Optimizing outcomes: Leveraging analytics for provider performance in value-based care

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VBCExhibitHall.com
Educational Webinar Series

Presenters

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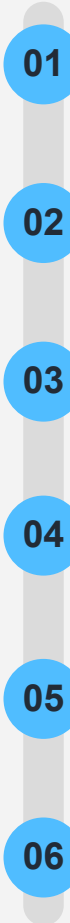# Poll – Who is in the audience today?

- Health Plan

- ACO

- Provider Group / Healthcare System

- Government

- Other

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Poll – What is your role in the organization?

- Data Analytics/IT

- Provider Liaison / Network Manager

- Clinical (Medical Director, Care Manager, etc.)

- Finance

- Other

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Optimizing outcomes: Leveraging analytics for provider performance in value-based care

Agenda:

01 Guiding principles, challenges, countermeasures

02 About Genesys PHO

03 Deconstructing how to get started

04 Overview of dashboards

05 Lessons learned

06 Q&A

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Guiding principles

Impact

Engaging providers whose decisions & behaviors drive the health of populations

Sustainability

Improving population health in a financially sustainable way

Scale

Expanding efforts to achieve greater outcomes across diverse providers and population needs

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Challenges to optimizing health outcomes

- Overwhelming
- Complex
- Diverse perspectives
- Many healthcare dialects
- Distinct learning styles & audiences
- Lack of timely insights
- Ambiguous linkages between actions & outcomes
- Engagement & buy-in
- Misaligned incentives

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Countermeasures

Challenge	Countermeasure(s)
Overwhelming	**Deconstruct** into manageable parts & prioritize
Complex	Create **clarity**
Diverse perspectives	Foster shared **vision & mutual understanding** of priorities
Many healthcare dialects	Develop shared **fluency**
Distinct learning styles & audiences	Curating appropriate **details for different audiences** in easy to digest ways
Lack of timely insights	**Rapid cycle feedback** loops and timely performance dashboards
Ambiguous linkages between actions & outcomes	Thoughtful design of **leading/lagging indicators**; focus on what you can **control/influence**
Engagement	**Build trust**; data confidence
Misaligned incentives	Identify hot spots & **get creative** in re-aligning incentives with desired outcomes

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About Genesys PHO

Genesys PHO: Who we are

- A high-performing, integrated network that includes 100+ primary care physicians, hundreds of top specialists, and access to cutting-edge imaging and physical therapy centers.

- 76.3% of lives are in downside risk contracts.

- Structure is designed to support our physicians with robust infrastructure, personalized resources and a collaborative community - all while maximizing clinical freedom and financial opportunity.

- Since 1995, we've been pioneers in value-based care, launching innovative care management programs and building progressive partnerships with health plans.

