

How Collaboration in a Value-Based World Improves Patient Outcomes (and helps lower costs)

EXECUTIVE SUMMARY

While the practice of healthcare continues to make advances in patient care with new research, procedures, and drug therapies, the business of healthcare and the adoption of healthcare technology tends to lag far behind.

Providers struggle to keep up with overwhelming amounts of clinical information, such as the risks, benefits, and trade-offs of specific treatments, which can compound variability of care and lead to unnecessary healthcare costs. Distinct medical policies across healthcare plans make treatment selection cumbersome. Challenges in complexities around adopting technologies in the past have also caused hesitation among providers. Manual processes and antiquated software infrastructure perpetuate operating inefficiencies, administrative and clinical information silos, and frustration among payers and providers. A tremendous number of administrative transactions still occur manually. Adding to the inefficiencies are the challenges of managing paper intensive requirements and electronic medical record (EMR) developments.

It is estimated that the commercial healthcare industry could save \$25 billion dollars¹ by fully adopting electronic transactions. At the same time, innovative providers and healthcare plans are seizing an opportunity to not just wring out costs and inefficiencies from the system, but to also dramatically increase the quality of patient care and overall patient outcomes.

INTRODUCTION

Increasing the quality of patient care while at the same time controlling costs has traditionally been viewed as a conflicting proposition. Increasing overall healthcare spend doesn't always lead to better patient outcomes. It can often lead to unnecessary, time consuming tests and procedures that actually delay care or prolong treatment.

After analyzing vast amounts of data from healthcare plans and providers, both have figured out that removing administrative inefficiencies can help improve care over the life of patients.

Consider the cost of an average stay² in a hospital in the U.S., which is now over \$10,000. According to another recent report³, there are more than 36 million hospital admissions in the US each year.

In some cases, with regular access to physicians and the regular monitoring of chronic conditions, hospital stays can be avoided. Preventing unnecessary hospital stays is one of the driving forces behind transitioning to a value-based healthcare system.

WHAT IS VALUE-BASED CARE?

Value-based care places the long-term needs of individual patients first. It is based on extensive volumes of historical healthcare data and advanced analytics to help physicians identify trends, deliver better care, eliminate unnecessary procedures and help keep patients healthy. Value-based care transitions the industry from sick care to preventive care. The goal is a healthier society, a more efficient healthcare system, and lower costs over the course of a person's lifetime.



\$25B

Estimated amount the healthcare industry could save adopting additional electronic workflows for emerging needs. This can drive even greater cost savings and impact quality and cost of care.

HOW CAN PROVIDERS SPEED UP THE TRANSITION TO SUPPORT VALUE BASED CARE?

In order to support a value-based care system, healthcare providers must transition their existing technology systems to a more robust solution that supports the transfer of patient data in a secure, timely and comprehensive way. This doesn't mean that it needs to be complex and expensive to implement and difficult to learn. Significant advancements have been made to support these efforts.

Increasingly, providers are turning to solutions that improve the quality of care and reduce administrative costs.

Technology is helping to pave the way to value-based care by significantly speeding up the transfer of data while at the same time providing an easy-to-implement solution to gain these efficiencies.

¹ 2022 CAQH Report

² <https://www.hcup-us.ahrq.gov>

³ <https://www.aha.org/statistics/fast-facts-us-hospitals>

EVERYBODY WINS WITH COLLABORATION

Automating the transfer of health plan and patient clinical data and care information benefits all the stakeholders in the healthcare ecosystem.

For Plans

- Healthcare plans can transform themselves from organizations traditionally viewed as gatekeepers to active participants in improving the quality of care at all stages. In addition to dramatically increasing process efficiencies, by analyzing historical data across specific sets of patient populations, healthcare plans can help increase diagnosis accuracy, and recommend treatments and proactive measures proven to dramatically reduce future hospitalizations.

