A successful transition from fee-for-service to value-based care requires that all healthcare organizations have "big picture" data that allows them to make informed decisions that both improves patient care and reduces unnecessary costs. The platform is a comprehensive population health management (PHM) solution that aggregates claims and clinical data from multiple sources. It delivers key insights into cost drivers and evaluates quality measures that impact performance-based reimbursements while enabling the care team to be a change agent.

The HealthEC Best in KLAS® PHM platform is built on these critical capabilities — data integration, data analytics, and care coordination — thus providing an end-to-end solution that empirically enhances strategic planning and helps deliver on organizational goals.

Leveraging analyses of combined clinical, claims, and social determinants of health (SDoH) data in near-real time, the platform optimizes care management resources to help ensure that patients receive the right care, at the right time, and in the right setting. Providers have access to actionable insights that measure performance against benchmarks, quality measures, total cost of care, and each value-based contract.
Fuel Transformation with Data-driven Insights
Using HealthEC’s PHM Platform

Benefits and Features

- Integrates claims and clinical data to transform raw data into actionable insights for your value care business
- Identifies, tracks, and addresses gaps in care in near real-time to improve provider performance and quality related to contract measures
- Tracks quality measures in near-real time with automated functionality while optimizing shared savings and reimbursements
- Provides the ability to effectively negotiate beneficial payer contracts
- Enables leveraging of analytics, reports, and dashboards to identify and stratify patients to track utilization, benchmarking, and creation of specific high-risk patient cohorts for care management
- Allows the ability to enable care coordination through a robust care management tool and document recommended interventions, with integration of SDoH assessments like PRAPARE
- Provides the capacity to improve pay-for-performance (P4P) and practice transformation

Gain key organizational insights and track measures in near-real time using 3D Analytics

- Approximately 500 prebuilt quality and utilization measures
- Over 250 reports “out of the box”
- NCQA-certified eCQM reporting
- CMS-approved qualified registries

Quickly identify high-risk, high-cost patients with HealthEC’s risk-stratification capabilities

- Identify patients with gaps in their care relative to evidence-based guidelines, quality measures, and other metrics
- Apply predictive modeling to assess the probability of patients experiencing preventable high-cost events

PROVEN RESULTS

In partnership with our Accountable Care Organizations (ACOs), our PHM platform and advisory services have helped achieve over $161.5 million in gross shared savings over the past 4 performance years. This represents an average of $4.7 million per ACO in 2019. ACOs utilizing HealthEC’s software and services generated a shared savings (for both legacy track and new participation options) per member per year (PMPY) of $685, which is 3.7 times higher than the amount generated by ACOs not utilizing our software and services ($168).

ABOUT HEALTHEC

HealthEC, LLC is the 2019 Best in KLAS®, full-service PHM company with expertise in value-based care strategies, healthcare operations and workflows, outcomes measurement, provider performance monitoring, member management, and cutting-edge technology. Our mission is to help clients succeed through the use of our industry-leading, single-platform solution that aggregates and analyzes clinical, claims, and quality data to provide actionable insights that can improve healthcare outcomes across multiple dimensions. To discover how HealthEC can help your organization, you can contact us at 732.271.0600 or visit us at Healthec.com, Twitter, LinkedIn, and Facebook.

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