



Points of Light

Points of Light 2025 Case Study 4

Utilizing Near Real-Time Data from Payer HIEs to Identify Qualifying Events & Close Time-Sensitive Care Gaps



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Executive Summary

Providing timely post-discharge care to at-risk patients is a national challenge. Due to lags in claims processing, clinicians often struggle to identify recently discharged patients and schedule needed follow-up visits within the limited time frame required by HEDIS. This challenge can result in suboptimal care, costly readmissions, and avoidable acute care episodes. Working with InterSystems' interoperability tools, Healthfirst—a provider-sponsored health plan—began leveraging clinical data from near real-time HIE feeds to identify members experiencing a qualifying event for a time-sensitive HEDIS measure. The tools then send automated alerts to clinicians so they have sufficient time to schedule follow-up care. Additionally, Healthcare Organizations 4-1 and 4-2 worked with Healthfirst to refine workflows and processes to enable quick action on the alerts. Outcomes include improved performance with targeted HEDIS measures and a reduced administrative burden.

The Collaborators

Healthcare Organization 4-1

Anonymous
Location: NY
Sizing: 700+ beds

Healthcare Organization 4-2

Anonymous
Location: Nationwide
Sizing: 3,000+ beds (includes a 132-bed children's hospital and rehabilitation hospital)



Location: NY
Sizing: 2 million members



Headquarters: MA
Segment: Interoperability, value-based care

Points of Friction—Challenges to Be Solved

- **Systemic processing lags prevent healthcare organizations from being able to rely on claims data to trigger timely post-discharge care for at-risk patients:** After an ED visit or inpatient stay, many patients are highly vulnerable to complications and other setbacks and thus require timely follow-up care to prevent costly readmissions and avoidable acute care episodes. For example, the HEDIS measure for Follow-Up After ED Visit for Mental Illness (FUM) requires a follow-up visit within 7 days, and the Transition of Care (TRC) measure requires medication reconciliation within 30 days of an inpatient stay. However, claims processing for ED visits and inpatient stays customarily extends beyond 30 days, meaning the window for providing timely follow-up care often closes before care managers are even notified of the qualifying discharge.

Action Plan—How the Collaborators Worked Together to Reduce Friction

- **Healthfirst enabled bidirectional data exchange with healthcare organizations via private and public HIEs:** In conjunction with their sponsor health systems, Healthfirst launched in 2015 a private HIE built on InterSystems' technology. The catalyst for creating this HIE was to improve member care coordination by automating the bidirectional flow of clinical and claims data. Within a short time period, Healthfirst expanded their HIE to include most of their sponsor health systems as well as other network providers. In 2020, Healthfirst furthered the reach of their private HIE by connecting to a public HIE, Healthix, which is also powered by InterSystems' technology. The Healthfirst HIE now integrates data from over 700 facilities, practice sites, and public health departments throughout New York.
- **With the aid of authoring tools provided by InterSystems, Healthfirst piloted an HIE use case for improving performance on a time-sensitive HEDIS measure:** Recognizing that systemic processing lags compromised care managers' ability to use claims data to identify qualifying events for time-sensitive HEDIS measures, Healthfirst rolled out an initiative to enable completion of TRC medication reconciliation within 30 days after discharge using the near real-time stream of clinical data from their HIE. More specifically, the payer deployed InterSystems' tools to automate (1) the identification of qualifying events from parsed ADT feeds, (2) the generation of daily reports listing impacted members and necessary follow-up care, and (3) the transmission of encrypted alerts to responsible clinicians.
- **Healthfirst expanded their successful TRC pilot to multiple time-sensitive HEDIS measures:** After documenting a notably improved TRC performance, Healthfirst expanded their use of near real-time data to trigger timely follow-up care for seven additional HEDIS measures. Again, Healthfirst deployed InterSystems' tools to automate the identification of qualifying events for all additional measures, generate reports listing impacted members who need follow-up care, and route encrypted messages to the appropriate clinician.
- **Healthcare Organizations 4-1 and 4-2 spearheaded efforts to minimize seemingly small delays in scheduling follow-up care that collectively risk delaying care beyond required time frames:** The organizations identified the root causes of "last-mile" barriers and synced

their workflows to minimize communication delays that can leave insufficient time to schedule needed follow-up care. For example, the organizations integrated alerts into their operational workflows for patient outreach. Healthcare Organization 4-1 not only designated a social worker to act on the Healthfirst alerts but also deployed a 24/7 mobile crisis team when needed.

