

# Achieving sustainable year-over-year ACO performance

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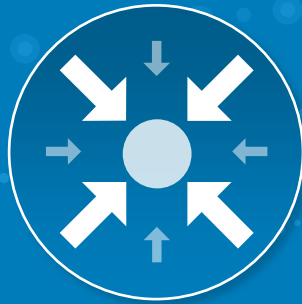
# Housekeeping

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2. This webinar is being recorded and will be made available on NAACOS' On-Demand Webinar page within 2 business days.
3. To ask a question, click on the green “ask” button in the bottom right of the questions box. You can type in a question at any time during the presentation.

# Change drives opportunity →



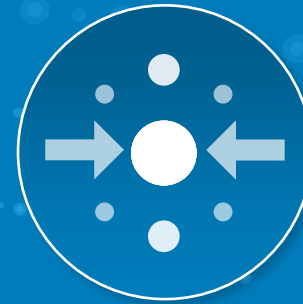
HEALTH CARE  
OF THE PAST IS  
UNSUSTAINABLE.



MACRO FORCES  
ARE ACCELERATING  
CHANGE.



THE TIME FOR  
TRANSFORMATION  
IS NOW.



TOGETHER, WE  
CAN GO FAR.

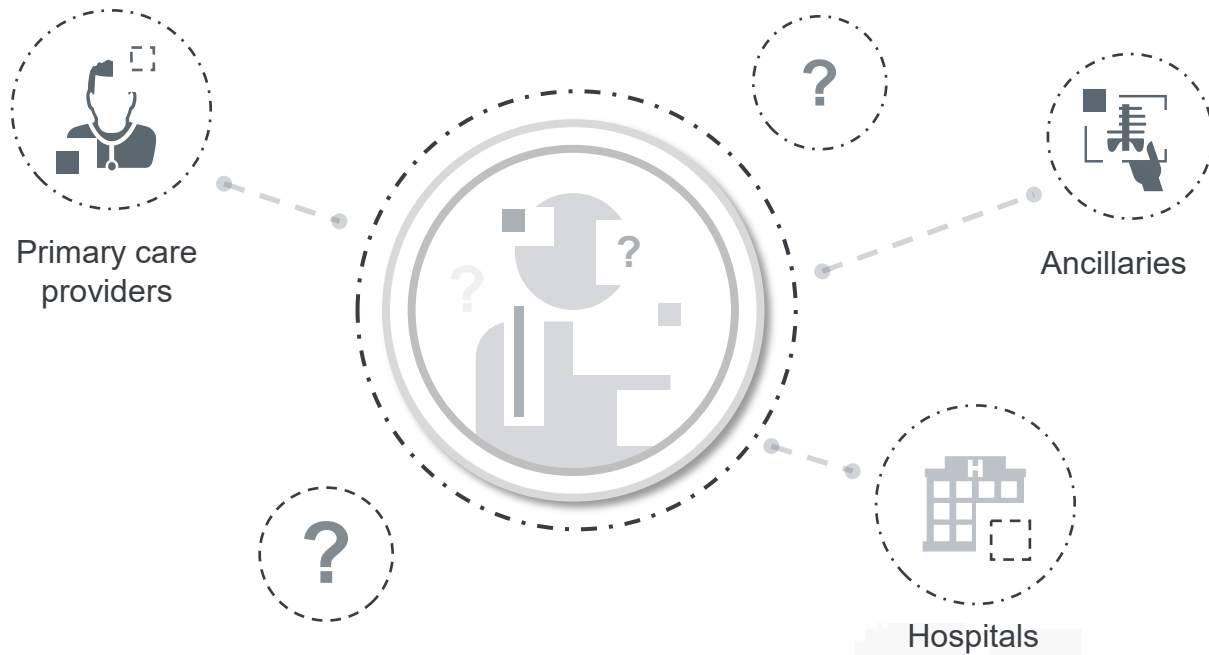


LET'S REIMAGINE  
POST-COVID  
CARE DELIVERY.

# WHAT COULD YOU DO

## IF YOU HAD A MORE COMPREHENSIVE VIEW OF YOUR POPULATION?

### LIMITED VISIBILITY



### Disconnected data silos

MANY EHRs. MANY PAYERS.  
FRAGMENTED PLATFORMS.

### FULL VISIBILITY



### Connected care community

ANY EHR. ANY PAYER.  
ONE PLATFORM.

# Connecting your community of providers, payers and social services to help advance the health of your market

Improve consumer experience. Manage risk predictably. Grow market share.



# Keystone ACO Geisinger



*“Expanding our relationship with Cerner and leveraging its capabilities across our health network will help create a better, seamless experience for our clinicians and help improve the personalized care we provide patients.”*

-Karen Murphy, PhD, RN  
Executive Vice President & Chief  
Innovation Officer, Geisinger

# Speaker introductions

**Melody L. Danko-Holsomback, MSN, CRNP**  
CAO & Director of Operations and IT

Melody Danko-Holsomback, CRNP, MSN has more than 26 years of practice experience in nursing, 20 of which have been within Geisinger. She has served roles in Community Practice and Inpatient Care, Information Technology, and Population Health Consulting before entering her current roles as CAO and Director of Operations for Keystone ACO, and as a SNFist for Geisinger Clinic.

**Richard Martin, MD, FAAFP**  
CMO, Director of Value-Based Care &  
Medical Director, Enterprise PACE Program

Richard Martin, MD, is Chief Medical Officer for the Keystone Accountable Care Organization. He also serves as Medical Director for LIFE Geisinger, a program with specialized services designed to support seniors in living independently. Dr. Martin is also the Medical Director of Convenient Care, Geisinger's urgent care services. He is a family physician and primary care doctor with 30 years+ of experience.

# Agenda

- Introduction to Geisinger and Keystone ACO
- Results
- Overcoming the data challenge
- Best practices
  - Historic claims analytics
  - Near real-time analytics
- Application of best practices in daily work
- 10-year plan
- Lessons learned

# About Geisinger Health System

Geisinger



## History

Geisinger was founded in 1912 by Abigail Geisinger, who at age 85 recognized the need for advanced healthcare in her rural central Pennsylvania community. “Make my hospital right; make it the best,” she said. Today, our purpose remains the same: Everything we do is about caring — for our patients, our members, our Geisinger family of physicians and employees and our communities.

## Vision

To integrate our full network of care, coverage, education and research to provide the highest quality healthcare as efficiently and affordably as possible.

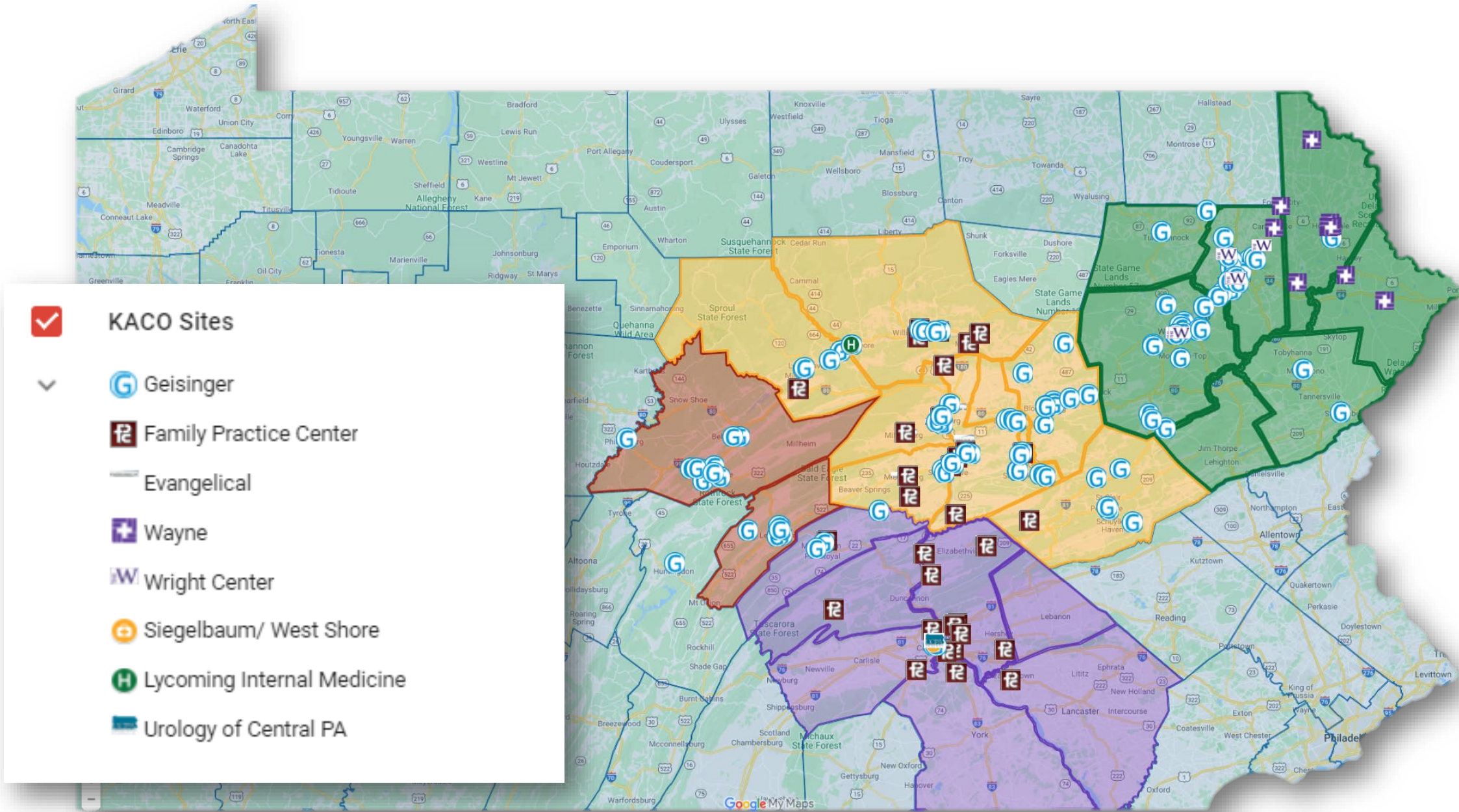
Our vision guides investment in a future where patients receive care close to home and only access the Emergency Department and hospital when they truly need it.



