

Laying the Foundation

Building Toward Value-Based Care Across a Network

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Sr. VP Client Analytics
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Emily Holzman

Director, Clinical Transformation Azara Healthcare



Today's Presenters





Leslie Southworth
Director of the MT Health Plus
Montana Primary Care
Association



Phil Parker
Sr. VP Client Analytics
Azara Healthcare



Emily Holzman
Director, Clinical
Transformation
Azara Healthcare

Agenda



MONTANA NETWORK BACKGROUND

MEDICARE ANNUAL WELLNESS VISIT IMPACT

THE FUTURE OF MT HEALTH PLUS

AZARA COST AND UTILIZATION



Montana Network Background



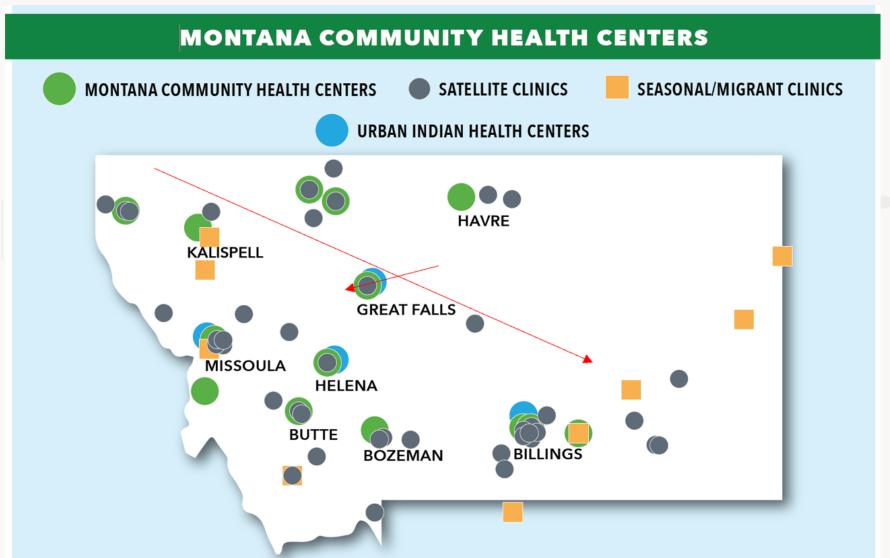


History

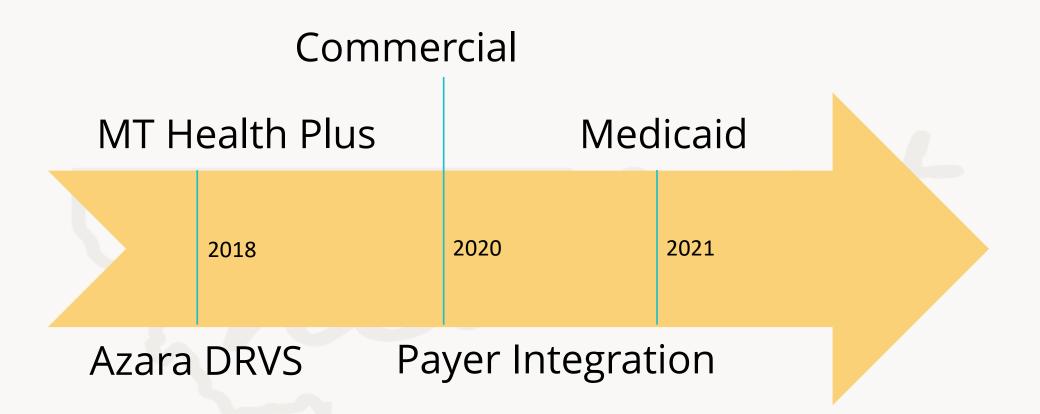
Montana Health Plus was officially formed in 2018 as a 501(c)3 as an IPA

Purpose: To create a network of health centers to improve outcomes and decrease cost which also needed a data strategy











