



NAACOS Partner Sponsored Webinar



**DATABRIDGE**

*“Navigating the Data Deluge:  
Transforming Chaos into Order for ACOs”*

# NAACOS HOUSEKEEPING

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- Speakers will present for approximately 45 minutes
- Q&A will take the remainder of time
- Webinar is being recorded
- Slides and recording will be available on the NAACOS website within 24 hours.



# Featured Speakers

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Dave Magnan  
Founder & CEO



**DATABRIDGE**



Chris Valerian  
Chief Executive Officer



Gregg Spiro  
Former Chief Operating Officer



**DATABRIDGE**

# Today we are going to talk about...

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- The ACO Data Landscape
- ACO Challenges & Pain Points
- Best Practices for Turning Data Chaos into Order
- Real-World Applications of Best Practices:
  - *Case Example: Databridge*
  - *Case Example: UpriseHealth (formerly HMC HealthWorks)*
  - *Case Example: Integrity Health*
- Questions



The background features a network diagram with light blue circular nodes connected by thin lines. Each node contains a white icon related to healthcare or technology, such as a stethoscope, a smartphone with a heart rate monitor, a pill, a clipboard, a handshake, a laptop with a cross, a van with a cross, a brain with a cross, a shield with a cross, and a smartphone with a cross and signal waves. The overall theme is digital healthcare and data management.

In today's healthcare landscape, ACOs face the formidable challenge of managing and leveraging an ever-increasing volume of data....

***On one side you have...***

- *Multiple Providers*
- *100's of data formats*
- *100's of data files*
- *All being sent monthly*

***On the other side you have...***

- *No data standardization*
- *Varying data infrastructures*
- *Data lags & inconsistencies*

# Biggest Data Issues

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1. Unstructured data intake and integration
2. Inability to create a repeatable and scalable data intake process
3. Time and repeatability of normalizing & integrating of data from an EHR
4. Aligning historical data to current changes and rules
5. Fixing data integrity issues before they get loaded in and then standardize that fix
6. Determining eligibility validation
7. Establishing a rules engine to translate contracts into billing



# Let's look at this a different way...

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## Current ACO Data Landscape

1 to N # of Practice Primary Care & Specialties & Diagnostic Services

Challenge = Provide Quality Service & Grow Revenue & Manage Risk

Demand = FFS/ P4P/ VBC Risk / 100% Risk

VBC Compliance

Cost

Cost Improvements

Capacity = Breath of Services & Utilization

EBM = HEDIS / HOS / CAHPS /  
Gap In Care Management

Outcomes

Outcome Improvements

ACO  
Risk



# ACO Risk & Management Conundrum

1 to N # of Practice Primary Care & Specialties & Diagnostic Services

Challenge = Provide Quality Service & Grow Revenue & Manage Risk

Demand = FFS/ P4P/ VBC Risk / 100% Risk

VBC Compliance

Cost

Cost Improvements

## VBC Risk Corporate Responsibility

### Revenue & Risk Assessment:

1. Identify VBC Actionable T&Cs (Terms and Conditions)
2. Scope Risk of population
3. Establish Revenue / Profit goals GO / NO GO
4. Initiate contract
5. Create Engagement escalation to close compliance Gaps
6. Prepare AR activity reconciliation Report
7. Insure 100% revenue collection per T&Cs in each contract