Keystone **ACO**

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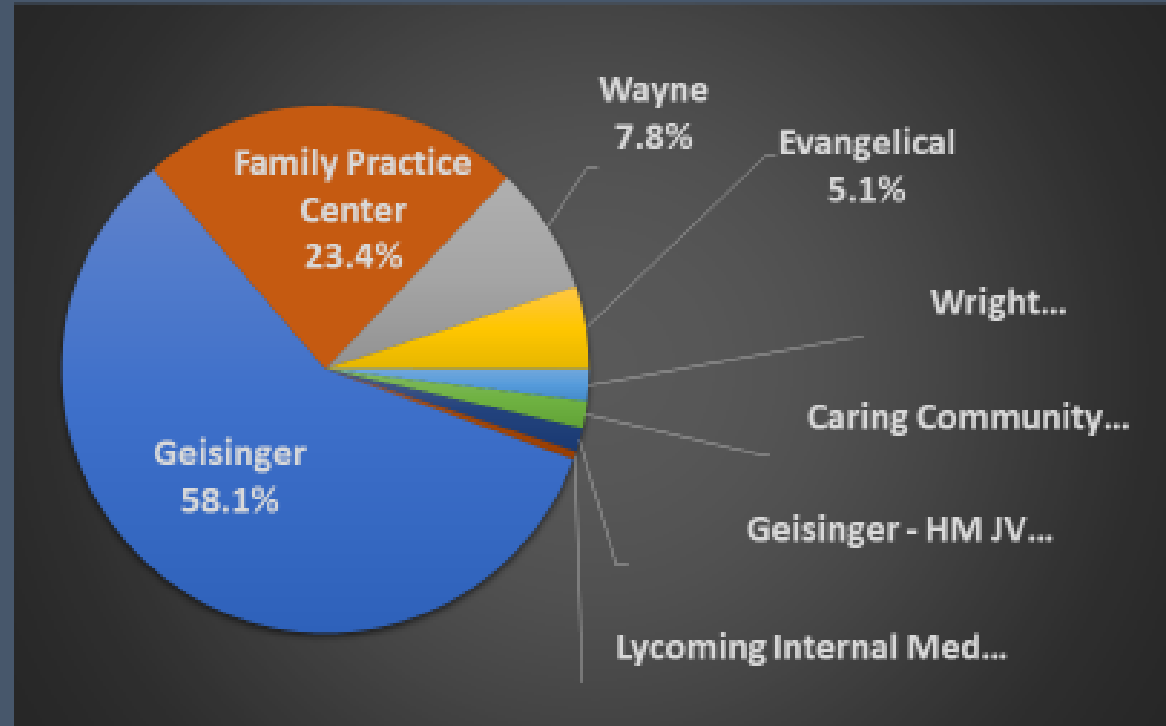




# About Keystone ACO

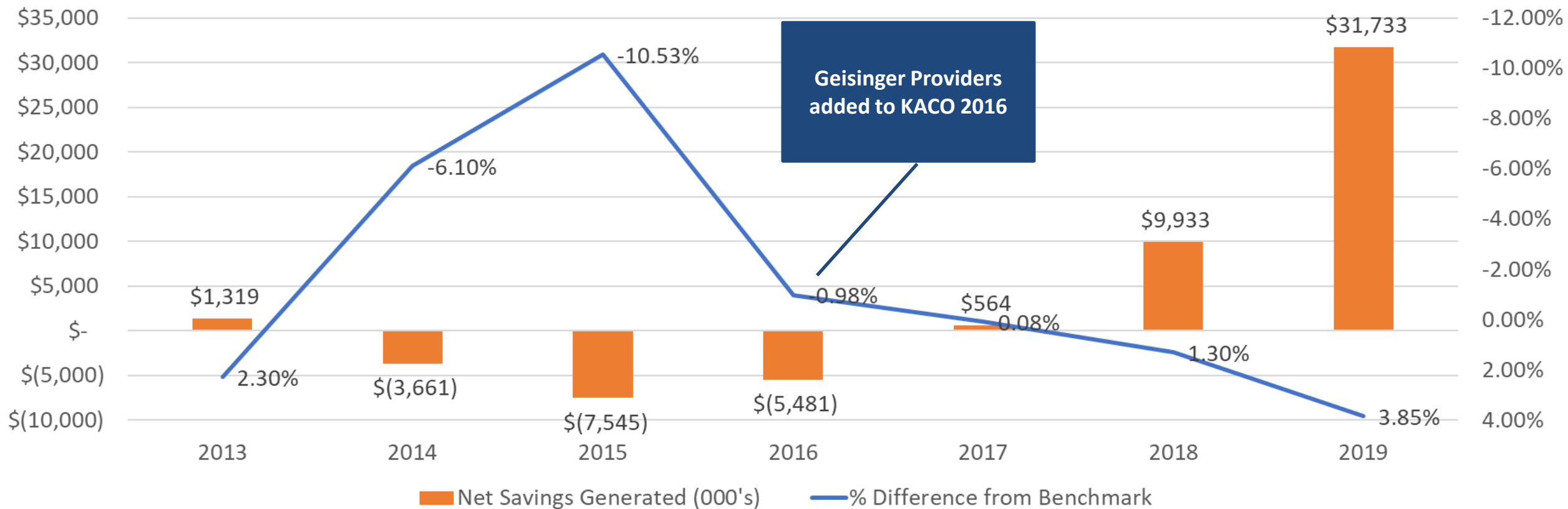
## Basic Track E MSSP Attribution by Primary Care Participant

Partner	Beneficiaries	Percent
Geisinger	43,350	58.1%
Family Practice Center	17,464	23.4%
Wayne	5,841	7.8%
Evangelical	3,797	5.1%
Wright Center	1,426	1.9%
Caring Community	1,239	1.7%
Geisinger - HM Joint Venture	1,082	1.5%
Lycoming Internal Med	370	0.5%
Urology of Central PA	2	0.0%
Jackson Siegelbaum	1	0.0%
<b>Grand Total</b>	<b>74,572</b>	



# Keystone ACO Historical results: 2013-2019

Keystone ACO Financial Performance



# 2019 Final Quality Scores up 5.91% from 2018

Domain	Points Earned without Quality Improvement Points	Quality Improvement Reward Points*	Total Domain Points*	Domain Score %
Patient/Caregiver Experience	17.25	0.00	17.25	86.25
Care Coordination/Patient Safety	7.10	4.00	8.00	100.00
Preventive Health	11.70	1.36	12.00	100.00
At Risk Population	5.70	1.36	6.00	100.00

ACO completely reported on 100% of measures:

Yes

ACO achieved minimum attainment\* on at least one measure in each domain:

Yes

Initial Quality Score [1]:

96.56 %

Final Quality Score [1]:

96.56 %

Domain	Points Earned without Quality Improvement Points	Quality Improvement Reward Points*	Points Earned with Quality Improvement Reward Points*	Domain Score
Patient/Caregiver Experience	12.65	0.00	12.65	79.06%
Care Coordination/Patient Safety	18.70	0.92	19.62	89.18%
Preventive Health	14.20	3.56	16.00	100.00%
At Risk Population	7.55	0.00	7.55	94.38%

ACO completely reported on 100% of measures:

Yes

ACO achieved minimum attainment\* on at least one measure in each domain:

Yes

Final Quality Score:

90.65%

ACO achieved minimum attainment\* on at least 70% of measures in each domain:

Yes

# Overcoming the data challenge: What to use and how to use it

## Analytics from Historical Claims

- Defining Analytics
- Trending
- Patient detail

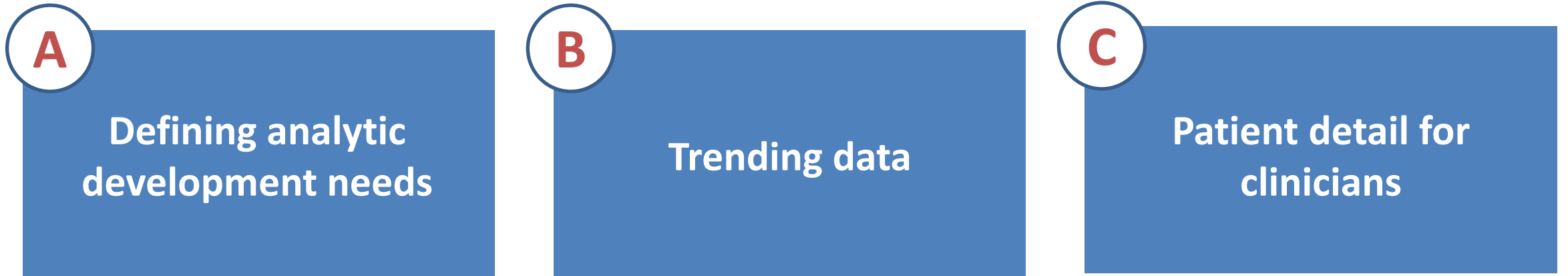
## Data for Near Real-time Reporting

- Data Integration
- Data Resources
  - EHRs
  - HIEs
  - External Registries
- Dashboard Creation and Delegation

