PSW
a population health company

Innovaccer 101 Training

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Innovaccer
Population Health Platform

Population Health Management

Innovaccer

Purpose & Capabilities

Purpose:

- **Automate** the population health management of ACO patient lives to allow staff to **efficiently** manage these patient's **care, risk, quality, utilization**, and **finance** to achieve **high quality outcomes** while **minimizing expenditures.**

Capabilities:

- Clinical Data Connectivity
- Care Management facilitation
- Dashboarding
- Quality Metric facilitation
- Risk Management facilitation

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Uses & Benefits

- Innovaccer solutions is working to generate further improvements in our KPI's
- Real-time monitoring of current year RAF score
- Stratified patients - recapture of HCC's year over year
- Analytic reporting now being generated monthly through the InGraph solution which equates to a reduction in resource utilization
- Care Management workload is built based upon ADT feeds which is automated and through stratification of specific patient cohorts
- Care protocols have been built and provide robust solutions
- Social Vulnerability Index available and in the future referral processes can be made available through use of this tool
- Dashboard reports are available and used for provider engagement

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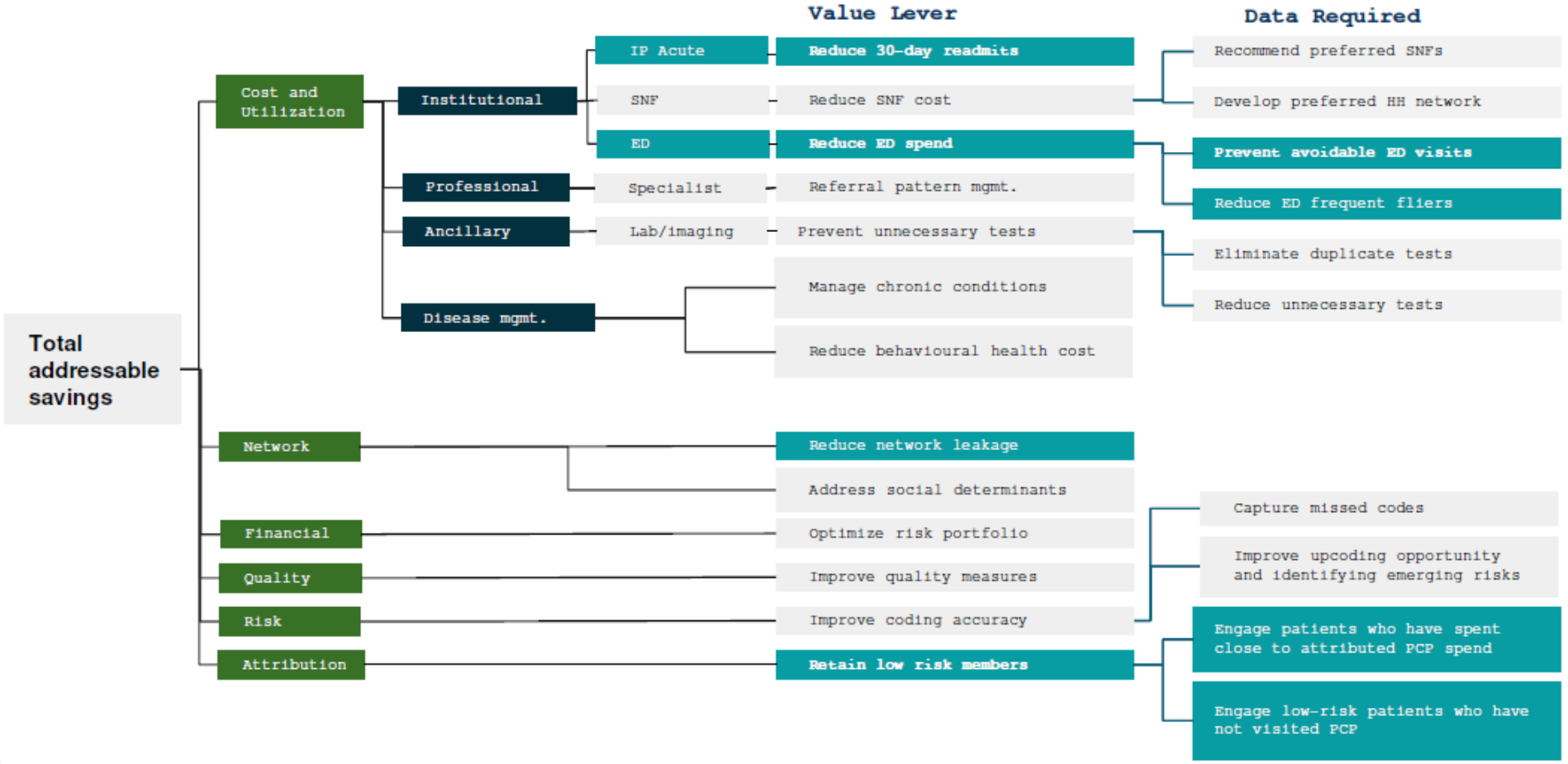
Platform Functionality

Available Solutions		
Data Aggregation	High and Rising Risk	SDoH Referral Process*
Quality Data Review	Care Management Productivity	InConnect – Campaign Management*
Utilization Metrics	Patient Level Data Drilldown	Cohort Identification
Connects to EHR's, HIE's, FHIR API's, HL7 as well as other variations	Risk Adjustment	Point of Care Solution
Attribution Logic	Network Leakage	Discharge Driven Care Management - PreManage

*Available but not yet in use

Innovaccer Levers

13 key levers driving overall population health opportunity



Getting Started

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Usernames & Access

Each partner, practice, or group will need to designate a single point of contact for user access approvals and terminations.

Usernames

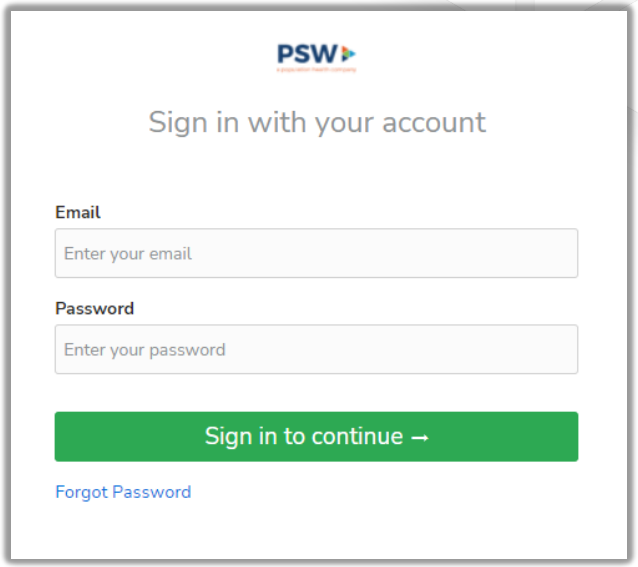
- Users are required to have individual logins
- Password recovery tool available
- Innovaccer Support will assist with username/login issues
  - 5 failed attempts or 45 days without utilizing will cause your account to be locked and require email support

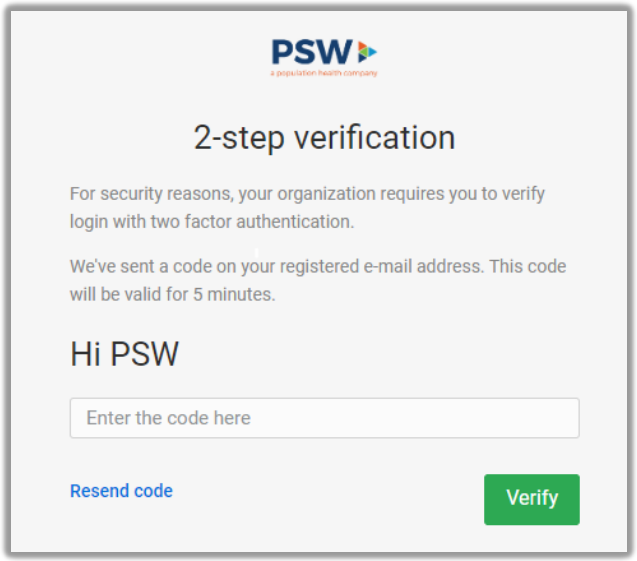
Access

- Detailed logs for audit purposes
- Break the Glass feature

2-step verification

- Added security with two factor authentication
- Access code will be emailed to user

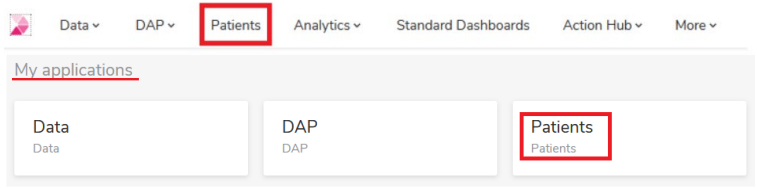




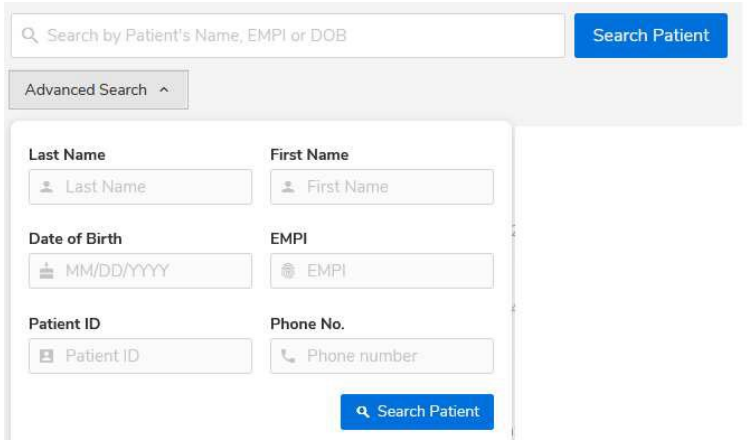
Individual Patient Data

How to View Patient Information

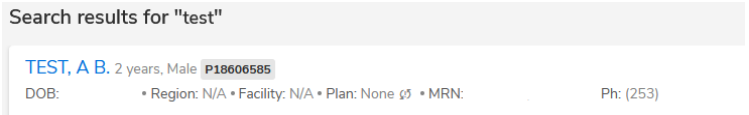
Search for a patient by selecting "**Patients**" from the banner across the top or "**My applications**"



Select "**Search Patient**" or the "**Advanced Search**" option to search for patients by name, date of birth, etc.

