



Geisinger Health System *Controlling Diabetes across an ACO Network*

ABOUT THIS CASE STUDY

This case study highlights the success of a cross-specialty diabetes pilot program, implemented by Geisinger Health System (Geisinger), to help control type 2 diabetes amongst Keystone Accountable Care Organization (ACO) beneficiaries. Geisinger, a member of the Keystone ACO, began to implement the program in early 2019 across Geisinger primary care providers (PCP). Beneficiaries continue to see reductions in their A1C levels, and the program will expand to other chronic conditions and be rolled out to providers throughout the entire ACO network.

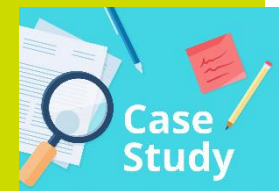
In June of 2019, the **Geisinger Health Plan's type 2 diabetes prevention program earned full recognition from the Centers for Disease Control and Prevention (CDC), making it one of only 20 program suppliers in Pennsylvania to do so.** Full recognition status is reserved for programs that effectively deliver high-quality, evidence-based programming through maintaining participant retention and showing clinical outcomes that meet all the standards for CDC recognition.ⁱ Using interviews with the Geisinger team, this case study details how Geisinger continued its success managing type 2 diabetes within its ACO population.

ABOUT GEISINGER & THE KEYSTONE ACO

Geisinger is a regional health care provider in central, south-central and northeastern Pennsylvania and southern New Jersey. Headquartered in Danville, Pennsylvania, Geisinger services over 3 million patients in 45 counties.ⁱⁱ Geisinger operates as an integrated delivery system (IDS), a self-contained health care ecosystem, including administrators, payers and providers, to manage the entire patient journey and improve not just individual care but the health of its population.

Keystone ACO is a collaboration between Geisinger, Evangelical Community Hospital, Wayne Memorial Hospital and the Wright Center for Graduate Medical Education. It serves more than 72,000 Medicare beneficiaries in the Medicare Shared Savings Program (MSSP). Keystone ACO entered the MSSP in 2013 and transitioned to an MSSP Track 1+ in 2018, qualifying Keystone ACO as an advanced payment model. According to the Centers for Medicaid and Medicare Services (CMS) Benchmark minus expenditures formula, the ACO saved Medicare nearly \$10 million in 2018. Keystone ACO beneficiaries include residents of 41 primarily rural Pennsylvania counties, as well as parts of New York, New Jersey and Maryland.





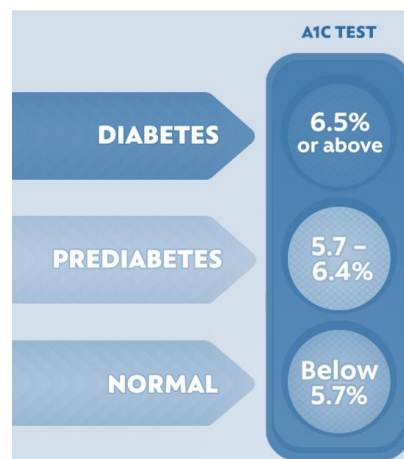
Keystone ACO

In the latest quality report from Medicare, Keystone ACO was more than 90% compliant with CMS quality measures, which includes access for appointments, service by office staff, cancer and chronic condition

screenings, immunizations and appropriate treatment of chronic conditions, such as diabetes and hypertension.ⁱⁱⁱ Within Keystone ACO, 70% of providers are Geisinger PCPs; therefore, Geisinger plays a significant role in the ability of the ACO to provide patients with exemplary, coordinated health care. Geisinger has invested in technology to help drive outcomes, giving providers up-to-date patient information across the ACO network and multiple EHRs.

USING TECHNOLOGY TO TACKLE DIABETES WITHIN THE ACO

Geisinger is implementing a program aimed at controlling type 2 diabetes within its ACO population, utilizing data from nine different EHR domains spanning six EHR vendors. The premise of the program is to develop personalized treatment plans for each patient and improve access to care by addressing and removing barriers to health. Geisinger serves regions that have struggled economically for decades. Many communities have a high percentage of patients living with diabetes, heart disease and opioid addiction.^{iv} The program addresses clinical and genomic factors, while also tackling social and environmental issues to tailor care for each patient, understanding that ZIP Codes can be as important as diagnoses. Geisinger has rolled out the program across more than half its 50 sites and plans to scale the program across its remaining sites in the next few years and, eventually, the entire ACO network.



The pilot program started at the beginning of 2019, and as of November 2019, on average, each site has been able to reduce the A1C over 9, indicating poor control, by more than six percent.^v A normal A1C level is below 5.7%, a level of 5.7% to 6.4% indicates prediabetes and a level of 6.5% or more indicates diabetes.^{vi} Going from an A1C level of 12 to eight makes a huge difference in the health and well-being of patients. A study using claims data from a Health Maintenance Organization (HMO) demonstrated a group of type 2 diabetes patients whose A1C was reduced by just 1% experienced lower total health care costs in the range of \$685 to \$950 less per year compared to patients who had no A1C improvement.^{vii} Beyond cost, such reduction in A1C can delay the development of diabetic complications. Complications can include diabetic neuropathy and diabetic nephropathy, which have the consequence of eventual amputation and reliance of dialysis.

