Truven

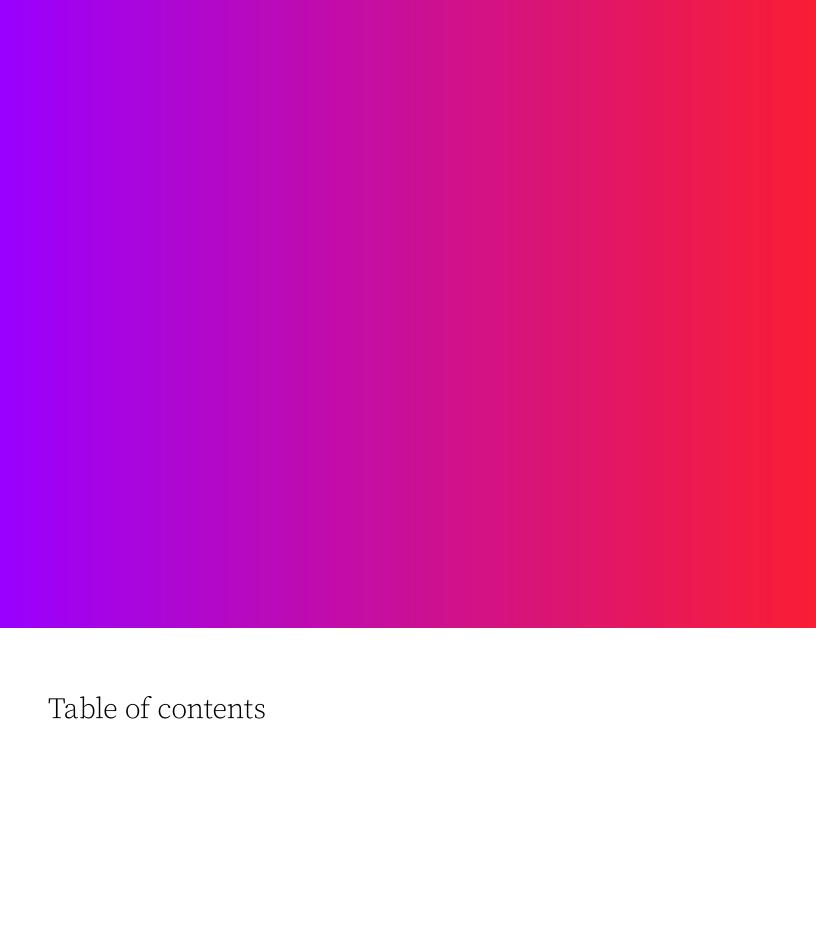# 8 strategies to address population health challenges

Insights to help government organizations improve healthcare program outcomes and experiences.

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Introduction

Governments play many roles in improving healthcare, often serving as both employer and health plan. They work in concert with unions and other stakeholders – and answer to a host of constituents.

Public plan sponsors (PPS) and government agencies lead the way in adding benefits that other employers then also adopt. Your necessary inputs are insights — reliable, actionable insights based on reliable, real-world data.

With Truven, you gain access to powerful analytics and technologies built on a deep knowledge of the healthcare industry. Backed by five decades of experience, our solutions help governments visualize the state of member health and uncover trends in how people use their health benefits and the cost of benefit programs. Here are a few ways we can help.

Challenge

"I'm handling more types of data and need a centralized way to make sense of it all."

Solution

Aggregate vendor data and insights into a centralized data warehouse.

On their own, siloed reports from health plans, providers, pharmacy benefits managers (PBM) and other partners have finite value. But when you aggregate your data across all vendor types and layer on data intelligence, you unlock infinite value.

The vendor types can be anything from medical and drug claims to custom data types. Custom data types include unique program data, biometric data, financial risk scores and socioeconomic factors. The data intelligence comes in the form of medical episode groupers, disease staging, diagnostic cost groupers and risk scores.

That may sound complicated, but luckily, we've already cracked the code. Truven Health Insights aggregates vendor data

and applies intelligent methodology into a centralized data warehouse with an innovative reporting platform, giving you informative analytics at your fingertips.

The flexibility of our data model means we can bring in new data sources, open pathways to more consultative relationships with stakeholders and yield a higher-level view of member health.

You can rely on the quality of the underlying data thanks to our rigorous data management processes — no garbage in, no garbage out — just data that's ready to leverage for analytics and insights.

