

Information Imperatives for Successful Payer-Provider Collaboration

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InterSystems Powers Transformation for:

Payers



Clinical Labs



Software Vendors



Providence
St. Joseph Health



Providers



Medtech

Manifest
MEDEX



Information Networks



Life Sciences



HealthShare supports leading healthcare organizations

Payers



Healthcare Providers



Life Sciences

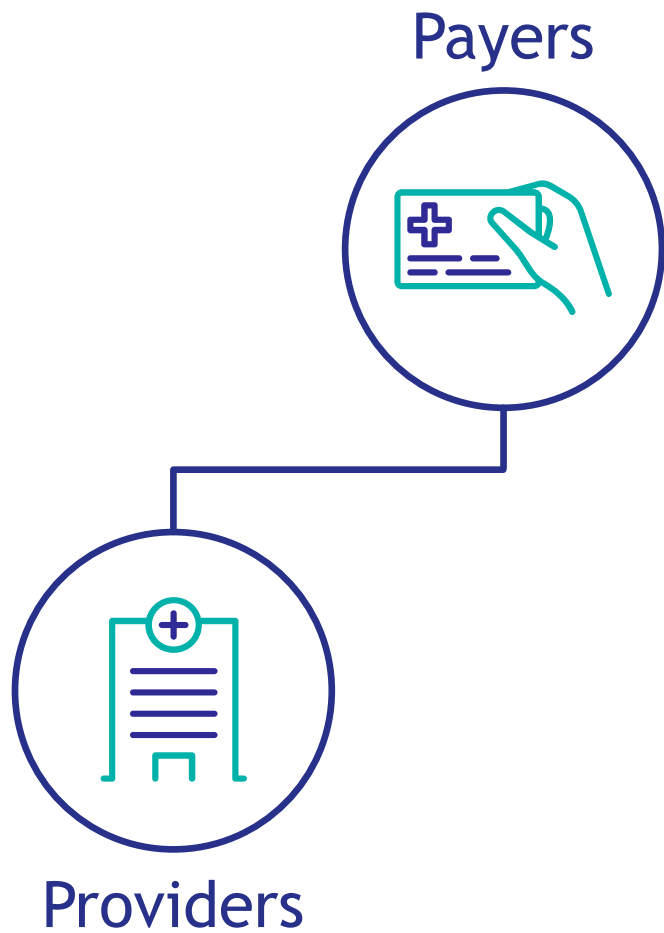


Regional, State, National HIE



Government Health





Do we actually need better payer-provider collaboration?

Why?
Why not?



How Aligned Are We?

