



How to utilize outpatient and ambulatory claims-based insights for strategic growth



| Learning Objectives



- Identify the benefits of analyzing patient utilization
- Discuss the impact of patient leakage
- Describe best practices for optimizing practice throughput

| Presenters



TRAVIS ANSEL

MBA

CEO, MANAGING DIRECTOR OF STRATEGY

EXPERTISE

- Employed Physician Network Growth
- Physician Network Strategy
- Market Development Strategy
- Operational and Financial Performance
- Management Infrastructure



DJ SULLIVAN


MBA, MHA

CSO, MANAGING DIRECTOR

EXPERTISE

- Claims Data Analytics
- Growth Strategy
- Physician Strategy
- Relationship Management
- Business Development





Measuring Patient Utilization of the Care Continuum

| The Value of Patient Retention

- **Background**

- There is increasing focus on the concept of “Value of Patient Lives” and acquisition of Patient Lives – with a focus on the comprehensive retention of services for each patient within a defined network
- Competition for patient lives is increasing
 - Community hospitals face regional/tertiary pressure as health systems react to mandate for top-line growth – and progressively encroach on local markets
 - Non-health system-aligned entities (virtual/telehealth, retail, travel medicine, etc.) are impinging on local markets looking to disrupt historic competitive dynamics

- **Challenges**

- Most health systems lack measurable, actionable data on Patient Acquisition and Retention
- Many health systems/practices lack sufficient access within desired access points (with a focus on Primary care)

- **Opportunity**

- Leveraging claims-based data can provide health systems with a comprehensive view of patient retention within a given market area

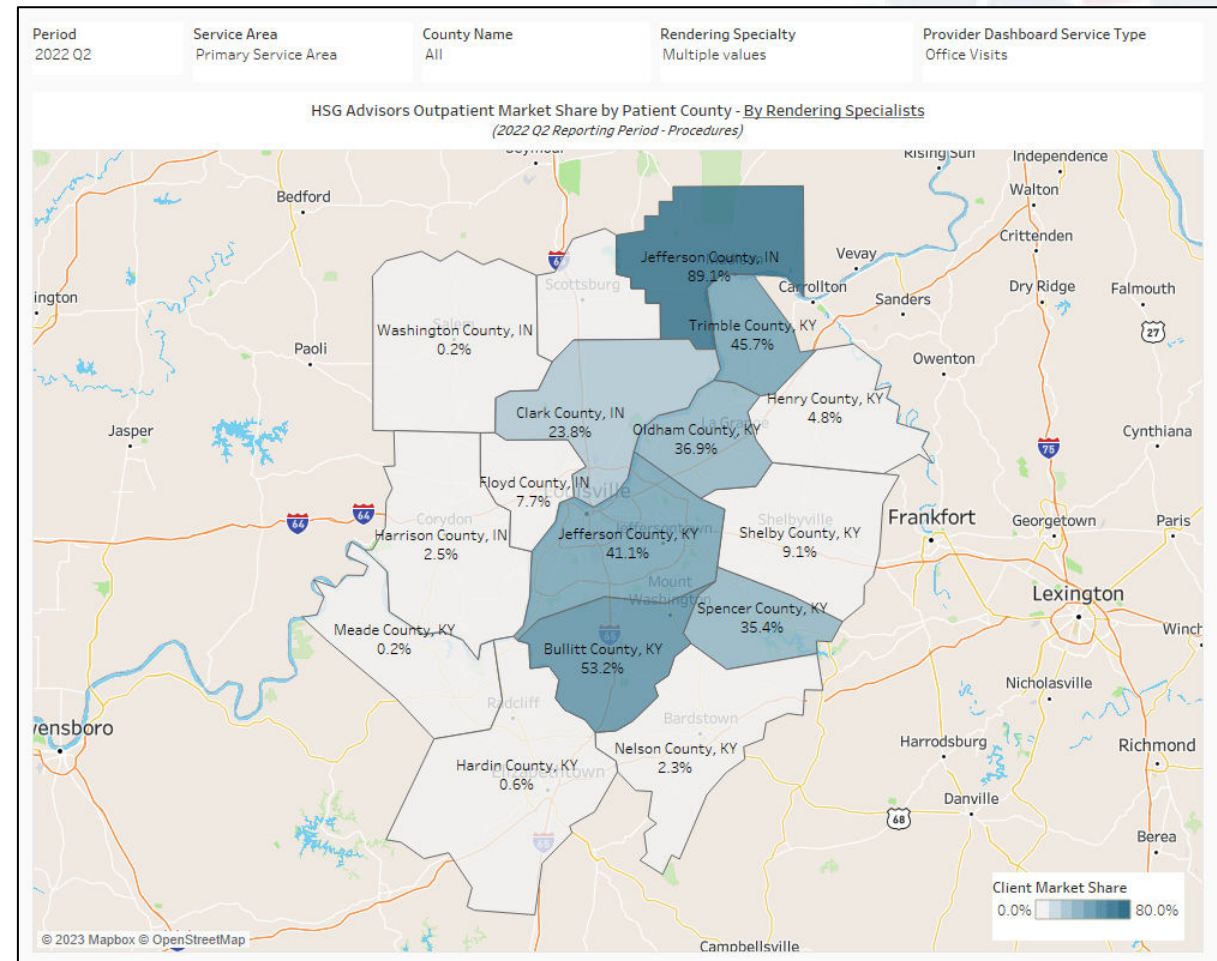
Utilization of Claims for Ambulatory Growth

Measure	Manage
<ul style="list-style-type: none">• What's our current state (benchmark)?• What are the trends over time?• What are the most immediate opportunities for incremental patient growth?• Are we getting a return on investments for time and resources allocated?	<ul style="list-style-type: none">• Ensure reporting mechanisms are simple and repeatable• Ensure the ability to define opportunities for improvement and drill-down is easily accessible• Engage providers in root cause discussions• Build a plan and execute

Goal: Create a **simple & repeatable system** that keeps your organization focused on incremental improvement.

