# ALIGNING FOR SHARED ACCOUNTABILITY LAN SUMMER ACTION Network

Data Sharing and Interoperability: Payer-Provider Data Exchange in Successful Shared Accountability Models

### Welcome



#### **Aneesh Chopra**

President *CareJourney* 

### Panelists



### **Greg Robinson**

Chief Data and Analytics Officer *Marshfield Clinic Health System/Security Health Plan* 



### **Shannon Sartin**

Executive Director U.S. Digital Service at HHS/CMS



### Shafiq Rab

Senior Vice President & Chief Information Officer *Rush System for Health and Rush University Medical Center* 

### Data Sharing & Interoperability: Payer-Provider Data Exchange in Successful Shared Accountability Models

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## The (Personalized) Health Internet Era

# Institutions that support health records on iPhone (beta)

A growing list of healthcare institutions support health records on iPhone, enabling you to view important data such as immunizations, lab results, medications, and vitals directly in the Health app.

We're working with more hospitals and clinics to support health records. Health institutions might have multiple hospitals and clinics that support health records, which are listed in the Health app.

Richard M. Adams, DPM - Family Foot Care (Texas) https://www.richardadamsdpm.com

Community Health Systems (nationwide) - including AllianceHealth (OK), Bayfront Health (FL), Commonwealth Health (PA), Lutheran Health Network (IN), Merit Health (MO), Northwest Health (AR), Physicians Regional (FL), Tennova Healthcare (TN)

http://www.chs.net

Cone Health (North Carolina) https://www.conehealth.com Clinically-integrated networks operating on multiple EHRs can aggregate FHIR resource servers for a single API feed for consumer designated apps





## **CMS Leads on Payer Adoption and Use**

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Administrator Seema Verma © @SeemaCMS



Administrator Seema Verma @SeemaCMS

If you need help finding a plan that works best for your #healthcare needs, but don't have a enough time for all the tedious research, don't worry- @CMSGov's #BlueButton 2.0 apps can help. Take a look to see what apps could help you: medicare.gov/manage-your-he ...

8:38 AM - 3 May 2019



on Vaccines ant on Week

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### HL7/ONC Launch "Bulk" FHIR Testing

HL7 International

#### The Standard

The Official Blog of Health Level Seven® International

#### Leading Healthcare Stakeholders Commit to Real-World Testing of HL7's FHIR Bulk Data Implementation Guide

🛗 Aug 7, 2019 10:38:22 AM / by Charles Jaffe, MD, PhD

#### Ƴ Tweet in Share i Like 0 Share

On July 30, as part of the second Blue Button Developers Conference at the White House, a broad coalition of health systems, health plans, and other health IT stakeholders committed to real-world testing of the soon to be published HL7® FHIR® Bulk Data implementation guide (IG).

The announcement was made on stage by HL7 International CEO Dr. Charles Jaffe, later joined by Steven Posnack from **ONC** and Dr. Shafiq Rab of Rush University System for Health. More than 20 early adopters who have committed to advance this important use of **HL7 FHIR** were identified.

Source: <u>https://blog.hl7.org/leading-healthcare-stakeholders-commit-to-real-world-testing-of-hl7-fhir-bulk-data-implementation-guide</u>

Health Systems
Intermountain Healthcare
Jefferson Health
Marshfield Clinic Health System
MUSC & Health Sciences South Carolina
Mount Sinai Health System (NY)
MultiCare Health System and Physicians of SW
Washington
OCHIN
OrthoVirginia
Rush University System of Health
Trinity Health
U.S. Department of Veterans Affairs

#### Health Plans and others

Anthem BlueCross BlueShield of North Carolina BlueCross BlueShield of South Carolina BlueCross BlueShield of Tennessee Cambia Health Solutions Florida Blue Humana Manifest MedEx Medigold Oscar Health Security Health Plan SMART



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### **#1) CMS Launches Blue Button Portfolio**

