The Three Pillars of Successful Population Health Management: Providers, Leadership and Data

February 25, 2020

Moderated By:
David Nace, MD

Session Presenters

David Nash, MD, MBA

Founding Dean Emeritus at
Jefferson College of
Population Health

Jesse C. James, MD, MBA

Chief Medical Officer, CHESS
Health Solutions

David Nace, MD

Chief Medical Officer, Innovaccer

Former Chair Board of Directors of the
Patient-Centered Primary Care
Collaborative (PCPCC)

innovaccer

The Current State of Population Health Management

Over 60% of healthcare organizations understand the nuances of population health management and have implemented some aspects of it in their care delivery.

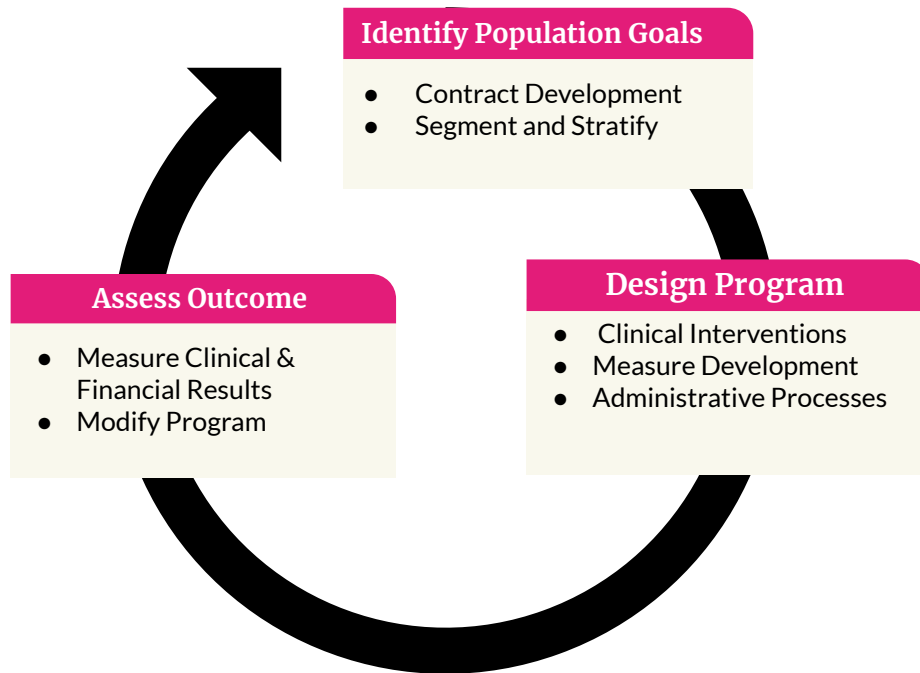**What phase is your organization for implementation of Population Health Management?**

innovaccer
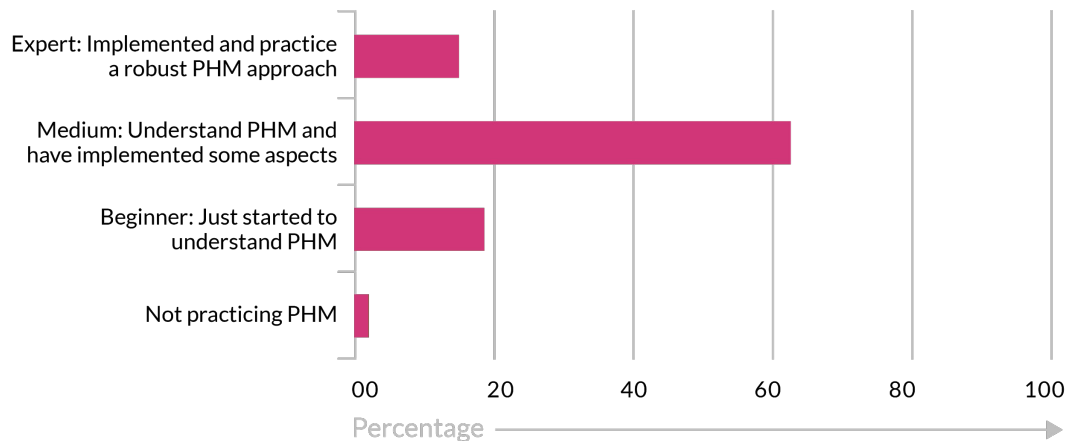
Population Health Management

Cornerstone of any value-based care strategy

- The expansion of value-based care has one thing in common: **distributing the financial risk of patient care between payers and providers.**

- Healthcare organizations are recognizing that **population health management requires technology** as a critical tool to manage patient care in VBC contracts.

