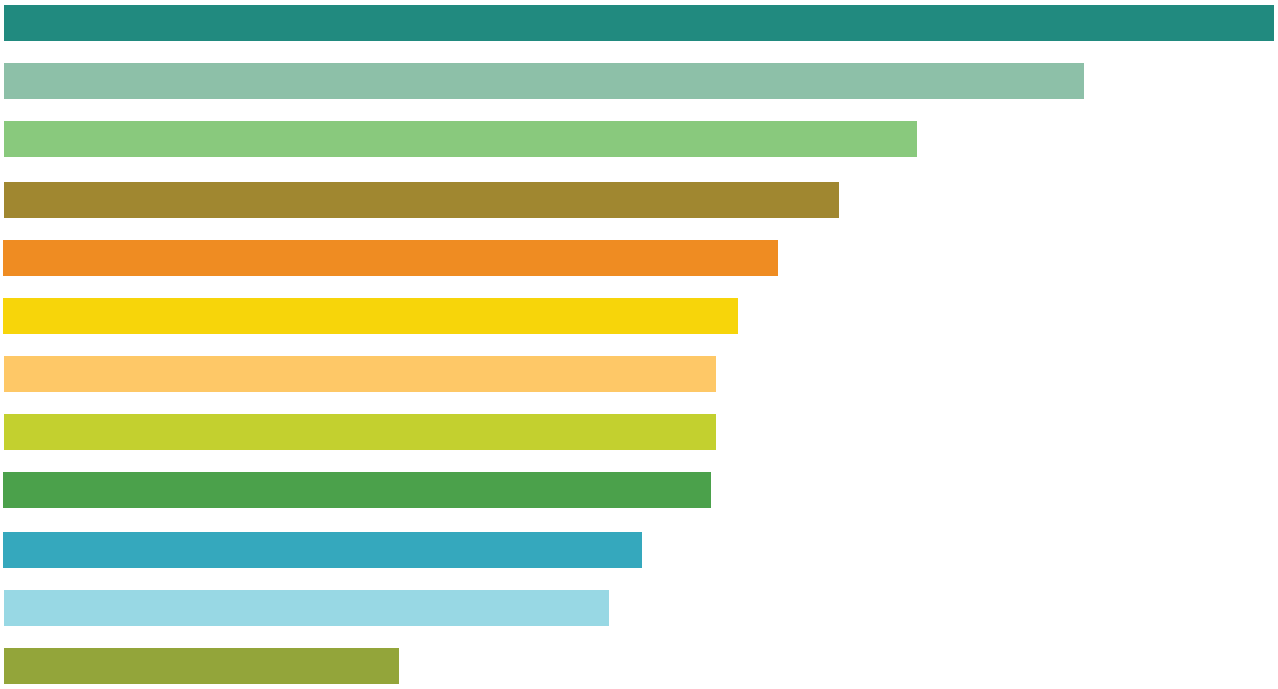


How to Improve Healthcare Payer Operations with Data

Andy Dé, Senior Industry Director for Healthcare and Life Sciences

The Root Cause for Better Care

More than ever, the healthcare industry is challenged with corralling and understanding massive amounts of data to drive operational efficiencies and improve patient outcomes.

As healthcare payers adopt new practices to align with the value-based care paradigm, they are critically challenged with identifying root causes to solve issues in order to improve and sustain performance.

Many healthcare payer organizations are transitioning from old business models to a new risk-based approach, and will need operational frameworks that enable monitoring, measuring, and continuous process improvement to help drive new revenue opportunities, lower costs, and better enable efficiencies. Along the way, organizations are discovering operational excellence simply isn't possible without meaningful data insights.

Here are four ways leading healthcare payers are using data to modernize operations:

1. Enabling Wellness and Disease Management with Self-Service Analytics

Self-service analytics allow healthcare payers to access and find insights from public health data sources like Medicare and Medicaid. These insights are used by healthcare payers to segment, target, and improve population health to drive wellness and disease management initiatives for their customers—who are patients.

By enabling anyone with the ability to explore public health data, any nurse case manager, analyst, business leader, or even a patient can see and understand the current state and risks associated with a portfolio of diseases.

