Today's Presenters

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Ohio Association of
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Azara Healthcare

Introduction to Azara Cost & Utilization (ACU)

Powered with DRVS Plan Data

Azara Cost & Utilization (ACU) leverages payer data from DRVS to facilitate management of value-based care arrangements through analytics and visualizations.
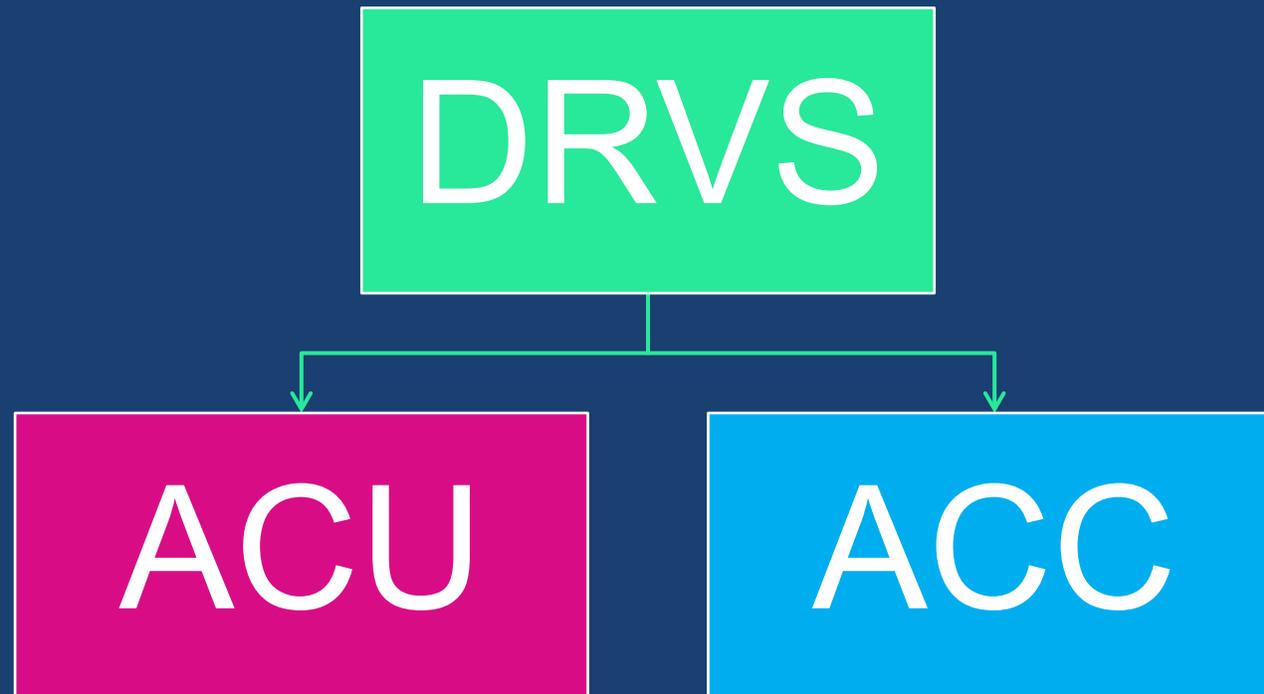
Value of ACU

- Improve success in value-based care contracts

- Understand medical and Rx costs across the provider network

- Track utilization for primary care episodes outside of the members assigned practice

- Monitor avoidable inpatient and emergency department (ED) utilization

- Promote to ACC for triage and evaluation by Care Management resources

ACO
ACCOUNTABLE CARE ORGANIZATION

CIN
CLINICALLY INTEGRATED NETWORK

OACHC
Ohio Association of Community Health Centers

VALUE BASED CARE IN OHIO

OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS

VBC IN OHIO

OACHC — Ohio Association of Community Health Centers

CIN — CLINICALLY INTEGRATED NETWORK

PCA VBC Support:

Ohio Comprehensive Primary Care

Comprehensive Maternal Care

ACO — ACCOUNTABLE CARE ORGANIZATION

Current: Primarily Medicaid Focus with 4 active Medicaid Contracts

Future Additions: Medicare Advantage/Commercial

Medicare Shared Savings Program Advanced Investment Payment Model

Ohio FQHCs Participating in Health Centers of Ohio Value Based Care
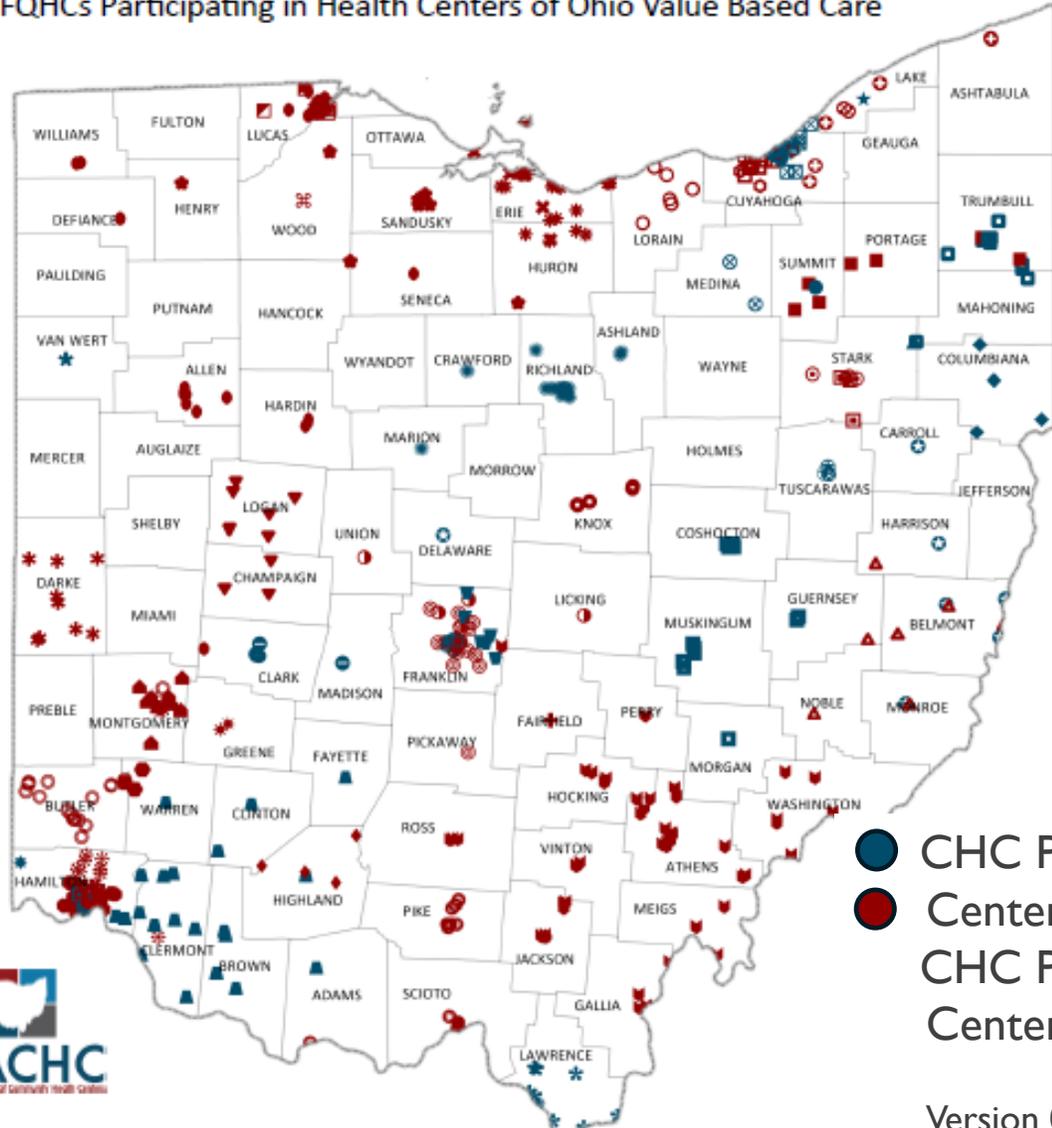
VALUE BASED CARE IN OHIO