Identify Population Goals
- Contract Development
- Segment and Stratify

Design Program
- Clinical Interventions
- Measure Development
- Administrative Processes

Assess Outcome
- Measure Clinical & Financial Results
- Modify Program

innovaccer

Upcoming Models and New Initiatives

Value-Based Programs

	2008	2010	2012	2014	2015	2018	2019
Legislation Passed	MIPPA	ACA		PAMA	MACRA		
Program Implemented			ESRD-QIP HVBP HRRP	HAC	VM	SNF-VBP	APMs MIPs

Legislation
ACA: Affordable Care Act
MACRA: The Medicare Access & CHIP Reauthorization Act of 2015
MIPPA: Medicare Improvements for Patients & Providers Act
PAMA: Protecting Access to Medicare Act

Program
APMs: Alternative Payment Models
ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
HACRP: Hospital-Acquired Condition Reduction Program
HRRP: Hospital Readmission Reduction Program
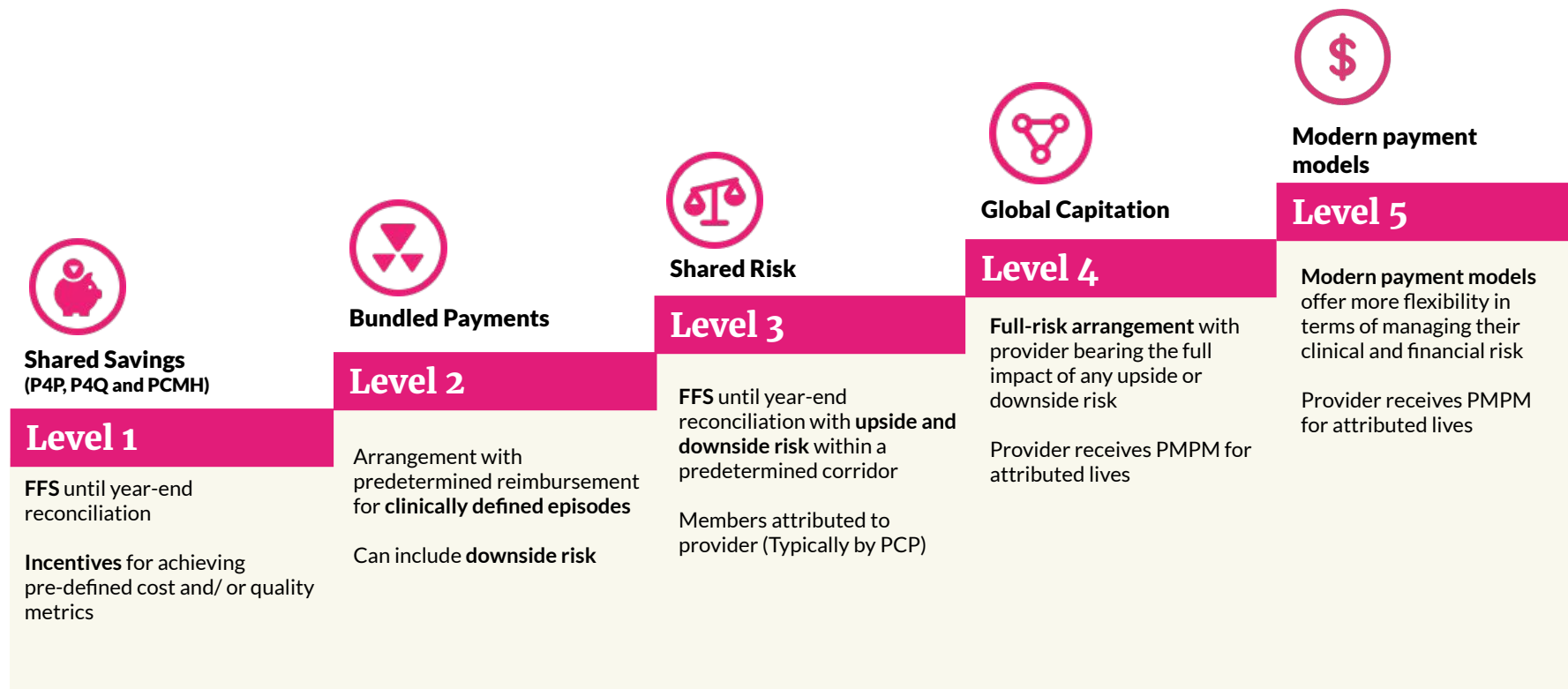**HVBP:** Hospital Value-based Purchasing Program
MIPS: Merit-Based Incentive Payment System
VM: Value Modifier or physician Value-based Modifier (PVBM)
SNFVBP: Skilled Nursing Facility Value-based Purchasing Program

