

Eight reasons why the modern provider needs a Data Activation Platform



There are many paths to innovation and digital transformation for providers. But only one path doesn't impose a "data tax" for each and every project.



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Every provider wants to innovate to drive transformation that helps reduce variability, improve efficiency, and support optimal patient care. The question is, how disruptive, in a positive sense, is your innovation?

Most innovations in provider organizations are, in truth, iterative tweaks. While tweaks are the cornerstone of continuous improvement lifecycles, iteration isn't the kind of transformation needed in healthcare. Real innovation creates a disruptive solution that fundamentally changes how people and processes work together, for the better.

Disruptive solutions should also lower technical and operational barriers to future innovation by giving stakeholders a base starting point, e.g., a common data set—a single-source of truth—that uses industry standard terminologies, vocabularies, and analytic definition, as well as the organization's own lexicon, if truly special.

I can't think of anything that delivers on all of these points than a healthcare data activation platform (DAP). A healthcare DAP has but one purpose: to aggregate and organize data from disparate sources, and create a unified record that gives providers, for the first time, a complete clinical and financial view of a person's care—whether a patient, member of health plan, or consumer.

That's inarguably transformative. But it's only the start of the transformation a unified health record enables. If you don't have a DAP deployed at your organization, here are eight compelling reasons why a DAP is essential for the modern provider today.



...providers have all of a population's data and insights at their fingertips...

Information overload has reached critical mass

Information overload in healthcare is bad and getting worse. With the digitalization of health records and the explosion of wearables and medical devices, this data needs to be collected, normalized, organized, and made easily accessible and understandable.

With a DAP in place, providers have all of a population's data and insights at their fingertips, and can access it on demand while they're sitting across from a patient or while reviewing and managing a group of patients.

When considering whether your organization should invest in a DAP, think about how having all of an individual's information at your fingertips could impact your ability to provide the right care for the right patient at the right time. Try that with your EHR. Speaking of which ...

Your EHR has failed to deliver transformation

The EHR promised to help us all drive efficient, high quality care. But after \$35 billion of federal taxpayer dollars invested in promoting EHRs, the EHR is the last place any provider would describe as an organized center of information designed to benefit the way clinicians make decisions and engage with patients.

Yes, they're the system of record. But the hunt-and-peck method of finding patient information is ridiculously time-consuming, varies by vendor and venue, and is often not in the context of the clinical decisions that need to be made, either as individuals or part of a care team.

In truth, the EHR is a transactional billing system that was never designed, intended, or meant for the high-level intellectual questions most providers have when managing clinical and financial risk and caring for patients with complex socio-clinical needs.

Now add a DAP to our existing EHR investments, and the picture is transformed. The DAP frees patient clinical and financial data from the EHR, integrates it with patient data from myriad other relevant sources, and presents providers with a complete view of the patient on demand, within their workflows, and with near real-time insights.

The DAP embraces and extends the EHR and other existing systems, solving problems the EHR will never be incentivized (or even regulated) to solve.

Quality care needs collaboration at scale

At its heart, a DAP is really about collaboration across and among healthcare stakeholders—one that recognizes clinical terminologies as easily as data governance. Without having a single source of truth about the patient, collaboration with colleagues is clumsy at best and dangerous at worst.

The DAP's ability to make interoperability a given, not an exception, is at the heart of enabling collaboration across IT boundaries. An accurate, longitudinal, single source of patient truth is the foundation of care plans for complex patients who require multiple providers across venues of care, reduction of redundancy, and management of clinical and financial risk for an entire population.

Speaking of which ...

It's the Rosetta Stone of interoperability

Two doctors of different specialties (or even same specialties) in a practice or hospital don't necessarily speak the same language when describing similar patient encounters. Every provider knows that sometimes they even use the same term to describe different situations!

This is often based on their specialty, training, and of course, personal style. For example, as a primary care physician, when I use the acronym "CP," it doesn't mean the same thing as when a neurologist across campus uses it. When I say CP, I mean chest pain. When a neurologist says it, they mean cerebral palsy.