Surveyed executives, clinical leaders, clinicians

77% Not
Aligned to
achieve VBC
delivery

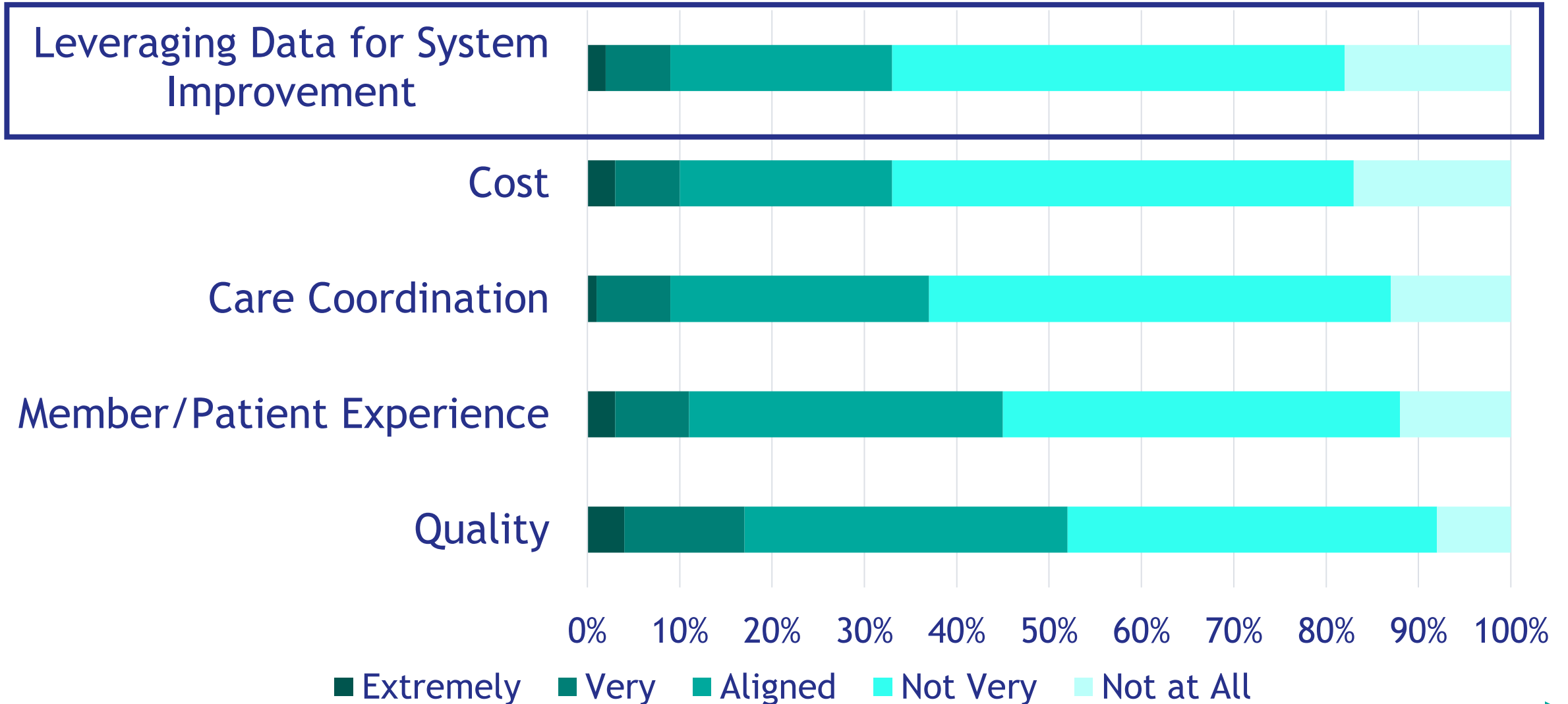
58% Own
Organization
Not Aligned

3% Payer &
Providers
Aligned or
Extremely
Aligned

Hampers Integration of Care, Drives High Cost



Payer-Provider Alignment for Value-based Care



Why Collaborate and Share?

It's where the money flows

Succeed under value-based care

Comply with regulations



How fast is the shift to value-based payments?

Alternative Payment Model (APM) 2018 Payments

41% of health care dollars in Category 1 (FFS or legacy payments)

25% of health care dollars in Category 2 (pay-for-performance or care coordination fees)

34% of health care dollars in Categories 3&4 (e.g. shared savings, shared risk, bundled payments or population-based payments)



Why Collaborate and Share?

