Advancing Interoperability Requires Close Collaboration between Plans and Providers

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Elevance Health | Public Policy Institute

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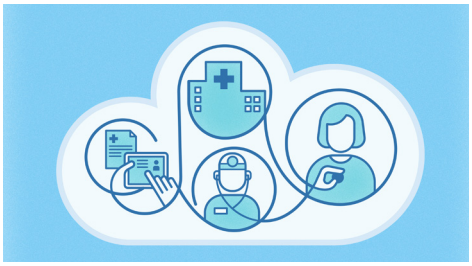


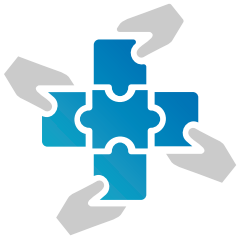
Key Highlights

- Several federal mandates for data sharing have gone into effect in 2020 and 2021 that are aim to improve interoperability across the U.S. healthcare system.
- In addition to these mandates, health plans are working closely with healthcare providers and EHR vendors to integrate systems to make data sharing faster and simpler.
- In combination, these efforts have the potential to offer consumers improved access to their data and reduce administrative burden.

Overview

Interoperability in healthcare refers to the ability to efficiently share and integrate data across records and systems. Typically, this data includes information from electronic health records (EHRs) and health insurance claims.

Health insurance claims data normally contains information required for reimbursement purposes, such as a diagnoses, procedures, and tests. EHR data commonly includes a detailed account of a clinical encounter, including some data that is also contained in a claim, like the primary condition that was treated, but also more detailed clinical data such as secondary conditions, test results, allergies, and family medical histories.



A truly interoperable healthcare system will require substantial collaboration.

Today, much clinical data is either inaccessible or fragmented for providers and consumers. Providers have broadly adopted EHR systems, a foundational step towards interoperability, but they report difficulties with sharing records with external providers and systems.[1,2] Even with the broad proliferation of EHRs that also offer patient-facing portals, only a limited subset of consumers access their online patient data. And among those who do, many report issues associated with having multiple records across different providers, making it difficult to assemble and share a complete record of their medical history.[3,4]

Any approach to data sharing requires some level of cooperation and coordination across stakeholders. However, a truly interoperable healthcare system, one in which consumers, providers, and health plans have data that enables better decision making, will require substantial collaboration that allows insights to be made available within tools that providers and consumers already use or are willing to adopt.

Federal policy has driven much of the momentum around interoperability. Before 2021, federal laws and regulations created the clinical and business rationale for certain health IT adoption and interoperability—including incentives for CMS-regulated entities to acquire EHR technology and value-based care models that reward coordination of care via shared data.[5] As of 2021, new regulatory requirements have gone into effect that include EHR vendors, providers, and health plans as entities responsible to facilitate data sharing.[6] These requirements have given way to a new wave of data sharing that is just beginning to take shape. Meanwhile, health plans are also exploring other approaches to collaborate across stakeholders and advance interoperability.

In light of these new opportunities to promote interoperability, federal and state policymakers continue to seek new ways to enhance data sharing via a wide array of methods, across a range of parties, and spanning several different data sources. However, some proposals may be overly broad, potentially conflict or duplicate efforts that are already underway, or may make data sharing transactions more complex and costly (e.g., proposals that involve third party data sharing entities). New requirements for data sharing should consider the significant investments, new product offerings, and collaborative approaches already underway by health plans that aim to accelerate interoperability.

Background

Much of the last decade has been devoted to digitizing health records housed across hospitals, clinics, and other settings.

Supporting patient care and enabling consumers to access and use their digital health data has been a central focus of interoperability efforts. Historically, consumers faced barriers to accessing clinical data stored in EHRs. While improvements are being made in patient access to their information, including all relevant stakeholders, like payers and providers, can create more robust solutions for consumers.

As of 2018, 90 percent of healthcare providers reported offering patient portals, but only about a third of consumers reported accessing their digital health data in the prior year.[7] And of those consumers that do access their digital health records, many report problems directly related to data fragmentation. Nearly one-third of consumers who visited the doctor in 2017 experienced at least one of the following information gaps:[8]

- Had to redo a test or procedure because previous results were not available,
- Data was missing from their medical history,
- Had to bring a test result to an appointment (e.g., MRI, X-ray), or
- Waited for test results longer than expected.

