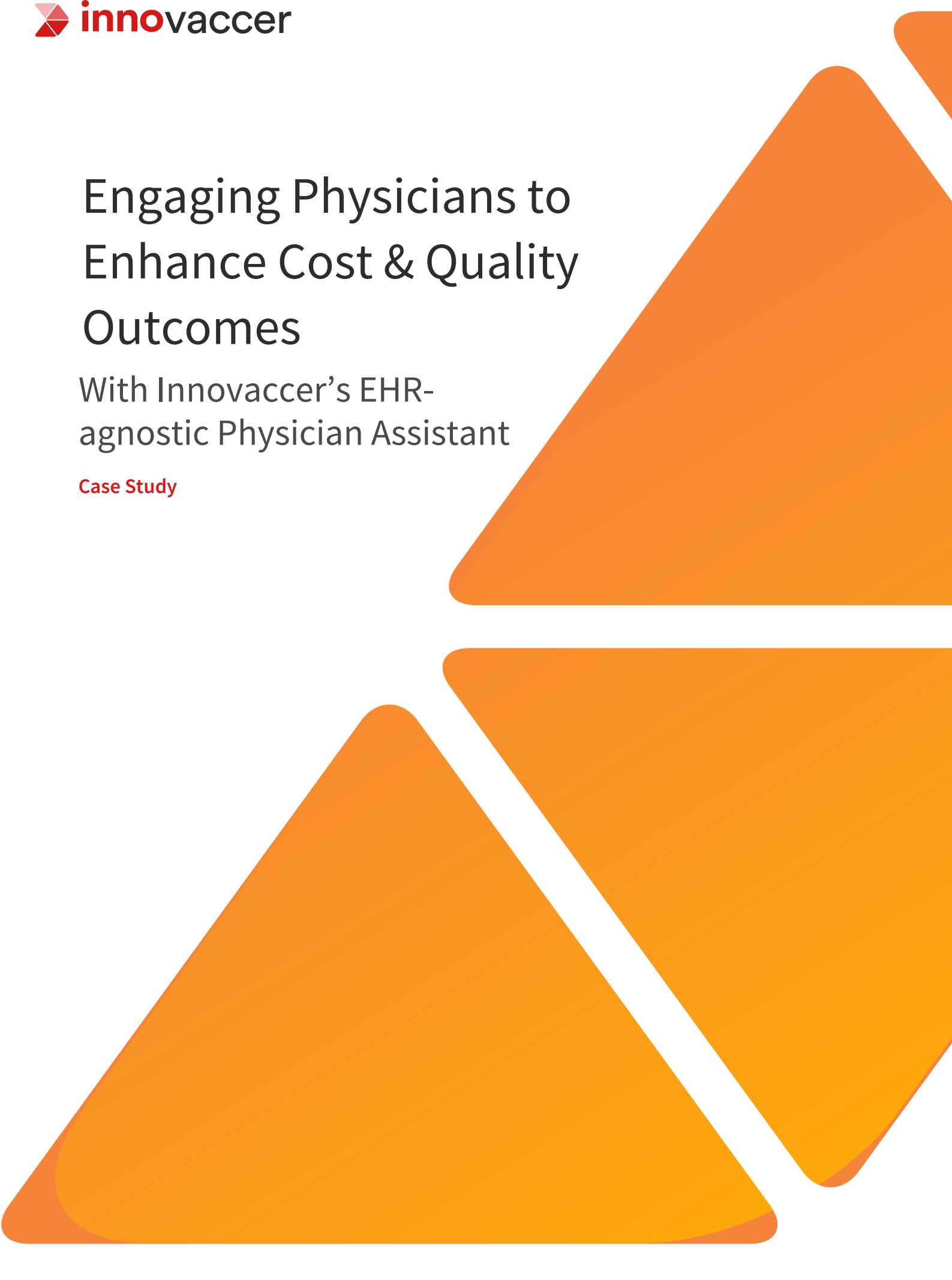


# Engaging Physicians to Enhance Cost & Quality Outcomes

With Innovaccer's EHR-  
agnostic Physician Assistant

**Case Study**



*A leading ACO deployed InNote to capture missed opportunities in their network and addressing them by delivering actionable information to physicians at the point of care. With InNote, the ACO was able to eliminate time-consuming processes governing information access and deliver real-time information to participating providers. The access to right information at the right time was instrumental in engaging physicians and helped them plug 15% more care gaps in the first three months and generate more than \$1.4 million in shared savings.*

# Overview

In the face of ever-increasing complexities and the shift to a quality-oriented system, transforming healthcare requires a radical transformation. Healthcare executives and network leaders all over the country need to move from a system organized around individual physicians to a more collaborative, team-based approach. A fact that is often missed is that physicians have to be the central players in the transformation- any strategy they do not embrace is bound to fail.

