

**WHITE PAPERS FOR REAL PEOPLE**

## **Partnering with Providers and Health Plans to Bend the Trend**



*by*

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## THE PROOF IS IN THE NUMBERS

**121 Million** Patients touched by the NaviNet network

**900,000** Healthcare professionals regularly using NaviNet

**75%** Physicians in America are NaviNet subscribers

**3** Hours per week NaviNet users typically save

**1** Single login for multiple health plan interactions

### Struggling to Reach Members

Health plans must impact the cost and quality of care their members receive to compete in today's environment. Members need to remain well, and those with chronic conditions need to be appropriately managed. Traditionally, health plans have tried to engage members directly or through disease management vendors. These efforts largely have been unsuccessful because health plan members view the plan with suspicion or distrust. A recent study shows that health plan-provided services, such as health advisory hotlines, are the lowest-ranking forms of trusted advice by members, garnering only 4%.<sup>1</sup>

### Making Change at the Moment of Care

What if your health plan could reach members at the moment of care through their most trusted advisors—their physicians? Did you know 90% of people trust their doctors over all other forms of health information?<sup>2</sup> As a strategy for population health improvement, fostering the member-physician relationship can be highly effective if you can connect with providers. Reaching, engaging and equipping providers are essential tactics to bending the cost trend and delivering better quality of care through greater provider accountability.

Providers hold the key to influencing real member health improvements. Health plans that recognize this fact and find ways to deliver relevant information to the provider when they interact with those patients are achieving the desired impact of driving down cost and improving quality. Discussing relevant clinical information with patients at the moment of care is one of the most effective strategies for member behavior change.

### Partnering to Surround Patient Care

A successful partnership between the health plan and provider must recognize certain realities. Providers need access to clinical and financial information to make informed decisions, and they need financial incentives to align with quality of care instead of volume of care. With emerging shared-risk models such as patient-centered medical homes (PCMHs) and accountable-care organizations (ACOs), providers need tools, information and supplemental resources to deliver the necessary care management and care coordination functions to share financial risk. In return, health plans must have demonstrable proof that these care management functions are being performed and that the desired outcomes are being achieved.

Health Care Reform may have made the accountable-care trend a priority for health plans and providers; if properly equipped and executed, the model makes sense, according to Todd Hixon of Forbes. "There are significant examples of coordinated medical care: in the US we have the Mayo and Cleveland Clinics and Kaiser Permanente; all have good reputations."<sup>3</sup> These systems have been providing value-based, or outcomes-based, care delivery for more than a decade, with some of the best-quality results in the country. Another great example is



“A solid health information technology investment is critical to value-based purchasing, not just to keep track of performance activities, but also to drive clinical improvements”

The Group Health Medical Home. Robert Reid of Health Affairs observed similar results. “Group Health Cooperative, a Seattle, Washington-based integrated health insurance and care delivery system, reports that a patient centered medical home prototype clinic experienced improvements in patient experience and provider burnout after two years. Compared to usual care Group Health clinics, patients in the medical home had 29% fewer emergency department visits and 6% fewer hospitalizations. Over 24 months, the prototype medical home clinic performed 20-30% better than usual care clinics on three of four composite quality measures. After 21 months, Group Health received a return on investment of 1.5:1; for every dollar spent by Group Health to implement the PCMH model, it received a \$1.50 return.”<sup>4</sup>

The health plan’s requirements strain the health plan-provider relationship. Health plans need providers to engage in basic interactions with them to ensure smooth and efficient administration, payment and care delivery:

- Check eligibility and benefits information
- Submit and track claims
- Address billing issues
- Confirm preauthorization certification requirements
- Resolve payment issues
- Reduce fees

The requirements mean that providers ideally need to be supported by a Health Information Exchange (HIE)-type solution in order to communicate effectively with health plans. Such a solution gives providers the foundational communications capabilities to operate their offices efficiently, manage their membership, and close the care gap loop with health plans.

