Acclivity HEALTH

ACCLIVITYHEALTH.COM

CASE STUDY

How Physicians Group Services turned a deficit from Value-Based Care (VBC) contracts into $1.5 million in incremental income over 24 months.

CLIENT

+ Physicians Group Services (PGS)

CHALLENGES

+ Profiting from risk and shared savings contracts
+ Collecting quality metrics for value-based care contracts
+ Scheduling and completing Annual Wellness Visits (AWV)
+ Keeping track of high risk patients
+ Managing transitions of care

SOLUTION

+ The cloud-based Acclivity Connected Care platform

RESULTS

+ 64% increase in AWV revenues, with an approximate net revenue gain of $225,000 annually
+ 53% increase in quality and shared savings bonus payments, with a net income increase of $520,000 annually
+ 135% annual ROI from use of the Acclivity platform

OUR CLIENT

About Physician Group Services (PGS)

Physician Group Services (PGS) began serving the Jacksonville, Florida community as a family medicine practice in 1962. Today it is an umbrella for multi-specialty health services in 34 locations in NE Florida and SE Georgia. It includes over 100 providers and 450 staff members, diagnostic services, and a financial services division. PGS is dedicated to providing the highest quality of care from pediatrics through geriatrics.

Here's how we helped PGS turn an operating deficit from risk sharing and shared savings contracts into positive returns in the 24 months following the implementation of Acclivity's Connected Care Platform.

> "No one believed we would start seeing true momentum for at least two years. We did it in just 14 months."
>
> **Lindsay Allen**, Director of Business Analytics

THE CHALLENGE

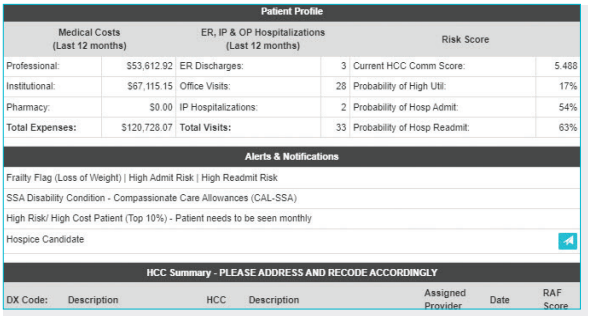
Several years after implementing risk sharing and shared savings contracts, Physician Group Services (PGS) continued to carry an operating deficit. They needed a proactive way to maximize their chances of success from these value-based contracts and ensure the organization's financial stability. In 2018, they launched a Quality and Risk Management department to collect data and report findings. With minimum experience using technology in their practices, they were looking to partner with a healthcare technology company that could help them conduct key analyses as well as offer a solution to extend their care management capabilities.

THE SOLUTION

Data-Driven Decisions That Help Improve Care Quality

PGS signed a contract with Acclivity Health the same day they launched their new Quality and Risk Management department. The main focus of the Acclivity platform was to provide a 360-degree view of a community's entire patient population, with the data and workflows needed to ensure that these patients received the right care at the right time in the right setting. In order to provide the most current perspective possible, real time data from PGS's EHR system was added to the institutional, professional, and pharmaceutical claims data already included in the platform.

Acclivity worked with the PGS team to help them optimize the platform to track specific value-based metrics their contracts used to gauge quality and outcomes. We identified what data they needed to highlight and act upon, including patients who were due for checkups and screenings, patients with high risk and high utilization in need of interventions, and recently discharged patients who needed to be scheduled for appointments. The data enabled PGS to develop actionable reports that improved their productivity, performance, and revenue. These reports include:



Patient Profile

Medical Costs (Last 12 months)		ER, IP & OP Hospitalizations (Last 12 months)		Risk Score	
Professional:	$53,612.92	ER Discharges:	3	Current HCC Comm Score:	5.488
Institutional:	$67,115.15	Office Visits:	28	Probability of High Util:	17%
Pharmacy:	$0.00	IP Hospitalizations:	2	Probability of Hosp Admit:	54%
Total Expenses:	$120,728.07	**Total Visits:**	33	Probability of Hosp Readmit:	63%

Alerts & Notifications

Frailty Flag (Loss of Weight) | High Admit Risk | High Readmit Risk

SSA Disability Condition - Compassionate Care Allowances (CAL-SSA)

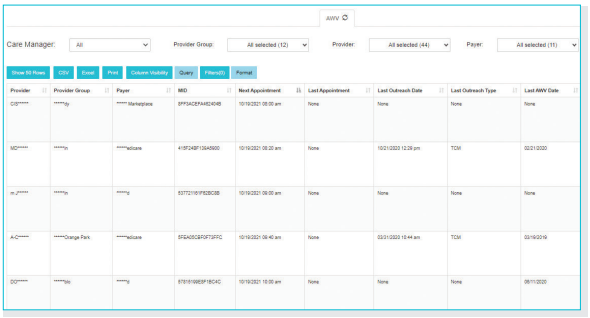
High Risk/ High Cost Patient (Top 10%) - Patient needs to be seen monthly

