

# What Data can bring to Accountable Care Communities

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# Objectives

- Stimulate thought and debate regarding Data, Population Health, Accountable Care Communities
  - Role of Data
  - Application of Data
  - Why Now?
  - Issues/Challenges of Data
  - Future of Data
  - Not: sources, templates, formats, standards, committees, councils, acronym download
- Neither I nor my spouse/partner have a financial/professional relationship with the manufacturer(s) or commercial product(s) and/or any commercial service(s) discussed in this presentation.

# Data - Overview

## Big Data in the Healthcare Sector Scope (1 of 2)

### The Information Pyramid

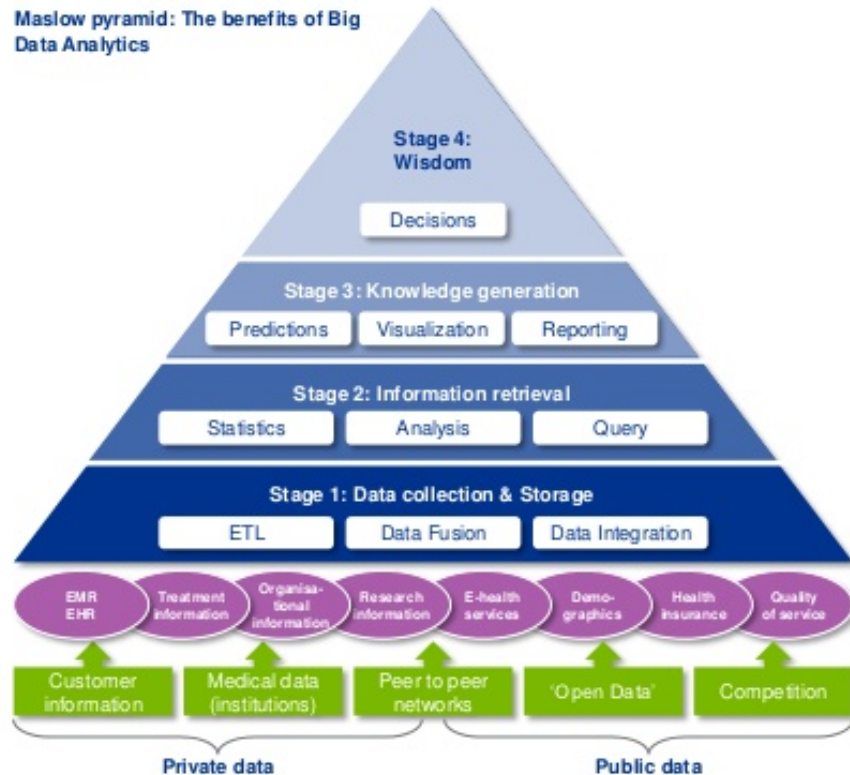
More and more, IT is starting to play an important role in supporting the improvement and efficiency of healthcare. The amount of data is growing exponentially like storing electronic health records of patients (eg. MRI scans, charts, or telehealth video's), or all the organisational data of healthcare institutions and other medical data (eg. manuals, guidelines, clinical research).

Big Data Analytics is the missing link in organising all this data and creating valuable knowledge for all the involved parties. Cost reduction can for instance be achieved by improving the quality of healthcare by using the analysis of medical records to get insight into ineffective treatments or by elimination (human) errors.

