



Session 10:

Integrating Data and Analytics into Provider Workflows Improves ACO Quality and Financial Performance

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Agenda

- Learning objectives.
- Define Accountable Care Organizations (ACOs) and the Medicare Shared Savings Program (MSSP).
- Discuss the challenges impeding ACO performance.
- Share U.S. Medical Management's path to improving the care provided to homebound patients.
- Review results.



Learning Objectives

Discuss ACO quality metrics and the impact on reimbursement.

Describe MSSP and PQRS reporting challenges.

Identify opportunities to integrate MSSP patient specific data into the provider workflow.



Accountable Care Organizations Defined

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other healthcare providers that come together voluntarily to provide coordinated, high-quality healthcare to Medicare patients.

The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.



When an ACO succeeds at delivering high-quality care, and more wisely spends limited healthcare dollars, it shares in the savings achieved for the Medicare program.



ACO Requirements for Success

ACOs are successful when the organization:

Improves quality.

Improves patient satisfaction.

Reduces cost.

The MSSP is committed to:

Achieving better health for individuals.

Achieving better population health.

Lowering growth in expenditures.



ACOs and Quality Outcomes

Accountable Care Organizations are required to demonstrate quality through four domains and are required to decrease overall costs from the patient's historical baseline.

The four quality domains include:

- Patient experience of care – Consumer Assessment of Healthcare Providers and Systems (patient satisfaction survey).
- Care coordination and patient safety – outcome measures.
 - Includes emergency department use, ambulatory sensitive admissions, and readmissions.
 - Also measures an organization's use of electronic health data to ensure coordination between providers, and reduction of potential transcription errors for prescribing or ordering services.
- Preventive health - standard assessments and screening to enhance early detection of specific conditions (for example colorectal cancer and breast cancer).
- At-risk populations - achievement of nationally recognized standards of care for patients with chronic diseases such as diabetes, heart failure, and chronic obstructive pulmonary disease.



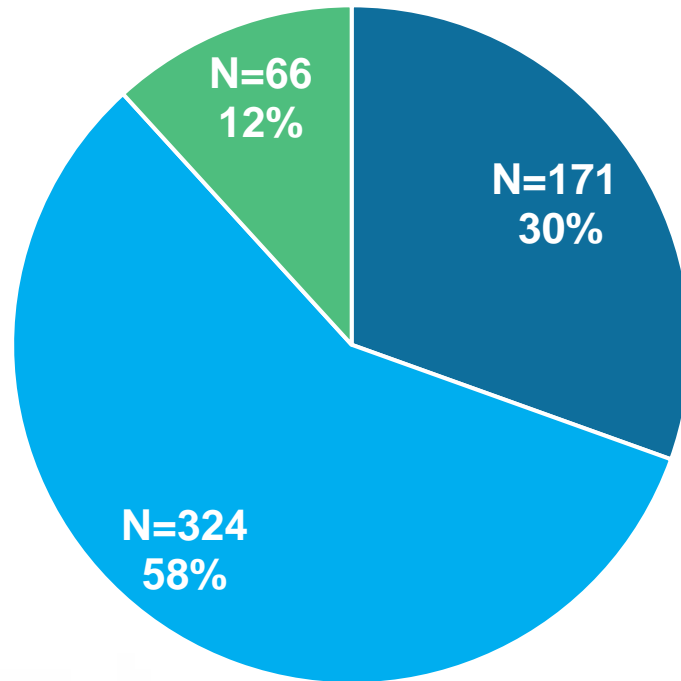
MSSP ACO Participation and Performance Payments

Performance year	ACOs	Assigned beneficiaries	Total earned performance payments	Average overall quality score
2018	561	10.5 million		
2017	480	9.0 million		
2016	433	7.7 million	\$ 700,607,912	94.65%
2015	404	7.3 million	\$ 645,543,866	91.44%
2014	338	4.9 million	\$ 341,246,303	83.08%
2012/2013	220	3.2 million	\$ 315,908,772	95.00%



