The patient is again becoming the focus of the health care ecosystem. That may seem like an odd statement to many, but often the hospital or physician’s office becomes the center of health care. Digitization and sharing of the patient record, along with advances in telecommunications creating the potential for remote monitoring and “virtual house calls,” are changing how physicians interact with patients. In turn, payment paradigms are shifting to allow these types of interactions more frequently.

At the same time, social media, the internet and publicly available quality data are changing how patients interact with their caregivers. Patients are becoming more aware of differences in quality among care providers. With that awareness comes an appetite for information. To serve these individuals, organizations need to develop the capability to collect accurate, reliable and timely data; derive the right insights from the data; and share the data and insights whenever appropriate. Those that share accurate information will gain patient loyalty.

With the imminent advent of health care exchanges and the flood of individual patients brought into the market by those exchanges, “wait and see” is not an option for health care organizations. Those that want to grow in a changing and unforgiving environment must adapt their business models to the new reality. They need to prepare for their role in a collaborative environment where organizations work across boundaries and build bridges to achieve the right outcomes.

The pressure is growing, and organizations need to know where they are in relation to where they should be. They need to collect, organize and analyze data to yield insights that lead to better patient outcomes. To develop and execute a sustainable growth strategy, they need to apply the power of analytics.
What’s the issue?

The business of health care is undergoing dramatic change. More individual consumers than ever are entering the market, thanks in part to the introduction of health care exchanges. These individuals will be more focused on both quality and cost, accelerating the trend toward value-based purchasing of health care, which will be achievable only through analytics.

At the same time, unsustainable growth in health care costs coupled with quality concerns has brought together payers and providers in pursuit of sustainable accountable care frameworks. And an unprecedented amount of health care data — digital clinical information as well as claims data — is available for analysis.

Why now?

The status quo is not a viable option for health care organizations in a rapidly changing landscape. As the focus shifts toward outcomes, organizations that strive to meet individual health care needs through collaboration and partnering will lead the way. Organizations that do not follow suit quickly risk being left behind — perhaps permanently.

Health care organizations seeking to grow in this new environment need to turn this information into insights about individual preferences and behaviors, treatment protocols, risk, quality markers, outcome trends, cost trends and the effectiveness of insurance products. To maximize their growth opportunities — with the right kind of growth — they need to embrace a new, data-driven way of doing business.

As the focus shifts toward outcomes, organizations that strive to meet individual health care needs through collaboration and partnering will lead the way.
How does it affect you?

The seismic shift in the health care landscape affects every stakeholder in the health care ecosystem, from the individual patient to the largest government agency.

The focus on health outcomes will require organizations to acquire, integrate and analyze information in new ways. The appropriate application of analytics will be key. Organizations all along the continuum, from payers to providers to pharmacies, that incorporate analytics into their decision-making processes will be better prepared to make the right choices that lead to the right outcomes.

The focus on health outcomes will require organizations to acquire, integrate and analyze information in new ways.
What’s the fix?

As the business model at leading organizations evolves to accommodate the rapidly changing health care environment, they are standardizing their clinical and financial data and developing platforms to facilitate data sharing and collaboration. For many, partnering will be vital to delivering patient-centered outcomes. Patients, in turn, can be better empowered to manage their care through the delivery of transparent data and useful insights that can influence behavior.

**Health care organizations, especially those that are focused on growth, should:**

Adopt a disciplined approach to information collaboration across all stakeholders in the ecosystem, with appropriate privacy and security safeguards. Organizations should assess business needs for data integration and align the needs across the organization. They should also define information governance, thus enabling the organization to set priorities and create an adaptable policy framework to better align resources and opportunities. The structure should give the organization the capability to model outcomes.

Leverage aggregated data to develop actionable insights for care, performance and risk at the business unit level. Organizations should establish a sustainable approach to information integration and consolidation that can help drive strategic decision making. They should also develop methods and tools to enable the organization to make health care data more readily comprehensible to the user.

Drive quality and cost accountability by sharing data with the right people in the right place at the right time. To do that, organizations should develop a driver-based model, looking at emerging trends such as the individual mandate and discerning which drivers will fuel growth. Driver-based data analytics will enable health care organizations to draw insights from large and varied data assets. The appropriate performance management metrics will help health care professionals align with the organization’s strategy and help it achieve competitive advantage. Resist the urge to define the metrics from the top; instead, let those who must work with the metrics take part in their development.

Build accountability for results. Organizations can effectively promote quality in patient outcomes by utilizing a pay-for-performance framework. As part of this framework, organizations need to build a metrics capability that makes it easier for providers to manage and predict outcomes and, in so doing, maximize payment.
What's the bottom line?

A shift in emphasis to an outcomes-based model means health care organizations must prepare to radically alter the way they do business. Providers have an opportunity to collaborate with payers to manage their populations and increase their revenue through risk-sharing. Payers, in turn, need to focus on collecting and analyzing information about current and future offerings. In the health care ecosystem, payers, providers, pharmaceutical companies, employers and regulators need to work together to drive better quality at lower cost while enhancing the patient experience.
Want to learn more?

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