innovaccer

Advancing a data integration strategy: Overcoming long-standing challenges to realize meaningful change in care management

Table of Contents

Healthcare payers and providers are generating more data than ever. In fact, approximately 30% of the world's data volume is generated by the healthcare industry. By 2025, that number is predicted to reach 36%, which is faster than manufacturing, financial services, and media and entertainment.[1] But payers and providers often fail to use all that available data when making care management decisions aimed at improving outcomes and quality and reducing costs. The sheer volume makes it difficult to organize, normalize, and analyze data in a way that leads to strategic calls to action. Moreover, subpar data sharing and integration between payers and providers add to the challenge. These factors are hindering the industry's efforts to make data-driven improvements in care management that resonate with payers, providers, and patients. This white paper explores how data integration can help ease these challenges and improve decision-making around care management.

What's holding payers and providers back from sharing data effectively?

Payers and providers are often unable to access and analyze information from outside their four walls—information that could help provide clearer insights into patients. (For example, it's difficult for providers to access real-time clinical data in an EHR, making it hard to balance quality with cost.) But even if payers and providers do get access, there can be so much information to wade through that finding anything useful or meaningful proves time intensive—or impossible.

Additionally, while payers typically have a better understanding of costs because of claims data, that information is usually delayed and lacks details about clinical decision-making. A payer or provider may opt to supplement its data with information from a third party, such as a health information exchange. However, the third-party data may be limited to admission-discharge-transfer (ADT) data and not delve into social determinants of health (SDoH), pharmacy data, and other key information for informed decision-making.

And then there's the question of who owns the data. Is it the member, payer, or provider? The answer may slow an integration strategy or create compliance issues. Health privacy standards emphasize patient consent, but there's no consensus on who owns medical records. For all practical purposes, Implied consent is the only kind of consent. Today, there's not a practical mechanism for patients to give or withdraw consent—or control how their data is used.[2]

According to Kangana Mehta, Director of Growth Strategy at Innovaccer, "Even if a payer or provider can exchange information, it's rarely bi-directional. Payers may be able to share some claims data, but providers can't send follow-up questions or respond to the payer. Or the provider is able to send clinical data, but it's like sending it to a black hole—the payer isn't able to confirm that it received the information or indicate how it was used."

There are also scalability issues. It's easy to say that payers and providers should share data openly, but data sharing can get complicated; a typical provider organization likely has 10–15 payer contracts, and each of these payers handles data differently. A payer that wants to exchange information with the in-network providers may have to communicate with several EHRs and thousands of different variations to upload the data. Setting up ways to exchange, analyze, and respond to information that arrives in unique formats is a challenging task.

Another issue is the lack of incentive to share data. Traditionally, provider and payer organizations have had a healthy checks and balances relationship with some friction. However, as the barriers between them are breaking down, they could experience an

If it's so difficult, why try?

In large part, value-based contracts have served as the catalyst for improving data exchange, and according to a recent Innovaccer survey, around 80% of respondents have at least piloted a value-based care program or taken more definitive steps toward rollout.[3] As more payers and providers enter into these contracts, it becomes even more important to address data integration challenges. When payers and providers can share clinical and claims information bidirectionally, they can prioritize improvements that yield high-quality, cost-effective care—the fundamental tenet of value-based arrangements.

And when payers and providers can incorporate other forms of data, such as SDoH, they can further improve their decision-making. By crafting a more complete picture of a patient, they can determine the ROI for quality improvements and decide where to focus their efforts to have the greatest impact.

Another consideration is timing and clarity around regulatory requirements. Healthcare payers and providers could potentially take advantage of this period of disruption to go beyond compliance with the goal of modernizing the member experience and gaining a competitive advantage.[3]

Key tactics for advancing a data integration strategy

Data integration is a complex process, and making improvements in this area requires patience, commitment, and out-of-the-box thinking. Here are some ways to move the needle and ensure organizations have what they need to make decisions that help them succeed in data integration projects.

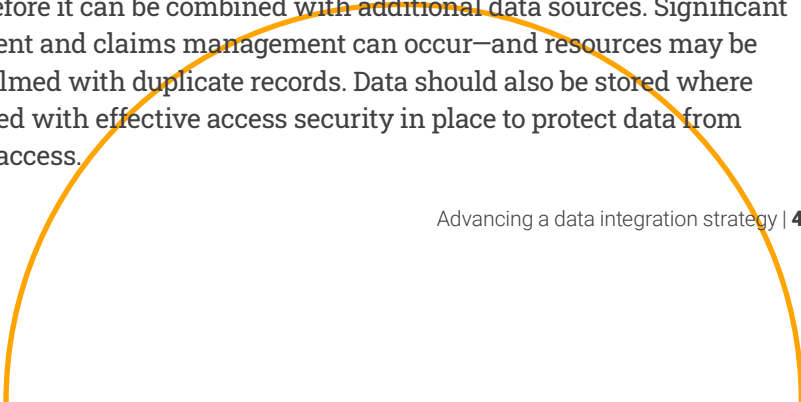## Build relationships along with technical capabilities

A data strategy should not outpace an engagement strategy. In other words, it's essential to have both the technology to drive data integration and well-established payer-provider partnerships that makes that integration a reality. In addition, it's also important to have a complete view of members/patients and their role as the nucleus in the care ecosystem. If there is a lack of collaboration between all parties, all the technology in the world will not make a difference. Conversely, if there are solid relationships in place, having the technology to support data exchange will be instrumental to success.

