CareJourney
By Arcadia

UNLEASHING THE POWER OF

Real Time Episoding + Benchmarks

Shining Light for Value-Based Operations

JAN 23 | 2-3 PM ET

A Conversation Featuring:

Aneesh Chopra
Chief Strategy Officer

ARCADIA

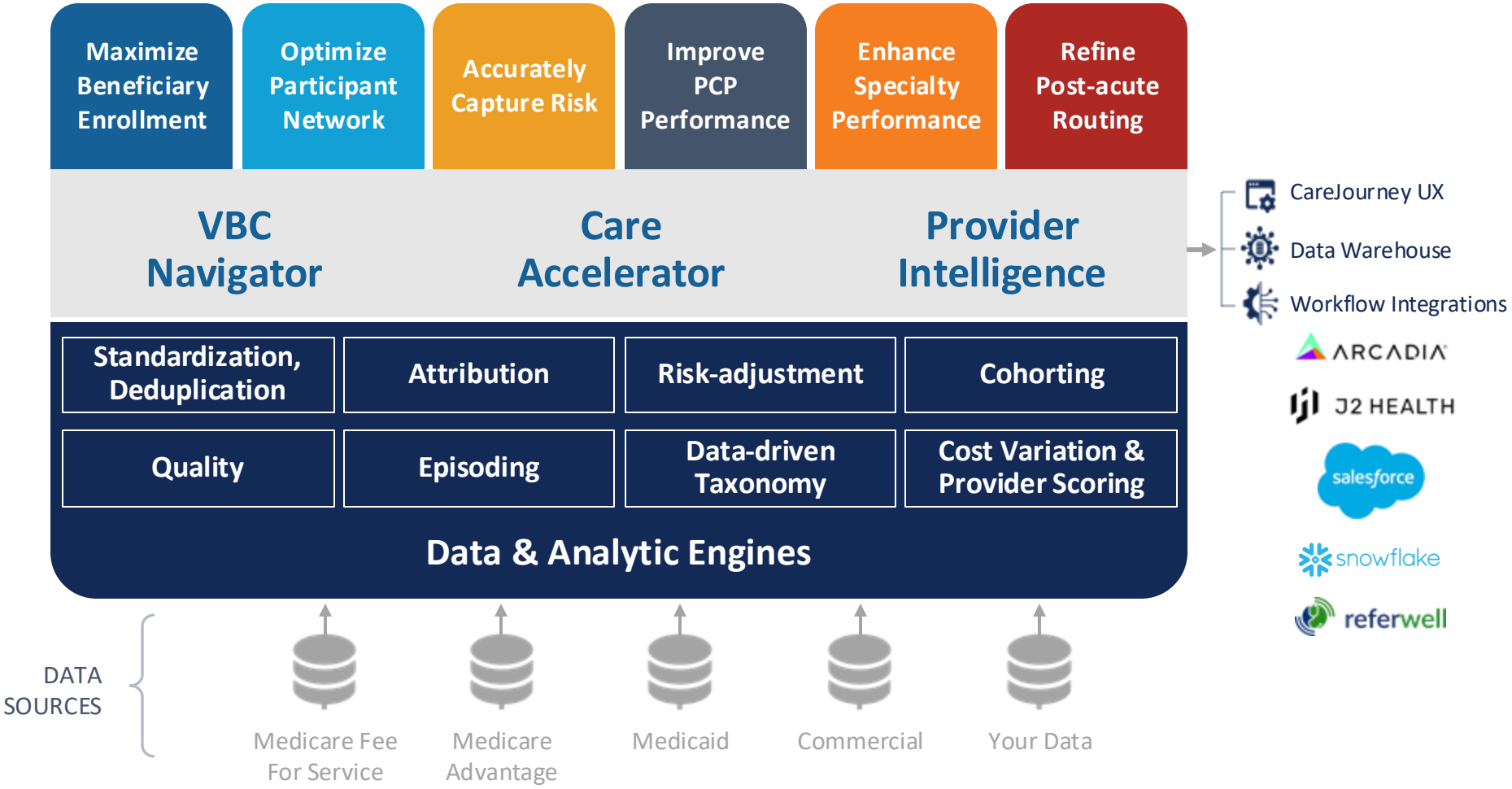
Keely Mulcahy
Sr. Director of Provider Intelligence

