

LexisNexis® Population Health Monitor



Some risks are too important to let go undetected.

Improve population health management with transparency into what's driving risk

No two people are alike and neither is the risk they represent to your health plan. Chronic diseases account for \$3 of every \$4 spent on health care and causes 7 out of every 10 deaths in the United States.⁽¹⁾ Critical to reducing costs is not only the ability to identify high-risk members but also understanding how and why they are going to cost you and what you can do about it. There has never been a greater need for analytics that empower health care organizations to drive better quality, collaboration and cost efficiency across their programs.

LexisNexis Population Health Monitor is uniquely positioned to help health care entities transform the way they approach managing their population's health and transition from volume-based reimbursement to risk-based reimbursement. Employing our MEDai science, this solution offers a robust library of models customized to the client's population, provides patient-specific risk and motivation drivers, and infuses best-in-class provider data and public records as appropriate.

1. Source: <http://www.forahealthieramerica.com/ds/impact-of-chronic-disease.html>

LexisNexis layers superior modeling capabilities with client data and customizes the analytics by lines of business and population. Results are delivered through a robust, user-friendly web portal or as a flat file that can be ingested into existing customer platforms.

This state-of-the-art solution leverages a unique data cleansing and normalization process that transforms raw administrative, pharmacy and clinical data into award-winning predictive analytics that are presented clearly and meaningfully for all stakeholders.

Population Health Monitor transforms population health management results with:

- An accurate and comprehensive understanding of patient-specific risk drivers and motivation
- The ability to dynamically custom weight predictions and view of results based on health plan or program objectives
- Insight that can be fed to providers at the point of care to affect care delivery in real-time



In addition to helping organizations manage the health of their populations, LexisNexis Population Health Monitor has the ability to aggregate and link vast amounts of data from multiple sources to provide key operational and clinical insights.

Whether you are a health insurer, Patient Centered Medical Home (PCMH), Accountable Care Organization (ACO), Integrated Delivery Network, or a standalone practitioner, you will benefit from:

- Being able to stratify your patient population to tailor resources to meet your staffing limitations, financial goals and/or targeted program needs;
- Attention to not only the primary condition, but the insight of what is truly driving the risk to enable effective treatment plans at the point of care;
- Flexibility to use predictions in stratifying patients, creating programs and measuring progress toward better quality and reduced costs;
- Medication adherence analysis, enabled by aggregated data from many sources;
- Jump start care management programs with built-in gaps in care measures for key disease categories

Understanding the importance and need for payers and providers to share information regarding a patient's health state, Population Health Monitor capabilities and results can be used by physicians, case/care managers and others to inform care delivery and encourage collaboration.

The Triple Aim of health reform – improving the patient experience and quality of care, improving the health of populations, and reducing per capita health care costs – requires the ability to monitor and affect the care of patients and members, even at the point of care. Population Health Monitor stratification capabilities provide an easy and effective way for all stakeholders to collaborate and provide optimal care to patients at reasonable costs.

Whether your needs are point of care analytics, outreach program assistance, integrated work flows, compliance analysis or overall performance analysis, LexisNexis meets your needs, all in a flexible, customizable solution for your population management health needs.



Key Benefits:

- Models proven to deliver highest R², sensitivity, and specificity
 - Maximize case and care management efforts with actionable analysis of the most impactable patients
 - Know in advance who will be trending higher in risk, even before the events arise
 - Ability to identify and understand risk with 2 years of historical claims data
 - Fast, easy, configurable analysis using an intuitive web interface to access aggregated data
 - Customized models built specifically around each customer's member and provider population
- Integration with other applications and workflows to ease the access for practitioners
 - Ability to share patient risk information with physicians overseeing care through the LexisNexis Clinical Integration Portal

"If you want to transform care and drive efficiency, experience and quality, neither the insurer nor the clinician can do it alone. The health plan and provider have to do it together, using predictive modeling with sophisticated risk data as the secret sauce." - Janet Tomcavage, RN, MSN, VP Health Services Geisinger



For more information:

Call 800.869.0751 or visit
www.lexisnexis.com/risk/healthcare

About LexisNexis® Risk Solutions

LexisNexis Risk Solutions (www.lexisnexis.com/risk) is a leader in providing essential information that helps customers across industries and government predict, assess and manage risk. Combining cutting-edge technology, unique data and advanced analytics, Risk Solutions provides products and services that address evolving client needs in the risk sector while upholding the highest standards of security and privacy. LexisNexis Risk Solutions is part of Reed Elsevier, a leading global provider of professional information solutions across a number of sectors.

Our health care solutions assist payers, providers and integrators with ensuring appropriate access to health care data and programs, enhancing disease management contact ratios, improving operational processes, and proactively combating fraud, waste and abuse across the continuum.



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