Triple the Value of Your ACO's APP Reporting Performance

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WHY TRUST US TO TALK ABOUT THIS TOPIC?

WE'RE DEEP INTO IT.

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Today's Path

- 2025 APP Debrief
- Integrating APP Solutions
- APP Impact on REAL Quality
- Leverage APP for pan-program success
- Summary and Next Steps

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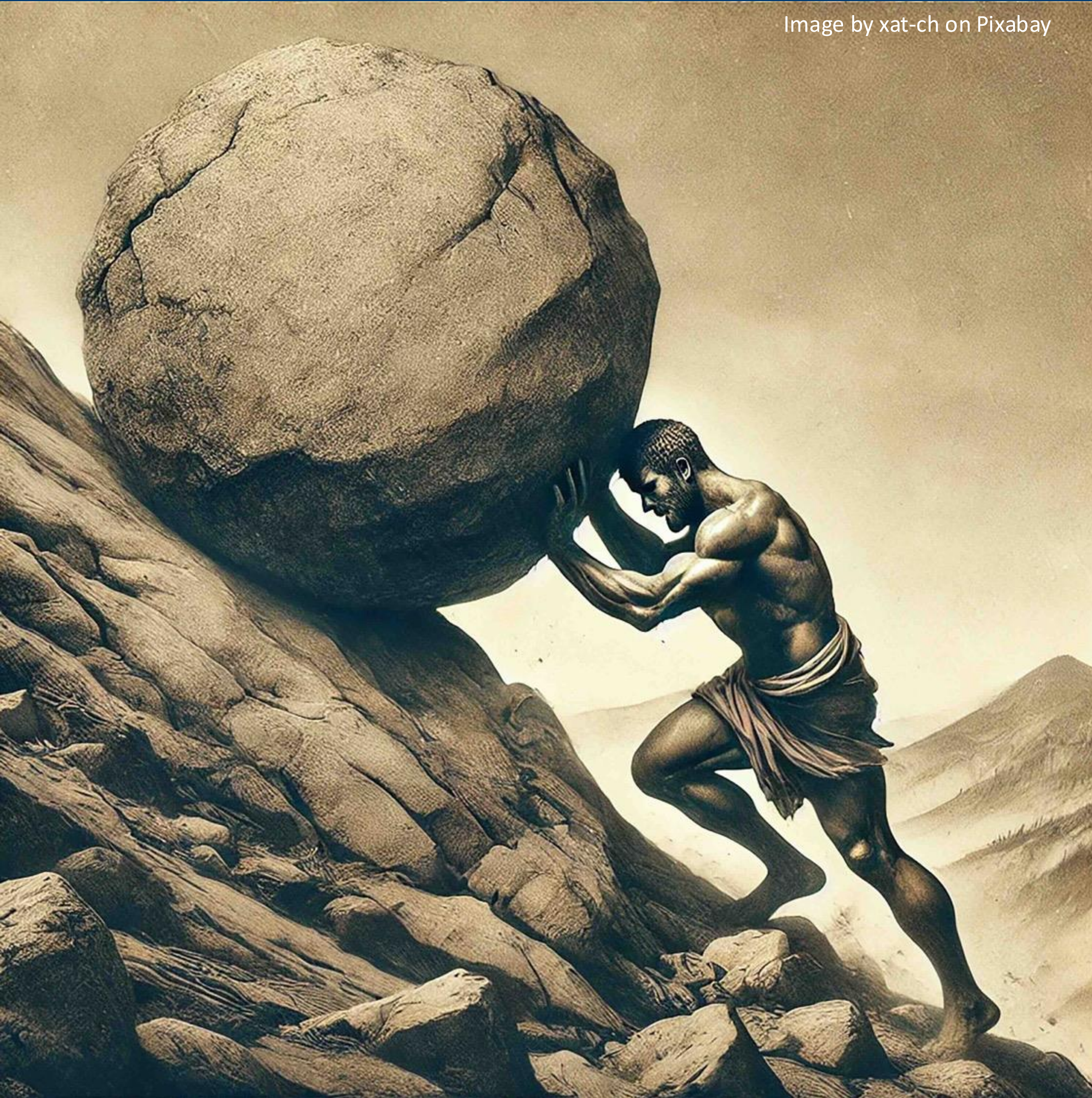

Audience Poll

What has been your biggest APP-related challenge?

a) Aggregating participant TIN data
b) Unformatted clinical documentation
c) Internal IT prioritization of APP tools
d) None – it went perfectly!

