

Data Aggregation, Feedback, & Quality Measurement Alignment

Supporting the CPC+ Model

Milbank Multi-State Collaborative Webinar

October 25, 2018

Craig Jones Disclosures

Current

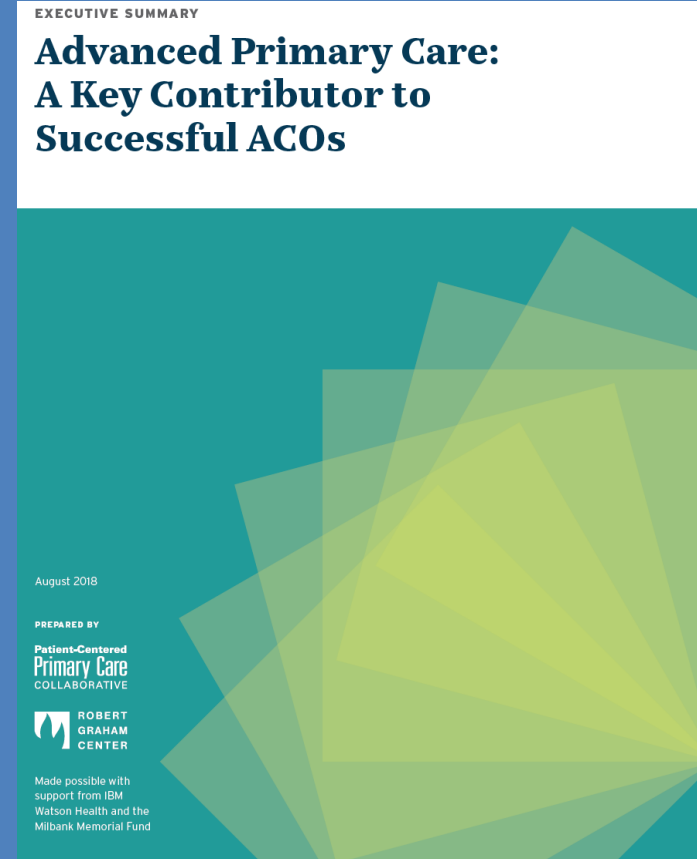
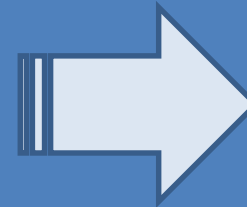
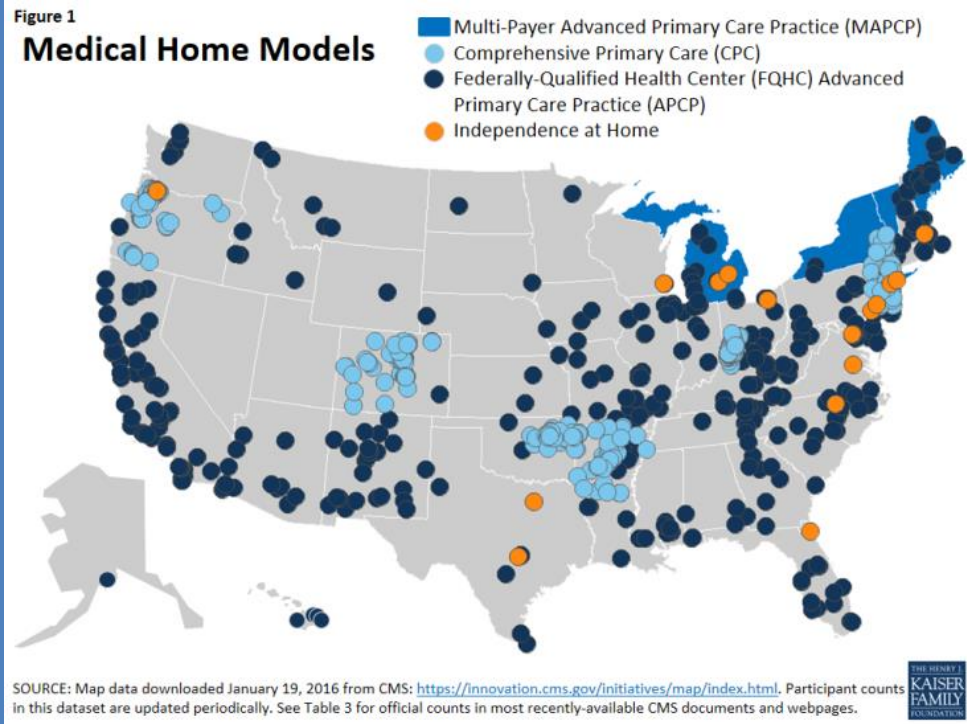
- *Contractor to Deloitte and CMMI* to assist with strategic planning and implementation of data and health information use in CPC+ regions
- *Contractor to the Office of the National Coordinator for Health Information Technology.* Assist states with health information infrastructure for value based payment models and delivery system reforms
- *CMO for Privis Health* a population health company that provides consulting services on design and implementation of value based health services along with a care management health informatics platform

Previously

- *Executive Director of the Vermont Blueprint for Health.* A statewide initiative to lead payment and delivery system reforms (2007 – 2016)
- *Director of the Division of Allergy & Immunology, LAC+USC Medical Center and Director of the AI Residency Training Program.* Development of the Breathmobile Inner City Asthma Program (2002 – 2017)

