Jeff Bernhard:

Hi, I'm Jeff Bernhard, Senior Vice President of Commercial Markets at Highmark. Welcome to Hitting A Higher Mark.

Jeff Bernhard:

In this podcast, we explore the topics that are transforming how healthcare is delivered and paid for. Today, we will be specifically discussing analytics in healthcare. We have two special guests here today with me to expand on this very important health topic. First, we have Lisa Schaffner. She's the Vice President of Health Analytics at Highmark Health. We also have Jim Brown, Vice President of Enterprise, Financial, and Patient Analytics at Highmark Health.

Jeff Bernhard:

Welcome, and thank you both for joining us. Let's get started on today's topic.

Jeff Bernhard:

First, Lisa, for you, can you explain how we use data analytics, or I should say data and analytics, to understand trends in the healthcare industry?

Lisa Schaffner:

Certainly, Jeff, glad to be here. We use what we call the continuum of analytics to examine trends in the healthcare industry and by continuum, I mean four different types of analytics that go from being the least sophisticated to the most sophisticated. That is descriptive, diagnostic, predictive, and prescriptive, so that we can both understand and act upon trends. I'm going to explain what each of those mean in a moment with an example. So when we talk about trend, trend is what happened in the past and what has happened over a period of time. That really involves using descriptive analytics to categorize what percentage, how much, account. And we look at trends in relation to benchmarks, whether it's looking at cost trends, utilization trends, trends in condition, prevalence, or incidents. And we use descriptive analytics to look at our trends and understand how are we performing in relation to what's expected.

Lisa Schaffner:

We then go into using what we call diagnostic analytics, and diagnostic analytics are really intended to find out why something happens. So let's assume that we saw an increase in the prevalence or the total percentage of our membership that had diabetes. We want to know why that changed. If it was higher than our benchmark, we want to understand was it because we picked up new members or new patients with that condition, or was it that people were using care more and therefore the condition was being diagnosed more? We need to understand why before we can really act upon it and know that we're pulling the appropriate levers to act upon it.

Lisa Schaffner:

So once we're able to drive to what those trend drivers are through diagnostic analytics, we then may want to utilize predictive analytics. That is analytics that build models to tell us what should we expect in the future. So if we can understand that we have a population of people who have diabetes, we may want to be able to predict, as I've done in my past in model building, who are the people most likely to develop diabetes. So ultimately, predictive analytics with respect to trend, lets us identify trend drivers

before they impact trends and so that they can act upon, we want to be actionable in our analytics in healthcare.

Lisa Schaffner:

And then last but not least, prescriptive analytics is something else we use along the continuum of analytics to act on trends. And what prescriptive analytics give us are those recommended sets of actions, or what sometimes referred to as the next best action, that can be acted upon to impact future events or potentially future trend. And so if we know that there's a population of people who are likely to develop diabetes and we can predict who those people are, we then, through prescriptive analytics, can develop what we should do at an individual patient level to impact, potentially, the progression or the development of that illness.

Jeff Bernhard:

Thanks, Lisa, that's very helpful. I often describe retrospective as kind of looking through your rear view mirror at the back of the car and then prescriptive toward the front, where you're going, where you're driving.

Jeff Bernhard:

So this gets me into my next question, Jim, for you. Data for data purpose is just data. Data to take action, prescriptive action, is where we're going. So one of the things myself as a consumer of healthcare that drives me crazy is that we have to repeat the same information over and over and over. If you go to a primary, if you go to a cardiologist, if you go to an OBGYN, whatever specialist you're going to, it'd be great if they all had the same information so you didn't have to repeat yourself over and over again. So how are we using this actionable data to inform providers and payers and eliminate some of this repetition that occurs in the healthcare system.

Jim Brown:

Thanks Jeff and pleasure joining both you and Lisa today. What we're trying to do with a sort of a blended health approach between provider and payer, and really quickly expanding that into our entire footprint, is really getting to that core root of the issue of interoperability between provider and payer. Providers spend a lot of time daily in their electronic medical records. Unfortunately, those electronic medical records really don't communicate very well between each other. What the payer or the insurance company can do to really bridge that gap is provide really rich claim data and not just data, but insights and analytic down to those providers such that we can avoid what you were mentioning.

