DRIP Avoidance Through Effective System Integration

October 21, 2022

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Our Core Services

Founded in 2016 to help healthcare organizations accelerate their transition to value-based care using results-oriented services and solutions.

Strategy & Planning

- Strategic Goals & Objectives
- Business Case and ROI
- Organizational Readiness

Core Services

Digital Health Transformation

- Population Analytics
- Care Management Enablement
- EHR / Integration

Organization & Operations

- Integrated Care Model
- Inter-Disciplinary Care Team
- Processes and Workflows

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Background

Healthcare transformation in North Carolina continues to accelerate and remains at the forefront of innovation.

- Medicaid Managed Care - Jul 2021

- Delegated Care Management: Tier 3 Advanced Medical Homes (AMHs) - Jul 2021

- Health Opportunities Pilot - Mar 2022

- Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plans and Care Management - Dec 2022

- HRSA – Uniform Data System (UDS+) Modernization Initiative - 2023
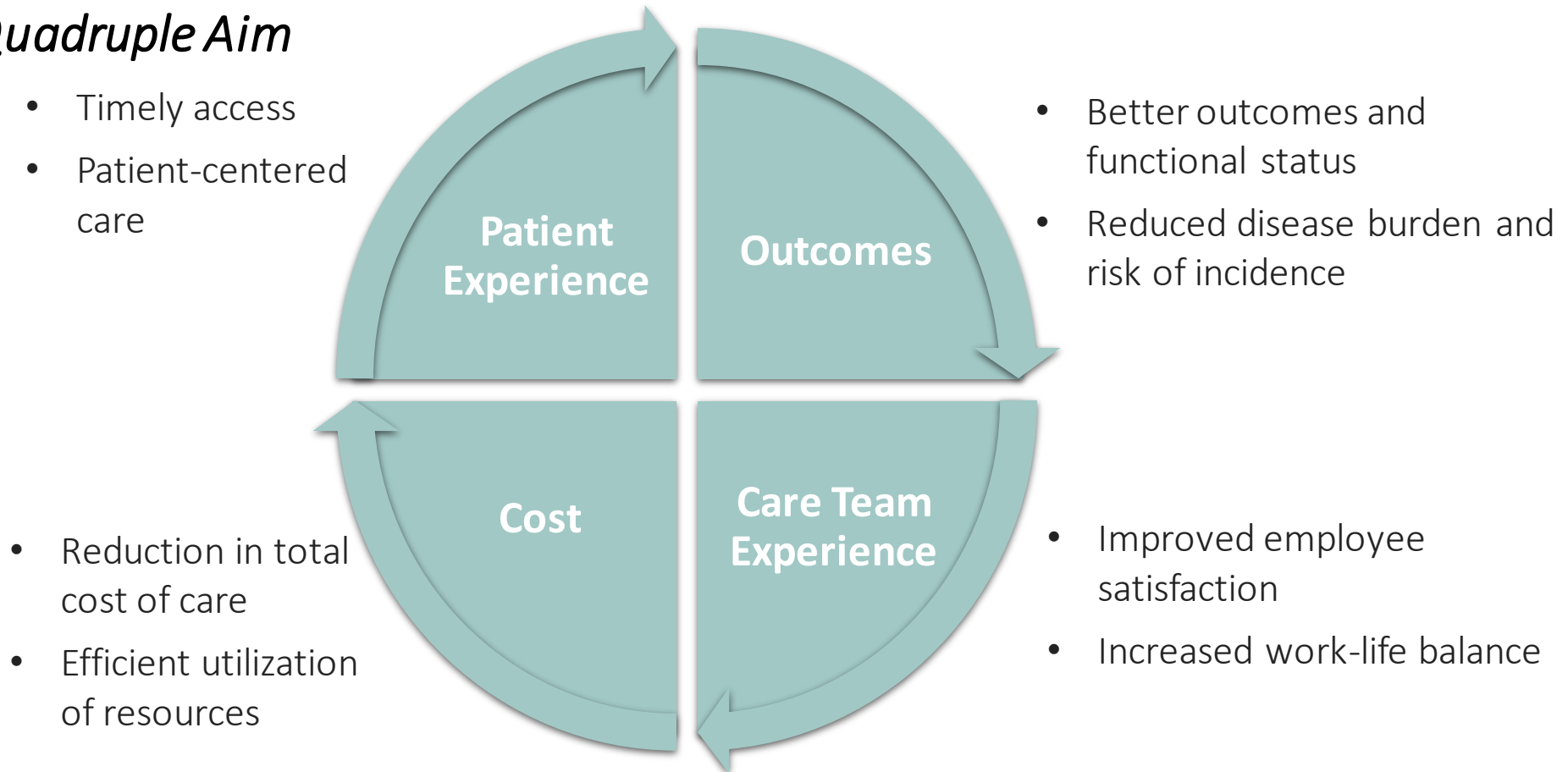
- Medicaid Expansion – 2023?