Primary Care as a Foundation for Value Based Healthcare

The Buildup to CPC+



Comprehensive Primary Care Plus

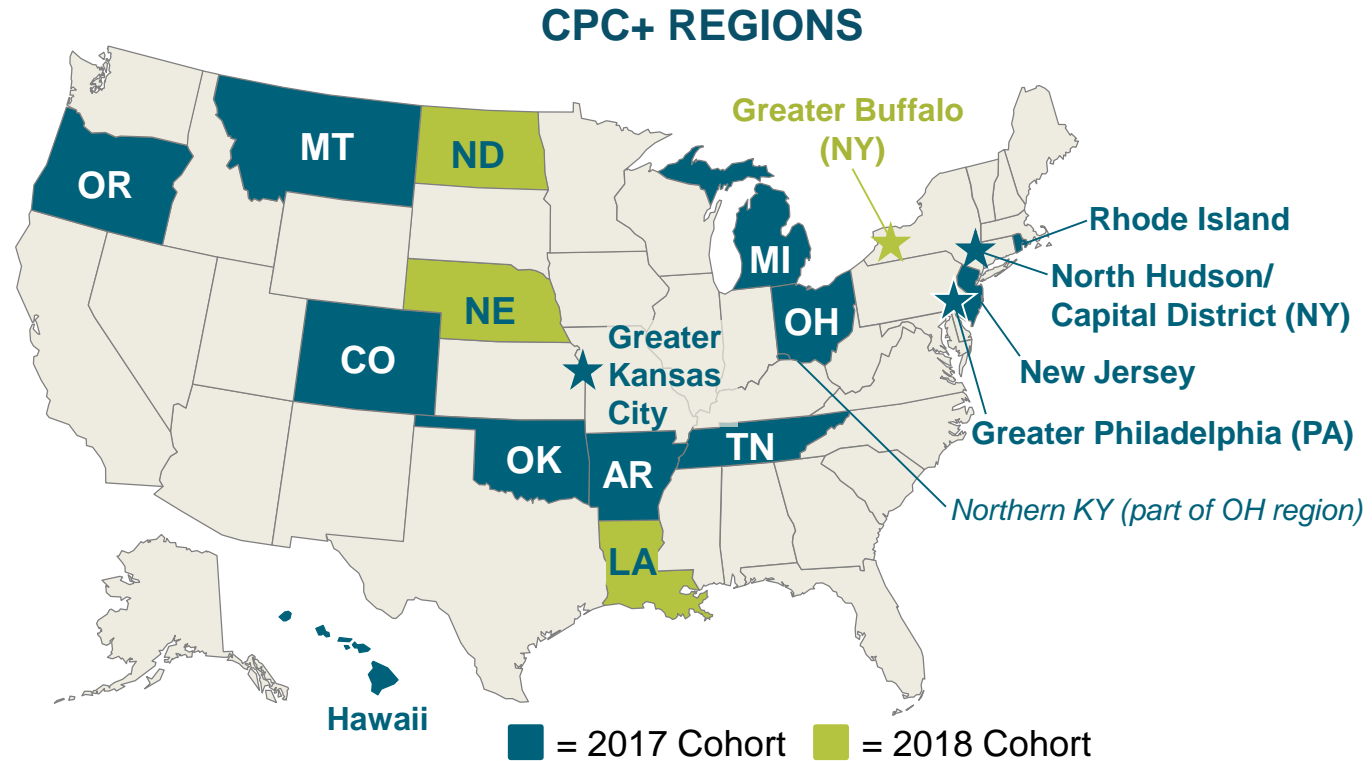
America's Largest-Ever Initiative to Transform Primary Care