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Reflecting on APP Submission

Missing Measure Responses

Breadth of Denominators

Data Completion Threshold

Gap in Care

- Quality action not performed
- No data element to consume
- Patient, provider, or system driven

Gap in Documentation

- Quality action performed
- Data element not "consumed"
- Technical issue or EHR use/input

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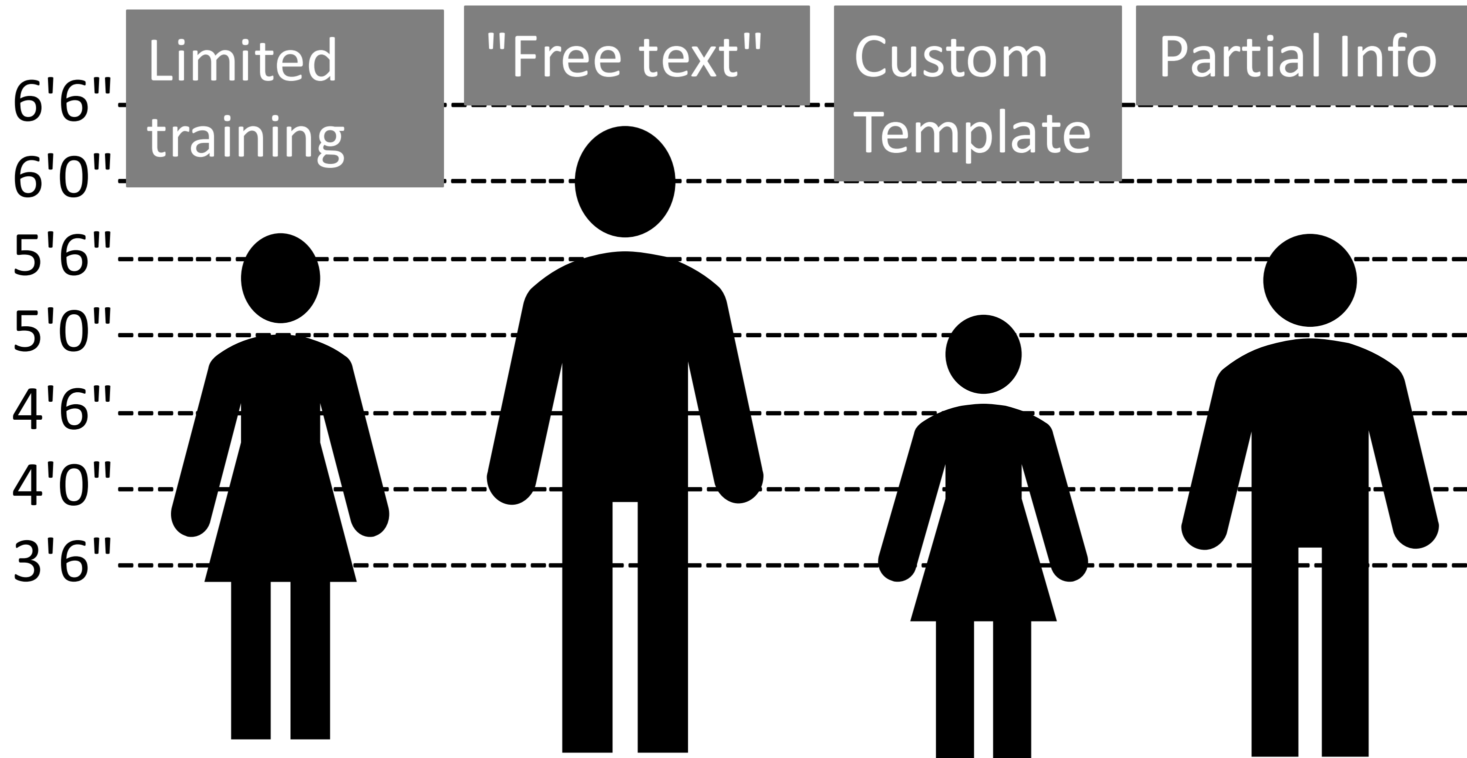
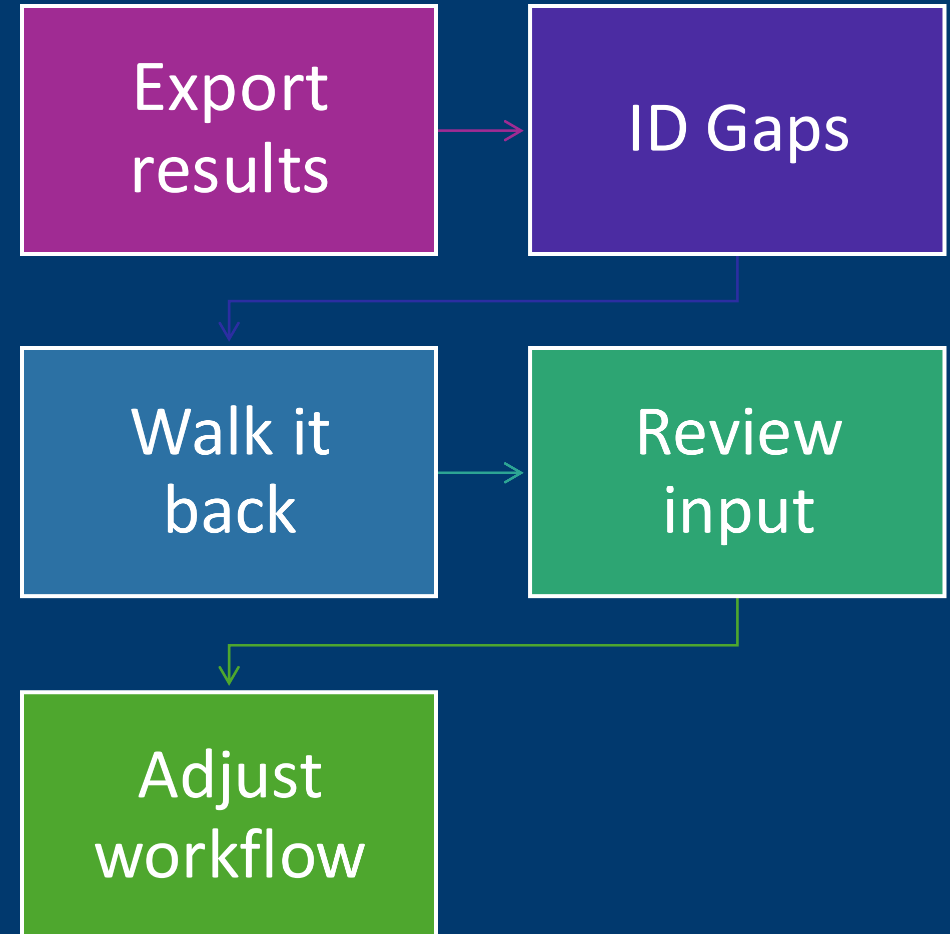
Closing Data Gaps





