

The Key to Collaborative Care: Leveraging Data Interoperability in an Aligned Ecosystem



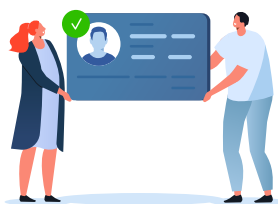
The Case for a Data-Powered Collaborative Care Approach

In response to rising healthcare costs and inconsistent care quality, some have called for increased competition. But studies show this can actually reduce care quality and exacerbate inequities.¹ Instead, data shows that collaboration offers greater value to the entire health system, benefiting payors, providers, and patients alike.

Blue Cross Blue Shield of Michigan's fledgling collaborative quality initiative (CQI) program from 1997, the BMC2 Cardiovascular Consortium, highlighted the remarkable value of transparency and collaboration. The participating hospitals stopped trying to out compete each other and focused on learning from one another, adapting as insights were gained. Ultimately, the collaboration between the different hospitals led to improved quality of care and reduced hospital readmissions, costs of care, cardiovascular complications, and death.²



In 2003, studies found that collaboration between pharmacists could help reduce preventable adverse drug events,³ and lead to lower mortality rates among intensive care unit patients.⁴



In 2009, collaboration was found to help ensure quality patient care by identifying a correlation between quality care and healthcare professional teamwork and job satisfaction.



In 2019, another study found that a collaborative care approach led to a 50 percent reduction in patient charges in family practice medicine.⁵

Collaborative value-based care can help improve health outcomes and quality of care while helping organizations reduce costs and meet recent regulatory requirements.⁶ **For healthcare payors, this requires a seamless exchange of information and knowledge within and outside the organization.**

And, the biggest challenges payors face with executing collaborative care are directly connected to data interoperability:

- 1. Enabling seamless communication and knowledge sharing between providers and care teams, including internal and external organizations**
- 2. Issues with various utilization management processes and requirements, including prior authorizations, delays, denials, and reimbursements**

The above results in a lack of clarity and transparency that often leads to costly miscommunications and errors that are detrimental to both health plan members and payor-provider relationships.

In this white paper, we explore why leveraging data interoperability within an aligned healthcare ecosystem is critical to the long-term success of delivering exceptional value-based collaborative care.



The Impact of Interoperability on Collaborative Care

Data interoperability has long been an issue in the healthcare industry - both sharing and analysis - and while improvements have been made, issues still exist when adopting true interoperability. Many payors have made significant investments over the last decade in a broad tech stack. However, these platforms often lack data standardization, uniformity, and compatibility between various EHR and EMR platforms, claims systems, and other data-intensive software, which have all contributed to limited interoperability. This has resulted in less transparency and payor-provider collaboration.

A lack of collaboration and interoperability impedes clinical work by providers and results in inadequate or erroneous care decisions, fragmented care services, and poorer health outcomes. This disconnect in the care ecosystem also creates tension between payors and providers, as well as feelings of distrust, insecurity, and frustration for members.

In recent years, the issues stemming from a lack of collaboration and interoperability have also been compounded by the rapid emergence of new technologies, expanded care services, and an aging population.

And that's why, when looking for long-term success with value-based care, payors have to think more strategically about interoperability. **Namely, data interoperability needs to work within an organization's healthcare ecosystem to fluidly adapt to a growing population's evolving healthcare needs.**