APPROX.
3,000
primary care practices

18
regions

OVER
2.0M
Medicare patients

APPROX.
15,000
CPC+ practitioners



5

Years

2

Cohorts

2

Tracks

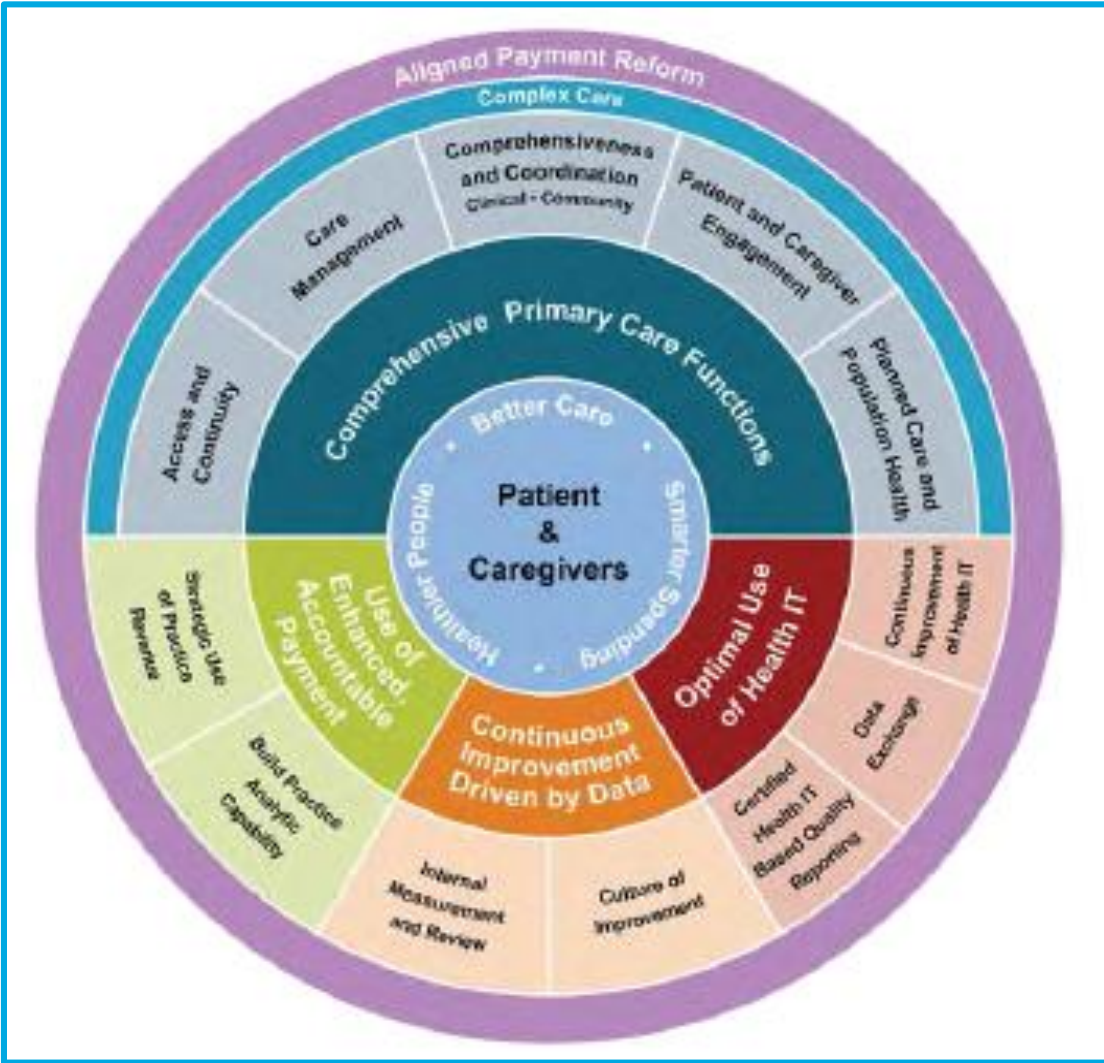
INCLUDING

OVER **50**
payer
partners

OVER **55**
health IT vendors

Data Aggregation, Feedback, & Quality Measurement Alignment

Supporting the CPC+ Model



Comprehensive Primary Care Functions

- Access & continuity
- Care management (longitudinal, episodic)
- Comprehensiveness and coordination
- Patient and caregiver engagement
- Planned care and population health

CPC+ Logic Model

THE CPC+ MARKET UPDATE TOOL ASSESSES REGIONS ON THEIR PROGRESS TOWARD ACHIEVEMENT IN THESE AREAS

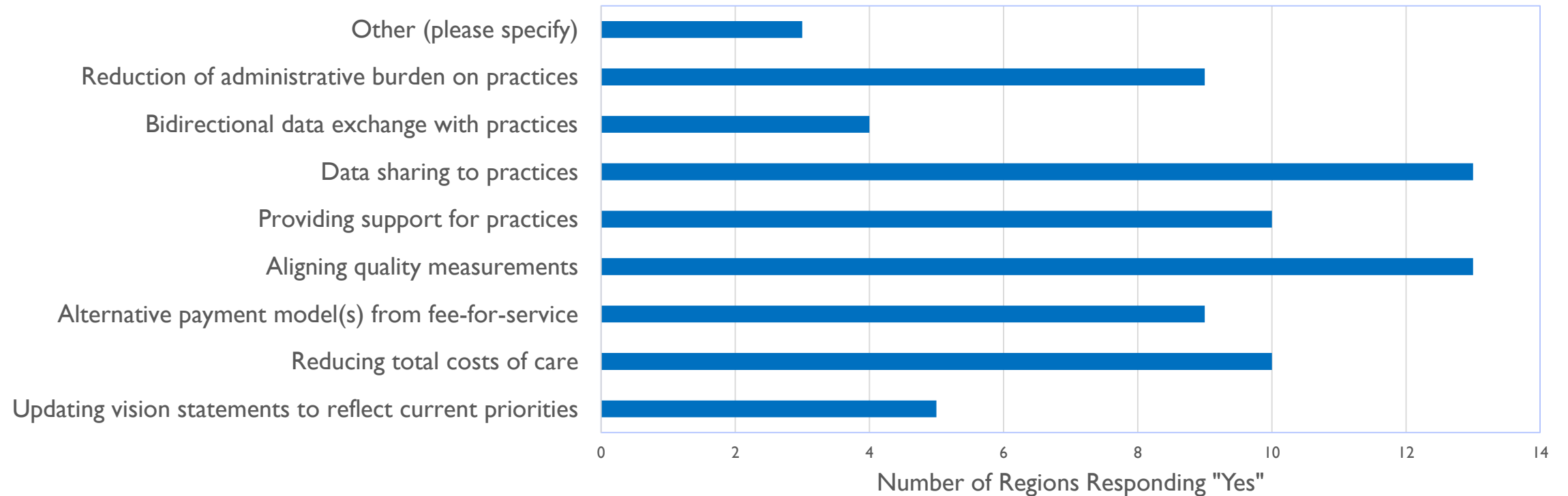
CPC+ Payer Partner Collaboration Roadmap