- CHC Participating in Health Centers of Ohio CIN only
- CHC Participating In Health Centers of Ohio & CIN

Version 04/2025

2025 USE OF AZARA FOR VALUE BASED CARE

CIN Use of Azara DRVS

- CIN Azara DRVS Users
- CIN Participants not using Azara DRVS
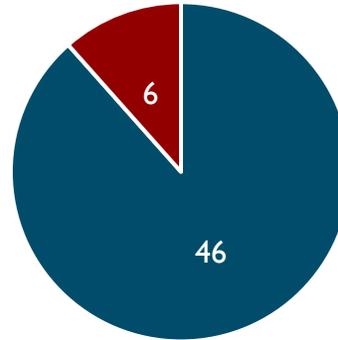
ACO Use of Azara DRVS

- ACO Azara DRVS Users
- ACO Participants not using Azara DRVS

## Network Use of Azara DRVS

- Azara DRVS Users
- Not Participating
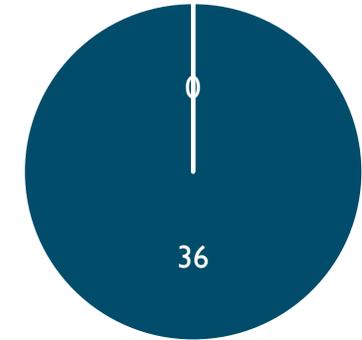
Azara DRVS Data Sharing Payer 1

- Data Sharing Only
- Azara Payer Integration and Data Sharing
- Eligible, but not Sharing Data
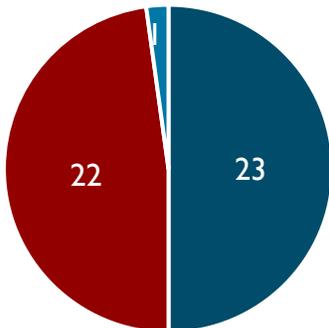
Azara DRVS Data Sharing Payer 2

- Data Sharing Only
- Azara Payer Integration and Data Sharing
- Eligible, but not Sharing Data
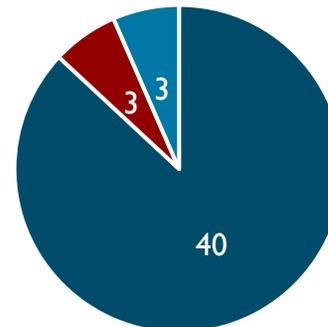
ACO Use of Azara DRVS

- Azara Payer Integration and Azara Cost and Utilization
- Eligible, but not Sharing Data

ODIP: Ohio Data integration Platform utilizing Azara DRVS
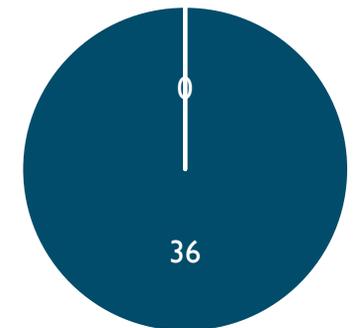
KEYS TO SUCCESS IN MEDICARE SHARED SAVINGS PROGRAM (MSSP)

KEYS TO SUCCESS IN THE MEDICARE SHARED SAVINGS PROGRAM
WHERE DOES YOUR HEALTH CENTER NEED SUPPORT AND EDUCATION?

Data Infrastructure:
Utilize ODIP (Ohio Data Integration Platform) powered by Azara DRVS and Azara Cost and Utilization to analyze, identify trends and opportunities for cost reduction and quality improvement.

Annual Wellness Visits:
Conduct Medicare "Annual Wellness Visits"–a comprehensive visit paid for each Medicare beneficiary once a year–to maximize attribution.

HCC Capture and Recapture:
Implement a coding specificity improvement program, to appropriately link ICD-10 codes to HCC groups which drive the target baseline cost.

Focused Quality Improvement:
Develop standards around key ACO quality measures to ensure that savings created are paid to the ACO.

Care Management:
Conduct care management activities for high and rising risk patients to support self-management, improve health outcomes and impact cost.

Transitions of Care:
Implement a structured follow-up program for patients post discharge from a hospitalization or emergency department visit improving health care quality and patient experience and reducing hospital readmissions and cost.

CHOOSING OUR PARTNER AND PLATFORM

Why Partner with Azara?

- Network accessibility
- One Platform, One login
- Streamlines Health Center workflow
- Reporting capabilities

Why use Azara Cost and Utilization?

- CMS File Structure
- Attention to cost and utilization to impact total cost of care
- Data Visualization
- Simplification of data Management/ Standardization
- Strategy to Improve VBC Success

VALUE BASED CARE PRACTICE ASSESSMENT TOOL

VBC Practice Assessment Tool

- VBC Practice Assessment Tool implemented with Health Centers Quarter 1 2025

- A Value-Based Care Practice Assessment Tool is designed to help healthcare organizations evaluate how effectively they are implementing value-based care principles in their practices. This tool helps assess various aspects of care delivery to ensure it aligns with the core goals of value-based care: improving patient outcomes, reducing costs, and enhancing the patient experience.

- The goal of the Practice Assessment Tool is to provide a comprehensive overview of the organization's readiness and effectiveness in value-based care.

- The results should highlight: strengths that can be leveraged for success in VBC, areas for improvement where resources and strategic initiatives are needed and prioritization of improvement opportunities based on their potential impact on patient outcomes, cost efficiency, and overall care delivery.

# VALUE BASED CARE PRACTICE ASSESSMENT TOOL

3 Assessment Categories

Value-Based Care Framework & Strategy

Care Delivery

Population Health & Data Analysis

Objective	Definition
Tracking and Comparing Performance and Financial Outcomes	A structured process to track progress on value-based care goals, including total cost of care and quality improvement, with ongoing comparison of expected vs. actual performance in both outcomes and revenue
Engagement of High Utilizers and High-Cost Members	Identify and engage high utilizers, high-risk members, and high-cost individuals to implement targeted interventions, improve care coordination, and reduce unnecessary healthcare utilization
Transitions of Care	Establish a transitions of care process to manage individuals being discharged from the hospital or other healthcare institutions, ensuring seamless coordination, follow-up care, and addressing any gaps in treatment to prevent readmissions and promote continuity of care.
Preventing Unnecessary ED Visits	Follow up on preventable ED visits by contacting members who have used the emergency room for non-urgent care, addressing underlying health issues, enhancing care coordination, and implementing strategies to reduce future unnecessary ED visits
Performance Tracking and Reporting	Regularly track and report on performance indicators relevant to contracts, using a performance dashboard to capture key benchmarks and variances at both the care team and overall practice level.
Cost Analysis and Management	Analyze total cost of care per member, prescription drug costs, and high-cost members through data analysis to identify cost drivers, optimize formulary management, and implement targeted interventions to improve care efficiency, reduce unnecessary expenditures, and better manage high-cost care

