



# The Power of Referrals

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**Infina Connect Healthcare Systems**

**August 26, 2015**



**Company Confidential**

# Welcome!

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## Your Host

- **Ginny Mahaney**
- VP of Marketing, Infina Connect



## Presenter

- **Joe Francis**
- Vice President, Infina Connect
  - More than 20 years in healthcare technology companies
  - Background in care coordination, case mgmt, quality mgmt, & discharge planning

# Agenda

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- Shared savings – example results
- Areas of focus & technology investments
- Why referrals are a powerful lever to pull
- Quick intro to Infina Connect and what we do
- Results
- Questions?

# Brookings: ACO Implementation Guide

**B** | ENGELBERG CENTER for  
Health Care Reform  
at BROOKINGS

**Adopting Accountable Care**  
An Implementation Guide for Physician Practices

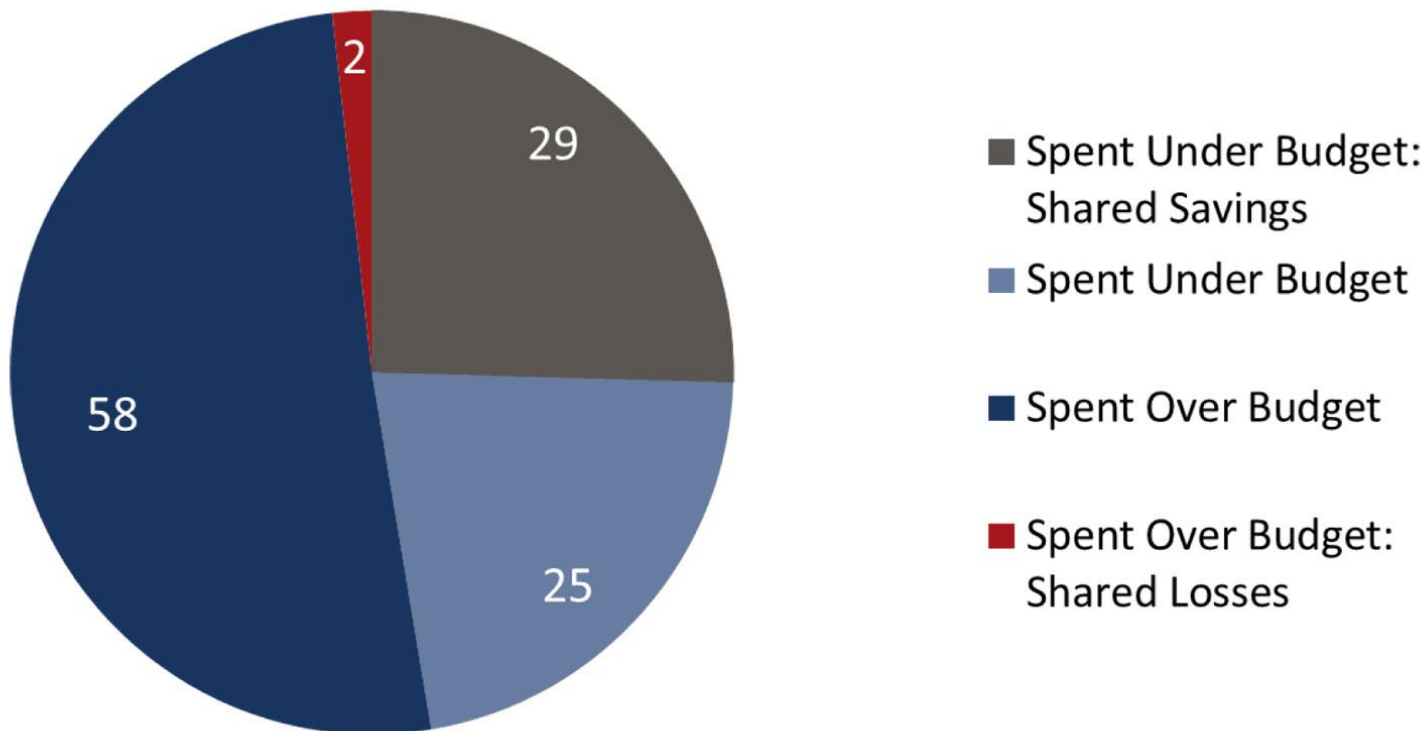
- ❖ **Identifying and Managing High-Risk Patients**
- ❖ **Developing High Value Referral Networks**
- ❖ **Using Event Notifications**
- ❖ **Engaging Patients**