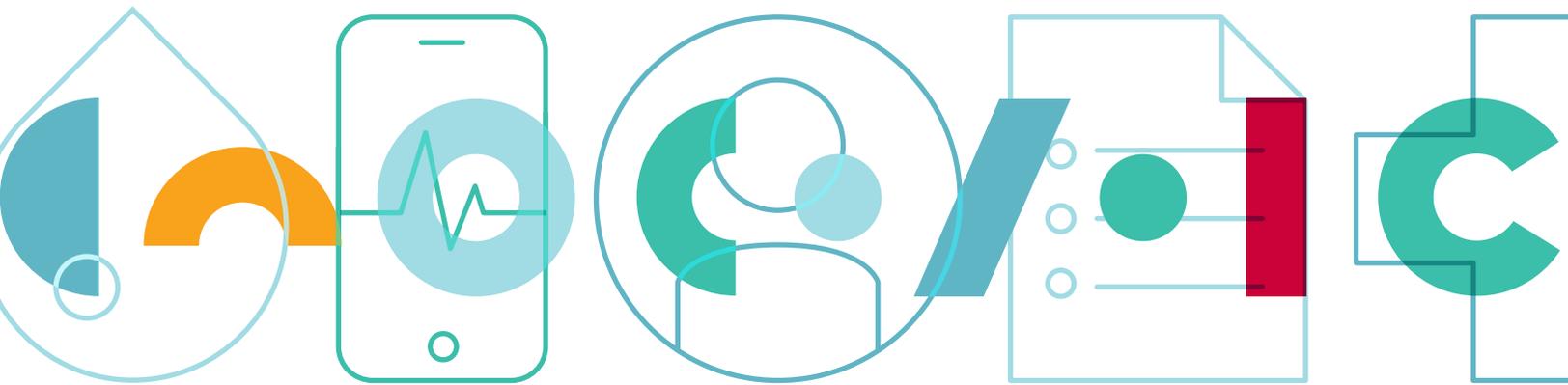
Of course, any provider reading the chart understands the intent. But as healthcare becomes digitally transformed and data gets propagated across care teams, we need to ensure we don't let key information get lost in the translation—and that includes our information systems. It is far smarter and easier to invest in platforms that ensure proper semantic interpretation of data as they are ingested rather than asking over-burdened providers to change their documentation habits or the vocabulary of their specialty!

This capability is innate to a DAP. It acts as the Rosetta Stone as data is ingested from different systems, ensuring information is semantically harmonized, better representing both clinical care and workflows that drive care.

You can put the patient back at the center of healthcare

Every clinician wants what's right for each patient, using the best practices defined through the medical research and expert consensus that form our clinical guidelines. But they also want—indeed, need—insights into and from the patient's data to inform their decisions. And they need these insights at the point of care, in real time, not some time later after a process has run.

This is the “activation” in a data activation platform. A DAP, operating from a secure and regulatory compliant internet healthcare cloud, helps doctors and clinicians take better care of patients because it can put literally nearly all of a patient's data at their fingertips, anytime, from any place, anywhere in the world—including and especially at the point of care.



Moreover, because it pulls data in from across the provider organization (not just the main EHR but from any EHRs participating practices might be using, as well as other non-EHR systems), physicians and clinicians can look across the organization's total patient panels.

For example, perhaps a provider orders a geriatric consult every time they see an 80-year-old patient who's had a recent fall. The DAP sees that, and can intelligently tee up that action up for the provider to consider the next time that patient arrives to make that action consistent and easier to do.

Patients and providers need to be on the same page

Having consistent, accurate patient information for decision making has always been critical. But now, as patients increasingly access their medical records online, it's hypercritical. Through much needed transparency efforts, patients are able to see what drives their care decisions. They can see not only the results of their tests and their appointment schedule, but in many cases they can also see what gets written in their chart notes.

Now you have to ensure everyone on the care team has it right, that it makes sense, and that patients can understand it. This level of patient engagement requires a unified single source of truth about what is truly happening to our patients across a health system. The DAP helps achieve this goal.

Of course a DAP won't solve every problem a provider faces. But it can help prevent a patient from seeing their notes and asking you, "Doctor, what do you mean I have a 'bad' heart?" A low ejection fraction for a patient at risk for congestive heart failure is important to document in the patient's chart. But imagine having a DAP that can ensure that clinical terms are translated to lay- and care-team-friendly terms for use in patient portals or for patient engagement. This can help eliminate confusion, and ensure the care team is using the same understandable language when describing the same patient.