### Blue Button

Beneficiary Claims Data Data at the Point of Care

- For Medicare beneficiaries
- Single data call

- For Accountable Care Organizations (ACO)
- Bulk data calls

- For Providers
- Bulk data calls



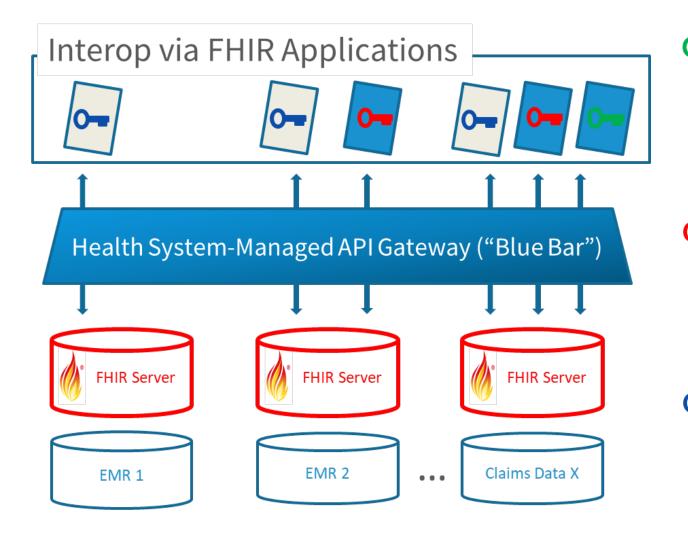
## "Data @ Point of Care" Built on "Bulk"

					•						
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Ø	Summary		Jane	e Doe	GENDER         DATE OF BIRTH         MEDICARE NO.           Female         4/2/1950   69 yo         19990000002901			<b>ROSTER</b> p. 10/30/19	CMS DATA REQUEST		
]	Encounters		Last request: 6/3/19								
8	Problem List	Encou	Encounters								
5	Medications	STATUS DATE TYPE OF VIS		TYPE OF VISIT	PROVIDER	LOCATION	REASON	SOURCE	REQUEST RECORDS		
8	Procedures	Received	5/15/19	Office Visit	Dr. Nick Robison, Primary Care Associates	Tampa, FL	Chest pain	\$	REQUEST		
Ŧ	Preventative Maintenance	Received	4/10/10	10/19 Emergency Room	Dr. Lauren Smith, Gleason Medical	Wesley	Chast pain	\$	REQUEST		
8	Care Team	Received	4/10/19		Center	Chapel, FL	Chest pain	٢	REQUEST		
$\heartsuit$	Quality Measures	Received	1/28/19	Urgent Care Facility	Dr. Arlene Lobo, On Demand Urgent	Tampa, FL	Dizziness	iness 💲	REQUEST		
Cuit	Vaccines			,	Care						
1	Family History	Received	12/5/18	Urgent Care Facility	Dr. Robert Nickeson, After Hours Urgent Care	Washington, DC	Shortness of breath	*\$	REQUEST		



Source: CMS; dpc.cms.gov

# #2) "Blue Button" Scales to "Blue Bar"



- Consumer Access for Aggregators
  - Content: All
  - Population: One Patient
  - *Duration:* Until revoked
- "Bulk" Access for Payers
  - Content: Negotiated
  - Population: Negotiated
  - Duration: Contract term
- "Backend" Access for Networks
  - *Content:* Minimum necessary
  - *Population:* App specific
  - *Duration:* Treatment



## **Tackling SDOH via FHIR Apps**

#### Association Between Community Economic Distress and Receipt of Recommended Services Among Medicare Fee-for-Service Enrollees

William B. Weeks, MD, PhD, MBA<sup>1,2</sup>, Stacey Y. Cao, MHS<sup>3</sup>, Chris M. Lester, PhD<sup>3</sup>, James N. Weinstein, DO, MS<sup>1,2</sup>, and Nancy E. Morden, MD, MPH<sup>1,2</sup>

<sup>1</sup>Microsoft Corporation, Microsoft Research, Redmond, WA, USA; <sup>2</sup>The Dartmouth Institute, Lebanon, NH, USA; <sup>3</sup>CareJourney, Arlington, VA, USA.

