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Milestone 6 - Data Support to Practices
Greater Philadelphia

Thursday, May 31st

Data Aggregation in Greater Philadelphia for CPC+

Greater Philadelphia is focused on Milestone #6 for 2018

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Overview of CPC+ Greater Philadelphia

In Greater Philadelphia there are 215 participating primary care practices from health system-owned to small, independent groups. These are spread over a 5-county region that makes up the metropolitan area.

Payer Partners	Payer Convener	Data Aggregator
aetna Independence	DISCERN HEALTH	HSX HealthShare Exchange
• Payers with largest market share • Existing value-based programs • MA members • Commercial members	• Facilitates communication with/between payers • Neutral party in decision-making • Assist with implementation	• Regional HIE • Data infrastructure and provider database • Agreements with >85% of CPC+ practices

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CPC+ - Greater Philadelphia

Vision Statement:

"Building better coordination across the health care continuum by supporting primary care, improving quality and clinical outcomes, and enabling population health management via data sharing that includes enhanced provider-payer coordination and communication."

We aim to create a **culture of collaboration** in our region by:

1. Collectively addressing the challenges and opportunities of aligning payment methods and measurement standards
2. Improving care delivery and efficiency
3. Seeking ways to reduce the administrative burden on CPC+ practices
4. Working together to mobilize ideas, approaches, and resources to unlock the full potential of comprehensive primary care

Data Aggregation and Use End-to-End Process

CMS's vision for multi-payer data aggregation, sharing and alignment

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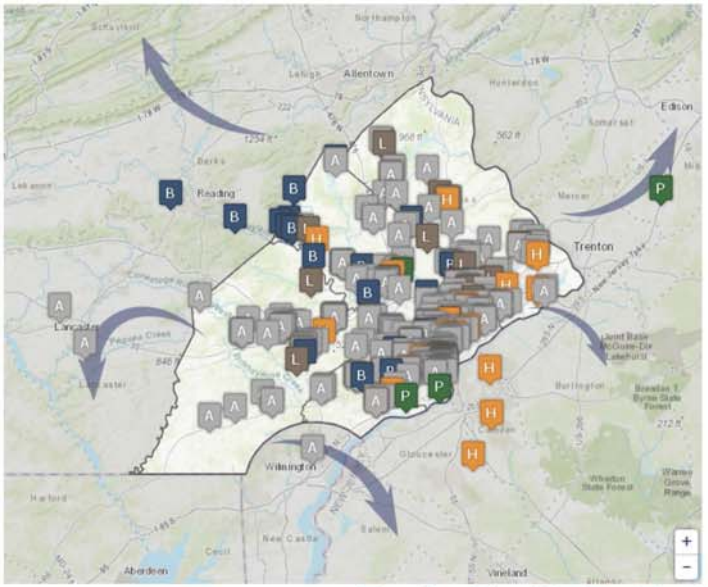
Data Aggregator: HealthShare Exchange

A non-profit 501(c)(3) – Member-owned entity

- Corporation formed in May 2012
- **Service area**: Delaware Valley, including southeastern Pennsylvania (Greater Philadelphia area and southern New Jersey)
  - **6 million+ patients** in the HSX Clinical Data Repository
  - **10,000+ physicians and other practitioners** in the HSX Provider Directory
  - **150+ participating organizations**: hospitals, health plans, acute care hospitals, post-acute care facilities, behavioral health organizations, ACOs, clinically integrated networks, independent ambulatory practices and FHQCs



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Regional HIE as Data Aggregator

Advantages:

- Leverages existing regional data infrastructure
- Provides a trusted, neutral location to aggregate sensitive payer data
- Strong governance model
- Established relationships (and data sharing agreements) with regional hospitals, health systems and practices
- HIE services support CPC+ goals (e.g. ENS, Direct messaging)
- Opportunities for future clinical data extraction from EMRs and/or clinical data repository (based on ADTs, CCDA, Lab feeds, etc.)

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Data Aggregation Plan

- HSX was selected by IBC and Aetna as the data aggregator for the Greater Philadelphia CPC+ Program.
- HSX has contracted with CPC+ vendor - Onpoint to provide this capability.
- Reports will be based on claims data provided by IBC and Aetna for their Medicare Advantage members.
- The quarterly reports will support eight (8) claims-based CPC+ quality measures related to process, utilization and outcome requirements.
- Track 1 and Track 2 CPC+ practices and providers will be able to access quarterly performance reports through the HSX CPC+ Performance Reporting Portal (PRP).

