NNEACC

NORTHERN NEW ENGLAND ACCOUNTABLE CARE COLLABORATIVE

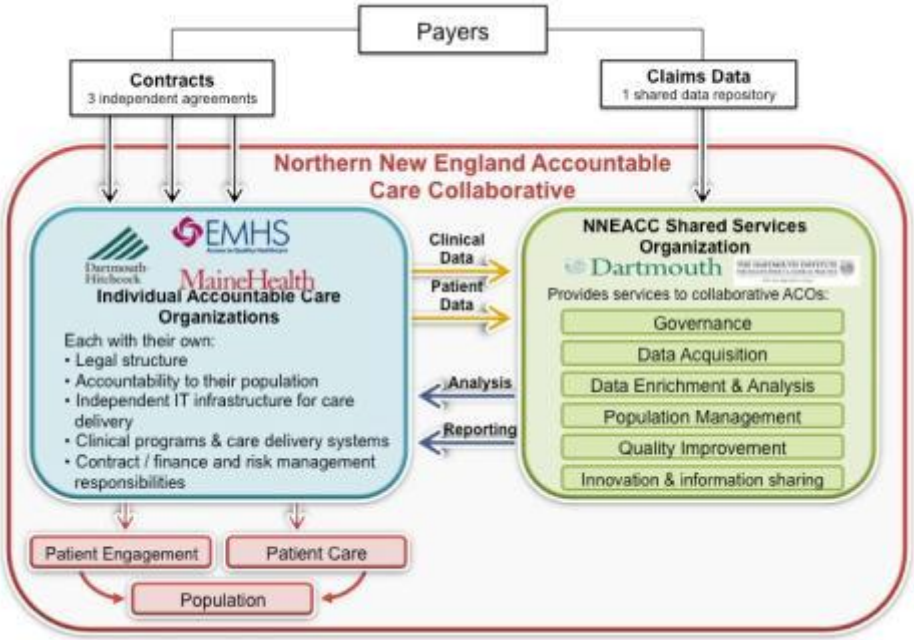
Employ Data to Support Accountable Care

David E Wennberg, MD, MPH
Chief Executive Office, NNEACC
May 15, 2013

Northern New England Accountable Care Collaborative

by health systems for health systems

Created to support payment model transition:



- Drive development & implementation of risk and reimbursement models
- Provide common infrastructure to support accountable care delivery
- Aggregate clinical decision support and shared-decision making
- Allow for cross system quality improvement activities

Confidential & Proprietary
Northern New England Accountable Care Collaborative

Recombinant by Deloitte, part of Deloitte Health Analytics

Deloitte Health Analytics

Data → Analytics → Insight → Consulting → Transformation

Recombinant By Deloitte

- The technology component of Recombinant consists of the Data Integration Hub and Data Trust
- Links multiple data sources
- Secure Environment
- Scalable Architecture

- Recombinant houses the Selectrus analytics toolkit which consists of
  - Prepackaged Analytics
  - Proven Business Rules
  - Metadata management
- Deloitte Analytics Institute comprises of tools and use cases and world class statisticians

Deloitte Health Informatics

- Deloitte Health Informatics have proven practices to leverage analytics and to drive results
- A relationship with Intermountain provides a strong comparison data set to uncover improvement opportunities
- Intermountain is recognized for its world class informatics /analytics & excellence in supply chain with experience in modeling, clinical effectiveness and Supply Chain Best practices

Deloitte Consulting

- Deloitte consulting specializes in Information Management services such as BI/DW, reporting etc.
- Deloitte consulting also has a dedicated healthcare information technology practice that drives transformation at the largest Provider, Life Sciences, Health Plan and Government Health Care agencies in the US

- Deloitte consulting leads in health care expertise, methods, performs project management, change management, managed services and tracks with leading organizations

The Rational
for Accountable Care

Higher costs and lower than desired quality of care has lead to a strong interest in new models of funding and delivering care

