WHITE PAPER

Health and Human Services Convergence: From Vision to Reality

Sponsored by: Accenture
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July 2015

IDC GOVERNMENT INSIGHTS OPINION

IDC Government Insights is observing the convergence of health, human services, and social programs to provide a coordinated, agile, and holistic view of clients and families to contribute to stronger, healthier beneficiaries; healthier families and communities; and a healthier and more productive workforce. Agencies are coordinating and collaborating across health, human, and social services as well as with private and public community-based providers to create a services inventory that meets the needs of a single view of the client and enhances outcomes beyond self-sufficiency.

The combination of increased demand for services and benefits, expectations for better service outcomes, fiscal constraints, and accountability demands is challenging health and human services organizations. In addition, program administrators are attempting to balance resources between doing more with less and demonstrating positive outcomes. They need to improve operational efficiency while expanding the impact of the outcomes of their services. Unsustainable costs are taxing organizations that are dealing with budget reductions and constraints. These costs are created by increased demand for health and human services by an aging population, a growing number of customers with multiple and chronic health and social needs, families that have complex needs, and uninsured or underinsured customers.

In addition to these economic and social drivers, many health and human services organizations have legacy systems that are decades old and have historically been built as silos (systems for individual programs or lines of business). Traditional transacational systems not only limit access to data but also challenge caseworkers who want a holistic view of a citizen. Traditional systems can also significantly limit government’s ability to make the entire process transparent and hamper delivery of citizen self-service.

These social, economic, and technology factors fuel the need for new approaches of coordination and collaboration, for innovative solutions that are focused on clients and enable total relationship management, and for government leaders who innovate and inspire sustainable outcomes.
IN THIS WHITE PAPER

The objective of this IDC White Paper is to offer insights to health and human services providers and state CIOs on the importance of:

- Implementing a coordinated, agile, and holistic view of clients and families to contribute to stronger, healthier beneficiaries; healthier families and communities; and a healthier and more productive workforce
- Implementing integrated case management systems that support the Human Services Value Curve delivery of the services that are the most appropriate for improving the quality of life of individuals and families (This means not only delivering services but also delivering the right amount of services based on individual needs and that support outcomes beyond self-sufficiency.)
- Upgrading and optimizing legacy systems so they cut across program, data, and IT silos to consistently deliver services based on current health and human services policies and regulations, improve caseworker effectiveness, and enable analytics that support policy and program development

METHODOLOGY

This IDC White Paper is based on interviews with state health and human services agencies and primary and secondary research. IDC Government Insights also participated in the 2014 Human Services Summit: The Dynamics of Convergence, which took place October 24-26 at Harvard University. To help human services officials move forward, the Technology and Entrepreneurship Center at Harvard, Leadership for a Networked World, and Accenture, in collaboration with the American Public Human Services Association, convened more than 70 of the senior-most human services leaders. This summit provided an opportunity to share use cases, best practices, and lessons learned from many of the world's foremost human services practitioners, Harvard faculty and researchers, and select industry experts.

SITUATION OVERVIEW

IDC Government Insights describes health and human services as health, social services, and social security services provided by government organizations, such as healthcare assistance, child placement and care, food or nutrition assistance programs, retirement and disability payments, unemployment benefits, and veterans' benefits. Health and human services providers face many challenges. They must balance increased demand for services as many families rely on multiple social programs to thrive, yet often these programs exist in silos of isolation and even duplication as a result of disconnected systems and processes. Unsustainable costs including increased demand for health and human services by an aging population, a growing number of customers with multiple and chronic health and social needs, families that have complex needs, and a growing number of uninsured or underinsured consumers are taxing organizations also trying to deal with budget reductions and constraints. In addition, retirement of experienced and knowledgeable caseworkers and IT staff can cause delays in enrollment, verification, and benefit delivery, as well as errors in benefit administration. Many agencies are operating with reduced budgets and must incorporate legislative and policy changes into programs challenged by reduced staff and the retirement of experienced employees, a reduction that can cause delays in enrollment, verification, and benefit delivery, as well as errors in benefit administration.
Organizations need consumer-centric technologies capable of transcending traditional organizational boundaries to provide 360-degree holistic views of customers' social, health, and economic well-being. Business processes have become increasingly complex; new programs must work with existing programs, and to focus on outcomes, organizations must have a holistic understanding of the customers they serve. Government health and human services organizations need to effectively identify recipients, verify eligibility, simplify enrollments, improve management of benefits, and provide consistent services and benefits to those eligible.