EXECUTIVE SUMMARY  
November 2014

<http://www.brookings.edu/~media/research/files/papers/2014/11/19-aco-toolkit-primary-care/aco-toolkit--full-version-text.pdf>

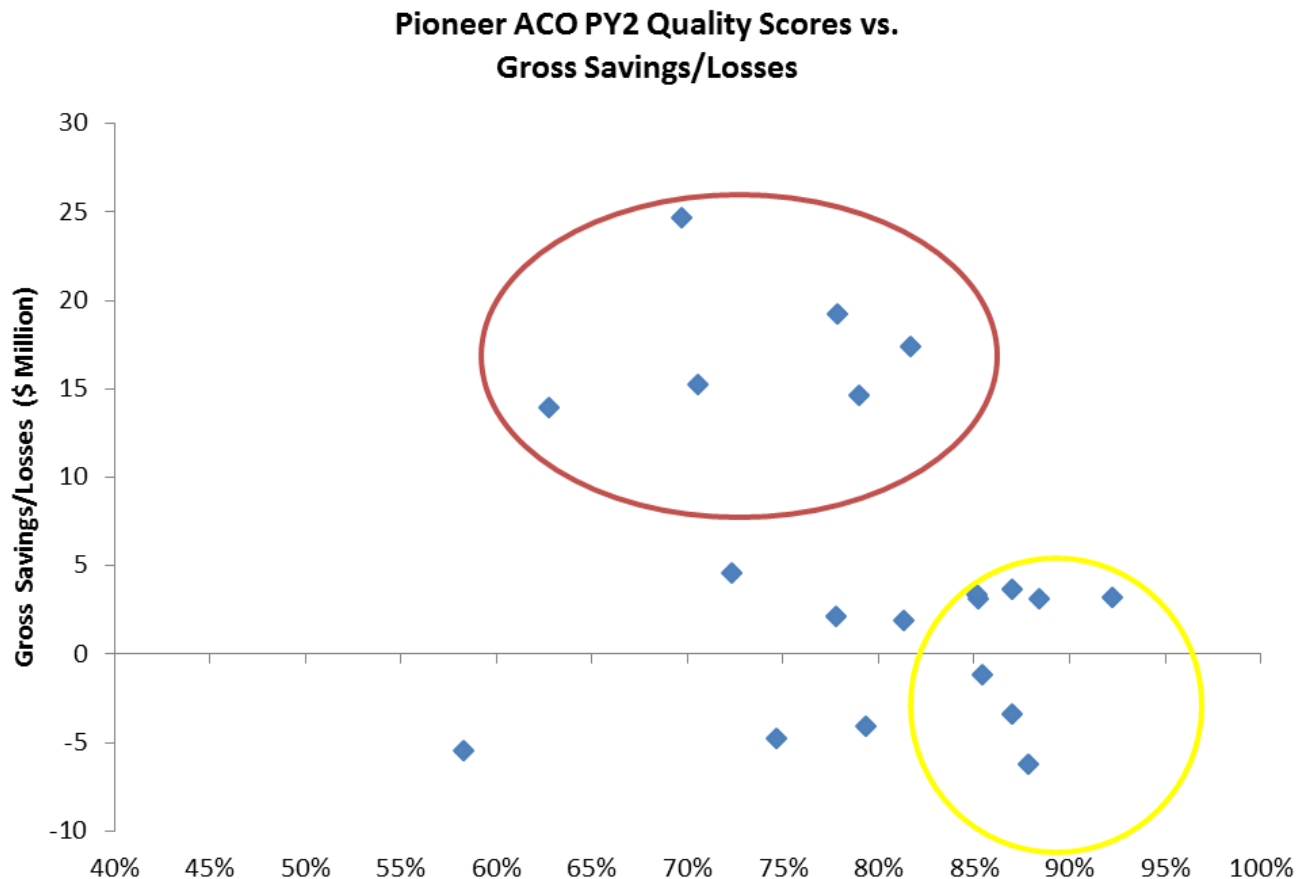
# Example Shared Savings: Medicare MSSP

## MSSP Financial Breakdown (Released October, 2014)



❖ 29 achieved shared savings  
❖ 85 did not

# Pioneer ACO: Quality Scores vs. Gross Savings/Losses



- ❖ Higher total savings with average quality scores
- ❖ Higher quality with lower total savings or loss

# Technology Investments – Primary Focus

## Emphasis on High-cost Chronically Ill Through Heavy Analytics

- ❖ Quality metrics