Tier 3 AMHs
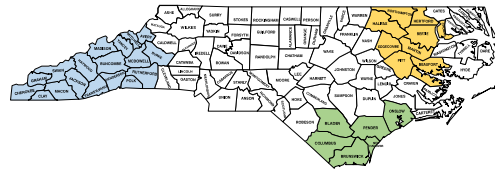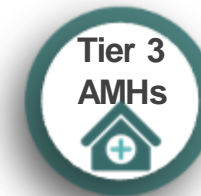
- Access East, Inc.
- Community Care of the Lower Cape Fear
- Impact Health

HRSA
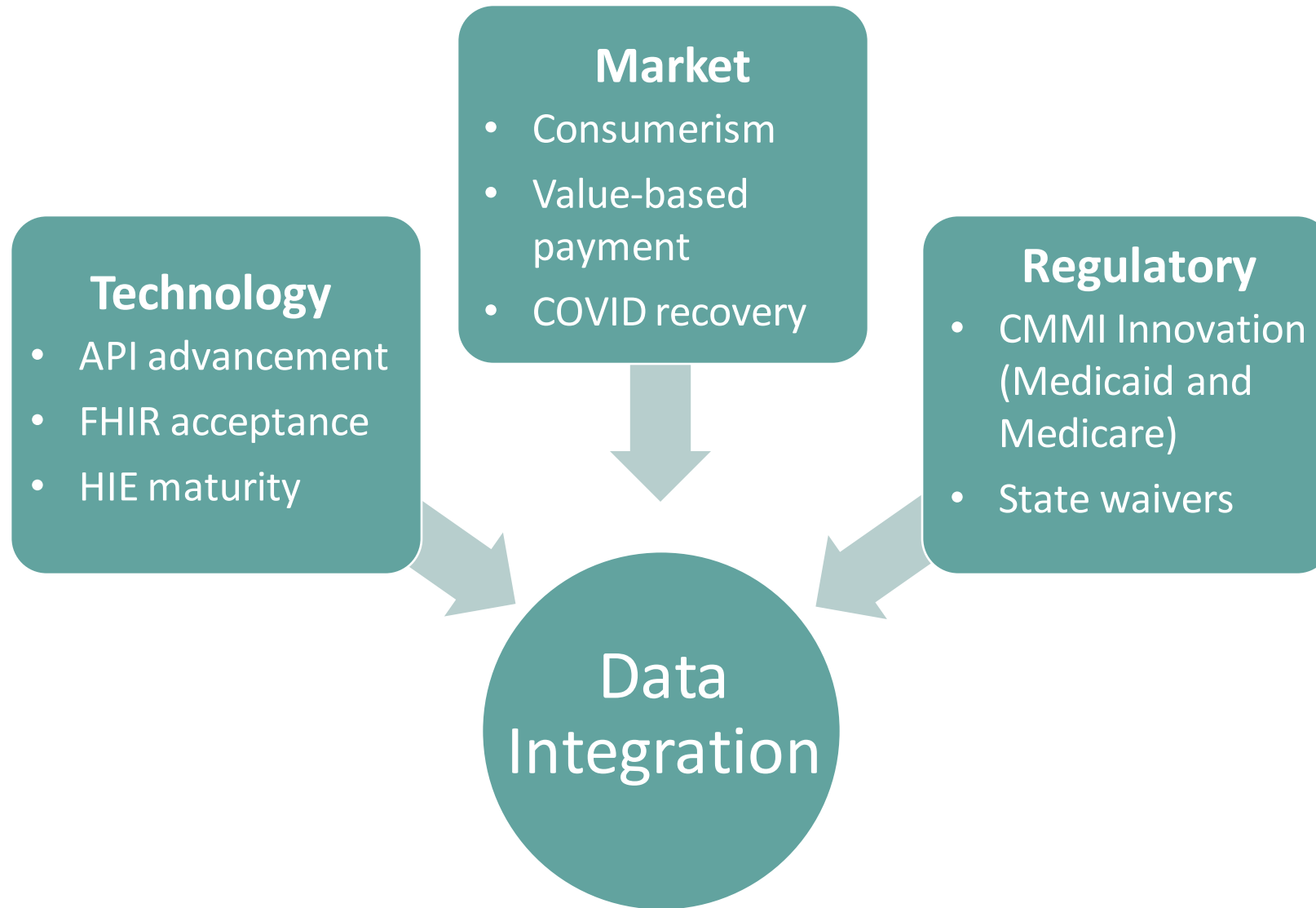Health Resources & Services Administration

North Carolina Maintaining Momentum in its Value-Based Care Journey.

Comprehensive approach to improving health outcomes of a defined group of individuals through enhanced patient engagement and coordination of health and social services supported by appropriate financial and care models.