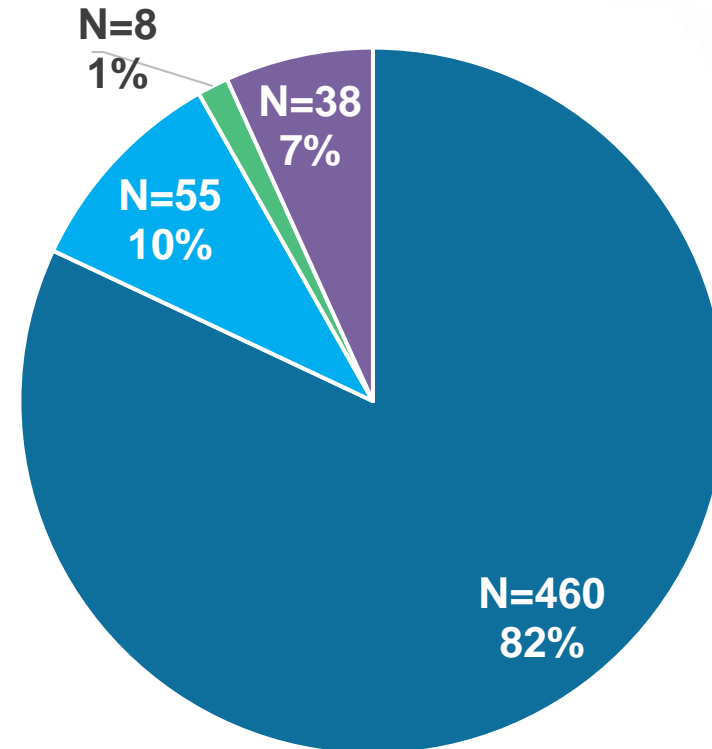
2018 ACO Demographics

ACO Composition



■ Physician Only ■ Physician, Hospitals & Other Facilities ■ FQHC's / RHCS

ACO Characteristics



■ Non-Risk Based - Track 1 ■ Risk Based - Track 1 + Model
■ Risk Based - Track 2 ■ Risk Based - Track 3



Poll Question # 1


ACOs receive shared savings by coordinating care across the care continuum while improving quality and decreasing cost. The MSSP is the largest of Medicare's ACO programs.





What number of lives do MSSP ACOs now represent?

- a) 6.5 million
- b) 7.5 million
- c) 8.5 million
- d) 9.5 million
- e) 10.5 million



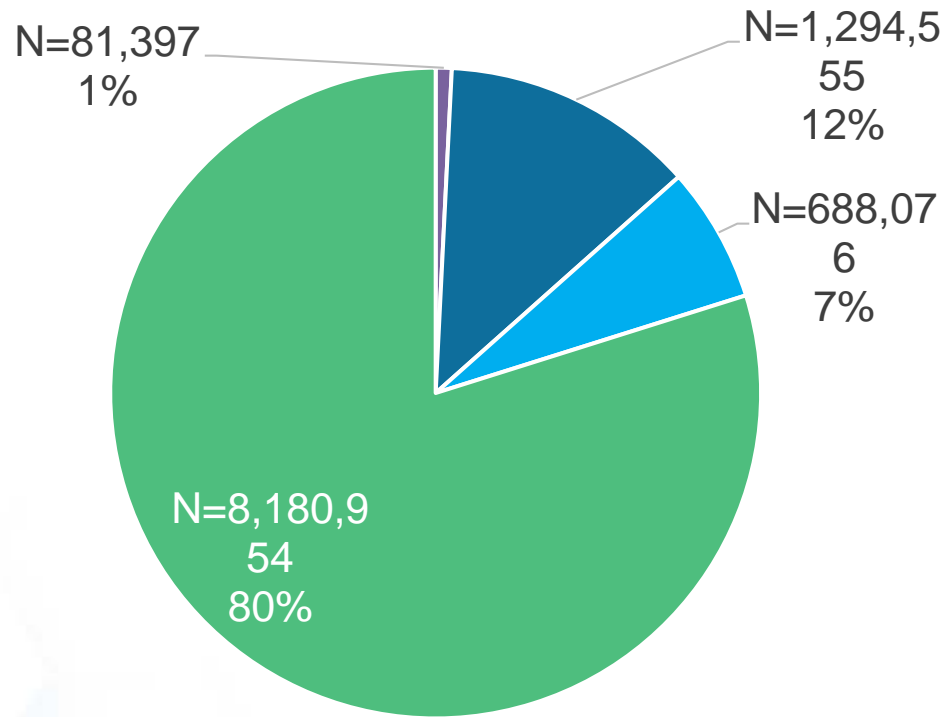
U.S. Medical Management (USMM)

