NEW PERSPECTIVES IN VALUE-BASED CARE & INTEROPERABILITY RULES FOR 2021:

Creating Long-term Sustainability, Building Strategies Post-pandemic and Leveraging Opportunities with New Government Leaders

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While the U.S. healthcare system faced extraordinary challenges in 2020, expect even more changes in 2021 with the transition to new leadership and ongoing struggles with the COVID-19 pandemic. Based upon his record and past performance, President Joe Biden is likely to carry on federal efforts to remove interoperability roadblocks and put health data into patients' hands.[1]

While current federal rules require providers and payers to free patient data from behind their organizational walls for use with patient apps and broader data sharing,[2] only 24% of providers and health plan executives surveyed view this as an opportunity and only 44% said their organizations are heading into 2021 with a solid interoperability plan in place.[3] For providers and health IT vendors, one immediate change is the extension on exporting electronic health information -- pushed to Dec. 31, 2023.[4]

Stakeholders should view interoperability not simply as a compliance issue, but an opportunity to create long-term sustainability and build strategies for growth post-pandemic in a way that will absorb future shocks. This means robust interoperability capabilities to meet the shift toward a more patient-centric, value-based healthcare system.[5]

INTEROPERABILITY IN 2021

Organizations that embrace innovative interoperability approaches versus more traditional healthcare organizations will be better positioned to earn patient trust by integrating the data and providing innovative products and services. Those who fail to make this transition risk being left behind.[6]

The Office of the National Coordinator for Health Information Technology (ONC)—a resource to the entire health system to support the adoption of health information technology—has issued the Interim Final Rule with Comment Period (IFC).[7]

- Extending the applicability date for the Information Blocking provisions
- Extending the compliance dates in the ONC Health IT Certification Program (Program), including certain 2015 Edition health IT certification criteria and Conditions and Maintenance of Certification requirements
- Making changes to the Program by updating standards and clarifying regulatory text for specific certification criteria
- Making technical corrections and clarifications

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Fast Health Interoperability Resources

The Fast Healthcare Interoperability Resources (FHIR®) standard defines how healthcare information can be exchanged between different systems. It allows healthcare information, including clinical and administrative data, to be available securely for anyone who needs this information and has the right to access it for the benefit of patients.[8]

The Centers for Medicare & Medicaid Services' (CMS) final rules call for payers to provide healthcare data to members through the use of FHIR-based application programming interfaces (APIs), as well as using a similar methodology to make provider directories available to patients. The CMS rules require that CMS-regulated payers allow patients to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information through third-party app developers of their choice, as long as that data is being maintained by the payer organization.

Interoperability and Patient Access Final Rule

The CMS Interoperability and Patient Access Rule aims to reduce payer, provider and patient burden by streamlining processes related to prior authorization and patients' access to their health information. The rule addresses five key proposals. The first four proposals take effect January 1, 2023.[9]

1. **Patient Access API** – supports value-based care by granting patients access to their health data through APIs connected to third-party applications. Payers would need to report on the API's impact on patients.
2. **Provider Access APIs** – allows payer-to-provider data sharing for claims, encounter data, some clinical data sub-sets and pending and active prior authorizations.
3. **Documentation and prior authorizations using APIs** – reduces the staffing burden of handling prior authorization requests to make more efficient and improve the patient experience.
4. **Payer-to-Payer Data Exchange** – payers exchange and maintain data as part of a longitudinal health record with patient's current payer improving data flow and patient healthcare information access.
5. **Adoption of health IT standards and implementation specifications** – CMS and ONC proposed standards for a consistent approach to the adoption of proposed APIs to ensure full interoperability.

In this environment, every provider and payer should focus on finding new ways to tap into operational efficiencies and adopt an innovative interoperability solution so that they can hit the ground running in an increasingly data-oriented, value-based environment.[10]

Interoperability Optimizes Individual and Population Health

Too often, a patient living in one town must seek care in another part of the state, leaving the provider and health system unable to share patient data, creating gaps in care and preventing the exchange of data vital for the best possible patient care. If the providers in different areas can share data, both are in a better position to make more informed decisions about the patient's care needs. Interoperability enables different information systems, devices and applications to share and use data to improve coordinated care within and across healthcare organizations, regions and national/international boundaries.[11]

Patients	Providers	Payers	Suppliers	Society
Lower Costs & Better Outcomes	*Higher Patient Satisfaction Rates & Better Care Efficiencies*	*Stronger Cost Controls & Reduced Risks*	*Alignment of Prices with Patient Outcomes*	*Reduced Healthcare Spending & Better Overall Health*

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FOCUS ON VALUE-BASED CARE

Value-based care models rely on vast amounts of patient information to be collected and organized in a meaningful way between systems, all of which must be standardized. Synthesizing this data will allow for more guided care that also addresses social determinants of health (SDoH) -- socioeconomic factors that affect healthcare that result in more proactive "upstream" healthcare to prevent health problems from developing.

