The Personalized Patient-Centered Healthcare Transformation
From Volume to Value – A Connected Approach to Patient Care

WHITE PAPER
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Executive Summary

A CASE FOR THE PATIENT-CENTRIC PROVIDER

Being patient-centric means to put the needs of the patient first. It's finding out what patients want and giving them what they need. Physicians focused on patient-centric care have improved their patients' medical results by improving the doctor-patient relationship, while at the same time decreasing the utilization of diagnostic testing, prescriptions, hospitalizations and referrals.

It has been well established that one can improve the quality of health care and reduce costs at the same time, but are we going in the right direction?

As healthcare providers face increasing costs and mounting pressures to improve customer care, administrators are investing their available resources on optimizing the quality and efficiency of their own internal processes with little or no regard for the patient. Their efforts have not been patient-driven, but rather myopically focused on internal health information technology (HIT).

With health care costs and quality assurance taking central roles in health reform, attention is being directed toward the potential of HIT to lower health care spending and to improve efficiency, quality and safety of medical care delivery. Although a host of private and public organizations have prioritized the expansion of HIT, the best models and implementation strategy are still being debated.

Despite the difficulties of implementation, proponents of HIT cite the potential of drawing significant long-term savings to the health care system with widespread adoption of electronic systems. One estimate projects that universal transition to electronic health records can lead to a potential efficiency savings averaging more than $77 billion per year. These include reduction of costs associated with medication errors, communication and documentation of clinical care test results, staffing and paper storage. But how can the patient benefit now?

Customer Relationship Management – shifting from a healthcare-institution-centered care to a patient-centered care places the emphasis on continuity of care from prevention to rehabilitation. This vision can be achieved through shared care, which builds on health networks and services, linking hospitals, laboratories, pharmacies, primary care and social centers offering to individuals a “virtual healthcare center” with a single point of entry.
HOW THE U.S. HEALTH CARE DOLLAR IS SPENT

Hospital care and physician / clinical services combined account for 51 percent of the nation’s health expenditures.

National Health Expenditures, 2012

Total = $2.3 Trillion


WASTED DOLLARS

Today’s spending issues are large and far-reaching. According to Pricewaterhouse Coopers’ Health Research Institute, $1.2 trillion of the $2.3 trillion that the U.S. spends on healthcare is wasted. Additional problems stem from inadequate or inefficient data sharing, lack of patient-focused care or not putting the right healthcare incentive packages in place.

Only about 11 percent of payments to hospitals and doctors are tied to quality and efficiency of care, according to the National Scorecard on Payment Reform, released by the Catalyst for Payment Reform. The rest of consumers’ healthcare dollars go to traditional fee-for-service or bundled payments, according to the group.

Within the 11 percent of value-oriented payments, 43 percent provide financial incentives such as a bonus or higher payment to support better quality care, the scorecard notes. The rest put providers at financial risk if they fail to meet select quality and cost goals.

The group calls for 20 percent of healthcare payments being value-oriented by 2020.
The National Commission on Physician Payment Reform issued a report earlier this month calling for phasing out stand-alone fee-for-service payment models by 2020. Fee-for-service drives up costs to approximately $8,000 per person and contributes to uneven quality of healthcare, the commission said in its report.

Volume is the key to driving operating profit in the low-margin healthcare delivery game. Payers will give you $100 for seeing 100 patients and only $10 for seeing 10 patients. There are even more incentives to refer the 100 patients to other specialist care providers, run multiple lab tests, and prescribe medication in volume. Rather than caring for those most in need, high profit imaging and surgical procedures become the objective.

THE DRIVERS OF HEALTH CARE SPENDING

While there is broad agreement that the rise in costs must be controlled, there is disagreement over the driving factors. Major factors discussed in cost growth include:

› TECHNOLOGY AND PRESCRIPTION DRUGS
  New medical technologies and prescription drugs have been cited as primary contributors to the increase in overall health spending. Some analysts state that the availability of more expensive, state-of-the-art medical technologies and drugs fuel health care spending for development costs.

› RISE IN CHRONIC DISEASES
  Longer life spans and greater prevalence of chronic illnesses has placed tremendous demands on the health care system. It is estimated that health care costs for chronic disease treatment account for more than 75 percent of national health expenditures.

› ADMINISTRATIVE COSTS
  At least seven percent of health care expenditures are estimated to go toward the administrative costs of government healthcare programs and the net cost of private insurance (e.g. administrative costs, reserves, taxes, profits / losses).

“The scorecard reveals that we make the vast majority of payments for health care on a fee-for-service basis without any rewards for quality and efficiency. “We know traditional fee-for-service payment creates incentives for waste and inappropriate care.”