 <p>U.S. Medical Management</p>	Centralized Administrative Support	
	<ul style="list-style-type: none"> • Care Management • Data Warehouse Analytics (EMR) • Clinical Protocol Development • Population Health Infrastructure 	<ul style="list-style-type: none"> • Recruiting / Credentialing • Training • HR / Billing / Accounting / Finance • Registration / Insurance Verification

Division					
Service	Home Health	Hospice	Physician House Call (Continuity Based)	DME	Specialty Programs
Offering Overview	<p>Services include:</p> <ul style="list-style-type: none"> • Skilled Nurses • Home Health Aides • Therapists • Medical Social Workers <p>Offers tailored programs, including:</p> <ul style="list-style-type: none"> • Pain management • Parkinson's • Senior safety/balance • Dementia • CHF • Diabetes • Wound Care 	<ul style="list-style-type: none"> • Physician services for the medical direction of patient care • Regular home visits by registered and licensed vocational nurses, hospice aides and homemakers • Social work and chaplain visits • Medications delivered to the home • Physical therapy, speech therapy, occupational therapy and dietary counseling 	<ul style="list-style-type: none"> • Primary Care • Post-Discharge Care • Disease Management • Mobile Radiology Testing • Chronic Care • Transitional Care • Episodic Care • Home Care Coordination • Medication Management • Laboratory Testing 	<p>Offers the following product lines:</p> <ul style="list-style-type: none"> • Power mobility, wheelchairs and ambulation • Bathroom safety and patient assist • Beds and accessories • Respiratory care • Diabetes care <p>Hospice Specialty</p>	
			Call Center Outreach		