What's more, it is common for consumers to have multiple, incomplete digital records scattered across different providers, making it difficult to assemble a complete medical history that consumers can share with their care teams.[9]

Much of the last decade in health IT policy has been devoted to digitizing health records housed across hospitals, clinics, and other settings. As of 2018, the Centers for Medicare and Medicaid Services (CMS) has given $38 billion[10] to providers that acquired EHR technology and met specific criteria for using those systems.[11] As a result of these federal incentives, most healthcare providers now have an EHR system. To date, 86 percent of

office-based physicians, and 95 percent of hospitals have adopted an EHR system.[12,13] While progress towards EHR adoption is notable, these systems, and the providers that have adopted them, have not been able to support robust data sharing; healthcare providers tend to keep data within their own institutions.

More recent federal efforts have focused on standard data formats and use of standardized application programming interfaces (APIs) for appropriate interoperability of health data.[14]

EHR vendors may contribute to limited data sharing by charging fees and adding other administrative barriers that make it more expensive and challenging for providers to access data on their patients—even when that data was generated within the healthcare institution in which they work. As a result, data sharing across U.S. hospitals and office-based providers is highly variable, with most hospitals having some ability to send, receive, integrate, and find limited sets of exchanged data, but only 41 percent having the ability to do all of these core data sharing capabilities.[15] Moreover, only 36 percent of office-based physicians and 51 percent of hospital providers report that they can find needed data from other institutions in their patients' electronic records.[16]

The Cures Act regulations placed much of the responsibility of data sharing on health plans.

The 21st Century Cures Act ("Cures Act") and the regulations authorized therein have placed much of the responsibility of data sharing on to health plans. New policies have helped to rapidly expand capabilities to provide new tools to clinicians and administrators, and to put data in the hands of the consumer. Most notably, the Cures Act requires health plans to build and maintain the following APIs: Patient Access API to enable consumers to share their data across their health providers or with an application of their choosing, Healthcare Provider Directory API to provide data to help locate in-network providers, and a Formulary API to share benefit data on how plans cover prescription drugs.[17]

The Office of the National Coordinator for Health IT (ONC) and Centers for Medicare and Medicaid services (CMS) collaborated with the industry on standard data formats that make it easier for common data elements to be recognized and reconciled across systems. Further, new requirements for APIs aim to facilitate data sharing by helping to standardize how disparate systems send, receive, and interpret data without giving access to the underlying datasets.

These APIs aim to make certain data accessible, with the permission of the consumer, to a wide array of applications and digital health products and in a standardized format. Further, CMS announced that it may leverage future rulemaking to develop standards for health plans to advance Payer-to-

Payer data exchange.[18] Updating the rulemaking to mandate the use of standardized APIs would facilitate data sharing across plans so that when a consumer switches plans they can bring their historical data with them.[19] Guidance from CMS and ONC clarifying information-blocking further reinforces consumer ownership over their health data.[20,21]

