CASE STUDY

Patient-centered ACO saves $8.6 million leveraging Lightbeam's Population Health Solutions

In 2011, Dr. Luis Delgado, President of Rio Grande Valley Health Alliance (RGVHA), created a goal to provide excellent care while reducing costs within the community he served. RGVHA was approved by CMS to begin their Accountable Care Organization (ACO) journey starting in 2013 with 14 primary care physicians. Today, RGVHA consists of 18 primary care physicians who have chosen to provide coordinated care.

"The list" of needs

As RGVHA began their ACO journey, they understood the importance of putting the patient at the center of care. They knew the culture of an ACO would be different than that of traditional care models, which is why RGVHA recruited like-minded physicians who were committed to enter value-based care. Together, the physicians crafted a "must have" list which highlighted core needs they believed were required to succeed as an ACO.

RGVHA's Needs	Lightbeam's Solutions
Aggregation	EHR & Claims Data Aggregation
Normalization	Enterprise Data Warehouse (EDW)
Identify Subpopulations	Risk Stratification & Predictive Modeling
Measure Performance	Integrated Clinical & Financial Analytics
Patient Management	Care Management Platform
Engagement Tool	Patient & Physician Communication Engine
Reporting	GPRO Reporting
Coding	HCC Coding Module

A complete population management solution

RGVHA knew what tools were necessary to manage an MSSP population. To overcome the capital hurdle, they leveraged advanced payments from the CMS Innovation Center, an advance on the shared savings they expected to earn their first year participating in the MSSP program. Upon acceptance, RGVHA went to the health IT market in search of an end-to-end population health management solution. After outgrowing an initial product's capabilities, Lightbeam Health Solutions, Inc. became their vendor of choice because the solution matched the "must have" list perfectly. Lightbeam's ability to aggregate and analyze EHR and payer claims data would help RGVHA providers and care managers risk stratify their patient population. This allows them to identify the most critical patients to focus resources on to drive optimal clinical and financial results. Over the course of two years, RGVHA has been able to reduce home health costs per patient per month, improve medication adherence and reconciliation, and deployed numerous projects for targeted clinical interventions.

Featured Provider

Rio Grande Valley Health Alliance, LLC

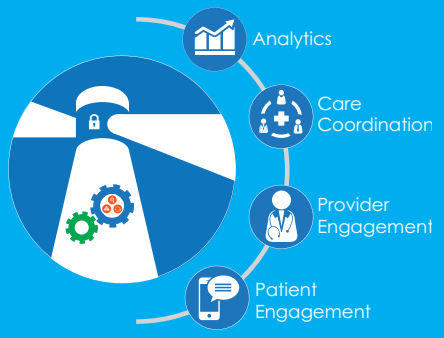
www.rgvha.org - McAllen, TX

Outcomes

- Generated $8.6 Million in Shared Savings
- Decreased Home Health Spending by 41%
- Lowered total ER Visits and Associated Hospitalizations By 10%

Solution

Lightbeam's Population Health Management Platform



Drivers

Visual insights and reporting to drive and support decision-making in transitioning from fee-for-service to value-based care

Challenges

- Size of health organization
- Cost
- Limited performance indicators for corrective action

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"We are an accountable care organization that's making everyone accountable."

Victoria Farias, Assistant Administrator

No more 'needles in a hay stack'

Prior to Lightbeam, RGVHA gave their financial data to a third party analytics vendor who would analyze claims data and report findings such as high cost and low quality measure scores that needed improved performance. What the analytics vendor lacked however, was the ability to provide specific data and suggested strategies on how each physician could increase their performance and which patients to focus action on. Lightbeam's ability to aggregate claims and clinical data gives a 360 degree view of their population allowing them to identify high cost patients, low quality measure compliance and open care gaps.

Minimizing home health spending

RGVHA knew their total spending on home health services was much higher than the national average so they set a goal to decrease Medicare home health admissions to 10% of the total assigned beneficiaries over three years. Historically, doctors would sign home health certifications at the requests of home health agency representatives, patients or their families, unaware if the beneficiary met the criteria set by CMS. Using Lightbeam's analytical reports and drill down capability, their coordinators were able to view their patients' underlying data and could compare it to the CMS home health criteria. Patients who didn't meet the standard were immediately contacted and educated about alternate avenues of care that met the CMS home health criteria. This care management practice tremendously reduced unnecessary spending, saving RGVHA nearly 41% on home health costs per patient per month over the course of two years, despite an increase of nearly 1,600 members.

Medication adherence through coordinated care

Lightbeam data also empowered RGVHA to further control spending on medications and duplicate testing. Before Lightbeam, patients were listing up to 5 physicians as their primary care physician (PCP). This resulted in a lack of care coordination as each provider had limited knowledge to who else the patient was seeing for health services. Patients were being prescribed multiple medications for the same condition, or taking multiple tests for the similar symptoms. This was costly, inefficient and in some cases dangerous. Lightbeam data helped guide care coordinators to these patients so they could discuss and encourage them to choose a single PCP. This practice not only simplified a patient's medication regimen but improved coordination across the health system, connecting providers with one another to help manage their population.

Targeted care management

Lightbeam's ability to identify groups of high risk patients empowered RGVHA to implement targeted projects focused on care management intervention. One example, RGVHA identified their high ER utilizers (patients with 2 or more ER visits within a 6-month period), which their care coordinators then interacted with as needed, measuring and treating symptoms they were experiencing post discharge. One patient in particular had 38 ER visits, which was well above the criteria they were searching for. Because Lightbeam identified this patient as a high user of the ER, care coordination was able to intervene. The patient's primary care physician diagnosed the issue and modified treatment decisions, reducing the patient's costs by 66%. Utilizing targeted interventions has allowed RGVHA to lower total ER visits and associated hospitalizations by 10%.

Accountable success

Within the first year of participating in the MSSP program, success was seen across a variety of clinical and financial measures. Generating over $6.1 million in shared savings they paid off their 'advanced payment' from CMS. Greater savings are projected for 2015, now under analysis by the MSSP. Performance improvements are attributed to leadership, personnel and patient participation, yet having actionable data from Lightbeam has provided the visibility needed to identify high impact opportunities to achieve great results. As the ACO journey continues on, RGVHA believes they have what it takes to redefine care in McAllen, TX.

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