10 Aligned Milestones



REGIONAL PRIORITIES – AREAS OF FOCUS (MILESTONE 1)

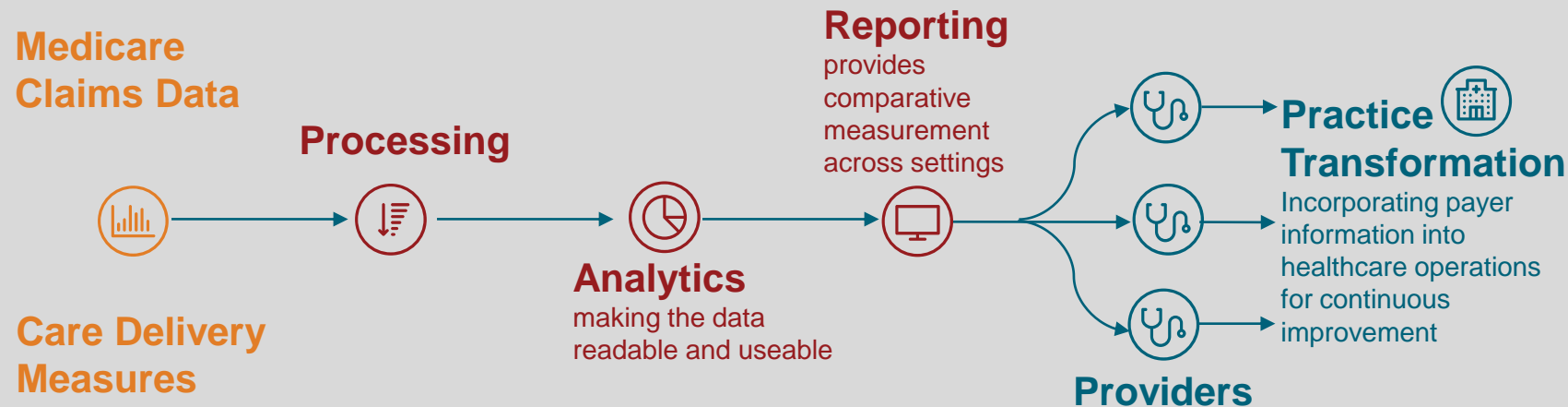
What priority areas are regions focusing on with other CPC+ payer partners?



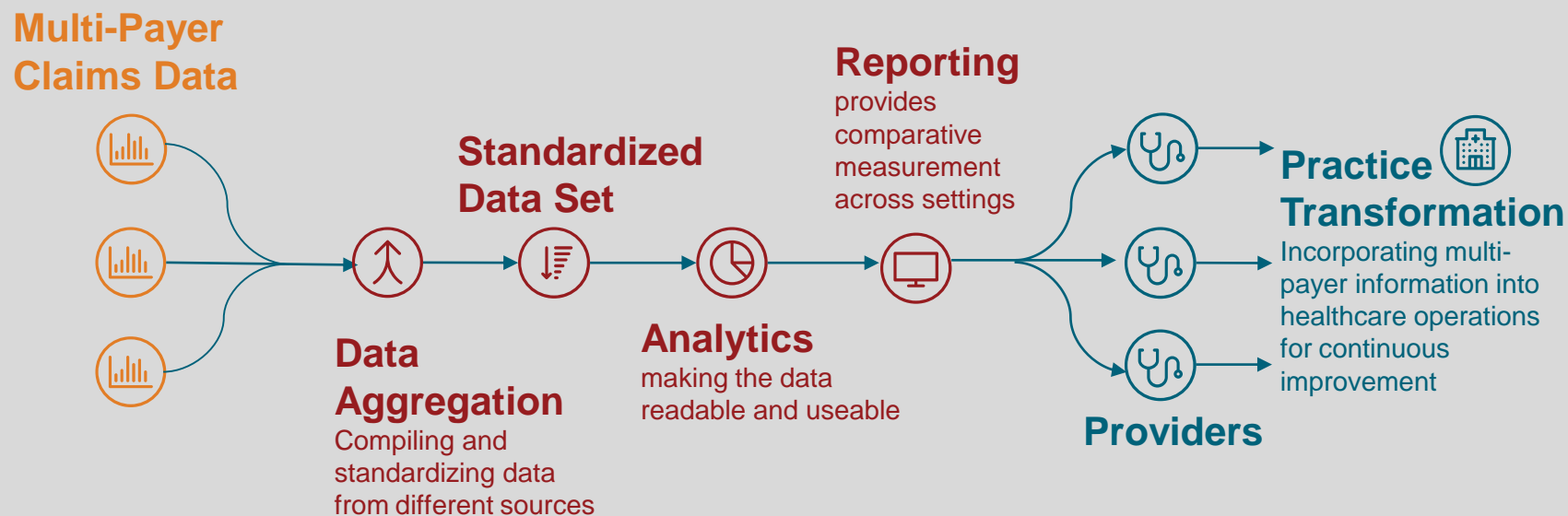
Data Aggregation, Feedback, & Quality Measurement Alignment

