The Data Diet

Sharing Data with Providers to Enable Population Management
1. The Data Diet

2. How to Sell Data to Providers

3. Questions
# A Growing National Priority

## Health Care Spending Billions to Take Advantage of Data

### Data Investments from 2011-2016

<table>
<thead>
<tr>
<th>Capture Data</th>
<th>Analyze Data</th>
<th>Share Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4B Wearables</td>
<td>$3M IBM’s Watson supercomputer</td>
<td>$1B Health information exchange platforms</td>
</tr>
<tr>
<td>$6B Electronic medical record systems</td>
<td>$35B Health information technology</td>
<td>$31B Meaningful use / interoperability</td>
</tr>
<tr>
<td>$21B Remote patient monitoring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total estimated data spending:** $101B

Providers Closing Ranks

Larger Systems Taking on More Risk Each Year

Hospital Mergers and Acquisitions
2011-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>89</td>
</tr>
<tr>
<td>2012</td>
<td>95</td>
</tr>
<tr>
<td>2013</td>
<td>98</td>
</tr>
<tr>
<td>2014</td>
<td>95</td>
</tr>
</tbody>
</table>

Share of Hospitals in a System
2001-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>53%</td>
</tr>
<tr>
<td>2004</td>
<td>54%</td>
</tr>
<tr>
<td>2007</td>
<td>56%</td>
</tr>
<tr>
<td>2010</td>
<td>59%</td>
</tr>
<tr>
<td>2013</td>
<td>63%</td>
</tr>
</tbody>
</table>

Total Number of New Public and Private ACOs by Quarter
Q1 2013 – Q1 2015

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2013</td>
<td>447</td>
</tr>
<tr>
<td>Q1 2014</td>
<td>131</td>
</tr>
<tr>
<td>Q1 2015</td>
<td>87</td>
</tr>
</tbody>
</table>

A Data Smorgasbord

Incalculable Combinations of Format and Content Available to Providers

Plan Data Shared with Providers

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Medium</th>
<th>Provider Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Gaps</td>
<td>Portal</td>
<td>• View incoming members with open care gaps</td>
</tr>
<tr>
<td>Coding Gaps</td>
<td>PDF Reports</td>
<td>• See trends in admission rates</td>
</tr>
<tr>
<td>ED Visits</td>
<td></td>
<td>• View full list of members without diabetes eye exam</td>
</tr>
<tr>
<td>Admissions</td>
<td></td>
<td>• View potential members with under-coding</td>
</tr>
<tr>
<td>Readmissions</td>
<td></td>
<td>• Select members with high cost</td>
</tr>
<tr>
<td>Member Cost</td>
<td>Excel Files</td>
<td>• Upload previous readmission info on members into database</td>
</tr>
</tbody>
</table>

50-60% Growth in FTEs for plan analytics departments

Source: Health Plan Advisory Council interviews and analysis.

1) ADT: Admission, Discharge, Transfer
### Provider Data Incentives

<table>
<thead>
<tr>
<th>Amount of Plan Data Shared</th>
<th>At-Risk Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50 to close individual gaps</td>
<td>$100 quarterly quality bonus</td>
</tr>
<tr>
<td>$150 for post-discharge follow-up visit</td>
<td>$1,000 yearly P4P incentive</td>
</tr>
<tr>
<td>$3,000 gainsharing in episodic payment</td>
<td>$250,000 bonus as part of ACO contract</td>
</tr>
</tbody>
</table>

Source: Health Plan Advisory Council interviews and analysis.
Aching for a Better Solution

Plans Challenged by Inability to Effectively Motivate Providers

Plan View of Data Sharing

Data Submission

- Not able to embed in provider EMR
- Send unhelpful information to providers

Claims Processing

- Not clear which gaps closed
- Insufficient coding and clinical information

Provider Evaluation

- Few providers measurably improving
- Providers uninterested in discussing performance

Incentive Payments

- Incentives not correlated to improved plan performance
- Lower star ratings due to inactivity

Frustration Points:

Source: Health Plan Advisory Council interviews and analysis.
Not Alone In Our Frustration

Providers Unable to Use Plan Data in Current Environment

Providers Agreeing That Care Gap Data Is¹…

Not Worth Time

63%

Unreliable

67%

Untimely

79%

“Our biggest challenge is data overload.”