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Interoperability Hype: Too Good to Be True

CEHRT ≠ Easy QRDA I

- Prohibitive costs
- False negatives
- Unavailable measures

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Flexible Data Capture and Integration

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- Building patient profiles is a solution
- Building measures is a patch
- Need flexible data ingestion for:
    - Claims (money and services)
    - EHR (raw clinical data)
- Not an EHR service

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Conflicting Measure Specs

Measure Information	2025 Performance Period
Title	Breast Cancer Screening
CMS eCQM ID	CMS125v13
CBE ID*	Not Applicable
MIPS Quality ID	112
Measure Steward	National Committee for Quality Assurance
Description	Percentag[e o]f women 50-74 years of age [wh]o had a mammogram to screen for breast cancer [...] [th]e end of the Measurement Period

eCQM Spec

Quality ID #112 (CBE 2372): Breast Cancer Screening

2025 COLLECTION TYPE:
MEDICARE CLINICAL QUALITY MEASURES FOR ACCOUNTABLE CARE ORGANIZATIONS PARTICIPATING IN THE MEDICARE SHARED SAVINGS PROGRAM (Medicare CQMs)

MEASURE TYPE:
Process

DESCRIP[TION]:
Percen[tag]e of women 40 - 74 years of ag[e w]ho had a mammogram to screen for breast cancer in the 27 months prior to the end [...]

Medicare CQM Spec

- Not always obvious
- Breast cancer screen age fixed; issues persist in all measures:
  - Timing of Dx code
  - Age and encounter

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Implement a High Single Standard of Care

"Teaching to the test" will not work

- Can't determine denominator on the fly
- Exclusions stemming from other care
- Fluctuating coverage

You need:

- Consistent workflow
- Standardized documentation
- Appropriate prompting

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Overreliance on Claims

- Necessary, not sufficient
- "All of your eggs in one basket" is a relic of CMS WI reporting
- Retrospective only
- Missing key risk factors

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Broaden Your Data Source Repository

Comprehensive risk profiles require more:

- Labs
- Meds
- Allergies
- Devices
- PROs
- Immunizations
- Vitals
- Social history
- SDOH

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Quality Reporting Stands Alone

- Not connected to quality strategy
- Seen as EOY administrative task
- Prioritized behind other projects
- Cannot dynamically improve

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Integrate Reporting into Performance Strategy

Benefits of linking reporting with quality/performance:

- Reduced administrative burden
- IT resources deduped, prioritized
- Opportunity for clinician feedback
- Facilitates ongoing improvement

