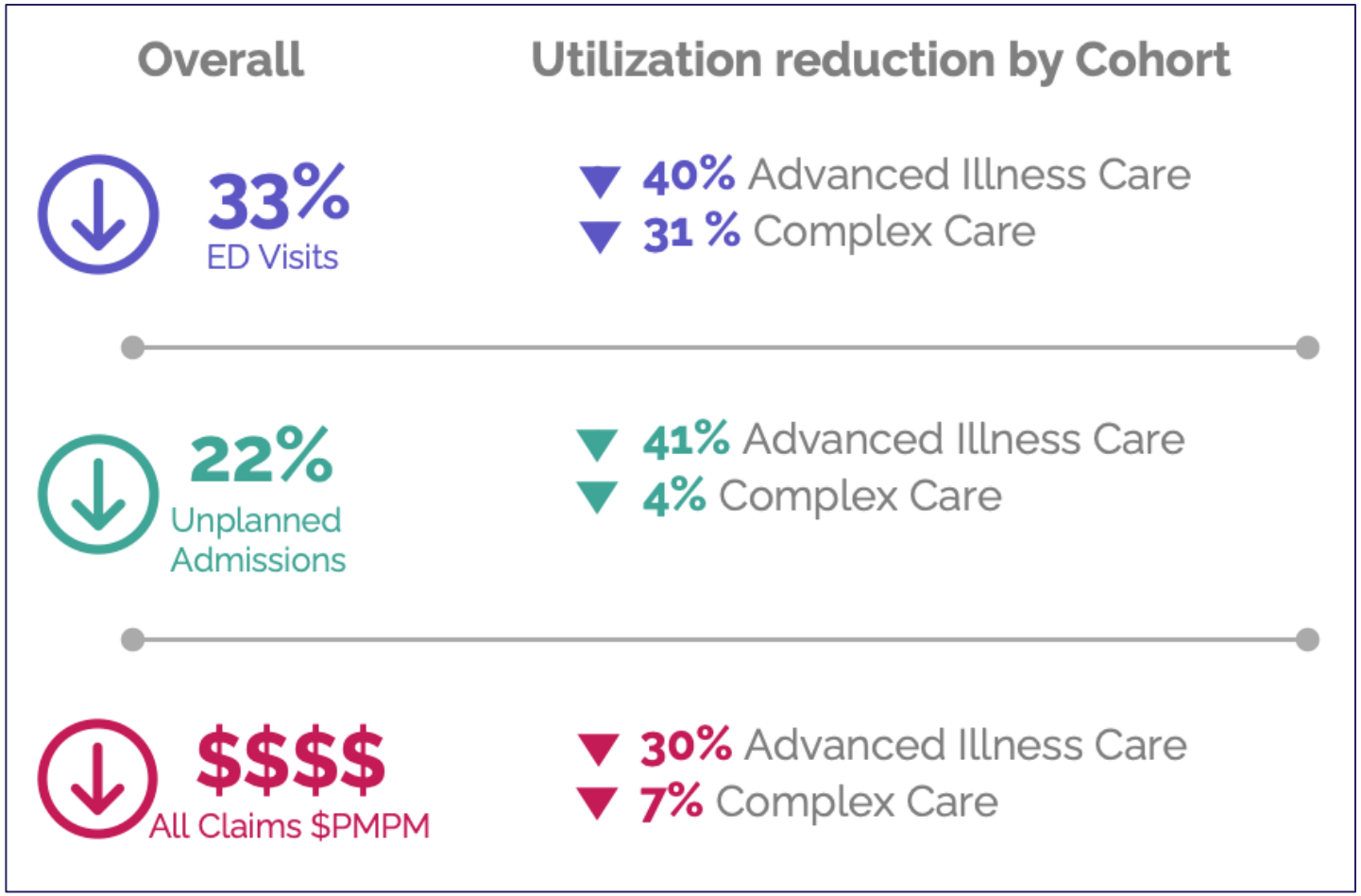
BEING MINDFUL OF CHANGE TO CLINICAL WORKFLOW

- PCP Targeted List
  - BVyS coordinated distribution of the lists and encouraged physicians and office staff to act on the identified patient population and engaging care coordination
  - Surfacing contributing factors to predicted risks
  - Understand processes for identification and separation of individuals within subpopulations, based on their risk of experiencing negative health events or high healthcare usage
- Potential Adverse Event Report
- Workflow triggers into:
  - Transitional Care Management
  - Chronic Care Management
  - Remote Patient Management



# Results

IMPRESSIVE IMPROVEMENT TO CRITICAL METRICS




- 6 months post implementation, the predictions and targeting provided by HealthVision were found instrumental in care coordination efforts
- Significant decline in Unplanned Admissions and Emergency Department (ED) Visits
- Notable reduction in Inpatient costs as well



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# Looking forward

EXPANDING PROGRAMS

- Continuing to drive analytics for patient targeting and program development
- **Healthy@Home:** Designed to improve the health of older seniors by working with patients in their homes and in their communities to manage health problems
- Exploring Principal Illness Navigation (PIN) Services and Community Health Integration (CHI) Services

