



Continuum Integrated Care Solutions

Helping providers improve patient population health and thrive under value-based care

Physicians are at the forefront of improving the overall quality of care across the country. While the tools at their disposal are helping them to make healthcare better, there's no silver bullet that addresses all the challenges physicians face.

It takes more than technology to make healthcare work: it requires human ingenuity and hard work. Continuum's clinical and business professionals use their expertise and intelligence to tackle challenges head on, and create innovative solutions for an evolving value-based environment. We don't just advise from afar; we work alongside your teams in close collaboration to move ideas into action.

By harnessing the power of data, maximizing patient engagement, improving practice workflows, implementing best practices, strengthening payer relations, and optimizing the utility of existing tools and technology, Continuum Health helps provider organizations make the right kinds of choices to drive current and future success. Our services include:

DATA ANALYTICS & INSIGHTS



Providers and other key stakeholders need data to be informed about their success or failure. Covering claims data from multiple payers and clinical data to create network level of care management information, our analytic solutions provide actionable insights to keep providers informed of their progress.

MEDICAL MANAGEMENT



Our clinical care coordination is built to offer a value-added care plan benefit that meets the needs of providers, regardless of how their business is organized. We also drive effective practice transformation through best practices that span complex systems of care, risk control initiatives, and patient engagement opportunities.

PAYER STRATEGIES



We work closely with payers to help enroll and empower independent physicians under value-based contracts. We also use our deep industry relationships to develop strong healthcare networks, thanks to our experience supporting accountable care organizations (ACOs), and building clinically integrated networks (CINs).

TECHNOLOGY PLATFORM



We offer an optional, fully supported technology platform featuring an EHR solution with 4,000 specific content templates, electronic prescribing, patient portal, value-based decision-support and gap closure, care management and reporting capabilities.

OUR APPROACH

We teach providers and their staff how to drive successful outcomes by:

- Supporting the development of strong clinical leadership
- Providing decision and patient support technology to empower high quality care
- Empowering providers to spend more time with patients through top of license training and redefined clinical workflows
- Improving care coordination for all patients, with a focus on higher risk and rising risk populations
- Capturing more payments by successfully transitioning from fee-for-service (FFS) to value-based care (VBC)
- Gaining access to additional value-based contracts and succeeding under new payment models including pay for performance, shared savings, bundled payments, capitation, full risk and more.
- Developing better strategies by interpreting and analyzing data to identify key cost and utilization trends, clinical gaps, and areas for improvement
- Strengthening payer-provider relations to create new, collaborative opportunities

Continuum VBC Program Distribution & Management Case Study

A Payer-Provider Collaboration Reduces Total Cost of Care by 11.4%

A major payer collaborated with Continuum Health to create a new commercial value-based program. Unlike other shared savings programs, the payer engaged Continuum to recruit and organize independent providers into the program, and support them through a range of services, including:

- Program administration
- Provider engagement
- Member attribution
- Practice transformation coaching
- Analytics and reporting using claims data to develop cost of care strategies
- Care coordination for high risk and rising risk patients

At the end of Year 1, participating providers delivered:



15% Reduction in Admits per 1,000



10.5% Reduction in the PMPM trend



15% Reduction in ER Visits per 1,000



11.4% Reduction in Total Cost of Care



Achieved Quality Measures

As a result, the payer has expanded the program to include Managed Medicaid members. In Year 2, membership grew by 500% and all participating providers within the state are on track to produce significant wins for providers, payers and patients.



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