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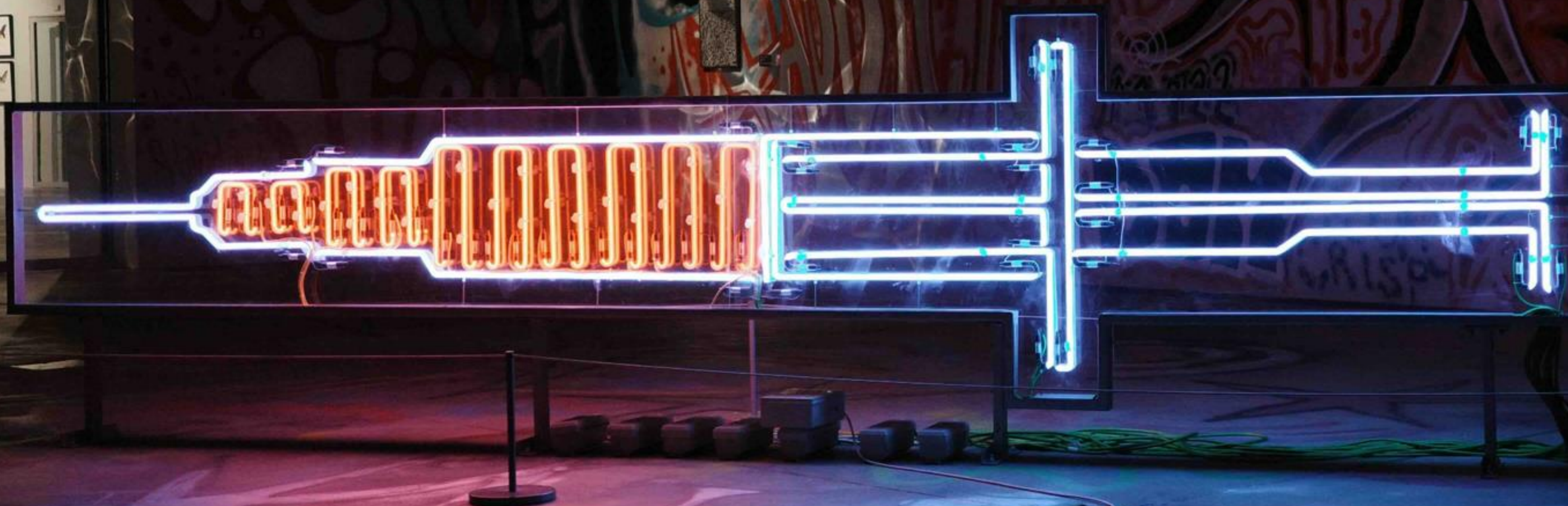
How to Inject APP Reporting into Your Quality Strategy



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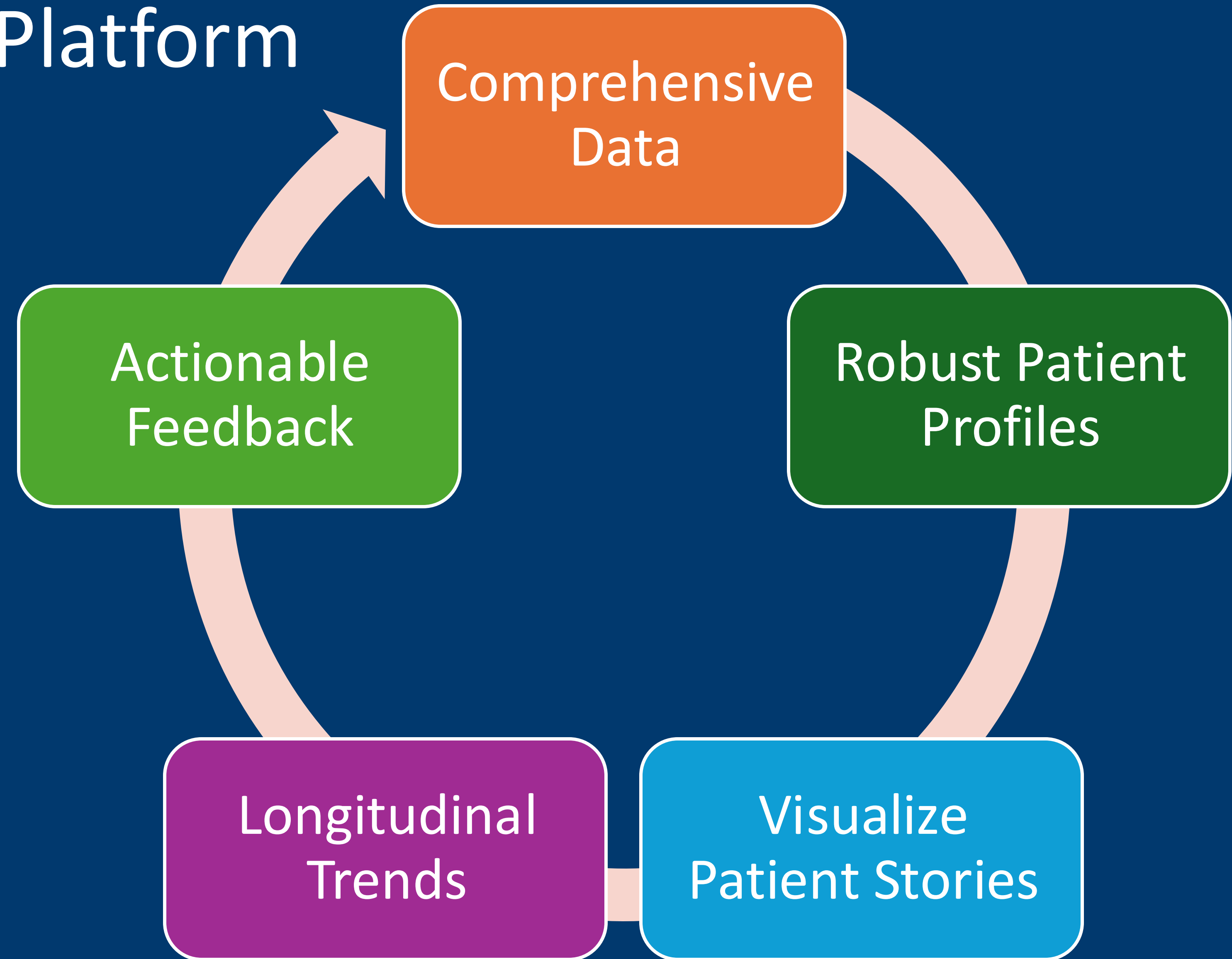
Clinical Data Registry Platform

