Population Health Management with Datashop

Overview

Population health management is a clinical discipline that develops, implements and continually refines operational activities that improve the measures of health status for defined populations.

PHM includes taking into consideration numerous determinants of an individual's health status and/or risk level like genes, access to health services; socioeconomic status and educational attainment; 'risk behaviors' (smoking, violence, home environment, etc.); and the physical or 'built' environment. It becomes necessary for those with chronic disease who need diligent monitoring, stratification on the basis of condition and risk level, and outreach to ensure timely engagement and activation of the care plan.

ACO had to improve the health of an entire community

One of our major ACO customers sought to utilize population health data better to formulate care plans and more effectively track and engage with patients across the care continuum in order to improve outcomes for patients with complex healthcare needs.

A group of over 100+ geographically spread clinics and 30+ hospitals participating in a shared savings program recognized that they needed to tackle a variety of challenges if they were to truly make an impact on improving the heart health of an entire community.

The population consisted of 1.1 million patients. The goal of the program was to improve quality based on the specific metrics, improve patient satisfaction and reduce the overall cost of care which was rising steeply.

How Datashop solved the challenges for ACO

Seamless Data Integration
With Datashop's pre-built connectors to 50+ EMR systems, ACO was able to integrate clinical, claims and billing data from several disparate sources within 4 weeks.

Risk Stratification

Datashop's Risk Navigator stratified patient population of the ACO on the basis of their vital signs and their risk scores, to help the ACO better understand the population by creating subgroups of the patient population.

Closing gaps in care

With Datashop Patient-360 view and Risk Navigator, ACO was able to look at every patient profile closely and identify the at-risk population, closing the gaps in care.

Measure Outcomes

Through Datashop's drilled-down analysis of the network, ACO was able to evaluate clinical outcomes, the cost of care and patient satisfaction with care management programs. It helped them identify the shortfalls and areas for improvement. Using advanced algorithms and predictive analytics ACO was also to determine the probable outcomes in the near future and accordingly, take corrective measures.

Report

Datashop ingested CMS provided patient lists and matched it against the master patient index to provide a report on data gaps with the provided attribution, and the ability to report on the CMS required measures. ACO could share the patient lists with the attributed PCPs to track on the platform itself on a weekly basis. ACO was also able to export the reports in the Excel/XML format according to the CMS specification so that it can be uploaded to CMS.

Automatic Work Queue Generation & Care Coordination

Using the reports on Datashop, strategies are set up on the platform to prioritize the patients for making planned care interventions. Datashop helped the physicians prioritize the patients and automatically push them to care coordinators as work queues. Care coordinators get access to the patient profile, and access to the care plans that are used for the interventions for the patients. They document the patient care on the platform itself so that everyone has visibility into the progress made with the patient.

Impact

- Within 4 weeks Integrated the data of 15+ EMRs coming from 30+ hospitals and 100+ clinics.

- 30-day readmission rate for medical home patients < 4% for one year.

- Patient engagement scores (the CE11) were in the 92nd percentile.

- Patient outreach efforts generated approx. 55,000 unique patient visits for preventive, follow-up or acute care.

The implementation increased the revenue of the ACO by $1.4 million.