Measuring Outpatient Care Utilization

- **Primary Care Office Visit Market Share** provides direction on how well our provider resources are penetrating the geographic market served
- Setting targets for growth can inform needs for primary care or specialty-care presence
 - Utilize existing capacity
 - Grow footprint

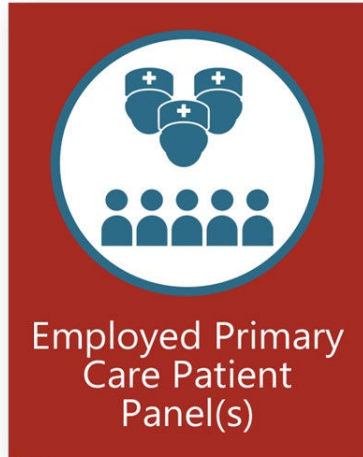


Measuring Outpatient Care Utilization

- Office Visit-based Market Share for Primary Care & Specialists
 - Claims-based calculation
 - Office Visit E&Ms for all providers in market
- Office Visit Market Share provides an overview of the competitive landscape for specialty-specific patients in the service area
- Understanding the highest volume providers in the market can help prioritize alignment and growth targets

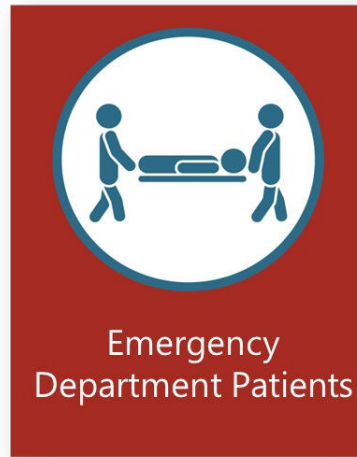
Outpatient Services Based on Rendering Specialist - Procedures <i>This data only includes services rendered by physicians and advanced practice providers.</i>	Service Area Primary Service Area	County Name All	Rendering Specialty Multiple values	Provider Service Type Office Visits								
HSG Advisors Outpatient Market Share by Billing Entity - All Services Rendered by Selected Specialist												
	2019		2020		2021		2022 Q1		2022 Q2		2022 Q3	
	% of Total	Display Metric	% of Total	Display Metric	% of Total	Display Metric	% of Total	Display Metric	% of Total	Display Metric	% of Total	Display Metric
COMMUNITY MEDICAL ASSOCIATES INC	28.5%	139,059	30.5%	129,542	31.0%	144,765	30.1%	136,048	28.7%	125,496	27.5%	115,659
BAPTIST HEALTH MEDICAL GROUP INC	12.7%	62,109	14.7%	62,647	16.8%	78,682	17.3%	78,120	17.5%	76,461	17.6%	73,843
ULP FAMILY MEDICINE	1.7%	8,108	6.2%	26,522	5.9%	27,517	6.2%	27,958	6.4%	28,113	6.7%	28,218
THE BETHANY CIRCLE OF KINGS DAUGHTERS HEALT..	2.5%	12,433	2.6%	10,963	2.6%	12,247	2.6%	11,652	2.5%	11,105	2.5%	10,606
ULRF FAMILY MEDICINE CARDINAL STATION	0.2%	763	1.2%	5,153	2.8%	13,263	3.1%	14,048	3.3%	14,499	3.5%	14,862
BULLITT COUNTY FAMILY PRACTITIONERS PSC	3.1%	14,920	2.7%	11,638	2.1%	9,764	2.0%	8,843	2.0%	8,713	2.0%	8,349
BCHS	1.2%	5,734	1.2%	5,204	2.5%	11,542	2.7%	12,229	2.8%	12,122	2.7%	11,329
CENTRAL MEDICAL ASSOCIATES PLLC	2.0%	9,521	2.1%	9,090	2.2%	10,146	2.1%	9,536	2.2%	9,643	2.3%	9,481
RHN CLARK MEMORIAL PHYSICIAN PRACTICES LLC	1.4%	6,682	1.5%	6,437	1.6%	7,309	1.6%	7,355	1.7%	7,322	1.7%	7,154
AMERICAN HEALTH NETWORK OF INDIANA LLC	1.7%	8,046	1.3%	5,595	1.4%	6,752	1.5%	6,726	1.4%	6,301	1.6%	6,548
ALL OTHER	45.2%	220,258	35.8%	152,302	31.1%	145,131	31.0%	140,174	31.4%	137,108	31.9%	133,845
HSG Advisors Outpatient Market Share by Provider - All Services Rendered by Selected Specialist												
	2019		2020		2021		2022 Q1		2022 Q2		2022 Q3	
	% of Total	Display Metric	% of Total	Display Metric	% of Total	Display Metric	% of Total	Display Metric	% of Total	Display Metric	% of Total	Display Metric
MOHANA ARLA	2.1%	10,049	2.0%	8,582	1.7%	7,873	1.5%	6,614	1.5%	6,335	1.5%	6,164
JAWED MOVANIA	0.7%	3,623	0.8%	3,393	0.8%	3,848	0.8%	3,622	0.8%	3,533	0.8%	3,366
YASSIN KHATTAB	0.5%	2,346	0.6%	2,348	0.6%	2,837	0.6%	2,827	0.7%	3,151	0.7%	2,924
TERRENCE DONOHUE	0.6%	2,845	0.6%	2,657	0.7%	3,141	0.6%	2,805	0.6%	2,551	0.5%	2,279
MUJAHID NASIR	0.6%	3,014	0.6%	2,468	0.6%	2,671	0.6%	2,633	0.6%	2,661	0.6%	2,558
JOSEPH BEAVEN	0.5%	2,397	0.6%	2,646	0.7%	3,357	0.5%	2,454	0.4%	1,815	0.3%	1,377
STEVEN GOLDSTEIN	0.6%	2,728	0.6%	2,450	0.6%	2,587	0.5%	2,256	0.4%	1,928	0.4%	1,677
JOHN SNELL	0.6%	2,813	0.6%	2,374	0.5%	2,557	0.5%	2,266	0.4%	1,900	0.4%	1,663
DAVID OVERLEY	0.5%	2,439	0.6%	2,418	0.5%	2,569	0.5%	2,261	0.4%	1,959	0.4%	1,762
PLAVAKEERTHI KEMPARAJURS	0.6%	2,925	0.6%	2,460	0.4%	2,053	0.4%	2,025	0.5%	2,045	0.4%	1,839
ALL OTHER	92.8%	452,454	92.5%	393,297	92.8%	433,625	93.4%	422,926	93.6%	409,005	93.9%	394,285