The lack of integration and collaboration creates modern-day obstacles for individuals and families seeking assistance. They are not always aware of all of the programs they might be eligible for or how and where to access them. In many cases, this delays the path back to self-sufficiency, which translates into unnecessary financial strain on already budget-strapped programs. What's more, caseworkers cannot be certain they are getting the big picture of beneficiary needs and cannot work as effectively as they would like.

Many health and human services organizations recognize that an integrated services delivery ecosystem is essential for delivering appropriate services matched to individual and family needs. Integrating services may require simplifying and realigning service delivery so that it is cross-program, anticipates beneficiary and family needs, and empowers independence faster. Health and human services practitioners need to partner with multiple government and nongovernment organizations (NGOs) to provide holistic, more collaborative, and effective service delivery. It is imperative that they have a single view of the client and family to target services more effectively, achieve better outcomes, monitor performance, and reduce costs and risks. That means client data must be aggregated across related programs.

The health and human services ecosystem presented in this document is built on the Human Services Value Curve (see Figure 1). This value curve is based on four business models that successively progress in effectiveness and efficiency of achieving outcomes.
Initially, many health and human services agencies are serving customers who are eligible for a particular service, characterized as a regulative business model with multiple siloed views of the client. Traditional business processes and paper-based case files are typically used in this model.

The goal of the next layer of the value curve, the collaborative business model, is to help customers receive all services for which they are eligible. The collaborative business model is characterized as having a single view of the client and may have a mix of traditional and modernized business processes. Electronic case files are typically used in this stage.
As agencies move into the upper layers of the Human Services Value Curve, efficiencies and effectiveness in achieving outcomes become more prevalent. The integrative business model focuses on helping customers receive integrated services that address comprehensive needs or root causes of beneficiaries’ circumstances. This model is characterized as having a single view of the client (with a single enterprise system), and modernized business processes with common intake are the norm.

The generative business model is focused on coordinating and collaborating across health, human, and social services as well as with private and public community-based providers to work toward the same vision. Characteristics include creating a services inventory that meets the needs of a single view of the client and enhances outcomes beyond self-sufficiency. This business model also supports lifelong learning and capability development.

From complying with regulations to enabling self-sufficiency, state, county, and local NGOs are working together to orchestrate solutions that meet clients’ needs. Many health and human services participants at the Human Services Summit indicated that they include not only traditional services in this orchestration but also necessary services such as taxi service to transport recipients to their care providers and Medicaid recipients to job training. By providing transportation services that connect a driver to the beneficiary, agencies are creating a provider experience that strengthens the relationship, enables the journey to self-sufficiency, and provides value to customers and agencies.

**Converging on Outcomes**

Summit participants from various government health and human services offices addressed the need for transformation. Some observed that the Human Services Value Curve appears as a linear progression from regulative to generative, but the reality is that environments are much more complex. Participants cited the need for new models for organizational interaction, process improvements, and technology platforms to meet many of the goals mentioned, including:

- Expand Medicaid coverage and lower the growth curve of Medicaid variations in and costs for eligible services without drastic service reductions
- Integrate Medicaid and Medicare benefits
- Rebuild community behavioral health system capacity
- Make government run efficiently and effectively and run more like a business that produces better results, often with reduced or flat government outlays and more efficient spending