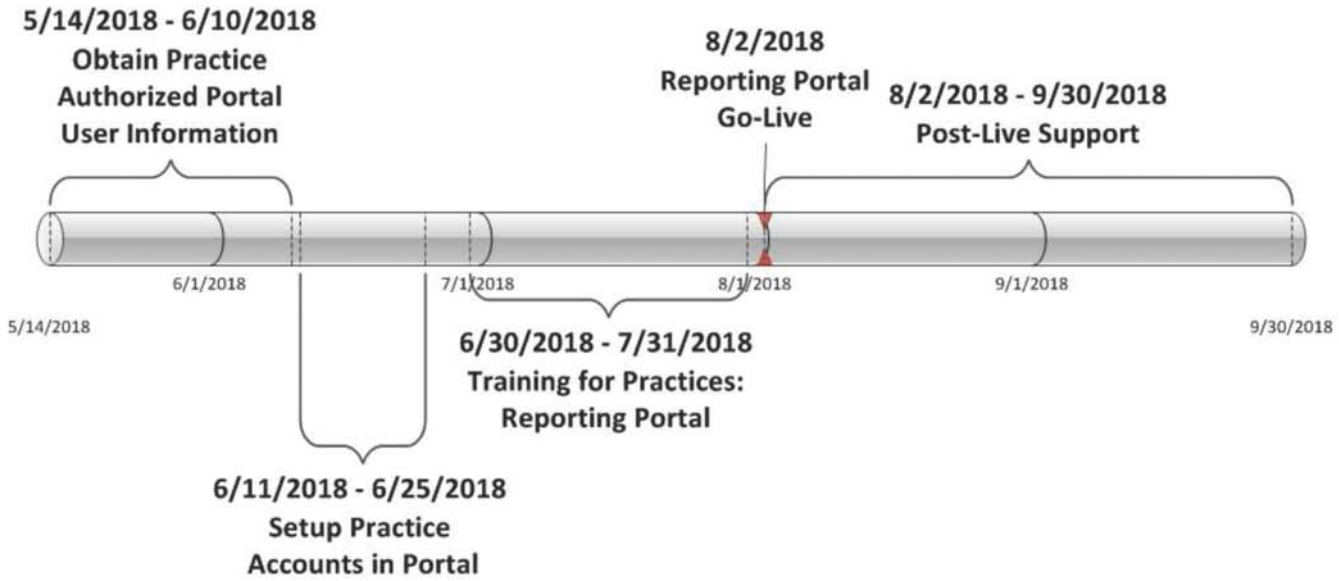
Eight (8) claims-based measures were selected for this phase of the program.

CMS ID#	NQF#	Measure Title	Measure Type	CPC+ Group
CMS156v5	22	Use of High Risk Medications in the Elderly	Process/eCQM	Complex Care
CMS131v5	55	Diabetes: Eye Exam	Process/eCQM	Other Measure
CMS125v5	2372	Breast Cancer Screening	Process/eCQM	Other Measure
CMS347v1		Statin Therapy for Prevention and Treatment of CVD	Process/eCQM	Effective Clinical Care
CMS165v5	18	Controlling High Blood Pressure	Outcome/eCQM	Effective Clinical Care
		Inpatient Utilization*	Utilization	Supplemental Measures
		Emergency Department Utilization*	Utilization	Supplemental Measures
	1768	Plan All Cause Readmission*	Outcome	Supplemental Measures

*Super protected data such as STD, HIV, Substance Abuse, Substance Abuse with Mental Disorder and Mental Disorders were not included in the generation of these measures.

The goal is to provide CPC+ Practices with access to the reporting portal in Q4 of 2018