Juliann Molecavage, associate vice president of quality and primary care services at Geisinger, and Greg Strevig, vice president of enterprise analytics care services at Geisinger, stress the importance of investing in the right tools and technology. According to Molecavage and Strevig, part of the success of the Geisinger program can be attributed to providing actionable data to providers using the Cerner *HealthIntent*[®] data and insights platform. Molecavage states, **“If we didn’t have data that was consumable and easily accessible in near real-time, we would not have been able to achieve the program goals.”** *HealthIntent* not only delivers more



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actionable data to providers at the point of care, but it also converts the data into a single source, helping to reduce the amount of toggling between applications. A single data source helps providers spend less time data mining and more time using the insights from the data to better manage patient health and care.

Strevig also notes, “We understand the importance of investing in data and analytics to support the move from fee-for-service [FFS] to value-based care [VBC]. It takes a village to put together and adjust various disparate sources of data, do patient matching and implement a longitudinal clinical rules engine. The *HealthIntent* data and insights platform already has these capabilities. It enables standardization across national benchmarks, reduces the need for duplicate testing, helps improve patient care and enables cost reduction.” According to Strevig, **“We don’t just produce data analytics for people to look over; we set providers up for success with actionable insights.”**

For years, Geisinger struggled to adequately capture and manage data from a multitude of sources, including health information exchanges (HIE), CMS, claims, EHR data and more. “Now, we’re not only bringing in Epic EHR data, but we’re also bringing in non-Geisinger affiliated Keystone ACO data onto the platform,” said Strevig. The platform promotes a more central view of disparate data sources and reporting structures, enabling a broader view of the patient, facility, organization. “From a clinical and operational standpoint, all of the data was fragmented,” said Molecavage. “We needed to look at people longitudinally instead of in a silo or in a payer-specific model. We now know what is, and what is not, working.”



The value of an ACO is provider accountability for care coordination. ACOs use a method termed "attribution," in which a patient is assigned to a provider that ultimately takes responsibility for his or her care. Strevig notes, "The importance of the data provided for the 'attribution file' gives providers an opportunity to keep track of their population down to the individual level. With this type of data, provided by *HealthIntent*, providers can see not only who is coming to the clinic, but perhaps more importantly, the patients who are missing appointments and require immediate attention."

CONCLUSION

As Geisinger rolls out implementation to all Keystone ACO sites, it will become even better able to manage enterprise-class initiatives and translate data into easier-to-adopt best practices and standardization methods for not only diabetes, but also other chronic care conditions. The program works because it treats the patient, not just the condition.

In the coming years, all providers within the ACO will adopt the technology, enabling providers across the network to use standardized best practices to improve the management of chronic conditions, regardless of the EHR in place. **"A data and insights platform like *HealthIntent* helps manage a network as if you operated on one platform, even though you have separate EHRs,"** notes Strevig.



Melody Danko-Holsomback, BSN, RN, interim chief administrative officer of Keystone ACO, said it best: "We have this whole set of history and information on a patient that was not all in one place before. Now, our providers can access the data, look at it and prepare for the patients that are coming in that day. They know exactly with what they're dealing. This kind of data transparency leads to better outcomes. Providers have an idea of what is going on with the patient before even meeting them, enabling them to put together individualized care plans."

eHealth initiative would like to thank the following for their invaluable input:

- Melody Danko-Holsomback, Interim Chief Administrative Officer, Keystone ACO
- Greg Strevig, Vice President, Enterprise Analytics, Geisinger Health System
- Juliann Molecavage, Associate Vice President, Quality & Primary Care Services, Geisinger Health System

ⁱ Requirements for CDC Recognition

<https://www.cdc.gov/diabetes/prevention/requirements-recognition.htm>

ⁱⁱ Geisinger: For Media

<https://www.geisinger.org/about-geisinger/news-and-media/for-media>

ⁱⁱⁱ 2018 Shared Savings Program (SSP) Accountable Care Organizations (ACO) PUF (ACO ID A1552)

<https://data.cms.gov/Special-Programs-Initiatives-Medicare-Shared-Savin/2018-Shared-Savings-Program-SSP-Accountable-Care-O/v47u-yq84/data>

^{iv} About Geisinger, Population Health

<https://www.geisinger.org/about-geisinger>

^v Data provided by Geisinger interviews. Results based on measurements from November 2018 to November 2019

^{vi} All about your A1C

<https://www.cdc.gov/diabetes/managing/managing-blood-sugar/a1c.html>

^{vii} A1C: What It Is, Why It Matters to Contain Diabetes Costs

<https://www.welldoc.com/insight/what-is-a1c/>