CareJourney By Arcadia

Erica Everhart
Head of Thought Leadership

CareJourney By Arcadia

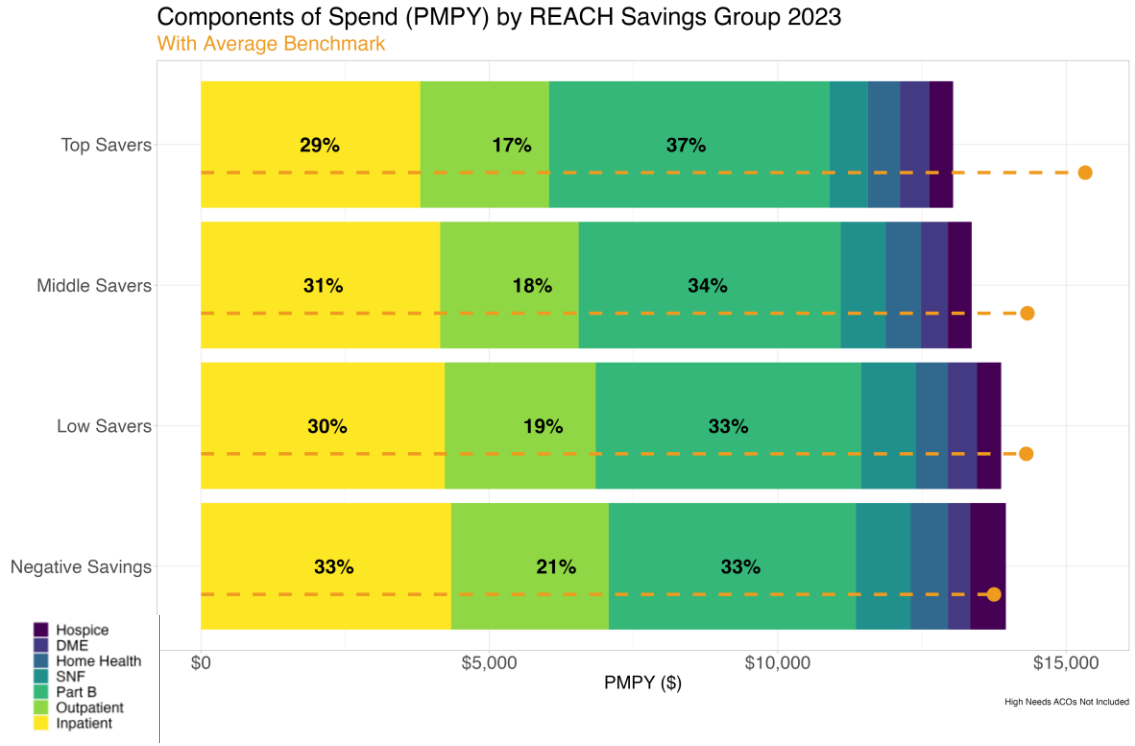
Introducing CareJourney by Arcadia



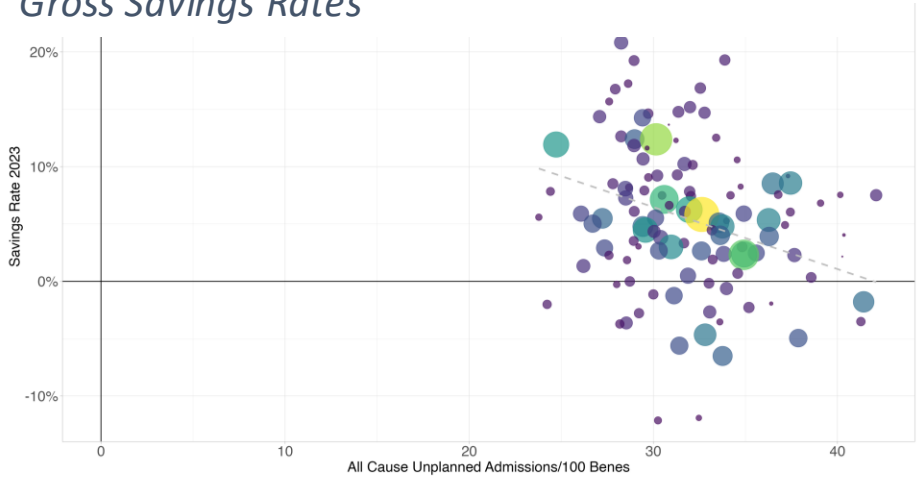
Adding cost, quality, and benchmark insights to next-generation data platform, analytics, and workflow tools [Learn more]