Preliminary CPC+ Timeline



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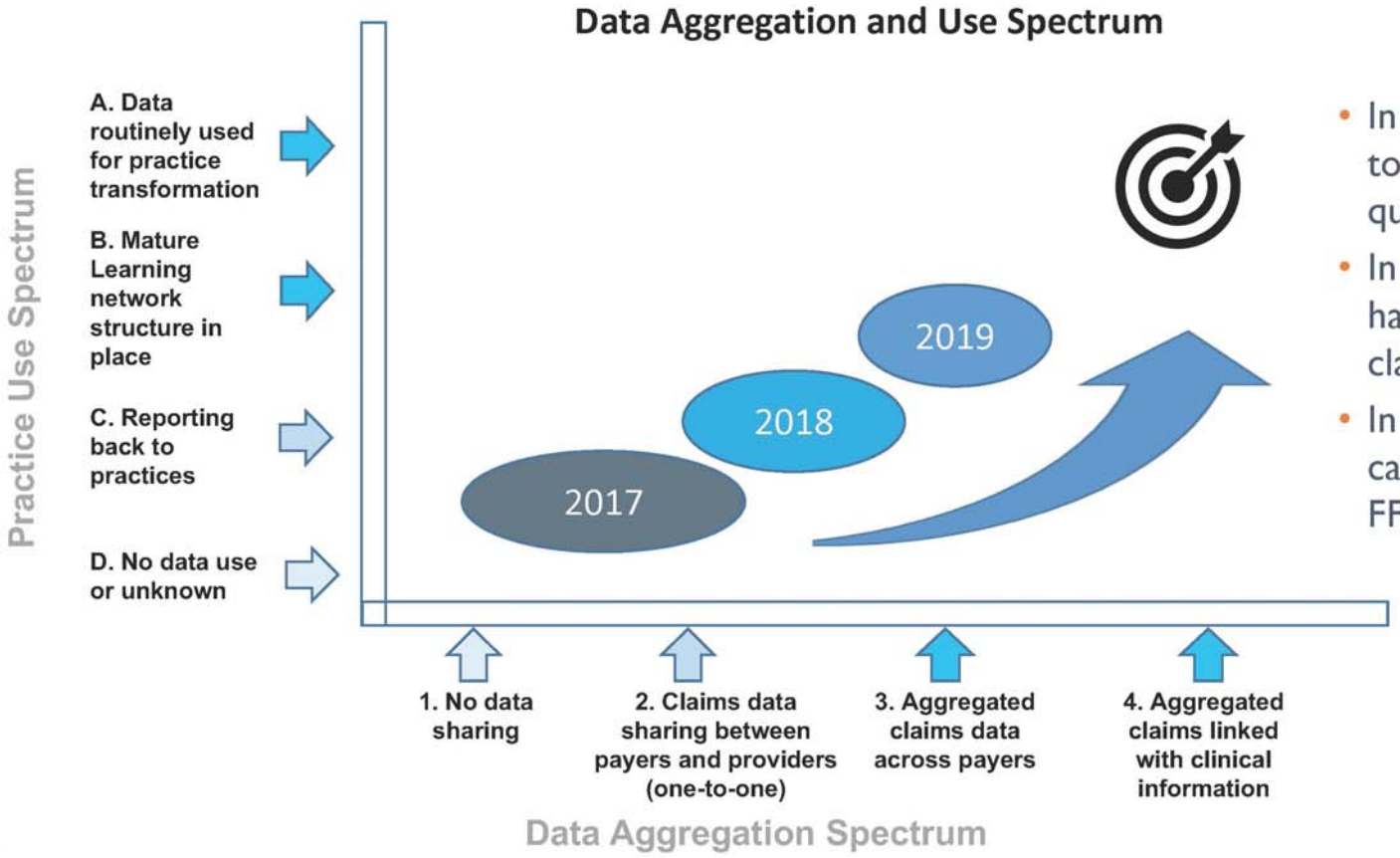
Data Aggregation Plan and Timeline



- In 2017 CPC+ Practices had access to payer-specific reports containing quality and utilization data
- In Q4 2018 CPC+ Practices will have access to aggregated MA claims via Onpoint reporting portal
- In 2019, we will explore "push" capability, measure expansion and FFS Medicare data inclusion

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Initial Implementation Challenges

Laborious contracting process

- Difficult to get agreements on liability, insurance, mutual indemnification given the sensitivity of data
- Separate contracts required for each party and subcontractor

Claims file format variation

- Some payer require pre-formatting or reconfiguration (additional expense)
- Claims not all reportable at the same provider level (TIN, NPI, Provider ID)

Super-protected data

- State law requires removal of drug and alcohol abuse, mental/behavioral health data, and HIV/AIDS
- Different implications between payers (and states) for how this affects claims data loads

Varying degrees of alignment of quality measures and value-based programs

- Different programs: Medicare Stars vs. HEDIS vs. Medicaid measures
- Reluctance to modify existing contracts and performance reports

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