

Healthcare Data Priorities:

Insights From Providers and Payers

Better decisions, meaningful perspectives and healthier consumers all stem from utilizing varied datasets.



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Introduction

Quality data – which there's no shortage of in healthcare – is key to making smarter decisions, competing effectively, and mitigating and managing risk. When **collected from various sources**, such as clinical interactions, payment records, personal sources and socioeconomic attributes, healthcare providers and payers can get a more complete, current view of the individuals they serve, resulting in greater insights into consumer behaviors, enhanced satisfaction and improved care outcomes.

"Data drives nearly every aspect of our healthcare industry. It helps identify longitudinal treatment trends, socioeconomic risks, missed payment opportunities and more. The broad scope of all of these inputs illustrates how mission critical it is to use the right information sources, tools and expertise."

James Bohnsack - Senior Vice President and Chief Strategy Officer
TransUnion Healthcare

How are providers and payers prioritizing data strategies and approaches?

In late 2020, TransUnion Healthcare conducted an analysis of healthcare leaders at provider and payer organizations – surveying 200 executives and senior management officials – to better understand their utilization patterns and organizational priorities.

This report pools their responses and key takeaways on:

- How confident organizations feel about the accuracy of their data
- What strategic areas are most recognized
- What challenges and opportunities exist to improve usage

Healthcare data growth volume has increased by at least 48% annually.



There's an estimated **2,314 exabytes**, the equivalent of 1,000 petabytes, worth of data in 2020.¹

Key Findings

Overall confidence in accuracy of demographic information

Accurate and reliable patient/member demographic data can make all the difference in assuring actionable strategies and measurable ROI. Not only does it help properly identify patients and prevent rework downstream, it can also determine **specific risk factors** that may impact their health.

According to survey results (see Figure 1), payer and provider organizations' confidence in the accuracy of their demographic information varies. Providers are significantly more likely to be very confident in its accuracy at 58% as compared to 37% of payers. This may be due in part to providers having more frequent patient touch points – during registration and at the point of service – to confirm and update information, whereas payers typically only collect it during open enrollment or when processing claims.

One of the best ways to reach and serve the unique needs of patients/members is through consistent communications. This relies heavily on ensuring the most accurate contact information is being utilized, and properly employing the tools and technologies to do so.

Half of denials, per a recent Change Healthcare index report, are caused by front-end revenue cycle process shortfalls, including incorrect demographic information or insurance eligibility.²

"Confirming demographic and eligibility information up front is critical to financial clearance workflows and denial prevention. Strong front-end revenue cycle processes ultimately drive more timely payments and improved consumer experiences."

Evan Goad - Vice President and General Manager, Patient Experience
TransUnion Healthcare

Why should accurate demographic information be a priority?

When this data is correct and regularly updated, it has the potential to:

- Improve the quality of care
- Enhance medical service offerings
- Pinpoint opportunities for interventions and inform optimal treatments
- Reduce denials, errors and bad debt

Quick tip:

Develop a "checks-and-balances" process that involves carefully considering, maintaining and cross-checking a variety of data inputs to **match members** and patients to their most updated demographic information. This may involve analyzing consumer, address, household and socioeconomic data sources.

How confident are you that your member/patient demographic information is correct?

Data points	Payers	Providers
Very confident	37%	58%
Fairly confident	60%	38%
Neither	1%	2%
Not very or not at all	2%	2%

Figure 1

In a recent TransUnion Healthcare case study,

132,000 records 

were reviewed for right party contact. Across best contact points for address, phone and email, **60%-263% additional contacts** were found across these categories. Providers and payers can't appropriately manage care if they can't effectively contact consumers. Having accurate right party contact information in place can drive better outcomes for providers and payers.

Strategic focus on insurance eligibility and clinical data

Providers and payers rank insurance eligibility and clinical/claims data as their top two areas of strategic focus (see Figure 2). These two datasets are key to identifying specific medical information and determining payment responsibility in order to improve treatment options and ensure a seamless end-to-end experience. Discharge planning, as well as overall payment, hinge on accurate eligibility and clinical data. Delays in care and clinical denials are likely to occur where there are unresolved gaps or discrepancies in data.

Insurance eligibility data ranked first or second in priority by both groups; 69% of providers ranked it first or second, as did 60% of payers. Nearly one-third (31%) of those providers ranked it as their first priority, as compared to one-fourth of payers. Insurance eligibility information – which is especially for providers – helps highlight payment opportunities and potential paths to streamline collection processes, thus **reducing denials**.