- Designed for Value-Based Care
- Flexible data capture ability
- Aggregated at pt. level
- Patient stories, not visits
- Ongoing data feedback
- Maximum opportunity



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CDR Platform Technical Expertise

Ingest & standardize to create unique profiles...

Even when:

- No shared MRN
- Non-standard formats
- Different schedules
- Eligibility fluctuates
- Providers drop/add

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Strong Leadership

- APP measures – early indicators of downstream costs
- Clinicians must see results and implications
- Engagement improves consistency (not just APP)
- Buy-in promotes primary/specialty collaboration
- Provider champion(s) add credibility (and can quietly quell dissention)

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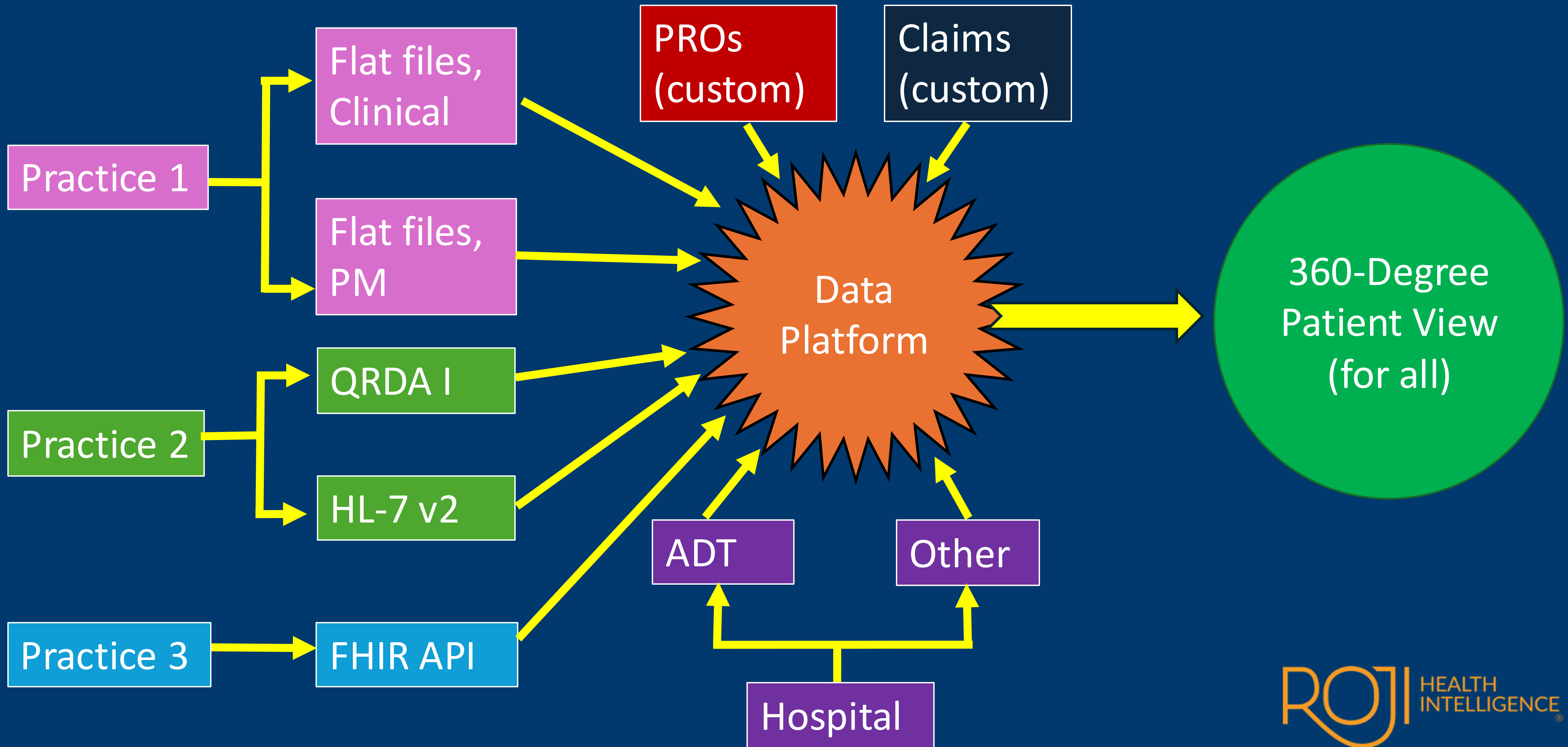
True Data Aggregation