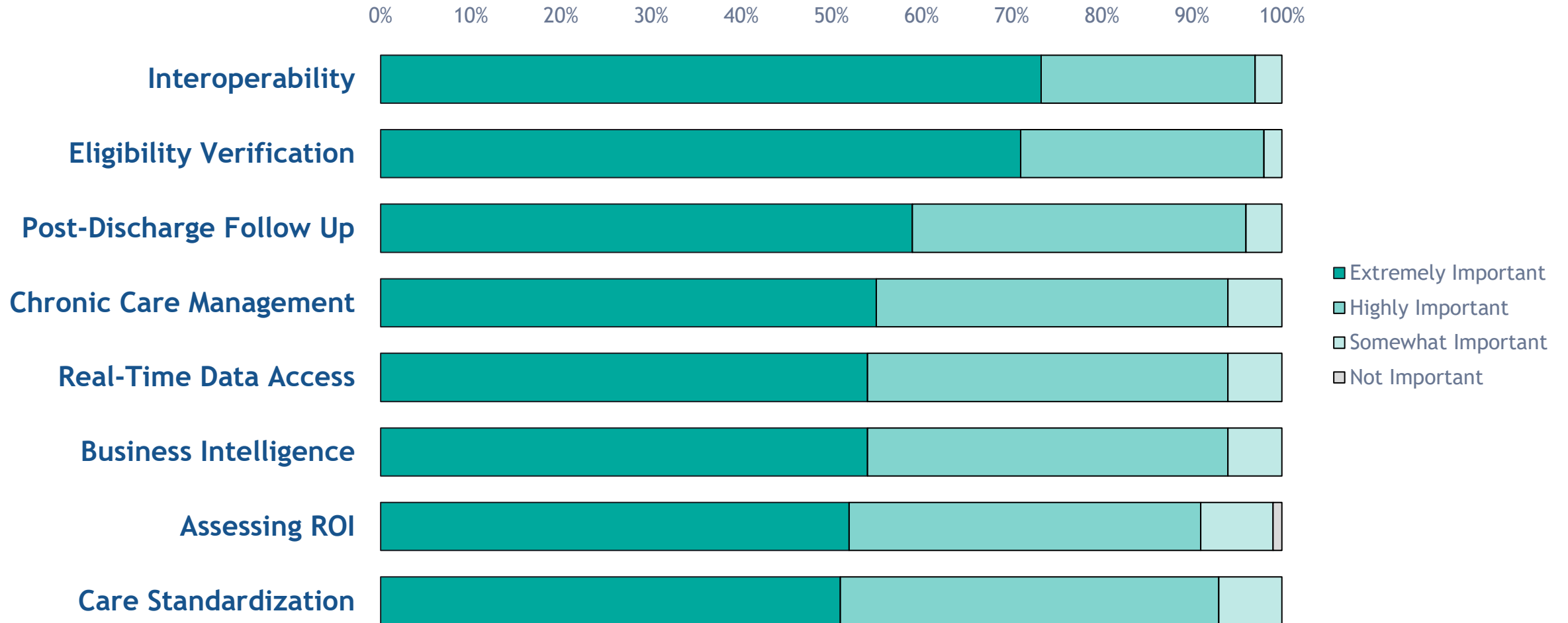
It's where the money flows

Succeed under risk-based contracts

Comply with regulations



Most Important Capabilities for Value-Based Care



Source: HFMA Executive Survey <http://www.hfma.org/ValueBasedPaymentReadiness/>



Quotes from HFMA Workshop

On a scale of 1 to 5, how aligned are you with your payer-provider counterpart?

- Answers were between 2 and 4 with half citing that it had moved to a 4
- “... what we learned is that those entities that have made the journey with us to risk are usually fairly satisfied with the relationship. It’s the providers in the middle - those that are on the road to value but haven’t made the cross over to risk - that are struggling and are the least satisfied” - Humana

What kind of trust will be needed to more reliably share data?

- “I would say trust has improved over the last 20 years, however, we need to continue to collaborate and there are many opportunities within the industry to do so.” - Legacy Health Systems

Where have you seen success in data sharing?

- “For our value based contracts, we are moving to a bidirectional interface - technology that sits on top of the HER and allows us to have insight into clinical data and lets providers send additional data back to us. In exchange for connecting to this interface, we provide all our provider groups with full claims detail.” - CareFirst BCBS



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The proposed rule is designed to increase innovation and competition by giving patients and their healthcare providers secure access to health information and new tools, allowing for more choice in care and treatment. - ONC



Goals of the Proposed Rules

CMS

A core policy principle is that every American should be able **to see, obtain, and use all electronically available information that is relevant to their health, care, and choices** - of plans, providers, and specific treatment options.

This includes two types of information:

- Individual information about a patient's health
- That is of general such as plan provider networks, the plan's formulary, and coverage policies.

ONC

Increase Innovation and Competition

Reduce Burden and Advance Interoperability

Promote Patient Access

- Through a provision requiring **that patients can electronically access all of their electronic health information (structured and/or unstructured) at no cost**



