PainScored

TRANSITIONING TO THE FUTURE OF DATA-DRIVEN MEDICAL PRACTICE

Medical practice is transitioning into a new, data-driven world. The healthcare system is embracing the change with the hope that information will allow us to prevent disease and save money. As individuals, we are concerned with balancing public health benefits with perceived concerns about privacy and data misuse. As providers, we will need to invest in technology solutions as payment models increasingly require data-driven care. How do we do this effectively?

Patient Premier's solution, Pain Scored, aligns value for payers, patients and providers now and for the future. It was recently highlighted at the 2021 American Academy of Pain Medicine's closing presentation of "Value Based Pain Care" as an example of a digital technology that can help patients more effectively communicate and document pain before they arrive in an office. Chronic pain can serve as a model for payment driven improvements in quality of life.

Nationwide, pain is an estimated $635 billion dollar problem including direct and indirect costs. This staggering number reflects the estimated 20 percent of the US population that suffers from chronic pain! Patients in chronic pain have 2-3 times the average healthcare utilization rate with increased Emergency Room, Inpatient and outpatient visits. In a future world that will pay for decreased usage, there is no question that Merit-based Incentive Payment System (MIPS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures will both incentivize and penalize high utilization in chronic pain. Identification and better management of Chronic pain can save $9000 or more in costs per patient per year. Thus, payers are aligned in their desire to improve care.

Ultimately, the process only starts by defining a problem and asking the right clinical questions. For hypertension, a diagnosis may be as simple as measurement and collection of blood pressures. Chronic Pain, however, is a complex phenomenon of perceived physical trauma combined with social and emotional factors, resulting in changes in processing at the levels of the brain and spinal cord. Measuring pain requires multiple data points that, when trended over time, give us a better idea of a patient's benefit or harm from therapy and the impact of an intervention on quality of life. Measurement is particularly important where the treatments may have a wider impact, such as the opioid crisis.

Currently, the Centers for Medicare and Medicaid Services (CMS) has incentivized investments into remote solutions with the creation of reimbursement codes for Remote Patient Monitoring (RPM), Chronic Care Management (CCM), and Patient Care Management (PCM). Providers are further penalizing for inadequate measurement of specific parameters. This "good cop/bad cop" routine will continue with the onus on providers to adjust to the new payment models.

Pain Scored is a web and mobile application focusing on pain management. Pain scored is a tool for obtaining patient generated health data. This data is tracked and trended over time. On an individual level, following medications, pain perception, mood and activity can be a great indicator of benefit versus harm during treatment. On a wider basis, the data can be used to track population health statistics.

At Patient Premier we utilize population health data for individual practices around pain. We not only report individual data elements and trends over time, but population level clinic data.

The data can be easily used for meeting reporting requirements. It can also be used by physicians and health systems to efficiently utilize resources where needed to reduce unnecessary utilization and cost.

Using this information, providers have knowledge which can be used to negotiate value-based care contracts. This is one example of data generation tools that will be required to meet the needs of the next century.

Beyond value, this data can help automate repetitive tasks in clinical practice from patient intakes to medication adjustments or insurance preauthorization. Each of these tasks are estimated to consume 0.5 to 0.75 Full-time equivalent (FTE) annually! Finally, data will be used to deliver information and education to patients that can passively improve their care. Imagine, for example, individualized profile-based pre-procedure education for patients and families. How much time could that save?

Ultimately, as technology providers, we are most interested in helping clinicians access data in a meaningful way. We started Patient Premier with the mission to help patients communicate in a language that their care team could understand. Our vision is that Pain Scored will be a useful application that enhances the larger trend of data-driven innovation in healthcare as a whole.

REFERENCES

Prakken S et al. Cost savings associated with intensive outpatient pain management of Duke Health System high utilizers. Poster presented at: Annual Meeting of the American Academy of Pain Medicine; March 16-19, 2017; Orlando, FL. Poster 181.

Rushakoff J et al. Chronic Pain as a Driver of Cost in ACO Arrangements. American Journal of Accountable Care. 2018;6(1):29-32.