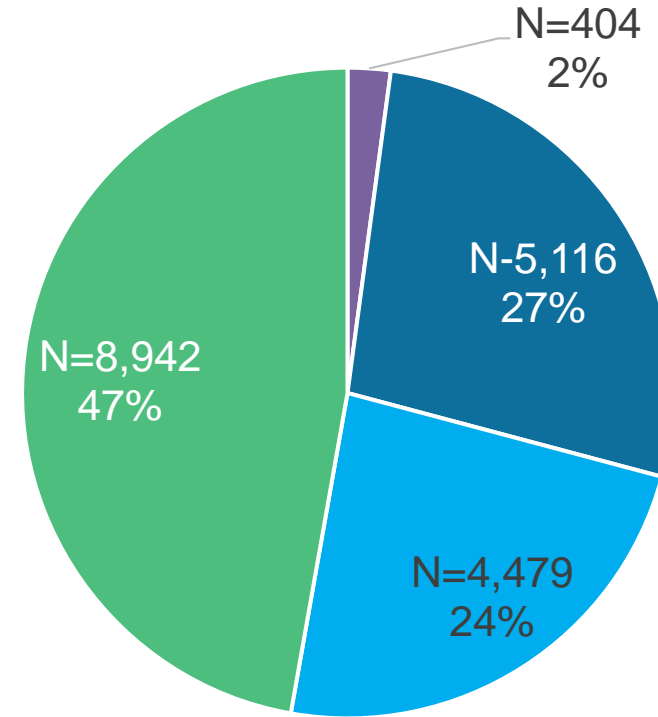
2018 ACO Beneficiary Distribution

2018 Medicare Beneficiary Demographic Distribution



■ ESRD ■ Disabled ■ Aged Dual ■ Aged Non-Dual

2017 USMM Beneficiary Demographic Distribution



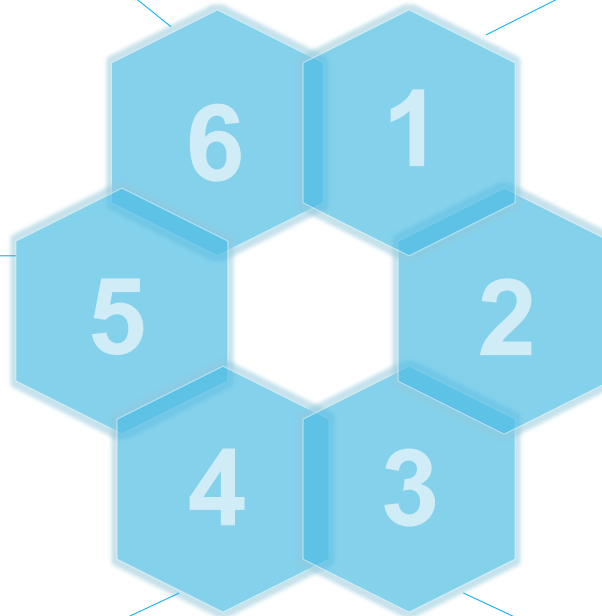
■ ESRD ■ Disabled ■ Aged Dual ■ Aged Non-Dual

USMM - Challenges

Widespread understanding about the impact of documentation on measure performance was lacking. Few providers understood which documentation sources contributed to measure compliance.

Time spent by providers to review previous interventions was time-consuming. The manual processes did not provide the information needed at the point of care, and detracted from providers' ability to focus on the patient.

Previously, it was not possible to identify which patients should be included in each measure.



The organization's financial viability is dependent upon shared savings.

Available technology was not set up to meet the needs of an ACO.

The complex patient may qualify for as many as 12 measures annually - many of which are typically provided outside of the home setting.



Technology Enables Understanding of Performance

Transforming From Transaction-Based Systems to Pay-for-Performance Based Systems

Built the data repository – analytics platform.

Implemented an analytics platform – aggregating clinical, claims, and financial data.

Brought data to the point of care.

Analyzed claims data, identifying outliers, including successes and failures.

Combined clinical, claims, and quality data to identify opportunities for improvement.



Poll Question # 2

Can your providers easily identify the best practice primary and preventative care the patient should receive during their scheduled visit?

- a) Yes
- b) No
- c) Unsure or not applicable



Improving Delivery of Best Practice Primary and Preventative Care

- 1 Filters to provider, department, or patient level.
- 2 Displays overall composite score performance.
- 3 Displays individual measure performance.



Quality Measures

Medicare
GPRO
16 measures

Medicaid
HEDIS
18 measures

Commercial
STAR
3 measures



Insight into Performance Drives Improvement

Conducted a deep dive into each measure to ensure data accuracy, including reaching out to CMS to clarify measure requirements in the unique setting of home-based primary care.

Clearly identified inclusion criteria, exclusion criteria, and denominator for each measure.

Used an iterative process to identify and build measures within the analytics application.

Conducted beta testing with end users (providers and practice managers) to validate accuracy and usability.

Engaged practice managers in active panel management.

Standardized provider workflow, including documentation in the EMR.

For the very first time, providers have the information required to understand the measure, the documentation required to meet the measure, and location of that documentation in the EMR.



Integration of Visit Schedule and Patient-Specific Data into Analytics Application and Provider Workflow

Practice managers and providers can now see, at a glance, the specific measures that are outstanding for the patient.

- 1 Percent overall measure compliance.
- 2 Visit dates, including next visit.
- 3 Red/green color coding to easily identify status.
- 4 Compliance by individual measure.

The screenshot displays a table titled "Patients (115)". The table has columns for various metrics and dates. Callouts 1-4 are placed over the table to highlight specific features:

- Callout 1: Points to the "% Compl" column, which shows overall measure compliance percentages.
- Callout 2: Points to the "Last Visit" and "Next Appt" columns, which show visit dates.
- Callout 3: Points to the "Reds" and "Greens" columns, which use color coding to indicate status.
- Callout 4: Points to the "Care Accs" column, which shows compliance for individual measures.

