

TECHNOLOGY INTEGRATION

Integrating data can help link the disconnects in healthcare Health plans are on a mission to unite clinical and financial data for even better outcomes and quality of care

By: Tracey Walker

Ask the right questions, and the consequences of fragmentation in healthcare become obvious. For example, when a physician office claims processor needs to find out the status of a claim, how easy is it to get that information? If a disease management or wellness program is in place, how easy is it to ensure that involved members and providers are following it? When two or more physicians, unaware of each other's actions, prescribe drugs that should never be taken together, to what extent are the harm and hospitalization that result?

Glen Stettin, MD, vice president, clinical products at Medco Health Solutions, calls the term "healthcare system" an oxymoron. "We all know the delivery of healthcare is fragmented and poorly coordinated," Dr. Stettin says. "As a result, patient care is less effective, less safe and more costly than need be." **Foresight Corp. CTO Ed Hafner** shares a similar viewpoint. "Healthcare IT systems have traditionally been 'islands' that do not readily talk to each other," he says.

"Many MCOs suffer from a multitude of disparate IT systems—many acquired through acquisition or new business initiatives over the past 15 to 20 years," says Ralph A. Korpman, MD, president and CEO at HealthTrio. "Some of these systems are old and antiquated and make it difficult to enable the necessary data to be available to those that need it at the time they need it."

However, Ron Ponder, chief information officer of WellPoint Health Networks, disputes this. "Years ago, that may have been true, but in the last five years, MCOs have dedicated significant resources to streamline their IT systems," he says. For example, according to Ponder, WellPoint invests over \$400 million per year in its IT infrastructure.

The introduction of HIPAA formats in particular has added another new syntax and encoding scheme that must be addressed using integration techniques, according to **Robert Fisher, Foresight**

Corp.'s president and CEO. "But HIPAA also brings unique challenges since it is actually more difficult to prove compliance than it is to translate to or from older formats," Fisher says.

In addition, employers and consumers are looking to health plans to deliver better member health, satisfaction and patient safety at a lower cost. Health plans are also under pressure to meet growing demands to enable their members to play a greater role in financial and clinical decisions.

"This new consumer-focused model requires health plans to leverage their existing information and intellectual assets to enable their employees, members and physicians to make better-informed financial and evidence-based care decisions," says Dennis Schmuland, MD, global health plan industry manager, Healthcare and Life Sciences at Microsoft Corp.

"With the integration of all the systems, MCOs are able to best position themselves to streamline business processes, better meet end-user demands, cut costs, improve health and position themselves to better be prepared for future challenges," Dr. Korpman says.

John Fancher, group manager, healthcare services marketing, Sprint Business Solutions, agrees that MCOs are in an ideal position to talk to and provide information to all parties involved in the healthcare process, from patients to providers. As a result, they "have the opportunity to change their role from that of a data manager to an information manager," Fancher says.

Meridian Health Care Management (MHCM) has developed a comprehensive business process automation infrastructure using enterprise automation software from TIBCO. MHCM's executive vice president, John Cochran, believes that if MCOs can bring together three basic currently existing sets of data—claims for physician/hospital

services, prescription drugs and outpatient laboratory clinical results—"the result is a database that is an enormous resource for enhancing the quality and efficiency of care delivery," he says.

Integrating data from numerous venues can help executives achieve a more complete picture. "Integrated data allows managers to compare apples to apples and share this data with stakeholders," says Thomas Kravis, MD, senior consultant, Reden & Anders, an Ingenix company.

As an example, a female patient is admitted to the emergency room for chest pain. She is prescribed medicines, referred to a cardiologist, and given a treadmill test. Later, she completes a follow-up visit and another treadmill test. Ingenix's Episode Treatment Grouper (ETG) software captures all of this data within the episode and compares the resources consumed (e.g., visits, lab, procedures, costs) with evidence-based benchmarks and local peer data. "The resulting reports, which are validated and statistically significant, can be used by MCOs to identify gaps in performance and/or opportunities for improvement," Dr. Kravis says.

The decision to consider integration is two-fold, according to Tee Green, president of Greenway Medical. "First, will it make you more efficient... and second, is there a valid business case or ROI?" Green asks.

POISED TO BRIDGE THE GAP

Using integration to create a two-way street between clinical and revenue systems has posed a challenge to managed care. "The clinical and financial functions of healthcare organizations have long-held mindsets independent of the other," says Jocelyn Young, research director, healthcare and public sector technology at Datamonitor, a global business advisory firm.

"Integrating enterprise data from a claims adjudication system with data from a medical management system will produce valuable information and new opportunities for case managers, members and healthcare providers," says A. Bruce Oliver, vice president, marketing and business development at QCSI. "These participants will be able to make timely, informed decisions and engage in proactive intervention strategies based on a member's health events."

The challenge has been that the data health plans have is from billing services, after the clinical activities have taken place, "not the clinical activities in-and-of-themselves," says Jon Zimmerman, group vice president, Soarian Health Connections,

Siemens Medical Solutions. "Integrating data that plans have is good and a great start, but to be able to impact information-based and evidence-based practices, they'll need more."

