Introduction

The shift to value-based payment models in healthcare has inextricably tied reimbursement to clinical performance. While many hospitals and health systems have begun implementing these value-payment models in pockets of their organizations, Health Quest is committed to advanced primary care models with redesigned reimbursement and has begun their journey for a future based heavily on value-based payment.

Overview

The challenge
Health Quest needed access to real-time patient data to meet quality-based performance benchmarks.

The transformation
By using the Watson Health suite of population health management solutions to consolidate disparate data from across practices and departments, Health Quest was able to identify gaps in care, track individual touch points, and refine its process of care to improve system-wide population health.

The result
As a result of engaging care teams and optimizing technology with insights from Watson Health solutions, Health Quest closed gaps in care, generating $3.7 million in total billing revenue; received a final MIPS score of 93.32 out of 100, resulting in a 1.65 percent payment bonus in year 1 and met the care management requirements of CPC+ Track 2.

Earning value-based payment incentives with Watson Health population management solutions

Introduction

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A not-for-profit, four-hospital health system with locations throughout Connecticut and New York’s Hudson Valley, Health Quest has plunged headlong into quality improvement initiatives, participating in the Patient-Centered Medical Home (PCMH),
Merit-based Incentive Payment System (MIPS), and Comprehensive Primary Care Plus (CPC+) programs, as well as a number of the Healthcare Effectiveness Data Information Set (HEDIS) performance measurement programs administered by private health plans. In committing to these programs, Health Quest agreed to make its Medicare and health plan reimbursements contingent upon hitting certain clinical, financial and patient satisfaction performance thresholds throughout the health system.

MIPS, for example, assigns payment based on how well providers perform against national peer benchmarks on six quality measures. To succeed, practices are assessing their opportunities to improve on these measures which may lead to proactive management of chronic conditions, and/or assigning responsibility for individual patients to care teams. That incentivizes health systems to take a population view of the health of the people for which they care.

But in order to deliver on these goals, hospitals and health systems need to know where they stand today and how they are performing on an ongoing basis. That means developing an integrated quality dashboard that provides detailed insights into an organization’s performance on specific quality measures for the entire population, individual provider performance, and the care gaps that need to be addressed for individual patients. By developing this type of scorecard, providers and quality managers are able to compare performance across the organization relative to targets and benchmarks to accurately determine the current state of play. “We’re talking about holding physicians accountable for quality data. You can’t have a dashboard that comes out third and fourth quarter,” said Anthony D’Ambrosio, MD, Physician Director of Quality and Primary Care, at Health Quest. “You can’t make change with that.”

Yet, that’s exactly what Health Quest was working with when they embarked on this journey. Trying to extract that data from the electronic medical record, validate the data and analyze it to track trends in the process of care was simply not possible.

Data-inspired action plans

That’s what led Kowsilliya Ramnaresh, PhD, Assistant Vice President, Practice Transformation, at Health Quest and her team to IBM Watson Health.

“One of the reasons that we selected IBM Watson Health as a partner is the ability to get the data in near-real time,” Ramnaresh said. “Where competitor solutions operate on a one-to-six month delay, with IBM Watson Health, we are able to see reliable data on how our patients are doing the very next day.”

Armed with that data, the Health Quest team used IBM Phytel solutions to identify at-risk patients and intervene when those patients needed a change in treatment or behavior.

“With Watson Health solutions we are able to track patients across all of our primary care practices and our facilities to see how they’re doing, tracking each touch point with our system along the way,” Ramnaresh explained. “The more information you feed into the system, the more information Watson is reading through natural language processing. The system can then highlight key words, locations, patients, places they would go, other social information that let us establish a trend line and track performance across the full continuum of care.”

Data powers efficiency

Like any value-based model, improved outcomes are the goal. And by utilizing data from IBM Phytel solutions, the Health Quest team began to see significant improvement in patients with chronic conditions.

“When we first started evaluating technology partners, we were focusing on diabetes, chronic obstructive pulmonary disease and heart failure, and how we could improve patient outcomes and increase our overall patient satisfaction,” Ramnaresh explained. “But we had no mechanism of saying, ‘Who are these patients? When was the last time they were seen in

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the office? And what protocols do we need to utilize for the patient’s condition to improve?”

IBM® Watson® Care Manager uses natural language processing and cognitive insights to identify, categorize and rank relevant concepts from unstructured care management notes. That gives front line care providers the insight they need to ensure that they don’t miss even the smallest detail and help them access information that is most relevant for their next interaction.

“For example, if a patient had a heart condition in the past, but our clinicians haven’t documented that in the problem list, it might fly under the radar and lead to a complication,” she explained. “But let’s say that, in a past note, it was documented that the patient was hospitalized for a shortness of breath and arm heaviness. Watson Care Manager could identify the shortness of breath and arm heaviness as a concept worthy of entering in the note. Then, the care manager sees that note and determines whether it’s relevant. That is typically a tedious, manual process to find that one nugget of detail, but because Watson learns from those interactions and adjusts the ranking of a concept based on them, our care providers can arrive at more accurate conclusions in a shorter amount of time, which means better overall outcomes.”

The proof is in the numbers. As a result of engaging care teams and optimizing technology, Health Quest received a final MIPS score of 93.32 of 100, which resulted in a 1.65 percent payment bonus in Year 1, and met the care management requirements of CPC+ Track 2. By tracking gaps in care, Health Quest identified patients that had not been seen for an office visit in over a year, prompting outreach to those patients, which resulted $3.7 million in total billing revenue generated and critical preventative care.

Beyond those quantifiable figures, the exercise has also played a key role in reducing physician stress and workload related to the administration of these value-based payment models.

“Many of the quality measures overlap across multiple programs, so by giving the doctors access to these reports and letting them see exactly what the patient needs, it’s a win for the patient and a win for us,” said Deborah Driscoll, Manager, Practice Transformation at Health Quest.

Kecia Edwards, Practice Transformation Specialist at Health Quest explained further: “It takes that remembering burden away from the providers. All they have to do is just log into the system and see: oh, there’s that care opportunity.”

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