Claims/clinical data is another area of strategic focus, and one that relies on connectivity between providers and payers. Per our survey, 35% of payers and 29% of providers ranked claims data as their first priority area. For payers, this data is particularly valuable to operate successfully in a risk-adjusted, managed care setting. In the case of providers, it's pertinent to ensuring quality, evidence-based care.

According to the US Census Bureau, in 2017, on average, 20% of members with a private health plan had supplemental insurance, and nearly 40% of individuals on a government plan had other coverage.³

Why should having strategic data focus areas matter?

With the abundance of data that exists, having an operational plan for focusing your efforts can drive efficiencies. The majority (80%) of healthcare data is unstructured, making it hard to work into existing processes and draw necessary insights.⁴ Prioritizing your organization's strategic focus can better align teams to common goals, **enhance the member/patient experience and streamline payments**.

Quick tip:

Invest in the necessary technology and tools to help automate data processing functions, reduce operational burden and expedite reimbursement processes. With the right end-to-end eligibility solutions in place, healthcare providers can mitigate insurance denials and underpayments, and accelerate payment. Moreover, upfront efforts on the part of providers can also help payers efficiently process and pay claims, as well as enhance member management with right party contacts.⁵

The industry standard for clean claim rates is 98%. A quality review of claims prior to submission – that includes ensuring coverage and patient/member demographics are verified – can have a significant impact on payment and processing delays.

What types of data are a strategic focus for your organization? [Sorted by top two rank]