For Physicians and Caregivers

- Providers have access to all clinical information at their fingertips. With current clinical information, combined with historical clinical data on a specific patient and clinical information from a wide population of similar patients, providers can recommend better treatments for specific ailments. Additionally, they can recommend proactive care measures to increase the quality of care over the course of a specific patient's life. The transfer of clinical and plan information between provider and plan becomes more efficient and less

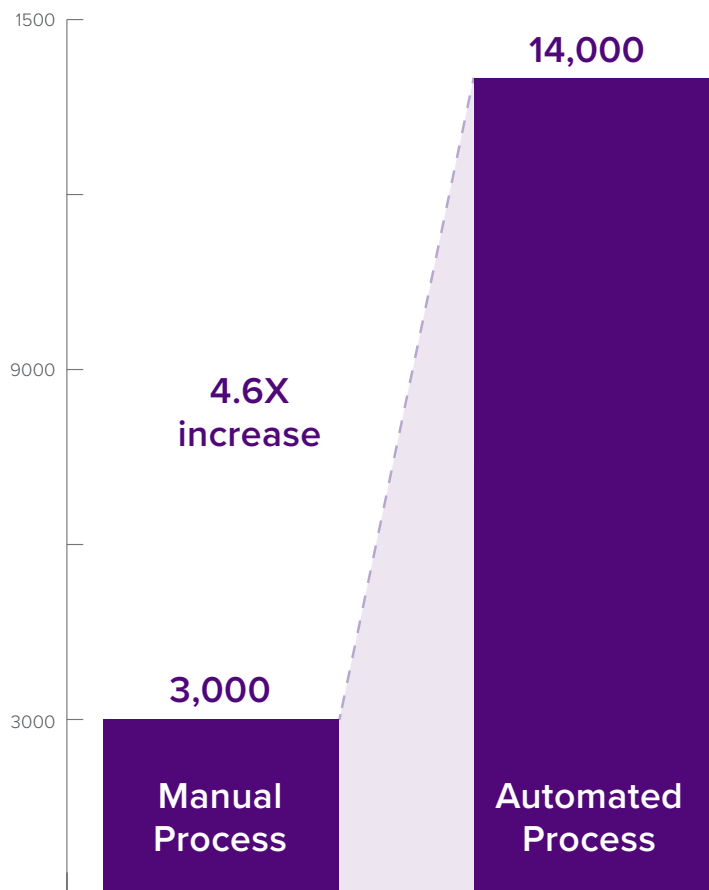
For Hospital and Care Facilities

- When the quality of care increases, hospital admission rates decrease, including repeat hospitalizations for the same ailment. Hospitals and care facilities become less crowded and are better able to address patients that are there. With the automated flow of clinical and plan data between the hospital, provider, and plan, the goal is to reduce the amount of time patients are away from home and on their way to recovery.

For IT Administrators

- Automating the flow of clinical and health plan information provides the foundation for IT administrators to add additional value reducing overall IT costs and increasing efficiency of IT operations. When physical documents that are manually intensive to process are converted into electronic documents, IT administrators can look to further improve operations and business results by integrating systems with other third party APIs.

Document Exchange Exponentially Increases Chart Processing Power⁴



⁴8 months before payer's implementation of Document Exchange compared with 8 months after implementation.

For Patient Care Advocates and Social Workers

- When patients are transferred from one facility to another, patient care advocates and social workers can complete the process knowing they have all required documentation to complete the transfer. Additionally, errors are greatly reduced when there is a need for them to collect additional information.

No matter which role you play within the healthcare ecosystem, the need to have secure, reliable and efficient ways to transfer patient documents, reports and practice documents is critical to improved patient care and better outcomes.

NANTHEALTH'S NAVINET OPEN DOCUMENT EXCHANGE

NantHealth's NaviNet Open Document Exchange streamlines communication between healthcare plans and providers by enabling them to transmit clinical and administrative information in near real-time. Document Exchange lets healthcare plans and providers share risk adjustment information, quality measurement data, and performance reports, among other additional use cases. Providers can see notifications of care gaps within their existing workflows, making it easy to close the loop quickly with the healthcare plan. Document Exchange enables healthcare plans and providers to thrive in a world of value-based care by providing near real-time access to critical information.

