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# Health Current

## Supporting Arizona's Interoperability & Data Needs

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# Continued Growth
# Participants: (Total participants 587 as of 3/29/2019)

- Acute care
- Post Acute Care
- Community Providers
- Behavioral Health Providers
- Health Plans & Payers
- Home Care
- Accountable Care Organizations
- EMS
- State and Local Government
- FQHC
- Laboratories & Imaging
- Pharmacies

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# Changing to Meet Growing Data Needs and Use Cases

- Organizational structure to support growing needs
  - ✓ Staffing to meet needs
  - ✓ Understanding Stakeholder needs
- Technical growth to meet growing needs
  - ✓ Implementing proactive technical approach
  - ✓ Ability to meet varying data formats, types, and market needs
- Enhanced services to meet community needs
  - ✓ Smart Alerts and Batch Alerts
  - ✓ Document Query / Data Mining

# HDH A New Platform to Meet Arizona's Growing Interoperability & Data Management Needs

- Environment that supports Arizona's growth
  - ✓ Scale on Demand
  - ✓ Flexibility
  - ✓ API first

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# Who we are

ACO Partner™
A value-based collaborative

- A jointly operated value-based care company between **BlueCross BlueShield of Arizona and Change Healthcare**
- Founded 2016 and initially focused on the Arizona market
- **Provider & Patient-centric** company that operates a **payer-neutral** model
- Focused on **achieving The Triple Aim** by enabling value-based care models
- Takes a **collaborative, primary-care oriented** approach with payers and providers to achieve better patient health
- Incents payers, providers and patients to align on value-based care goals and objectives to help **Independent providers remain independent**

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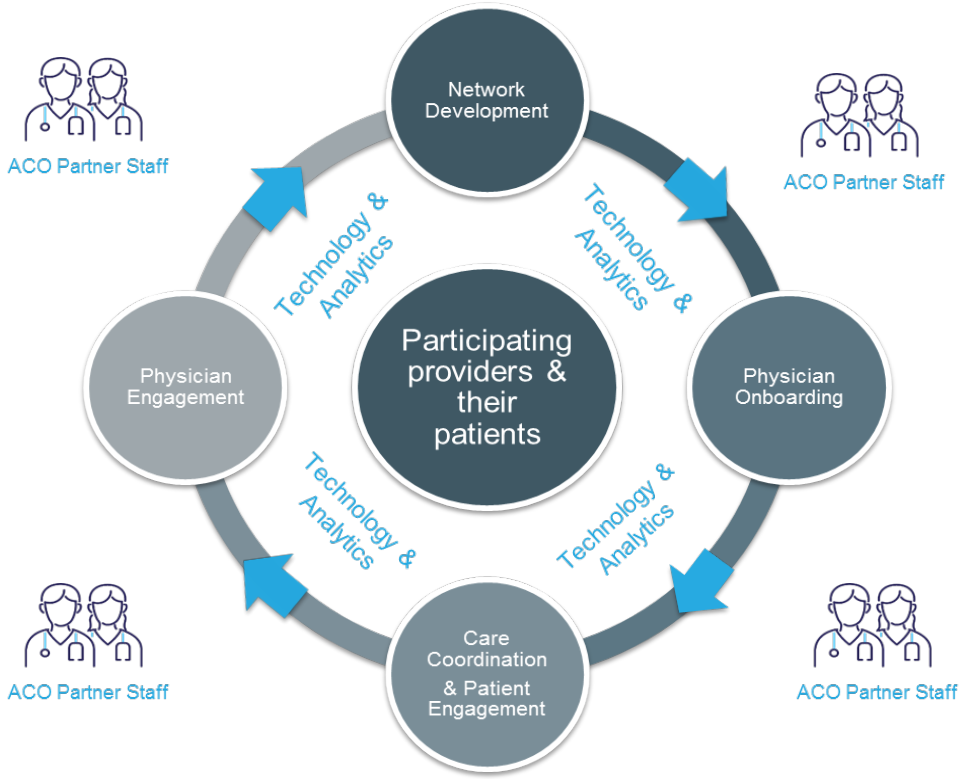
# What we do