Decision-Making

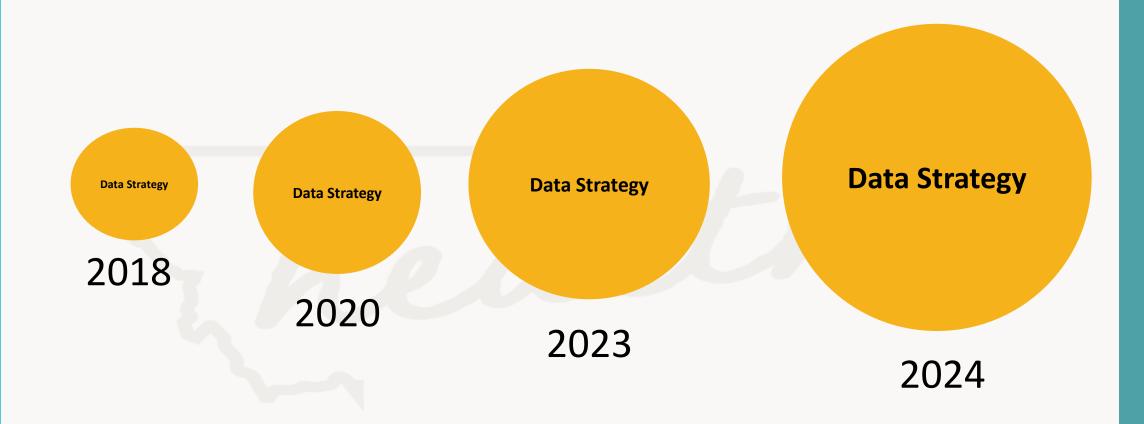
Better Together

In-Person Meetings

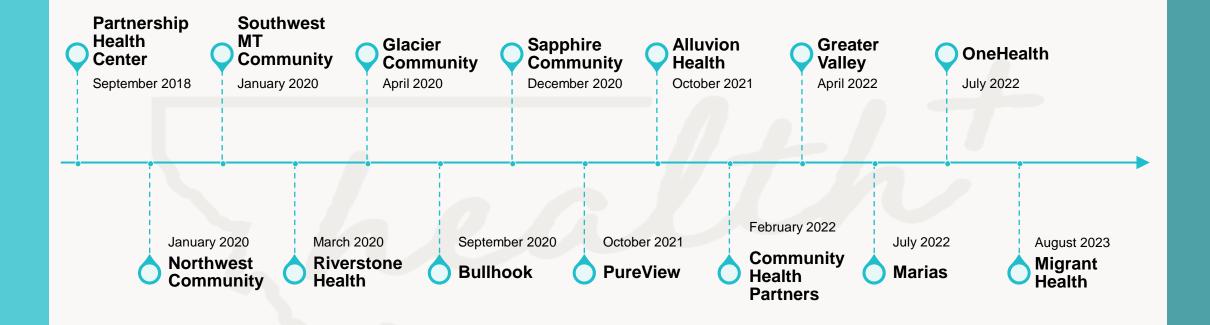
Two-part Decision

- Adopt Azara DRVS as a NETWORK
- Utilize HCCN funds for Implementation and Adoption







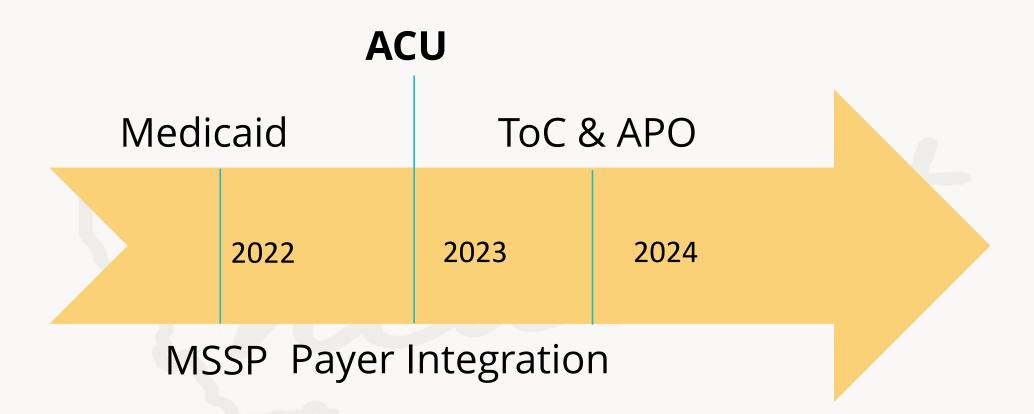


Payer Integration

Although we were actively pursing a network contract and payer integration with Medicaid we signed a full payer integration module agreement in collaboration with Mountain Health Co-Op

Attribution Quality/Care Gaps Cost







ACU Strategy

Better understand data under MSSP

Engagement & Strategic Decision-Making

Align Scorecards with Strategic Plan and Targets





Objectives & Methods



Objectives

- Explore the potential relationship between Medicare Annual Wellness Visit (AWV) and ED Utilization
- Hypothesis: AWV can help reduce ED utilization.

Methods

- -Time period: Three years (2020-2022) of claims ED utilization and EHR AWV data
- Attempted to normalize behavior of populations between placebo & treatment group
 - Both groups had similar ED usage in prior year (2021)

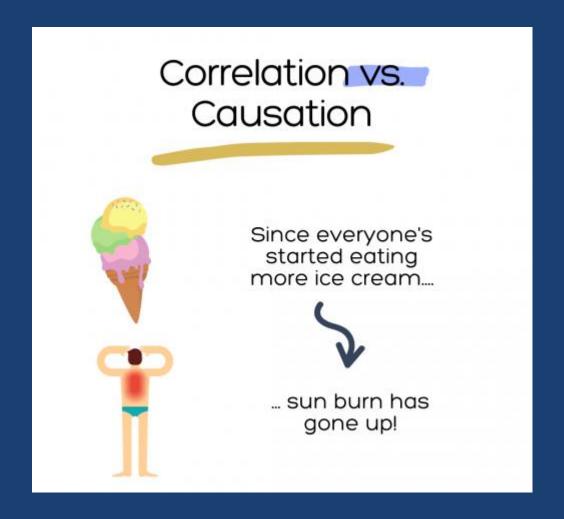
Correlation != Causation



While AWV is about to be correlated with reduced ED Utilization, it may not be the cause (or, the entire cause)

Discussion of confounding factors:

- Patient's engagement in own care
- Access to primary care
- Other Social Drivers of Health
- -Others?