# Audience Poll

## WHO ARE WE?

HDAI is a provider enablement and care optimization company powered by access to Medicare's full dataset, machine learning, generative AI, predictive analytics, and point of care technology.

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## WHAT DO WE DO?

We help healthcare organizations understand every dimension of cost, utilization, and outcomes performance so that beneficial actions can be made, measured, and scaled.

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## HOW DO WE DO IT?

HDAI's proprietary digital platform, HealthVision™ is an enterprise solution that leverages foundational models and digital twinning to deliver enterprise-wide insights and actions at the organization, provider, and patient level.

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The engine that powers HDAI's HealthVision platform is fueled by privileged access to the country's largest and best longitudinal data set

# Big Data

~$2T in US Healthcare spending

140+ million patients

500+ billion encounters

25 years longitudinal data

# HDAI's Foundational Models

Hundreds of predictive models for outcomes, utilization measures, and cost

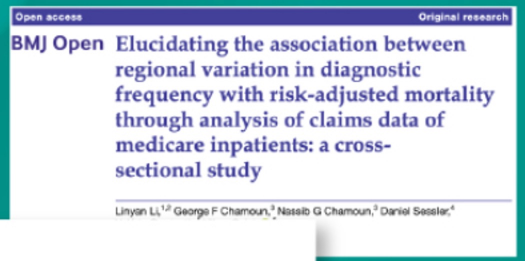
Our digital twinning methodology delivers the highest value actionable insights about performance

