FIBROBLAST

Case Study:

Reducing out of network leakage and improving access to care at a major integrated delivery network

The Client

One of Fibroblast's clients is a 12-hospital, 150-clinic, 2,200-physician health system operating in Northern Illinois, a fiercely competitive market. The client's mission is to lead in the transformation of healthcare by delivering clinical excellence, outstanding value, and exceptional patient experiences to achieve better health for its patients and its community as a whole.

The client is in transition from fee-for-service to fee-for-value. On the one hand, the system still generates substantial revenue from its fee-for-service business, and thus it is interested in driving certain high-margin procedure volume through its facilities. On the other hand, the health system is the sponsor of a 1,100-physician Clinically Integrated Network (CIN), which manages approximately 250,000 at-risk lives across multiple accountable care and Medicare Advantage contracts. The system is keenly interested in guiding referrals to the highest-quality, lowest-cost providers in its network and limiting certain services that are duplicative or inappropriate. It's a precarious position, yet one that is familiar to hundreds of other similarly situated health systems.

The Client

12 Hospitals

150 Clinics

2.2K Physicians

$2.7B Revenue

"Fibroblast's platform of tools addresses what has been lacking in referral management processes across the country." *- Health System President*

The Client's Challenges

Out-of-network patient leakage (sometimes called "non-domestic utilization" or "out-migration") posed a serious threat to the health system's long term viability. The system retained a mere 44% of patient referrals within its provider network, resulting in millions of dollars of lost revenue each year, poor patient outcomes, and an erosion of the health system's competitive position in the market.

Second, although the client's network was clinically integrated, it was far from cohesive, aligned, or data-driven. The client's CIN referral patterns were not based on clinical outcomes, cost, quality, or clinical affiliation; rather, they were based on personal relationships among the providers. The client had no mechanism to measure an individual provider's level of alignment with the health system and guide referrals to the most closely aligned providers. Further complicating matters, the CIN providers used more than 24 different EMR systems, none of which were interoperable, making it nearly impossible to coordinate care across the CIN or track referrals in a scalable, efficient way.

> **"We have a clinically integrated network, but I wouldn't describe its doctors as aligned. Other than trailing claims data, we have no way of knowing who is referring to whom, or why."**
>
> *- Health System Chief Medical Officer*

The client struggled with leakage primarily for two reasons. First, the client had no real-time visibility into its network referral patterns. Although it used a popular market analytics tool to analyze claims data, the information the analytics tool provided was incomplete. It only provided insights into the care that was actually delivered to patients, it did not help the health system understand care that ought to have been delivered: the tool was devoid of information on more nuanced aspects of patient leakage, like patient no shows, appointment cancellations, gaps in care, and inaccurate billing. Moreover, the tool's analysis was untimely--it analyzed claims that were 90 to 180 days old, making it impossible for the health system to take timely corrective action. The client realized that data alone was insufficient to solve its leakage challenges. The health system needed a referral management tool to make its leakage data actionable.

The health system spent a year working through solutions of its own, from holding town hall meetings with employed and aligned physicians to discuss referral patterns, to distributing individual provider referral report cards. Nothing worked. So the health system turned to Fibroblast for help.

Fibroblast's Solution

Fibroblast automates the referral management process by empowering providers and their administrative staff with an easy to use, end-to-end referral management platform. Fibroblast's secure, HIPAA-compliant platform enables office staff to source referrals and schedule provider appointments at the point of care. Fibroblast can be used as either a standalone solution, or tightly integrated with existing EMR, PM, eMPI, analytics, or disease registry systems. Fibroblast's proprietary, intelligent, patient-provider matching algorithm takes into account a variety of variables to guide referrals to the most appropriate in-network providers delivering the highest-quality, lowest-cost care. For business, strategic, and clinical leaders, Fibroblast provides a robust set of reporting and analytics tools that track network leakage, map referral patterns in real time, and report KPIs. By closing the referral loop, Fibroblast prevents patient leakage, increasing revenues for fee-for-service organizations and lowering risks and costs for value-based care organizations. Patients benefit from better service, higher rates of follow up, and improved overall care coordination.

Because Fibroblast is a hosted solution (or software-as-a-service) Fibroblast can be implemented in as few as six weeks, with minimal involvement from a provider client's IT department.

The Results

Impact

Referral Velocity

27%

Faster than national average

Time elapsed from sending to accepting a referral, as a measure of patient access to specialists

Network Growth

73%

Network growth between PCPs and specialists grew 73%; this indicates viral growth and organic referral mapping in early release cohort

Network Loyalty

37%

Fibroblast realigned referral patterns by shifting 37% of referral volume from loosely aligned to employed and clinically integrated providers

Authorization Efficiency

74%

Reduced time for authorization of a referrals sent to Referral Coordination Department by 74% to 1.8 days from a pre-Fibroblast average of 7 days

Revenue

$18M

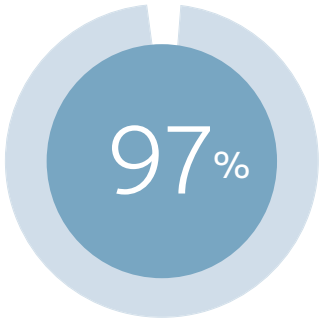
Fibroblast enabled the Health System to capture $18 million in a forecasted incremental revenue

Utilization

Inappropriate Referrals Rate

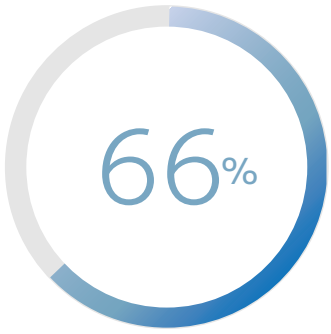
Only 2% of referrals were resolved as inappropriate, compared to national average of 27%

Closed Loop Referrals



97% of referrals sent were resolved by recipient provider

Care Coordination Participation



66% of referrals sent contained two-way care coordination communication between sender and receiver providers