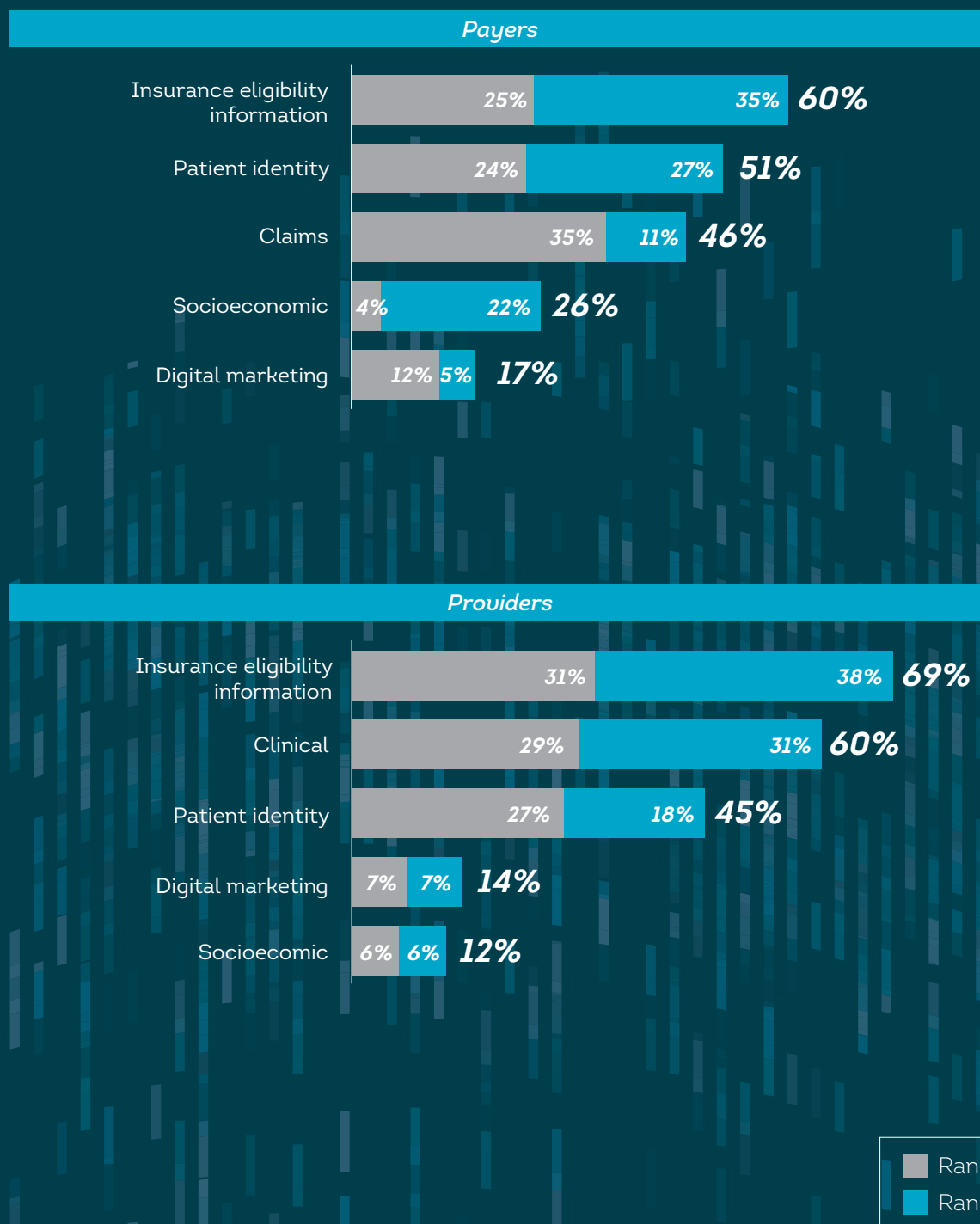


Figure 2

Access to necessary talent and tools varies

While numerous risk analysis and analytics tools are available, it can often be a challenge to find qualified talent to utilize them. In fact, per a McKinsey study, global demand for data scientists is likely to exceed supply by more than 50% by 2018.⁶ These highly sought after positions are competitive across many industries, including healthcare. This competitive environment can make it particularly hard to employ qualified data scientists and analysts.



Our survey found a significant access gap between payers and providers to both the tools and talent required to drive actionable insights with data could add (see Figure 3). The majority of payers (85%) responded to having the necessary tools and talent to support their data efforts, as compared to 57% of providers. Per a recent Healthscape article, the root cause of this gap is twofold. Providers are resource constrained, preventing them from communicating timely and accurate updates to their various contracted health plans.⁸ On the payer side, this data has not been prioritized as an asset. As insurance carriers are large omnichannel organizations, the focus has been on claim risk and payment versus data analytics and improving long-term outcomes.

Talent and costs are problematic for healthcare organizations across many areas. Per a recent analysis done by [The Economist Intelligence Unit and sponsored by TransUnion](#), 63% of healthcare executives cite overall costs (and specifically high costs of hiring AI talent) as key challenges in their artificial intelligence (AI) digital commerce journey.⁹

How do the right tools and talent accelerate insights?

Your data is only as good as the tools and talent behind it. For this reason, aligning your technology partners, data inputs and teams to work them is the best recipe for success. For example, when it comes to [analyzing socioeconomic data](#), it helps to have technology that visualizes social risk factors. This visualization can streamline intervention insights and opportunities.

Quick tip:

With the volume of data being worked across your organization, it's imperative technology and talent are able to scale to your needs. Teams should be as interconnected and collaborative as possible to drive the most effective strategies.

Do you have the talent and tools needed for risk analysis, and the data to drive actionable insights?

Data points	Payers	Providers
Yes	85%	57%
No	6%	30%
Don't know/Not sure	9%	13%

Figure 3

Improved efficiencies and better patient experiences are top business priorities

The majority (51%) of payers and providers want to create a more positive member/patient experience. When asked to rank their top business priorities, this option was first on the list for providers (21%) and second for payers (18%). A positive experience is often linked to better payment. Seventy percent of patients, [per a TransUnion Healthcare patient survey](#), said knowing costs before a procedure helps them anticipate charges and budget for payments. In addition, when there's price transparency via an estimate at the time of service, 65% of patients said they'd make at least make a partial payment.

Per the survey, both parties also want to be able to improve efficiencies; 53% of payers ranked this in the top three business priorities, as did 63% of providers.

How can data improve the member/patient experience?

Aside from providing quality care, [engaging patients early](#) and throughout the revenue cycle can impact their overall experience. This means offering transparent pricing, customized payment options and personalized engagement. [Quality data](#) delivers a more comprehensive view of each individual's unique financial situation. This enables providers and payers to better manage payment risk – and more importantly, spot opportunities to provide more individualized care. In addition, an understanding of the socioeconomic factors that impact patients and communities can also help improve their experience, as well as their overall well-being and health outcomes.

Quick tip:

Patients are the new payer, so it's important to focus on patient/member engagement strategies and meeting them where they are financially. Understanding their communication, payment and risk profiles is paramount to helping ensure positive outcomes. Key insights from data surrounding payment and lifestyle behaviors can drive long-term strategy and innovation. Take time to visualize where social risk exists in the populations you serve, and determine data-driven interventions based off this information. Knowing your consumer will help guide efficiencies and reduce the cost of care.