- Suzanne Delbanco,
  Executive Director of the Catalyst for Payment Reform.
A Patient Focused Approach

ACCOUNTABLE CARE CHALLENGE

Combining patient engagement with other proven approaches can further improve health outcomes. When doctors and other healthcare providers work together to coordinate patient care, patients will receive higher quality care and everyone will see lower costs. As a result of the Affordable Care Act, healthcare providers have several options for support by partnering with the Centers for Medicare & Medicaid Services (CMS).

Accountable Care Organizations (ACO)

By linking payment rewards to patient outcomes, federal officials project that ACOs will help Medicare save up to $960 million over three years.

Healthcare Provider Support:

› PARTNERSHIP FOR PATIENTS
CMS has dedicated up to $1 billion over three years to test care models to reduce hospital-acquired conditions and improve transitions in care. This public/private partnership supports the efforts of physicians, nurses and other clinicians to make care safer and better coordinate patients’ transitions from hospitals to other settings.

› MEDICARE SHARED SAVINGS PROGRAM FOR ACCOUNTABLE CARE ORGANIZATIONS (ACOS)
Allow providers who voluntarily agree to work together to coordinate care for patients and who meet certain quality standards to share in any savings they achieve for the Medicare program. ACOs that elect to become accountable for shared losses have the opportunity to share in greater savings.

› ADVANCE PAYMENT ACCOUNTABLE CARE ORGANIZATION MODEL
Provide additional support to physician-owned and rural providers participating in the Medicare Shared Savings Program who also would benefit from additional start-up resources to build the necessary infrastructure, such as new staff or information technology systems.

› PIONEER ACCOUNTABLE CARE ORGANIZATION MODEL
An initiative complementary to the Medicare Shared Savings Program designed for organizations with experience providing integrated care across settings. The Pioneer Model tests a rapid transition to a population-based model of care, and engages other payers in moving toward outcomes-based contracts.
THE ROLE OF AUTOMATION

Data automation through Electronic Medical Records (EMR), physician referrals and other sources is making its way into the healthcare sector and is opening the door for targeted marketing, similar to techniques used by websites such as Amazon.com. In other words, based on your recent purchase of Product A (a car, a telephone, a widget), you may be interested in Product B (tires, an extension cord, a widget adapter); likewise, based on your recent hospital visit for heart disease or a broken leg, you may be interested in a new heart-assessment test or a walking boot.

Customer Relationship Management (CRM) software brings the concept to life, reports American Medical News. Until now, most healthcare CRMs have been geared toward physicians and other healthcare professionals. But with the growing number of organizations employing EMRs, patient data is becoming easier than ever to access and mine.

* HIPAA does allow patient-specific data to be used for marketing purposes in limited instances

Hospital payment structures have also had an impact on the slow adoption of CRM, but as healthcare reform gains steam, and transparency becomes more pervasive, that may change. To be effective in the hospital setting, CRM should be viewed as helping patients make better choices, for example, in things like health maintenance.

ACO & MICROSOFT DYNAMICS CRM

To assist Virtua, the largest healthcare provider in southern New Jersey, with administrative functions of its care coordination program, including its Accountable Care Organization (ACO), a business solution was built on the Microsoft Dynamics CRM platform. It delivers enrollment, patient consent management, secure messaging and other administrative functions. It also provides a platform for clinical information from other technology systems to be available to Virtua’s care coordinators in a unified environment. “Our ACO initiative is enabled by several technologies working together in new ways,” said Al Campanella, executive vice president of strategic business growth and analytics at Virtua.

“Just as corporations became more customer-centric in the last two decades, healthcare providers need to become a lot more patient-centric,” said Damon Auer, vice president of the healthcare practice at Tribridge. “It is no longer acceptable to operate in a provider-focused, fee-for-volume healthcare model. The Accountable Care challenge for providers to engage patients, personalize and manage individual care plans, and effectively coordinate care outside of their physical facilities requires a change in mindset and organizational structure that enables systems for quality care.”
CREATING LOYALTY WITH HEALTHCARE CRM

CRM provides a healthcare organization with a one-to-one communication solution that improves care delivery, lowers costs, and increases loyalty among the key stakeholders critical to organizational success.

The key? Delivering the right message to the right person at the right time…with the right communication vehicle.

Patient CRM
Managing patient information effectively provides a healthcare organization with quick, efficient care delivery. This increases patient satisfaction while easing the administrative burden placed on healthcare workers. By using CRM, an organization can streamline information collection and HIPAA authorization requirements within a highly secure environment. This eliminates the need for patients to fill out the same information across departments and notifies these patients of upcoming appointments, education events, and how to care for their chronic illnesses more effectively in order to prevent remissions. In addition to increasing satisfaction among current patients, CRM can further extend a patient roster through automated marketing communications that promote the healthcare organization’s services across the community.

Health Plan CRM
Health Plans can reduce costs through a more targeted member outreach plan. Healthcare organizations need to communicate with members to increase preventative care, encourage healthy lifestyles, and decrease the use of out-of-network providers. By delivering one-to-one customized communications that cater to a member’s unique healthcare needs the organization will increase member loyalty.

