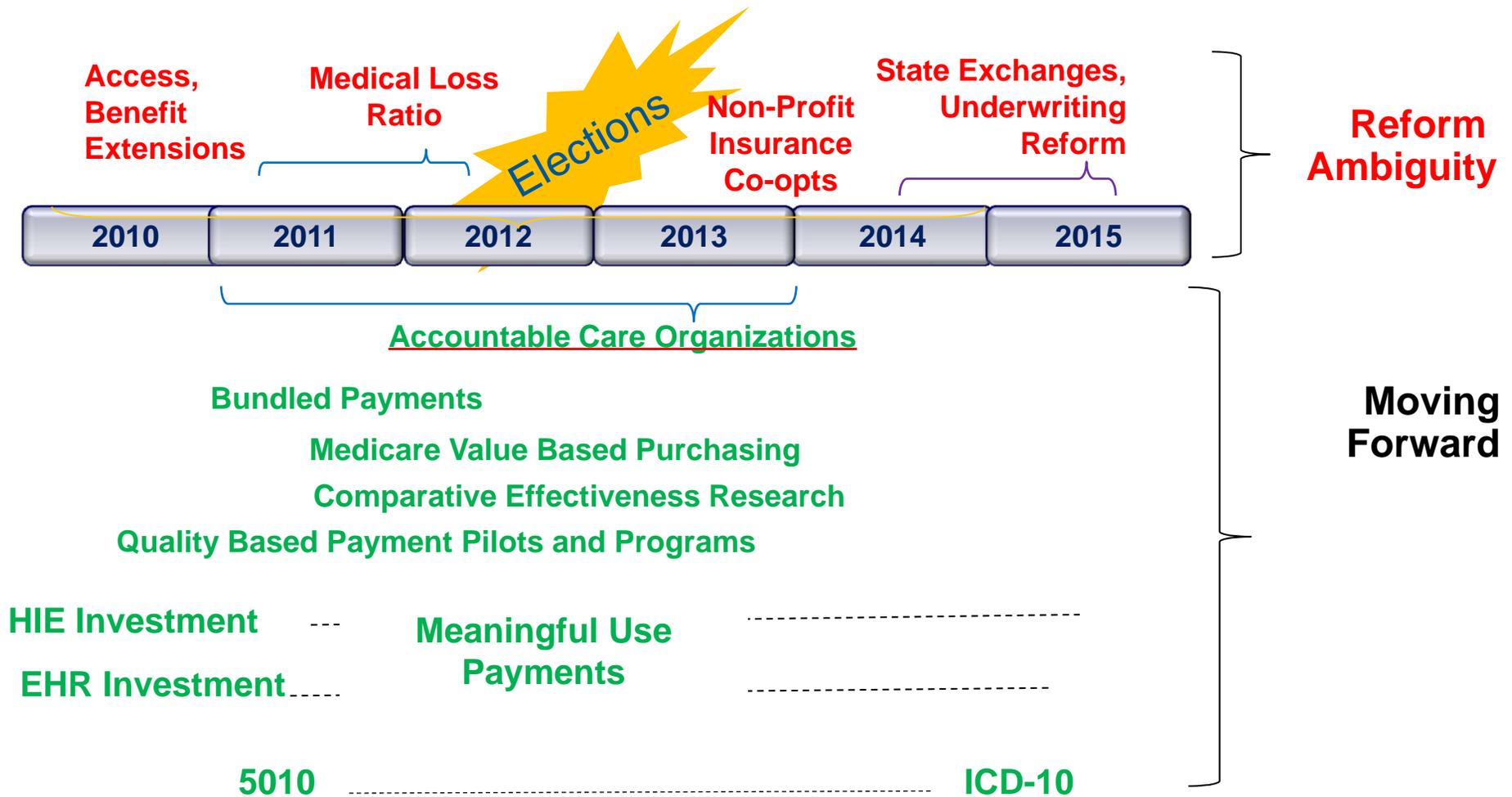




# Integrating and Sharing Patient Data Real-time: The Key to Health Plan Transformation

Janice Young, Principal Analyst, IDC Health Insights