Using data to combat opioid use

It's not uncommon for public plan sponsors to support various state initiatives. In this case, a state's Department of Justice (DOJ) was looking for some data to help support a suit that was being filed against opioid manufacturers. The DOJ asked the PPS to provide the financial impact of opioids on their covered members.

Our Medical Episode Grouper (MEG) allowed for an efficient view of all opioid-related treatment costs — prescription drug treatment costs from the PBM and medical treatment costs for each covered member.

With the covered members comprising a sizable percentage of the total state population, the PPS had meaningful data in hand to provide support to the DOJ, ultimately resulting in a successful case.

Challenge

"I want to dedicate in-house
resources to revenue-generating
activities instead of developing
and maintaining analytic tools."

Solution

License the industry's most
robust and comprehensive
catalog of healthcare-specific
analytic methods.

There's no need to reinvent the wheel. Our Truven Flexible Analytics methods have
been honed over decades and continue to evolve. We can surface actionable insights
derived from over 20 data analytics methods and models to optimize performance
and realize savings for you, your stakeholders and members. Examples include:

– Risk-Adjusted Medical Episode Grouper (MEG)

– Risk of Rising Cost

– Risk of Hospitalization

– Outpatient Event Grouper (OPEG)

– Inpatient Admission Grouper

– Disease Staging

– Service Categories

– Diagnostic Cost Groups (DCGs)

– MarketScan® Benchmarks

– RED BOOK Pharmacy Reference

The Ohio State University Health Plan

Developing innovative payment models

To receive maximum reimbursements
under value-based payment models,
The Ohio State University Health Plan
needed to eliminate unnecessary
services and avoid complications in
their coordinated care efforts. They set
out to evaluate high-cost procedures
that could be improved while still
supporting high-quality outcomes.

The team used our OPEG module
to examine variabilities in patients,
processes and places of service

for several categories of surgical
procedures. And the health plan
developed a linear model to establish
base payments and a decreasing
schedule of charges for repeat
procedures. Now, the doctors and
place of service know exactly which
services will be reimbursed, and
members are reassured that they're
getting the lowest charge possible
for the best outcome possible.

20+

DATA ANALYTICS METHODS AND MODELS

Challenge

"I need to ensure our employees are getting the plan that fits them best."

Solution

Offer tools that help employees make better, more cost-effective choices.

Informed by actual claims data, Truven Benefits Mentor offers a truly personalized plan recommendation. Unlike other online tools that rely on self-reported data, Benefits Mentor provides real, predictive value alongside educational content to support employee decision-making.

Benefits Mentor can help you meet your cost and enrollment objectives by tracking performance, cost and ROI. By incorporating Benefits Mentor into open enrollment and making it available year-round, your organization can increase employee engagement and satisfaction with their benefits and provide them with better value.

Manufacturing company

Improve benefits selection and decision making

Looking to make it easier for employees to understand the financial impact of health benefits options, one large manufacturing company combined Benefits Mentor with claims analysis from Health Insights. That made it possible to create personalized financial breakdowns based on household claims history, providing meaningful context to help employees think about their future healthcare needs. The results speak for themselves: 78% of members that used the tool selected the best-fit plan for their family.

Helping government agencies support a healthy workforce

Challenge

"I need insights to help design
a competitive benefits program
that can attract and retain
top employees — and to
understand how our benefit
outcomes compare to those
of other jurisdictions."

Solution

Evaluate population health
trends and compare yourself to
others in your industry.

How can you meet the moment with your benefits strategy? Health Insights can help you better understand the needs of your changing workforce, such as an aging population, new mothers and employees who become caregivers to their parents. As a result, you can:

- Make decisions around pricing and actuarial models

- Design more comprehensive and personalized benefits

- Identify high-risk members for care management outreach

- Engage members in cost-effective care, such as through on-site clinics

But your insights don't stop there. Health Insights links with Truven's national benchmarking data from MarketScan® to help you make direct comparisons with similar employers in your industry. Now you can have full confidence in your benefits decisions.

Our MarketScan® Research Databases provide de-identified, longitudinal, patient-level claims and specialty data for more than 293 million unique lives. We can help you gain end-to-end insights into your members that help you optimize performance and improve outcomes. Our measures catalog and benchmarking tools provide a clear view of trends to position you for the greatest advantage.

