# DATA DILEMMA

## Too Much Data, Too Little Insight

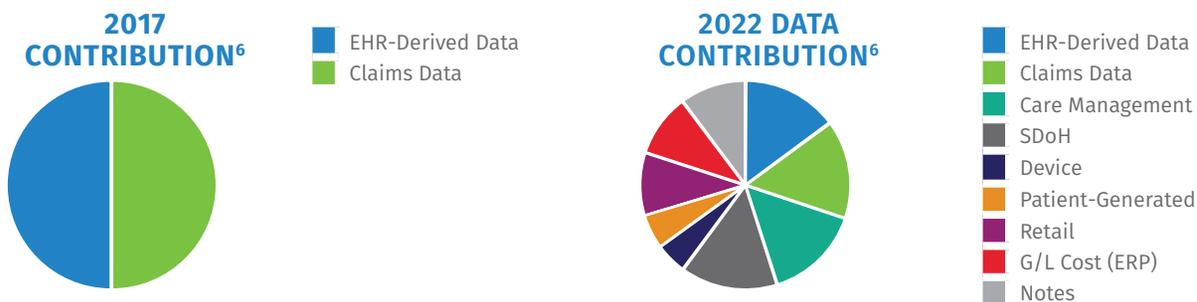## SUCCEEDING IN THE COMPLEX WORLD OF VALUE-BASED ARRANGEMENTS

As health plans embrace the transition from fee-for-service to a fee-for-value model, they are learning just how important it is to have quality data. High-quality data is the foundation for an organization's daily operations, as well as future initiatives, making it imperative that payers adopt data management strategies to get the most value from their data.

But the path to high-quality data can be laden with pitfalls. The healthcare industry is drowning in data. Healthcare generates vast amounts of information which is contained in disconnected—and oftentimes—incompatible legacy systems.

It is estimated that the amount of health information is doubling every three years and by 2020 it will double every 73 days.[1] This growing body of data may hold the answers to some of the world's most enduring health challenges. But the sheer volume and variety of this information is challenging many organizations' ability to make sense of it—the modern-day paradox of too much data, too little insight.

### Combining Data Sources for Actionable Insights

Payers need to manage the health of populations, accessing data beyond claims and the health information that is contained in the EHR, in order to get a holistic view of the member's interactions with the healthcare system. Increasingly, this includes socioeconomic and lifestyle data that exists across a broad range of internal and third-party systems, making the collection, normalizing and analyzing of these novel data sources a difficult proposition.



**2017 CONTRIBUTION[6]**

- EHR-Derived Data
- Claims Data

**2022 DATA CONTRIBUTION[6]**

- EHR-Derived Data
- Claims Data
- Care Management
- SDoH
- Device
- Patient-Generated
- Retail
- G/L Cost (ERP)
- Notes

## KEEPING PACE

Up to
# 60%–70%
of provider-submitted claims have incomplete or incorrect data.[2]

# 1.2B
unstructured clinical documents are created per year.[3]

As much as
# 80%
of patient information consists of unstructured data such as medical history and clinician notes.[4]

# 68k
**diagnosis codes**
exist today – and that number continues to grow every year as the World Health Organization adds new health conditions, diseases and technologies to the list.[5]

## Poor Quality Data Translates into Challenges Across:

Claims processing and reimbursement
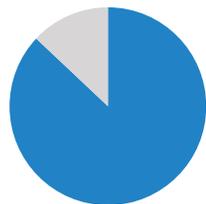
Quality measures and reporting

Care and disease management programs

## Harmonized Claims + Clinical Data = A Powerful Combination

Health plans need to access, aggregate and harmonize high-quality claims and clinical data in order to drive down costs and support value-based care models. High-quality data is critical for establishing a 360-degree view of your member population.

| LABORATORY | MEDICATIONS | ALLERGIES | PROBLEMS & DIAGNOSES |
|---|---|---|---|

## Incorrect Data is a Source of Risk to Patients

**87%** of hospital executives believe incorrect or bad quality data is a source of risk to patient safety or increased costs[7], making it critical to ensure that data is clean and accurate. As health plans increasingly share patient information across various organizations such as other health plans, pharmacies, hospitals and research centers, they must improve their data management practices to minimize cost and deliver higher value to their members.

**Sources:**
1. Challenges and Opportunities Facing Medical Education, American Clinical and Climatological Association, 2011
2. If only the claims were clean:Payers, providers lose big on inaccuracies, poor workflows, Healthcare Finance, 2016
3. Harnessing the Power of Data in Health, Stanford Medicine 2017 Health Trends Report, 2017
4. Data Normalization: A Foundational Step to Achieving Triple Aim Goals, Healthcare IT News, 2015
5. Healthcare Coding: a Little-Known Story, InnovAge News, 2019
6. How Big Data Analytics Companies Support Value-Based Healthcare, Health IT Analytics, 2017
7. Wolters Kluwer 2019 Variability Survey

## The Bottom Line

**Better Data Management**
The transition to value-based care has underscored the need for payers to have a foundation of quality data. Building the foundation requires:

✓ A reference data management strategy to establish a single source of truth for enterprise code sets.

✓ Normalizing clinical and claims data by creating relationships between data sources.

✓ Leveraging unstructured clinical notes using clinical natural language processing to automate the review of medical records.

## Get in touch

to learn more about our data quality solutions.

General Inquiries:
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Or click here to request a demo

Wolters Kluwer