Putting analytics to work:
Strategies to engage providers in data-based behavior change
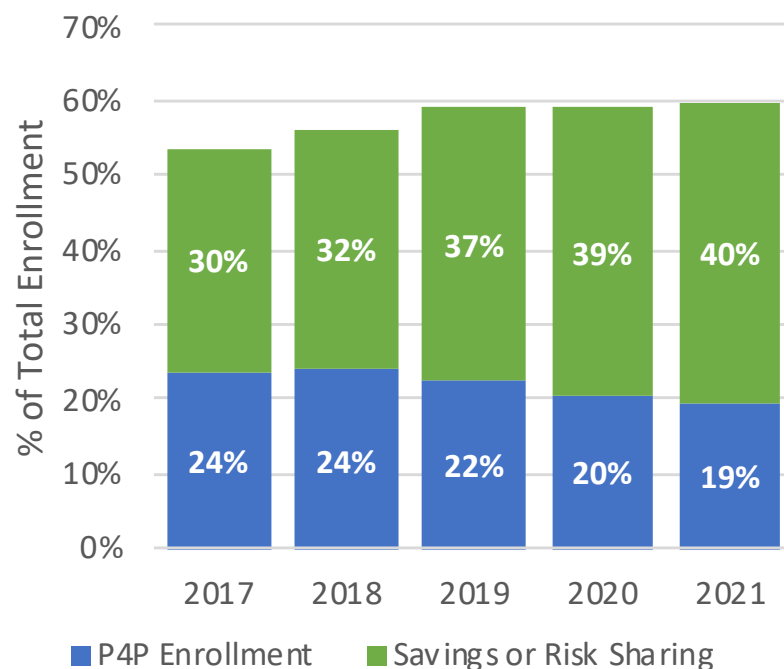
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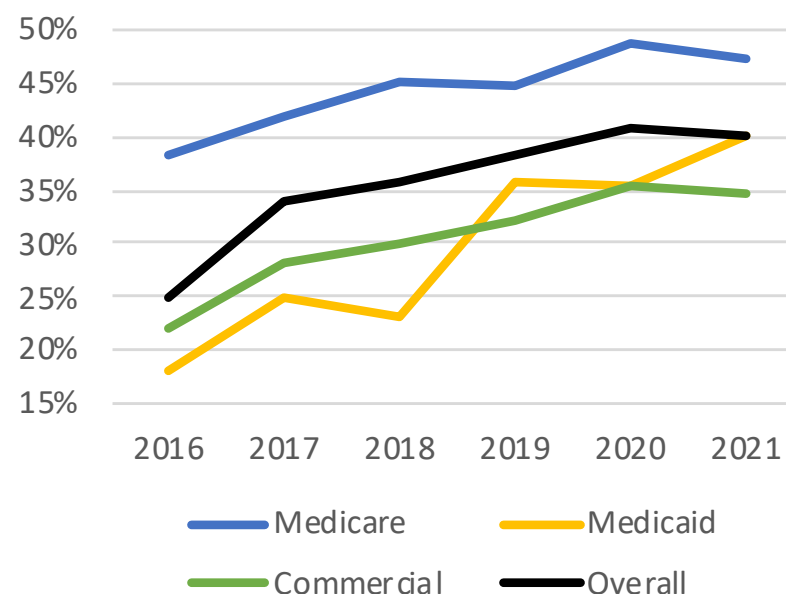
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1 Adapting to value-based care

Value-based care is growing…slowly

The shift from fee-for-service to value-based reimbursement has steadily grown in both government and commercial payer arenas, but it's still under 50% of total health plan payments.[1] To continue expanding this year-over-year growth of value-based alternative payment models (APMs), payers and providers must collaborate and interact with increased precision and interoperability—a shift that has significant impact for health organizations and their patients.