You avoid the Data Tax on innovation

This is the big one.

Find me a provider who isn't struggling to rapidly innovate, measure impact, and act on new insights, and I'll show you a provider who has solved their data problem. There are not many in that category.

Most healthcare IT organizations spend unimaginable amounts of time and resources getting and connecting data, cleaning and normalizing data, building custom visualizations of data, and governing data (complying with regulatory requirements and so on) each and every time they work on a project.

This "data tax" on operationalizing innovative ideas is a barrier to getting started with new ideas, and stifles the iterative approach of continuously improving on lessons learned from implementing big ideas.

A DAP does the heavy lifting—the cleaning and curation of data

A DAP inverts this conundrum. It's designed to accelerate innovation because the heavy lifting that gates IT progress—the cleaning and curation of data—is already done once the DAP is implemented. The entire innovation cycle is compressed, magnifying the ROI (the Return on Innovation). Those big thinkers with bold new ideas can focus on piloting their hypotheses, putting new digital interventions in place, measuring their impact, and rapidly iterating improvements.

Think of what the first spreadsheet did for accounting. It eliminated the "what if?" tax on financial management. Suddenly, anyone with a computer could test their hypothesis and measure their impact. That's the type of big-bang transformative impact a DAP can have on innovation by eliminating this data tax.

You can't enable Disruptive Innovation with a small "i"

The reason you need a data activation platform boils down to innovation. Innovation with a capital "I." Disruptive innovation can't happen in the current state of healthcare without bold thinking and a willingness to invest in the right tools to allow it to flourish. A DAP can bring that capital "I" innovation to your organization by unlocking your EHR and other information systems, unifying your data, and giving providers completely new and better ways to work and engage with patients.

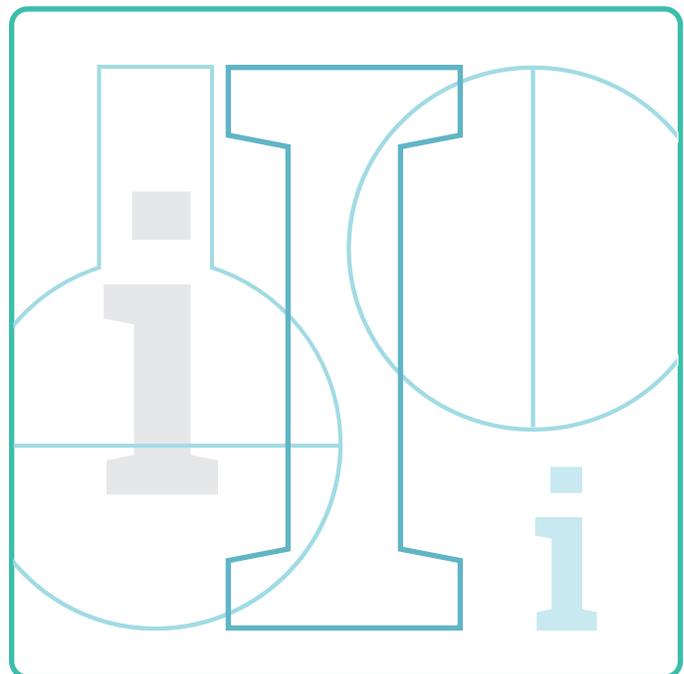
Again, most innovations happening in healthcare are tweaks but even those tweaks require a starting point. The same is true with capital "I" innovations.