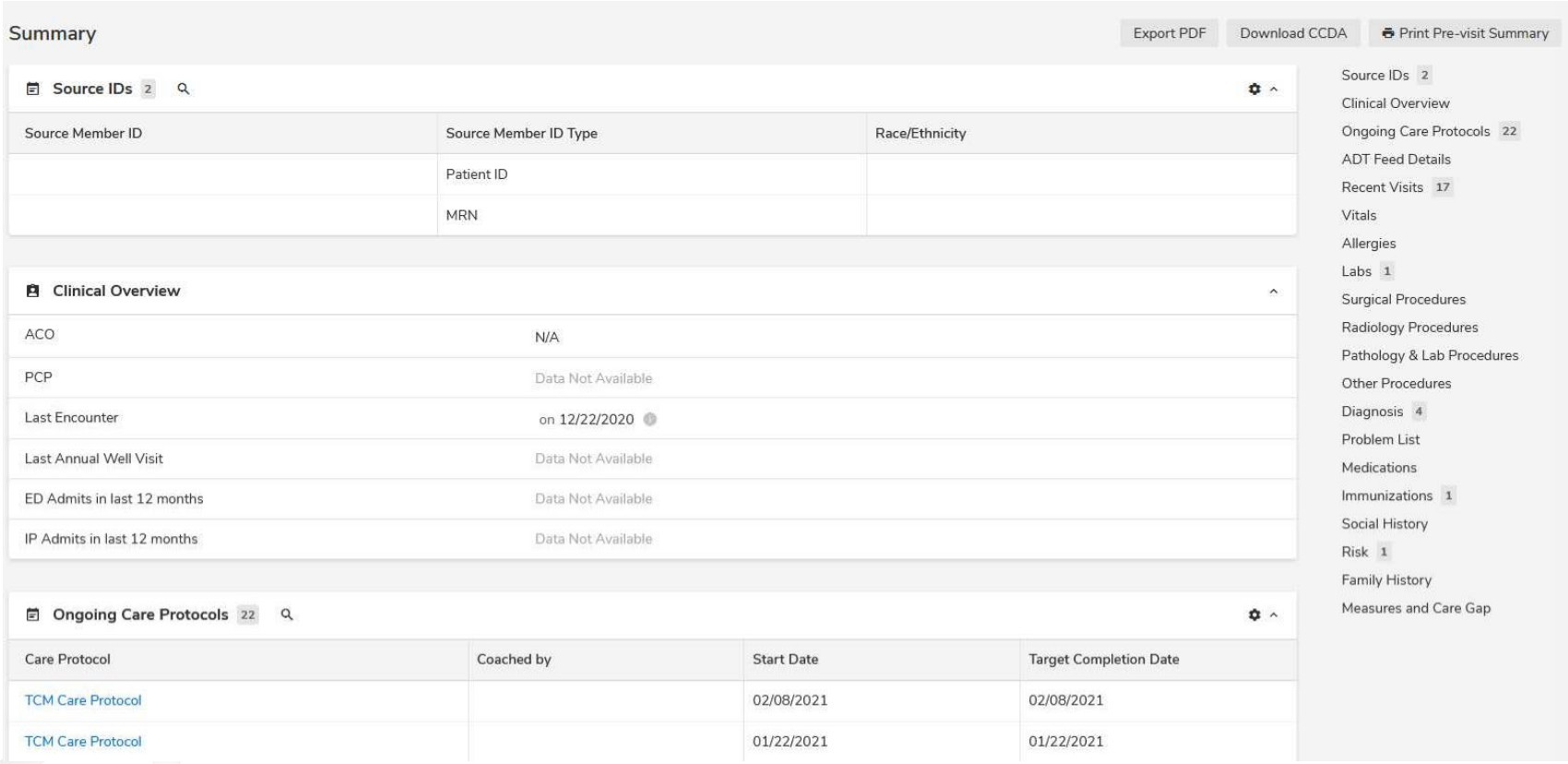


Click on the patient's name to view Patient 360



Patient360 View

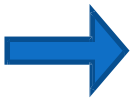
Purpose: view of aggregated patient level data (clinical, claims and ADT feeds) used by care management to have holistic view of patients prior to outreach.

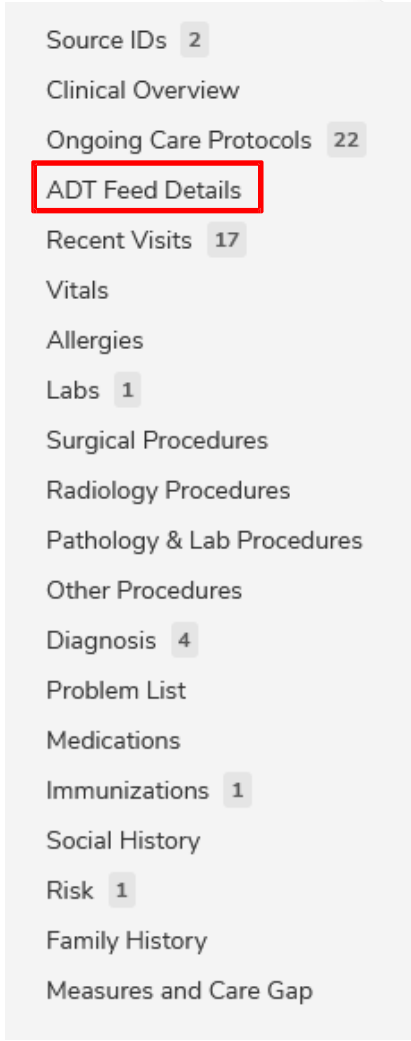


Contents in Patient360

Example

- Selecting “**ADT Feed Details**” provides patient details found on an ADT feed such as Actual Diagnosis, Discharge Disposition, Admit/Discharge Date Time





ADT Feed Details 7

Chief Complaint | Actual Diagnosis	Encounter Type	Discharge Dispositi...	Admit Date Time	Discharge Date Time	Encounter Class
R LE WOUND/CELLULITIS/IVDU/O...	Inpatient	Left against medica...	2021-02-08 20:08:...	2021-02-10 16:00:...	Surgery

- Selecting “**Recent Visits**” provides details that come from Clinical data

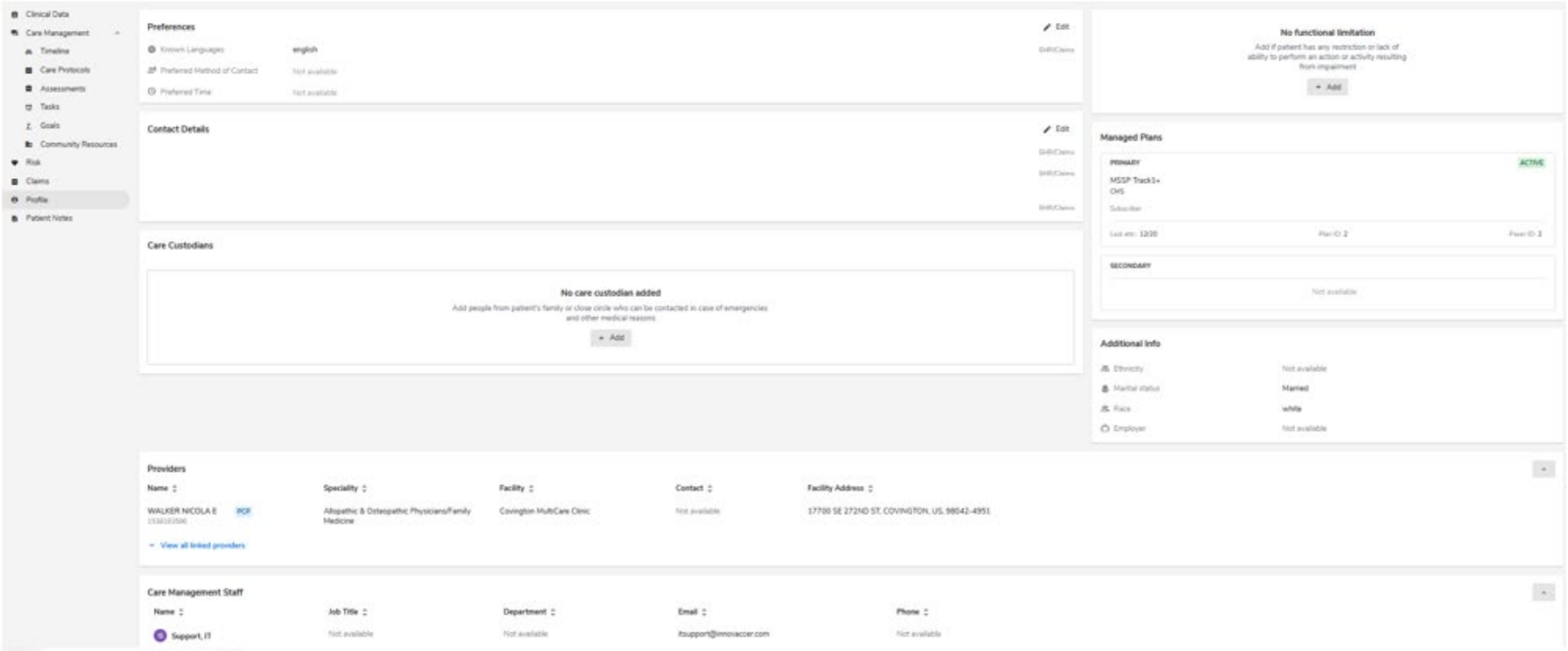
Recent Visits 17

	Start Date	End Date	Facility Name	Encounter Type	Encounter Type	Provider	Provider Specialty
⌄	01/19/2020	01/19/2020	MULTICARE HEAL...		•	SCHADE AMY GE...	Physician Assistant.
⌄	01/17/2020	01/17/2020	MULTICARE HEAL...				Physician Assistant.