What are your organization's top business priorities for data? [Sorted by Top 3]

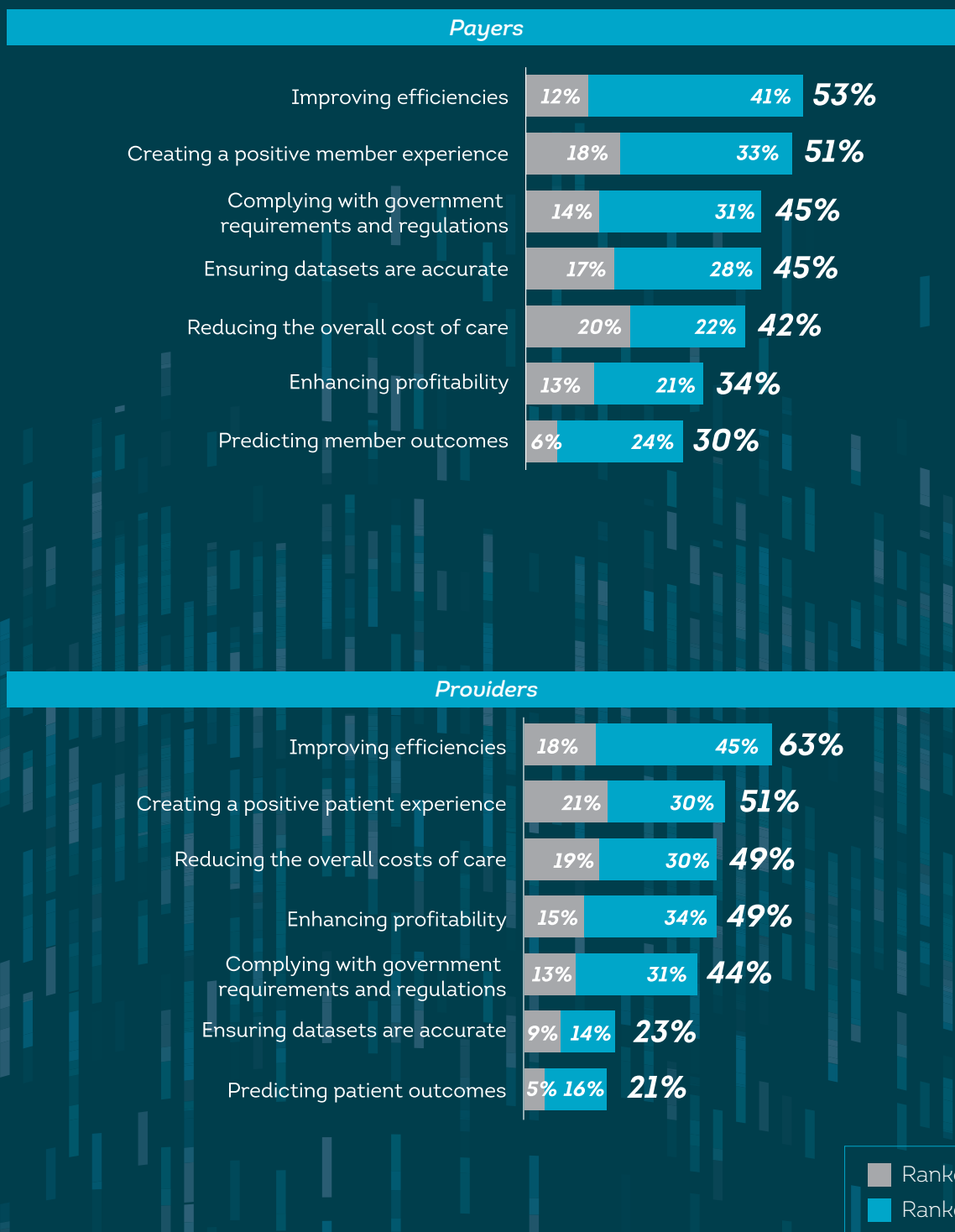


Figure 4

Limited budget and disparate datasets are top challenges

Given the **declining visit volumes** and unlikely return of pre-COVID-19 volumes in 2021, the financial viability of many healthcare organizations will have many unknowns. Deflated margins are often directly tied to a reduction or hold on budget allocated for new technology and net-new strategic projects.