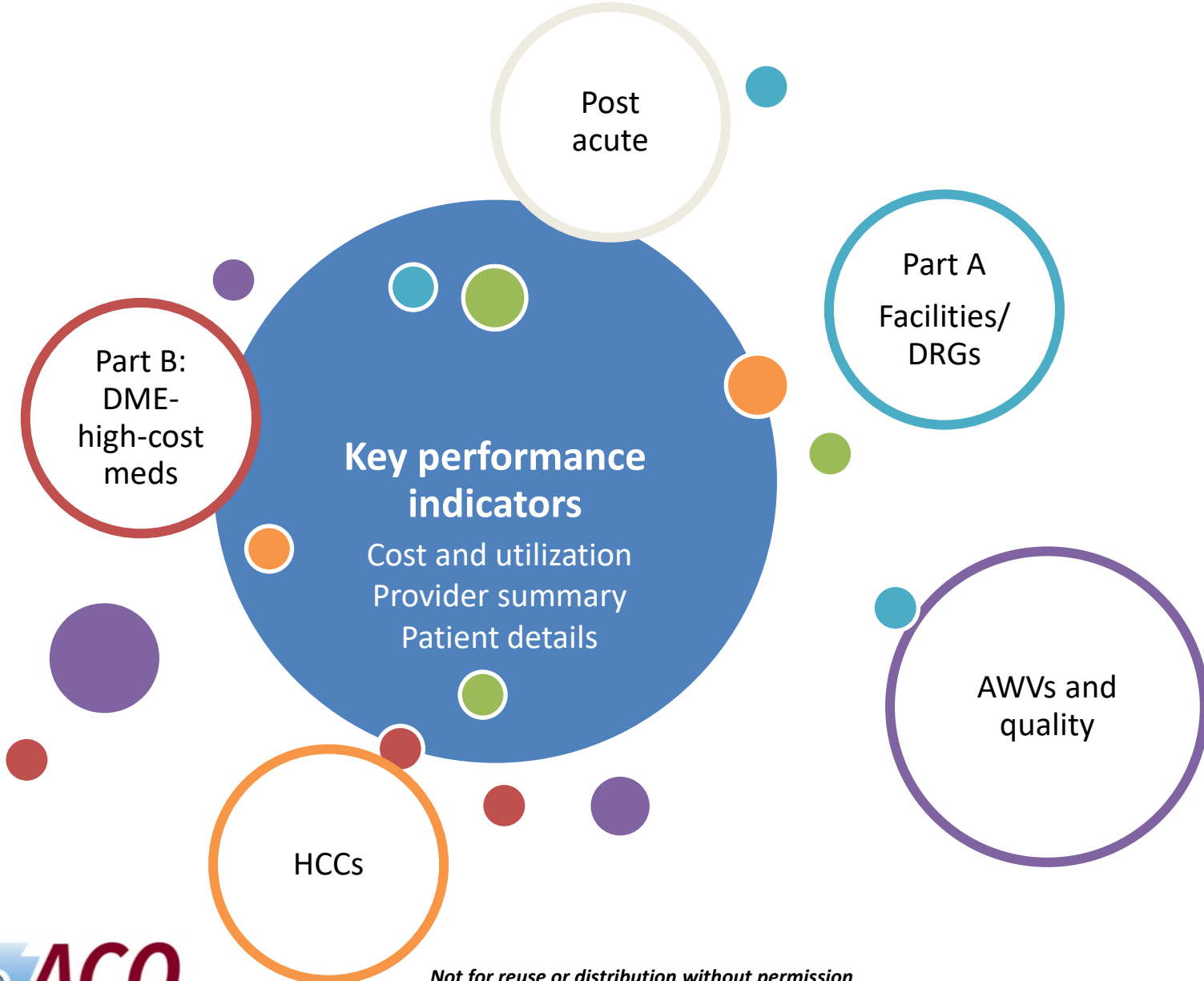
## Applying to Daily Work

- Clinical protocols
- Provider engagement
- IT Enhancements
- Post Acute Initiatives
- Care Gap Closure

# Analytics from historical claims



# CCLF file content and how we use it?



# Defining analytic development needs

- **Shared risk** to drive collaborative effort between healthcare providers and systems
- **Categorizing of cost opportunity**
  - Utilization (IP, OP, post-acute, etc.)
  - DME, drug cost, high-cost procedures, etc.
  - Preventative, (AWVs, chronic condition management, Immunizations and screenings)
- **Resource dedication**
  - Consistency (keep coming back)
  - Be there when needed
  - Connect with new or existing programs
- **Multi-directional approaches**
  - System approach
  - Provider approach
  - Patient approach



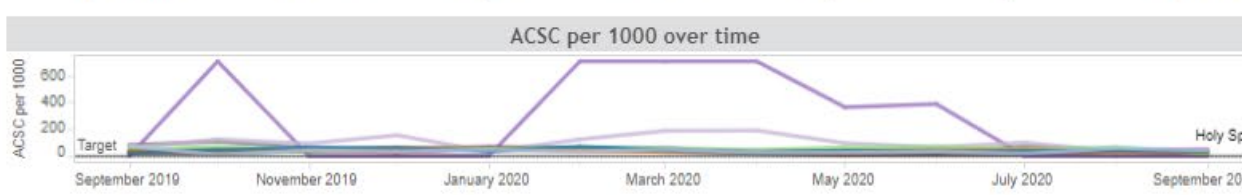
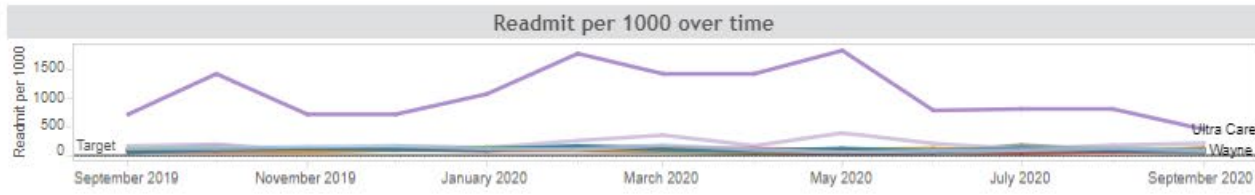
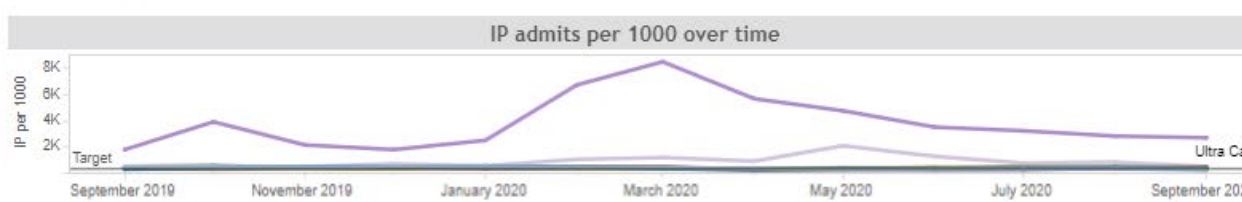
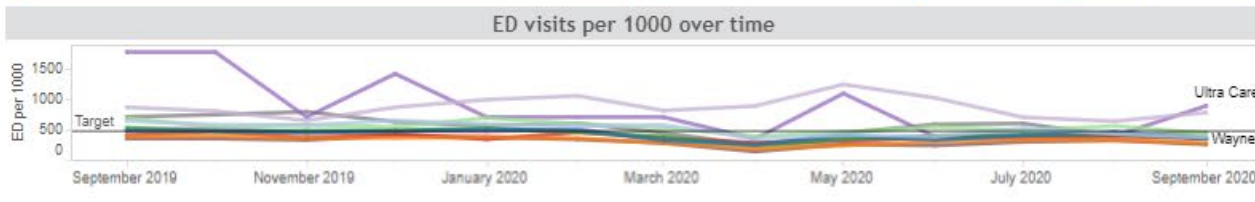
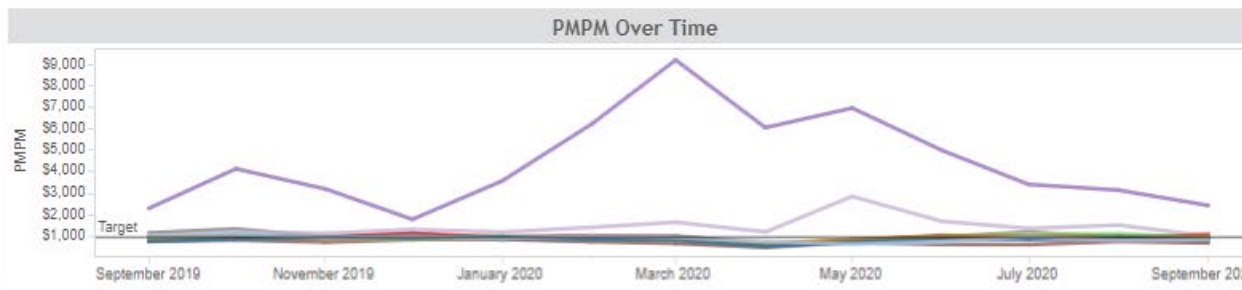
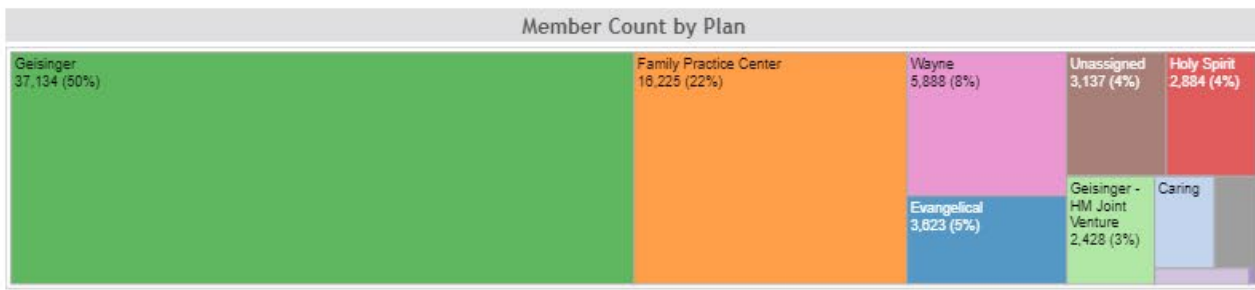
# Example: Population Dashboard with KPIs

