3M Science. Applied to Life.™

3M Health Information Systems

A single source of truth

Combining reliable data and performance management for a successful value-based health care system

Reliable, standards-based data.

The transition to value-based care demands it.

Without accurate data and a strategy to improve operations, your organization's quest to achieve value-based care (VBC) simply may not come to fruition.

There are two key actions that ultimately support and sustain successful VBC programs:

- Establish a reliable foundation of data that acts as a single source of truth
- Leverage that data to analyze performance and drive improvement

A single source of truth is data that is compiled and organized from multiple sources into a repository of actionable information. It is reliable, standards-based and promotes transparency.

It ensures all parties can trust the information being used to drive organizational decisions.

Establish a reliable foundation of data.

As information travels across the continuum of care, it becomes difficult to measure health care quality and organizational performance.

Health care organizations must acquire, process and analyze disparate information to create and maintain relevant, reliable and transparent datasets.

This data foundation acts as a single source of truth that delivers actionable information from a consolidation of various data sources.

Patient satisfaction

Functional status

Socio-economic

Member

Clinical

EHR

Budgets

Quality metrics

Risk adjustment

Costs and quality

Single source of truth

+ + =

Acquire disparate data

Process and refine data

Analyze data

A reliable data foundation

What can you do with reliable data?

Reliable data allows organizations to:

- Build and measure programs for population health management and accountable care arrangements

- Analyze the cause and effect of clinical variation using data combined from various sources

- Experiment with new payment models to incentivize quality improvements and contain costs

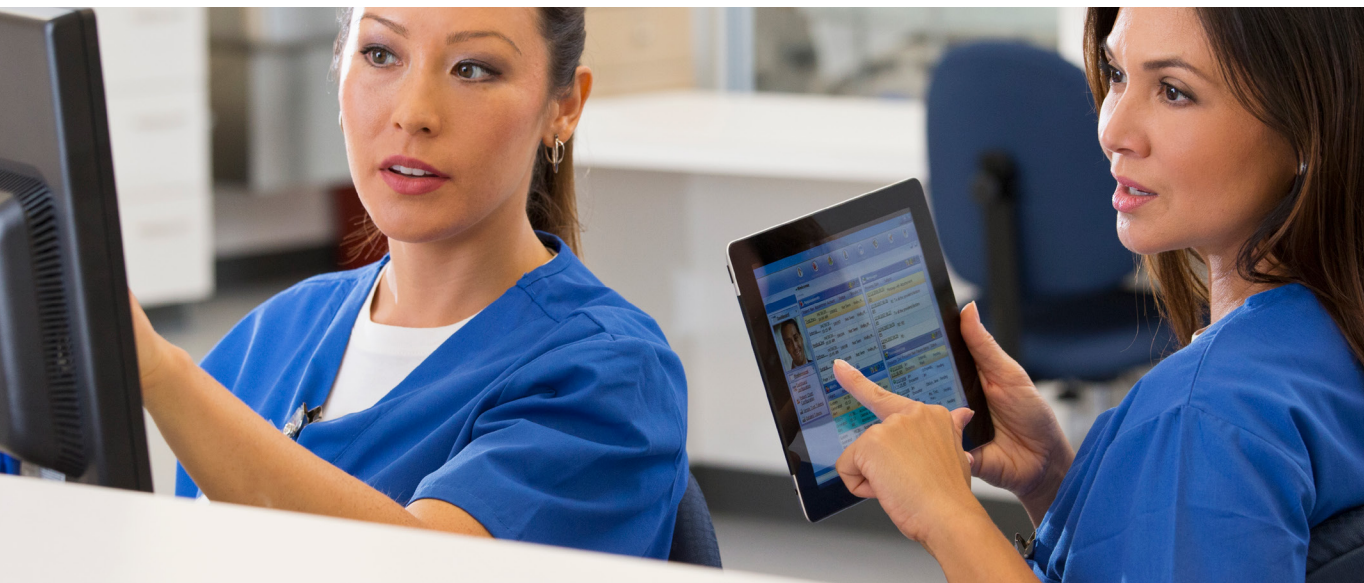- Forge community partnerships and increase market competitiveness among service delivery organizations

What's the price of bad data?

