

Innovaccer 101 Training

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A group of people, including a man in a hat and a woman holding a child, are shown in a field. The image is overlaid with a blue gradient and several large, semi-transparent geometric shapes (triangles and diamonds) in various shades of blue. The overall aesthetic is clean and modern.

Innovaccer

Population Health Platform

Population Health Management





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



Innovaccer

Uses & Benefits

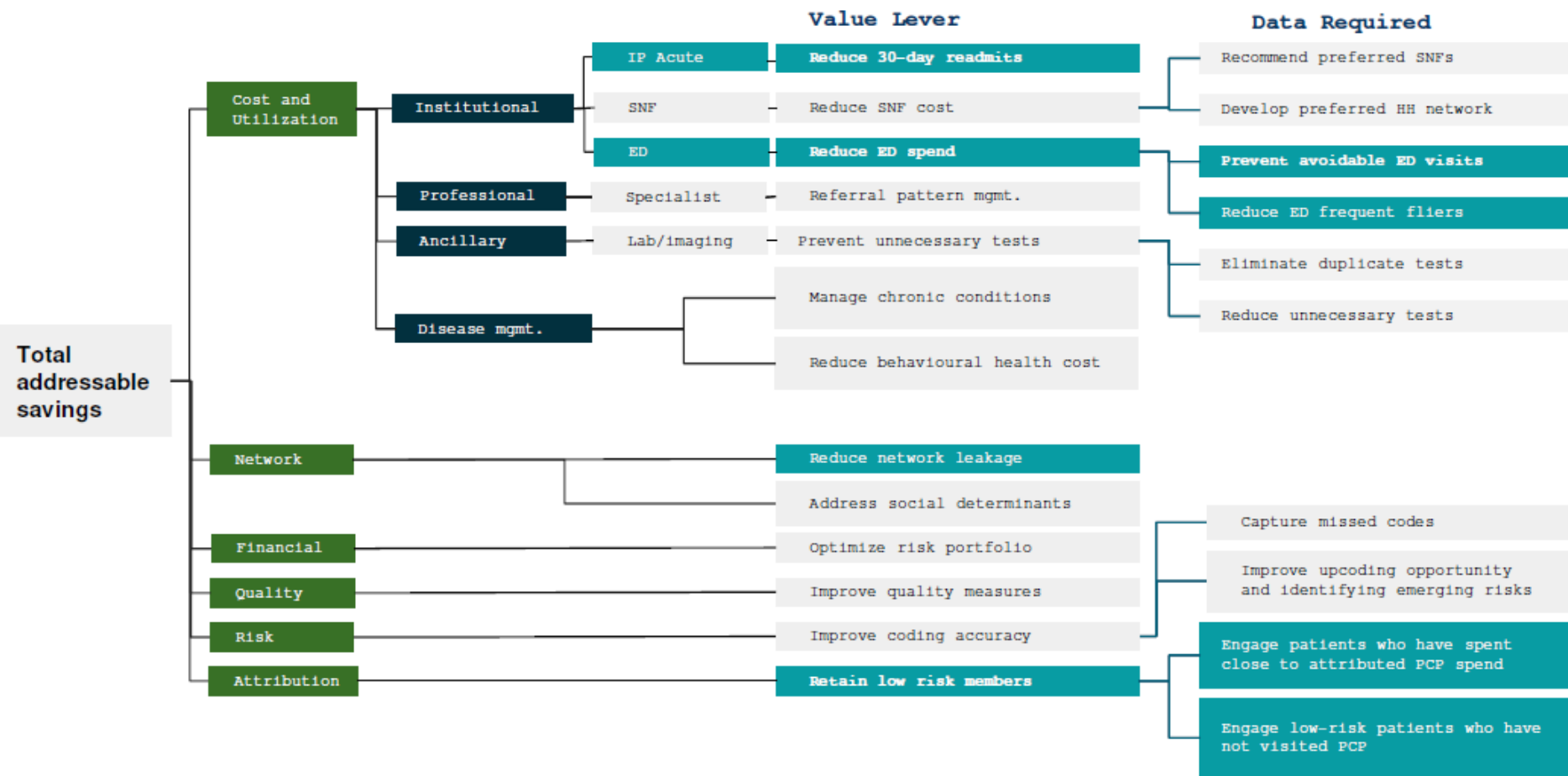
- ▶ Innovaccer solutions is working to generate further improvements in our KPI's
- ▶ Real-time monitoring of current year RAF score
- ▶ Stratified patients - recapture of HCC's year over year
- ▶ Analytic reporting now being generated monthly through the InGraph solution which equates to a reduction 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

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



A group of people, including a woman holding a child, are gathered in a field. The image is overlaid with a blue gradient and several large, semi-transparent geometric shapes, including diamonds and triangles, creating a modern, abstract design. The text "Getting Started" is centered in the lower half of the image.

Getting Started



Username & Access

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

Username

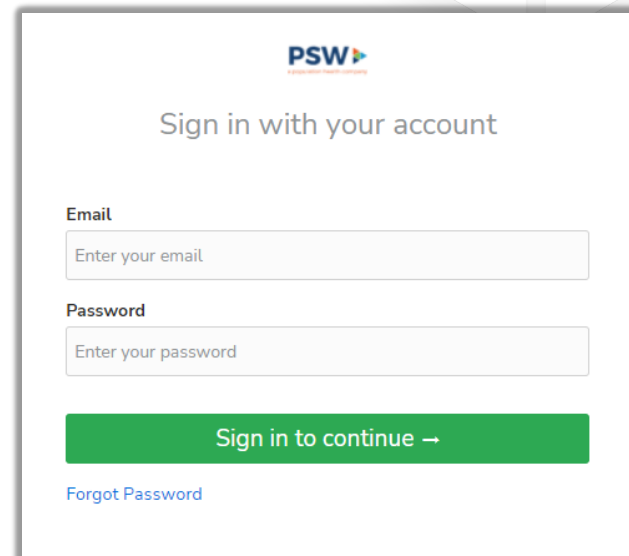
- Users are required to have individual logins
- Password recovery tool available
- Innovaccer Support will assist with username/login issues
 - 5 failed attempts or 45 days without utilizing will cause your account to be locked and require email support

