

Building out the Right Data Management Strategy for Healthcare

FOR YOUR TRANSITION TO VALUE BASED PURCHASING

The 2016 HIMSS Cost Accounting Survey¹ found that 45 percent of healthcare systems are now using an alternative payment method. This number is expected to increase significantly in the next few years. However, healthcare systems are rightly concerned about the transition – only 3 percent of organizations felt their organizations were prepared to transition to a value-based payment (VBP) system from a fee-for-service model.



The biggest shift with moving to a VBP model is that patient satisfaction and outcomes are the driving force for all decisions. This makes it increasingly important for clinicians to have access to comprehensive patient information in order to drive cost-effective care decisions, achieve better patient engagement, and create a more informed care plan. It is challenging for healthcare organizations with disparate and unconnected data silos to make the informed care decisions required to consistently receive high reimbursements and bonuses under a VBP model.

SOLVING TWO HEALTHCARE CHALLENGES WITH ONE INITIATIVE

While it may seem that VBP is a new trend, the shift has been in the works for several decades starting in the 1990's. The move toward VBP models was further accelerated in July 2016 with the Department of Health & Human Service's announcement,² which extended bundled Medicare payments from primarily knee and hip replacements to also include cardiac care and other surgeries. But with 30 percent of current Medicare payments³ now being made via a VBP model, there is still a long way to go to meet HHS Secretary Sylvia Burwell's goal of 85 percent by the end of 2015.

VBP aims to solve two major healthcare issues with one initiative – increasing the quality of patient care while decreasing costs. CMS measures hospital performance by a set of metrics aimed to provide the patient with a safe, patient-centered care experience that successfully treats their health condition and minimizes costs. To get the largest reimbursement, organizations must prioritize quality improvement efforts as well as improving the patient experience. One way to do this is by ensuring that clinicians can access a complete view of each patient's medical history at all times during the care journey. Hospitals are also expected to do more than ever with shrinking budgets, which makes it even more important for patients to continue to return for more care.

A UNIFIED DATA MANAGEMENT SYSTEM SUPPORTS THE VBP MODEL

Transitioning to a VBP model is not an easy task. A research survey sponsored by McKesson⁴ found that 60 percent of providers are not meeting patient outcome goals, which means lower reimbursements for these organizations. Other goals were not met as well – reducing administrative care costs (78%), lowering healthcare costs (74%) and care coordination (70%).

But what can healthcare organizations do to increase their success with a VBP model? The 2016 HIMSS Cost Accounting Survey¹ found that the top three needs for healthcare organizations when transitioning were tools to track quality of care, better communication between disparate providers and consistent definition of quality by specific disease type. All three of these concerns boil down to one common theme – data management.

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To best support operating within a VBP model, patient data should be collected and normalized from disparate providers, clinical applications, payers, and physician notes and other unstructured data sources. Some hospitals are integrating data into one central archive, but many clinical applications have proprietary systems that make interoperability more of a dream than a reality. Only in a single source model can providers see a complete picture of each patient's history.

If all data is not connected into a single archive, it is much harder for physicians and allied health staff to make evidence-based care decisions, which could in turn affect care outcomes. If patients' health issues do not improve, then they are likely less satisfied with their experience. This in turn can cause organizations to receive lower reimbursement for the patients and potentially affect the healthcare system's bottom line.

DON'T FORGET MEDICAL IMAGE DATA

Since medical images make up half of a typical hospital's total clinical data, organizations face a unique challenge in managing that data and making it readily available for physicians to use when determining care protocols. And because medical images do not reside within the EHR database, accessing medical imaging studies can be slow and cumbersome for providers, making it challenging to see a complete view of the patient. It is essential for organizations to develop a plan for medical imaging data when moving to a VBP.

The more PACS the organization supports, the more cumbersome and time consuming this situation becomes. With patient data living in different silos, it becomes very challenging for clinicians to see a complete picture of the patient's health. This typically has a negative effect on patient outcomes, and under a VBP model, reimbursement.

Since data becomes even more important under pay for performance models, transitioning to VBP is also an ideal time to decommission legacy PACS and integrate all associated data into a single archive. Besides saving costs in the areas of maintenance, overhead, and discovery, centralizing and consolidating PACS data into a single vendor-neutral archive eliminates the data silos referenced above that negatively impact clinical workflow and, in turn, care outcomes.

The value-based payment model is not a trend or a fad. It is the new direction of healthcare reimbursement. And the future financial success of a healthcare system depends on successfully implementing a VBP model. Beginning the process by moving all data and medical images into a single source, sets healthcare organizations up for success both financially and in terms of patient care.

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