Patient Information

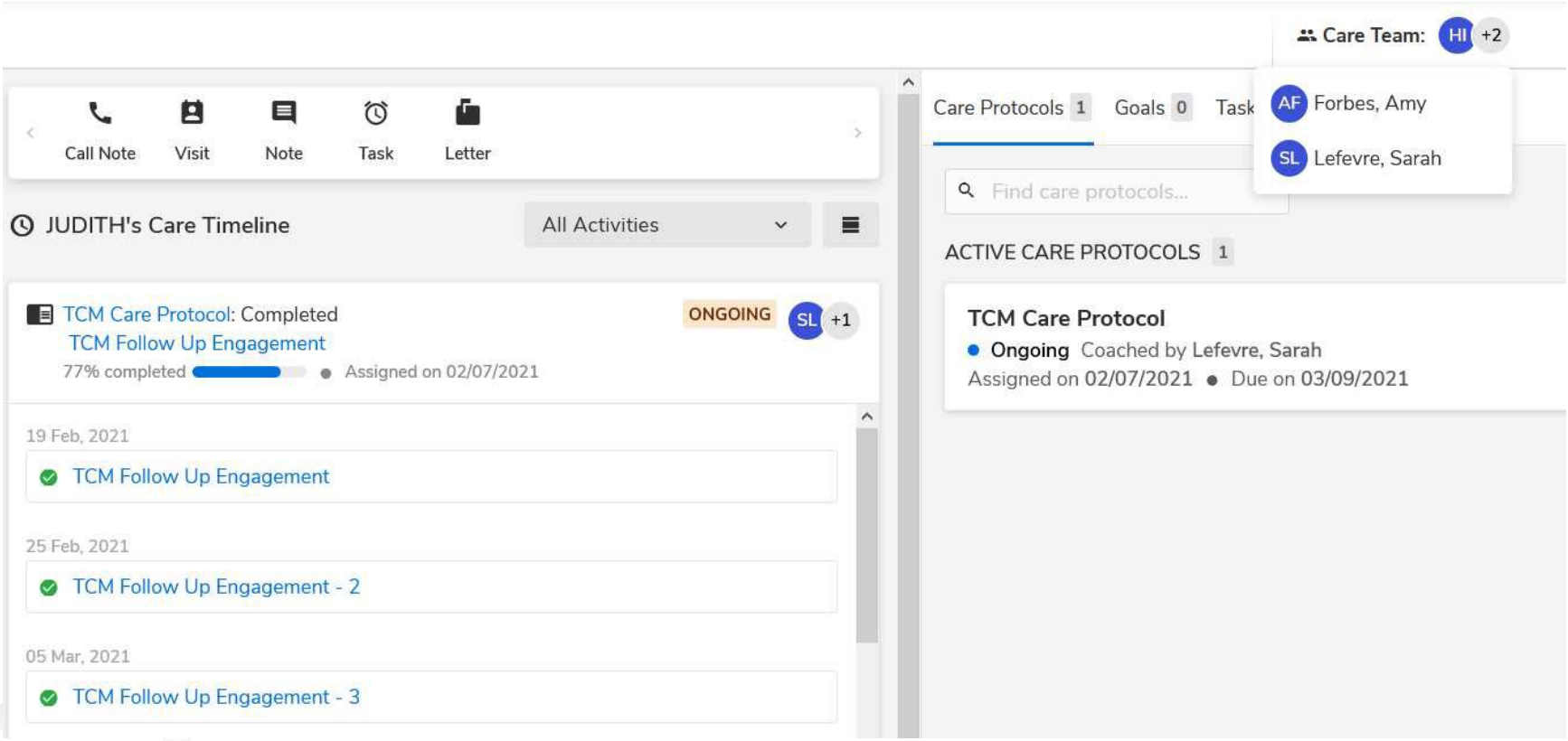
From the left navigation menu, selecting “Profile” allows users the ability to view patient level details such as:

- Contact details
- Assigned providers
- Managed plans



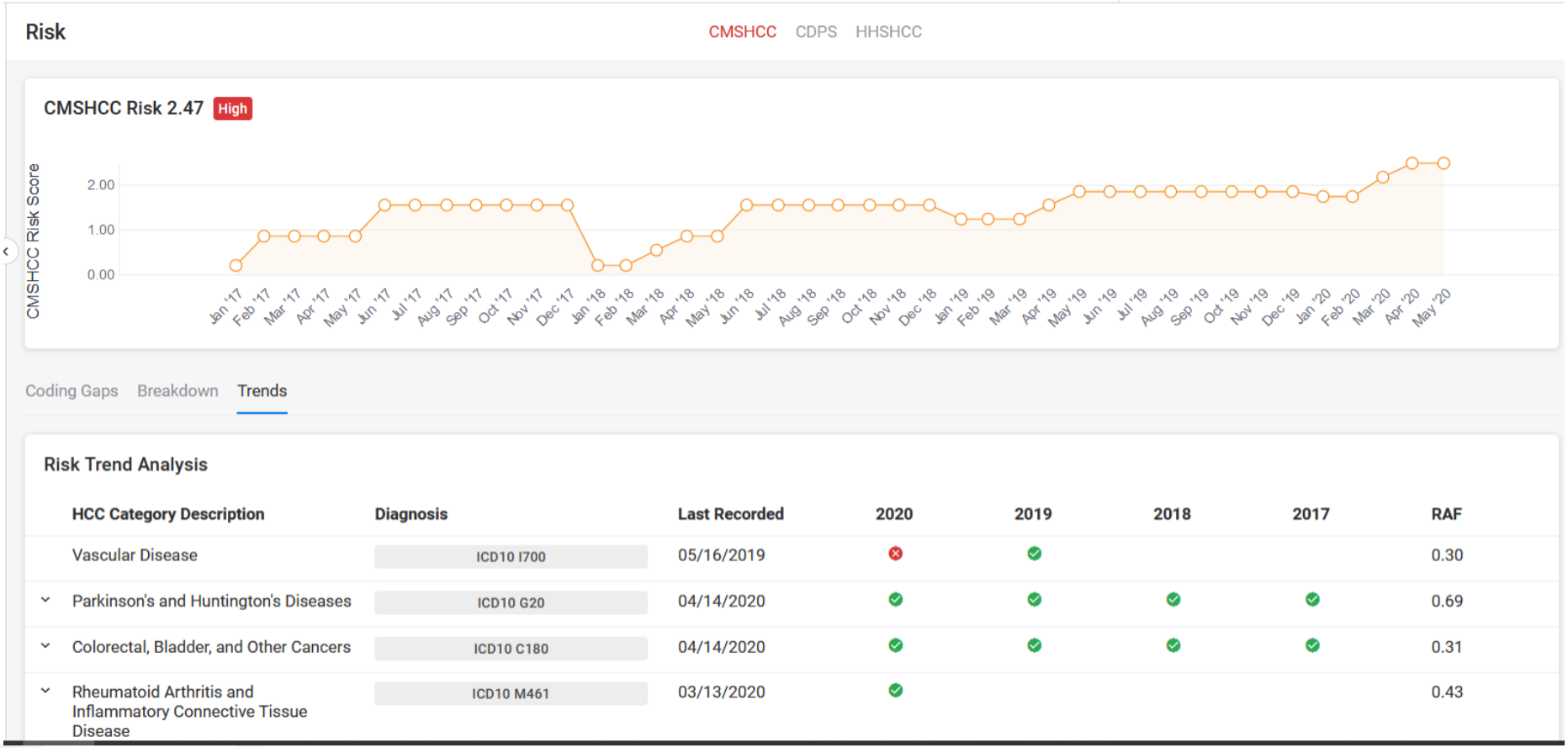
Care Management

Purpose: view of all outreach activities that have occurred in order of most recent first for a patient. Shows active and completed care protocols and names of care team members who have worked on patient case.



Patient Level Risk Detail

Purpose: Provides insight into the patient's risk score and the chronic conditions associated. Identifies and assists care managers in addressing gaps prior to outreach.