Jim Brown:

Each provider can get that same level of insight. So when a comes in their door, not only did do they know the services that that health system rendered, but they know the services that maybe a specialist across town had treated this patient for. And then they can avoid duplication in drug therapies or really even scary interactions that might happen given that how they prescribe drugs. So I think what we're really seeing is sort of a greater coordination and a greater willingness of both parties to interact with each other.

Jeff Bernhard:

Jim, you and I have spoken about the concept of the blended health model. Can you talk about the way that a Highmark and Allegheny Health Network are doing things and using data and analytics to empower providers and patients to address gaps in care?

Jim Brown:

As patients come in to see their doctor, the doctor's not always aware of the gaps that that patient may have in some of their quality of care measures. So it may be a diabetic patient who has a long history of poor HbA1C control, as an example, or maybe a member who is overdue for a colonoscopy. We sort of provide, through claim data, all of that information directly to the provider and the sort of nurse practitioner that might be seeing a panel of patients that day. So each day they can pull up a roster and look and see, "Okay, these five patients are coming in today, and two of them have these specific care gaps." They can address those gaps, regardless of the reason the patient is coming in to visit, and sort of take care of that patient holistically. Long-term, eliminating a number of visits that a patient may have to see the doctor for, consolidating that all into one visit and sort of holistically taking care of a person in an efficient way as possible.

Jim Brown:

We're able to sort of do that through data sharing back and forth between payer and provider. I mentioned earlier that the claims data from the insurance company side is typically very rich, but it's typically a little bit lagged. It's not as timely as we might like. By consolidating that data with the information out of an electronic medical record on the provider side, we really get timeliness of information, and information out of the electronic medical record is real-time to the extent that anything can be real-time in healthcare. So really having that sort of blended approach allows us to do our best to take care of a patient's needs at the time and place that they need it the most.

Jeff Bernhard:

Thanks, Jim, I think you hit an important point. At Highmark, we're very interested in the quadruple aim, which is also about helping providers do their job better, giving them as much information to benefit both the patient and provider, and that's the only way we're going to get through this controlling healthcare costs, improving outcomes, improving the experiences, make sure that everyone has the relevant information at the appropriate time.

Jeff Bernhard:

Lisa, the next question is for you, we hear a lot about kind of the value in healthcare. We're seeing a shift from our traditional fee for service system, which is defined as a model where clinicians are reimbursed for doing more tests, more volume, to a system which is more centered on a value or positive patient outcomes. How was the use of data and analytics in this industry changed in the shift from fee for service to a value-based reimbursement?

Lisa Schaffner:

Sure, Jeff. The currency of value-based reimbursement really is data and analytics. You can't manage what you can't measure, and you can't measure and improve without data, and analysis, and metrics. So data and analytics really are the cornerstone of the lifeblood of VBR. And with that, you mentioned earlier the quadruple aim, that is building toward a much more sustainable healthcare system by lowering per capita costs, addressing appropriate use of care, along with quality of care, with the outcome of improved population health, and addressing patient experience, but also provider

experience. We know in this country, we have a significant burden of provider burnout. We have to measure all of those factors in order for value-based reimbursement to truly deliver value. And so the quadruple aim is very important in terms of value-based reimbursement.

Jeff Bernhard:

Lisa, last question for you, is there a source that you trust where listeners of this podcast can go for more information on the topic?

Lisa Schaffner:

There is a blog that I read very regularly called Healthcare Blog, THCB.com I believe is the URL for it, and THCB dives into a number of analytics and analytics related topics, but with a bent on really understanding the complexity in a really easy navigating way.

Jeff Bernhard:

Thank you. And we'll put the link for that in the description of this podcast.

Jeff Bernhard:

That concludes this podcast. Lisa, Jim, I want to thank you both for joining me to discuss analytics and the use of analytics and data in healthcare. This topic is certainly critical these days because of the cost of healthcare and the need to improve outcomes as we move forward in this changing world. Certainly the use of actionable data and trends helps us both understand systemic changes that need to happen in society, but also personal changes that need to help to allow each person to live their best life. And also to allow those providers, those doctors, those nurses, the people that treat those patients, to have that information readily available at their fingertips so they can be most efficient and most effective.

Jeff Bernhard:

So in closing, I'm Jeff Bernhard and I want to thank everybody for listening to this episode of Hitting A Higher Mark.