Sphere of Influence: Achieving the Healthcare Triple Aim through Physician Referral Patterns

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Tim Kringel
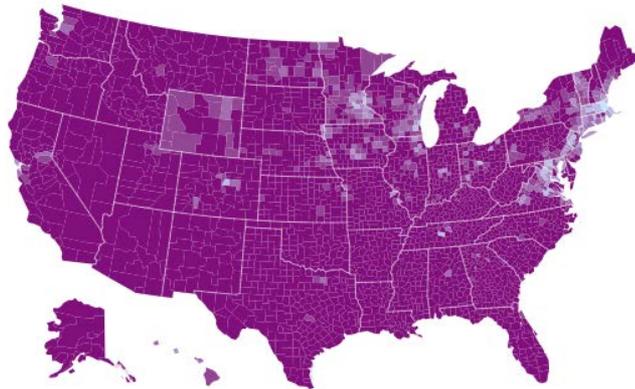*Senior Vertical Solutions Consultant*
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Agenda

Market Drivers and Challenges

Need for Improved Insights

Data and Analytic Solutions

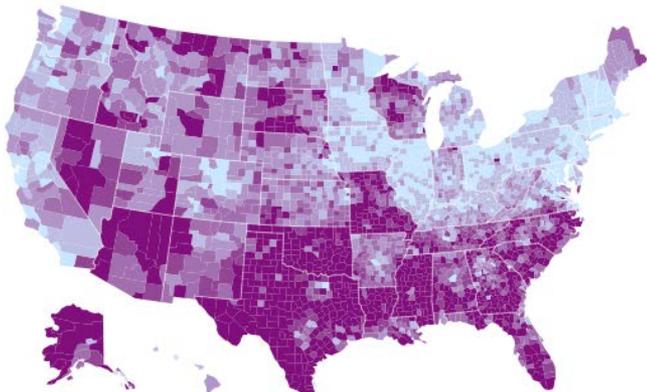LexisNexis® RISK SOLUTIONS | Health Care

The Impact of Meaningful Use and the Affordable Care Act

2013

Percent Uninsured

6% 8% 10% 12% 14%

2016

(New York Times and Enroll America survey, 2016)

- 20 million more Americans are insured as of 2016 compared to 2010 (National Center for Health Statistics, 2016)

- The Medicare Shared Savings Program (MSSP) increased from 220 to 561 ACOs between 2012 and 2018 (CMS – Medicare Shared Savings Program Fast Facts, 2018)
  - 377k Physicians and Mid-Levels participating in 2018

- The shift from Fee For Service (FFS) is in full swing
  - In 2016, FFS accounted for 43% of US healthcare payments, down from 62% in 2015
  - Pay for Performance and Alternative Payment Models (APMs) combine for 57%, up from 38% in 2015 (Health Care Payment Learning & Action Network 2016 Report)
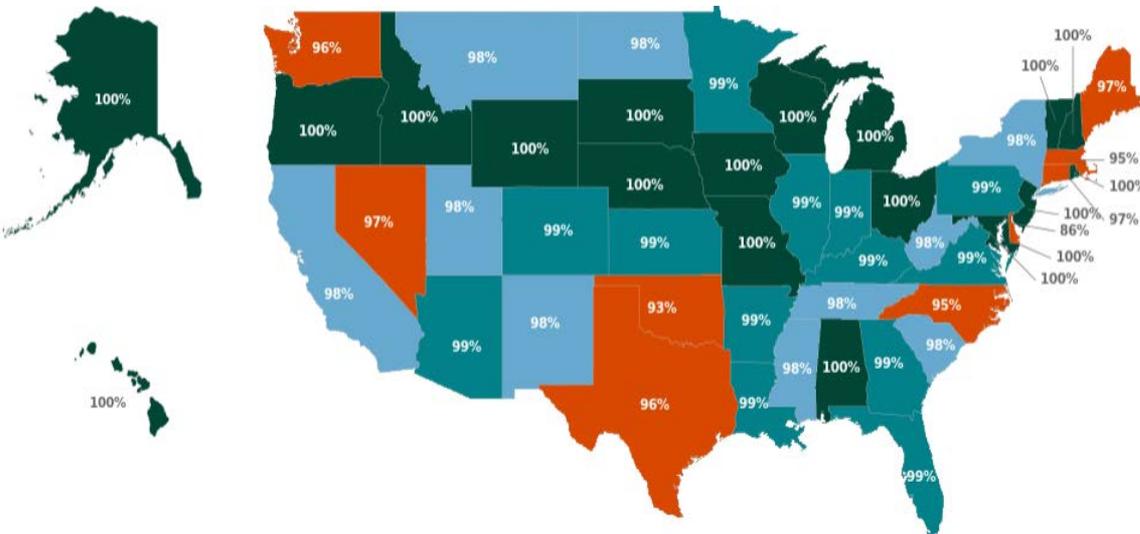
From pens to platforms … EHR adoption