Generating poor quality data has many disadvantages, including the potential for project delays as well as unwelcome scrutiny that leads to additional reports and wasted time. It also means lost credibility that is difficult to regain.

Common problems with data integrity include mismatched member identification, irregular utilization patterns, omitted primary procedure codes or diagnosis codes, unreliable final claim status and changes in non-transactional files from month to month.

Bad data could cost organizations hundreds of thousands of dollars or more.

For example: Poor quality data makes it difficult to manage members with chronic conditions and other risk factors. For Medicaid health plans, this led to an average annual growth in spending of 5.2 percent between 2010 and 2014.

Combined with penalties for missed quality targets and non-compliance with requirements for clean claims submission, the lack of timely, actionable information is estimated to cost a midsize health plan as much as $173 per member per year.

For a health care system with 20,000 members, that's a total lost savings of $3.46 million annually.

Source: 3M evaluation of Medicaid Managed Care payment policies and state Medicaid data.

How do you get to that one source of truth?

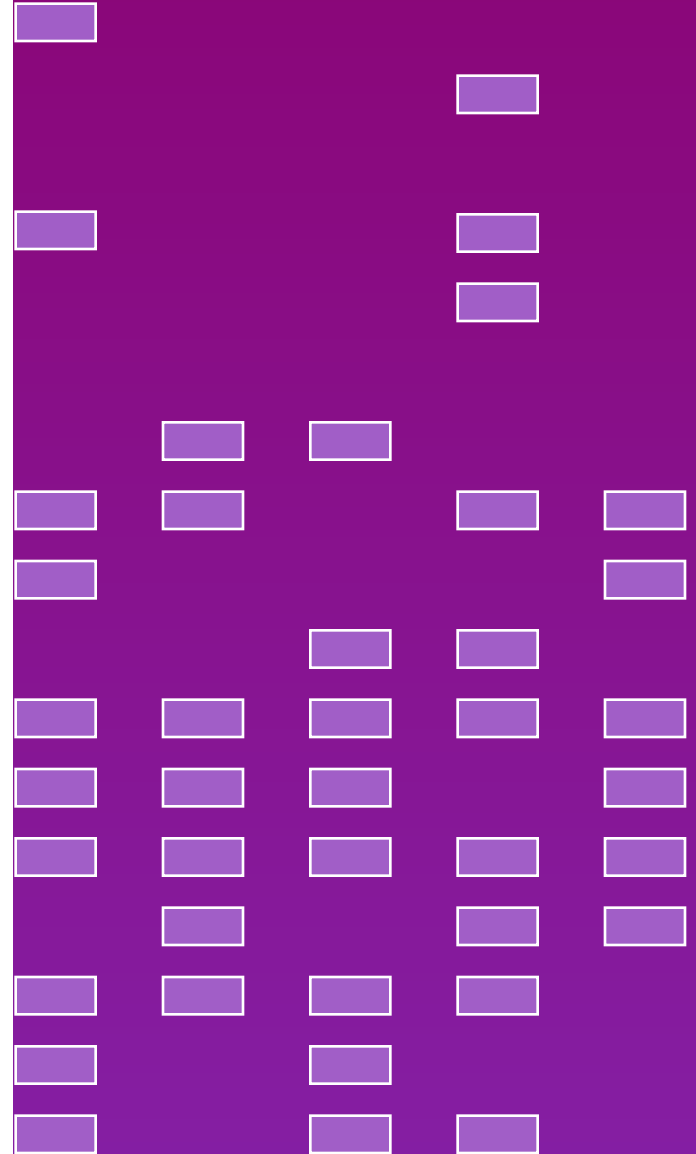It requires the ability to create goals, select fair and accurate performance measures and analyze results.

Consider the following five elements necessary for a single source of truth:

- Streamlined data collection
- High quality data
- The right performance measures
- Risk adjustment
- Performance benchmarks

#1 Streamlined data collection.