- ❖ Outcomes metrics
- ❖ Risk stratification



- ❖ Patient identification, stratification, & monitoring of high-risk
- ❖ Prevent care crises from occurring

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# The Power of Referrals: Facts

## Key Takeaways

### Health Reform and Physician-Led Accountable Care: The Paradox of Primary Care Physician Leadership FREE

Farzad Mostashari, MD, MPH<sup>1</sup>; Darshak Sanghavi, MD<sup>1</sup>; Mark McClellan, MD, PhD<sup>1</sup>

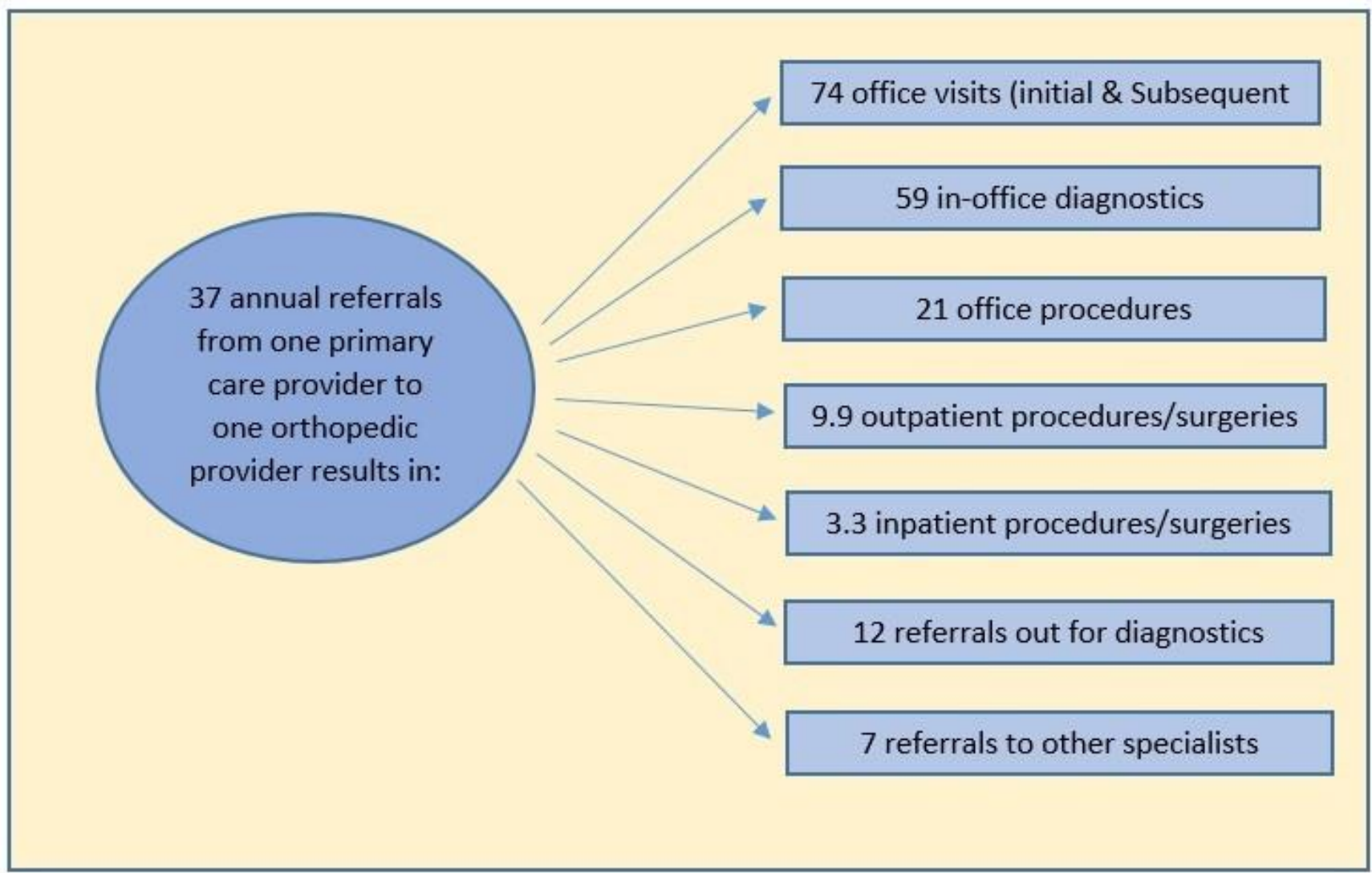
<sup>1</sup>The Brookings Institution, Washington, DC

