

simplifying healthcare administration

CAQH[®]

CAQH CORE Healthcare Thought Leader Series: **Dr. Ricardo Martinez & Fletcher Lance**

April 29, 2015
2:00 – 3:00pm ET

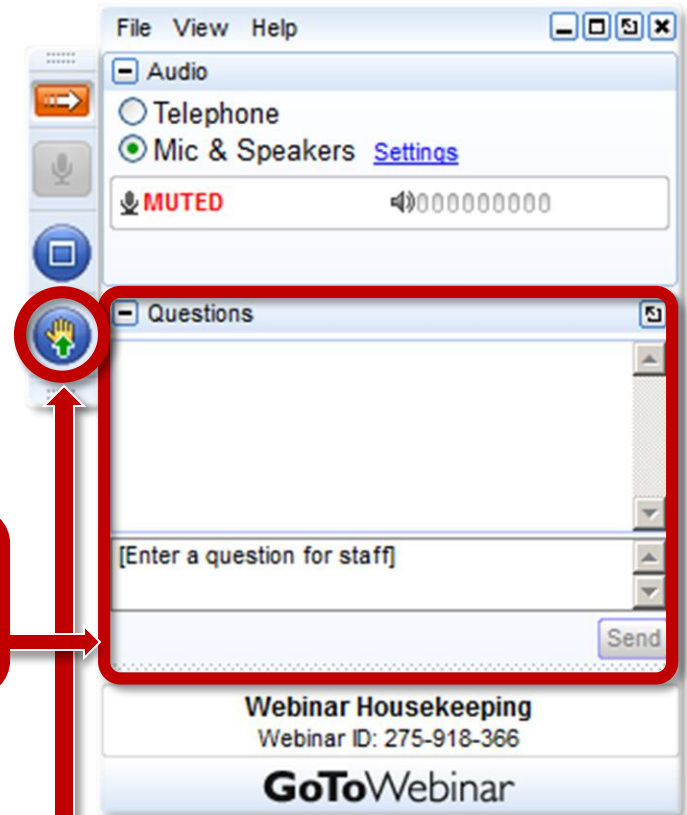
CORE[®]

Committee on Operating Rules
for Information Exchange

A CAQH Initiative

Participating in Today's Session

- Download a copy of today's presentation on the [CAQH.org website](http://CAQH.org)
 - Navigate to the CORE Education Events page and access a pdf version of today's presentation under the list for today's event
- The phones will be muted upon entry and during the presentation portion of the session
- At any time throughout the session, you may communicate a question via the web
 - Submit your questions on-line **at any time** by entering them into the **Q&A panel on the right-hand side of the GoToWebinar desktop**
 - On-line questions will be addressed first
- There will be an opportunity today to submit questions using the telephone
 - **When directed by the moderator, press the "raise hand" button** to join the queue for audio questions



Polling Question #1:

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Which stakeholder type best describes your organization?

1. Provider
2. Health Plan
3. Clearinghouse
4. Vendor
5. Other

CAQH CORE Healthcare Thought Leader Series:

*“Meeting at the Intersection of
Clinical and Administrative Data”*

April 29, 2015



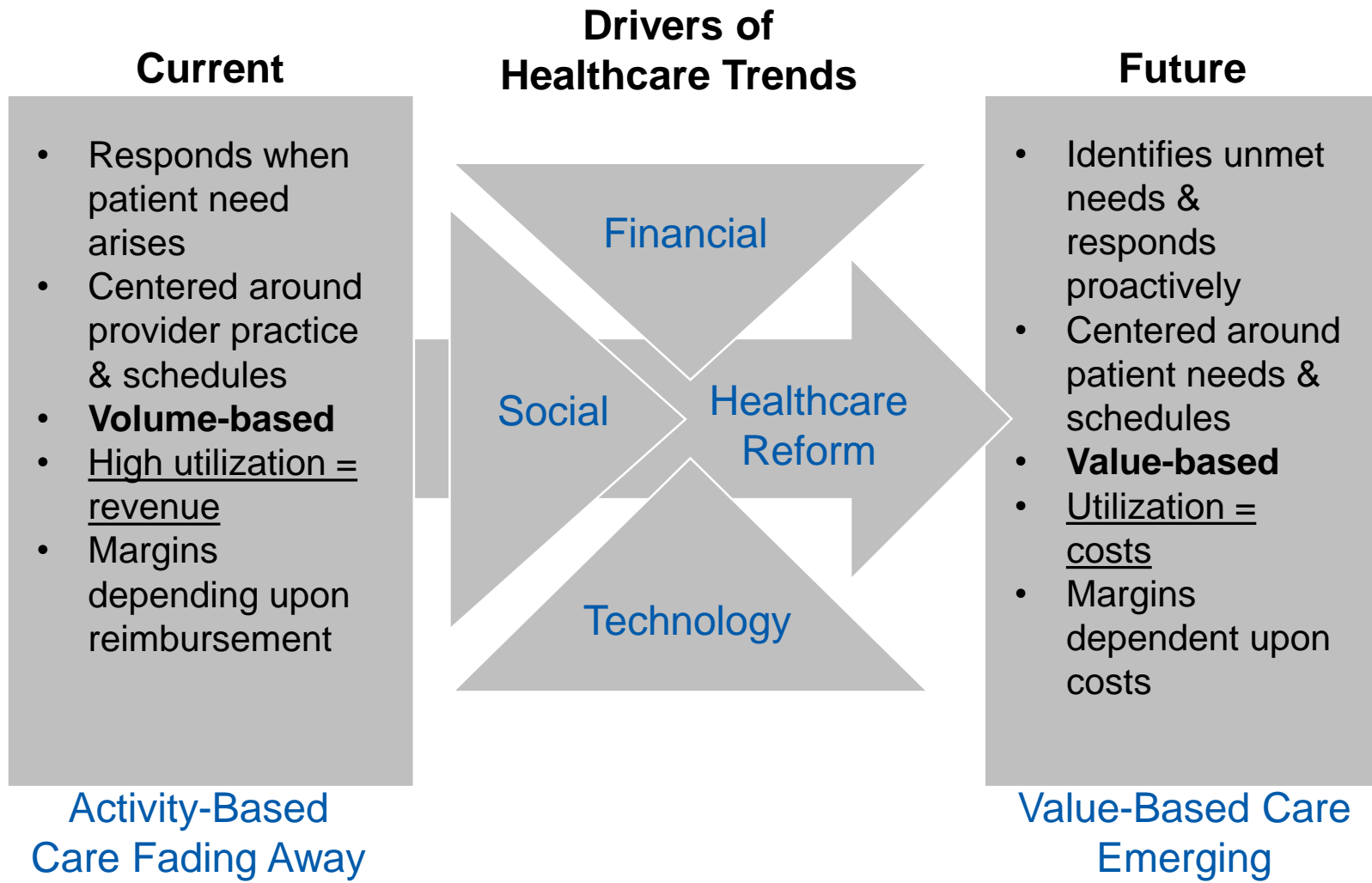
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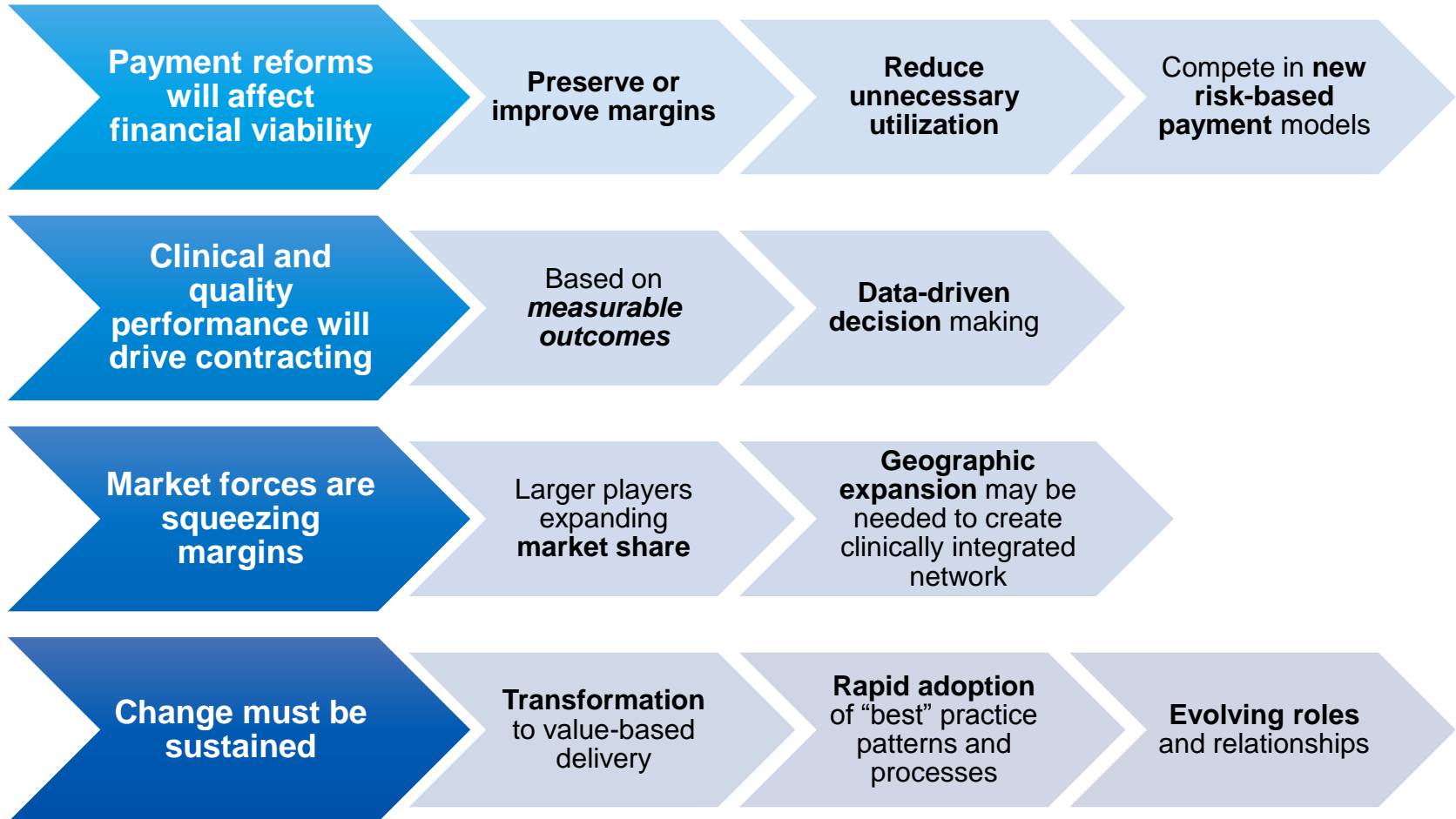
Overview

- Healthcare Trends Driving Clinical and Administrative Data Transformation
- The Rise of Healthcare Analytics as a Management Tool
- Physician Engagement: Aligning Clinical Delivery Activities to Lessons Derived from the Data
- Relevant Case Studies
- Questions/Discussion

Market Drivers of Value-Based Care



Change is Coming



Change Factors



Social Waves

- Aging of population
- Growth of chronic diseases
- Shortage of primary care physicians and healthcare workers
- Increasing consumerism (what do I get for my health care dollars?)
- Shift from Independence to Interdependence [Systems Thinking]



Financial Crest

- Reimbursement peaking
- Move toward “Pay for Value”– Quality/\$\$
- Shift away from high fixed costs
- Move toward risk sharing models
- Greater scrutiny from payers and public
- Growth of defined contribution benefits
- Increasing patient co-pays makes them a payer source
- Value-based insurance design



Increasing Consumerism

- Want more control and choice in health relationship
- Desire more convenient access to care
- Think they own their medical information
- Increasingly cost conscious
- Want to collaborate with others with the same disease
- Want access to medical information
- Desire personalized experience



Technology Waves

- Rapid growth and implementation of Health IT across healthcare allows capture and exchange of clinical data.
- Expansion of wireless broadband increase flow of information
- Rise of digital sensors and imaging that can provide information and be shared via remote monitoring
- Boom of mobile devices for collaboration and information retrieval, including consumers.

Healthcare Data Supply & Demand is Exploding

In These Settings...

- Hospitals
- Nursing Homes
- Clinics
- Patient Homes
- On-the-go

Are Data Creators...

- Physicians
- Nurses
- Specialists (RTs, etc.)
- Patients
- Care / Case Managers
- Pharmacists
- Medical Devices
- Labs

Creating Information...

- Patient Demographics
- Symptoms
- Diagnoses
- Procedures
- Medications
- Metrics / Parameters
- Lab Results
- Radiology / Scans

In These Destinations...