VALUE BASED CARE PRACTICE ASSESSMENT TOOL | RESULTS
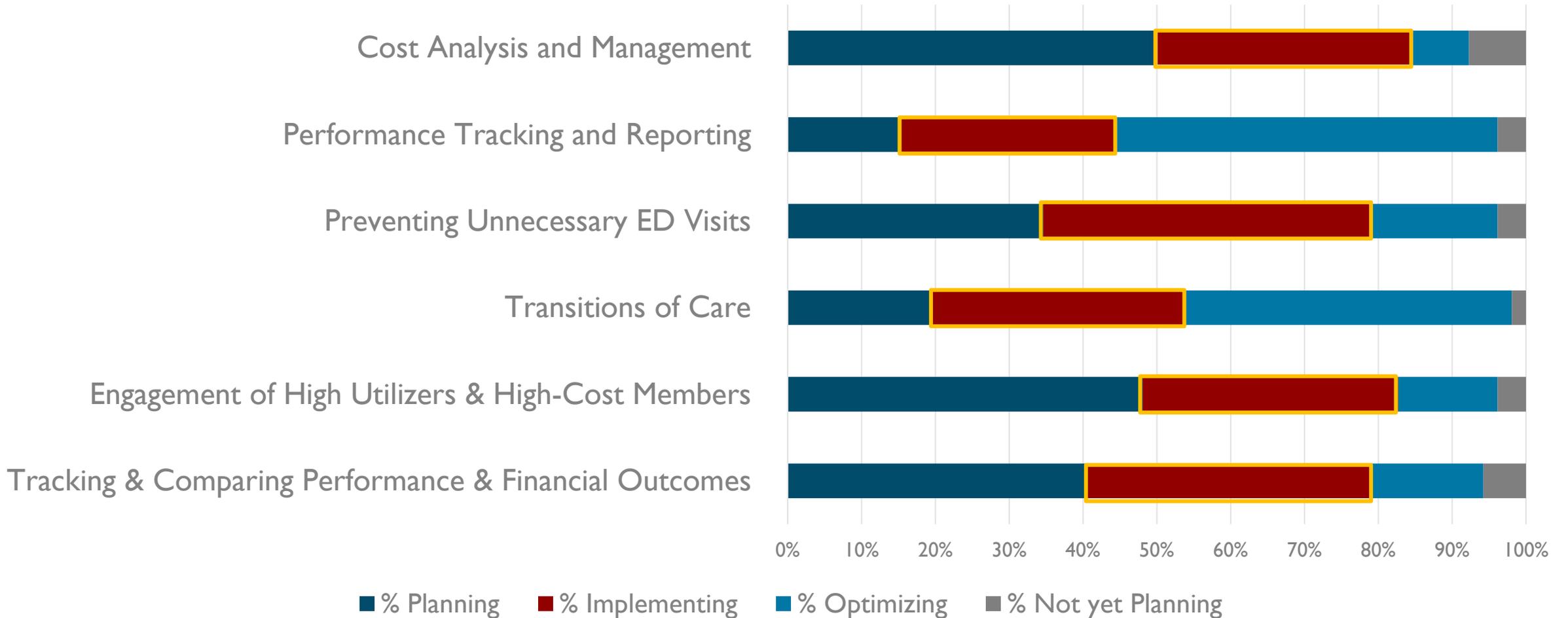
NETWORK USE OF AZARA COST & UTILIZATION (ACU)

NETWORK USE OF AZARA COST AND UTILIZATION (ACU)

October 2024

Pilot Launches

November 2024

Pilot Centers have 1 on 1 Azara Support

December 2024

Pilot ends, Lessons learned

January 2025

Launch ACU to All MSSP Health Center and Train Health Centers

February 2025

Start Monthly focus topics

March 2025

Health Centers new to MSSP in 2025: Data Access available

AZARA COST AND UTILIZATION: MONTHLY TOTAL COST OF CARE FOCUS

Health Center's and Network have Access to Data

- Networking Call: Review of Monthly Total Cost of Care Focus
- Individual Health Center Meetings: Focus on Health Center Specific Data, Challenges, Workflows, and Successes

Monthly Total Cost of Care Topic:

- **Strategy:**
  - All Value Based Care Contracts have a monthly focus on Total Cost of Care.
  - For MSSP, all data comes from Azara Cost and Utilization
- **Why:**
  - Keep Health Center's engaged in Total Cost of Care
  - Break workload down into smaller more concrete actions
  - Monthly list of patients to research and outreach
- **Intended Outcome:**
  - Monthly impacts on Total Cost of Care to slowly decrease cost

MONTHLY TOTAL COST OF CARE FOCUS NETWORK AND HEALTH CENTER LEVEL

January
Demo and Training on ACU

February
Executive Dashboard overview & Showing Target settings

March
Top Cost Members

April
Resource Utilization Bands (RUBs)/ Hospital Readmission

May
HCC Capture and Recapture

June
Emergency Dashboard

July
Inpatient Dashboard

August
Member Review Dashboard

September
RX Dashboard

October
Network and Primary Care Leakage

November
Top Cost Members

December
Best Practice Wrap up from the Year

MONTHLY TOTAL COST OF CARE FOCUS EXAMPLE: READMISSION DASHBOARD

This dashboard provides an overview of utilization trends for inpatient readmissions as well as the opportunity to identify patterns for potentially preventable or avoidable admits as defined by Hopkins ACG.

The following visit classifications are categorized as 'Avoidable':

- **Non-emergent:** presenting symptoms or medical conditions indicate that immediate care was not required

- **Emergent, Primary Care Treatable:** immediate care was required, but the condition did not require resources that are primarily available in the ED. The same treatment could have been provided effectively and safely in a primary care setting

- **Emergent, ED Needed - Preventable/Avoidable:** emergency treatment and ED resources were required, but the condition could have been prevented or avoided with adequate care in an ambulatory setting

# MONTHLY TOTAL COST OF CARE FOCUS EXAMPLE: HOSPITAL READMISSIONS

Goal:

Reduce Avoidable Readmissions
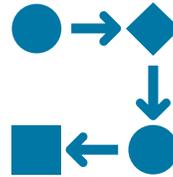
ACU Workflow:

Inpatient Readmission Dashboard → Review Avoidable IP Admits Measure → Analyze by groupings/filters → Review patient details and add in "avoidable" Visit Classification → Analyze members in Member Profile
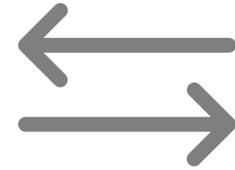
Impact:

What can you provide at your health center?

Develop TOC process, Leverage telehealth etc.