Over 275 cost and utilization benchmarks are included in Health Insights, as well as more than 2,000 measures and dimensions, including:

- Cost
- Use
- Risk
- Illness
- Quality

- Intensity
- Industry
- Geography
- Episode

Thousands of individual benchmark values can be displayed through various cuts of data and can be age-sex, admit severity, episode severity and geographically adjusted. Custom norms and benchmarks, called "dynamic benchmarks," can be created at the provider or plan level. They allow a user to compare one segment of the population to another while controlling for differences in disease severity, age and sex differences and geographical price variation.

Challenge

"I want to better manage our
network, provider relationships
and value-based care programs."

Solution

Build out and manage networks with
provider profiling and reporting.

To better manage costs, improve outcomes and measure the performance of your network, it all comes back to engaging with providers. Many health plans invest a lot of time managing their provider networks and designing value-based care contracts. Health Insights provides the analysis you need to make timely data-driven decisions concerning network management, contracting, fee schedules and value-based care. You can examine:

– Cost and utilization by provider

– Top facilities

– Top physicians by specialty

– Attributed provider

– Primary care

– Expected costs

– Specialist cost and quality

We not only examine cost, efficiency and clinical effectiveness of providers, but we also look at medical episodes with our Medical Episode Grouper (MEG). A medical episode could be an inpatient stay or a series of related services that occur in multiple settings across multiple dates. For example, an osteoarthritis episode with a knee surgery includes the utilization and providers involved before the surgery, during the surgery itself as well as follow-up care like physical therapy.

We're able to profile the providers included in the episode and compare cost and quality against their peer groups by specialty. This is the core of our provider profiling and measurement methodologies, and it's built into our standard offering. We also help our government clients build scorecards and dashboards to share this information with their providers.

70+

**GOVERNMENT CLIENTS
RELY ON MERATIVE**

Challenge

"I need a copilot to help me evaluate my benefits and wellness programs."

Solution

Pick a partner who shares the same mission — and has the technology and expertise to back it up.

You might think of Truven as a technology provider, and it's true that our solutions offer a wealth of self-service data exploration tools. But, our clients know that it's our people who help them get the most out of their data. When you start a program, our experts will work with you to develop a strategy that identifies what's most meaningful to your organization and provides a framework to measure and improve.

Our consultants help define business questions, design analysis, run analytics and pull out relevant findings. We then recommend next steps, with helpful context around what similar entities are doing.

When you partner with us, you gain access to a bench of experts with deep healthcare industry expertise. We can sit right in the room with your vendors and decision-makers to present data, answer questions and offer solutions.

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Specialty drug costs and utilization

Specialty medications are a leading cost driver across healthcare. Using our analytic methodologies and bench of experts, you can more easily identify savings for your clients, including:

– Biosimilar opportunities

– Cost benchmarking

– Improved medication adherence

– Medical channel management

– Enhancements to step therapy and prior authorizations

– More informed contract decisions

– Optimized prescribing patterns

Challenge

"I need to understand the financial
impact of a new legislative change,
and I need more information to
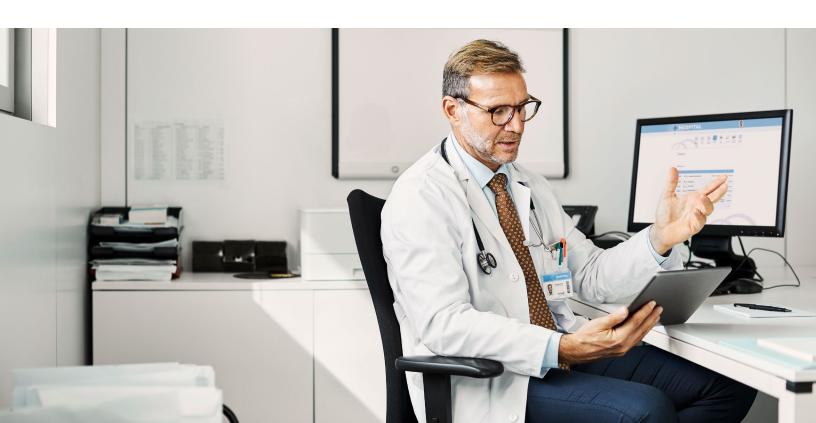talk to my various stakeholders."

Solution

Understand current spend and
project future cost to present
actionable insights.

Health Insights can help you look at your
historical spend on a procedure and see
how a change in law would impact cost.
If you're adding coverage for a condition
like autism, a procedure like bariatric
surgery or new pharmaceuticals that
have not been previously covered for your
population, we can use MarketScan data
to look at prevalence and average cost.
We'll provide the data and insights you
need to present to all your stakeholders,
including boards and unions.

