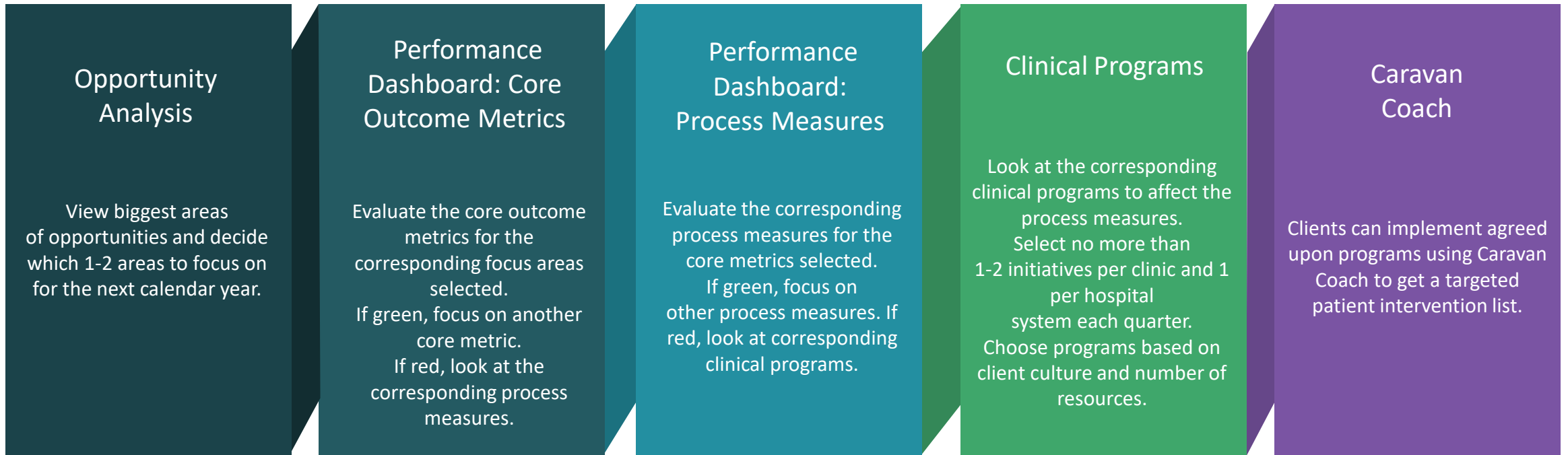


Assessing Year-Over-Year Utilization Trends to Take Action



How to Decide Clinic Programs

Caravan Clinical Teams will have discussions on which clinical initiatives to pursue given the data and analytics information available



Holistic Approach to Addressing Population Health Opportunities

All clinical programs are divided into the following 8 tracks to address the various opportunities within population health. The clinical program catalog has expanded to meet clients at their level of development in the population health journey.

<h3>Inpatient Admissions</h3> <p>Foundational</p> <ul style="list-style-type: none"> •Team Based Patient Care <p>Advanced</p> <ul style="list-style-type: none"> •Disease Management •Advanced Team Based Patient Care: Care Management 	<h3>Documentation & Coding</h3> <p>Foundational</p> <ul style="list-style-type: none"> •Coding & Documentation Fundamentals <p>Advanced</p> <ul style="list-style-type: none"> •Advanced Doc & Coding Strategies: Provider Coding Improvement Audits 	<h3>Post-Acute Care</h3> <p>Foundational</p> <ul style="list-style-type: none"> •Partner SNF and Home Health Management Networks <p>Advanced</p> <ul style="list-style-type: none"> •SNFist/Nurse Navigator at SNF Program 	<h3>Quality</h3> <p>Foundational</p> <ul style="list-style-type: none"> •Quality Outreach Campaigns <p>Advanced</p> <ul style="list-style-type: none"> •Targeted Provider Quality Education
<h3>Emergency Department Visits</h3> <p>Foundational</p> <ul style="list-style-type: none"> •Managing Preventable ED Visits <p>Advanced</p> <ul style="list-style-type: none"> •Advanced Team Based Patient Care 	<h3>Readmissions</h3> <p>Foundational</p> <ul style="list-style-type: none"> •Team Based Patient Care <p>Advanced</p> <ul style="list-style-type: none"> •Disease Management •Advanced Team Based Patient Care: Transitions of Care 	<h3>Network Utilization</h3> <p>Foundational</p> <ul style="list-style-type: none"> •Referral Management Program <p>Advanced</p> <ul style="list-style-type: none"> •Preferred Network and Provider Education 	<h3>Pharmacy</h3> <p>Foundational</p> <ul style="list-style-type: none"> •Pharmacy Fundamentals <p>Advanced</p> <ul style="list-style-type: none"> •Targeted Provider Pharmacy Education