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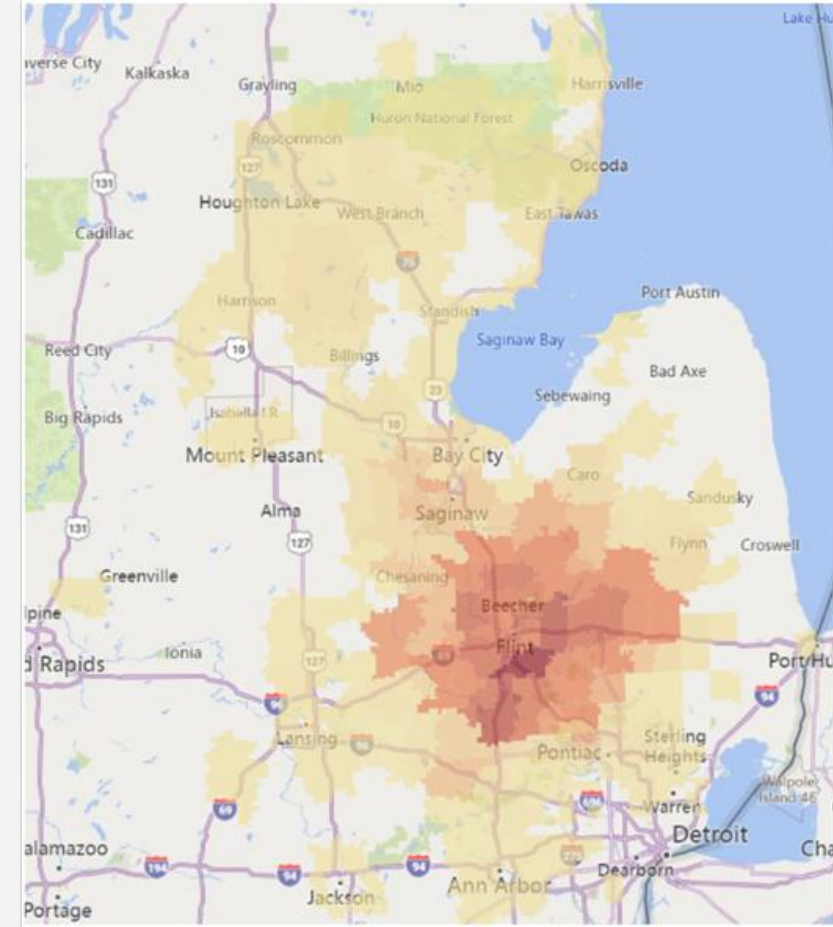
"Successful teams don't happen by accident – they are made, not born."

-- Anonymous

Origin story

How our analytics team was built

> Vice President
    > Data Scientist
        > Data Analyst
        > Data Architect
            > HCC Risk Coding Specialist

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Process: Report development

Nothing is ever created as a "Final" version

Identify Key Performance Indicators.

What determines success in our organization?

Develop a list of available data, elements of success, and current trends.

What are your data requirements?

Build the report.

Create the data story.

Present reports to Medical Directors for review.

Take feedback and constructive criticism and redesign as needed.

Repeat as needed.

Deliver the reports to appropriate audience.

Take feedback and constructive criticism and redesign as needed.

Repeat as needed.

Measure possible impact, summarize all elements for trends/changes.

Take feedback and constructive criticism and redesign as needed.

Repeat as needed.

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Overview: Analytics deployed with a purpose

Analytics are critical for a **healthcare organization** to improve care quality, manage costs, maintain contracts, and operate efficiently. Here's a breakdown of **the most important categories of analytics** for an organization, especially when involved in value-based care:

Level and Focus

Organization

Contract Performance Analytics

- Shared Savings Calculations
- Performance vs Contract Benchmarks
- Financial Reconciliation Projections
- Network Leakage
- PCP Performance & Incentives
- Preferred Panel Reporting

Physicians

Contract Performance Analytics

- Care Management & Social Determinants Analytics
- Utilization Reporting
- Quality Management
- Attribution & Panel Management
- Risk Adjustment & Coding Analytics
- Practice Management