- Clinical Applications / EMR
- Data Warehouse
- Decision Support Systems
- Patient Portals
- Claims Recipients

Managing Both Effectively Is Critical

For These Data Consumers

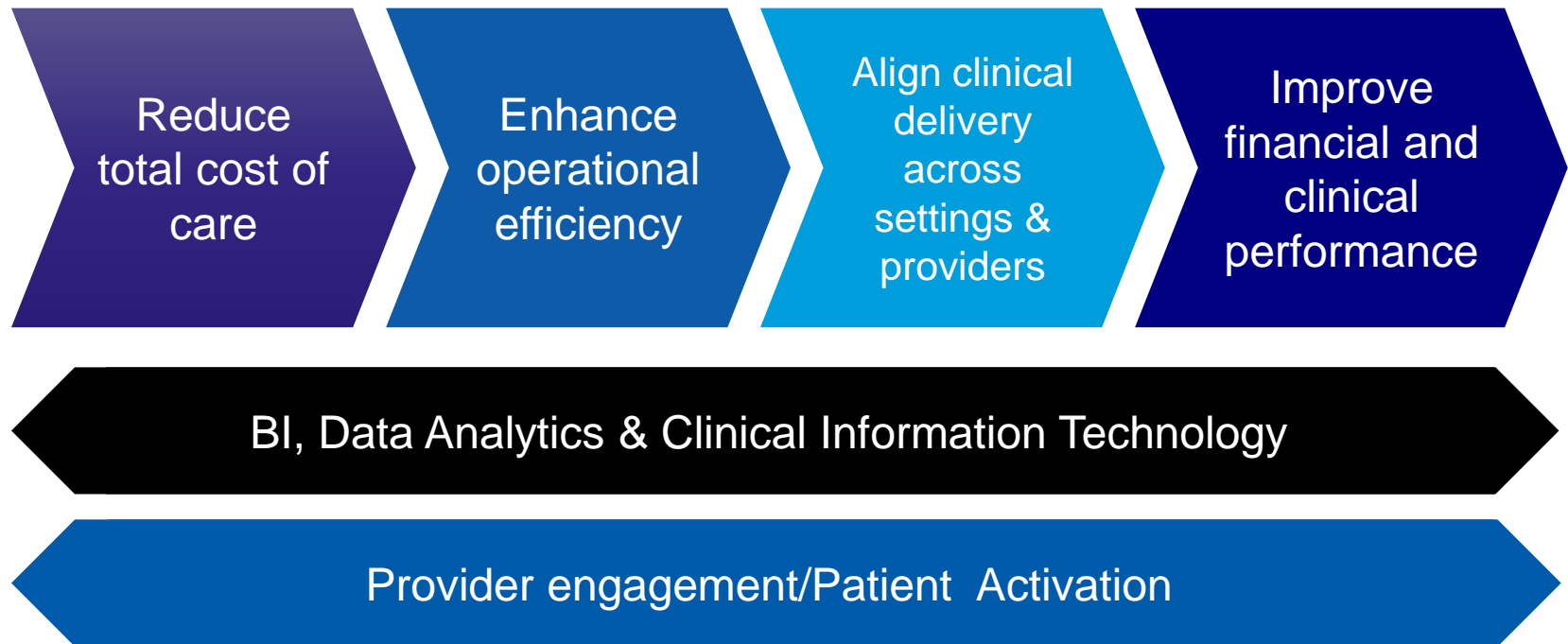
- Physicians
- Nurses
- Specialists (RTs, etc.)
- Patients
- Family Members
- Hospital Executives
- Care / Case Managers
- Employers
- Pharmacists
- State Governments
- Federal Government
- Insurers / Payers
- Nursing Home Executives
- Clinic Executives
- Pharmaceutical Companies
- PBMs
- Medical device companies

Supply (of data)

Demand (for data)

Clinical and Administrative Transformation Efforts Must Be Aligned and Data-Driven

- A comprehensive, interdisciplinary approach to **redesign care delivery** to achieve **clinical excellence** and **better value** throughout the care continuum



Polling Question #2: ***CAQH CORE***

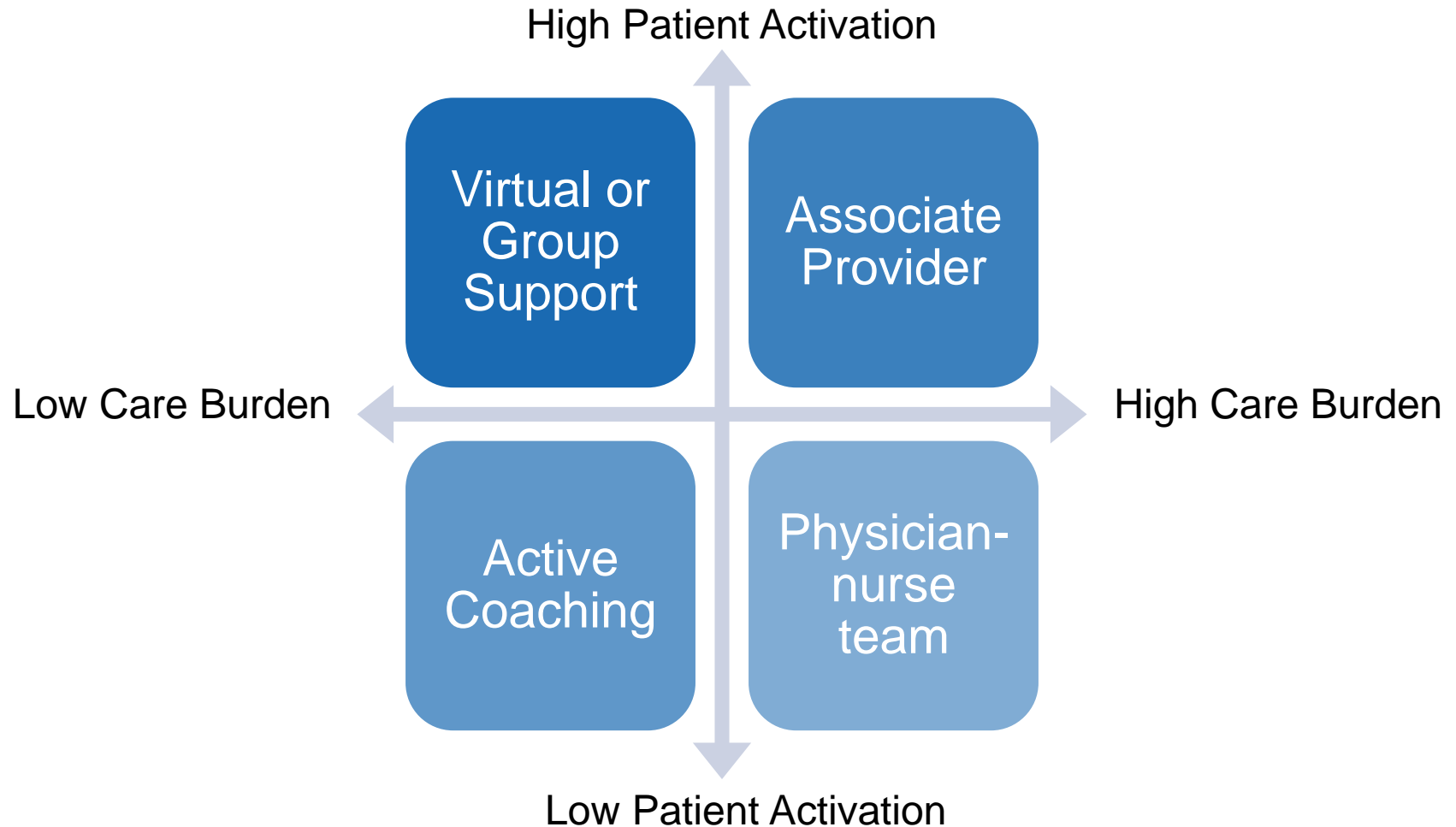
Which of the following influences you most when making a decision about administrative simplification and business practices?

