

# Empowered By Data

*Enterprise data warehouse is key to clinic's MSSP success*

By **Andrea Cichra**

**T**he key to success in value-based contracts is the timely aggregation and analysis of clinical and claims data and providing actionable information to clinicians at the point of care. The South Bend Clinic (SBC) in South Bend, Indiana, took this approach, and it has paid off in spades: Our 130-doctor, provider-owned, multispecialty group accountable care organization (ACO) has enjoyed financial success in contracting with the MSSP, as well as with several commercial, Medicare Advantage, and Medicaid managed care plans.

While ACOs have been around for a decade,<sup>1</sup> only a minority of the 838 ACOs now in existence know how to succeed under value-based contracts.<sup>2</sup> In 2017, for example, only 34% of the 472 ACOs in the Medicare Shared Savings Program (MSSP) qualified for bonuses under the program.<sup>3</sup> Since most of these ACOs met the program's quality requirements,<sup>4</sup> this means that most were unable to save Medicare enough money to receive a share of the savings.

## Lack of Actionable Data

SBC's achievement is the result of both hard work and changes in how we use data. In our organization's early days, physicians received quality and cost reports based on claims data that were often several months out of date.

In addition, they had little ability to understand the health risks of their patient populations because they lacked the timely, comprehensive data needed to do risk stratification. As a result, population health management was hit or miss, and it was difficult for us to consistently achieve our cost and quality goals.

Our ACO's efforts to garner bonuses under Medicare Advantage contracts were also hampered by the difficulty of ensuring that all patient diagnoses in those plans were correctly coded. The Hierarchical Condition Categories (HCC) risk adjustment codes used by Medicare Advantage plans can have a major impact on their premium funding and, therefore, on provider reimbursement.

## Analytics Drove Improvement

Our ability to deliver value-based care took a quantum leap forward when we acquired an advanced enterprise data warehouse (EDW) in 2017. This system has enabled us to analyze and stratify our patient population, detect improvement opportunities, and provide actionable, timely patient data to our providers at the point of service.

The EDW stores not only adjudicated claims data, but also clinical data drawn from the group's electronic health record (EHR) and other sources. The software maps and normalizes this data so that it can be used to identify, and intervene with, high-risk and rising-risk patients. Furthermore, it creates a highly accurate enterprise master patient index, which is fundamental to population health management.

The EDW allows South Bend ACO to report to our physicians based on the aggregated claims and clinical information. The clinical data drawn from our EHR are updated every day. As a result, our physicians know that they have the most recent data on their patients.

The EDW makes it possible to provide actionable data to physicians in specially designed "face sheets." These one-page documents include data on each patient's care gaps and key clinical information, such as diagnoses, medications, tests, and vaccinations. The software integrates each doctor's schedule and automatically prints the face sheets for the patients a provider is going to see on a particular day. The physician

# Face Sheets by the Numbers

Since we launched our face sheets in August 2017, they have helped raise SBC's overall MSSP ACO Quality score from 88.48% in 2016 to 91.7% in 2017. We also increased our Medicare Advantage Quality Stars from an average of 4.1 Stars to 4.6 Stars out of 5 maximum over the same time frame. Year-to-date Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measure Compliance in May 2018 trended 23% higher than for the same month in 2017. As a measure of HCC coding impact, our ACO's year-to-date Percent Coding Validation (PCV) rating in May 2018 trended 12% higher than in the same month in 2017.

can then look at the face sheets in order as they proceed through that day's visits.

While this seems very simple, it has spurred physicians to proactively fill their patients' care gaps. The face sheets also help our providers achieve quality goals because they are calibrated to the quality measures of the insurance contract for each covered patient (see "Face Sheets by the Numbers").

Data analytics built into the EDW have helped our ACO drive up our Medicare Advantage Quality Star ratings and improve HCC coding for Medicare Advantage plans. The ACO's analytics help identify diagnoses that may not have been coded, using medication lists and comorbidities as a guide.

The analytics also generate actionable performance reports that allow physicians to drill down to individual patients. Our population health managers can discuss these reports in detail with the doctors to explain why performance may be poorer than expected.

## High Quality, Low Costs

Our ACO has beaten its cost and quality benchmarks every year since 2014. We now feel confident enough in our providers' ability to control costs that, in 2018, we chose to enter

Track 3 of the MSSP, which involves both upside and downside risks. Previously, we had been in Track 1, where we participated in shared savings but took no financial risk for losses.

With MSSP making it harder to meet its benchmarks every year, our ACO continues to work hard to squeeze out waste and improve quality. As an organization long known for our low cost and high quality of care, SBC ACO looks forward to pioneering innovative ways to succeed in value-based arrangements while offering excellent patient care. [GRU](#)

## References

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