A Frost & Sullivan Case Study

The Journey to Better Care Delivery through Data Exchange

Three in a series of discussions with healthcare leaders regarding healthcare data challenges and solutions

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Introduction

With the passage of the 21st Century Cures Act, the US government established requirements for healthcare organizations to enable interoperability. Healthcare insurers lead in implementing these requirements, honoring the deadline of July 1, 2021 to make their provider directory downloadable and to give individuals the option of downloading their healthcare data (via an application programming interface [API]).

Given the broad push for interoperability across the healthcare landscape, interest in following the progress toward these deadlines remains high. To learn more about the challenges, lessons learned, and best practices in these data exchange efforts, Frost & Sullivan recently spoke with IT and business leaders about their organizations' experiences in addressing interoperability requirements.

The following insights come from conversations with Eric Johnson, Lead Technology Leadership Professional at Humana, and Jay Sultan, VP of Healthcare Strategy at LexisNexis.

Johnson has worked with IT applications for healthcare and insurance for nearly 3 decades. As part of his role at Humana, he serves as program leader for Synaptic Health Alliance, which helps healthcare leaders explore potential uses of blockchain technology in the industry.

With vast experience in payer data exchange technology, Sultan is a healthcare IT expert on interoperability regulations and their impact on payers, providers, and other healthcare entities. During the last 20 years, Sultan has advised more than 180 health plans and 50 delivery systems regarding value-based care, provider data management, healthcare analytics, clinical data use, and interoperability. At LexisNexis Risk Solutions, Sultan currently leads strategy development, innovation, market planning, and strategic partnership initiatives for the healthcare sector.

Data Interoperability Is Key to Delivering Better Care

"Wouldn't it be nice if I go to the ER tomorrow... and the hospital I'd never been to before had my records from the other healthcare network?" Johnson asks, a dream patient, providers and payers share. Today's interoperability typically only provides what is necessary to authorize advance payments, he says, which is far less than what most of us want.

"So there are standard APIs for the provider-to-payer data sharing, and those are working generally well. We're able to get the basic information," Johnson acknowledges. Still, he says, there are "extra burdensome administrative tasks to figure out what's needed to conduct basic insurance business."

For Sultan, the goal is to connect scattered data from different providers to benefit the patient. "If I'm a polychronic patient in my 70s, and I have congestive heart failure, diabetes, and cancer, do the systems that are trying to provide my care have access to that detailed information from my past?" When they do, providers in each area can see each other's findings and collaborate more easily"

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>
> —*Eric Johnson, Lead Technology Leadership Professional at Humana*

But It's Not as Easy as It Looks…

"It seems so simple from afar, but then when you get into the details, it isn't," laments Johnson. Centralized healthcare systems, like many in Europe, nationalize records, making them available to providers, patients, and payer stakeholders. In the United States, however, many different systems from a variety of physicians, hospitals, and multiple payers can hold an individual's healthcare records, often with multiple member identities listed within a single payer.

One significant hurdle to pulling together and combining these files is patient privacy, as embodied by the Health Insurance Portability and Accountability Act (HIPAA) in the United States. If a patient changes healthcare coverage, says Johnson, "as an insurer, I can't go ask a competitor to give me information on my patient without express consent. So it's easier just to ask the customer." But patients may, deliberately or accidentally, omit important details that should inform continuing care.

Harmonizing data that comes from different sources and in different formats has proven incredibly complex, even though it is, in Johnson's words, "a unifying goal of the federal government." Despite the complexities, Sultan remains optimistic—because he has seen that problem solved before:

> There are 6,000 county courthouses in the US. There's a huge amount of information about lawsuits, land sales, arrests, and everything else, but there's no standard format across them. LexisNexis has customers who need to combine all 6,000 sources and get one data set. That's what we do, and we've gotten really, really good at it.

What Can Get Us There

"Now I need to tell you: that's a journey, not a destination," continues Sultan. Promising technologies deserve exploration. "New technologies, such as blockchain, with security and transactional protection, may allow us to open the door to patient records," says Johnson. APIs or other protocols may also make headway. If new technologies and protocols for better data accessibility can combine with artificial intelligence or machine learning, the outcomes for patients would be significant.

The difference that makes, concludes Johnson, will allow a new era of proactive healthcare: "We won't be depending on medical bracelets to warn about medical conditions. Instead, advanced analytics might identify latent risks, then nudge a patient with a postcard, phone call, or email to come in, get screening, or take other preventive measures."

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