- Network aggregation of over 1,100 PCPs and 57k patients in Arizona
- Support PCPs in successfully participating in value-based contracts through:
  - Care coordination services
    - Outreach to patients ***on behalf of providers*** *by a team of RN, MSWs, and MAs with CMO oversight*
      - *Transitions of care outreach based on Health Current alerts*
      - Medical list patient follow-up
  - Data analytics & technology
    - **Daily alerts for ED & inpatient admits and discharges via HealthCurrent**
    - Risk stratification of patients for focused outreach
    - High efficiency network of specialists
    - Quarterly PCP Scorecards measuring utilization & quality metric performance
    - Monthly action report identifying key opportunities for metric improvement

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# Value Based Care in Action…*2017 Shared Savings Results*

REDUCE COSTS

ENHANCE PATIENT EXPERIENCE

IMPROVE POPULATION HEALTH

***$2,100,000***
**Net Shared Savings in 2017**

***$1,000,000***
**remitted to 603 participating providers**

Change Healthcare and ACO Partner™ shared the first full-year results of the Blue Cross Blue Shield of Arizona Shared Savings Program, a value-based care program administered throughout Arizona.

More than 600 in-network primary care providers treated over 41,500 patients through 2017. Participating providers outperformed cohort in emergency department visits, acute hospital admissions, readmission rates (30 day and all-cause), specialty pharmacy spend, imaging utilization, and other areas.

These cost and quality gains led to the program generating $2.1 million in net shared savings for Blue Cross Blue Shield of Arizona and its participating providers, while making measurable progress toward achieving healthcare's "triple aim" of reducing costs, enhancing the patient experience, and improving population health.

Comparison of ACO Partner Providers vs. Out-of-Network Cohort on Care Utilization and Quality Metrics

| Utilization and Quality Metric | ACO Partner | Cohort | Difference | Variance | Comparative Outcomes for Patients Treated by ACO Partner Providers |
|---|---|---|---|---|---|
| Emergency Dept. (ED) visits per 1000 patients | 156 | 184 | 28 | **15.2%** | **Fewer ED visits** |
| Emergency Dept. (ED) LANE (low-actuity non-emergent) visits | 4% | 4% | 0% | 0.0% | Equal |
| Admits per 1000 patients (acute only) | 40 | 50 | 10 | **20.0%** | **Fewer admissions** |
| Short-stay admissions (less than 24 hours) | 27% | 22% | -5.0% | -22.7% | Higher % of in-network admissions were short stay |
| Preventable admissions per 1000 patients (defined by AHRQ) | 2 | 2 | 0 | 0.0% | Equal number of preventable admissions |
| Readmission within 30 days (in same clinical category) | 2.9% | 3.9% | 1.0% | **26.3%** | **Lower rate of 30 day readmissions** |
| All cause readmission rate | 6.5% | 9.0% | 2.5% | **28.1%** | **Lower rate of all cause readmissions** |
| Generic vs. brand utlization | 87% | 87% | 0.0% | 0.0% | Equal utilization of generic pharmacy |
| Quality Index (Various HEDIS-driven quality measures) | 75% | 73% | 2% | **2.7%** | More consistent treatment aligned with quality index metrics |
| Speciality Rx per 1000 patients | 240 | 284 | 44 | **15.5%** | Fewer speciality prescriptions |
| PET/CT/MRI scans per 1000 patients | 278 | 287 | 9 | **3.1%** | Fewer overall scans |
| High Efficiency Network (HEN) specialist utilization | 59% | 56% | 3% | **5.4%** | More referrals to high-quality, high efficiency specialists |

