Collaboration Is the Key for Health Plans in a Shared Risk Environment

Information Sharing Enables Health Plans to Leverage Data and Analytical Assets to Deliver Sustained Value

InterSystems
HealthShare®

Executive Summary

The shared-risk payment models that are central to health reform all require tight coordination among payers, providers, and patients if they are to succeed. As payers and providers enter into more and more such agreements, they need to enhance success by communicating and collaborating more effectively with their partners and actively engaging, supporting, and empowering their members.

To foster this collaboration and engagement, payer organizations must make critical decisions about technology and solutions that will provide timely, comprehensive information at the point of care. This will enable providers to make better clinical decisions and members to better understand and manage their health.

Delivering the right actionable information for risk mitigation is challenging. Health plans and providers have extensive investments in data and analytic assets. Yet neither party in most risk-sharing agreements has the full picture, and there is often no efficient mechanism for getting the information to those involved in clinical decisions in a timely manner to optimize care delivery.

Care communities of payers, providers, and patients need the right foundation to effectively connect people, organizations, and systems. That foundation includes information sharing through a secure, comprehensive health informatics platform. Information exchange builds sustainable value through enhanced care management, risk mitigation, and optimized engagement. Ultimately, health plans that invest in information exchange are able to deliver the right information in the right amount to the right person at the right time to drive the right actions by everyone involved. They deliver better health through connected care.

The Quest for Healthcare Value

Healthcare payment reform is a widespread movement to create incentives that will produce greater value throughout the U.S. healthcare system. Value is generally expressed in terms of improved outcomes, greater satisfaction, and more cost-effective care, so payment models are increasingly designed to balance these objectives across constituents.

Value-based payment models promise greater financial return while delivering better outcomes and higher patient satisfaction. Bundled payments, accountable care organizations (ACOs), and other managed-care models tie financial returns to highly coordinated care and proactive population health management. All assume that the interests and behaviors of patients, providers, and payers can be aligned to achieve common goals by sharing the risk of success or failure. Value and quality in healthcare improve when that risk is proactively managed, members are informed and engaged, and providers are supported in care delivery.

Objective: Get Ahead of Risk to Achieve Value

The challenge inherent in risk-sharing models is that patient status is constantly changing. Emergency room visits, acute illnesses, admissions, discharges, and other factors alter risk profiles and can happen at any time. The same holds true for changes to medication lists, new laboratory data, and shifting adherence to care plans. Therefore, in any risk-sharing arrangement, communication and access to comprehensive patient data are critical so that all parties can respond appropriately, in a coordinated fashion.

To manage risk, health plans and providers must share timely, complete, and credible information to drive decisions. Information such as filled prescriptions; diagnoses and procedures from claims; admission, discharge, and transfer notifications (ADTs); lab results; and clinical notes all help complete the picture of members and their care requirements. In addition, analytic results produced by health plans, such as quality metrics and gaps in treatment, can inform provider decisions at the point of care. Optimal interventions can decrease the risk of avoidable events, improve member health, increase satisfaction, and/or lower costs, all contributing to higher value.

For this to happen, providers need a seamless experience where actionable, important information is delivered directly into their preferred workflows using industry-accepted messaging standards. And it is not only point-of-care providers who require such information. Care coordinators, case managers, and administrators need information that enables them to make the right decisions on behalf of patients and to communicate appropriately with others on the care team. Patients need to understand and contribute to care planning as well.

The key to risk mitigation and better health is collaboration and engagement among health plans, providers, and patients to achieve the "five rights" — the right information in the right amount to the right person at the right time to drive the right actions.

Obstacles to Collaboration and Engagement

There are a number of challenges to overcome if we are to optimize collaboration and engagement.

Missing information — Patient data is generated at every point along the care continuum. Unless the systems generating this data are connected and interoperable, each participant in the care process has an incomplete picture of the patient. Similarly, it is difficult for patients to understand their own health histories when information is siloed.

Data latency — Patient data needs to be current as well as comprehensive. If there is a gap between when important information is created and when it becomes available to providers, patient safety is at risk and the opportunity for timely intervention is lost.

Obscured information — Providers have too many competing demands on their time to spend it hunting for data. Actionable information may be missed if it is not integrated into existing preferred care delivery workflows and presented at the right time in ways that are meaningful.

