In August QualCare, a hospital-owned managed care organization based in Piscataway, N.J., completed a three-year technology upgrade that would allow it to meet the data needs of its provider organizations. The technology upgrade was an effort to strengthen its support for accountable care organizations (ACOs) through its Health-Lynx subsidiary, which was formed in 2012.

Broadly, QualCare provides health plans across a network of more than 100 acute, specialty and rehabilitation hospitals and more than 31,000 physicians and other providers to more than 800,000 patients. It is also has a strong presence in the ACO market, according to Karthik Ganesh, QualCare’s executive vice president and CIO, who notes that the company provides back-office and analytic functions for the Morristown, N.J.-based Atlantic Accountable Care Organization, one of the largest ACOs in the nation.

Speaking of the reasons for the technology upgrade, Karthik says QualCare saw a need to “seamlessly exchange data with many external entities—from hospitals to pharmacy benefit managers, labs, health information exchanges, behavioral health organizations and others—and to manage patient data in a holistic way.” He says the organization needed a “more flexible, nimble IT Infrastructure.”

To that end, it worked with Microsoft Corp. to create a private cloud environment in redundant datacenters in two New Jersey locations and, on the software side, to provide a business intelligence platform to load, organize and sort healthcare data. One of the benefits of the private cloud infrastructure that has been implemented is its ability to keep the data of its various healthcare providers separate from each other. “Each ACO has its own set of applications, its own data warehouse, that’s completely separated from the other ACOs, as well as completely separated from all the commercial data,” he says. “That was a big driver for our private cloud move.”

Regarding ACOs, Karthik notes that “Everyone has woken up to the fact that it is all about arming primary care physicians with more information.” He says that time-pressed primary-care physicians are being challenged in their role as the patient’s “quarterback of care.” Part of the mission of the IT upgrade was to maximize the PCP’s time to spend on patient care, by putting information about the patient at the physician’s fingertips.

Among the software developments that took place during the three-year infrastructure rollout is a physician portal that provides patient data at the macro-level data, with the ability to drill down into the practice and provider levels. The portal, which was developed with physician input, is available on a mobile computing platform. The data that is presented on the dashboard is based on Johns Hopkins Adjusted Clinical Groups (ACG) System, which it uses for risk stratification and risk modeling, and provides information to the PCP about risk levels the patient population.

One benefit of QualCare’s approach with the patient portal, in Karthik’s view, is that it provides what is needed without overloading the physician with excessive data. “It takes four or five key data points and arms the PCP to be consultative and to be a true quarterback,” he says. He says the dashboard, which was launched in 2012 to both Medicare ACOs and commercial ACOs, has been adopted by about 20 percent of the physicians, and has a positive impact on better outcomes.

Karthik says the dashboard provides a “comprehensive, 360-degree” view of the patient. It brings in medical, pharmacy, behavioral health, laboratory, health risk assessment, biometric and workers
compensation data, as well as clinical data from electronic medical records when available. Using the Johns Hopkins ACG model, it provides both the risk score as well as predicted costs of patient populations. In addition, “We offer a host of drilldown and slicing and dicing capabilities to our clients to drive population analytics,” he says.

As a separate service, Qualcare assists ACOs with the Centers for Medicare and Medicaid Services’ (CMS) Group Practice Reporting Option (GPRO) participation. It provides ACOs with chart reviews; and it has a data collection tool based on collection of physicians’ responses to questions on quality data. The information is packaged and uploaded to CMS. In his view, many EMRs are not yet ready to support GPRO, which became effective in 2010.

**How the Atlantic ACO Supports Better Patient Care**

One ACO that has implemented the physician portal is the Atlantic ACO, which was launched in April 2012. The ACO, which has used QualCare as its intermediary with CMS since the ACO’s launch, is a participant in the Medicare Shared Savings Program (MSSP) and has since extended its reach to commercial payers as well.