= Superior = Equal = Inferior = Key metric

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# ACO Partner…Utilization & Quality Metrics

| Metric | Weight | Results Impacted by Use of Health Current Alerts |
|---|---|---|
| High efficiency network utilization | 25% | |
| **% Readmission within 30 days (same clinical category) *and* All cause readmission rate** | **20%** | **2018 vs 2017…11% improvement in all cause readmissions** |
| Quality index | 20% | |
| **ED visits per 1000 *and* ED low acuity non emergent (LANE) visits** | **10%** | **2018 vs 2017…8% improvement in ED visits per 1000 & 20% improvement in LANE visits** |
| Admits per 1000 (acute only) | 10% | |
| Specialty prescriptions per 1000 (PCP as prescriber; Rx w/cost of >$670 per mo.) | 10% | |
| Generic vs. brand utilization | 5% | |

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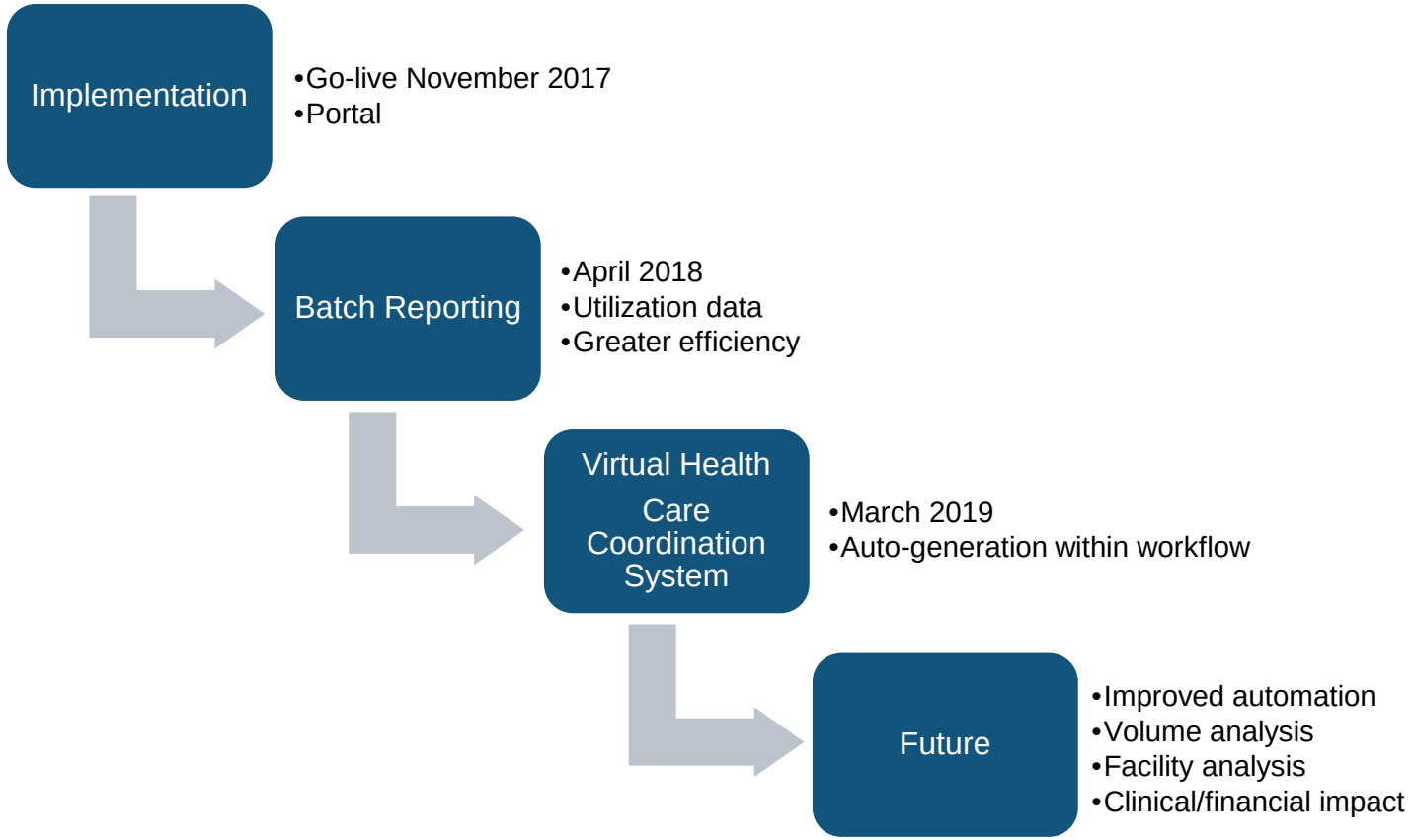
# Timeline with Health Current