1. Peer experience/endorsement
2. Pilot testing results
3. Government mandate
4. Return on investment

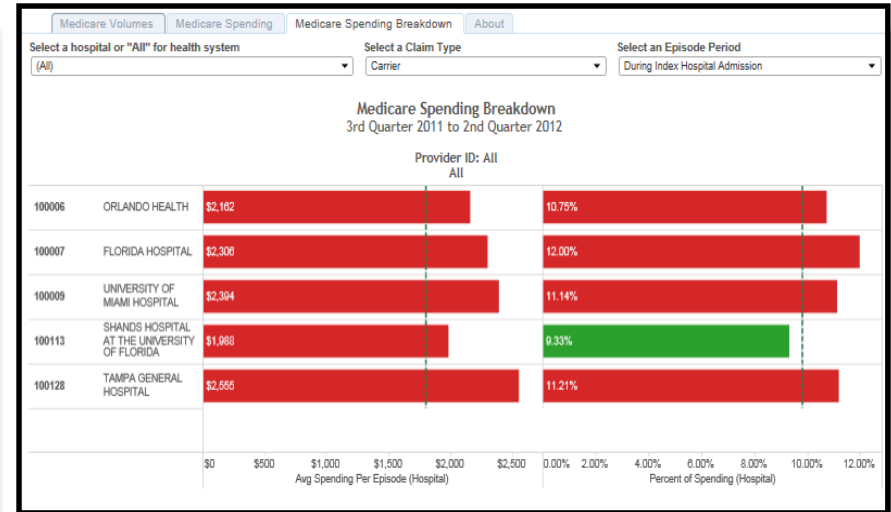
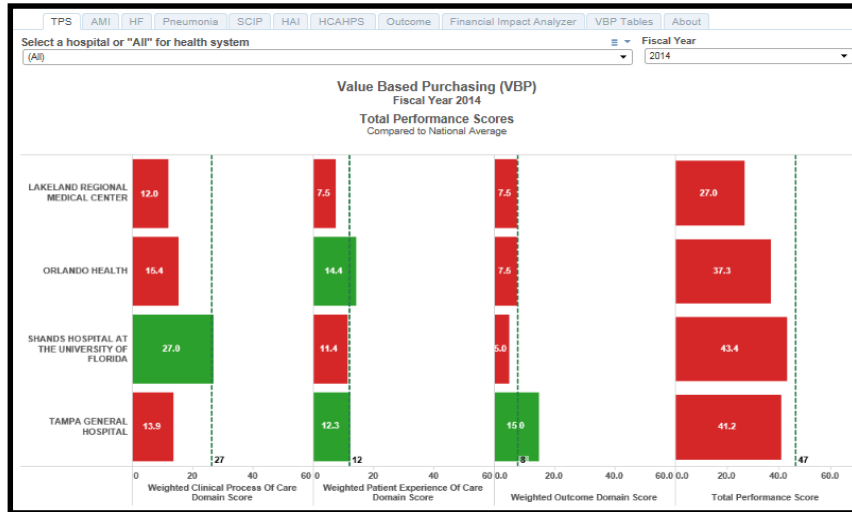
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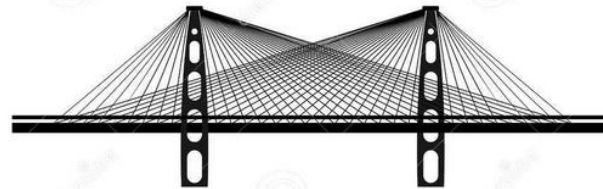
Optimizing Clinical, Operations and Financial



Aligning for Clinical and Financial Success



Clinical



Financial

Data provides a bridge between clinical and financial performance

- Dashboards give better visibility to actionable data
- Eliminate silos between departments

Data Driven Analytics



What are they?



Clinical Analytics

Establish a roadmap for best practice resource allocation and value-based reimbursement



Cost Analytics

Analyze costs reduction opportunities to create savings and improve financial viability



Operational Analytics

Analyze operational performance across service lines to create savings and improve efficiency



What do they provide?

- Grouping data effectively into clinical work processes
- Identifying areas of variation and waste
- Gaining consensus among physicians for improvement efforts
- Leveraging work group teams to implement better care processes

- Delivering business intelligence into your total cost of care and opportunities for cost reduction in your supply chain
- Gaining capabilities to optimize supply chain contract utilization and better predict, identify and correct business issues more quickly
- Reducing costs by helping your organization reduce variation

- Insight to improve decision making by identifying clinical, operational and financial improvement opportunities
- Improving service line performance and physician alignment through better understanding of the “true” costs
- Quantify cost-reduction opportunities in both price and utilization of supplies



What are the solutions?

- A **healthcare enterprise data warehouse** that includes clinical, financial and patient satisfaction data provides the framework for the team to answer questions like these:
 - Can we reduce the number of procedures?
 - Can we lower the cost of a specific item?
 - Can we decrease time for test results?
- **Enabling:**
 - Determination of best practices
 - Developing standardized care process models
 - Implementing new quality healthcare improvement processes
 - Developing & monitoring standardized metrics

- **Pharmacy Analytics**
 - Gain deep insight into pharmacy spend through business intelligence
 - Produce actionable pharmacy spend analytics, increased efficiency and significant cost savings
- **Spend Analytics**
 - Improve your supply chain management with business intelligence tools
 - Gain easy access to supply chain spend by functional category, contract, non-contract, supplier, etc.

- **Operational Analytics**
 - Tools for budget planning, forecasting and monitoring
 - Obtain actionable data in context of patients allowing for true cost evaluation based on care quality
- **Service Line Analytics**
 - Gain insight into connection between clinical outcomes, utilization and supply cost.
 - Tools gather, interpret and report clinical, financial and supply-cost data by service line to identify savings opportunities

Role of Standards and Operating Rules in Administrative Simplification

- Standards and operating rules and their use in interoperable systems form the critical underpinning of administrative simplification; Now most providers have systems that can communicate both within an organization and with key external constituents...think “plug and socket”
- Section 1104 in the ACA requires the Secretary to adopt and regularly update standards and operating rules for the HIPAA transactions. Full industry adoption and use of these standards and operating rules maximizes the benefits of administrative simplification so the transaction sets work as designed.
- Ideally, in a future healthcare world there should be a seamless, automated process that confirms to the hospital/administrative staff the patient’s eligibility for a health plan and health plan permission for the procedure to be performed.
- This loop should then link to the appropriate ICD-10 code(s) standard. This is not yet available but should be the model)....
- Once the clinical record is recorded...the payment process (837) begins

We have part of the bridges build but they are not yet connected...the standards are the rail road ties/nails that connect pieces, the operating rules make the train work more efficiently (such as real-time response) but we, as an industry, have work to do to ensure interoperability, exchange standardized data and reap the ROI benefits of operating rules

How Administrative Simplification Can Positively Affect Clinical Operations

- Physicians spend extra time per day on non-clinical administrative tasks. One estimate is that if primary care physicians had an additional 30 minutes free per day that would free up opportunity to see 30-40 million patients per year.
- Physicians are most satisfied when their work content matches their skill level and training, rather than doing clerical work (RAND/AMA study).
- Using electronic data exchange via standards and operating rules, physicians and staffs have additional time to spend with patients, resulting in care plan compliance and improved outcomes.