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Cadence of reporting
When timing is most effective
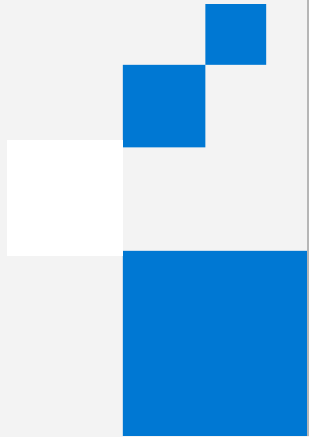
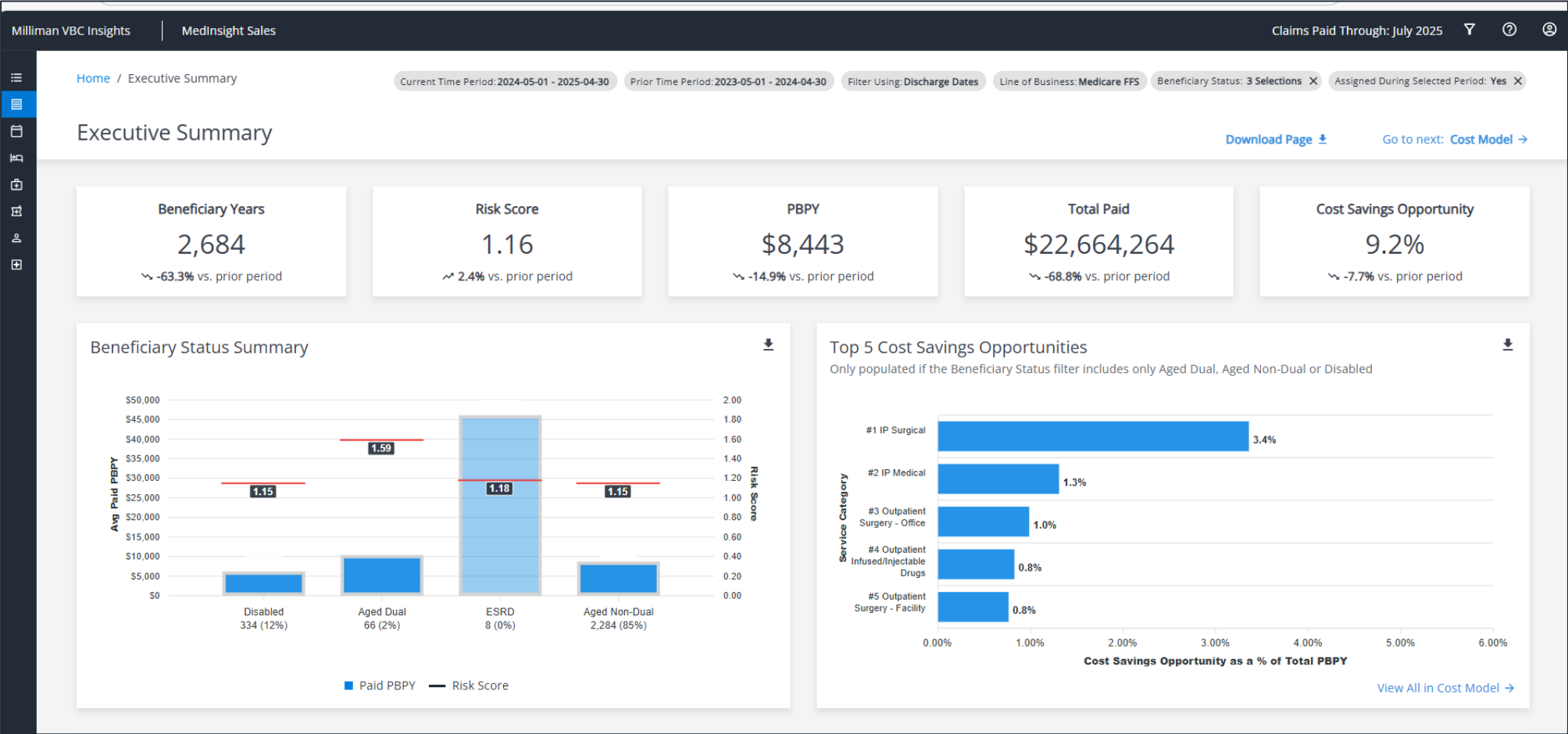| Cadence of Reports	Monthly	Quarterly	Annually	Ad Hoc
	▪ Finance Dashboard ▪ Utilization Report ▪ Quality Reporting ▪ PCP Incentive Structure	▪ Continuity of Care ▪ Practice Management ▪ Shared Savings Projections	▪ Panel Management	▪ Deep Dives ▪ Quick Answers ▪ New trends ▪ Fraud, Waste & Abuse