PHM Quadruple Aim

- Timely access
- Patient-centered care

- Better outcomes and functional status
- Reduced disease burden and risk of incidence

- Reduction in total cost of care
- Efficient utilization of resources

- Improved employee satisfaction
- Increased work-life balance

Broader Industry Trends

Market
- Consumerism
- Value-based payment
- COVID recovery

Technology
- API advancement
- FHIR acceptance
- HIE maturity

Regulatory
- CMMI Innovation (Medicaid and Medicare)
- State waivers

Data Integration

Data Ecosystem - Community Health Centers (CHCs) in North Carolina

North Carolina has accelerated data-sharing and connectivity across key stakeholders across the continuum.
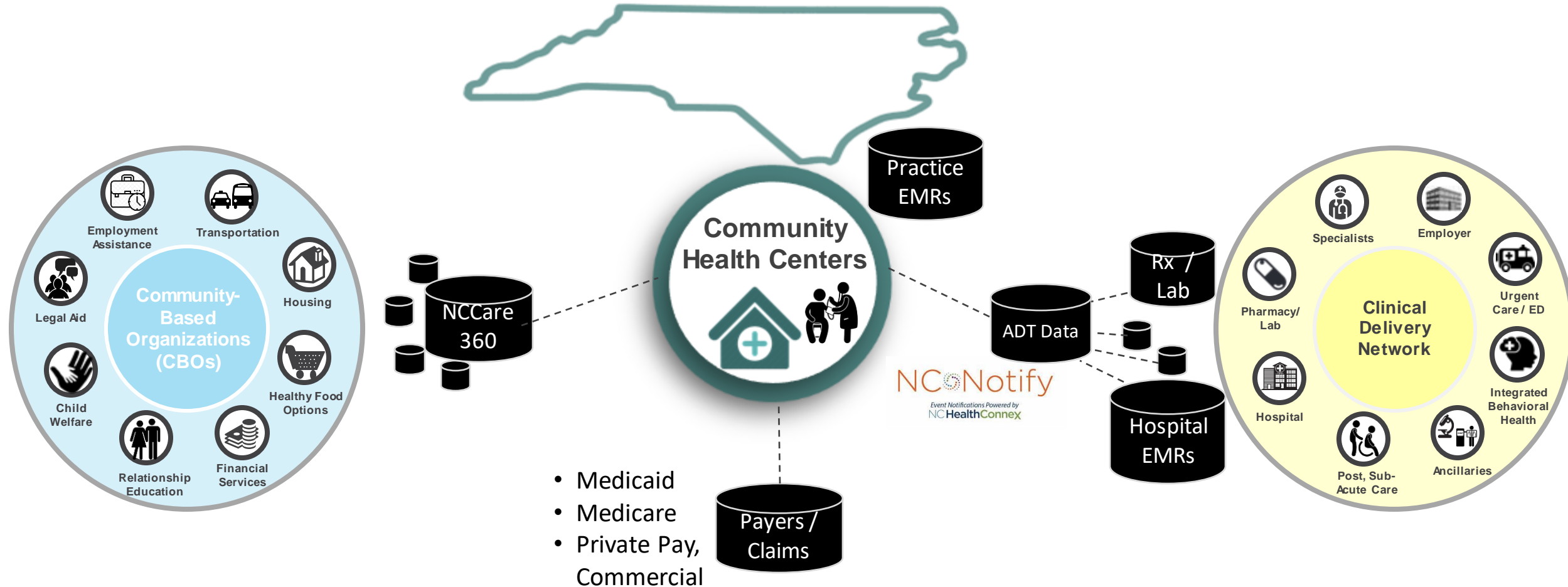
Data and Workflow Support

