



Improving Outcomes, Driving Value: Using HIE Data in Value-Based Performance Contracts

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Objectives

- Learn how organizations are adapting to the value-based payment environment in order to be successful.
- Understand how organizations are using population health, utilization and other data to improve quality and earn value-based performance measures.
- Understand challenges and pain points providers experience in moving from volume to value.

Value-Based Programs

- Reward healthcare providers with incentive payments for the quality of care provided
- Support:
 - Improved individual outcomes
 - Improved population outcomes
 - Reduced cost of care





Examples

- Programs

- Quality Payment Program
- Alternative Payment Models
- Primary Care First (CO)
 - Comprehensive Primary Care Initiative (CO)
- Differential Adjusted Payment (DAP) (AZ)

- Contracts

- Accountable Care Organizations
- Commercial contracts

Components of Value-Based Programs/Contracts

- Quality of care
 - Clinical quality measurement
 - Claims measurement
- Utilization of data
- Risk coding



Panelists



Lauren Girard

VP, Quality Improvement & Business
Line Management
Contexture

Moderator



Michael Franczak, Ph.D.

Director, Population Health Services
Copa Health



Silvia Garcia, MSW, MPA

Chief of Staff
Bayless Integrated Healthcare



Jacqueline Webster, Ph.D.

Assistant Director, Population Health
Copa Health



Audrey Reich Loy, LCSW, LAC

Director, Program Operations
San Luis Valley Health Regional Medical Center
Alamosa, CO

DATA MANAGEMENT ➤ IMPROVED OUTCOMES

Artificial Intelligence

Multiple data sources centralized:

- HIE ADT and Portal (RT)
- Value Based Contract Reports (D)
- TIP Reports (D)
- EMR Data (RT)

Apply algorithms, statistical analysis and simulations

A1 has limited intelligence based on the information ingested
In HC its at a grade school level

Assisted Intelligence

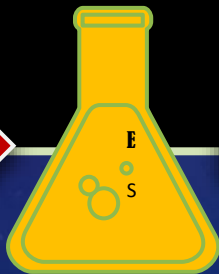
Dashboards

- Persons, Places and Patterns
- Five Why's
- Behavioral Economics
- Measurement Based Care
- Value Based Care
- Appointment no-show rates
- Readmissions
- Engagement
- Performance by Agency, Clinic, Team, Provider, etc.

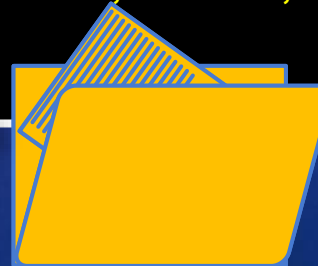
Actionable Intelligence

- Problem Identification
- Root Cause Analysis
- Develop a hypothesis
- PDQA
- Focus interventions on patterns and preferences
- Implement interventions
- Track progress based on monthly data
- Adjust as necessary

Collection



Organization



Analysis



Action

Measure



Review, Renew, Expand

Data Management = Improved Outcomes

- Artificial Intelligence
 - EMR Data
 - VB Contract Data; Contexture Data; Claims
 - Care Management Data
- Assisted Intelligence
 - Daily Census
 - BCA
 - Registries
 - Manual Tracking
- Actionable Intelligence
 - Care Management activities/Targeted outreach
 - Team Planned Care/Pre-Visit Planning
 - Campaigns
 - Measure Dashboards - Build, Test, Validate, Monitor, PDSA, Perform
 - PDSAs

Our Programs

(past/present/future):

- CPC+
- RHCs
- APMs-Medicaid
- Humana, BCBS
- MIPs
- REACH ACO
- Provider Variable Pay



Hold Bayless Slide

How are the various programs you participate in supporting the quadruple aim?

How do you utilize the HIE
to support your success in
your value-based
programs/contracts?

What would you say are
the top challenges in
implementing value-based
programs/contracts?

What changes in value-based programs/contracts do you anticipate?

How can the HIE serve you now and in the future to meet those needs? Additional supports?



Questions