% Compl	MRN	Patient Name	PCP Name	Last Visit	Next Appt	Reds	Greens	Colo Scrn	Pneu Vacc	BMI Scrn	Tobc Scrn	HBP Scrn	CVD Sttn	Depr Scrn	Flu Immz	Care Accs	Cerv Scrn	Mamm Scrn	Chla Scrn
36.4%				1/12/20		7	4	×	×	-	-	Excl	-	-	×	✓	-	-	-
70.0%				12/14/2		3	7	-	-	-	✓	Excl	-	-	✓	✓	-	-	-
75.0%				1/22/2018	2/26/2018	2	6	-	-	✓	✓	Excl	-	✓	✓	✓	×	-	-
73.3%				1/4/2018	2/5/2018	4	11	-	-	✓	✓	Excl	-	-	Excp	✓	×	-	-
56.3%				1/29/2018	3/1/2018			-	-	-	✓	Excl	-	-	Excp	✓	×	-	-
				1/16/2018				-	-	-	-	-	-	-	-	-	-	-	-
66.7%				1/25/2018				-	-	-	Excl	Excl	-	-	×	✓	×	-	-
47.1%				12/19/2017		9	8	×	✓	×	✓	Excl	Excl	Excl	×	✓	-	×	-
54.5%				1/29/2018	3/1/2018	5	6	-	✓	×	✓	Excl	×	✓	✓	✓	-	-	-
87.5%				12/29/2017	2/26/2018	1	7	×	-	✓	✓	Excl	-	✓	✓	✓	-	-	-
60.0%				12/29/2017	2/26/2018	2	3	-	-	×	✓	Excl	-	Excl	✓	✓	×	-	-
87.5%				1/8/2018	2/12/2018	1	7	✓	-	×	✓	Excl	-	Excl	✓	✓	-	-	-
70.0%				1/25/2018		6	14	×	-	-	✓	Excl	-	-	×	✓	-	-	-
33.3%				1/25/2018		2	1	-	-	-	×	Excl	-	-	×	✓	-	-	-
60.0%				12/7/2017		2	3	-	-	Excl	-	Excl	×	Excl	×	✓	-	-	-
91.7%				1/16/2018	2/15/2018	1	11	-	✓	✓	✓	Excl	-	✓	✓	✓	-	-	-
66.7%				12/14/2017		4	8	×	✓	×	✓	Excl	✓	Excl	×	✓	-	-	-
50.0%				1/16/2018	2/15/2018	3	3	-	-	-	✓	✓	-	-	×	✓	×	-	-
✓				1/16/2018	2/19/2018	0	4	-	-	✓	✓	✓	-	Excl	Excp	✓	-	-	-

Results

Fully implemented analytics application, including validation of inclusion and exclusion criteria for the patient population, in just eight months.

90th percentile performance for the first time for:

- Tobacco screening and cessation plan.
- Clinical depression screening and follow-up plan.

80th percentile performance for the cardiology measure:

- Heart failure: patients with left ventricular systolic dysfunction receiving either an angiotensin converting enzyme inhibitor or angiotensin receptor blocker.



Results

In diabetes HgbA1c poor control (reverse measure = lower is better).

8%
relative improvement

In the number of patients with diabetes receiving eye exams.

25%
relative improvement

In the documentation of current medications in the medical record.

1.4%
relative improvement

97.25%
overall quality score

The average national quality score is 94.65%

\$47 million
Saving in 2016

USMM has made significant contributions to Medicare savings and has been recognized as the fourth best ACO in the nation.



Lessons and Recommendations

Clarify each measure.
Confirm and standardize the data in the EMR used for reporting the measure.

Providers need meaningful data integrated into their workflow to be able to improve.

Beta testing in the field with providers improves data accuracy and engagement.

You must automate – this cannot be successfully completed manually.



Questions and Answers



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