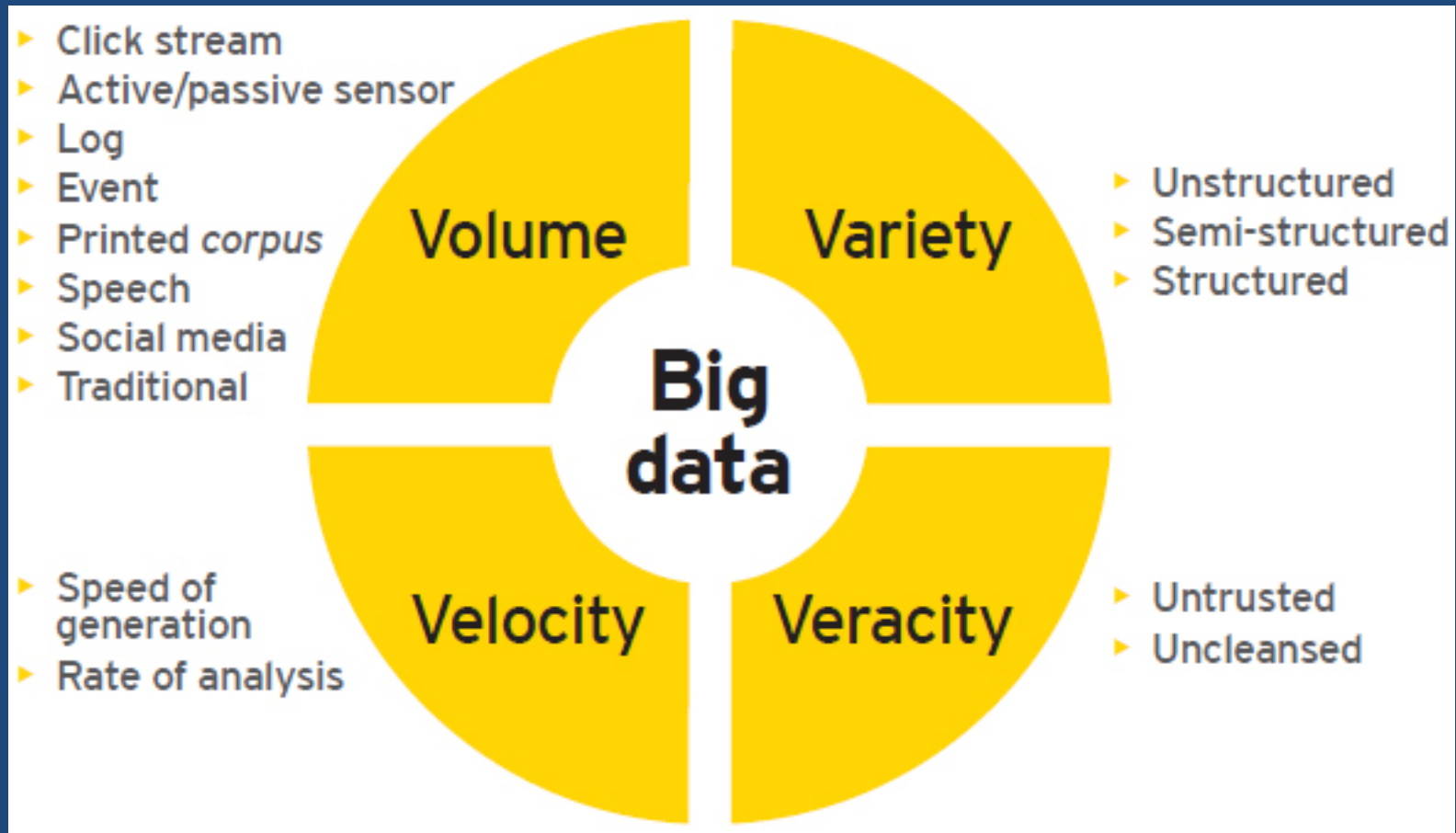
Another important focus is to use all the existing data from specific treatments to find new leads for ground breaking research. This type of analysis is now available because more and more data is stored digitally and accessible for different parties. Data of different types of sources like national or global demographics, Open Data and other relevant data can be combined with medical data to find clues for correlation and insights into a specific area.