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Key EHR Functions

Data is critical to optimizing clinical, administrative and financial workflows.
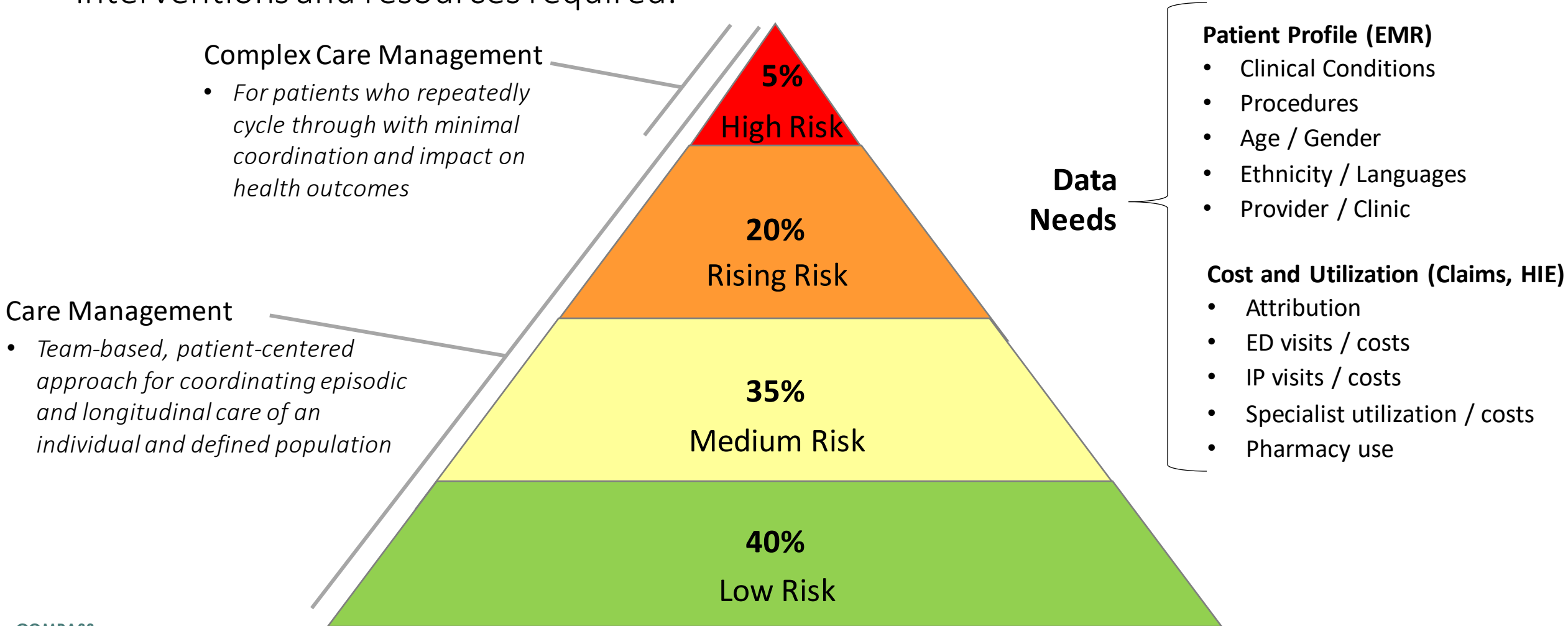

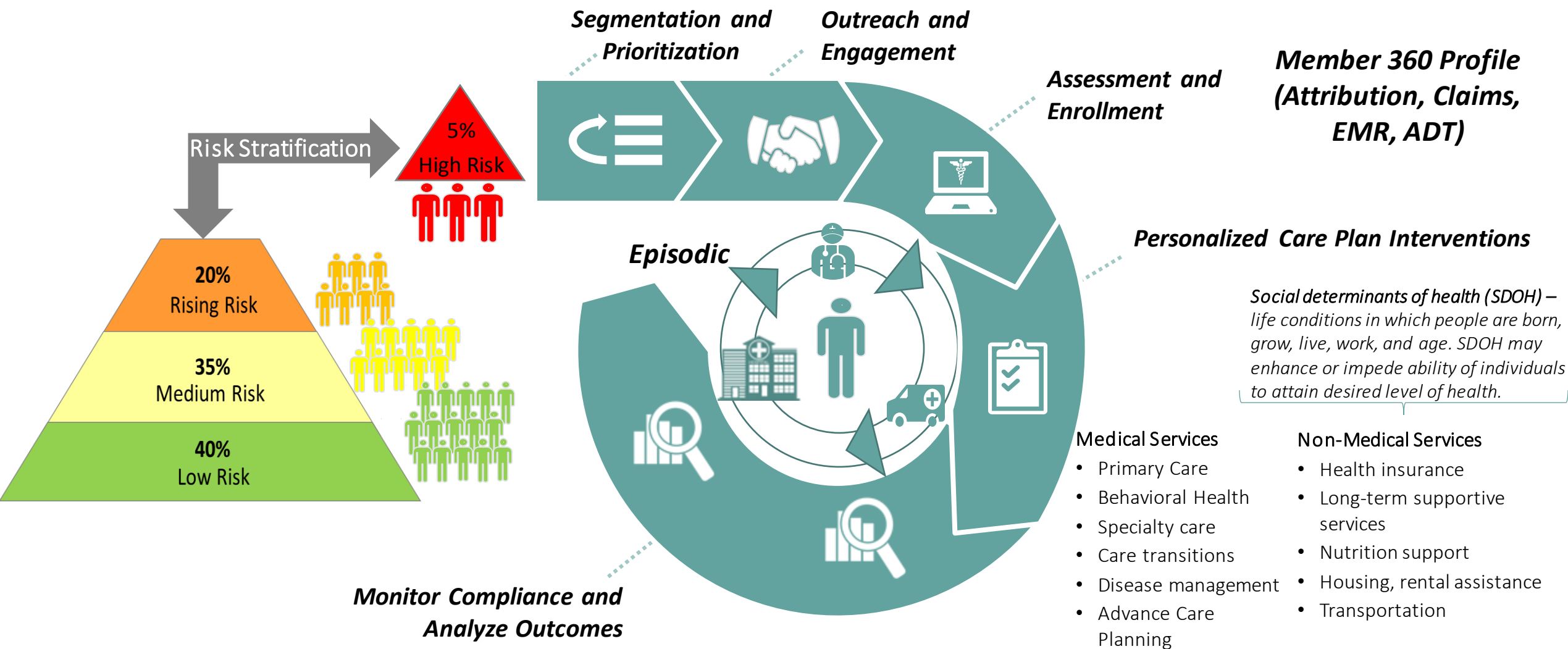| Electronic Medical Record |
|---|
| Point-of-Care / Encounter Documentation |
| Results Reporting / Review |
| Condition Management, Registries |
| Clinical Decision Support (e.g., Rules and Alerts) |
| Medication Management |
| Patient Education and Instructions |
| E&M Coding Support |
| Diagnostic Image Integration |