# A Shifting and Ambiguous Reform Market and Political Landscape



# The Post Reform Collaboration Model



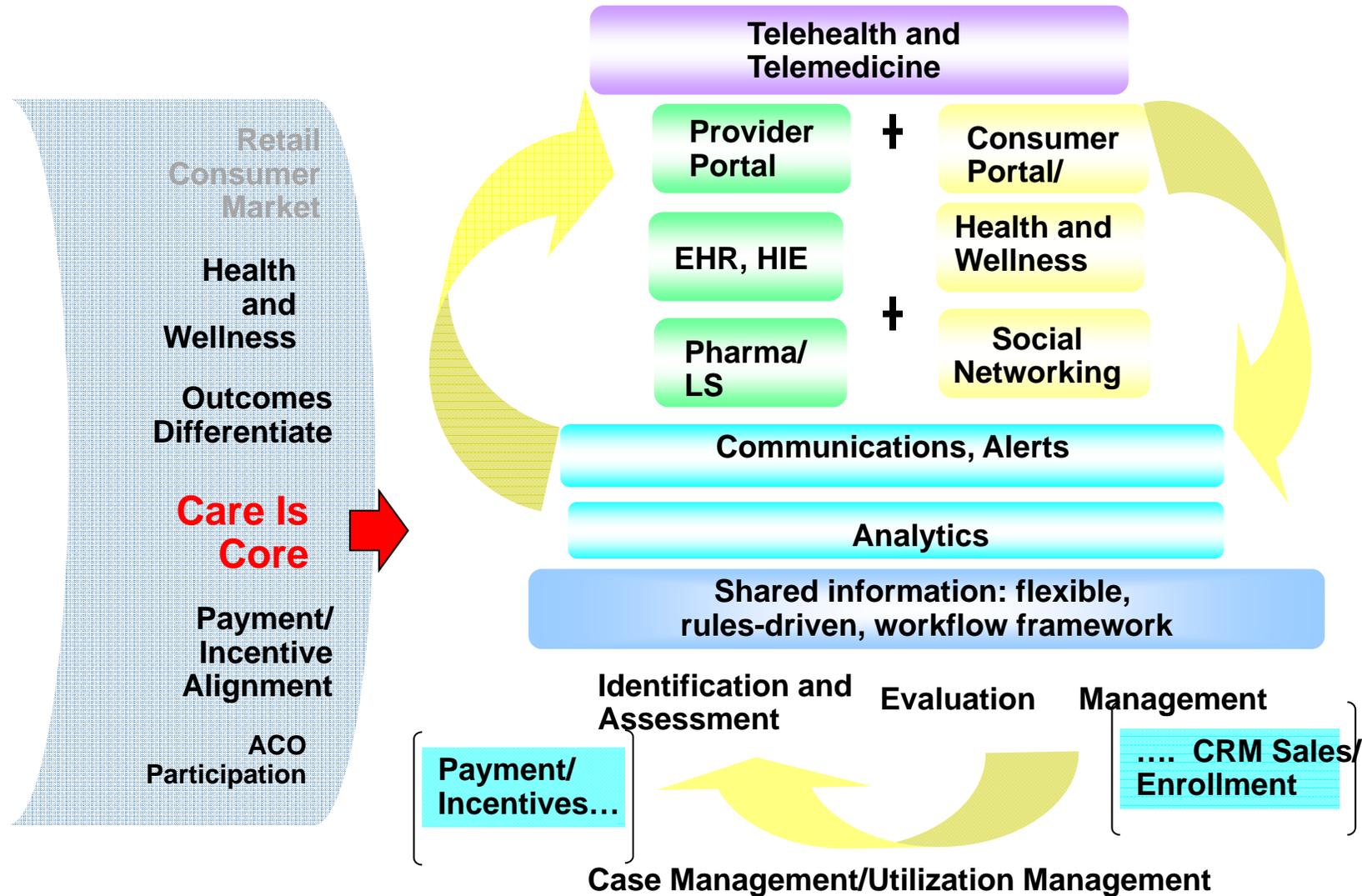