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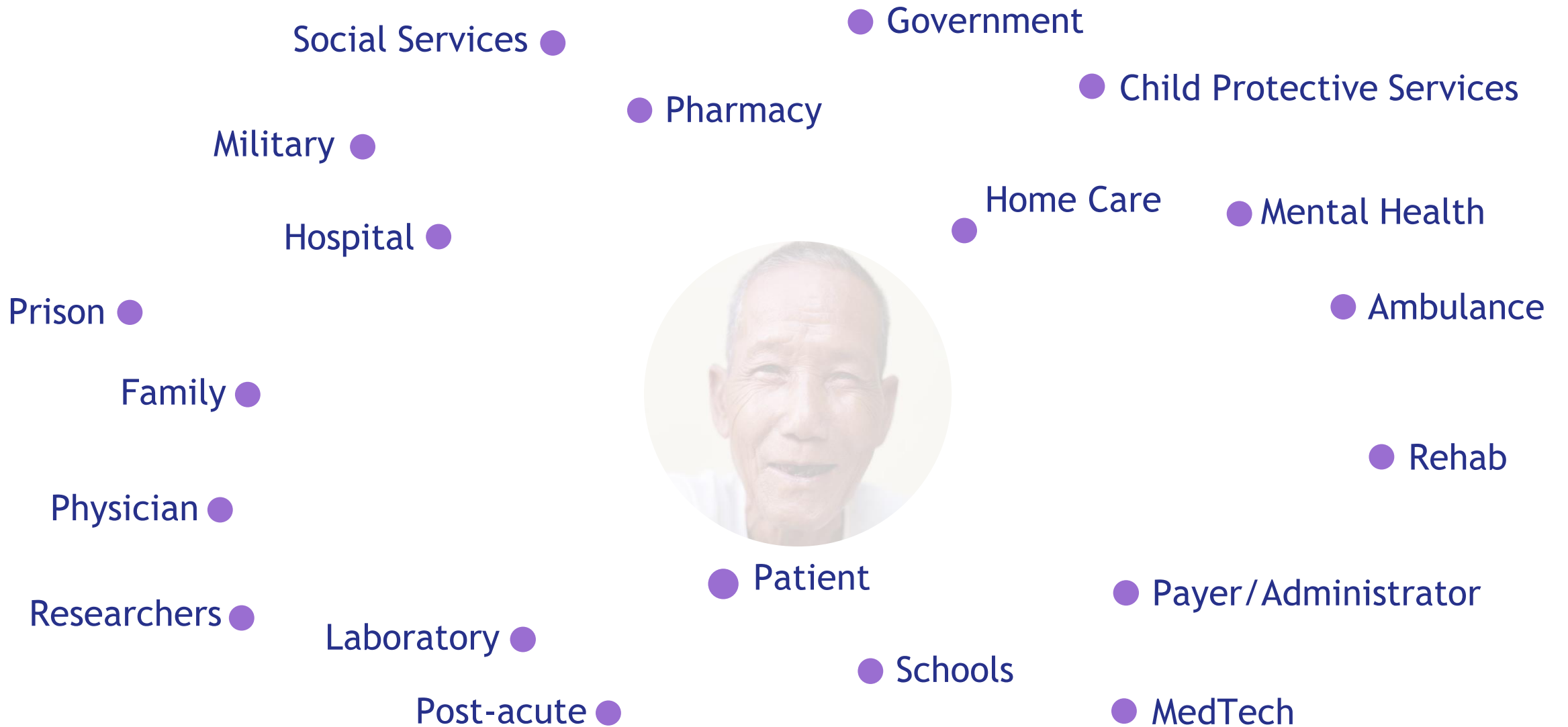
Do right by our patients

our members

ourselves

A typical senior patient in the U.S. visits 7 providers, across 4 practices per year





Laying an Information Foundation for Successful Collaboration

Improve Provider's Performance



Under new value based payment models optimizing the performance of your network matters.

A comprehensive shared health record enables:

- Better insight by providers so they understand all aspects of a patient - both clinical and financial
- Enhanced quality measurement, to ensure patients are getting the care they need



“Providers will have access to detailed information such as prescription drug usage and alerts for gaps in care such as missing preventive care services. Healthfirst is proud to be leading the use of HIE technology.”

*Deborah Hammond, MD,
Vice President and Medical Director, Healthfirst*





Manifest MedEx



MX Notify

Inland Empire Health Plan

Blue Shield of California



MX Analyze

70 Hospitals
3 Major Labs
3 HIOs



MX Access

Anthem Blue Cross of CA

Health Plan of San Joaquin



MX Data (future)

Creating a health information utility for California
Bridging the gap between payers & providers



Data as the conduit for collaboration

Bridging the gap between payers and providers

Payers

CMS Measures: HEDIS, STARS

Risk Adjustment

Care Coordination

Claims data lack clinical context - a test was ordered but what was the result?

