

Provider Data Management is Key to Meeting Business Goals

HIMSS research finds providers use PDM to improve patient experience, referral management and the digital front door

rovider data management (PDM) seems like a straightforward task. Healthcare organizations (HCOs) simply gather information about their affiliated providers including name, address and office hours and publish that information on their websites.

However, the reality is that PDM is much more complicated. "The reason organizations sometimes think that managing provider data is easy is because they don't think of it in terms of its interconnectedness with other parts of the organization," said Chandra Nangineni, Senior Director, Shared Services, SCAN Health Plan.

That interconnectedness is key to the importance of collecting and maintaining accurate provider data, according to Nangineni. Getting provider data right can lead to higher patient satisfaction, increased patient engagement, effective referral management and enhanced operational efficiency. On the other hand, inaccurate provider data can negatively affect patients, providers, operations and a host of upstream and downstream entities. That's why having an effective PDM strategy is important.

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Senior Director, Shared Services $\,|\,$ SCAN Health Plan

Why managing provider data is so hard

Recent HIMSS Market Insights research underscored how challenging it can be to manage provider data.¹ HIMSS surveyed 100 C-suite executives, including IT system directors, at HCOs including multi-hospital organizations, integrated delivery networks, academic medical centers and standalone/specialty hospitals across the U.S. Only 8% of HCOs characterized their provider data as "excellent" (Figure 1).

There are three primary reasons why provider data is difficult to manage:

- 1. Provider data is hard to model. Comprehensive provider data includes not only the provider's name, but also their physical and virtual address (or addresses if they practice in multiple facilities), billing address, educational background, specialties, and licensing and credentialing information. Other information may vary by practice location, including whether the provider is accepting new patients, office hours, insurance plans accepted, languages spoken, accessibility information and virtual care options.
- 2. Provider data is fragmented. Provider data comes from many different sources, including from the providers themselves, practice front offices, human resources departments, payer records, credentialing systems and others. The information arrives at different times and

- frequencies and with different degrees of accuracy. The PDM system must be able to determine which data sources outweigh the others when conflicting data is received.
- 3. Provider data must be widely disseminated both within and outside of the organization. Downstream data recipients may include payers, patient portals, consumerfacing websites and internal provider directories. This means that HCOs not only have to worry about gathering the data and creating a master record, but they also have to think about connecting to all the different applications and services that rely on having accurate provider data.

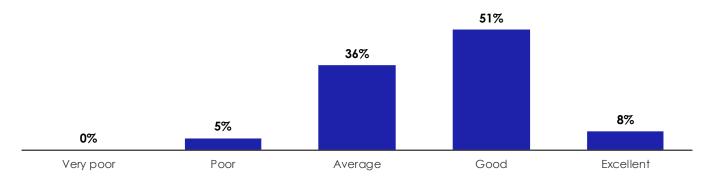
How bad provider data affects patients

Bad or inaccurate provider data can affect patients in numerous ways. When consumers search the internet for a provider who meets their specific needs, it's important that the information they find is accurate, comprehensive and current. Certain aspects of provider care – whether they are accepting new patients, what healthcare plans they accept, even office hours – are often subject to change. Still, patients expect accurate information.

If patients encounter wrong or incomplete provider information, they may become frustrated and dissatisfied. Making multiple calls to track down the information they need inconveniences them and likely will result in not engaging with

Figure 1. Only 8% of providers rated their provider data as "excellent."

How would you rate the quality level of the provider data within your organization?



Source: HIMSS Market Insights. December 2022. *Provider Data Solutions* [research report]. Q1. How would you rate the quality level of the provider data within your organization? Base: Total Respondents; n = 100



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that provider. "Research has made clear that when patients have poor experiences, they vote with their feet," said Lynda Rowe, Senior Advisor, Value-based Markets, InterSystems. "Two in five Americans are willing to abandon providers due to poor digital experiences." 2

Patients may also show up at a provider's office only to be told – incorrectly – that the provider does not accept a specific health plan. "Health plan members may be turned away when providers are unclear about which health plans their organization works with," Nangineni noted. "That's when provider data management goes beyond patient dissatisfaction and starts affecting access to care."