ACO and Value Based Care delivery have become leading models

- Effectively manage full continuum of care
  - Full population healthcare needs and choices
  - Move from fragmented, non-organized care to systems of organized care
- Measure to ensure focus on improving care and lowering costs
  - Ability to measure and improve the quality and efficiency of health care delivery
- Require payment reforms
  - Establish target spending
  - Shared savings

Confidential & Proprietary
Northern New England Accountable Care Collaborative

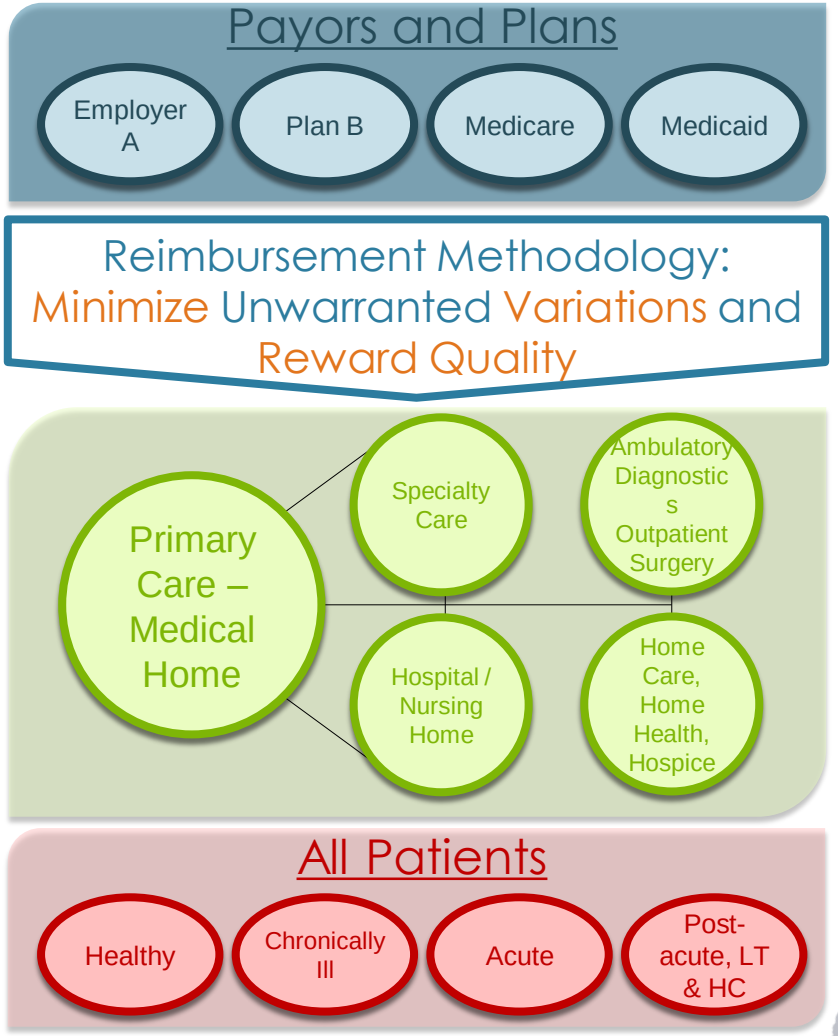
Essential Building Blocks

of an Accountable Care Organization

3. Payment model(s) that incent patient and provider behavior
   - Patient Involvement
   - Quality
   - Efficiency

2. Health care systems designed to optimize patient care and 'win' under new payment models

1. Population based care, one patient at a time



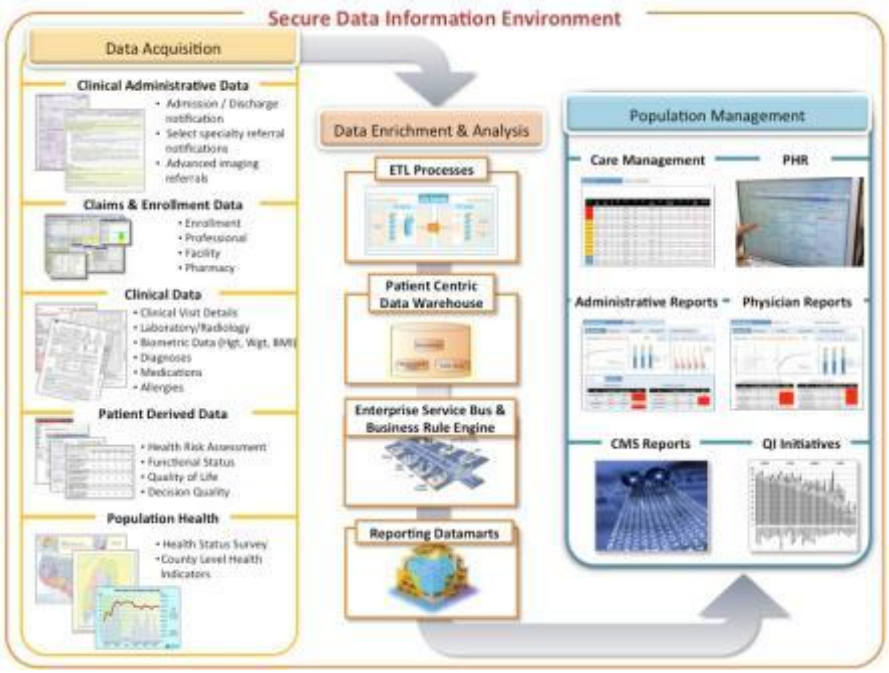
Confidential & Proprietary
Northern New England Accountable Care Collaborative

Information Suite

creating a Single Source of Truth

- Integrating clinical information, claims data, and patient reported information