Partner: (All) | Site Type: (All) | Site Rollup: (All) | Site Name: (All) | PCP Name: (All) | Active/Not Active: (All) | Alive/Deceased: (All) | Start Date: 9/30/2019 | End Date: 9/30/2020

Legend: > +5% of Benchmark (Red), +/- 5% of Benchmark (Yellow), < 5% of Benchmark (Green)

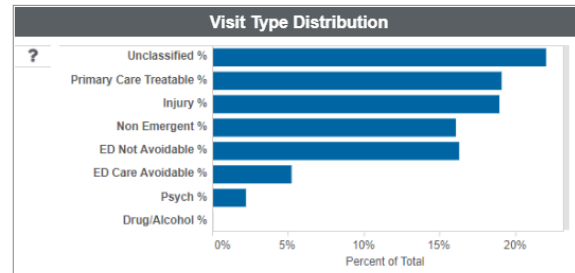
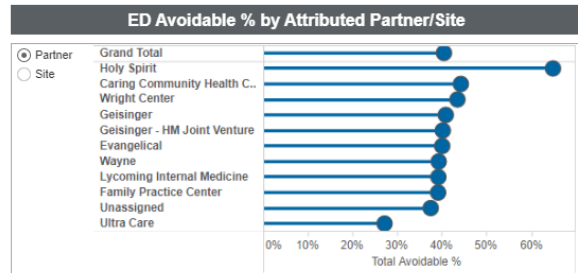
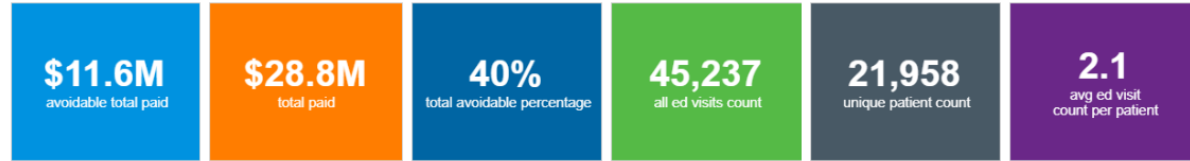
Trend Graph View:  Partner,  Site

<b>74,195</b> total unique member count	<b>\$880</b> PMPM Benchmark: \$916	<b>\$10,566</b> PBPY Benchmark: 10,997	<b>408</b> ED visits per 1000 Benchmark: 478	<b>372</b> IP admits per 1000 Benchmark: 273	<b>91</b> Readmits per 1000 Benchmark: 39	<b>42</b> ACSC per 1000 Benchmark: 47
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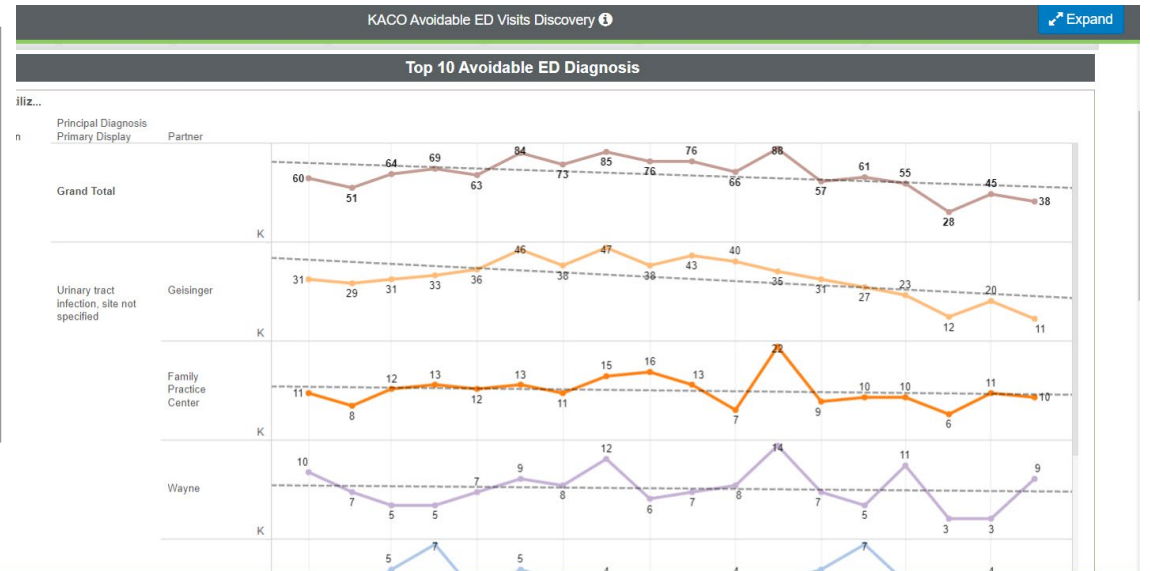
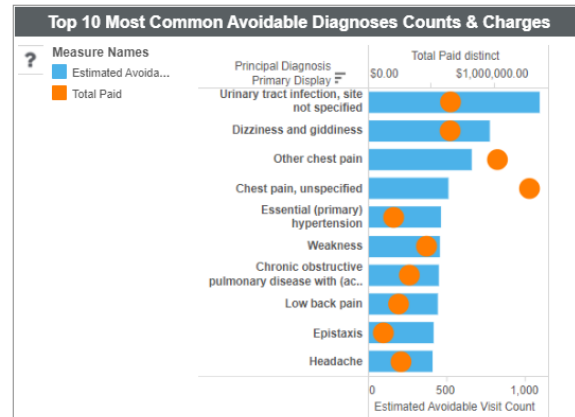
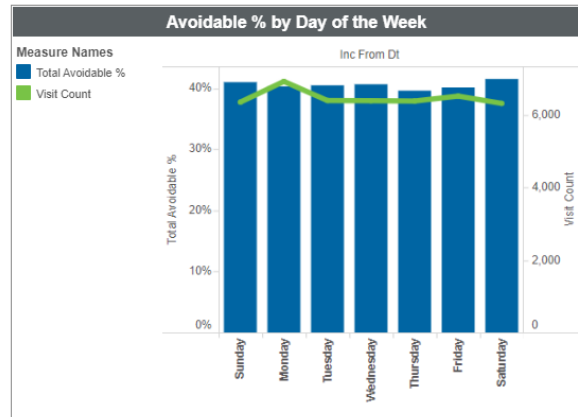


# Example: ED Utilization Dashboard

Attributed Partner (All) | Attributed Site Type (All) | Attributed Site Roll... (All) | Attributed Site Name (All) | Attributed PCP Name (All) | Primary Diagnosis (All) | Servicing Facility (All) | Deceased Flag (All) | Incurred Date Range: 1/1/2019 - 11/19/2020 | Help