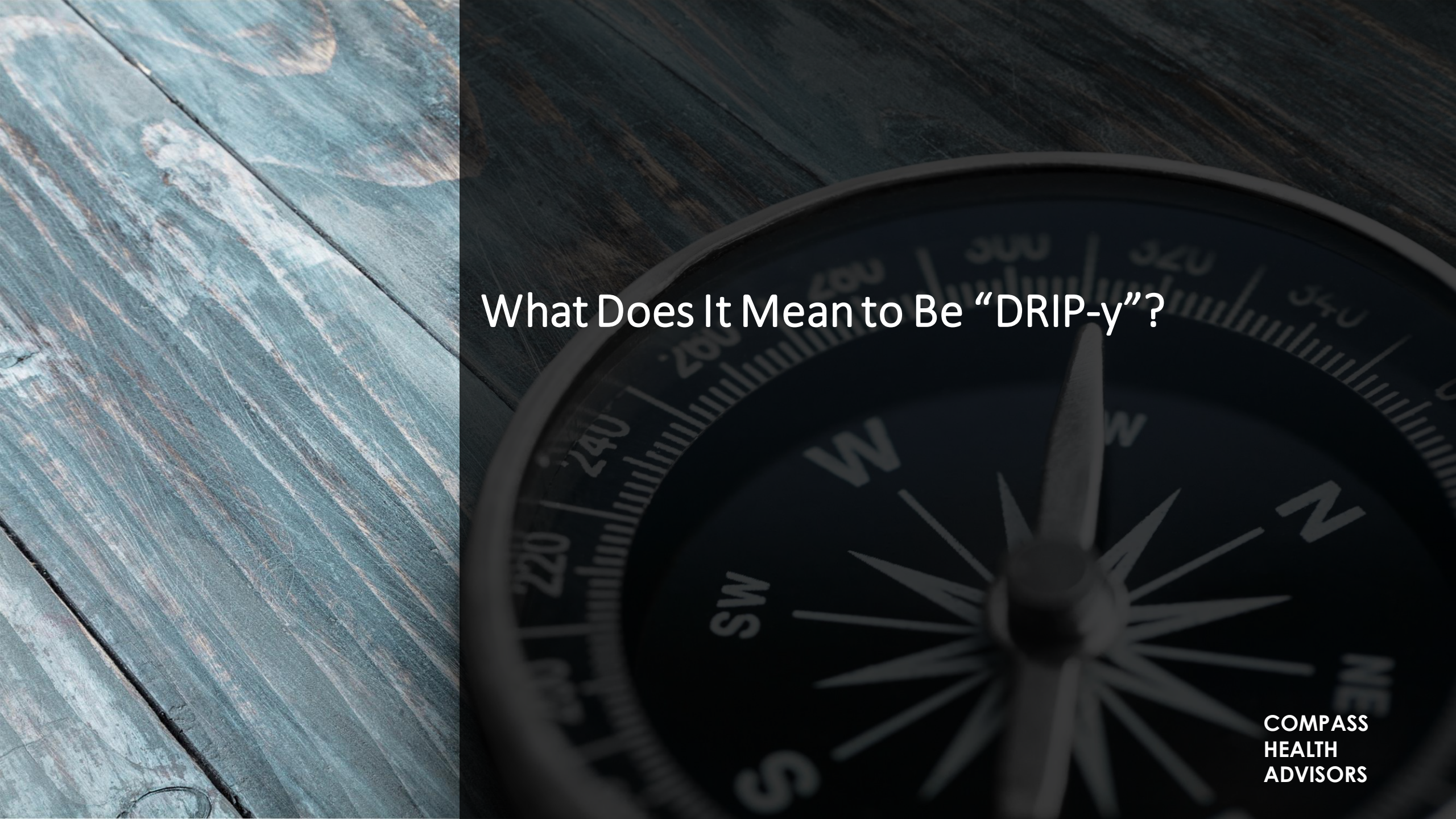| Revenue Cycle Management |
|---|
| Scheduling and Registration |
| Professional Billing |
| Eligibility / Benefits Verification |
| Electronic Billing and Remittance |
| Patient Status / Tracking |

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Identifying and Stratifying Risk Relies Heavily on Data

Risk stratification drives the level and intensity of care management programs, interventions and resources required.