**Collaboration**

**Show Value**

**Improve Outcomes**

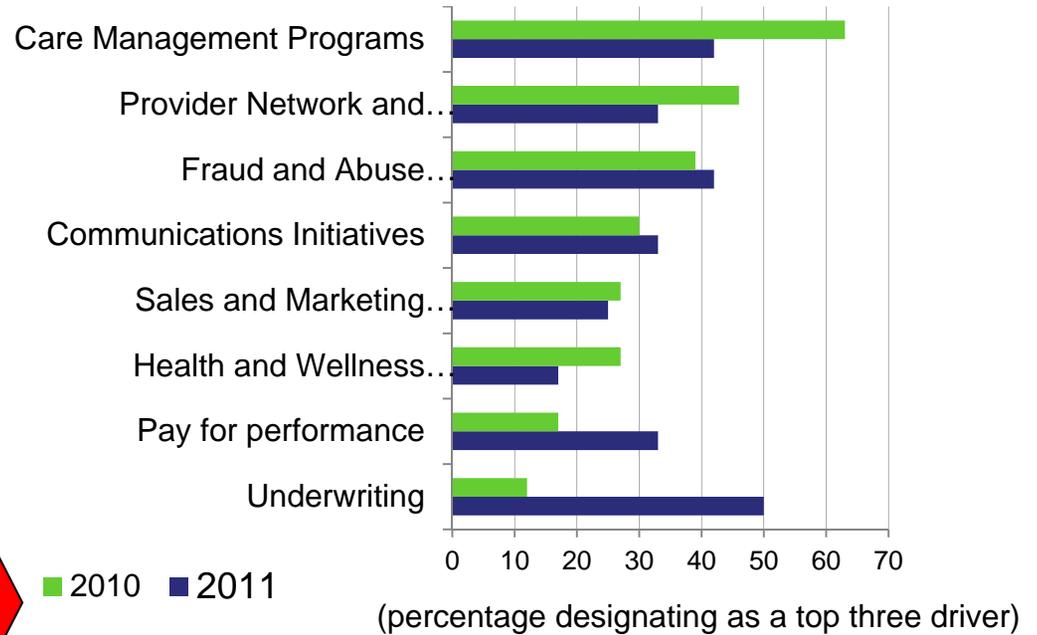
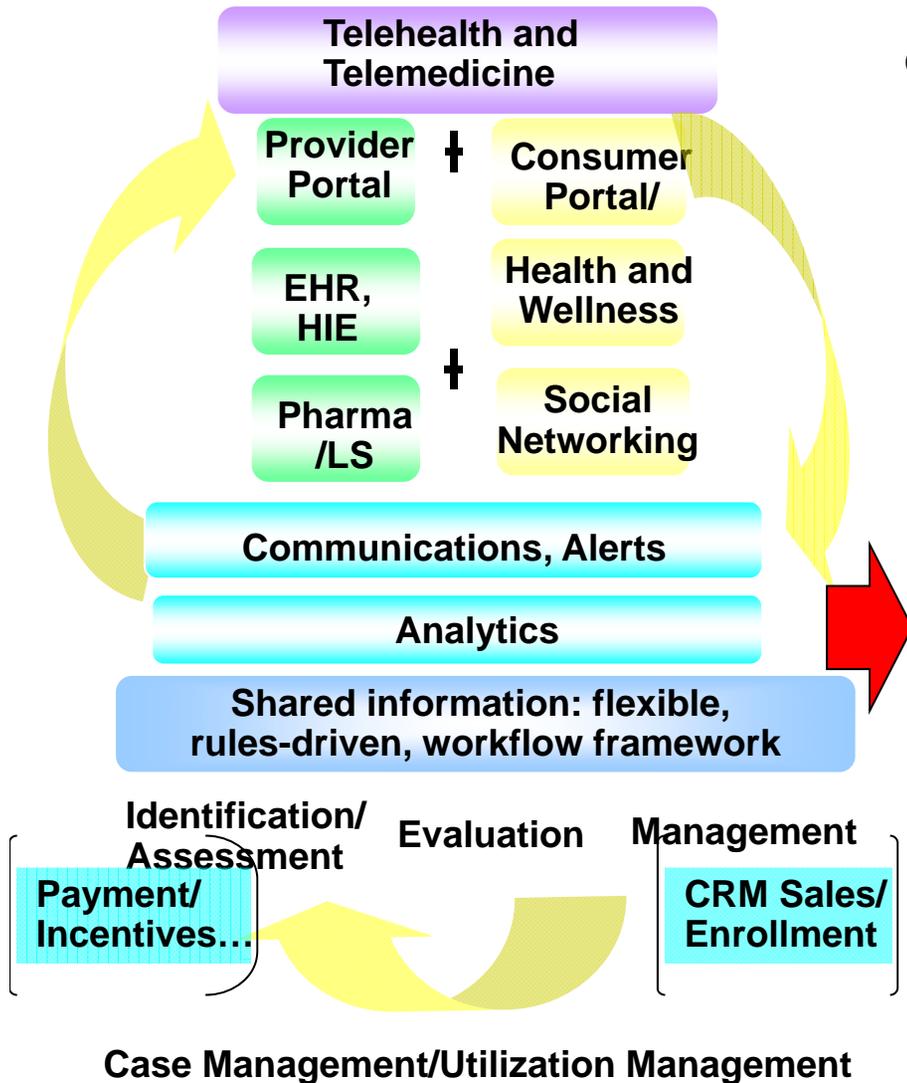
**Decrease Costs**