As an example, one large Midwest state was awarded a State Innovation Model Design grant to implement episode-based payments and implement patient-centered medical homes (PCMHs) statewide. This state used the grant to implement a new integrated eligibility system and an enterprise data warehouse, expand county shared services, and deploy business intelligence capabilities. It was one of the first 25 states awarded funding from the Centers for Medicare & Medicaid Services (CMS) to design or test improvements to care delivery systems and payment models across Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP). The State Health Innovation Plans (SHIPs) developed by these states reveal that a holistic approach to person-centered health and human services is not an empty vision. SHIPs emphasize the need to address influences beyond healthcare – behavioral and social dimensions – to improve health outcomes. The vision is
an ecosystem for health and human services convergence. Convergence to positively transform health and human services delivery is addressed by three initiatives:

- **From dependence to digitally empowered citizens.** Digital transforms traditional beneficiary-provider relationships. Rather than passively receiving benefits, many people and their families want to cooperatively manage their health and human services. Many states are equipping consumers with portals/tools for self-health and benefits management. Many websites provide information on how to access community health services. And some states are commissioning mobile apps that will allow people to access their personal electronic health records as well as obtain information on value-based health choices and access to care delivery options.

- **From care management to community care.** Historically, payer and health system-focused care management has provided some reduction in cost and improvement in health outcomes. However, such approaches traditionally did not address the social conditions that substantially influence people’s health, particularly in the case of high-cost chronic care. Many states are investing in current or future programming for integrating behavioral or preventive care into their primary care systems. Some are engaging human services navigators as liaisons between primary care coordinators and social services programs. Coordinating care holistically moves services from system centered to family and community centered and leverages community-based assets in the public, private, and nonprofit sectors while aligning with federal resources to eliminate gaps and redundancies.

- **From data silos to seamless insight.** Health and human services organizations across the United States have evolved in silos primarily due to a combination of regulation and categorical funding. States recognize the importance of improved data sharing. Many states with SHIP models are making investments in constructing or modifying all payer claims databases to provide access to more stakeholders. States are also integrating their health data and human services program data, enabling them to view people and families holistically to design more effective program interventions. Some are using geographic information systems (GISs) to match community supports to hotspots of chronic disease and need.

**Technology**

Many health and human services organizations have legacy systems that are decades old and have historically been built as silos (i.e., a system for individual programs or lines of business). Traditional transactional systems not only limit access to data but also challenge caseworkers who want a holistic view of beneficiaries. Traditional systems can also significantly limit government’s ability to make the entire process transparent end to end and curtail citizen self-services, something customers have come to expect from private companies on a 24 x 7 basis.

How do human services organizations move beyond fragmented technology systems to create a road map to integrated human services delivery? The key is to holistically address the needs of an individual or the family receiving benefits. One state executive who attended the 2014 Human Services Summit undertook an upgrade of the state’s existing legacy systems — which were decades old, cumbersome to administer, siloed, and expensive to maintain — to a single system that cut across program, data, and IT silos to consistently deliver services based on current human services policies and regulations. The Accenture Human Services Suite (AHSS) was selected. The underlying system shown in Figure 2 streamlines processes and enhances technology for eligibility determination and the delivery of benefits to customers. It also facilitates data sharing among state agencies and offices, providing the state and its county partners with new capabilities to enroll people and manage human services operations.
The cornerstone of the technology approach used by this state was to maximize legacy systems and, rather than provide one disconnected benefit at a time, remove barriers to collaboration and information sharing by designing a digital ecosystem that addresses complex situations of beneficiaries and strengthens the relationship between service provider and consumer, addressing needs holistically. Ease of use was a requirement for caseworkers as well as beneficiaries. Figure 2 shows the state’s system built on the AHSS that allows for data sharing and reuse across multiple agency legacy systems as well as new infrastructure. This figure shows functionality as a set of interoperable services within multiple separate systems from several business domains.

**FIGURE 2**

Integrated Human Services Delivery Approach —Accenture Human Services Suite

![Diagram of Integrated Human Services Delivery Approach](attachment:diagram.png)

This state has currently deployed the Accenture Benefits Management System (ABMS) and Citizen Self-Service Portal (ACSSP). The Accenture Benefits Management System streamlines case management by allowing caseworkers to accept input for multiple programs in an integrated intake process and automates eligibility assessment. This system uses easy-to-maintain rules associated with eligibility for individuals. The automated Eligibility Determination and Benefit Calculation process compares the case data with the policy rules from the rules engine to determine household and/or individual eligibility. This system includes the functionality and processing logic to register, define,
classify, and manage the rules; verify consistency of rules definitions; define the relationship between different rules; and relate some rules to IT applications that are affected or need to enforce these rules for such purposes as adjudicating eligibility or supporting workflow for the resolution of discrepancies. Automated processes, lower error rates, reduction of unnecessary spending, and multiprogram support all contribute to lowering agency costs. Applications that meet certain criteria run through "no-touch processing" – real-time eligibility determination without caseworker intervention.

