

TODAY'S VBC OPERATING MANUAL

Finish Strong: *The PY '24 Care Gap Scramble*

SESSION 1: SEPT 17 | 1-2 PM ET



Today's Panelists:



Dr. Luke Hansen *Chief Medical Officer*



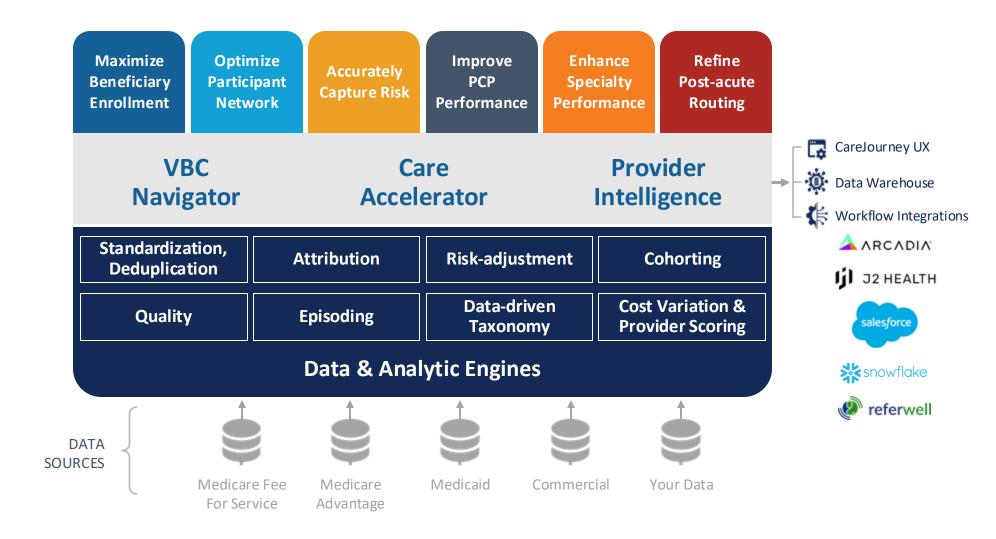


Zach Bredl Sr. Director, Product



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Introducing CareJourney by Arcadia



Adding cost, quality, and benchmark insights to next-generation data platform, analytics, and workflow tools Learn more

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WEBINAR SERIES TODAY'S VBC Operating Manual



FEATURING **Dr. Luke Hansen** *Chief Medical Officer* Arcadia SEPTEMBER 17 Finish Strong:

The PY '24 Care Gap Scramble OCTOBER 29 Learn from Each Other:

Lessons from PY '23

NOVEMBER 14 **Start on the Right Foot:** *Strategizing for PY '25*

A Changing of Seasons: The Care Gap Scramble

The Lifecycle of an ACO

Season 4: Learning + Planning

Reviewing last year's results to identify systemic areas of success and opportunity

Season 3: Care Gap Scramble

Evaluating performance to date, coaching on opportunities, and closing remaining care gaps.



Season 1: The Foundation + Planning

Kick starting the year for population and modeling network scenarios for financial exposure.

Season 2: Solidifying Network

Locking in rosters and markets for all your contracts.

Not All Opportunities Move the Needle Equally

Prioritizing for impact best deploys constrained resources



of population will increase their spend by >50% next year. With 50% of them not having an AWV and 25% being frail elder.

18%

of HCCs left not recaptured in a year, with an average weight opportunity of 0.10.