“A solid health information technology investment is critical to value-based purchasing, not just to keep track of performance activities, but also to drive clinical improvements,” observes Nancy Foster, the American Hospital Association’s vice president for quality and patient safety policy.<sup>5</sup>

Providers and health plans need each other to effectively reach, engage and support members. Critical to their ability to absorb patient risk, providers need health plans to equip them with basic foundational capabilities for population management, data exchange and quality tracking, such as:

- Confirmation that patient has coverage
- Patient attribution
- Prompt and accurate payment for their services
- Access to health plan members
- Current information about the health plan’s authorization and certification requirements
- Automated administrative and financial transactions
- Prompt response to authorization and certification requests
- Clinical analysis of patient populations across different plans

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## Collaboration for Quality Overview



Source: NaviNet, Inc.

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“Quality-measure data collection will be important, but less important than the proper decision-support system built into the electronic health record,” so the clinician is provided reminders—directed by evidence-based medicine—to effective treatments, test results and other information, Foster notes. These prompts are extremely effective in improving care quality no matter what tool is used to deliver the information to the clinician.<sup>6</sup>

Health plans depend on providers reciprocally to share vital member clinical information collected during office visits. Physicians are uniquely positioned to gather information from members and influence change when ready with the right data at the moment of care. Plans need providers to supply them with a variety of member information, such as:

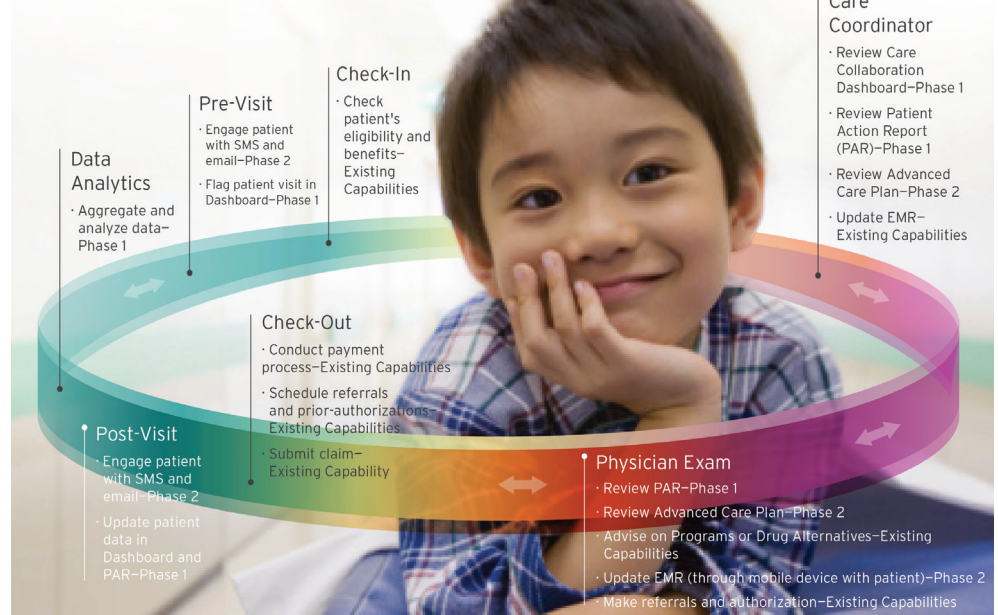
- Notification of a member’s pending visit to providers
- Access to their members’ clinical data
- Clinical profiles of their members by provider
- Adherence to authorization and certifications
- Automated administrative and financial communications
- Reporting on improved outcomes and cost reductions

With the right solution in place, health plans and providers can partner to deliver outcome-based care, improve general health of their memberships, and reduce the growing trend of clinical costs.

## Partnering to Make the Moment of Care Meaningful

NaviNet supports the entire office visit from engagement to physician visit to administrative processing—supplying the system to close the loop from the physician back to the health plan. Leveraging the entire NaviNet suite of solutions, health plans and providers can enjoy the benefits of access to Unified Patient Information Management (UPIM) to manage their care delivery operations and their member populations with efficiency, efficacy and quality.

### NaviNet Care Collaboration Strategy



Source: NaviNet, Inc.