Result 1 | ED Utilization by AWV, Sex

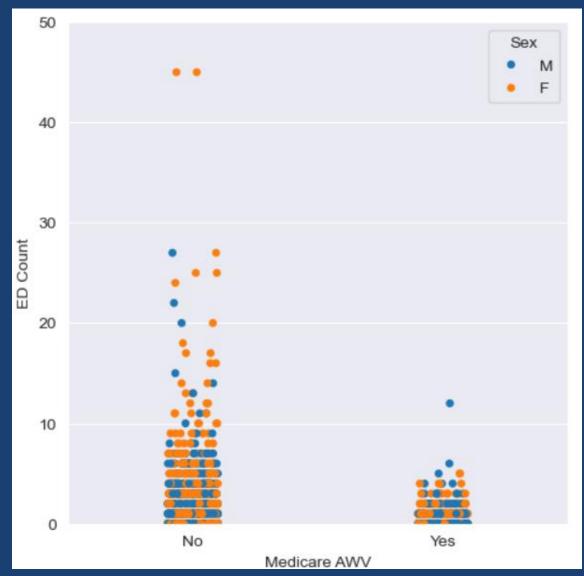


AWV has a statistically significant impact on ED Utilization

Impact is seen across genders

Correlation != Causation

95% Confidence Interval: 25% - 38% fewer ED Visits per member

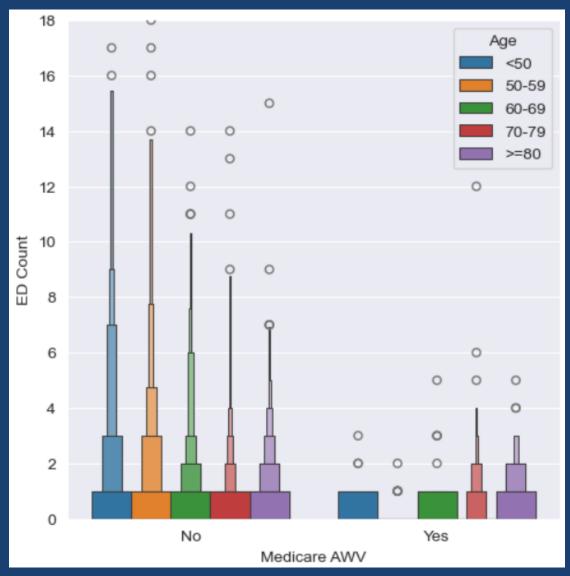


Result 2 | ED Utilization by AWV, Age



Significant difference in ED count between members with and without AWV for all age groups

ED utilization decreased as member age went up for members without AWV. This decreasing trend was not present in members with AWV



Avoidable ED Visit Types



ACG classification of avoidable emergency types:

Non-Emergent (NONEMERG)

Presenting symptoms or medical conditions indicate that immediate care is not required.

Emergent, primary care treatable (EMERGPC)

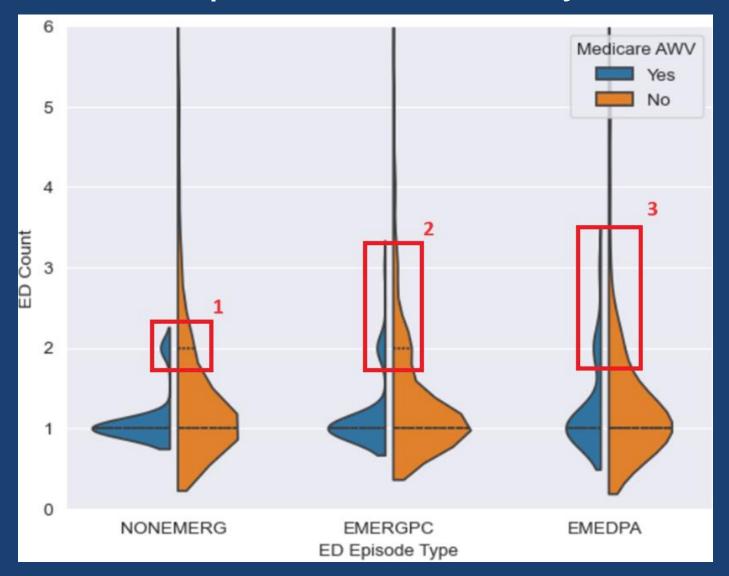
Immediate care was required, but the condition did not require resources that are primarily available in the ED. The same treatment could have been provided effectively and safely in a primary care setting

Emergent, ED needed, preventable/avoidable (EMEDPA)

Emergency treatment and ED resources were required, but the condition could have been prevented or avoided with adequate care in an ambulatory setting.