Providers

Closing the loop with claims - did a patient fill their prescription?

Know about hospital admissions

Reduce duplicate testing

Succeed in value-based models

Identify and manage high-risk patients

Address gaps in care

Care Coordination



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Premera Blue Cross



Payer

\$4.8B rev
2+ M members
Claims for 1.1 M encounters



Provider Network

38,000 providers
296 facilities
409 EMRs

A foundation to redesign the member and provider experience
Improving customer lives by making healthcare work better



Making Healthcare Work Better

Our purpose: Improve customer's lives by making healthcare work better

At all stages, the member's healthcare experience is fundamentally improved by real-time integration

Before Care	During Care	After Care
Scheduling	Preventative Services	Referrals
Prior-Authorization	Closing care gaps	Readmission Prevention
Eligibility	Complete care record	Clinical Programs



Peak Care - Premera and MultiCare form Innovative Alliance



For Meaningful Collaboration

Improving Care Coordination & Care Management

- Care team event notification
- Automatic population of care management programs
- Shared care plans

Making Operational Processes More Efficient

- Compliance
- Risk Prediction
- Prior Authorization
- Chart abstraction

UNIFIED CARE RECORD

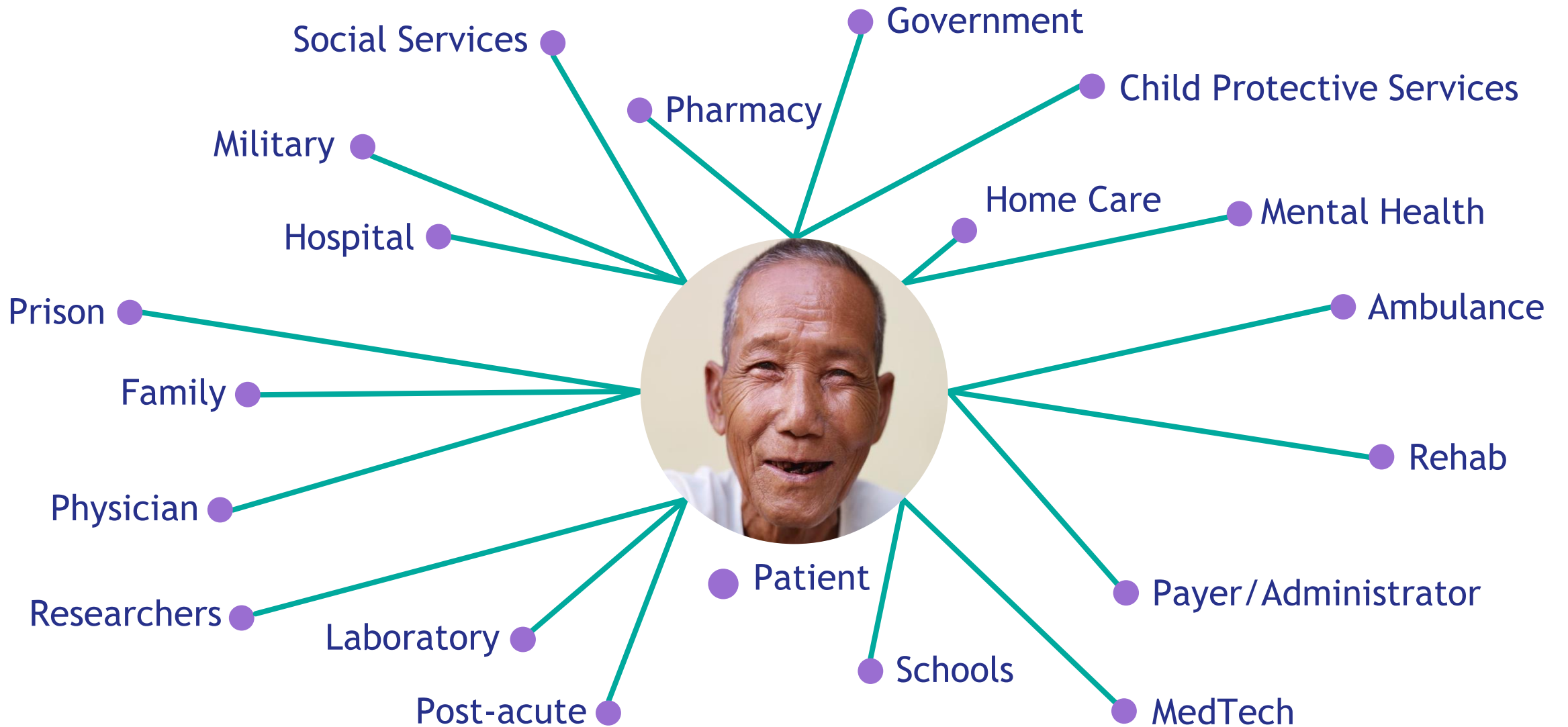
Enhancing Quality & Streamlining Measurement

