Aledade's Experience in Specialist Engagement and Cost Containment: A Journey of Learning

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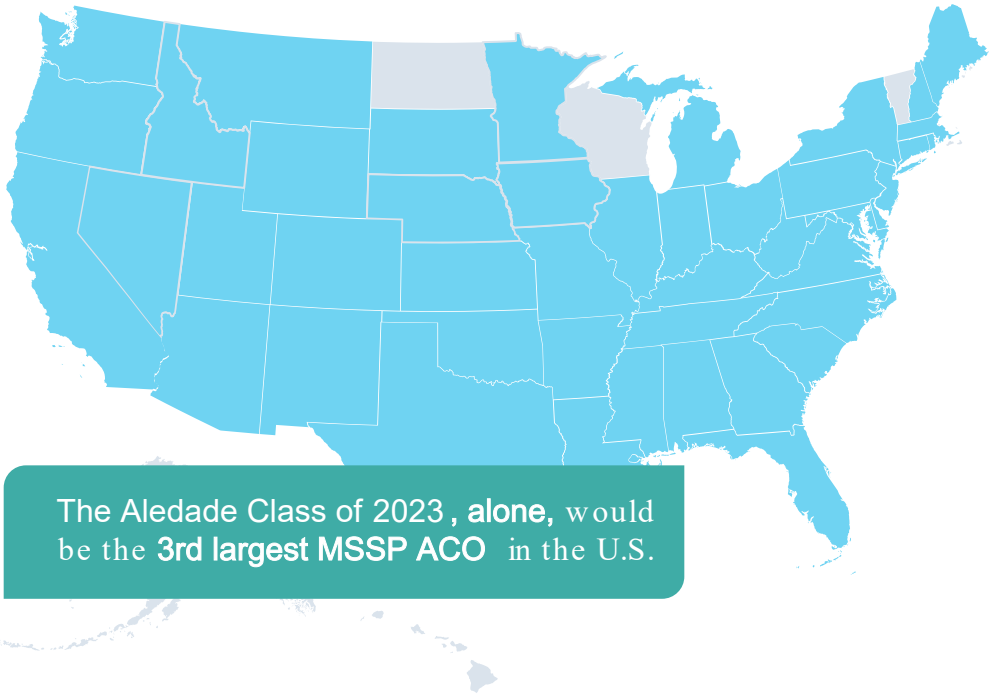
Aledade

Who we are: Aledade is the largest and fastest growing independent primary care netwo



The Aledade Class of 2023, **alone,** would be the **3rd largest MSSP ACO** in the U.S.

45 States

16,300+ Clinicians

2M+ Patients

1,500+ Practices & CHCs

$20B+ Medical Spend Under Management

Overview of Specialist Care Projects (2023)

1. Specialist Scorecards & Building Clinical Pathways

Will PCPs engage with goal of reducing specialist spending?

3. Focus on Referrals

Referral efficiency
Tracking referrals

5. Specialist Navigator: Tech-Enabled Workflow

Third-party data
Integrated workflow
Performance scorecards (improved!)

2. Involving Specialists in ACOs

Care compacts
Specialists as ACO members

4. Patient Super-Utilizers and eConsult Platforms

Can we bend cost curve for high utilizers and where we lack access to high-performing specialists?

Phase 1: Specialist Scorecards & Building Clinical Pathways

How might we gain PCP and specialist buy-in? (2016-2019)

Developed specialist scorecards to identify high-value providers, and asked PCPs to refer to "green" providers, Aledade claims data

PCP buy-in

- PCPs had a bad reception initially - the scorecard methodology lacked clarity and robustness
- **Lessons learned:**
  - Specialist scorecard methodology needs to be understood to be trusted
  - PCP input needs to be solicited on qualitative experience and quantitative method

Specialist buy-in

- DE and WV: ~90% of targeted specialists signed care compact
- Several attempts to build clinical pathways focused on pain points:
  - Specialist-to-specialist referrals (part of care compacts), diagnostic site of service
  - Part B drug costs for biologics, osteoporosis meds, RA meds, wet AMD meds (e.g., Humira, Prolia, Aylea)
- **Lessons learned:**
  - Specialists will engage with their known colleagues
  - Limited ability to impact Part B drugs, saw promising trends in imaging costs

Phase 2: Specialists in the ACO

Can we impactfully involve medical subspecialists in primary care-driven ACOs? (2018)

A West Virginia ACO set out to include specialists in their ACO provider list, aiming to bolster high-value care and specialist engagement.

Making the case to specialists

- A cardiologist and nephrologist agreed to participate, but were challenged to learn what VBC entailed for them, and whether the financial benefits would be worth it.