The Unanswered "Why" on Drivers of Success

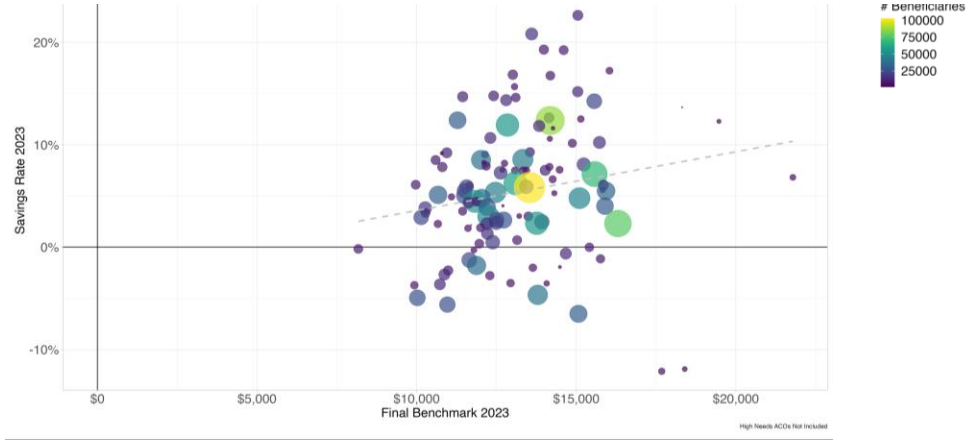
Small correlation re: unplanned admissions, benchmark, and results



All Cause Unplanned Admissions vs ACO REACH Gross Savings Rates



Final Benchmark (PMPY) vs ACO REACH Gross Savings Rates

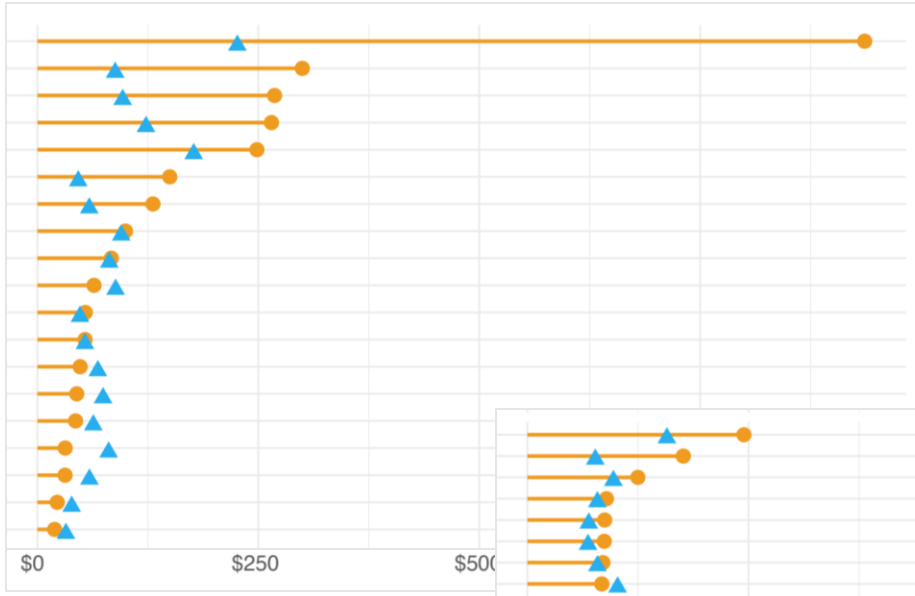


Source: ACO REACH PUF.

A Look at CCM Patterns

Top 12 CCM Billing Providers

Top Billing NPI	Sum of CCM Claims in 2023	ACO Affiliation in 2023
Provider 1	894,763	No
Provider 2	94,416	No
Provider 3	31,740	Yes
Provider 4	29,024	No
Provider 5	27,022	No
Provider 6	26,361	Yes
Provider 7	25,699	Yes
Provider 8	20,140	No
Provider 9	16,242	Yes
Provider 10	13,771	No
Provider 11	13,750	No
Provider 12	13,403	No



