

Q3 2024

Performance Report

Prepared for

Oyster Regional Medical Center

Performance Summary

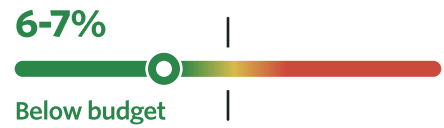
Use the metrics below to understand how your practices is currently tracking across high level program performance metrics.

Estimated Budget Forecast

This estimate illustrates how your total medical expenditure (spend) measures against the budget Medicare allocates to your practice.

Tracking below budget

Your practice is forecasted to end the year 6-7% below budget.



You're forecasted to receive \$65.4K in shared savings

Quality Measures

25.5

Unplanned Admissions

on track Goal: below 28

78.3%

Timely Follow-Up

at risk Goal: above 85%

15.5%

All-Condition Readmission

at risk Goal: below 14%

Earn Back Opportunity

ACO REACH applies a 2% quality withhold to your budget, which you can earn back by meeting your quality measure goals. By hitting each target, you're increasing your chances of achieving shared savings.

Pearl Network Rankings 🏆

See how your performance ranks among your peers

Measure	Pearl Network Ranking
Discharge Follow-up	60-70%
Preventable Admissions	50-60%
Preventable ED Visit	80-90%
Chronic Care Management	80-90%
AWV Completion	80-90%



Sybil from the Customer Success Team

It's time to schedule your consult!

We'll provide personalized support and guidance as you navigate this report and implement recommended strategies.

[Schedule Now](#)

**The preliminary trends reflected in information currently on hand are not necessarily predictive of full-year MLR or shared savings/ shared loss performance, and actual performance year results may vary materially from this projection. The projection is an estimate, solely meant to be an illustrative extrapolation based on available data and not an indication of performance year results.*

Practice Goals

Specific areas of high value opportunity for your practice. Utilize the guidance below to work towards achieving your goals.

Keep Improving

Discharge Follow-up

Following up with patients after an inpatient event improves patient outcomes, improves quality measures, and controls costs.

45.0%

63 of 140 alerts

Goal 90% or more

Take Action Respond to transition of care alerts in the pearl platform to **schedule post-discharge follow up appointments**

Resource [Post-Discharge Toolkit](#) [PDF]



Sujai from the Customer Success Team

Improve Post-Discharge Care with Pearl's Patient Texting Service

Engage patients after an acute event and increase post discharge outreach by participating in Pearl's patient texting service.

Get Started

Keep Improving

Preventable Admissions

Preventing avoidable admissions keeps patients healthy, improves quality measures, and controls costs.

44.2%

38 of 86 alerts

Goal 90% or more

Take Action Respond to Potentially Avoidable Admissions alerts and **schedule a new appointment** or check in to discuss patient goals and barriers to care.

Resource [Urgency Reason Alerts: Preventable Admissions](#) [Course]

Keep Improving

Preventable ED Visit

Preventing avoidable ED visits keeps patients healthy, improves quality measures, and controls costs.

70.4%

38 of 54. alerts

Goal 90% or more

Take Action Respond to Preventable ED alerts and **schedule a new appointment** or check in to discuss access and what to do when they are sick.

Resource [Preventing Avoidable ED: Clinician Explanation](#) [Video] [Urgency Reason Alerts: Preventable ED](#) [Course]

Keep Improving

Chronic Care Management

Proactively checking in with high risk patients keeps them healthier, improves quality measures, and controls costs.

84.8%

123 of 145 alerts

Goal 90% or more

Take Action Respond to Chronic Care Management alerts and **schedule a new appointment** or check in to discuss patient goals and barriers to care.

Resource [Urgency Reason Alerts: Chronic Care Management](#) [Course]

On Track 🎯

AWV Completion

Completing AWVs helps patients make a plan to keep them healthy. AWVs also help improve your budget accuracy by capturing chronic conditions to bill to Medicare.

87.1%

454 of 521 alerts

Goal 65% or more

Take Action Respond to AWV alerts and **schedule a new appointment.**

Resource [Annual Wellness Visit Toolkit](#) [PDF] [Urgency Reason Alerts: Annual Wellness Visits](#) [Course]



Evan from the Customer Success Team

You're eligible for an EHR integration to improve benchmark accuracy

This integration connects Pearl's Conditions to Review feature — which surfaces chronic conditions coded for a patient in past years, but not yet diagnosed for the current year — directly in your EHR during a patient visit.

Get Started

Our Customer Success team will support you and problem solve with you to find solutions that work for your practices.

- Navigate your report and review drivers of spend
- Explore workflows and share best practices from our network
- Connect you with Pearl industry experts and resources
- Platform training and support

[Schedule Your Consult](#)

Warm Regards,



Your Customer Success Team

Additional Resources

I want to learn more about	How to succeed	Resources
<p>How I can improve my performance in ACO REACH</p>	<p>Your performance report provides unique goals that are curated to help you focus on the most high impact areas of patient care. Focus on the patients opportunities within these goals to reduce preventable admissions, readmissions, and to improve patient outcomes.</p> <p><u>Schedule a call with the Customer Success team for an in depth review of your opportunities.</u></p>	<p>Pearl's Pillars of Performance Module</p> <p>Performance Management at Pearl Module</p> <p>The Pearl Platform: Managing Your Patient Panel</p>
<p>Managing transitions of care and following up with patients after a discharge.</p>	<p>Helping patients stay healthy at home and avoid readmissions is best achieved by prompt phone outreach followed by a transition of care visit after a patient is discharged from the hospital.</p> <p>Review the Post-Discharge Toolkit and the Pearl Academy Post-Discharge Training to learn more about these workflows or for tips to incorporate new best practices into your existing workflows.</p>	<p>Urgency Reason Alerts: Admission, Discharge, and Transfer (ADT) Alerts</p> <p>Post-Discharge Toolkit</p>
<p>Keeping my patients out of the hospital and the emergency department</p>	<p>The Pearl Platform identifies patients at risk for unplanned admissions and unplanned visits to the ED. Check in with these patients to discuss symptoms, ensure they have access to care, and clarify when to visit the ED versus your office.</p> <p>Review the Pearl Academy Preventable Admissions Signal Training to learn more about these workflows or for tips to incorporate new best practices into your existing workflows.</p>	<p>Preventable Admissions Module</p> <p>Urgency Reason Alerts: Preventable ED</p> <p>Preventing Avoidable ED: Clinician Explanation</p>
<p>Managing patients with chronic conditions through care management and care planning.</p>	<p>The Pearl Platform surfaces signals for patients that are eligible and would benefit from Chronic Care Management. Check in with these patients and establish goals for their health, review chronic conditions, and make a plan to reach their goals.</p> <p>Review the Pearl Academy CCM Training to learn more about these workflows or for tips to incorporate new best practices into your existing workflows.</p>	<p>Chronic Care Management Module</p>
<p>Annual Wellness Visits</p>	<p>To improve AWV completion, prioritize scheduling appointments early in the year. You can also transform upcoming appointments to AWVs.</p> <p>Review the Pearl Academy AWV Training and the AWV Toolkit to learn more about these workflows, why AWVs are important, and for tips to incorporate new best practices into your existing workflows.</p>	<p>AWV Toolkit PDF</p> <p>Urgency Reason Alerts: Annual Wellness Visits</p>