*JAMA*. 2014;311(18):1855-1856. doi:10.1001/jama.2014.4086.

- ❖ A single adult Primary Care Provider makes **1000 referrals** per year, and influences around **\$10 Million** in spending for their patients.
- ❖ A group of 100 adult Primary Care Providers Influences **\$1 Billion** Dollars worth of healthcare spend.

<http://jama.jamanetwork.com/article.aspx?articleid=1861359>

# Referral Downstream Effect



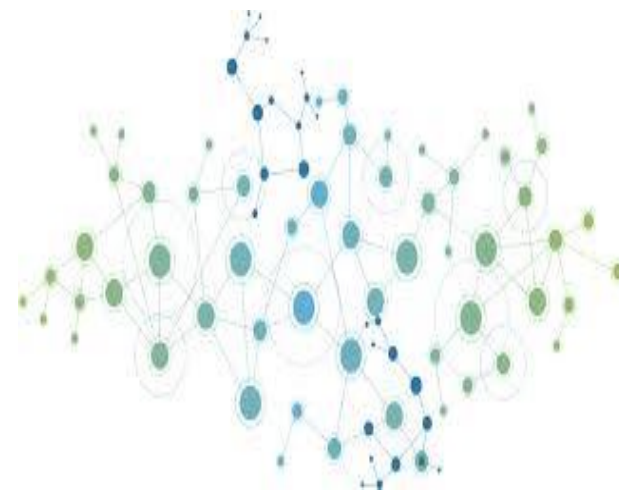
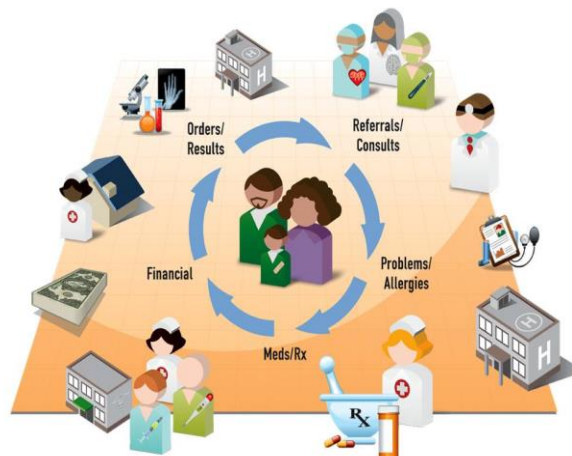
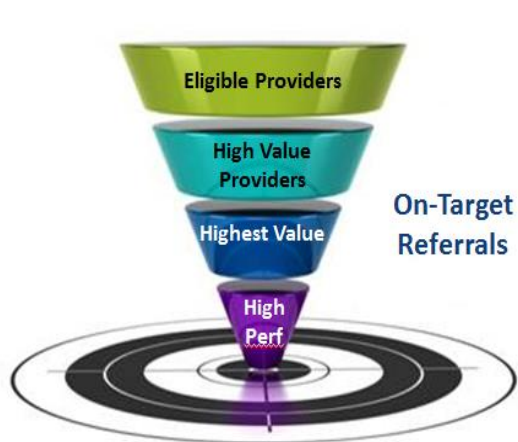
Source: HFMA.org 8/1/2013