Through 2016, 98% of eligible hospitals have achieved meaningful use of certified health IT

Office of the National Coordinator for Health IT

Through 2014, $24B had been spent on EHR adoption

Health Data Management

Office of the National Coordinator for Health IT

Source: CMS EHR Incentive Program data, 2016 and CMS Provider of Services File, March 2017

The Triple Aim

Improve patient care

Improve patient outcomes

Reduce cost of care delivery

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POLLING QUESTION:

Which of these goals is your top priority over the next 18 months?

- ❏ Increasing referral volumes
- ❏ Minimizing referral leakage
- ❏ Maximizing utilization of system-owned facilities
- ❏ Shifting in-patient procedures to ambulatory settings
- ❏ Formation of Clinically Integrated Networks and other risk-bearing arrangements
- ❏ Growing your system through acquisition or expansion
- ❏ Other

Health of a Population

Experience of Care

Per Capita Cost
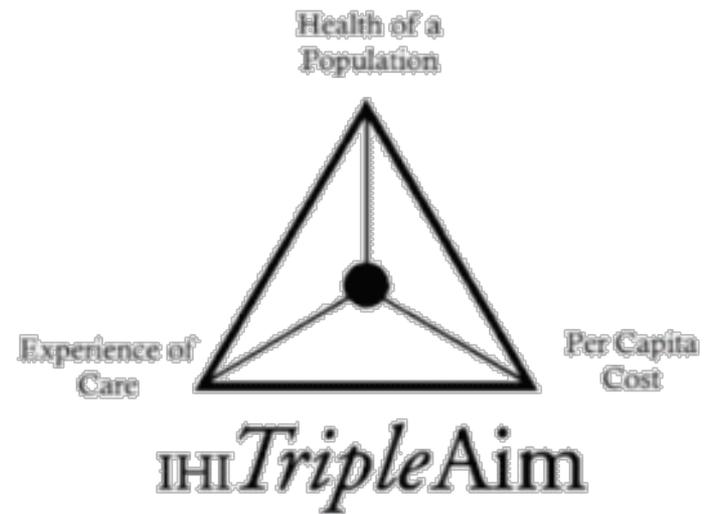
IHI *Triple* Aim

Source: IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2012.

How Do You Achieve The Triple Aim

- Control Costs
  - Decrease utilization of in-patient services in favor of ambulatory
    - Between 2010 - 2014, lumbar/spine procedures shifted toward the out-patient setting by 20%.
    - In-patient costs rose 7.5% during that time, vs 4.3% for out-patient
      (Blue Cross Blue Shield – The Health of America Report, 2016)
  - Increase utilization of system owned/affiliated facilities
  - Improve care coordination to impact outcomes and reduce admissions
   - Minimize referral leakage to non-aligned providers

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How Do You Achieve The Triple Aim

- Focus on the patient and redesign primary care
  - Encourage patient involvement in their health (care)
  - Understand the family and other health drivers (socioeconomic attributes)
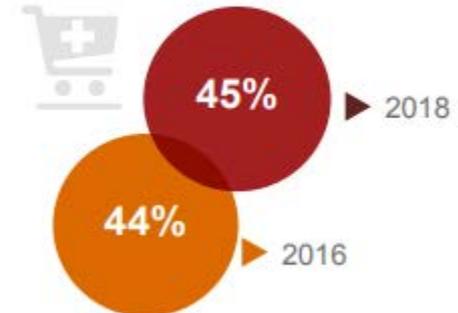 - Provide access in ways that enable patients to take better care of themselves

