BHI Data Supports Therapy Provider's Claims of Lower Costs, Higher Quality



Claims data from Blue Health Intelligence® (BHI®) helped Airrosti prove its AIRROSTI* 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.

Challenge: Demonstrate Value of Airrosti Care Model

Airrosti, a provider of conservative care for musculoskeletal conditions, began as a rapid recovery provider for sports-related 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 wanted to expand outside of Texas and instill a culture of continuous improvement. To meet its objectives, Airrosti's leaders needed data and analytics to improve its care model, manage its providers, and further prove its worth to payers and employer groups.

Claims Data Supports Airrosti's Claims

Comparing Airrosti claims with four years of rolling deidentified 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.

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

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

BHI Claims Data Helps Airrosti with Care Management

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 the total cost of care."

And the effort has borne fruit. Using data to manage issues that could increase utilization, Airrosti has been able to reduce its total episodic costs by 7% per year for the past three years.







Having the data to back up its patientreported 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 the data and analysis results to be respected," Thresher said. For Airrosti, claims data from BHI fit the profile it was looking for.

Moving Forward

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.

"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 VP of Strategy, Airrosti



GAIN TRACTION

Airrosti leaders needed data and analytics to improve its care model, manage its providers, and further prove its worth to payers and employer groups.

VERIFY OUTCOMES

Airrosti compared its claims against four years of rolling deidentified claims data from BHI to prove how its model improves outcomes and contains costs.

VALIDATE CLAIMS

Study results helped Airrosti show its methods reduced the total cost of care, limited surgical and high-cost imaging utilization, and minimized episodes of care.

ONGOING VALUE

Airrosti is continuing to use BHI data to help refine its care model and identify additional ways to improve efficiencies and reduce cost of care.

Want to learn how health data and analytics can power real-world evidence? Contact BHI today to discuss real-world data, linking, and partnership opportunities.



