

Six Roadblocks to Success:

Operational Technology for Value-Based Care



Transforming the Business of Healthcare

MEETING THE CHALLENGE:

Re-thinking Operational Technology for Value-Based Care

For most healthcare organizations, transitioning to new payment models represents a significant cultural change. Proactive planning and management are essential. The right technology will make it possible.

One of the biggest challenges is the wide range of stakeholders and variables involved in this new ecosystem, many with differing priorities and objectives. All must work together seamlessly to deliver higher quality care for patients at a lower cost. This means organizations have to find the right physicians, match them to the right patients at the right time, and implement a workflow and process management system that can automatically and pro-actively engage patients and physicians. A healthcare technology strategy that focuses on operations and managing the *provider* network will be critical for managing the essential components within the world of value-based care.

Organizations will need a clear plan to deal with the operational challenges of transitioning their business models to a value-based care ecosystem—or even to a hybrid model that continues to incorporate a degree of fee-for-service—in order to be effective in clinically focused initiatives going forward. Ensuring that the right technology is in place to enable collaboration across the entire network is key. Organizations will also need to be able to manage and track many-to-many relationships and evaluate the effectiveness of entirely new processes.

The big challenge is how to achieve success in all these areas. But the good news is, technology is now available or being developed to provide the path to success.

“Our healthcare system is in **desperate need** of reform, and technology is one tool that can help. It can be a **paradigm shift** in how we practice medicine”

– Charles Doarn, Director, Telemedicine and e-Health Program, University of Cincinnati. *Forbes Magazine*, October 2016



When the Commonwealth Fund conducted its survey of health care system performance, the US ranked last among 11 industrialized nations for the fifth time. Yet for years it has remained the most expensive.

– Commonwealthfund.org, June 2014

“Silos and roadblocks across health care organizations that prevent effective data-sharing must be broken down, but protecting the **privacy and security** of patient data is paramount.”

– Stanford Medicine, Health Trends Report: *Harnessing the Power of Data in Health*, July 2017

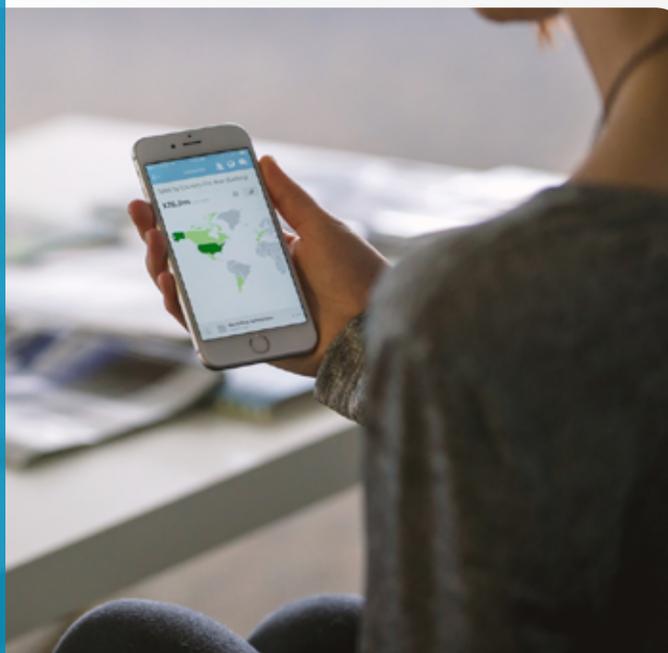
SIX COMMON ROADBLOCKS

Even though most healthcare executives publicly support the shift to value-based care, there are many barriers that can hold them back. Here are the most common roadblocks we see in organizations making the transition.

1/ Data Silos

Most organizations have invested, at some level, to improve integration of health IT within their own systems, but the value-based care environment has added a new wrinkle to the challenge. As Premier, Inc. noted in its *Economic Outlook Spring 2016 C-Suite Survey*, “It is one thing for providers within the same organization using the same systems to successfully share data. Integrating data across multiple, disparate systems is something else altogether.”