Complex Care Management
- *For patients who repeatedly cycle through with minimal coordination and impact on health outcomes*

Care Management
- *Team-based, patient-centered approach for coordinating episodic and longitudinal care of an individual and defined population*

5%
High Risk

20%
Rising Risk

35%
Medium Risk

40%
Low Risk

Data Needs

Patient Profile (EMR)
- Clinical Conditions
- Procedures
- Age / Gender
- Ethnicity / Languages
- Provider / Clinic

Cost and Utilization (Claims, HIE)
- Attribution
- ED visits / costs
- IP visits / costs
- Specialist utilization / costs
- Pharmacy use

Caring for a population requires information across a diversity of sources

Risk Stratification

5% High Risk

20% Rising Risk

35% Medium Risk

40% Low Risk

Segmentation and Prioritization

Outreach and Engagement

Assessment and Enrollment

Member 360 Profile (Attribution, Claims, EMR, ADT)

Personalized Care Plan Interventions

Social determinants of health (SDOH) – life conditions in which people are born, grow, live, work, and age. SDOH may enhance or impede ability of individuals to attain desired level of health.

Episodic

Monitor Compliance and Analyze Outcomes

Medical Services
- Primary Care
- Behavioral Health
- Specialty care
- Care transitions
- Disease management
- Advance Care Planning

Non-Medical Services
- Health insurance
- Long-term supportive services
- Nutrition support
- Housing, rental assistance
- Transportation

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What Does It Mean to Be "DRIP-y"?

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D.R.I.P.

Data Production and Storage

Data is useless and can become a liability if you can't understand and act on it as an organization. IT systems can provide plenty of **data** with very little **information**.
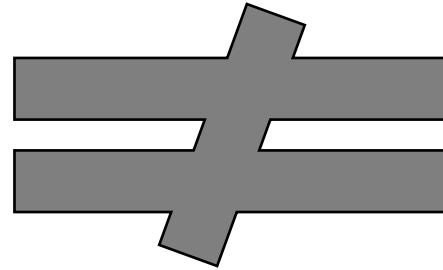

Exponential growth with drastically lower costs

Source: @Statista 2022
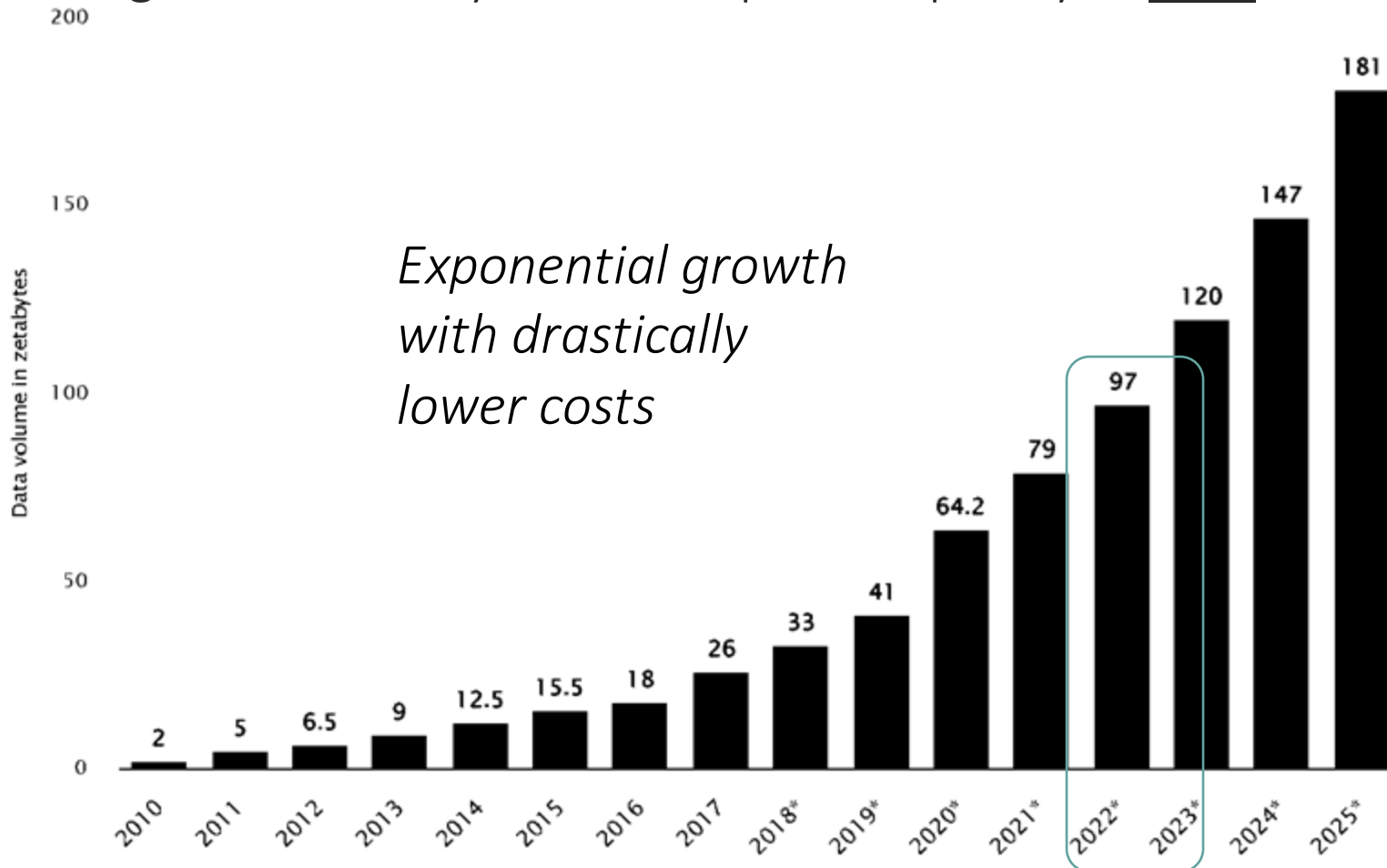
"Big Data" Alone Is Not Sufficient