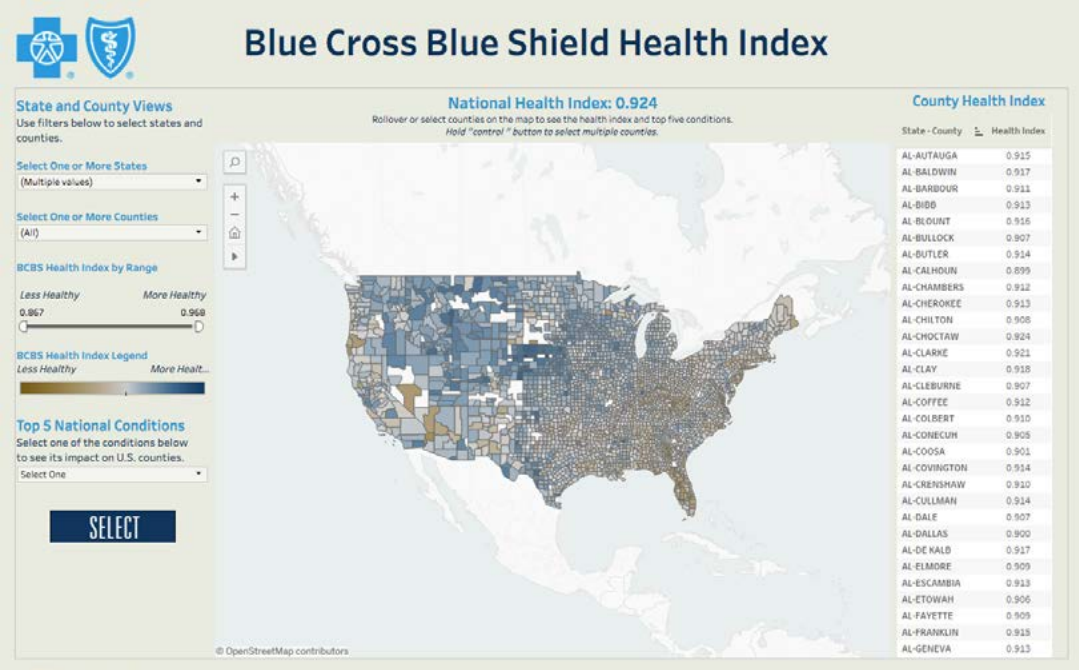
If an everyday citizen can access and review a self-service dashboard with health and disease information about their specific issue, demographic or zip code, they are more empowered to proactively take the next best steps to seek treatment or implement preventative measures.

The federal and state governments can also use self-service to monitor, measure, analyze and improve impact for their health programs.

The Blue Cross Blue Shield Association (BCBSA), a national group of 36 independent and community-based companies, used self-service analytics to deliver a new population health index in November of 2016. The Blue Cross Blue Shield Health Index℠ is a unique metric illustrating the state of America's health. The health index is powered by claims data from more than 40 million BCBS members, and it measures the impact of more than 200 common diseases.

Blue Cross and Blue Shield companies are committed to transforming our healthcare system and the health of our nation through actionable data. This Health Index uses the breadth and depth of BCBS data to bring critical health insights to policymakers, community leaders, business leaders and healthcare professionals, helping them further focus efforts to improve their communities' health.

— SCOTT SEROTA, PRESIDENT AND CEO, BLUE CROSS BLUE SHIELD ASSOCIATION (BCBSA)



This self-service dashboard shows that depression, anxiety, hypertension, diabetes, high cholesterol, and substance use disorders are the top five conditions nationally, causing approximately 30% of insured Americans' overall reduction in health.

The BCBS Health Index is an excellent tool for improving healthcare payers operations because it offers population health segmentation down to a zip code level, and can proactively identify the counties with the highest risks for chronic diseases like hypertension and diabetes. This analysis can then help shape the programs for addressing these chronic diseases at a national, state, and county level.

Additionally, the self-service index brings critical health insights to policymakers, community leaders, business leaders and healthcare professionals, helping them further focus efforts to improve their communities' health.