Healthcare Analytics : Decision Drivers

Improve Clinical Utilization and Financial Performance

Health Systems' Revenue Curve Is Flattening

- As healthcare costs rise on a per capita basis, hospital revenue has reached a plateau. As delivery systems move from a fee-for-service environment to value-based care, staying the course is not a sound option for hospitals.
- Reducing healthcare costs is a major driving force in bundled payments, home-centered medical care, and accountable care organizations. Each new delivery model is built on the premise of *reducing* revenue per patient.



Financial Analytics



Operational Analytics



Clinical Analytics

Data Driven Process Improvement

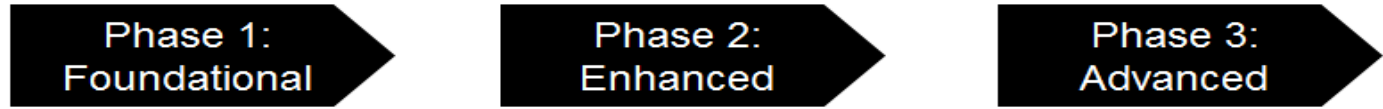
Success depends on data, analytics, and interpretation coming together.

Data aggregation and enrichment. The ability to provide usable, accurate, relevant data is crucial to enabling improved outcomes.

Data analysis and interpretation: To drive improvements in quality and cost, analysis and interpretation must be optimized. Retrospective and prospective medical cost trend analyses, benchmarking, and predictive modeling for targeting patient conditions and behaviors.

- Population segmentation for the clinical and business user with interpretation of clinical and financial risk analysis.
- Provider profiling that measures quality of care and cost efficiency.
- Identifying patient-specific gaps in care and assisting with next-step opportunities for improvement and measuring expected financial effect.
- Capturing, integrating, and normalizing all types of healthcare data—payer, EHR, lab, HRA, etc.
- Multi-payer data in a virtual single-payer view (Integrator Services Organization solution – ISO)
- Bundled payment analytics
- Analytic results interpretation to assist executives, managers, and clinicians in finding opportunities and driving improvements.

Progressive Strategies Enabled by Data



Capabilities Required:

- Call centers – inbound
- Patient satisfaction programs “to the patient”
- Shared protocols and clinical pathways for key operations
- Cost management / benchmarking
- Expand scope of practice
- Physician leadership & engagement
- Metrics and data sharing across sites

- Unified call center – inbound / outbound
- Patient portals for results / “scheduling with the patient”
- Shared protocols & pathways across settings and sites of care
- Provider substitution
- Patient-centered, physician-led teams
- Social media tools to connect

- Virtual Access Centers
- Shared clinical pathways “by the patient”
- Multi-disciplinary pathways for complex conditions / patients
- Lower cost service / treatment utilized

Phase 1

Phase 2

Phase 3

Components:

Clinical	<ul style="list-style-type: none"> • Attract high volume, high reimbursement procedures 	<ul style="list-style-type: none"> • Manage patients remotely • Expand geographic footprint 	<ul style="list-style-type: none"> • Early intervention to avoid high costs • Transition to population health
Financial	<ul style="list-style-type: none"> • Increase volume to increase revenue 	<ul style="list-style-type: none"> • Shift focus to cost per unit service 	<ul style="list-style-type: none"> • Minimize unnecessary utilization, maximize health • Take risk for larger population
Operational	<ul style="list-style-type: none"> • Maintain volume at capacity • Add high revenue diagnostics and therapy lines 	<ul style="list-style-type: none"> • Move to lower cost access and maintain quality • Provider and treatment substitution 	<ul style="list-style-type: none"> • Right size capacity • Efficiency and safety as priorities

What Success Looks Like

Integrated

Data spans the clinical, operational and financial spectrums

Tied together to help people understand how levers in one area impact another

Personalized

Customized for the user

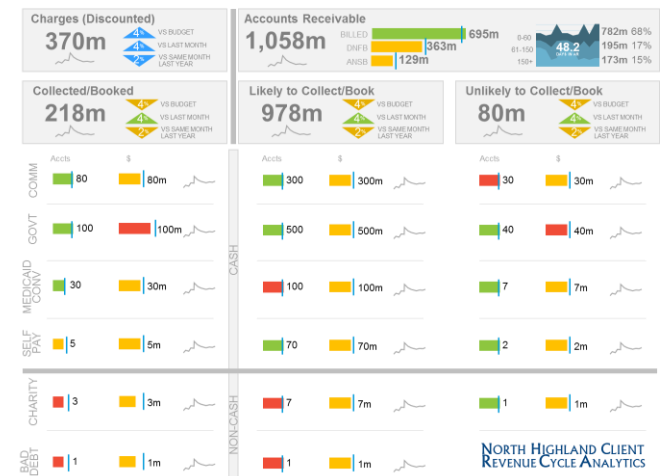
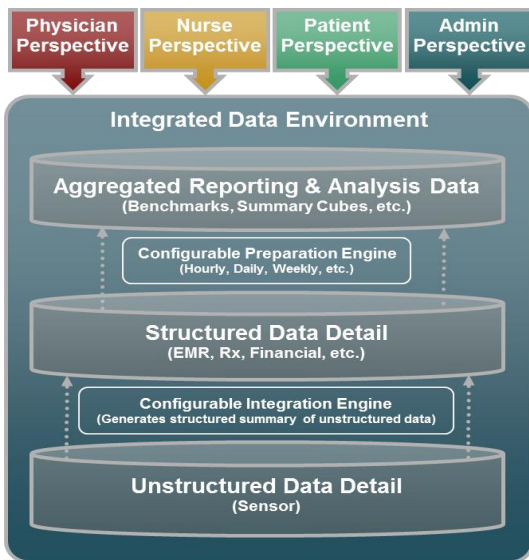
Relevant – tied to metrics that are meaningful to the role they play

Intuitive – user involved in the design

Active

Real-time or near real time

Interactive (ability to answer “why” questions on their own)



Polling Question #3:

CAQH CORE

Is your organization already using integrated clinical and administrative data to improve your business operations or claims?