Senior Director of Quality, academic medical center

“If physicians find data reports to be inaccurate or incomplete, they are less likely to review them the next time.”

Family medicine physician, physician association

“Providers are always playing catch-up because of the untimeliness of data.”

Family medicine physician, academic medical center

¹) Based on Health Plan Advisory Council 2015 Plan-Provider Data Survey (n=63).

Source: Health Plan Advisory Council interviews and analysis.
When Everything is Important

Providers Receive Near-Daily Changes to Patient Picture

Provider Data Sources

- **Practice Management**: Ensures efficient practice operations
- **Decision Support**: Suggests care opportunities to providers based on evidence-based guidelines
- **Health Information Exchange**: Facilitates access of clinical information across provider sites

**Provider**

**EMR\(^1\) Systems**: Captures and tracks patient clinical information

**Plans**:
- Plan A
- Plan B
- Plan C
- Plan D
- Plan E

**Notes**:
1) Electronic medical record.

Source: Health Plan Advisory Council interviews and analysis.
Lacking a Single Source of Truth

Duplicative Sources Occasionally Contradictory, Often Unnecessary

Provider Data Sources

- Pharmacy
  - Retail purchases
  - Shopping patterns
- Medication refills
- Plan
  - Historic diagnoses
- HIE
  - Total market utilization
  - Out of network activity
  - In-network activity
- EMR
  - Imaging exams
  - Lab Results
- Practice Management
  - Billing
  - Scheduling

Provider Data Needs

- Evidence based practices
- Unit cost
- Risk stratification
- Open care gaps
- Previous visits
- In-network activity
- Out of network activity

Source: Health Plan Advisory Council interviews and analysis.

1) Health information exchange.
2) Electronic medical record.
Selling Your Value

How Plans Need to Convince Providers to “Use Their Color”

Provider Data Strategy

- **Focused Reports**
  Make products intuitive and similar to others that they might use

- **Ingratiated Teaching**
  Demonstrate to providers how they can use this product to transform their practices

- **Effortless Interaction**
  Create a seamless process to make it easy to use the product

- **Reciprocal Benefits**
  Show how using the product will benefit providers’ strategic priorities

**Increased Data Demand**
Providers requesting and using data to drive quality improvement initiatives

Source: Health Plan Advisory Council interviews and analysis.
# How to Sell Data to Providers

<table>
<thead>
<tr>
<th>1. <strong>Focused Reports</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reporting Consistency</td>
</tr>
<tr>
<td>2. Missed Earnings</td>
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<tr>
<th>2. <strong>Ingratiated Teaching</strong></th>
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<tr>
<td>3. Personality Tests</td>
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<table>
<thead>
<tr>
<th>3. <strong>Effortless Interaction</strong></th>
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<tr>
<td>7. Forced Prioritization</td>
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<table>
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<tr>
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<td>11. Provider-Financed Consulting</td>
</tr>
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</tr>
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<td>14. Awards Incentive</td>
</tr>
<tr>
<td>15. Referral Management</td>
</tr>
</tbody>
</table>
Road Map

1. The Data Diet
2. How to Sell Data to Providers
3. Questions
How to Sell Data to Providers

1. Focused Reports
   1. Reporting Consistency
   2. Missed Earnings

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An Undue Burden

Report Diversity Slows Down Practice

Data Report Attributes

AESTHETICS

Organization  Length  Graphics

DATA

Content  Granularity  Customization

Time Drain

“It takes so much time on my part to learn how to read each health plan’s data reports. It’s a significant inconvenience.”

