HIT leaders work out strategies for value-based care

The focus on value-based healthcare has spawned some strategic IT challenges, including the need to improve data management for reporting and analytics requirements. Take for example the case of Orlando Health, an eight-hospital health system based in Orlando, Florida, which joined the Medicare Shared Savings Program (MSSP) in 2013. The health system has been able to generate shared savings every single year. Its leaders also boast that the organisation has "generated some of the highest quality scores."

Orlando Health, whose physician network encompasses 900 employed and 2,800 affiliated physicians, and a health system staff of over 18,000, continues to move forward in its accountable care/value-based care work. Notably, data and IT issues have come to the forefront in this work.

"We've had challenges with data, in terms of timeliness, accuracy, and the lag itself. We get the reports only monthly or quarterly with some payers, and often, that's not often enough to be actionable, or it's too old; so it's more using the data as a compass than a roadmap," says Brandon Burket, director of value-based and accountable care at Orlando Health.

Burket's colleague, Jerry Senne, who is vice president of value-based care and population health, cites the importance of having both the ability to capture population-based data — payer/claims data, pharmacy data — and distil that into reports.

"In early versions that payers came out with, they would say, your population health performance was '78' on a scale of 1 to 100; well, that was meaningless to physicians. On the other hand, if they gave you a list of the diabetics on your panel who were not controlled in their haemoglobin a1c, that was usable," Senne explains.

For organisations participating in value-based care delivery and contracting, having integrated information is an imperative, according to Rick Schooler, who's been Orlando Health's CIO for 16 years. An EMR (electronic medical record) platform generates and captures data as patients go through the healthcare continuum. And those who are managing their care have to respond to things that do happen or don't happen, Schooler says.

What's important, Schooler points out, is to build the analytics capabilities to determine that "what should be happening is happening, and what shouldn't be happening, isn't happening. And you've got to understand physician performance: are physicians 'in protocol' in terms of managing their patients? You've also got to be able to look at claims data. And these are basically descriptive analytics. I don't think you've necessarily got to have predictive analytics, though if you do have those, that's great. But you have to make sure patients are compliant with their care plan."

Industry leaders are looking to broad strategic IT development, especially around infrastructure and interoperability, in order to solve some of the fundamental problems facing the leaders of patient care organisations, as they take their organisations further into value-based healthcare contracting.

Don Crane, president and CEO of the Los Angeles-based CAPG, which describes itself on its website as "the leading association in the country representing physician organisations practising capitated, coordinated care," says this: "Your IT folks will need to keep developing better data warehouses, and find ways to make IT more interoperable, and provide better informatics for stratifying populations of patients, and physicians, and managing care, and getting the right providers in place. All of this, to me, is a dream come true for IT people, because you're talking about a massive shift taking place, and one that needs to be tech- and specifically, IT-enabled. There's lots of opportunity involved, and that's very exciting," he says.

Source: Healthcare Informatics Institute
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