"Microsoft Corporation, Microsoft Research, Redmond, WA, USA; "The Darth		Patient Position	Lying	Sitting	Standing	22								
Relationship Between Distressed Community Index Score Quintile, 2017 FFS	Medicarel Enrolle	es' Mean Der	nographics, R	ush Market (	Counties	es No	Heart Rate		M					
		Distressed Co	mmunity Inde	ex score quin	tile	es No	Heart Rate	Monitor	Apical	Right L	.eft Drachial	Dorsalis pedis	l'emoral	Radial
	Least				Most	- 5	Source	Carola	Pupilies		historica kizist	Cline (Corraneo	0 100	
	1	2	3	4	5	-	C Back to Results							
Number of ZIP Codes	101	66	45	35	35	2	Rudy Alva	rado garn	rofile)					Nudge
Mean Distressed Community Index score	10.3	29.2	48.3	69.7	92.0	6								
Zip Code-level demographics							Overview Refe	mala						
Mean number of FFS Medicare enrollees	2185	1672	2035	1299	2128		1.0.0						_	_
Mean HCC risk score	0.86	0.91	0.96	1.00	1.13	2	Referrals					Show Me: All Refe	rais • • •	dd Referral
Mean per-capita Medicare Part A & B expenditures	\$10,558.97	\$11,200.37	\$12,153.76	\$12,675.63	\$15,841.69		MENCE		REFER	AL SENT	CONTACTED	APPT SCHEDULED	ATTENDED	
Zip Code-level mean proportion of eligible enrollees receiving recommended	CHE			/	~	r s	Child daycare	centers *	65/92/	1001	D Not Contacted	O N/A	0 N/A	
Flu shots (%)	54.9%	49.6%	43.1%	37.7%	27.9%		🕫 Message		499/142	200	Quar constant	0 ~~	Q 1/1	*
Annual wellness visits (%)	35.0%	28.9%	23.7%	23.5%	18.5%		Community re	entry servic						
Transitional care management (%)	11.8%	11.7%	9.2%	9.3%	6.6%	30	(2) Message		05/12/	2017	0 05/12/2017	O 05/19/2017	0 N/A	v
Advanced care planning visits (%)	3.2%	3.5%	3.2%	2.8%	2.0%	🔅 Re	sults Rx Request P	atient Calls	My Open C	harts Trans	cription Cosign - (	Chart Pt Advice Rec	uest	14

Check for updates

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"To flag data as significant, right click on the row name"

**Right arm** 

Machine

Neonste

1

Infant

Left arm

Doppler

Child

Right leg

Child Long

Leftled

Other (Comment)

Other (Comment)

