HealthCatalyst®

Millions Saved: Complex Care Coordination Reduces Total Cost of Care

OneCare Vermont

HEALTHCARE ORGANIZATION

Accountable Care Organization

PRODUCTS

> Health Catalyst® Data Operating System (DOS™) platform

SERVICES

> Professional Services

EXECUTIVE SUMMARY

OneCare Vermont, an accountable care organization (ACO) serving patients across the state of Vermont, is focused on reducing costs by reforming payment models. As the organization methodically and rapidly moves toward value-based payments, it is challenging current delivery methods and seeking to engage providers and patients in new care models. To be successful, OneCare needed to implement strategies to effectively drive change. With robust data analytics, it was able to prioritize opportunities for improvement and ultimately change the way care is coordinated and delivered throughout its network. Results include nearly $20M in positive, value-based financial results in just one year.

> $13.3M lower Medicare total cost of care than the expected/contracted total cost of care.

> $6.12M in favorable Medicaid fixed payments.

> The federal Centers for Medicare & Medicaid Services (CMS) validated Vermont's All Payer Model and OneCare achieved statistically significant Medicare gross spending reductions at both the ACO and state levels.

U.S. HEALTHCARE SPENDING CONTINUES TO GROW

In the U.S., healthcare costs more than $3.5 trillion annually. Health spending has outpaced the growth of the U.S. economy, escalating more than 30-fold in the last four decades.[1]

OneCare Vermont is an accountable care organization (ACO) working with Medicare, Vermont Medicaid, commercial, and self-funded insurance programs to improve the health of Vermonters. It is comprised of an extensive network of primary and specialty care physician members, hospitals, post-acute care facilities, community-based organizations, and other healthcare stakeholders, all agreeing to focus on improved health, higher quality, lower cost increases, and greater coordination of care for all Vermonters.

> "Technology and analytics are foundational for OneCare Vermont, and the cornerstone of any of our discovery and decision making is based on understanding our performance and being able to measure and assess variation and provide actionable information to providers."
>
> Sara Barry, MPH
> VP and Chief Operating Officer
> OneCare Vermont

DATA LITERACY OUTPACED BY RAPID VALUE-BASED SHIFT

OneCare is focused on reforming payment models, rapidly and methodically moving away from fee-for-service to value-based payments. The organization is challenging current delivery methods and seeking to engage providers and patients in new care models.

To be successful in its endeavors, OneCare needed robust data and analytics that could be used to help the organization prioritize opportunities for improvement by identifying and quantifying unwarranted variation and gaps in care. Data and analytics would also allow OneCare to evaluate the effectiveness of improvement efforts.

REDUCING THE TOTAL COST OF CARE

To contain rapidly escalating costs, and to ensure its continued ability to provide high-quality healthcare, OneCare has embraced an all-payer ACO model, gaining agreement from the Centers for Medicare and Medicaid Services to test an alternative payment model in which the most significant payers in the state, including Medicare, Medicaid, and commercial health payers all incentivize healthcare value and quality under a common population health framework.

OneCare is aligning the mission of healthcare to provide health and services focused on prevention and wellness. The organization is rapidly and methodically moving toward value-based payment and is shifting investments to prevention and primary care, paying for quality, investing in care coordination, and aligning care delivery to improve health and reduce the total cost of care.

Actionable data drives change

OneCare leverages the Health Catalyst® Data Operating System (DOS™) platform, utilizing advanced analytics to accelerate healthcare reform. Rather than distributing static retrospective reports a few times each year, the organization uses the data platform to provide access to timely, meaningful, actionable data, using that data to drive change and improve the quality of care.

> "Using data and analytics, we've been able to provide valuable information to our network—educating and answering questions about the data to help providers improve their performance.

> Tyler Gauthier, MHA, CPHQ, CSM
> Director, Value Based Care
> OneCare Vermont

The data platform provides OneCare access to claims data from several different payers, data from the health information exchange, and data from several EMRs. With improved data and analytics, OneCare redesigned reports to include the display of network variation, incorporated cost and utilization data into its analytics, and created simple self-service tools to increase provider adoption and ease of use.