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



PSW
a population health company

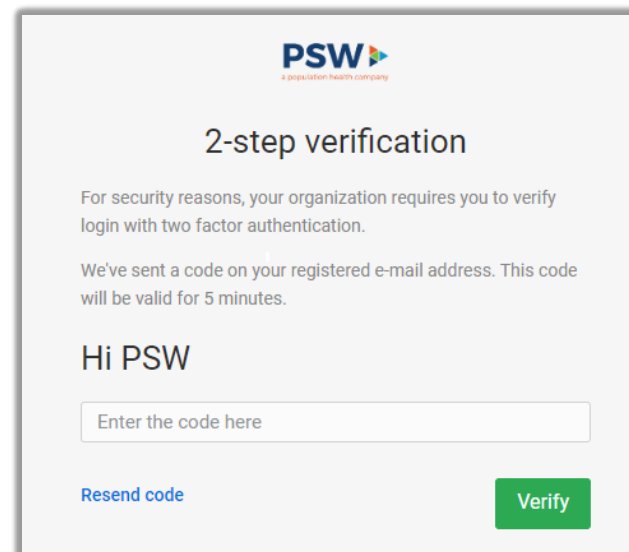
Sign in with your account

Email

Password

[Sign in to continue →](#)

[Forgot Password](#)



PSW
a population health company

2-step verification

For security reasons, your organization requires you to verify login with two factor authentication.

We've sent a code on your registered e-mail address. This code will be valid for 5 minutes.

Hi PSW

[Resend code](#) [Verify](#)

A group of people, including a man in a hat and a woman holding a child, are gathered around a document. The scene is overlaid with a blue geometric pattern of overlapping triangles and diamonds. The text "Individual Patient Data" is centered in the lower half of the image.

Individual Patient Data



How to View Patient Information

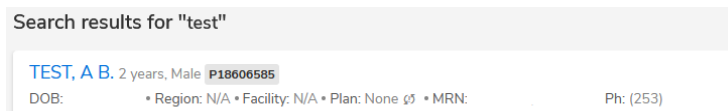
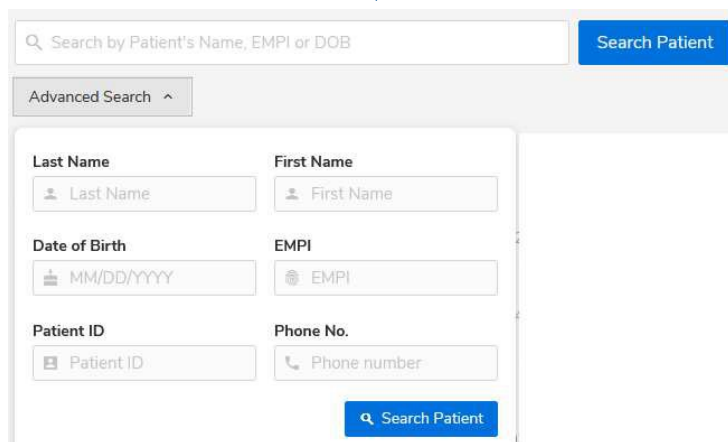
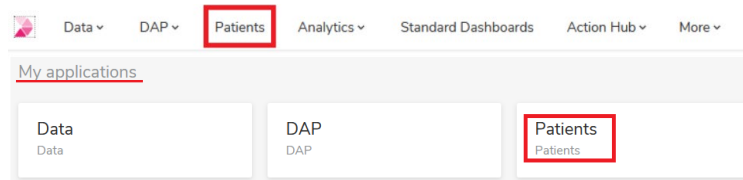
Search for a patient by selecting **"Patients"** from the banner across the top or **"My applications"**



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.

Summary
Export PDF
Download CCDA
Print Pre-visit Summary

Source IDs 2
⚙️ ^

Source Member ID	Source Member ID Type	Race/Ethnicity
	Patient ID	
	MRN	

Clinical Overview
^

ACO	N/A
PCP	Data Not Available
Last Encounter	on 12/22/2020
Last Annual Well Visit	Data Not Available
ED Admits in last 12 months	Data Not Available
IP Admits in last 12 months	Data Not Available

Ongoing Care Protocols 22
⚙️ ^

Care Protocol	Coached by	Start Date	Target Completion Date
TCM Care Protocol		02/08/2021	02/08/2021
TCM Care Protocol		01/22/2021	01/22/2021

- Source IDs 2
- Clinical Overview
- Ongoing Care Protocols 22
- ADT Feed Details
- Recent Visits 17
- Vitals
- Allergies
- Labs 1
- Surgical Procedures
- Radiology Procedures
- Pathology & Lab Procedures
- Other Procedures
- Diagnosis 4
- Problem List
- Medications
- Immunizations 1
- Social History
- Risk 1
- Family History
- Measures and Care Gap

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



Chief Complaint Actual Diagnosis	Encounter Type	Discharge Dispositi...	Admit Date Time	Discharge Date Time	Encounter Class
R LE WOUND/CELLULITIS/VDU/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

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.

- Source IDs 2
- Clinical Overview
- Ongoing Care Protocols 22
- ADT Feed Details**
- Recent Visits 17
- Vitals
- Allergies
- Labs 1
- Surgical Procedures
- Radiology Procedures
- Pathology & Lab Procedures
- Other Procedures
- Diagnosis 4
- Problem List
- Medications
- Immunizations 1
- Social History
- Risk 1
- Family History
- Measures and Care Gap

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

The screenshot displays a patient profile page with a left-hand navigation menu. The 'Profile' option is selected. The main content area is divided into several sections:

- Preferences:** Includes 'Screen Languages' (english), 'Preferred Method of Contact' (not available), and 'Preferred Time' (not available).
- Contact Details:** A section for contact information, currently empty.
- Care Custodians:** A section for emergency contacts, currently empty with the message 'No care custodian added'.
- Managed Plans:** Shows a primary plan 'MSP-Track1+ OHS' with a status of 'ACTIVE' and a secondary plan that is 'Not available'.
- Additional Info:** Lists personal details: Ethnicity (Not available), Marital status (Married), Race (white), and Employer (Not available).
- Providers:** A table listing assigned providers. One provider is shown: Walker Nicola E, MD, at Covington MultiCare Clinic.
- Care Management Staff:** A table listing staff members. One staff member is shown: Support, IT.

