Old Problems Meet New Solutions: Innovating Strategies for Addressing Long-Standing Patient Care Coordination Challenges

By Amy Dirks Stevens

Executive Summary

Across healthcare, health systems struggle to effectively implement programs and approaches that support value-based care. Many could take a page out of playbooks being developed in the pediatric care space, which was a source of early innovation in value-based care and continues to drive practical advances today.

Recently, I hosted a panel of innovators from Children's Mercy Hospital and Clinics and Nemours Children's Health System to learn about innovative programs they have created to address value-based care challenges. Those initiatives have focused on improving ED utilization, improving risk stratification, advancing health equity, and connecting patients with social care services – common areas of concern shared by every risk-bearing entity and health system. Their insights describe the way practical approaches, focused on clear targets, can build important capabilities in value-based care and have an outsized impact on value transformation and performance.

As one of the original adopters of team-based care and the medical home, pediatrics programs are forerunners in population health.

Their populations are also diverse and complex, containing extremely challenged and costly patients as well as very healthy ones. Identifying and improving the management of even a small percentage of high-risk/high-cost patients can have a sizable impact on the performance of a program or plan. Deploying tools to aggregately manage a large population of healthy patients reduces rising risk and allows scarce resources to focus on patients in greatest need. Those investments also demonstrate payoff, as relatively small interventions during formative years can have years of benefit in terms of prevention and wellness.

Let's look more closely at what these two health systems have accomplished.

Extending CIN/ACO to Include Behavioral Health Entities

Based in Kansas City, Children's Mercy operates a pediatric ACO-type entity that serves Medicaid and commercial enrollees in risk-capitated or value-based payment models. Mercy also works with 40 independently owned pediatric primary care clinics in the community, making it ultimately responsible for covering the cost of care for 250,000 children in the Kansas City metro area, or about 50% of the population of children.

In practice, value-based care is so challenging because much of that care must take place beyond the purview of traditional clinical care delivery. One particularly complex care need is behavioral health. To that end, Children's Mercy has focused on the holistic health and wellbeing of children as fundamental to achieving value-based care goals. It believes that behavioral health is just as important as clinical care and social care in achieving that.

What makes Children's Mercy's approach truly groundbreaking is its innovative solution to one of the most challenging aspects of healthcare data sharing. Sharing behavioral health data is inherently difficult and fraught with regulatory and privacy requirements. That complexity is exponentially increased when those patients are minors. The combination of behavioral health and pediatric care represents one of the highest hurdles in addressing America's escalating child/adolescent mental health crisis. The implication is clear: if Children's Mercy can successfully implement this approach for minors, other healthcare organizations should be able to achieve similar results for adult populations.

Children's Mercy recently embarked on an initiative to partner more effectively with local behavioral health service providers. Many of these providers were small or solo practitioners without experience in coordinating care and sharing data across multiple entities. Indeed, behavioral health providers are not typically integrated like other care providers in the larger care community, and Mercy's new partners lacked access to Mercy's EHR data. An early challenge has been breaking down the barriers to that information flow.

Mercy has found a smart approach that maintains important data/access/confidentiality controls while unlocking the opportunity for medical and behavioral health providers to work together on behalf of the patient in an innovative and powerful new way. When that access was created, many of those partner providers could suddenly see which of their patients were being treated by other care providers – like primary care physicians and urgent care physicians. This helped them understand their patients' behavioral health needs and medical needs more clearly.

This approach not only addresses the immediate needs of their patients but also sets a precedent for how healthcare organizations can navigate the complex landscape of data sharing in sensitive areas like pediatric behavioral health.

6 of 8 community mental health centers have joined the network as part of the first round of recruitment. Today, those organizations increasingly share information with Mercy about their active patients and the services they are receiving, and Mercy does the same in turn. This creates important opportunities to support those patients from different angles.