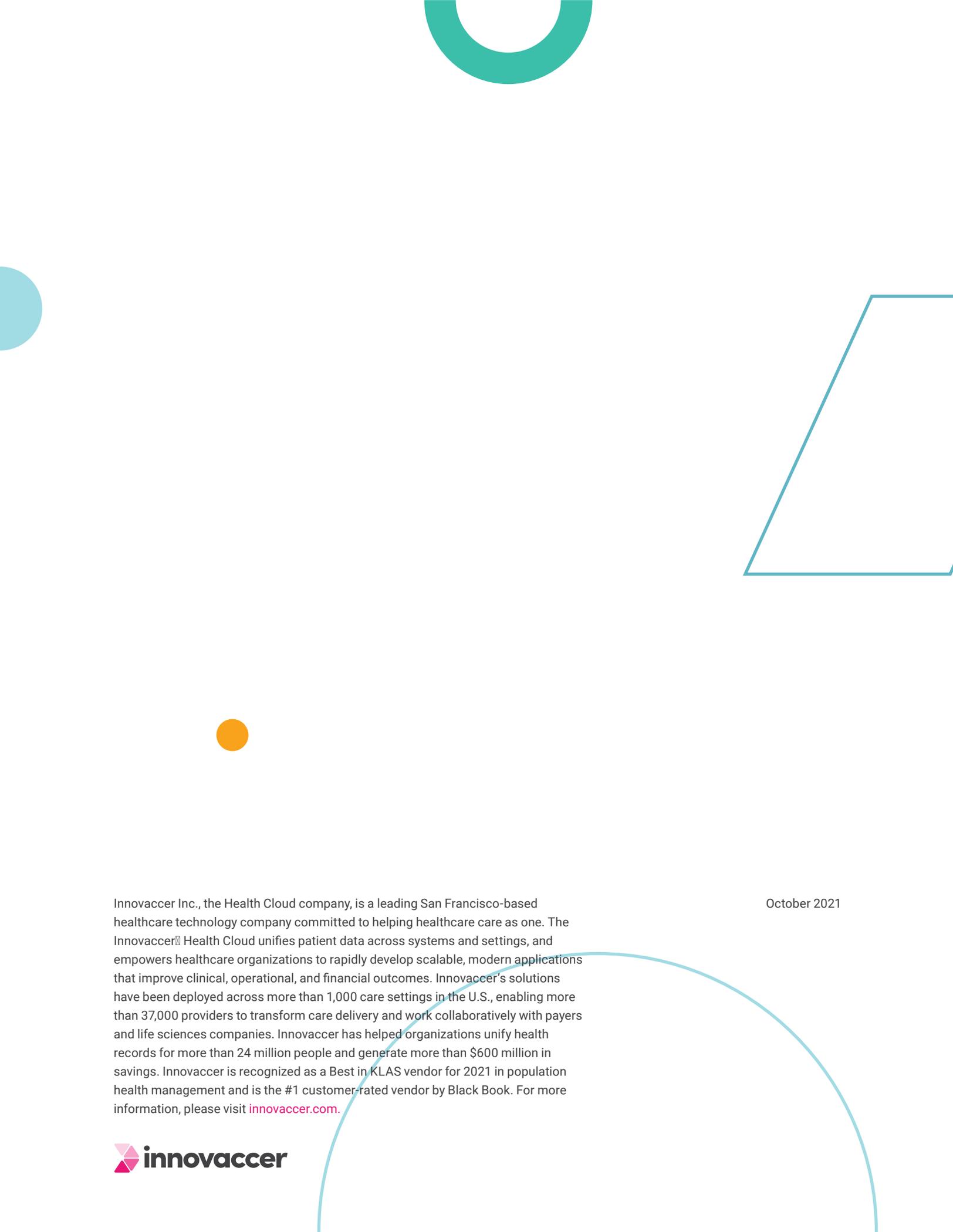
The data activation platform essentially squeezes more value out of all your existing systems, and enables you to solve problems that the existing systems are incapable of addressing. And while your existing systems don't have to be replaced, one thing certainly will: your governance mess. A DAP replaces archaic governance models by connecting all of the pipes in ways never envisioned by the original vendors.

At the end of the day, a DAP enables 21st century agility for healthcare organizations. It relies on today's modern tools and technology to bring about change for the future.

When you consider what a data activation platform can do during a crisis, it shows the benefit of having one. The pandemic is an example. It showed us, in stark terms, that we couldn't have all of our data locked away in a walled EHR garden, because the provider might have trouble getting it out in a timely manner.

We needed (and still need) answers in real time. Waiting even a week for a standard report or 6 weeks for an ad hoc report is the old enterprise business intelligence model. It's time to replace that with real-time insights and a single source of patient truth, so healthcare can move to the future with agility.





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