Director, Quality Improvement and Care Management at Presto Health

15

Average number of health plans that providers typically work with simultaneously

1) Pseudonym.
Principles of Good Design

Ideal Data Report

Total Cost of Care Summary

ADT Report

Peer-to-Peer Performance

Care Gap Report

October 2015

High Priority Members
1. Headley Brian – Outstanding Colonoscopy
2. Stacia Tahnee – Outstanding Mammography
3. Pardie Raynard – A1c Control
4. Darby Joanne – Controlling high blood pressure
5. Iona Cheyanne – Controlling high blood pressure
6. Dremind Mikey – Outstanding Colonoscopy
7. Keegan Frazier – A1c Control
8. Devin Clarence – Outstanding Colonoscopy
9. Royle Connell – Controlling high blood pressure
10. Carissa Daphne – Outstanding Colonoscopy
11. Jeanna Emme – Controlling high blood pressure
12. Jordan Cecilia – A1c Control
13. Jepha Tumey – Controlling high blood pressure
14. Kyle Devine – Outstanding Mammography
15. Cherish Ash – A1c Control
All Austin Stetion – Outstanding Mammography

Medium Priority Members
1. Freddie Lorin – Advising Smoker to Quit
2. Ramsey Lutz – Asthma medication
3. Holden Everett – COPD medication
4. Raymond Devlin – Advising Smoker to Quit
5. Robus Alvin – A1c Control
6. Garrett Ralph – A1c Control
7. Sammie Jeanin – A1c Control
8. Royle Connell – Outstanding colonoscopy
9. Carissa Daphne – Outstanding colonoscopy
10. Darcy Riley – Advising Smoker to Quit

Customized analytics based on provider priorities and interests

Quickly displays relative performance to highlight areas of improvement

Risk stratification provides insight into additional services and resources member might need

Source: Health Plan Advisory Council interviews and analysis.
1. Reporting Consistency

Collective Input

TennCare Gains Buy-in By Gathering Opinion

Case in Brief: TennCare

- Tennessee’s Medicaid program that serves 1.3M members
- Requires MCO¹ participants in the Tennessee Health Care Innovation Initiative to adopt their data report template

TennCare Valued Feedback

160 Number of stakeholder roundtable meetings TennCare held over 14 months with 180 different groups.

Stakeholder Roundtable Participants

February 2013-April 2014

PBMs²
Patients
Research and Policy Groups
Employers
Health Care Professionals
Media


¹ Managed care organization.
² Pharmacy benefit managers.
State-Mandated Consistency

TennCare Dictates Program and Report Terms

Provider Benefits
- Enhanced readability
- Decreased training

Plan Benefits
- Enhanced communication
- Decreased production costs

TennCare’s Episode Summary Report

- Episode quality & utilization summary
- Cost of care comparison
- Overview

Provider Benefits

- Enhanced readability
- Decreased training

Plan Benefits

- Enhanced communication
- Decreased production costs

## Focus on the Loss

Target the Right People with the Right Information

### Health Partners Plans’ Incentive Distribution

<table>
<thead>
<tr>
<th>Measure</th>
<th>Care Gaps</th>
<th>Missed Earnings</th>
<th>Actual Earnings</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular LDL Control</td>
<td>100/125</td>
<td>$2,500</td>
<td></td>
<td>90th</td>
</tr>
<tr>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>45/90</td>
<td>$4,500</td>
<td></td>
<td>50th</td>
</tr>
<tr>
<td>Diabetic Patients w/ Most Recent LDL &gt; 100 mg/dl</td>
<td>25/100</td>
<td>$7,500</td>
<td></td>
<td>30th</td>
</tr>
</tbody>
</table>

Clear visual representation of missed revenue relative to total opportunity

Network comparison incites competition

Source: Health Partners Plans; Health Plan Advisory Council interviews and analysis.
Highlighting True Physician Performance

Health Partners Plans’ HEDIS¹ Score Performances

By Percentile; 2012-2014

Shining a Spotlight

“Physicians think they are performing above average and these missed earnings reports shed light on their true performances. These reports motivate them because they show how physicians could be doing better.”

Dr. Steven Szebenyi
Chief Medical Officer, Health Partners Plans

¹) Healthcare Effectiveness Data and Information Set.

Source: Health Partners Plans; Health Plan Advisory Council interviews and analysis.

Health Partners Plans’ HEDIS score rank in Pennsylvania

1st
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Providers are Natural Students

Years of Education Required to Become Physician

<table>
<thead>
<tr>
<th>Level</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>4</td>
</tr>
<tr>
<td>Medical School</td>
<td>4</td>
</tr>
<tr>
<td>Residency</td>
<td>3</td>
</tr>
<tr>
<td>Fellowship</td>
<td>15</td>
</tr>
</tbody>
</table>

Lifelong Learners

“There’s always more to learn, and no matter how hard any of us try, there’s rarely enough time for one person to learn it all.”