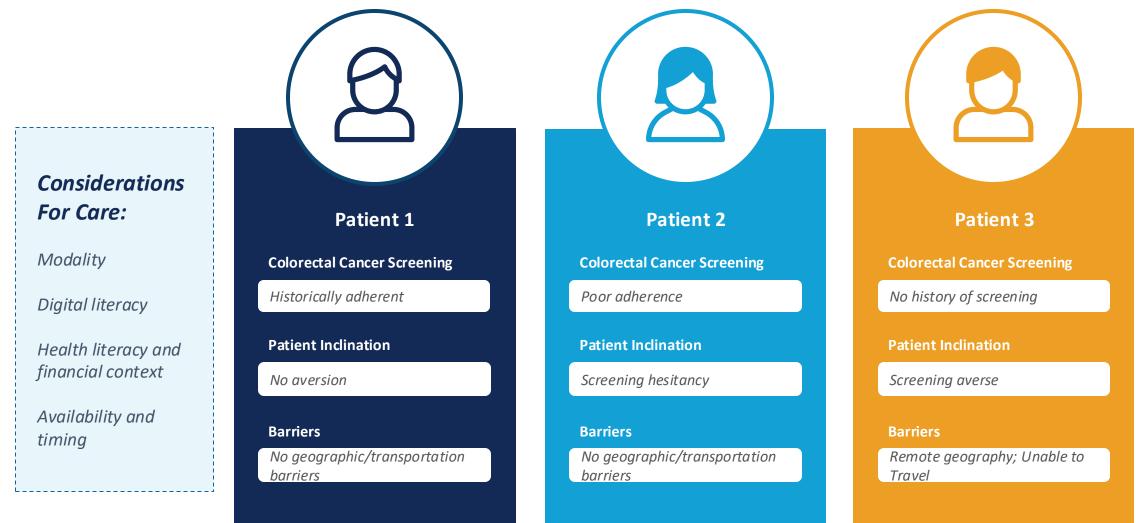
\$81 PMPM

saved in total spend with AWV for highest HCC patients

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Bringing It Back to Patients

A multi-pronged approach enabled by the right tech partner



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A Positive Impact for Organizations

Making the case for Annual Wellness Visits (AWVs)

AWV Rate	Percent of Orgs to Make Savings in 2022	Percent of Orgs to Make >5% Savings in 2022
<25%	65%	33%
25-49%	76%	22%
50-74%	85%	33%
>75%	100%	72%

High AWV rates and success in savings directionally track together – underscoring the impact not only for patients, but also organizations.

Note: Data based on Net Savings Rate for all MSSP and REACH ACOs.

Crowdsourcing the Community's Best Practices

Easing the care gap scramble and maximizing impact



Latest Data + Analytics Engine

Participating in BCDA for the earliest and most complete patient indicators



Patient History

Understanding chronic conditions, past utilization, and needs to drive future action



Relevant Benchmarks

Informing areas of opportunity and areas of improvement based on peer-to-peer comparisons



Advanced Algorithms

Helping to suspect patients with likely rising risk to prioritize impact



Connection to Workflow

Enabling physicians and care managers with data at the point of decision



Patient Engagement

Prompting patient action with timely messaging and reminders

Applying Best Practices For Action

Operationalizing data is not a one-size-fits-all approach



Relevant Benchmarks: Recapture Rates

D#### HCC Recapture Rates

HCC Description	Recapture Rate	Percent Rank Among Peers	
Heart Arrhythmias	94%	75th-100th	
Diabetes with Chronic Complications	93%	75th-100th	
Morbid Obesity	86%	50th-75th	
Dementia	71%	0th-25th	

Next Step: Focus efforts on low performance vs. Peers – in this case, Dementia.



Advanced Algorithms

Utilizing Deep Learning to Predict Adverse Events

Beneficiary ID	Model Name	Probability Score	
Patient A	IP Admission – 90 Days	0.91	
Patient B	IP Admission – 90 Days	0.77	
Patient C	IP Admission – 90 Days	0.23	
Patient D	IP Admission – 90 Days	0.14	

Next Step: Bucket patients by Probability Score – set goals of getting highest risk group in monthly, next highest quarterly, etc.