Send a digital photo of a rash or skin problem to a dermatologist for an opinion

56% ▶ 2018
51% ▶ 2016
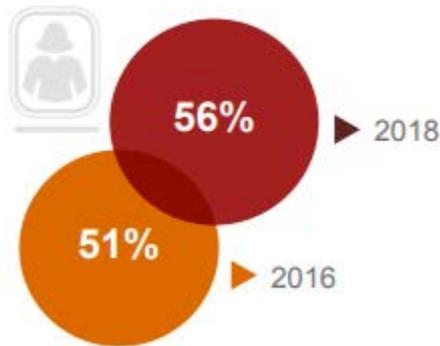
Have a live visit with a physician via smartphone

49% ▶ 2018
42% ▶ 2016
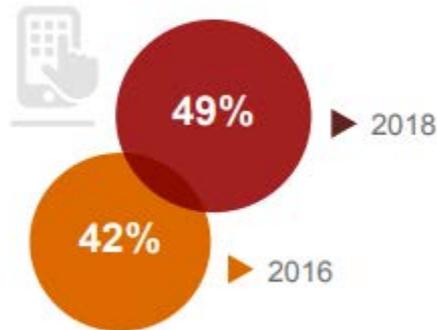
Have stitches or staples removed at a clinic in a retail store or pharmacy

45% ▶ 2018
44% ▶ 2016

Source: PwC Health Research Institute consumer survey, summer 2016 and winter 2018

POLLING QUESTION:

Does your health system offer telehealth services?

❑No, and currently we have no plans to offer telehealth services

❑No, but we are currently in the planning stages

❑No, but we are in the midst of implementing a telehealth program

❑Yes, we offer telehealth services today

How Do You Achieve The Triple Aim

- Improve care through enhanced care coordination and clinical integration
  - Identify providers for recruitment/alignment
  - 72% of provider executives – "reorganization is important to their organization's success over the next 5 years"
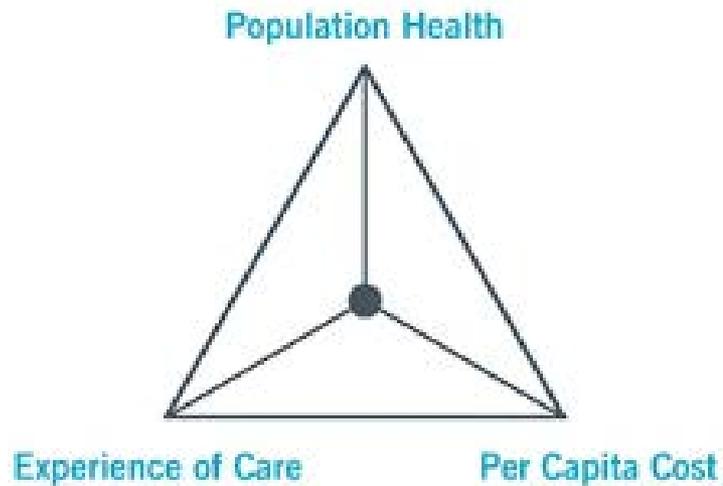   (PwC Health Research Institute provider executive survey, 2017)