In addition, the Accenture Benefits Management System provides out-of-the-box functionality to meet Affordable Care Act requirements, including prebuilt MAGI rules, automatic application processing, and Federal Data Services Hub interface, and houses all Medicaid/CHIP beneficiary information instead of being spread across multiple systems. It is the beneficiary component to MMIS and has the potential for reuse for healthcare information technology and healthcare information exchange (HIT/HIE) projects. One example of the holistic approach adopted by this state is its benefit administration for veterans. During Medicaid enrollment, minimal data on veterans is collected. This data is shared across four state agencies. When this process went live, the first veteran was identified within minutes of the implementation of this new functionality and new services were available to the individual within 10 hours.

The Accenture Citizen Self-Service Portal provides a secure, public-facing portal that allows customers to submit an application for benefits and track the status of eligibility determination and benefit payments. With online instructions, this Web-based system guides customers interested in receiving services to complete a quick and easy self-assessment for potential eligibility. As a result, customers receive a list of benefits for which they may qualify. The portal also provides applicants other self-service functions, including reviewing their case data, changing or updating data on file, viewing previously uploaded documents, checking the status of their eligibility for the various available programs, checking the status of benefit payments, and answering a satisfaction survey. The online application feeds directly into eligibility and allows for real-time adjudication of eligibility. The eligibility results are posted for the applicant to view via the portal and trigger sending the applicant's eligibility card in the mail. The portal also integrates with claims and assignment information. For applicants that apply in person, county caseworkers can assist them without the expertise of a knowledge worker and a clerical staff employee uses the same self-serve process through the ACSSP to enter information into the system, producing the same results. Providing a secure, public-facing portal that allows customers to submit an application for benefits and track the status of eligibility determination and benefit payments gives customers anytime, anywhere access to their eligibility status and benefits.

**Governance**

In many states, human services are administered by county. And although it may be difficult to administer change within one agency, implementing transformation at multiple levels to achieve a permanent shift at all levels in providing and delivering services can be daunting. One of the participants at the 2014 Human Services Summit indicated that his state developed a tight governance process directed and guided from the governor's office. Recognizing that many stakeholders were involved, the goals of the administration were communicated consistently throughout all levels of government. The two driving goals were to reduce the cost, complexity, and obstacles to delivering services and to focus on a better service delivery model. The stated outcomes were to improve services to consumers and to improve the quality and comprehensiveness of services.

This state designed a governance structure that included county caseworkers and supervisors and integrated county health and human services personnel into the entire process – from participating in
the design of the new system to weekly readiness calls. This governance structure, while facilitating many noisy voices in the process, met the challenges inherent in having many local points of view and, while neither easy nor comfortable at times, ultimately enabled an effective transition to the new system. The result was the creation of an integrated case management system that supports the delivery of the most appropriate services (i.e., the right type of service, the right amount of service, from the right provider) to impact the quality of life of individuals and families. This means not only delivering services based on the individual's needs but also delivering the right amount of services based on a schedule of individual needs within a holistic view of clients and families.

And since innovation often occurs at the level closest to the beneficiary, integrating the participation of county caseworkers and supervisors into the process not only was a critical step in the successful deployment of this system but also ensured that the system met ease-of-use requirements.

CONCLUSIONS

The journey of strategic steps to move up to a generative business model is neither easy nor rapid. It takes planning, resources, collaboration, and a commitment to generate long-term success for families and communities. Changing citizen interaction through processes, governance, and technology platforms that eliminate agency silos of services, and replacing these silos with processes and a system that enables cross-program coordination is key. Streamlining case management by allowing caseworkers to accept input for multiple programs in an integrated intake process and automating eligibility assessments for customers better meet the needs of customers and caseworkers while reducing resource costs and processing time.