Estimating savings attributable to change in specialist care patterns

- Savings attribution difficulties
  - Measuring the impact of specialists on shared savings, PCPs protective of savings distribution formulas
  - Developing methodology to allocate savings with the specialists based on contribution
- Economic dependencies
  - Specialists often rely on income from procedures and expensive testing
  - Altering might impact income streams and overall care model

Phase 3: Focus on the Referral Improving Referral Quality and Tracking

Would it be possible to reduce specialist visits and specialist spending with standardized workflows? (2017-2019)

How might we improve referral quality? How might we create accountability for preferred network referrals?

Improving referral quality and Referral App V1

- PCPs used standardized forms and educated network specialists
  - Define the specific clinical question to the specialist to avoid unnecessary workups
  - Define the duration: one time consult or longitudinal care
  - Focus on “closing the loop” via referral app
- **Lessons learned:**
  - Initial referral tool was underutilized, making it difficult to track adoption of process

Tracking and reporting internal compliance

- PCPs created preferred networks, attempted to track referrals prospectively
- **Lessons learned:**
  - Referral processes greatly varied, as did the perception of needing to change them
  - A “visit” with a specialist doesn’t always mean there was a referral
  - Challenging to gain PCP adoption; some PCPs questioned the perceived benefit
  - Challenging to control processes outside of PCP purview

Phase 4a: Specialist Utilization Changing Patterns of Care for “Super-utilizers”

Can we identify super-utilizing patients and bend the utilization curve? (2018-2021)

Introduced a risk-adjusted metric to pinpoint “super-utilizers,” presented via “Daily Huddle” for PCP awareness, trained PCPs on this issue, talking points

Can PCP attention and workflow adjustments reduce specialist overuse?

- Developed a risk-adjusted model to identify patients who had high specialist use in light of their risk level
- Our data shows high turnover among super-utilizer worklists within just a few months, suggesting progressive chronic disease or other acute need
- The Daily Huddle in the Aledade App now includes specialist data for discussion at point of care/awareness

Phase 4b: Using eConsult Platforms to Improve Specialist Access and Red

Three attempts to leverage technology to improve specialist access (2020-2022)

Tested 3 different platforms with moderate variations between them across several different markets. 1) written e-consult, responded to within a day, 2) video e-consult, video response within a day, 3) "curbside" consult text messaging

Stage Gate 8: Gauging PCP interest

- Good initial enthusiasm for the service(s)
- **Lessons learned:**
  - PCPs loved the idea, high NPS
  - BUT it wasn't in their workflow, so it was under-utilized (<2 consults per month per provider)
  - EHR-embedded workflows likely needed
  - No ability to "force the issue" or implement performance targets for use among independent groups

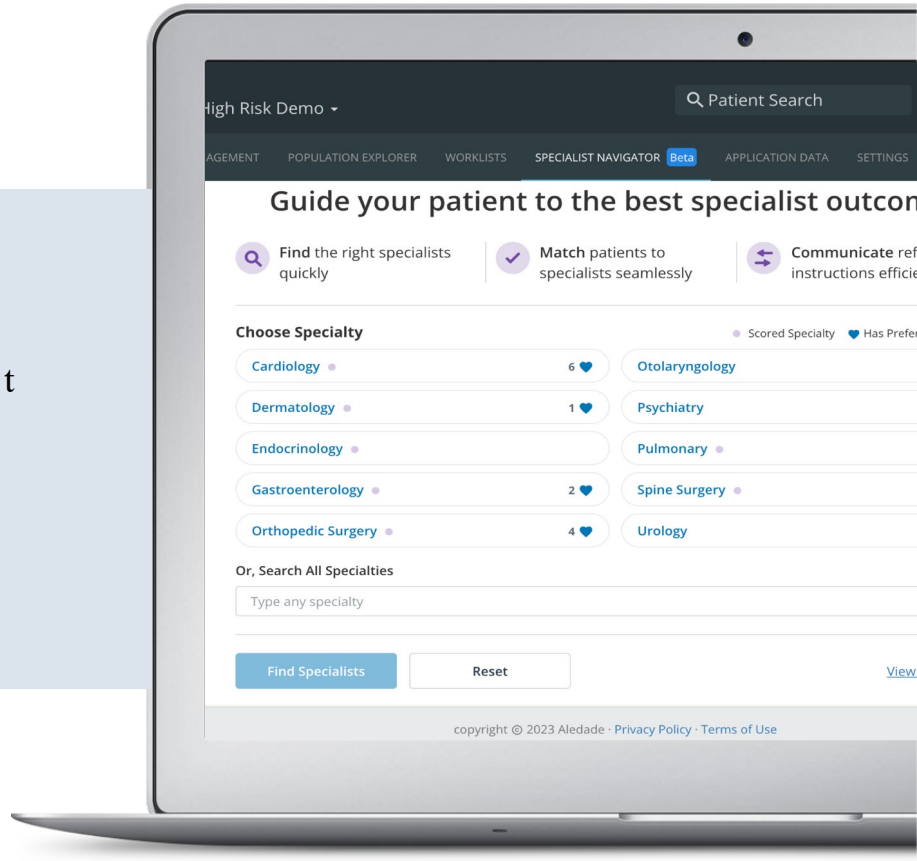
Stage Gate 9: Determining PCP utilization and cost impact