Having a core operational platform that creates a single point of truth for all stakeholders is key, as is having the capability to share data with external collaborators when needed.



“The **next generation** of healthcare will operate with the patient in mind and allow stakeholders to share and analyze real-world data, allowing insight and better decisions **based on fact**, not assumptions.”

– Health IT Analytics, *“Healthcare Big Data Silos Prevent Delivery of Coordinated Care,”* August 2016

“More data will be created in 2017 than the previous 5,000 years of humanity. Yet, less than .05% of that data is actually being analyzed for operational decision making.”
 – *AppDeveloper Magazine*, 12/23/16

2/ Tracking/Reporting

With a value-based financial model driving the shift in reimbursement, hospitals will need to track and evaluate more holistic, outcomes-based criteria than they have in the past. Getting paid depends on accurate, timely and seamless reporting capabilities across the care continuum.

Having a single source of truth is the first step. But you also need an easy way to identify, compile and transfer the necessary data for each payer—from Medicare and Medicaid to commercial and self-pay employer groups—to prove that the organization is delivering value to the patients.



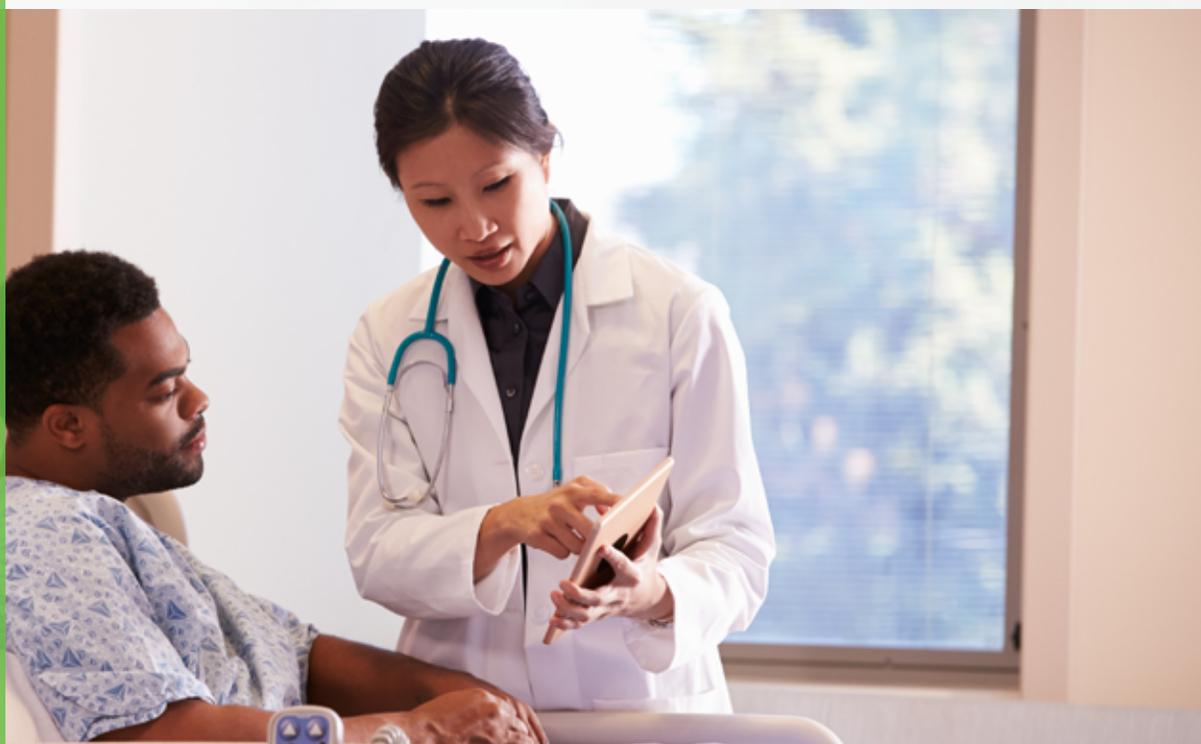
“Only 38% of
respondents

say they’re successfully
accessing data from
affiliated or non-employed
physician networks.”