READMISSIONS DASHBOARD
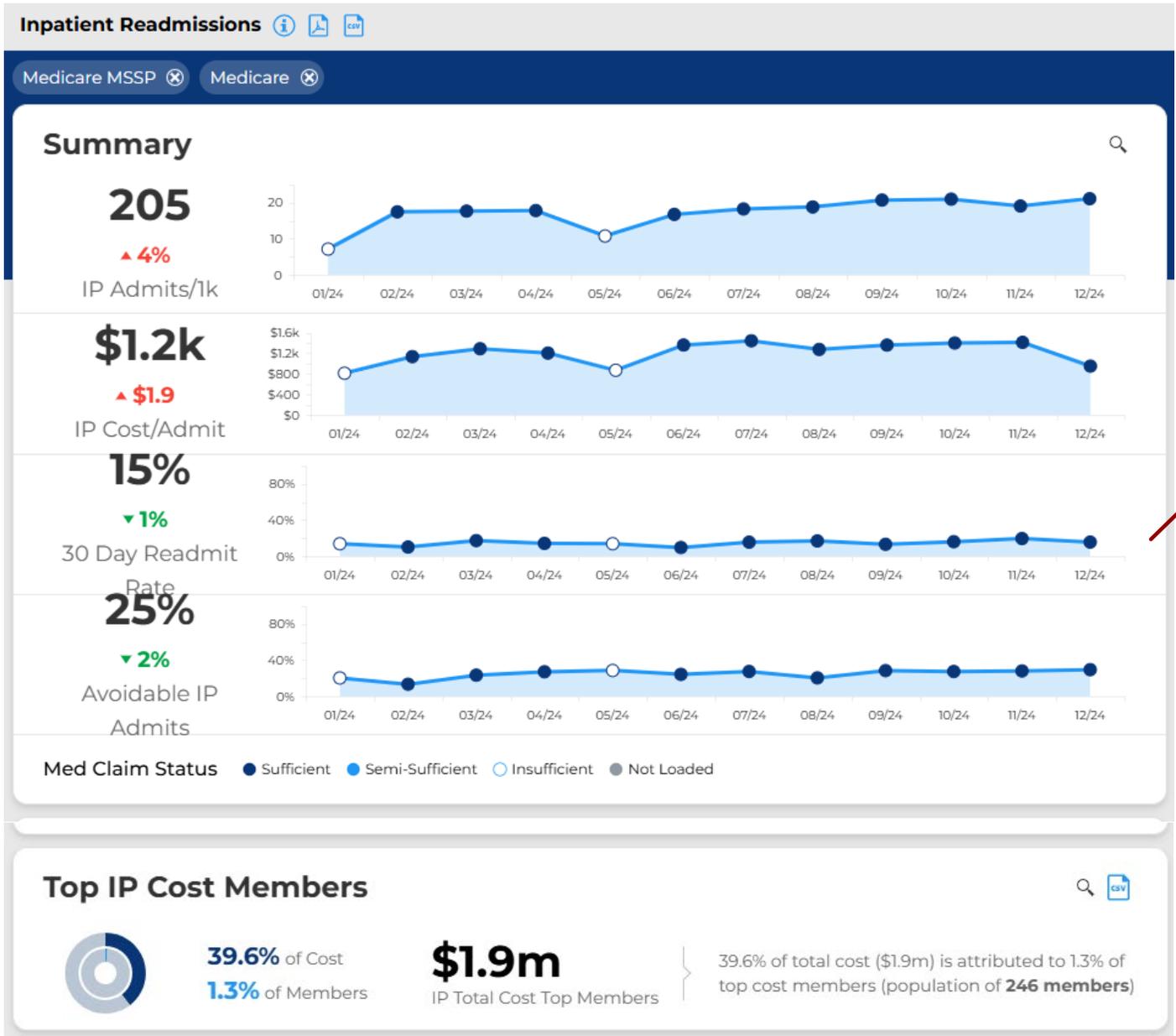
Use to track efficiency of Transitions of Care (TOC) efforts

Identify members with avoidable admits

Identify members that are driving the cost

READMISSIONS DASHBOARD - AVOIDABLE IP ADMITS

1. Add Visit Classification Filter

2. Filter by avoidable classifications

   - Emergent, Primary Care Treatable

   - Non-emergent

   - Emergent, ED Needed, Potentially Avoidable

3. Filter by a low Resource Utilization Bands (RUB) to identify members that may be easily impacted

Visit Classification filter

Filter by Items: 3 / 6

🔍 Search items...

☑ Emergent, ED needed, potentially
☑ Emergent, primary care treatable
☑ Non-emergent
☐ Emergent, ED needed, not poten
☐ Injury, severe

[APPLY]   [CLEAR]

Avoidable IP Admits   GROUP BY [Clinical Class ▼]   TOTALS   34%   ✕

[Medicare MSSP] [Medicare] [3 Visit Classification ∧ ⊗]

Member Name ↑		RUB	Chronic Condition Count	Plan	Line of Business	Episode Location	Admission Date	Discharge Date	Visit Classification	Clinical Class	Total Cost
	5... 5/...	5 - Very High	15	Medicare MSSP	Medicare	WINCHESTER MEDICAL ...	7/11/2024	7/11/2024	Emergent, primary care treatable	Circulatory Diseases	$6.25
	8... 12/...	4 - High	10	Medicare MSSP	Medicare	SUMMA HEALTH SYSTEM	8/25/2024	8/25/2024	Emergent, ED needed, potentially avoida...	Respiratory system diseases	$344.45
	8... 12/...	4 - High	10	Medicare MSSP	Medicare	SUMMA HEALTH SYSTEM	10/21/2024	10/22/2024	Emergent, ED needed, potentially avoida...	Respiratory system diseases	$157.19
	9... 6/...	5 - Very High	12	Medicare MSSP	Medicare	SUMMA HEALTH SYSTEM	11/18/2024	11/19/2024	Emergent, ED needed, potentially avoida...	Respiratory system diseases	$711.73
	2... 9/...	3 - Moderate	1	Medicare MSSP	Medicare	SUMMA HEALTH SYSTEM	9/5/2024	9/6/2024	Emergent, primary care treatable	Digestive system diseases	$569.48
	6... 12/...	5 - Very High	22	Medicare MSSP	Medicare	SUMMA HEALTH SYSTEM	8/29/2024	9/5/2024	Emergent, primary care treatable	Skin Diseases	$945.53

Click on patient name to view Member Profile

READMISSIONS DASHBOARD

| # of Readmissions | GROUP BY | Practice ▾ | | | | | | TOTALS | 555 |

Medicare MSSP   Medicare

Member Name ▼	RUB ▼	Risk of Predicte Hospitali ▼	Chronic ndition Count ▼	Episode Location ▼	Admission Date ▼	Discharge Date ▼	Visit Classification ▼	Clinical Class ▼	Total Cost ↓ ▼
	7	4 - High	Unknown	11	N N AKRON GENERAL ...	5/9/2024	5/9/2024		Musculoskeletal Disea...	$10,700.06
	7	5 - Very...	Medium	24	N N ADVENTIST HEALTH...	3/18/2024	4/4/2024		Infectious Diseases	$9,952.32
	8	5 - Very...	Unknown	7	N N OHIOHEALTH CORP...	2/25/2024	3/9/2024	Unclassified	Infectious Diseases	$9,839.45
	6	5 - Very...	Unknown	17	N N THE CLEVELAND CL...	10/6/2024	10/20/2024	Emergent, ED needed, not...	External Causes	$9,645.50
	9	5 - Very...	Unknown	25	N N OHIO STATE UNIVE...	3/16/2024	3/28/2024	Emergent, ED needed, not...	Unclassified Symptoms	$9,584.76

Analyze members by

- Frequent flyers

- Risk of Predicted Hospital Readmission
    - Likelihood of an inpatient hospitalization within the next 12 months, categorized as High, Medium, Low, or Unknown.
    - This risk assessment is based on the Hopkins ACG model.