Data that is unable to provide **information** is expensive, wasteful, and frustrating.

Data

- Focus on collection and storage
- Static KPIs
- Raw Data

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Information

- Relevant and predictive
- Normalized and Trustworthy
- Interactive / Dynamic

Data-Rich Information-Poor (DRIP) Syndrome

How do I know if I'm DRIP-y?

- Do you feel awash in data and find it difficult to focus on collecting the right data to drive clinical and business decisions and meet objectives?

- Do you find yourself performing additional manual tasks to review data as part of your daily workflow?

- Are you often waiting for data to be compiled, aggregated before being able to perform and view analyses?

- Are your reports, dashboards static and difficult to view interactively?

How Can I Avoid DRIP?

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This is a technology issue, right?

IT cannot govern or own or prioritize. Clinical and business leads can best articulate their objectives – but they need tools and technology supplied by IT.
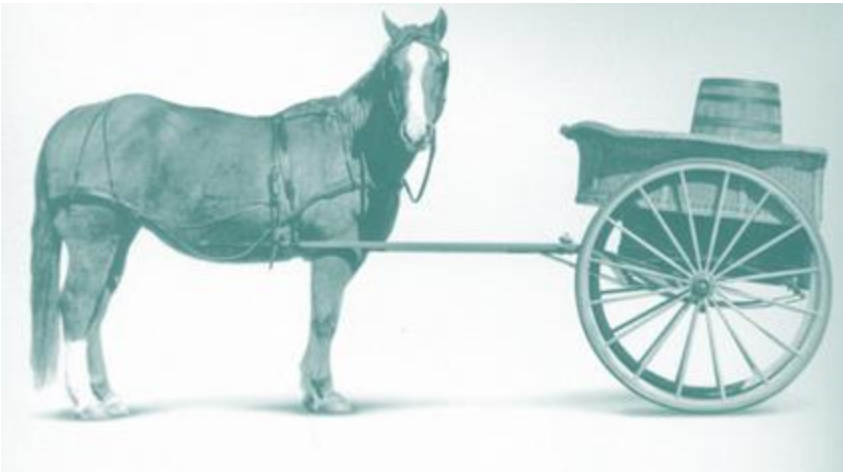
- Establish some level of an information governance structure (people and processes).

- Ask clinical and business stakeholders what is most important to them from an information perspective.

- Determine and prioritize regulatory, compliance and operational information requirements.

- What systems (EMR, HIE) can you leverage for existing available data?

- Invest in necessary data integration to support required workflows and reporting needs.

Information Governance

Technology is only one essential aspect of a more comprehensive integrated structure.

People
- Functional Data Knowledge and Owners
- - - - - - - - - - - - - - - - -
- Interdisciplinary team (Clinical, Quality, Finance)

Process
- KPI Development and Prioritization
- Data Quality and Validation
- Security and Privacy
- Auditing
- Policies and Procedures
- Training

Technology
- Data Infrastructure
- Data Architecture and Modeling
- Data Integration
- Business Intelligence / Visualization

Partnering for Connectivity: NC Health Connex

State Mandate
- Healthcare organizations receiving state funds for services must connect to NC HealthConnex by 1/1/23
- No Cost to Participate and Connect

Key NC Health Connex Stats

- 6.9 million+ unique patients
- 41,500+ providers with contributed records
- 4,500+ contributing health care facilities
- 52 million+ continuity of care documents (CCDs)
- 187 unique EHRs engaged
- 6 border and intra-state HIEs connected

