

# Building Towards Value-Based Healthcare by Taming Provider Data

An expert discussion with Hitachi Solutions and Microsoft on how to optimize provider data processes with advanced technology



## Contributors:

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## Introduction

Value-based healthcare has been around for more than 20 years, but most providers aren't yet reaping extensive rewards from this model. That's because providers and payors need to tame vast-growing data volumes and develop interoperable processes before embracing risk-based incentives.

For payors, one of the most important places to start is with provider data. Payors rely on provider data to fuel business processes: from marketing and onboarding to servicing and claims management. Yet this data changes constantly, resisting traditional strategies such as aggregating data in a central repository and tightly controlling processes.

In this expert discussion, Hitachi Solutions and Microsoft healthcare leaders explore how payors can tackle and solve provider data challenges and build towards value-based outcomes.

The conversation features **Leah Bowling**, Industry Vice President and General Manager, Insurance and Healthcare, Hitachi Solutions and **Sam Robinson**, Chief Health Plan Officer, U.S. Health and Life Sciences, Microsoft.<sup>1</sup>



## Why is value-based healthcare important to you?

Leah

Value-based care is personal to me because I was diagnosed with a chronic disease at the age of 21. As treatments have evolved, I've been able to consider new options and not always have to select the lowest cost option. As a disease sufferer, I appreciate how providers truly endeavor to help patients get better. And as an industry professional, I see how healthcare organizations are seeking to improve risk management and patient outcomes.

Sam

I had a parent who was a medical records director, which led me to a career in patient access in the long-term care industry. I learned a lot about how reimbursement and patient outcomes were intricately linked. Now, at Microsoft, I have the opportunity to turn those learnings into solutions that help healthcare organizations and patients. That's what drives me and keeps me going.



## Value-based healthcare is now midway through its second decade. Where are most customers on the maturity curve for this industry development?

Leah

We see statistics coming out from groups like the American Academy of Family Physicians stating in 2020, 30% of physicians reported that they're participating in some sort of value-based care, which has now grown to 50% in 2022. But the interesting thing is not every organization has the same definition of what value-based care means.

Sam

When we talk about value-based care, I'm always interested in the consumer view of it. The average consumer thinks, "Oh, my doctor's only going to get paid if my hip replacement works." It really mixes things up a lot.

So, what is value-based care? It's paying for outcomes, which we've done for years. In a DRG<sup>2</sup>-based world you don't get paid beyond the guardrails that are put up for that group. As a result, I would argue 80-90% of payments are already tied to some type of outcome or value-based care. If you talk to providers, they might tell you 80% of their paycheck is coming from value-based care. What they really mean is above fee-for-service, clinicians are urging patients to do the right things, like get blood tests to evaluate their health or test for certain conditions. That's value-based care, and clinicians are getting paid more for improving patient outcomes.

Then, there are ACOs<sup>3</sup> that receive monthly payments for keeping patients healthy. That's what people think value-based healthcare is. However, ACOs represent less than 5% of the market, and most rely on claim data to figure out what's happening.

So, it's a little misleading when we say value-based care because it includes such a broad range of payment mechanisms. However, the commonality is that everyone's trying to achieve better outcomes for patients and members.



## Why are some healthcare organizations further ahead than others on achieving value-based outcomes, and what have they done differently?

Sam

The difference really comes down to prioritization. Every provider I've ever met wants to provide the highest quality service possible. But they are either constrained or liberated by their payment systems.

So, as health systems have seen the benefits of value-based care, they're participating in various types of value-based, claims-bundle payments and pay-for-performance activities. Some of them are even launching their own ACOs or health plans and taking on more risk with care delivery.

To participate in more value-based care arrangements, providers and healthcare systems need to see enough of their revenue coming through those channels to dedicate personnel to it. These staff can monitor these channels, measure them, get data to support outcomes, and provide it to the right bodies to qualify for those bonuses.

The easiest example is Medicare Advantage. If I'm a provider participating in Medicare Advantage, I'm going to pay a lot of attention to quality measures because I want those bonus payments. But that takes a lot of my personnel to do, and I need whole departments to do that.

Leah

All providers want to make their patients better: That's why they go to medical school. They have a passion for improving outcomes and making patients healthier and happier. I think insurance companies have the exact same goal in mind. But there are only so many hours in the day and so many resources.

The healthcare market is under a lot of pressure right now to provide access to patient data and portals, modernize infrastructures, and improve reporting. But the data is where the complexity lies. It takes time and modern tools to be able to manipulate that data to get the insights clinicians need to bill for care under value-based care arrangements.

Hitachi Solutions leverages those tools to help organizations automate and wrangle their data as much as possible, so clinicians can spend more time with patients. Microsoft has tools like Dataverse that make it easier for healthcare organizations to achieve their goals with data.

Sam

If there's one thing Microsoft and Hitachi Solutions can do for our clients, it's to simplify that process.

Healthcare data analysts want to make a difference. They want to study data and make sure it's flowing correctly. They're doing advanced analytics on that data to find new ways to help patients and members or save their company money and increase profitability.

So, if you're paid to be an analyst, it's really frustrating to spend three weeks wrangling the data so you can then finally find the answer you need. You want to automate as much as you can and get that data to flow directly where it needs to be and where it can be analyzed.



## Basic provider data and engagement sits at the center of value-based care. What are the greatest challenges payors are facing with data, and why is provider data the place to start?

Leah

This is a new way of doing business and transacting with providers. So, we need to have a better relationship with our providers to help them work through value-based care issues.

That begins with developing a solid foundation of basic profile information and making sure it is sound and complete. This sounds simple. But when you deal with hospital and organization rosters that update every month and doctors that report to multiple different sites, you start to see how it's inherently complex. Then you can layer the relationship and activity data on top.