ACO  
Risk



Capacity = Breath of Services & Utilization

EBM = HEDIS / HOS / CAHPS /  
Gap In Care Management

Outcomes

Outcome Improvements

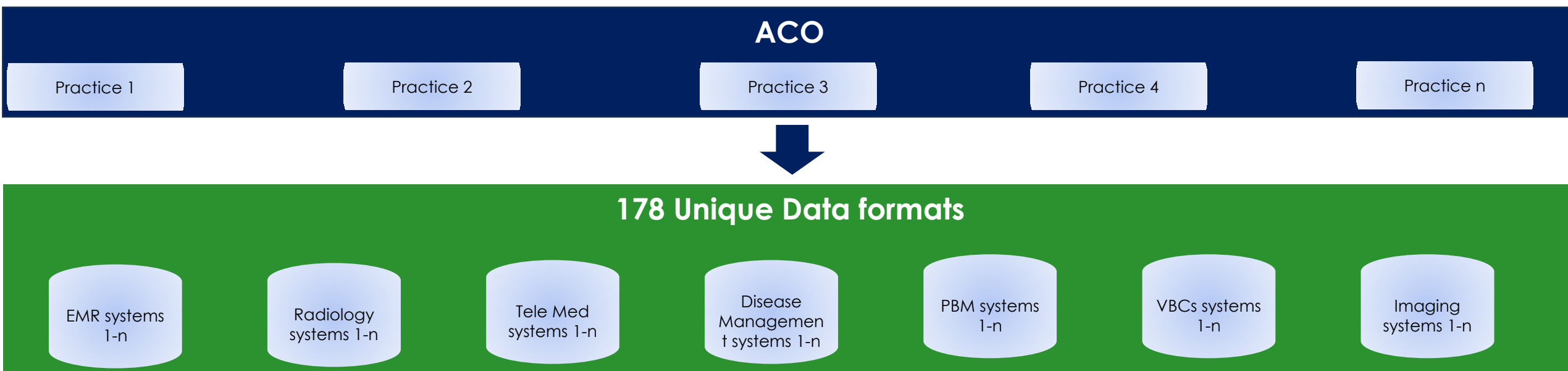
## VBC Compliance Practice Responsibility

### Operations compliance with VBC T&Cs

1. High Risk Population Management
  - Use Population Health stratified population risk
  - EBM Measures Performance Gap Report
2. Manage Compliance Gaps
  - Patient engagement
  - Physician performance
  - Financial Performance



# Data Challenge Example



## How many disparate Point solutions exist across the practices in an ACO ?

### Point Solutions

Same solution different vendors

- Don't have same data
- Create homonyms and synonyms
- Have incompatibly interoperability standards
- No vendor will make it easy to get your data out of the system

### Patients' longitudinal health historical Health Record is Fragmented

- Not all patient health data is in an ACO's systems set
- Payer data is easiest source of all health activity inside and outside of an ACO



# So where is the starting point to Data Order

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## ACO Data Best Practices

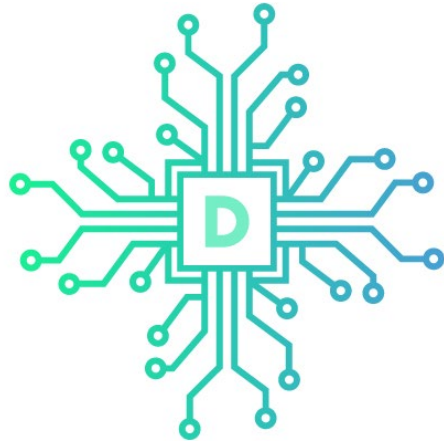
1. Create an Interoperable Data Ecosystem
2. Share More Complete, Comprehensive Data
3. Improve Data Collection
4. Share Timely, Relevant, and Actionable Data
5. Make Data Methodologies, Calculations, and Context Readily and Easily Available

**Every ACO has the same data challenges and need an affordable, custom solution to fit their point solution profile. Here are some examples of what others have done.**





Here are (3) Case Examples for putting these Best Practices into action...



**DATABRIDGE**

- Databridge is a “Data integration company”
- Founded in 2015 to help a client ‘take data chaos and create order’
- Since then, we have perfected the art of solving complex healthcare data challenges
- A trusted partner to intake, clean, standardize, normalize and distribute data between disparate systems across the healthcare landscape.
- Ability to take in 400 different data formats and counting
- Maintain over 1 million lives

