

#### **CASE STUDY | CHI HEALTH PARTNERS**

# Reducing Patient Readmissions and Optimizing Cost With Innovaccer's Automated Care Management Solution

#### **OVERVIEW**

The period following hospitalization is a crucial time for patients, as they are at a high risk of developing complications, being readmitted, and experiencing a decline in their health. When a patient moves out of the inpatient settings for a recovery period at home or managed facilities, it becomes challenging to deliver coordinated and comprehensive transition care.

Why? Care outside hospital settings involves multiple factors including the need for error-free documentation of every care episode, access to patient discharge information for every stakeholder, timely follow-ups, medication adherence, addressing socioeconomic factors, and many more.

CHI Health recognized the need for a transformative data-driven care management strategy that ensures comprehensive care during the recovery period to reduce inpatient and ED readmissions and ultimately reduce the total cost of care. To assign appropriate care management pathways for patient populations, the health system leveraged the Innovaccer platform and its comprehensive care management solution to implement automated TCM protocols.

The smart protocols enabled the automated sharing of patient discharge information with care team members to initiate TCM services and automated alerts ensured patients and care managers were fully engaged in the transitional care with timely follow-ups. Innovaccer's comprehensive care management solution allowed care teams to record every care episode and with the in-built Bi-directional EMR capability, they were able to write back critical information directly into EMRs and reduce administrative workload.

By empowering care managers with data-backed insights at the point of care, CHI Health generated \$2.75 million in value across Commercial, Medicaid, Medicare, and MA populations in ten months from Jan 22 to Oct 22.

With Innovaccer's care management solution, CHI Health generated \$245,000 in annualized net value by reducing the readmissions rate to 7.5% from 9.7% for the Commercial population. During the same period, CHI realized \$2.4 million in value by managing post-ED spending through dedicated ED follow-up protocols resulting in an average reduction of projected costs by \$2,008 for the MA population, \$1,198 for the Medicare population, and \$1,725 for the Commercial population.



### Ineffective Post-Discharge Care Leads to Higher Readmission Rates and Cost of Care

A typical inpatient visit and an ED visit each demand a different strategy to deliver comprehensive, productive, and cost-effective transitional care to a patient. After ED visits, patients often need transitional care-recorded, monitored, and accountable—if prescribed to recover at home or managed facilities. It becomes even more complex while navigating care for different populations under Commercial, Medicare, Medicare Advantage, and Medicaid plans with varying risk and social vulnerability. While implementing TCM programs for every population to reduce readmission rates and total cost of care, CHI Health faced the following challenges:

- Siloed and disconnected data sources making it difficult for users to perform analytics and derive insights
- Lack of unified patient records and access to 360-degree patient information such as medical history, discharge information, and medication reconciliation
- Lack of a robust data and analytics platform to help generate actionable insights to improve care outcomes by engaging high-risk patients at the point of care
- Missing capabilities for care managers to record care episodes, right back information on EMR in real time, and analyze the effectiveness of TCM programs

#### **HEALTH SYSTEM AT-A-GLANCE**

14 hospitals 200,000+ patients

2

4100+

stand-alone behavioral care physicians and advanced practice clinicians

facilities

150+ practice locations

#### **CHALLENGES**



High readmission rates and ED spending



Decentralized care coordination



Lack of a unified patient view

#### **SOLUTIONS**



Innovaccer's Data Activation Platform



Innovaccer's comprehensive care management solution



360-degree patient profiles

"At CHI Health, we're committed to creating healthier communities and ensuring access to exceptional patient care. Partnering with Innovaccer aligns perfectly with this vision, as they share our commitment to accelerating healthcare innovation and transformation through data-driven strategies. Enabling end-to-end healthcare data integration is the crucial first step. The Innovaccer platform helps us access accurate, complete, and timely data from all relevant sources to generate actionable insights and intelligent workflows to manage our protocols. Together, we're entering a new era of healthcare, where data and technology empower us to deliver patient-centered, value-based, equitable care."

## Reducing IP Readmissions and ED Spending with Automated and Data-Driven TCM Protocols

With Innovaccer's Best-in-KLAS data platform, CHI Health implemented the data-driven care management strategy to unify, aggregate, normalize, and standardize data from disparate systems and sources to unify it into a longitudinal patient record. CHI also equipped its providers with advanced care management applications, powered by the data platform, to access 360-degree patient records for indepth information.

Innovaccer's secure, intelligent, and configurable care management solution allowed CHI Health's care teams to implement automated and data-driven TCM protocols. It also allowed care teams to generate timely and specific care management protocols for IP and ED visits. The protocols initiated automatic alerts for designated care team members with patients' discharge information to initiate TCM services and eliminate the need to manually track discharges. Further, care coordinators received automated alerts during the 30-day period (which may vary depending on the patient's recovery period) to ensure timely follow-ups. The EHR-agnostic care management solution allowed care teams to send information on care episodes such as follow-up notes, new appointment details, and more back to EMRs to update the patient records in real time.

Between Jan 2022 to Oct 2022, CHI Health realized \$2.75 million in value through Innovaccer's TCM and ED follow-up protocols implementation across MA, Medicare, Medicaid, and Commercial populations. The successful implementation of TCM protocols helped reduce the readmission rate from 9.7% to 7.5% for the population in the Commercial contract and helped CHI realize \$245,000 in annualized net value.

During the same period, CHI Health realized more than \$2.4 million in savings with the implementation of an ED follow-up protocol across Medicare and Commercial populations. CHI's health network achieved lower PMPM as compared to expected PMPM for one month immediately following ED visits by \$2,008 for the MA population, \$1,198 for the Medicare population, and \$1,725 for the Commercial population.

#### **About Innovaccer**

Innovaccer Inc. is the data platform that accelerates innovation. The Innovaccer platform unifies patient data across systems and care settings, and empowers healthcare organizations with scalable, modern applications that improve clinical, financial, operational, and experiential outcomes. Innovaccer's EHR-agnostic solutions have been deployed across more than 1,600 hospitals and clinics in the US, enabling care delivery transformation for more than 96,000 clinicians, and helping providers work collaboratively with payers and life sciences companies. Innovaccer has helped its customers unify health records for more than 54 million people and generate over \$1 billion in cumulative cost savings. The Innovaccer platform is the #1 rated Best-in-KLAS data and analytics platform by KLAS, and the #1 rated population health technology platform by Black Book.

For more information, please visit innovaccer.com.

#### Awards and Recognitions