10

Small Adult

11

0

Detailed Vitals

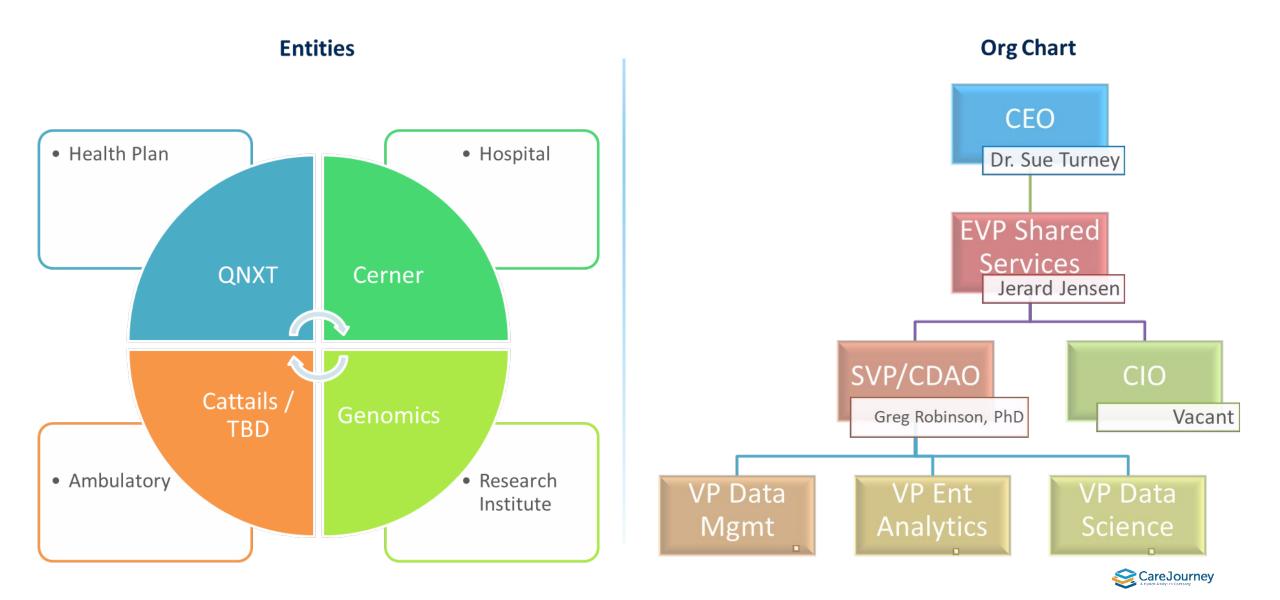
**BP** Location

IV Method

Reference: Weeks, W. B., Cao, S. Y., Lester, C. M., Weinstein, J. N., & Morden, N. E. (2019). Association Between Community Economic Distress and Receipt of Recommended Services Among Medicare Fee-for-Service Enrollees. *Journal of General Internal Medicine*. doi:10.1007/s11606-019-05076-6; Rush UMC

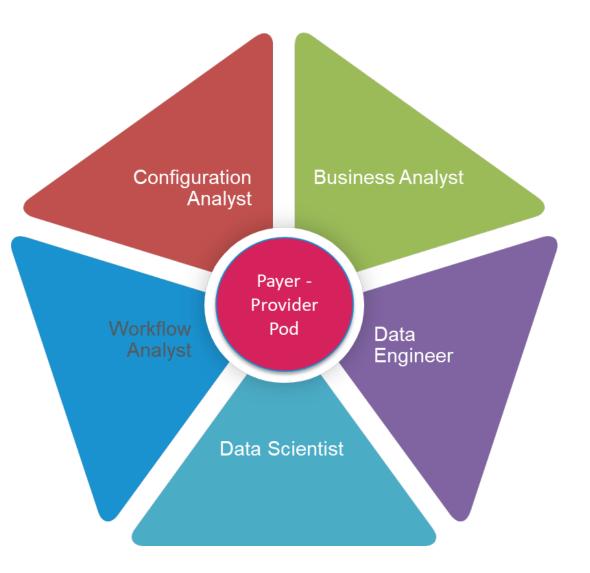


### #3) Leadership & Accountability via "CDOs"



## **Organizing "Pods" on Data Alignment**

- Teams that are aligned to their natural workflow
- Business-domain focused teams
- Ensures purity in data as they are made interoperable





## Panel: Fielding "Team B" on Interop

- 1. "Blue Button" Evolves to "Blue Bar" for Trusted Physician and Network Apps
- Apps for Provider Directories (No 'Surprise Billing')
- 3. Open Standards for Physician Scheduling
- 4. Open Standards for Patient Assessments ("My Goals, My Situation")
- 5. Open Data for Performance Transparency (TBD)



"The old login system cost \$250M to build...\$70M annually to stay online. The new system cost about \$4M to build, and...less than \$1M to maintain."