CMS Participation in Data Sharing

Medicare Only Reporting
All CPC+ regions

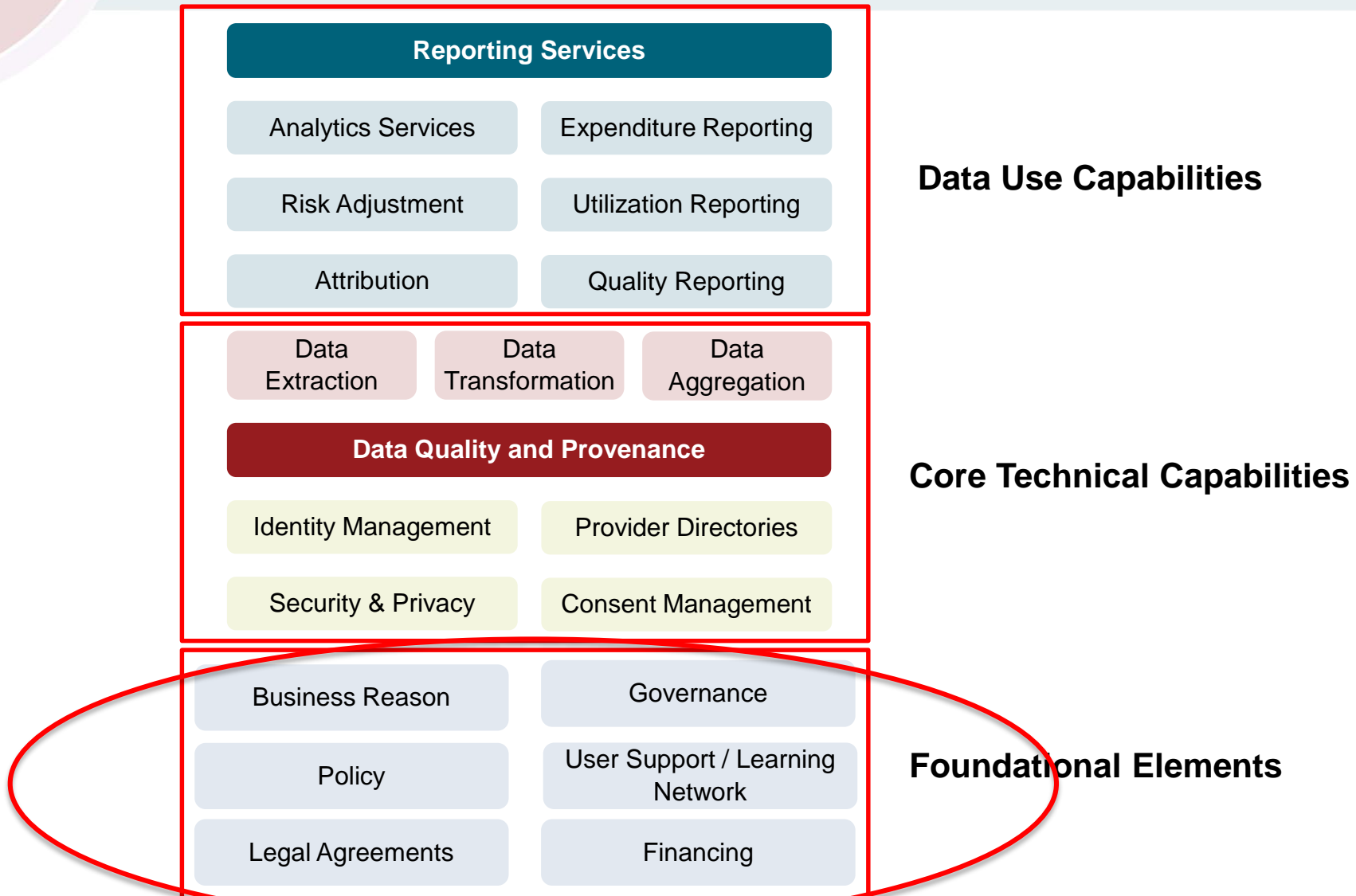


Multi-Payer Reporting
Sub-set of CPC+ regions



Components Needed for Successful Data Aggregation and Use

CMS Participation in data sharing



Note: Framework Based on ONC SIM Health IT Resource Center 2017 Health IT-Enabled Quality Measurement Strategic Implementation Guide

Foundation for Sharing & Aggregating Data

Business Reason, Governance, Policy, Legal, Finance, User Support

1. **Business Reason** - The majority of CPC+ payer(s) in a region embrace the value of sharing claims data to support CPC+ practice transformation and have committed to sharing claims data to be used for aggregation and measurement
2. **Governance** - An organized decision making group is in place that includes the majority of CPC + payers with the ability to authorize sharing and use of claims data for CPC+
3. **Policy** - There is no evidence of policy or legal issues that will prevent data aggregation and use in support of CPC+ practice transformation
4. **Financing** - Active financing mechanism(s) are in place to support data aggregation and use in support of CPC+ practice transformation
5. **Legal Agreements** - Aggregator has Business Associate Agreements (BAAs) in place with practices and contracts in place with payers which demonstrate the chain of consent and/or legal agreements that allows for claims (and if in scope, clinical) data aggregation across a majority* of CPC+ payers and practices
6. **End User Support/Learning Network** - Technical support is in place for end users and a plan is in place for aggregator participation in CPC+ national and regional learning activities