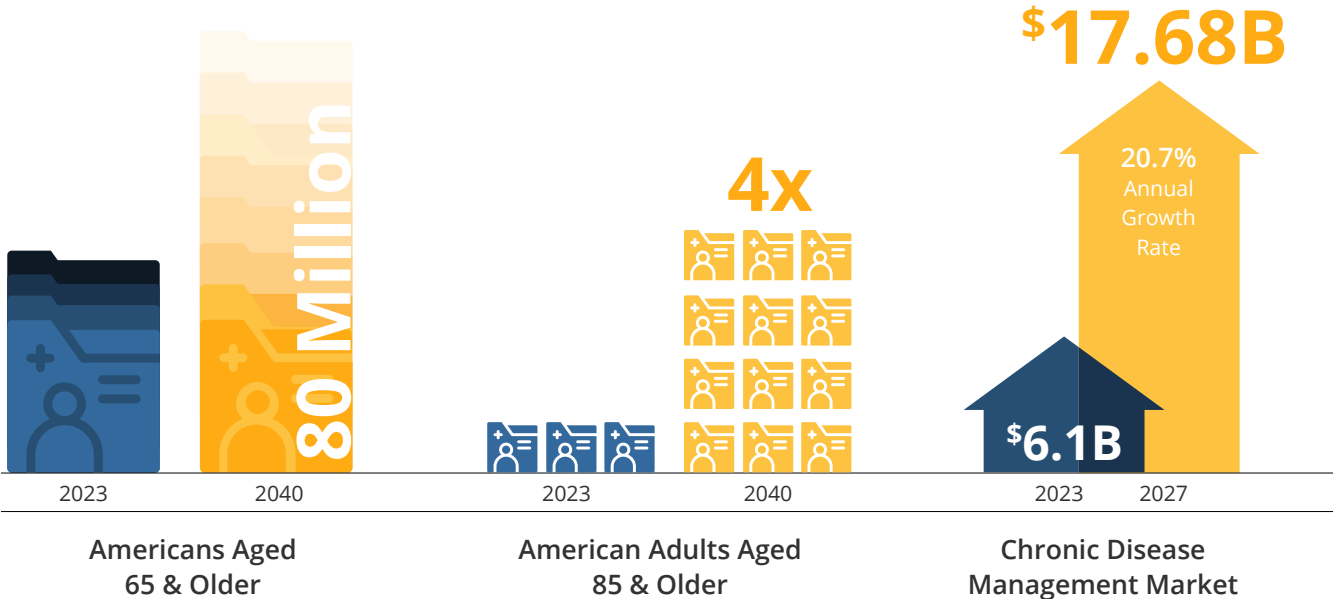
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Supporting the Evolution of Care & an Aging Population

The healthcare landscape is experiencing rapid growth and evolution, both of which are impacting the importance of data interoperability within collaborative care.

The rising geriatric population is a primary driver. The number of Americans aged 65 and older will more than double from 2000, reaching 80 million by 2040.⁷ The number of adults 85 and older will nearly quadruple. By 2027 the global chronic disease management market is projected to grow to \$17.68 billion with a compound annual growth rate (CAGR) of 20.7%.⁸



Individuals aged 65 and older are at a higher risk of suffering from chronic illnesses and are more likely to need costly healthcare services and long-term support. As a result, more payor and provider organizations will have to support an increasing number of individuals who need a multidisciplinary managed care approach. **Sharing accurate, real-time data between payors and providers will be essential to properly support these growing populations with complex chronic conditions** who need to move between various care settings and healthcare providers.

Moreover, the Centers for Medicare & Medicaid Services (CMS) Making Care Primary model will push for an expanded primary care approach and incentivize organizations to move away from fee-for-service models completely.⁹ **As primary care models expand to include more comprehensive care services with different providers, healthcare interoperability will play a key role in facilitating information exchange between payors and providers, providers and providers, and payors and members.**



Meanwhile, regulatory requirements like the CMS Interoperability and Patient Access Final Rule (CMS-9115-F)10 and CMS Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule (CMS-0057-P)11 have set higher standards for payors to meet.

These new requirements are designed to improve health information exchange and prior authorization processes and to ensure care is patient-centric, transparent, and accurate.

While payor and provider organizations work to satisfy the new mandates and care models, achieving collaborative care objectives may still be challenging if a health plan doesn't take a more strategic approach to data interoperability. The opportunity to glean new insights into improving care from more data is valuable, but only if payors can efficiently ingest, manage, store, and analyze disparate sets of data.

Data needs to be standardized so that it can be interpreted consistently across systems and platforms. Only by seamlessly sharing and using data across the organization and between provider settings can payors facilitate transparent communication between healthcare providers and easy access to patient health information.

As the population ages and care requirements become more complex, spanning multiple providers and settings, **achieving organizational interoperability will be critical to reducing costs and improving healthcare outcomes.**



Achieving Organizational Interoperability

The highest of the four levels of healthcare interoperability, as defined by the Healthcare Information Management and Systems Society (HIMSS), **Organizational Interoperability (Level 4)**¹² goes beyond interconnectivity between systems and applications, defined format and syntax standards, or data-level interpretation.