Theresa Brown, R.N.

## Plans are Uneasy Teachers

### Making Wrong Moves Turns Off Providers from Learning

#### Plan Actions To Support Providers in Data-Sharing

<table>
<thead>
<tr>
<th>Current Practice</th>
<th>Suggested Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate with providers based on plan priorities</td>
<td>Match teaching styles based on provider experience and current ability</td>
</tr>
<tr>
<td>than provider needs</td>
<td></td>
</tr>
<tr>
<td>Ignore slow learners in provider network</td>
<td>Additional support services for low-performing providers to engage in</td>
</tr>
<tr>
<td></td>
<td>data use</td>
</tr>
<tr>
<td>Interact with provider leadership only when a problem</td>
<td>Initiate discussions at leadership level to disseminate efforts across</td>
</tr>
<tr>
<td>arises</td>
<td>organization</td>
</tr>
<tr>
<td>Dictate the terms of performance improvement for the</td>
<td>Empower providers to self-identify areas for improvement using data</td>
</tr>
<tr>
<td>provider</td>
<td></td>
</tr>
</tbody>
</table>

Source: Health Plan Advisory Council interviews and analysis.
3. Personality Tests

**Designated Analysts Boost Provider Capacity**

Analysts Customize Teaching, Create Continuity of Relationship

**Custom Pairings of Plan and Provider Staff**

**Providers**

- **Beginners**
  - “This report is so confusing. I don’t understand it.”
  - “How do I access the Provider Dashboard?”

- **Intermediate**
  - “How can we run this analysis regularly?”

- **Advanced**
  - “How can I use this data to see the types of people frequenting the emergency room?

**Plan Staff**

- **Patient Teacher and Communicator**
  - “Let me run over it with you.”
  - “Let me show you.”

- **Motivator**
  - “I can come next week to train your providers. Let’s see if we can make this easier for you!”

- **Innovator**
  - “Let me show you how to apply this information to other trends.”

Source: Blue Cross and Blue Shield of Louisiana; Health Plan Advisory Council interviews and analysis.
Capitol BlueCross Proactively Helps Providers Perform Better

QualityFirst Accountable Care Arrangement℠ Program

Provider Engagement Strategy  |  90th Percentile  |  25th Percentile
--- | --- | ---
Meet quarterly to discuss clinical performance | ✔️ | ✔️
Distributes performance-based incentives for achieving Triple Aim attainment and improvement levels | ✔️ | ✔️
Identifies and communicates root cause(s) of low performing providers | ✔️ | ✔️
Deploys resources to implement best practices | ✔️ |

ACA¹ Program Results

- 35% Reduction in inpatient admissions
- 8% Reduction in readmissions
- 8.4% Reduction in ER visits

Source: Capital BlueCross; Health Plan Advisory Council interviews and analysis.

¹) Accountable Care Arrangement.
Leadership Investment Pays Dividends

Peer to Peer Engagement Bolsters Provider Confidence

Leadership Qualities

*Picasso Health Plan*¹ *Medical Director*

- In-depth knowledge of provider market
- Ability to use data to inform trouble-shooting
- Capacity to consult on short-term vision with long-term goals in mind

*Practice Medical Director*

- Interest in managing an aging population under risk
- Ability to campaign and get buy-in internally for data-sharing initiatives
- Knowledge of how to manage geriatric-specific conditions

Joint Activities

- Launched Medicare Advantage boot camp to onboard all new Medical Directors
- Met regularly during monthly Medical Directors Forum
- Decided on engagement strategy and co-created the terms of the informal consultation

1) Pseudonym.

