

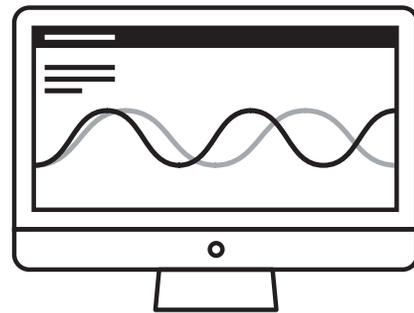
LEVERAGING YOUR DATA FOR BOTTOM LINE IMPROVEMENT

Success in the value-based landscape requires both depth and breadth of financial and clinical data

By engaging with a comprehensive clinical and financial network solution, providers can connect the dots between industry stakeholders through integration and collaborative exchange of mission-critical information.

Health networks are sitting on a wealth of clinical and financial data. The problem for many providers is knowing how to fully access and interpret insights in an actionable way to support industry value based care initiatives.

As the market continues the march towards value-based care, providers must take the initiative to get their data analytics house in order and a multi-modal reimbursement framework in place. The stakes are high as private payers continue to follow the national government's lead in linking reimbursement to quality and outcomes.ⁱ



The majority of providers are embracing value-based reimbursement models as a driver for high-quality care delivery,ⁱⁱ yet a recent Xerox survey found that 80 percent of providers are uncertain about their ability to leverage clinical data for improved outcomes. It also showed that most providers and payers believe they will need at least some help navigating the complexities of value-based analytics as it relates to software, service and workflows.ⁱⁱⁱ In general, provider groups struggle with identifying and implementing sustainable infrastructures and workflows that will satisfy the high-level data analytics needs for the new model.

As a first step towards success with value-based initiatives, providers must understand the need for complete patient information and clinical and claims data across health networks, and why this expanded perspective is essential to managing care and costs.

Depth and Breadth of Data: Understanding the Role of Each

Consider the following scenario: An elderly Medicare patient with multiple chronic conditions lives in Illinois but spends the winter months in Florida. While the individual's geographical location may change, his or her need for a consistent chronic care management plan does not. To proactively manage health and streamline costs across the care continuum, providers in all locations need timely access to integrated clinical and financial data across all stakeholders involved in care delivery. This requires:

- Depth of data—including information from EHRs and other existing clinical information systems, as well as up-to-date financial information that provides a clear picture of insurance eligibility and utilization.
- Breadth of data—enabling connectivity and sharing of integrated clinical and claims data within and outside health networks.

The vast majority of providers say that lack of claims data transparency is a roadblock to leveraging comprehensive data analytics.^{iv} Essentially, greater provider-payer collaboration and improved interoperability must replace traditional, siloed approaches to data management and analytics to successfully leverage data to manage cost.

Engaging the Right Partner: A Framework for Success

Providers can turn the challenges of value-based care into opportunities with the right tools and expertise in place. For many, this strategy starts with an industry partner that can help them turn data opportunities into actionable insights.

By connecting and engaging with all stakeholders through a comprehensive, integrated intelligent network, providers can close care gaps with the exchange of critical care delivery information. An advanced network can eliminate the heavy lifting associated with data access and integration by engaging all segments – such as payers, providers and pharmacy – around collaborative clinical and financial health information exchange.

These partnership models more easily manage value-based reimbursement models and reduce complexities associated with analytics by providing actionable insights needed to deliver care, allowing providers to simplify value-based initiatives such as revenue cycle management, price transparency, population health management and patient engagement.

Interested in fully leveraging data to thrive in a fee-for-value world? Learn how our Intelligent Healthcare Network™ and revenue cycle management tools are bringing together payers, providers and patients to enable smarter healthcare and power the future of care delivery.

i Better, Smarter, Healthier: In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value [news release]. Washington, DC: HHS.gov.; January 26, 2015. <http://www.hhs.gov/about/news/2015/01/26/better-smarter-healthier-in-historic-announcement-hhs-sets-clear-goals-and-timeline-for-shifting-medicare-reimbursements-from-volume-to-value.html>.

ii Survey Finds Physicians are Cautiously Optimistic That New Payment Models Will Improve Quality of Care [news release]. Boston. Businesswire.com; March 10, 2016. <http://www.businesswire.com/news/home/20160310005756/en/Survey-Finds-Physicians-Cautiously-Optimistic-Payment-Models>.

iii New Insights on Value-Based Care: Healthcare Attitudes 2016. Xerox. <https://www.xerox.com/downloads/services/report/healthcare-attitudes-2016.pdf>. Accessed July 6, 2016.

iv New Insights on Value-Based Care: Healthcare Attitudes 2016. Xerox.



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