Progress in Implementing Clinical Programs

Component	Step	Total Points
Component #1: Establishing a Post-Acute Care (PAC) Committee	Committee charter written and approved, including a communication plan (with detail on updating the plan, frequency of plans, and communication points of contact at SNF/home health/inpatient/outpatient locations)	5
	SNF, home health, and inpatient/outpatient representatives (including medical director and quality representative) present at meetings	10
	Committee meet at least quarterly and has meeting minutes	5
Component #2: Partner SNFs and HHAs Network Agreements	Criteria for preferred networks selected	5
	Preferred networks created and agreement executed by qualified SNFs and home health agencies	5
	Access to EHRs established for those in the preferred networks	10
Component #3: Admitting Patients to SNFs and HHAs	Inpatient facing PAC selection materials created and approved on a yearly basis	5
	Report capturing patients' PAC selection created	5
	Inpatient workflow approved (including evaluation and approval of admission) and relevant participants trained (SNF, home health, and inpatient), including initiating admissions and designated ACO, home health, and SNF points of contact	5
Component #4: Partner SNFs and HHAs Performance Monitoring	Committee reviews hospital performance with SNF and HHA utilization	10
	Committee reviews PAC performance report	10
	Committee creates new action plans addressing PAC performance	5
	Committee discusses existing PAC remediation plans	5
	Committee creates action plans addressing PAC patient management issues	5
	Committee creates glide path for PAC not currently in the preferred networks	5
Committee reviews patients' PAC selection report and created action plan	5	

Each clinical program is divided into components or key steps in the program.

Implementation of each component was quantified through an assessment so that progress can be tracked.

The assessment steps made sure that the program continued to function after implementation.

Physician Buy-in on Value-Based Care

To promote physician buy-in on value-based care, clients will need to:



01

Create incentives that promote value-based care, using metrics that are:

- measurable consistently across all team members
- available to all team members



02

Achieve mindshare on value-based care by having:

- at least 40% of their panel is in value-based contracts
- physicians understand the drivers involved in measuring success in value-based contracts



03

Distribute compensation proportional to performance against metrics in value-based contracts

Implementing Value-Based Care Incentives

In creating value-based care incentives:



01

- Involve the physicians in the design process
- Makes buy-in from the medical staff easier
 - Allows for input from more stakeholders



02

- Make the design as simple as possible
- Adding complexity makes assessing success more difficult
 - Adding too many drivers dilute focus on key measures
 - Creating stretch goals always increases motivation



