



Arcadia User Discovery Call



Facilitator

Matt Duckworth

Vanderbilt ACO

Introductions



Melody Danko-Holsomback
Vice President of Education
NAACOS



Matthew Duckworth, Discovery Call Facilitator
Director of Operations for the Vanderbilt Health Affiliated Network (VHAN) CIN and Connected Care MSSP ACOs,
NAACOS Education Committee Member

Introduction.....



Brenda Roose, ACO Clinical Informatics Manager, Indiana Lakes ACO

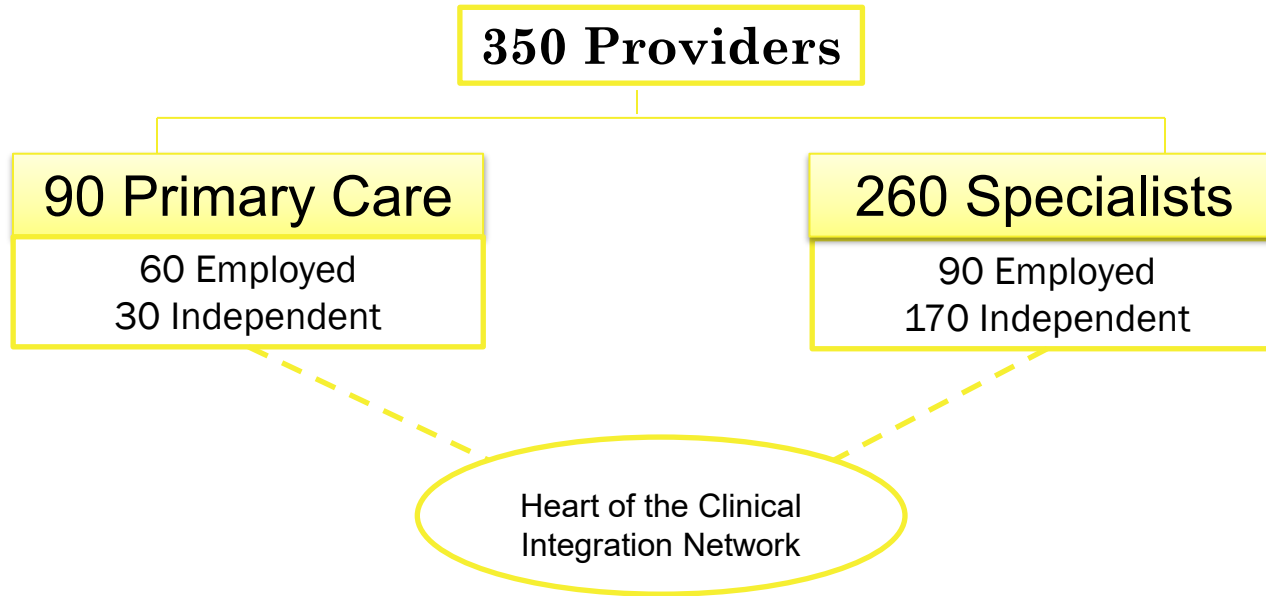
Brenda has been employed at Goshen Health for the past 15 years in various roles and with her current role of ACO Clinical Informatics Manager starting in 2018. Brenda is responsible for all data reporting for the ACO including analytics, payments, and any data encompassing network performance. She was the lead during the Arcadia implementation project with the responsibility to support the needs of ACO participants that required additional support.



Indiana Lakes ACO, LLC

Partnership with Arcadia

Indiana Lakes Clinically Integrated Network



Value Based Payer Contracts

- **Medicare** (Medicare Shared Savings Program @ 7,000 lives)
- **Medicare Advantage Plans**
 - Anthem MA (1000 lives)
 - Humana MA (2,300 lives)
 - SHO ACO - United Health Care MA (2,400 lives)
- **Commercial Plans**
 - Anthem (15,000 lives)
- **Medical Home Plans**
 - Colleague Plan/Direct Care/Employer Based plans (3,200 lives)





Arcadia Implementation

Project completed in
three phases

Go-live date -
December 2021



EHR Systems and Payors

EHR Systems

Employed

Meditech – Acute

*Next Gen –PCP

Independent

eCW x 4 (2 local and 2 web)