## NaviNet 2.0—Creating the Foundation for Data Exchange between Health Plans and Providers

The NaviNet Care Collaboration Solution is grounded by NaviNet 2.0, our multi-payer portal, which currently supports more than 121 million members and is used regularly by more than 900,000 healthcare professions, including 75% of physicians in the United States. Daily administrative, financial and clinical communications between health plans and providers establish the foundation for advanced care collaboration capabilities. Such basic data exchange is critical to the health plan's ability to share relevant information and provider's ability to use it to deliver quality care—sharing the responsibility of member care management.

Key communications shared between health plans and providers through NaviNet include:

- Member eligibility and benefits checks
- Claims status inquiries
- Referral and authorization communications
- Revenue-cycle management

## **NaviNet PM and NaviNet EMR—Delivering the Benefits of Practice Management and Electronic Medical Record Integration**

The integrated NaviNet PM and NaviNet EMR solutions combine administrative, financial and clinical information for providers and their staff. By leveraging NaviNet PM and NaviNet EMR, providers can incorporate practice electronic health record (EHR) data into a consolidated patient view and reconcile with health plan clinical guidelines to document and track variances in effective care.

Integrated with the NaviNet Care Collaboration Solution, NaviNet PM and NaviNet EMR provide a comprehensive population management tool that complements the traditional encounter-based tools. NaviNet PM lets providers:

- Register patients
- Check eligibility
- Begin a secure patient account file
- Collect patient payment responsibility
- Track and review billing and claims status

NaviNet EMR lets providers:

- Check patient history
- See integrated diagnostics
- Coordinate care
- Prescribe medications electronically
- Enter notes and share reporting back with health plans

## **NaviNet Mobile Connect—Channeling Data to Physicians at the Moment of Care**

Reaching providers at the moment of care, NaviNet Mobile Connect channels critical clinical information to the physician at the most convenient and impactful place – in the exam room. Did you know 82% of physicians use smart phones, 27% use iPads, and 80% of physicians plan to buy an iPad in the next year? With 90% of patients using mobile phones, mobile technology is a requirement for successful member engagement—particularly with difficult-to-reach populations like Medicaid members.<sup>7</sup>

The dynamic, ubiquitous and interactive nature of smart devices is not lost on busy physicians seeking to be prepared for their patients' visits and equipped to have the most meaningful care discussion possible. NaviNet Mobile Connect allows the physician to:

- Access real-time member information in the exam room
- Optimize the patient's visits
- Engage his or her patient in vital follow-up
- Partner with the health plan to deliver seamless care with the best information available.

Understanding the growing reliance physicians and members have on mobile technology, NaviNet is ready to support delivery of information through mobile channels.

## **NaviNet Care Collaboration Solution—Enabling the Shared Partnership between Health Plans and Providers**

NaviNet’s Care Collaboration Solution enables health plans to truly partner with providers participating in new payment and delivery models in which providers are rewarded for managing the cost and quality of a defined population of patients.

The NaviNet Care Collaboration solution enables providers to better manage quality and proactively improve chronic and preventive care across a population. These scalable, Software-as-a-Service (SaaS) automation tools together make up the first comprehensive, integrated provider-focused population health management solution. From pre-visit to patient follow-up, the key functional components of the NaviNet Care Collaboration solution address each step in a patient’s office visit. These features include:

### **Pre-Visit**

**Patient Engagement.** These tools enable multi-channel bidirectional communication through text, secure email, or interactive voice response (IVR) between patients and provider/care coordinator. Communication will include appointment reminders, surveys, lab results reporting, refill requests, open access scheduling, registration, electronic check-in/checkout, treatment plan compliance monitoring, and remote monitoring device integration. Access will be via mobile devices and desktop portals.

### **Check-In**

Through the NaviNet portal, the member’s eligibility and benefits are checked.

