HealthCare
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Data Management: Crucial to Provider Groups and Their Patients

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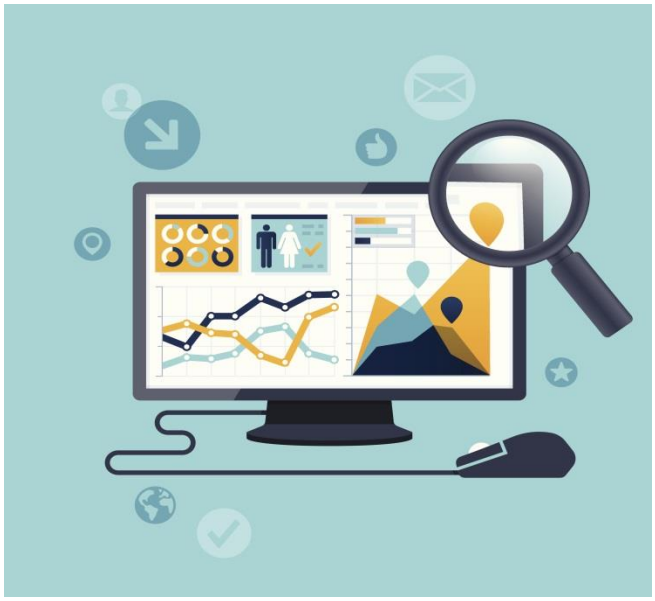
Success in the brave new world of value-based reimbursement, emphasizing quality outcomes and cost, requires that all providers, big and small, integrate the use of data into routine processes.

This includes a robust electronic health record (EHR) designed to deliver important clinical patient information, revenue cycle management systems (that provide real-time snapshots of accounts receivable), and employees who can effectively utilize these systems.

Without proper coding and documentation or relevant reports that are tied to quality measures, it is difficult to identify high-cost patients. Optimally, healthcare providers should choose the best course of treatment based on clinical findings and national guidelines and ensure that their patients receive recommended preventative care. This significantly impacts the ultimate reimbursement amount. Effective utilization of information technology systems to assist in the routine business functions of your practice, directly impacts billing, reimbursement, and accounts receivable.

Data Management

Data management begins with system design. EHRs often leave much to be desired when it comes to collecting the right data and providing reports, meeting the needs specific to your practice.



For instance, the Institute for Health Technology Transformation (IHT2) notes that the EHR alone is not enough to adequately manage population health. Additionally, practices require population health specific applications. The IHT2 also recommends integrating patient health claims and clinical data to

provide breadth, timeliness, and adequate detail for analytics. Practices should also use predictive modeling to intervene with patients at high risk of requiring emergency assistance and/or being admitted as an inpatient. Registries are another tool that can be used to track patient health status.

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Is your practice effectively employing these methods? For instance, can you run a report specifically listing patients with diabetes who are overdue for a foot exam who have A1c levels above 7 percent? If not, then you're leaving money on the table and putting your entire practice at risk.

The reality is that value-based reimbursement is no longer a concept, but a certainty. The Centers for Medicare and Medicaid Services are planning to have one-third of all Medicare payments involve alternative payment models by the end of this year and half by the end of 2018. The commercial side of health care is moving in the same direction, with large payers projecting that 75 percent of their business residing in value-based reimbursement by 2020.

These payers, as well as hospital systems that are already taking on significant risk in the reimbursement arena, want to partner with physician groups that have the robust information systems needed to assess and manage the health of their patient population.

Ensuring success in an increasingly competitive market requires that practices maximize the use of health technology and data to improve workflows, such as patient registration, scheduling, and discharge management. Data is the only component that can help you be able to negotiate risk-based contracts and identify areas for improvement.

Practices that embrace and effectively leverage data will not only be able to improve the quality of care they provide for patients while increasing patient satisfaction. In addition, it demonstrates that they can productively manage the health of their populations. The result is an increase in revenue and improved processes.

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