Blue Health Intelligence®

CETENT SUCCESS STORY

Data supports therapy provider's claims of lower costs, higher quality

Claims data from Blue Health Intelligence® helped Airrosti show that its methods reduced the total cost of care, limited surgical and high-cost imaging utilization, and minimized episodes of care.

Background

Musculoskeletal conditions represent one of the country's fastest-growing disease categories. According to the United States Bone and Joint Initiative, these conditions account for \$213 billion in healthcare costs per year, impacting more than half the adult U.S. population.¹

Payers and providers have been responding to the challenge posed by this category of disease by focusing on conservative care – prioritizing evidence-based, non-surgical intervention before referring to clinical specialists.

Conservative care is the most sustainable solution to the cost growth associated with musculoskeletal conditions. While some patients will still need surgery, providers who can prevent unnecessary procedures will ensure lower healthcare costs and greater individual quality of life.

Challenge

Airrosti, a provider of conservative care for musculoskeletal conditions, began as a rapid recovery provider for sportsrelated injuries. The company, founded in San Antonio, quickly expanded across Texas when payers recognized the Airrosti model reduced unnecessary surgeries and overall spend for all individuals with musculoskeletal issues, not just athletes.

AIRROSTI

- Cost of care: 44% less
- Surgical utilization: 86% less
- High-tech imaging utilization: 76% less
- Opioid prescriptions: 51% fewer
- Episode length: 60% shorter
- Total episodic costs: 7% less year-over-year for three years

Airrosti wanted to expand outside of Texas and instill a culture of continuous improvement. To meet its objectives, Airrosti leaders utilized data and analytics to improve its care model, manage its providers, and further prove its worth to payers and employer groups. Data from Blue Health Intelligence® (BHI®) helped Airrosti show that its methods reduced the total cost of care, limited surgical and high-cost imaging utilization, and minimized episodes of care.

Claims data comparisons prove Airrosti's care model is effective

Using four years of rolling BHI data, Airrosti determined whether the measures backed up its assertion that its provision of care limited cost and improved quality. The numbers supported the company's story.

Comparing Airrosti claims with de-identified claims data from BHI, Airrosti found the cost of care for individuals whose care was managed by Airrosti was 44% less than the broad network of musculoskeletal episodes. The comparison also found an 86% reduction in surgical utilization and a 76% reduction in high-tech imaging, such as MRIs and CT scans. Airrosti's clients filled 51% fewer opioid prescriptions, and their episodes of care were 60% shorter than musculoskeletal patients managed elsewhere.

¹Nicole Lezin and Sylvia Watkins-Castillo. "The Impact of Musculoskeletal Disorders on Americans – Opportunities for Action." Bone and Joint Initiative USA. 2016. https://www.boneandjointburden.org/docs/BMUSExecutiveSummary2016.pdf "From an outcomes perspective, an 88% injury resolution seems really good, but is it real? Is it playing out in the claims data? Are these patients saying they're better, but then seeking care elsewhere? Or are they saying that they avoided surgery, but then three weeks later they're going to an orthopedic surgeon? Those were all questions that needed answers."

JOHN THRESHER VICE PRESIDENT OF STRATEGY AIRROSTI

BHI DATA FACTS



Unmatched comprehensiveness BHI data has coverage for all settings of care and every 3-digit ZIP code in the U.S.



Continuous enrollment BHI data continuity allows for unique tracking across care settings and over time.



Highest quality and integrity BHI data undergoes four levels of certification, including an independent external actuarial review



Conformed data Single data model from all contributors for data

"We're able to validate our outcomes data with an employer group, a plan sponsor or a payer, and demonstrate the value we can provide," Thresher said.

Thresher also said that the analytics derived from the BHI claims data helped Airrosti prove its place as an acceptable intervention for ACOs and other value-based organizations. It's plain that the Airrosti model improves outcomes and contains costs.

More than proving its mettle as a provider group, the data has helped Airrosti continue improving on its care model. Using BHI data that is updated every six months, Airrosti developed a tool to stratify its providers by disease categories so the company could find both positive and negative outliers in terms of cost, quality, and outcomes.

"BHI's data has allowed us to better manage our care internally," Thresher said. "It's helped us resolve utilization management issues and referral management issues, among other things. Because we have this visibility, we're able to implement some additional efficiencies to continuously drive down total cost of care."

And the effort has borne fruit. Using data to manage issues that could increase utilization, Airrosti has been able to drive down its total episodic costs 7% per year for the past three years. In an era of consistent healthcare inflation, three straight years of reduced costs, high satisfaction rates, and strong patient reported outcomes, shows a commitment to providing high value care.

Having the data to back up its patient reported outcomes has given Airrosti the ability to objectively share the value of the care it provides. "At the end of the day, it's that value validation that gives us the privilege of being included in a number of employer and carrier conversations," Thresher said.

Quality data yields trusted results

Whenever provider organizations decide to utilize data to improve care or reduce costs, one of the first objections raised by executives and providers is the believability of the data. It's important, said Thresher, to work with data and analytics partners with a good reputation.

"Utilizing a solid data source and a quality third-party analysis tool is critical at the outset if you want that data and analysis results to be respected," Thresher said. For Airrosti, claims data from BHI fit the profile it was looking for.

Airrosti will continue to utilize the data for proof of concept, utilization management, and provider management. In addition, it plans to use it to help the company predetermine whether a client is a candidate for the conservative care it provides or if the client needs to be referred to other specialists.

Airrosti has expanded outside of Texas and into Virginia, Ohio, and Washington. Its leaders are confident they'll continue to expand as long as they have data-driven evidence of how they limit the cost and improve the quality of musculoskeletal care.

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