After developing and enhancing provider data, you can look at all the tools you and your providers are interacting with. There is a potpourri of tools to manage this data, including contracting, profiling, and claims systems. And that's another area that makes managing value-based care inherently complex.

Mastering provider data can make relationships more solid, so that clinicians can feel like this is a true partnership, that they're on the same team, and they can win with your payor by accepting value-based care payments.

Sam

It absolutely is a partnership. The providers are the hands, eyes, and the ears for the payors in delivering quality and care.

So, what can we do? We can automate the data better, we can give clinicians more visibility into what they're doing, and build that partnership based on data and service, so they can deliver quality care with the lowest administrative burden possible. In addition, there's a lot more we can do to help our providers develop value and quality metrics that we, as payors, want to see to achieve a healthy membership base. That helps providers progress all the way to full risk-based value arrangements over time, if they so desire. Very often, we see providers looking for services like data aggregation and wrangling that payors can provide. So absolutely anything we can do as payors to improve our provider relationships and those partnerships is better for members at the end of the day.





## What will greater visibility and insights enable payors to achieve?

Sam

Everything, frankly. You can't change what you don't measure, and you don't measure if you don't have insights into the data.

As we look at basic steps that can be taken to improve value-based care, clinician penetration, and create better outcomes for the patient, it really is about improving visibility. We have new developments like price transparency legislation, which is going to provide even greater clarity into services and pricing, enabling consumers to do comparison shopping. Believe it or not, neither payors nor providers know what it costs for an individual service because it varies by contract, and payors often have multiple contracts. On the other side of it, providers don't keep track of it that way.

So, with these new data sources like FHIR<sup>4</sup> data coming into play, especially with g10<sup>5</sup> EHR<sup>6</sup> requirements, there's going to be a lot more sharing.



## What do payors need to do to prepare their data for a value-based care model to be able to share it with partners?

Leah

That's a simple question to answer but a difficult one to execute. We want to start with landing on a common provider data model; we think that's immensely important for our customers to agree on. What are key provider data elements that payors want to track to accomplish their goals? We feel like organizations should own it themselves.

There are a lot of tools that Microsoft provides to enable these processes. **Microsoft Dataverse** is a service that enables you to set up your ideal data model for any particular business unit or department for any reason. We call it a data chassis or intelligent data service, and it is a tool we've used to help our customers establish their provider data model. This capability is unique to Microsoft and is a huge value-add for payors.





## Final thoughts: What's one thing readers should remember?

Sam

Automating and making sense of your data enables you to provide greater, actionable insights to everyone in the chain: payors, providers, members, and patients.

But you can start small. You have the claims data. Think about how to present it and make it actionable. Then, layer on the other complexities like FHIR or g10 data, thinking about how you can create insights for everyone involved.

Leah

When Sam says start small, we're talking about things like eliminating duplicate entry. You can use RPA<sup>7</sup> solutions to do that. That might seem like very low-hanging fruit, but we talked about some of the fatigue and burnout that healthcare workers are experiencing. Just imagine if none of them ever had to double-key anything ever again.

Small solutions can have a huge impact and provide better insights and interactions between payors and providers. You can build from that, increasing gains over time.

### Leah Bowling

*Industry Vice President and General Manager,  
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Hitachi Solutions specialize in helping our customers and partners leverage the Microsoft platform to improve their performance. Leah's experience spans hundreds of deployments and a wide range of workloads. She currently leads the company's go-to-market strategy and innovation, centered around customer engagement and experience, data management, business intelligence, application modernization, and change management.

Hitachi Solutions is a globally managed Microsoft Gold Certified Partner specializing in Microsoft Dynamics 365 and Azure. Our success has resulted in numerous **awards** from Microsoft, including Microsoft Dynamics CRM Partner of the Year, Dynamics Financial Services Partner of the Year, and Microsoft Dynamics AX Partner of the Year.

### Sam Robinson

*Chief Health Plan Officer,  
U.S. Health and Life Sciences, Microsoft*

Sam Robinson is the Chief Health Plan Officer, U.S. Health and Life Sciences, Microsoft. In this role Sam is responsible for Microsoft's strategy, execution, and public presence for health plan organizations that leverage current and future Microsoft-based technology to solve real-world issues across their enterprise.

Sam has more than 25 years in information technology and more than 20 years in Healthcare Information Technology experience. Prior to joining Microsoft, Sam held various positions in the healthcare software industry, including Chief Technology Officer (CTO) for Eclipsys Corporation; CTO for Transition Systems, Inc.; as well as other industry roles including Director of Development, Manager of Development, Customer Service Technical Advisor, and other healthcare consulting positions responsible for analysis, design, and implementation of Medicaid information systems.

# Start Solving Provider Data Challenges Today



As you think about your journey towards value-based care, a great place to start is by workshoping with Hitachi Solutions to uncover your provider data challenges. This will help you crystalize around high-value use cases and understand how Hitachi Solutions and Microsoft technology empower businesses to work more efficiently, while freeing your organization from technical debt and process rigidity. You'll gain a clear action plan, including prioritized use cases, expected business and technology gains, and a roadmap for achieving value-based outcomes.

▶ [Learn more at HitachiSolutions.com](https://www.hitachisolutions.com)



1 This interview was edited for clarity and conciseness.  
2 Diagnostic-related group.  
3 Accountable care organizations.  
4 Fast Healthcare Interoperability Resources.

5 The [ONC Certification \(e\)\(10\) Standardized API Test Kit](#) is a testing tool for Health Level 7 (HL7®) Fast Healthcare Interoperability Resources (FHIR®) services seeking to meet the requirements of the Standardized API for Patient and Population Services criterion § 170.315(e)(10) in the 2015 Edition Cures Update.  
6 Electronic health record.  
7 Robotics process automation.