Name	Specialty	Facility	Contact	Facility Address
WALKER NICOLA E 2136122300	Allopathic & Osteopathic Physicians/Family Medicine	Covington MultiCare Clinic	Not available	17700 SE 272ND ST, COVINGTON, US, 98042-4951

Name	Job Title	Department	Email	Phone
Support, IT	Not available	Not available	itupport@emvaccor.com	Not available

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.

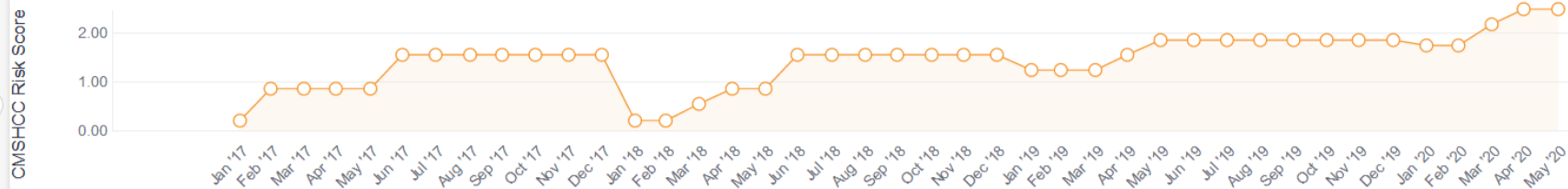
The screenshot displays the Care Management interface for a patient named JUDITH. At the top right, the Care Team is identified as 'HI +2'. Below this, a navigation bar includes icons for Call Note, Visit, Note, Task, and Letter. The main section is titled 'JUDITH's Care Timeline' and is set to 'All Activities'. A card for 'TCM Care Protocol: Completed TCM Follow Up Engagement' shows 77% completion and is assigned to Sarah Lefevre (SL). The timeline lists three 'TCM Follow Up Engagement' activities on 19 Feb, 25 Feb, and 05 Mar, 2021. On the right, a sidebar shows 'Care Protocols 1', 'Goals 0', and 'Task'. A search bar for 'Find care protocols...' is present. Below, 'ACTIVE CARE PROTOCOLS 1' is shown, with a card for 'TCM Care Protocol' that is 'Ongoing', coached by Sarah Lefevre, assigned on 02/07/2021, and due on 03/09/2021. A dropdown menu for the care team lists 'AF Forbes, Amy' and 'SL Lefevre, Sarah'.

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.

Risk CMSHCC CDPS HSHCC

CMSHCC Risk 2.47 High



Coding Gaps Breakdown Trends

Risk Trend Analysis

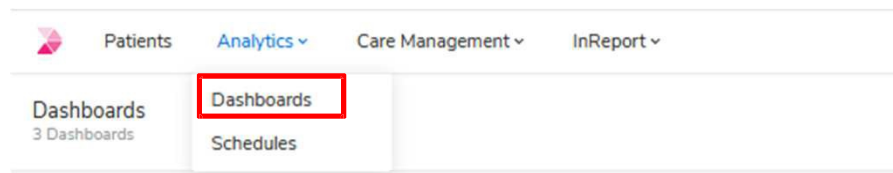
HCC Category Description	Diagnosis	Last Recorded	2020	2019	2018	2017	RAF
Vascular Disease	ICD10 I700	05/16/2019	✘	✔			0.30
✓ Parkinson's and Huntington's Diseases	ICD10 G20	04/14/2020	✔	✔	✔	✔	0.69
✓ Colorectal, Bladder, and Other Cancers	ICD10 C180	04/14/2020	✔	✔	✔	✔	0.31
✓ Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	ICD10 M461	03/13/2020	✔				0.43

A group of people, including a man in a hat and a woman holding a child, are shown in a field. The image is overlaid with a blue gradient and several large, semi-transparent geometric shapes, including diamonds and triangles, creating a modern, abstract design.

Analytics

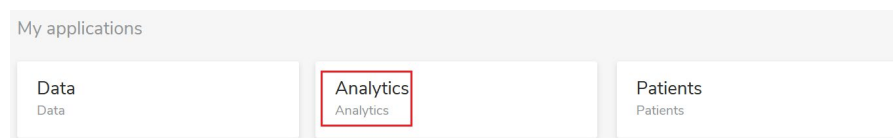
How to Get to Dashboards

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

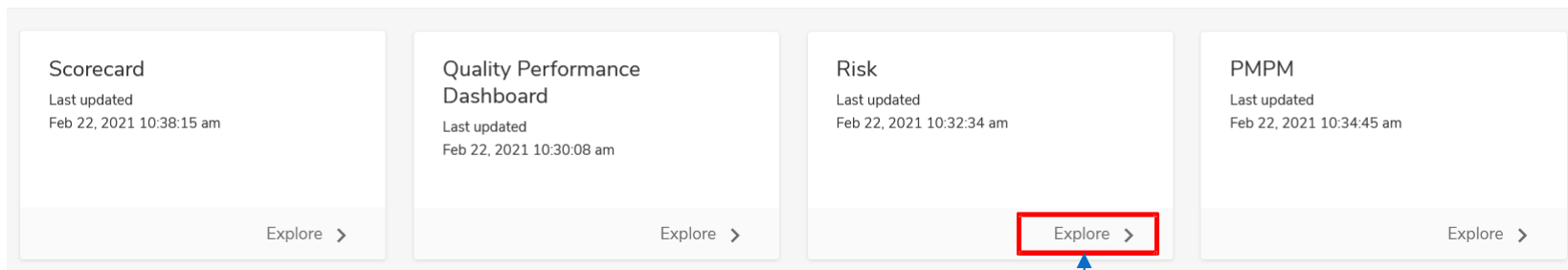


OR

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



Dashboards



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

Cost Management Summary

Last Updated: 10/18/2021 12:22:19 P (Version: v2.0.0)

Risk Adjusted PMPM
\$730
PY: \$794 (-8.1%)

PMPM
\$665
PY: \$748 (-11.1%)

Person Years
102,016
PY: 70,706 (+44.3%)

Summary

IP/1000
131
PY: 177 (-25.7%)

Summary Detail

ED/1000
375
PY: 495 (-24.24%)

Inpatient

Readmission %
12.6 %
PY: 12.2 % (+2.78%)

Emergency Department

SNF/1000
21
PY: 39 (-45.3%)

Skilled Nursing Facility

Imaging/1000
1,729
PY: 2549 (-32.2%)

Imaging

Rx Utilization
13616.2
PY: 15029.3 (-9.4%)

Synopsis

PMPM for the current selected period is \$665 and the change in PMPM YoY is -11.1%. Acute Inpatient has the highest PMPM at \$162 and shifted by -18 % compared to previous year(PY).