0 = No plan in place

1 = In planning phase

2 = Implementing

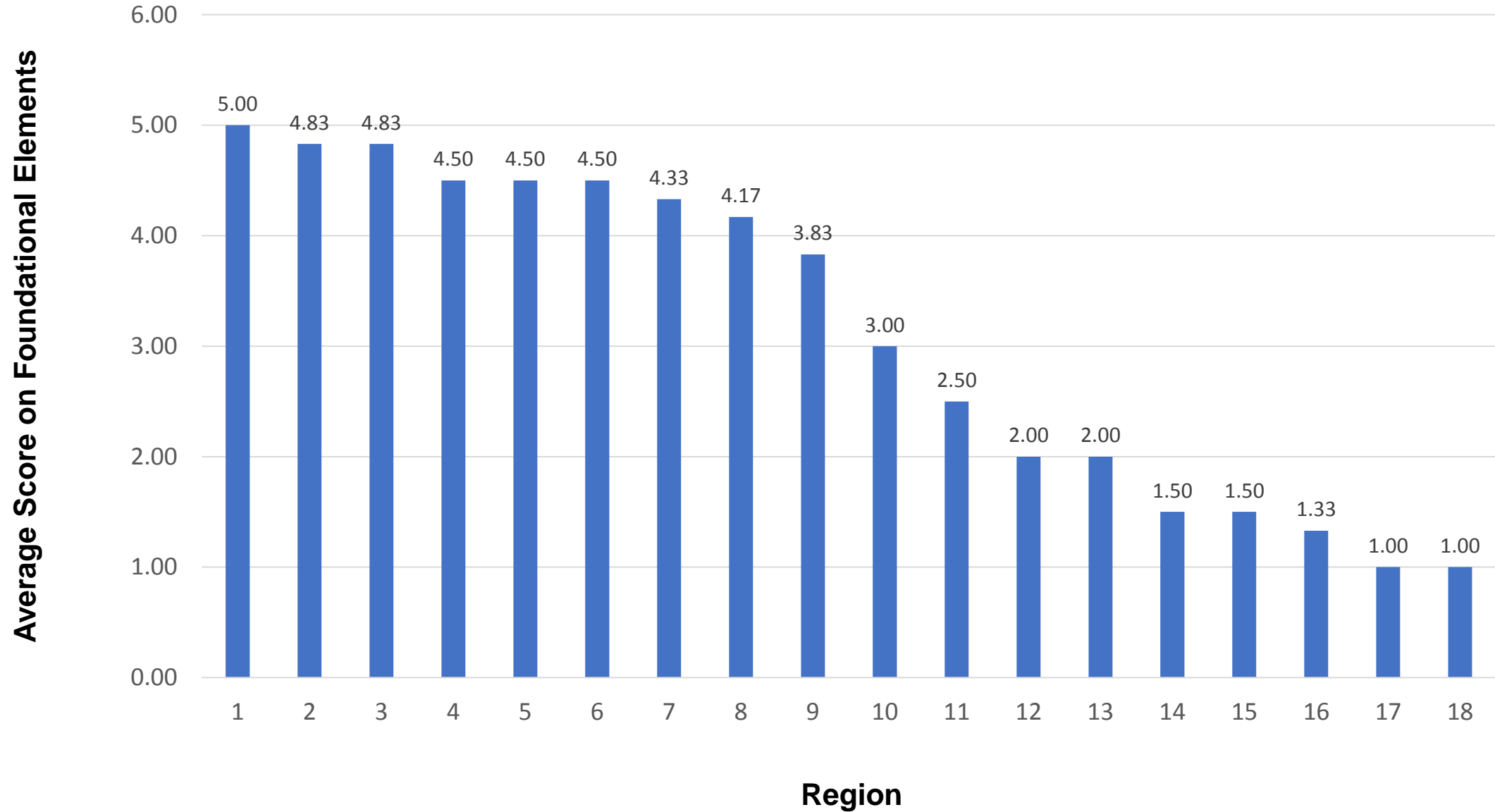
3 = Operational at limited scale

4 = Operation at scale (less than 1 year)

5 = Operational at scale (more than 1 year)