The claims systems are really financial applications focused on adjudicating the claim, not providing managed care information, according to John Capobianco, president and chief marketing officer at MEDdecision, a care management software vendor. "Claims management systems deal with claims submissions, member eligibility, provider network status, service payments and the like," he says.

"However, when the claim is processed through a care management lens, then it can enhance the MCO's operations."

For example, a care management system "can parse claims data and analyze it by provider, provider group, patient, patient population and plan performance," Capobianco says. "The analysis can then be used to identify utilization management issues or gaps in care for patients that might be handled by case managers. Similarly, the analysis might reveal a disease population group that might benefit from the creation of a specific program to be handled by a disease management organization."

MEDdecision is setting up a payer-based health record (PBHR) that consolidates an array of patient-focused clinical data generated by doctors, hospitals, clinics, labs, pharmacies and other providers, as well as data from claims management systems, patient questionnaires, and other relevant sources.

"Today, we are using our PBHR to automate a lot of the routine clinical adjudications such as authorizing hospital admissions and doctor referrals," Capobianco says. "Because we've taken all this data and encapsulated it into a PBHR, we can start to use the integrated application functionality to extend MCO patient records to physicians, store physician-level information and allow patient-level access, thereby providing a comprehensive clinical patient history."

Integrating claims and treatment data can provide members with more treatment options while offering attractive premiums for employers, according to HealthMarket Chief Technology Officer Ed Zecchini. "No single treatment plan works for all members," Zecchini says. "We have moved past enforcing a specific regimen of treatment by using the concept of medical episode of care and integrating the claims and potential treatments." The system is at the core of HealthMarket's SmartFund product line.

CASE EXAMPLES

In a drug utilization review for members with diabetes using medical and pharmacy claims as well as laboratory data, Horizon NJ Health identified members who were diagnosed with diabetes and on pharmacologic therapy, but were not on recommended cardiovascular medication.

"We then provided that information to the members' primary care physician," says Horizon NJ Health's Karl Weimer, MPH, manager of health outcomes and research, who worked with the plan's pharmacy services and clinical outreach departments. "The response from PCPs was overwhelming and they were very favorable toward receiving the information, which resulted in improved coordination of care, better communication and clinical care."

Another example of Horizon NJ Health integrating data is its use of providing links with community resources for members, which are then integrated with case management and disease management to provide better care coordination "rather than merely relying on the PCP or the hospital or traditional healthcare facilities," Weimer says.

WellPoint no longer pursues a traditional role of healthcare financing, but now additionally pursues a role of information broker with healthcare constituents, according to Ponder.

"The company leverages its informational assets—claims data, lab information, medical chart information, etc.—to effect favorable outcomes for its constituents." Ponder cites examples including using information to ensure adoption of industry-approved treatment protocols, effective disease management programs, improved clinical outcomes, more effective information sharing with clients/brokers, and improvements in drug safety, among others.

UnitedHealthcare has invested more than \$2.5 billion in technology over six years to drive consumer decision support, as well as customer service delivery, to its physicians, clients, brokers and consumers. This level of investment allows UnitedHealthcare to efficiently transact approximately \$50 billion in healthcare costs, more than 300 million claims and manage more than 50 million calls annually, according to Dorothy Coleman, CEO, UnitedHealthcare's Southwest Ohio/Indiana health plans.

"Our investment in information and data infrastructures facilitates the movement from reliance on paper to real-time advantages of the Internet, offering administrative simplicity and cost savings to our consumers, employers and physicians," Coleman says. "Because our products are consumer-focused, UnitedHealthcare is

continually integrating secure technology that organizes meaningful data and makes it available during the right opportunities at the right time, and for free."

Launched in 2000, the www.myuhc.com portal is available to UnitedHealthcare's 20.2 million members, not just those who enroll in certain products. Myuhc.com gives patients access to healthcare information such as physician quality ratings, hospital comparisons, claims status and locator tools, as well as pharmacy pricing and coverage.

Medco is routinely integrating pharmacy data, medical and other clinical data, and putting it to work to improve patient outcomes, according to Dr. Stettin. "For example, in our RationalMed patient safety program, we are identifying patients with diseases and drugs that may interact with potentially disastrous outcomes, such as patients with ventricular arrhythmias taking tricyclics or patients with peptic ulcer disease taking NSAIDs," he says.

More and more, health plans are tying their contracts and incentives to results, according to Tim Eggena, vice president of product development for NextGen Healthcare Information Systems. "With easy access to both financial and clinical data, providers will be able to provide this new level of data," Eggena says.

NextGen's integration of its practice management system and electronic medical records allows for historical analysis revealing healthcare performance and more accurate analysis. "Providers can now negotiate contracts with health plans based on better disease management and outcomes performance," Eggena says. "From preventative plans to outcomes analysis, the clinical data can be tied to the financial side of the health plan picture."

Kansas University Physicians Inc. is using key performance indicators to assemble data from integrated claims into a business scorecard format to reduce administrative costs and improve quality of care. The business scorecard from Microsoft lays out operating information, such as utilization and productivity. "Starting with basic claims transaction and quality information, health plans could use the same business scorecard format to integrate data in order to deliver actionable information about quality and compliance with evidence-based care to the physician desktop," Dr. Schmuland says.