Result 3 | ED Utilization by AWV, ED Visit Type





Unsurprisingly,
AWV impacted
Non-Emergent and
Primary Care
Treatable ED Visits
the most

ED Count by HCC Risk

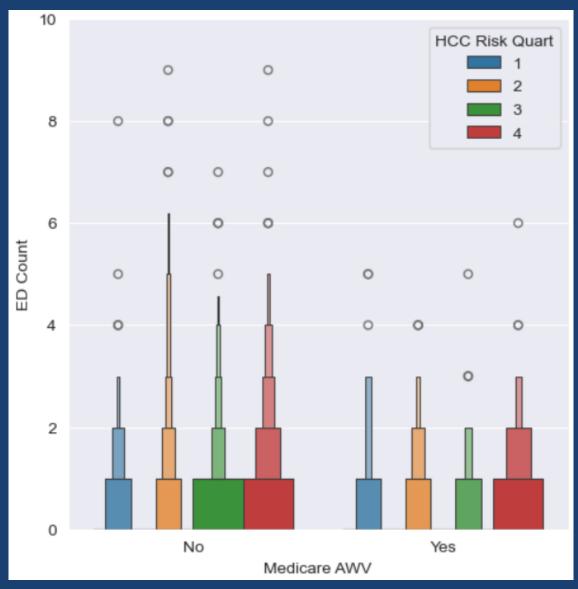


Colors = HCC Risk Quartiles -1 is low, 4 is high

Compare like colored columns

The columns on the left are taller than columns on right

This fact concludes that AWV is correlated with lower ED usage across risk quartiles