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VBC Insights

VBC Insights – Executive Summary

VBC Insights – Inpatient Medical Drill Down
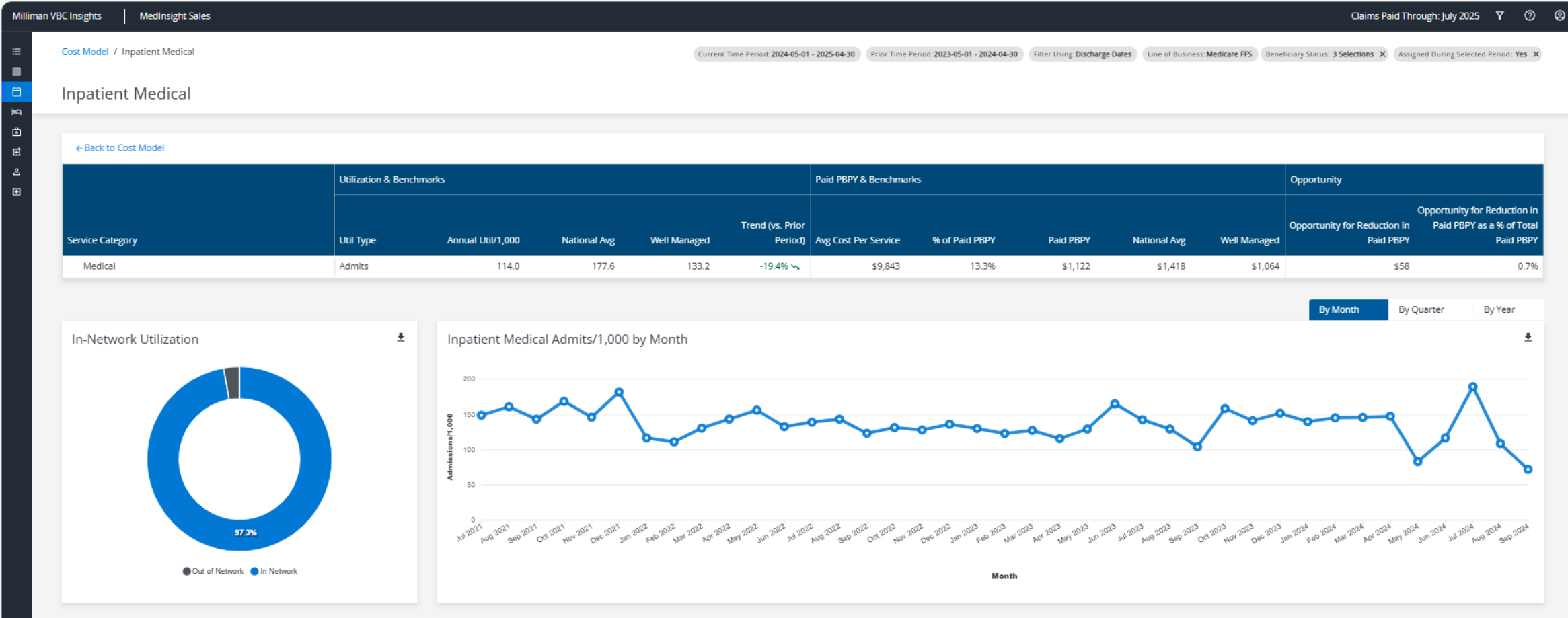
VBC Insights – Inpatient Medical Drill Down