The figure on the right shows the Maslow information pyramid. Effective Big Data analysis is the key component in providing Unique Customer Benefits (UCBs)

### Maslow pyramid: The benefits of Big Data Analytics



# Data - Overview



# Evolution of Data/Sources in HealthCare

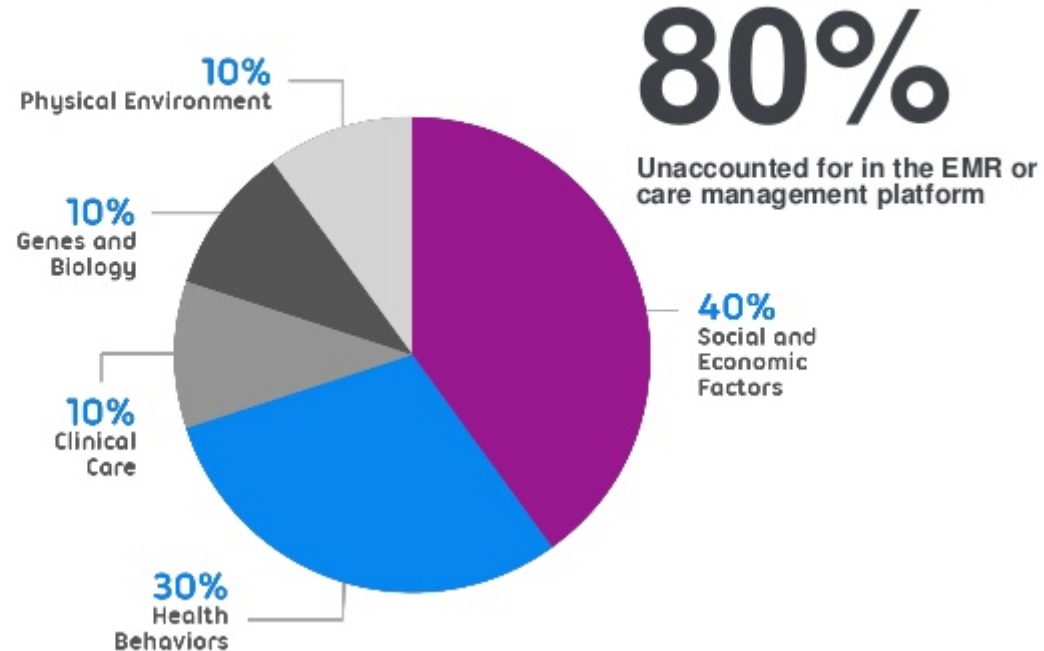
- Phase 1 – Revenue Cycle Management
- Phase 2 – Electronic Health Records
- Phase 3 – Population Health
- Phase 4 – Patient Centered Data

# HealthITAnalytics, June 2016

- **EHR Socioeconomic Data a Must for Population Health Management**
- **Adding socioeconomic data into the electronic health record should be a top priority for providers and developers seeking to enable meaningful population health management.**

