



Points of Light 2023 Case Study 15

Aggregating Clinical and Claims Data to Create a Unified Patient Record

April 2023



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Executive Summary

Patient data often exists in silos, leaving healthcare organizations with poor visibility into care given at other facilities and preventing payer organizations from being able to access a full view of their members' clinical history. To give both parties a more robust clinical picture of each patient's care journey, the collaborators in this case study invested in technology to map non-standardized CCD data into one unified medical record that gives both the payer and the provider the ability to track patients across settings and over time. The project has streamlined data-exchange processes and improved performance in quality measures.

Applicable to Other Organizations and Partnerships



The Collaborators

Healthcare Organization 15

Anonymous

Location: MD

Sizing: 1,200+ beds, 120 physicians



Location: MD

Sizing: 3.4 million members



Accelerating Clinical Data Exchange™

Headquarters: PA

Segment: Release of information

⚠ Points of Friction—Challenges to Be Solved

- **Siloed data that makes it hard for providers to have a complete clinical picture:** Patient data is often siloed within the different healthcare organizations from which patients receive care, preventing providers from seeing a complete picture of a patient's health and making it difficult for them to identify and close the care gaps that impact HEDIS quality measures. Providers can't see whether required screenings have been completed at other facilities or view medications prescribed by other providers.
- **Payers also have a limited view of clinical data, hindering their ability to hit their HEDIS quality metrics:** Like provider organizations, payer organizations are also accountable for HEDIS quality measures, such as ensuring their members receive appropriate screenings and that members with chronic conditions are receiving appropriate care management. However, claims data does not give payers the detailed clinical data they need, such as a member's various health encounters, medical history, and family and social history. Retrieving this additional clinical data from their provider partners is an administrative burden for both sides and is fraught with potential for human error.

📋 Action Plan—How the Collaborators Worked Together to Reduce Friction

- **Aggregated data to create a unified medical record for each member/patient:** CareFirst BlueCross BlueShield (CareFirst) partnered with MRO with the goal of creating a robust clinical picture of each member's care journey. These stakeholders invested in developing the technology capabilities and then connected with Healthcare Organization 15. The MRO technology maps non-standardized CCD data from Healthcare Organization 15's EMR into one unified medical record that gives both the payer and the provider the ability to track patients across settings and over time. This gives CareFirst a holistic view of their members' data, enabling them to identify gaps in care, and allows Healthcare Organization 15 to address these gaps in care as well as better report on HEDIS quality measures.
- **Ensured that the data was primary-source validated:** MRO's technology development team included data experts as well as clinicians who understood the EMR and provider workflows. The technology checks the quality of the EMR data and validates that the data stream in the EMR matches the MRO standardized data sent to the payer. This generates a high level of data fidelity, resulting in improved understanding of patients' clinical histories and current status and improving the quality results when the payer is audited.
- **Created governance groups that met regularly to ensure the project was developing in the right direction:** Innovation teams from Healthcare Organization 15 and CareFirst strategized with MRO on the technology's design and development.
- **MRO provided education and support for their payer and provider partners:** MRO's client support included a dedicated implementation team, a customer success manager assigned to the payer and provider organizations, account management, privacy and compliance support, and an operations team. MRO provided onboarding training for CareFirst and Healthcare Organization 15 as well as ongoing support and troubleshooting at a practice level.

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Points of Light—Outcomes Achieved through Collaboration



CareFirst's annual HEDIS quality measures improved an average of 63%:

- Adult BMI quality scores improved by 25%
- Controlling high BP quality scores improved by 229%
- Diabetic care quality scores improved by 36%
- Childhood immunization quality scores increased by 40% and adolescent immunization quality scores went up 111%



MRO-supported clinicians outperformed the control group on the following measures:

- A1C control checks were 35% higher
- BP control for diabetic patients was 125% higher
- Retinal eye checks were 35% higher
- BP control was 113% higher
- Colorectal screenings were 5% higher



Streamlined processes for Healthcare Organization 15 in sending clinical data to CareFirst



Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **Choose the right partners:** Having the right partners is key to success in solving difficult healthcare issues. The project in this case study was a time-consuming process and required participation from all stakeholders in IT integration, strategic planning, and implementation planning. All stakeholders agreed that having trusting, reliable partners who pulled together was imperative to the project's success.
- **Promote the workflow changes needed to make the technology successful:** Clinical information is often captured in multiple places within the EMR. This required some education of providers on where to document certain information and also required that the MRO technology be able to gather data from multiple places within the EMR. Implementing the technology was not enough on its own; it had to be paired with post-implementation follow-up to ensure providers were using the technology appropriately.
- **Collaborate with EMR vendors to streamline data access:** Some EMR vendors charge release-of-information fees, which can create roadblocks with payers who do not want to subsidize vendor fees. MRO collaborated with the relevant vendors in this project to get the data access streamlined, including collection of required fees.
- **Create proper governance structure:** Provider organizations need an innovation or strategy team that oversees the broader intersection of building their data architecture, population health model, and VBC reimbursement model.



What's Next?—Vision for the Future

- **MRO and CareFirst are working on rapid identification of chronic disease diagnoses:** Provider organizations often submit claims once a month, so payer organizations may not become aware of members' chronic condition diagnoses until weeks down the line. Payer organizations would like to know in a timely manner when members are dealing with chronic issues as this would allow the payers to more quickly create a care plan and provide targeted, comprehensive care.
- **Adopt new value-based care models:** CareFirst is using the technology to build a foundation for the needs of value-based care. A move toward capitated models will require the organization to have access to all clinical data.
- **Design risk adjustment solutions:** MRO's long-term plan is to design a solution that more accurately identifies patient risk and then notifies payer and provider organizations about which patients require intervention.