Per a HiMSS Media survey, almost one-third of hospitals “indicate their data-sharing efforts are insufficient, even within their own organizations, and fewer than 4 in 10 say they’re successfully sharing data with other health systems.”¹⁰

Specific to data, providers and payers are met with limited budgets. In fact, according to survey results, (see Figure 5), 49% of providers and 44% of payers call this their biggest challenge. The vast amount of disparate data sources also presents a challenge, noted by 48% of providers and 41% of payers.

While budget influences the means to have the right tools, talent and data needed for risk analysis, payers are better positioned for success. They report less impact due to a lack of resources/expertise (35%) than providers (46%).

Why does data present a challenge?

The digitization of healthcare data was a game changer, yet it created volumes of information that quickly became disparate and siloed. This in and of itself is a challenge, but without the right infrastructure, data standards and resources in place, it’s very hard to derive meaningful insights to impact health outcomes.

Quick tip:

Clearly define your organization’s **data strategy** and be sure strong data hygiene practices are put into place. This will help ensure you’re able to focus on the information and insights that matter most, and that they’re closely aligned with your overall goals. The aforementioned HiMSS article reinforces the need for providers to have advancement in technology and tools to ensure they’re progressing key strategic goals.

What are your organization’s biggest challenges around data?

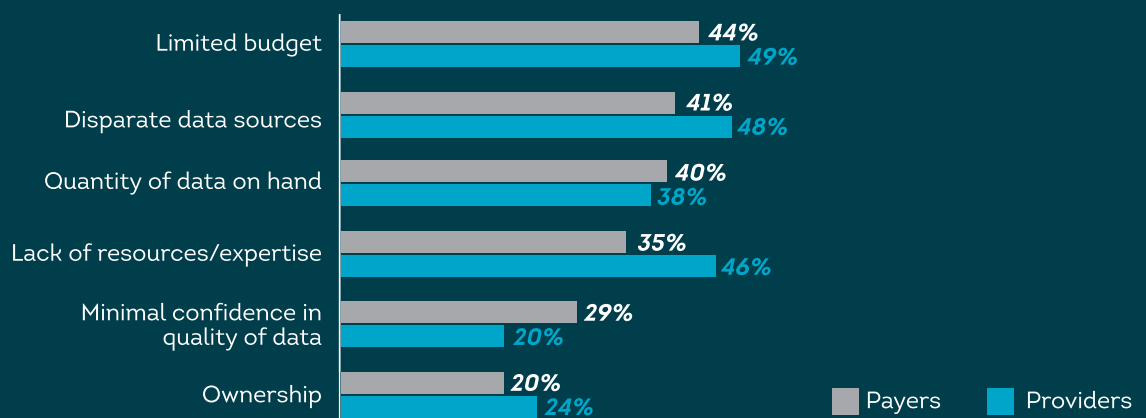


Figure 5

Takeaways

Data and all its intricacies present opportunities and challenges for healthcare – both of which are here to stay. As the world evolves, the role of data and its impact will shift as well. Payers and providers will need to stay on pace with these changes to be able to survive and thrive in the future.

Accurate data accompanied by measured strategic approaches will help encourage innovation. As the lifeblood to enhanced outcomes and stronger bottom lines, payers and providers need to implement comprehensive data strategies. In addition, organizations must understand their insights and analytics are only as good as the **data fueling them**.

TransUnion Healthcare is committed to accurate data and actionable insights. To learn how our data solutions can impact your organization, visit transunionhealthcare.com.

About TransUnion (NYSE: TRU)

TransUnion is a global information and insights company that makes trust possible in the modern economy. We do this by providing a comprehensive picture of each person so they can be reliably and safely represented in the marketplace. As a result, businesses and consumers can transact with confidence and achieve great things. We call this Information for Good®.

TransUnion Healthcare, a wholly owned subsidiary of TransUnion, makes mutual trust possible between patients, providers and payers by helping them navigate payment uncertainty. Our **Revenue Protection®** solutions that leverage comprehensive data, accurate insights and expertise to engage patients early, ensure earned revenue gets paid and optimize payment strategies. TransUnion has helped over 1,850 hospitals and 550,000 physicians collectively recover over \$1.2 billion annually in revenue.

A leading presence in more than 30 countries across five continents, TransUnion provides solutions that help create economic opportunity, great experiences and personal empowerment for hundreds of millions of people.

transunionhealthcare.com

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