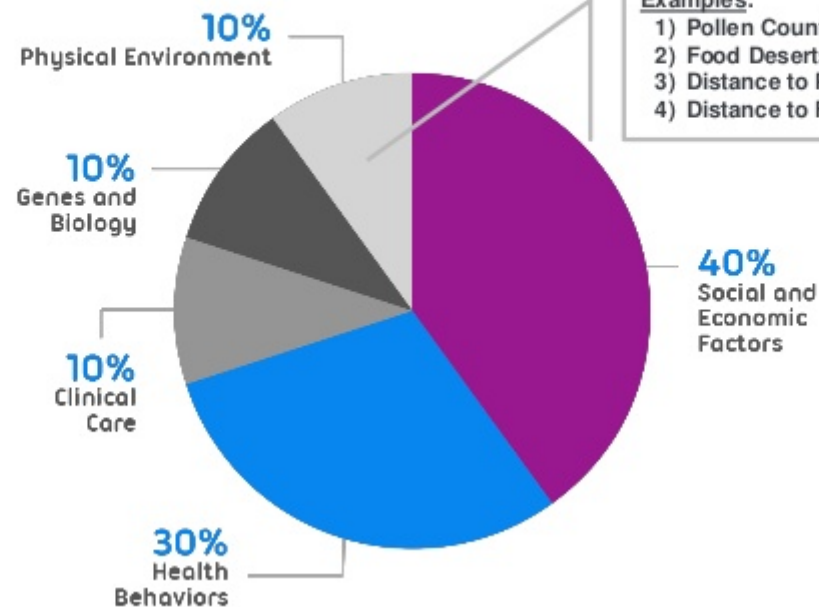
# Health Drivers and Sources

## Population Health Drivers



# Physical Environment

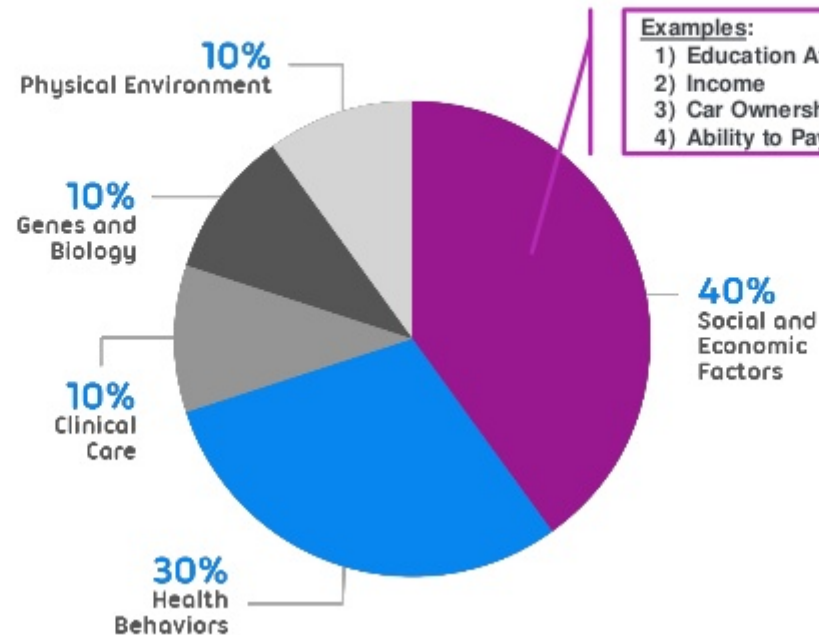
## Population Health Drivers





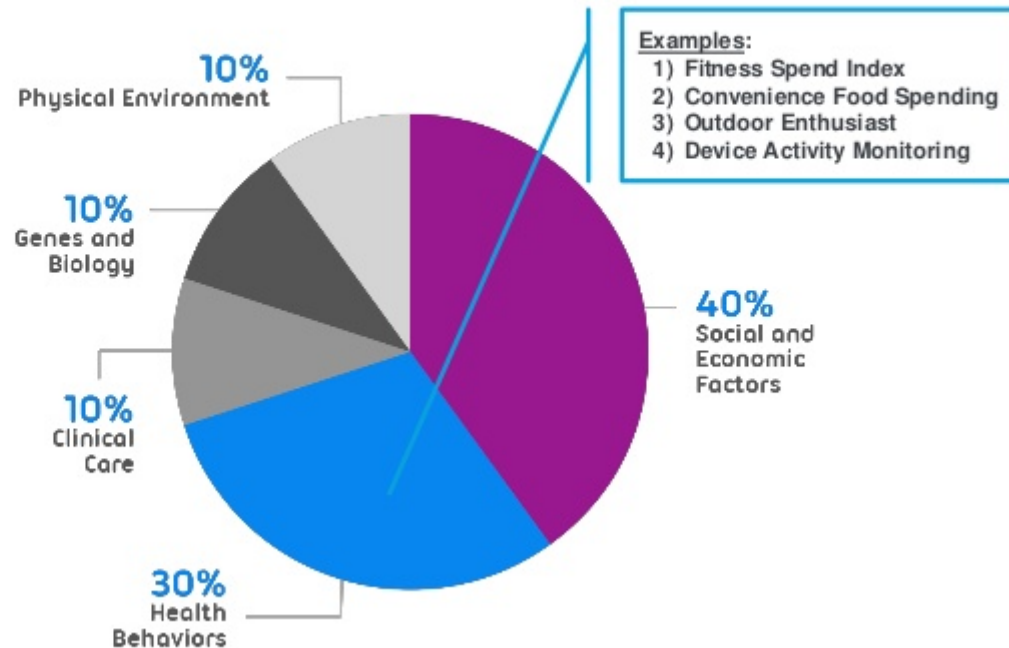
# Social and Economic

## Population Health Drivers



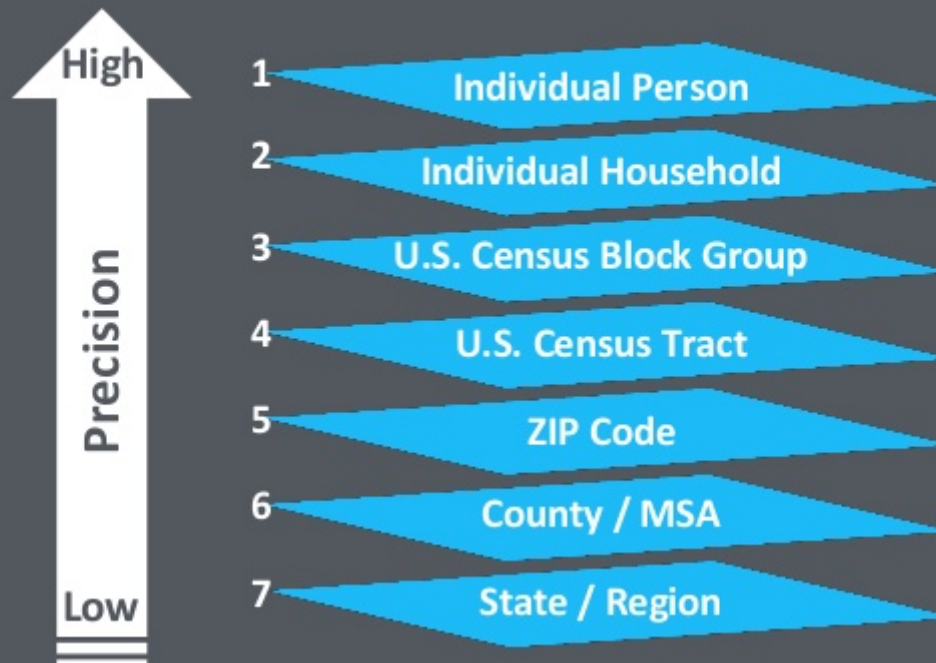
# Health Behaviors

## Population Health Drivers



# Data Hierarchy

## Levels of SDH Precision



# Precision vs. Action



# Why Now?

- Move to “value”
  - Health entity taking on RISK
    - Quality
    - Health
    - Financial Outcomes
- Spectrum
  - Upside Only Shared Savings
  - Pay for Performance
  - Mix of limited Upside/Downside
  - Percentage of Premium
  - Medicare Advantage/Capitated
  - Insurance Product with full premium risk