Alignment in Priorities and Data Strategy







Focus on Annual Wellness Visits

Mountain Health Co-Op/Pacific Source/MSSP & Medicaid

Focus on Coding

Focus on stratifying patients

Highest risk/Most complex



Current Use of ACU







Developing Strategies



Future Use of ACU



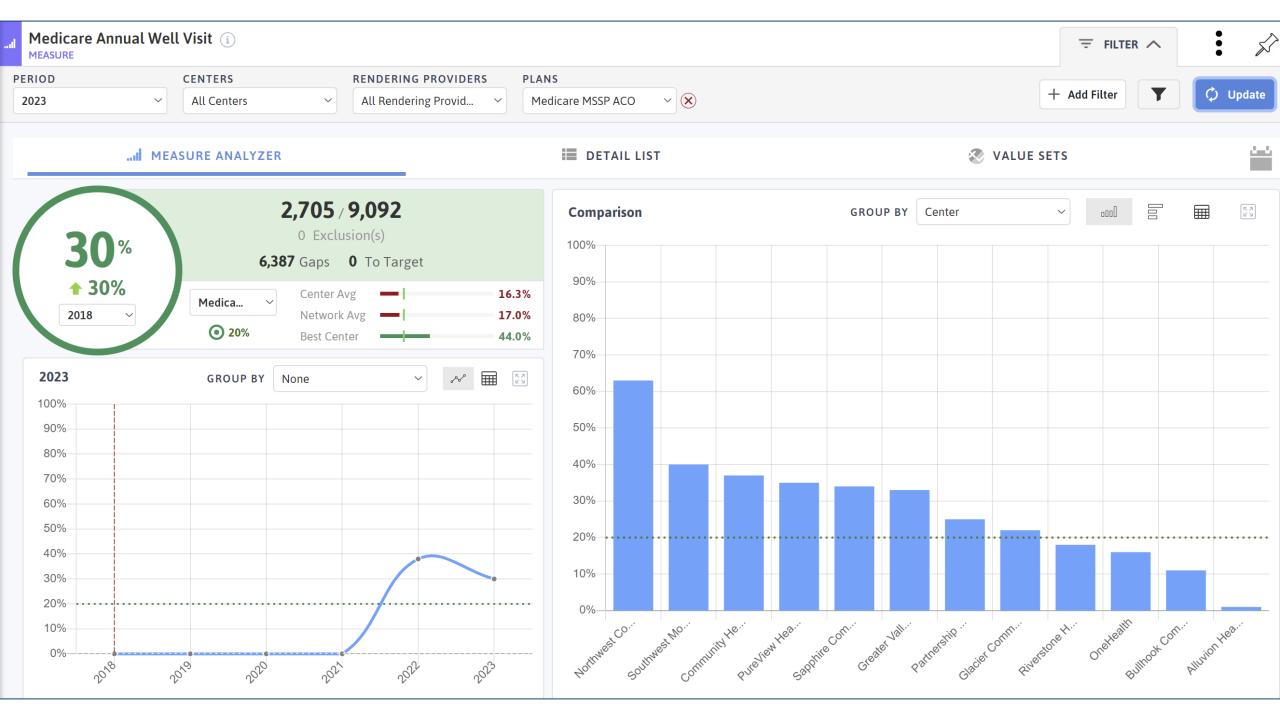




PILOT WITH CEOS

ALIGN WITH MONTHLY
1:1 MEETINGS

CLINICAL QUALITY IMPROVEMENT





Azara Cost and Utilization



Plan Performance



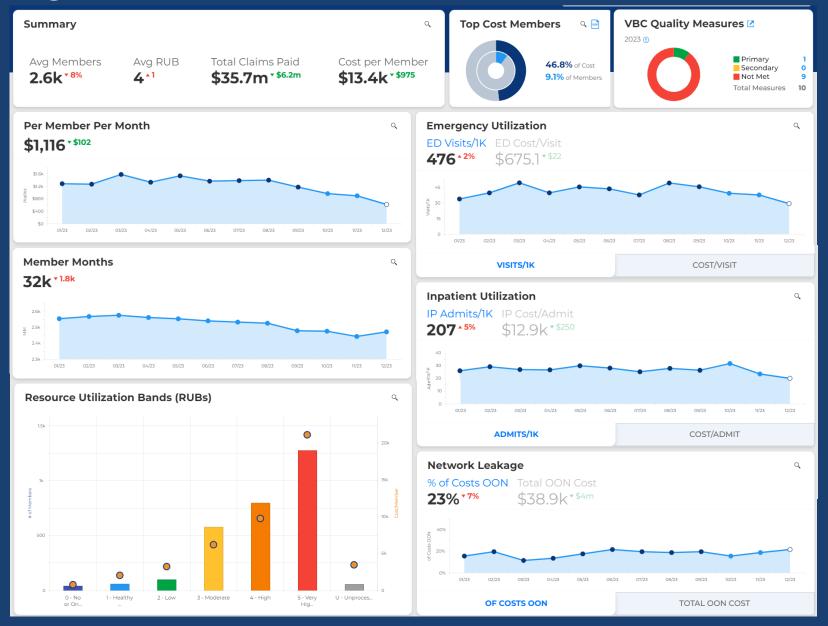
Summary Total Claims Paid Member Months Avg RUB \$428.1m**^{76.5m} 901.1k*132.6k

Top Cost Members 70.1% of total cost (\$253.2m) is attributed to 8.2% **70.1%** of Cost of top cost members (population of 6,150 8.2% of Members Total Cost Top Members members)