Source: Health Plan Advisory Council interviews and analysis.
Reigning in Outliers by Reinforcing Leaders

## Targets for Readmission Reduction

<table>
<thead>
<tr>
<th>Intervention</th>
<th>SNF Days</th>
<th>Medication Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider used SNF utilization data to create a list of preferred skilled nursing facilities.</td>
<td>Using patient discharge and medication lists, providers developed a customized platform using FaceTime for virtual pharmacist follow-up.</td>
<td></td>
</tr>
</tbody>
</table>

### Plan Leader Role
- Offered SNF utilization data and highlighted areas of improvement
- Advised on how to re-shape agreements with SNFs
- Consulted on how to best allocate resources
- Advised on how to allot pharmacist time

### Provider Leader Role
- Agreed to cut SNFs out
- Disseminated list of preferred SNFs throughout the organization
- Rolled out innovation through staff delegation and project planning
- Inspired buy-in from other provider staff

---

1) Skilled Nursing Facilities

Source: Health Plan Advisory Council interviews and analysis.
“After a long two years, they really did turn it around. When we look at where they are now, especially for a smaller provider, they are one of the higher performers in our network, considering their utilization measures, risk score and overall financial performance in MA.”

Executive in Network Contracting, Picasso Health Plan

Source: Health Plan Advisory Council interviews and analysis.
Letting Providers Lead

MACIPA Instills Project Ownership to Enhance Clinical Performance

Project Selection Process

- **Performance Report**
  - ED utilization
  - Readmissions
  - Avoidable admissions
  - Diabetics in poor control

- **Potential Initiatives**
  - Increase NP¹ home visits
  - Improve post-discharge follow-up
  - Coordinate with SNFs
  - Coordinate metabolic team with PCPs²

- **Provider Proposal**
  1. Assign care managers
  2. Schedule PCP appointment before discharge
  3. Prioritize home visits

Benefits of the QI Projects

- Improved care quality and member satisfaction
- Surplus distribution program eligibility
- Showcase at annual year-end conference

Case in Brief: Mount Auburn Cambridge Independent Practice Association (MACIPA)

- 500-physician multispecialty practice in Massachusetts
- MACIPA requires all specialty groups to conduct one QI³ project annually on underperformance areas to be eligible for the surplus distribution program

---

1) Nurse practitioner.
2) Primary care physicians.
3) Quality improvement.

Source: Mount Auburn Cambridge Independent Practice Association; Health Plan Advisory Council interviews and analysis.
Providers’ Own Results

Practice Autonomy Creates Sustainable Changes

Gastroenterologists’ Opportunity:
Decrease variability in GERD\(^1\) endoscope performance

Internal Operations
Developed a single protocol for treating GERD, consistent with national standards

External Community
Educated PCPs\(^2\) on the new treatment algorithm and when to refer for endoscopies

Results
Variability in endoscope performance
Number of endoscopes performed

Seeing the Bonus
65% Average percentage of specialists who receive QI bonus

Source: Mount Auburn Cambridge Independent Practice Association; Health Plan Advisory Council interviews and analysis.

1) Gastroesophageal reflux disease.
2) Primary care physicians.
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Are You Too Much To Handle?

Physicians Overburdened by Numerous Plan Needs

Plan Obstacles to Provider Ambitions

Provider Priorities

- Patient care
- Clinical research
- Marketing
- Technology investments

Diversity - Most providers are working with an average of 8 to 15 plans

Time - Administration already takes too much of providers’ time and attention

Analytics - Providers are in various stages of IT and analytic capability, hampering effective data use

PCPs and specialists feel overwhelmed and frantic by mountains of data sent by plans demanding action

Avoiding Time Traps

Plans Can Find Opportunities to Save Providers Time

Perceived Time Wasters

1. Using Plan Data
   Providers spend time figuring out which reports go with each member and what that member might need

2. Meeting on New Initiatives
   Multiple stakeholders involved in each decision preventing efficiencies in working with the plan

3. Re-discussing Priorities
   Plan turnover and non-dedicated staff create redundancy in repeating background with each new request

Source: Health Plan Advisory Council interviews and analysis.
An Extra Pair of Hands

Make it Easy for Providers to Prioritize Your Patients

Plan Navigator Process

Health Plan Mines Provider Schedule and EMR

Weekly Calls Identify Care Gaps

Practice Flags Action for the Provider

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Insurance</th>
<th>Appointment Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Clark</td>
<td>AHP</td>
<td>9:30 AM</td>
</tr>
<tr>
<td>Kasich, Joe</td>
<td>LHP</td>
<td>9:45 AM</td>
</tr>
<tr>
<td>Lamont, Kelsey</td>
<td>AHP</td>
<td>10:00 AM</td>
</tr>
<tr>
<td>Nesbit, Chelsea</td>
<td>LHP</td>
<td>10:15 AM</td>
</tr>
</tbody>
</table>

“Mr. Jones is coming in two weeks to your facility for an appointment. He has an outstanding diabetic eye exam that we’d like to flag for completion.”

