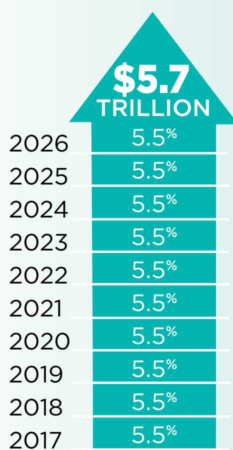
Health Insurance Organizations
Need Critical Data to Thrive



National health spending in the United States is projected to grow at an average rate of 5.5% per year through 2026, reaching $5.7 trillion by 2026. While rising prices of medical goods and services and greater disposable personal income are partially to blame, increasing healthcare costs are also a leading contributor.

The Centers for Medicare and Medicaid (CMS) along with the Office of the National Coordinator for Health IT (ONC) have continued to focus their policy levers to provide incentives for greater sharing of health information and to move more patients into value-based care arrangements, such as Medicare Advantage, Accountable Care Organizations, and Medicaid Managed Care Organizations to improve outcomes and lower the cost of care.

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Chapter 1:
Partnering with Providers on Clinical and Financial Health of Members

Arrangements between Medicare Advantage (MA) plans and commercial health plans and their provider networks are increasingly risk-based, as both government and commercial payers try to control healthcare spending by trying to improve provider network performance, care quality, and overall outcomes. While the specific initiatives implemented by various health plans vary, the overall goals are universal: **Reduce unnecessary use of services and costs, focus on preventive care and early intervention, and provide quality care coordination and care management.**

The push toward value-based care has amplified the need to achieve these goals, with health plans looking to better understand the patient holistically: clinical, behavioral, social, and financial factors can all inform health and care. Traditionally, health plans have worked solely with claims information, or the billable interactions between insured patients and a healthcare delivery system, to aid their strategies. Now, these organizations must expand their view, and overall understanding, of the patient by taking advantage of the clinical information residing in the patient health record.

Chapter 2:
Why Clinical Data is Crucial in a Value-Based World

Health plans increasingly grapple with cost constraints, compete for providers in their network, and strive to make the transition to risk-based and value-based models. Without having a comprehensive view of the patient made possible through clinical data, organizations are at a significant disadvantage. There are a myriad of reasons for health plans to seek access to clinical data, particularly as the industry shifts to a value-based model.

REAL-TIME DATA ACCESS TO ENHANCE PERFORMANCE AND STREAMLINE REPORTING

Value-based programs reward healthcare providers with incentive payments for the quality of care they provide. Health plans are held accountable for the quality of care delivered against pre-defined measures through the use of Healthcare Effectiveness Data and Information Set (HEDIS), CMS STARS and state-specific criteria.

> In a 2018 article in HealthPayer Intelligence a number of leading health plans cited the benefit of moving to value based care – citing that these models improve care and create savings opportunities.[1]

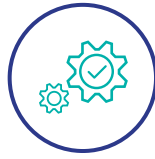
[1] Source: https://healthpayerintelligence.com/news/payers-see-cost-quality-gains-with-value-based-payment-models

Health plans also look to clinical data to help close coding gaps under risk-based contracts with CMS. Because claims often under-represent health status for things like comorbidities or missing diagnoses, the ability to more succinctly capture the acuity from the clinical data will directly affect the actuarial calculations involved in rate settings, and can ultimately drive revenue.

Improve care coordination. Effective care coordination between health plans, provider networks, and members is a core pillar of value-based care efforts. When health plans have a better understanding of the current health status of their members, where they seek treatment, and what care tactics are taking place in real time, they are in a much better position to drive care and cost improvements. For example, health plans can more effectively coordinate with their provider network to close care gaps, reduce or eliminate test and treatment duplications, and intervene in patient care sooner to keep hospital utilization — and the medical bills that come with it — down.

Enhance network performance. Similar to the fee-for-service world, value-based care success is dependent on the success of its provider network. To fuel network success, the health plan must have the ability to share timely and comprehensive information with its providers. When the health plan has access to a patient's data that spans across the provider network, they have the ability to help their care teams better understand how they're doing against goals, and drive better network performance overall.

A recommended approach is to generate bottom-up change by improving provider performance through tools, processes, and information from the payer to the provider. The use of dashboards and benchmarks to track key performance indicators and to see where real-time improvements can be made is also highly recommended.