03

Choose metrics that truly align with value-based care



04

Consider the acceptance of value-based care in your organization



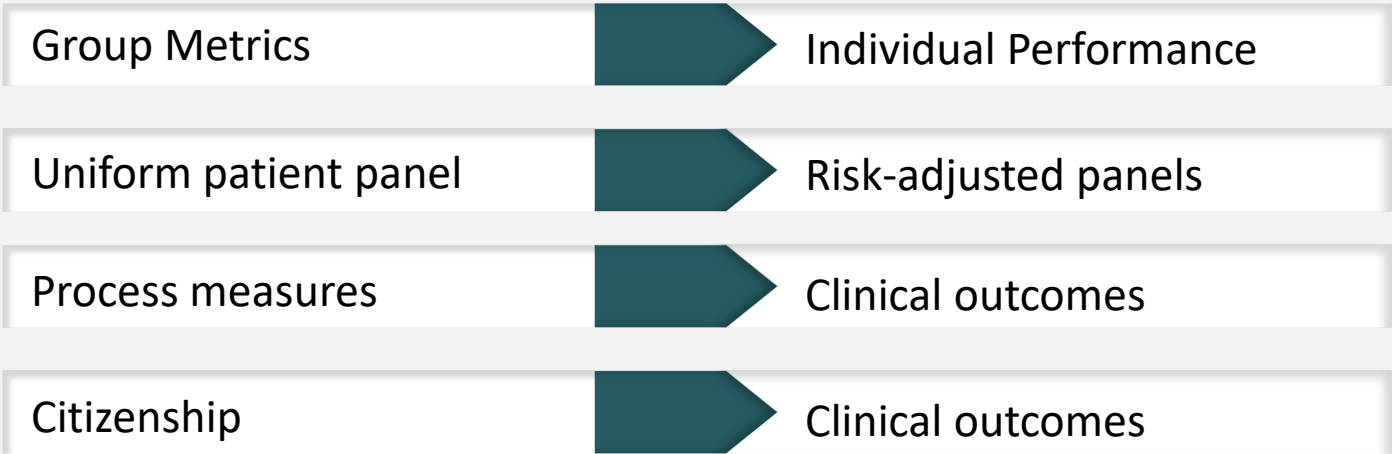
05

Discuss phasing-in changes

Incentive Based Pay Options

Category	Example(s)
Patient experience	Patient satisfaction ratings
Clinical outcomes	HbA1C control, BP control
Access	Percent of beneficiaries seen per quarter
Support of strategic initiatives	
Citizenship	Attendance at meetings
Process measures	Seeing high-risk patient after hospitalization
Risk	HCC recapture rate
Leadership/Administrative duties	
Quality	Annual Wellness Visits, care gap closure
Organization/department profitability	Member spend PMPY

Transition of Incentive Based Pay with Time



- Citizenship metrics should be phased out within 3 years as more providers understand value-based care.
- Process measures should be transitioned over to performance on utilization metrics and clinical outcomes. Alternatively, clients can continue to pay providers for process measures that best align to share savings and keep a greater portion of share savings.
- Providers will need to be rewarded for sicker patient panels.
- As clients mature, group performance on key metrics should decrease from 100% to 20-50% while individual performance increased proportionately.

Value Based Care's Impact on Specialists and Clinic Staff



Specialists

- Ensure that specialists are tied into the incentive pool and develop specialist access and quality metrics (but avoid never-events as metrics)
- Create dyads so that patients attributed to specialists have a primary care provider to address issues outside of the specialists' skill set
- Over time as volume to specialists decreases, make sure to actively manage and retain the best specialists



Clinic Staff

- Ensure that clinic staff receive incentives that are aligned with those of the physicians, especially for nurses to make the physician-nurse dyad work effectively and collaboratively
- Front and back-office staff should also be included
- Encourage friendly competition among clinic sites and recognition accomplishments via meals and acknowledgments

Provider

Current Score : **79/100**

Year

VBC Overview

MA Metrics

Quality



TARGET : 40 Points

Payor Group	Pat Count	Total Gaps	Members
Commercial ACO	14	827	380
Commercial HMO	229		
Medicare Advantage	137		

	Points	Num	Den	Gaps to T1 Goal		T2 Goal	T1 Goal
Breast Cancer Sc.	1/2	66	90	6	73.33%	73%	80%
Cervical Cancer Sc.	1/2	98	130	10	75.38%	72%	83%
Colorectal Cancer Sc.	1.5/3	122	149	2	81.88%	75%	83%
Controlling High BP	0/3	41	65	18	63.08%	79%	90%
Diabetes A1c < 8	0/5	21	35	10	60.00%	77%	86%
Diabetes Eye Exam	0/3	17	35	13	48.57%	76%	83%
Diabetes Kidney Health	0/3	14	35	20	40.00%	94%	97%
Med Adherence - Diabetes	5/5	19	19		100.00%	87%	91%
Med Adherence - HTN	5/5	37	37		100.00%	88%	92%
Med Adherence - Statins	5/5	54	54		100.00%	87%	91%
Statin CV Disease	0/2	5	9	4	55.56%	84%	89%
Statin Diabetes	0/2	9	11	1	81.82%	86%	90%

Efficiency



TARGET : 50 Points

Payor Group (Gen Med)	Pat Count	Total Gaps	Members
Commercial HMO	75	4	75

	Points	Num	Den	Gaps to T1 Goal		T2 Goal	T1 Goal
ADHD New Start Generics	0/0	0	0	0			80%
Gen Med Usage	50/50	117	121		96.69%	93%	95%
HCC Addressed-MSSP	0/0						

Patient Experience



TARGET : 10 Points

		T2 Goal	T1 Goal
Std Care Provider % ile	91	50.00	70.00

Physician Incentive

Leakage

Leakage Dashboard | Overview

Type of Service:
 Payor Group:
 Payor:
 Service Prov Specialty:
 Service Prov State:
 Service Prov City:
 Service Provider:
 Year:
 Year Month:
 Cohort:
 PCP POD:
 POS:
 Patient State:

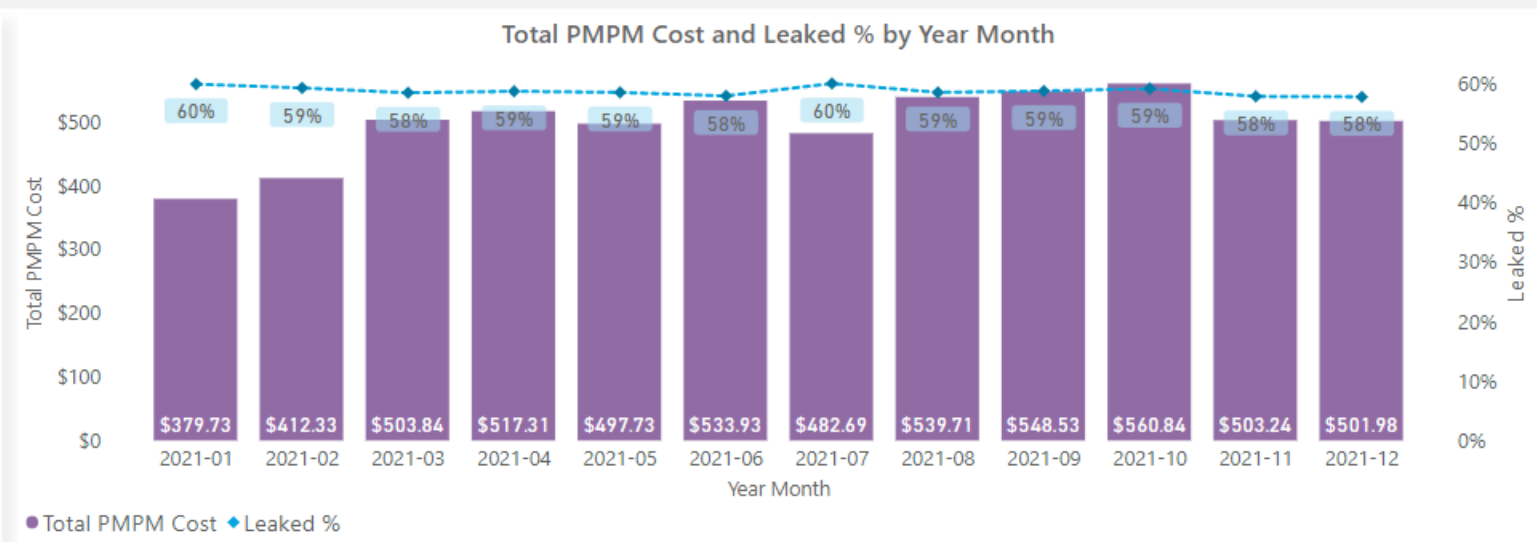
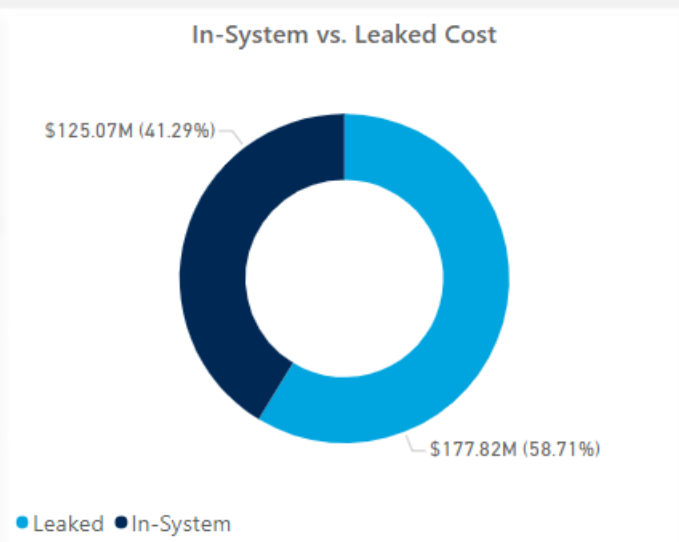
Total Cost
\$302.89M
 PY: \$228.37M (+32.63%)

Member Months
608,046
 PY: 614923 (-1.12%)

Leaked %
58.71%
 PY: 56.71% (+3.51%)

In-System PMPM Cost
\$205.69
 PY: \$160.75 (+27.96%)

Leaked PMPM Cost
\$292.44
 PY: \$210.62 (+38.85%)