# Referrals: Current State

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- **Manual Process with little to no guidance of the referral**
  - Phone
  - Fax and eFax
  - Non Interoperable EHR's
  
- **Consulting Provider Specialists are not defined within High value Referral Partners and Networks**
  
- **No Closed Loop Referral Process**
  - Lack of provider/practice communication and coordination
  - What is the Referral Status?
  
- **Often the referral is left to the patient to coordinate**

# Future State: Infina Addresses The Brookings Referral Objectives



## Patient Placement

Create *clinically integrated delivery networks* & optimize referral placement within high value, employed, or affiliated networks

## Closed Loop Care Coordination

Coordinate across care settings via closed loop referrals, & maintain visibility into what is happening with patients

## Connect the Entire Community

Quickly connect with any provider, regardless of EHR, sharing referral status, clinical documents, & secure messaging

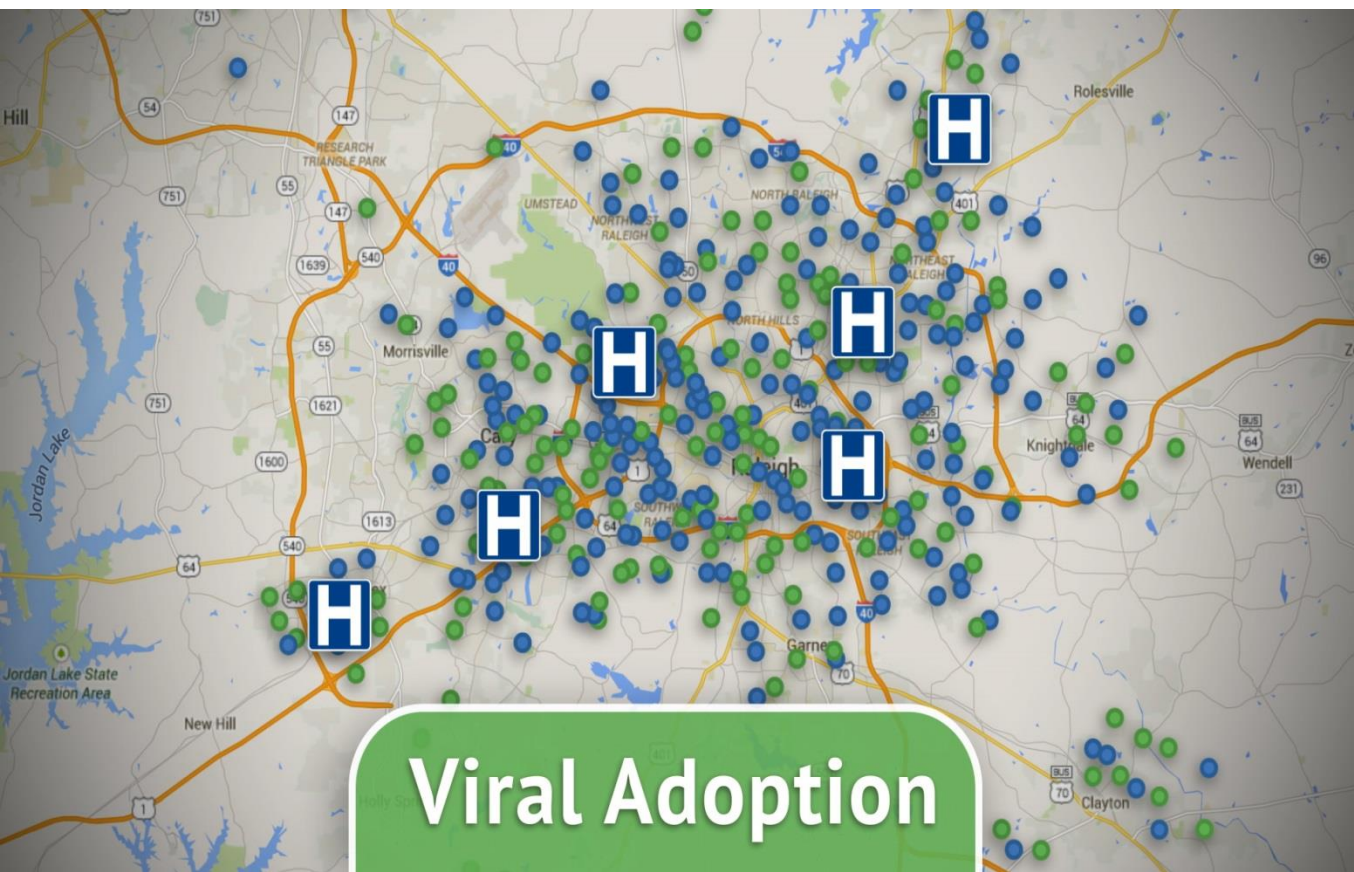
# Cost:

## Radiology Example, Both High Quality


Procedure	Imaging Center 1	Imaging Center 2	Difference
MRI without and with contrast - Abdomen	\$2,495	\$963	159%
MRI without and with contrast - Brain	\$2,531	\$1,563	62%
MRI without and with contrast - Neck Spine	\$2,531	\$1,563	62%
MRI without and with contrast - Lower Spine	\$2,558	\$1,579	62%
MRI without and with contrast - Orbit/Face/Neck	\$2,477	\$1,577	57%
MRI without and with contrast - Pelvis	\$2,495	\$963	159%
MRI without and with contrast - Spine	\$2,100	\$1,579	33%
MRI without contrast - Abdomen	\$1,180	\$746	58%
MRI Angiography Head	\$1,157	\$758	53%
MRI Breast	\$2,249	\$1,473	53%
CAT Scan (Contrast) - Abdomen	\$774	\$478	62%
CAT Scan (Contrast) - Abdomen and Pelvis	\$1,534	\$533	188%
CAT Scan (Contrast) - Chest	\$689	\$447	54%
CAT Scan (Contrast) - Head/Brain	\$650	\$408	59%
CAT Scan (with Contrast) - Pelvis	\$760	\$469	62%
CAT Scan (without Contrast) - Lower Spine	\$676	\$417	62%
CAT Scan (without Contrast) - Mouth, Jaw, and Neck	\$566	\$350	62%
Mammogram (Diagnostic, Digital) - Both Breasts	\$360	\$228	58%
Ultrasound - Abdomen & Back	\$270	\$168	61%
Ultrasound - Head & Neck	\$197	\$123	60%
<b>Average Difference</b>			<b>74%</b>



