2017 FORECAST

STEPHANIE P. DENNING, MPA
sdenning@healthmanagement.com
Senior Consultant
Denver

CAPRI DYE
cdye@healthmanagement.com
Senior Consultant
Washington, DC

LEE REPASCH
lrepasch@healthmanagement.com
Senior Consultant
Denver

HEALTH MANAGEMENT ASSOCIATES

The Need for Data

With the inevitable change and resulting uncertainty regarding the new Health and Human Services administration's approach to publically-funded healthcare programs (Medicare, Medicaid, CHIP) and the Congressional intentions to "repeal and replace" the Patient Protection and Affordable Care Act (ACA), access to data and data analytics capabilities will become even more important for everyone in healthcare. Even before the election, the drive toward the "triple aim" in healthcare – better quality, better patient experience, lower costs – had exponentially increased the need for data analytics. This includes:

+ Incorporating more and different kinds of data into analytics activities.

+ Improving the quality of the data that needs to be analyzed.

+ More powerful data analytics tools for modeling, visualization and communication purposes.

It is virtually impossible now for healthcare providers, payers and regulators to achieve healthcare quality and cost goals without more sophisticated data management and analytics infrastructure. To best position themselves for the future, states, health payers and healthcare providers should ensure they have comprehensive data management strategies in place that include the following components:

+ **ACCESS TO HIGH-QUALITY DATA**
  Accurate, timely, and actionable data that can be used to drive decision-making and budgets. This means knowing what data is needed and how to get it most efficiently.

+ **MODELS FOR SHARING DATA**
  New care models and care coordination stipulations now require holistic, person-centered care that connects all the providers serving a patient, which means sharing new information in new ways. Disparate electronic health records, care management systems, health registries, etc., all must be able to interoperate and exchange information.

+ **DATA GOVERNANCE**
  Sharing more data across more entities means working through complex legal, regulatory and ethical challenges. States, payers and providers must have comprehensive data governance protocols to successfully navigate this landscape.

+ **UNDERSTANDING OF NEW PAYMENT MODELS**
  The way healthcare is being paid for is shifting from volume to value and this means a shift in what information is required from consumers, providers, community partners and health and human service agencies to ensure payments support both quality and cost goals.

+ **POPULATION HEALTH**
  Understanding the needs of groups of people at a variety of levels is a critical piece of how payers and providers can improve health outcomes and reduce costs. Consolidating information from multiple disparate sources into standardized data is a must for population health management, especially in new types of integrated delivery systems.