### **Care Coordinator Exam**

**Care Collaboration Dashboard.** Providing visibility into the member population, the Care Collaboration Dashboard offers a multi-payer registry supporting care coordinator and provider management of an assigned population of patients. The dashboard allows patients to be filtered by health plan, provider, employer group, condition, and other such criteria, and enables a population-level view of compliance or variation from evidence-based guidelines directing the highest quality of care. The Care Collaboration Dashboard also supports quality reporting on clinical outcomes—for example, Physician Quality Reporting System (PQRS) and Healthcare Effectiveness Data and Information Set (HEDIS)—to health plans, pharmacy benefits managers (PBMs), and other risk-bearing entities. It can be viewed on a desktop portal, mobile device or through an EMR.

**Patient Action Summary.** The Patient Action Summary provides a patient-level summary of information consolidating the patient’s problem list, comprehensive medication history, labs and other diagnostic studies—as well as action items requiring intervention, care gaps and medication non-adherence -- into a single view. The Patient Action Summary can be viewed on a desktop portal, mobile device or delivered through an EMR.



“The rules are likely to change,” said Mike Segal, a healthcare specialist at Broad and Cassel, a Florida law firm. But even if the objections lead to the courts killing healthcare reform, Segal says, that won’t stop the ACO trend, ‘It’s not going away. The idea of providing better quality care at lower cost through collaboration is here to stay. Fee-for-service as we know it is an endangered species.’”<sup>8</sup>

## Physician’s Exam

**EHR Reconciliation.** Data extraction tools help to gather relevant clinical data from practice EHRs and will be able to support bidirectional exchange of information captured in our application to practices’ EHRs—for example, orders, plans and prescriptions. EHR reconciliation capability incorporates practice EHR data into a consolidated patient summary, reconciling paid claims-derived gaps in care and other variances with activities documented in clinical system.

## Checkout

**Doc Xchange.** This solution provides secure messaging with the platform leveraging Direct protocol and NaviNet provider directory to enable safe HIPAA-compliant point-to-point transmission of email and attachments between plans and providers, as well as between provider and provider.

## Post-Visit

The Patient Engagement functionality is used again to send messages back to the member as follow-up reminders.

## Data Aggregation

**Analytics Rules Engine.** With a foundation of 25,000 evidence-based guidelines derived from published peer-reviewed sources and trusted industry sources—such as U.S. Preventive Services Task Force (USPSTF), Pharmacy Quality Alliance (PQA), American College of Cardiology (ACC)—the analytics engine identifies care guideline variance and establishes needed care activities at both population and patient level.

**Clinical Data Repository.** This aggregates, standardizes and normalizes longitudinal clinical data derived from multiple sources (paid claims, lab feeds, comprehensive medication history, and patient self-reports/Health Reimbursement Accounts (HRAs), enabling the analytics/rules-based engine to identify compliance/variation from evidence-based guidelines.

## Partnering for Success

Working with the NaviNet health plan community and best-of-breed industry technologies, NaviNet is partnering to build the NaviNet Care Collaboration solution. Though coming elections may change the course of healthcare reform, industry experts and analysts believe accountable care is here to stay and offers a viable solution to the growing healthcare cost crisis. NaviNet is the largest healthcare communications network in the country, and the NaviNet footprint of providers offers health plans an opportunity to quickly operationalize their PCMH and accountable care initiatives. By leveraging the NaviNet suite of solutions, health plans and providers can enjoy the benefits of access to UPIM to support the provider networks and help manage their member population with efficiency, efficacy and quality.

<sup>1</sup> Microsoft Healthcare Study 2009

<sup>2</sup> Ibid.

<sup>3</sup> “Accountable Care is a Good Idea,” Todd Hixon, [www.forbes.com](http://www.forbes.com), October 27, 2011

<sup>4</sup> “The Group Health Medical Home at Year Two: Cost Savings, Higher Patient Satisfaction, and Less Burnout for Providers,” Reid, et al., *Health Affairs*, May 2010

<sup>5</sup> “Leading a Value-Based Culture,” John Morrissey, [www.trusteemag.com](http://www.trusteemag.com)

<sup>6</sup> Ibid.

<sup>7</sup> “Taking the Pulse – 2011,” Manhattan Research

<sup>8</sup> “Will ACOs create a revolution in American healthcare?” By John Dorschner, [www.miamiherald.com](http://www.miamiherald.com), August 3, 2011





# NaviNet

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