Foundation for Sharing & Aggregating Data

Business Reason, Governance, Policy, Legal, Finance, User Support



Readiness to Use Data vs Capability to Aggregate Data

LEGEND

Group 1 – High Readiness & CMS already sharing data

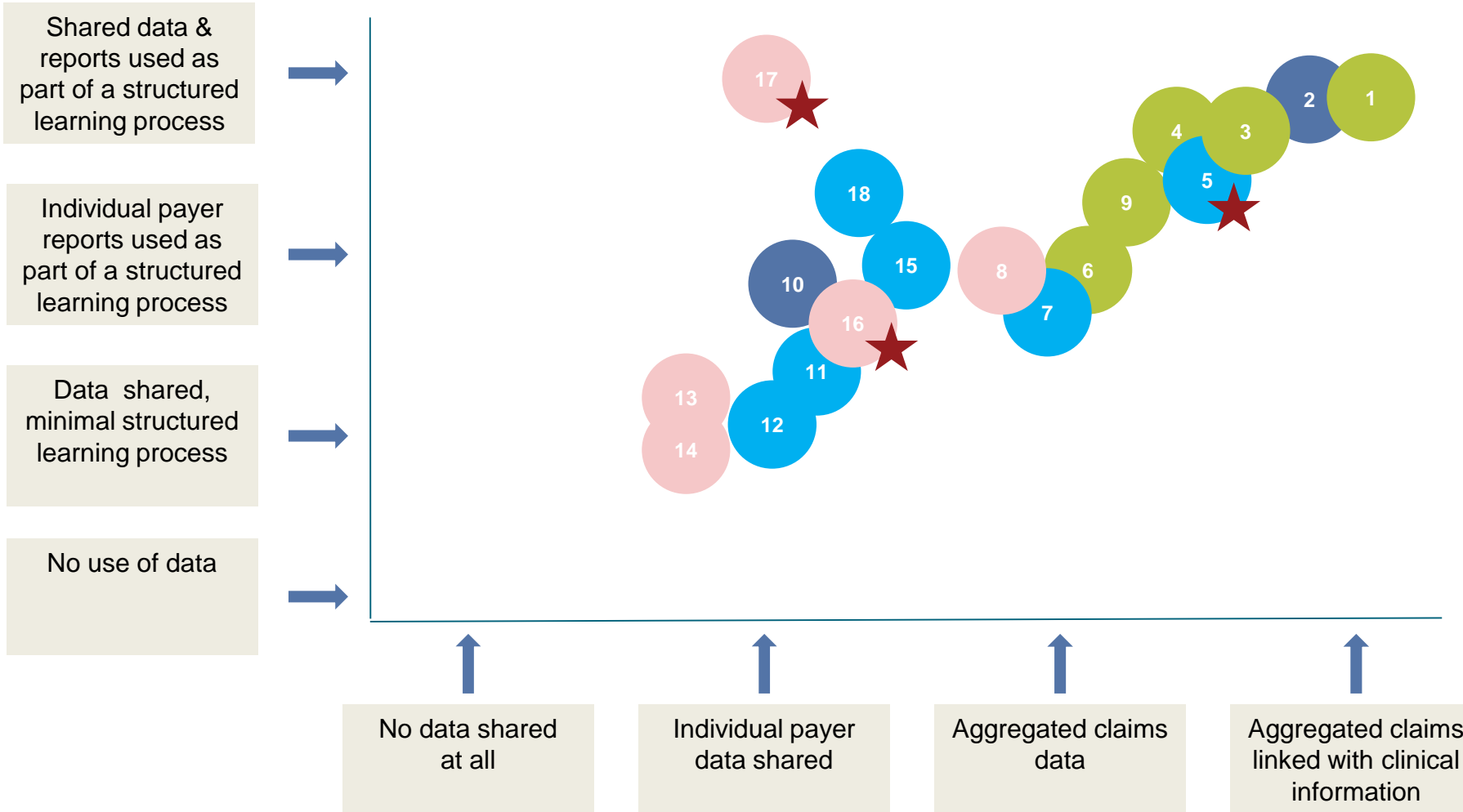
Group 2 – High Readiness & CMS not yet sharing data

Group 3 – Medium Readiness for data aggregation.