Priority Access Points for Patient Retention



Employed Primary
Care Patient
Panel(s)

What **specialty care services** do patients continue to utilize within our health system after receiving care from market PCPs?



Emergency
Department Patients

Where do **ED patients receive care** after leaving local emergency departments?



Immediate / Urgent
Care Patients

How do **urgent care patients flow through local practices and health systems** differently than other sites of care?



Specialist Acting
as Primary Care
Provider

What **opportunities exist for incremental patient attraction** if access is improved through optimization of practice throughput?

Outpatient Care Utilization Factors

- “Provider referral” is only one of many reasons a patient utilizes a specific site of care – or doesn’t.
- There are many factors that influence outpatient care utilization
 - Patient Factors
 - Provider Factors
- For any measurement to be useful, it must be **measured over time**.

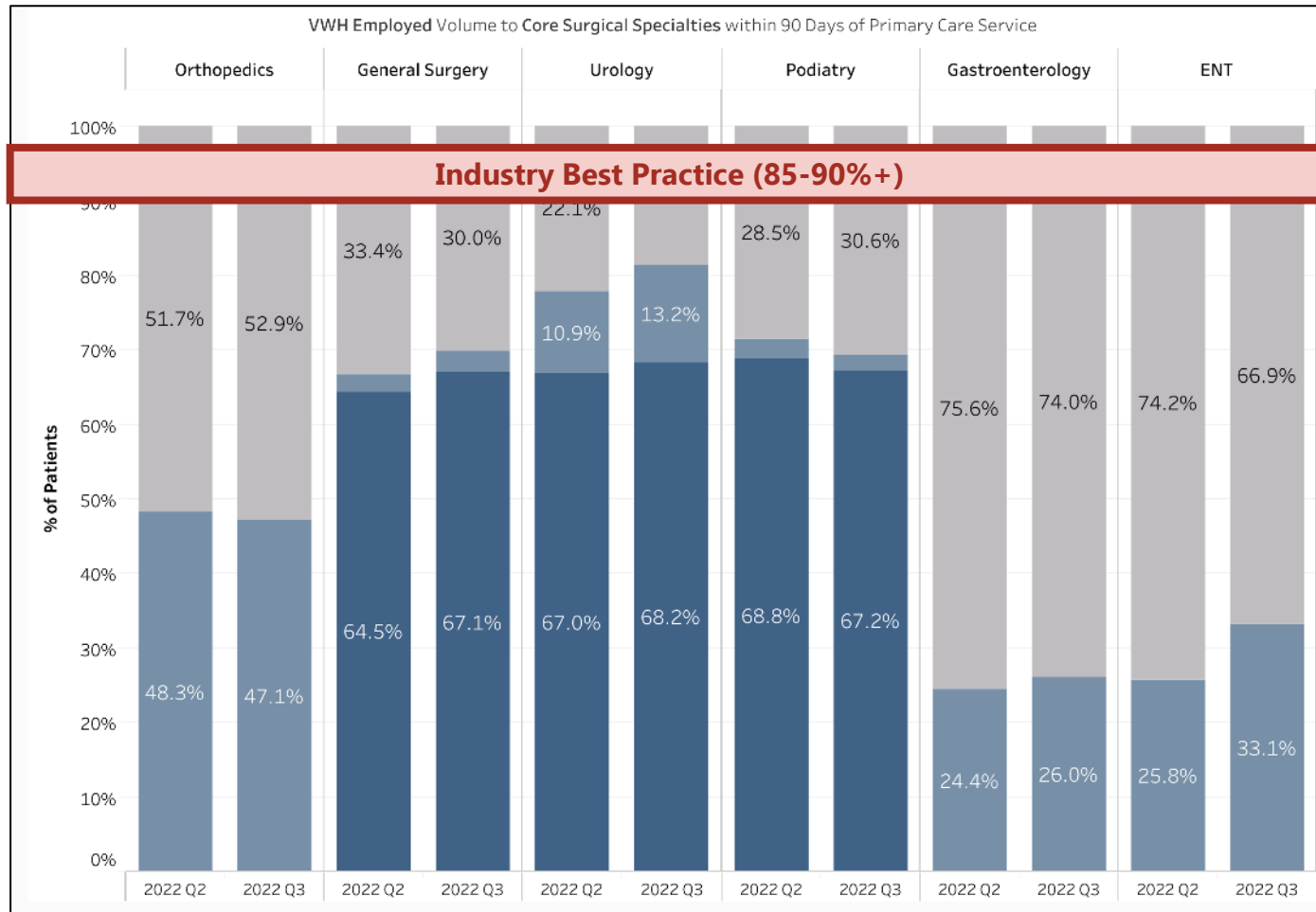
PATIENT FACTORS

1. Prior experience and/or relationships with the consultant or health system
2. Provide reputation
 - Word of mouth
 - Website
3. Geographic consideration
 - Travel time, difficulty
4. Timely access
5. Insurance issues
 - Networks, including commercial, self-insured, CIN, and direct employer contracting
 - Covered benefits
 - Co-pays and deductibles
 - High deductible plans make patient essentially a self-pay