Physician CRM
CRM solutions can help healthcare organizations recruit and retain the best physicians while also managing referrals received from affiliated physicians. Since patient satisfaction is most closely related to the affiliated physician population within a healthcare organization, healthcare providers need smart solutions to increase physician loyalty. Healthcare organizations also need to maintain strong communications to support referrals and ensure that patients receive uninterrupted care when they are transferred among facilities. CRM solutions allow business users to manage ongoing, mutually beneficial relationships that increase loyalty in the long-term.
IMPROVING THE PATIENT EXPERIENCE

Effectively managing the relationship between the healthcare provider and its patient is critical to a successful outcome for both. A good relationship not only improves patient satisfaction, but also fosters effective communications, which may help to improve the patient’s health and health-related quality of life. On the other hand, failure to manage the patient relationship may lead to distrust toward the system.

Consider this scenario; while we go to a physician for a diagnosis, sometimes there is tradeoff between time allocated to each patient and the comprehensiveness of the diagnosing process. If a patient and healthcare provider share information before diagnosis, the physician is able to conduct diagnosis more efficiently and effectively. If a patient participates in detailing his medical records data through the CRM system, the patient benefits from quality of diagnoses’ time because his medical records have been reviewed before even walking into the doctor’s office.

The physician is expected to have a comprehensive view of the patient’s history before diagnosing or analyzing consulted symptoms. This can be achieved because the physician will be able to observe the report of the patient’s medical history such as last medicine consumption, previous diagnoses, lab results, activities suggested by health educator etc. In addition, by empowering patients with medical data and personalized e-health, the diagnosis is likely to be more complete and accurate, without costly, extraneous tests and referrals.

Placing an emphasis on continuity of care and collaboration among healthcare providers will enable a shift from healthcare-institution centered care to patient-centered care. Linking hospitals, laboratories, pharmacies, primary care and social centers to a “virtual healthcare center” with a single point of entry is the key driver to make this shift possible.

CRM in healthcare provides value-added services to patients such as improving patient loyalty, creating better healthcare-patient communication, improving brand image and recognition and self-managed data which will improve health literacy, and reduce the economic burden for society as a whole.
TRIBRIDGE CARE COORDINATION

Hospitals and physicians have very different perspectives regarding care coordination. Many hospitals believe they are in charge and physicians need to follow their direction regarding patient care while also being sensitive to the hospital’s economic interests. For example, hospitals do not normally view the reduction of bed days associated with superior coordination of care as being in their economic interest. On the other hand, most physicians view themselves as the initiators of virtually all patient care. And yet, many physicians fail to see their patients immediately after being discharged from the hospital. Physicians and hospitals are each concerned about their respective piece of the healthcare pie, often, at the expense of the other party.

Hospitals and physicians need to agree on a number of pivotal issues:

› Determine how to coordinate patient care
› Establish the most appropriate and cost-effective care settings
› Develop guidelines for determining care that is in a patient’s best interest
› Share in the patient care risk/reward dynamic

Supporting the need for better communication and improved patient care, Tribridge provides a solution that leverages Microsoft Dynamics CRM and compatible applications to bring hospitals and physicians together to create a more collaborative environment.

Designed to complement existing healthcare technologies like hospital and clinical information systems, Tribridge Care Coordination enables proactive patient engagement and care coordination outside of the physical care facility. This personalized care program leads to fewer acute care visits, better overall health and ultimately, lower health care costs.

Utilizing Tribridge Care Coordination, health care providers including population managers, care coordinators and physicians can easily manage patient relationships and improve care coordination outside health system facilities. Data from hospital and clinical systems is collected to identify Care Program candidates and Tribridge Care Coordination is then used to develop individual care plans for the prevention and management of a variety of chronic disease conditions.

Tribridge Care Coordination can effectively arm healthcare providers with a powerful, intuitive platform for developing and managing personalized care programs.
Conclusion

As the healthcare industry continues its shift to value-based payment and accountable care, healthcare delivery organizations of all sizes have a renewed focus on the challenge of coordinating care outside of their physical facilities. They have a greater responsibility not only in reforming the system, but also in creating cost and quality accountability. A provider-focused, fee-for-volume healthcare model no longer works. Healthcare providers need to become more patient-centric.

Personalized patient healthcare is not just about genetically-informed customization of medication and treatment. Personalized care needs to be proactive and targeted at patients who stand to benefit the most, but tailored to each individual patient’s circumstances and environment. By combining business logic and processes with the right technology, healthcare providers can build a complete solution that manages all of the relationships critical to business success. Utilizing the right tools will enable healthcare providers to offer proactive, specialized care and establish ongoing relationships with patients and physicians.

Enterprise-scale CRM system is the platform to power the shift to accountable personalized care.
FOR MORE INFORMATION

www.kaiseredu.org/Issue-Modules/Health-Information-Technology/Background-Brief.aspx


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