Now, when a patient is admitted, Mercy's inpatient social worker can see if a relationship exists with a behavioral health entity and what kind of services are being provided. This helps Mercy provide better care and coordinate follow-up with the behavioral health organization after discharge. Similarly, when a patient visits the Emergency Department (ED), the behavioral health entity can be notified of this encounter. For legal and regulatory reasons, it's important to treat substance use disorder as completely independent from the arrangement. However, all other data exchanges comply fully with HIPAA from a healthcare operations perspective. Mercy is using Innovaccer's platform to provide this visibility for both inpatient admissions and ED visits, enhancing care coordination across different
care settings.

Mercy is implementing a strategic approach to integrate behavioral health entities into their care network. They're offering incentives to these entities, similar to their partnerships with community-based organizations, but with a focus on network engagement. This involves co-developing improvement strategies and requiring participation in Mercy's community structure. The behavioral health entities are expected to advance data exchange and operationalize new capabilities as part of this collaboration. By fostering these partnerships, Mercy aims to improve access, enhance care coordination, and ultimately reduce the total cost of care while improving patient outcomes. This approach aligns with their value-based care goals, creating a more comprehensive and integrated healthcare model for their pediatric patients.

"We realized we were only addressing two legs of a three-legged stool. We have a tremendous focus on medical and physical health, and now relationships with community organizations. By including behavioral health entities, we're completing that stool to provide truly comprehensive care for children."

Luke Harris
Senior Director of Operations and Population Health Management, Children's Mercy Integrated Care Solutions

Beyond Screening: Helping Care Teams and Physicians Address SDOH Needs through Community Partnerships and Technology

Another challenge with value-based care is overcoming the barriers presented by social determinants of health (SDoH). While that requires creating a network of social service providers, in practice, community-based organizations are perpetually overburdened by the volume of social service needs in their communities compared to their capacity to meet those needs. This impedes their ability to accept and follow up on referrals from local health systems.

Children's Mercy first began to screen for social determinants in 2020. Mercy believed their efforts would improve the health of patients and their communities. To invest in such initiatives, Mercy also needed to find areas where they could offset those expenses by reducing unnecessary costs. But how could Mercy ensure that patients who screened positive for a particular need would be able to get those needs met?

Community-based clinical practices lacked resources and relationships with social care specialists making follow-up difficult to impossible. But screening families felt hollow to the care teams if Mercy could not coordinate appropriate services or care.

So, Mercy began to work with a vendor to build out a social care referral platform, branded under Mercy, that allows Mercy to submit referrals on behalf of patients and families directly to community-based organizations (CBOs). In turn, those CBOs can reach out to the family and close the loop on that referral by informing Mercy whether they were able to help the family or not, and if not, why not. That data can then be tracked and tied to health outcomes and an updated patient record that includes recommended care, immunizations, screenings, clinical and social care needs, recent ED or urgent care visits, inpatient admissions, specialty visits, a section on social determinants of health, and every referral and the status of those referrals. The resulting electronic medical record also includes claims data which can help providers meet contractual requirements.

While the technology platform is critical, Mercy's big innovation came from realizing that it's equally important to have trusted relationships with community-based organizations, or referrals will go nowhere. Mercy found that many CBOs, already at full capacity, needed incentives to fund their engagement with new referrals.

So, Mercy targeted five different organizations, each serving one of the five major counties across the Kansas City metro area. These CBOs help families with a wide range of needs, from emergency food assistance to job training and childcare. Recognizing that many CBOs were already at capacity, Mercy provided each organization with a lump sum of money upfront, allowing them the freedom to use it as needed - mostly for staff time, but some for technology or programmatic funds. Previously, CBOs were so understaffed that they didn't even have people who could turn on the computer to go in and screen or accept referrals.

This approach was crucial, as CBOs often struggle with restrictive funding. In exchange, the CBOs agreed to accept referrals through the technology platform, respond promptly, and meet monthly to improve the program. Mercy tagged these five referral partners with a green checkmark in their system, prioritizing them for referrals and simplifying the workflow for clinicians. This strategic approach, combining targeted community partnerships with enabling technology and ongoing

funding, has been transformative.

