McKesson Risk Manager™ offers actionable clinical and financial intelligence to providers taking on risk-based contracts
McKesson Risk Manager™ for Providers

Helping you successfully manage changing payment models while improving the quality and cost of care

As providers assume risk for the cost and quality of their patients’ care, they need tools to understand and manage that risk. You can’t manage what you can’t measure — and managing risk is what being clinically integrated is all about.

We can supply the healthcare analytics tools your providers need to better manage the clinical and financial risk associated with value-based contracts. McKesson Risk Manager™, our financial risk management solution, goes beyond simple reporting capabilities. It can help you:

- Identify opportunities for cost and quality improvements within populations and for specific patients
- Reveal gaps in care and proactively intervene to improve outcomes
- Optimize evidence-based drug substitution workflows
- Improve healthcare efficiency and effectiveness
- Manage and mitigate the clinical and financial risk of your patient populations

McKesson Risk Manager is a cloud-based solution that helps you address a broad spectrum of cost and quality challenges, from population assessment and provider profiling to performance and provider management:

- Case-mix adjusted physician efficiency reporting
- Episodic-based resource utilization
- Generic prescribing patterns and formulary compliance
- Pay-for-performance (P4P) program management
- Patient risk identification and stratification
- Population health management and outreach
- Point-of-care decision management
- Healthcare Effectiveness Data and Information Set (HEDIS®) and Integrated Healthcare Association (IHA) quality-measure compliance
- Network leakage and more

Why choose McKesson Risk Manager?

McKesson Risk Manager provides robust analytics and reporting for your risk-based contracts, so you can focus on delivering better, more efficient care. Robust healthcare analytics translate into better health for your business and for your patients.
Physician profiling, including risk-adjusted efficiency profiles for primary care providers (PCPs) and specialists, can help you overcome any “my patients are sicker than yours” discussions. The solution also provides quality, utilization and prescribing profiles with the necessary detail to help you identify specific opportunities for improvement.

Predictive modeling with patient profiling capabilities can stratify patients by projected costs, identifying those most likely to be high utilizers of medical services. You can then select likely patients for care management programs to help mitigate costs.

All-in-one reports go beyond electronic health records to provide a consolidated view of an individual patient’s risk, utilization and clinical data, so you can take action at the point of care to improve compliance with care guidelines.

Likelihood of hospitalization reports help you identify those patients with the greatest risk of hospitalization, providing your physicians and care teams with opportunities to prevent avoidable admissions.

ED frequent flyer reports help you identify patients for proactive care management and education programs. Encouraging patients to receive care in appropriate settings can help you improve both the quality and cost of care for that patient.

Quality profile reports display quality metrics for each population so you can identify patients with gaps in care. Care managers can use these reports to schedule screenings and preventive care.

Quality performance reports help you identify opportunities to improve performance scores and reduce costs at the physician, practice and network levels. These reports include the Healthcare Effectiveness Data and Information Set (HEDIS®) and Integrated Healthcare Association (IHA) quality measurement and reporting activities, which are often used as the basis for P4P and other incentive programs.

Quality intervention workflows can be used to send letters, alerts and reminders to both physicians and patients. For example, you can identify which members are due for a screening by year’s end and proactively engage physicians and patients to complete the screening.

Drug substitution programs enable you to develop customized drug substitution campaigns designed to help improve patient prescription regimens, increase generic utilization and formulary compliance, boost incentive payments and reduce costs.

Pay-for-performance management capabilities help your physicians to track their P4P scores, helping them to continuously improve patient care and meet incentive payment goals.

The right care at the right time and place
McKesson Risk Manager puts actionable healthcare analytics at your fingertips, helping you work with other providers to deliver high-quality care at lower costs. By analyzing registries, utilization, and network-, member- and claims-level data, providers can quickly see how to more effectively address chronic conditions and gaps in care. McKesson Risk Manager supports better communication with your caregivers about risk management issues and offers clinical decision support so you can deliver the right care at the right time and in the right care setting and avoid deviations from optimal practice patterns.
Contact us
Let McKesson’s population health and risk management solutions support you with the tools, services and field experience required to understand your patient populations as you manage a clinically integrated network or evolve into an accountable care organization. For more information, please contact your account executive.