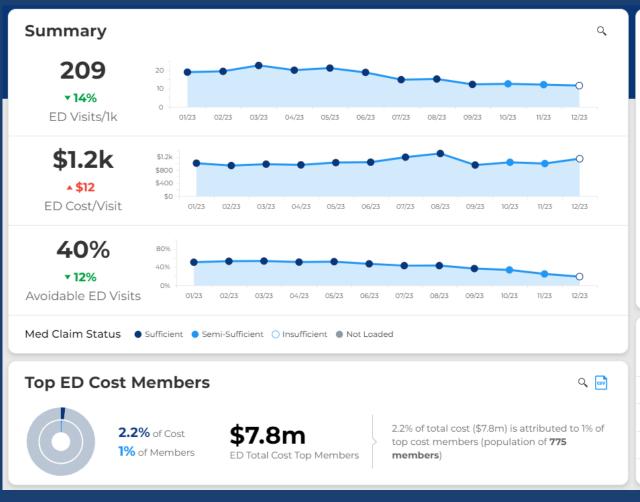
Executive

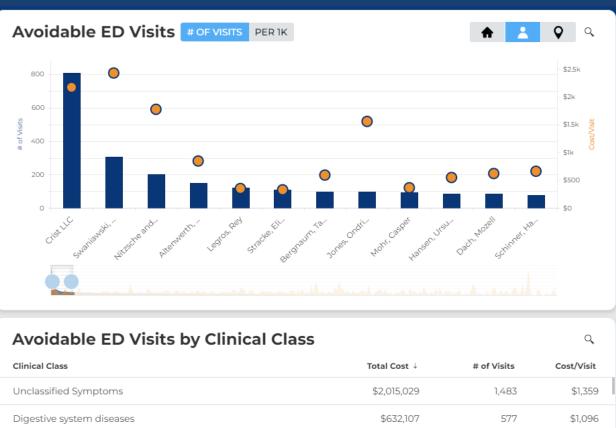




Emergency Utilization







\$617,027

\$608.836

554

742

\$1,114

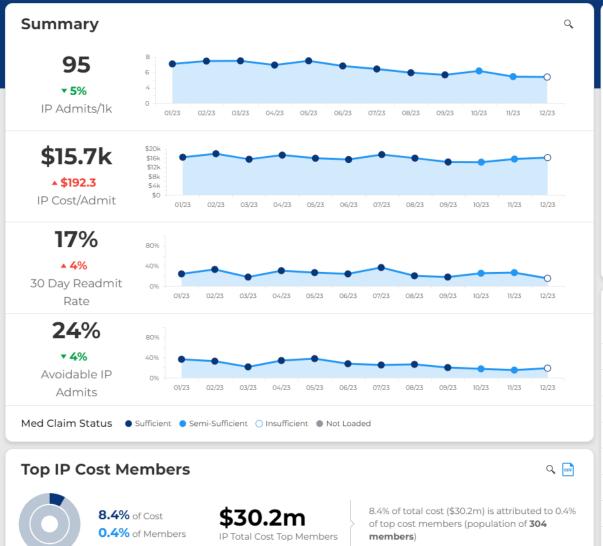
\$821

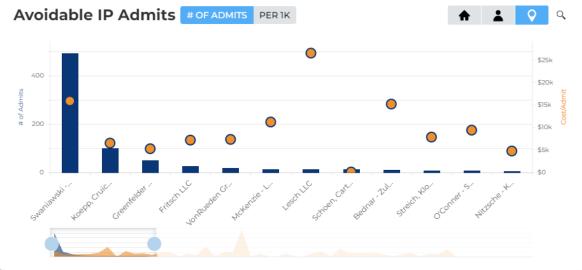
Circulatory Diseases

Respiratory system diseases

Inpatient Utilization



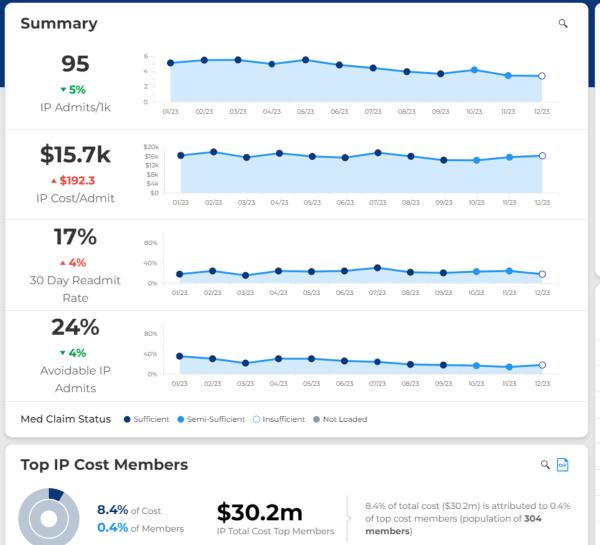


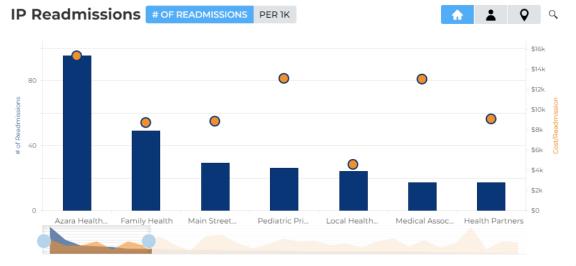


Avoidable IP Admits by Clinical Class			Q
Clinical Class	Total Cost ↓	# of Admits	Cost/Admit
Circulatory Diseases	\$2,650,207	172	\$15,408
Respiratory system diseases	\$948,168	96	\$9,877
Digestive system diseases	\$917,775	89	\$10,312
Metabolic Diseases	\$874,364	82	\$10,663
Neoplasms	\$841,002	23	\$36,565
Pregnancy	\$703,714	53	\$13,278
Infectious Diseases	\$598,401	54	\$11,081
Nervous system diseases	\$552,332	39	\$14,162