DRG Families | DRGs

DRG Family Information
Select a DRG Family to filter the tables below

Clear All Selections

DRG Family	DRG(s)	ACO Experience								Utilization & Benchmarks				Opportunity	
										National Avg		Well Managed			
		Total Admits	Annual Admits/1,000	Avg LOS	% 1 Day Stays	30-Day Readmit Rate	Paid PBPY	Avg Paid Amt per Admit	% of Paid PBPY	Annual Admits/1,000	Avg LOS	Annual Admits/1,000	Avg LOS	Opportunity for Reduction in Paid PBPY	Opportunity for Reduction in Paid PBPY as a % of Total Paid PBPY
☐ Sepsis	870-872	32	11.9	6.1	6.2%	21.9%	$177	$14,843	15.8%	23.82	6.2	19.63	5.3	$0	0.0%
☐ Cerebrovascular Disease - Medical	061-072	29	10.8	3.6	3.4%	10.3%	$100	$9,268	8.9%	8.92	4.2	7.11	3.8	$37	0.4%
☐ Respiratory Failure	189, 207-208		7.5	6.9	5.0%	20.0%		$17,111	9.7%	5.29	8.3	4.29	6.2	$41	0.5%
☐ Heart Failure	291-29														
☐ Myocardial Infarction	280-28														
☐ Endocrinology-Medical	640-64														
☐ Hematology/Coagulation Disorders	799-80														
☐ Renal Failure	682-68														
☐ Cardiac Arrhythmias	308-31														
☐ UTI	689-69														
Total															

Providers | Facility

Facility Detail
Select a facility to filter the provider and beneficiary panel tables

Clear All Selections

Facility Name	Facility CCN	IN	Volume Medical Admits	% of Total Medical Admits	% of Admits through ED	% Potentially Avoidable Admits	% of 1 Day Stays	30-Day Readmit Rate	Paid PBPY	% of Paid PBPY
☐ Hospital K388	60918	Y	153	50.0%	98.7%	35.9%	3.9%	11.1%	$523	46.7%
☐ Hospital O405	60870	N	46	15.0%	93.5%	41.3%	2.2%	17.4%	$183	16.3%
☐ Hospital M364	60915	Y	28	9.2%	100.0%	46.4%	10.7%	10.7%	$93	8.3%
☐ Hospital U465										
☐ Hospital V186										
☐ Hospital S774										
☐ Hospital X127										
☐ Hospital S644										
☐ Hospital O320										
☐ Hospital E29										
☐ Hospital L5										
☐ Hospital X204										
☐ Hospital F196										
Total										

Beneficiary Panel

Clear All Selections

Member ID	Member Name	Sex	Age	Assigned Provider	Assigned Provider ID	Risk Score	30-Day Readmit	Admit Date	Discharge Date	Admit Through ED	Admit Paid Amount	Facility Name	IN	DR
☐ 3XW7F23QH42	ALVARADO, Jeanette	F	69	ONEILL, Jeffery	PIDU283526	1.49	N	6/7/2024	6/10/2024	Y	$3,836	Hospital S644	N	392
☐ 4QQ7V29TH66	ANDERSEN, Lucius	M	63	ATKINS, Lucius	PIDE290699	4.03	N	6/21/2024	6/26/2024	Y	$6,131	Hospital K388	Y	101
☐ 3A07Y85EK56	ANDREWS, Manuel	M	69	UNKNOWN	UNKNOWN	0.59	N	7/1/2024	7/6/2024	Y	$7,461	Hospital O405	N	287
☐ 8W31TC8YH08	ANTHONY, Erma	F	47	RIDDLE, Terry	PIDZ290061	1.45	N	8/18/2024	8/22/2024	Y	$6,637	Hospital K388	Y	386
☐ 9VX7P48NC68	ARNOLD, Toby	F	81	STAFFORD, Gustavo	PIDG152488	0.46	N	7/27/2024	7/30/2024	Y	$11,143	Hospital X127	N	064
☐ 9VX7P48NC68	ARNOLD, Toby	F	81	STAFFORD, Gustavo	PIDG152488	0.46	Y	8/2/2024	8/3/2024	Y	$5,998	Hospital X127	N	069
☐ 4CQ9Y53AE54	AVERY, Roscoe	M	73	CHANDLER, Joe	PIDQ33878	0.40	N	7/1/2024	7/3/2024	Y	$4,552	Hospital O405	N	313
☐ 9HV6J68FD67	AYALA, Melva	F	75	ONEILL, Jeffery	PIDU283526	2.79	N	7/4/2024	7/12/2024	Y	$16,171	Hospital O405	N	286
☐ 9HV6J68FD67	AYALA, Melva	F	75	ONEILL, Jeffery	PIDU283526	2.79	N	9/5/2024	9/11/2024	Y	$10,802	Hospital K388	Y	291
☐ 2HR9VR1HJ58	BARBER, Scotty	M	66	MONROE, Gwenda	PIDJ164747	1.60	N	5/27/2024	5/31/2024	Y	$21	Hospital L5	N	189
☐ 4RM5DR7AF62	BARRERA, Callie	F	79	MCCULLOUGH, Gregory	PIDE304037	0.46	N	5/5/2024	5/9/2024	Y	$4,965	Hospital K388	Y	544
☐ 6HM3PM3QJ85	BARRON, Joycelyn	F	71	UNKNOWN	UNKNOWN	5.67	Y	5/14/2024	5/30/2024	Y	$15,596	Hospital O405	N	286
☐ 6HM3PM3QJ85	BARRON, Joycelyn	F	71	UNKNOWN	UNKNOWN	5.67	Y	5/30/2024	5/31/2024	N	$9,606	Hospital O320	N	307
☐ 6HM3PM3QJ85	BARRON, Joycelyn	F	71	UNKNOWN	UNKNOWN	5.67	Y	7/7/2024	7/22/2024	Y	$16,443	Hospital K388	Y	208