Adopting this level involves:

1. Ensuring a seamless, secure data exchange between organizations, entities, and individuals
2. Ensuring data exchange regulatory compliance
3. Aligning business processes and policies to help improve healthcare provisioning

Organizational interoperability facilitates the **seamless, secure, and timely exchange and use of data within and between** organizations, entities, and individuals. This level of interoperability enables **the connected processes and workflows payors and providers need for a collaborative value-based care model.**

When organizational interoperability is achieved, **seamless communication and knowledge sharing is enabled between providers and care teams,** and utilization management issues are resolved more quickly as data inaccuracies are minimized or removed and processes are streamlined.

The Benefits of Organizational Interoperability



Enable more accurate and informed care decisions



Streamline utilization management processes (referrals, authorizations, etc.)



Increase efficiency within the organization and healthcare system



Minimize costly errors and duplications



Improve patient health outcomes



Enhance data security



Drive cost savings

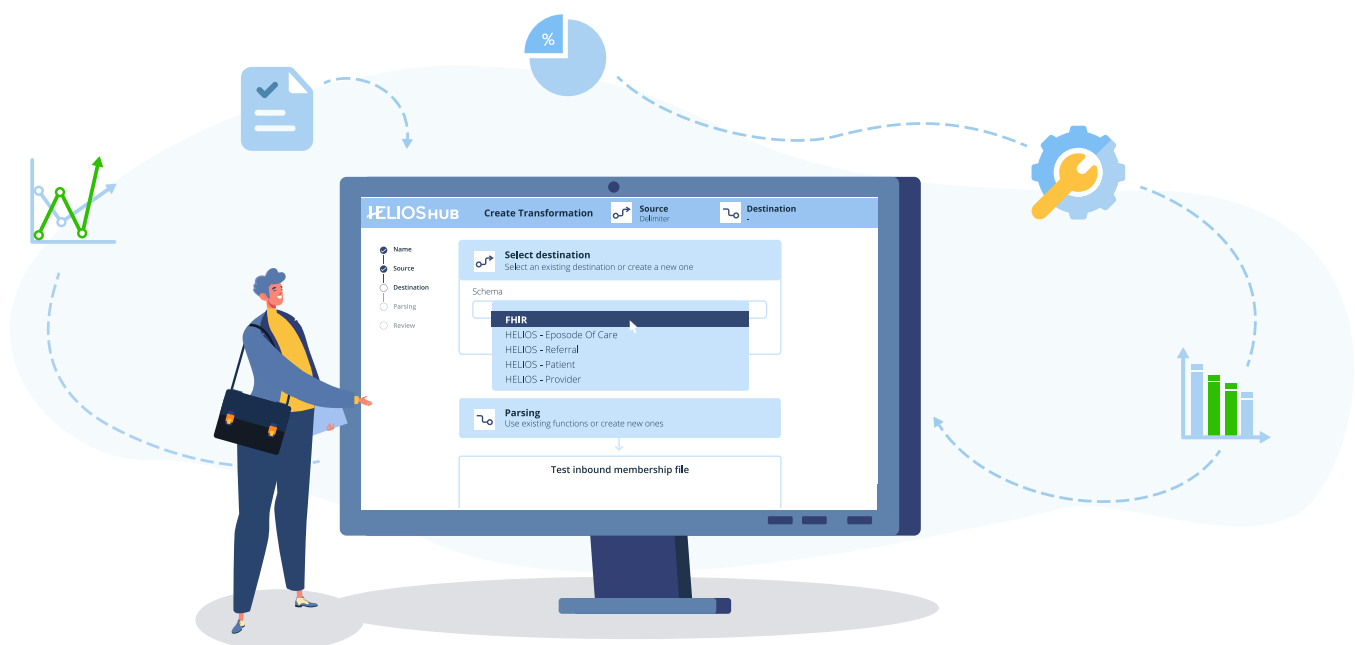
How to Leverage Interoperability for Collaborative Care

Data interoperability must evolve to keep up with legislative action, technology advances, and the evolution of value-based care. While many health plans have invested in some solution for interoperability – APIs with third-party developers, or multiple data transformation and management solutions – these are usually more costly in the long term. As regulations evolve, custom APIs have to be edited or rebuilt, making the system more complicated to use, and data more difficult to access.

