Fostering Population Health Improvements with Payer-Provider Collaboration and Big Data

Regional Louisiana health plan partners with Azara Healthcare on chronic disease management for value-based innovation in primary care

THE CUSTOMER

To improve outcomes for its high-risk population, a regional health plan located in Louisiana created a "continuously learning" healthcare program with its physician practices to share more data and coordinate care. The program kicked off in 2013 to support value-based care transformation and currently includes more than 364,000 members and 1200+ providers in Louisiana.

THE CHALLENGE

For their value-based care initiative to be successful, the customer knew its participating practices and providers needed access to actionable and reliable clinical information at the point of care to understand the unique challenges within its chronic disease population. Critical to the health plan was fostering extensive engagement with all stakeholders to identify opportunities for improvement and close gaps in care. Therefore, in addition to claims data, the customer needed to aggregate and normalize data among a significant number of diverse EHR systems spread across participating providers to create a full picture of a patient's entire care journey. Further, it needed to share this data longitudinally as a single population health dashboard to measure performance and provide a strong foundation for integrated care collaboration and improved outcomes.
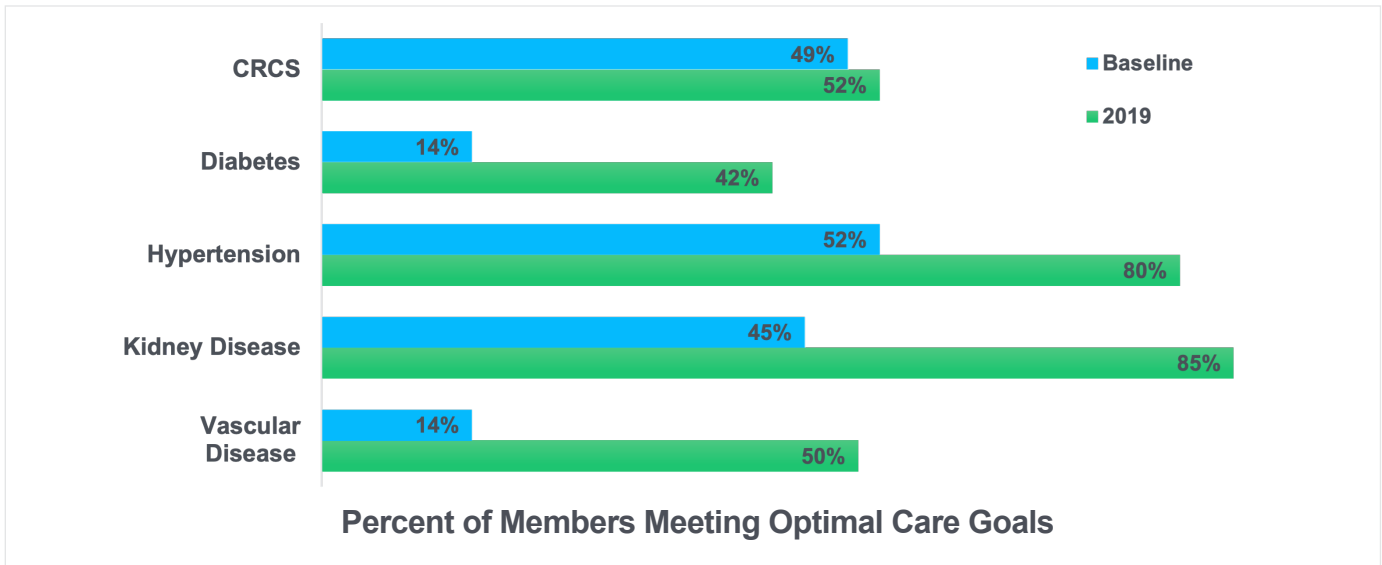
THE SOLUTION

To support value-based care transformation and performance within its quality program, the customer needed a scalable, data-driven population health management tool that could orchestrate and centralize all available patient information. They turned to Azara Healthcare's SaaS-based population health solution to optimize both clinical and claims data to analyze their population, evaluate care and quality management initiatives, and measure outcomes and costs over time for individual high-risk patients and populations.

Azara's robust technology acts as a care collaboration platform and supports the health plan's program participants as they work with practices in a patient-centered approach to care—identifying, managing, and improving the quality and cost of care for their patients.

> "Having a robust reporting package that demonstrates where they are going performance-wise and patient-wise, allows our providers to conduct patient outreach and deliver a truly patient-centric care model that meets program thresholds for chronic disease management including diabetes, vascular, hypertension and chronic kidney disease."
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> **Manager of Care Transformation, Louisiana Health Plan**

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Percent of Members Meeting Optimal Care Goals

	Baseline	2019
CRCS	49%	52%
Diabetes	14%	42%
Hypertension	52%	80%
Kidney Disease	45%	85%
Vascular Disease	14%	50%

THE RESULTS

Azara's Population Health solution provides a critical roadmap for how the right data, used effectively, can help practices in the quality program assume financial risk and responsibility—and succeed in accountable, population health management.

"Azara provides an invaluable tool that lifts the administrative burden off the providers so they can do what they do best," said the health plan's Manager of Care Transformation. "This technology facilitates the team-based collaboration needed for patient outreach and care management into a single tool, utilizing all available claims, pharmacy, lab and clinical EHR data. Now our data is able to move the needle for meaningful outcomes across our practices and the state."

Access to comprehensive data and analytics for proactive chronic disease management has been instrumental in driving effective population health improvements and successful risk-based performance across Louisiana.

From 2015-2019, participating Louisiana physicians have seen a 28% improvement in diabetes management, nearly 30% in hypertension care, 35% in vascular disease care and 40% in controlled kidney disease.

Within the first year of joining the program, participating providers cut total costs of care expenditures by nearly 3%. Additionally, acute admissions dropped 4.2% and pharmacy costs decreased by 1.4%.

"Azara redefines our care model from reactive to proactive by identifying high-risk patients faster, and with more accuracy, so we can focus our efforts where they will have the greatest impact," said Mary Ann Martin, Office Administrator of the Family Clinic Inc., Opelousas.

The Clinical Data Integration Manager of the health plan, said the collection and harmonization of clinical data, in combination with claims data, has been critical to improving chronic disease management in Louisiana. "The EHR data extraction and aggregation of the population health tool from Azara has been key to facilitating the kinds of collaborative care transformation activities needed to drive clinical and fiscal improvements across the state. With the quality program and Azara, we are bridging the gap between patients, payers and providers to work together."

To learn how Azara Healthcare can help empower your organization to improve the quality and efficiency of care for your patients, contact us at: solutions@azarahealthcare.com.

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