

Big Data Is Used For Predictive Analysis In Medical Practices

By [AlexisValera](#)

The offices of physicians in the United States can lose up to US \$ 125 million annually due to the denial of invoices for claims of amounts and the difficulty to navigate in the labyrinth of billing and collection system that is currently imposed in the US.

Because of the immense burden placed on them by lawyers and insurance companies, many doctors are selling their private practices to large hospital consortia to help alleviate billing problems with insurance companies.

However, the solution to improve the efficiency and accuracy of billing and collections does not lie in consolidation, according to Dr. Karun Philip, who is the president and co-founder of Tranquilmoney. "The use of Big Data could help reduce insurance claims for incorrect amounts and therefore increase the income of medical practices."

But the doctors' side is only one side of the coin, the other part of the story, is how much the state is losing, because of those doctors who try to take advantage of the insurance companies, the fraud costs the payers of health services in the United States, almost 68,000 million dollars per year.

Experts believe that between 3% and 10% of the country's annual spending of about 3 billion USD is related to fraud. Most rejections of medical care claims are due to fraud or suspicion of this, through unnecessary procedures that are performed or billing for census services also charged.

In 2016, these cases represented 46% of cases of supplier fraud, the highest case of any category of fraud in the United States.

While the type of provider fraud exists, there are also unintentional frauds and denied claims. All this harms the economic results of the private practice of medicine.

The American Medical Association (AMA) estimates that, since 2010, more than US \$ 43,000 million could have been saved if the insurers had paid the claims correctly. Insurers, on the other hand, believe that they are controlling costs; however, denials of medical claims are more costly for those who practice private medicine honestly, thus decreasing the incentives to work in this field.

According to Dr. Philip, adapting the health industry with Big Data technology and the predictive analysis derived from it will have a systematic effect not only reducing fraud to medical care, but also reducing the denials of medical claims. , which in turn will be responsible for reducing costs, improving patient care and making private medical practices more profitable.

"The Big Data analysis can find data patterns such as the causes of insurance claims rejections, the strategies to follow and so on ... This would help providers submit more accurate claims as often as possible, which will allow the number of manual interventions to be smaller and more productive "says Dr. Philip.

This in turn mentions that macro data could also help make the billing process simpler and more accurate. Often health care providers do not have the resources to have all the information they need when treating a patient.

The use of predictive analysis by means of Big Data could allow them to know which procedure is medically necessary, as well as those procedures that were previously successfully carried out by another doctor, and speed up the billing process so that more precise claims can be filed. necessary.

The ultimate goal of using Big Data in the health area would be to reduce medical errors and eliminate duplication of tests or procedures, which reduces the rejection of claims and even unintentional fraud.