The Advisory Board Company | Crimson Clinical Advantage

Case Study

MissionPoint Health Partners

Crimson Member since 2011, Nashville, TN • Founded by Saint Thomas Health, 5-Hospital System

CHALLENGE: Building an Integrated Delivery Network Focused on Population Health

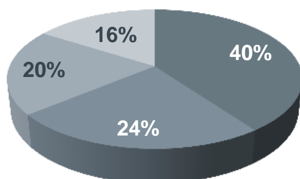
- MissionPoint Health Partners in Nashville, Tenn., represents a unique alliance of hospitals, technology firms, wellness providers, and more than 1,400 physicians who work as a care team supporting the health of area enrollees
- Their mission is simple: improving the health status of the community, while reducing health care costs, elevating the patient experience, and enriching the lives of caregivers
- Since the organization's inception in late 2011, MissionPoint has been developing the infrastructure to effectively manage numerous populations and networks across the country; initially, MissionPoint extended their full range of services to the 15,000+ self insured population of Saint Thomas Health Services
- Paramount to their population health strategy is the use of "health partners" to manage the health of individual enrollees by focusing on holistic care and wellness, and when needs arise; physicians are simultaneously engaged in individual and group performance through data review.

ACTION: Engaging Physicians and Activating Patients to Improve Population Health

Fostering Physician Data Transparency

- Using **Continuum of Care** to generate printed reports and promoting direct physician engagement in the site
- Categorized physicians based on quality, cost, and volume by calculating composite performance scores

Continuum of Care Quality Composite Score
Weighted Components



- 30-Day Readmission Rate (Any APR-DRG)
- Mortality Rate
- Average Charges
- Complicatons of Care Rate

Managing the "Disease of Life"

- Employing "health partners" to manage full range of enrollee needs including post acute-care transitions, ambulatory chronic health maintenance, and psychosocial challenges, as well as functional needs
- Using Crimson metrics to identify patients who will most benefit from Health Partner management

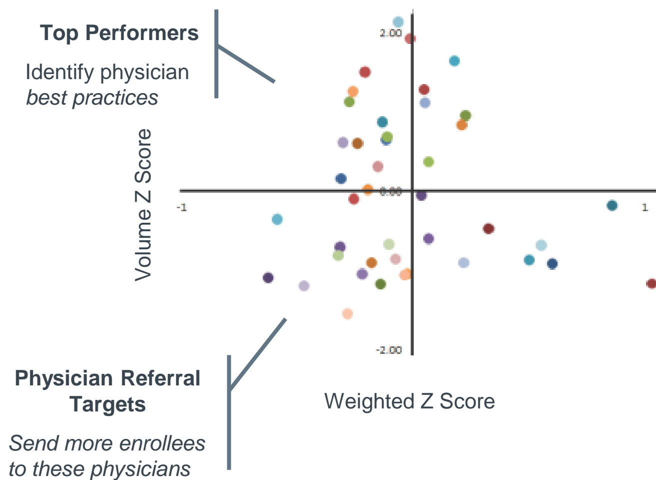
Crimson Metrics Used to Identify Patients

Population Risk Management	Continuum of Care
High PMPM, overall spend	Multiple readmissions and attending physicians
High prospective risk score	Multiple admissions with no follow-up visit in 30 days
On high priority list	ED frequent fliers including ED physicians and associated PCPs
Low Evidence Based Medicine compliance	

©2013 THE ADVISORY BOARD COMPANY • **ADVISORY.COM**

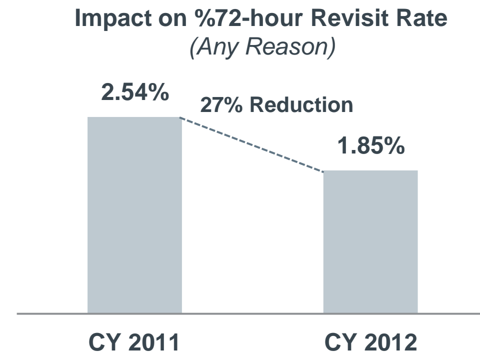
RESULTS: Managing Providers and Population Yields Quality and Cost Improvements

Targeting Physicians for Intervention



Managing Plan Costs

- Enrollees with ED visits are assigned to a Health Partner who follows up immediately to assess social needs, medication adherence, and ensure a PCP follow-up visit occurs



12%

First-Year Reduction in Overall Plan Spend

"MissionPoint Health is very excited to use our data in unique ways to impact our physician network. By looking at endpoints that are meaningful to our CI network, we are better able to not only find best practices, but also have our network truly understand areas for improvement."

- Jordan Asher MD, CMO and Chief Integration Officer

Meet the Team

Crimson
Clinical Advantage

Jason Dinger, PhD
CEO

Jordan Asher, MD, MS
CMO and Chief Integration Officer

Wendy Wright
VP of Clinical Integration

Laura Schuh
Crimson Dedicated Advisor

For more information, contact
crimson@advisory.com

2445 M Street NW, Washington DC 20037 | P 202.266.5600 | F 202.266.5700 | **advisory.com/crimson**

©2013 THE ADVISORY BOARD COMPANY • **ADVISORY.COM**