Points of Light 2023
Case Study 23

Improving Equity in Healthcare Access through Improved Data Exchange

April 2023

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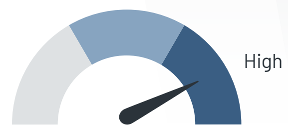
Executive Summary

Poor interoperability between payers and providers negatively impacts many areas, including care quality, administrative workload, and documentation for regulatory requirements. With a shared goal of improving care for all patients, the collaborators in this case study worked together to automate the data exchange process and make it easier for providers to identify and close care gaps. This improved interoperability has increased preventive care, improved quality measure performance, and enabled providers to better address patient needs at the point of care.

Applicable to Other Organizations and Partnerships



The Collaborators

Location: NY
Sizing: 75 physicians

Healthcare Organization 23

Anonymous
Location: NY
Sizing: 150 physicians

healthfirst
Health Insurance for New Yorkers

Location: NY
Sizing: 1.8 million members

Location: NY

Headquarters: MA
Segment: Population health management

Points of Friction—Challenges to Be Solved

- **Poor interoperability between payers and providers and between different provider organizations:** Payer and provider organizations face multiple barriers when it comes to sharing and accessing the patient data needed for managed care efforts. Provider organizations may lack a centralized location from which to retrieve relevant information at the point of care, leaving them to search multiple sources—e.g., the EHR, payer claims data, and spreadsheets from their population health division—for the data needed to help identify and close care gaps. Additionally, providing the documentation needed for quality measures can be labor intensive and time consuming, and provider organizations may lack visibility into care their patients have received at other organizations. Likewise, payers seldom have the full clinical picture of their members. The information they receive from providers may be incomplete or not shared in a timely manner, making it difficult for payers to meet their HEDIS requirements.
- **Difficulty of getting accurate data for HRSA reports:** The two healthcare organizations in this collaboration are Federally Qualified Health Centers (FQHCs), who are required by the Health and Resources Services Administration (HRSA) to report on specific patient measures annually. These reports are critical for enabling HRSA to understand the disease burden of populations, but the above-mentioned interoperability challenges made gathering accurate data for this reporting difficult.

Action Plan—How the Collaborators Worked Together to Reduce Friction

- **Partnered to automate data exchange:** All stakeholders realized that it would take a network of partners aligned on a common value-based care initiative to serve populations at scale, close care gaps, and provide improved care. The partnership includes Healthfirst, two FQHCs, and the state's primary care association, Community Health Care Association of New York State (CHCANYS), who is responsible for managing the training and technical assistance for all community health centers in the state and who offers these organizations Azara Healthcare's Data Reporting and Visualization Systems (DRVS) as a population health management tool. The collaborators worked with Azara Healthcare to give providers access to a combination of EHR and real-time payer data in their clinical workflows, enabling them to identify gaps in care relevant to HEDIS requirements. For example, CHCANYS worked with Azara to build out a data aggregation and population health platform specifically for FQHCs within DRVS and then asked Healthfirst to leverage the platform with them. The platform helps providers comprehensively report their quality measures and also meet HRSA's annual report requirements.

- **Stakeholders collaborated on the technology development of Azara's platform to meet their interoperability needs:** The collaborators met regularly to resolve issues with the implementation, and they met every two months to discuss payer, provider, and patient needs, collaborate on the Azara platform's programming, and co-create dashboards to address stakeholder needs. Regular meetings were held with all stakeholders to discuss and resolve challenges with interoperability and data integrity.
- **Healthfirst and CHCANYS provided funding to purchase and support the Azara technology:** CHCANYS administers the Azara relationship for the individual FQHCs in the state, promotes adoption by providers and staff, and supports Azara's efforts to integrate payer data to enable the FQHCs to conduct value-based care and population health activities. CHCANYS also offers providers and payers training and technical assistance for optimizing the platform.
- **Provided the FQHCs with a 360-degree view of patients' clinical and administrative data through regular reports:** Reports from Healthfirst identify which patients have care gaps and trigger providers to reach out to those patients to come in for needed treatments or testing. The reports group the patients by factors such as age, race, ethnicity, or region to help the healthcare organizations identify care gaps across populations and find ways to strategically address the gaps. In some cases, providers have designed comprehensive programs to improve overall patient care. To allow the healthcare organizations to focus on current patients, Healthfirst has assumed the responsibility for patients who are not currently being served by or seeking care from the FQHCs. Healthfirst reaches out to these non-access patients to determine their current health status, identify any social determinants of health that may be impacting their health or access to care, and ascertain whether any care is needed. While the Azara platform has helped the organizations identify care gaps, the partnership still needs to address time-consuming manual activities, such as providers having to download patient data from the EHR and format it to fit a specific template for the payer.

Points of Light—Outcomes Achieved through Collaboration

Increased equitability in access to care: The stakeholders increased service to patients not currently accessing available care or not taking full advantage of the care available to them. This includes the highest risk patients with chronic conditions like diabetes or hypertension.

Increased peer-to-peer best-practice mentorship: Benchmarking from the Azara platform has encouraged improved care practices.

Both healthcare organizations and Healthfirst have seen improvements in quality measures and have successfully closed more gaps in care: Preventive patient screenings have increased, and Azara's previsit planning report has helped providers ensure gaps are addressed at the point of care. Further, the technology informs the organizations of their quality-measure compliance rates.

Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **Encourage a shared growth mindset and culture of providing quality care to all patients:** The culture of this partnership encouraged honest, transparent relations at all levels, not just among those in management or corporate positions. Users at all levels were educated on the platform, and each stakeholder was willing to try new processes and learn from mistakes.
- **Be agile and adjust workflows based on provider suggestions for improved patient care:** Providers are closest to patient care and know what is needed in terms of automation and system development in order to improve efficiencies. Payers should consider their suggestions on how to improve patient care.
- **Understand how patients access care and be aware of which patients aren't accessing care:** All patients should have equitable access to care. Identify those who aren't accessing needed care to determine whether there are unaddressed barriers. Considering social drivers as well as clinical opportunities with respect to an individual's healthcare journey will help drive improved clinical outcomes.
- **Utilize the expertise of community-based organizations in patient outreach:** Use community-based organizations whose healthcare workers are proficient in identifying and engaging the populations that find it most difficult to participate in managed care.
- **Use benchmarking to encourage improved provider performance:** It is useful for providers to be able to benchmark their performance against other organizations in terms of closing care gaps. Such benchmarking can foster peer-to-peer collaboration across provider sites and help providers understand each other's success.
- **Understand that implementing new technology takes time and requires financial investment and leadership buy-in:** Successful implementations that utilize a platform in the most comprehensive way require cross-departmental collaboration with clinicians, non-clinical staff, and IT personnel.
- **Commit the necessary resources:** All organizations committed to collaboration should understand the ongoing staff requirements necessary to maintain data integrity and data mapping as changes are made in the EHR.

What's Next?—Vision for the Future

- **Co-create a pharmacy dashboard:** The stakeholders are currently working to co-create a pharmacy dashboard with Azara to identify gaps in medication adherence.