Source: Centers for Medicare and Medicaid Services (CMS)

innovaccer

Types of Value-based Care Contracts in Progression

Shared Savings
(P4P, P4Q and PCMH)

Level 1

FFS until year-end reconciliation

Incentives for achieving pre-defined cost and/ or quality metrics

Bundled Payments

Level 2

Arrangement with predetermined reimbursement for **clinically defined episodes**

Can include **downside risk**

Shared Risk

Level 3

FFS until year-end reconciliation with **upside and downside risk** within a predetermined corridor

Members attributed to provider (Typically by PCP)

Global Capitation

Level 4

Full-risk arrangement with provider bearing the full impact of any upside or downside risk

Provider receives PMPM for attributed lives

Modern payment models

Level 5

Modern payment models offer more flexibility in terms of managing their clinical and financial risk

Provider receives PMPM for attributed lives

innovaccer

Poll #1

What is the status of your organization in terms of the adoption of value-based contracts?

- Less than 10% of contracts are value-based oriented

- Around 50% of the organization's contracts are value-based

- My organization participates only in value-based contracts

- We have not started to engage in value-based contracts

innovaccer

Poll #1

What is the major source that your organization leverages to gather information on your patients?

Less than 10% of contracts are value-based oriented	39.47%
Around 50% of the organization's contracts are value-based	39.18%
My organization participates only in value-based contracts	8.77%
We have not started to engage in value-based contracts	12.57%

innovaccer
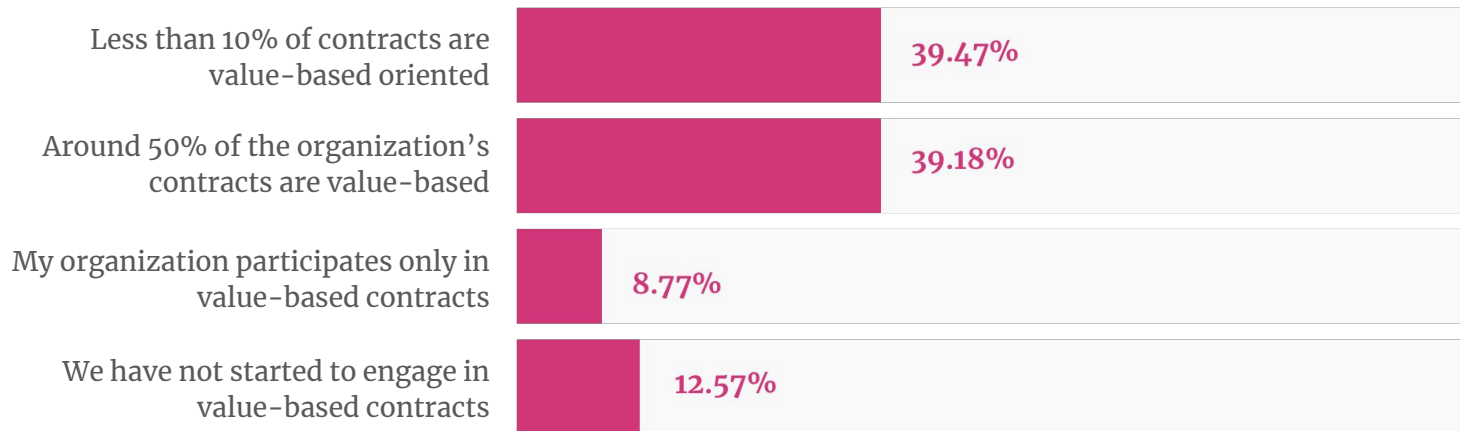
No Matter How Fast or Slow

We are moving towards value-based healthcare

Where are you in the value-based performance/ risk-based journey?