Complicated data submission and collection can present barriers for performance measurement and program goals.
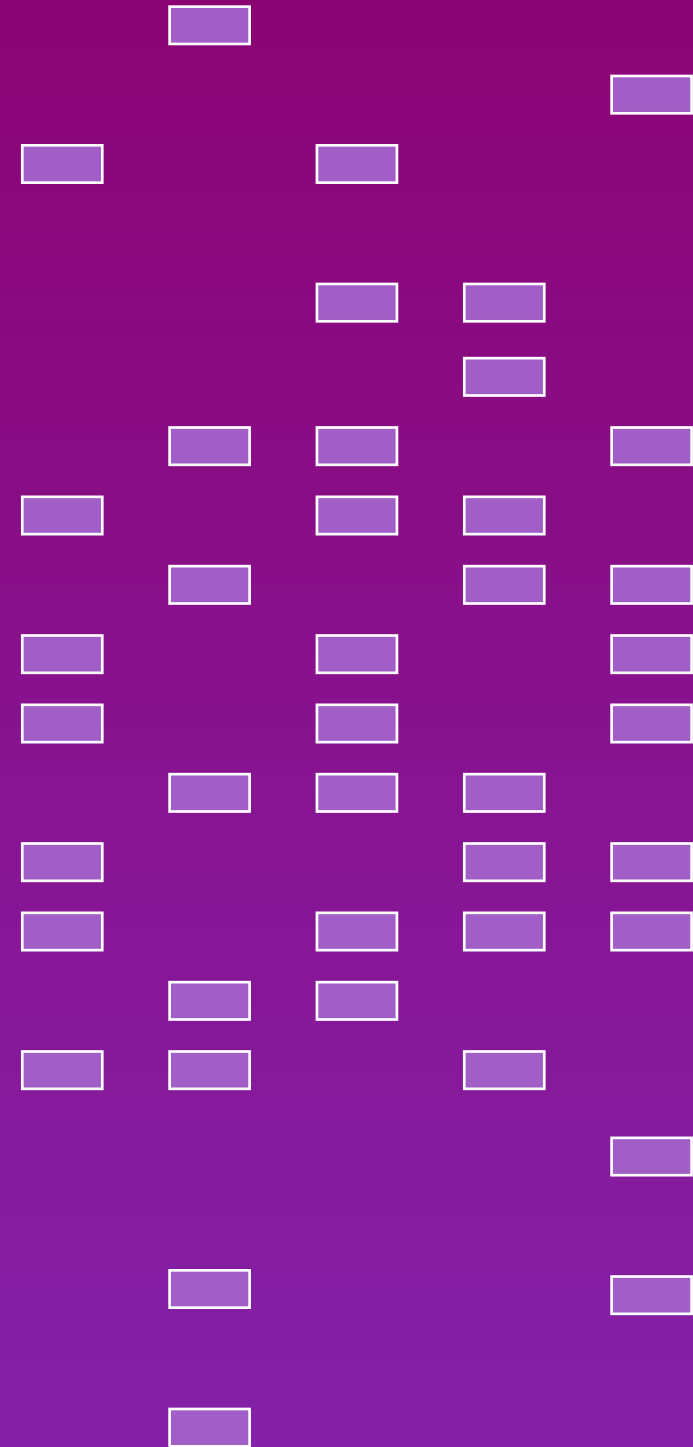
Collecting all data that's necessary to set goals, track performance and determine payments for financial arrangements should place as little burden as possible on those who provide and collect the data.

#2 High quality data.

Individuals making important data-driven organizational decisions trust that data only when it's cleansed for discrepancies and tested for accuracy and completeness.

