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Data and Informatics Challenges Survey Results from ACO Leadership

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Recently established, the Center for Healthcare Informatics' mission is to assemble the best academic, public, and private healthcare leaders into a center of excellence in research, development, and program design and implementation in order to:

Identify the most significant gaps in the knowledge, resources, information, and technologies associated with the efficiency, effectiveness, and cost of healthcare.

Explore the challenges these gaps present in the consumer healthcare arena.

Provide innovative solutions that advance the short and long-term healthcare informatics needs of the community, state, and nation.



Cumberland
Health Analytics
Improving Health Through Actionable Information™

Cumberland Health Analytics, LLC provides proprietary solutions to inform and guide organizations to align actionable healthcare intelligence, risk acuity assessment, and life circumstance profiles of their patient population.

Actionable Health Informatics

Improves the capture and reporting of key clinical and financial information with insight into relevant patient populations to drive appropriate action, improve clinical outcomes, control costs and optimize revenues.

Risk Acuity

Comprehensive data analytics that help the plan identify trends at a patient level to help identify health improvement opportunities.

Member Life Circumstances

Helps organization identify the life circumstances of targeted populations, their prospective health risks, and their service requirements.

Barriers and Challenges for ACOs

Our system is fragmented, volume-based, and not accountable to payers or consumers.

- Clinical and Financial Integration and Alignment
- Integration of Systems of Care
- Alignment of Specialties under a Multi-Specialty Group Umbrella
- Various Population Sizes
- Cultural Change in the Practice and Business of Medicine
- Resources and Staffing
- Consistency and Standardization of Quality and Measurement

ACO Leadership Survey

- Conducted by the Center for Healthcare Informatics at Tennessee Tech University.
- This survey is part of a university project looking at the current state of Accountable Care Organizations across our country.
- This survey asks for experiences and opinions about the program information currently available to Accountable Care Organizations.
 - Information available to you to manage your member population.
 - Information to assist your participating providers with "actionable information."

Methodology – Survey Population

- The Accountable Care Directory 2014
 - Version 2
 - HealthQuest Publishers from MCOL
- Organizational Directory of 483 Accountable Care Organizations
 - Medicare Shared Savings Program
 - Pioneer ACO Participants
 - Commercial and Other Programs
 - 2,017 Key Persons with Leadership or Operational Involvement
- Completion Objective – 100 Surveys of Operational Executives
 - Representative of State/Region
 - Representative of Organization Type

Survey Design

- 29 Questions Organized in Four Sections
 - Population Risk Management – How the organization uses data to manage population risk.
 - Quality of Care – How the organization identifies and tracks gaps in care.
 - Other Operational Questions – The organization’s structure, staffing, information technology, analytics and informatics, and program management activities.
 - Costs and Funding – General information regarding how programs are funded and the program costs.
- Approximately 12 minutes to complete telephonically.

Survey Process

- 350 ACO executives were identified.
 - Objective is to balance surveys by ACO type, state/region, and executive type.
 - 50 Surveys of Medicare Shared Savings Program and Pioneer ACOs.
 - 50 Surveys of Commercial and Other Programs.
 - Northeast, Midwest, South, and West
 - Executives/Directors/Senior Leadership
- Direct calls to these executives.
 - Schedule a time for the survey.
 - Complete the survey at that time.
- Nursing students used to administer surveys.

Preliminary Results

- 26 Surveys Completed
 - By Type
 - 15 – MSSP and Pioneer ACOs
 - 11 – Commercial and Other Programs
 - Multi-Specialty Medical Groups and Physician-Hospital Organizations
 - By Region
 - Northeast – 6
 - Midwest – 8
 - South – 5
 - West – 7
 - By Executive
 - CEO/Director – 7
 - CMO/Medical Director – 5
 - COO/Director – 10
 - Other Senior Leader/Director - 4

Preliminary Results – By Section

Population Risk Management*

- Health Risk Assessments
 - 33% - Very Important
 - 44% - Not Important
 - 33% - Don't Know
 - 50/50 – Internally Created/Purchased
- Everyone identifies chronic conditions and/or co-morbidities
 - 100% use EMR information
 - 38% use HRAs or Member Surveys
 - 62% use CMS HCCs
 - 25% use NQF or Industry Standard Algorithms
- Risk Stratification/Classification
 - 60% use 3 Categories/Levels
 - 40% use 4 Categories/Levels
 - 100% use Chronic Conditions
 - 77% use Cost and Utilization Factors
 - 16% use Demographics
 - 50% use Behavioral Health Information
 - 0% use Life Circumstances

Population Risk Management*

- Information used to manage members
 - 100% use Medical Claims
 - 100% use EMR information
 - 75% use Pharmacy Claims
 - 37% use HRAs or Member Surveys
- Coordination of Care
 - 100% use Care Managers/Advisors
 - 37% use Medical Directors

**% are rounded up and many of these survey questions can have more than one response.*

Preliminary Results – By Section

Quality of Care*

- Source of Quality Benchmarks
 - 100% use NCQA and CMS Quality Measures
 - 50% use National Quality Forum
 - 12% use JCAHO
- Who Provides Quality Benchmarks
 - 100% - CMS
 - 62% - Commercial Vendors and Professional Organizations
 - 50% - Internally Generated
 - 25% use NQF or Industry Standard Algorithms
- Everyone Identifies Gaps in Care
 - 100% use Medical Claims
 - 75% use EMRs
 - 62% use Pharmacy Claims
 - 37% use HRAs