Unify your data

Finding a data repository that enables payers and providers to gather, organize, and access disparate data sources is critical, especially since care management information doesn't just live with payers and providers. For example, a patient may be treated by one provider organization most of the time, but then they could visit an out-of-network pharmacy to get a flu shot or COVID vaccination. Perhaps it's difficult to get an appointment with an in-network dermatologist, so the patient opts to go to a nearby clinic that is not affiliated with any provider group. And then there's all their pharmacy information, which is a different claims process than for medical care. Using a cloud-based data-sharing platform to store information in one place can help cleanse and organize data to make it usable. Unfortunately, the majority of healthcare organizations have no structure in place to integrate their patient data.[4] The result: an inability to view and act on the complete picture of patient care.

Enable real-time decisions with data governance

Data governance initiatives like data security, audit, lineage, etc., ensure business users get high-quality, accurate, and consistent data every time. Each individual dataset must be clean, accurate, standardized, and comprehensive before it can be combined with additional data sources. Significant member issues with care management and claims management can occur—and resources may be wasted—when systems are overwhelmed with duplicate records. Data should also be stored where it can be easily accessed and analyzed with effective access security in place to protect data from threats of inappropriate release and access.

Avoid getting cornered into black box infrastructure

If an organization chooses to work with a vendor that collects disparate data and houses it in the cloud or other location, they should make sure to select a company that can demonstrate how they're mapping the data collected. It's not beneficial to commit to a product or technology that can't provide specificity. For instance, the vendor should be able to show how it's mapping the ADT feed including state health information exchange, the EHR integration, and pharmacy claims. If the vendor can't show this, an organization could get stuck with a black box infrastructure that they don't understand. This could create problems in terms of interoperability, data and application integrations, and scalability as data management continues to evolve.

Look at cost data in alignment with clinical information

As mentioned before, value-based contracts are pushing the industry to reimagine data integration strategies, and a key focus has been clinical data. But if organizations don't look at cost information with the clinical data, then they could miss a big part of the total picture. Let's say a patient has an MRI. For the payer, simply knowing a patient had an MRI isn't valuable. However, if the payer learns that the member received the MRI in an inpatient hospital setting—which costs more than the freestanding outpatient center down the road—the payer can work with the provider to be more intentional about choosing care settings to ensure quality while lowering costs.

Don't just integrate the data

In addition to capturing diverse data and making sure it's clean and not duplicated, payers and providers must be able to analyze the data so they can use it to address specific pain points and make better decisions. By partnering with a vendor that integrates, maps, and analyzes data, they can access custom insights and create dashboards for a comprehensive view of members. Identifying utilization gaps and developing smart algorithms can help care teams prioritize patients who need care. The insights can also help in the design of customized care programs for individuals based on real-time care gap data.

Making a commitment is the first step

Accessing, integrating, and effectively using data to improve care management is a complex task. Whether an organization starts small and expands on its solution over time, or takes a more significant step right away, the most important thing is to do something. Accepting the status quo is no longer an option.

As all parties acknowledge, payers and providers must make a commitment to building trust and stronger relationships for the benefit of member/patient outcomes. Both must explore and implement a technology such as a data lake to house and provide access to diverse patient information.