Avoidable visit data with trends over time



### CMS Quarterly Expenditure and Utilization Analysis: Expenditures by Beneficiary Enrollment Type

Expenditures by Beneficiary Enrollment Type

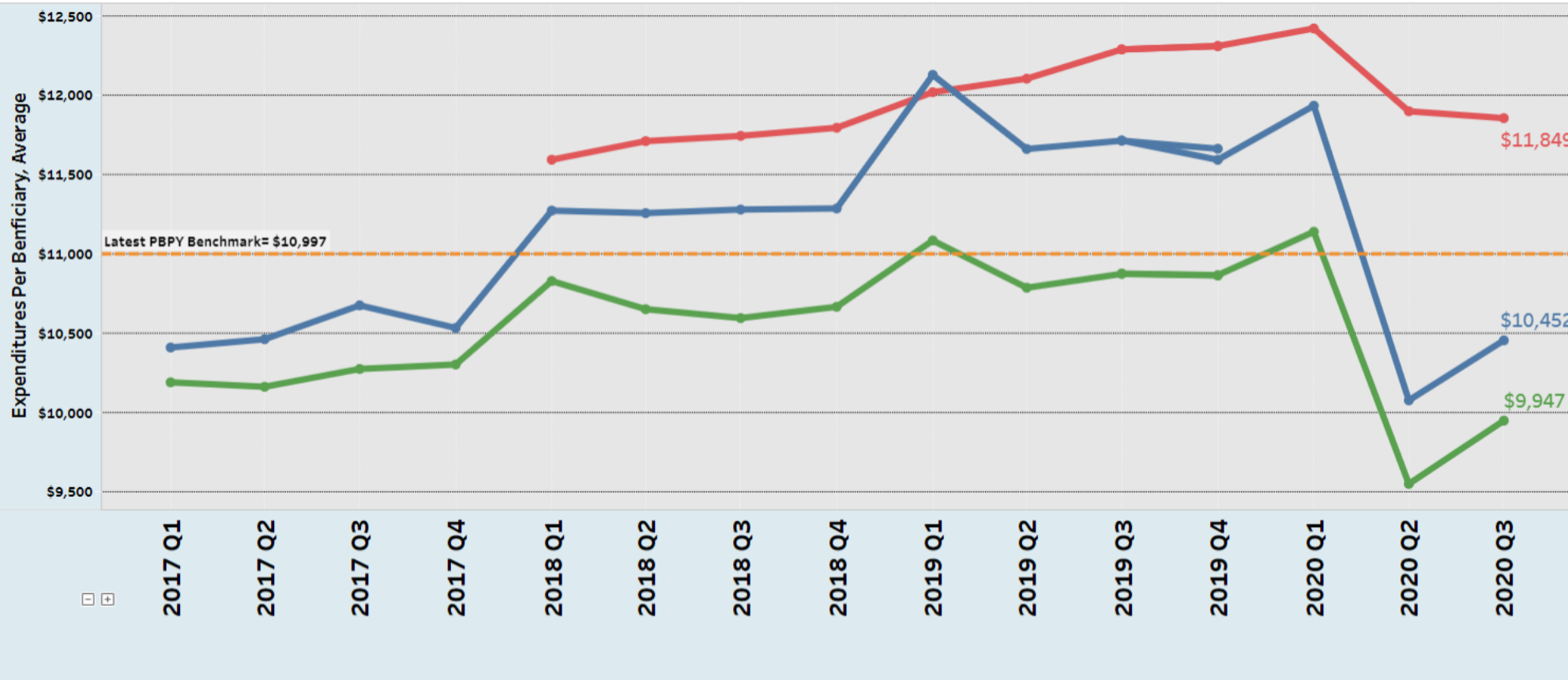
Year and Quarter

Assignment

Total

2017 Q1 2020 Q3

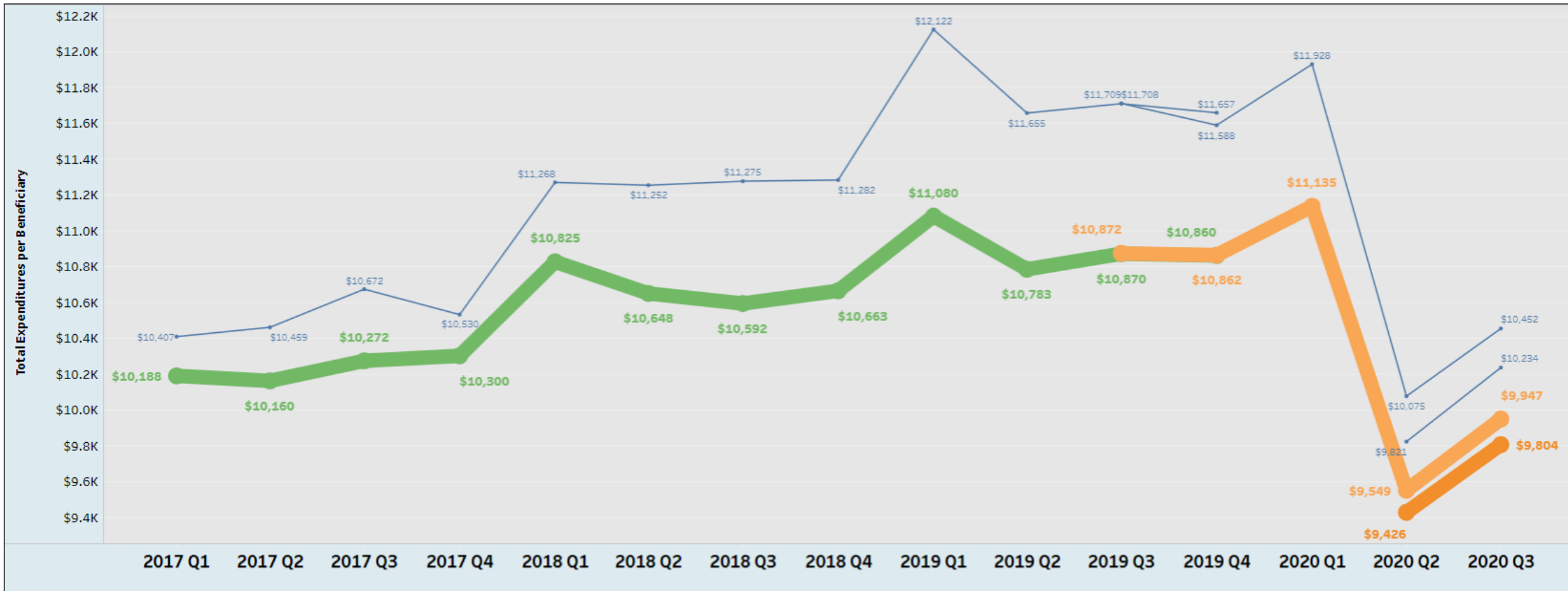
(Multiple values)



**Legend:**

- KACO
- All MSSP ACOs
- National FFS 12-Month

# Financial performance with and without COVID claims



LEGEND: KACO Assignment (vs All MSSP ACOs in blue)

- TRACK 1+, Avg. ACO-Specific
- PATHWAYS COVID EXCLUDED, Avg. ACO-Specific
- PATHWAYS, Avg. ACO-Specific