PROVIDER FACTORS

1. Noted patient factors
2. Existing relationships
3. New relationships
 - Provider/Consultant care/treatment philosophy
 - Provider/Consultant communication patterns
 - Interpersonal treatment of patient/family
 - Consultant
 - Consultant’s office staff
4. Health system relationship
 - Own
 - Other
5. Timely access
6. Insurance issues (including pre-authorization processes)

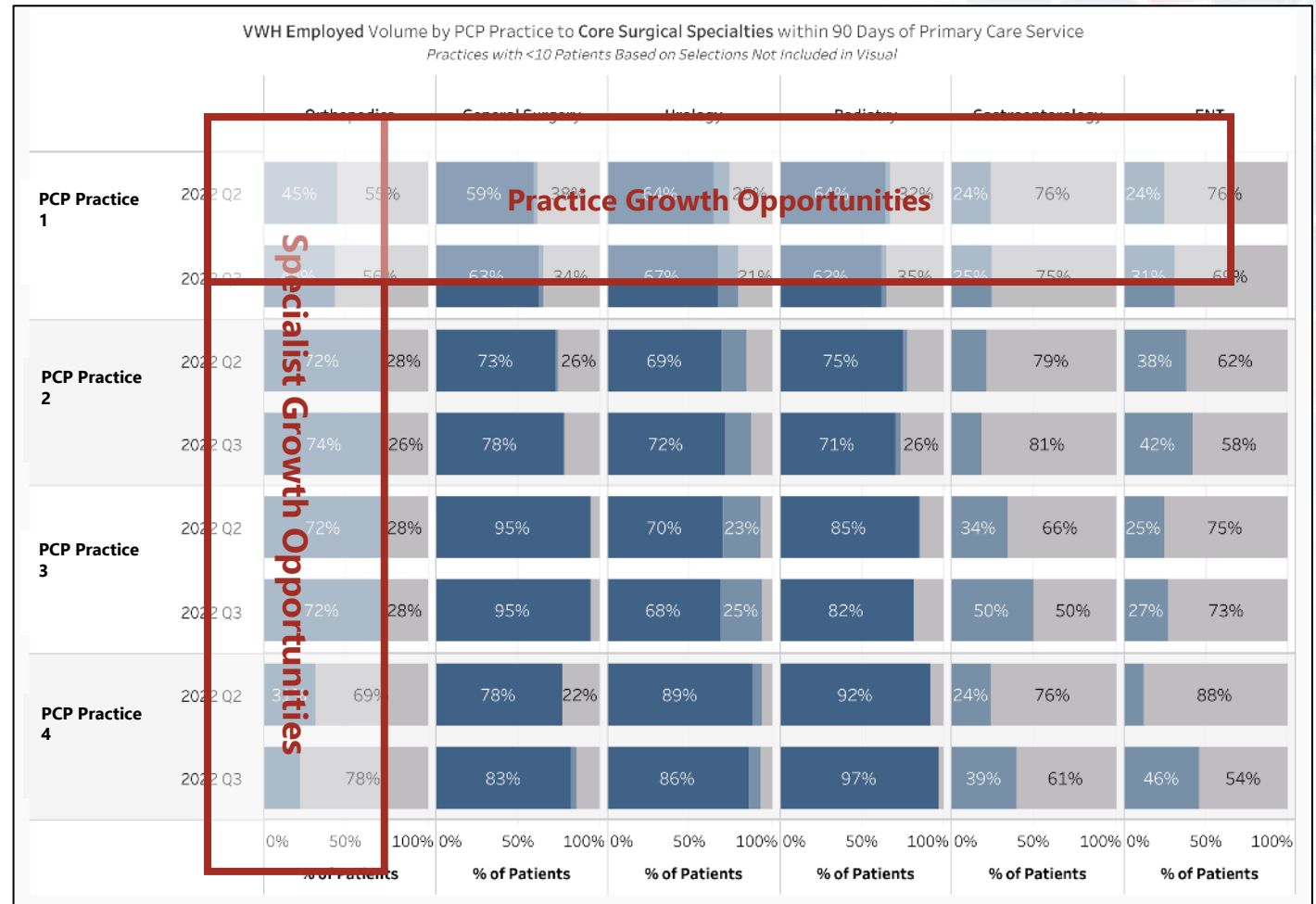
Measuring Patient Retention – Network Level



- Understanding overall network leakage is step #1 in identifying immediate opportunities for incremental patient capture.

Measuring Patient Retention – Practice Level

- Measuring patient retention over time, by practice and specialty, allows for evaluation of current state and opportunities as well as variation by practice



Measuring Patient Retention – Provider Level

- Taking patient retention down to the provider level allows for individual provider measurements; to determine warranted and unwarranted variation.

