Case Study: Accountable Care Organization Realizes Efficiencies
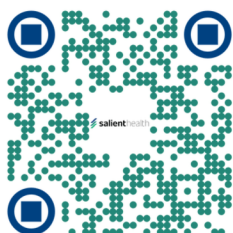
A high-performing ACO serving approximately 13,500 Medicare beneficiaries across rural and remote communities partnered with Salient Health to enhance decision-making, improve patient outcomes and strengthen performance under value-based care.

At a glance

- 13,500 Medicare beneficiaries
- 9 critical access hospitals
- 20 rural health centers
- 2 independent practices
- 1 federally qualified health center

Key Takeaway

By unifying data and making insights part of daily operations, Salient Health helped the ACO accelerate decisions, improve care, lower ER visits and deliver stronger value-based financial results.

THE CHALLENGE ⌄

The ACO faced siloed data, dispersed locations and staffing constraints, making it difficult to manage performance, track quality measures and ensure accurate patient attribution. They needed a single, trusted solution to bring everything together and support faster, more confident decisions.

THE APPROACH ⌄

A Consultative Partnership
Salient Health partnered closely with the ACO to understand its environment, challenges and goals. Together with the ACO, Salient Health streamlined data, aligned decision-makers and delivered timely insights through a flexible solution designed to evolve with the organization.

THE PROCESS ⌄

After a brief implementation, the ACO quickly saw results. Data from multiple systems was brought together and enriched for accuracy, while clear visualizations made trends easier to explore and understand. Leaders could pinpoint root causes behind performance shifts & insights were integrated into daily workflows to drive confident, consistent decisions.

THE OUTCOME ⌄

Organizational Impact
Decision-making cycles dropped from weeks to days, with real-time data driving strategy and stronger alignment across departments.

Clinical Impact
Improved quality measure adherence and proactive outreach reduced care variation, prevented unnecessary ER visits and boosted patient retention.

Financial Impact
Consistently met value-based targets, reduced waste with fewer tests and readmissions and protected reimbursement through improved documentation.

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