-Economic Outlook, C-Suite
Survey
Premier Inc., April 2016

3/ Network Management

Building and managing a physician and ancillary group network is one of the most critical elements for implementing a successful value-based care model. Finding efficiencies within that process and building in provider participation, along with provider specialties and practicing locations, are key to measuring the health of the provider network, as well as to identifying gaps in coverage that need to be addressed. This data must be easily available for stakeholders within the organization to plan where provider-focused business development efforts should be made. Managing the effective dates and contract terms for both in-network and out-of-network providers are critical to operations of the organization



63% of hospitals and
69% of health
systems expect
interoperability
to be one of the top three
data-related
challenges over
the next three years in
performing analytics.

– “Healthcare Predictions – 2016,”
W. Roy Smythe, MD

4/ Interoperability, Legacy and Proprietary Data Systems

Healthcare interoperability and data management continue to create challenges, especially if you use a variety of different systems to track procurement, accounting and contract management. These data silos are more than just an inconvenience; they’re creating what Premier calls “system-wide blind spots” that undermine efficiency efforts.

While workarounds are being developed to better enable a seamless flow of information between systems, the healthcare IT landscape still has a long way to go. Meanwhile, more data keeps piling into the systems, not just from internal health information technology like EHRs, but also via health-oriented wearables and other non-traditional data sources. Mobile and cloud-based tools have the potential to revolutionize healthcare, but with complex security, privacy, and regulatory issues involved, your entire enterprise is going to feel the impact.



“Just 6% of providers surveyed by KLAS Research said information they get from outside their organizations is reasonably easy to locate within their workflow and ‘significantly benefits patient care,’ and less than one-third said they ‘often or almost always’ can access data from different electronic health records.”

– “The long and winding road to patient data interoperability”,
Modern Healthcare, April 17, 2017

"Technology should
**enhance
communication**

between the patient and provider,
or between providers, not create
a barrier."

– "4 ways communication-based
innovations can drive hospital
quality, efficiency improvements" *CIO
Review*, June 2016

5/ Communication

Most traditional systems aren't aligned with changing requirements, and this is particularly evident in communication. From patient satisfaction surveys to education to outreach, communication is integral to tracking and improving health outcomes. But as you build patient relationships, in order to stay true to privacy regulations that protect the patient, you also have to understand the limits of what personal health information (PHI) can be shared. The right security technology can make both goals possible.

Regular communication and active relationship management with physicians, staff, payers and employers is also essential. Promoting open communication with all of the new stakeholders often represents more than a new requirement; it's a new way of thinking about your business. Even if you have the systems in place, they may not be set up to meet today's demands.