EPIC – FQHQ

EMD

**

*Transitioning out Next Gen for PCPs employed group to Meditech Ambulatory 5/1/2022

**We still have a few small practices not integrated that are not in the plans to integrate

Payor Integration

Medicare

MSSP (CCLF)

Anthem MA – Pix files v.6

Humana MA – Service Funds Files

UHC MA – Files through SHO ACO

Commercial

Anthem Commercial – PIX files v.6

UMR (Colleague Commercial Plan)



ACO Arcadia Tools implemented

Analytics – Web application

- Utilized by the ACO
- Quality performance drill down/gap list reports
- Cost and utilization detail
- Patient chart lookups

Vista

- Utilized by the ACO
- Risk reporting
- Provider compare
- SNF performance
- In and out of network performance

Desktop

- Utilized by providers at point of care
- Risk reporting if our main focus, but they can access quality gaps

Bindery

- Provider performance
- Executive reporting
- Payor performance reporting
- In/Out of Network performance reporting
- Currently not being utilized by the ACO

MSSP WI reporting

- ACO Health Solutions (They do not full report for the ACO, only support with integrated data from connectors)
- Utilized by all PCP practices in the ACO
- Transition to CQM for 2024 PY



ACO Arcadia Tools not selected

Care Management

- Case Managers access EHR systems for documentation and billing for CCM
- Duplication of current workflow in place

Foundry

- At the time of implementation did not have SQL support
- Cost inhibitive

Engage Module

- Each practice has portals, patient outreach, and engagement tools in place

Replicated Data Warehouse

- Did not opt for Foundry
- For web-based systems we utilized flat file (eCW practices specifically)

Access

Referral Management

CDPS Medicaid Risk Adjustment Algorithm

- No risk with MCD population



Quality Reporting for MSSP

Current State

- ACO Health Solutions for WI reporting on all measures
- 95% of practices fully integrated to allow for pseudo claims to ACO Health Solutions from Arcadia
- Each practice is responsible for reporting on all sampled patients
- ACO performs quality audits throughout the process
- ACO chooses highest score for final submission

Future State (2025 for 2024 PY)

- ACO Health Solutions for CQM reporting on 3 quality measures
- For PY 2022 we trialed CQM reporting as learning strategy

Challenges with CQM reporting:

- ✓ Not all practices integrated (PCP and specialty offices)
- ✓ Higher benchmarking vs ECQM reporting
- ✓ Errors in data from EHR sources
- ✓ Need for QRDA files from offices not integrated



Lessons Learned

- Staffing
- Ongoing maintenance needs
- Foundry
- Customized MPI
- Custom functional attribution
- IT support for small practices
- Knowledge of connectors and ongoing maintenance and “health” check
- Ticket tracking
- Provider engagement with Desktop application



Diane Neff, Data Architect, MaineHealth ACO

Diane has worked within the healthcare space since 2017, using payer datasets to develop reporting, review contract performance outcomes, and design outreach campaigns. She has worked with Arcadia since the first contract implementation in 2018 and has utilized both the platform's warehouse and Foundry for a variety of analytic projects.



Lee Pellechia, Business Intelligence Analyst

Lee has over a decade of experience transforming, aggregating, and visualizing data. They began their career in Property & Casualty insurance and transitioned to the healthcare space in early 2022 with MaineHealth. Over the past year, Lee has developed interactive, user-friendly dashboards to assist MaineHealth in monitoring performance from a cost and utilization perspective by leveraging historical claims data from Arcadia's Foundry.

Arcadia and MaineHealth

- **Timeline**
 - claims implementation initiated in late 2017, EHRs (3) in 2018
 - Currently have 10 payer sources for 13 unique contracts, including MA, Commercial, MSSP, and Medicaid, approximately 280,000 contracted lives
- **ACO**
 - 11 hospitals, including 3 CAH, 1 affiliate, 351 practice locations, 20 rural health centers, 1775 providers in Maine & New Hampshire
 - 32 unique EHRs; today MaineHealth Epic and affiliate St. Mary's Epic are integrated with Arcadia
- **Arcadia platforms- Foundry, web application, Vista**
- **Lesson learned**
 - Details discovered when generating quality reports, supplemental quality submissions by payer, and MA Stars dashboard
- **WI reporting/CQM reporting**
 - 2022 WI
 - 2023 ideally both WI and eCQM/CQM with vendor (near final selection now)