Negative Savers Care Coordination per Frail Elder Observed v. Expected

Top Savers Care Coordination per Frail Elder Observed v. Expected

Orange: Observed CCM $
Blue: Expected CCM $

A Need For Transparent Episode Approach

Patient Episoding and Segmentation

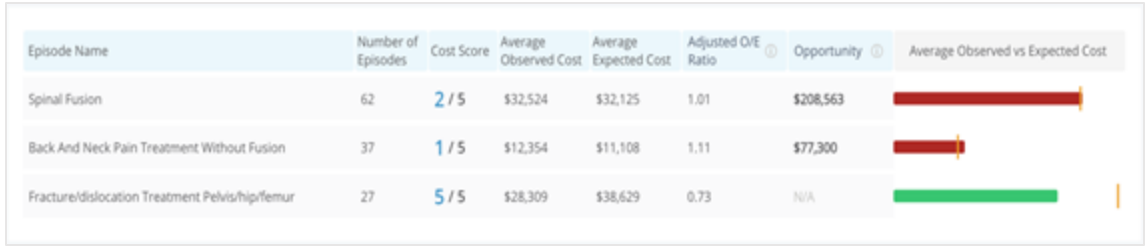
Capturing 250+ acute, chronic, procedure and patient segment episodes

HARVARD SCHOOL OF PUBLIC HEALTH

High-Need, High-Cost Segmentation Framework

Developed by Jose F. Figueroa, MD, MPH at the Harvard T.H
Work Funded by the Commonwealth Fund

Patient Segment	Attributable Patients
Moderate Morbidity	24%
Frail Elderly	23%
Complex Multimorbidity	16%
Relatively Healthy	10%
Major Disability	9%
Minor Morbidity	6%
Serious Mental Illness	8%

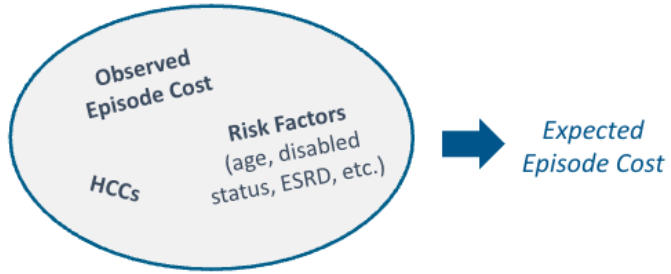


Episode Name	Number of Episodes	Cost Score	Average Observed Cost	Average Expected Cost	Adjusted O/E Ratio	Opportunity	Average Observed vs Expected Cost
Spinal Fusion	62	2 / 5	$32,524	$32,125	1.01	$208,563	
Back And Neck Pain Treatment Without Fusion	37	1 / 5	$12,354	$11,108	1.11	$77,300	
Fracture/dislocation Treatment Pelvis/hip/femur	27	5 / 5	$28,309	$38,629	0.73	N/A	

Source: https://bettercareplaybook.org/resources/high-need-high-cost-segmentation-framework
CareJourney Data 2023, MSSP cohort of attributable patients

Establishing an O:E Ratio

Example Expected Episode Cost Calculation



The regression model differs slightly for each episode type – more information is available on the next slide.

The "score" for each episode is then calculated as the observed vs. expected cost ratio within a CBSA.

Attributed Provider for Cardiac Valve Episode
Dr. Smith

Total Allowed: $3,204
Expected:* $3,500

O/E = 0.915 for this particular population

Top ACOs Best Manage Risky Patients

Top Savers reduced treatment for most expensive patients by 17%.

Frailty Cohort	Average Total Cost of Care: Observed to Expected, by Patient Segment *ACO REACH PY2023*							
	Negative Savers				Top Savers			
	% Pop	Obs.	Exp.	O:E	% Pop	Obs.	Exp.	O:E
All	100%	$16,075	$16,283	0.99	100%	$14,265	$17,109	0.83
Frail Elders	23%	$28,902	$28,887	1.00	27%	$24,099	$28,958	0.83
People with complex multimorbidity	16%	$15,101	$15,560	0.97	18%	$13,086	$15,940	0.82
People with moderate morbidity	27%	$9,304	$9,731	0.96	25%	$8,600	$10,056	0.86
People with minor morbidity	7%	$6,929	$7,391	0.94	5%	$6,039	$7,082	0.85
Relatively healthy	8%	$6,450	$7,089	0.91	4%	$5,989	$6,663	0.90
People with serious mental illness	9%	$13,499	$13,821	0.98	11%	$10,723	$13,446	0.80
People with Major Disability	10%	$24,923	$24,524	1.00	10%	$20,047	$23,367	0.92

Source: CareJourney research

Top Savers: those ACOs attaining greater than 10% gross savings;
Negative Savers: those ACOs experiencing gross losses