Inpatient Readmissions







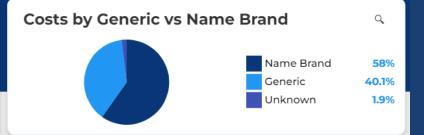


Rx Utilization

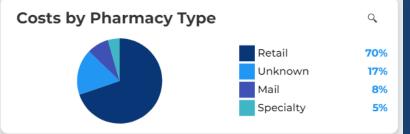








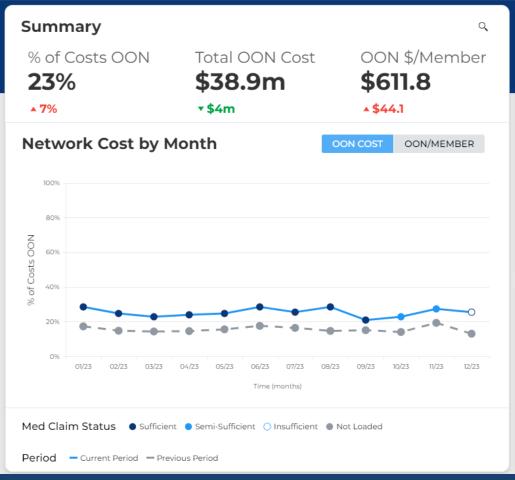
Costs by Anatomical Therapeutic Chemical (ATC) Classification				
ATC Classification	Total Cost ↓ % of Generic I	Dispenses by Total Cost	# of Members	Cost/Member
ANTINEOPLASTIC AND IMMU	\$15,918,349.62	24.7%	10,163	\$1,566.30
ALIMENTARY TRACT AND MET	\$12,754,481.34	14.13%	2,196	\$5,808.05
RESPIRATORY SYSTEM	\$10,394,830.76	59.85%	8,810	\$1,179.89
CARDIOVASCULAR SYSTEM	\$9,873,981.72	79.99%	12,142	\$813.21
NERVOUS SYSTEM	\$4,175,059.36	38.66%	7,262	\$574.92
BLOOD AND BLOOD FORMIN	\$4,073,831.30	9.21%	1,882	\$2,164.63
GENITO URINARY SYSTEM AN	\$2,336,838.91	9.75%	70,645	\$33.08
ANTIINFECTIVES FOR SYSTEM	\$1,733,064.57	38.55%	8,367	\$207.13

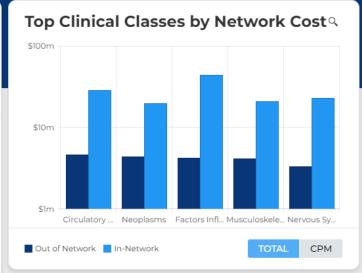


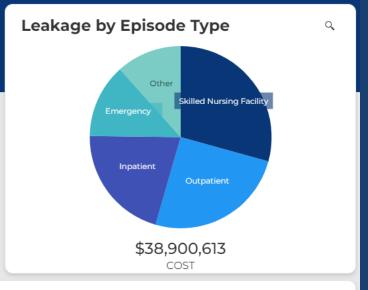
Costs by Fill Location					
Location Name	Total Cost ↓	# of Members	Cost/Member		
Local Pharmacy	\$11,023,914.54	10,532	\$1,047		
Specialty Pharmacy	\$4,142,020.12	95	\$43,600		
Main Street Pharmacy	\$2,243,201.67	820	\$2,736		

Network Leakage





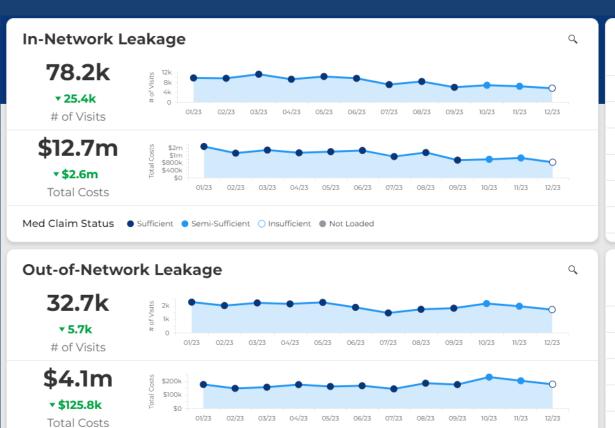




Q,
INN INN Cost Cost/Member
90 \$9,762,469 \$4,671
25 \$1,759,704 \$1,020
55 \$45,779,391 \$4,888
57 \$1,036,992 \$972
1,72),36

Primary Care Leakage





Med Claim Status Sufficient Semi-Sufficient Insufficient Not Loaded

In-Network Leakage by Episode Location				٩
Location Name	Total Costs ↓	# of Members	# of Visits	Cost/Visit
Harvey, Abshire and Robel	\$10,396,080	27,013	55,803	\$186
Koepp, Cruickshank and	\$1,738,236	5,180	9,987	\$174
Prohaska, Fadel and Abe	\$352,607	1,722	3,559	\$99
Dietrich - Schuster	\$330,070	1,260	2,143	\$154
Johnston Inc	\$181,909	205	325	\$559
Russel - Kohler	\$169,491	360	979	\$173

Out-of-Network Leakage by Episode Location				Q
Location Name	Total Costs \downarrow	# of Members	# of Visits	Cost/Visit
Goldner Group	\$107,014	339	710	\$151
Weimann, Watsica and	\$87,909	720	1,221	\$72
Kihn LLC	\$87,641	783	1,308	\$67
Boehm - Bins	\$82,636	151	330	\$250
Hand - Bartell	\$46,896	226	353	\$133
Muller, Fritsch and Haley	\$38,207	89	171	\$223