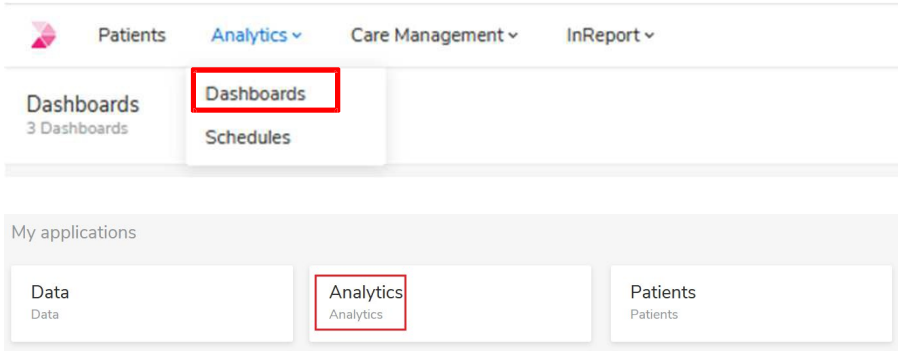
Analytics

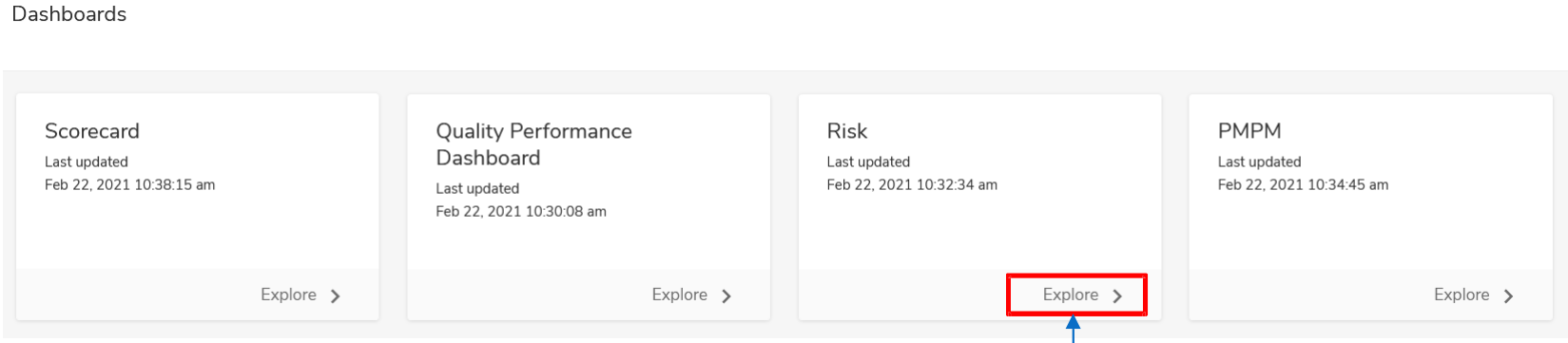
How to Get to Dashboards

Hover on “**Analytics**” from the banner across the top and click on “**Dashboards**”

OR

Choose “**Analytics**” from “**My applications**” in the home screen



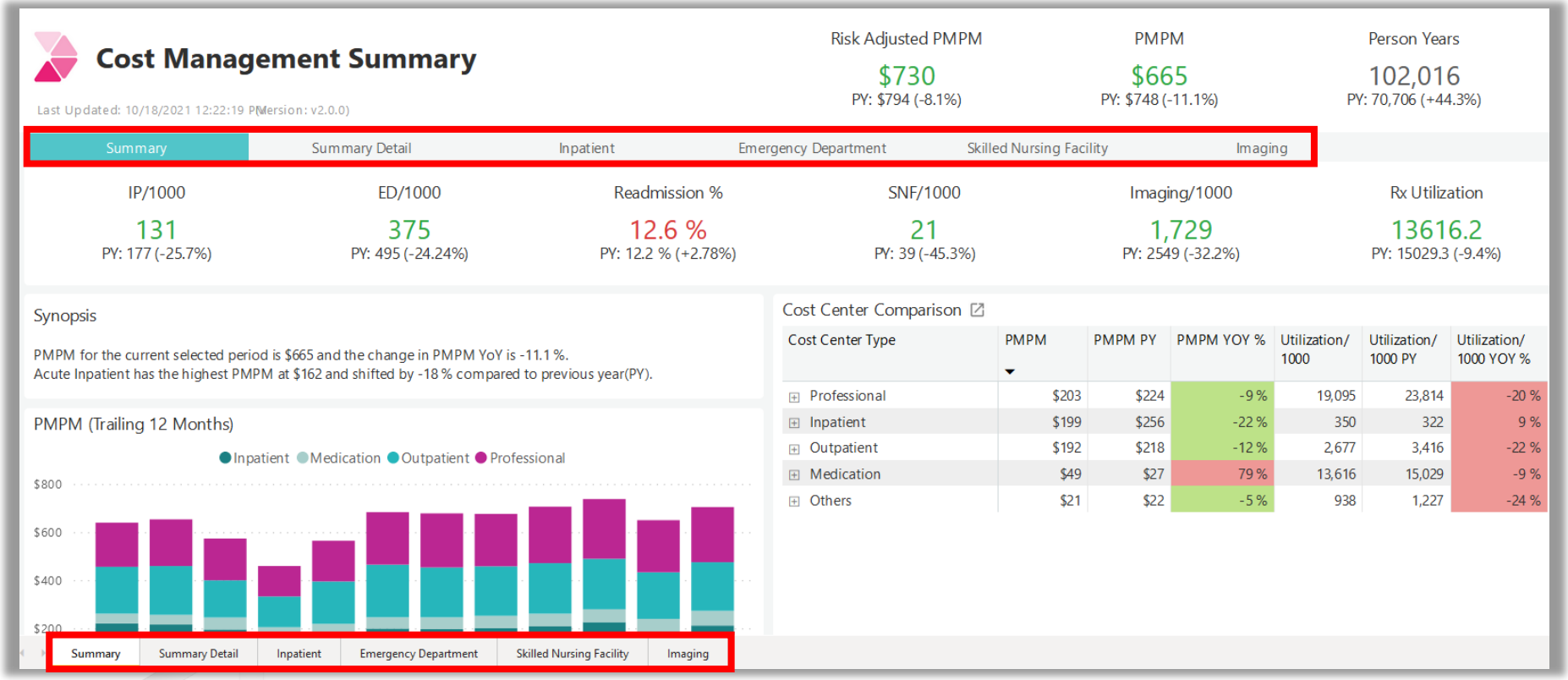


To open the dashboard and view the analytics, click “**Explore**”

*Access to certain dashboards is dependent on users’ permissions

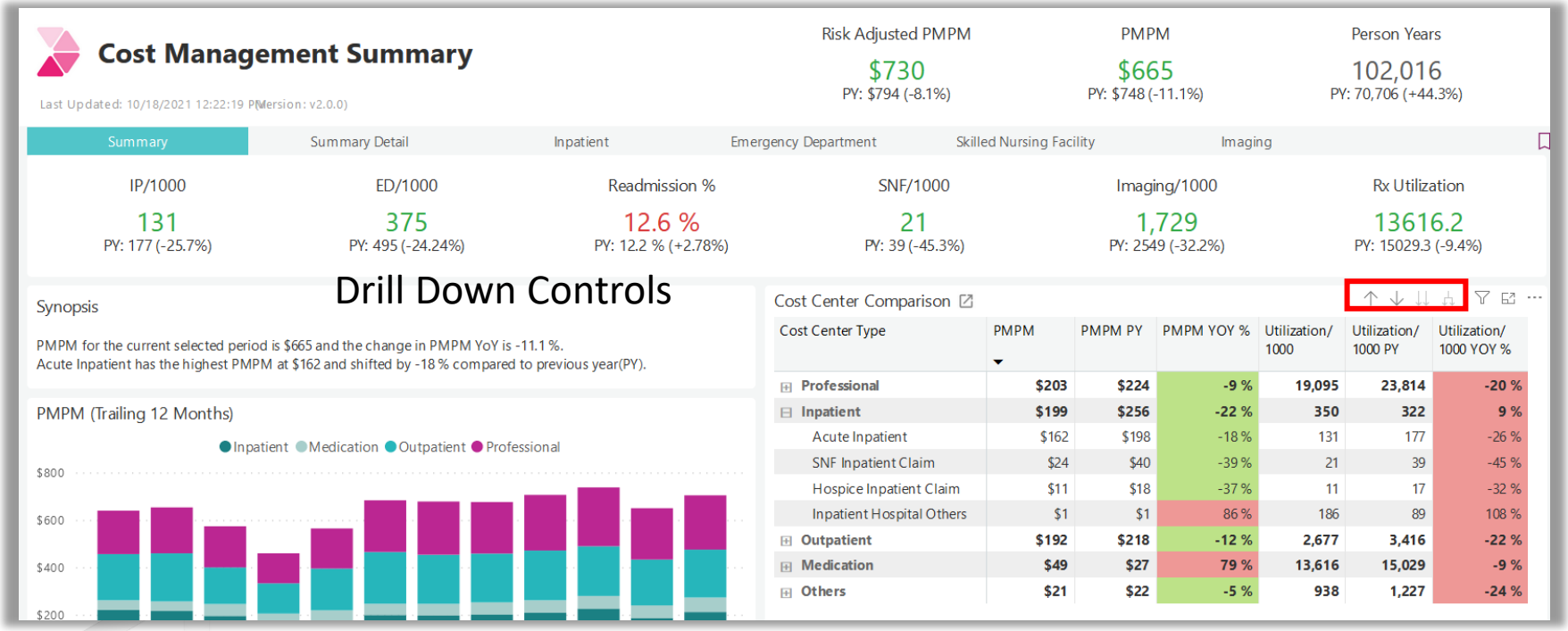
Navigation

Each dashboard can contain multiple reports that can be accessed by either the tabs at the top or the bottom