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VBC Insights – SNF Provider Summary

Skilled Nursing Facility (SNF)
Select a SNF to filter the tables below

Clear All Selections

Skilled Nursing Facility Name	Skilled Nursing Facility ID	Preferred Facility	# of SNF Discharges	% of SNF Discharges	Avg Paid per Day	Paid PBPY	Avg LOS	Readmit Rate to Acute IP Facility within 1 Day of SNF Discharge	SNF 30-Day Readmit Measure (ACO-35)
Nursing Facility V530	62789	N	23	30.3%	$549	$107	22.9	17.4%	28.6%
Nursing Facility C966	62642	N	9	11.8%	$596	$30	15.2	22.2%	66.7%
Nursing Facility X382	62354	N	8	10.5%	$532	$31	19.4	0.0%	0.0%
Nursing Facility N994	62363	N	7	9.2%	$721	$34	17.9	28.6%	20.0%
Nursing Facility X299	62783	N	6	7.9%	$692	$32	20.8	16.7%	50.0%
Nursing Facility W802	62769	N	3	3.9%	$650	$8	11.0	0.0%	0.0%
Nursing Facility T183	62723	N	3	3.9%	$711	$19	24.0	0.0%	-
Nursing Facility Y254	62808	N	2	2.6%	$650	$6	12.5	0.0%	0.0%
Nursing Facility D116	62784	N	2	2.6%	$637	$9	20.0	0.0%	0.0%
Nursing Facility A468	62639	N	2	2.6%	$440	$12	35.5	50.0%	0.0%
Nursing Facility U310	62606	N	1	1.3%	$596	$4	20.0	0.0%	0.0%
Nursing Facility O578	62327	N	1	1.3%	$543	$3	14.0	0.0%	0.0%
Nursing Facility J469	62338	N	1	1.3%	$729	$5	17.0	0.0%	0.0%
Total			**76**	**100.0%**	**$588**	**$331**	**19.9**	**13.2%**	**21.4%**

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What great analyst collaboration looks like

Share your top 3 strategic goals each quarter

Review "insight briefs" instead of raw data

Use a standing meeting to interpret vs. just receive reports

Focus on trends, comparisons, and what-if modeling

Encourage analysts to flag unexpected outliers

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Our reporting and analytics

How did we know where to start?