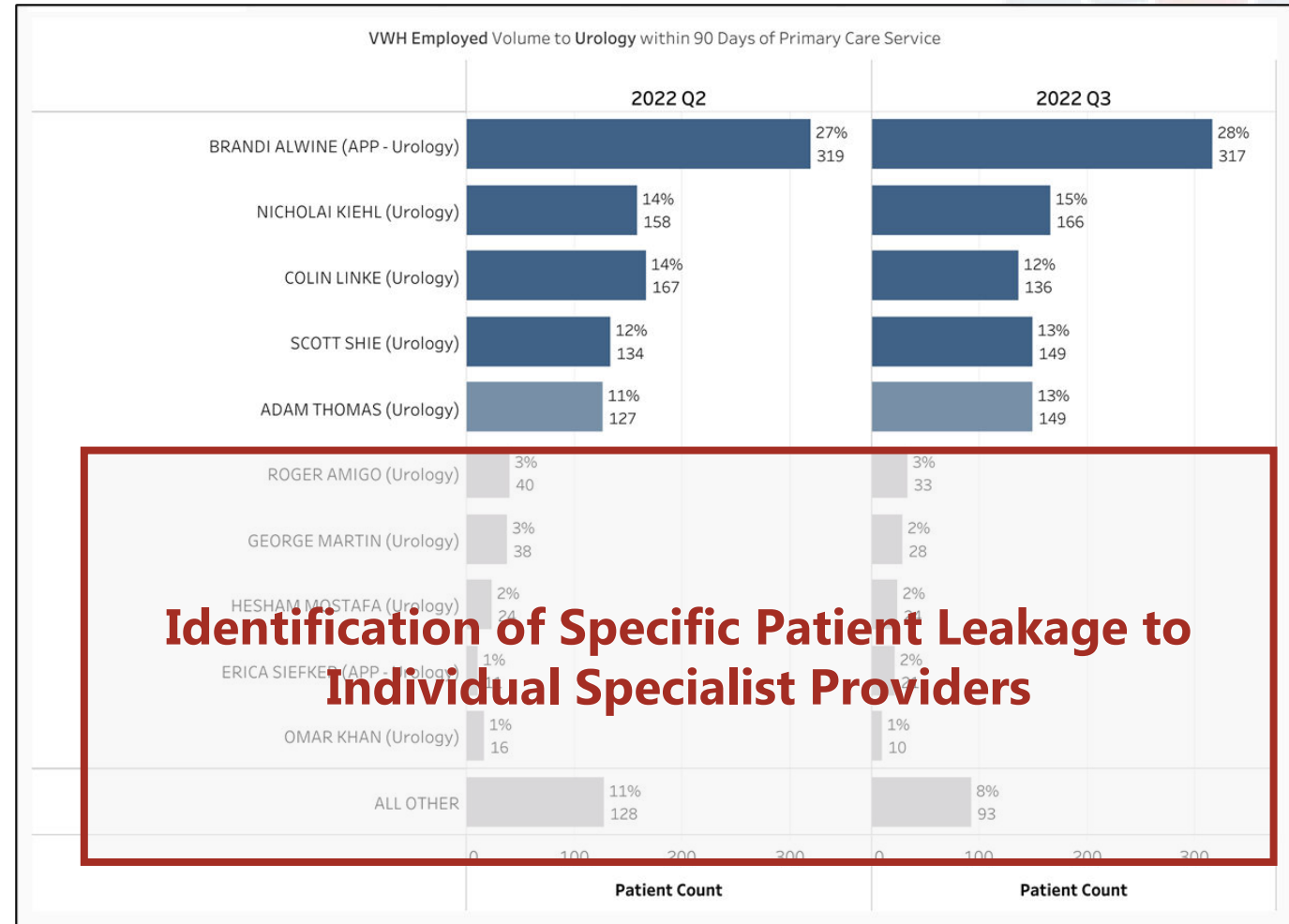
LEGEND
 Employed Specialist
 Active Medical Staff
 Other

VWH Employed Volume by Primary Care Provider to Core Surgical Specialties within 90 Days of Primary Care Service
Providers with <20 Patients Based on Selections Not Included in Visual

		Orthopedics		Urology		General Surgery		Podiatry		Gastroenterology		ENT	
Scott Jarvis	2022 Q2	76%	24%	72%		64%	36%	68%	27%	80%		33%	67%
	2022 Q3	76%	24%	77%		75%	25%	60%	36%	86%		38%	63%
Deb Howell	2022 Q2	69%	31%	83%		87%		86%		33%	67%	47%	53%
	2022 Q3	77%	23%	78%		79%		87%		44%	56%	51%	49%
Benjamin Gudorf	2022 Q2	62%	38%	68%	25%	100%		94%		83%		25%	75%
	2022 Q3	58%	42%	66%	27%	100%		94%		36%	64%	50%	50%
Okey Anochie	2022 Q2	59%	41%	30%	51%	81%		82%		88%			100%
	2022 Q3	57%	43%	31%	51%	82%		78%		44%	56%		100%
Rona Dellinger	2022 Q2	84%		77%		88%		74%	26%	100%		30%	70%
	2022 Q3	81%		74%		85%		66%	34%	100%		25%	75%
Jerry Sell	2022 Q2	80%		71%	29%	93%		67%	33%	57%	43%		100%
	2022 Q3	92%		71%	29%	95%		88%		67%	33%		100%
		0%	50%	100%	0%	50%	100%	0%	50%	100%	0%	50%	100%
		% of Patients		% of Patients		% of Patients		% of Patients		% of Patients		% of Patients	