Achieve operational efficiency. This is a critical reason to enhance health plan access to clinical data. If health plans use clinical data, they can rethink the ways they do business. Health plan business processes were traditionally built around claims data, and as a result, were restricted by that data's limitations, such as its lack of timeliness and clinical details. If those processes were designed today — with clinical data as the driver — the opportunities for business transformation through advances in automation, rules-based processing, and continuous performance monitoring would be bountiful. For example, prior authorization is an incredibly cumbersome process for the payer and the provider, with hours often spent getting approval from health plans to cover medications and medical procedures. Process automation as a result of implementing a clinical data strategy saves time, money, and resources and is a huge value- add to the entire network. Recent findings from Chilmark's 2017 "Tackling Prior Auth" report also confirmed that addressing payer/provider friction allows the two entities to collaboratively measure and manage care to meet common goals, and establishes the beginning of a shared ecosystem that can be leveraged for additional convergence of technology applications and services.

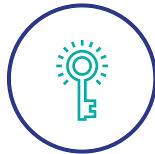
A recent InterSystems Clinical Data Survey revealed that more than one-fourth of health plans surveyed currently have a value-based contract with the state in which it is located. The same survey found that more than 80% of payers believe that key operational functions, such as clinical management and quality and compliance, could benefit from adding clinical data to their overall strategy. This validates the importance of interoperability platforms. For payers, the ability to efficiently create a unified health record from a variety of data sources increases their ability to understand the key measures they need to meet, as well as how they fare under their value-based contracting arrangements in a more timely manner.

To stay competitive in the value-based world, incorporating clinical data into the health plan strategy is critical. Next, we'll explore the core benefits of granting clinical data access to health plans and how it drives success under pay-for-performance models.

Chapter 3:
Partnering with Providers on Clinical and Financial Health of Members

The benefits of health plan access to clinical data are extensive. Here are a few reasons why implementing a clinical data strategy is advantageous:

Timeliness
Claims data and reporting typically take longer to process than clinical data. Health plans' ability to access timely clinical data allows them to respond, and take any necessary action, sooner.



Acuity
The health plan will inherently have a better understanding of the care situation when there is more extensive patient background information available, such as a family history of stroke or diabetes. This complete level of detail is found within clinical data, while claims data only has limited clinical information, such as procedure codes, diagnosis, and lab test orders.

Clinical results
When looking for specific clinical results, such as those from a blood pressure or A1C test, claims data does not provide granular details around a specific care episode or touch point.

According to InterSystems Clinical Data Survey, the vast majority of health plans surveyed want to share clinical data with their provider networks as a part of a broader value-based contract strategy; 97% of those surveyed rated clinical data-sharing as an important priority under value-based contracts. However, the results also found that individual health plans differ in their ability to collect and store clinical data within their network. While 43% noted that they are moving forward with a clinical data strategy, the majority of health plans receive only fragmented pieces of health data from a variety of sources and lack a comprehensive, member-centric view.

DOES YOUR ORGANIZATION HAVE A DEFINED CLINICAL DATA STRATEGY?

> "Claims can tell you if the patient had a diagnosis of hypertension within the measurement period. That's what claims do really well: identify an event. However, to determine if that patient's blood pressure was controlled involves one of the following manual processes: an onsite visit to perhaps multiple sites of care, and then reviewing the chart; remote access to the chart with permission; or having the provider upload or fax the relevant information to a portal. What if the health plan had access to the clinical data and could review the value in real time to inform the calculation? Not only would the health plan and the provider have current information about how they are performing on a measure, they can intervene if they see the trend going up and down."
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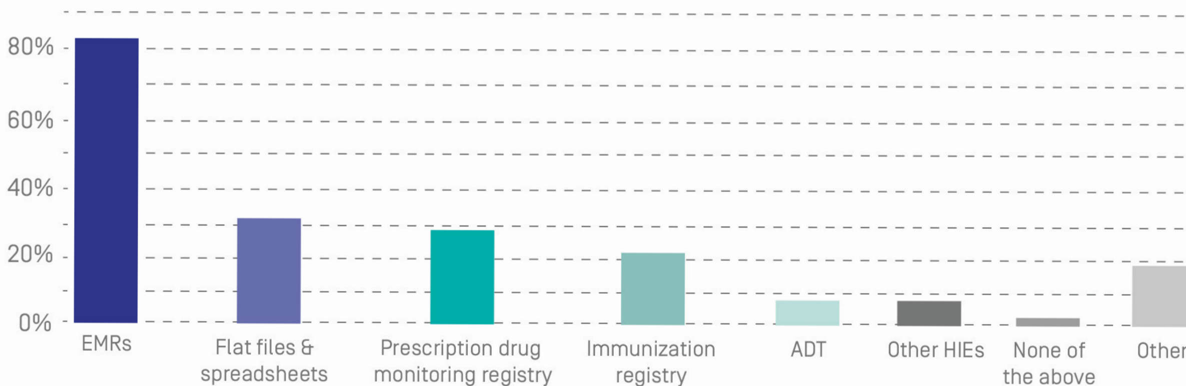
> *Lynda Rowe, Senior Advisor of Valued-Based Systems at InterSystems*

WHAT ARE THE PRIMARY VEHICLES YOUR ORGANIZATION USES TO COLLECT CLINICAL DATA?