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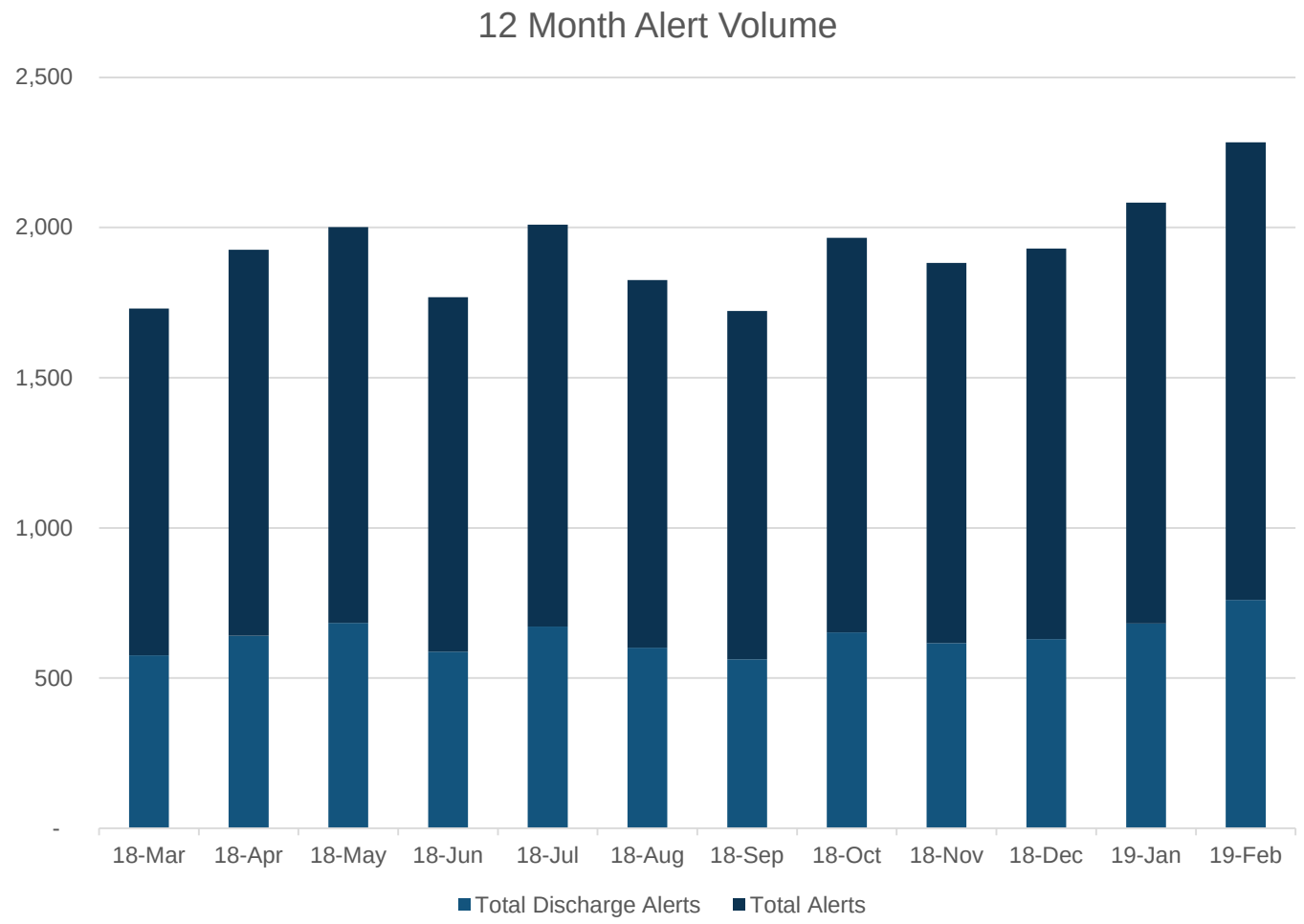
# Volume of Alerts

