

CARE INTERVENTIONS EDITION

Care Analytics

NEWS

Catching Up With



Swati Abbott

CEO Blue Health Intelligence Chicago

Abbott has spent most of her career helping clients use data to improve healthcare.

Accountable Care News – a sister publication to Care Analytics News, recently caught up with Swati Abbot. The Accountable Care News interview is provided here for Care Analytics News readers.

- For the past 9 years, Abbott has overseen huge growth at BHI, since its spin-off from the national BlueCross BlueShield Association.
- In that time, BHI has become a leading independent provider of data analytics, software and consulting for health plans, employers, providers and other stakeholders.
- Before BHI, Abbott held leadership roles at Elsevier, a leading science and health information publisher.
- There, she led the development and expansion of the company's analytics business through two subsidiaries.
- She serves on several national boards.
- Abbott earned a BS in physics from Delhi University in India.

Accountable Care News: You joined BHI when it formed in 2011 with a mission to leverage data from multiple Blue Plans into better care and lower costs. What kinds of major steps have you taken?

Swati Abbott: Well, we've been busy!

- We have been growing our National Data Repository by adding claims data from more plans – to the point that it is now the largest and most longitudinally rich, conformed healthcare database in the nation.
- Recently, we were certified as a Qualified Entity by the Centers for Medicare & Medicaid Services, and will soon gain access to claims data from 59 million Medicare beneficiaries.
- We've built a robust set of solutions and methodologies – we've launched 6 Software-as-a-Service solutions in less than a decade.
- We've also hired a range of health plan experts, clinicians, statisticians, data scientists, coding experts, information technology professionals, actuaries and consultants to turn our data and analytics into insights that improve quality, reduce costs and optimize performance for a range of healthcare stakeholders.

Lately, of course, we have been working nonstop to help with preparedness and responses to the COVID-19 crisis. Soon we will have a large enough dataset from the new ICD-10 codes for the novel coronavirus to be able to fully analyze trends, clinical implications and rates of occurrence.

ACN: What's the biggest surprise you've encountered in your career?

SA: Data analytics has evolved from a "nice to have" to a "must have." While healthcare has certainly been late to the game, I have been continuously surprised at how the use of analytics has accelerated. I remain ever hopeful of its potential for fixing problems that have seemed intractable.

ACN: Such as?

SA: Two areas where BHI has made great advances are in improving the actionability of risk identification and stratification and in accelerating value-based care payment and delivery models.

(continued on page 2)

Catching Up With Swati Abbot... *continued from page 1*

- BHI's combination of AI and clinical informatics predict, identify and cluster the most impactable at-risk cohorts of members. This gives plans better opportunities to mitigate costs and improve outcomes.
- Our ensemble models then predict health risks with greater accuracy – while adjusting for equity – using a combination of clinical, socioeconomic and behavioral factors.
- Predictions are paired with individually targeted, prescribed actions that pinpoint areas of impact and root causes of suboptimal outcomes and escalating costs.
- The result enables much better prioritization of at-risk individuals and a more focused, automated and efficient care management process.

When risk assessment meets up with value-based payment programs, trusted common data sources that successfully support payer and provider collaboration are essential. Our integrated Whyzen Analytics platform enables payers and providers access to consistent, actionable information and a wide range of analytic and reporting capabilities

SA: This trusted information acts as a single source of truth and helps these partnerships achieve jointly desired clinical and financial outcomes. Payers use Whyzen to monitor clinical and financial results to identify high-performing providers and develop improvement opportunities. We also help facilitate the tracking of contract performance and calculate financial settlements. Additionally, Whyzen creates reports for specific types of stakeholders and pushes them out automatically. When more detail is needed, users can drill deeper or create new reports from scratch.

ACN: *Data analytics is a crowded market sector. How do you make sure BHI is heard above the crowd noise?*

SA: One area we are proud to have taken a leadership role in is leveraging Social Determinants of Health. In all of BHI's predictive models, we have incorporated an understanding of clinical, socioeconomic and behavioral factors, allowing us to identify plan members whose life circumstances impact their ability to manage their health. Our analytics also can help design and implement the most appropriate interventions. As we are seeing with COVID-19, the lack of access to things like good nutrition, transportation and quality medical care has meant that populations with greater economic and social barriers suffer the most from underlying chronic conditions, which in turn leads to a much higher mortality rate.

Also, while BHI has several projects underway that facilitate payer-provider partnerships, I think our new multi-faceted, value-based care readiness data is especially powerful. Unfortunately, many providers lack access to timely reimbursement and performance data, putting them at a disadvantage when trying to optimize value-based care arrangements. Our navigator combines Big Data with advanced benchmarking, cost and efficiency indices and a Combined Quality Index of readmission and complication data to evaluate and measure quality.

ACN: *What's "The Next Big Thing" in the accountable care analytics space?*

SA: I think the healthcare industry must increase its investment in consumer-facing data sharing and telehealth-related analytic capabilities. Members and patients are truly consumers now; they seek more input, more control of their care decisions and more value for their dollars than ever before.

As an industry, we need to be able to access a range of complex clinical, quality and financial information in ways that are both easy to digest and act upon. If we can provide tools that allow our clients to provide their members or employees with clear data showing that a narrow network cuts their out-of-pocket costs while not sacrificing quality, we have achieved something!

Telehealth is another issue entirely. Before COVID-19, it primarily was limited to rural facilities – and payment rates were so low that physicians were not enthusiastic about spending time on it. Now you see telehealth being used everywhere and payment rates have doubled. Even senior leaders at CMS now say utilization of telehealth isn't going to decline, even after the virus threat recedes – but that brings up the difficult issue of quality.

- How many times should a provider see a patient in person prior to a telehealth visit?
- Which conditions are right for virtual visits and which are not?
- Is the quality of the interaction the same or are patients less likely to be forthcoming?
- What kind of training improves outcomes?

We have a lot to work on if we want to assess quality in telehealth from an analytics perspective.

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