A data lake is a consolidated repository for data that allows organizations to research, integrate, and analyze large quantities of information at once. Healthcare organizations may use it to execute clinical analytics using patient data stored in the electronic health record (EHR), or they may refine their financial forecasting by drilling into business intelligence and revenue cycle analytics using claims and billing codes.[5] Finding a partner that can bring data analytics to life will help payers and providers succeed in building a robust information platform on which they can make solid decisions about care quality and cost.
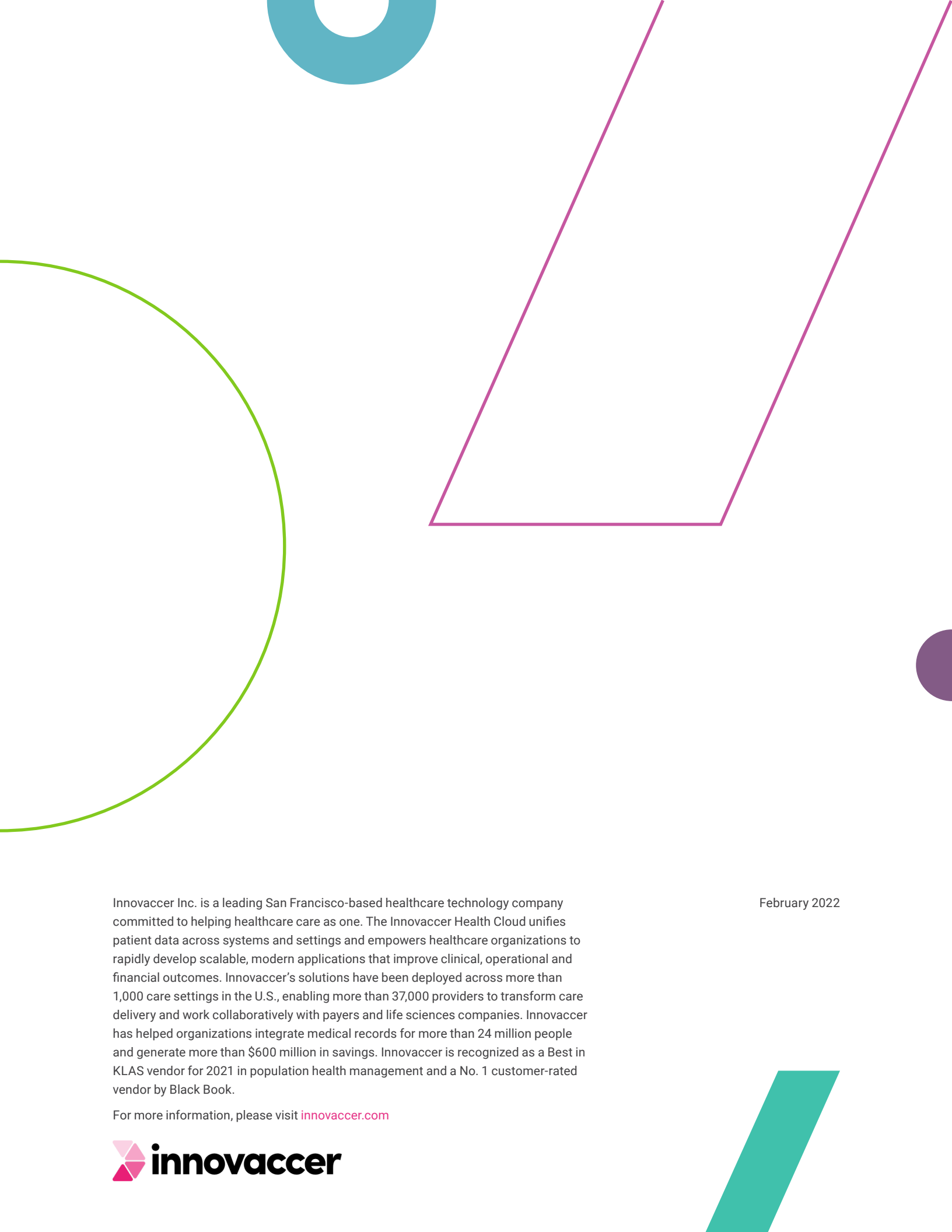
References

[1] "RBC Capital Markets: Navigating the Changing Face of Healthcare Episode." RBC Capital Markets | Navigating the Changing Face of Healthcare Episode, https://www.rbccm.com/en/gib/healthcare/episode/the_healthcare_data_explosion

[2] "Access Controls and Healthcare Records: Who Owns the Data?" CACM ACM, July 2019, https://cacm.acm.org/magazines/2019/7/237711-access-controls-and-healthcare-records/fulltext

[3] "Why healthcare payers should consider re-thinking how they manage patient consent." Watson Health Blog, IBM director, Anita Nair-Hartman, Aug 2020, https://www.ibm.com/blogs/watson-health/re-thinking-patient-consent/

[4] "The Science of Value-Based Care." Innovaccer blog, Dec. 22, 2020, https://innovaccer.com/healthcare-2020/

[5] "What value does Data Lake bring to ever-increasing data streams in healthcare?" Innovaccer blog, Feb. 2021.https://innovaccer.com/blogs/what-value-does-data-lake-bring-to-ever-increasing-data-streams-in-healthcare/

Innovaccer Inc. is a leading San Francisco-based healthcare technology company committed to helping healthcare care as one. The Innovaccer Health Cloud unifies patient data across systems and settings and empowers healthcare organizations to rapidly develop scalable, modern applications that improve clinical, operational and financial outcomes. Innovaccer's solutions have been deployed across more than 1,000 care settings in the U.S., enabling more than 37,000 providers to transform care delivery and work collaboratively with payers and life sciences companies. Innovaccer has helped organizations integrate medical records for more than 24 million people and generate more than $600 million in savings. Innovaccer is recognized as a Best in KLAS vendor for 2021 in population health management and a No. 1 customer-rated vendor by Black Book.

For more information, please visit innovaccer.com

February 2022

innovaccer