Data Aggregation, Feedback, & Quality Measurement Alignment

Supporting the CPC+ Model

Milbank Multi-State Collaborative Webinar

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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

18 regions
OVER 2.0M Medicare patients
APPROX. 3,000 primary care practices
APPROX. 15,000 CPC+ practitioners

CPC+ REGIONS

= 2017 Cohort  = 2018 Cohort

5 Years  2 Cohorts  2 Tracks  INCLUDING OVER 50 payer partners  OVER 55 health IT vendors

Greater Buffalo (NY)
North Hudson/ Capital District (NY)
New Jersey
Greater Philadelphia (PA)
Northern KY (part of OH region)

OR  CO  MT  ND  NE  AR  TN  LA  MI  OH  RI
Hawaii
Greater Kansas City

50 payer partners
OVER 55 health IT vendors

Comprehensive Primary Care Plus
Center for Medicare & Medicaid Innovation
**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+ Regional Market Update q2 2018
Administered and analyzed by the Milbank Memorial Fund

CPC+ Payer Partner Collaboration Roadmap

10 Aligned Milestones

What are regional priorities for alignment?
What priority areas are regions focusing on with other CPC+ payer partners?

- Updating vision statements to reflect current priorities
- Reducing total costs of care
- Alternative payment model(s) from fee-for-service
- Aligning quality measurements
- Providing support for practices
- Data sharing to practices
- Bidirectional data exchange with practices
- Reduction of administrative burden on practices
- Other (please specify)
Data Aggregation, Feedback, & Quality Measurement Alignment

**Medicare Only Reporting**
- Medicare Claims Data
  - Processing
  - Care Delivery Measures
  - Data Aggregation: Compiling and standardizing data from different sources
  - Standardized Data Set
  - Analytics: making the data readable and useable
  - Reporting: providing comparative measurement across settings
  - Practice Transformation: Incorporating payer information into healthcare operations for continuous improvement

**Multi-Payer Reporting**
- Multi-Payer Claims Data
  - Standardized Data Set
  - Data Aggregation: Compiling and standardizing data from different sources
  - Analytics: making the data readable and useable
  - Reporting: providing comparative measurement across settings
  - Practice Transformation: Incorporating multi-payer information into healthcare operations for continuous improvement

**Medicare Only Reporting**
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  - Providers
Components Needed for Successful Data Aggregation and Use

**CMS Participation in data sharing**

### Reporting Services
- Analytics Services
- Expenditure Reporting
- Risk Adjustment
- Utilization Reporting
- Attribution
- Quality Reporting

### Data Use Capabilities

### Core Technical Capabilities
- Data Extraction
- Data Transformation
- Data Aggregation

### Data Quality and Provenance
- Identity Management
- Provider Directories
- Security & Privacy
- Consent Management

### Foundational Elements
- Business Reason
- Governance
- Policy
- User Support / Learning Network
- Legal Agreements
- Financing

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

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<table>
<thead>
<tr>
<th>0 = No plan in place</th>
<th>1 = In planning phase</th>
<th>2 = Implementing</th>
<th>3 = Operational at limited scale</th>
<th>4 = Operation at scale (less than 1 year)</th>
<th>5 = Operational at scale (more than 1 year)</th>
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Foundation for Sharing & Aggregating Data
Business Reason, Governance, Policy, Legal, Finance, User Support

Average Score on Foundational Elements

Region
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

- **Shared data & reports used as part of a structured learning process**
- **Individual payer reports used as part of a structured learning process**
- **Data shared, minimal structured learning process**
- **No use of data**

**Capability to Aggregate Data**:
- **No data shared at all**
- **Individual payer data shared**
- **Aggregated claims data**
- **Aggregated claims linked with clinical information**

**Single payer region**
Foundational Rating vs Timeframe to Share CMS 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

Average Foundational Element Rating

Timeframe for Starting to Share Medicare Data with Aggregators

LEGEND

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)
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).
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.
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).
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)
Questions & Discussion