innovaccer
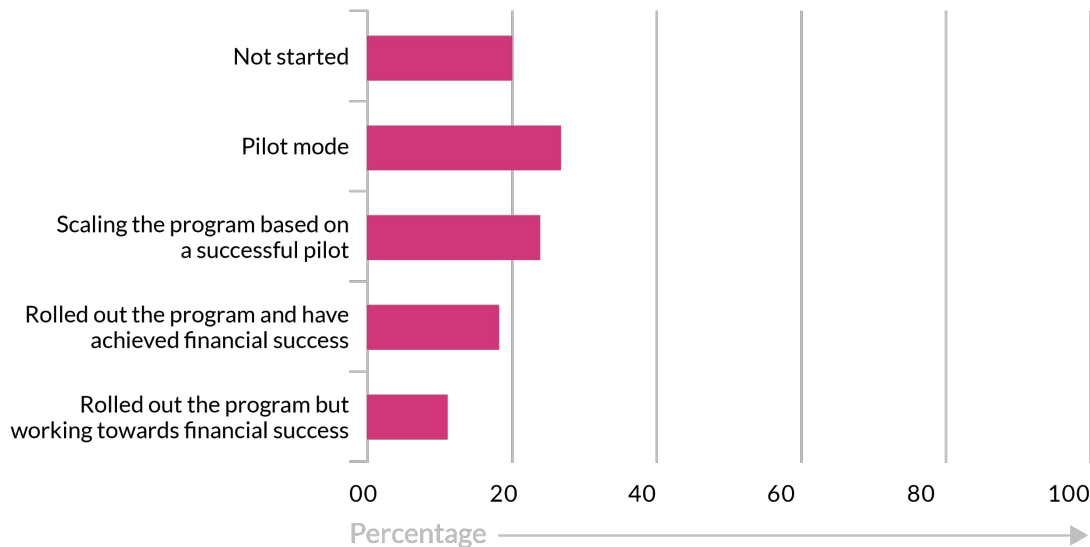
Data is Critical to Population Health Management

What your healthcare data should tell you

What is happening

What will happen

What actions should we consider

Population Health Management

Complexities of VBC modeling and contract management

				Service Design/Data Service	
Engage	Patients & Caregivers				**Improve Margins**
	Clinicians, Extended Care Teams				
Model	Descriptive Analytics: Reporting Quality Care Gaps				**Improve Outcomes**
	Predictive Analytics: Risk Stratification				
	Prescriptive Analytics: Optimization and Decision Planning				
Manage	Care		Data		**Lower Cost Structures**
	Performance Management (Quality and Costs) Population Identification and Management Network Management (Acute, Ambulatory and Community)		Data Activation Platform (Aggregation, Management Governance)		

Inspired From: A Path to Value for Population Health: Adopting a Value Chain Model, Chilmark Research

innovaccer

CHESS Health Solutions

Physician-led health care services company

29
Value-based Contracts

142,000
Covered Lives

6
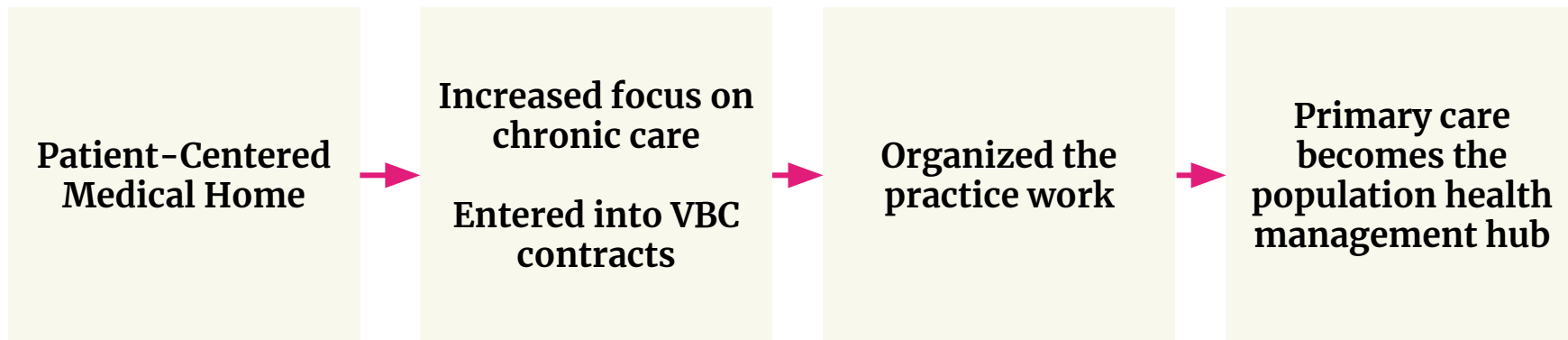Value Partners

$136M
Saved from 2014-2018

$311
Annual Savings Per Patient

>400
Total Providers

innovaccer

CHESS

CHESS Journey to Value-based Care: Care As One

Technology had slow adoption initially

| Patient-Centered Medical Home | → | Increased focus on chronic care

Entered into VBC contracts | → | Organized the practice work | → | Primary care becomes the population health management hub |

innovaccer

Leadership in Population Health Operations

A framework for transformation

Data Transformation

PHM leadership establishes what is necessary in an analytic platform

- Unified Patient Records
- Data platform elements
- Connected Care Framework
- Workflow automation & AI