- Identify gaps in care to improve quality
- Enhance HEDIS and STARS with clinical data

Optimizing Network Performance

- Value based metrics
- Longitudinal health records
- Identify coding gaps
- Risk Adjustment





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The power behind what matters.

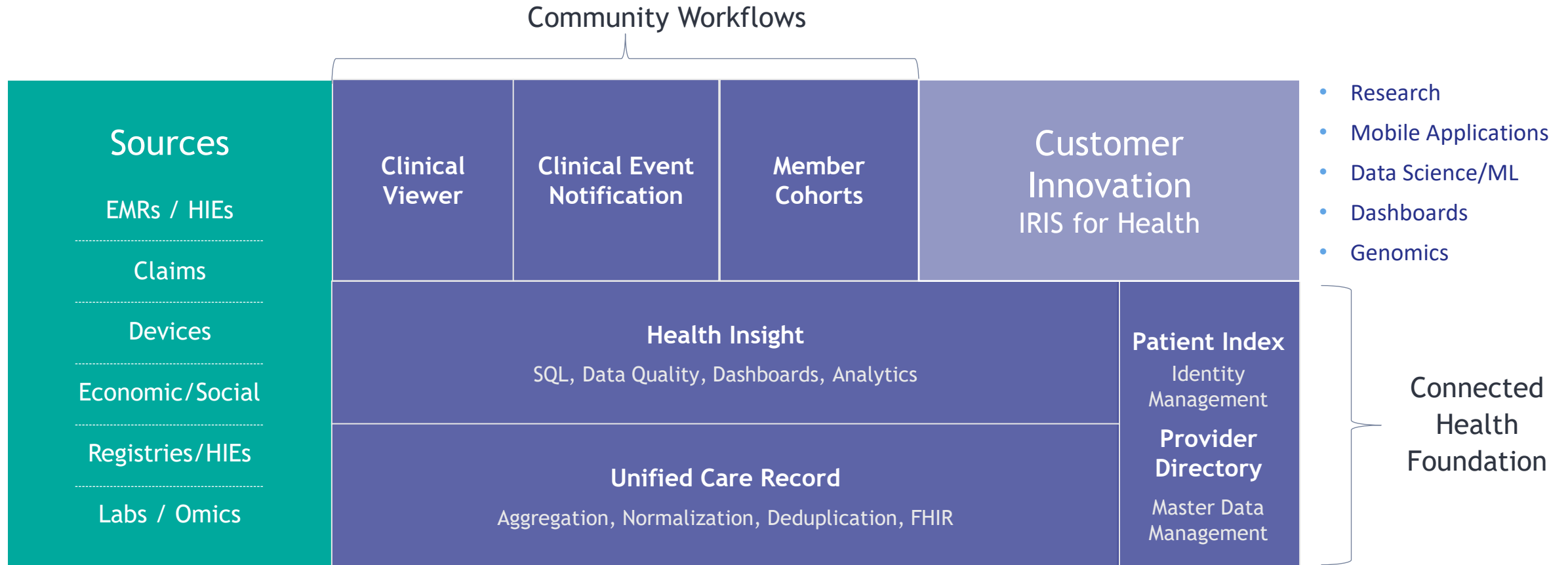


Thank you.



The HealthShare Platform

HealthShare does the hard work of managing, cleaning, and integrating clinical data and provides the framework for connected health workflows, allowing partners to build innovative apps with trusted data



Most Healthcare Spend Goes To Providers