PMPM (Trailing 12 Months)

Cost Center Comparison

Cost Center Type	PMPM	PMPM PY	PMPM YOY %	Utilization/1000	Utilization/1000 PY	Utilization/1000 YOY %
Professional	\$203	\$224	-9 %	19,095	23,814	-20 %
Inpatient	\$199	\$256	-22 %	350	322	9 %
Outpatient	\$192	\$218	-12 %	2,677	3,416	-22 %
Medication	\$49	\$27	79 %	13,616	15,029	-9 %
Others	\$21	\$22	-5 %	938	1,227	-24 %

Summary

Summary Detail

Inpatient

Emergency Department

Skilled Nursing Facility

Imaging

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.

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Acute Inpatient	\$162	\$198	-18 %	131	177	-26 %
Inpatient Hospital Claim	\$24	\$40	-39 %	21	39	-45 %
Hospice Inpatient Claim	\$11	\$18	-37 %	11	17	-32 %
Inpatient Hospital Others	\$1	\$1	86 %	186	89	108 %
Outpatient	\$192	\$218	-12 %	2,677	3,416	-22 %
Medication	\$49	\$27	79 %	13,616	15,029	-9 %
Others	\$21	\$22	-5 %	938	1,227	-24 %



Navigation – More Options Menu

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

PY: 39 (-45.3%)
PY: 2549 (-32.2%)
PY: 15029.3 (-9.4%)

Cost Center Comparisor

↑
↓
⇅
🔍
🗒️
⋮

Cost Center Type	PMPM	PMPM PY	PMPM YOY %	Utilization / 1000	Utilization / 1000 PY	Utilization / 1000 YOY %
<input checked="" type="checkbox"/> Professional	\$203	\$224	-9 %	19,095	23,814	-20 %
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Acute Inpatient	\$162	\$198	-18 %	131	177	-26 %
SNF Inpatient Claim	\$24	\$40	-39 %	21	39	-45 %
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<input checked="" type="checkbox"/> Medication	\$49	\$27	79 %	13,616	15,029	-9 %
<input checked="" type="checkbox"/> Others	\$21	\$22	-5 %	938	1,227	-24 %

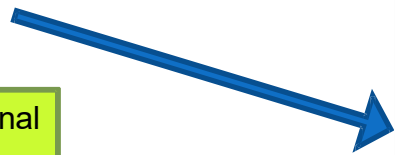
More options

- Export data
- Show as a table
- Spotlight
- Get insights
- Sort descending
- Sort ascending
- Sort by ▶

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 ^

- Select all
- 2019
- 2020
- 2021
- 2022

Month

All ^

- Select all
- January
- February
- March
- April
- May
- June
- July
- August
- September

