The Value of Patient Information at the Point of Care
At Shared Health, we not only believe in the power of health information technology to transform care, we are continuously measuring the success of the model. Here are the results of our latest studies.

Program Value

Over time, patients, particularly those with chronic conditions, build a relationship with their physician. During the span of their patient’s care, physicians are able to motivate and encourage the patient to monitor their disease process, take medications, follow up on appointments, etc. Our analysts asked the questions — How has the continuity of care improved with the introduction of Shared Health, and what value does it provide?

Methodology:
This study used a robust pre-to-post, matched case control design for patients who were continuously enrolled for one year (N=2,990). To be eligible to participate in the study, patients were required to have the same condition before and after the physician used the Shared Health Clinical Health Record (CHR) and have the same primary care physician. Patients were then matched based upon condition, physician specialty, and multiple member demographic characteristics including residence in a rural area. Per Member Per Month (PMPM) costs were compared before and after electronic health record (EHR) use. Efficiency was calculated based upon the difference between the percent change in cost (pre-to-post) between the Shared Health population and the control group.

Results:
The results of the study showed that Shared Health patients experienced over 15% more cost-efficient care compared to the control group. This cost efficiency was driven by 22% fewer Emergency Department (ED) visits, 8% lower facility costs, a 23% reduction in lab and diagnostic procedure costs, a 42% improvement in surgical costs, and over twice the amount of preventive care delivered compared to the control group.

Implications:
Physicians who utilized the Shared Health Clinical Health Record enhanced their efficiency, lowered patient costs, and returned the patient to a healthier state more quickly compared to physicians who did not.

Key Value Findings:
- 15% more cost-efficient care
- 22% fewer Emergency Department visits
- 23% lower lab and diagnostic procedure costs
- 42% improvement in surgical costs
- 2.21 ROI for a large employer

Quality Improvement Studies

Multiple studies have shown that compliance with evidence-based medicine (EBM) guidelines leads to lower costs and higher quality of care. EBM guidelines are at the center of value-based reimbursement initiatives for providers across the U.S. Shared Health’s clinical decision support tools employ EBM guidelines from various agencies and organizations, including the National Quality Forum (NQF), National Committee for Quality Assurance (NCQA), American Medical Association (AMA), and many others.
Methodology:
The study consisted of an insured population that was continuously enrolled for two years. Shared Health patients were those patients that were looked up within the study period (N=4,411). A total of 25 clinical quality measures were analyzed evaluating EBM compliance for wellness and chronic conditions, including chronic obstructive pulmonary disease (COPD), diabetes, congestive heart failure (CHF), asthma, coronary artery disease (CAD), and cerebral vascular accident (CVA). The relationship between EBM compliance and ED utilization was also analyzed.

Results:
Our analysis showed, compared to controls, Shared Health patients had a higher EBM compliance rate for 92% of major quality performance measures. In addition, Shared Health diabetic patients with recorded HgA1c and fasting lipids tests had 15% fewer overall ED visits and 12% fewer potentially unnecessary ED visits.

Implications:
The clinical decision support tools helped clinicians manage their patients more efficiently by alerting them to potential "gaps in care" and wellness interventions that needed to be addressed. In addition, better management of chronic patient conditions led to reduced ED visits, provided higher quality care, and lowered total costs.

Emergency Department Utilization

EDs are overcrowded and overextended across the U.S. Many of these patients could be treated in a less acute setting, such as a physician office or clinic. Excessive use of the ED for non-urgent care places financial and logistical burdens on the hospital that provides this service, as well as increases the overall cost of care to the payer. However, due to lack of funding, access to care, patient preference, and many other factors, patients continue to seek care within the ED. Shared Health analysts looked to determine if using the Shared Health Clinical Health Record would have an impact upon ED utilization among patients that could be treated in a less acute setting.

Methodology:
Study participants were patients continuously enrolled for one year. Shared Health patients were looked up in a non-physician office setting such as an ED (N=18,865). The comparison population consisted of eligible patients that did not have a Shared Health EHR. The appropriate setting of care determination was based upon a nationally recognized algorithm developed by the NYU Center for Health and Public Service Research (CHPSR) and the United Hospital Fund of New York to determine the probability of an ED visit being “non-urgent” — that is, that the patient could have either been treated in a physician office or that the visit was preventable.

Results:
The findings of the analysis showed that Shared Health patients had a significantly lower probability of having an ED visit that could have been addressed in a non-acute care setting.
Implications:
This study suggested that accessing Shared Health was part of a process that addressed the issue of providing care in a more appropriate setting — channeling the services that the patient needs, treating their condition in a more efficacious manner, or educating the patient as to other treatment options that were available. This study demonstrated that using Shared Health was part of a larger process that attempted to provide care by the most efficient means possible.

Return on Investment

A large employer contracted with Shared Health to partner with the physicians in the area to improve the health of their employees and dependents. After two years of experience with the Shared Health Clinical Health Record, the employer inquired about the financial return on their investment.

Methodology:
This analysis compared employees and dependents who were continuously enrolled in the employer’s health plan for one year. Total savings were determined by the difference in costs between the Shared Health patients and the matched comparison group.

Results:
The findings showed that for every dollar spent, over two dollars were saved (ROI of 2.21). In addition, their employees experienced higher compliance to evidence-based guidelines, including a 15% increase in colon cancer screenings, a 35% increase in pneumonia vaccinations for people over 65, and a 31% increase in flu vaccinations.

Implications:
The use of Shared Health’s community-based, patient-centric clinical health record, along with a partnership with local physicians, led to substantially lower health care costs for this employer.

About Shared Health

Shared Health’s products and services empower medical providers and patients to improve the quality and reduce the cost of health care. We intelligently and securely assimilate, process, and organize data from the entire health care team, and present patient information at the point of care to a community of professionals. This translates into better community health status, a reduction in costs, and happier patients and physicians. Our interoperability solution is proven, secure, scalable, and ready to position physicians for Meaningful Use Stage One and beyond.

Shared Health provides smart clinical decision support (CDS) tools that empower clinicians to deliver and coordinate exceptional care, resulting in healthier patients and better outcomes. Our key products include the Shared Health Clinical Health Record — a longitudinal, patient-centric record — and the Shared Health® Clinical Xchange®, which connects clinicians in different settings of care. Collectively, our solutions help physicians, hospitals, and other providers improve the quality of care while reducing costs.