Report	Executives	Physicians	Hospital Partner
Finance Dashboard – Trending Utilization and PMPM rates for Inpatient, Outpatient, Ambulatory Surgical Centers vs Milliman Benchmarks	🟩		🟦
Utilization Report- KPIs vs Group and Milliman Benchmarks	🟩	🟧	🟦
Continuity of Care – Leakage in Inpatient, Outpatient, Ambulatory Surgical Centers	🟩		🟦
Population Risk Stratification		🟧	
Practice Management		🟧	

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Reports changed over time….where we started

"Wall of numbers":

- **Overwhelming** – presents too much info, not broken up into manageable parts, does not highlight priority points

- **Complex** – data and messaging are not simplified or clarified, hard to understand key takeaways

- **Limited impact** – not focused on KPIs or areas of interest

- **Fails to engage** – not very intuitive

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Where we are now

PHO
Financial Dashboard
July 2025
Membership Through June 2025
Cost / Util DOS: 1/01/2022 - Claims Paid Through 05/31/2025

INCREASING PANEL SIZE

Review of Pts to Prov	2023	2024	2025
Division 1	54,142	49,654	46,639
Division 2	6,913	8,886	8,699
Division 3	38,240	40,959	39,395
Total Patients	99,295	99,499	94,733
Total Providers	81	73	70
Patients/Provider	1,226	1,363	1,353
YOY Change	13.4%	11.2%	(0.7%)

CURRENT MEMBERSHIP

Insurance Type	Division 1	Division 2	Division 3	PHO Totoal
Commercial	24,158	4,288	19,660	48,106
Medicaid	7,432	820	9,144	17,396
Medicare	15,049	3,591	10,591	29,231
Total	46,639	8,699	39,395	94,733

PHO
Financial Dashboard
July 2025
Excludes: Psych, Substance Abuse, SNF,Prescription Drugs and Pediatrics.
Cost / Util DOS: 1/01/2022 - Claims Paid Through 05/31/2025

New & improved reporting:

- Concise
- Well-organized
- Color-coded
- Visually intuitive
- User-friendly
- Inviting
- Focused on KPIs

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Great insights...but failed in user adoption

- **Old Power BI report was ineffective** – users said it was too technical and did not embrace the application or get the value from the reporting

- **Need to create a safe space** for users to explore reports, build understanding, and provide feedback

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Reports: publish, gather feedback, revise, repeat!