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Outstanding Care Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Clark</td>
<td>Diabetes Eye Exam</td>
</tr>
<tr>
<td>Lamont, Kelsey</td>
<td>HbA1c Screening</td>
</tr>
</tbody>
</table>

Source: Blue Cross and Blue Shield of Louisiana; Health Plan Advisory Council interviews and analysis.
Working Behind the Scenes

Navigator Member Management

**Compliance Check**

1. Logs into population health management tool to pull percentage compliance\(^1\) for each member on plan-wide select chronic conditions.

2. Uses compliance information to inform coaching and questions to the member.

**Member Calls**

**Weekly Call Report**

- Identifies whether call was successful
- Notes type of care gap, intervention, and barrier
- Notes any additional provider education provided through phone conversation
- Notes any member complaint or reason for care gap

**Improvement on diabetes quality measures for all participating clinics**

12%

---

1) Percentage compliance is calculated by whether specific quality metrics have been met and care gaps closed for each chronic condition.

Source: Blue Cross and Blue Shield of Louisiana; Health Plan Advisory Council interviews and analysis.
## Common Language Leads to Provider Progress

### Meeting Stratification Maximizes Provider Capacity for Kahlo Health Plan

**Monthly Data Meetings** *(1 hour)*

- **Scope**: Dig deeper into TCOC data and determine areas of focus

**Sample Attendees**

- **Plan**: Contract Manager, TCOC Consultant, Director of Finance
- **Provider**: Contract Manager, Finance Analyst

**Sample Agenda Items**

- Follow-up from Leadership Meeting
- Review High Tech Imaging Utilization and Outflow

**Quarterly Leadership Meetings** *(2 hours)*

- **Scope**: Review high-level performance around TCOC and Quality

**Sample Attendees**

- **Plan**: Director of Provider Relations, Quality Program Manager, Contract/Account Manager, Director of Finance, TCOC Consultant, Medical Director
- **Provider**: VP of Revenue Management, CMO, Director of Quality, Director of Contracting, Contract Manager

**Sample Agenda Items**

- Quarter 1 - TCOC Review
- Quarter 2 - Quality Review

**Monthly Quality Meetings** *(1 hour)*

- **Scope**: Dig deeper into quality data and determine areas of focus

**Sample Attendees**

- **Plan**: Contract Manager, Medical Director, Quality Program Manager
- **Provider**: Provider Medical Director, Director of Quality, Quality Coordinator

**Sample Agenda Items**

- Follow-up from Leadership Meeting
- Admissions: Top Diagnoses and Admissions by Clinic

---

1) Pseudonym.
2) Total cost of care.

Source: Health Plan Advisory Council interviews and analysis.
Team-Based Care

Dedicated Teams for Accountable Care Networks

Priority Provider Staffing Model

Before

- Medical Management
- Sales
- Contracting
- Analytics

Provider Facility

After

- Care Management
- Data Analyst
- Sales
- Contract Analyst
- Team Lead
- Medical Director

Provider Facility

Source: Priority Health; Health Plan Advisory Council interviews and analysis.
Satisfied Customers

Reporting Structure Enables Productive Plan Help

Provider Satisfaction

<table>
<thead>
<tr>
<th>Year</th>
<th>Provider Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>77.1%</td>
</tr>
<tr>
<td>2014</td>
<td>84.4%</td>
</tr>
</tbody>
</table>

Improved internal communication of provider needs and strategies

Enhanced provider engagement on pre-existing and new initiatives

“Previously, we had numerous independent initiatives with our provider partners that were managed at the department level. The IDT teams have helped us collectively manage our portfolio of improvement activities and allowed us to get greater utility from our analytic resources.”