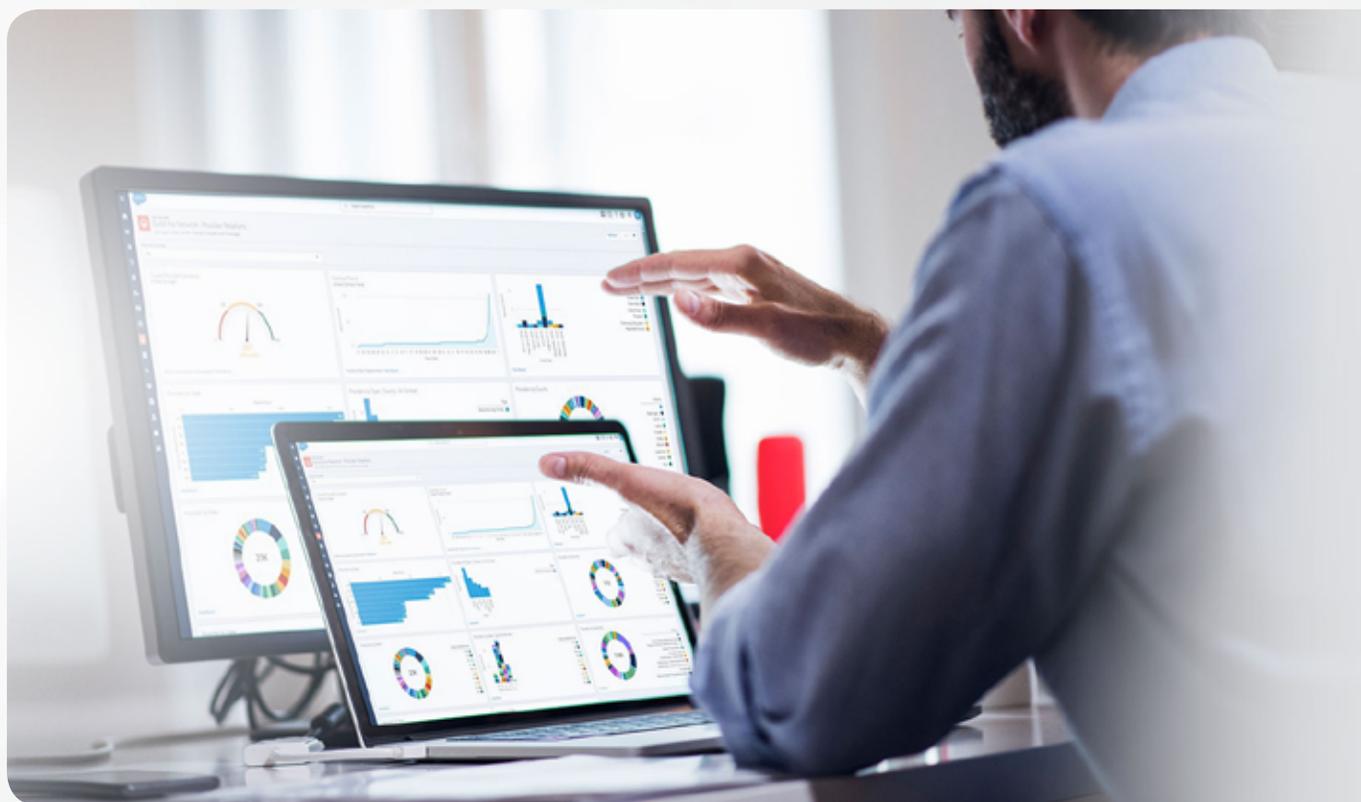
“To build transparency and trust, both vendors and providers must adopt these principles: Have a clear purpose, be transparent, and be **honest** about (technology’s) impact on jobs.”

– “HIMSS ’17: IBM’s Ginni Rometty talks trust, values in a cognitive computing era”, *Fierce Healthcare*, 2/21/17

6/ Transparency and Trust

No organization is an island in the world of value-based care, and interdependencies mean transparency and trust have never been more important. Team-based care requires new kinds of collaboration where everyone has access to the same data and agrees on what metrics to prioritize and track.

Getting past the traditional barriers to data sharing is only one aspect of the challenge. Real-time clinical and claims data have to be accurate, consistent and readily available to all members of the care team in a format that’s easy to consume and understand.