# The Post Reform Market - Rebranding to the New Core: Expansive Health Management



# Taking the Right Action

## Actionable Analytics and Care Management Integration



**77% of surveyed payers plan investment in clinical analytics**

# Actionable Advice and Analytics: Examples

## Reporting:

## Actionable:

## Result:

### Care Gaps:

- 30% of a PCP Panel has not had recommended annual exams/HEDIS compliance

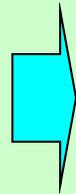


The patient coming to to your office next week needs....

**Did it Work?  
Did Behavior Change?**

### Compliance:

- 45% of patients with chronic diseases don't refill prescriptions



Customized and automated reminders to patients that don't refill

**Measurement Solutions Enable Customized Interactions and Continuous Improvement**

### Management/Administration:

- 82% of healthplan enrollees have not reported COB information



Segmentation of those most likely to have COB coverage for targeted contact

# Integration and Sharing Patient Data Real Time: Impact to Healthcare Gaps

Diana Rappa-Kesser, RN, MSN, CCM, CCP  
Business Solutions Director  
Care Management, DST Health Solutions

# Using Technology to Identify Healthcare Gaps

- Identify Members
- Stratify Members
  - “High Touch” Intervention
  - Identify Members without primary care access
  - Identify Member earlier



# How Do We Provide Health Plans with Meaningful Information?

- **360 Degree View**
  - Clinical (medical / behavioral)
  - Pharmacy
  - Lab
  - Administrative Data
- **Populate Healthcare Gaps**
  - **Care Manager**
  - **Provider**
  - **Member**

# What Will Health Plans Do with This Information?

- **Proactively Manage Care**
- **Reduce Healthcare Gaps**
- **Affect Healthcare Utilization Pattern**



# How Does This Work?

## Collaborative Team

- Member (Patient)
- Primary Care Physician and Staff (Provider)
- Care Manager (Payer)
- Community Partners