Top ACOs Keep Risky Patients Out of Hospital

Top Savers prevented 20% of expected hospitalizations in a year

Frailty Cohort	Unplanned Hospitalizations per 1000 Person-Years: Observed to Expected, by Patient Segment *ACO REACH PY2023*							
	Negative Savers				Top Savers			
	% Pop	Obs.	Exp.	O:E	% Pop	Obs.	Exp.	O:E
All	100%	237	232	1.02	100%	203	259	0.78
Frail Elders	23%	502	490	1.02	27%	415	520	0.80
People with complex multimorbidity	16%	172	173	0.99	18%	143	190	0.76
People with moderate morbidity	27%	287	299	0.96	25%	226	292	0.78
People with minor morbidity	7%	97	99	0.97	5%	81	106	0.77
Relatively healthy	8%	72	81	0.90	4%	62	77	0.81
People with serious mental illness	9%	197	204	0.97	11%	132	204	0.65
People with Major Disability	10%	414	396	0.98	10%	327	407	0.88

Source: CareJourney research

Top ACOs Effectively Manage Other Episodes

Top Savers significantly beat expected results across complications, ED visits, and admissions.

	Average Episode Payment		Complications		Admissions/Readmissions	
	Negative Savers O:E	Top Savers O:E	Negative Savers O:E	Top Savers O:E	Negative Savers O:E	Top Savers O:E
Coronary Artery Disease	0.99	0.96	0.96	0.88	1.00	0.94
Emphysema (COPD)	0.99	0.84	0.94	0.72	0.99	0.85
Heart Failure	0.96	0.81	0.91	0.70	0.99	0.83

Source: CareJourney research

Success Amplified By Four Key Factors

Peer Benchmarks

A guidepost to frame your context and motivate performance

Open Approach

Ability to unpack episodes, understand clinical nuance, and identify patients for impact

Parallel Analytics on Your Data

Tracking real time during an episode to identify earliest intervention possibility

