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A Frost & Sullivan Case Study

# Overcoming Interoperability Challenges to Deliver Benefits to Individuals and Healthcare Organizations

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

By Greg Caressi, Senior Vice President, Frost & Sullivan

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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 Audra Kerkow, VP of Strategic Provider Solutions at UnitedHealth Group, and Jay Sultan, VP of Healthcare Strategy at LexisNexis.*

With more than two decades in the healthcare industry, Audra Kerkow has witnessed monumental technological change. As VP of Strategic Provider Solutions at UnitedHealth Group, she has a unique position from which to view the industry's problems and help form solutions. In addition, she coordinates the Healthcare Interoperability Payer Collaborative, which advances interoperability standards across healthcare stakeholders.

With extensive experience in payer data exchange technology, Jay Sultan is a healthcare IT expert on interoperability regulations and their impact on payers, providers, and other healthcare entities. During the last 20 years, Mr. 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 leads strategy development, innovation, market planning, and strategic partnership initiatives for the healthcare sector.

## Overcoming Challenges: Interoperability, Data Quality, and Consent

Interoperability is a core concern for Kerkow, who notes that the current way healthcare stakeholders interact is neither sufficient nor sustainable. “It’s been a really slow creep to interoperability,” says Kerkow, who does not expect the problem to resolve quickly. “You’re probably looking at a two-to-three-year lag before we get to where we really want to be because of the way they roll things out.”

Siloed data creates challenges for all stakeholders. From a payer perspective, Kerkow says the main problem is gaps in care: “Payers want to know that a gap has been identified and what action was taken on it—and then get the clinical documentation back for their reporting.” Providers have different needs, including navigating eligibility and benefits data, social determinants of health information, and prior authorization requests.

Other obstacles prevent efficient data flow. Data quality is an important obstacle, according to Kerkow, because much of the vital information in an electronic medical record (EMR) is in free-text physician notes. Natural language processing can help take valuable data from such inputs, but deficits remain.

Another challenge is a new emphasis on member consent created by the legislation. According to Sultan, “It’s the government saying to the people who believe that they own the healthcare data—the hospitals, the payers, the EMR vendors—‘You don’t own the data. The patient owns the data.’” But the solution is more than a quick add-on. “We initially thought we would capture member consent during the enrollment process, but we’re learning that that’s not always applicable,” says Kerkow. “What are the other mechanisms for us to get member consent if it’s not managed through the enrollment process? What if somebody refuses to consent to exchange that data, and how do we flag that?”


“Payers want to know that a gap has been identified and what action was taken on it—and then get the clinical documentation back for their reporting.”

—Audra Kerkow, VP of Strategic Provider Solutions at UnitedHealth Group

## How Technology Can Open the Door

Kerkow does not consider any of the challenges intractable and believes current technologies are already on the way to addressing them. She considers a shift to cloud-based interactions a positive step: “We’re seeing providers choosing to go with cloud-based EMRs because there’s more flexibility and a lower cost point. That opens the door for us as a payer to share information more quickly with those providers because we can push it out, and it’s immediately available.”

APIs have also moved the industry forward. “We have a bunch of API capabilities we’ve pushed out into the EMRs that allow more transparency into UnitedHealthcare-related payment policies, clinical policies, medical policies, referrals...so providers have access to all of that information through Fast Healthcare Interoperability Resources (FHIR)-based APIs.”



“It will systematically reduce the cost of healthcare.”

—Jay Sultan, VP of Healthcare Strategy  
at LexisNexis

## The Promise of the Future

Kerkow predicts a changed landscape five years from now. “I think our entire industry is going to look different,” she says. Artificial intelligence will analyze individual healthcare data and give personalized recommendations. Wearable devices will record and transmit patient data and push reminders to people who wear them. Connected data sets will empower patients to make informed decisions about medical options.

Working toward this future, UnitedHealthcare now supplies a member’s previous claims history in electronic format, providing more information on diagnoses and prior authorization history to help maintain continuity of care if the member moves to another provider or health plan. UnitedHealthcare will soon provide bidirectional data flow regarding gaps in care. In Q1 2022, the company will pilot a more automated prior authorization solution. Beyond this, future steps include enabling total cost transparency for patients at the point of care based on the procedure code and the specific provider delivering care.

Sultan foresees wide-ranging benefits: “It will systematically reduce the cost of healthcare. It’ll better focus care. It’ll make care more efficacious.”

Kerkow agrees, adding, “I don’t even think we can wrap our heads around the level of automation and sophistication that will be available in five years.”

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