## Care Manager Placed in a Primary Care Office

- Assess Member for Missing Services (Care Gaps)
- Shares Information with Provider (Utilization)
- Proactively Manage Care and Create Community Connections

# A Case Study: Healthcare Gaps

CCNX - (Version 2.0 Build 11082011)

SEARCH MEMBER PROFILE WINDOW QUEUE NEW SEARCH (F12) CALL LOG NEW CALL HELP

Member Profile -

CPS ACTIVE AID CATEGORY SPECIAL NEEDS CASE / DISEASE STOP LOSS COB EXISTS SENSITIVE MSG EPSDT

MEMBER ID: 009388377 01 PLAN: MHC MOVE TO WORK QUEUE

NAME: MARY SMITH DATE IDENTIFIED: 06/12/2011

RELATIONSHIP: SUBSCRIBER PROGRAM STATUS: INVESTIGATE EDIT

LANGUAGE: ENGLISH ASG. ASSOCIATE: CERMINARO, FRANK REASSIGN

SSN: - - ASG. DATE: 10/20/2011

GENDER: FEMALE DATE FULLY ENGAGED: 00/00/0000

DOB: 08/04/1975 AGE: 36 CATEGORY: Case Management EDIT

RISK SCORE: 11.000000 CPS START/END DATE: 07/01/2011 10/31/2011

REF SOURCE: CAREANALYZER CPS HP SOCIAL WORKER: MCAD002, MARK EDIT

ELIGIBLE

STARTING ENDING

01/01/2000

PREV ELIG DATE (IF NOT ELIGIBLE)

**Care Gaps Exist**

Condition	Service	Rule Frequency of Service	Status	Last event Date
Preventative Health Screen	Breast Cancer Screening	At least once every 2 years	Missing	Date last done goes here
Preventative Health Screen	Cervical Cancer Screening	At least once per year	Missing	Date last done goes here
Critical Quality Incentive	Diabetes HgbA1c	At least twice per year	Overdue	Date last done goes here
Critical Quality Incentive	Lipid Test CDC- for Diabetes	At least once per year	Overdue	Date last done goes here
Preventative Health Screen	Flu Vaccine	At least once per year	Missing	Date last done goes here

CLOSE

- 36 year old female
- History: depression, diabetes, hypertension, obesity
- Medications >10
- One child under 21 years of age
- Care manager assistance

# A Case Study: Family Members

The screenshot shows the 'Member Profile' window for member 009388377. The profile includes fields for name (MARY SMITH), date identified (06/12/2011), program status (INVESTIGATE), and various dates. A table below lists eligible family members:

ELIGIBLE Y/N	MEMBER ID	MEMBER SUFFIX	MEMBER FIRST NAME	MEMBER LAST NAME	DOB	LOB CODE	GROUP NO.	GROUP NAME	ENROLLMENT DATE
YES	10025	02	WILLIAM	SMITH	11/28/1974	HMO	COMM'H	MEDICAID	03/01/2000
YES	10025	03	JEAN	SMITH	11/28/2008	HMO	COMM'H	MEDICAID	08/16/2002

- One Child under 21 years of age
- Access through “Family Members”
- Assess Child for Case Management Services
- Special Needs
- Healthcare Gaps

***“Make Every Member Outreach Count”***

# Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

CCNX - (Version 2.0 Build 11082011)