Connected Care Communities Are Built on a Foundation of Information Sharing

Payer and provider organizations generally have made extensive investments in both operational and analytical information technologies. Many of these systems are capable of sending documents and data to one another, yet none is designed to bring together and share the full complement of health information required for collaboration and engagement, much less in a timely fashion compatible with care management workflows.

Just as a bridge requires the right foundation to effectively connect physical communities, care communities of payers, providers, and patients need the right foundation to effectively connect people, organizations, and systems. That foundation includes information sharing through a secure, comprehensive health informatics platform encompassing data management, healthcare interoperability, and analytics.

First-generation healthcare information exchanges were public or quasi-governmental utilities intended to foster the exchange of clinical data among care providers. Very few such exchanges delivered on their promises, largely because the payment environment created barriers to information sharing, and because much of the focus was on technical infrastructure rather than on clinical and business value.

Today's leading public exchanges were designed with the recognition that information sharing is an essential element of any healthcare reform effort and that successful exchanges need participation from all parties in the care delivery and financing network. Organizations like Hixny and Healthix, which operate regional exchanges covering nearly 14 million citizens in the state of New York, include payers, employers, providers, and social service agencies among their membership. Alerts generated by such exchanges are used by health plans to drive care management, while comprehensive shared records promote safer, more cost-effective care by providers.

Next-generation exchanges have been created by providers and health plans specifically to foster the collaboration necessary to thrive in shared-risk payment environments where care coordination across the entire continuum is essential. Organizations like Healthfirst and North Shore-LIJ Health System are investing in a health informatics platform for information sharing that leverages public exchanges. This platform lays the foundation for a reimagined healthcare business model in which the incentives of payers, providers, and patients are aligned and technology is a strategic enabler.

An investment in foundational information sharing should enable health plans to effectively manage care for patients and populations, mitigate risk, and optimize engagement with members and providers.

Manage Care

To manage care efficiently, whether for an individual or for a population, you need to automate information gathering and present the results to the care provider in a way that makes sense. The information exchange should enable this by including the following:

Connections across the health and social care continuum — Traditionally, efforts to increase interoperability have concentrated on physician-office and hospital data exchange. A robust information exchange should also include prescription data, lab results, behavioral health records, claims, home care documentation, remote monitoring device data, physical therapy plans, social service providers, long-term care facilities — in short, contributions from the entire constellation of people and organizations involved in the care of a given patient or population. It needs to be able to gather this information securely using recognized industry standards.

A full complement of timely healthcare data — Healthcare records consist of documents, structured codes, images, notes, and messages. Some of this data is normalized, granular, and easy to interpret, but much of it is not. Healthcare standards are continuously evolving. Patient-reported observations, care plans, outcomes, and information from less-traditional healthcare data sources such as social service agencies may not map to any recognized standard. The information exchange needs to be able to organize, structure, interpret, and present all of this data to providers in a form that makes it useful for care management. And it needs to do so in near real time, not days, weeks, or months after an event occurs.

A strong understanding of who is who — Identity management — the capability to correctly identify and link together all records related to a given individual — is a core health exchange function. Additionally, the exchange must be able to accurately link patients with their authorized representatives, to create a provider directory and care team listing, and to associate patients with those caregivers. It also must dynamically recognize population members as clinical and demographic conditions change, such as when a lab result moves a diabetic into a high-risk category, or a birthday pushes a child into a target population for a vaccination.

Mitigate Risk

Risk comes in many forms — clinical, financial, and technical. It cannot be eliminated, but it can be mitigated. A health informatics platform should provide visibility to existing and potential risk, insight to manage it, and technology to limit it.

Opportunities brought to light — Complete, timely data means that duplicative procedures can be avoided, enhancing safety and reducing costs. Gaps in care can be identified. Deviations from care plans can be detected and addressed. Medication lists can be reconciled. And unaffiliated providers can work together as a team.

Proactive, insightful management — With 75% of healthcare costs going toward the treatment of chronic diseases such as heart disease, stroke, cancer, and diabetes, managing the care of these populations is a critical component of risk mitigation. Similarly, reductions in readmissions, prevention of adverse drug interactions, and timely identification of patients who fall into a bundled payment plan all present opportunities to limit clinical and financial harm. An information exchange that can embed and/or feed predictive analytics makes insightful risk management possible.