MANAGING THE STAKEHOLDER PROCESSES



Physician and Ancillary Groups

- Finding, attracting and keeping partners who are skilled in the most prevalent health issues for target patients
- Negotiating and managing contracts
- Ongoing communication and engagement and training
- Mechanisms assuring adherence to patient-centric care models
- Jointly established quality and efficiency standards
- Physician performance benchmarking



Payers and Employers

- Open and honest collaboration and communication
- Community outreach and development
- Network contracting
- Articulating value to multiple audiences—payers, employers, others
- Reporting to demonstrate improved value
- Developing contracts or incentives that reward quality and efficiency
- Well-care programs (onsite and stand alone)



Care Managers

- Primary care and regular preventative benchmarks
- Specialists, including addiction and behavioral health
- Ancillary providers (PT, OT, labs, etc.)
- Chronic care management (CCM)
- Transitional care management (TCM)
- Aligning incentives or goals to move away from the hospital as the center of care (for patient-centered medical homes and telemedicine)



Members

- Implementing innovative member/patient outreach programs
- Understanding care trigger events
- Attributing patients to primary care physicians
- Tracking participation in employer and/or payer networks
- Ongoing patient engagement and outreach
- Tracking and resolving patient issues



Leadership

- Commitment to aligning incentives and executing on a new way of doing things
- Developing and committing to new patient-centric care models
- Implementing a defined governance structure
- Staying agile and able to continually evolve and adapt

“To achieve this **brighter future**, several things are required, including that we must acknowledge that the **status quo is not viable** in the long term”

— “The Future of United States Healthcare”, *Managed Care Executive*, March 2017



SUCCESS STORY

DEMONSTRATING SUCCESS:

ACADEMIC HEALTH SYSTEM LAUNCHES ACO IN **90 DAYS**

Greenville Health System (GHS) is an academic health system and the largest not-for-profit healthcare delivery system in South Carolina.

It is home to 15 medical residency and fellowship programs and the University of South Carolina School of Medicine Greenville. MyHealth First Network (MyHFN) is GHS's newly launched Accountable Care Organization (ACO), now incorporating 68 affiliated provider groups with 2000 physicians across 11 counties, and growing.

ACO complexity demands more sophisticated technology

GHS needed a core operational technology platform for the ACO in place quickly at the launch of MyHFN. The staff relied mostly on Microsoft Office products such as Excel, Access, and paper-based processes to capture the physician network and demographic data necessary to operate and provide reporting. In preparation for MyHFN, GHS searched for a centralized, comprehensive technology solution to administer reporting and handle the complexities inherent in operating an ACO.

Virsys12 implemented their proprietary V12 Network application in January of 2015 and the MyHealth First Network ACO was operational for their initial population group in 90 days. The implementation also included deployment of Sales Cloud, Chatter and Salesforce's mobile features, as well as the Drawloop app and custom solutions to allow MyHFN to automate complicated reports.

Within the 90-day timeframe, more than 30,000 Medicare member lives and 1,200+ active physicians and provider group contracts were incorporated into V12 Network. The platform is used for total ACO operational management for MyHealth First.



GREENVILLE
HEALTH SYSTEM



V12 NETWORK ALLOWED THE MYHFN TEAM TO:

- Achieve \$17 M in year-one Medicare Shared Savings
- Manage the provider network: tracking contracts, individual provider participation, fee schedules
- Track opportunity pipeline for the provider network: business development, employer outreach, marketing
- Manage two member networks (Medicare, Self-Insured)
- Communicate with physicians and members: track interactions and issues
- Manage 3rd party integrations
- Provide analytic dashboards and reporting for decision makers out of the box

"V12 Network provides a total ACO management solution for our team. It has made an immediate impact on our ACO in record time."

– John Supra, VP, Solutions and Services
Care Coordination Institute, Greenville Health System

Advancements in technology are not new but the rate of change resulting from today's adoption of rapidly evolving technology by healthcare providers, payers and the surrounding ecosystem is definitely profound.

It is critical to choose the right technology based on a unified platform, flexible and scalable for tomorrow's challenges. Once in place, it will break down data silos, support efficient management of provider networks, allow tracking and reporting for better decisions, increase interoperability of things (IoT), data and people, and offer real-time secure communication resulting in a system based on transparency and trust – sure to transform the business of healthcare.





Transforming the Business of Healthcare



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