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Reduce Disease Progression, Prevent Downstream Cost

APP measure results should drive action; measure shortfall = opportunity

Hypertension, "The Silent Killer"

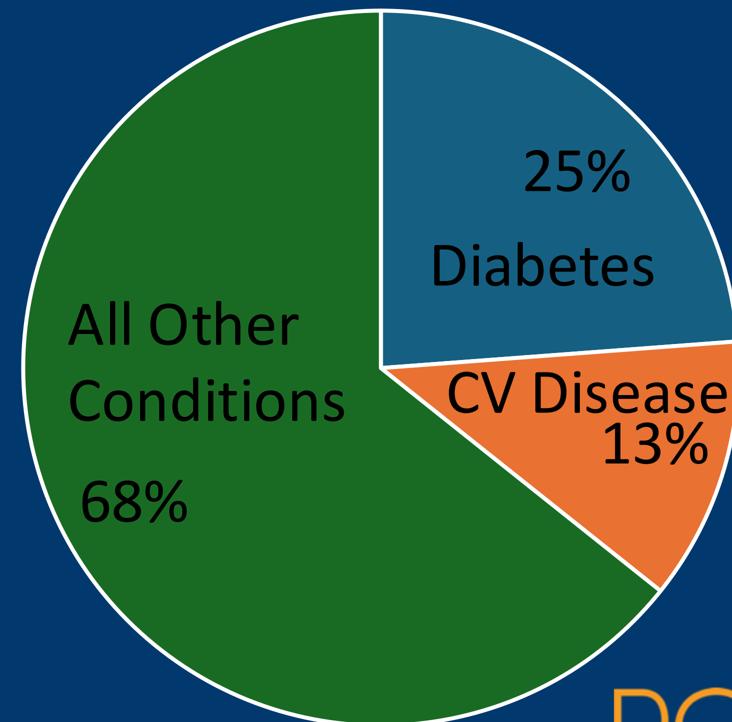
- Primary driver of heart disease
- ¾ with HTN have uncontrolled BP
- High BP = ~$2,500 more, 2019

https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html

Diabetes, highest-costing CC for CMS

- 48-64% med costs from complications
- Control--> reduce eye, kidney, nerve diseases 40%

https://www.cdc.gov/nccdphp/priorities/diabetes-interventions.html



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Targeted Interventions

- More than isolating patients with persistent poor control
- Look for root causes of concerning values
- Targeted according to underlying factors
  - Referrals, medication management, health coaching
  - Individual and systemic
  - Require actionable data

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Meaningfully Incorporate CMS Data Files

CCLF (Claims)

- Comprehensive, but delayed
- Retrospective ≠ useless
- If integrated, find patterns by facility, practice, provider, etc.

Assignment (w/HCC)

- Helpful for prep, but reactive
- Not specific enough for action
- If integrated, add depth for insights & interventions

Your "A" Game

- ✓ Amalgamate Data
- ✓ Ask questions
- ✓ Allocate resources
- ✓ Adjust referrals

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Improve Coordination, Redefine Attribution

The flip side to 360º views: everyone is accountable

- Optimal care requires PCP/Specialist loop
- Expect improved plans, increased savings
- On ACO to obtain input, develop processes

Key concerns:

- Post-surgical complications following PCP handoff
- Patient experience: enhanced or jumbled?
- Referrals: data-driven or status quo?

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Going Further With Integrated Data

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Additional (Mandatory) Programs in Play

Just Announced!

Transforming Episode Accountability Model (TEAM)

Ambulatory Specialty Model (ASM)

Comprehensive Care for Joint Replacement, Expanded (CJR-X)

	TEAM	ASM	CJR-X
Type	Proc. Episode	Cond. Episode	Proc. Episode
Target	6 types	Back pain, HF	LEJR
Attribution	Hospital	Provider	Hospital
Window	Discharge + 30d	Yearly	Discharge + 90d
Start Date	January 1, 2026	January 1, 2027	October 1, 2027