Value-Based Care Enrollment

Stacked bar chart showing % of Total Enrollment, with P4P Enrollment (blue) and Savings or Risk Sharing (green):
- 2017: 24% P4P, 30% Savings or Risk Sharing
- 2018: 24% P4P, 32% Savings or Risk Sharing
- 2019: 22% P4P, 37% Savings or Risk Sharing
- 2020: 20% P4P, 39% Savings or Risk Sharing
- 2021: 19% P4P, 40% Savings or Risk Sharing

Value-Based Payments as % Total Health Plan Payments

Line chart (2016–2021) with Medicare (blue), Medicaid (yellow), Commercial (green), Overall (black).

[1] Source: Health Care Payment Learning & Action Network APM Measurement Research Reports, 2016 to 2022

Regulatory changes impacting value-based care

To support the growth of APMs, regulatory changes were necessary—making it easier for payers and providers to share critical data for value-based care arrangements. Some of these key changes included:

1. Final OIG Rule relaxed the Stark and AKS regulations by expanding Safe Harbor exceptions to support value-based, alternative payment contracting and care coordination activities.[2]

2. "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program" final rule published in May 2020[3] will make it easier for health plans and providers to share detailed patient/member level data with key guidance to enable implementation being released in 2022. This will:

    a. Advance interoperability and patient access to health information—Office of the National Coordinator for Health Information Technology (ONC) recently released the initial Common Agreement, QHIN Technical Framework, and corresponding FHIR roadmap to standardize access to electronic medical record data.[4]
    b. Limit EMR information blocking.[5]
    c. Enable payer-to-payer data exchange for value-based collaboration.

PAYER CLIENT SUCCESS

ConcentoCare reduced ER visits by 16%, readmissions by 40%, and admissions by 47% for their Medicare patients.

16%
Reduced ER visits

40%
Reduced readmissions

47%
Reduced Medicare patient admissions

2 Analytics challenges stunting growth

Top analytics challenges

With all these regulatory changes, we should be seeing additional growth. Healthcare providers and payers are interoperable with over 90% of claims submission, payments and coverage verification exchanged electronically,[6] but it has not translated to more value-based alternative payment contracts.[7]

Many health plans are also sharing data and reports on financial performance, quality gaps in care, and coding improvement opportunities with providers as part of value-based contracts. If the interoperability is there, why are we not seeing more growth?

Unfortunately, it's been difficult for providers to convert this data into actionable insights that produce the best financial results and quality outcomes.[8] In fact, only 32% of health systems are confident in advanced analytics capabilities.[9] Moreover, a lack of advanced analytics capabilities was overwhelmingly endorsed as the top obstacle to negotiating more value-based contracts and transforming delivery of healthcare. This has led half of health systems surveyed to start seeking external solutions.[10]

These challenges boil down to one key question: The data is there—how do we empower providers to use it?

Introducing provider insights dashboards

Though no singular action or approach is a panacea, there is one analytics tool that rises above in its proven ability to rally organizations around shared improvement goals and make an impact: provider insights dashboards.

Provider insights dashboards are a streamlined, straightforward method for sharing and comparing key metrics—including cost, quality, utilization, and risk—in a unified view. They allow providers to visualize and assess their performance against peers and drill down into the data to determine the root causes for areas of concern.