Analytic Transformation

Analytics leadership builds a structure to identify and evaluate opportunities

Care/Payment Transformation

Clinical leadership determines what changes need to occur with care delivery

Financial leadership assesses risks and sustainable path

- Meet contractual requirements
- Better quality of care across continuum
- Lower costs
- Stronger organization
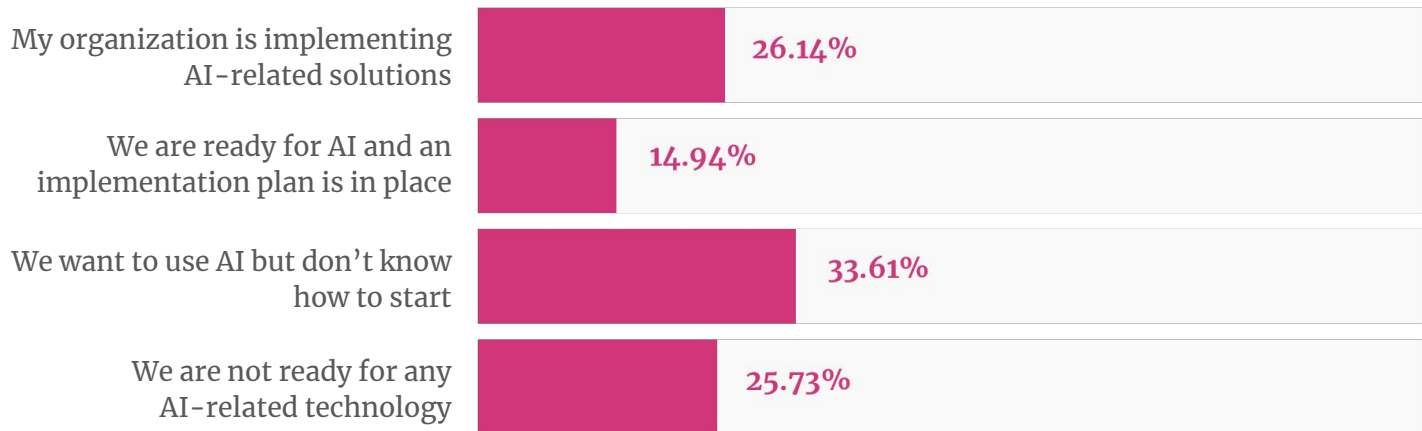- Healthier community

innovaccer

Poll #2

Where are you in terms of implementing AI–related technology in your healthcare organization?