# Community Adoption *Connected a Majority of Providers in a City*



- 25% Primary Care
- 75% Specialist, Other

3 Health Systems  
 Duke, Rex, WakeMed

Majority of physicians

Majority of all providers of all types

# Results: Accelerated Return on Investment



## Optimizing Referral Coordination Drives Population Savings

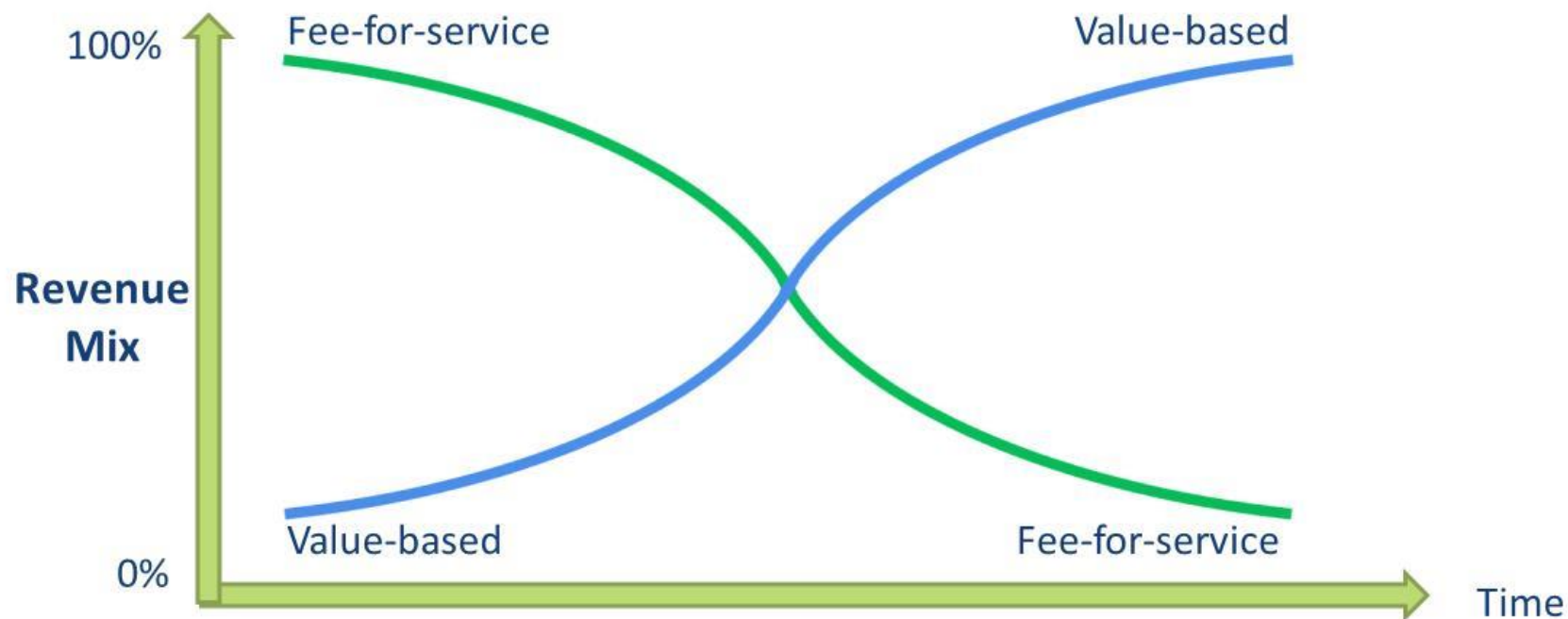
- **83% in-high value network rate drove 6% total medical cost advantage** for Key
- **Faster, easier, larger return** than any other population health action

## ...And Drives Referral Revenue

- **Reduce referral leakage** and ensure appropriate referrals occur
- Earn new patients/referrals, retain existing patients