Year

2021 v

Month

All v

Organization

All v

Line of Business

All v

Payer

All v

Area Of Service

All v

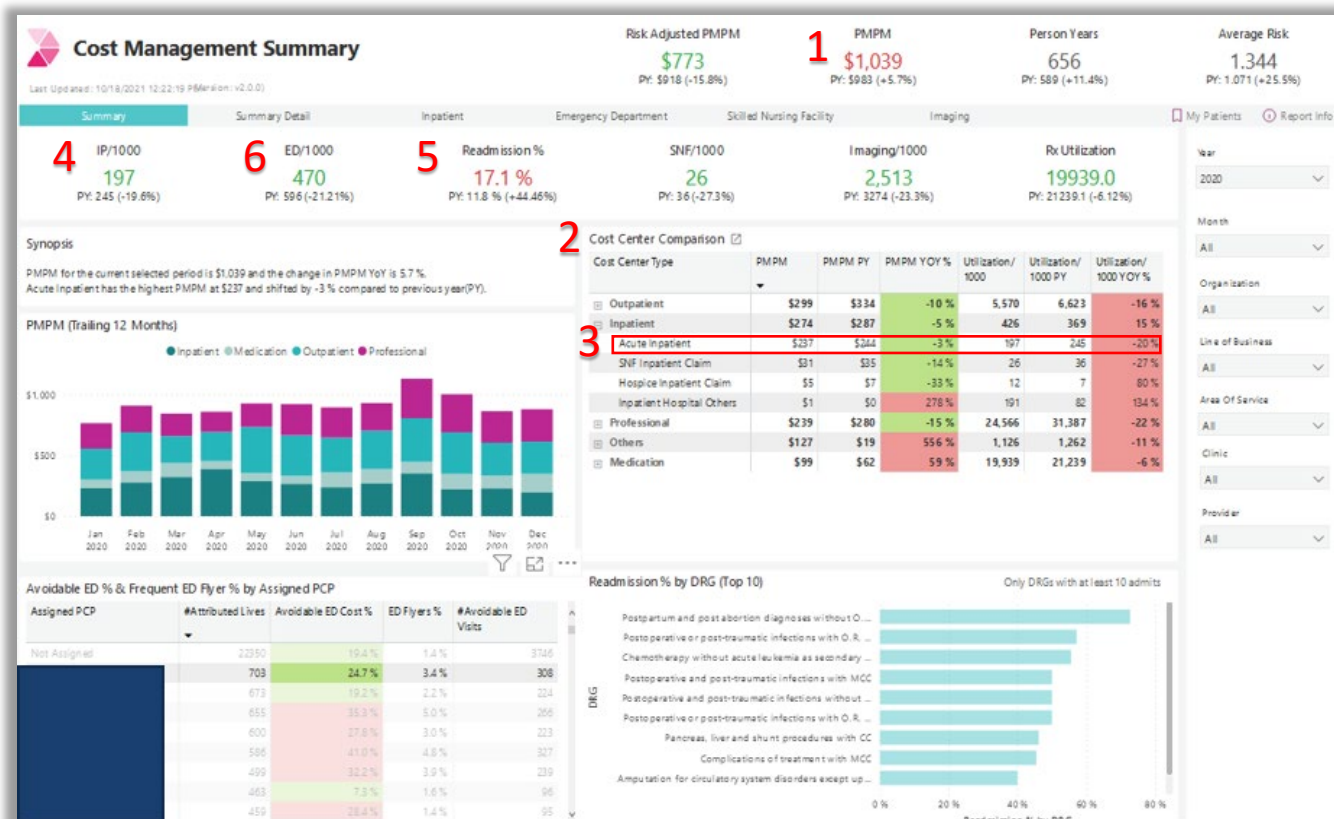
Clinic

All v

Cost Utilization

Summary

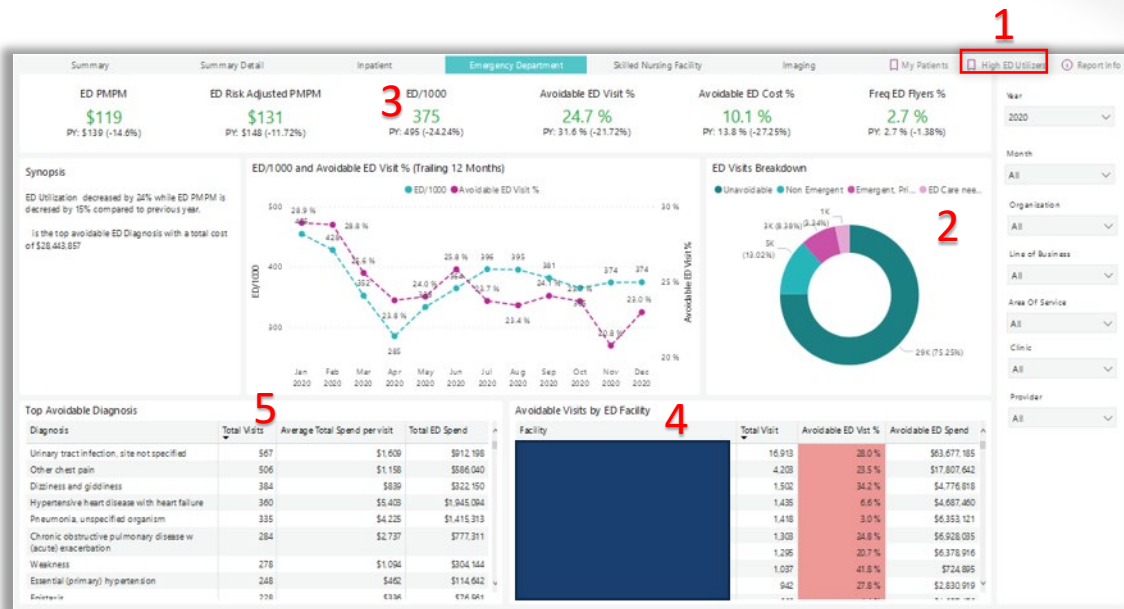
1. PMPM
2. Contribution Towards PMPM
3. Acute Inpatient PMPM
4. IP Admits PTMPY
5. IP Readmit Rate
6. ER Visits PTMPY



Cost Utilization

Summary

1. List of High ED Utilizers
2. Gives detail on Avoidable vs 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



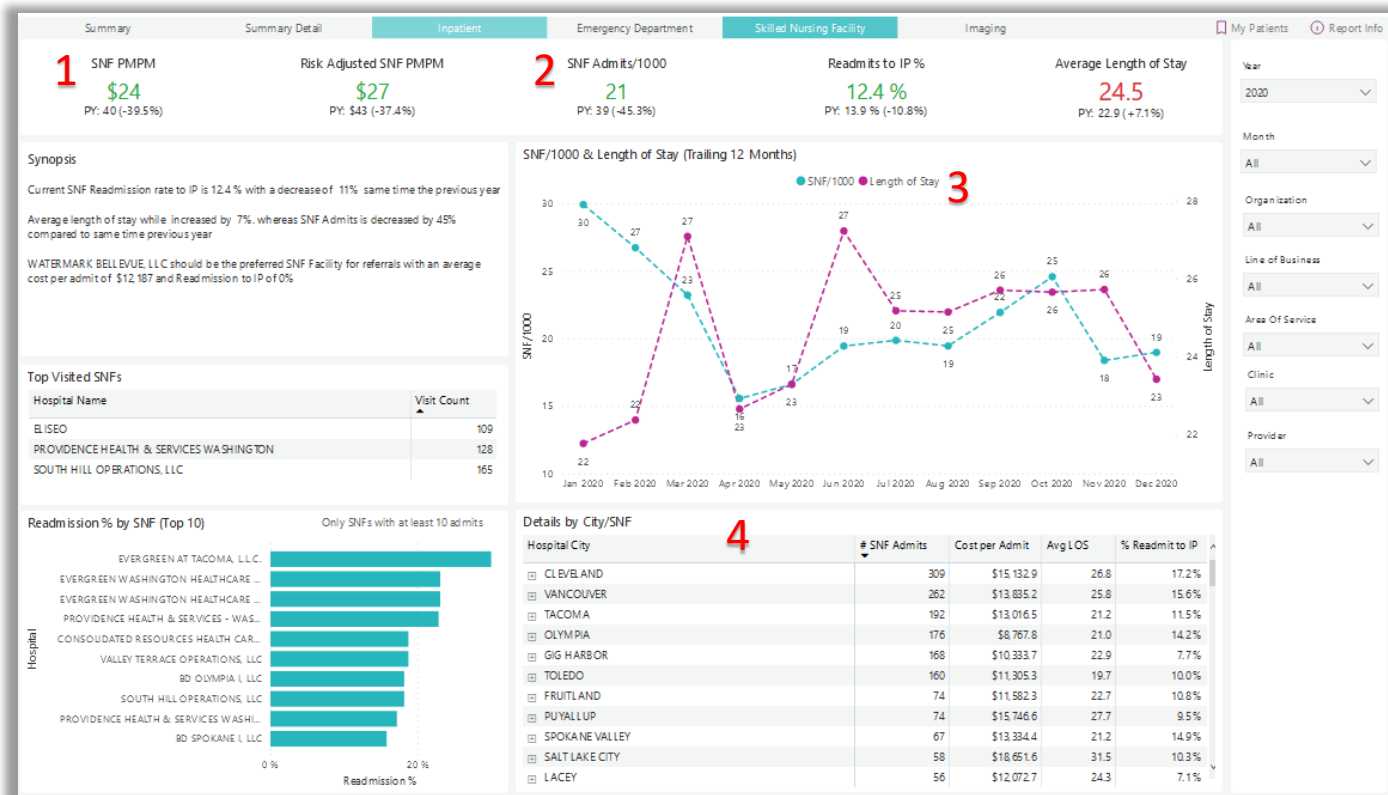
6 Avoidable ED % & Frequent ED Flyer % by Assigned PCP