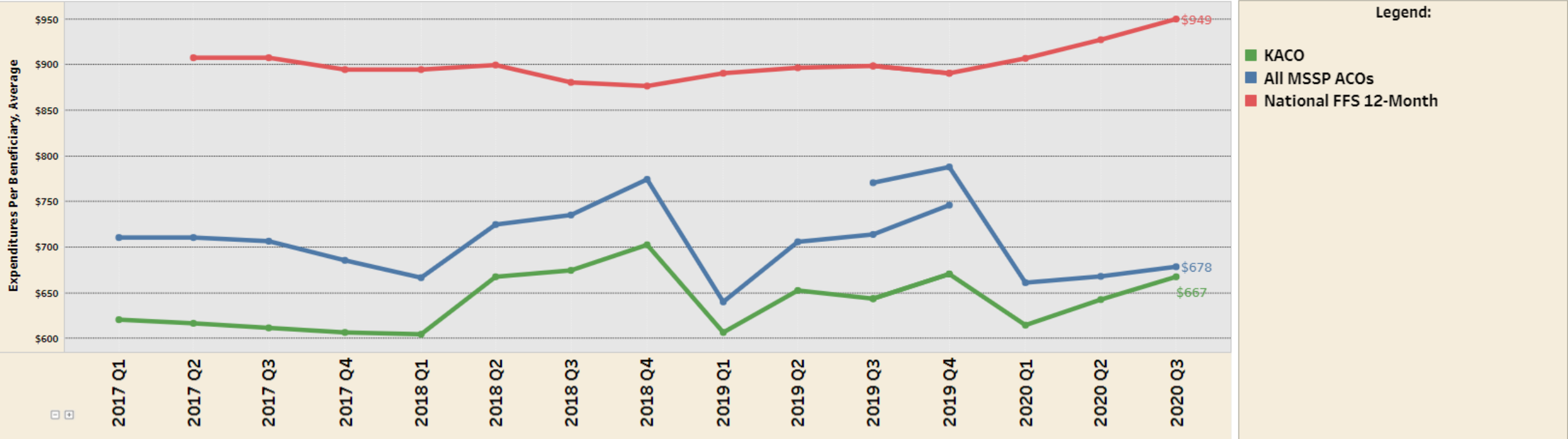
# SNF Cost Per Unit

CMS Quarterly Expenditure and Utilization Analysis:  
Expenditures by Component

Expenditures by Component: Skilled Nursing Facility or Unit

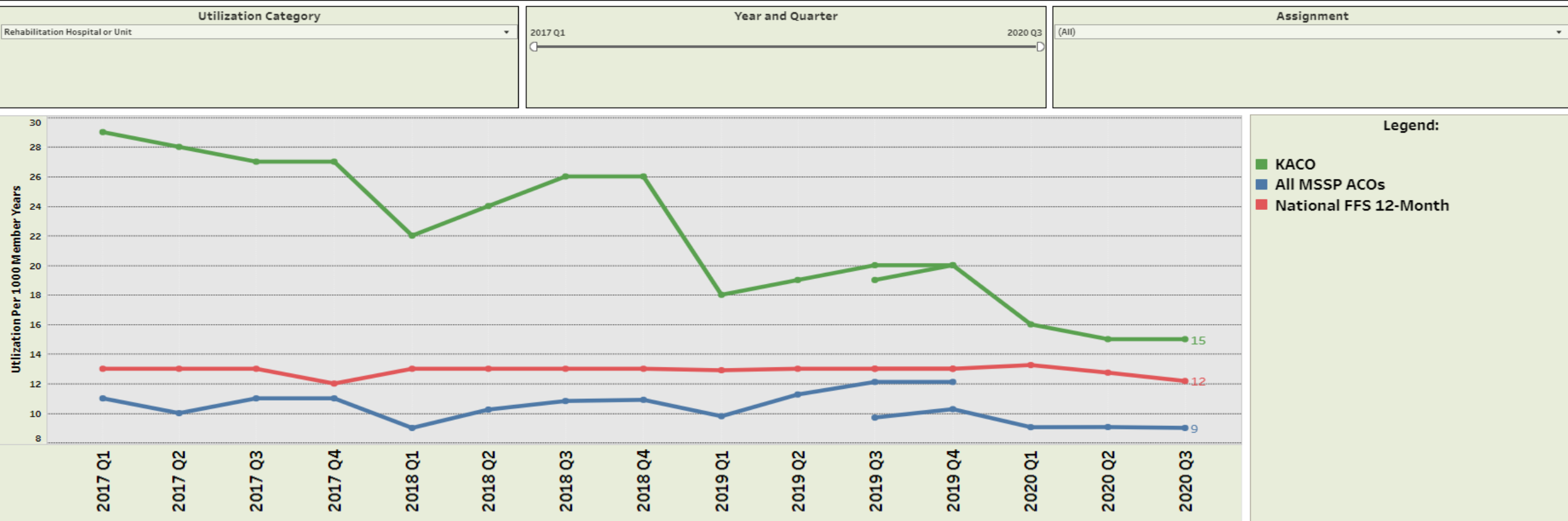
Year and Quarter: 2017 Q1 to 2020 Q3

Assignment: (Multiple values)



# Example of Quarterly Expenditure Trending

CMS Quarterly Expenditure and Utilization Analysis:  
 Utilization Per 1000 Person Years



# Bringing it all together

Payer data

EHR data

Lab data

HIE data

Health plan data



GEISINGER



Aggregate and normalize  
Create and apply intelligence  
Act and measure

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# Data for near real-time reporting

**A**

**Data integration**

**B**

**Data resources**

EHRs | HIEs | External registries

**C**

**Dashboard creation  
and delegation**



# Geisinger Registry Profile

## Now

### HealthRegistries: 16 Registries, 255 Measures

- Adolescent Wellness
- Asthma
- Childhood & Adolescent Immunization
- Childhood Wellness
- Chronic Kidney Disease
- Comprehensive Adult Wellness
- COPD
- Depression
- Diabetes
- Heart Failure
- Hypertension
- Ischemic Vascular Disease Coronary Artery Disease
- Lipid Management
- Maternity
- Pediatric Asthma
- **Rheumatoid Arthritis**

## Soon

### HealthRegistries:

- HIV/AIDS (in validation)
- **A-Fib (5/22, then validation)**
- **Geisinger at Home**
- **65 Forward**
- **FFF**
- **Wellness (specific to the plan)**
- **Oncology and Hematology (exists but needs to be more robust for common cancers)**
- **RA (exists but needs to be bulked up. We need to think how this interacts with RheumPacer)**
- **Inflammatory Bowel Disease**
- **Psoriasis**
- **Cirrhosis**
- **Prediabetes**
- **Multiple Sclerosis**
- **PKD**
- **Neighborly (SDOH)**