# Thrive in Changing Revenue Mix

- ICC enables both FFS and VBC with extraordinary ROI





# Cloud Based Referral Solution

## Referral Placement + Status + Communication for All



# The Power of Referrals

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## Product Demonstration

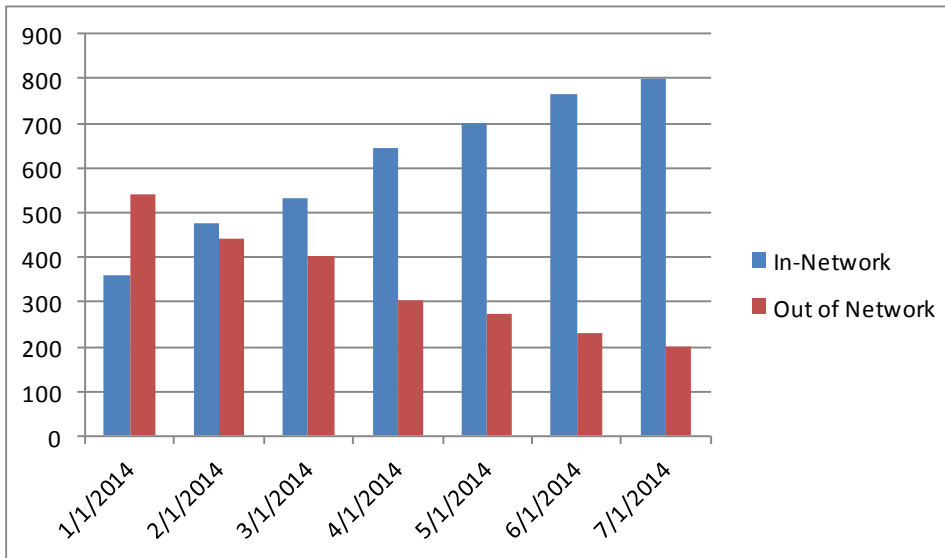
## Intelligent Care Coordinator System

### Sent Referrals - In/Out of Network Report

08/01/2014 at 6:00 PM

**ICCUUser** Robin Cord (refcoord) with ICC Primary Service  
**Referring Practice** ICC Primary Service  
**Referring Provider** All  
**Network** IPA BCBS  
**Note** Referrals in Cancelled status are excluded from these counts

Month Beginning	In-Network	Out of Network	Total
1/1/2014	360	540	900
2/1/2014	478	442	920
3/1/2014	533	402	935
4/1/2014	646	304	950
5/1/2014	702	273	975
6/1/2014	766	229	995
7/1/2014	800	200	1000
Total	4286	2390	6675



# Intelligent Care Coordinator System

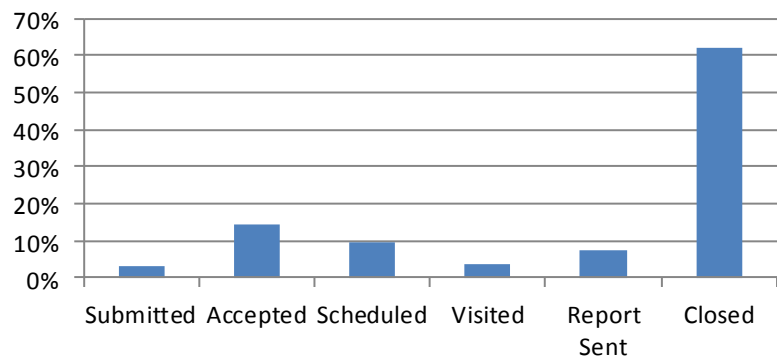
## Sent Referral Status Summary

08/04/2014 at 6:00 PM

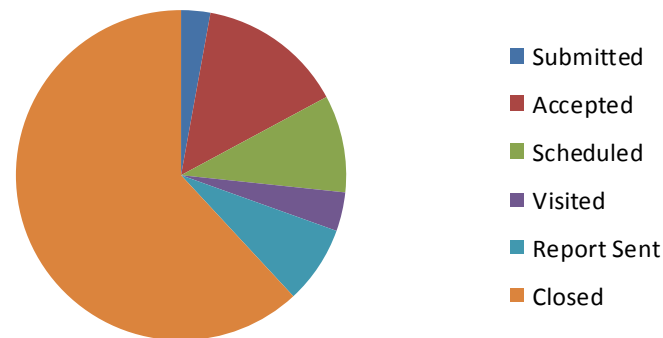
**Period Beginning** 3/1/2014  
**Period Ending** 5/31/2014  
**Referring Practice** ICC Primary Service  
**Referring Provider** All  
**Consulting Practice** Braxton Gastroenterology  
**Consulting Provider** All

Status	Count	%
Submitted	30	3%
Accepted	150	14%
Scheduled	100	10%
Visited	40	4%
Report Sent	80	8%
Closed	650	62%
Total	1,050	100%

### Referral Status



### Referral Status



## In Summary: ICC Addresses Key Priorities

1. Increase Revenue, FFS and VBR
2. Improve Clinical outcomes
3. Maximize VBC Efforts
4. Maintain or create Competitive market advantage



# Thank You!

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