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# Health Care Analytics to Improve Care Quality and Performance for Value-Based Reimbursement

***Steve A. McCalmont***
*Chairman & CEO*
**Avior Computing Corp.**

**CEOCFO:** ***Mr. McCalmont, what is the concept at Avior Computing?***
**Mr. McCalmont:** The fundamental concept is applying analytics to the health care space to automatically engage providers and help them close gaps in care that help improve health care quality and performance for value-based reimbursement from insurance companies.

**CEOCFO:** ***What do you understand on a fundamental level about the topic that perhaps others do not?***
**Mr. McCalmont:** There are many aspects to it. One of the fundamental issues is the health care industry on a whole has struggled a little bit to apply technology and analytics, particularly from an administrative standpoint. What we have done is made a very laser-focused application in to care quality, and we have initially focused in an area of health care that is Medicare Advantage and the Medicare Advantage STAR rating system. We made the application, for lack of better terms, Facebook simple. One of the things that we found is the health care industry at times goes in and uses large, complex portals and other mechanisms to communicate to the physicians in their networks, but they have had limited success. Avior has made the analytics do the heavy lifting and the hard work so the application is incredibly simple and very low abrasion, we get high response rates with the physicians networks.

**CEOCFO:** ***What are the more simple items that you are analyzing and maybe something a bit outside the box?***
**Mr. McCalmont:** The health care industry for multiple reasons is going through a huge metamorphosis, and it is a huge change. The biggest place it is changing is really the relationship between the health care insurance companies and their physicians. The communications are really going through a fundamental shift because the health care industry, through Obamacare and through other pay-for-performance initiatives is really driving to a model where the better, higher quality physicians and physicians groups are getting better payments, higher payments and higher bonuses, and the ones that do not produce the better quality metrics are being paid less. That is the way pay-for-performance health care model is moving, and some of it is being legislated and some of it is just good business practices. The entire market is going to be changing to this value-based model. The place that breaks down is that communications between the payer and the provider. That is where we focus on building a closed loop system between them, and the measures that typical health care providers are measured by is what is called HEDIS, and those measures have been around for many years, and they have been pretty much standardized. What we do is we absorb import HEDIS metrics from our customers HEDIS reporting software, and we run our analytics through them and then make them so that they are very actionable on the behalf of the physician.

**CEOCFO:** ***Would you provide an example?***
**Mr. McCalmont:** For Medicare advantage in particular, there are 22 key measures that relate to things like diabetes care, cholesterol care, colorectal screening and other various areas, but they are very specific measures and they are things that are pretty common knowledge measures. They are also weighted very heavily towards areas like diabetes. Diabetes care is one of the leading indicators of care that effects so many other health issues, so the centers for Medicaid and Medicare have put a strong emphasis on diabetes care.

**CEOCFO:** ***Would your analytics then tell a practice you see 40% of your people are not sent for colorectal exam, or would there be a pop up when a doctor is with a patient to remind them that it is important and it has not been done? What is the physician getting at his/her end that is actionable?***
**Mr. McCalmont:** It is actually both of what you just described. One of the things that we do is we break them down into what we call the three Ps: per provider, per patient, per procedure. A physician, when they are in seeing a given patient, it

is already embedded into their electronic medical record system or into their medical record, essentially a checklist. This patient needs to have a colorectal screening, they need to have a mammography, they need to have A1c test for diabetes, and we do not have their adult BMI. It will give that level of granularity of a checklist because that is the way that physicians work. That is the way their workflow and their daily life is – it is essentially through checklists. They do not want to have to have to log into yet another system or go waiting for the information, or worse yet what we see today is health care insurance companies print out a bunch of reports literally on paper, and they hand them to the physicians. Almost nothing happens with that because it is not actionable. It is not something that is in electronic form that we can manage it as individual tasks.