Key Capabilities that CHCs can Leverage Today

- ✓ NC*Notify Event Notifications (ADT data)
- ✓ Access to patient clinical information
- ✓ Automated reporting to NC Diabetes Registry
- ✓ Gateway to NC Immunization Registry
- ✓ Access to NC required electronic laboratory reporting

Key Future Roadmap Initiatives

- ❖ Serve as the Gateway to CSRS
- ❖ Single Sign-On to NC public health portals
- ❖ Full EHR integration with NC Laboratory of Public Health

- ❖ Single point of connectivity for all NC based reporting
- ❖ Expansion of NC*Notify info including: NCIR, CSRS and the NCCARE360

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Data Ecosystem

Maximize investments strategically as necessary to integrate key sources of data.
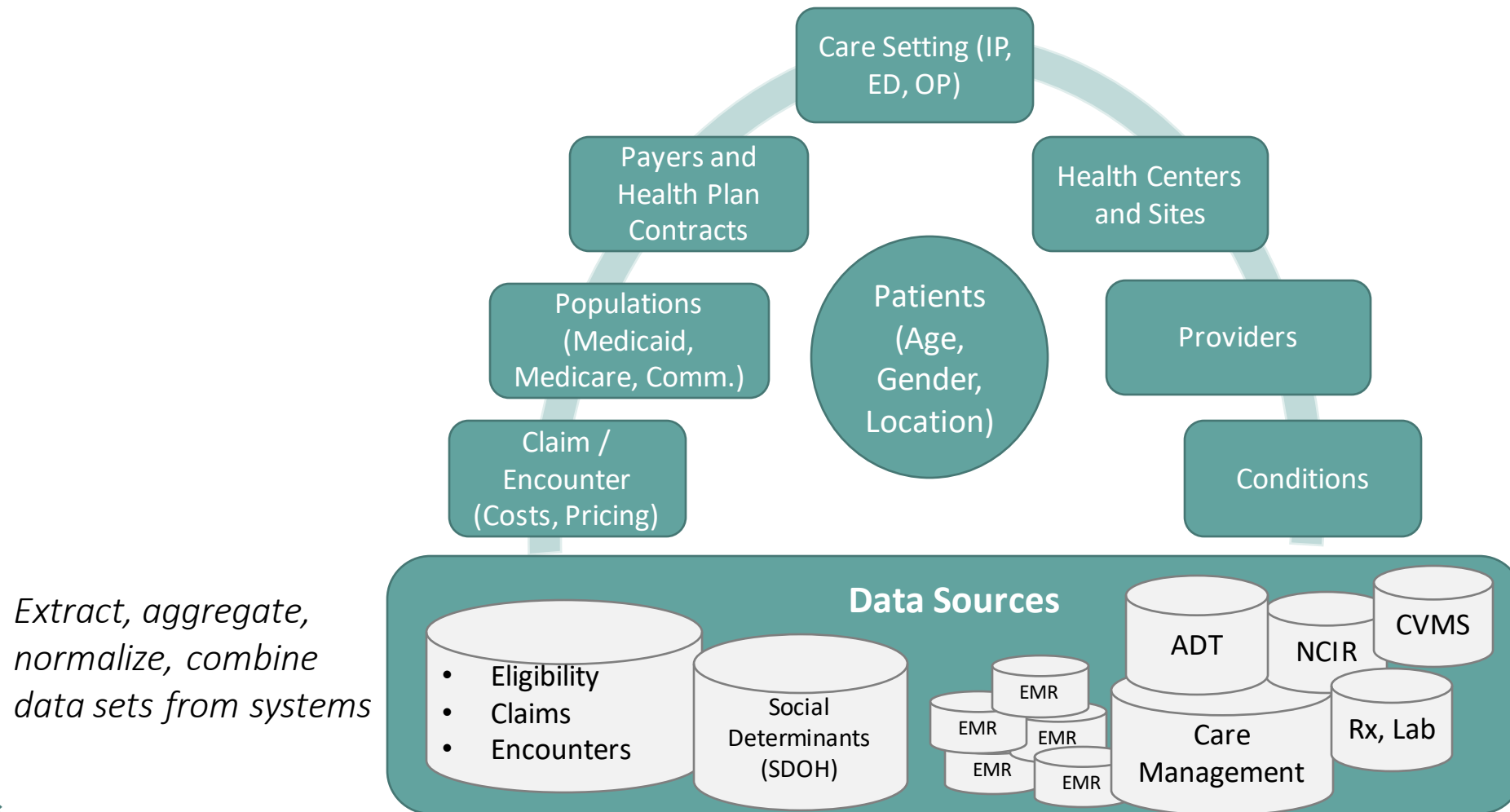
There Is No "Easy Button"

Strive for Progress, Not Perfection!

NOTHING   easy   PERFECTION

Measurable Dis...   ...finite Distance

Thank you!

Contact Information
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https://www.youtube.com/watch?v=pzQ2Lmulfhw

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