Many provider executives are considering merging with or acquiring different types of care facilities within the next five years
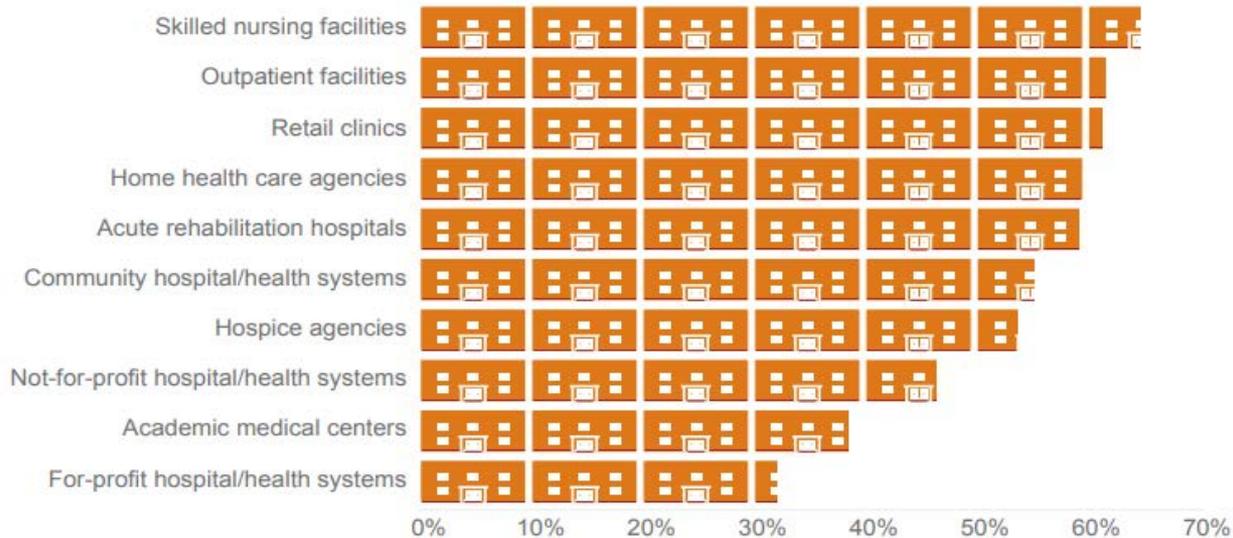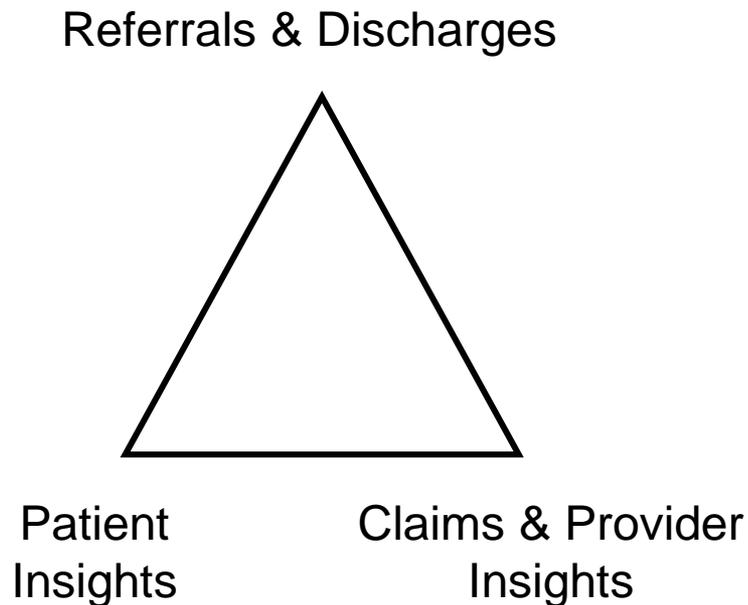

Source: PwC Health Research Institute provider executive survey, 2017

What Insights do you need to help Achieve the Triple Aim?

The IHI Triple Aim

Population Health

Experience of Care

Per Capita Cost

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What Insights do you need to help Achieve the Triple Aim?

