

# 3 Strategies to Deliver Complete, Clean Data Sets

Complete medication data helps your customers make informed decisions and launch value-based care and population health initiatives.

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## Data Fuels Decision-Making

Two decades ago, one of the biggest challenges in healthcare was a lack of patient data. Today, electronic health record (EHR) systems have become ubiquitous and healthcare organizations are gathering more patient information than ever. Surely, providers now have all the data they need for clinical decision-making, right?

#### Unfortunately, it's not quite that simple.

While the transition to electronic prescribing went a long way toward gathering prescription history in the patient record, e-prescribing alone is no longer enough. In today's data-driven environment, how can health IT organizations ensure the most complete data to better manage at-risk populations and achieve true systems interoperability?

These three strategies give you a good start.

#### **3 STRATEGIES**



Strategy 1: Repair Fractured Medication History Data



Strategy 2: Scale

Medication Data for

Population Health Programs



Strategy 3: Streamline
Data Migration Between
Disparate Systems





# **Strategy 1:** Repair Fractured Medication History Data

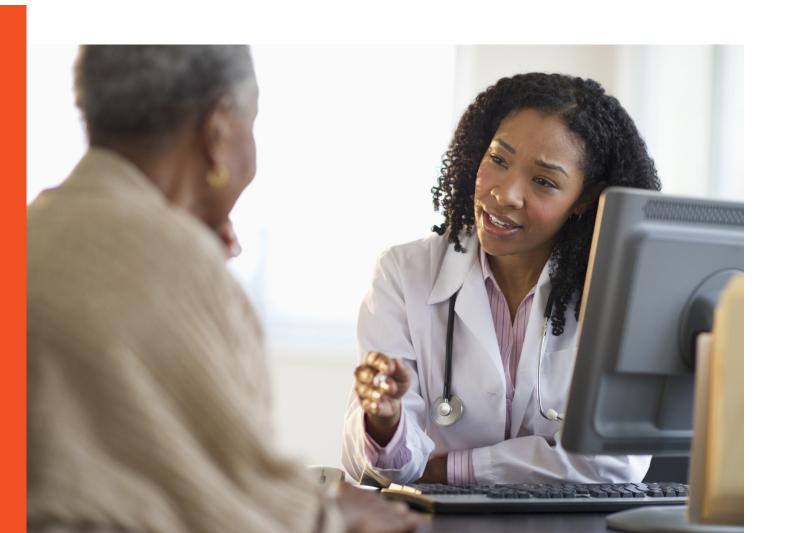
Data-sharing is required when patients transition from one provider to another. While the clinical meaning is clear to the sending system, that meaning is often lost when it reaches the receiving system. When data loses its structure because the receiving system can't translate it properly, someone must enter that data manually. The process is time-consuming and prone to errors.

Patient medication history is one area where incorrect and incomplete data can have a negative effect on patient outcomes. Fractured data sources, inconsistent terminology, and unnecessary manual entry all characterize the inefficient process of medication reconciliation.

By improving the quality of patient medication data and making it usable, your company is a valuable resource to support value-based care and population health initiatives. Using clinical and statistical context, DrFirst's patented artificial intelligence (AI) cleans and structures medication, allergy, and immunization data into the nomenclature of the receiving system. This removes the data transcription effort for providers by codifying information into discrete data elements that a receiver's system can understand, without manual intervention.

One DrFirst customer optimized and migrated 88.6% of medications and prescription instructions into a consolidated EHR system and saved five to seven minutes per patient record compared to a manual process. That was the subject of a conversation this year at HIMSS between Colin Hung of Healthcare IT Today and Zach Fox, President of Partner Solutions at DrFirst.

Watch Video: Closing Gaps Between Information and People





## Strategy 2: Scale Medication Data for Population Health Programs

Data is a powerful starting point for managing and monitoring medication adherence in groups of high-risk patients. Early consultations with these patients, and keeping them on their drug therapy plans, can greatly reduce healthcare costs while keeping patients healthier.

Consider that in the United States, non-adherence to medication therapies is cited as a cause of:



125,000 deaths<sup>1</sup>



10% of hospitalizations<sup>2</sup>



#### Up to \$289 billion in annual healthcare costs<sup>3</sup>

Unfortunately, it can be challenging to gather accurate medication history data to identify patients who aren't filling their prescriptions. Accountable care organizations (ACOs) and health systems often struggle to pull information from multiple EHR systems across their patient populations, resulting in unstructured and disorganized data. And because value-based care initiatives for medication management are measured with pharmacy claims rather than prescription fill data, adherence metrics often omit medications that patients paid for with cash or coupons. Waiting on claims data can also delay receipt of information by one to three months, which is too late to be useful for timely patient intervention.

