How Analytics All-Star Clive Fields is improving patient care

By Fred Bazzoli Published June 23 2016, 6:33am EDT

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Health Data Management's Analytics All-Stars recognition program recognizes individuals and organizations advancing the use of analytics in healthcare. Three individuals and seven organizations are being recognized this year; links to short profiles of the winners can be found at the end of this article.

The practice of medicine is catching up to the analytics that Clive Fields, MD, has sought to use for 25 years.

Approaches like value-based care and population health management are now taking hold, spurred by efforts to drastically alter incentives in paying for healthcare. Providers are realizing that the ability to analyze data will be the key to managing the swift changes now occurring in the treatment and management of patients.

Fields has long believed that having insufficient data on patients could affect the quality of their care. As president of Village Family Practice, a 40-physician group practice with several locations in the Houston area, he's incorporating that philosophy into the practice's operations.

Village Family Practice uses Fields' design for delivering analytics and data to the point of care as clinicians are treating patients. The combination has been potent in reducing costs; the practice Medicare data indicates that its readmission rates are at least 20 percent lower than those of other providers in the community, and the practice says Medicare also says its cost of treating patients are at least 20 percent less than other area providers.

Fields is extending his philosophy of using analytics in care through VillageMD, a practice management organization that he co-founded and for which he serves as chief medical officer. Working with some practices that now have a total of 500 physicians, VillageMD's philosophy is to put doctors in a position where they are at the center of patient care.

For his pioneering efforts, Fields has been chosen as the recipient of *Health Data Management*'s Clinical Visionary Award as part of its Analytics All-Stars recognition program.

The program recognizes organizations and individuals implementing analytics in innovative ways to improve the health of their patients and the financial performance of their organizations. Winners will be recognized at *HDM*'s Healthcare Analytics Symposium July 18 and 19 in Chicago.



Fields understands the relationship between the clinical and financial components of healthcare. His practice was one of the first to take on risk-based contracts, including the Medicare+Choice program in the late 1990s.

The years of experience in taking on risk-based contracts has grounded Fields and his practice in the value of using data in treating patients. It's a simple formula, he says—just making sure that physicians have all of a patient's relevant data at the point of care to best manage patient risk.

Providers previously had limited data on which to base clinical decisions, typically the claims data that insurance companies were willing to share. But that's all changed.

"When you talk about the amount of data that we have now, we have more data than we have the time or tools to use," he says. "Now, the challenge is how can we deliver the appropriate data at the point of care so that we can have risk stratification at the point of contact."

The practice uses the NextGen EHR and uses Talix, data analytics technology that provides isnight into coding to proactively identify high-risk conditions. Giving care team members sufficient data during a patient encounter can help them identify gaps in care and preemptively treat patients—for example, noticing that a patient is due for an immunization, which may be unrelated to the condition for which a clinician is treating the patient, he says.

Analytics are crucial in delivering improved care to patients, Fields believes.

Doctors who are not prepared to use analytics will face bigger challenges in adjusting to value-based care, he says. "As we move to team-based care, [without having] all relevant patient information, it will be hard to practice. There are things that can be driven only by analytics. We believe that we can better identify our high-risk patients with data; as professionals, our 'gut' is not as good as our 'gut' supported by analytics."

As the country moves to population health approaches, it will become more important for clinicians to have data so they can preserve patient wellness and anticipate potential illnesses so patients can receive treatment or information that prevents them from becoming sick in the first place.

"Good data and good analytics can identify patients who need help," Fields says. "We don't have to sit around and wait for those patients to get sick and call us. The goal is to get out in front of people and prevent that.

"We're starting to see benefit plans line up more with the idea to help patients achieve wellness rather than to solve sickness," he adds. "I think we can drive results that we have never seen before, and at a cost we've never imagined before."

Population health is the next frontier for medicine, as the focus changes on how medical dollars need to be spent.

"We've spent a lot of time investing in solutions [for rare conditions] that affect a small number of patients," Fields says. While research dollars continue to be devoted to achieving medical breakthroughs, the field of medicine is beginning to focus more attention on how to manage conditions that affect broad segments of the population, such as diabetes.

Physicians want to improve the care they provide to their patients and their practice of medicine, and they have a growing interest in learning how to use data and analytics to accomplish that, Fields contends.

"When I talk to them, they are almost all driven by the same kind of motivation, which is to be a physician who can meet the majority of a patient's healthcare needs," he says. "I've never presented information to physicians who haven't asked for more data. We're not afraid to be measured; the last thing you want to know is that you didn't provide the kind of care that your peers did. At our practice, we present unblended, physicianlabeled data—there's no reason to hide that, and our physicians want to know it. I've never seen a physician shy away from data."

"For years, primary care physicians have been underutilized and underappreciated," he says. "VillageMD aims to empower physicians with an economic model that supports excellent, appropriate and evidence-based healthcare. We want support practices to be a friendly and caring environment. It's my passion—for me, a great day is helping physician colleagues combine clinical expertise with patient analytics and team-based care to extend their impact. My goal is helping physicians spend time on what they do best, which is caring for patients."

Data will help transform the way physicians deliver care in the future, Fields believes.

"To deliver on a primary care-driven model, we're going to have to embrace and grow the data that's presented to us; without some help, it's difficult to use it," he says. "We'll see data and analytics become a bigger part of physicians' daily practice. What used to be a quarterly report from insurers on our care will become information that's available at the time of a patient visit, and it's becoming more clinically valuable."

Other honorees in the Analytics All-Stars recognition program include:

Chief Information Officer Visionary: Myra Davis

Chief Executive Officer Visionary: Penny Wheeler

Project of the Year, Accountable Care: Mercy Hospital, St. Louis

Project of the Year, Patient Safety: Children's Hospital of Wisconsin, Milwaukee

Project of the Year, Patient Safety: Johns Hopkins Medicine, Baltimore

Project of the Year, Population Health: Village Family Practice, Houston

Project of the Year, Revenue Cycle: University of Michigan Health System, Ann Arbor, Mich.

Project of the Year, Revenue Cycle: Northwell Health, Great Neck, N.Y.