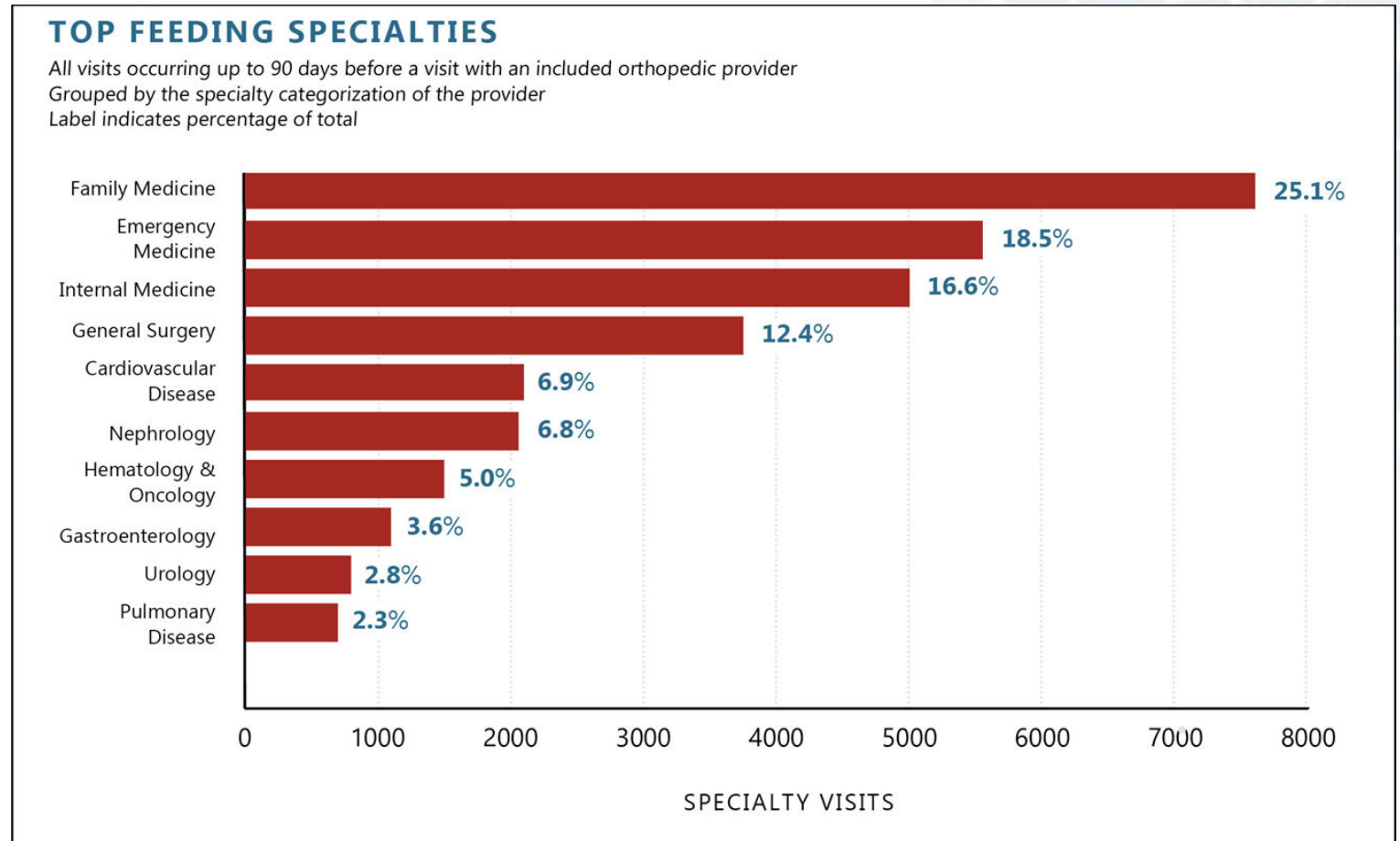
Measuring Patient Retention – Specialty Destination

- Lastly, determining where patients ultimately receive their specialty care services, if not within your specialty network, is critical to overcome current patient outmigration gaps.



Referral Source Alignment

- The lowest hanging fruit for attracting new patients into your practice is by aligning with physicians and APPs that already share patients with your providers (known or unknown).

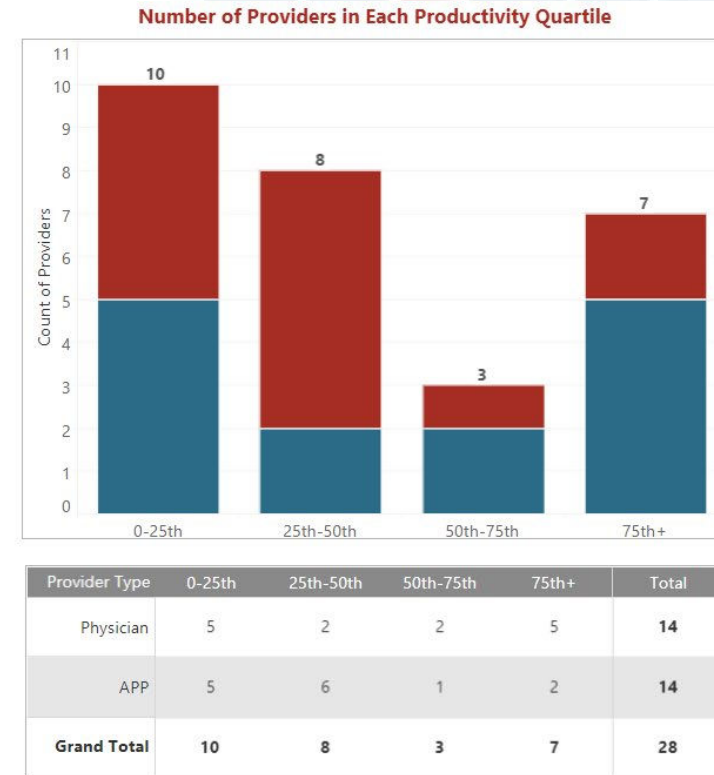
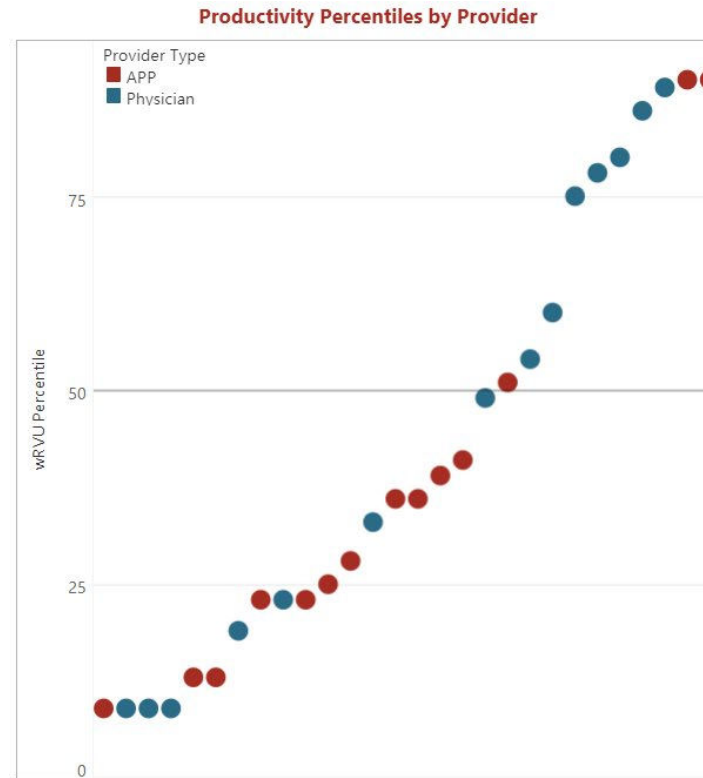