Referrals & Discharges

Patient Insights   Claims & Provider Insights

- **Referrals & Discharges**
  - Referral and leakage (lost control)
- **Claims and Provider Insights**
  - Facility utilization
  - Care setting utilization
  - Physician and Facility volumes
    - Claims and payments
- **Patient Insights**
  - Socioeconomic attributes
  - Risk scores
  - Contact information

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Market Drivers and Challenges

Need for Improved Insights

Data and Analytic Solutions

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External Data and Analytics Can Drive Insights and Improved Decision Making

Medical Claims Data & Analytics
Identify Referral Leakage • Understand Utilization (Setting & Facility) Identify Targets for Recruitment & Integration • Expansion Planning

Provider Data
Care Coordination • Patient Experience

Patient Data & Analytics
Care Management • Risk Assessment • Outreach

Medical Claims Analytics

Provides health systems and providers with insight into provider behavior that influences care decisions within their markets

Improve provider alignment strategies by understanding referral and discharge patterns

- Identify opportunities for physician outreach
- Reduce system leakage by identifying referral patterns
- Reduce procedural splitting
- Reduce utilization of high cost procedures/settings

Gain market insight at the practitioner and facility levels

- Plan for expansion of geographies and services

Streamline recruitment, clinical integration and M&A
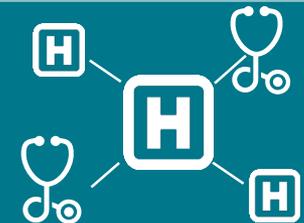
- Identify target physicians or facilities

GROW REFERRALS

REDUCE LEAKAGE

→ 70% H
→ 20% H
→ 10% H

IDENTIFY SPLITTING

PLAN FOR M&A AND RECRUITING

Medical Claims Data 101: Anatomy of a Claim

Diagnosis: ICD-10-CM code for appropriate diagnosis or nature of illness

Procedure: CPT code for services provided to an established patient

Drug: Appropriate HCPCS code for medication administered

Patient Information: Age, gender, location

Payer: Government/commercial insurance company responsible for payment

Practitioner(s): HCP(s) responsible for care of patient

Facility: Location where service was provided
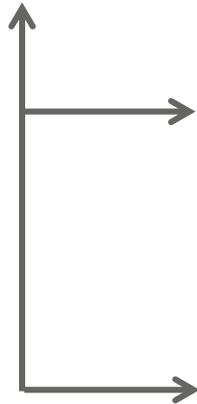
Identify Referral Leakage

Identify risks in care and cost that are the result of patients leaving your system

Dr. Joe Finazzo
Internal Medicine
1000 Alderman Drive
Alpharetta, GA

Shared Patient Percent

Dr. Tim Kringel
Surgery, Orthopedic
2000 Alderman Drive
Alpharetta, GA

Dr. Matt Ryan
Surgery, Orthopedic
1500 Mercedes Benz Way
Atlanta, GA

Kringel
70%

Ryan
30%

Finazzo

Understand Procedural Utilization

Are your physicians performing at outside facilities?
Are they performing in higher cost settings?

Dr. Susan Smith
Surgery, Orthopedic
Denver, CO
Ortho National Rank - 9

Percent of Knee Procedures
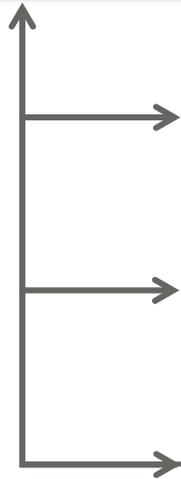
Exempla St Joseph Hospital
Hospital, Acute Care
Denver, CO