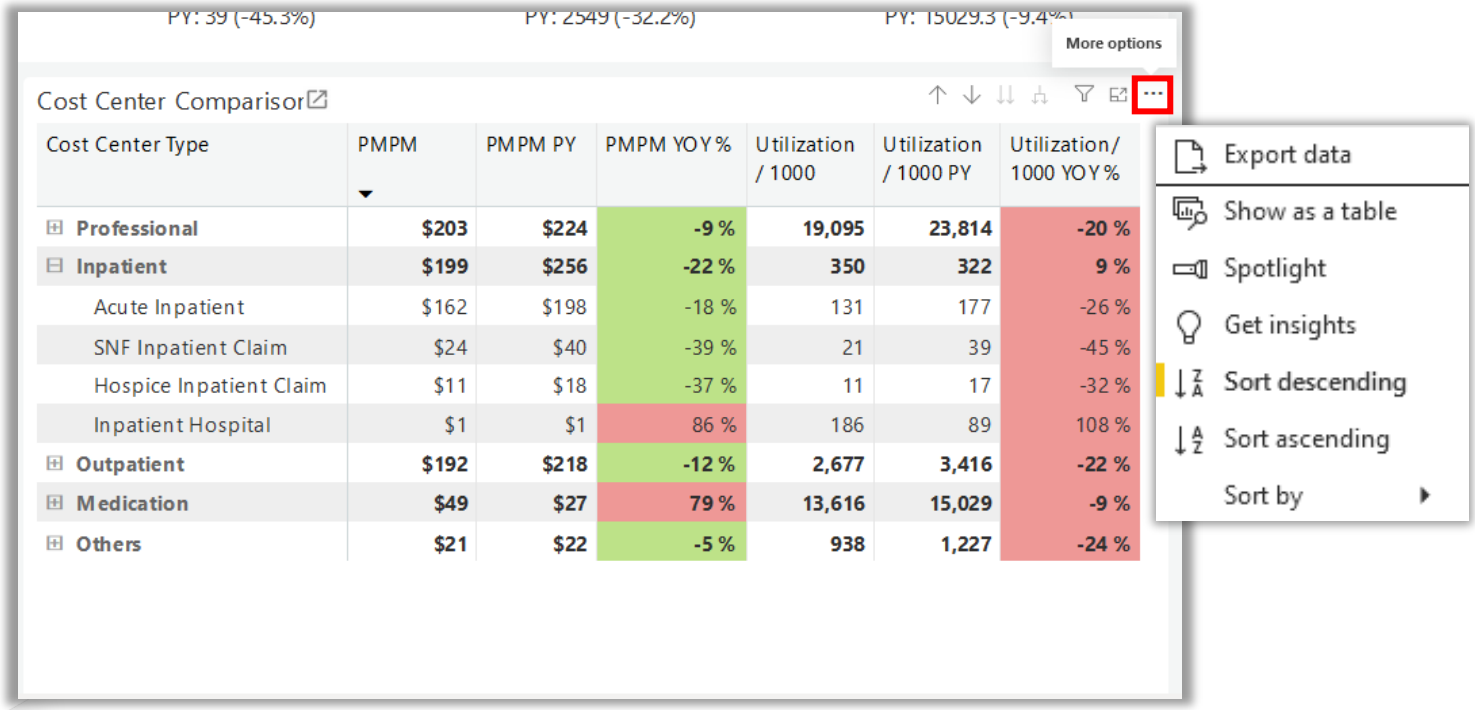
Navigation – Drill Down Controls

This feature is not available for every widget. To determine if the ability to drill down is available you must hover in the upper right-hand corner of the widget and the menu options will appear.



Navigation – More Options Menu

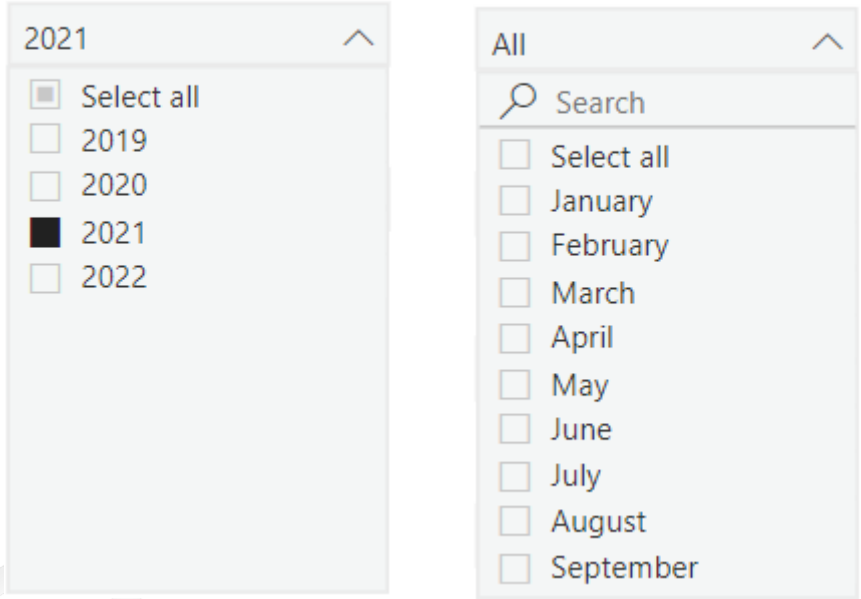
This feature is not available for every widget. The more options menu allows for additional functionality within the specific widget.



How to Filter and its Importance

Various data filters are available in the right-side menu to filter what data is being displayed

*There is a 45-day claims lag and we project an additional 45 day incurred but not received (IBNR) lag