- **Practice Management Report:** refined through 7 rounds of review

- **Collaborative effort:** multiple iterations to capture team needs

- **Key lesson:** gather feedback early and often, then adjust accordingly

- **Outcome:** stronger, more user-friendly report through continuous improvement
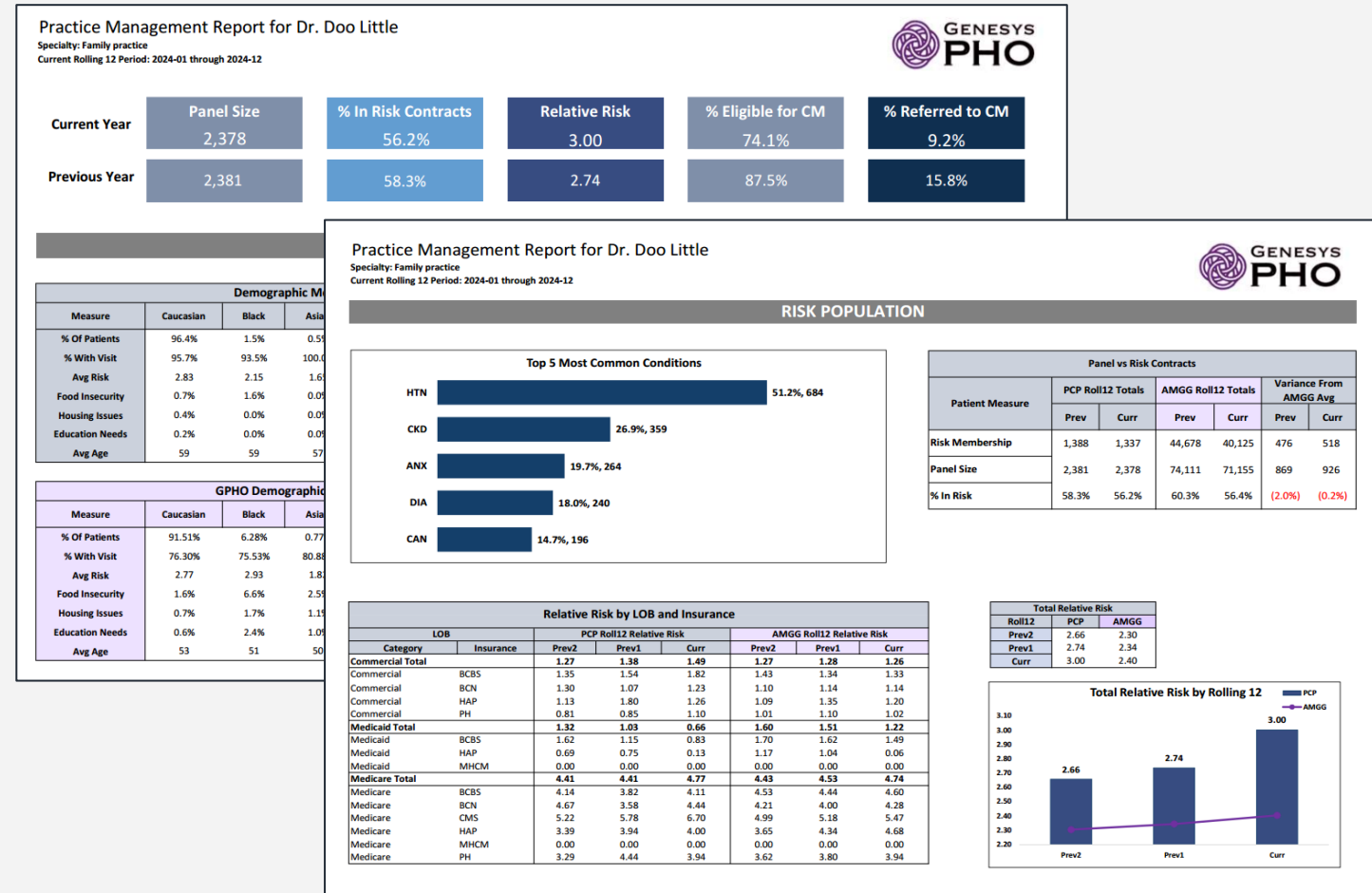
Wrap-up and next steps

You don't need to be a data expert – you need to be a data navigator

Define the outcomes you want, then back into the right insights

Empower your analysts with your goals and context

Review your dashboards monthly – and ask, "so what?"

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Closing thoughts and lessons learned in provider data sharing

- **Mobilize a diverse team –** include a broad group of stakeholders with clinical expertise, data expertise, and execution ability

- **Choosing the right metrics –** metrics should drive towards success in the VBC contract, impactable by providers receiving the reports, and have data readily available to measure

- **Consider the value of the provider's time** – reports need to be easily digestible and actionable

- **Establish a feedback loop** – expect to create iterations based on feedback and changing priorities

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Poll – How effective is your organization at identifying and prioritizing sharing data with clinicians in your organization regarding value-based care initiatives?

- 5- Very highly effective

- 4- Highly effective

- 3- Moderately effective

- 2- Somewhat effective

- 1- Not at all effective

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Poll – What tools does your organization use to monitor trends and data related to provider reporting and improvement efforts in value-based care?

- Custom internal reporting systems / manual spreadsheets or ad-hoc reporting methods

- Data analytics platforms (ex. Tableau, Power BI, etc.)

- Electronic health records systems (ex. Epic)

- Population Health management tools (ex. MedInsight)

- Other

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Q&A

If you have a question,
please add it to the chat.

ENTER BOOTH

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Thank you

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