44%

Presbyterian St Lukes Medical Center
Hospital, Acute Care
Denver, CO

25%

Midtown Surgical Center
Hospital, Ambulatory Surgery Center
Denver, CO

19%

Identify Targets for Acquisition and Integration

National Rank	Hospice Agency Owner	National Market Share
1	VITAS HEALTHCARE	4.52%
2	KINDRED HEALTHCARE	3.54%
3	HCR MANORCARE	2.31
4	AMEDISYS, INC	1.72%
5	SEASONS HOSPICE & PALLIATIVE CARE	1.41%
6	CURO HEALTH SERVICES	1.32%
7	COMPASSUS	1.00%
8	COMPASSIONATE CARE HOSPICE	0.93%
9	HOSPICE OF THE VALLEY	0.81%
10	CROSSROADS HOSPICE & PALLIATIVE CARE	0.79%
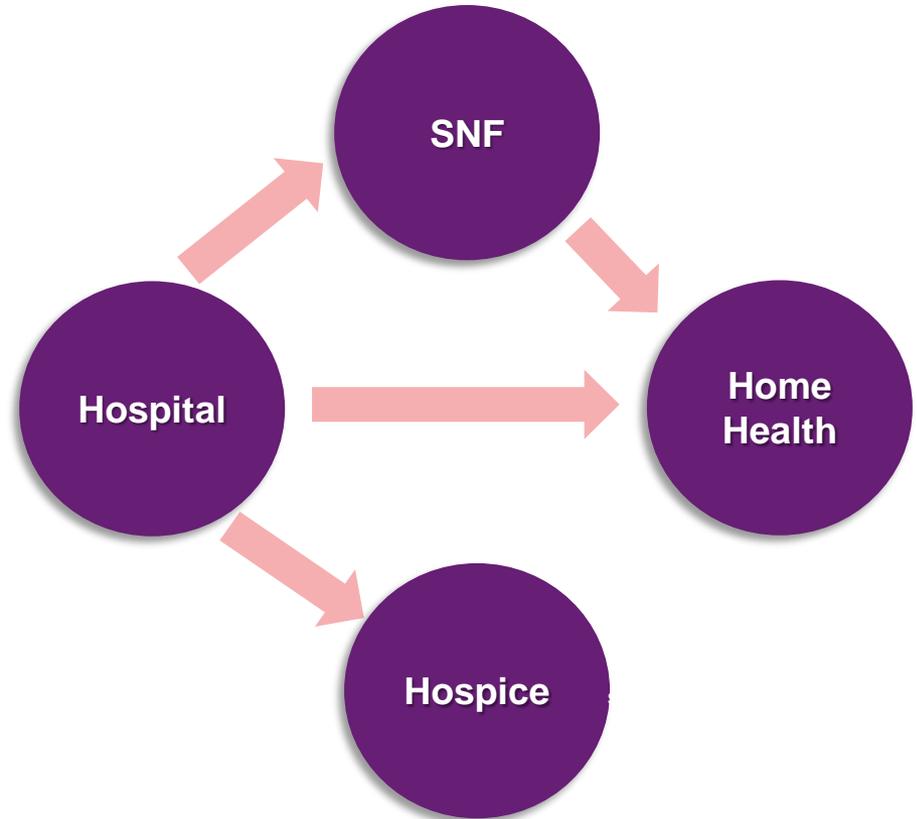
(Source: LexisNexis – MarketView claims data, 2018)

Plan for Expansion of Geographies and Services

- New services and geographies

- Insights outside of available data

- Telehealth
  - 58% annual growth rate
  - 56% increase in the number of providers billing for telehealth services
  - Reimbursements
    - National median - $25.40 (all payers & provider types)

Telehealth Claims
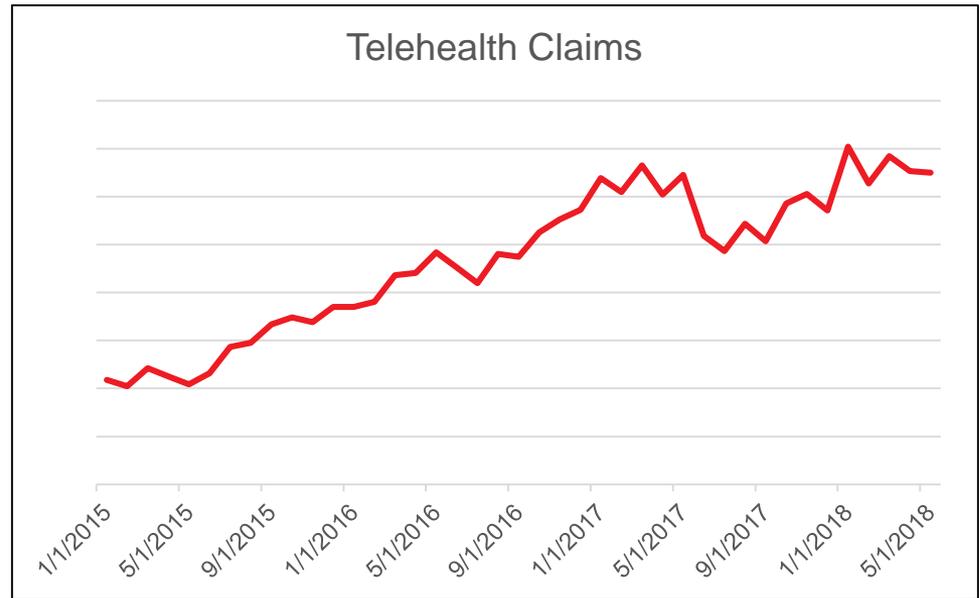
Volumes based on CPT codes - 98969,99943,99944,Q3014