Dashboards are also action-oriented; they foster accountability and motivation to change by building up transparency and clinician trust in data. When providers and payers use analytics to collaborate around mutual objectives and incentives, immense progress can be made in value-based contracting, physician performance, and patient outcomes.
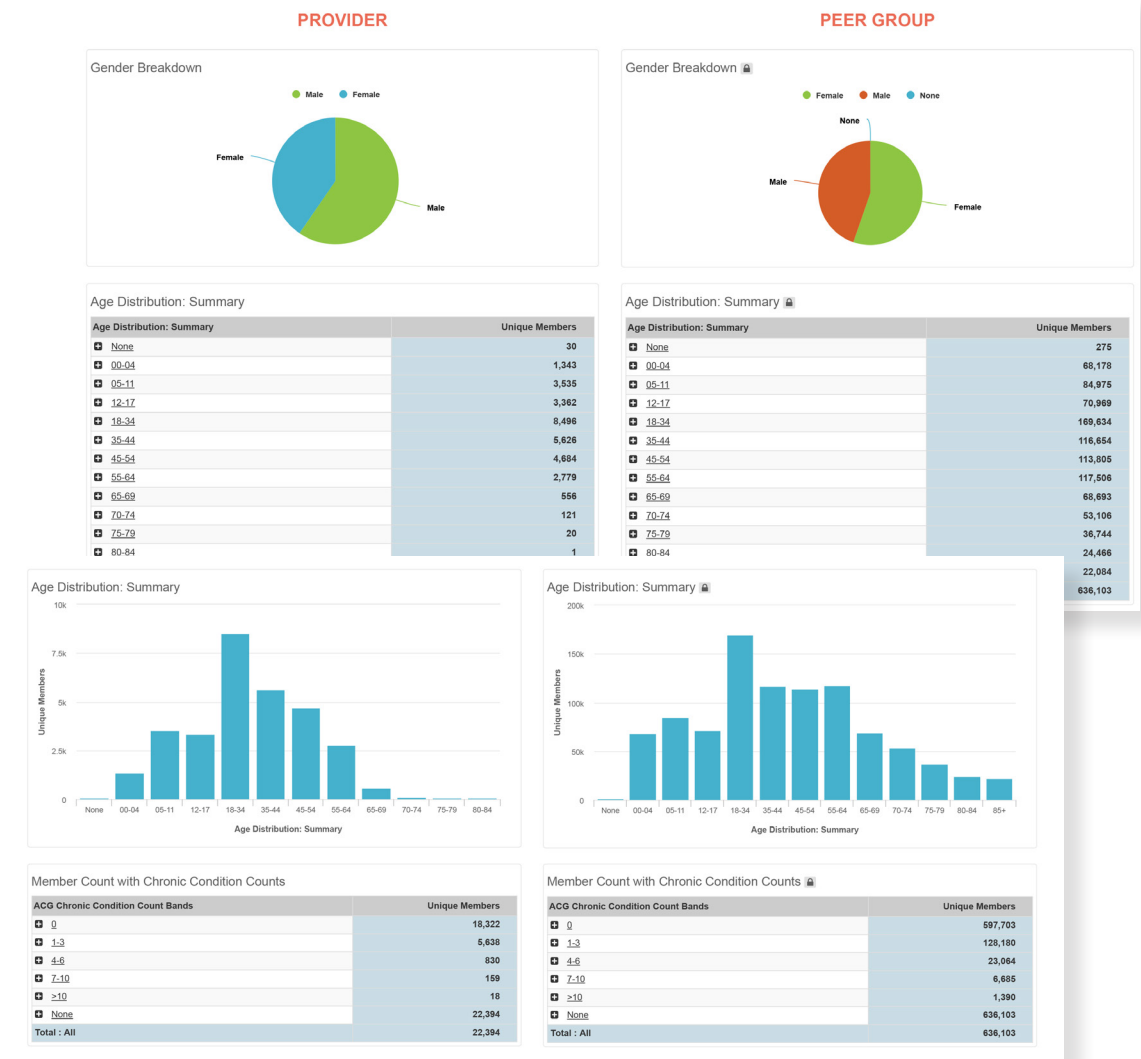
3 Address requirements to engage providers in performance improvement

Five keys to engaging providers in performance improvement

Our research indicates healthcare providers have specific expectations for how data should be shared and implemented. They are much more likely to utilize dashboards if they fulfill **5 important requirements.[11]**

1 Secure access

The safety and security of digital data is physicians' and CFOs' top concern with using digital health tools.[12, 13] The worry is warranted—as most provider organizations have experienced some level of EHR security breach or incident during the past year.[9]

Health plans can build trust in data privacy and security in two primary ways:

- Limiting physicians to only view data for patients attributed to their practice and not inadvertently access other providers' patients.

- Assigning security profiles specific to each user's role so they can only access the level of detail needed to perform their duties.

