STATE OF THE INDUSTRY ISSUE BRIEF

EXECUTIVE INSIGHTS ON THE EVOLUTION AND FUTURE OF DIGITAL TRANSFORMATION:

WHAT PAYERS NEED TO KNOW

August 2021

Content

Summary

The health care industry has been relatively slow to catch on to the digital revolution compared to other industries. While health care organizations have invested in electronic health records (EHRs) over the past two decades, data typically remained siloed across organizations and in different formats, making it difficult to access and share information.

However, EHR adoption coupled with new interoperability mandates has set the stage for digital transformation in health data access, analytics, and digital engagement. The COVID-19 pandemic has accelerated those plans, forcing organizations to rapidly implement new processes and technologies to meet the needs of their patients and members. It has become clear across the industry that the path to digital health is complex but essential, creating long-term opportunities to provide faster access to data, better quality of information, reduced administrative burdens, and potentially lower costs. The data capture can also be used to better manage population health and address social determinants of health.

Whitepaper Synopsis

In this issue brief, we explore the opportunities, as well as the technical and strategic challenges that payers face on the path to achieve complete digital transformation in health data access, interoperability, and data-driven health care.

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Current Landscape

Despite the increase in the number of providers adopting EHR systems, true interoperability across the disparate systems has yet to be realized. Organizations frequently use over a dozen different EHRs that don't speak the same language, and records contain distinct file formats and a mix of structured and unstructured data. Therefore, it's a complicated process to digitally retrieve the correct data.

As a result, in order to collect all required clinical information, a portion of medical record retrieval is still done via manual means, such as sending a chart request to a provider's office by fax or mail. While the industry has attempted to use alternate means to minimize disruption for providers, the number of requests sent to provider offices is growing as the number of risk-bearing entities and risk adjustment practices increase.

If payers can work with providers to get digital access to clinical data, there are benefits for both parties. Digital access can reduce the need for provider administration in fulfilling requests and can also get medical records to payers more quickly and easily. Simpler and quicker exchange of structured clinical data can help payers better manage their members and ensure members are receiving the care they need.

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Under this landscape, payers may want to find a partner that has direct access to a network of EHRs or EHR system (EHRS) platforms, or other means to obtain clinical data with automated chart extraction. Many providers now understand the value of working with a vendor in building a direct connection, especially to meet the increased demand of payer use case requests.

Why It Matters

Payers require patient data for both operations and treatment use cases, yet traditional methods of requesting and obtaining clinical data can be manual and burdensome. Integrating with EMRs and transitioning to electronic request and fulfillment allows payers to receive clinical data more rapidly, in a standard and structured format, and with less provider abrasion. In turn, providers experience less administrative burden, freeing up their time to focus on care delivery.

Digital clinical data acquisition also offers several opportunities to health payers:

» Access to clinical data via electronic modalities dramatically **reduces turnaround time and latency**. If payers can acquire clinical data more quickly, they can capture a more complete understanding of their members' health status, allowing them to optimize risk adjustment, drive care management programs via both provider and member engagement, and identify remaining gaps in those programs. By finding and addressing gaps sooner, payers can capture necessary data within program deadlines.

» Access to digital data sources also provides payers with a **more structured record** that they can parse into smaller and more relevant data packages. A structured data output (such as FHIR API, or C-CDAs) allows payers to support different data analysis reporting or workflow requirements of other stakeholders within the payer ecosystem. For example, a digitally sourced medical record better supports complementary technologies like natural language processing (NLP) and can extract attributes in narrative sections of medical records in a way that is sometimes hampered by paper or handwritten charts. A more structured record may also allow payers to deliver some data back to contracted providers without the means to analyze their own data. This can help providers look deeper into the record and improve care delivery.

» Access to digital clinical data usually means the full medical record. This enables providers and members to make **more informed care decisions**. The data provides a complete picture about a patient's total health, increasing the probability that a clinician can improve the outcome or reduce potential adverse events, such as an adverse drug interaction.

» Access to digital clinical data also allows payers to receive only the relevant clinical content which is required for each use case. This will save hours of manual review of medical record pages which are not necessary for risk adjustment.