Considerations for Access in Primary care

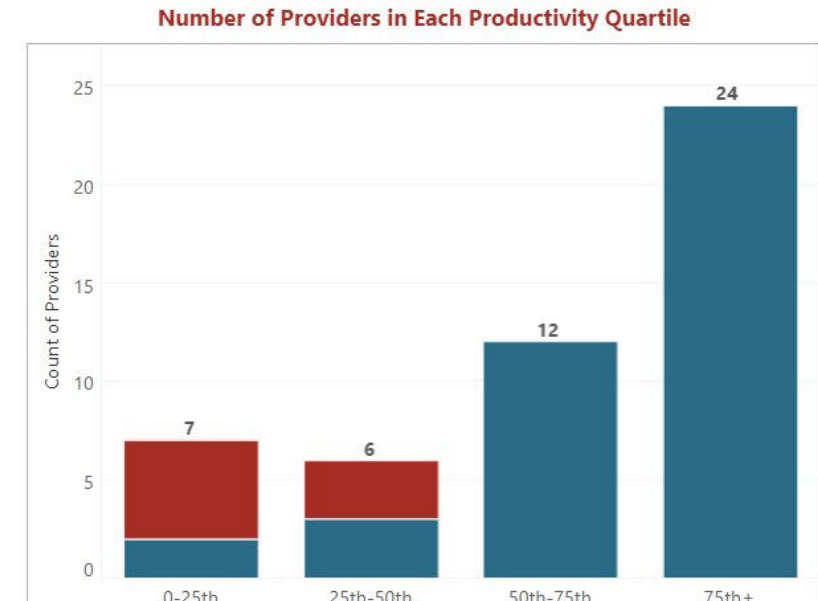
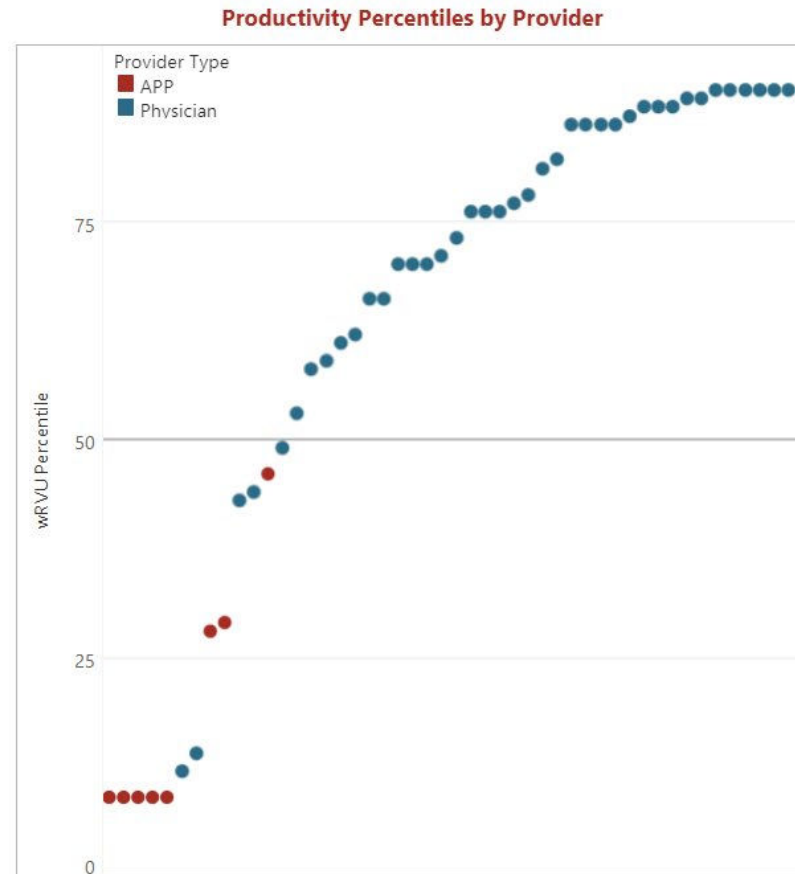
Evaluating Practice Capacity and Access

- Provider productivity is a reasonable proxy for evaluating existing capacity within your practices
- Providers achieving 75th percentile productivity will likely have difficulty increasing access/capacity versus those below the 50th percentile
- This sample analysis indicates potential additional capacity for more than half of the listed providers – especially the APPs.



Evaluating Practice Capacity and Access

- ... whereas this sample analysis indicates little additional capacity for existing providers and likely predicts access challenges – except for the APPs.
- ... although reviewing APP utilization may be an opportunity for this group.