Hospice Candidate

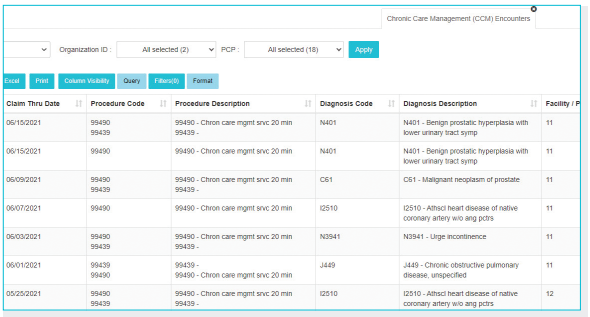
HCC Summary - PLEASE ADDRESS AND RECODE ACCORDINGLY

DX Code:	Description	HCC	Description	Assigned Provider	Date	RAF Score

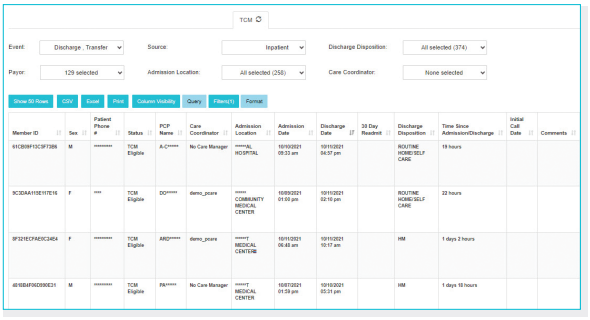
Care Management Opportunity Reports are printed out each morning and given to providers with the patient charts. The providers can see, at a glance, important information about a patient's costs and utilization, as well as alerts and action items that can be completed during the visit. These reports are, in essence, a cheat sheet of everything providers need to do during an office visit, so they can keep their attention on their patients instead of digging back through the EMR.



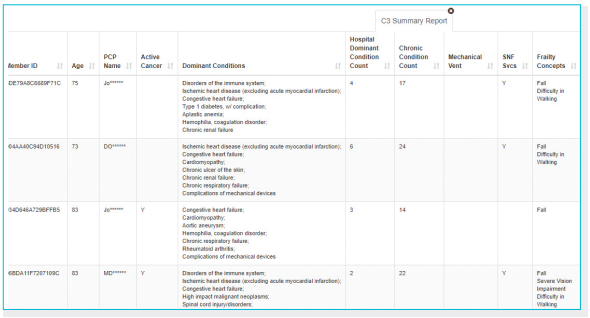
AWV Notifications enable care coordinators to see what patients on the day's schedule are due for Medicare-required annual wellness visits. The coordinators can sit down with the patients and perform the majority of the required AWV protocol, adding incremental revenue for the practice and enabling the provider to focus the patient visit on actual care.



Outreach Reports are sent to the clinics each month with the names of patients who need to be scheduled for chronic care management visits, screenings or procedures.



Transitional Care Management Workflow Triggers notify PGS in near real-time about hospital admissions and discharges and make it easy to document and bill the Medicare TCM visit.



Palliative Care Candidate Lists alert providers as to which of their patients may need palliative care so patients can be referred to community partners for this supportive care.

The PGS team was able to teach everything they learned from Acclivity to their care coordinators, providers and office staff so that everyone could meet the higher level of care the platform enabled. Today, PGS providers have the data they need at the point of care to manage risk and provide the most relevant care recommendations.

RESULTS

Over the 24 months following implementation, the insights and workflow provided by the Acclivity platform was instrumental to the operations of both PGS and the Medicare ACO that is largely comprised of PGS's Medicare population. During this timeframe, both PGS and the ACO achieved significant financial success through increases in revenue and increased shared savings and bonus payments.

64%

64% increase in net revenue from AWVs: After 24 months of implementation of the reporting and workflow capabilities of the platform, PGS was generating an average of 471 AWV visits with a monthly revenue of approximately $48,150. This compares with the 12 months preceding implementation, when PGS averaged about 243 AWV per month that generated approximately $29,440 in monthly revenue. Net revenue gain from AWVs was approximately $225,000 annually.

53%

53% increase in quality and shared savings bonus payments: Improvements in managing acute admissions, risk coding and quality measures substantially contributed to an increase in net revenue of $520,000 annually.

750k

A minimum of $750,000 gain in paid claims revenue directly attributable to the implementation of the ACCP platform, translating into a minimum ROI of 135% based on average gross profit margins.

As a result of implementing the Acclivity platform, PGS has achieved a new level of visibility into their patient population. Additionally, their providers have an improved understanding of value-based contracts and how quality of care affects their paychecks. They now understand the fundamentals and the part technology plays in helping them meet quality metrics and improve their financial returns.

To learn more about how the Acclivity Connected Care Platform can support your needs and to schedule a live demo, please email **info@acclivityhealth.com.**