- Visit Classifications – avoidable

- Low RUBS

MEMBER PROFILE

Attributed – not seen

Cost of each IP Admit

Filter/view avoidable visits

ACU   Plans   Executive   Leakage ∨   Utilization ∨   Claim Completeness   Member ∨   📢 ❓ JB

Member Profile ⓘ 📄 📄   🔍 **Member lookup**   📅 Jan 2024 - Dec 2024 ▾   ↻ Update

Member # ▮▮▮	
MRN :	
DOB : ▮▮▮	

Practice : ▮▮▮

Match Status : UNMATCHED
Plan & LOB : Medicare MSSP - Medicare

Plan Eligibility Status : Active
Attributed PCP : UNKNOWN PROVIDER (NPI: NULLVAL)
Hospice Utilization : N

Review Queue Populations : 3
Review Queue Status : Needs Review

Chronic Conditions   (32)

Category ↑2	Detail ↑3	Impact ↑1
Allergy	Disorders of the immune system	HIGH
Cardiovascular	Congestive heart failure	HIGH
Malignancies	High impact malignant neoplasms	HIGH

High Impact Areas

🏠 Avoidable IP	3	🔗 Primary Care Leakage	3	
↻ 30 Day IP Readmissions	3	🔗 Network Leakage	85	
🚑 Avoidable ED	3	⌀ Rub Score:	5	

Total Cost
$65.3k   N/A   STOP LOSS

Risk of Pred. Hospitalization : High

Utilization Over Time   🔍

$ #

	01/24	02/24	03/24	04/24	05/24	06/24	07/24	08/24	09/24	10/24	11/24	12/24	Total	% Of Total
Inpatient		$1,119	$1,054	$598			$2,966	$3,143		$4,073			$12,953	20%
Emergency Department		$745					$882			$739			$2,365	4%
Outpatient	$248	$1,283	$3,011		$188	$1,693	$6,018	$526	$1,610	$2,236	$147		$16,959	26%
Lab and Diagnostic				$13		$497	$6,097						$6,607	10%
Specialty	$139					$177	$74						$745	1%

ED/IP Utilization

Admission	Discharge	Type	Location	Clinical Class	Avoidable? ↓	Cost
10/16/2024	10/20/2024	Inpatient	PLEASANT VALLEY HOSPITAL, INC.	Respiratory system diseases	Y	$1,004.74
10/16/2024	10/16/2024	Emergency Department	PLEASANT VALLEY HOSPITAL, INC.	Blood Diseases	Y	$145.32
					Y	

EXPECTATIONS FOR USE

Monthly Use Expectation

Review Data Trends

Review Utilization Focus of the Month

Address Member level data

Addressing Non-Utilization

Monthly tracking of Utilization

Outreach to Individual Health Center to troubleshoot issues and challenges

Network overview discussion of expectations

Network discussion of success and challenges

ADDRESSING INPATIENT READMISSIONS: WHAT CAN YOU DO?

Proactive Risk Identification:	• Identify high-cost patients early
Identify Patterns in Avoidable Readmissions	• Provide targeted interventions for frequent fliers • Identify avenues where preventative care/early intervention could support
Establish a TOC Workflow	• Leverage TOC Integration in DRVS or CliniSync Notify to proactively follow up
Care Coordination:	• Assign care managers, improve specialist referrals, and integrate behavioral health
Chronic Disease Management:	• Implement evidence-based protocols, remote monitoring, and personalized care plans
Preventive & Urgent Care Access:	• Expand same-day visits, telehealth, and urgent care to reduce ED visits
Medication Management:	• Conduct medication reconciliation, deprescribing, and pharmacist-led interventions
Social Drivers Support:	• Address food insecurity, housing instability, and transportation barriers
Patient Engagement & Education:	• Offer health coaching, self-management tools, and motivational interviewing

28

EARLY SUCCESSES AND CHALLENGES

Successes

- Senior Leadership Tracking
- Member Linkage to Case/Care Management for support and monitoring
- Leverage data with Local Hospital to show high inpatient admits than Regional Hospitals
- Data used to drive conversations to support community change
- Brought attention to identified focused diagnoses
- Easily Identifies where Health Center can take action
- Data are used to direct attention and identify areas where care management can focus, with the goals of improving patient outcomes and reducing costs
- Pulling data for monthly review with Chief Medical Officer (CMO) and Quality Improvement (QI) teams to identify opportunities for impacting high-cost users

Challenges

- Time
- Staffing
- Limited ability to impact external cost
- Timing of Pilot and launch to all centers

STRATEGY AND NEXT STEPS

Potential to Expand to CIN Payer Data

Will drive increased use of Azara cost and Utilization thus more focus on Total Cost of Care

One stop shop for all VBC contracts to address cost and utilization thus more attention to all contracts

Approach Payers to Cover Cost

Payer cost for both Azara Cost and Utilization and Azara Payer Integration

Show payer return on investment of decreased total cost of care

Ohio Data Integration Platform (ODIP) Practice Assessment Tool (PAT)

ODIP PAT includes ACU with the goal to assess usage and provide tailored T/TA for each health center

Collaboration with the OACHC HCCN

Next Wave of HCCN, expected to start this summer, has a VBC focus

T/TA focus on ACU and VBC

NETWORK EXPANSION STRATEGY IN FUTURE YEARS

STRATEGY FOR WORKING WITH PLANS

Health Center Strategy

Encourage Data Sharing for all eligible plans

Encourage Payer Integration for Plans with Large Membership

Require Cost and Utilization Platform and Payer Integration for ACO Participation, funded by ACO

Troubleshoot Data Validation Issues with Health Center

Optimization of ODIP

Plan Strategy

Only establish Network Connection to ODIP with VBC Agreement

Troubleshoot Data Validation Issues with Plan

Propose Plans Help cover costs of Payer Integration and Cost and Utilization

Promote Success of Payer Integration and show impact on Plan Data

QUESTIONS?

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OACHC
Ohio Association of Community Health Centers

Azara Cost & Utilization (ACU) Dashboards

Plan Performance Dashboard

Track performance across arrangements and identify contract opportunities.

Contract Administration

Track and monitor measure performance against VBC goals.
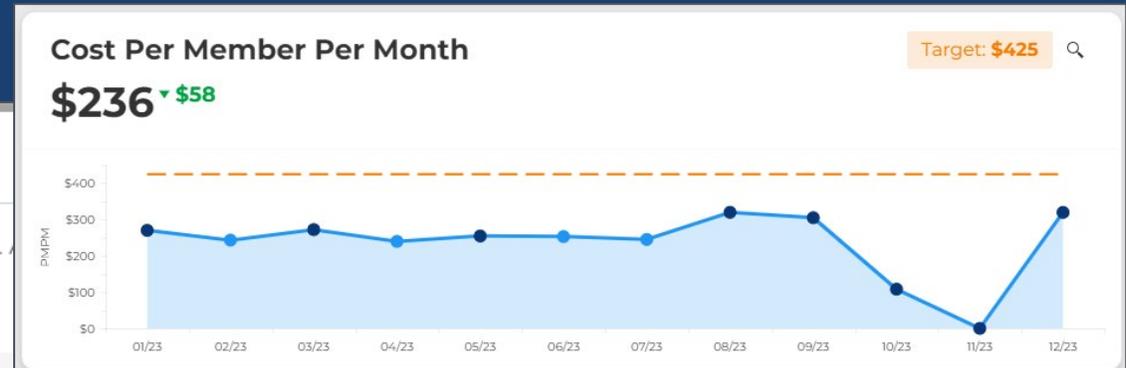
Executive Dashboard