Quality of Care*

- Everyone Follows Evidence Based Care Plans
 - 75% Communicate with Medical Directors
 - 50% Communicate with Care Advisors
- Coordination of Care
 - 100% use Care Managers/Advisors
 - 37% use Medical Directors

**% are rounded up and many of these survey questions can have more than one response.*

Preliminary Results – By Section

Other Operational Questions*

- Everyone is receiving EMR/EHR data.
- Data being Received
 - 100% - Medical Records
 - 100% - Behavioral Health Data
 - 80% - Pharmacy Data
 - 80% - Laboratory Data
- IT Support
 - 80% - Internal
 - 20% - Outsourced

Other Operational Questions*

- Percent of Total Business Outsourced
 - 75% + = 8
 - 50% - 75% = 4
 - 25% - 75% = 9
 - Up to 25% = 5

**% are rounded up and many of these survey questions can have more than one response.*

Preliminary Results – By Section

Costs and Funding*

- Funding Sources for Care Management
 - 75% - Health System
 - 25% - Partners/Employer Groups/Risk-Bearing Groups
- Funding Sources for IT/Informatics
 - 90% - Health System
 - 10% - Partners/Employer Groups/Risk-Bearing Groups

Costs and Funding*

- Approximate Expense for Care Management Services
 - 50% - up to \$3 PMPM
 - 50% - \geq \$4 PMPM
- Approximate Expense for Healthcare Analytics
 - 50% - up to \$2 PMPM
 - 50% - \geq \$2 PMPM

**% are rounded up and many of these survey questions can have more than one response.*

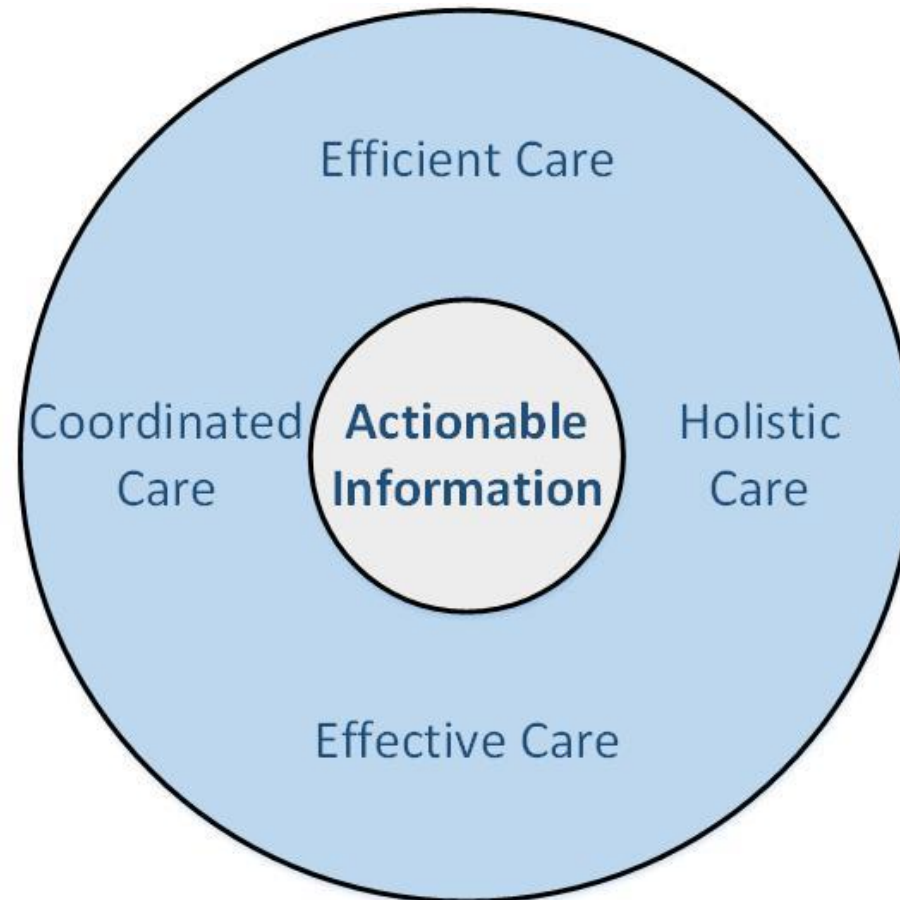
Next Steps

- This was just a look at the preliminary results. We are continuing to collect data with the objective of 100 completed surveys.
- The results of this survey will serve as the basis of continued research into the weaknesses and challenges facing ACOs within the current healthcare delivery system.

Optimistic Future

- Early adopters remain optimistic that ACOs provide a strong framework to optimize care through quality and cost.
- NCQA Accreditation Domains
 - Availability of and Patients' Access to Care
 - Patient Rights and Responsibilities
 - Primary Care
 - Care Management and Coordination Capabilities
 - Practice Patterns and Performance Reporting
 - Program Operations

Health Information – Optimization & Maximization



In Conclusion

The challenges of a fragmented, volume-based health care system require information and decision support systems that align and integrate multiple sources of information.