Thinking beyond clinical data acquisition, full-scale digital transformation for clinical data access and exchange can also provide opportunities for data normalization, more advanced analytics and even linking to other types of health data to better manage member health and address social determinants of health.

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Barriers Remaining

The United States has made efforts in recent years to advance key elements of digital health including:

Interoperability: Section 4003 of the 21st Century Cures Act, signed into law on December 13, 2016, defines interoperability with respect to health information technology, as health information technology that "(A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user; "(B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and "(C) does not constitute information blocking as defined in section 3022(a)."

The Cures Act Final Rule established the **United States Core Data for Interoperability (USCDI)** a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange. Use of the USCDI standard will be part of the new application programming interface (API) certification criterion, "standardized API for patient and population services" (§ 170.315(g)(10)).

The CMS Interoperability and Patient Access Final Rule, enacted in March 2020, established policies to move the health care system to greater interoperability. Its goal is to enable better patient access to their health information, improve interoperability and unleash innovation, while reducing burden on payers and providers. There are different timelines for the policies:

Patient access API

Patient access API requires that CMS-regulated payers (Medicare Advantage organizations, Medicaid Fee-for-Service programs, Medicaid managed care plans, CHIP Fee-for-Service programs, CHIP managed care entities, and Qualified Health Plan (QHP) issuers on the Federally-facilitated Exchanges) must implement and maintain a secure standards-based API that allows patients to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party applications of their choice. *Timeline*: Payers were required to implement the Patient Access API **beginning January 1, 2021.**

Provider Directory API

Provider Directory API requires these same CMS-regulated payers (except QHP issuers on the Federally-facilitated Exchanges) to make provider directory information publicly available via a standards-based API. This move aims to encourage innovation by allowing third-party application developers to access information so they can create services that help patients find providers for care and treatment and to help clinicians find other providers for care coordination. *Timeline*: Payers were required to implement the Provider Directory API by **January 1, 2021.**

Payer-to-Payer Data Exchange:

Payer-to-Payer Data Exchange: CMS-regulated payers are required to exchange certain patient clinical data at patients' requests so they may take their information with them as they move from payer to payer over time. *Timeline*: Payers are required to implement a process for this data exchange **beginning January 1, 2022** (for QHP issuers on the Federally-facilitated Exchanges, plan years beginning on or after January 1, 2022).

Electronic Health Record mandates

The American Reinvestment & Recovery Act (ARRA, signed into law on Feb. 17, 2009, includes measures to modernize the nation's infrastructure, including the "Health Information Technology for Economic and Clinical Health (HITECH) Act," which proposed the meaningful use of interoperable electronic health records throughout the United States health care delivery system as a critical national goal.

Ciox insight

While these policies are a big step forward and it is clear the federal government is invested in the goal of seamless access to health data in a digital format, it will be a challenge to achieve in health care given siloed providers and the many sources of data from hospitals, primary care providers, specialties, pharmacies, and social determinants of health. The key will be to find a vendor who can operate across all the complexity within digital and across digital and analog.

Payers and providers must have a strategy that aims to meet the potential of the vision of full interoperability but doesn't neglect the reality of barriers to this vision, such as the fact there are no plans for a National Patient Identifier and some parts of records remain on paper or microfiche. They must make sure not to leave behind members who may not be using the apps or don't have all their information in a digital format yet.

Furthermore, while the federal government has made advancements in interoperability, it still needs stronger policies for health data and privacy. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) created national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge but hasn't caught up to changing technology and the way health care data is accessed and used. Policies are needed to ensure people with the most sensitive health information have privacy protection options and that protection is enforced.

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CHALLENGES
Technical challenges

1 **Ability to pull complete information:**

One requirement that payers must consider when searching for or building their own solution for accessing patient data within medical records is that the solution can and will pull all the necessary clinical content. For risk adjustment, payers need specific data elements from a specific date range so the solution must be designed to access all the necessary information, making sure not to miss a specific visit or clinical note.

2 **Ability to pull information from more than one EMR:**

Another challenge is the ability to pull information when providers use more than one EMR system. Payers should confirm their solution can identify the EMR(s) where those records are being stored. Many large provider networks constantly acquire new provider groups or provider locations with the plan to assimilate those systems into a single platform. But that process takes time and as a result, payers may risk leaving clinical data on the table because the provider system isn't yet integrated into its connection with the EMR system.