1. Yes
2. No
3. Unsure/unknown

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Align Clinical Delivery – Improve Quality, Patient Satisfaction & Safety

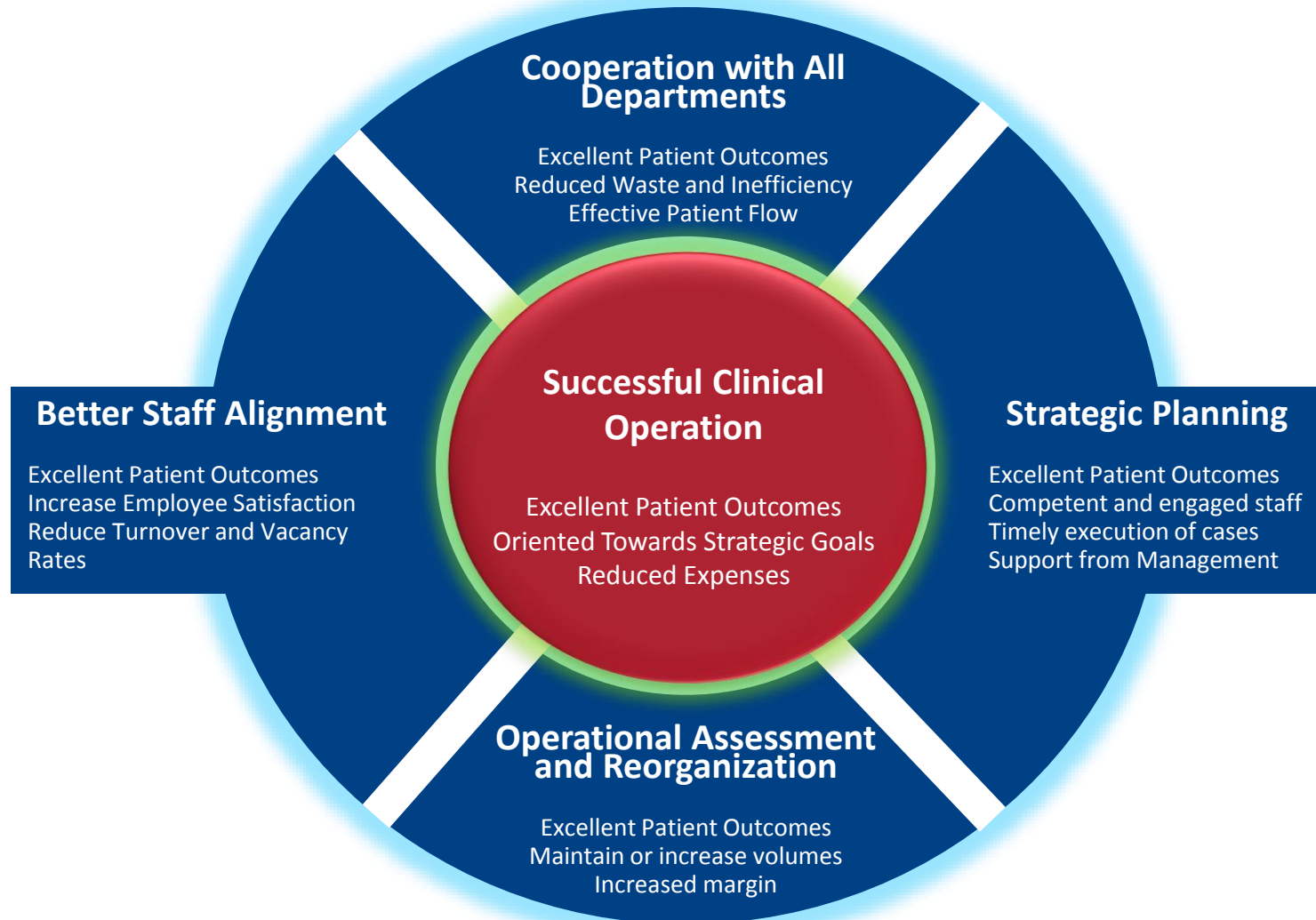


Improve patient satisfaction and quality through consistent clinical processes

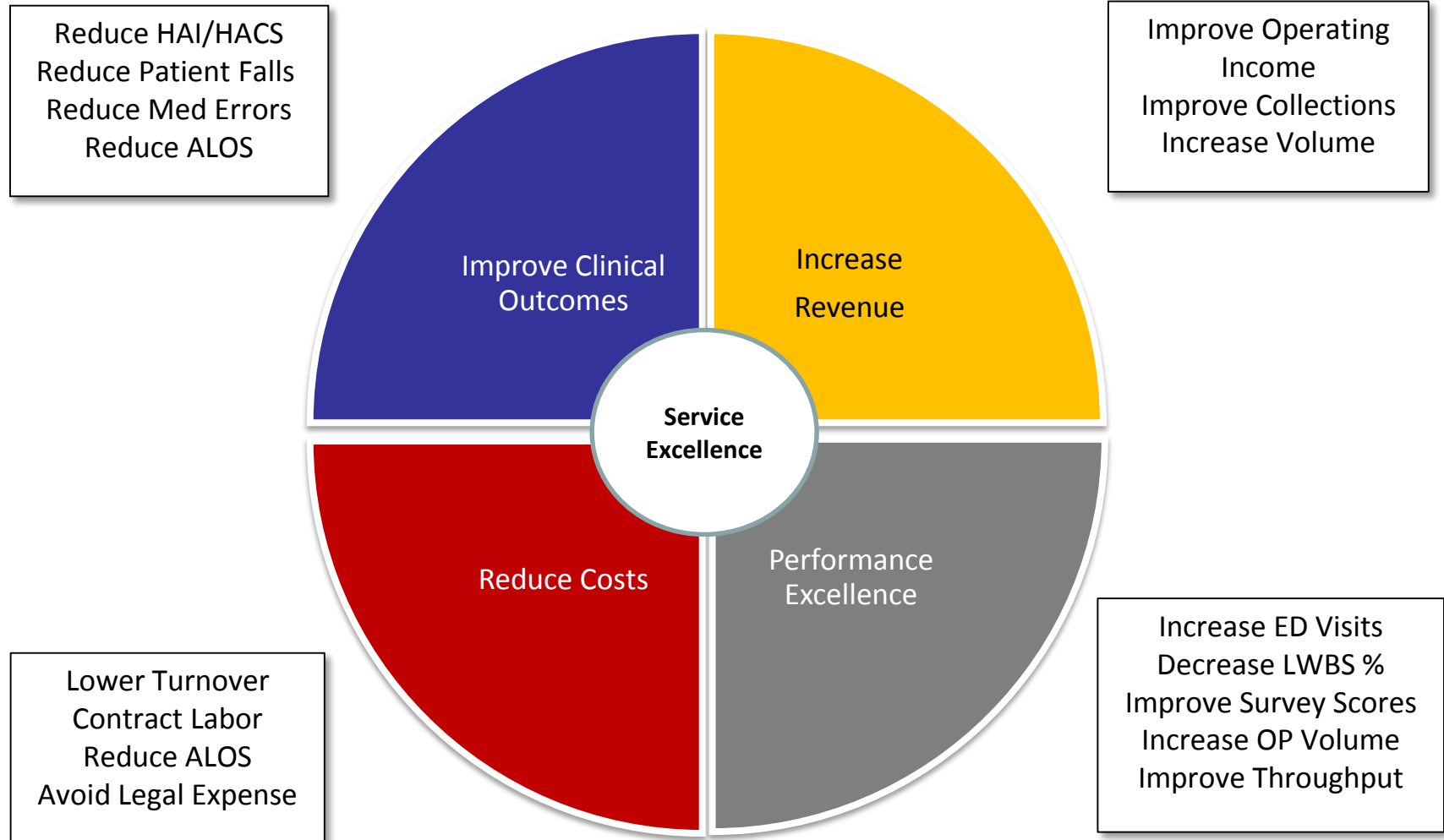
Clinical Delivery Solutions

- Define, implement and adhere to clinical process standards, while removing waste, defects and errors. Developing a new approach to engaging physicians and staff in improvement initiatives to lead to measurable improvements in quality of care, safety and reliability.
- Aligns and engages physicians through development of clinical indicators (KPIs) to elevate practice patterns that impact quality, satisfaction and reimbursement penalties
- Grows a safety culture through leadership engagement, design workflows and technology to reduce readmissions, infections and raise HCAHPS
- Establishes monitoring tools to proactively manage protocol adherence in order to help ensure sustainable improvement

Aligning Clinical Delivery



Hospitals that Succeed in Improving Quality Will Reap Additional Benefits



Formal Physician Engagement Can Drive Greater Clinical Alignment

- Research shows that evidence based clinical pathways are associated with improved outcomes at lower costs, i.e. stroke and STEMI
- Only **36% of practicing physicians** believe they have a major **responsibility for reducing healthcare costs** (JAMA)
- Organizations with high physician engagement demonstrate **higher productivity and profitability** (Gallup)
- Physician practice variation accounts for almost **one third of wasted cost** in the healthcare industry (Institute of Medicine 2011)