Analyze overall contract performance.
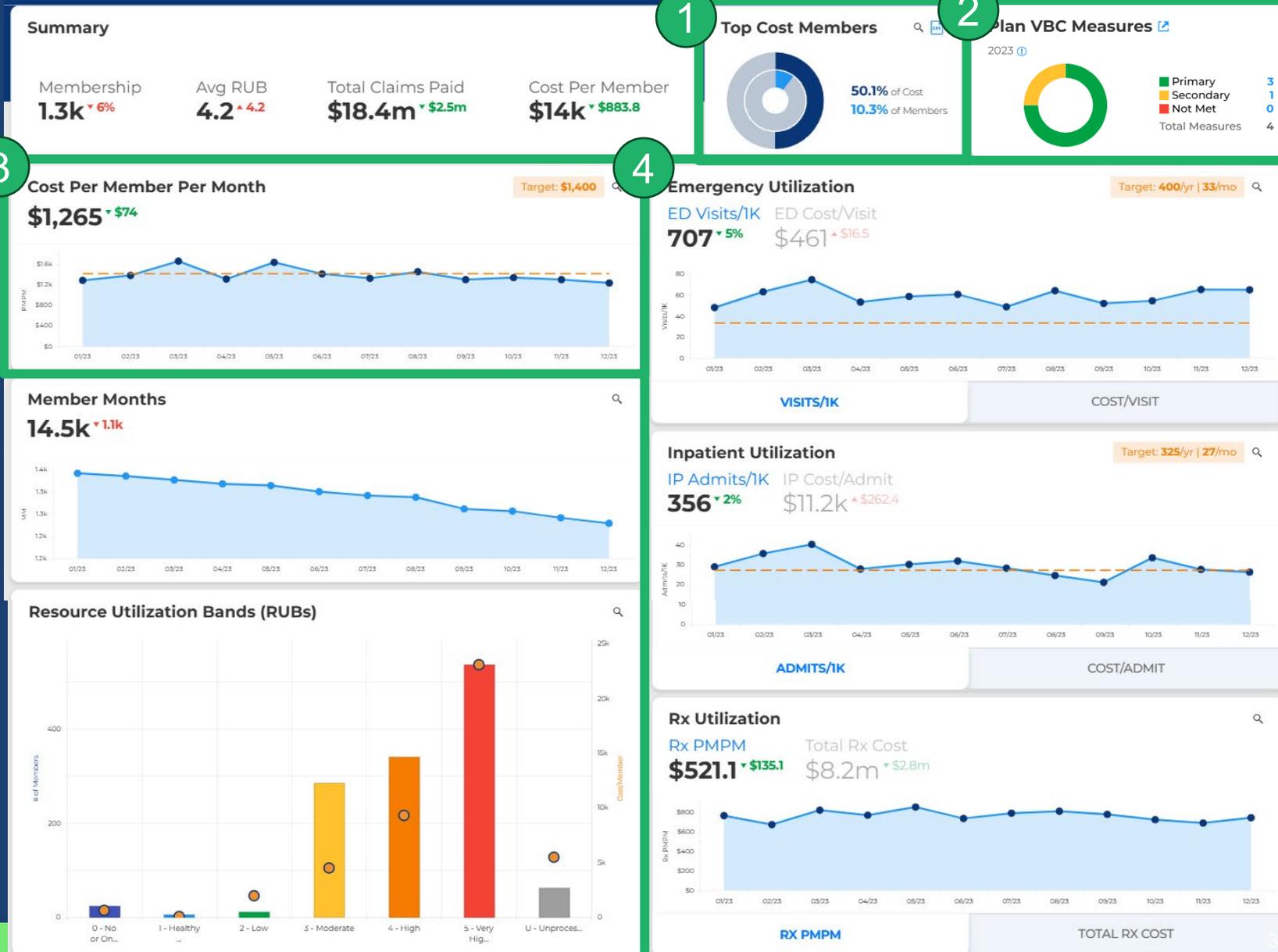
Emergency Utilization

Identify patterns in avoidable ED visits.

1 **Summary**

707 ▼ 5%
ED Visits/1k

Target: **400**/yr | **33**/mo
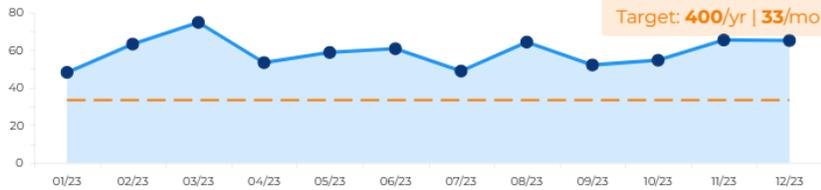
$461 ▲ $17
ED Cost/Visit

Target: **$600**

41% ▼ 1%
Avoidable ED Visits

Target: **35%**
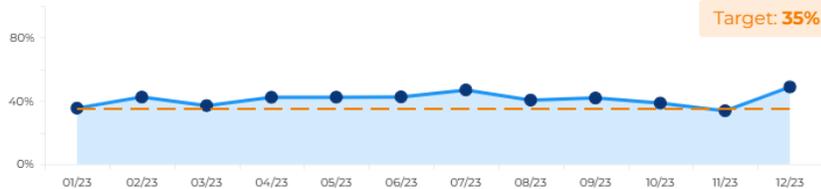
Med Claim Status ● Sufficient ● Semi-Sufficient ○ Insufficient ● Not Loaded

2 **Top ED Cost Members**

41% of Cost
2.5% of Members

$175.6k
ED Total Cost Top Members

41% of total cost ($175.6k) is attributed to 2.5% of top cost members (population of **33 members**)

3 **Avoidable ED Visits** # OF VISITS PER 1K

FHC   NHC   ACH
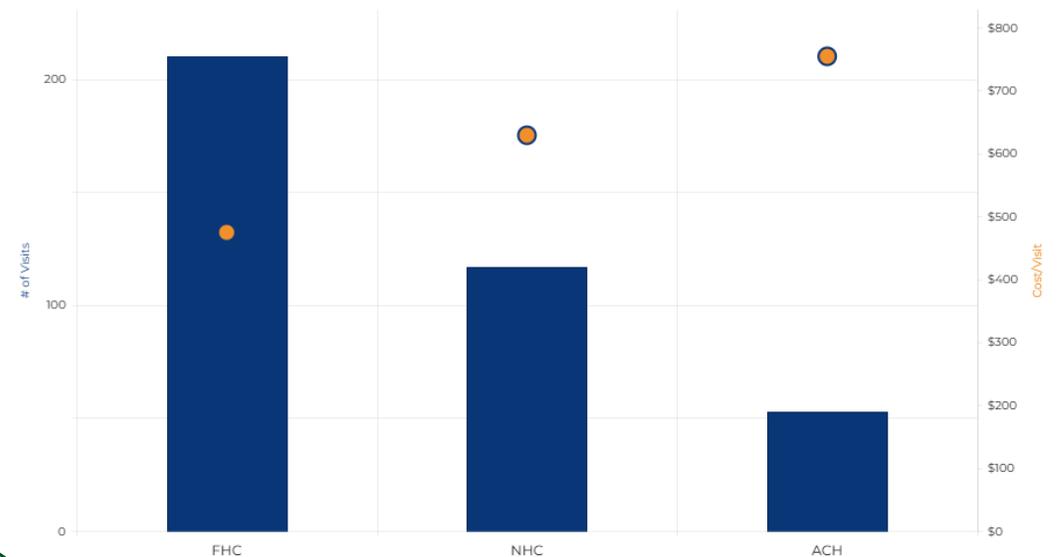
4 **Avoidable ED Visits by Clinical Class**