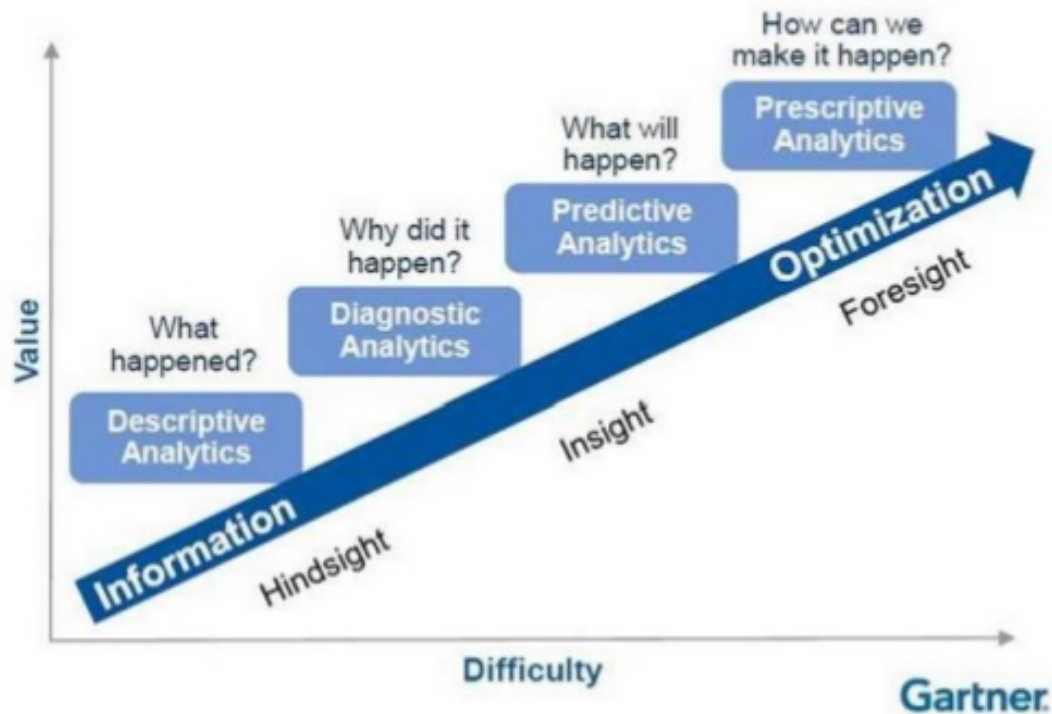
# Data Application - Mining



Top Five Data Mining Techniques: Benjamin Goeway; October 13, 2015

# Data Application - Analytics

## Types of Data Analytics in Health Care



# Data – Issues/Challenges

## Big Data's Big Roadblocks

Problems in managing data and coordinating analytics efforts were among the top challenges to successful big data implementations cited by survey respondents.

46%

Data scattered in silos across various units

39%

Lack of a clear business case for deployments

35%

Ineffective coordination of different big data teams

31%

Dependency on legacy systems for data processing

27%

Ineffective processes for governing big data

27%

Lack of support and sponsorship from top execs

CAPGEMINI CONSULTING'S CRACKING THE DATA CONUNDRUM:  
HOW SUCCESSFUL COMPANIES MAKE BIG DATA OPERATIONAL;  
BASED ON RESPONSES FROM 226 ANALYTICS, IT AND BUSINESS  
PROFESSIONALS



# Data – Issues/Challenges

- Source
  - EMR vs. Insurance Company vs. Credit Company
- Age
  - EMR vs. Insurance Company vs. Credit Company
- Actionable
  - Who is the target
- Integrating into the workflow

# Role of ACO/AHC



The costs of adding social and behavioral domains to EHRs, such as programming, modifying workflows, and intervening on positive screens often fall on the individual health practice or hospital. The movement toward population health management and ACOs may address this malalignment over time. In the meantime, costs remain a barrier.