Results found that 83% of surveyed health plans look to their provider networks' EHR data, which often comes in the form of reports or clinical files, as the primary vehicle for clinical data collection. Only nine percent look to health information exchanges (HIEs) or state registries to help get their clinical data strategy off the ground. A common myth is that individual connections with each provider in the information exchange is a costly endeavor to the organization. This misrepresentation may be one of the leading reasons why 57% of health plans surveyed either do not, or are unaware if, they have a clinical data strategy plan in place. In reality, this is only a small expense for a monumental impact. Many practices already have established interoperability capabilities in place, where interfaces can be reused for emerging initiatives. Standards such as Consolidated Clinical Document Architecture (C-CDA) and FHIR-based APIs are also becoming more well-established in addition to an increasing level of expertise in the ecosystem. These factors are allowing health plans to more easily take advantage of HIEs, as well as create interoperability between their internal organization and their provider networks.

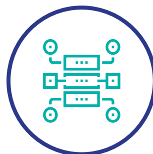
The benefits of bringing clinical data into health plans span across a number of different areas, from care quality, to efficiency and efficacy, and there are a variety of data components that can augment their clinical data strategy success.

Chapter 4:
The Necessary Processes to Overcome Data Value Chain Challenges

Implementing a clinical data strategy is complex and multifaceted, but it can be accomplished with the right technology partner. Consider the following necessary value-chain processes of a successful value-based framework:

Aggregation and organization of data in a clinical data repository. The collection, storage, and use of clinical data requires careful planning and consideration. Not only do health plans need to think about the variety of data sources and formats that will be an integral part of their clinical data strategy, but they also need to take into account the infrastructure needed to receive and store that data in a single clinical data repository. The technology in place must have the ability to normalize, de-duplicate, and aggregate data in a longitudinal record, as well as provide the analytics that provide insights into the broader patient population. To achieve this, an interoperability tool that can manage all of the interfaces in a seamless and efficient manner is critical.

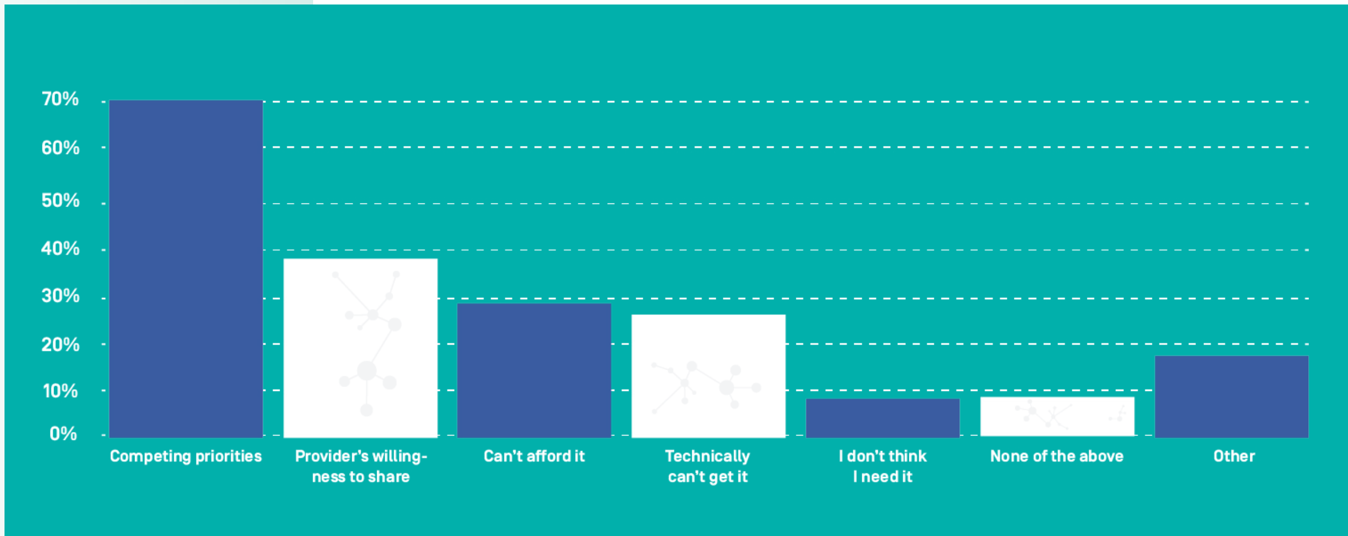
Timely provision of applicable data to the necessary parties. Quickly sharing the right data with the right party is essential to improve care quality and lower costs. Some traditional methods rely on periodic refreshes of data, which causes delays in responses to events. Organizations need agile technology to be able to respond to events in near real time.