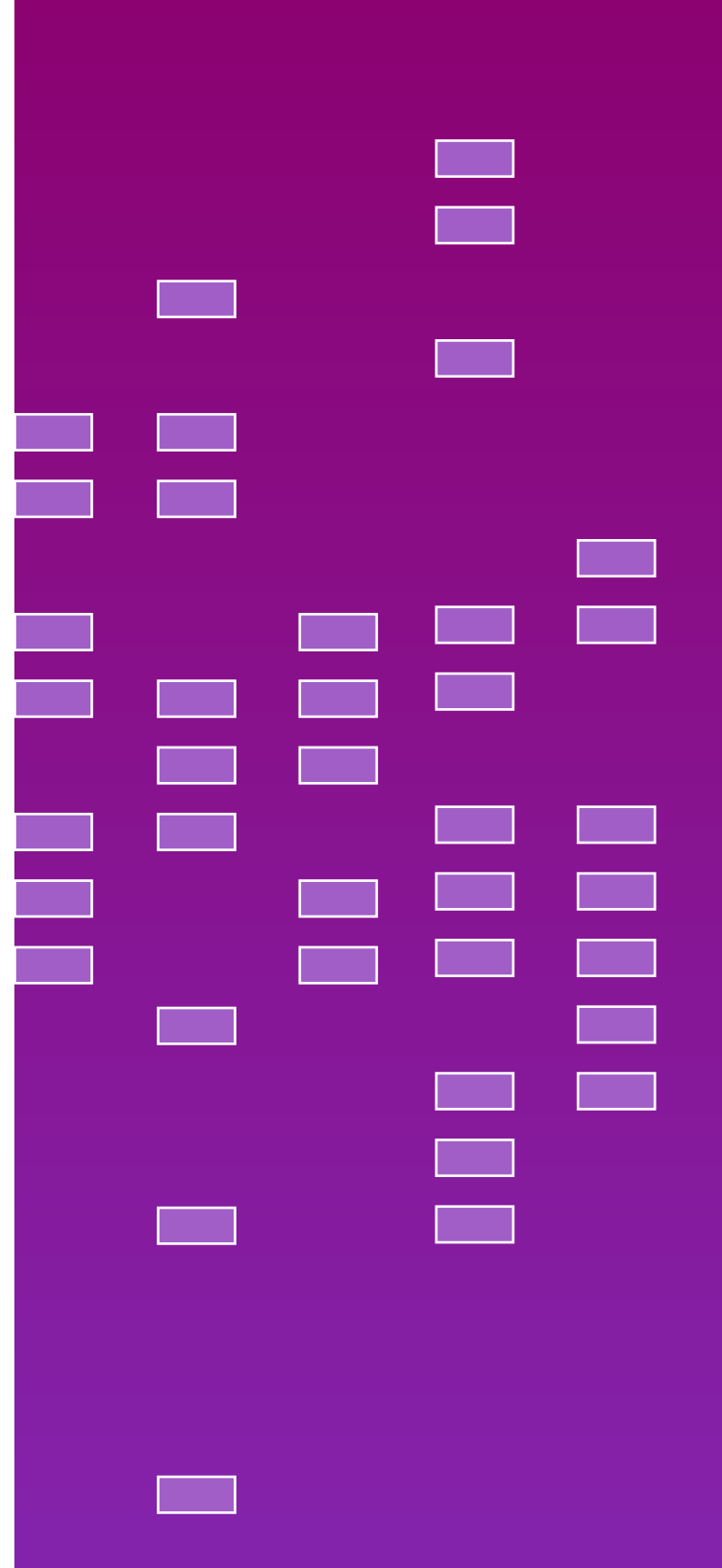Using multiple sources of data can drive improved health care outcomes at a lower cost.

#3 The right performance measures.

These measures must align with your organization's goals and tie to desired outcomes.