Document Exchange is an application available on NaviNet Open, the industry's leading payer-provider collaboration platform.

KEY FEATURES

- Actionable, bi-directional solution to shift any type of information exchange from costly fax and mail channels to near real-time electronic workflows.
- Digital, closed-loop communication between healthcare plans and providers backed up by a digital audit trail.
- Multi-payer dashboards and workflow notifications to make managing information efficient and secure.

- Seamless, near real-time access to clinical information like patient summaries, high-risk patient lists, care gaps, and more allows providers to proactively manage their patient panels.
- Readily adapts to provider workflows and applications by incorporating documents within the context of existing workflows, such as Eligibility and Benefits verification.
- Multiple modes and rich metadata to ease integration into payer systems and workflows.

WITH NANTHEALTH'S NAVINET OPEN DOCUMENT EXCHANGE, PROVIDERS CAN:

- View, download, print, and respond to inquiries from healthcare plans directly in the application. Documents that require attention are flagged so they can be identified easily. Providers can complete forms and send them back to the insurer. Providers can also indicate the status of patients, if they are stable or may require additional care.
- NantHealth's NaviNet Open Document Exchange also provides the ability for a user to send a document to the plan unsolicited. Commonly used forms and general requests can be delivered to the healthcare plan using our Send to Plan functionality to help reduce the number of documents that are typically sent via eFax and physical fax.

Document Exchange Uses

32M+
Avg. Interactions
per Month

Document Types	Mode of Delivery	Use Case Examples
Patient Documents	Contextually within Workflows Patient Worklist	Clinical Documents: Care gap closure Risk adjustment coding Medication adherence/generic alternatives Patient discharge reports Care management program outreach Patient needs assessment forms Medicare probability of repeated admission results Administrative Documents: Patient/member demographic updates Explanation of Benefits delivery
Practice Documents	Practice Worklist	Clinical Documents: Value-based contract performance High risk patient lists High cost patient lists Out-of-network utilization Administrative Documents: Provider office demographic updates Provider attestations Electronic Fund Transfer requests Payment dashboards
Third-Party Integration	Contextually within Workflows Patient Worklist Practice Worklist	Longitudinal patient record within a Health Information Exchange Care management/utilization management systems Other vendor/partner integration through SSO, APIs or development tool kits

Automation like Document Exchange provides for the secure and timely distribution of important clinical and practice documents between physicians and care facilities.

HEALTHCARE PLANS USING NANTHEALTH'S NAVINET OPEN DOCUMENT EXCHANGE

A range of healthcare plans are already successfully using Document Exchange to increase the quality of care, reduce costs and become more efficient.

One plan with more than two million members analyzes broad sets of patient data to identify care gaps. By identifying similarities in patient concerns that led to hospitalizations, healthcare plans can identify patients who are following a similar path and close care gaps before hospitalizations are required. When this plan started sharing these insights with providers using Document Exchange, providers increased intensive care management for patients at risk of hospitalization.

A not-for-profit healthcare plan with fewer than one million members uses Document Exchange to update and distribute fee schedules to providers, replacing a manually intensive process of creating and mailing CDs to all providers in their network.

Another not-for-profit plan with fewer than one million members uses Document Exchange's dynamic interactive forms to close the loop on identified care gaps, helping providers increase the quality of care.

Additionally, a major plan with more than two million members uses Document Exchange to distribute high-risk hospitalization prediction reports, implementing proactive measurements to dramatically reduce the number of high-risk patients entering the hospital.

KEY BENEFITS OF NANTHEALTH'S NAVINET OPEN DOCUMENT EXCHANGE

NantHealth's NaviNet Open Document Exchange helps to improve care coordination, review quality measures, and provides cost savings by facilitating the sharing of critical clinical and administrative information to provider offices in near real-time. Healthcare plans equip provider offices with actionable insights in support of performance metrics associated with value-based quality programs.