Integration into Workflow

Opportunity to drive action without an added burden

Driving Action Through Insight

Uncovering variation + prioritizing intervention

Michael

Male, 70 yo

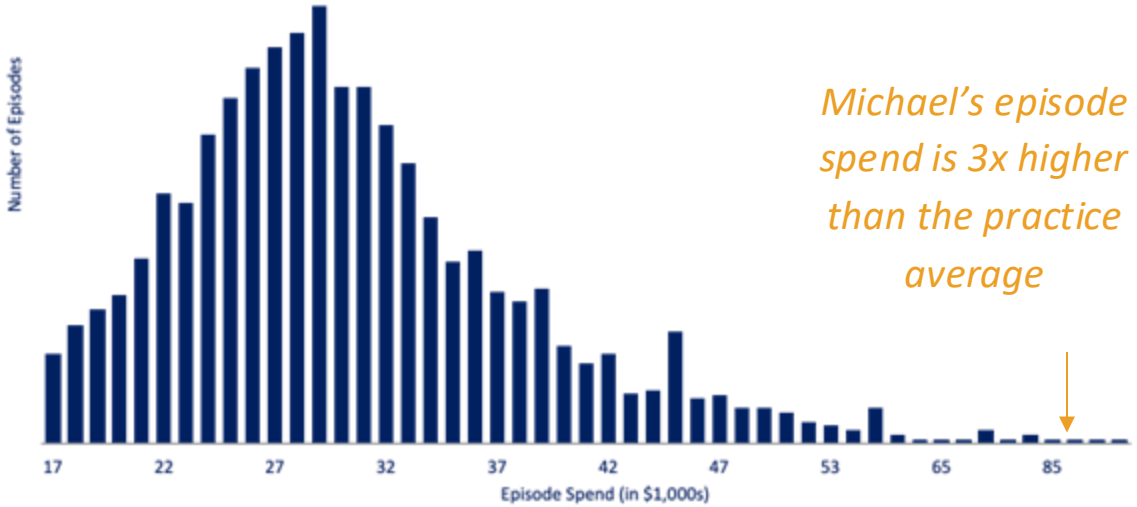
HCC Score

1.15

Care Gaps

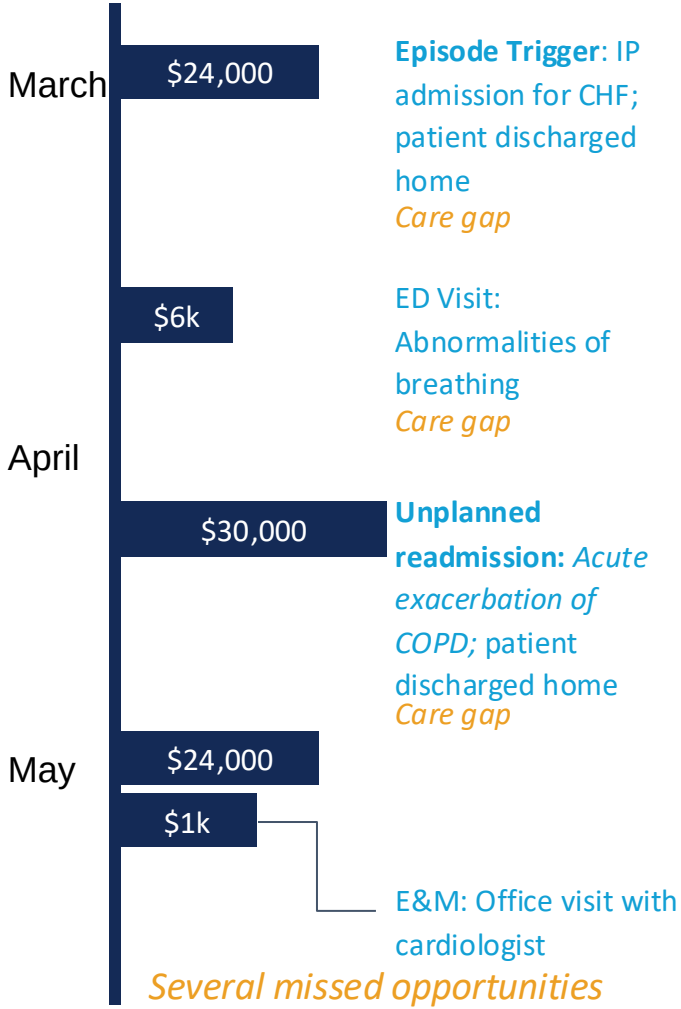
Risk assessment
Medication Reconciliation
Care Plan Adherence
Patient Education

For our cardiology group of interest: Understand high-cost patient CHF episode outliers to identify specific interventions



Michael's episode spend is 3x higher than the practice average

Michael's CHF Episode Timeline



Several missed opportunities drove episode spend.

CareJourney
By Arcadia

Activating Episodes On Your Data

Moderated By:

Keely Mulcahy
Sr. Director of Provider Intelligence

Featuring:

Aneesh Chopra
Chief Strategy Officer

Erica Everhart
Head of Thought Leadership

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By Erica Everhart

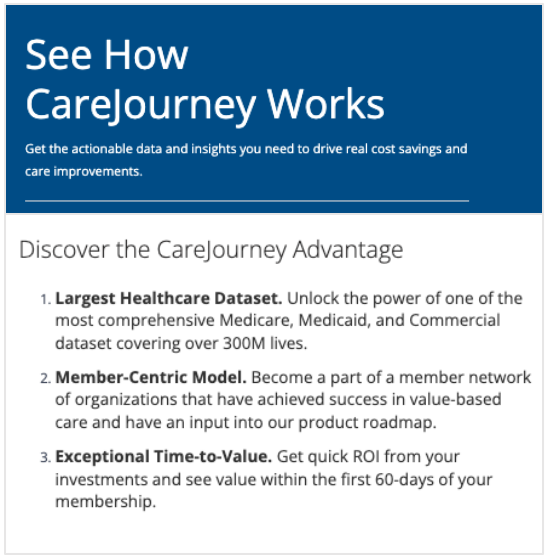
January 22, 2025

Controlling the rapidly increasing costs of healthcare is fraught with ethical conundrums, particularly around limiting access to care. After all, there are only so many ways to reduce healthcare costs – largely boiling down to (1) reducing utilization or (2) reducing the cost of services. Of the two options, reducing utilization was the focus of healthcare reform over the last decade.

In some cases, inadequate provider networks limit the number of "in-network" providers reducing the number of beneficiaries who can feasibly receive care covered by their insurance plan in a year. In other instances, a practice called prior authorization requires the insurance company's approval of care in advance. These utilization management practices engender strong emotions from people who feel their health, or

Read the details of how we partner for care gaps and beyond here.

MEET WITH OUR TEAM:



See How CareJourney Works

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

Discover the CareJourney Advantage

1. **Largest Healthcare Dataset.** Unlock the power of one of the most comprehensive Medicare, Medicaid, and Commercial dataset covering over 300M lives.
2. **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.
3. **Exceptional Time-to-Value.** Get quick ROI from your investments and see value within the first 60-days of your membership.

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