## Registries

### Organizations

Sort by: Quality Score

### Population

Holy Spirit Specialty - Occupational Therapy **9%**

OCCUP THERAPY CENTURY DR MECHANICSBURG **9%**

Geisinger Specialty - Pediatric Hospitalist **18%**

Wayne Specialty - Pediatrics **18%**

PEDS PSYCH MECHANICSBURG **26%**

Wright Center Specialty - Pediatrics **28%**

PEDS PSYCH HAMM DR LEWISBURG **28%**

PEDS GASTRO DUNMORE **29%**

Geisinger Specialty - Pediatric Neurodevelopment **30%**

PEDS NEURODEVELOPMENTAL STE 128 FORTY FORT **30%**

URGENT CARE 21ST ST CAMP **30%**

HILL <http://geisinger.registries.healtheintent.com/>

## Population

**838,056** Persons  
**802,914** Unassigned Persons  
**55%** Complete

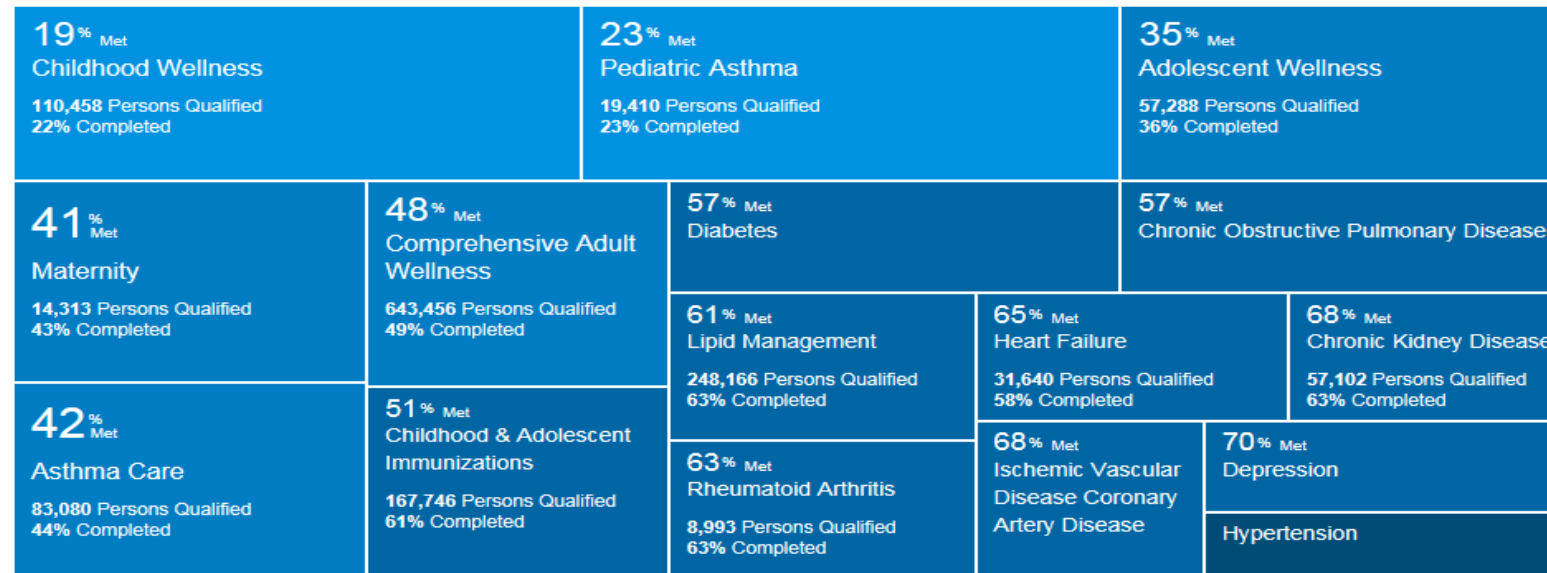
Quality Score

**53.45%**

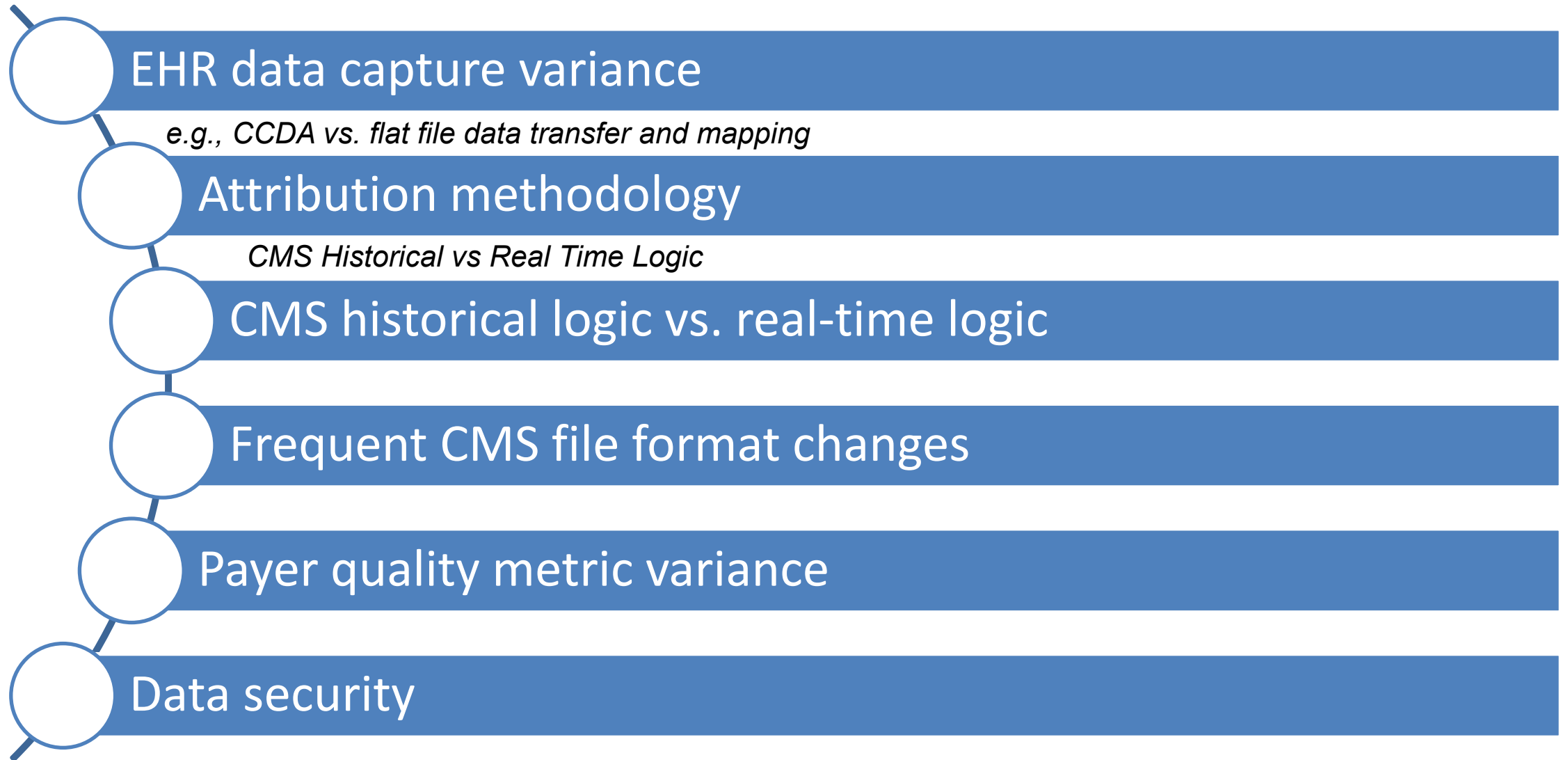


All Registries

Met %



# Data integration challenges



# Registry Validation Challenges

Registries Relationships Clinical Information Activity History

Make Changes ▾ All Not Achieved Missing Due Expand

- ▶ Comprehensive Adult Wellness 5 out of 16 Met 🏆
- ▶ Depression 1 out of 1 Met 🏆
- ▼ Diabetes 7 out of 17 Met 🏆

Registry Supporting Facts

Biannual HbA1c Monitoring Now	122.0/76.0 mmHg May 14, 2019 Blood Pressure < 140/90 mm Hg May 13, 2020	122.0/76.0 mmHg May 14, 2019 Blood Pressure Measurement May 13, 2020	Achieved May 14, 2019 Body Mass Index May 13, 2020	Not Achieved May 14, 2019 Cardiac Risk Parameters Now
Not Achieved May 14, 2019 Comprehensive Care Now	Performed Apr 22, 2019 Eye Exam Apr 21, 2020	Foot Exam Now	HbA1c < 8% Now	HbA1c > 9% Now

# Provider Dashboard and Trending

[Cover Sheet](#)
[Quality Measures - Summary](#)
[Quality Measures - By Site](#)
[Quality Measures - By Provider](#)
[Quality Trending](#)
[Individual Registry Measures](#)
[Ind. Reg. Measures](#)

## Quality & Disease Management Dashboard [Quality Measures - Summary]

### Geisinger

Measure Name	2019	2020											
	Decemb..	January	February	March	April	May	June	July	August	Septem..	October	Novemb..	Decemb..
A1C > 9 (Poor Control)	21.0%	21.4%	21.4%	21.8%	23.1%	23.3%	23.2%	23.3%	23.2%	23.4%	23.1%	22.9%	22.7%
All-in Cancer	73.2%	65.8%	66.1%	65.8%	61.8%	61.2%	63.1%	62.8%	62.9%	62.1%	60.6%	62.6%	62.7%
Blood Pressure < 140/90 mm Hg	70.7%	70.5%	70.9%	70.9%	70.5%	70.0%	69.7%	70.0%	70.0%	69.6%	69.0%	68.1%	67.8%
Breast Cancer Screening	74.6%	75.4%	76.0%	75.5%	64.7%	64.1%	73.9%	73.4%	73.2%	72.9%	65.9%	71.9%	71.8%
Chlamydia Screening	64.1%	64.9%	65.5%	64.8%	62.5%	61.7%	61.2%	61.3%	61.2%	59.7%	59.1%	58.5%	58.3%
Colorectal Cancer Screening	73.5%	55.1%	55.3%	56.9%	71.7%	71.3%	71.2%	71.0%	71.1%	71.0%	71.0%	70.9%	71.0%
Diabetic Retinopathy Screening	57.4%	57.6%	58.1%	57.1%	57.8%	74.1%	73.7%	54.1%	55.0%	54.6%	54.7%	55.2%	55.4%
Influenza Vaccination - Current Se..	40.3%	44.2%	47.3%	48.9%	49.4%	49.5%	49.6%	0.0%	0.1%	5.7%	19.9%	34.7%	38.4%
Nephropathy Screening	89.4%	89.2%	89.3%	88.7%	88.9%	88.4%	88.0%	88.2%	88.5%	88.4%	88.6%	88.2%	88.1%

### Benchmarks

A1C > 9 (Poor Control)	14%
All-in Cancer	--
Blood Pressure <140/90	76%
Breast Cancer Screening	80%
Chlamydia Screening	61%
Colorectal Cancer Screeni..	80%
Diabetic Retinopathy Scr..	81%
Influenza Vaccination	--
Nephropathy Screening	97%

### Region

- (All)
- Central
- East
- GIM
- West

### Service Area

- (All)
- Centre
- Clinton/Lycoming
- Columbia

### Site

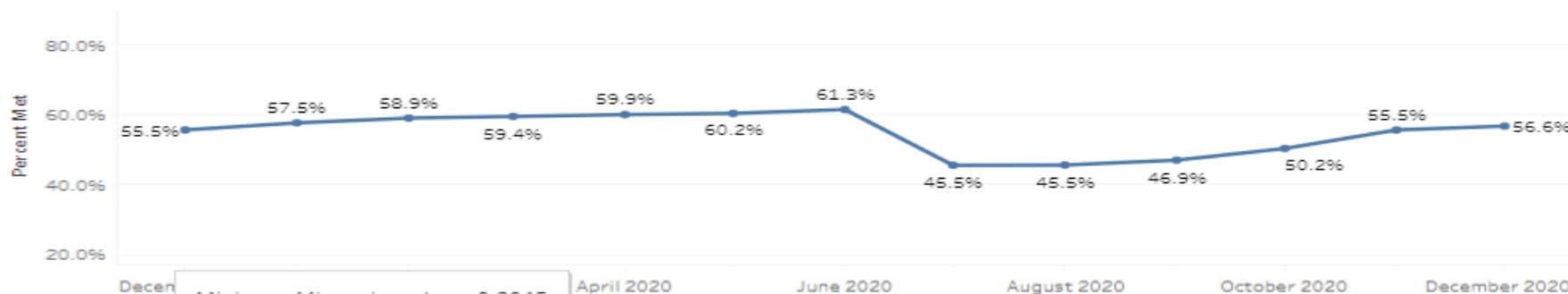
- (All)
- Avis
- Bellefonte
- Benton
- Berwick
- Bloomsburg FM
- Bloomsburg Int Med