Molly McCarthy, AVP
Provider Network Performance
Priority Health

Interdisciplinary Team Benefits

Strengthened plan structure through skillset specialization

Focused data analytics efforts and incorporation into business strategy

Source: Priority Health; Health Plan Advisory Council interviews and analysis.
Fully Aligned Incentives

Tying Financial Stake for Plan Staff to Provider Performance

Provider Quality Specialists’ Job Description at Dali Health Plan¹

About The Role

• **Background:** Analytics savviness, ability to communicate successfully with both providers and business managers; familiarity with clinical care

• **Tools and reports:** Member roster; care gap reports; provider profiling data; “frequent flier” ED reports by member; MLR² and other cost of care data; incentive performance status

• **Metrics of success:** Provider group’s clinical quality and cost performance

---

We are seeing a more effective focus on the part of medical groups on what needs to be done to improve metrics that influence financial incentives.

*Vice President, Network Management*

**Provider Quality Specialists:**

1. Provide timely data to the provider

2. Intervene proactively and engage with providers due to ongoing relationship

3. Understand both clinical and analytical data to translate actionable items for the provider

4. Communicate how improved performance can increase group’s financial incentives

---

¹ Pseudonym.
² Medical loss ratio.
How to Sell Data to Providers

1. Focused Reports
   1. Reporting Consistency
   2. Missed Earnings

2. Ingratiated Teaching
   3. Personality Tests
   4. Matched Resources
   5. Leader Engagement
   6. Autonomous Improvement

3. Effortless Interaction
   7. Forced Prioritization
   8. Meeting Management
   9. Provider Pods
  10. Financially-Aligned Plans

4. Reciprocal Benefits
   11. Provider-Financed Consulting
   12. Start-up Financing
   13. Bonus Investing
   14. Awards Incentive
   15. Referral Management
Hesitant to Take the First Step

Economics of Contracts Put Long-Term Sustainability Into Question

Margin Impact of 10-Percent Reduction in Inpatient Utilization

Under Various Payment Models

<table>
<thead>
<tr>
<th>Payment Model</th>
<th>Margin Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-for-Service</td>
<td>(4.4%)</td>
</tr>
<tr>
<td>Shared Savings</td>
<td>(1.0%)</td>
</tr>
<tr>
<td>Capitation/Full-Risk</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

What’s In It for Us?

There is no real upside. You are taking on risk and have to manage utilization. It’s a cost reduction strategy – you won’t find any benefit from taking on risk for capping your utilization.

*Chief Financial Officer, Small Health System in Northeast*

Source: Health Plan Advisory Council interviews and analysis.
Show Me The Money (or Not)

Plan Incentives Designed to Accelerate Transition to Value-Based Care

**Provider Incentives**

- **Monetary Incentive**
  - Start-up Funds
  - Consultancy
  - Bonuses

- **Non-Monetary Incentive**
  - Recognition
  - Referrals

Providers use plan data to improve member health, lower medical costs

Source: Health Plan Advisory Council interviews and analysis.
Committed Finances

Passport Requires Provider Investment in Collaboration

Passport Health Plan’s Selection Process

<table>
<thead>
<tr>
<th>Total Providers in Network</th>
<th>Potential Provider Partners</th>
<th>Provider Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>125</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

Questions

- Does Passport have a good relationship with the provider?
- What is Passport’s market share in the provider’s market?
- How many high-risk members does the provider have in their market?

Questions

- Is the provider willing to pay for assessment of opportunities?
- Is there buy-in from internal and external stakeholders for this project?
- Does the provider have adequate IT and data infrastructures?

Decision Factors

- Willing to finance consulting services
- Strong relationship with Passport
- Small, rural providers with strong internal and external buy-in

Source: Passport Health Plan; Health Plan Advisory Council interviews and analysis.
Passport Assesses Providers Before Partnering

Readiness Assessment Survey

Provider Questionnaire

Leadership
- What are your institution’s revenues by payer type?
- What are your institution’s inpatient admissions? Outpatient admissions?

IT Infrastructure
- What is your institution’s EMR system?
- What are current interoperability challenges?

Diagnoses
- Please list the 10 most common diagnoses at your institution.

Physician Relations
- To what degree does your institution have physician alignment?