- Uptake of the service was strongest among NPs/PAs
- Analysis of more than 300 curbside consults showed very few of the episodes would avoid an ED visit; most were clinical questions that experienced PCPs could answer
- **Lessons learned:**
  - Some clinicians will adopt a non-integrated secure messaging interface to get clinical questions answered
  - Cost of care was not impacted

Phase 5: Specialist Navigator Tool

How will our practices utilize a fully tech-enabled "Specialist Navigator"? (2021-Present)

- Create a preference list for the PCP practice, informed by quality/cost ratings from third party
- PCPs to check understanding of current Specialist network, or inform switching of referral network
- Workflow for patient education on which Specialist is appropriate for them (geography, preference, conditions)



Currently in 3 markets (NC, FL, NJ)

Specialist Navigator Demo

Specialist Navigator: The Positive

Some clinics are enthusiastic and using the product

> Patients crave a good primary care "navigator" in a complex healthcare system with so many choices.
>
> *- Aledade ACO member*

4,000 user sessions at 167 PCP practices March-August

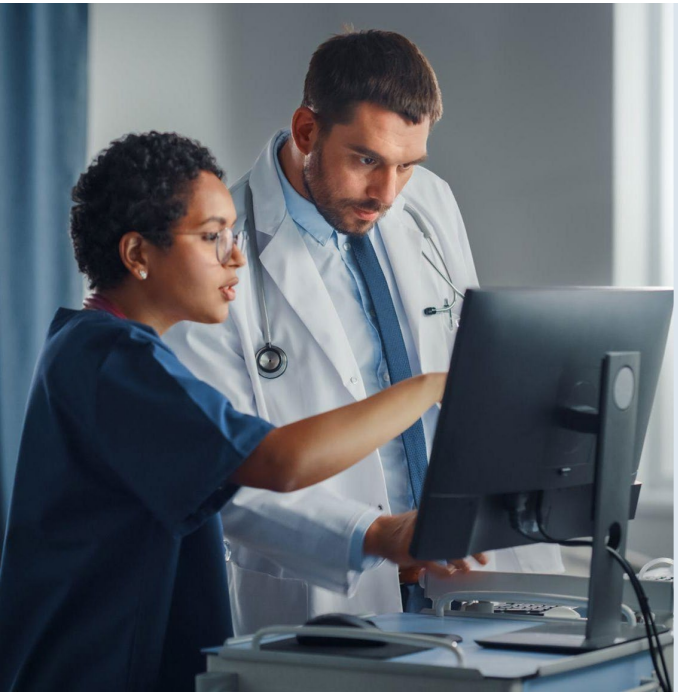
~25 practices per week regularly use SN to inform specialist selection for their patients

4X more high-performing specialists selected than low performers

Specialist Navigator: What have we learned?

Hypothesis/Assumption	Lived Experience
We need an **external data provider** to eliminate provider mistrust (or sidestep the convenient excuse).	Our vendor was a worthy partner accepted by practices, but holes in the data limited value (>50% of specialists shared were unscored), and utilization levels did not justify high expense (1M/year at scale).
Practices with a taste of savings are **ready to invest** in this high opportunity initiative. We're in a different place than we were in 2017.	Scant interest. Two real believers out of 372 practices with access and 44 intentionally prioritized for more coaching.
Practices and field teams could make **room on their dance card** for such an opportunity.	"I'll be honest, we're so overrun with Stars initiatives right now. We talk about STARS and Diagnosis Coding – that pretty much consumes every practice meeting we have right now. We also just rolled out Kidney Care Management." - NC MM (6/27)
Specialist Navigator can be a workflow tool for the **referral manager** (more likely to use Aledade App).	Most providers unwilling to delegate this decision to other staff in office; would have to be within EHR to get PCPs to utilize.
Specialist Navigator can be a **workflow tool** , period.	Integration into practice workflow was possible, but limited in reality to two practices.

Where do we go from here?



- **Aledade is focusing on engaging PCPs at the point of care within their EHR**, using overlay technology. This will open up new opportunities for us to influence specialist referral patterns.
- **There are less expensive specialist rating organizations**, and we will likely need to use one of those if we are buying broad-based datasets in advance of network-level adoption, in order to contain costs.
- **We see opportunities in collaborating with "value-oriented" specialists**, who are participating in risk models, potentially starting with oncologists in 2024.
- **CMMI is focused on delivering more specialist-focused models in the future** that may provide a further runway here, assuming the overlap rules are amenable to collaboration.

Fail Fast… and Forward

Lessons learned to shape our path

Trust is foundational

Trust in the data, trust in the tool.

Buy-in is hard

Motivation to change a workflow can be the hardest part.

Referrals are relational

Changing referral patterns goes beyond data.

Centralize the workflow

Make it easy for users and minimize the clicks.

Listen to your customer

Build what the customer wants. Talk to them.