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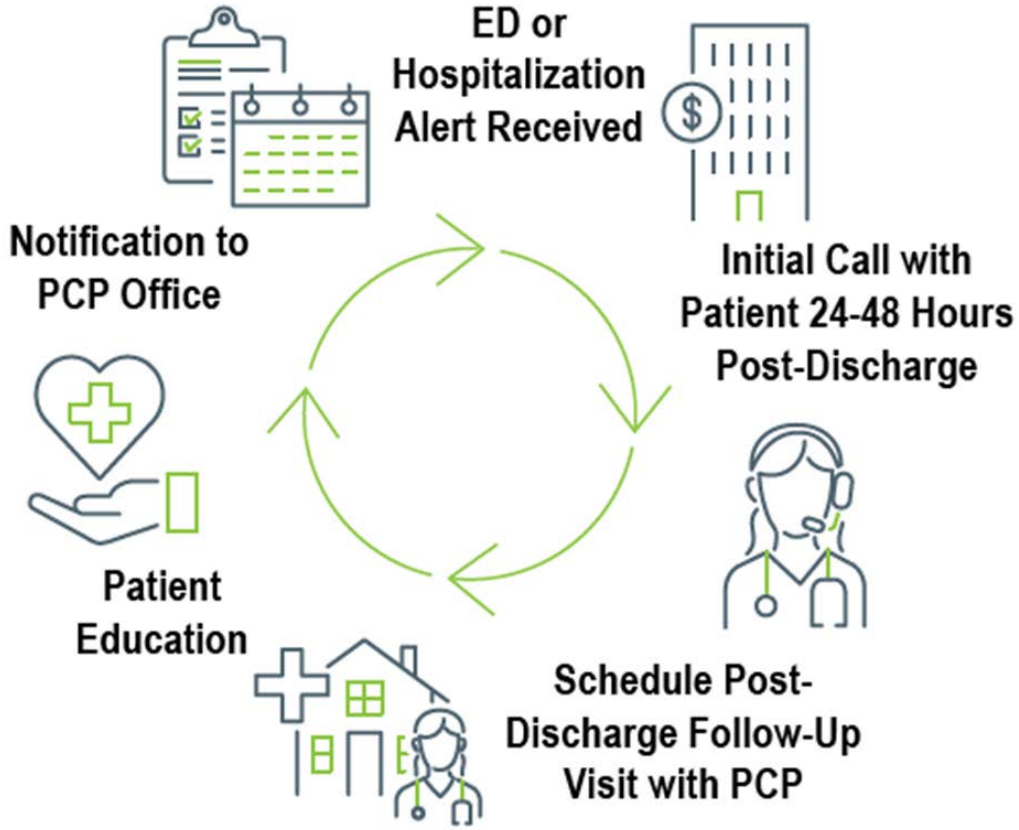
# Care Coordination…Transitions of Care Overview

