

Samples of Success – Health Plans

Data & Analytics Strategy Supporting Operations and Population Health Management

Developed a strategy, implementation plan, and investment roadmap for the HIT, analytics, medical, and business teams of a regional Blues Plan to improve data management, analytics, and data-driven business processes. This plan supported provider and employer population health management, care delivery, and the transition to value-based reimbursement. The design and roadmap included a unified data warehouse having a business-ready data layer for operational, financial, and population health analytics, as well as a data lake for rapid exploration and discovery. It also addressed the consolidation of data and analytic tools and the standardization of analytic processes to reduce the complexity and variability of using multiple data sources and the redundancy of analytics solutions from multiple vendors.

Provider Collaboration Supporting Performance Improvement and Value-Based Contracting

Aligned strategies and developed a multi-faceted implementation plan and investment roadmap across five business units of an independent health plan seeking to collaborate with its medical practices, provider networks, health systems, academic medical centers, and ACOs. The plan involved consolidated data, advanced analytics, streamlined administrative tools, and efficient insight deployment to reduce episodic and total cost of care and to improve clinical outcomes and member/provider experience. Provided approaches and delivered solutions to engage providers and leverage consolidated analytics – *about* providers and *for* providers – to improve transparency and trusting relationships with provider networks and health plan members and to support various value-based care products and contracts.

Revitalizing and Expanding a Value-Based Care and Reimbursement Program

Evaluated and updated the value-based care/payment models and contracting strategy for the IT/analytics, business, and medical teams of a Statewide Blues Plan. Deliverables included a competitive market analysis across all care/payment settings and direct engagement with the health plan's medical practices, health systems and provider networks, current ACOs, independent practices, members/consumers, employers, and brokers. We provided a prioritized implementation plan and investment roadmap to support a new value-oriented strategic vision. The roadmap supported critical success factors for structure and operational processes, informatics/analytics, care coordination, population health management, member/consumer outreach, provider engagement, risk and payment strategies, and marketing & communications.

Population Health Management and Cost-of-Care Reduction Program Enhancement

Led the evaluation, strategy development, and enhancement of the population health, care management, and cost-of-care reduction programs for a managed Medicaid health plan. Leveraged advanced risk assessment/adjustment, member impactability profiling, case management & care resource analysis, utilization and episodic/total cost-of-care analysis, and provider network optimization to drive improvements in quality, care delivery, member engagement, pharmacy & utilization management, net cost of care, and MLR. Engaged high-risk, rising-risk, and high-cost beneficiaries having high utilization, complex comorbidities, and substance abuse, behavioral health, and socioeconomic issues.

Clinical Data Exchange and Integration Supporting Value-Based Contracting and HEDIS/STAR Reporting

Led the business, medical, IT, data science, and analytics teams of a state-wide Blues Plan in a needs & capability assessment and strategic roadmap for exchange/integration of EHR and population health data from its collaborating provider networks and health systems participating in risk-bearing value-based contracts. Assessed the national and regional payer/provider collaboration marketplace, including best practices for clinical data exchange and data & analytics support, including risk adjustment, HEDIS reporting, and STAR ratings improvement. Established a vendor evaluation framework and provided vendor candidate assessment, profiling, and selection recommendations.

Harmonizing Quality, Utilization, and Experience Metrics Across Multiple Health Plans and Provider Practices

Collaborated with United Healthcare, BCBS RI, the Rhode Island Quality Institute (RIQI), and the RI Chapter of the Construction Specifications Institute (CSI) to harmonize measures and metric specifications for quality, utilization, and experience reporting. These metrics were used to evaluate practice-level and physician-level performance in the state-wide pay-for-performance program, as well as to drive insight-driven practice transformation and population health improvement. Standard operating procedures for analytics, reporting, and evaluation were developed to support continued growth and value of the program and its participants.

Operational Support and Provider Collaborations to Improve Care Processes, Outcomes, and Cost

Engaged 6 different commercial health plans – along with a total of 31 medical practices, hospitals, health systems, academic medical centers, CINs, FQHCs and ACOs – in various collaborative projects involving: clinical/claims data exchange; risk and performance analytics; insight development/deployment; accessibility; population health management; service line expansion; physician/patient engagement; process optimization; digital health enablement; performance improvement; cost-of-care reduction; value-oriented growth strategy; and value-based contracting.