# ACO

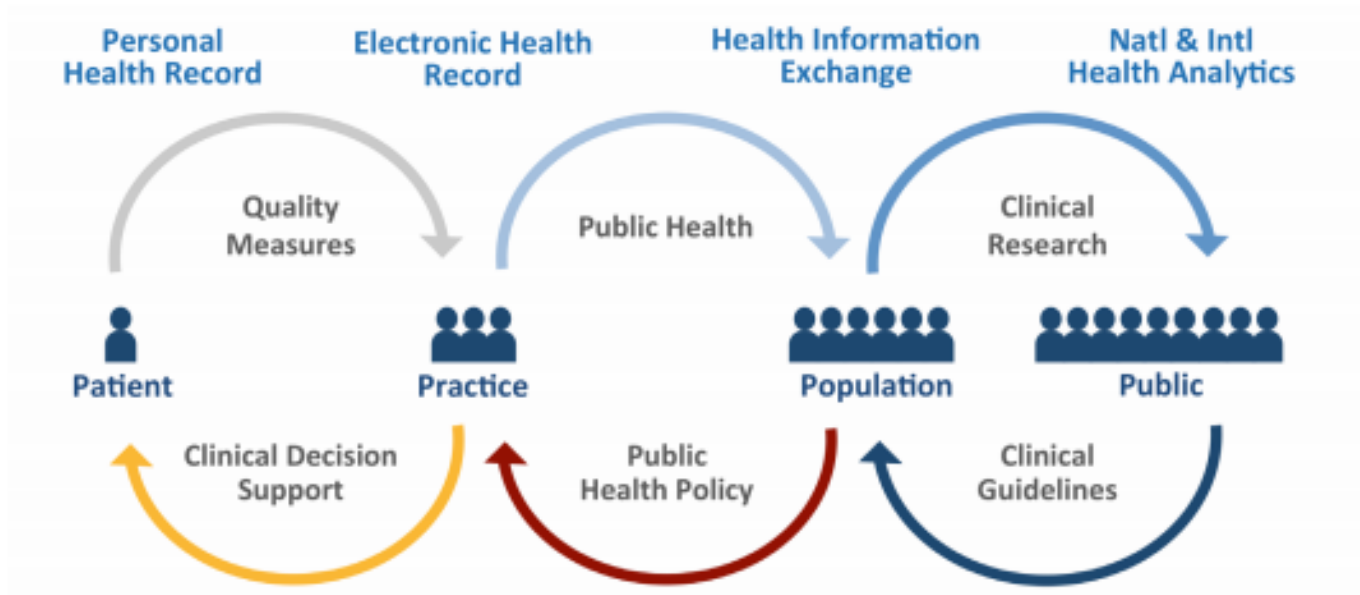
- ACO – Accountable Care Organization
  - Physician/Health System Lead
  - CIN (clinically integrated network)
    - Special government rules for Stark and Anti-competitive behavior
  - Movement to “Value”
    - Taking on more and more financial risk for
      - Quality, Health and Financial outcomes
  - Forms
    - Government: MSSP, Next Gen, CPC+
    - Commercial

# ACH

- AHC – Accountable Health Community
  - CMS Medicare/Medicaid Initiative (32 participants)
    - Screening of community-dwelling beneficiaries to identify certain unmet health-related social needs;
    - Referral of community-dwelling beneficiaries to increase awareness of community services;
    - Provision of navigation services to assist high-risk community-dwelling beneficiaries with accessing community services; and
    - Encouragement of alignment between clinical and community services to ensure that community services are available and responsive to the needs of community-dwelling beneficiaries.

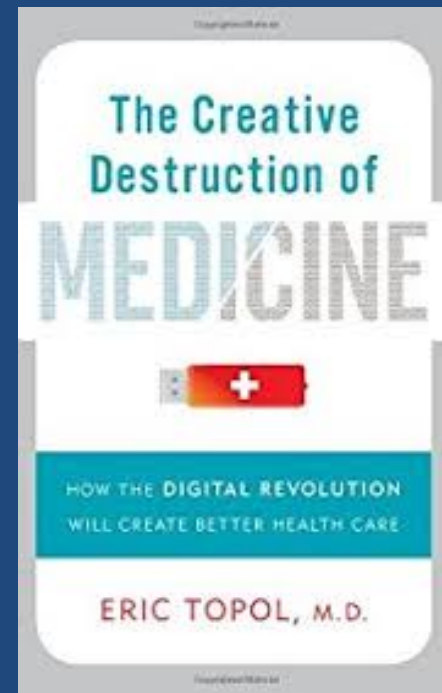
# Data - Future

**Figure 1. Vision of the Health IT Ecosystem**



Source: Office of the National Coordinator

# Health Data Future



# Conclusion

- Health Data Evolution
- Social Determinants of Health
  - Type
  - Use
- ACO vs. OR with ACH
- Challenges
- Future