Year
2021

Month
All

Organization
All

Line of Business
All

Payer
All

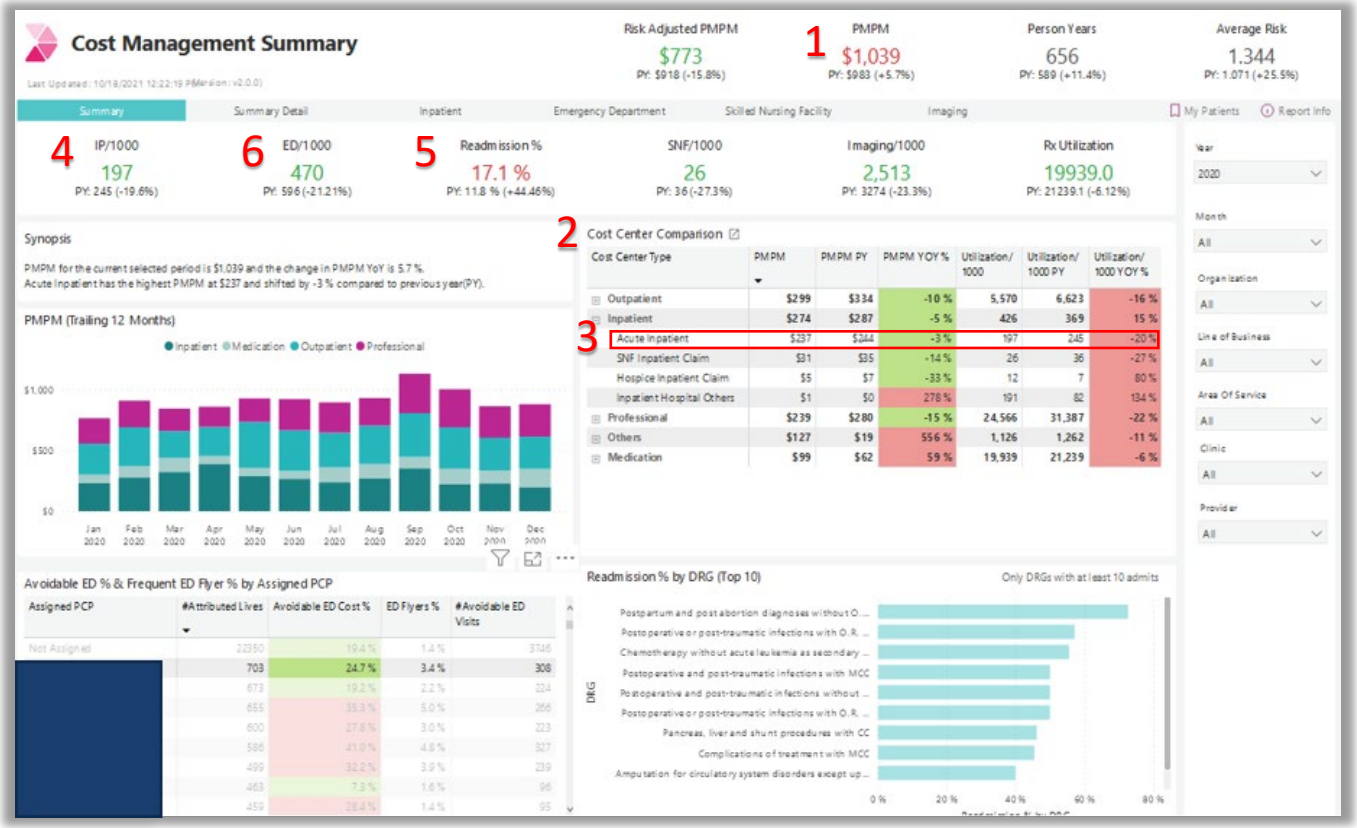
Area Of Service
All

Clinic
All

Cost Utilization

Summary

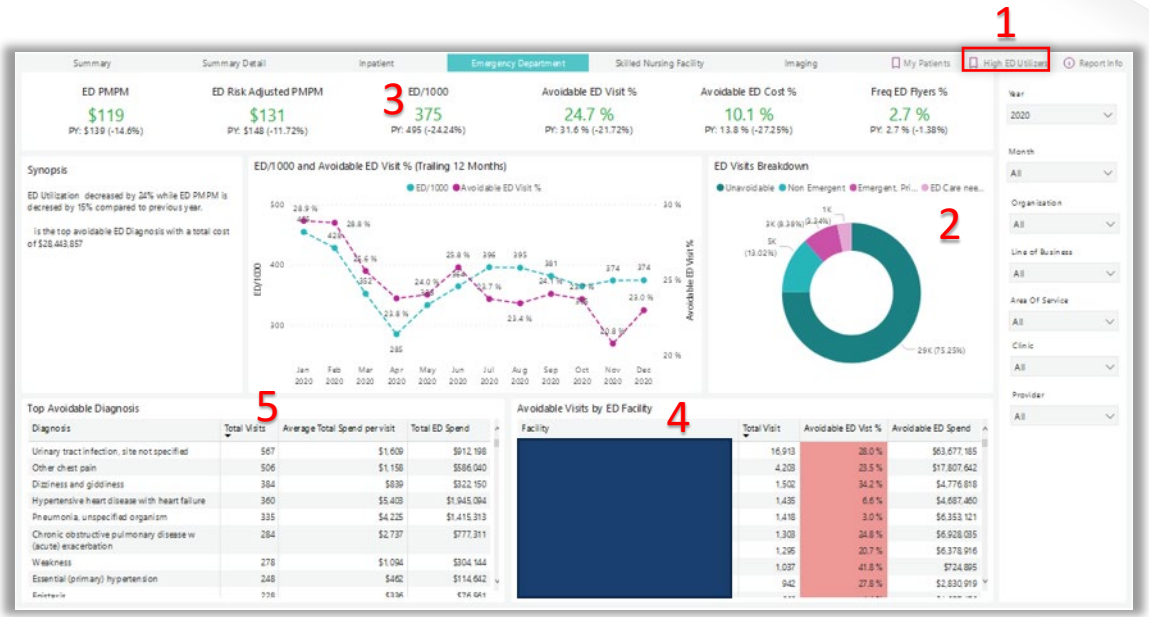
1. PMPM
2. Contribution Towards PMPM
3. Acute Inpatient PMPM
4. IP Admits PTMPY
5. IP Readmit Rate
6. ER Visits PTMPY

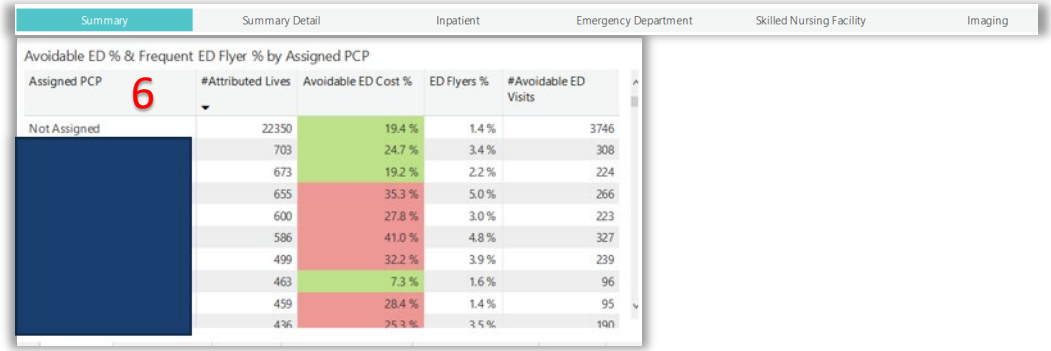


Cost Utilization

Summary

1. List of High ED Utilizers
2. Gives detail on Avoidablevs Non-Avoidable ED Visits
3. Total Visits PTY
4. Cost of Avoidable ED Visits by Facility
5. Total Avoidable ED Visits by Dx
6. Avoidable ED Cost Spread Across PCPs