Prioritizing performance measures using an organized reporting structure helps to clearly define areas for improvement within your organization.
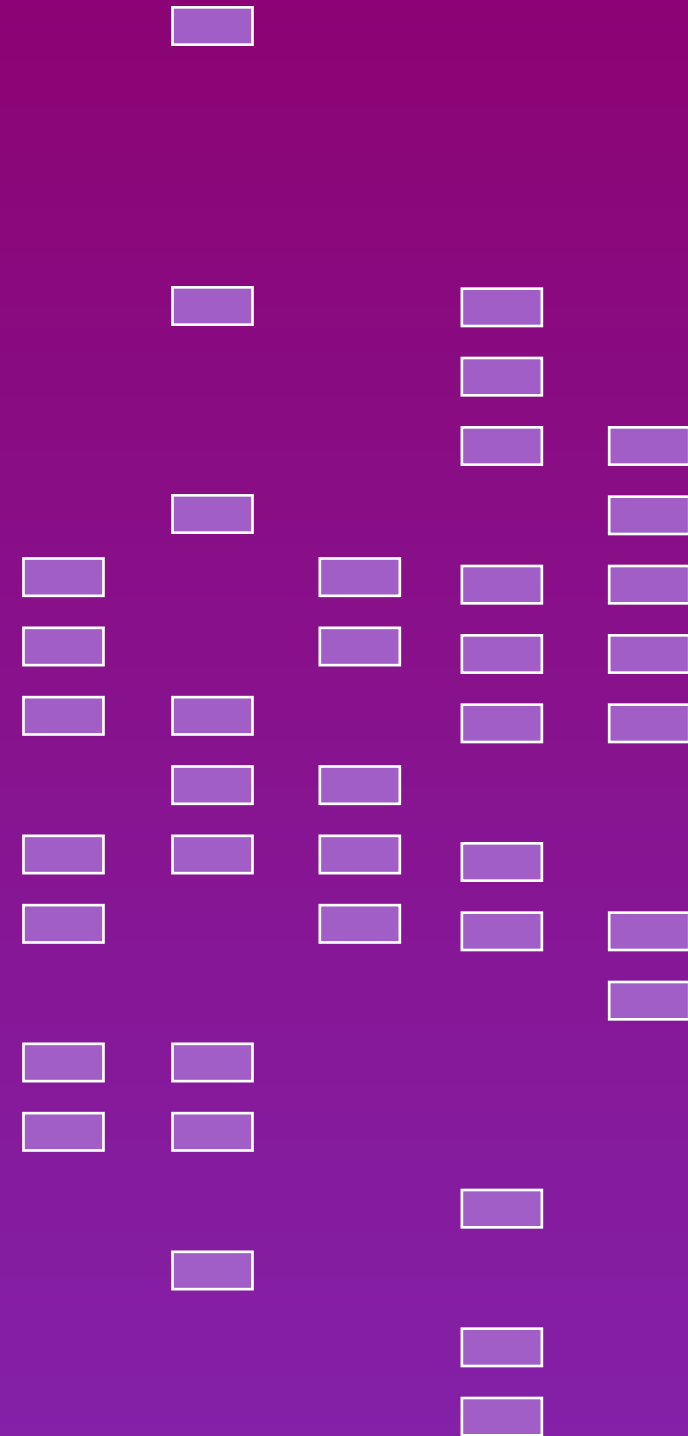
Clearly documenting the rationale for and calculation of each performance measure helps earn trust among participants. Continuous feedback and review are the key to understanding whether your programs are working or whether you need to change course.

#4 Risk adjustment.