SEARCH MEMBER PROFILE WINDOW QUEUE NEW SEARCH (F12) CALL LOG NEW CALL HELP

Member Profile -

CPS ACTIVE | AID CATEGORY | SPECIAL NEEDS | **CASE / DISEASE** | STOP LOSS | COB EXISTS | SENSITIVE MSG | EPSDT

Member ID: 00938555 01 PLAN: MHC MOVE TO WORK QUEUE

NAME: JEAN SMITH DATE IDENTIFIED: 06/12/2011

RELATIONSHIP: SUBSCRIBER PROGRAM STATUS: **INVESTIGATE** EDIT

LANGUAGE: ENGLISH ASG. ASSOCIATE: CERNINARO, FRANK REASSIGN

SSN: - - ASG. DATE: 10/20/2011

GENDER: FEMALE DATE FULLY ENGAGED: 00.00.0000

DOB: 11/28/2008 AGE: 3 CATEGORY: Case Management EDIT

RISK SCORE: 11.000000 CPS START/END DATE: 07/01/2011 10/31/2011

REF SOURCE: CAREANALYZER CPS HP SOCIAL WORKER: MCAD002, MARK EDIT

**ELIGIBLE**

STARTING ENDING

01/01/2000

PREV ELIG DATE (IF NOT ELIGIBLE)

Eligible as of the Proposed Screening Date

PROPOSED SCREENING DATE: 11/22/2011 SUBMIT

**EPSDT**

ELIG	SCREENING
YES	SCREEN J - 3 YEARS

**Previous Valid Screening Information**

CLAIM ID	SCREENING	SCREEN DATE
NONE FOUND	NONE FOUND	NONE FOUND

EPSDT CLAIMS

CLOSE

# Summary

## *Impact of Integration and Sharing Patient Data Real-time*

- Improve communication and coordinated care between the payer, provider, patient and the community partner
- Improve HEDIS measures



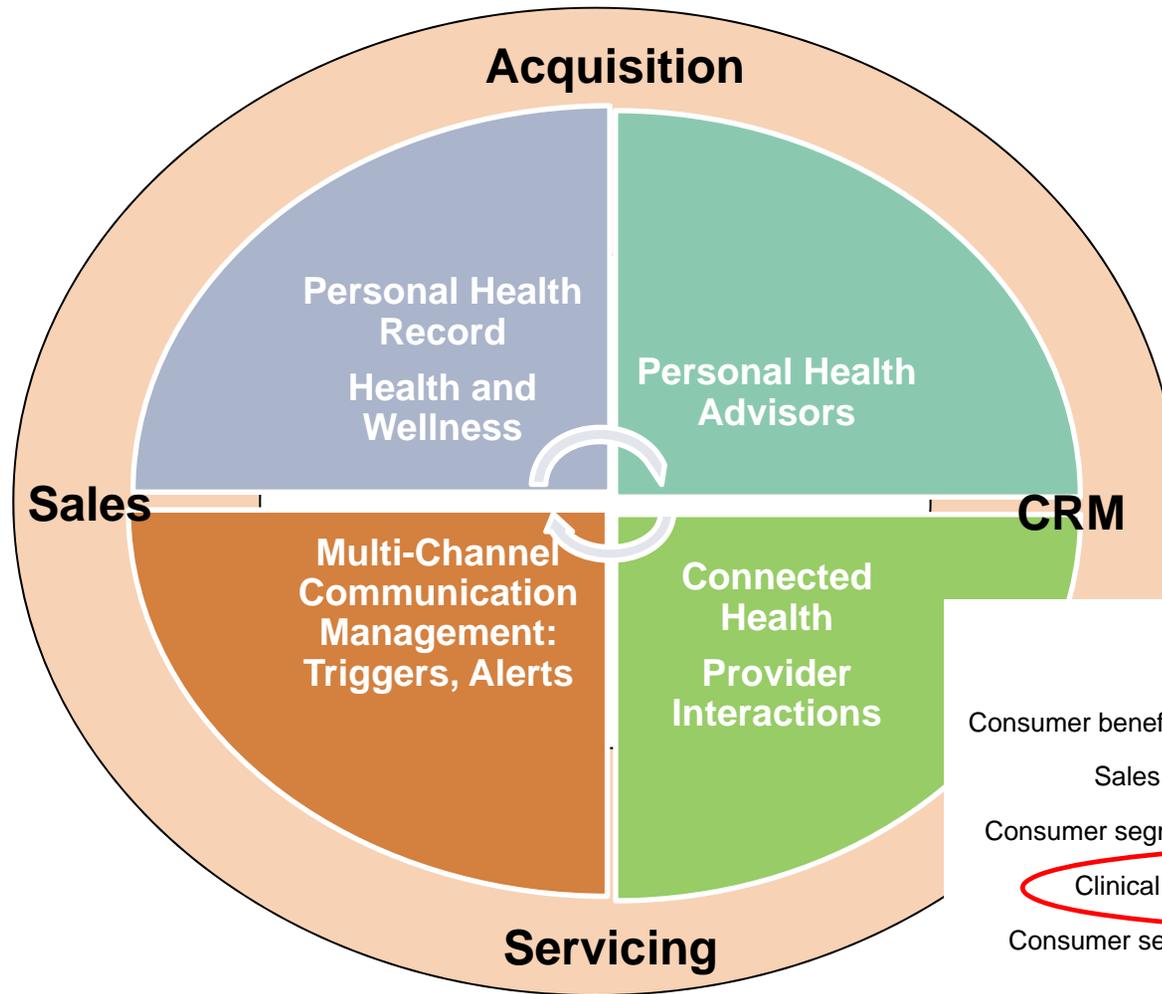
# The Last Mile:

## Was the Right Action Produced and Did it Work?

- To access information at the point of decision (point of care, point of purchase, point of service, or provider selection) and act on that information
- What should happen? What is the desired outcome?
- Measure the result: did an action take place? Was it a desired or best practice action? Did it produce the desired or expected outcome?

- Timely
- Directed: Integration of best practices, guidelines or performance thresholds against which outcome and response are assessed
- Contextual: triggers or alerts to produce a specific action or outcome
- Enhancing: linkages upon query to further information
- Measured and iterative: documentation of action taken or outcome achieved after information has been provided
- Targeted: focused to bring action and value
- Active: push information to users
- Collaborative: workflow for collaboration
- Behavioral: Adaptive analytics – communications that work best

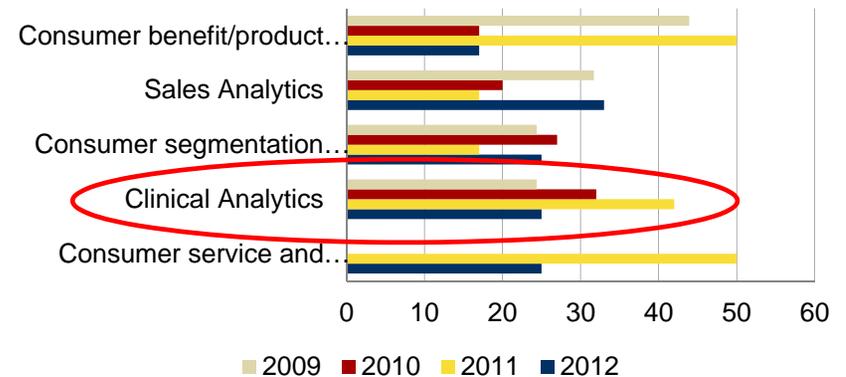
# The New World of Customer Relationship Management: 360 Personalized Health and Care Management Tools