- Physicians influence the **majority of decisions regarding healthcare utilization**

Key Factors Affecting Physician Satisfaction

Quality of Care

*Electronic Health
Records*

*Practice
Leadership*

*Work Content,
Quantity and Pace*

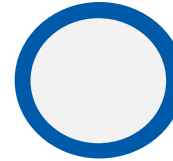
Source: RAND/AMA

Physician Integration is not Physician Engagement



Physician Integration Strategies include:

- Market segmentation / service line selection
- Business models / structures
- Contracting
- Offerings and client targets
- Recruiting, credentialing, and scheduling
- Onboarding and retention
- Physician services



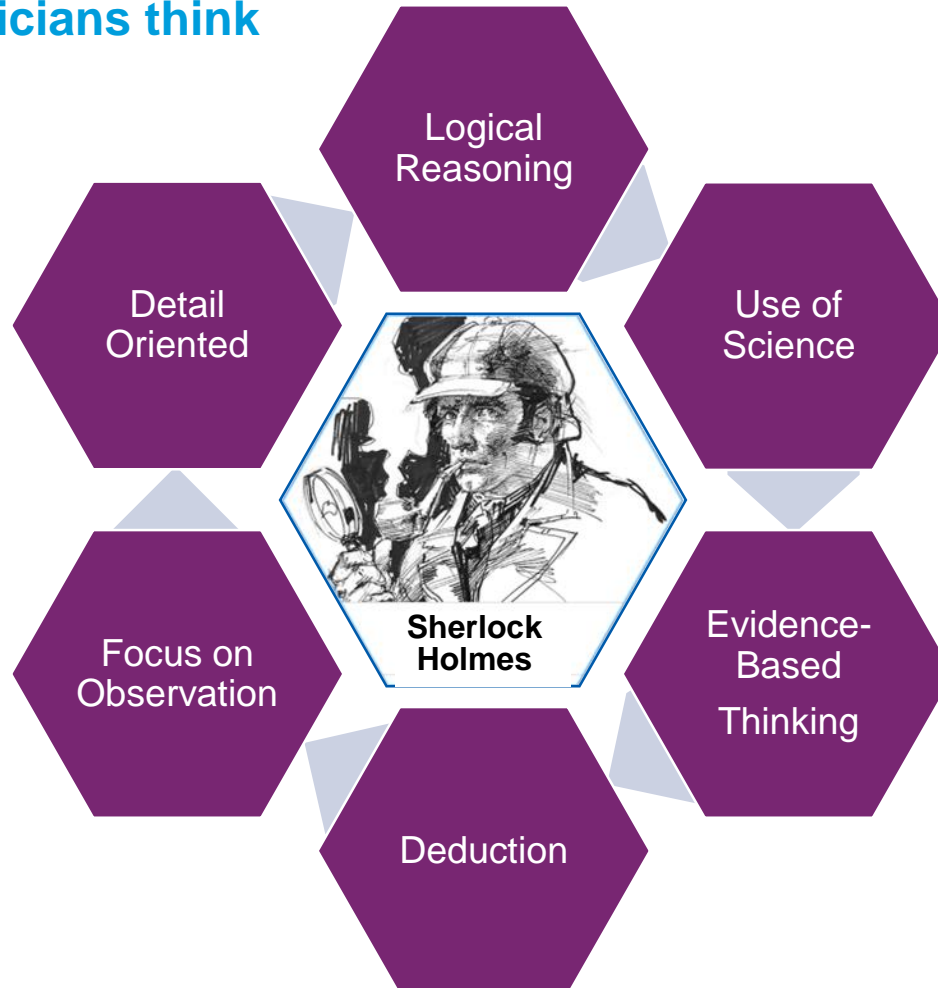
Physician Engagement Strategies focus on:

- Physician governance
- Physician leadership
- Physician alignment
- Physician adoption

Physician Engagement Drives Change

The Difference Between Physicians vs. Non-Physicians

Understanding physicians requires understanding how physicians think



Physician Engagement Methodology

Concerns



Adoption CSFs

- Institute **physician governance and communication** program
- Establish **visible, involved** physician champion
- Frame in **clinical context**, with clear examples and/or data, e.g.
- Support clinical workflow
- Highlight a **clear migration path** to success
- Make training **time-sensitive** with consistent **readily-available support**
- Provide **feedback and data** to measure success

What Physicians Value

Meaningful metrics and information

Data analytics with clinical insights

Tools that enhance collaboration/care

Remove access to needed information

HIT properly embedded into workflow

User-designed interfaces

Polling Question #4:

CAQH CORE

Do you anticipate that the transition from fee for service to value-based care will change the way claims are submitted?