- My organization is implementing AI-related solutions

- We are ready for AI and an implementation plan is in place

- We want to use AI but don't know how to start

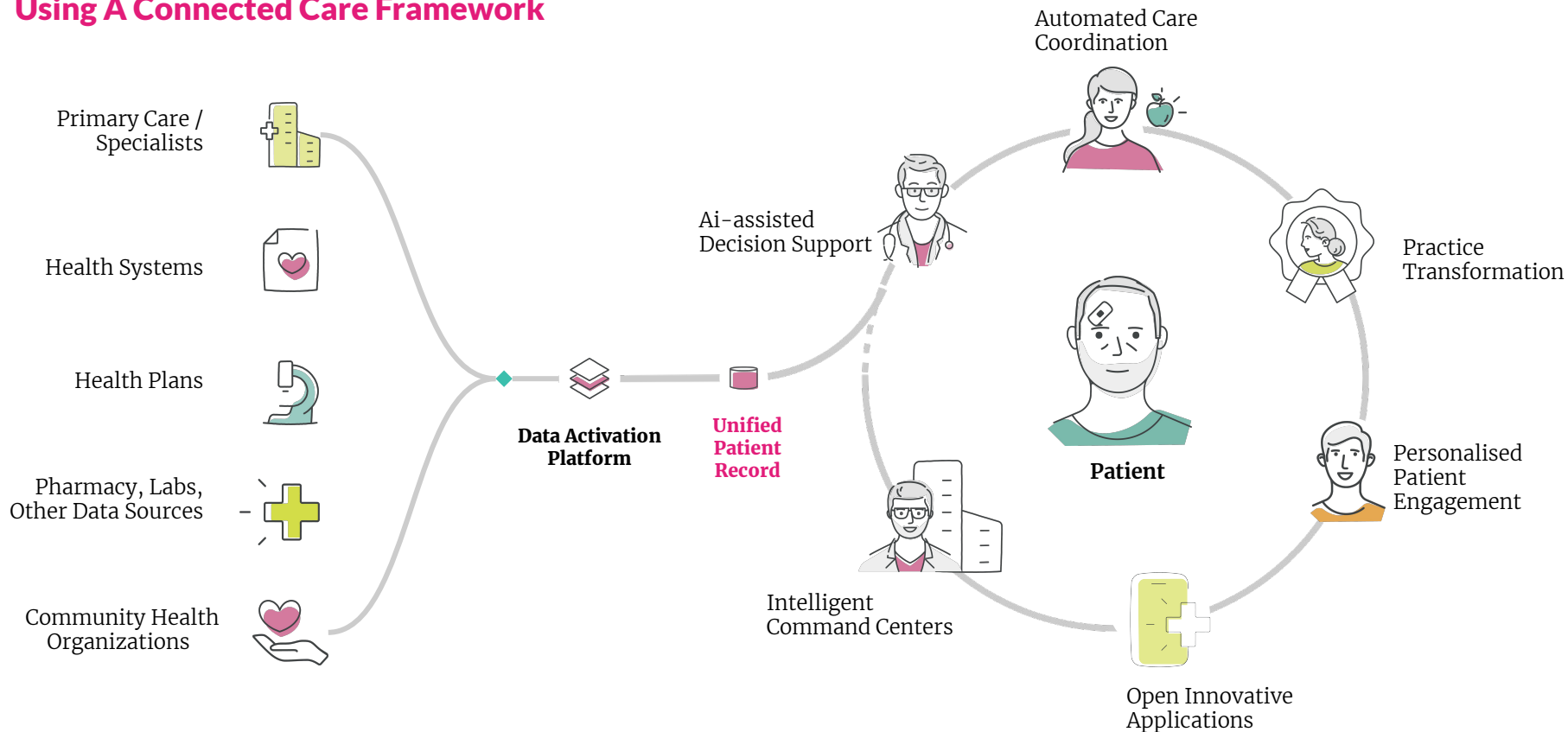- We are not ready for any AI-related technology

innovaccer

Poll #1

What is the major source that your organization leverages to gather information on your patients?

My organization is implementing AI-related solutions — 26.14%

We are ready for AI and an implementation plan is in place — 14.94%

We want to use AI but don't know how to start — 33.61%

We are not ready for any AI-related technology — 25.73%

innovaccer

A Unified Patient Record Connects the Data

Using A Connected Care Framework

Primary Care / Specialists

Health Systems

Health Plans

Pharmacy, Labs, Other Data Sources

Community Health Organizations

Data Activation Platform

Unified Patient Record

Ai-assisted Decision Support

Automated Care Coordination

Practice Transformation

Personalised Patient Engagement

Open Innovative Applications

Intelligent Command Centers

Patient

innovaccer

Population Health Management

Priorities, Barriers and Strategies

Priorities	Barriers	Strategies
Support knowledge-based decisions	• Limited information on the network • Lack of integration across multiple data sources	• Creating **unified patient records** on a connected care framework to obtain a holistic view of the network. • Identifying the least performing parameters across the network and improving on them
Enhance the analytical approach to reporting	• Inability to keep real-time track on measures and performances	• Ensuring flexibility in **decision support** with required feedback about reasons for non-compliance and barriers to compliance • Adopting a data-driven approach to enhancing **quality reporting**
Strengthen the technological framework of the network	• Inability to engage physicians and patient at the point of care • Fragmented digital system providing limited information on patients	• Develop **patient-centered** data collection methods, core data elements, and system capacity for patient-based health data sets • Focus on **educating providers** across the network • Encourage "just in time" rather than "just in case" visits

innovaccer

Clinical Leadership and Technology

Succeeding in population health management

Better Physician Education

Advanced Data Solutions

Better Incentives

innovaccer

Questions

innovaccer

Thank You!

Reach us: team@innovaccer.com

innovaccer.com   /innovaccer

CHESS

innovaccer

KLAS
ACCURATE   HONEST   IMPARTIAL

Forbes

MEDTECH
BREAKTHROUGH