

ConvergeHEALTH by Deloitte.

Insight: Population Health Management Improve clinical outcomes, coordinate care, and manage value-based care risk

Health systems are being challenged to successfully deliver better coordinated, high quality, low cost care. According to a recent survey, 60% of participants agreed that value-based care would become the dominant model, with 70% of respondents already participating in a value-based contract¹. In order to succeed, providers need to effectively engage both providers and patients across the care continuum using real-time data and analytics.

The Insight population health suite delivers real-time data analytics and patient stratifications to help care managers target high risk patients, and guide an efficient care coordination process.

ConvergeHEALTH and the Northern New England Accountable Care Collaborative (NNEACC²) formed a groundbreaking alliance with a mission to help other U.S. health care providers transition to value-based care through provider-led technology, actionable analytics, and advisory services from decades of experience in population health and clinical transformation. The combined offering, **Insight**, leverages ConvergeHEALTH's data integration, analytic, and workflow technologies with NNEACC's proprietary share decision making (SDM) predictive models, stratification algorithms, and clinical outcomes research capabilities.

NNEACC currently operates the **Insight** platform in the states of Vermont, New Hampshire, and Maine. NNEACC's provider member systems serve approximately 80% of the population of these three states.

Insight can help your system or collaborative improve clinical outcomes, reduce unwarranted variation, improve care coordination, leverage evidence-based guidelines, enable patient engagement, and manage clinical and financial risk in both a fee-for-services and a value-based world.

Insight enables provider organizations to:

1. Identify and stratify a patient population, allowing care managers and clinicians to target high risk, and potentially high cost patients and productively allocate their time.
2. Manage, monitor, and report on key care and clinical measure care gaps and contract performance.
3. Define, manage, and curate critical measurement content such as rules, metrics, risk models, alert algorithms, benchmarks, and leading care delivery practices, sourced from leading health care providers worldwide.

Industry need

As health care reimbursements shift from volume to value, provider organizations are under significant pressure to reduce costs and improve care quality. To operate successfully in this new paradigm, organizations must have 360° visibility into the care continuum with up-to-date, longitudinal patient, financial, and operational data. To be effective, care managers require rigorous analytical tools that deliver timely and useful insights, allowing them to coordinate the right care, at right time, in the right setting.

Potential solution benefits

- Improved care coordination and population health management
- Smarter workflow using risk stratification
- Leverage evidence-based guidelines and leading industry practices
- Reduce unwarranted variation
- Support contract negotiation and regulatory compliance
- An established data model and sophisticated source data integration

¹ Availity. "Provider Attitudes Toward Value-Based Payment Models." (May 2014): n. pag. Web. 8 July 2014.

² NNEACC founding members include: Dartmouth College, Dartmouth-Hitchcock, Eastern Maine Healthcare Systems, MaineHealth, and Fletcher Allen Health Care.

The screenshot displays the 'insight.' Care Coordinator interface. At the top, there's a navigation bar with 'Care Coordinator', 'Quality Measures', 'Analysis Engine', 'Reports', 'Admin', 'Physician Admin', and 'My Profile'. Below this, a 'Trends' section shows 'CAREMANAGER, ANGEL X' with a 'Change OK' button. A 'Patient Search Scope' section includes filters for 'All Patients', 'My Practices', and 'My Patients'. The main area is titled 'CARE MANAGER LIST (387)' and contains a table with columns: Name, PIN, DOB, Age, Gender, PCP, Group, Clinical, Financial, Manager, Status, Activity, Next Encounter, Last Event, BP, HbA1C, and LDL-C. The table lists several patients, including PATIENT123, ANNE N, PATIENT127, KRISTIN E, PATIENT128, VERONIKA, PATIENT129, JOSE, PATIENT130, JOHN, PATIENT131, MARY, PATIENT132, GEORGE, and PATIENT133, SHERLEY.

Insight supports value-based care workflows and decision making with risk models, alerts, and comparative content for care managers, physicians, and contract administrators. The web-based interfaces of Insight include:

Care coordination application	CMS and payer quality measures	Provider and administration applications
A workflow tool that can prioritize care manager time using real time events and predicted risk models derived from both EMR, HIE, and claims sources.	Measures and management of gaps in care.	High level information on clinical and financial risk profiles, cost/quality measures, and peer PMPM and quality benchmarking.
Overall quality measures	Utilization metrics	Risk and condition profiles
Measures, benchmarks, and performances including current and predicted analysis.	Insight into overall utilization within their ACO, across other ACOs, and (optionally) vs. the ConvergeHEALTH consortium.	Helps providers and users understand the profiles of a set population within the sample group.

Insight can be rapidly deployed via Software-as-a-Service (SaaS) or as an on-premise solution.

Provider organizations transitioning to value-based care face a panoply of risks including pricing risk, network performance risk, talent risk, technology, and implementation risks. Deloitte and ConvergeHEALTH, together, offer a combined end-to-end, solution set of software technology, actuarial and population analytics, network design, benefit design, patient engagement approaches and care model re-design capabilities, and deep implementation and project support resources to mitigate these risks and enable your organization to successfully transition to an effective population health operating model and network. This breadth and depth is perhaps unmatched in this industry.

ConvergeHEALTH develops innovative software solutions, technologies, collaborations, and business models that support the transition to value-based, personalized health care by creating a “learning health care system” that provides actionable insights to improve quality, and reduce costs. The Insight solution suite helps health systems and health plans improve population health management and clinical outcomes, manage risk, reduce unwarranted variation, coordinate care, leverage evidence-based guidelines, and support new reimbursement models.

“The care people want and nothing more; care people need and nothing less.”

Get started with Insight

Schedule an introductory call with ConvergeHEALTH to discuss your current capabilities and goals for population health. Contact us at +1 855 804 9734 or convergehealth@deloitte.com or visit www.converge-health.com.

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