Current PDM strategies are not supporting business goals

A good PDM strategy not only benefits patients, but it can also help organizations achieve important business goals. The HIMSS research found that the challenges HCOs are trying to overcome with their PDM systems include: patient experience/satisfaction (55%), patient engagement (53%), referral

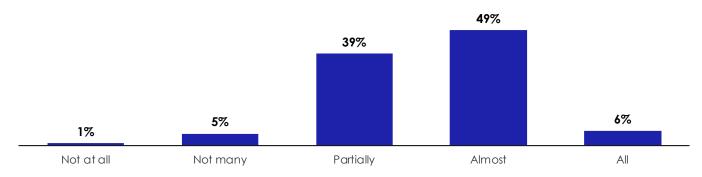
management (50%), analytics and reporting (48%), and digital front door (46%). Only 6% of respondents said their provider data was meeting all their business goals (Figure 2).

An ineffective PDM strategy can not only prevent HCOs from addressing these challenges, but it can actually cause harm. Bad provider data can be disseminated throughout the healthcare ecosystem, which has revenue implications, including issues with patient satisfaction, decreased customer retention and operational inefficiency across the board.

Inadequate PDM can negatively impact financial processes and revenue cycle management. Accurate provider data is essential for claims processing, financial reporting and tax reporting. For example, without accurate provider data, an HCO may inadvertently refer a patient to an out-of-network provider. Then, weeks or months later, the patient will receive an unexpected bill. In this situation, the HCO's inaccurate directory can result in a lower reimbursement rate. The HCO may also find themselves in violation of Federal and state regulations, such as the Federal No Surprises Act (NSA) that took effect in 2022.³

Figure 2. Only 6% of providers say their provider data meets all their business goals.

Does your provider data meet all of your business goals?



Source: HIMSS Market Insights. December 2022. *Provider Data Solutions*. Q4. Does your provider data meet all of your business goals? Base: Total Respondents; n = 100

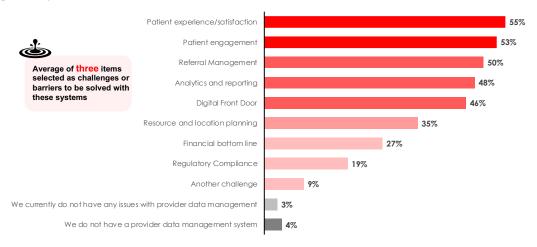
Another area in which poor PDM can have negative consequences is during merger and acquisition (M&A) activity. "Mergers are viewed as a way to solve problems and increase efficiency," said James Derrickson, Product Manager, InterSystems. "But if your organization is large and fragmented, and you don't have a good way of collecting accurate provider information and making it available through your digital front door, you are wasting those new resources you just acquired. The lag time between completing a merger and making that information available through your digital front door means dollars are lost."

Misalignment of investment and business goals

Although many HCOs understand the problems they are trying to solve with PDM, they don't always align their investments with those PDM challenges. The HIMSS research showed a disconnect between top PDM challenges and investments in addressing those challenges (Figure 3).

Figure 3. Investment priorities not aligned with the top challenges providers hope to solve for.

Which of the following, if any, are challenges or barriers that you are trying to solve for with your provider data management system?



Source: HIMSS Market Insights. December 2022. Provider Data Solutions.

Q5. Which of the following, if any, are challenges or barriers that you are trying to solve for with your provider data management system? Please select all that apply. Base: Total Respondents: n=100

Based on the previous challenges or barriers stated, what is your organization investing in the most? Which is your organization's #1 initiative/issue that needs to be solved?



Source: HIMSS Market Insights. December 2022. Provider Data Solutions.

Q6. Based on the previous challenges or barriers stated, what is your organization investing in the most? Which of the below is your organization's #1 initiative / issue that needs to be solved?

Base: Among those who indicate having issues with provider data management; n=93





New federal and state legislation is being enacted that increases payer and provider accountability for the accuracy of provider data. A day of reckoning is coming, and healthcare organizations are going to be forced to deal with this issue."

JESSICA JOWDY | Manager, Healthcare Field Engineering | InterSystems

"Many healthcare organizations are focused on clinical resources right now," said Jessica Jowdy, Manager, Healthcare Field Engineering, InterSystems. "That doesn't mean that provider data isn't important, it just means that investments in automating clinical processes are overshadowing investments in automating administrative processes."