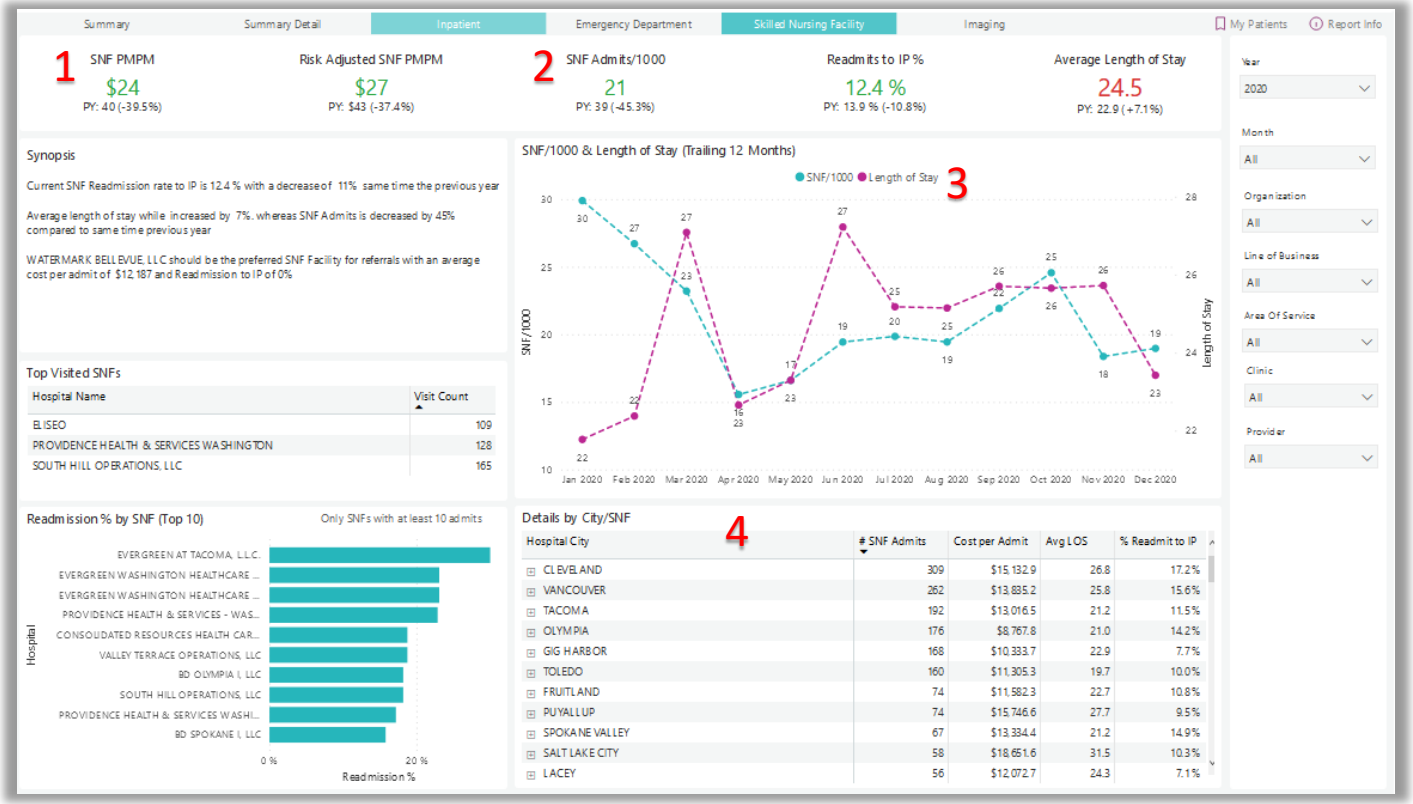




Cost Utilization

Skilled Nursing Facilities

1. SNF PMPM
2. SNF Visits PTMPY
3. PTMPY Trend
4. Cost per City and Facility

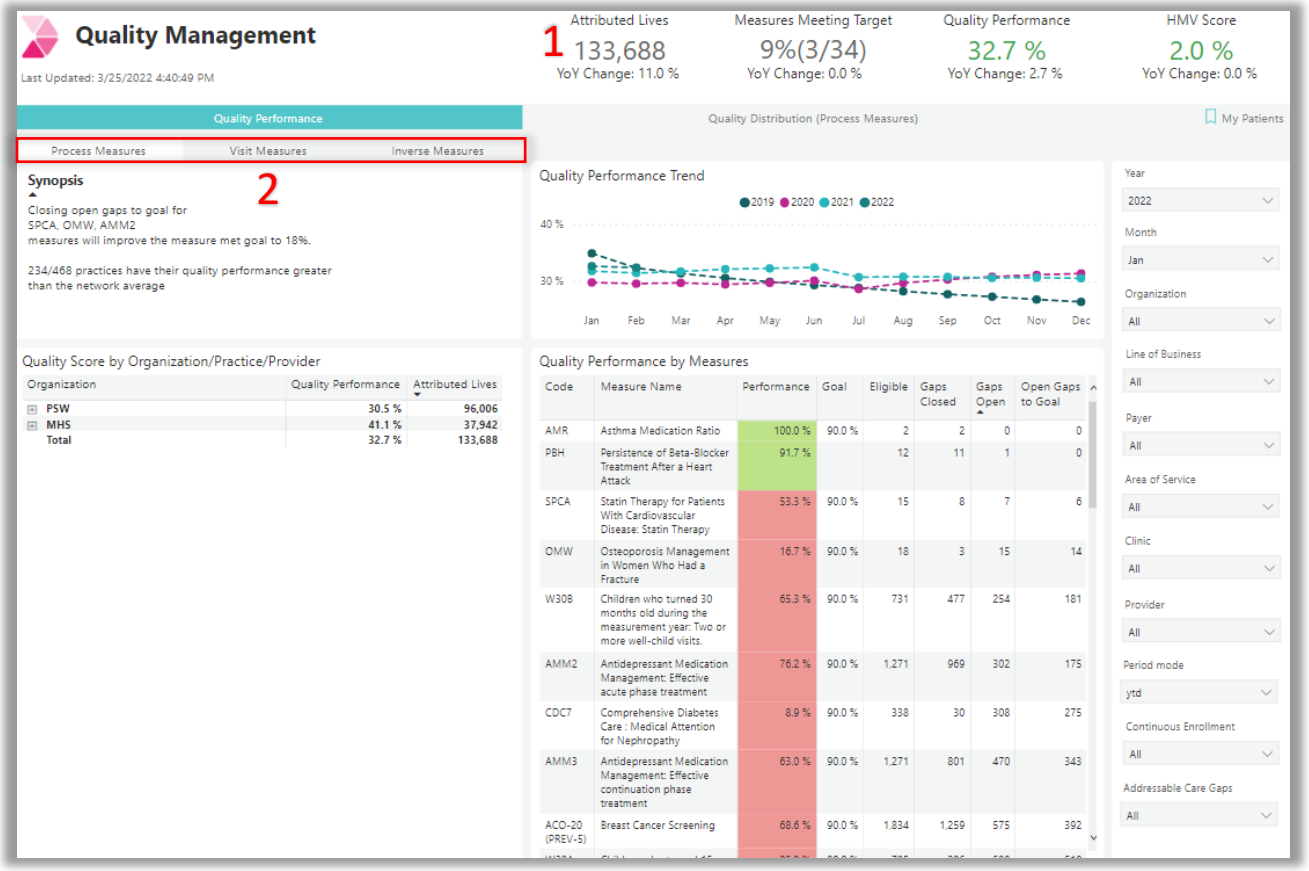


Quality Management

Quality Distribution

1. Attributed Population

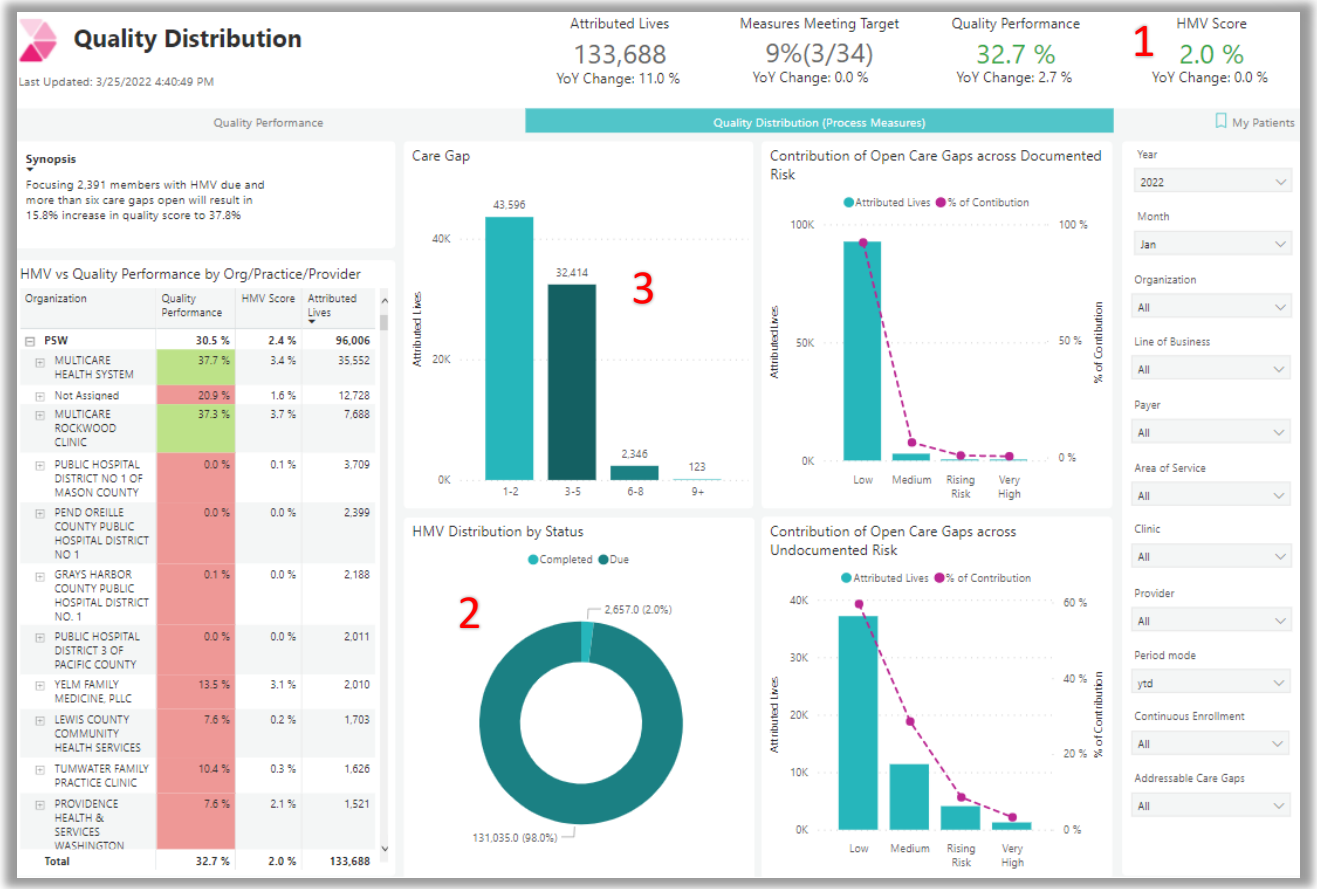
2. Quality Measures
   - Process Measures
   - Visit Measures
   - Inverse Quality Measures



Quality Management

Quality Distribution

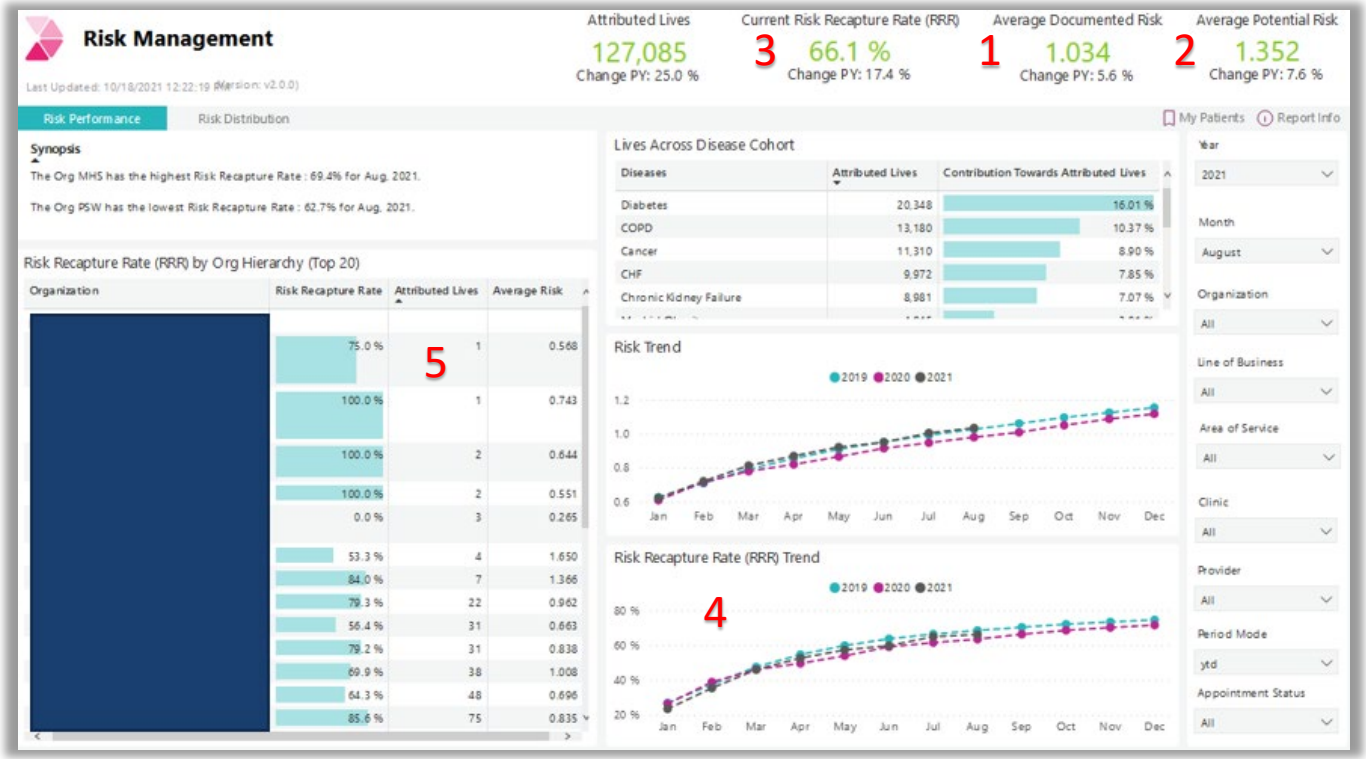
1. Health Maintenance Visit (HMV)
   - Annual Wellness Visit
2. HMV Distribution
3. Care Gaps