Dashboard Demo

Dashboard Highlights

VALUE REPORT

Annualized Member Count by LHS

Maine Med	61,229
Southern Maine	40,136
Privates	27,006
Unknown	24,623
Pen Bay	18,420
St Mary's	18,212
Mid Coast	17,359
Lincoln	11,560
Franklin	10,950
Stephens	10,320
Waldo	7,587
Memorial	3,589
York	3,061

Annualized Member Count: **253,997**

% of ACO Contract: **100%** | % of ACO Contract: **100%**

ICMS-HCC Avg Coded RAF: **0.64**

Filters: Region Hierarchy, LOB, Service Period, Data range: Jan-2020 through Sep-2022

LOB: PMPM (Y) vs. Coded RAF (X)

LOB: PMPM Stratification by Year

LOB	2020	2021	2022
York	\$504.60	\$746.01	\$726.90
Memorial	\$557.36	\$640.39	\$915.45
Unknown	\$87.13	\$484.77	\$111.45
Mid Coast			
St Mary's			
Franklin			
Pen Bay			
Waldo			
Stephens			
Lincoln			
Southern Maine			
Privates			

Cost Breakdown

MSPP	\$95.32
Medicare Advantage	\$935.52
Mancare	\$710.55
Commercial	\$306.66
Total PMPM	\$1968.07

COST SUMMARY

Filters: Region Hierarchy, LOB, Service Period, Service Category, Date range: Jan-2020 through Sep-2022

YTD Total PMPM: **\$708.07**

YTD Med PMPM: **\$604.25**

YTD Rx PMPM: **\$103.82**

Current YTD vs Prior YTD PMPM

Service Category	PMPM CY	PMPM PY	% Difference
Inpatient	\$169.76	\$170.65	(\$0.90)
IP Behavioral Health	\$9.97	\$10.56	(\$0.59)
IP LTC/Rehab	\$5.12	\$5.05	\$0.08
IP Maternity	\$8.70	\$8.97	(\$0.28)
IP Medical (Adult)	\$52.24	\$50.08	\$2.16
IP Medical (Pediatric)	\$2.80	\$1.50	\$1.30
IP Other	\$5.15	\$5.63	(\$0.48)
IP SNF	\$11.52	\$11.58	\$0.06
IP Surgical (Adult)	\$70.24	\$72.11	(\$1.87)
IP Surgical (Pediatric)	\$3.81	\$3.76	(\$0.05)
Outpatient	\$434.49	\$421.37	\$13.12
Ambulance	\$5.56	\$5.37	\$0.19
Chemotherapy	\$4.65	\$3.92	\$0.73
Clinic Visits	\$9.37	\$8.86	\$0.51
DME	\$9.45	\$9.08	\$0.37
ED Visits	\$20.38	\$24.42	(\$4.04)
Home Health	\$12.90	\$13.61	(\$0.71)
Hospice	\$5.69	\$6.18	(\$0.49)
Lab	\$19.93	\$18.70	\$1.23
Medical Pharmacy	\$28.84	\$28.06	\$0.77
Observation	\$10.57	\$10.54	\$0.03
OP Behavioral Health	\$15.91	\$17.95	(\$2.04)
OP Procedures	\$119.97	\$113.52	\$6.44
Other	\$48.54	\$50.67	(\$2.12)
POP Visits	\$22.41	\$30.61	(\$8.20)
PT/OT/ST	\$14.36	\$13.64	\$0.72
Radiology	\$31.20	\$29.66	\$1.54
Specialist Visits	\$38.38	\$36.58	\$1.80
Pharmacy	\$103.82	\$99.56	\$4.26
Total	\$708.07	\$691.59	\$16.48

Top 5 Areas of Increased Cost Year-Over-Year

OP Procedures	\$6.44
Pharmacy	\$4.26
IP Medical	\$2.27
Specialist	\$1.96
Specialist	\$1.81

End of Life and Hospice

Filters: EOL Summary, EOL Measures by LHS, EOL by Chronic Conditions, Savings by Local Health System, Measure Definitions