  - Population health analytics
  - Predictive modeling
  - Quality performance benchmarking

- Enhancing EHR data
  - Patient-centric data model
  - Single source of truth for all users
  - Actionable information



Combining existing foundational technology with innovative analytic & reporting solutions

Confidential & Proprietary
Northern New England Accountable Care Collaborative

NNEACC Solution Components

NNEACC Solution

- Dashboards & Reporting
- Analytics, Data Warehousing and Data Mapping
- Business Process and Solution Design

SAP

- Provides Dash boarding and reporting in a user friendly front end
- Enhancements to optimize with HANA in progress

Recombinant

- Advanced data analytics and metrics management
- Data Integration Services
- Data Warehousing and solution architecture design

NNEACC

- Deep business process and workflow expertise
- Strong metrics definitions and risk scoring algorithms
- Best practices in high quality, low cost care

Information Suite

supporting interventions, improving outcomes

The *Triple*Aim

Better *Care*

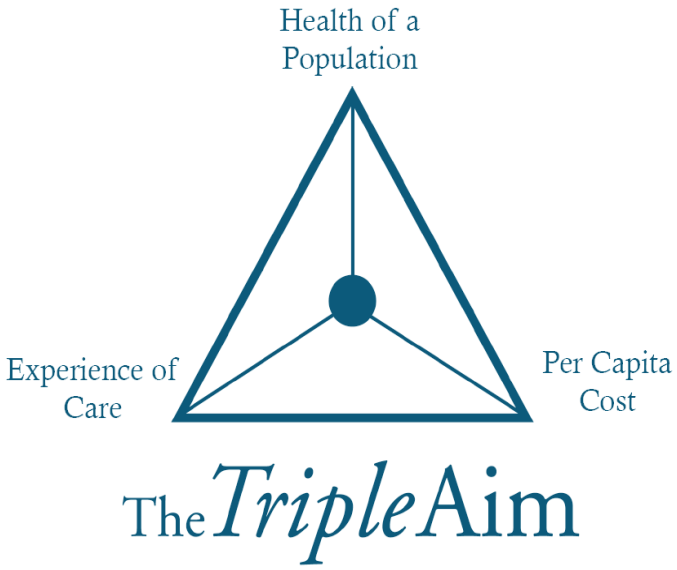
- Clinical quality measures
- Triggers and alerts