Today's options for data interoperability create huge burdens on healthcare IT departments due to limited scalability as healthcare payor organizations add providers and patient populations. Most systems inherently have variable data models, terminology, and technical capabilities which lead to expensive implementations, limited flexibility, and reduced innovation due to the cost and risk of incremental development.

An integrated interoperability application offers more long-term value by reducing time spent on integrations and overall data maintenance

For payors seeking to maximize interoperability for collaborative value-based care, an integrated platform may offer more long-term value. While the solutions noted above may solve immediate interoperability mandates, there is more long-term value in an integrated platform that works alongside a payor's care and utilization management systems.



A single dedicated solution offers payors the simplicity of a single investment, with the continual benefits of interoperability over time as the platform evolves alongside healthcare data regulations and policies. VirtualHealth's data interoperability application **HELIOShub** uniquely works like this and is purpose-built for the healthcare payor ecosystem. Configurable data transformations, mapping, and transfer methods translate to faster delivery, rapid time to market, and reduced implementation and maintenance costs.

As a FHIR® Integration Platform as a Service, **HELIOShub** helps payors simplify healthcare interoperability and drive FHIR® adoption without multiple costly tools and applications. It lives within the HELIOS® platform to provide integrated data interoperability alongside the HELIOS care management and utilization management (**HELIOsum**) solutions. **HELIOShub** can reduce integration timelines by 65% or more, **enabling faster access to interoperable data that helps expedite quality, accurate care.**

And because it is constantly evolving within the HELIOS platform, payors won't have to worry about adapting to the next set of compliance requirements.

65%
Shorter
integration
timelines



See how **HELIOShub's** data interoperability capabilities can help you deliver **better care and improve health outcomes and member experiences.** Scan the QR code or [click the link](#) to view the **HELIOShub quick fact sheet.**

Leveraging an Aligned Ecosystem

Owning the Future of Collaborative Care with HELIOS®

Whole-person care is at the heart of value-based care, and it's the reason HELIOS is uniquely designed for collaborative care coordination. Multi-source data aggregation, intelligent workflows, and timely communication make whole-person care possible. The HELIOS platform offers payors a single centralized ecosystem to power healthcare collaboration as health plan members transition between acute care settings, long-term facilities, and the community.

As a cloud-based solution, HELIOS unifies providers, care managers, and utilization management teams in a single platform and provides 360-degree patient views that align care and utilization data together for an integrated and collaborative approach.

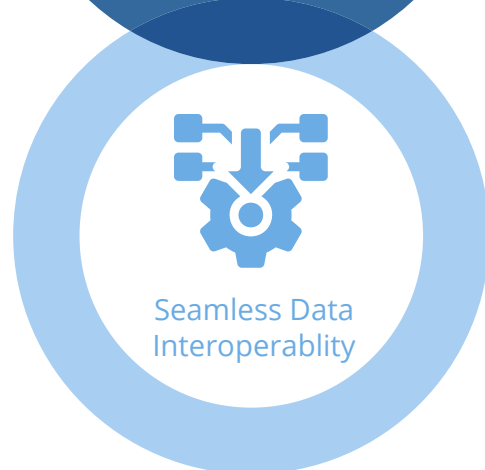
With HELIOS, Medicare, Medicaid, community, and commercial health plans can unlock more efficient, value-based care that improves member outcomes and satisfaction while also providing more efficient data management. There's no duplication of effort across teams; faster authorizations; streamlined reviews, appeals, and grievances; and reduced risk of human error for healthier, happier members and higher plan satisfaction ratings.



Value-based Care



Advanced Utilization Management



Seamless Data Interoperability



Ready to lead the way into the future of collaborative care? Get in touch with the VirtualHealth team today.



Connect with Us



Watch a Quick Overview Video

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VirtualHealth is a mission-driven company seeking to make healthcare more proactive through technology. VirtualHealth simplifies value-based care management for healthcare's largest, most innovative payers with our cloud-based platform, HELIOS®.

HELIOS is the country's leading enterprise technology for care management, disease management, utilization management, and population health management. We are proud to provide a solution that's available to fit organizations of different sizes and population needs, and helps to eliminate data silos, streamline processes, reduce IT resource usage, and support whole-person, value-based care across generations.

For more information, visit www.virtualhealth.com.

