

Type

Analytic Accelerator

Status

Analytic Services

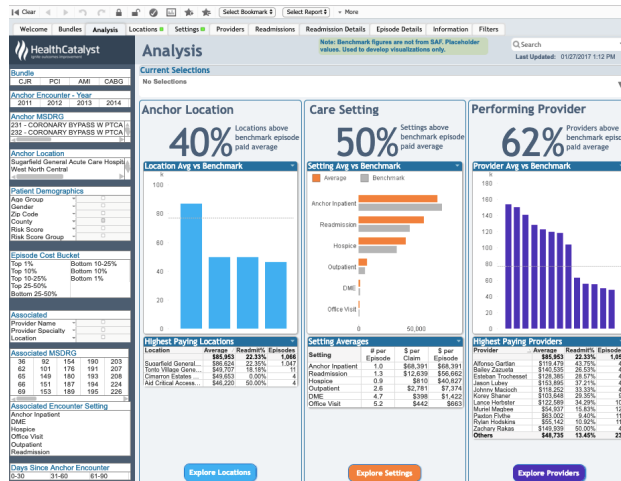
Revised

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Technical Description

The **Bundled Payments Analytics Accelerator** evaluates cost and variation associated with care delivery for patients. The goal: to provide insight into the organization's at-risk revenue to help track and proactively manage that risk. Modeled on Centers for Medicare and Medicaid Services (CMS) bundle definitions, the tool also supports custom bundle development.

Note that this application, like all Health Catalyst analytic accelerators, is implemented in a custom way; organizations identify their own areas of focus, process aims, and outcome goals. For this reason, the appearance and functionality of the application may differ from what is presented here.



The Bundled Payments Analytic Accelerator delivers insights that help organizations ensure efficiency and quality across an episode of care.

Background

Bundled payment initiatives attempt to reduce care fragmentation and improve overall quality of care by aligning incentives between all providers—including hospitals, physicians, and post-acute care providers—that touch a single episode of care. Instead of issuing separate payments to each of the participating providers, the payer issues a single payment for the episode of care. To manage costs and overall quality, participating providers need to work closely with any provider that provides services to the patient as a part of that episode.

Data and analytics are critical to help providers manage the complexity of coordinating and improving care—and to succeed in these new payment models. However, many organizations lack access to timely, accurate data and advanced analytic capabilities that would allow them to see opportunities across the network, predict their impact, and take action to ensure efficiency and quality across the episode of care.

Accelerator Overview

Insight to help manage cost and variation associated with CMS-defined and custom payment bundles

The **Bundled Payments Analytic Accelerator** enables healthcare provider groups to prioritize strategic initiatives to improve care quality and efficiency across episodes of care—and to support success in bundled payment arrangements. The application surfaces potential opportunities on an individual patient and provider/practice level and helps identify appropriate interventions. The tool supports organizations' efforts to see and meet the health needs of their patient populations and to gauge the impact of improvement on the organization's bottom line.

Benefits and Features

- **Understand your current performance and risk.** The application provides an understanding of revenue-at-risk compared to CMS-mandated reimbursement models.
- **Identify your opportunities to improve.** The application allows users to evaluate variation in cost and revenue-at-risk to identify the bundles with the biggest opportunities for improvement. Users can gauge the potential impact of reductions in variation on select bundles or identify bundles to go at-risk for by evaluating cost and variation in each of the CMS-defined or custom episodes of care.
- **Self-serve actionable insight.** The accelerator supports root-cause analysis of variation in care bundles. Users can look across specific locations, settings, providers, and utilization trends to find actionable insights.

Intended Users

- Population health data analysts, clinical data analysts
- Chief Officer for Population Health or ACO
- Chief Medical Officer
- Service-line leadership

Use Cases

- A health system leadership team wants to prepare for the upcoming requirements for the CMS bundles initiative, as well as determine opportunities within various bundles across the healthcare system. They determine the top five needs in their system in collaboration with the clinical programs and incorporate those into the Bundled Payments application. They identify variation in cost across post-acute care settings and work with analysts to identify the root causes of the variation.
- The Millrock market has decided to participate in the CABG and AMI bundles. Millrock Health will be at risk for up to 90 days post discharge for selected qualifying encounters. Using the Bundled Payments application, Millrock leadership calculates target price based on historical and regional experience to understand their risk profile in this new payment model. They learn that to avoid reduction in reimbursement, they will need to reduce cost in delivering the CABG bundle by 4%.
- Using the Bundled Payments application, analysts determine that 90-day cost is lower in CJR patients who are discharged to SNF facilities than other care facilities. Armed with this information, the leaders launch an improvement initiative to increase discharges to SNFs post CJR inpatient events and track ongoing trends using the application.

Data Sources

This product may leverage one or more of the following sources:

- Claims
- Other:

Required for view of in- and out-of-network care: Paid claims for inpatients and outpatients plus associated membership and provider files.

Required to access regional performance benchmarks from the Medicare Standard Analytical File: A secondary data use agreement

Key Measures

- System bundle performance compared to regional benchmarks
- Variation in total payment, by bundle
- Average/total spend per episode by location, care setting, and provider

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