Assigned PCP	#Attributed Lives	Avoidable ED Cost %	ED Flyers %	#Avoidable ED Visits
Not Assigned	22350	19.4%	1.4%	3746
	703	24.7%	3.4%	308
	673	19.2%	2.2%	224
	655	35.3%	5.0%	266
	600	27.8%	3.0%	223
	586	41.0%	4.8%	327
	499	32.2%	3.9%	239
	463	7.3%	1.6%	96
	459	28.4%	1.4%	95
	436	25.2%	3.5%	190

Cost Utilization

Skilled Nursing Facilities

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



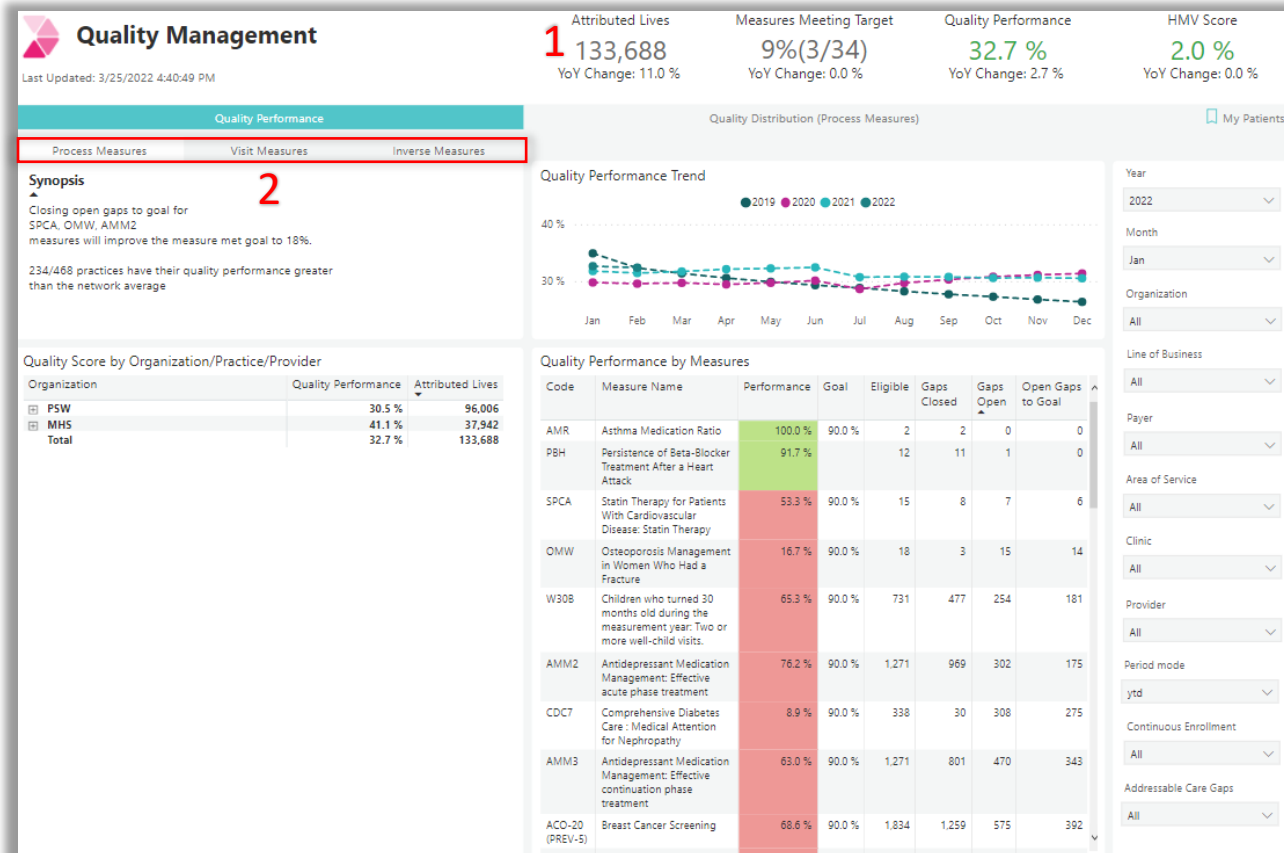
Quality Management

Quality Distribution

1. Attributed Population

2. Quality Measures

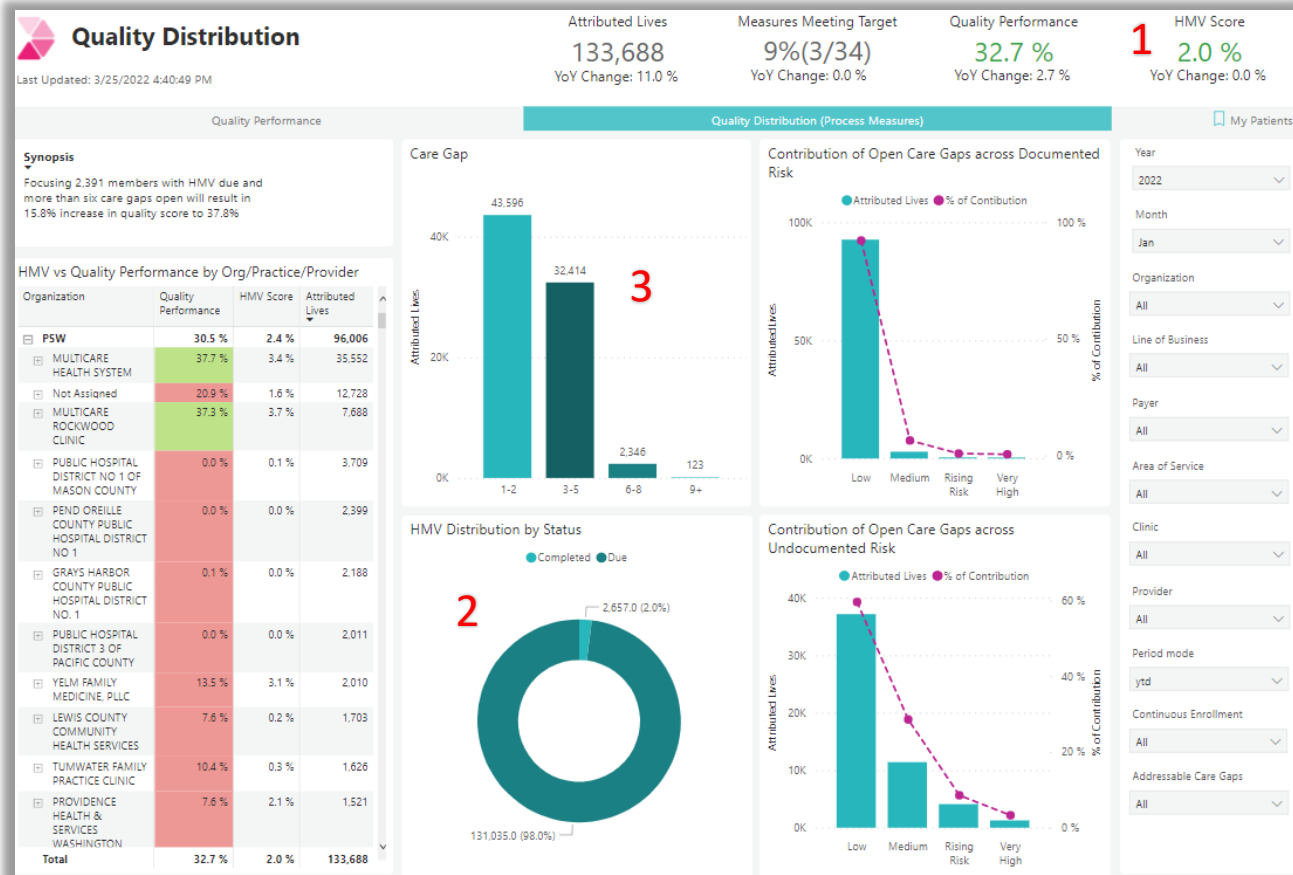
- Process Measures
- Visit Measures
- Inverse Quality Measures



Quality Management

Quality Distribution

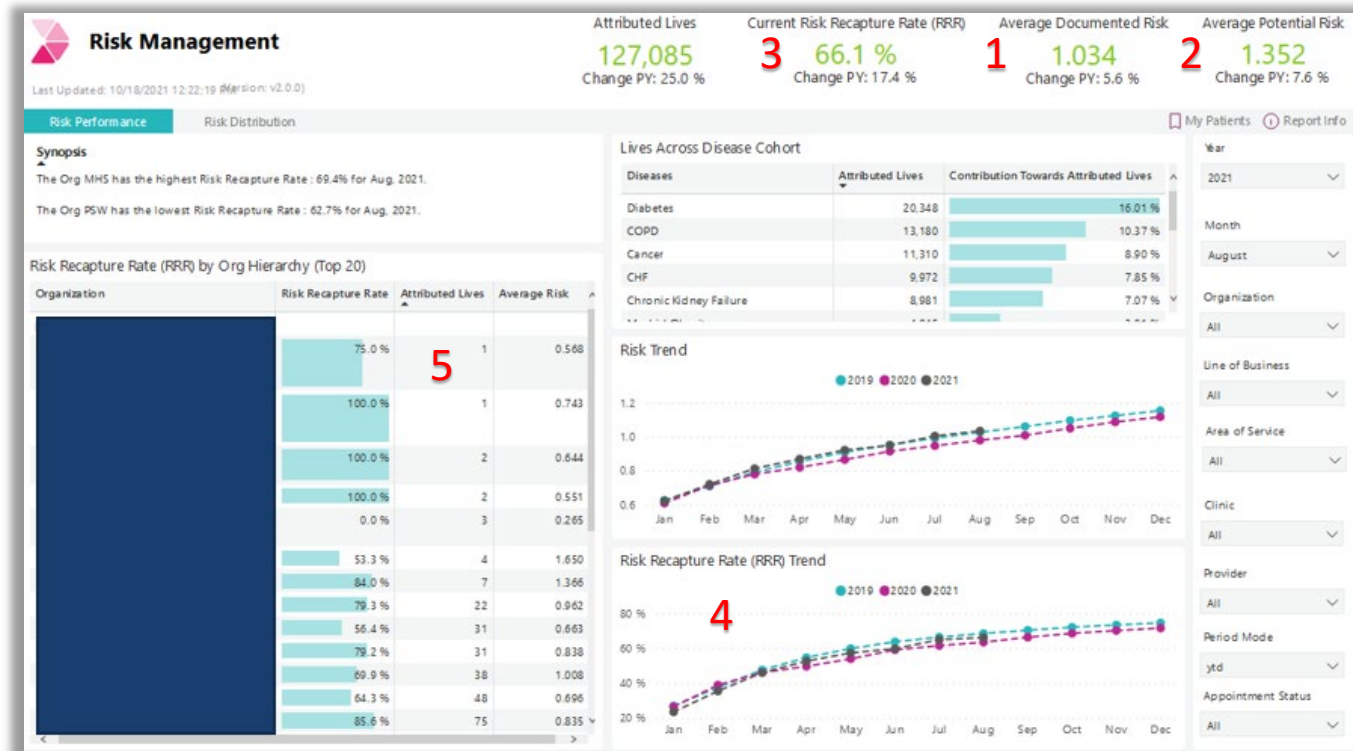
1. Health Maintenance Visit (HMV)
 - Annual Wellness Visit
2. HMV Distribution
3. Care Gaps