# Databridge Example

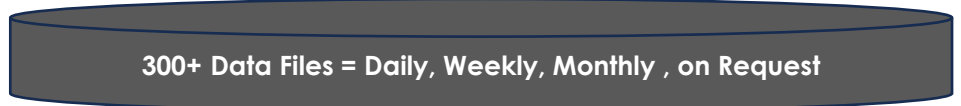
## (75) Organizations

- (42) Contracted Populations
- (9) Clinical Operations
- (2) POP Health Analytics Vendor
- (3) Actuarial Consulting Firm
- (3) EMR Vendors (2) PBM Vendors
- (2) Decease Management Vendors
- (1) Fed Gov Regulator (CMS)
- (13) Payers / TPAs

## (185) Unique Data formats

- 5 Pop Health Analytics Format
- 56 Unique Eligibility Formats
- 4 Unique lab Formats
- 67 Unique I & P Med Claims Formats
- 30 Unique RX Claim Formats
- 21 Unique EMR Data Formats
- 2 Unique PMB Data Formats

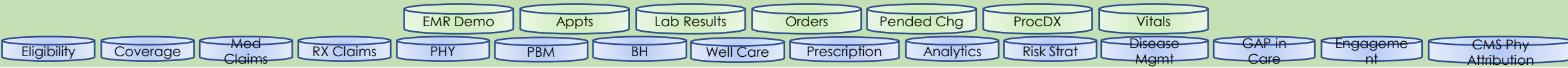
Point Solution Upgrades Impact  
Formats and Data Attributes



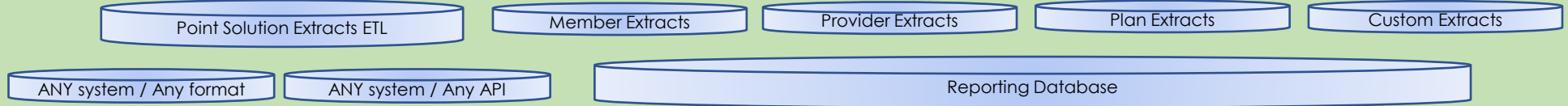
Point Solution swaps  
Require Reimplementation

## Person Longitudinal Health Record

Member 360 DB



## Data Interoperability & Reporting



## Reporting

- Power BI
- DOMO
- NB Opportunity Analysis
- Customer Retention
- Pop Health
- Operations Effectiveness
- Compliance
- Finance
- Custom





- Formerly HMC HealthWorks
- HMC Healthworks was focused on population health management and behavioral health
- 30 clients focused mainly in the Taft-Hartley space
- Monthly data feeds on 200K+ members including eligibility, claims, and Rx
- Uprise Health purchased HMC in December, 2020 in order to add chronic condition management, data analytics, wellness and pharmacy specialty services to its portfolio of behavioral health services
- Uprise Health has the nation's most comprehensive, whole person-focused and digitally sophisticated product and service portfolios on the market

**OBJECTIVE:**

***Strategically want to grow organically (more locations) and grow population health strategy & platform.***

**CHALLENGES:**

- Different file types, different formats all trying to be fed into a third-party solution to run analytics and patient management system
- Migration to a third-party system was already in progress
- Data was not at all accurate to run any analytics with any sort of certainty
- Out-sourced vendor was failing
- Had no internal resources to rely on and no documentation to reference

**SOULTION:**

- Needed a partner that could ramp up quickly and integrate data
- Needed it to be scalable and repeatable
- Needed something that did not rely on many internal resources (set it and forget it)
- Evaluated a few vendors and partnered with Databrigde because of their track record for quick implementation and knowledge of healthcare data

**RESULTS**

- 30 clients, 70+ formats
- Runs 'lights out' - clients send data and data is loaded into 3<sup>rd</sup>-party solution automatically
- Customized, built and managed data in under six months
- Once we went fully live, required <.25 FTE

## **KEY LEARNINGS:**

- Data standards don't really exist and likely never will
  - Same file types (e.g. adjudicated claims) from same vendor had different file formats
  - Databridge tools allows ability to validate file formats
- Rationalizing data into one format is critical
  - Ability to export data into multiple formats is essential so that interoperability of systems is eased
  - When data is centralized and normalized, reporting to clients is streamlined and timely
- Having Longitudinal Health Record was critical for us to manage a patient healthcare journey and be able to report on that journey





- Integrity Health is a health benefits management company that specializes in empowering employers and employees to manage and control healthcare spending without reducing benefits;
- Founded in 2005 with the vision of providing “Lower Costs Through Better Health”
- It is the parent company for Partnership Health Centers, innovative facilities for health excellence providing the most robust primary care in the industry;
- Delivers comprehensive primary care services
- Leverages claims data to create a population strategy around the whole health plan
- We utilize multiple tools to “bend the curve”
- Services rendered at the PHCs are part of the employees' health program and do not require co-pays or out of pocket payments from employees.



