

# Optimizing Healthcare Utilization Management

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As the focus in healthcare continues to shift to cost containment, utilization management, fee-for-value arrangements, and ultimately better outcomes for all customers, finding the right technology solutions to meet these needs is becoming increasingly difficult. In order for shared risk arrangements between providers and payers to be successful, the capability to integrate, share, and fundamentally manage the entire patient population is increasingly becoming a focus area for Chief Information Officers (CIOs), Chief Technology Officers (CTOs), and Chief Digital Officer (CDOs).

At the core of the problem for many organizations is the ability to share data between payers and providers to benefit members in a meaningful way. This includes targeted interventions, focused communication, reducing readmissions, and improving members' health.

Read on to see how Utilization Management, and using a digital transformation solution like Appian, can help combat these challenges and lead to more satisfied customers.

## CHALLENGES: THE NEED TO SHARE INFORMATION AND HAVE A SECURE SINGLE SOURCE FOR DATA

From patients' perspectives, healthcare payers only hold their administrative and claim data, while providers only hold their medical information. However, in reality, this data is often shared by both payers and providers and needs to be easily accessible to each. Currently, it is not feasible for these large healthcare payer and provider entities to aggregate data in a single, centralized location primarily because of the massive investment required to modernize each entity's infrastructure. However, integrating these systems together to better manage the holistic member is fundamental to every healthcare organization's success.

### What are the critical pieces that lead to this complex business challenge?

- Lack of data integration in a centralized system leading to multiple disparate systems
- Lack of a centralized entry point for providers to submit critical information regarding the services requested
- Lack of benefit integration on the payer side to better understand network and benefit information for each service
- Consumers' lack of education regarding their out of pocket costs, options, deductibles, or alternative options for care

So how does one integrate these systems in a way that makes data more easily accessible for all parties, provides a segregation of duties so only the appropriate users see the data they need, and won't break budgets?

## THE SOLUTION, UTILIZATION MANAGEMENT

The solution to these potential woes involves a system that ultimately aggregates data from EMRs, permitting transparency to the members through a consolidated record.

The perfect solution for this business challenge?

### Utilization Management

Most providers are continuously monitoring their utilization, identifying trends, making critical decisions on admission & discharge, and ensuring the proper paperwork is submitted to the payer so patients can avoid any potential billing issues.

On the payer side, the end-to-end process from authorization to claim adjudication is lengthy and prone to significant error and costs. The difference between the authorization of a service at an in-network facility versus an out-of-network facility can potentially result in significant increases in the cost of care. Complicating this situation, should this process be done incorrectly, is the fact that it can cost a facility many patients' business due to their unsatisfactory experience with their bills.

Specifically, Appian's Business Process Management (BPM)-driven application development platform makes Utilization Management the best solution for these various challenges. Appian allows providers to unify and cleanse their data streams automatically and with any unique customizations they might need.

With Appian, systems are brought together under one single sign-on with an easy-to-use interface where providers can log-in once, instead of multiple times, and find all the data they need in a single place. Appian, The Digital Transformation Platform™, allows all patient data to be aggregated and stored within the application and easily accessible through Appian Records. Records allows entities (both payer and provider) to integrate data from multiple work streams and sources, collect attachments, and store audit history while performing any task.

An additional key healthcare benefit that Appian provides is inherent real-time capability. Unlike outdated batch processing where parts of EMRs, claims systems, etc. may only be updated once or twice a day, Appian holds data such that it is visible and actionable immediately after it is entered. Reducing the risk of a physician, nurse or billing department employee utilizing outdated data to make a decision significantly limits a potentially catastrophic patient safety or satisfaction issue.

## CONCLUSION

As the disruption in the payer and provider markets continue, the focus will shift over from monolithic, expensive point solutions to more low-code, process-driven, fit-for-purpose solutions. The ability to plug and play legacy systems, aggregate information, and leverage optimized processes to deliver business outcomes will only increase investments in platform-as-a-service solutions.

## AUTHORS



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Fritz Haimberger is a healthcare consulting, sales, and management executive with more than 17 years of HIT, clinical operations, and revenue cycle experience. With a strong background in healthcare administration and operations, business development and IT systems design, he has extensive experience focusing on provider solutions both in the U.S. and internationally, including Canada, Ireland, and the UK. Having been with Appian for over two years and leading the company's healthcare provider industry vertical, Mr. Haimberger holds a B.E. in Biomedical Engineering from Vanderbilt University and resides with his family in Nashville, Tennessee.



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Amir Azarbad is the founder and CEO of Inspirant Group, a consulting firm focused on strategic and technology services to payers and providers. From June 2013 until January 2017, Amir was executive director of strategy and technology innovation at Health Care Services Corporation (Blue Cross Blue Shield of IL, TX, NM, OK, and MT). In this role, he was responsible for transforming care and utilization management for more than 15 million people with new data-centered process management platforms that he helped conceive, implement, and deploy to production. Prior to HCSC, he helped numerous payers and providers with their transformation initiatives. He holds a Bachelor's degree and MBA in information Management and Computer Science. For more information, please contact Amir Azarbad at [amir@inspirantgrp.com](mailto:amir@inspirantgrp.com).



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