## Integrated Consumer Tools

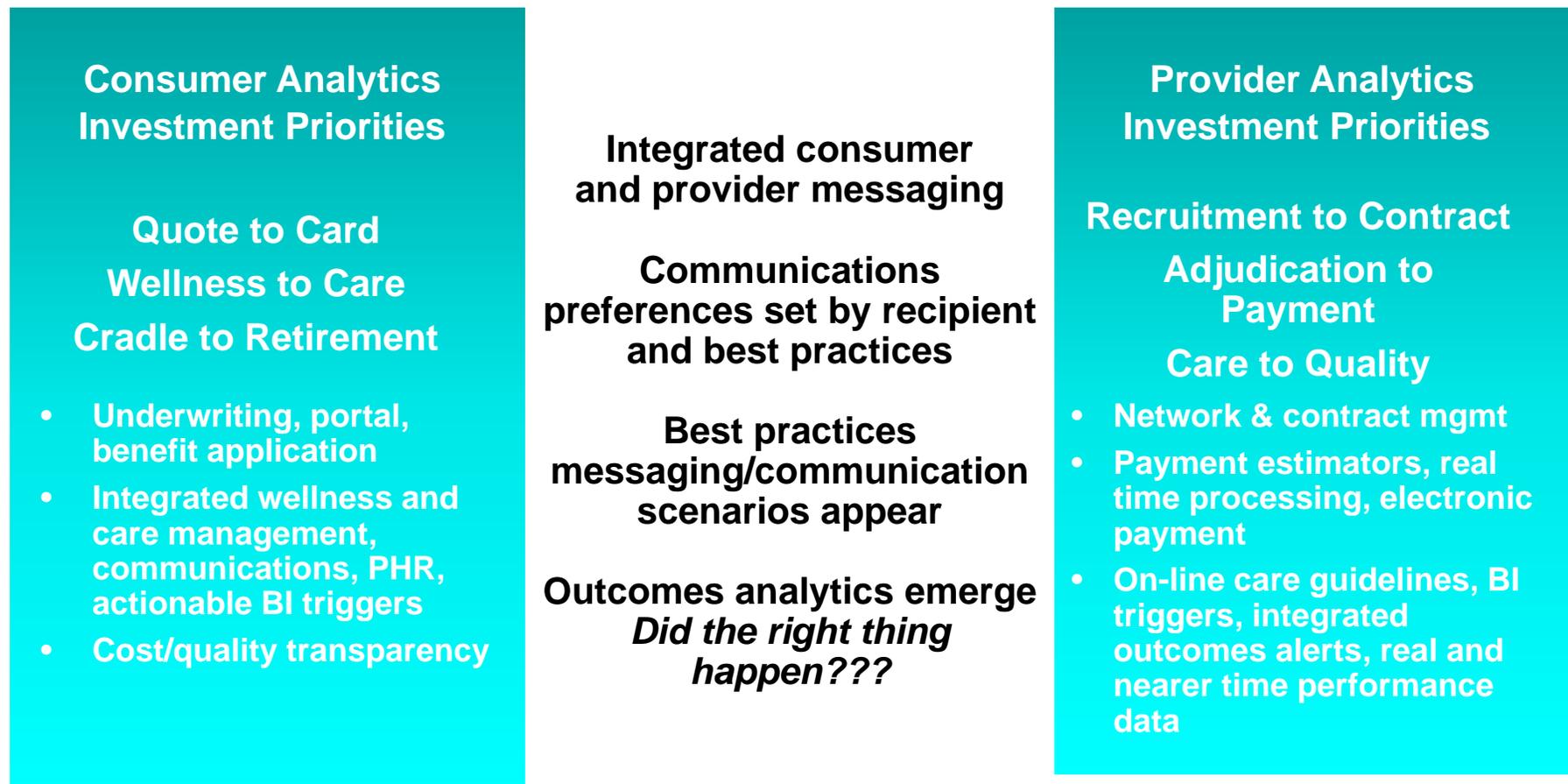
- Multi-channel integration
  - Triggers/Alerts
- Integration with clinical services and communications
  - Data sources and integration

## Analytic Investment





# Next Generation Secret Weapons 2010-2012: Linking Consumers and Providers



# Questions

**Janice W Young**  
**Program Director**

Please feel free to email me at

[jwyong@idc.com](mailto:jwyong@idc.com)

(508) 935-4379

**Diana Rappa-Kesser RN, MSN, CCM, CCP**  
**Business Solutions Director**

[drkesser@dsthealthsolutions.com](mailto:drkesser@dsthealthsolutions.com)

(610) 848-6909



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