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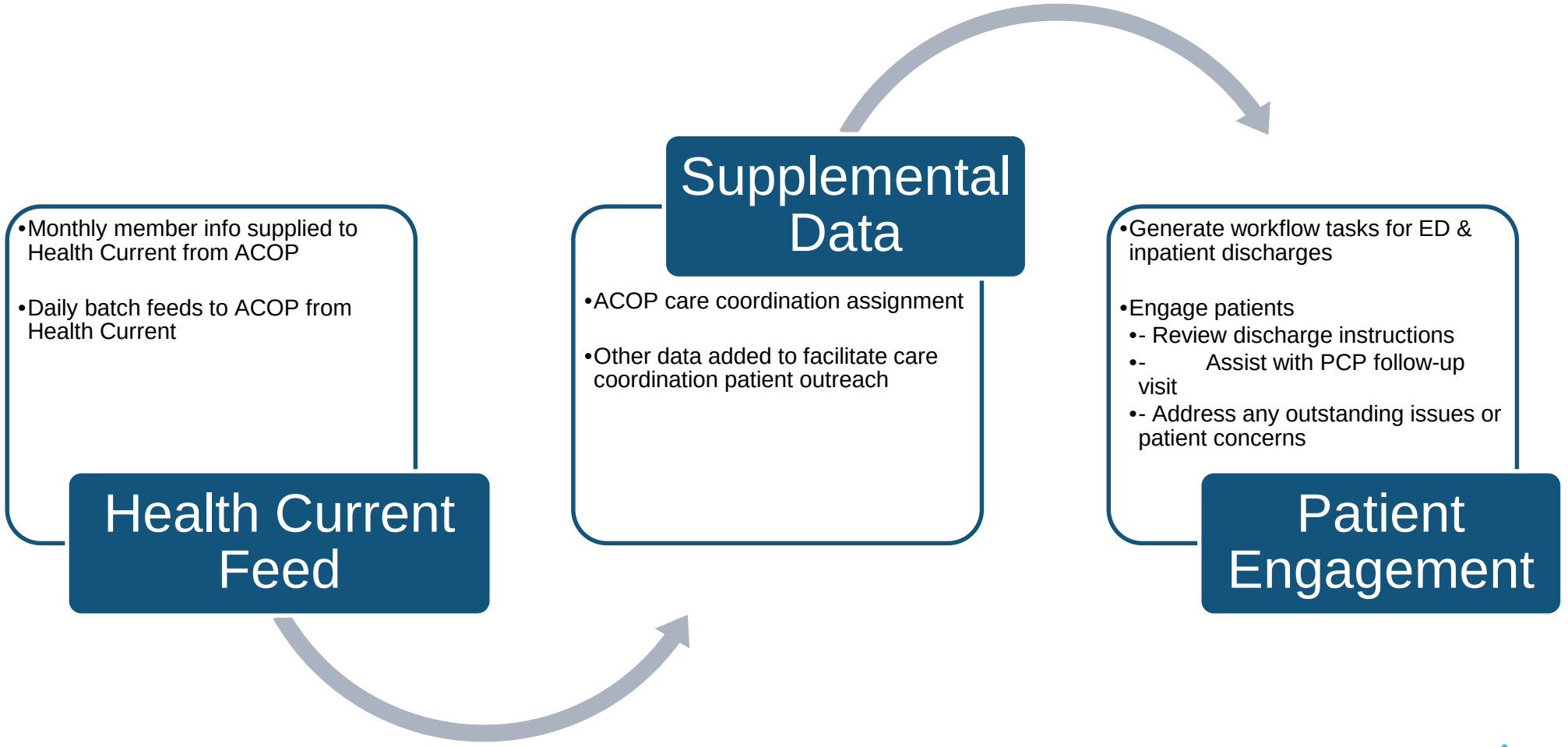
# How we use Health Current

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# Physician Feedback

*“Independent physicians want to be good at value-based healthcare, but they need help. What we have been able to do on behalf of physicians is leverage risk scoring, risk stratification and provide a dedicated team of care coordinators who engage with the patient”*

Dr. Andrew Carroll

Chief Medical Officer and
ACOP participating Provider

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# Patient Impact

- Assists patients in navigating continuum of care
- Creates buy-in from providers and patients
- Improves quality of care
- Results in better health outcomes
- Improves patient satisfaction
- Provides opportunity for engagement and education

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# For Questions Contact:



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