3 **Ability to engage providers:**

While there is greater acceptance of digital connectivity among the provider community, some providers are still learning about the benefits of interoperability. It's important that payers collaborate with providers to discuss patient access, security, how the information is being stored, logged, and ensuring the workflow meets expectations.

Questions to Ask

Questions

Does the solution pull complete and comprehensive information compared to what you are able to obtain today? Some solutions may not pull all the necessary content.

Can the solution be truly customized to meet specific use cases? Make sure the solution meets your needs for pulling necessary information for risk adjustment, HEDIS measures, or any other purpose, and meets CMS compliance requirements. The solution should also be able to filter clinical content that is not applicable for the purpose of risk adjustment coding.

If you want to receive a pdf document of the medical chart, is the document structured in a way to meet the specific use case? Some solutions may provide you with several hundred pages of a medical chart, but many of those pages may not be required for the use case. Ask how the solution will make sure the information delivered is tailored to meet your specific use case.

How secure is the solution? Is there a way to ensure that the solution only allows the necessary patient information is accessed? What kind of firewalls are used? What protocols are in place to ensure that whoever requests the data has the right permission and right approval to access the information? What protocols are in place to validate at least five unique data attributes and ensure the correct medical record is accessed?

What percentage of the chart can be retrieved digitally without any sort of provider intervention? A good baseline is 70 to 80 percent after the first pass. Ask the vendor about its record response and accuracy rate. Does the vendor have a backup means to obtain the rest of the data? This will require a legacy or manual means of reaching out to providers to request that they send the member record via fax, mail, provider portal upload, or another onsite digital method. Make sure when comparing different solutions that you understand the definition and formula the vendor uses to covey the percentage of success.

How Ciox Health can help

Ciox Health is championing the digital transformation of clinical data access. The company leverages a ubiquitous network of clinical data connections to simply and securely connect healthcare decision makers with the data and hidden insights in patient medical records. As one of the most trusted data resources for Medicare Advantage Plans, Ciox applies a multi-modal approach to obtain and capture both structured and unstructured clinical data, fulfilling over 50 million records requests annually.

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The Team

Deborah Hsieh
Chief Policy & Strategy Officer

Deborah Hsieh is the Chief Policy & Strategy Officer for Ciox. In this role, Deborah leads interactions with policymakers and external audiences about Ciox's enabling role in health care data exchange. She educates stakeholders on the strategic implications of pending policy, including proposed ONC and CMS regulations, for Ciox's business focus and operations.

Bill Horn
SVP Payor Growth

Bill serves as SVP Payor Growth for Ciox Health, leading sales and business development for the company's Clinical Data Acquisition & Insights division. Since 2015, Bill has worked closely with health plans and their business partners to deploy & support best in class risk adjustment & quality programs.

Amir Keren
Chief Technology Officer

Amir serves as Chief Technology Officer, leading the technology and product development which is focusing on emerging technologies such as clinical data interoperability, Natural Language Processing (NLP), Machine Learning (ML), Artificial Intelligence (AI), and Big Data Clinical Analytic.

Matt Peterson
EVP Client Success and Growth

Matt is responsible for the Client Success & Growth and driving the strategic direction of Ciox's client relationships.

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About

ABOUT THE CONTRIUTORS

About CIOX Health

Ciox Health's leading clinical data technology empowers greater health by unlocking the potential of data in medical records. The company leverages a ubiquitous network of clinical data connections to simply and securely connect healthcare decision makers with the data and hidden insights in patient medical records. Ciox helps customers connect, control and comply in solving last mile challenges in clinical interoperability. Supporting a range of connectivity needs from research to revenue cycle, Ciox's solutions include clinical data acquisition, release of information, and clinical coding. Ciox is a part of Datavant Group.

Learn more about Ciox technology and solutions by visiting www.cioxhealth.com or Twitter and LinkedIn.

THE RISE ASSOCIATION

About RISE Health

The RISE Association is a network of health care professionals addressing the challenges of the emerging landscape of value-based care and government health care reform. Our mission is to provide a community of like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers. Ciox Health isa RISE Association Community Partner.

Learn more about RISE by visiting www.risehealth.org