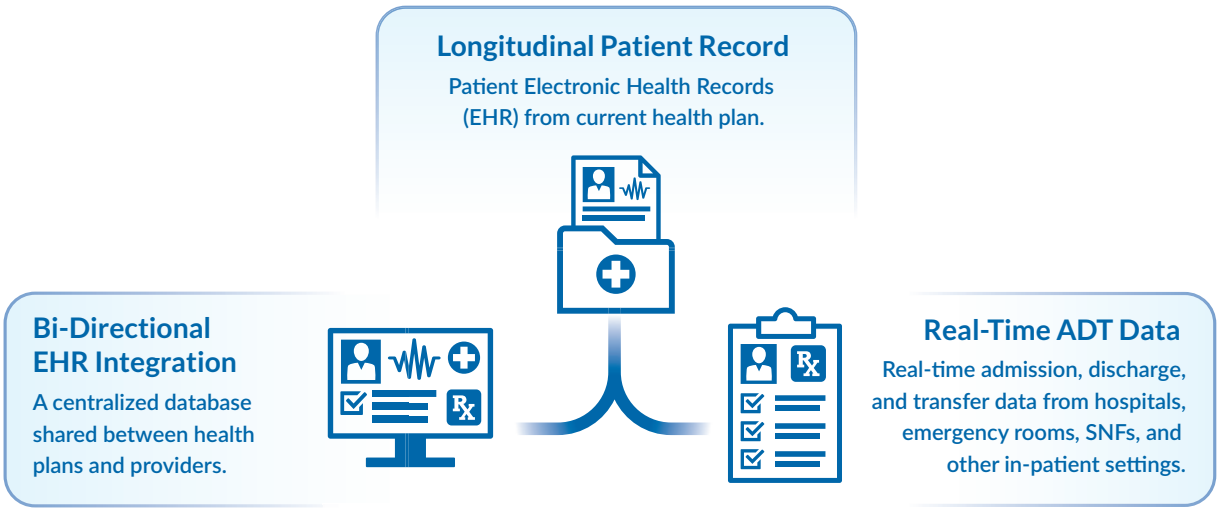
However, efficient data sharing may require technology that goes beyond what is mandated in the Cures Act. For that reason, Elevance Health is working to scale solutions that integrate tools between health plans and providers. Integrated solutions—where health plans and providers can exchange and analyze data in real time—can simplify clinical and administrative transactions, enhance privacy, and yield better data for consumer outcomes.

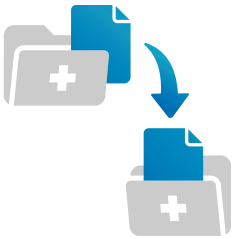
Creating an Interoperable Healthcare System

An interoperable healthcare system will likely arise from exploring a range of approaches from federally mandated APIs to direct connections between health plans and healthcare stakeholders.

Elevance Health has invested in multiple strategies that have the potential to enhance a consumer's ability to access, use, and share their health data, and that also have tangible benefits for healthcare providers and health plans. Elevance Health's approaches, which often build off one another, maximize cooperation across stakeholders that are key to promoting and achieving sustained data sharing.

Interoperability facilitates comprehensive patient records





An important step in building a more complete medical history will be the ability to add data from previous health plans or send data to a member's new health plan.

Longitudinal Patient Record

One of the central goals of an interoperable healthcare system is to offer consumers access to a complete and accurate set of their medical data that they can share with their care teams—sometimes referred to as a longitudinal patient record (LPR).[22] In 2020, Elevance Health launched an LPR through its smartphone applications and consumer portal, which is now available to over 19 million Elevance Health commercial members. The LPR curates claims data from Elevance Health's affiliated health plans and clinical data from EHRs and includes information on conditions, medications, and procedures.

However, the data that populates the LPR today is limited. For instance, it frequently does not include data from other health plans (e.g., medications taken when a consumer had a different health plan) or detailed information that is stored within an EHR (e.g., medication allergies). Additionally, individuals may sometimes experiences delays in accessing their most recent data as it takes time for providers to submit and for health plans to process claims.

To address these limitations, Elevance Health is exploring ways to receive real-time data from providers and leverage API standards mandated under the Cures Act. Specifically, the CMS Interoperability and Patient Access final rule initially mandated Payer-to-Payer data exchange, but did not specify an exchange standard. CMS recently announced enforcement discretion until further rulemaking, and health plans and related stakeholder are actively working towards the use of standardized APIs to facilitate Payer-to-Payer Exchange, recognizing the importance of this data exchange capability and moving this initiative forward without the need for a specific rule.

As a result, Elevance Health, with the consent of a consumer, may eventually be able to add data from previous health plans or send data to a member's new health plan—an important step in building out a more complete medical history. Further, as discussed below, using connections with healthcare providers, the LPR will be able to access more detailed clinical data.

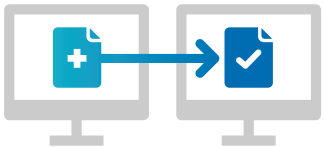
Real-Time ADT Data

Integrating a health plan's data system with a provider's EHR system has the potential to unlock data that is found only in clinical records. Elevance Health is making significant investments in accessing clinical data generated in EHR systems.