### "All Hands on Deck" on What Works

### Calling All Innovators – Health Care Innovation Challenge Open for Great Ideas



"The evaluation...indicate that beneficiaries...have achieved success with losing weight and reducing the incidence of diabetes." - CMS Actuary

Code	2018	Q1 2019
G9890	124	15
G9891	220	363
G9873	38	127
G9874	32	73
G9878	28	14
G9879	27	-
G9875	21	219
G9880	-	43
G9876	-	15
G9881	-	21
Patients Treated:	202	396



# Visit the LAN Website for our Resources

#### https://hcp-lan.org/

#### 

N - APM Framework & Measurement Effort - APM Design & Implementation - LAN Summit - Q

#### What is the Health Care Payment Learning & Action Network?

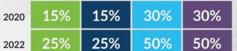
The Health Care Payment Learning & Action Network (HCPLAN, or LAN) is an active group of public and private health care leaders dedicated to providing thought leadership, strategic direction, and ongoing support to accelerate our care system's adoption of alternative payment models (APMs). The LAN mobilizes payers, providers, purchasers, patients, product manufacturers, policymakers, and others in a shared mission to lower care costs, improve patient experiences and outcomes, reduce the barriers to APM participation, and promote shared accountability.

Since 2015, health care stakeholders have relied on the LAN to align them around core APM design components, host forums and summits to share information and inspire action, build consensus among leaders, and measure the progress of APM adoption. The LAN will continue to be a trusted partner that connects the public and private sectors, identifies and shares best practices, and guides the field in rapidly moving to value-based payment.

#### OUR GOAL STATEMENT

Accelerate the percentage of US health care payments tied to quality and value in each market segment through the adoption of shared accountability (i.e., two-sided risk) APMs that include nominal risk to:





OUR VISION

# **Exit Survey**

We want to know what you think!

Let us know your thoughts at the end of each session! The Guidebook app provides quick, simple evaluations for your feedback.

<u>Session Evaluation Survey</u> (or scan QR code) <u>LAN Summit Overall Survey</u>



# Contact Us

We want to hear from you!

www.hcp-lan.org



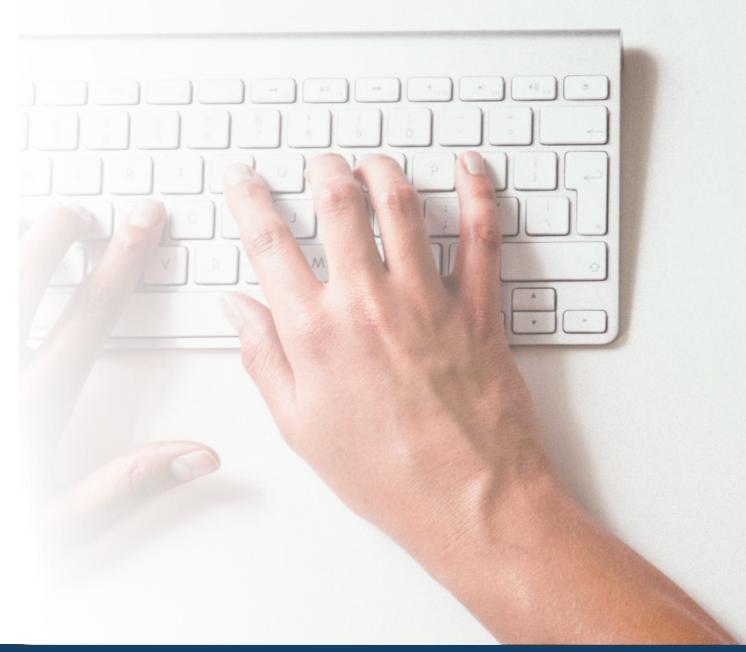
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PaymentNetwork@mitre.org

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# ALIGNING FOR SHARED ACCOUNTABILITY LANS LANS LANS Health Care Payment Learning & Action Network

# Thank You!