Safety enhanced — Intelligent alerts configured to notify caregivers of relevant events, changes in patient status, or gaps in care reduce the adverse effects of information overload, human failure, and missed opportunities. Similarly, information sharing delivered via a secure health informatics platform guards against inappropriate access to sensitive information.

Optimize Engagement

Engagement is the active participation and collaboration that comes with genuine partnership across the care community. For providers, partnership strengthens relationships with patients, increases efficiency, and delivers meaningful measurements of value. For patients, partnership implies a culture of respect, transparency, and shared decision-making. For all participants, engagement needs to be facilitated by frictionless information sharing.

Information made meaningful — Payers, providers, and patients use and interpret information differently, but they all need access to the same comprehensive records presented in a format tailored to their needs. An information exchange provides the mechanism to deliver that information effectively.

Communication streamlined — When information is available in a timely, organized fashion, providers can focus on patient care instead of spending time seeking out data, worrying about its absence, or hunting for information of interest within a mass of records. Notifications to patients and providers enable them to act on new information as soon as it becomes available. And health plans can deliver targeted communications to members based on up-to-date clinical status rather than delayed claims data.

Efficiency enabled — An exchange should deliver data to participants based on defined rules and preferences, augmenting the information available for care and minimizing information overload. Whether that information represents a gap in treatment or a work list of patients needing follow-up care management, it should be focused on the needs of the user.

InterSystems HealthShare

The promise of healthcare reform is a healthcare system that delivers value for everyone involved. Transformation requires more than just technology, but care communities built upon a foundation of shared information have the power to deliver that vision and create sustained value.

InterSystems HealthShare software is designed for health plans and ACOs to create value by collaborating across care networks. Built on the world's most advanced health informatics platform, HealthShare provides technology for health information sharing through strategic interoperability.

Strategic interoperability is what connects all the dots on the healthcare continuum. It allows you to capture health and health-related information from health plans, providers, and patients; share that information in a meaningful way among all the constituents in the care process; analyze and understand that information; and act to drive improvements in care and efficiency. It provides the basis for patient engagement and care management solutions, and it powers successful information exchanges across the U.S. and around the world to deliver better health through connected care.

InterSystems is widely recognized as a healthcare leader by experts and analysts. Gartner positioned InterSystems as a Leader in its "Magic Quadrant for Operational Database Management Systems." In its study "HIE 2014: Revisiting Great Expectations," research firm KLAS reported that InterSystems HealthShare was the only product that 100% of customers surveyed described as a "part of their long-term plans" and said that they "would buy this again."

In KLAS's Interface Engines Performance Report – May 2015, InterSystems performs above average in every performance category measured by KLAS, including implementation quality and timeliness.

InterSystems technology powers:

- Nearly all U.S. academic medical centers.
- All of the hospitals in the U.S. News & World Report 2014-2015 Honor Roll of Best Hospitals.
- State- and country-wide solutions in Sweden, Denmark, Scotland, Brazil, Chile, the U.S. and elsewhere.
- Care technology for two-thirds of Americans.
- Two of the three major HIS solutions that Gartner calls "Global Solutions."
- Electronic medical records for over 12 million patients in the U.S. Department of Veterans Affairs and Department of Defense health systems.

To learn how HealthShare can provide the foundation for collaboration and engagement across your care community, please visit **InterSystems.com**.

---

[1] "Rising Healthcare Costs Are Unsustainable," CDC, Oct. 23, 2013.

[2] "InterSystems Recognized as a Leader in Gartner Magic Quadrant for Operational Database Management Systems," Oct. 21, 2014.

[3] "Healthcare Providers Weigh In on InterSystems HealthShare in KLAS 2014 HIE Report," April, 2, 2014.

[4] Best Hospitals 2014-15: Overview and Honor Roll, by Kimberly Leonard, U.S. News & World Report, July 15, 2014.

[5] "Magic Quadrant for Global Enterprise EHR Systems," by Thomas J. Handler, Gartner, Sept. 9, 2013.

InterSystems Corporation

World Headquarters
One Memorial Drive
Cambridge, MA 02142-1356
Tel: +1.617.621.0600

InterSystems.com

INTERSYSTEMS®