(Source: LexisNexis – MarketView claims data, 2018)

Plan for Expansion of Geographies and Services

MarketView Provider Reimbursement Insights

Summary level reports based on actual remitted medical claims data from sources that update daily

Average allowed amount metrics by:

- CPT Code/Payer/Payee (HCP/HCO)
- Min/Max/Mean/Median/Mode
- Rollup to national or geography

31,171 PROCEDURES AND INFUSED DRUGS

2,590 PAYERS

586,750 PAYEES

551M UNIQUE CLAIMS

Insights into medical claim reimbursements

29881: Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

National Summary

Average Payment	Median Payment	Mode Payment	Min Payment	Max Payment
$760.97	$631.40	$1052.47	$47.70	$4,205.08

Payer	Average Payment	Median Payment	Mode Payment	Min Payment	Max Payment	Name	Address
Aetna	$3,200.00	$3,200.00	$3,200.00	$3,200.00	$3,200.00	ORTHOPEDIC SURGERY CENTER	Chicago, IL
Blue Cross Blue Shield	$813.27	$677.57	$615.97	$615.97	$1,539.93	DR. ELI MANNING	Wayne, NJ
Aetna	$1,593.52	$1,108.74	$923.95	$677.56	$3,441.25	DR. ELI MANNING	Wayne, NJ
Medicaid	$679.15	$837.10	$837.10	$104.64	$837.10	DR. RUSSELL WESTBROOK	Oklahoma City, OK

Provider Data

- **Provider data is at the core of many critical system operations that address the components of the Triple Aim**

  - **Improve care coordination and performance**

  - **Minimize errors and communication gaps**

  - **Ensure timely patient follow-up and continuity of care**

  - **Improved patient (consumer) experiences**

  - **Enhance referral management analytics**

Patient Data and Analytics

Medical care accounts for 20% of overall health, while social, economic and environmental factors account for 50%
(Kaiser, County Health Rankings)

To improve patient care, health systems need to leverage data beyond the clinical record to assess risk and tailor care management strategies

- Patient attributes for predictive models
- Risk scores

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Readmission prevention using social determinants of health
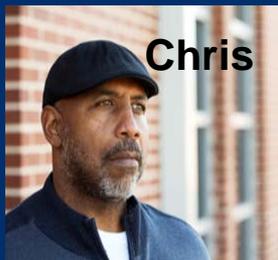

4 Patients Admitted to the Hospital

Tony

Alex

Greg

Chris

25% of heart failure patients are readmitted within 30 days

➢ **Who is it most likely to be?**

➢ **How can it be prevented?**

Address social determinants to help prevent readmission

Tony	Alex	Chris	Greg
78%	**52%**	**13%**	**5%**
• Significant decrease in income over last year • Sold his house and moved 3x over last year	• Recently moved to high-crime neighborhood • Does not own a vehicle	• Lives with someone over the age of 80	• Primary risk due to age and condition
Financial or housing assistance	**Transportation or food/medication delivery**	**Support group or care provider assistance**	**Normal disease management**

Conclusions

Health systems are faced with difficult decisions in the face of value based care, tasked with reducing costs, increasing performance and outcomes, and improving the patient experience

Decision making is vastly improved by going outside the organization to leverage best in class data assets and analytics

Insights derived from medical claims data and referral analytics, coupled with provider data management and patient analytics, can be leveraged to improve care, quality and lower costs, achieving the heralded Healthcare Triple Aim

Time for your questions !

For more information

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