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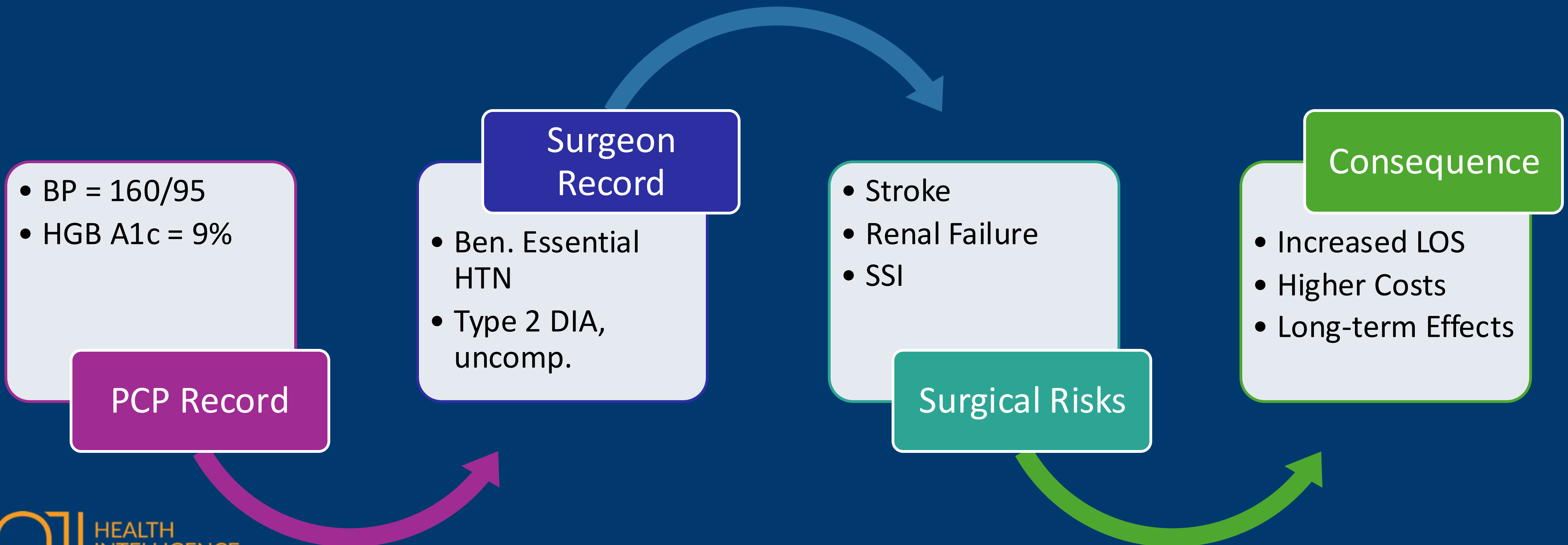
APP Impact on TEAM and CJR-X

Improved performance on APP measures would reduce this patient's surgical risks

Aggregated data prevents unseen risks, promotes improved outcomes



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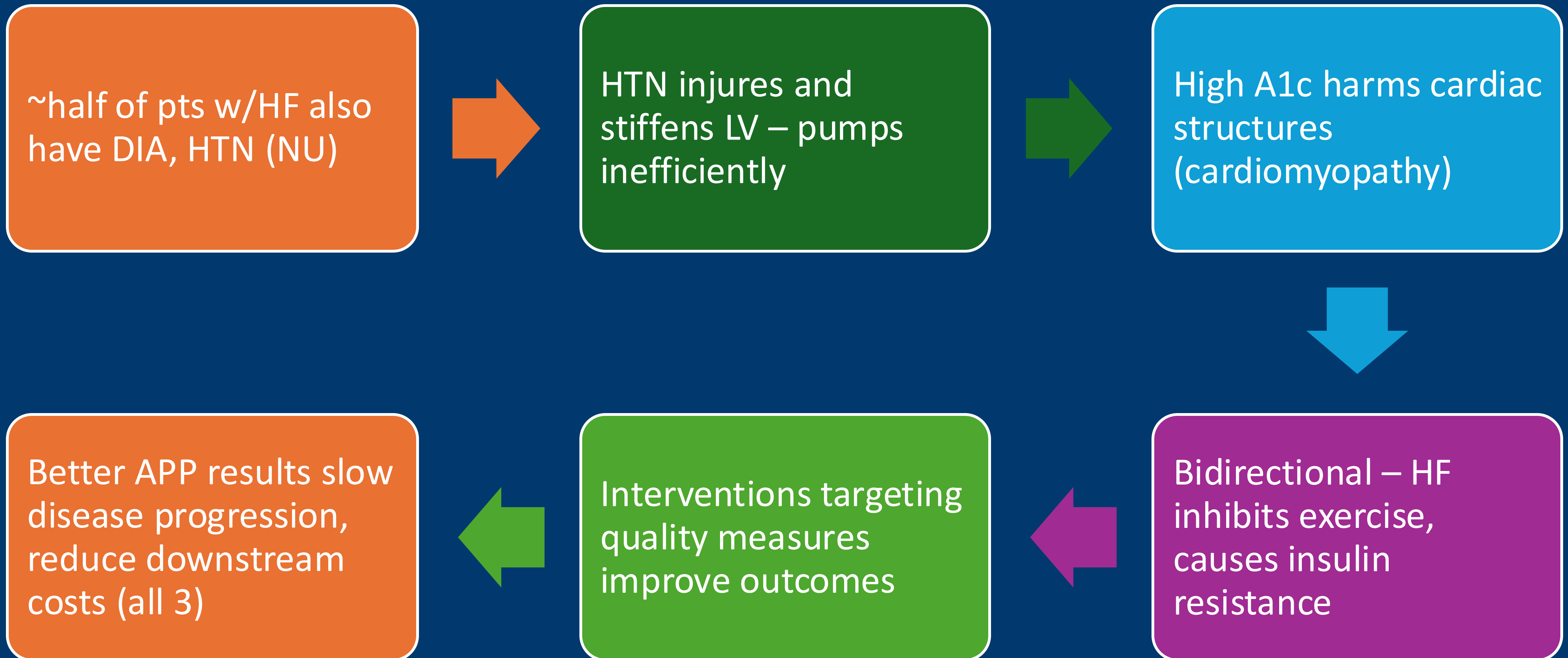
APP Impact on ASM