As health and human services organizations make progress toward their goal of improving services to support the outcomes of stronger, healthier families and communities with gainful employment and independence, many are undertaking the following:

- Endorsing the active participation of customers in accessing and engaging with their benefit information and applying cross-entity applications to determine the eligibility and best fit of services for that beneficiary
- Developing policies, standards, and services that enable the appropriate reuse of information to support quality services while inspiring confidence and trust in health and human services information technology by ensuring the privacy and security of electronic information
- Having multidirectional communications with other government organizations, NGOs, service providers, and constituents to dynamically share information so that both government and customers make smarter, real-time decisions and government can quickly identify clients at risk, allocate resources accordingly, and focus on integrated service delivery
- Fully automating business and information functions for seamless business processes that include common intake, evidence management, eligibility and entitlement, financial management (of payments, deduction, and withholdings), automatic reassessment and change in circumstance processing, and overpayment and underpayment processing (A seamless process approach not only enables citizen-driven health and human services but also helps prevent fraud, waste, and abuse.)
- Encouraging widespread adoption and meaningful use of human services information technology through incentives, grants, and technical assistance
- Expanding beyond "four walls" to become a virtual enterprise that allows customers secure access that is private and confidential to their virtual case files electronically, 24 x 7 (Once the caseworker has determined eligibility and services, customers have access to benefits through Web-enabled tools and automated confirmation.)
- Deploying mobility to bridge the digital divide (Low-income families that cannot afford a computer use smartphones for digital access – from surfing the Internet to downloading apps. Many of these mobile-equipped families are using a mobile app for checking their benefits, applying for assistance, and submitting questions to caseworkers, as well as for transactional services. Mobile apps can eliminate visits to the human services office. Beneficiaries save travel time, don’t have to take off of work or coordinate and pay for transportation or childcare costs, and don't have to wait in lines. In addition to more convenient, engaging, and personalized services, mobility also can provide agencies with benefits such as reduced resource costs while freeing up caseworkers for higher value-added activities.)
- Moving from collaboration to codevelopment of strategic plans with other government entities, the public, and nonprofit and private organizations to fulfill core mission activities (This allows government to make information regarding citizen benefits, loans, and entitlements available across all levels of government and provide consistency of service across all channels, physical and electronic.)
- Deploying business rules management systems (BRMSs) to define, manage, and execute conditional logic in concert with other IT processes and actions to automatically recognize changing interrule relationships
- Providing all levels of government employees who handle an individual's virtual case access to consistent and up-to-date information according to their level of authorization to ensure quick and accurate identification of clients at risk and to allocate resources accordingly
- Quickly assessing the needs of clients and providing access to multiple government and nongovernment organizations to design holistic, more collaborative benefit plans to deliver the most appropriate services to impact the quality of life of individuals and families
- Utilizing Big Data and analytics to turn data into usable information to eliminate fraud, abuse, and errors and deploy an outcomes-based approach to designing and delivering services
- Measuring success by outcomes, measuring technology investments based on mission delivery, and measuring mission delivery based on citizen satisfaction

**PARTING THOUGHTS**

Success means taking advantage of the latest technologies and making process and organizational changes – from intake and eligibility determination through case management. Ease of use is a requirement for caseworkers as well as beneficiaries. A "no touch" process enables applicants to apply online and receive near-real-time eligibility determination. This automation frees caseworkers from processing applications and allows them to spend more time helping customers. The cornerstone of the technology approach used by several attendees at the 2014 Human Services Summit was to maximize legacy systems and, rather than provide one disconnected benefit at a time, remove barriers to collaboration and information sharing by designing a digital ecosystem that addresses complex situations of beneficiaries and strengthens the relationship between service provider and consumer, addressing needs holistically. Success means moving from regulation to providing value and meeting the needs of a single view of the client, enhancing self-sufficiency, and supporting lifelong learning.
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