Adapting to new legislation and inspiring change

Providing access to federally subsidized health
insurance for individuals and small businesses
is the mission for many health benefit exchanges.
New legislation required health plans to report
on enrollee participation in tobacco cessation
and obesity management services. The qualified
health plan (QHP) data showed low uptake,
so we wanted to identify measurements and
benchmarks to evaluate QHP performance for
these services.

First, we used our data to define tobacco
use and weight management populations by
identifying procedure and diagnosis codes
involved in these services. Then we presented
multiple variations in defining the population and
examined standardized utilization measures by
year and by health plan. Unfortunately, tobacco
use and obesity management are not commonly
coded, resulting in health plans not being held
accountable based on this analysis. But there's
a silver lining. This project underscored the need
for a standard definition for these services and
regular tracking of these measurements. A new
bill will improve the use of codes and help better
measure use and outcome.

Challenge

"Efficiency and quality are intertwined. We need to keep close tabs on quality as a component of value and outcomes."

Solution

Calculate and report complex industry-standard quality measures.

To help government health plans evaluate the completeness of care delivered, our Quality Rules Engine (QRE) calculates industry-standard, evidence-based measures such as the Healthcare Effectiveness Data and Information Set (HEDIS) measures defined by the National Committee for Quality Assurance (NCQA). QRE is embedded in Health Insights or available through Flexible Analytics to license and apply to your own data warehouse.

QRE encompasses a physician and health plan focused package, as well as other specialized measure packages, including:

– Low-value care: Identifies services that research indicates do not provide positive outcomes or result in potentially negative effects on patients

– Disease management: Provides clinical performance measures related to chronic conditions

– Medication management: Includes industry-standard medication and adherence measures defined by the Pharmacy Quality Alliance (PQA)

– Medicaid: CMS core Medicaid quality metrics and custom gaps-in-care packages created and delivered by Truven

– Client-specific packages: Custom quality rules that may not be part of the standard packages and curated custom selections of defined measures, for example, PQA and NCQA measures that impact CMS STAR ratings

These measures can be used to understand, communicate and share information on care gaps, screening and condition management. On a granular, individual-member level, we can look at how many care gaps the patient has and roll that up to a specific population, employer or health plan. For example, if a health plan has a value-based care program with a primary care practice, we can attribute those patients to a PCP at that practice and then roll up care gaps to that particular practice.

Enhance your insights with social determinants of health (SDoH)

Improve health equity with a more rounded picture of population health

Research suggests personal well-being is overwhelmingly driven by the non-medical factors that comprise SDoH.[1] Truven can supplement your clinical and other data sources with environmental and neighborhood data, integrating SDoH into Health Insights:

– Understand how risk factors vary among communities where members live and how those factors impact health equity.

– Compare various segments of your population side by side using aggregated data.

– Improve population health through increased engagement and tailored plan design.

– Analyze lifestyles and behaviors that impact care decisions and adherence to treatment.

– Identify at-risk populations with social needs who may face further health equity challenges, and design programs to target those needs.

Conclusion

Healthcare analytics through a healthcare industry lens

Government agencies and public plan sponsors need a partner who understands all the forces driving the healthcare marketplace. We can provide the real-world data, tools and guidance you need to evaluate and improve the economics and delivery of healthcare and support member-centric care experiences.

Visit merative.com/healthcare-analytics to learn more or schedule a consultation.

About Truven

Truven by Merative is a portfolio of healthcare data and analytics solutions, backed by 40 years of deep healthcare expertise. We provide trusted insights and proven expertise to help employers, health plans, life sciences organizations, and government agencies drive better health and financial outcomes. With market-leading solutions like Health Insights and MarketScan, Truven serves 7 of the top U.S. health plans, over 40% of the Fortune 500, and the top 20 global pharmaceutical companies.

Learn more at merative.com/truven.

About Merative

Merative provides data, analytics, and software for healthcare and government social services. With focused innovation and deep expertise, Merative works with providers, employers, health plans, governments, and life sciences companies to drive real progress. Merative helps clients orient information and insights around the people they serve to improve decision-making and performance.

Learn more at merative.com.

References

1. Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. "County health rankings: Relationships between determinant factors and health outcomes." American Journal of Preventive Medicine. 50(2):129-135. https://doi.org/10.1016/j.amepre.2015.08.024

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