Internal Interviewees
- C-Suite
- Project champions (e.g., Project Managers from the Strategic Planning and Project Management departments)

Goal: Evaluate staffing and IT capabilities, and organizational willingness and readiness to change

External Interviewees
- Local pharmacists
- Post-acute care facilities
- Public health officials
- Social workers
- Community advocates

Goal: Determine community opinions of the provider and ability to support population health

1) Survey questions are generated and sent electronically to providers via SurveyMonkey.

Source: Passport Health Plan; Health Plan Advisory Council interviews and analysis.
Calculating Provider Returns

Show Providers Costs and Gains to Instill Confidence

Financial Inputs of Passport’s Population Health Model

Cost Inputs

- Staff (e.g., data analysts, care navigators, and social workers)
- EMR and other IT upgrades
- Interventions
- Relationships with other community providers

Financial Model

Calculated return for providers in value-based contract

Potential Revenue

- Increased volumes
- Patient satisfaction bonuses
- Shared savings bonuses
- Coding efficiency bonuses

Reducing ED Utilization

10% Target ED utilization reduction rate for Passport’s two provider partners

Source: Passport Health Plan; Health Plan Advisory Council interviews and analysis.
Offering Bridge Financing to Get Started

Incenting Success by Tying Ask to Money

Degas Health Plan\(^1\) PCMH Start Up Investment

Health plan pays first installment of practice transformation investment

Richards Practice\(^2\) files paperwork to attain Patient Centered Medical Home Certification

Richards Practice hires Care Manager to incorporate data into clinical workflow

Richards Practice attains PCMH certification and thus receives second half of incentive

Year 1

- Plan achieves quality goal for the year
- Provider attains PCMH certification
- Funds can be used by providers to directly invest into further practice transformation

- Practice does not attain PCMH certification
- Practice does not receive second installment of practice transformation investment
- Practice is not eligible to earn Total Cost of Care Shared Savings or Quality Improvement incentives until certified

Source: Health Plan Advisory Council interviews and analysis.
Large Incentive Provides Funds for Practice Enhancements

Provider Payment Structure

Base Payment 75%

Bonus 25%

Investments Possible
- Staff to access portal
- Extended practice hours
- Additional phone support

Case in Brief: Central California Alliance for Health (CCAH)
- Non-profit health plan that serves over 325,000 members in the Santa Cruz, CA area
- Providers eligible for bonus if they meet or surpass clinical performance benchmarks set by peers
- ED utilization data available through CCAH portal

Source: Central California Alliance for Health; Health Plan Advisory Council interviews and analysis.
Provider Efforts Applauded, Competition Inspires More Action

Quality Rewards Met With Enthusiasm

Blue Cross Blue Shield of Louisiana dedicates an entire day to recognizing provider quality efforts and disseminating best practices.

Providers receive annual rewards for best performance on four chronic diseases in quality program, propelling competition amidst providers.

Winning performers are featured in online provider listing, local and statewide press releases, and on social media.

Quality Blue Primary Care Promotional Toolkit

- Copies of Quality Blue program logo with instructions for proper use
- Template press release to announce program participation
- Template text and samples for social media posts

>200 Attendees at the Annual Rewards Collaborative Day

69% Improvement on chronic kidney disease measures

Source: Blue Cross and Blue Shield of Louisiana; Health Plan Advisory Council interviews and analysis.
Offer Members the Value of Your Highest Performers

O’Keeffe Health Plan\(^1\) Referral Feedback Loop

1. O’Keeffe Health Plan drives new or searching members to high-quality providers.

2. Provider’s panel grows.

3. O’Keeffe works more closely with the provider due to larger panel.

4. Providers use data to improve their performance and quality.

Source: Health Plan Advisory Council interviews and analysis.

\(^1\) Pseudonym.
### How to Sell Data to Providers

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td><strong>Focused Reports</strong></td>
<td><strong>Ingratiated Teaching</strong></td>
<td><strong>Effortless Interaction</strong></td>
<td><strong>Reciprocal Benefits</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15. Referral Management</td>
</tr>
</tbody>
</table>
1. The Data Diet

2. How to Sell Data to Providers

3. Questions