

What providers need to know now to stay ahead of coming changes

Healthcare is on the brink of a significant transformation largely driven by the continuing shift to value-based care, the availability of vast amounts of socioeconomic data and advanced analytics that can be used to determine health risks. Socioeconomic data consists of information on social determinants of health that provides insights into the social, economic and environmental factors that combine to influence health.

LexisNexis is leading the way with data-driven solutions that will give healthcare providers insights on social determinants of health they can use in improving patient care. Here are answers to some of the important questions being asked about this developing trend.

What is the connection between socioeconomic data and health?

Predicting future health risks has never been easy. Medical and pharmacy claims data has traditionally been the main source of information for healthcare organizations, but that data doesn't give a complete picture of the patient.



Studies show that medical determinants are only accountable for 20% of healthcare outcomes, whereas social determinants of health account for as much as 50%.¹

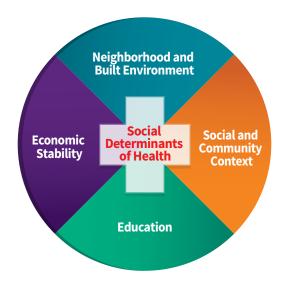
Social determinants are the conditions in which people are born, live, work and age.² These conditions impact their likelihood to develop health conditions as well as their ability to effectively manage those conditions.



Where does socioeconomic data come from?

One of the most comprehensive, reliable and untapped sources of information is public records data. Clinically-validated information on social determinants of health—factors such as proximity to relatives, education, bankruptcy and criminal convictions—can be extracted from these vast records and, through the use of advanced analytics, provide important information that could affect future health outcomes.

When used to augment clinical analytics, healthcare providers can more precisely identify health risks, especially for new patients who don't have a medical records and claims history. The resulting transparency enables a more proactive approach to patient health.



What are some of the benefits of using socioeconomic data?

We've only scratched the surface of what can be gleaned from socioeconomic data and how the insights gained can be applied. The direction in which healthcare is headed points to using social determinants of health to:

- Focus on prevention by identifying risk factors in patients, which then prompts healthcare providers to intervene before a serious health issue can arise or worsen.
- Improve health outcomes by providing a more holistic picture of patients to drive treatment decisions.
- **Increase engagement** by interacting with patients on an ongoing basis and encouraging them to choose a healthy lifestyle and take a more active role in managing their health.
- **Decrease treatment costs** by proactively handling health issues before they become a serious health crisis.
- **Reduce hospital readmissions** by anticipating the challenges a patient may face in recovery and putting measures in place to prevent relapses.
- **Help healthcare organizations meet quality standards** no matter at what point in a patient's care a provider is involved (regular medical exams, acute care or long-term care), or what the provider's role is (physician, nurse, social worker, community health coach and more).

Realistically speaking, how can healthcare providers be expected to find, read and interpret the data in the short time typically allotted for each patient interaction?

Trying to understand a patient's social, environmental and economic situation and how the combination impacts health outcomes means leveraging a lot of data. LexisNexis Socioeconomic Health Scores make that process easy for healthcare organizations. We leverage hundreds of our unique, statistically-validated Socioeconomic Health Attributes to provide healthcare organizations with quick access to risk prediction scores without having to build their own models. Or organizations can use the scores as inputs to create new models or augment existing capabilities.



The scores are system and platform agnostic, allowing for seamless integration into existing processes. Validated against actual claims data, the scores are proving to be better indicators of future health outcomes than traditional age-gender demographic risk predictions. These scores can be viewed by healthcare providers to improve patient risk stratification efforts—enabling them to quickly identify patients for proactive engagement and care intervention.



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How will changing government regulations affect the use of socioeconomic data to determine health risk?

The industry is moving away from the traditional payment model of fee-for-service and toward value-based care. Additionally, new performance incentive programs and regulations focused on quality outcomes such as MACRA will soon affect how providers get reimbursed and what they must do to avoid penalties.

With these patient-centric changes focused on results, healthcare providers will have financial incentive to help their patients get well and remain healthy. They'll be more inclined to look for early risk indicators, such as those that can be gleaned from socioeconomic data, and intervene to affect positive change.

For hospitalized patients, providers will look at the data to determine whether those patients are at risk for complications that could require readmission and then they will take preemptive action.

What is the next challenge in integrating socioeconomic data into healthcare?

With performance-based pressures mounting, providers must find ways to operationalize the use of socioeconomic data into the care continuum. It must become a regular practice integrated into existing processes.

When socioeconomic data is combined with patient electronic health records, providers will have a more holistic view of their patients, enabling them to make better-informed decisions.

Using socioeconomic data to increase patient engagement, enhance the quality of care and improve outcomes will need to become part of a care provider or physicians' workflow. In fact, their financial sustainability may depend on it.

² World Health Organization, www.who.int



¹ County Health Rankings, www.countyhealthrankings.org

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