OneCare is diligently enhancing data literacy across its network. Clinical representatives and analysts work together with teams, providing coaching and at-the-elbow support to improve team members' ability to use and learn from their performance data. Data are reviewed by teams across organizations to facilitate shared decision-making and across communities to identify and disseminate best practices.

OneCare supports its provider network with access to actionable data, informing decisions about how providers will reform care delivery.

Complex care coordination program

Data is the cornerstone of discovery and the foundation for decision making. OneCare uses data to make decisions regarding investments and to prioritize its work with various communities to improve care outcomes. Data is also used to gain insight into individual and population health needs.

OneCare's complex care coordination program funds primary care, home health, mental health, congregate housing sites, and area agencies on aging to serve as community-based care teams helping patients manage their medical conditions and address their social, financial, and psychological challenges. Payments are designed to encourage enhanced coordination and communication of patient care across providers.

The organization uses the data platform to risk-stratify the network's attributed population, enabling prioritization of care coordination activities and interventions. The risk stratification is completed for all participating payers, and individually for each payer based on Medicare, Medicaid, and commercial historical

> "Utilizing provider feedback, OneCare's analytics, clinical, and finance teams have co-designed monitoring and evaluation tools to assess our progress in the transition from volume- to value-based care. These insights are driving local decision-making and allocation of resources in new ways to redesign the way care is delivered.
>
> Sara Barry, MPH
> VP and Chief Operating Officer
> OneCare Vermont

claims, enabling care managers to identify individuals at various risk levels for unnecessary and/or high-cost utilization of healthcare services, and supporting the implementation of targeted risk category-based interventions and treatments that enhance patient outcomes and experience.

Care coordination streamlines care for the patient by reducing the redundancy in visits, facilitating access to specialty care and community-based services, and allowing team members to share information about the patient. This support allows the patient to focus on the achievement of healthcare goals, knowing that all team members are informed. OneCare uses the data platform to: track and trend patients and population risk over time, identify and fully characterize high-risk patients and population segments, identify rising-risk patients, and effectively predict cost and utilization, guiding future program development.

RESULTS

OneCare's data-informed complex care coordination program is improving care and reducing the total cost of care. Achievements include nearly $20M in positive, value-based financial results in just one year.

- $13.3M lower Medicare total cost of care than the expected/contracted total cost of care.

- $6.12M in favorable Medicaid fixed payments.

- Six percent increase in the number of high/very high-risk Medicare patients engaged with primary care.

- Six-fold increase in the number of patients who are actively care managed.

- 33 percent relative reduction in emergency department (ED) utilization per 1,000 members per year among care managed Medicare patients.

- 13 percent relative reduction in ED utilization per 1,000 members per year among care managed Medicaid patients.

CMS released an evaluation and summary of findings of Vermont's All-Payer ACO Model, validating Vermont's All Payer Model and OneCare achieved statistically significant Medicare gross spending reductions at both the ACO and state levels. CMS validated that OneCare achieved a:

- $360 reduction in gross Medicare spending per beneficiary per year.

- $231 reduction in net Medicare spending per beneficiary per year.

Users access the data platform an average of 40 times each year, with an average visit length of 20 minutes per session. OneCare has also observed increased adoption of analytics, including:

- 45 percent relative increase in the total number of sessions.

- 40 percent relative increase in the number of distinct users.

- 810 secure downloads each month from 124 different organizations.

WHAT'S NEXT

OneCare will continue to push the boundaries of healthcare reform, making resources available for organizations in the ACO's network to improve the quality of care delivery and reduce costs.

REFERENCES

1. Kamal, R. & Cox, C. (2018). How has U.S. spending on healthcare changed over time? *Peterson-KFF Health System Tracker.* Retrieved from https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#item-on-a-per-capita-basis-health-spending-has-grown-substantially_2017

ABOUT HEALTH CATALYST

Health Catalyst is a leading provider of data and analytics technology and services to healthcare organizations, committed to being the catalyst for massive, measurable, data-informed healthcare improvement. Our customers leverage our cloud-based data platform—powered by data from more than 100 million patient records, and encompassing trillions of facts—as well as our analytics software and professional services expertise to make data-informed decisions and realize measurable clinical, financial, and operational improvements. We envision a future in which all healthcare decisions are data informed. Learn more at www.healthcatalyst.com.

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