## OBJECTIVE:

***Strategically want to grow organically (more locations) and grow population health strategy.***

## CHALLENGES:

- Integrity Health has been around for over a decade but only recently started getting into population health
- Inherited a “mess” from a data perspective
- Lacked in-house expertise to build the right data infrastructure

## SOULTION:

- ‘Table Stakes’
  - Track record & Results
  - Scalability & Reproducibility
  - Good & flexible partner
- Needed a three-part solution:
  1. Usable data at scale
  2. Ability to take that data and make meaningful use of it
  3. External reporting
- Selected Databridge for #1
- Hired in-house team to do #2
- Using Databridge to build reporting templates for #3

## RESULTS

- Time back! .5 of an FTE that was spent creating reports are now done (and accurate) at the push of a button (or automated);
- 3-4 weeks of work to onboard new client (as opposed to 12-15) 300% efficiency gain
- Databridge longitudinal record format now enables executive and clinical reporting that was not possible in the past.
- Time to analyze the data and identify opportunities;
- Technology has replaced a full FTE
- Fix data integrity issues before they get loaded in and then standardize that fix so it isn’t repeated.

## KEY LEARNINGS:

1. Data is never as clean as you think it is!
  - Thought we had better data than they did
  - Spent 3-4 months of just clean-up and identifying what we actually had
  - Identified a barrier - one of the vendors that had to take data didn't have the ability
  
2. Having a good partner is essential.
  - Other vendors would have upcharged for the unforeseen data clean-up;
  - Don't want to just outsource things and let it run.
  - Relationship needs to be a partnership where they want to actually teach the internal team in case things change.
  - Co-development
  - Integrate vendor into workflow
  - Flexibility is key - a lot of these companies are canned and rigid in their processes
  
3. Being able to utilize the data for interventions is key
  - Train the clinical team on how to utilize the data
  - Use the data for consistent internal and external reporting
  - Make sure you have what you need for clinical, operational and financial reporting



## Summary:

**Clean normalized data** is the first step to creating 'order' from data chaos.

The ability to take-in multiple file types, formats, feeds and get to a clean, **normalized dataset in a timely matter is foundational** to all ACO downstream processes and reporting.

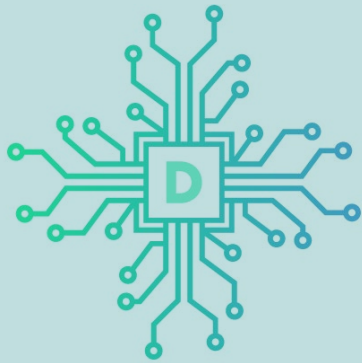
How do you get to the starting point? With these **Best Practices:**

1. Create an Interoperable Data Ecosystem
2. Share More Complete, Comprehensive Data
3. Improve Data Collection and Use to Advance Health Equity
4. Share Timely, Relevant, and Actionable Data
5. Make Data Methodologies, Calculations, and Context Readily and Easily Available

If you can do this right and do this well, the **result is what every ACO is looking for:**

- Better patient care
- Reduced costs
- Regulatory compliance
- Data-driven decision-making

**And, ultimately, improved health outcomes for the population served.**

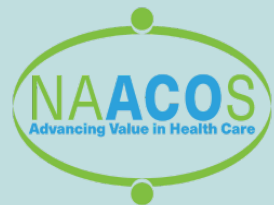


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# Q&A

For additional information or to schedule time to tell us about your data challenges, please reach out to:

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