Decedent Members: **3,530**

Cost per person (30-day period before death)

Inadequate Hospice (1-9)	\$15.7K
No Hospice	\$11.0K
Adequate Hospice (10+)	\$8.2K

Patients ICU L30 (orange-no ICU, blue-ICU)

OS	\$11B
OS	\$3K
OS	\$30K

Costpatient ICU L30 (orange-no ICU, blue-ICU)

OS	\$3K
OS	\$30K

Death Year	Hospice Adequacy	Deaths	% Total Deaths	Age (avg)	Cost Last30	Avg Risk	Death@Hosp	Death@SNF	% IP adm in Last 30d	IP LOS last 30d	% ICU adm in Last 30d	Medes IP LOS in 30d	% Chemo Last30
2021	No Hospice	2,032	57.6%	78	\$11,019	5.1	16.4%	1.8%	35.0%	7.8	22.7%	8	3.6%
2021	Adequate Hospice (10+)	971	27.5%	83	\$6,192	4.3	1.2%	0.4%	12.2%	6.0	3.9%	7	4.8%
2021	Inadequate Hospice (1-9)	574	16.3%	83	\$15,604	4.7	15.3%	1.2%	59.1%	7.8	19.9%	8	6.6%
Total		3,530	100.0%	80	\$10,484	4.8	12.3%	1.4%	33.0%	7.6	17.4%	8	4.4%

Filters: LOB, Multiple selections, Death Year, Reset Filters

Death thru: 10/31/2022

Reported on: 02/25/2023

Logged in as: Lee Pellicchia

End of Life and Hospice

Filters: EOL Summary, EOL Measures by LHS, EOL by Chronic Conditions, Savings by Local Health System, Measure Definitions

Cost per Decedent and EOL measures by LHS

Inadequate Hospice (1-9)	\$10.8K
No Hospice	\$9.4K
Adequate Hospice (10+)	\$1.0K
Total	\$10,484

Filters: LOB, Multiple selections, Death Year, Reset Filters

Death thru: 10/31/2022

Reported on: 02/25/2023

Logged in as: Lee Pellicchia

Death/yr	Deaths	Age (avg)	Cost@Death Last30	Avg Risk	Death@Hosp	% IP adm in Last 30d	% ICU adm in Last 30d	% Chemo Last 30d	Min. IP LOS in 30d	Mds. IP LOS in 30d	Hospice Never	Inadequate Hospice (10-1886)	2021
Franklin	140	79.4	\$7,656	4.4	9%	26.0%	18.0%	4.7%	6	7	61%	13%	26.0%
Lincoln	134	80.7	\$9,618	4.6	5%	28.0%	19.2%	2.1%	7	10	69%	9%	22.4%
Maine Med	1,169	80.1	\$11,064	4.8	14%	35.0%	17.2%	3.7%	5	8	64%	11%	25.0%
Memorial	53	78.5	\$13,543	6.2	18%	35.7%	19.6%	5.4%	6	11	80%	7%	12.5%
Mid Coast	322	81.5	\$6,629	4.2	11%	28.4%	17.8%	0.0%	5	7	60%	12%	27.2%
Pen Bay	291	81.1	\$9,395	5.1	7%	30.3%	15.3%	4.6%	6	7	57%	14%	29.3%
Privates	560	79.9	\$12,477	4.9	16%	33.2%	18.2%	8.0%	6	8	48%	20%	31.3%
Southern Maine	554	79.6	\$10,136	5.2	10%	34.9%	18.4%	2.6%	6	8	69%	13%	18.1%
Stephens	148	88.4	\$10,848	4.7	6%	28.2%	19.2%	2.6%	7	8	60%	11%	28.8%
Waldo	101	76.8	\$11,813	5.1	10%	22.6%	12.4%	6.7%	11	11	54%	12%	33.3%
York	125	81.7	\$11,144	3.8	26%	47.2%	20.0%	8.8%	5	8	49%	15%	32.8%
Total	3,530	80.2	\$10,484	4.8	12%	33.0%	17.4%	4.4%	6	8	69%	15%	25.8%



Shashi Vangala, Chief Data and Value Creation Officer

Shashi Vangala is the Chief Data and Value Creation Officer at Southwestern Health Resources (SWHR) since 2021. He is responsible for driving the organization's vision to be a best-in-industry, data-driven healthcare organization leveraging artificial intelligence and machine learning. He also drives innovation across the organization, leveraging data assets that support the business strategy. He has over 20 years of experience delivering data and analytics in organizations such as Blue Cross Blue Shield of Massachusetts, Boston Children's Hospital and most recently, Baylor Scott and White Health.