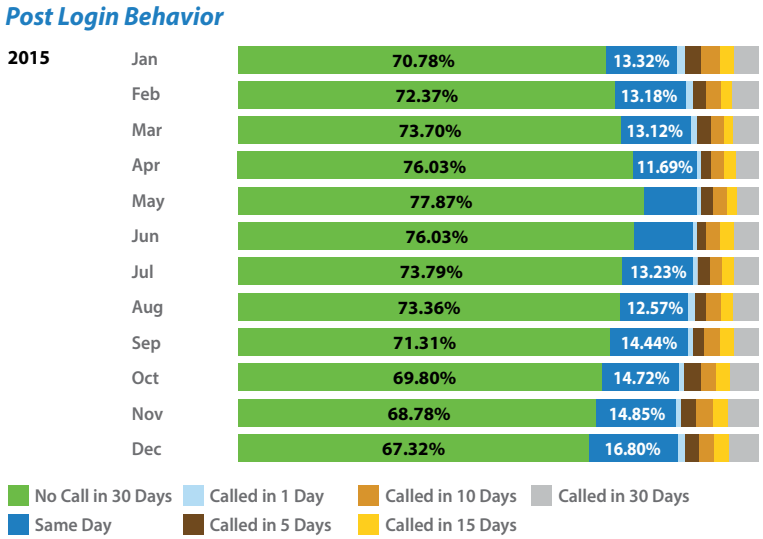
2. Increasing Customer Service Efficiencies with Real-Time Analytics

Most healthcare payers offer web and mobile portals, as well as call centers, for customer service. However, most customers do not take the time to acquaint themselves with the capabilities of a self-service customer portal and choose to call a customer service representative instead. This common behavior generates higher demands on call centers for even trivial questions— which significantly increases the cost of operating the call centers, all the while the web and mobile portals remain underutilized.

Blue Shield of California, a nonprofit healthcare payer serving more than 3.5 million members, needed to make improvements with their customer service inefficiency. By monitoring and accessing real-time customer behavior data, they were able to compare their customer web and mobile portal metrics to their call center metrics.

Utilizing visualizations with real-time data, they found that only 12% of members access the self-service portal and these same members also drive more than 40% of the call volume. Sub-optimal usage of the portals increases the load on the call centers and dramatically drives up the cost of customer service.

By using real-time data, Blue Shield of California identified $57 MM in potential in cost-savings. BSC then took action and created campaigns specifically to educate their customers on the capabilities and functionality offered by their self-service portals. Real-time data helped BSC–improve delivery of customer service and lower the cost of the operation.



This dashboard, crafted by Blue Shield of California, monitors, measures, and analyzes the behaviors of customers who access call centers in real-time. It is used for identifying efficiencies and cost savings.

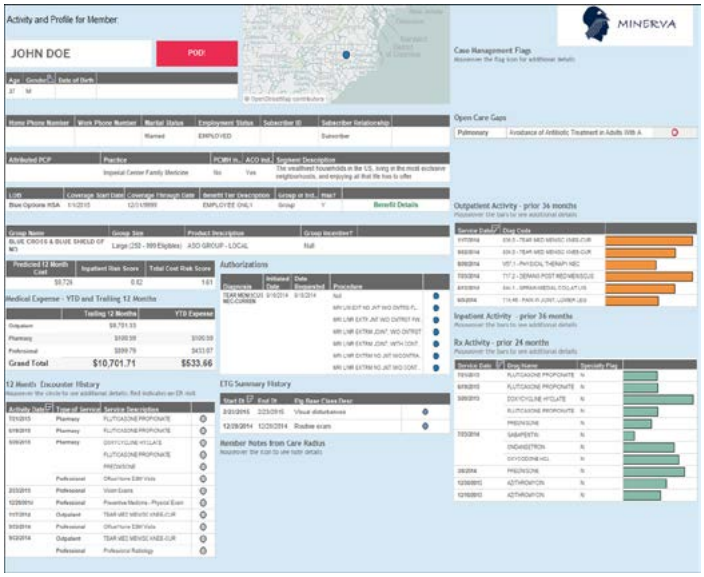
3. Improving healthcare worker productivity with data blending

Healthcare payer organizations accumulate massive amounts of customer data that's stored in silos across the entire enterprise. Connecting these islands of information is key to understanding a 360-degree view of each patient and their access to care. So the ability to aggregate and blend data across completely disparate data sources is key.

Empowering healthcare workers, like nurse case managers, with a single source of truth for each patient will offer more insights needed to improve productivity. Insights found with blended data can help nurse case managers better point patients to services or treatments, and reduce costs along the way.

For example, if a patient needs an additional service or test, a nurse case manager can pull up a dashboard with blended data to quickly discern what treatments the patient can have access too, and whether payers will cover it or not.

Blue Cross Blue Shield of North Carolina (BCBS NC) blends data across 13 different data sources, and delivers a holistic view of each patient to their case managers. This solution, named 'Minerva', was built from prototype to productized solution in just 90 days.