**CEOCFO:** ***Do most doctors now have a set checklist for what they should be doing with patients with certain conditions? How does your system change what they are doing currently?***
**Mr. McCalmont:** We call them dynamic job aids, and the reason why they are dynamic is that the job aids we provide are essentially tuned to that individual patient. Having a standardized checklist kind of happens in an annual physical-type thing, but you may not know that the person has certain issues with compliancy to certain prescriptions or things like that, and those would be the elements that would show up in our dynamic job aid. Just about everybody gets weighed when they go to the doctor, but sometimes that weight is not automatically posted up to a BMI. If it gets pushed to the our system as supplemental data, they can get credit for that in their HEDIS score, and it is very important. Some of this is a supplemental data problem, meaning the physician has taken care of it, but for whatever reason the HEDIS metrics could not pick it up through their claims, or it is something that genuinely needs to be scheduled like Mrs. Smith, who is a diabetic and has not had an A1C test in over a year. We need to get that scheduled.

**"What I have found is the key is just getting that absolute razor-focused and laser-focused information to the physician in the right way at the right time."- Steve A. McCalmont**

**CEOCFO:** ***How are you able to garner attention?***
**Mr. McCalmont:** It is difficult as an early stage company because what we are doing is ahead of the of the standard way people operate in the industry. A lot of this is trying to be done manually, and that is where it has been breaking down. The only way we can get attention is to go find those health care insurance companies that need to improve the HEDIS metrics of their physician networks and try to show them how our system can add value to their process and quickly improve scores.

**CEOCFO:** ***What has been the response so far when you are able to talk with someone?***
**Mr. McCalmont:** Earlier response is outstanding. When we can get their attention, many times the response is that people did not even understand that this type of system could be built, which is equally problematic because that means that we are out ahead of the marketplace.

**CEOCFO:** ***Is it the ease of use factor that is so important? What have been the challenges in technology in putting together a system that encompasses all that you are able to do?***
**Mr. McCalmont:** Ease of use is clearly one, but a lot of that stems from making sure our system can work into the physicians workflow the way they work, meaning a lot of the systems that have come out in the past, or attempts at doing this, have tried to make the physician work in a different pattern or workflow than they are used to. We modeled ours and made ours flexible enough to fit into their current workflow, so they really do not have to change much of anything.

**CEOCFO:** ***Are you surprised that so few people get that concept?***
**Mr. McCalmont:** One of the biggest issues in health care that I see, and I have been in the enterprise analytics field for over 30 years, is that there is so much information out there that health plans at times feel like they need to dump that information on their providers. It actually has backfired many times, and what I have found is the key is just getting that absolute razor-focused and laser-focused information to the physician in the right way at the right time. They do not want to read a big letter about a patient needing something; they usually throw it away because they do not have the time, but they do respond if there is a dynamic job aid embedded right in their medical record and it is specifically tailored or even generated at the point of care. It is timely, it is real time, it is up to date, and it is a complete checklist that is trackable. The doctor knows that once they check that box and do this, that they have completed that task and it gets closed and automatically credited. They are not going to be hampered by the health plan to complete it.

**CEOCFO:** ***Are you funded for the big push?***
**Mr. McCalmont:** We launched the company on a series A round of funding with individual private investment. We are now out seeking a series B investment from institutional and other investors as well as starting to look for partnerships in the industry or all of the above.

**CEOCFO:** ***Is the investment community understanding?***
**Mr. McCalmont:** The investment community that specializes in health care IT, they understand what we are doing and like what we are doing. The typical venture investor does not understand the value. There are multiple billions of dollars of quality bonus payments that are not being achieved because people have not put in a system like ours, so the market is ripe. It is happening now, and those investors in the health care IT space understand the impact of Medicare Advantage and other ACO models as well as things like medication reviews and HCC hierarchal condition categories and how it effects the overall industry, and they know that the industry is looking for solutions.

**CEOCFO:** ***Put it all together for our readers. Why pay attention to Avior Computing?***
**Mr. McCalmont:** We are best described as a force multiplier or a keystone. We are not, and we do not prescribe to be, the total solution, but we are a key piece of reshaping the whole health care industry. I think one of the biggest things is what I mentioned before that this change is inevitable and it is happening due to legislation and to business models, and in essence, what we do is we make this pay for performance transition easy for both the health plans and providers.

**Interview conducted by: Lynn Fosse, Senior Editor, CEOCFO Magazine**

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# Avior Computing Corp.

**For more information visit:**
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