Risk Management

Risk Performance

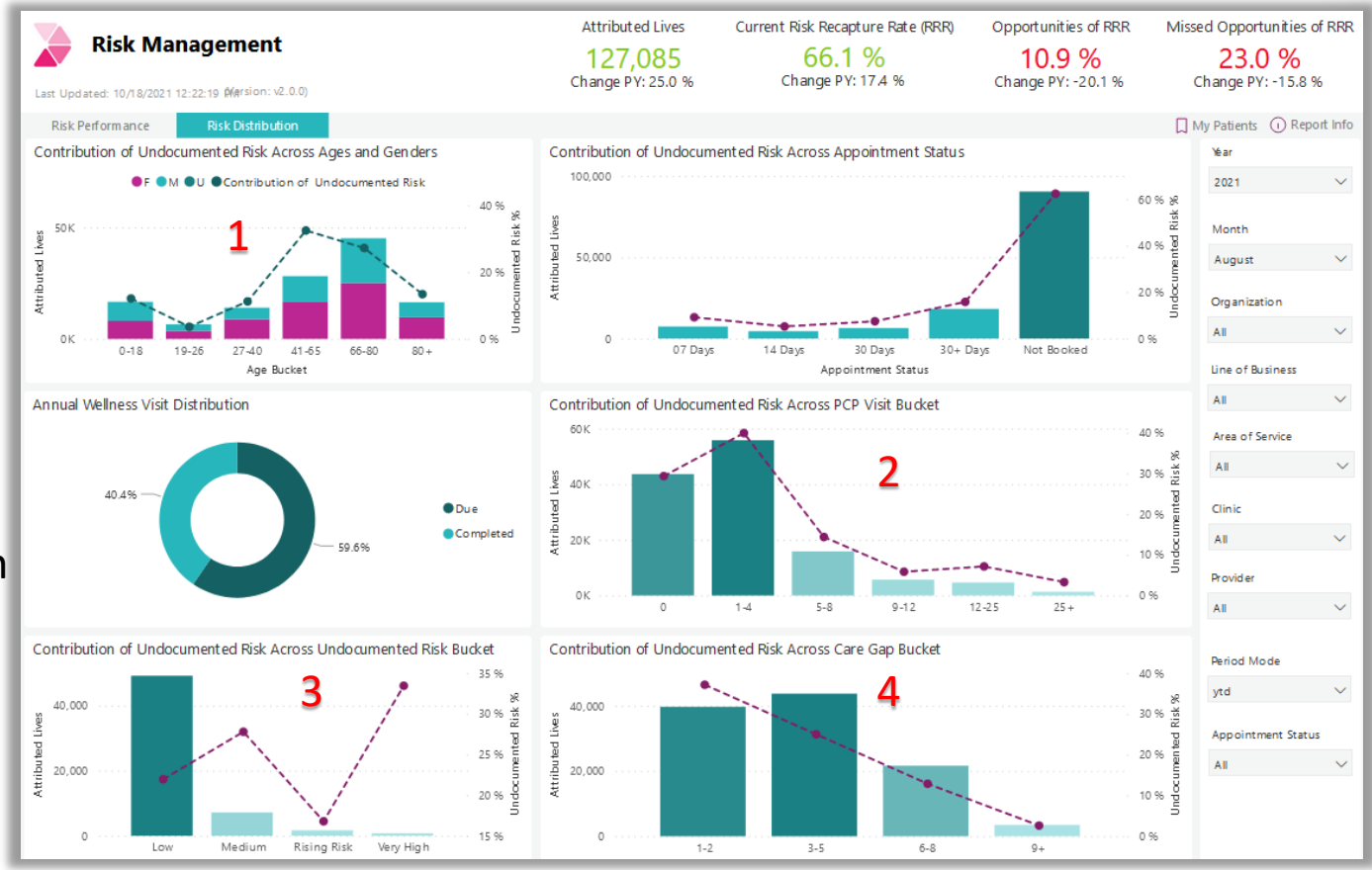
1. Current Risk Score
2. Potential Risk Score
3. Risk Recapture Rate
4. Risk Recapture Rate Trend
5. Risk Score at Org Level



Risk Management

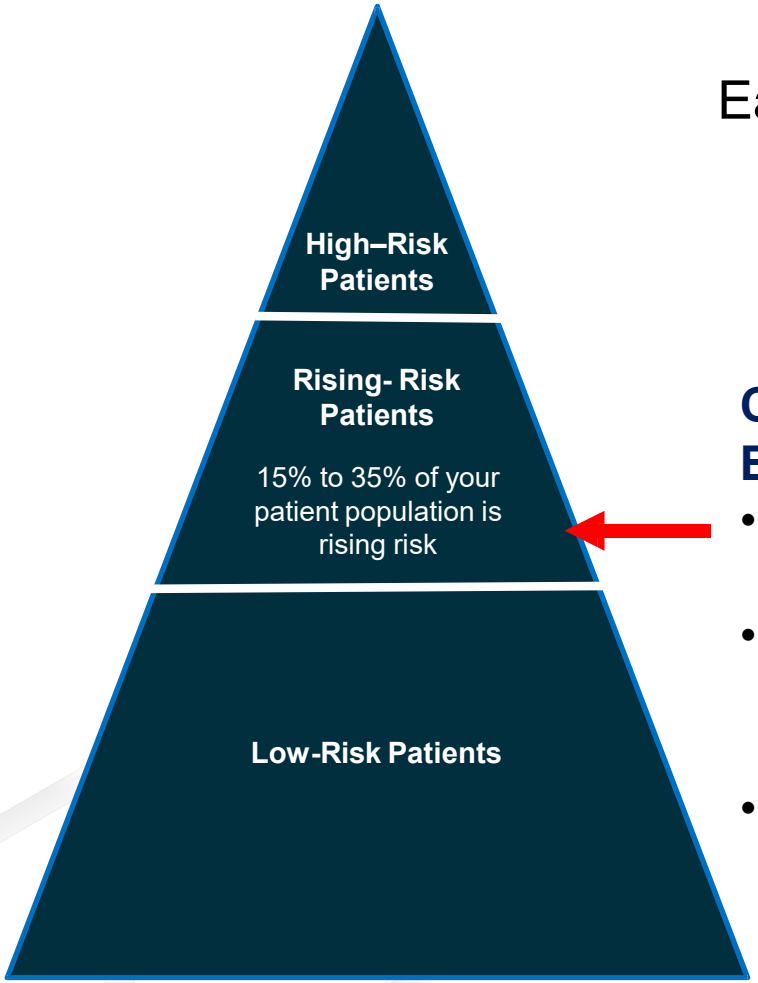
Risk Distribution

1. Risk By Age
2. PCP Visit Distribution
3. Undocumented Risk Distribution
4. Care Gap Distribution



Risk Populations

Patient Risk Escalation



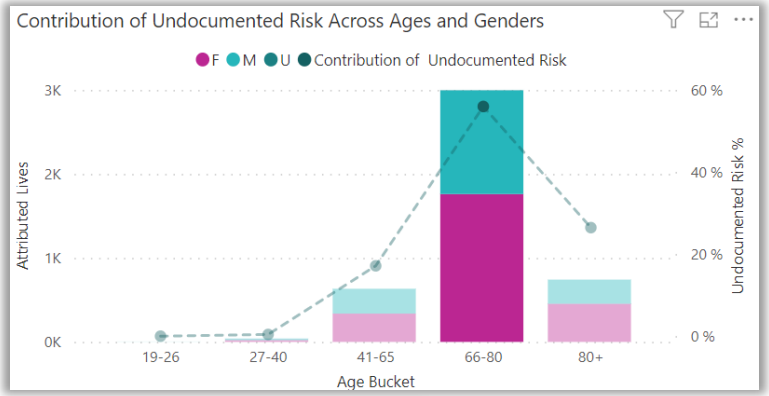
Each year about 18% of rising risk patient escalate to high-risk patients.

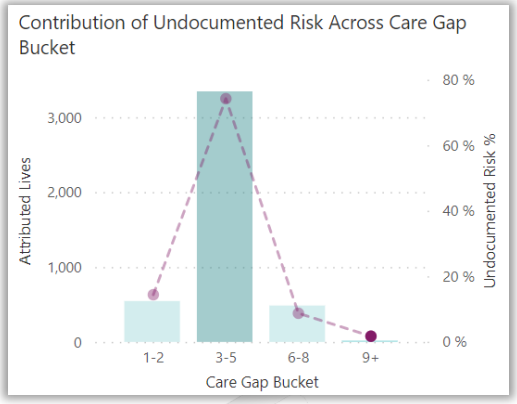
Common Triggers of Rising Risk Escalation

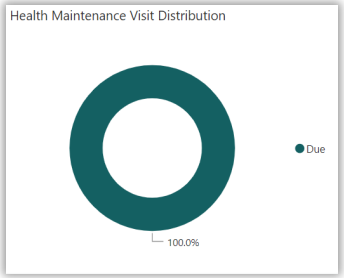
- Unpredicted exacerbation where patient is unable to recover
- Patient unaware of condition or ignores it and therefore is not managing
- Natural deterioration based upon based upon managed condition

Rising Risk Variables

Innovaccer Risk Dashboard: A Case Study Example







Managing care gaps: understand and filter on several factors

- Age Grouping
- HMV visit completion
- Open care gaps (quality measures)
- Contribution of undocumented risk

CASE STUDY EXAMPLE:
Data->Actionable Information

- Filter on a specific clinic
- Filter on desired age group (66-80) with highest contribution of undocumented risk which gives you a set of 2998 lives
- Narrow results by filtering on highest number of care gaps (9+) which reduces results to 75
- Apply a final filter on the annual Health Maintenance Visit being due which then produces a workable patient list containing 13 patients ready for outreach to schedule an appointment.

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Thank You

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