Southwestern Health Resources



UT Southwestern
Medical Center®



Improving population health

Southwestern Health Resources (SWHR)

Integrated

Accessible

Affordable



31

Hospitals



7K+

Providers



790K+

Patients
receiving care



16

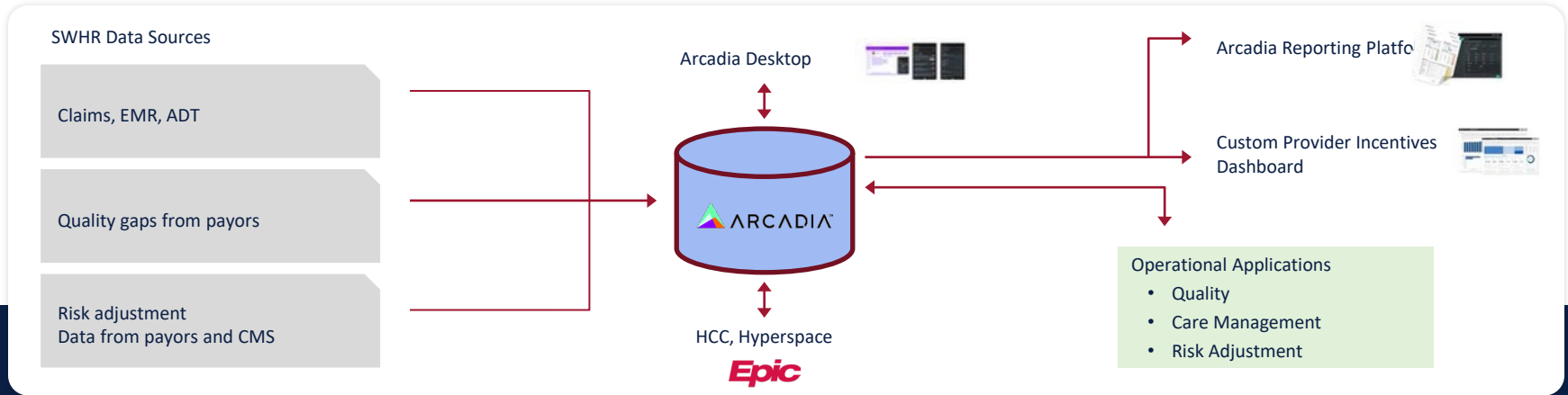
Counties in
North Texas



650+

Outpatient facilities
and clinics

Arcadia solution overview



- Integrates data from EHR, Claims, and ADT sources
- Use Arcadia as data aggregation and operational workflow automation platform
- Near real time, daily, weekly and monthly data integrations
- Out of the box and custom analytics support

Southwestern Health Resources



SWHR platform scale



- Active management of population health for ~800,000 patients

 - Broad support of contract arrangements across Medicare Advantage, Medicare Fee-for-service, and health plan arrangements

 - Supports operational functions for 1200+ PCPs and their staff

 - 20+ years of aggregated historical clinical source data

 - 300+ disparate data sources are integrated to support SWHR operations
-

Impact



Doubled provider engagement

- Simplified and automated key operational workflows for superior physician experience
- Timely access to operational insights



Improved quality operations

- Enhanced contract performance monitoring through quality scores
- Streamlined and optimized operations with single source for chart abstractions



Promotes innovation and data driven culture

- Accelerates the development and adoption of predictive models
- Fosters data-driven decisions using improved data literacy and integrity
- Facilitates accountability and alignment across operational areas within SWHR and across our payor partners and clinical network



Lessons learned

- Shared accountability across SWHR and Arcadia were key to drive outcomes.

- Establish solid foundation for success with clearly agreed upon goals.

- Build trust through delivering incremental value.

- Quantify and communicate value from the platform to key stakeholders.