Provider infrastructure augmentation. Some providers are still maximizing their EHR implementation and may not have implemented functions such as quality measure reporting and analytics. Health plans need to deliver providers tools and services they can use themselves to augment what may be existing in their EHRs, but that is often underutilized by practices.

While these components are essential to their success, it's clear that challenges with clinical data collection still arise. InterSystems Clinical Data Survey identified the specific challenges impacting those surveyed and their ability to move forward in their clinical data strategy efforts.

WHAT ARE SOME OF THE MAJOR CHALLENGES YOUR ORGANIZATION EXPERIENCES IN CLINICAL DATA COLLECTION?



DESPITE THESE CHALLENGES, AN EFFECTIVE AND VALUABLE CLINICAL DATA STRATEGY IS STILL ATTAINABLE FOR HEALTH PLANS.

Lack of prioritization. As the world of health plans continues to rapidly evolve, many are aware of the potential for a clinical data strategy, though fail to take the necessary next steps due to competing priorities. By making a clinical data strategy a priority now, they can ensure their sustainability in the years ahead.

Concerns from providers. Providers have a variety of financial concerns related to reduced payments and profit loss as a result of clinical data sharing under managed care models. For example, many are fearful of payers using the clinical data as a means to penalize them or, in some cases, even kick them out of the network. As performance-oriented contracts continue to become the norm, health plans must create tools and insights from clinical data that will help providers succeed.

Cost to implement. Many health plans are fearful of the assumed cost of putting a clinical data strategy in place. While there is an expense associated, it is often significantly less than what most organizations anticipate. The overall benefits greatly outweigh the price tag.

Technical immaturity. A number of survey respondents stated that their current infrastructure does not support clinical data strategy and operational requirements. While 26% noted that their current infrastructure is not being used to its full potential, 23% of those surveyed stated that their systems lag behind in technology. Because health

plan IT infrastructure has not traditionally used clinical data as a corporate asset, it is often mismatched to the functionality needed to succeed with a clinical data strategy. To overcome this, implementing the right technology that aligns with the core IT functionalities is paramount. Even smaller provider organizations that still rely on paper records and fax or Excel for information sharing are at an advantage from seeing the consolidated health record from across the care community, even if they lack an EHR themselves.

TO SIMPLIFY THIS OFTEN COMPLEX UNDERTAKING, CONSIDER THE FOLLOWING:

Look for existing HIEs in your region. While still growing in numbers, identifying existing HIEs within a particular region is an easy way for health plans to get clinical data initiatives off the ground, as the exchanges already contain a large portion of the data that's needed.

Readily-available expertise. There is already an abundance of information and resources available to health plans on how they can accomplish a clinical data strategy in an effective manner. For example Gartner has recently published reports on Clinical Data Integration strategies for health plans.

Right contract. Best practices suggest that health plans need to negotiate a data sharing agreement with their providers as part of their value-based contracting strategy.

Technology is available. Technology that brings together siloed pieces of clinical data has become increasingly available to healthcare organizations. Health plans are no exception. Technology solutions are now available that use clinical data to augment claims data, and add immediate value to the provider network, and the health plan itself.

Right technology partner. In addition to choosing the right technology, identifying the right technology partner can make a significant impact. Not only can the right partner bring the technical expertise to get health plans off the ground with their clinical data strategy, they can also provide strategic guidance and develop a plan to bring in the key information that health plans need most.

Chapter 5:
Four Considerations When Implementing a Clinical Data Strategy

In a value-based world, mutually beneficial relationships between the health plan and the provider network are essential. A large majority of physicians in small-to-medium sized practices don't have the right tools at their disposal. By payers working to put those tools in place for their provider networks, those which offer mutually beneficial incentives to health plans, providers, and patients, all parties will reap the benefits.

When looking to define, and eventually implement, a clinical data strategy, it is important to determine the following factors first-and-foremost:

Appropriate use-cases. Health plans must ensure that they have the right use-cases to support a clinical data strategy. The most commonly referenced use-cases for implementing a clinical data strategy, according to InterSystems survey, included to improve care coordination and care management efforts, to enhance quality and streamline measurement, to optimize network performance, and to make operational processes more efficient.