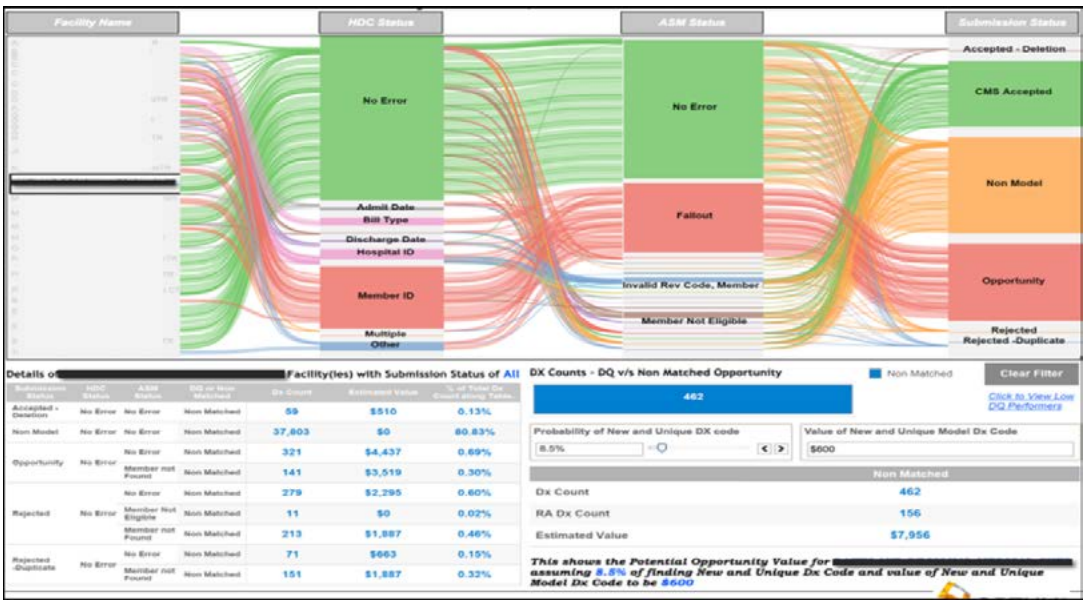
The dashboard aggregates and blends patient data from thirteen disparate data sources—like demographics, group coverage, benefits, risk information, claims history, program enrollments, care gaps, and group incentives.

This single unified dashboard allows nurse case managers to quickly access patient insights in seconds, not hours. Not only does higher employee productivity ensure a better customer experience, it also improves costs savings.

4. Powering ad-hoc analytics for claims management

Healthcare payers have to process millions of claims each year, and also screen these for fraud, waste, and abuse, which is often manual, tedious, time consuming, and fraught with human errors.

This involves capturing data from multiple, disconnected systems, cleansing and normalizing the data, and then analyzing the data to segment the covered patient population based on risk. Ad-hoc analytics helps claims managers answer their specific questions on a case-by-case basis more efficiently.



Optum, a subsidiary of United Health Care, is the largest healthcare payer in the U.S. Optum aggregates their claims data from its disparate IT systems, and uses ad-hoc analytics to deliver actionable insights on a daily basis to its C-suite, business leaders, and analysts.

With ad-hoc analysis and automation, claims monitoring now takes four hours instead of four weeks. With early warning indicators that are color coded for analysts to expedite resolutions, a Sankey diagram provides traceability of each claim by each facility/health plan between multiple Optum operational teams.

Optum's Command Center dashboard has visible key performance indicators (KPIs) for real-time assessment of key metrics. Users can focus on rapid prioritization of contracts based on risk and proactively identify members who need escalated intervention and engagement.

Reports pertaining to health management, claims management, utilization management, provider relations are also shared with external healthcare provider clientele.

Conclusion

Monitoring, measuring, and analyzing healthcare payer data will improve operations by increasing employee productivity, lower costs, and enable a risk-based approach to wellness and disease management. It will also secure new customers and improve patient outcomes. Finding efficiencies in claims management, patient safety, and compliance with data is easier than you think—and integrating self-service data visualizations into your healthcare operations and processes is even easier.

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About the Author

Andy Dé, Senior Industry Director for Healthcare and Life Sciences, Tableau Software.

Andy Dé is the industry strategist and solutions leader for healthcare and life sciences at Tableau. He has more than 20 years of enterprise software innovation strategy, portfolio management and go-to-market strategy, planning and execution experience at GE Healthcare, SAP, Health-Sciences and i2.