Group 4 – Low interest & readiness for data aggregation

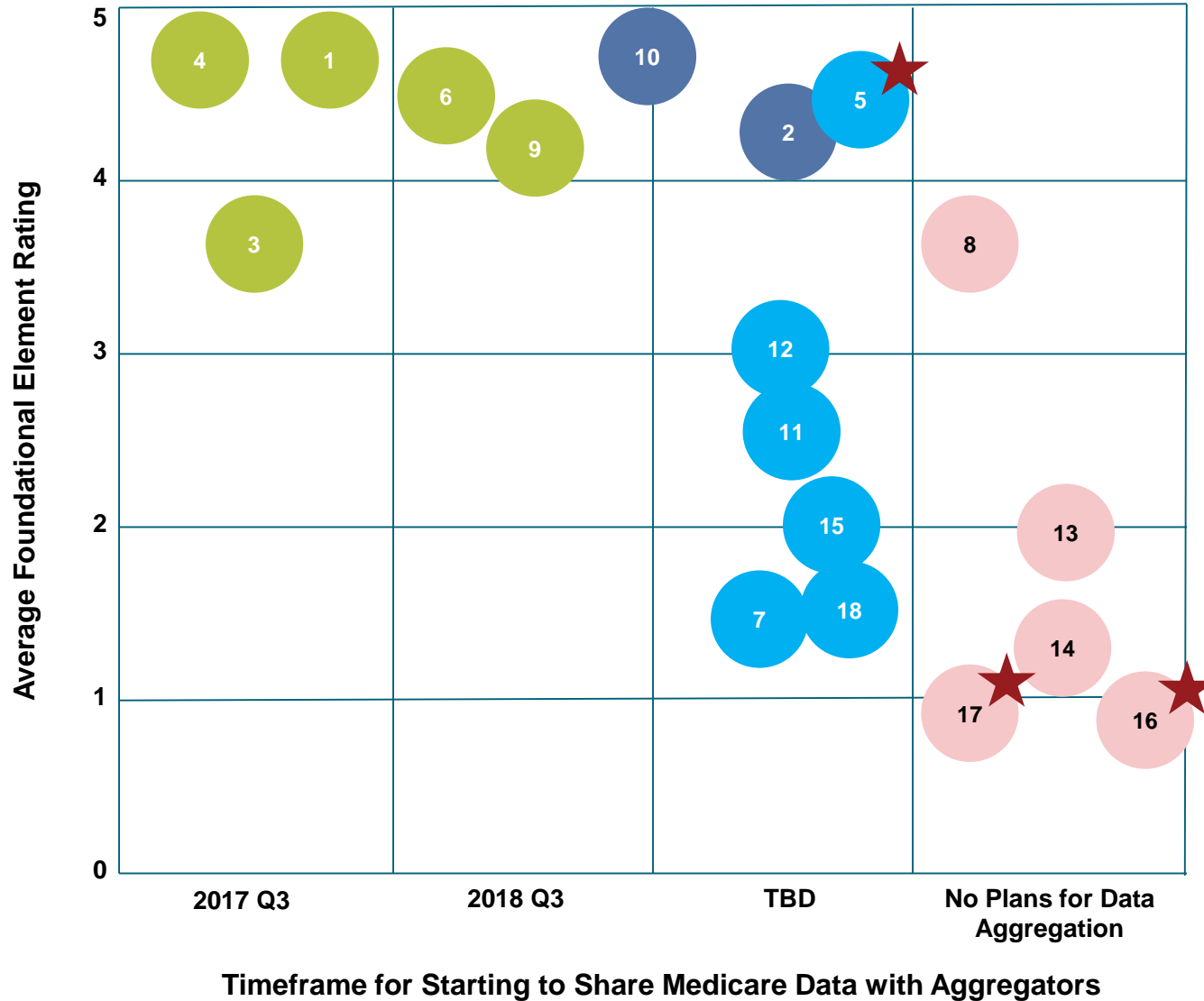
★ Single payer region

Readiness to Use Data



Capability to Aggregate Data

Foundational Rating vs Timeframe to Share CMS Data



LEGEND

LEGEND

- Group 1** – High Readiness & CMS already sharing data
- Group 2** – High Readiness & CMS not yet sharing data
- Group 3** – Medium Readiness for data aggregation.
- Group 4** – Low interest & readiness for data aggregation
- ★ Single payer region

Data Aggregation, Feedback, & Quality Measurement Alignment

Opportunities for Multi-Payer Alignment

Opportunities for Alignment

- Attribution & practice assignment with multi-payer data
- Populations used for performance measurement & payment (accountability)
- Specifications for measures that apply across payers
- Actionable information to support practice operations (e.g. key metrics, drill downs)
- Use of benchmarks and comparative performance
- Support for practice use of data (e.g. coaches, facilitators)
- Aggregated and/or aligned reports (e.g. populations, measures, formats, drill downs)

Data Aggregation, Feedback, & Quality Measurement Alignment

Summary From Milbank Collaborative Meeting

Value Case for CPC+ Payers & Conveners

- **Providers have a single point of reporting with information on their whole population.** CPC+ payers and conveners consistently reinforced the convenience for practices as a compelling reason to participate in data aggregation. There is a widely shared belief that providers will not put together information from separate payer reports to guide practice operations as readily or effectively as aggregated reports. They felt that this is an important step to reduce provider burden.
- **Improve Provider Relations.** CPC+ payers highlighted how efforts to help practices through data aggregation and/or alignment could benefit relations with the providers in their network. Providers appreciate the payers efforts to reduce their burden.
- **Support Reporting of HEDIS measures.** Aggregation of claims and clinical data can serve as a data source to assist payers with generation of HEDIS measure results, and reduce burden from needing to go to practices to obtain data (reduce payer and provider burden).

Data Aggregation, Feedback, & Quality Measurement Alignment

Summary From Milbank Collaborative Meeting

Value Case for CPC+ Payers & Conveners

- **Comparative performance is a strong motivator.** CPC+ payers and conveners stressed the importance of data aggregation and/or alignment as an important underpinning to offer providers with comparative performance information.
- **Comparative performance information depends on alignment.** With or without data aggregation, alignment on key measures, benchmarks, and reporting format is essential to offer providers comparable performance information from different payers. There was strong interest in using standardized indexes to give providers comparative performance information on healthcare expenditures while protecting payers business interests.
- **Unmasking top performers and sharing best practices** is considered an important advancement in regions. Advancing the culture around the use of data was considered important by payers and conveners.

Data Aggregation, Feedback, & Quality Measurement Alignment

Summary From Milbank Collaborative Meeting

Value Case for CPC+ Payers & Conveners

- **Payers like to see how their beneficiary population compares to other payers populations** (commercial payer compared to aggregate commercial population). This was expressed as an added benefit, but not as the strongest driver.
- **Payers and conveners are looking to the experience of CPC+ to further define success** for data aggregation, multi-payer reporting, and alignment. They could not express clear criteria or measures for success. However, they believe it will help providers, they are willing to participate, and will learn how to evaluate whether it is worthwhile.
- **Payers and conveners were interested in the variation in readiness across regions**, and are interested to learn about successful strategies that advance practice use of data (aggregation and alignment).

Data Aggregation, Feedback, & Quality Measurement Alignment

Optimizing Payer Engagement & Program Effectiveness

Topics for Discussion

1. Are these compelling reasons for payers to participate in data aggregation? Are there others?
2. Should providers participate in the governance process along with payers? Should providers help to finance data aggregation & reporting?
3. How important is it to have an official convener to lead the data aggregation process?
4. What is needed to support practice use of aggregated data? What strategies have been effective?
5. How can payers help to promote practice use of aggregated data (e.g. incentives)

Data Aggregation, Feedback, & Quality Measurement Alignment

Optimizing Payer Engagement & Program Effectiveness

Questions & Discussion