1. Yes, significantly
2. Somewhat
3. No, do not anticipate any changes
4. No opinion/unknown at this time

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Case Study: Academic Medical Center

Provider-Based Health Affiliated Network

Business Opportunity

Needed to create and operationalize their provider Affiliated Network through multiple engagements.

Implementation Approach

They:

- Developed RFI and manage the selection process for a new Health Information Exchange and a new Population Health application
- Implemented risk management and population management tools
- Identified and developed Medical Management delivery initiatives
- Promoted its Network members in the selling of their products to employers and payers
- Engaged new physicians to join the Network and directly engaged and enrolled providers throughout their geographic footprint
- Assisted Network members evaluate their development of a Clinically Integrated Network (CIN)
- Supported PMO governance design activities and documentation of CIN deliverables

Goals Achieved

- Drove vendors to deliver solutions within expected timeframe
- Drove process to quickly select both HIE and Pop Health apps leading to implementation phase
- Established proprietary in-house training materials
- Drove Network approaches to executing medical management and care counselling
- Provided consulting assistance to other contracted health systems evaluating Clinical Networks
- Increased provider enrollment into the Network

Case Study: Non-Profit Hospital System

Health Information Exchange (HIE) Implementation

Business Opportunity

A multi-health system entity with hospitals throughout the Eastern Seaboard, wanted a way to better integrate patient and clinical data across all Hospitals, Behavioral Health, Clinics, Home Health, and Long Term Care facilities to position itself for healthcare payment reform, improved patient outcomes, better coordination of care, participation in ACOs, and to meet Meaningful Use criteria.

Implementation Approach

The hospital system built the business, clinical cases, and roadmaps to integrate patient data across multiple health systems and data sources. They then managed the vendor selection process, developing detailed criteria and an objective selection system. Finally, the hospital system then implemented the HIE, integrated analytics into the constituent health systems, rolled-out provider and patient portals, and developed a successful patient engagement program.

Goals Achieved

The HIE was implemented and allowed the hospital system to meet several of the Meaningful Use criteria (patient access to their data via a portal and physician access of patient data across multiple venues) worth over \$20 M in government payments. They now have a clinically integrated data set and analytic tools in place to increase quality, lower costs, and begin migrating from traditional fee for service to value based contracting.

Case Study: Internal Medicine Physician Practice

Physician Engagement and Facilitation

Business Opportunity

A leading outpatient clinic, employing over 30 physicians, 18 of which are primary care physicians. Significant dissatisfaction existed among primary care physicians resulting from unpaid, after-hours workload extending beyond patient care. Physicians viewed this as impeding their ability to deliver quality patient care and it was also taking a toll on work/life balance. Physicians were not aligned with one another on solutions for addressing this challenge. This created internal tension amongst the physicians, and prevented them from approaching the clinic management group in a unified fashion to seek solutions.

Implementation Approach

The clinic proactively engaged their physicians by:

- Conduct interviews with each primary care physician to understand their views on the current challenges
- Synthesize key themes in preparation for a 4-hour group facilitated session
- Facilitate a session in order to gain internal alignment around best solutions to address their primary challenge, and define action plans for addressing the challenges identified

Goals Achieved

- Achieved physician alignment on challenges to address as a group in order to succeed in negotiations with client physician services leadership
- Developed of a prioritized list of solutions to address the key issues facing physicians
- Created action plans for the top 5 solutions with follow-up activities assigned to a team of physicians

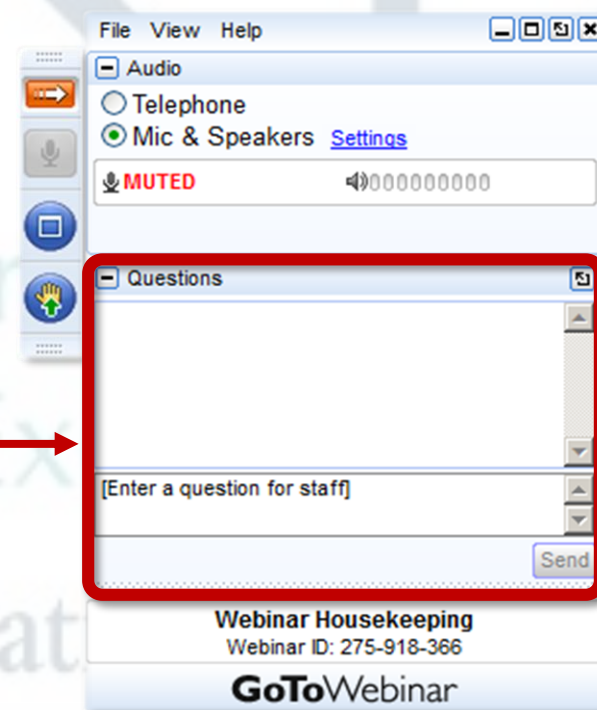
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Q&A

Please submit your question:

- **Via the Web**: Enter your question into the Q&A pane in the lower right hand corner of your screen

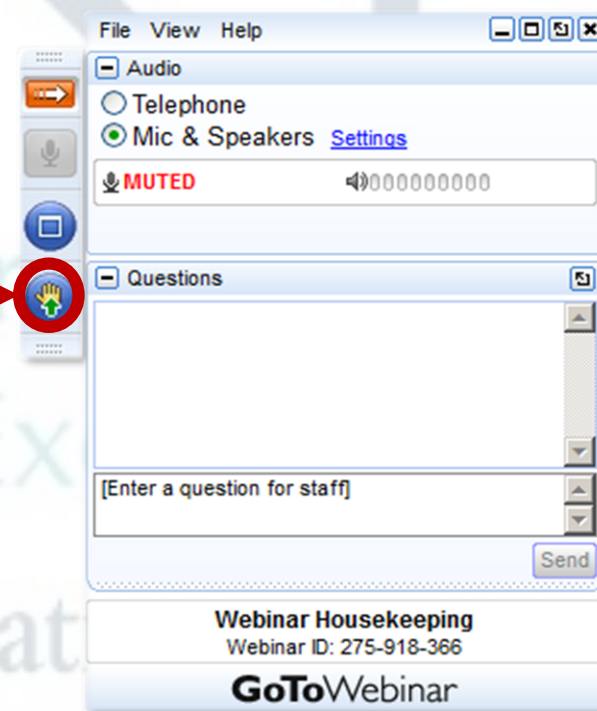


Q&A

Please submit your question:

- **By Phone or VoIP**: When prompted for audio portion of Q&A, please press “Raise Hand” Button to queue up to ask a question

NOTE: In order to ask a question during the audio portion of the Q&A please make sure that you have entered the “**Audio PIN**” (which is clearly identified on your user interface) by using your telephone keypad.



Thank You for Joining Us!

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