For instance, Elevance Health is working to create real-time connections with hospitals to collect admit, discharge, and transfer (ADT) data.[23] ADT data describes when, where, and why an admission to the hospital has occurred, and often, what procedures will take place. Using these connec-

tions, Elevance Health can notify a member's primary care provider (PCP) of an ADT event, who, in turn, can follow up after an admission to ensure that the individual has the medications, devices, and support they need to recover. Moreover, real-time access to this information allows health plans to deploy care managers during an admission to help coordinate services for after a hospital stay including setting up home care, obtaining referrals for services at a post-acute care facility, filling prescriptions, or arranging transportation to follow-up visits.

Bi-Directional EHR Integration



Bi-directional system integration could close care gaps and significantly reduce administrative burden.

The next level of data sharing goes beyond mandated APIs upon request and one-way movement of select health data elements. Bi-directional system integration, where health plans and healthcare providers share data and tools that are available within a patient's chart, could close care gaps and significantly reduce administrative burden. Elevance Health is developing tools that could potentially leverage EHR data integration, including real-time clinical decision support and assistance with prior authorization (PA) requests.

Using data that is available in claims and within clinical records (enhanced by achieving bi-directional EHR integration), Elevance Health could alert a provider about additional care received, missed screenings, medication adherence issues, and treatment recommendations during a patient visit. This bi-directional information sharing between providers and Elevance Health can create efficiencies and improved outcomes for patients, as well as assist providers and Elevance Health with meeting quality improvement goals.

For instance, a consumer may seek care for a common medical problem (e.g., sinusitis) and make an appointment with their primary care physician (PCP). When the PCP opens the patient's digital chart, Elevance Health could combine patient's claims and clinical information and leverage advanced analytics to alert the PCP if the patient has stopped filling a prescription (e.g., beta-blocker) to manage a chronic health condition (e.g., hypertension). That alert could help facilitate an person-to-person discussion around why the patient stopped therapy (e.g., drowsiness), what treatment options may be a better fit, and even allow the PCP to order a new drug during the visit that Elevance Health will ship directly to the patient's home.

Another way this data can enable a better healthcare system is by simplifying and supporting administrative processes such as PA, reducing the burden on providers and patients as well as health plans while improving accuracy and efficiency. Elevance Health has begun to use claims and clinical data

from across healthcare settings to make PA processes simpler and faster. Using advanced analytics and artificial intelligence (AI) and machine learning (ML) models, Elevance Health is developing technology that simplifies PA submission by prepopulating forms with consumer data on the front end, and accelerating processing by assisting in the collection of medical history data required for approval on the back end.

Further, Elevance Health's current data models, which include some clinical data from EHR systems, have demonstrated that they can support PA processes for more than 50 percent of all outpatient procedures that currently require an approval with 95 percent accuracy. Elevance Health is working to deploy these models to further advance PA, and is developing processes that balance clinical oversight with greater efficiency. Refining these models depends on having additional clinical data that will help increase model performance while also ensuring appropriate human oversight, safety, accuracy, and transparency to those using and affected by the data models.

Conclusion

Better data sharing can reduce duplication and waste, help identify and address gaps in care, and provide consumers access to their health data. Ultimately, data movement within the U.S. healthcare system will be simpler and more efficient for consumers and healthcare stakeholders.

Since the Cures Act, there have been a growing number of developments at the state and federal levels that would require various data elements be shared across a wide of variety of entities. As health plans, providers, and consumers are just beginning to realize the opportunities to improve health and healthcare created by the Cures Act regulations, adding additional levels of complexity and new requirements may be counterproductive. More work is warranted to evaluate the landscape of data sharing that is beginning to take shape. Future policy efforts should reflect that landscape and encourage cooperation and flexibility.

Endnotes

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[10] These dollar figures include direct incentives from the EHR Incentive Program authorized in the American Recovery and Reinvestment Act of 2009. They do not include continued incentives that were part of broader quality programs to promote EHR adoption and use.

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[23] Payers were omitted from the CMS rule mandating this data exchange. Elevance Health recognized this gap and is seeking a resolution to ensure real-time data exchange to improve patient outcomes.

About Us

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The Public Policy Institute (PPI) was established to share data and insights that inform public policy and shape the healthcare programs of the future. PPI strives to be an objective and credible contributor to healthcare transformation through the publication of policy-relevant data analysis, timely research, and insights from Elevance Health's innovative programs.

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