An ACO with over 165 physicians based in the Western US had more than 50,000 Medicare lives and 110,000 commercial lives attributed to them on 5+ value-based contracts. The patient data was distributed across 6 different brands of EHRs at more than 24 practices along with labs, pharmacies, and claims. The ACO was looking to improve their clinical outcomes and generate savings by capturing the missed opportunities and enhancing patient-centric care.

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## Challenges faced by physicians

The ACO, at first, needed to improve their PMPM savings across a major commercial contract with 13,000 patients. The ACO was able to generate \$2 savings per member per month against their benchmark of \$251.76. In order to improve their benchmarks and generate better savings, the ACO decided to plug the gaps right at the point of care. The ACO planned to empower their network physicians with all the necessary information from all over the network, but there were a few challenges the physicians were facing:

- Despite integrated and uniquely identified records, the physicians only had access to fragmented patient data at the point of care.

- The amount of data available to providers was vast and making sense of it was a tedious task for them while also working on the EHR simultaneously.
- The gaps and utilization data inclusive of all claims, clinical, labs and pharmacies was made available to physicians once every six months which was hardly in real time and made it challenging to keep track of the patient's health.
- Since the patient data was distributed across the continuum, the PCP had little visibility into the entire care program and its impacts.

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## Addressing care gaps in real time with an EHR-agnostic physician assistant

The ACO leveraged Innovaccer's EHR-agnostic physician assistant, InNote. Built to provide concise information related to patients at the point of care, InNote was deployed to deliver valuable insights to physicians to help them make the right decisions.

The ACO had already integrated the patient data stored in EHRs, claims, billings, labs, and pharmacies along with their ADT and scheduling data on a healthcare data platform. The platform provided them with integrated, longitudinal patient records and after running it past an analytics platform, the ACO was able to gather insights into patient risk scores, their network utilization, gaps in overall care, expenditure trends, and performance against their benchmarks. The challenge, however, was that providers were still disconnected and were not able to access the information they needed in real time.

### **Access to action-ready insights at physicians' fingertips**

With InNote, the physicians were able to access actionable information right within their EHR. As soon as they searched for a patient's chart in their EHR, InNote surfaced relevant information such as the risk score of the patient, the dropped coding opportunities, existing care gaps, and missed measures. The consolidated information helped providers form a better picture of their patients as they interacted with them without having to hunt for patient data across multiple platforms.

### **Synchronized with physicians' schedule**

Since InNote was populated with the patient scheduling data and the analytics generated on the ACO's platform, the physicians were able to view their upcoming appointments and the number of gaps that had to be addressed for each patient. The clinical summary for each patient presented the missed measures, dropped codes, and education opportunities that could be leveraged to improve patient outcomes. Such action-ready information and easy-to-use functionality helped physicians address and update the care and coding gaps and improve their benchmarks from \$251.76 to \$240.17.

### **Automated referral management**

Physicians were also able to view the prior referrals made for a particular patient with InNote and schedule new ones to increase their in-network activity. The physicians could generate varied referrals for patients based on the specialization, payer, or even their preferred language and geography. The physicians could also keep track of the cost associated with the specialist and the quality of care, which led to increased efficiency and transparency between the referring physician and the specialist. Physicians could also view the details of the extended care team associated with the patient and collaborate with them to streamline the care program across the network.

## Physician performance monitoring

The physicians were also notified of their performance from time to time on InNote's scorecard. The physicians could keep track of their value rank and where they stood performance-wise in the network, along with the number of care gaps they closed, the cost efficiency they could deliver, and patient loyalty across the lives they managed. With more context available to the patient information provided, the physicians were able to make better cost- and quality-related decisions.

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## Outcomes achieved

With InNote, the ACO was able to achieve the following outcomes:

- Brought 25 measures of the contract in the top 75 percentile of the NCQA benchmarks
- 15% care gaps plugged within the first 3 months
- 4.6% improvement in benchmarks by plugging the coding gaps and with clinical documentation improvement
- Generated \$17.7 savings per member per month and dropping the expenditure from \$249.76 to \$222.47 by addressing care gaps and improving in-network activity
- Generated over \$1.4 million in shared savings

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## About Innovaccer

Innovaccer Inc. is a leading healthcare data platform company focused on delivering more efficient and effective healthcare by combining pioneering analytics with transparent, and accurate data. Innovaccer's aim is to simplify complex data from all points of care, streamline the information, and help organizations realize strategic goals based on key insights and predictions from their data. Its products have been deployed across more than 500 locations with over 10,000 providers leveraging it at institutions, governmental organizations, and several corporate enterprises such as Mercy ACO, StratiFi Health, UniNet Healthcare Network, Catalyst Health Network, and Osler Health Network. Innovaccer is based in San Francisco with offices around the United States and Asia.

*For more information, please visit [innovaccer.com](https://www.innovaccer.com).*



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