

# HealthExecWeek

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## POPULATION HEALTH NEWS

### The Graveyard of Failed Implementations: Getting Complex Population Health Management Platforms Right

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**T**he challenges of implementing enterprise-wide IT solutions are well-known and long-standing in healthcare. This is true for provider organizations and health plans alike.

[McKinsey and Company](#) states that payer operations require an end-to-end experience for their members and collaboration with IT solutions to accomplish organizational goals. However, implementing an enterprise technology platform to deliver a 360-degree view of members is taxing for most payers and plans. For example, population health management (PHM) platforms present specific challenges. More than half of adults have at least one chronic condition leading to a greater likelihood of hospitalizations. Additional obstacles involve sharing data between payers and providers to drive value-based care efforts and maintaining privacy and compliance standards.

Both public (government healthcare programs) and private health plans report recurring and costly population health management platform failures. The complexity of the process is not a recent phenomenon, and it affects every phase of the implementation.

This article shares wisdom gleaned across 30 years of implementing population health management and care coordination platforms in all types of healthcare organizations, including Medicaid Managed Care Organizations (Medicaid MCOs), health plans, and payers. The following lessons provide valuable advice for any healthcare organization preparing to replace or implement these types of enterprise-wide IT systems.

#### Seven Years and Three Attempts: Lessons from an MCO

The story of a large Western state's Medicaid program offers a valuable lesson in perseverance and strategic alignment. Over the course of seven years, this Medicaid Agency attempted to implement a commercial PHM platform three times. Only the third attempt succeeded.

While the first two implementations failed to meet the organization's needs, the third attempt exposed real challenges the agency had faced. This included complex data integrations and broad stakeholder alignment. For example, the agency's third vendor built bidirectional data sharing and real-time integration capabilities, integral to improving the efficiency and effectiveness of the supported care management programs. This step provided real-time information required by care managers and service providers to solve prior problems of siloed information and care coordinator inefficiency.

That experience is indicative of chronic difficulties faced by public and private sector healthcare organizations when deploying complex IT systems. Enterprise-wide IT systems, such as PHM platforms, must integrate seamlessly into a fragmented and complex healthcare ecosystem.

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#### Don't Go for the Lowest Bidder

An important takeaway for organizations vetting new population health and care coordination systems is to avoid selecting vendors solely on price. Successful implementations require substantial investment in resources and focus—elements that are rarely offered by the lowest bidder.

A Midwestern Medicaid program initially chose the low-cost technology partner and within twelve months returned to the new system evaluation table, reproached the project, and selected a successful vendor based on quality, resources, and the company's past success.

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### Five Common Implementation Hurdles

This healthcare organization's experience is hardly unique. Here are five of the most common hurdles that can send complex IT system implementations to their graves.

1. **Integration with existing systems.** Chosen platforms should integrate seamlessly with the organization's current systems. Data must flow multidirectional, often between medical management, claims systems, and numerous member profile databases. Standalone or poorly integrated solutions simply do not work in this environment.
2. **Data conversion necessities.** End users require access to data from legacy systems. This requires successful data migration from legacy systems into new platforms. Data conversion is a common standstill point during the implementation process.
3. **Access to a 360-degree view.** An end-to-end view of member data is vital for payers and health plans. This means data for every member and across the entire care continuum incorporating ancillary areas such as dietetics, outpatient therapy, and retail pharmacy. A 360-degree view supports better care coordination and prevents costly acute care visits.
4. **Stakeholder alignment.** It is crucial to involve all relevant stakeholders early in the implementation process. Consider care management, utilization management, medication management, claims processors, service providers, and others in your system plans. And as the scope and size of the project increases, so does the complexity of aligning all stakeholders. Failure to align stakeholders early in the process causes significant issues down the line and lower levels of end user satisfaction.
5. **Agile and configurable platforms.** Different user groups have varying workflow requirements. Platforms must be able to customize workflows to meet a wide variety of needs and use cases. The ability to adapt and configure solutions rapidly is essential for success. Agile methodologies allow for rapid delivery of beta versions and faster iteration based on stakeholder feedback.

### Consider the Power of Agile Methodologies

Every PHM and care coordination vendor has proven best-practice processes and procedures designed to move clients thoroughly and quickly through the implementation process. However, agile methodologies within both platforms and processes deliver a more successful IT system implementation, particularly in healthcare where multiple stakeholders and complex workflows exist.

An agile implementation process typically encompasses the following critical success factors:

- Stakeholder input is gathered, setting system requirements for every needed workflow and end user.
- Beta versions of each system requirement are built and delivered at a fast pace for stakeholder approval with efficient testing and query processes.
- A strongly configurable administrative console marries the pace of stakeholders in structured, short time frames, and sprints.

Rapid development cycles support fast and incremental progress. Beta versions are delivered to end users quickly and efficiently. This iterative process is crucial to meet the tight timelines and complex requirements typical of health plan workflows. Technology that fails to provide this level of agility often falls behind before even getting started.

Another key to success is building a strong partnership between the organization and its trusted population health management vendor. This typically requires a hybrid relationship where both parties share responsibility for platform implementation and post-launch operations. Each party "owns" one side of the bridge and they work together to cross successfully.

### Ultimately, Success Breeds Success

The upsides of a successful enterprise-wide IT solution are numerous. A well-implemented solution drives efficiencies, improves patient outcomes, and generates a substantial return on investment for the organization. But achieving success requires strong collaboration, agile technology, and a unified commitment to long-term success.

By following the advice provided above, health plans can avoid the graveyard of failed implementations and build sustainable, valuable PHM and care coordination systems that serve their current and future needs.

About the Author:

[Greg Silence](#) is the founder and Executive Vice President of AssureCare, a provider of cutting-edge population health management software for healthcare and human services organizations including payers, providers, and pharmacies.