Document Exchange also helps improve provider adoption and collaboration by engaging providers within their existing workflows, so they can view details about the patient encounter with clinical summaries and medication lists, facilitate engagement in care management programs with enrollment forms, and increase transparency with performance reports.

Healthcare Plan Use Cases

	Health Plan #1 2M+ members; For Profit Commercial, Government	Health Plan #2 Less than 1M members; Not for Profit Commercial, Government	Health Plan #3 2M+ members; Not for Profit Government	Health Plan #4 2M+ members; For Profit Commercial, Government
Use Cases	Care Gaps Intensive Care Management Admission, Discharge, Transfer (ADT) Provider Demographic Updates Medication Reconciliation	Fee Schedules	Care Gaps/Patient Considerations Quality Reports (practice-level)	High-Risk Hospitalization Prediction Report Care Gap Report
Format	Structured data/documents with Single-Sign On Links to 3 rd Parties	Excel, PDF	Virtual forms hosted by NantHealth	Excel, PDF

Providers can send information to healthcare plans proactively without even being requested for better information exchange.

Key areas of focus include:

HEALTHIER PATIENTS

Prioritizes the needs of individual patients over the long-term. The focus on health education and preventative care enables healthcare providers to track and compare patients, identifying proactive steps to avoid specific illnesses.

PROMOTES HEALTHY HABITS

Employer-based insurance plans have already started to reward employees for eliminating poor lifestyle choices like smoking and rewarding positive lifestyle choices like increasing exercise. When employees take steps to improve their health proactively, insurance rates are often reduced. This directly translates into lower overall costs for the entire healthcare ecosystem, as well as increased productivity for the employer.

REDUCED COSTS

When using Document Exchange and implementing a value-based care approach, the total cost of specific patient/healthcare provider interaction is not the focus. The goal is to increase the quality of care, focus on preventative maintenance, and promote healthy choices to lower healthcare costs over the long term. By analyzing historical data, healthcare providers can make more accurate decisions for their patients and eliminate unnecessary tests and procedures. With value-based care, eliminating just a single overnight hospital stay over the lifetime of a patient can result in significant savings.

REDUCED ERRORS

Medical related errors can mean the difference between life and death. Healthcare providers and insurers have traditionally allocated significant resources to deal with the ramifications of medical errors. NaviNet OpenDocument Exchange helps shift this equation and rewards healthcare providers who reduce medical errors. This trend is already improving care quality and reducing costs with early adopters.

GET STARTED TODAY

NaviNet Open Document Exchange supports the broadest array of payer-provider collaboration use cases imaginable, including medical records collection, program enrollment, and many existing manual payer-provider workflows. Getting started with NantHealth's NaviNet Open Document Exchange is fast and easy. NantHealth provides a full slate of services to help get plans optimized on the platform. This cloud-based solution offers flexible pay as you grow options. Once plans are established, providers can get up and running in minutes.

For additional information call 1-855-WHY-NANT or visit NantHealth.com/NaviNet

ABOUT NANTHEALTH:

NantHealth, a member of the NantWorks ecosystem of companies, provides enterprise solutions that help businesses transform complex data into actionable insights. By offering efficient ways to move, interpret, and visualize complex and highly sensitive information, NantHealth enables customers in healthcare, life sciences, logistics, telecommunications and other industries to automate, understand and act on data while keeping it secure and scalable. NantHealth's product portfolio comprises the latest technology in payer/provider collaboration platforms for real-time coverage decision support (Eviti and NaviNet). The OpenNMS Group, Inc., a NantHealth subsidiary, helps businesses monitor and manage network health and performance. For more information, visit NantHealth.com, follow us on [Twitter](#), [Facebook](#), [LinkedIn](#) and [YouTube](#), and subscribe to our [blog](#).

For more information, visit us online at NantHealth.com
or email PayerSales@NantHealth.com