### Deliver Better Data So Your Customers Can Deliver Better Care

MedHx™ PRM (Population Risk Management) delivers the data that care managers need to identify patients who are not filling their prescriptions regularly and intervene to get them back on their drug therapy plans and reduce their overall use of healthcare services.

"As part of our Mobile-Integrated Health Community Paramedicine medication adherence program, we focused on patients with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD)," said Olu Sokan, MSPharm, PharmD, Advanced Practice Pharmacist at University of Maryland School of Pharmacy. "We were able to merge Epic Clarity data with MedHx PRM data and calculate first fill rates for new medications. Over a six-month study period, first fill rates increased 10% for CHF patients and increased 15% for COPD patients. We also found medication adherence for our high-risk patient population improved for 60 days after the intervention."

#### See Keeping High-Risk Patients on Their Medications

#### Sources

- 1. Osterberg et al. (2005) Adherence to medication. New England Journal of Medicine.
- 2. Peterson et al. (2003) Meta-analysis of trials of interventions to improve medication
- 3. Viswanathan et al. (2012) Interventions to improve adherence to self-administered medications for chronic diseases in the United States: a systematic review. Ann Intern Med. Unstructured, incomplete clinical data is the enemy of value-based care and impedes population health initiatives.





# **Strategy 3:** Streamline Data Migration Between Disparate Systems

In a recent interview, John Lynn of Healthcare IT Today asked a panel of healthcare experts how the challenge of sharing health information across incompatible systems impacts the quality of data and ultimately, the quality of patient care.

The panelists included:

- Colin Banas, M.D., M.H.A., Chief Medical Officer, DrFirst
- · Paul Grundy, M.D., M.P.H., Advisor, Grundy Consulting
- · Sarah Richardson, CHCIO, Chief Information Officer, Tivity Health

The experts discussed the state of patient data today, how gaps in interoperability impact quality initiatives, and how the healthcare industry can solve lingering data fidelity issues between disparate systems and formats.



Can you share data between systems?

"The fact that we still have fax machines in most clinics and hospitals speaks to the fact that there's a long way to go," said Dr. Banas, while acknowledging that some EHR vendors have made tremendous strides in streamlining the flow of data.



Is your data accessible?

"It has to be clean data before you put it into a new system," said Sarah Richardson, pointing out that while the healthcare industry has a wealth of information stored in different places, it needs to be structured and in a usable format so the right people can access it at the right time. "Otherwise, you are wasting your time and your money," she said.



Is managing healthcare data more complicated than rocket science?

"I used to think that healthcare was like rocket science in terms of data," said Dr. Grundy, "but I now conclude that it's a lot more complicated. Rocket science is relatively easy when compared to managing the care for 100 people with diabetes, all with 100 different personalities and myriad medications."



How are you using Al?

According to the panelists, the good news is that the solutions already exist. Al-powered technology such as DrFirst's SmartProcessor™ delivers complete, clean data that supports the new focus on healthcare rather than sick care. As the industry shifts toward value-based care and scales up population health programs, it's vital for EHR vendors to bring together capable partners who can streamline the exchange of data between disparate systems and make that information usable by providers.

Watch the Panel Discussion on Data Integrity

## Partnerships That Put Strategy Before Software

The digital transformation of healthcare is forcing change faster than ever. For health IT organizations, the ever-shifting landscape presents many challenges—and opportunities.

At DrFirst, we believe strategy should always come before software. Fortunately, we are far more than a software company. We are a strategic partner for EHR and health IT vendors, creating relationships based on trust, dialogue, and respect. As a DrFirst partner, you can rely on us to deliver innovative technology, assist with medication management regulations, and free up space on your roadmap for new projects.

In this complex, fiercely competitive market, more than 300 EHR vendors depend on DrFirst to help solve their customers' challenges, accelerate innovation, and comply with new regulations. Leave development and compliance to us, and gain back product and technical resources for strategic initiatives that make your platform a valuable source of trusted data.



#### **About DrFirst**

Since 2000, DrFirst has pioneered healthcare technology solutions and consulting services that securely connect people at touchpoints of care to improve patient outcomes. We create unconventional solutions that solve care collaboration, medication management, price transparency, and adherence challenges faced in healthcare. We unite the Healthiverse—the interconnected healthcare universe—by providing our clients with real-time access to the information they need, exactly when and how they need it, so patients get the best care possible. DrFirst solutions are used by nearly 260,000 prescribers, 71,000 pharmacies and pharmacy systems, 300 EHR, HIT and software partners, and 2,000 hospitals and healthcare systems in the U.S. and Canada.

To learn more, visit www.DrFirst.com and follow @DrFirst.



#### Corporate Headquarters

9420 Key West Avenue, Suite 230 Rockville, MD 20850

#### **Contact Us**

866.263.6511 partners@drfirst.com www.drfirst.com/partners

#### **Satellite Offices**

Mesa, AZ Germantown, MD