### Monthly Delta



\*\*\*Click on a row from above to have the graph filter appropriately\*\*\*

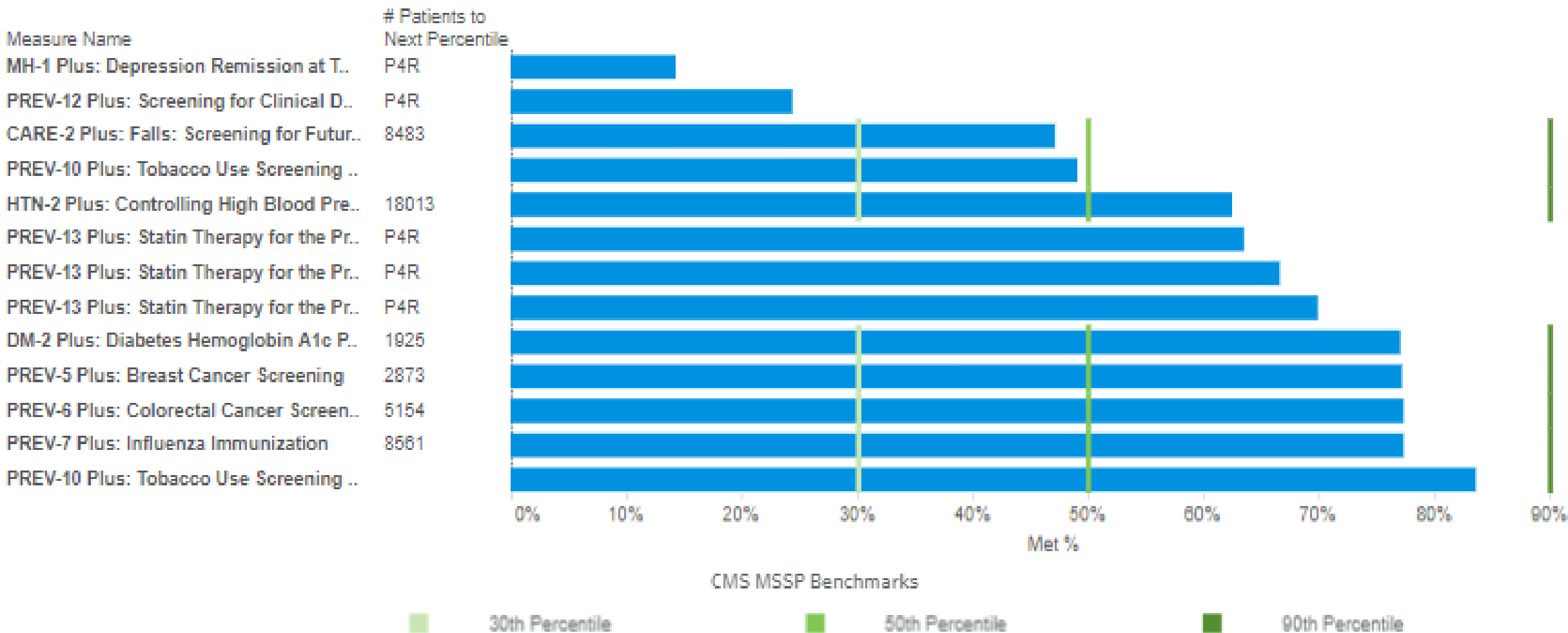
### Trends



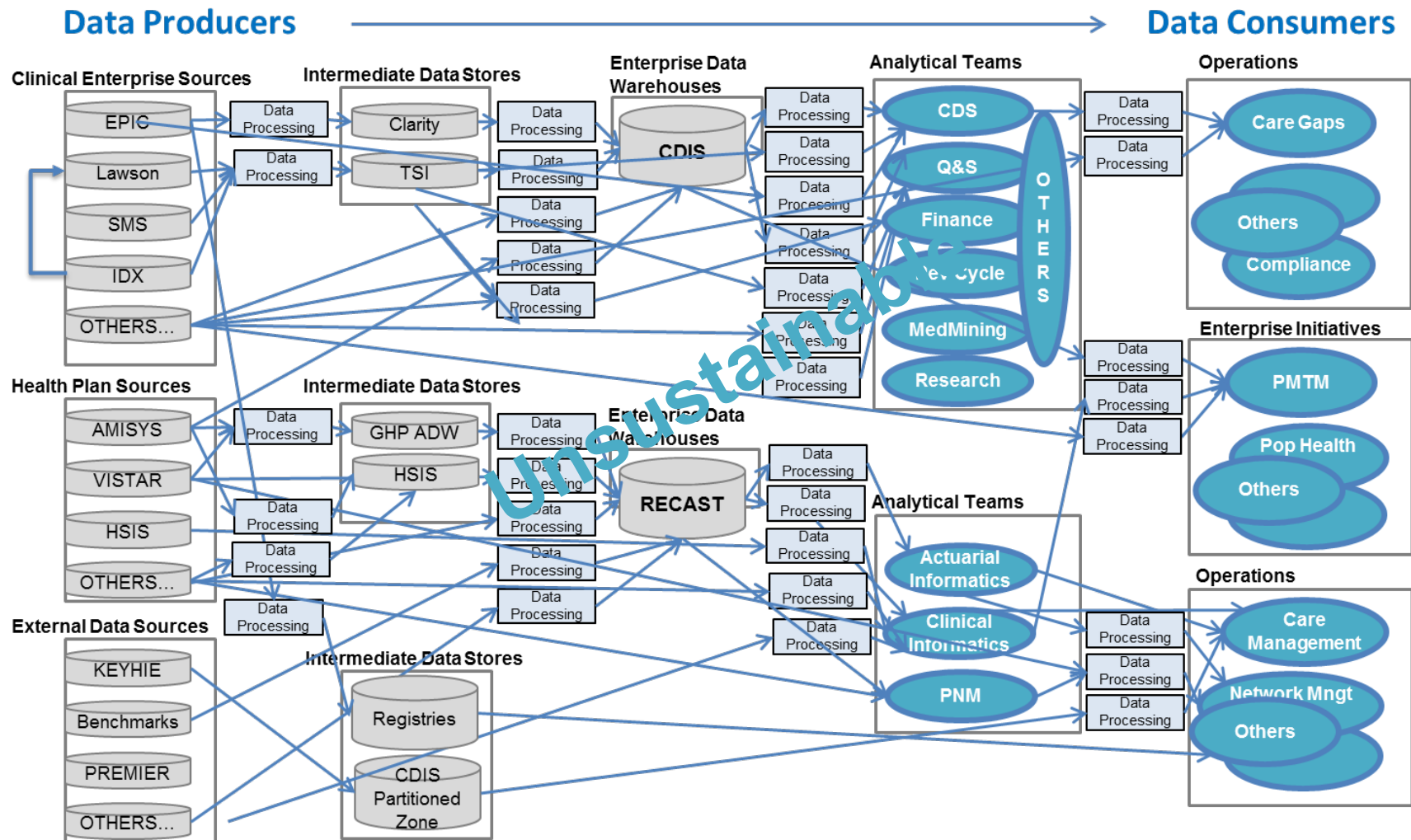
Disease Management Dashboard - Copyright © 2021 - Geisinger, All Rights Reserved - Version 1.0

# ACO Web Interface Measures

A current view of where are completion rates are for the current year



# Data barriers



- Analytics on integrated data & innovative data use are Geisinger trademarks; improved data management is needed to create a platform for data science advancements
- Next generation of capabilities require expansion and evolution

# Applying to daily work

A

Clinical  
protocols

B

Provider  
engagement

C

IT  
enhancements

D

Post acute  
initiatives

E

Care gap  
closure



# Clinical Initiatives

---

Provider Engagement and Education

---

Care Management Services and Swim Lane Development

---

Clinical Protocol Rollout

---

Care Workflow Redesign for Post Acute Placement

---

Care Gap Closure Plans Implemented

---

Cost Outlier Evaluation

Imaging Utilization

---

High-cost drugs

---

DME

---

COVID testing and workflow considerations

# COVID Monitoring

## How to identify and impact future needs and trends

### Comorbid Conditions

COVID Diagnoses by Highest Risk Conditions

- Top Conditions and numbers

Nursing Home Residents

### Hospital Admissions trend

Ventilator use trends

Hospital fill rates

### Testing sites and results

Testing only

Respiratory Centers

Emergent Care

Care at Home

### Financial Implications

Reduced visits and procedures

Quality score potential impact

### Behavioral Health Impacts

Loneliness and isolation

Provider availability

Grief of lost loved ones

### Telehealth

Access to care

How to expand in rural areas

# Year 2021

Innovating into the future

2016

*"Wiring our network"*

2018

*"Operationalizing Keystone ACO"*

2020

*"Refining the strategy"*

2017

*"Building the foundation"*

2019

*"Continuing to operationalize Keystone ACO"*

2021

*"Innovating into the future"*

# Looking to next 10 years

## Geisinger & Cerner NOW

### HealthIntent®

4.8M patients on platform

969,711 attributed persons

1.7M active lives in registries

18 data sources live

### HealthRegistries

HealthRegistries:

16 Registries, 255 Measures

### Enhanced capabilities

HCCs and RAF

Alignment and joint development

### Enabling Integration

#### Integration Toolkit

Near real-time read/write to non-Millennium EHR

#### Data syndication and APIs

Live to support integration

### Enhanced Analytics & Dashboards

#### Quality Scorecards

#### Point of Care Reports

#### KACO Cost and Utilization Reporting

#### Quality and Disease Management Dashboard

#### Utilization Dashboard

## Geisinger & Cerner NEXT

“Expanding our relationship with Cerner and leveraging its capabilities across our health network will help create a better, seamless experience for our clinicians and help improve the personalized care we provide patients”

-Karen Murphy, PhD, RN, Executive Vice President, Chief Innovation Officer, Geisinger

*10-year extended partnership focused on:*

Population Health Management

Wellness Services

Consumer Engagement

# Our learnings

- Data challenges within multiple EHRs takes time and patience
- Accurate data is paramount to identify clinical and economic opportunities
- Data credibility required to shift from FFS to VBC – it only takes one thing to lose provider trust
- Offshoots are bound to happen, be proactive in addressing

**“Don’t let perfect be the enemy of good.”**

# Resources

- Devinder Bawa – [devinder.bawa@cerner.com](mailto:devinder.bawa@cerner.com)
- Melody Danko-Holsomback – [mldankoholsomback@geisinger.edu](mailto:mldankoholsomback@geisinger.edu)
- Richard Martin, MD – [rmartin1@geisinger.edu](mailto:rmartin1@geisinger.edu)

??? Questions ???