Clinical Class	Total Cost ↓	# of Visits	Cost/Visit
Unclassified Symptoms	$69,976	75	$933
Circulatory Diseases	$39,197	91	$431
Musculoskeletal Diseases	$30,350	29	$1,047
Digestive system diseases	$20,306	34	$597
Respiratory system diseases	$12,612	26	$485
Nervous system diseases	$9,309	19	$490

Drill Down Modal

Investigate measure performance using the Azara default path or your own.
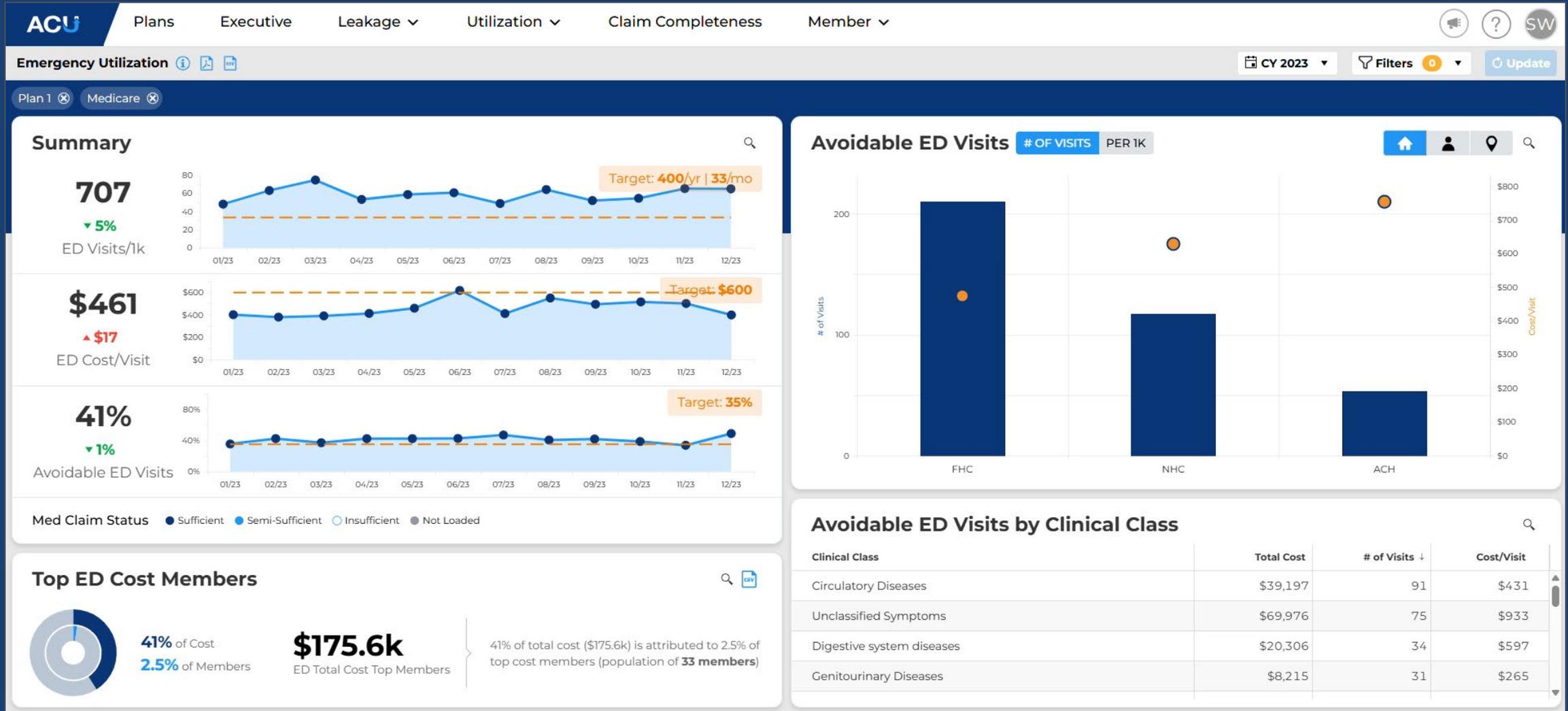
Rx Utilization

Manage Rx costs and identify more efficient prescribing patterns.

1

Total Rx Cost

$6.3m ▼ $237.6k

Rx PMPM

$96.5 ▼ $33.7

3

Costs by Generic vs Name Brand

Name Brand	86.2%
Generic	12.3%
Unknown	1.6%
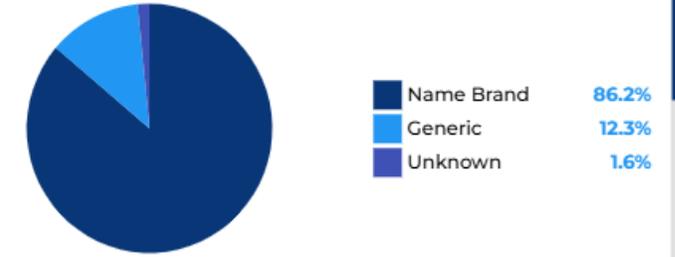
2

Costs by Anatomical Therapeutic Chemical (ATC) Classification

ATC Classification	Total Cost ↓	% of Generic Dispenses by Total Cost	# of Members	Cost/Member
ALIMENTARY TRACT AND METABOLISM	$1,839,369.04	3.49%	906	$2,030.21
ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS	$1,464,227.94	22.92%	112	$13,073.46
BLOOD AND BLOOD FORMING ORGANS	$612,959.25	0.99%	278	$2,204.89
RESPIRATORY SYSTEM	$471,676.60	11.53%	492	$958.69
NERVOUS SYSTEM	$446,737.22	21.54%	739	$604.52
ANTIINFECTIVES FOR SYSTEMIC USE	$384,039.45	12.1%	639	$601.0
CARDIOVASCULAR SYSTEM	$365,160.79	27.76%	1,157	$315.61
OTHER	$363,889.13	3.65%	1,737	$209.49
DERMATOLOGICALS	$107,616.34	1.86%	89	$1,209.17
GENITO URINARY SYSTEM AND SEX HORMONES	$81,225.78	16.99%	270	$300.84
SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMON...	$55,530.01	18.68%	232	$239.35
SENSORY ORGANS	$46,262.12	14.87%	264	$175.24

Costs by Pharmacy Type

Retail	63.9%
Specialty	18.5%
Mail	13.6%
Unknown	3.9%

4
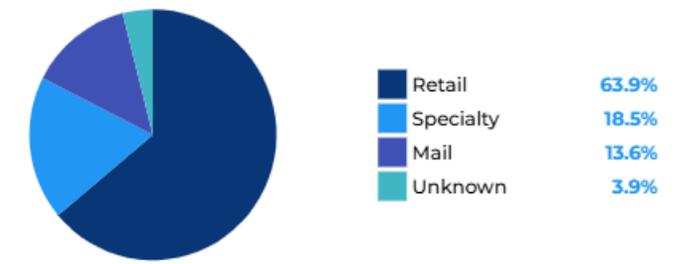
Costs by Fill Location

Location Name	Total Cost ↓	# of Members	Cost/Member
Health Meds	$741,089.09	226	$3,279
Smith Specialty Pharmacy	$249,416.91	5	$49,883
Ortiz Pharmacy	$247,100.03	17	$14,535
Rx Specialty	$223,427.46	7	$31,918