It may come as a surprise that around 30% of healthcare resources are wasted.[12] When records and data are properly organized and able to be analyzed, providers can identify areas that need more financial support, and others that might be wasteful. In turn, this helps providers create a better and more efficient system designed to provide honest and useful healthcare to its patients, as well as being financially accessible for the providers.

Value-based care relies on electronic health record (EHR) systems becoming interoperable. When health information and interoperability solutions are designed to deliver a personalized and integrated experience to consumer patients, they have the potential to improve provider productivity, better engage caregivers, improve outcomes and enhance affordability.

New technologies also have the potential to foster care that can be delivered in any setting, including the home, to support continuity of care and curb rampant healthcare costs, which is especially critical for chronic conditions.

Innovative solutions offering integrated population health applications, interoperability, provider engagement and value-based care performance management can expand value-based clinical data integration, advanced analytics and financial informatics capabilities.

Value-based risk analytics, quality measures management, risk scoring and financials in a single-source, cloud-based solution represent the wave of the future for many healthcare organizations. Combining these capabilities with advanced clinical connectivity that is designed to help payers and providers close gaps in care, recapture hierarchical condition category codes (HCCs) and manage utilization are critical to reducing the cost of care.

EVOKE360: OPTIMIZING QUALITY AND INTEROPERABILITY

DataLink's Evoke360 is a value-based care enablement solution that effectively empowers providers to identify open care gaps for proactive closure and provides payer-agnostic data to inform clinical, quality and risk adjustment programs for improvements in quality and risk adjustment scores and patient outcomes. This comprehensive solution is designed for payers, providers, managed service organizations (MSOs), accountable care organizations (ACOs) and provider groups that manage quality, risk adjustment and care for patient populations.

Evoke360's robust Healthcare Effectiveness Data and Information Set (HEDIS®) engine is National Committee for Quality Assurance (NCQA)-certified for all measures and refreshed annually for the most accurate data. The solution facilitates the

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transition to value-based care by meeting the need for a complete interoperable population health management solution that aligns the payer, provider and patient with one view.

Evoke360 is also meaningful-use certified and offers real-time data insights captured from disparate sources, allowing 360-degree visibility into the patient's health status based on information from EHRs, health information exchanges (HIEs), claims, labs, pharmacy and hospital sources. Through the aggregation of data from these sources, users gain real-time data transparency and patient-level drill-down dashboards. This solution also provides improved workflow and collaboration opportunities to break down departmental silos across the organization.

The key to value-based care is to tap into meaningful data and technology applications to efficiently manage patient-centric care that results in improved outcomes and lower costs. Optimized interoperability enables healthcare organizations to leverage data, better manage their providers, improve performance and deliver better patient care and outcomes.

In today's challenging healthcare environment, providers who want to remain sustainable are moving toward value-based models and embracing technologies that provide the most efficient high-touch care for a more secure financial footing.

Fully interoperable digital health records will serve as the backbone of value-based care by enabling healthcare providers to share data, measure outcomes, improve—and be rewarded for—quality care and promote accountability to patients.

Data Connectivity Between EHRs and Payers

Data connectivity for patients, payers and providers has become increasingly important since the passing of the 21st Century Cures Act. Evoke360 uses the connectivity of data sources and bi-directional data feeds for the extraction of continuity of care document data (CCD), allowing the provider to receive real-time insights while the patient is in office. Powered by FHIR API standards, EHR connectivity and seamless data exchange are enabled at the point of care.

HIE Connections	EHR Connections	CCD Extractions
DataLink leverages census and other data from several state HIEs	*Evoke360 can be integrated with any web-based EHR system to ease provider workflow*	*Extracts patient data to real-time feeds from the EHR to Evoke360*

Ultimately, health data should belong to the patient as a way to empower them to make better choices related to their own health. This is how interoperability leads to lower costs, improved quality of care and better patient engagement. Now more than ever, the U.S. health system needs providers, payers, communities and patients working together to achieve more effective care delivery.

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About DataLink Software

DataLink Software (DataLink) is a healthcare technology company that empowers better health by delivering real-time data aggregation, EHR connectivity, and dynamic dashboards and reporting to payers, providers and care partners. DataLink promotes the collaboration of multiple stakeholders across the care continuum, providing a holistic, real-time view of the entire spectrum of patient data, and its intelligent, data-driven solutions drive value by reducing the cost of care, improving quality scores, ensuring risk adjustment accuracy, and simplifying healthcare navigation.

DataLink works with the top national health plans and delivers unparalleled results to its clients in the United States and Puerto Rico.

To learn more, visit www.datalinksoftware.com or contact us at info@datalinksoftware.com.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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