Risk adjustment offers fair and accurate comparisons of outcomes across patient populations. That's because it takes various risk factors such as age, sex and illness burden into consideration.
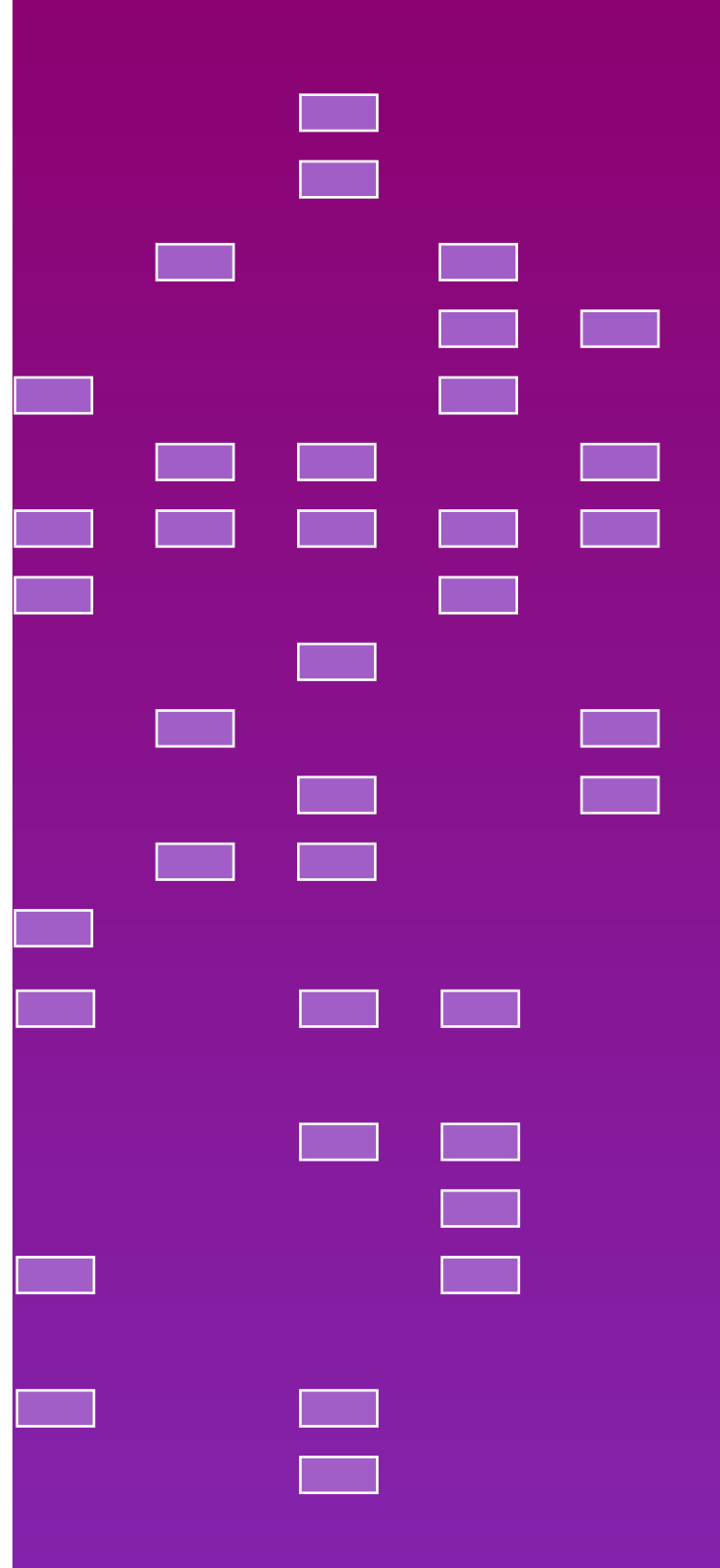
Risk adjusting each performance measure also holds plans and providers accountable for their performance within the populations they manage.

#5 Performance benchmarks.

Performance benchmarks can incentivize positive practice change by helping all parties clearly understand areas for improvement.

They promote accountability among payers and providers that drives program improvement and positive health outcomes at a lower cost.

3M's innovative approach to performance management

3M Health Information Systems is uniquely positioned to help organizations achieve VBC goals.

For more than 35 years, 3M has processed claims for more than 53 million lives, providing unique insight into how organizations can leverage reliable data for performance analysis and improvement to support sustainable and successful VBC programs.

3M has the consulting, analytics and software tools needed to support your value-based initiatives.

Our 3M℠ Intelligent Data Asset is rooted in 3M's industry defining risk adjustment methodologies, which is foundational to 3M solutions for payers.

Conclusion

How can you best launch a value-based system that measures and manages performance in a quickly evolving environment? How do you design and operationalize a performance management platform to reveal actionable knowledge from a data source that spans all participants?

Backed by 30 years of experience, you can trust 3M to help you answer those questions.

Call today

Learn how 3M's innovative approaches to performance management can help you successfully transition to VBC. Call 800-367-2447. Or, dig into some more information at www.3M.com/his/vbc.

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