ACU and ACC

- Identify members who could benefit from a Care Management program
- Send members from ACU to Azara Care Coordination (ACC)
- Track costs and utilization for members enrolled in CM
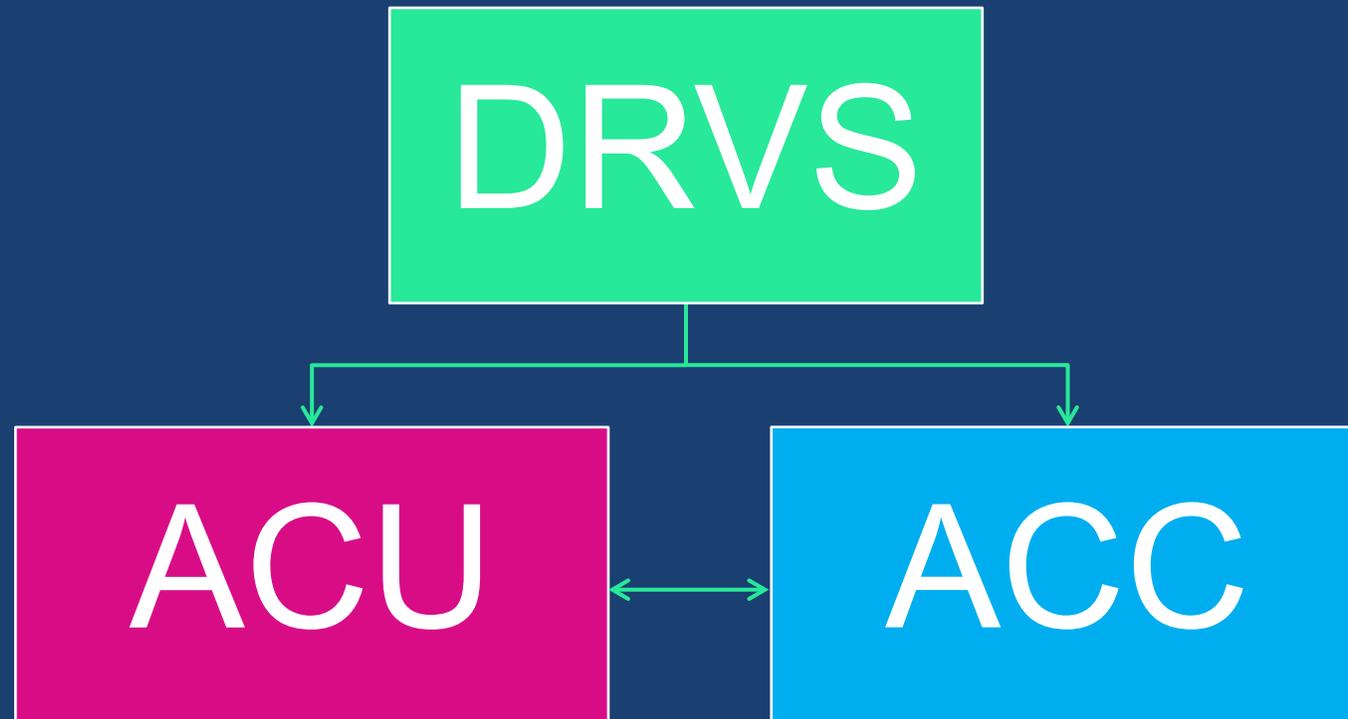
Member Review Queue

Review members for intervention and send directly to ACC for care management triage.

Member Profile

Analyze and investigate chronic conditions, costs, and utilization for a member.

Other ACU Dashboards

Primary Care Leakage: Identify members receiving primary care outside of the defined network for potential reassignment by the health plan.

Network Leakage: Identify members with any episode of care (ex. Inpatient, Emergency, SNF, etc.) outside of the defined

Claim Completeness: Track claim lag trends to identify complete reporting periods and data feed concerns.

Dashboard Use Cases

Dashboard	Use Case(s)
Plan Performance	• Track performance across arrangements to identify areas of opportunity and contracts requiring analysis
Executive	• Identify focus areas of a contract that require further drill down (i.e. ED, Rx, etc.)
Network Leakage	• Find where members are going for care outside the network and/or with non-assigned PCP,s how much that care costs, and the services most utilized. • Improve continuity of care by keeping members in-network while controlling cost of care and keeping revenue inside the network
Primary Care Leakage	• Identify members with primary care episodes that did not occur at their plan assigned practice (both inside and outside of the defined network) for roster reassignment with the health plan
Emergency Utilization	• Monitor and track emergency utilization trends • Identify patterns in avoidable ED visits to implement condition specific programs, thus reducing future avoidable visits
Inpatient Utilization	• Monitor and track inpatient utilization trends • Identify patterns in avoidable IP admits to implement condition specific programs, thus reducing future avoidable admissions

Dashboard Use Cases (cont.)

Dashboard	Use Case(s)
Inpatient Readmissions	• Monitor and track 30-day inpatient utilization trends • Identify patterns in 30-day IP admits to implement condition specific programs, thus reducing future readmissions
Rx Utilization	• Manage Rx costs while identifying areas of opportunity for cost savings and/or more efficient prescribing patterns
Claim Completeness	• Understand timing and sufficiency of claim volume, informing when and how to view data
Member Review	• Review recommended members who have been identified based on cost, utilization, or risk of predicted IP hospitalization for promotion to Care Management for better care coordination
Member Profile	• Investigate costs & utilization by member to identify if member may benefit from higher levels of care

Key Takeaways

Keep lists manageable so staff can effectively manage outreach and interventions

Prioritize by Impact to VBC performance and shared savings opportunities

Continue leveraging DRVS for TOC efforts, while monitoring the impact of efforts in ACU

Target members who are risky and/or have a risk of predicted IP hospitalization and intervene before they accrue costs and utilization

"We've got a lot of data in the industry, and not a lot of information.

I think understanding important elements of data for the purposes of maximizing quality and lowering cost of care is just a weakness that everyone has.

We need to focus on what data sources and what data processes and methods and solutions will get us to the right answer, cheapest, quickest and most effectively."

— Craig Samitt, M.D.

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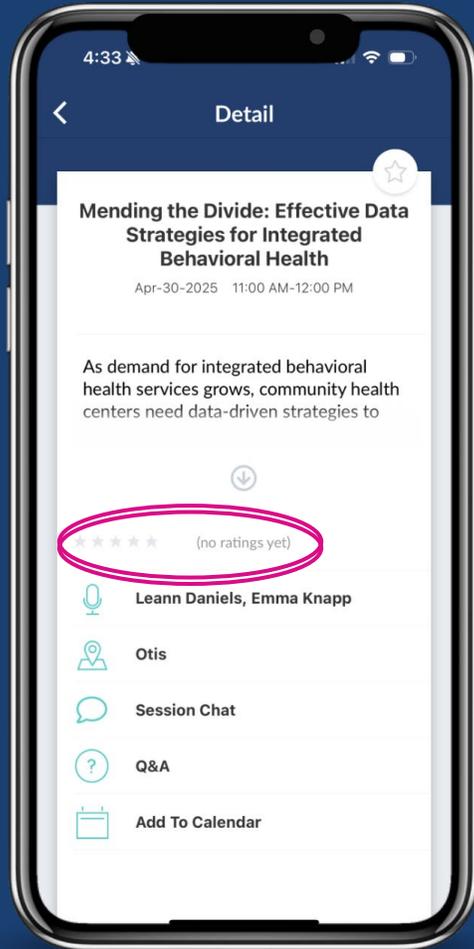
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