Better *Health*

- Patient Reported Measures
- Shared decision-making risk

Lower *Costs*

- Financial risk/Admission Risk
- Transition in care risks
- Actuarial models



Confidential & Proprietary
Northern New England Accountable Care Collaborative

Online Views

enabling patient & population management

- Supports & enables management of patients and populations using a single source of truth
- Facilitates decision support based on evidence-based medicine and best practices
- Encourages cost-effective personalized care

Administrator View

- population level financial risk
- individual system trends
- actual and projected performance and cost comparisons
- risk based contract concerns & issues

Physician View

- population health, patient experience & predicted cost information
- benchmark performance against peers
- focus efforts on patients at highest clinical or financial risk

Care Coordinator View

- patient census
- clinician orders
- application recommendations
- follow up scheduling tool
- risk level & priority
- encourages patient and medical team interaction

Care Coordinator Application

prioritizing care management resources

- Recent events & acuity level
- Predicted Clinical & Financial risk
- Clinical Observations & values
- Care Management notes & contact dates

Care Manager List (526)

Legend: : icon to edit care management details : icon to add patient to panel : icon to remove patient from panel : hover over icon to view next contact note • last event: click to view history • observations: click to view history

Patient Overview						Risk Profile			Care Management					Last Clinical Observation	
Name	MRN	DOB	Age	Gender	PCP	Group	Clinical	Financial	Manager	Status	Acuity	Next Contact	Last Event	HbA1C	LDL-C
WHITFIELD, HECTOR P.	099960988	06/08/1943	69	M	DAWSON, KAYE K	Medicaid	49 Low	86 Moderate	Clough, Terry	Currently Managed	2	10/24/2012	Transfer 09/18/2012		
THOMPSON, DREW Q.	099969896	05/22/1948	64	M	CABRERA, WHOOPI U	Medicaid	29 Low	81 Low					Cancel pre-admit 09/07/2012	5.9 01/15/2012	96.0 01/15/2012
STRICKLAND, XANDER Z.	099985463	04/22/1930	82	M	DAWSON, KAYE K	CMS ACO	48 Low	78 Moderate					Admit 09/03/2012		
PEREZ, CIARAN R.	099996907	06/08/1937	75	M	DAWSON, KAYE K	Commercial	33 Low	71 Low					Admit 08/26/2012	7.1 03/01/2012	103.0 03/01/2012
BEACH, ALAN V.	099972330	09/08/1925	87	M	DAWSON, KAYE K	Medicaid	49 Low	79 Low					Admit 08/20/2012		
WINTERS, MACON D.	099969910	09/02/1948	64	M	CABRERA, WHOOPI U	Medicaid	17 Low	71 Low					Admit 07/22/2012		
KEITH, THANE X.	099959346	03/14/1945	67	M	DAWSON, KAYE K	CMS ACO	68 Low	93 High	Clough, Terry	Currently Managed	3	10/17/2012	Admit 07/17/2012		87.0 02/23/2012
TRUJILLO, PAKI D.	099997269	03/30/1923	89	M	DAWSON, KAYE K	CMS ACO	97 High	79 Moderate					Admit 07/03/2012	9.5 08/01/2012	135.0 08/01/2012
DAVID, ZACHARY W.	099972361	08/27/1925	87	M	DAWSON, KAYE K	Medicaid	57 Low	94 Moderate					Admit 06/21/2012		
HOWELL, KIBO O.	099968997	05/15/1940	72	M	DAWSON, KAYE K	Medicaid	21 Low	93 Moderate					Admit 06/14/2012		

Confidential & Proprietary
Northern New England Accountable Care Collaborative

Provider & Admin Application

managing patients & contracts at risk

- Cost/Quality measures
- Peer benchmarking – practice, system, NNEACC
- Clinical and Financial risk profiles