2 Accurate information

Only 58% of clinicians believe their patient demographic data is accurate—and even fewer believe health plan member demographics are accurate.[14] Physicians need to know the data they are relying on is correct, credible and consistent with other reporting and data sources.

3

EMR interoperability

Though almost all hospitals (96%) and physicians (92%) are using EMRs, interoperability is still an issue.[15] This is a critical problem to solve, as 88% of physicians prefer digital health tools to integrate with their EMR platform—and studies of ACOs concluded most successful groups leveraged EMR technology to manage patient care and coordinate care with other provider groups.[12,16]

As data exchange (hopefully) becomes easier with the 21st Century Cures Act requirements, health plan and EMR data will need to be consolidated to identify gaps that providers can trust. Only then will clinicians be emboldened to act on any analytic insights produced by payer data.

4

Workload relief

Recent studies identified EMRs and administrative tasks as primary causes of clinician stress and burnout.[17,18,19,20] Clinicians estimate 30% of their to-do lists—including administrative work, health plan coordination, and appointment management—could be completed by non-clinical staff or in non-traditional settings.[17,21] These shifts in responsibility would relieve stress and enhance productivity for clinicians—as well as improve the experience for patients.[23,24] However, clinicians will only feel comfortable offloading tasks if their staff is equipped with comprehensive analytics capabilities to support population visibility, decision-making, and efficiency.

5

Intuitive and user-friendly

Providers know using health plan data can improve patient outcomes and operational productivity, but many are frustrated by limited access to reporting dashboards that contain insightful analytics.[25,26] Well designed, accessible performance dashboards can enable physicians to find and understand information on their own with limited user training—or through internal data analysts. Over 60% of providers have staff analysts to support physicians with analytics to improve patient outcomes, clinician performance and operational productivity.[24]

4 Align with provider goals to catalyze behavior change

Five goals of provider performance improvement

Over half of providers are confidently partnering with payers and vendors to support risk-based payment capabilities.[10] However, they still lack confidence in healthcare payers' ability to provide the breadth and depth of information they need.[27] Health systems are looking for health plans to deliver quality data that will help them accomplish **5 major goals.**

1

Assess risk and manage cost performance

C-suite and finance executives are the top users of provider analytics—but only 40% gain significant insights from analysis of financial performance and payer contracting.[26,28] Most providers report being unprepared to manage value-based payment contracts due to uncertainty about attribution process, contract requirements, varying incentives, and lack of timely cost data to assist with financial management.[13,29] In particular, smaller medical groups need better financial forecasting and understanding of alternative payment benchmarking models.[30] Medical groups need analytics assistance to:

- Identify opportunities to improve financial performance and quality of care outcomes before end of contract period

- Interpret costs

- Visualize utilization and treatment trends in comparison with peers

- Find opportunities for proactive outreach and monitor referral, care coordination and protocol outcomes/effectiveness

2

Improve quality of care

Quality of care measures are a major incentive for transforming physician behavior as 5% to 9% of physicians' total compensation is determined by financial performance, quality of care measures, and patient satisfaction scores. However, many are willing to accept 10% to 15% of compensation based on incentives if they have adequate information to improve care delivery.[31,32,38]

Physicians want to collaborate with health plans on improving quality of care because the amount of data is overwhelming.[33,34] Studies show that combining provider EMR data with payer data leads to better quality of care outcomes by presenting a more complete data set.[35] Proactive member outreach to schedule patient visits is required to improve quality of care results, and physicians can code visits for chronic medical conditions to improve HCC risk scores, order tests needed for HEDIS compliance, and address medication care gaps.[36 37]

3

Reduce unnecessary, inappropriate and low-value care

Recent surveys estimate 15% to 30% of healthcare is unnecessary or inefficient—with lab tests, imaging, specialist consults and prescriptions as the main culprits.[37] A majority of physicians believe they should play a significant role in reducing unnecessary utilization and over half are comfortable discussing cost of treatment options with patients.[38] To support this initiative, clinicians need health plan data and advanced analytics (e.g., predictive modeling) equipping them to:

- Improve care efficiency and value using practice profiles[39,40]
- Enact peer coaching for better specialist referrals[41]
- Reduce avoidable admissions and unnecessary ED visits[42]

4 Leverage social determinants of health (SDOH)

Successful ACOs are able to more effectively manage patients living in areas with a higher Social Vulnerability Index (SVI).[43] Clinicians want to address SDOH, but they are hindered by time limitations during visits, screening difficulties and insufficient resources to coordinate with community services.[44] Health plan data could remedy many of these issues with data targeting members at risk for financial instability, limited access to transportation, language barriers, and other challenges. This insight allows providers to focus available resources on the highest-risk members.

5 Transform delivery of care

Value-based care organizations are increasing the use of telehealth, hospital at home and expanding wellness services beyond preventive screenings—all in an effort to improve the greater care delivery system.[44] ACO studies show better performing ACOs are using post-acute care services to reduce inpatient admissions and replacing inefficient ambulatory care services with more sustainable post-acute care services.[42,43] Over 30% of hospitals have already implemented hospital at home programs to safely treat conditions in members' homes, rather than always recommending a traditional hospital admission.[45]

Physicians are also using data for clinical decision support beyond clinical protocols.[46] Many providers are monitoring use of end-of-life services to encourage clinicians to use these services more.[37]

5 Recommendations for an evidence-based, provider-friendly dashboard

Best practices for implementing a provider dashboard

Putting data into the hands of providers can make all the difference in the success of value-based alternative payment contracts — ultimately benefiting both health plans and providers.

Now, let's take provider data engagement from theory to practice.

Take a look at ways a best-of-breed analytics solution can address the provider requirements outlined earlier.

Provider requirements	Analytics solution
Secure, private access	Secure, role-based security enables access to a provider's attributed patients without compromising other data privacy
Trustworthy, accurate data	Single source of truth integrates multiple, direct data sources and is verified for completeness
Interoperable with EMR platforms	Importing and integrating clinical data with other administrative data provides a comprehensive, 360-degree view of a member's healthcare
Relieves workload	Actionable insights enable non-clinical staff to outreach to at-risk patients to improve provider productivity and quality of care outcomes
Intuitive, user-friendly interface	Simple, easy-to-navigate interface offers embedded documentation and smart narrative

Best practices for implementing a provider dashboard

Next, ensure that you have the necessary analytics capabilities in place to address the top objectives for providers.

If you find that it is not fully capable of moving providers closer to their most critical goals, it's time to consider a new data analytics solution that will yield meaningful, measurable value.

Provider goals	Analytics capabilities
Assess financial risk and manage total cost of care performance	Compare actual performance with value-based targets and drill down into data to identify key drivers of differences from target
Improve quality of care	Identify specific providers and members to engage for real performance improvement
Reduce unnecessary and low-value care	Use predictive modeling to quantify avoidable and low value services with prescriptive analytics to reduce total cost of care
Leverage social determinants of health	Profile members requiring behavior change to craft interventions that address potential social obstacles to accessing quality healthcare
Transform care delivery	Design-focused analytics support initiatives to transform efficient delivery of healthcare

6 Using dashboards in your physician engagement strategy

Where to go from here

Provider insights dashboards are powerful tools for engaging providers in sustained performance improvement. As part of a broader strategy, dashboards have the ability to show providers how they compare to their peers and where there might be opportunities for improvement (e.g., readmissions, operating room turnaround times, patient satisfaction).

With actionable analytics at their fingertips, health plans have the insights they need to make important decisions that can improve the quality, affordability and efficiency of care for their members.

For more than 25 years, MedeAnalytics has been dedicated to helping healthcare organizations use their data to make a measurable impact. Now more than ever, it is critical for payers to utilize their data to its greatest potential. Payers leveraging MedeAnalytics will have the best advantage for tackling these challenges and capitalizing on the opportunities associated with value-based care.

To learn more about MedeAnalytics and its impact in healthcare, visit our website.

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