Before this initiative, Mercy had attempted to require CBOs to use their referral system, but without authority over these independent organizations and no additional resources provided, the requirement had little effect. CBOs lacked the staff and capacity to engage with the technology, regardless of the mandate.

Recognizing this, Mercy's innovative approach was to fully enable the CBOs' operations, allowing the technology to improve the flow, quantity, and documentation of closed referrals.

As a result of this empowering strategy, Mercy's case managers now submit around 346 referrals per month, with each referral taking only about 30 seconds. The CBOs, now properly resourced, can effectively use the system to close the loop on referrals, significantly enhancing the quality of patient documentation. This has enabled Mercy to address a wide range of social needs, including food insecurity, access to affordable medications and medical supplies like inhalers, provision of necessities such as diapers and clothing, and assistance with utilities and rent. Furthermore, Mercy is leveraging this improved data flow to analyze patterns of prescription fulfillment, identifying potential obstacles that may benefit from targeted outreach. This comprehensive approach demonstrates the power of combining technology with meaningful support for community partners.

Optimizing Emergency Department (ED) Utilization in Value-Based Care

Nemours Children's Health System is composed of freestanding children's hospitals with over 70 different care locations and a hub in Central Florida. The health system is highly focused on population health and children advocacy and invested in what it calls "care well beyond medicine." It's website is the largest provider of pediatric educational content in the world.

Nemours Children's Health System, a large multi-state pediatric health system, is taking on risk and shared savings in multiple pay-for-performance contracts. To improve VBC performance in risk adjustment, avoidable ED visit reduction, and medical management, Nemours needed a unified solution that could ingest data from claims, EHRs, and other sources (such as payer reports and third-party risk models) that generate insights. Tactically, Nemours needed a summary view of high-cost and high-patients to target care coordination efforts.

To that point, Nemours Children's Health System relied on claims data that was fairly complete but lagging real-time updates and included data from other sources. They also used clinical and billing EHR data that was less complete but more timely and often included relevant data from other payers.

To reduce avoidable ED visits, Nemours Children's Health System tapped claims data measuring avoidable ED visits across all facilities, taking into account practice and provider patterns as well as a broad view of seasonal patterns. It also looked at patterns in its own EDs and encounter notification service (ENS) data from health information exchanges that offer near-real-time updates on frequent users and can be used in care coordination for follow-up.

Nemours Children's Health System is able to assess that data in near-real time and enable care coordinators to examine avoidable ED visits and generate powerful insights. For example, during the pandemic, Nemours Children's Health System could see a significant spike in flu-related ED visits and compare that to vaccination rates which were suboptimal.

In turn, that sort of information helps inform conversations with families. Providers can talk about primary care and other medical home engagements to reduce mis-utilization of the ED long-term and steer future non-emergent care into other categories and settings.

One learning from Nemours Children's Health System analysis was that families often go to the ED for non-emergent needs because they are sent there by primary care providers who don't have the capacity to see them. That insight helped Nemours turn to new care delivery options like urgent care and telehealth visits and improve its performance in value-based contracts.

To address avoidable ED visits, Nemours implemented two key strategies:

1. **Expanded Care Options:** Nemours focused on providing more accessible alternatives to ED visits, including:
   - Opening new physical urgent care centers
   - More actively promoting telehealth options

2. **Targeted Intervention for High Utilizers:** Nemours shifted from monitoring whole populations to focusing on smaller cohorts of high ED utilizers:
   - Physicians identify specific families for intervention
   - These families are flagged for targeted conversations
   - Conversations occur while families are still in the ED, making the impact more immediate

> "Improving our risk adjustment processes, our capture of chronic diseases, reducing avoidable ED visits, and optimizing our workflows and processes are priorities that inform everything from how we're staffed to how we deploy our resources."

> "We can talk about avoidable ED, but we really need to understand what are the alternatives of care available. A lot of times a parent can only take their child somewhere after hours, or they have transportation barriers. We need to look at whether there really is a viable alternative for them."