Upcoming Programmatic Changes

Anticipating reporting in upcoming years will look different

01 eCQMs/CQMs

Fewer measures, but potential need to retool All-payor reporting requirements





MVP (MIPS Value Pathways) Framework CMS Transforming Episode Accountability Model (TEAM) Model

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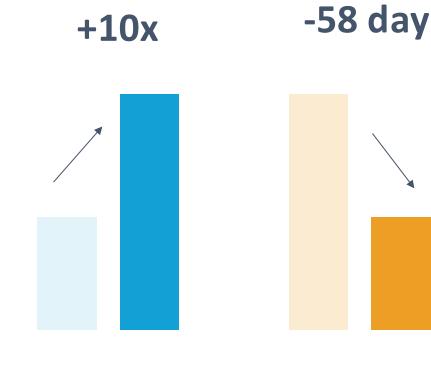
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Changes to patient experience weighting



Meet With Our Team on Q4 Strategy

Type "YES" in chat to review your care gap + utilization benchmarks



Increase in BCDA lives processing in 9 months across CareJourney membership

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Decrease in delay with BCDA pre-adjudicated claims access Sample CareJourney analytics to support faster, high-value care for patients.

Scare Journey	My Reports Home Glossary				c	Blair Mohney CAREJOURNEYDEMO BN
			OR	GANIZATION	D0000 - Populatio	n Insights Demo 🔍
Patient Care Gaps CareJourney / Patient C	are Gaps					Export
QUALITY MEASURE NAME	Breast Cancer Screening 🗸	MOST SEEN PCP NAME ALL	- ×			Choose colum
Patient Name	Quality Measure Name	Quality Measure Description 🌲	Last Service Date	F Last Service	List 🔶 🔻	Most Seen PCP Name
Jane X Doe	Breast Cancer Screening	Percentage of women 50 - 74 years of age who had a	2023-11-01		am Performed ncer Screening)	No Practitioner Seen
John X Doe	Breast Cancer Screening	Percentage of women 50 - 74 years of age who had a	2023-04-01		am Performed ncer Screening)	No Practitioner Seen
Jane X Doe	Breast Cancer Screening	Percentage of women 50 - 74 years of age who had a	2022-10-01		am Performed ncer Screening)	No Practitioner Seen
Jane X Doe	Breast Cancer Screening	Percentage of women 50 - 74 years of age who had a	2022-03-01		am Performed ncer Screening)	No Practitioner Seen
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Want to Learn More?

JOIN OUR NEXT WEBINAR:

OCTOBER 29 Learn from Each Other: Lessons from PY '23

Across the diversity of ACOs, there is no one size fits all approach to value-based care. Instead, there are a myriad of approaches and tactics to best serve your population and speculation around what drives success. **Register for the series**

HEAR FROM OUR COMMUNITY:

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Request a demo

RESOURCES INSIGHT

Beyond the colonoscopy: BILH Performance Network's transformative approach to colorectal cancer screening

By <u>Linnie Greene</u>, Staff Writer at Arcadia POSTED: NOVEMBER 7, 2023

Patient Engagement

When Beth Israel Lahey Health undertook a new shared decision-making program to screen for colon cancer, they discovered the power of engagement and prevention.

According to the American Cancer Society, <u>colorectal cancer</u> is the third leading cause of cancer deaths in both men and women, and the second leading cause

Read the details of how we partner for care gaps and beyond <u>here</u>.

MEET WITH OUR TEAM:

See How CareJourney Works

Get the actionable data and insights you need to drive real cost savings and care improvements.

/hat happens next?

Connect with one of our value-based care experts over a discovery call.
Explore our solutions that may best meet your needs.
Get all your questions answered!

Discover the CareJourney Advantage

- Largest Healthcare Dataset. Unlock the power of one of the most comprehensive Medicare, Medicaid, and Commercial dataset covering over 300M lives.
- Member-Centric Model. Become a part of a member network of organizations that have achieved success in value-based care and have an input into our product roadmap.
- Exceptional Time-to-Value. Get quick ROI from your investments and see value within the first 60-days of your membership.

Reach out to coordinate with us here.

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