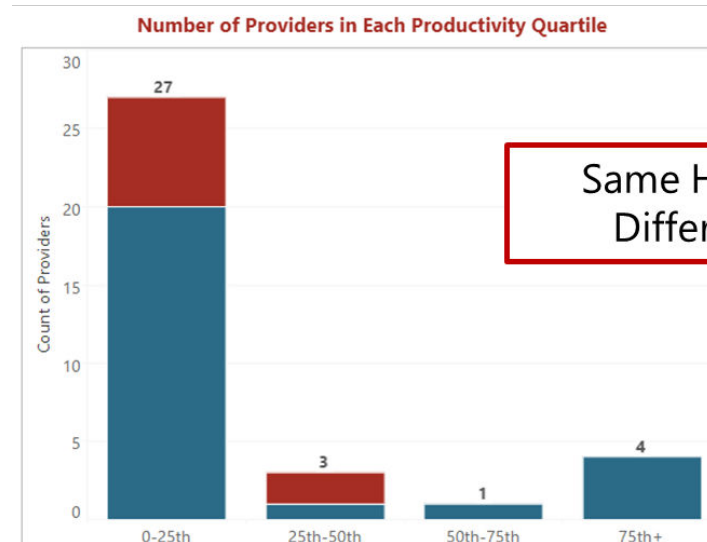


Provider Type	0-25th	25th-50th	50th-75th	75th+	Total
Physician	2	3	12	24	41
APP	5	3			8
Grand Total	7	6	12	24	49

Evaluating Practice Capacity and Access

- Frequently, opportunities to balance current investment exist within multi-location primary or specialty-care practices
- This group of primary care practices may be able to reallocate resources to more effectively meet demand.

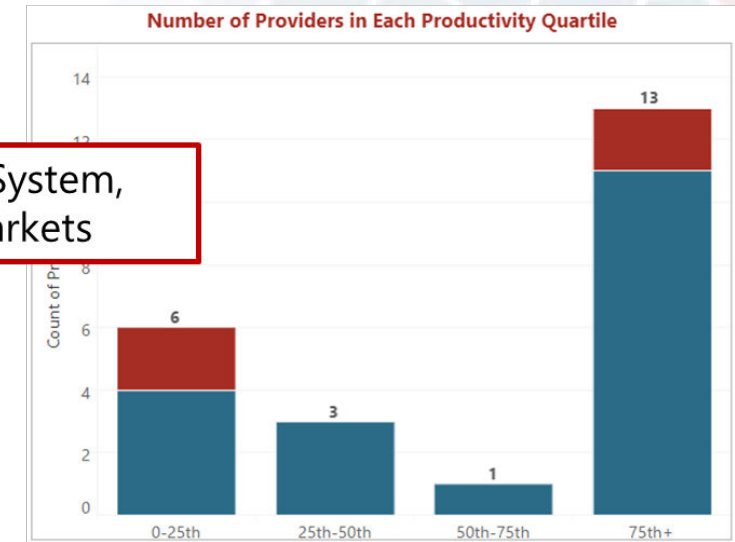
Market A Primary Care



Provider Type	0-25th	25th-50th	50th-75th	75th+	Total
Physician	20	1	1	4	26
APP	7	2			9
Grand Total	27	3	1	4	35

Same Health System,
Different Markets

Market B Primary Care



Provider Type	0-25th	25th-50th	50th-75th	75th+	Total
Physician	4	3	1	11	19
APP	2			2	4
Grand Total	6	3	1	13	23

| Advanced Practitioner Recruitment and Utilization

- Many organizations still view Advanced Practice Professional recruitment as an “operational” activity, rather than a strategic one.
 - i.e. Dr. Smith is getting close to capacity – we’re going to add an APP to his/her practice to supplement his/her productivity
- Given projected shortages in most key physician specialties, maximizing APP recruitment and utilization is and will continue to be a major strategic driver of care delivery and patient access.
- Critical planning for APPs becomes a recurrent part of recruitment planning as competition for APPs will increasingly result in competitive recruitment dynamics
- There is no data to say “how many APPs should we have” in a market or specialty.
- Huge variation in utilization, contracting model, cultural acceptance, market acceptance from market to market, specialty to specialty.

Utilizing Resources to Improve Access: *Team-based Care Delivery*

- Utilization in primary care varies based on culture and care delivery models
- Team jointly cares for a “panel” of assigned patients
 - Assignment can be complicated by insurer rules – e.g., may be unable to formally assign to a nonphysician
 - Often easier to assign to physician in EMR and insurer forms but portray to patient as assigned to the “xx” team
- Patient attribution process facilitated by patient risk stratification
 - Best practice for determining “reasonable” number for patient panels
 - Assists with individual patient scheduling decisions
 - Appointment durations
 - Provider type seen
- APPs often focus on preventive services, minor acute care, and patients with 1-2 stable chronic conditions
- Physician focuses on more complex patients and care coordination efforts

Utilizing Resources to Improve Access: *Clinical Practice Transformation*

- Team-based care delivery model utilizing all members at the top of license and capabilities
- Proven to be able to increase provider productivity and patient access to care yet –
 - Decrease total number of dedicated provider hours
 - Mitigate the risk of provider burnout
 - Enhance patient and staff satisfaction
- Model will increase staffing ratios compared to traditional models of care and benchmark data
- Requires provider willingness to practically delegate tasks
- Requires staffing stability for maximum efficiency, effectiveness, and accountability

| Summary

- Competition for Patient Lives requires health systems to have a robust strategy for access and patient retention
- Claims-based data provides the most comprehensive solution to monitoring patient utilization of the care continuum and retention within a network
- Access, especially in primary care, must be a focus to promote patient lives acquisition.





HSG
advisors

| **Thank You**