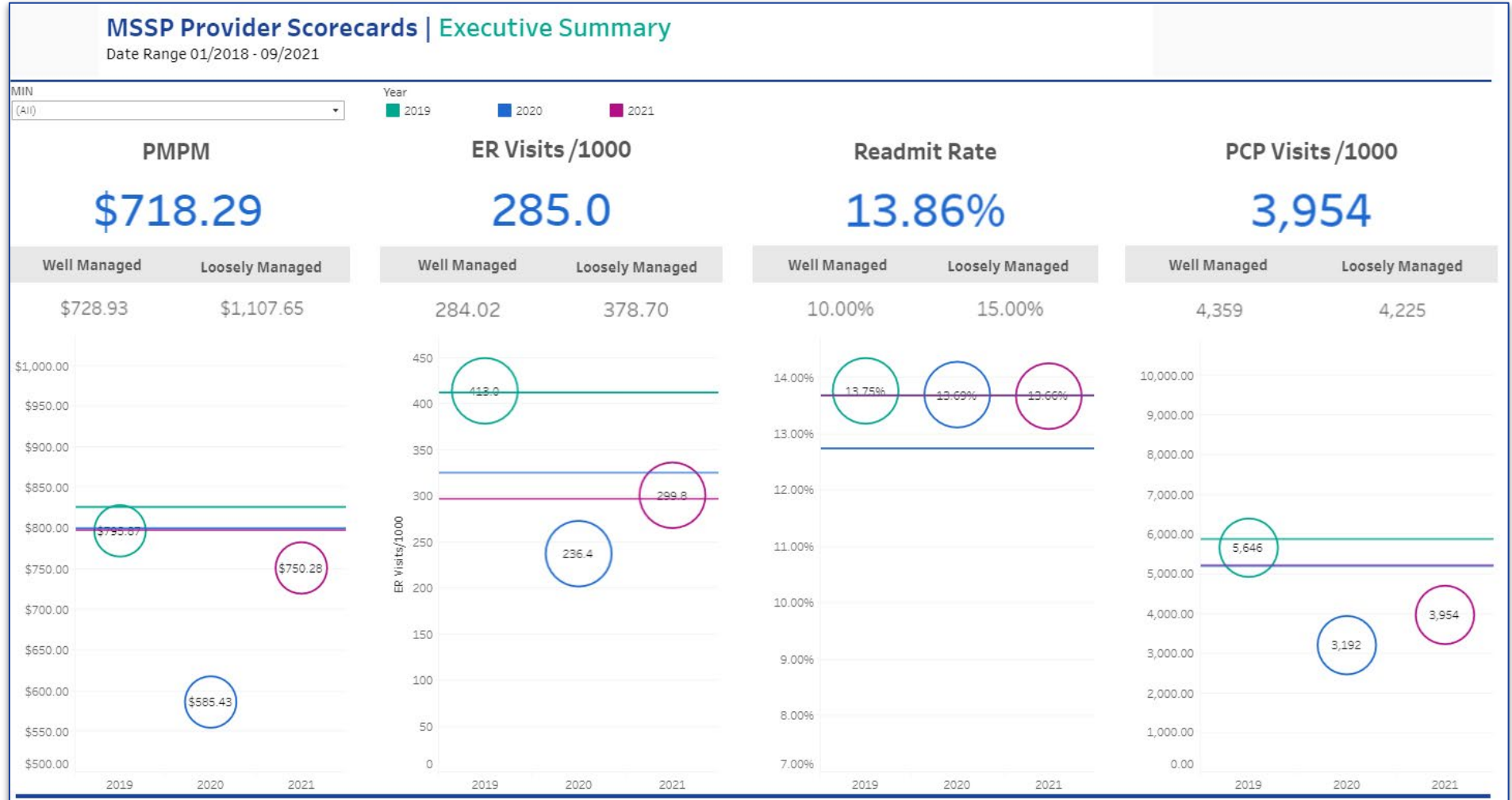


Procedure Code	Procedure Description	Total Cost	Leaked Cost	Leaked %	Leaked PMPM Cost	Leaked Units
99214	OFFICE/OUTPT VISIT,EST,LEVL IV	\$21,483,330.13	\$8,382,625.93	39%	\$13.79	90,605
J0178	AFLIBERCEPT INJECTION	\$6,009,737.91	\$5,735,063.29	95%	\$9.43	7,754

Service Provider	Leaked Cost	Leaked PMPM Cost	Leaked Units
Accredo Health Group Inc	\$1,587,107.31	\$2.61	34,985
Osco Drug	\$1,190,138.88	\$1.96	32,164
Laboratory Corporation Of	\$1,142,904.05	\$1.88	108,626

Provider Scorecards

Inclusive of major KPIs that link to financial performance, well managed and loosely managed benchmarks, and historical trends.



Provider KPI Projections

Using historical claims and completion factors, you can project possible future per/1000 measures, ensuring continuous focus on areas of high utilization.



Thank You