Risk Management

Risk Performance

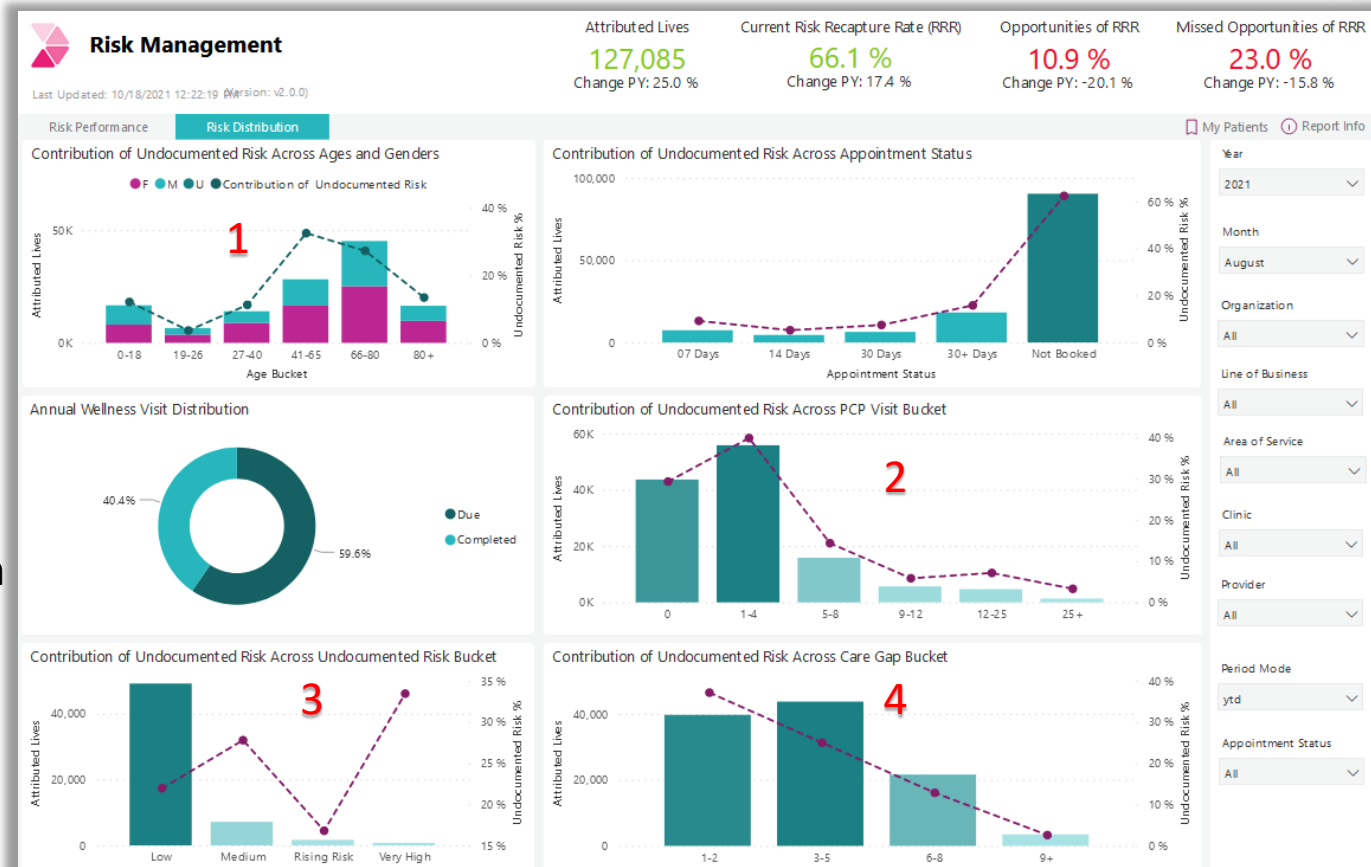
1. Current Risk Score
2. Potential Risk Score
3. Risk Recapture Rate
4. Risk Recapture Rate Trend
5. Risk Score at Org Level



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



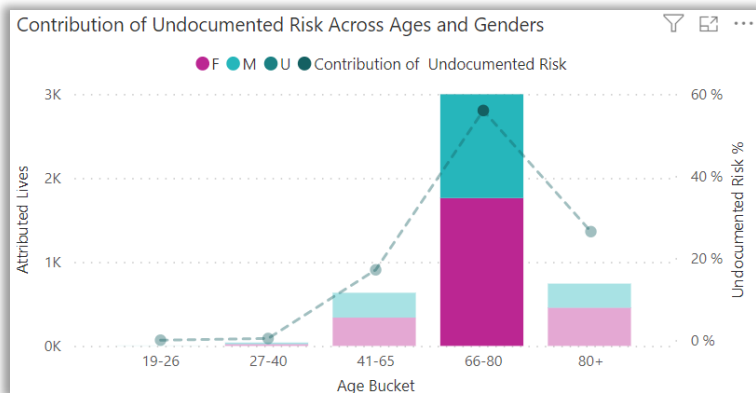
Each year about 18% of rising risk patient escalate to high-risk patients.

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



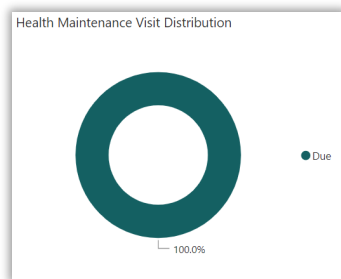
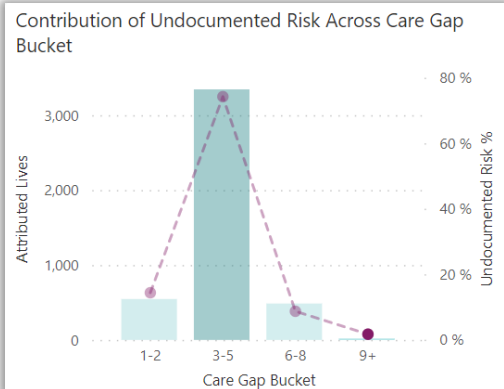
Managing care gaps: understand and filter on several factors

- 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.





a population health company

Thank You

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