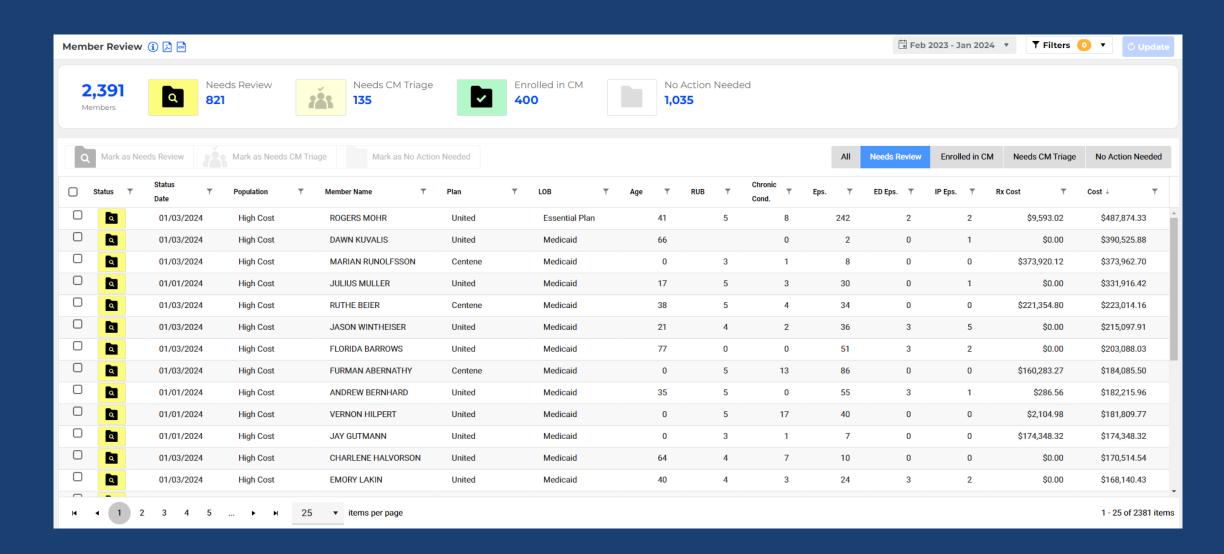
Claim Completeness





Upcoming | ACU Integration with ACC





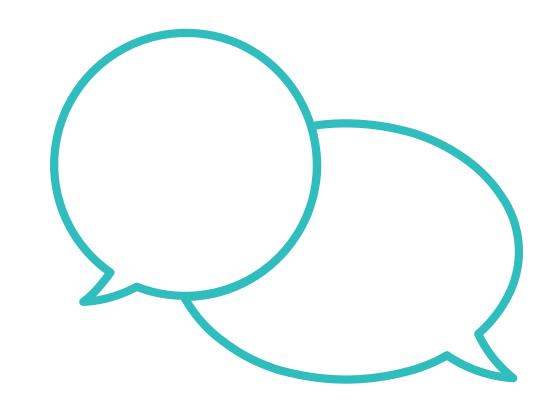
For More on ACU...

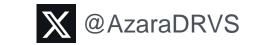


Attend Beyond Quality: How Azara Cost and Utilization Supports Value-Based Care on Thursday, 5/2 @ 11:30 in Commonwealth A/B

Questions?







Achieve, Celebrate, Engage!

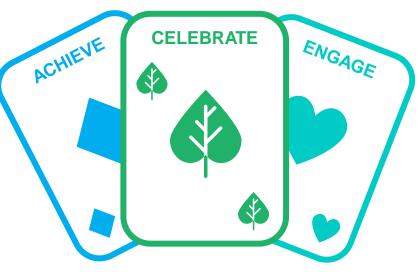
ACE'd it? Share your DRVS success story and become an Azara ACE!

Show your organization has used DRVS to Achieve measurable results, Celebrate improvement in patient health outcomes, and effectively Engage care teams and/or patients. Stories should showcase how DRVS helped your organization overcome a challenge, the tools and solutions used to drive improvement and details of the successes that resulted from your initiatives. ACEs should be able to provide examples that quantify quality improvement, cost savings, operational efficiency or patient health improvement.

Benefits:

- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Win Azara swag!





Submit your success story by completing the form <u>at this link</u> or scan our QR code:

See this year's ACE posters in the Ballroom Foyer!

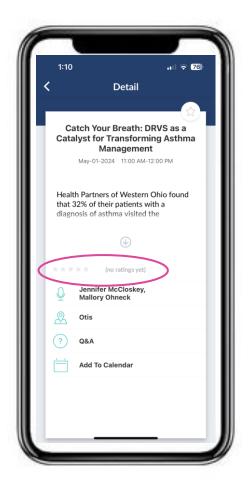


We Want to Hear From You!

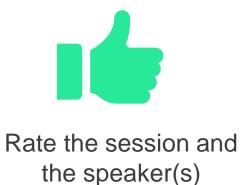


Click on the session from your agenda in the conference app.

Click the stars in the center of your screen to rate and provide feedback.













Thanks for attending!