Estimated Return on Investment (ROI).
As with the implementation of most major initiatives, there must be proof of monetary - ROI to make it worthwhile. Of the health plans surveyed, the majority that have a clinical data strategy in place have seen operational savings through automation, reduced cost of care through utilization management, closing care gaps and better outcomes, as well as a maximization of their reimbursement opportunities.

Network participation. For a clinical data strategy to succeed for a health plan, it must have support from its provider network. While today's EHRs are capable of providing access to certain data-sharing elements, many providers simply don't have the time or ability to create effective management processes that take advantage of all of the information. This is where health plans can add significant value by driving management processes forward through tools, reporting, and cross-party cooperation, and guiding the organization to success.

The need for an interoperability platform is critical because members often have their clinical information spread out across multiple health systems, provider networks, and in various digital and paper-based formats.

Clinical Data Repository & Platform for Interoperability and Network Participation. Before moving forward with a clinical data strategy, health plans must identify the necessary infrastructure and tools for data transmission and storage. They also need to account for the overall cost associated with additional data sources. Because members, particularly those living with chronic conditions and comorbidities, will likely have their clinical information spread out across multiple health systems, provider networks, and in various digital and paper-based formats, the need for an interoperability platform becomes even more critical.

Conclusion

As health plans strive to improve the health of their members, it is their own health – and preservation as an organization – that needs attending to. Enacting a clinical data strategy is just one of the critical steps they must take if they want to survive, and thrive, in the value-based world. Miss the opportunity, and health plans risk falling short on contractual obligations, having memberships taken over by competing organizations, and in some cases, even going out of business. Take advantage of the opportunity by engaging in the right clinical data strategy — and with the right technology partner — and the health plans's business will reap the benefits.

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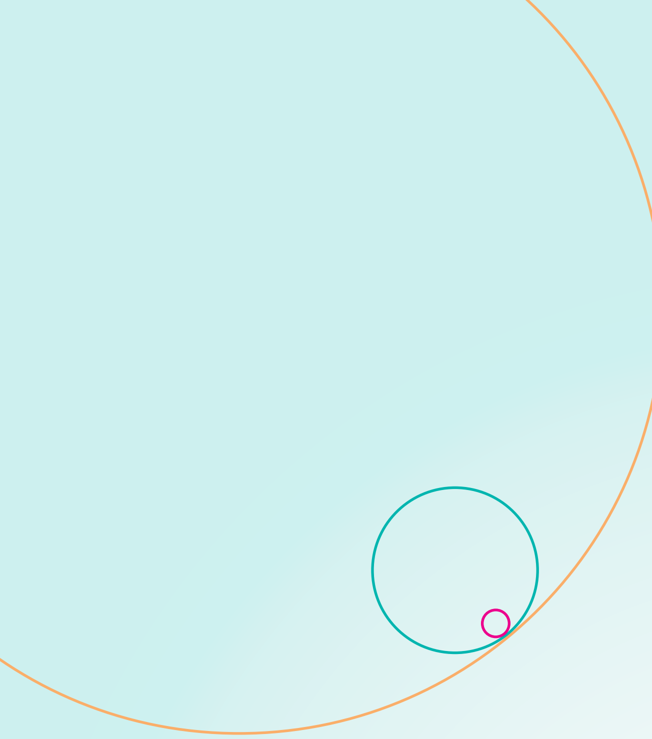
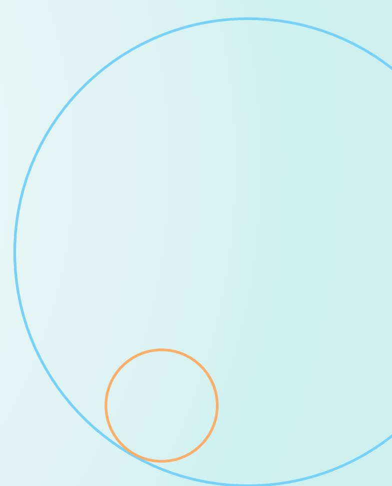
Millions of people around the world trust InterSystems with their livelihoods, and even their lives. Every product we develop has been designed from the ground up with this idea in mind. We're here to ensure that our clients have reliable, real-time access to the data they need to succeed.

With InterSystems HealthShare, payers, providers, and patients can align around a common plan of care, whether that's through an ACO or any other team-based care delivery model. By uniting clinical, administrative, claims, and social determinant data and creating a unified, community-wide health record, HealthShare enables users to bring together the information that matters and succeed in today's rapidly evolving healthcare landscape.





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