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https://news.feinberg.northwestern.edu/2022/04/28/almost-half-of-heart-failure-patients-have-uncontrolled-hypertension-and-diabetes/

Looking Ahead

- APP Plus measure set will expand each year
- New opportunities to link APP to quality strategy
- Potential impact on other APM performance
- Potential updates to ACO scoring (e.g. MVPs)

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Key Concepts

- APP challenges are compounded when reporting is an add-on
- Strong APP performance has a multiplier effect on outcomes
- Comprehensive data aggregation illuminates targeted interventions
- Cohesive strategy promotes better care and pan-program VBC success

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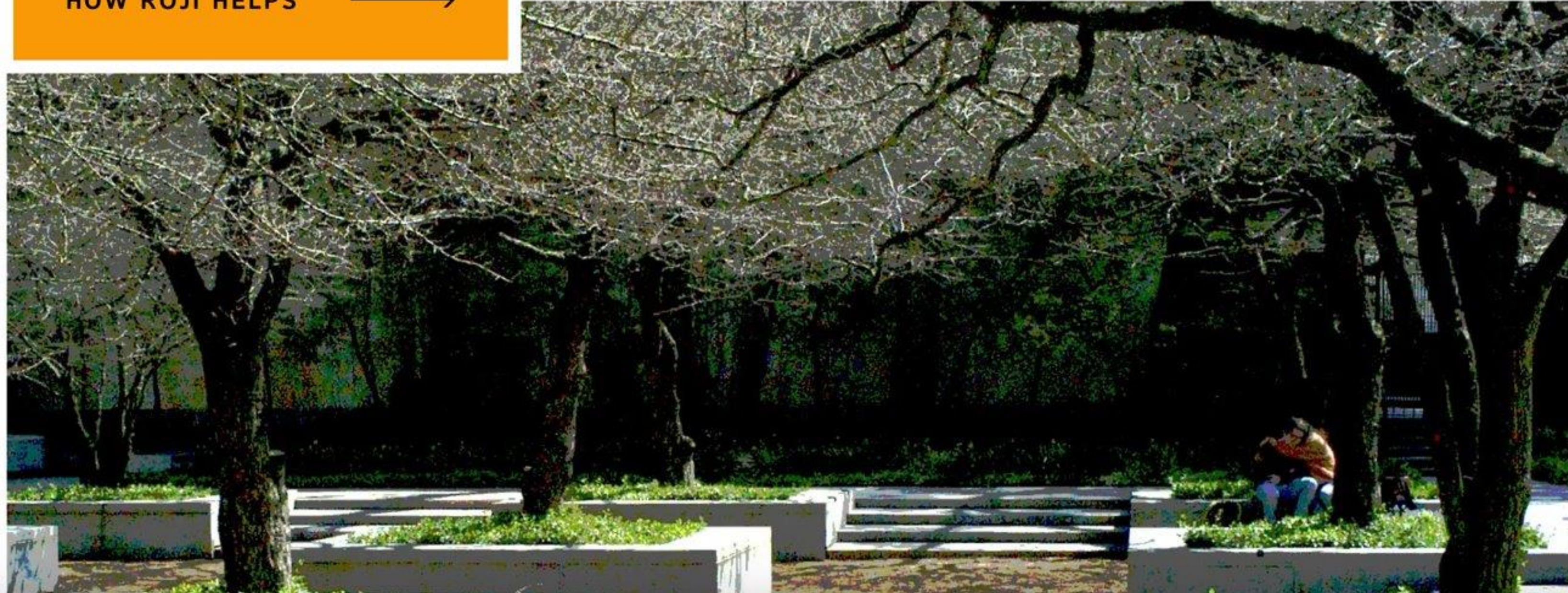
Start Your Journey Here

Our Mission Is Value-Based Care

HOW ROJI HELPS



- Qualified for APP reporting on each data collection type
- A proven data platform is critical for success in episode-based or population-based models
- Contact us for a low-cost evaluation of your ACO's chronic condition and procedural episode cost drivers

Questions and Answers

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