Northern New England Accountable Care Collaborative
NNEACC

Hierarchy Type: Organization
Hierarchy Level: Physician
Hierarchy Selection: George Washington
Peer Comparison Scope: Peers within NNEACC
Risk Group: (All)
Age Group: (All)
Data Year: Current Year / Prior Year

My composite quality score and PMPM costs compared to my peers

High Quality, Low Cost
Low Quality, High Cost
Quality
Cost
George Washington · Peers · Other ACOs

Cost Metrics (PMPY)

	My Practice	Peers
Admissions	$6,389	$5,500
ED	$535	$400
Specialist	$200	$325
Primary Care	$2,367	$2,199
SNF Stay	$5,185	$7,385
Other	$4,411	$6,481

Distribution Statistics

	Min	Mean	Max
Quality	0.12	0.53	0.98
Cost	$39.78	$505.67	$887.06

My Patients by Current Financial Risk Category
N=1385 Patients

High 30.25%
Moderate 19.86%
Very High 2.31%
Low 47.58%
Low · Moderate · High · Very High

Population Profile

Providers Not Included
Providers Included
Include >>
<< Exclude
George Washington
John Adams
Thomas Jefferson
James Madison
Refresh

High level overview that allows for drill-down to detailed information

Confidential & Proprietary
Northern New England Accountable Care Collaborative

Quality

measuring improvement in care

- Historical, current and predicted performance
- Peer benchmarking – practice, system, NNEACC

Northern New England Accountable Care Collaborative
NNEACC

Hierarchy Type: Organization
Hierarchy Level: Physician
Hierarchy Selection: George Washington
Peer Comparison Scope: (None)

Risk Group: (All)
Age Group: (All)
Data Year: Current Year / Prior Year

Quality Performance for George Washington and (All) Risk Group

#	Measure	YTD	Last	Peers
1	Medication Reconciliation after Discharge	40%	42%	90%
2	Screening for Fall Risk	35%	37%	85%
3	Influenza Immunization (October - March)	30%	32%	80%
4	Pneumococcal Vaccination	25%	27%	75%
5	Ad		30%	78%
6	To		25%	73%
7	De		20%	68%
8	Co		15%	63%
9	Ma		10%	58%
10	Ad		5%	53%
11	DM		8%	56%
12	DM		11%	59%
13	DM: BP < 140/90	12%	14%	62%
14	DM: Tobacco Non Use	15%	17%	65%
15	DM & IVD: Asprin Use	18%	20%	68%
16	DM: A1c > 9% (higher % is worse)	13%	15%	34%
17	HTN: BP Control	16%	18%	37%
18	HF & LVSD: Beta Blocker	19%	21%	40%
19	IVD: LDL < 100	22%	24%	43%
20	IVD: Aspirin / Antithrombotic	17%	19%	38%
21	CAD: Drug Therapy for Lowering LDL	20%	22%	41%
22	CAD & DM or CAD & LVSD: ACE/ARB Therap	23%	25%	44%

#1: Medication Reconciliation after Discharge
Patients with Gaps: 5
Patient A
Patient B
Patient C

Preventive and Transitional Care
Actual and Projected as Compared to Goal
YTD Projected Goal

 # Per Month to Reach Goal in Remaining Month

Medication Reconciliation after Discharge	54

Confidential & Proprietary
Northern New England Accountable Care Collaborative

Summary

employing data to support accountable care

NNEACC is utilizing & enhancing integrated data, innovative models, and intuitive reports/applications to

effectively manage full continuum of care

- Prioritizing resources by clinical & financial risk
- Incentivizing providers using benchmarking

demonstrably improve care & lowering costs

- Measuring and display quality & cost performance data
- Setting performance quality & cost goals
- Benchmarking quality & costs against peers

proactively create payment reform

- Establishing spending targets & benchmarks
- Sharing savings