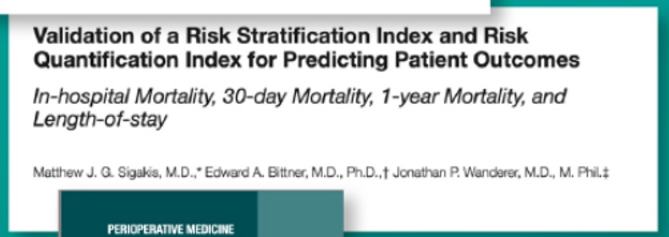
# Foundational Models

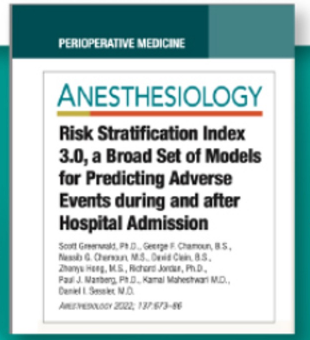
## Peer reviewed and published

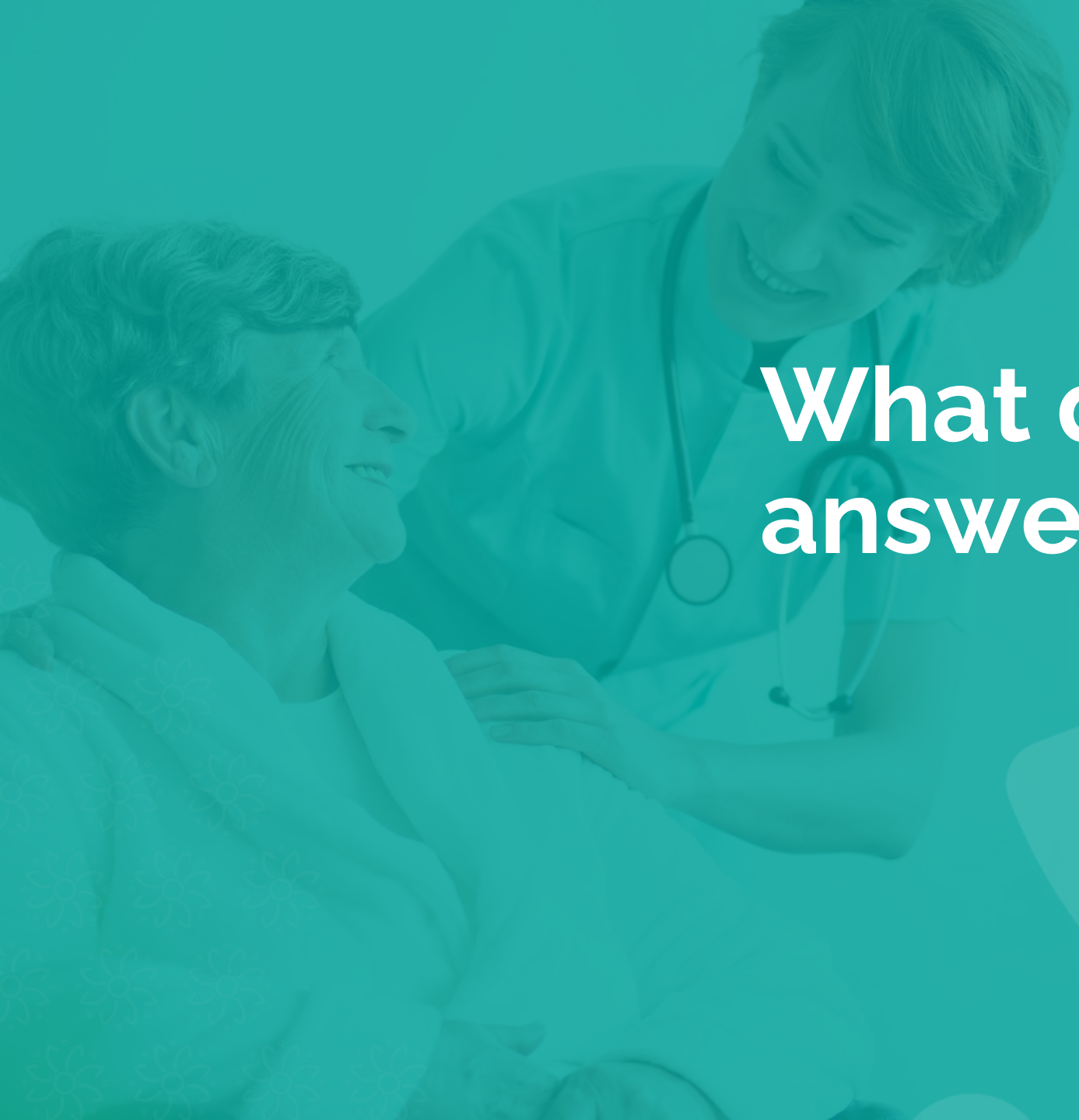
## AI/ML for robust predictive insights

## Transparent, explainable and traceable







# What questions can I answer?

# Stop by our VBCExhibitHall.com Virtual Booth

Enter Booth

# Thank you

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