Alexander Koster
AVP Value Transformation, Nemours Children's Health System

This approach led to significant drops in ED utilization among the targeted cohorts. Now, Nemours plans to scale these learnings to its entire intervention team, aiming to provide better care for its broader patient population.

Improving Risk Stratification and Risk Adjustment with a New Visualization Tool

To implement better risk stratification, Nemours Children's Health System drilled down to clinic and provider level data, examined trends in overall risk and recapture rates against the prior year, and compared claims analysis against EHR rates for coding alerts.

Nemours Children's Health System wanted to make sure that its average risk, even with medically complex children, makes sense. To that end, it needs to understand where claims gaps come from, and be able to spot and analyze missed codes and missed patients. If patients have been seen multiple times, but the system is still not capturing a chronic disease intervention or showing that it's been resolved, Nemours Children's Health System knows it will have to step in to do some coding education with providers or to determine the barriers.

Nemours Children's Health System created a new color-coded analytics model to look at missed codes and identify areas to improve diagnostic accuracy. A darker shaded box, for example, indicates a significant opportunity to identify patients with missing codes who have a heavier risk adjustment factor. Children with asthma, for instance, might be overlooked. Determining why their codes aren't being captured creates opportunities to add their diagnoses to claims.

Going forward, Nemours Children's Health System will be monitoring how this visualization technique, sitting on top of better analysis, improves diagnostic accuracy and improves provider adoption of the new tool.

Managing Costs and Risks

Data is critical for making value-based programs and initiatives work. Innovaccer has been instrumental in enabling that capacity.

Nemours, for example, leverages claims-based data from payers and is able to ingest EHR-based data from across its clinically integrated network, even though that data comes from multiple different EMRs. Nemours further takes in other sources of information from targeted functions, exchanges, alerts, and counter-notifications, as well as payer quality reports.

Access to this data helps Nemours develop patient care insights. It also helps create a longitudinal view of some of its patients, especially for those who move between Medicaid and commercial payers. This migration between plans is a fundamental challenge for value-based programs - one that's only solvable with a fluid approach to data.

Solving the Member Migration Challenge

The Challenge
Nemours tackled a fundamental challenge in value-based care: patient migration between payer types. This approach offers lessons for both pediatric and adult populations.

The Problem
Patients frequently move between Medicaid, commercial insurance, and uninsured status, disrupting continuity of care and data.

Nemours' Solution
A fluid approach to data management that creates a longitudinal patient view across payer types.

The Impact: This comprehensive data view enables:

Continued patient care insights despite insurance changes

Potential for better long-term patient outcomes through consistent care strategies

More effective value-based programs that aren't limited by payer boundaries

Data is also critical for risk adjustment strategies. Nemours ensures that its risk averages make sense even with medically complex children in the patient population. They monitor recapture rate trends closely with alerts and prompts that are integrated into clinical workflows and look for information gaps around patients who are high risk to engage with them directly to understand and respond to their needs better.

Mercy's use of data is similar. Mercy ingests data from multiple EHRs and other non-EHR sources to track care management status and look at clinical risk and spending. This helps Mercy see how it manages costs across different functions like pharmacy and inpatient utilization, determine whether patients are getting put into care management programs, and decide whether they're receiving appropriate coordination and outreach.

New Openings for Progress in Value-based Arrangements

While these approaches have come from pediatric-focused health systems, the lessons and strategies are widely applicable. Here are three steps any provider organization or health system can take to improve their performance in both commercial and value-based care arrangements.

1. Develop a data-sharing strategy that enables collaboration across a network

2. Determine the practical challenges network partners face and provide meaningful support to help them overcome them.

3. Leverage data to determine specific areas of risk and measure the impact of efforts designed to address those needs.

About Innovaccer

Innovaccer is the data platform that accelerates care 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 $1.5 billion in cumulative cost savings. The Innovaccer platform has been 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.

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