Even so, it's not prudent for HCOs to ignore PDM issues. "New federal and state legislation is being enacted that increases payer and provider accountability for the accuracy of provider data," Jowdy noted. "A day of reckoning is coming, and healthcare organizations are going to be forced to deal with this issue."

Moving toward better provider data management

HCOs understand the importance of effective PDM. In the HIMSS research, 92% of respondents "agreed" or "completely agreed" with the statement: "Having a clean, organized and

up-to-date provider data management solution, that meets regulatory requirements, allows for a better patient experience and improves employee satisfaction" (Figure 4).

The HIMSS research also asked, "If a solution for a single source of truth that allowed for clean provider information was available, correcting your most significant challenges or barriers within your provider directory data, when would your organization be looking to do so [implement such a solution]?" The vast majority of respondents — 83% —replied that they would do so within two years or less.

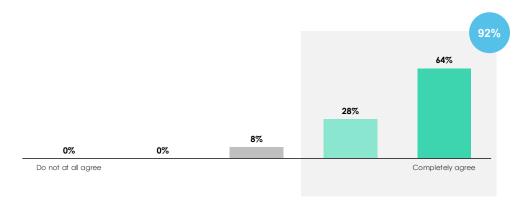
So, for many HCOs, it's not a question of whether to invest in PDM, but how to get started. The following steps can help organizations assess the current state of PDM within their organizations, and what they may need to do to move forward.

Step 1. Make PDM a priority. The organizations that do PDM well are those that acknowledge the importance of PDM and have a top-down commitment to producing better provider data.

Figure 4. Healthcare executives and IT/Technology leaders understand the value of investing in a single-source-of-truth solution for provider data management.

How much do you agree with the following statement:

Having a clean, organized, and up-to-date provider data management solution, that meets regulatory requirements, allows for a better patient experience and improves employee satisfaction.



<u>Single Facility</u> includes academic medical centers, stand-alone and specialty hospitals <u>Multi-Facility</u> includes integrated delivery networks and multi-hospital systems

Source: HIMSS Market Insights. December 2022. Provider Data Solutions.

Q10. On a scale of 1-5, where 1 = Do not at all agree and 5 = Completely agree, please tell us your level of agreement with the following statement: Having a clean, organized, and up-to-date provider data management solution, that meets regulatory requirements, allows for a better patient experience and improves employee satisfaction.

Base: Total Respondents; n = 100

Step 2. Identify who owns PDM within the organization.

This often varies: it may be operations, human resources, marketing or another department. Sometimes PDM lives at the intersection between departments, so no one picks it up. HCOs can end up in a situation where everyone owns PDM and at the same time, no one owns it.

Step 3. Document the organization's current process for handling PDM.

 Has the organization established a good data model that allows for the full complexity of provider data? Are there subject matter experts within the organization who understand provider data and who can work with it? A well-designed PDM model will consider the infinite variations and sources of provider data and include rules that ensure valid data will outrank inaccurate data when conflicts arise.

If the current process involves manual manipulation of data — such as manually downloading and copying over flat files or opening data in Microsoft Excel to scrub it — automation could help optimize the process.

 Has the organization established a formal governance structure for PDM? As with all data management processes, a formal governance structure is essential.

Step 4. Assess whether the current process is working. If the current process involves manual manipulation of data — such as manually downloading and copying over flat files or opening data in Microsoft Excel to scrub it — automation could help optimize the process.

Step 5. Identify where the organization may be seeing losses due to ineffective PDM. Are patients being referred outside their health plan networks? Are patients being turned off and/ or turned away? Will the organization incur liability because of noncompliance with regulations?

Step 6. Determine whether outside help is needed. PDM is complicated enough that it can be beneficial to work with an outside vendor who has specialized expertise in PDM. "Provider data management is a hard problem to solve," Jowdy pointed out. "But with the right approach, it is solvable," she concluded.

To learn more about InterSystems Provider Data Management, please visit www.intersystems.com/interoperabilityplatform/provider-directory/.

References

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About InterSystems

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