- **Healthfirst established a process to continually refine the alerts that notify clinicians of qualifying events for treated patients:** Over time, Healthfirst has worked with Healthcare Organizations 4-1 and 4-2 (as well as other network providers) to ensure the alerts are actionable and secure. More specifically, Healthfirst has added and tailored information by patient and provider type and repeatedly audited distribution channels for accuracy to ensure notifications reach the appropriate clinician and only that person.

Points of Light—Outcomes Achieved Through Collaboration

- **Healthcare Organizations 4-1 and 4-2 exceeded or far exceeded benchmarks for care gap closure:** Healthfirst rates network health systems on their effectiveness in closing care gaps. Fueled by their improvement with HEDIS measures that require follow-up care within tight windows, Healthcare Organization 4-2 has increased their rating from one star in 2023 to four stars in 2024. Similarly, Healthcare Organization 4-1 has maintained a top rating of five stars.
- **Healthfirst improved their overall performance for targeted time-sensitive HEDIS measures:** To quantify the network-wide impact of the automated alerts and synced provider workflows, Healthfirst compared adherence rates (over the same period of time) of a test group that received alerts from qualifying events to the rates of a control group that did not receive those alerts. As of Fall 2024, this collaborative initiative had achieved superior adherence rates for a majority of targeted time-sensitive HEDIS measures. Differentials for Q1 through Q3 2024 were highest for the following:
 - **FUM:** The test group's adherence rate outperformed the control group's by 13 percentage points.
 - **FUA (Follow-Up After ED Visit for Substance Use):** The test group's adherence rate outperformed the control group's by 8 percentage points.
 - **TRC medication reconciliation:** The test group's adherence rate outperformed the control group's by 9 percentage points.
- **Minimized administrative burden for clinicians:** By leveraging existing data feeds from their network providers, Healthfirst is able to automatically identify qualifying events for time-sensitive HEDIS measures and generate alerts for clinicians so that they have enough time and information to schedule needed follow-up care.

Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **Educate healthcare organizations on the benefits and policies around sharing sensitive patient data concerning mental health and substance use:** Clinicians may be hesitant to include such sensitive information in transmitted information. However, many time-sensitive quality measures require prompt follow-up care for these diagnoses, and thus a corresponding diagnosis code in the ADT feed is needed to trigger the notification of needed follow-up care within a short window.
- **Ensure that timely qualifying event alerts flow directly into clinicians' workflows:** Even with near real-time flags of qualifying events based on live ADT feeds, the window for providing required follow-up care can close very quickly, particularly when it is only seven days. Notifications must be routed directly to the right clinician and prominently display the information needed to arrange timely follow-up care.
- **Analyze the root causes of differing adherence rates to enable best practice sharing:** Adherence rates for specific HEDIS measures can differ significantly by healthcare organization. For example, a subset of hospitals in this case study significantly outperformed comparable institutions on FUM partly due to the use of telehealth. This insight spurred a growing number of other network providers to leverage telehealth visits to increase adherence amid the shortage of mental health professionals. When appropriate, clinicians conduct a telehealth visit within seven days of an ED visit for mental health, during which a second, in-person appointment is scheduled for a later date.
- **Establish a partnership of understanding and trust between healthcare and payer organizations:** A trusting relationship is needed to successfully close HEDIS gaps.

What's Next?—Vision for the Future

- **Healthfirst continues to expand the program to additional time-sensitive HEDIS measures:** Next, they will add Follow-up After High-Intensity Care for Substance Use Disorder (FUI).
- **Provider organizations are working with Healthfirst to collate all reports** to reduce the number of alerts received by clinicians on a daily basis. Currently, qualifying events for each measure trigger separate alerts for common patients.