

Case Study

Plug the Gaps in Quality Measures with a Data-Driven Approach

With Innovaccer

The transition to value-based care from the traditional fee-for-service systems has placed a new emphasis on what constitutes quality in healthcare. Value-based reimbursement contracts define specific quality measures from six domains, including effective, efficient, timely, safe, patient-centered, and equitable.

While these measures can have various combinations and be leveraged differently in varying value-based care contracts, they are all critical areas that define the quality of care being delivered and, consequently, the success of the care model.

How did a Washington-based independent physician association improve its quality measures?

An independent physician association (IPA) with over 550 healthcare providers managing 57,000 Medicare beneficiaries and 16,000 beneficiaries from commercial payers wanted to improve two key quality measures, their emergency department (ED) utilization and 30-day readmission rate. The IPA leveraged a combination of technology and efficient care teams, taking actionable steps to optimize the quality and lower its cost.



The organization implemented the following data-driven strategy, which included the aggregation and analysis of patient records followed by a move into automated care management:

1. The organization implemented a data platform to integrate the ADT feeds and relevant patient records, eliminating the need for multiple data systems to track network performance and population health.
2. Based on an analysis of unified patient records and the insights it generated, the organization found two major contributors to care costs in the network: avoidable ED visits and 30-day readmissions.
3. Care team members used those insights to stratify the patient population and implement transitional care management protocols for discharged patients.
4. The IPA then simplified patient outreach and communication and implemented automated care workflows, which freed up a significant amount of resource time.
5. Continued analysis after the care management protocols were applied also demonstrated certain efficacies of patient engagement and follow-up. For example, the care teams found that the best days to reach out to patients were Wednesdays and Thursdays, sometime after noon.
6. At discharge, patients were assisted with their post-discharge needs or admitted to skilled nursing facilities, thereby reducing the rate of 30-day readmissions.
7. Additionally, patients discharged from the ED were followed up within 48 hours to assist in transitions of care, medication management, and to provide details on the appropriate level of follow-up care and availability of alternate facilities such as urgent care or walk-in clinics.

With a data-driven approach, the IPA was able to achieve the following results:

1. **Reduce** the already low **30-day readmission rate of 13.1% to 8.9%** from August 2019 to January 2020.
2. **Reduce** the total number of **ED visits by 30%** from January 2019 to January 2020.
3. **Cut down** the number of avoidable **ED visits by 34%**.

About Innovaccer

Innovaccer, Inc. is a leading San Francisco-based healthcare technology company committed to making a powerful and enduring difference in the way care is delivered. The company leverages artificial intelligence and analytics to automate routine workflows and reduce manual overhead to facilitate more person-centered care. Its KLAS-recognized products have been deployed all over the U.S. across more than 1,000 locations, enabling more than 37,000 providers to transform care delivery and work collaboratively with payers. Innovaccer's FHIR-enabled Data Activation Platform has been successfully implemented with healthcare institutions, private health plans, and government organizations. By using the connected care framework, Innovaccer has unified records for more than 24 million members and generated more than \$600M in savings.

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