HCP LAN

Health Care Payment Learning & Action Network

# Data Sharing: Accelerating and Aligning Population-Based Payment Models

April 26, 2016
1:00pm – 2:15pm

# WELCOME



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Member
*PBP Work Group*

Senior Director of Research and Development

*Leavitt Partners, LLC*

# SESSION OBJECTIVES



- Provide an overview of the PBP Work Group's preliminary recommendations related to sharing data within a population-based payment model.
- Provider insight into strategies for data sharing among payers, providers, patients and purchasers.
- Share stakeholder perspectives for implementation of draft recommendations.
- Offer opportunity for audience questions and facilitated discussion

# PBP PANELISTS

*Data Sharing*

**David Muhlestein, PhD, JD**
Member
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Senior Director of Research and Development

*Leavitt Partners, LLC*

**Frank Opelka, MS, FACS**
Member
*Guiding Committee*

Executive VP, *Louisiana State University System*

Medical Director, Quality and Health Policy

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**Andy Baskin**
Member
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National Medical Director

*Aetna*

**Elizabeth Mitchell**
Member
*PBP Work Group*

President and Chief Executive Officer

*Network of Regional Healthcare Improvement*

# DATA SHARING

- Data Sharing is foundational for the success of PBP models.
- Payers must commit to sharing data that providers need in order to have a 360 view of their patient panels. Payers have an interest in working with providers with the capacity to use data to improve care and manage risks.
- Providers who participate in multiple PBP contracts with varied payers will need data from each of them.
- Willingness to share data will increase with shared risk between payers and providers, and will require fundamentally new relationships and actions among providers, payers, purchasers and patients.
- Providers will accept accountability for the cost and quality outcomes for a population only if they have sufficient data to understand and manage the financial risks and to motivate systematic changes to care processes.

# DATA SHARING

There are 2 different types of data that are needed for the success of population based payment models:

- **Patient Level Data**
  - Providers need patient level information at point of care to make decisions with their patients.
  - Payers have an obligation to share administrative data with providers to ensure that providers have comprehensive understanding of the patient.
  - Providers have an obligation to share clinical and/or patient reported outcome data needed to score performance measures in PBP models.
- **Aggregate Data**
  - Payers have an obligation to share de-identified system-level information on the performance of providers and the PBP model.
  - Providers can use information to make changes in care delivery and risk management for their population and sub-populations (e.g., benchmarking their own performance against all diabetics, patients in a geographic area, etc.).

# DATA SHARING RECOMMENDATIONS



***The focus is on what by whom, not how.***

1. *Data Follows the Patient*
   a. ***Promote efforts to ensure that patient records can be securely matched to the right patient, regardless of payer***
   b. ***Work toward maturing data along "Information to Knowledge" continuum***
2. *Standardized Data*
   a. ***Support efforts to standardize data as an investment that will strengthen the value of the analytics***
3. *Data is Timely and Actionable*
   a. ***Ensure patient discharge and transfer data is shared with providers and is more timely***
4. *Removing Data Sharing Barriers*
   a. ***Remove or minimize legislative restrictions to data sharing***
   b. ***Identify ways to minimize financial and technical barriers***
5. *Data Governance and Accountability*

# DATA SHARING QUESTIONS



- What are the major concerns that you see with the current state of data sharing?
- What are the biggest barriers to implementing effective data sharing in population based payments?
- Are any important types of data sharing not included?

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# PANEL SPEAKER



**Elizabeth Mitchell**
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# Q Corp Clinic Comparison Reports Cost Detail

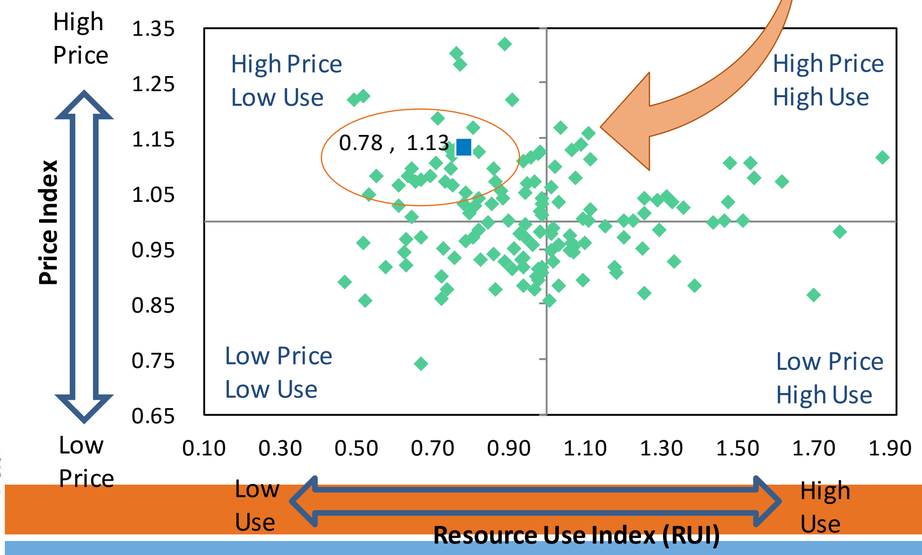
## Overall Summary by Service Category

| | Clinic | | OR Average | | | | |
|---|---|---|---|---|---|---|---|
| | **Raw PMPM** | **Adj PMPM** | PMPM | **TCI** | = RUI | x | Price Index |
| Professional | **$203.02** | **$183.18** | $167.12 | **1.10** | 0.99 | | 1.11 |
| Outpatient Facility | **$69.00** | **$62.25** | $115.53 | **0.54** | 0.60 | | 0.90 |
| Inpatient Facility | **$71.08** | **$64.13** | $72.21 | **0.89** | 0.78 | | 1.13 |
| Pharmacy | **$73.92** | **$66.70** | $69.20 | **0.96** | 0.98 | | 0.98 |
| Overall | **$417.03** | **$376.26** | $424.06 | **0.89** | 0.85 | | 1.05 |

## Inpatient PMPM by Service Category

| | Clinic | OR Average | | | | |
|---|---|---|---|---|---|---|
| | **Adj PMPM** | PMPM | **TCI** | = RUI | x | Price Index |
| Acute Admissions | **$64.13** | $71.93 | **0.89** | 0.79 | | 1.13 |
| Surgical | **$46.98** | $46.13 | **1.02** | 0.83 | | 1.22 |
| Medical | **$9.55** | $15.77 | **0.61** | 0.70 | | 0.87 |
| Maternity | **$4.11** | $8.88 | **0.46** | 0.40 | | 1.17 |
| Mental Health | **$3.49** | $1.15 | **3.04** | 3.03 | | 1.00 |
| Non-Acute | **$0.00** | $0.27 | **0.00** | 0.00 | | 1.00 |
| All Admisssions | **$64.13** | $72.21 | **0.89** | 0.78 | | 1.13 |

## Inpatient Price vs. Resource Use Comparison by Clinic



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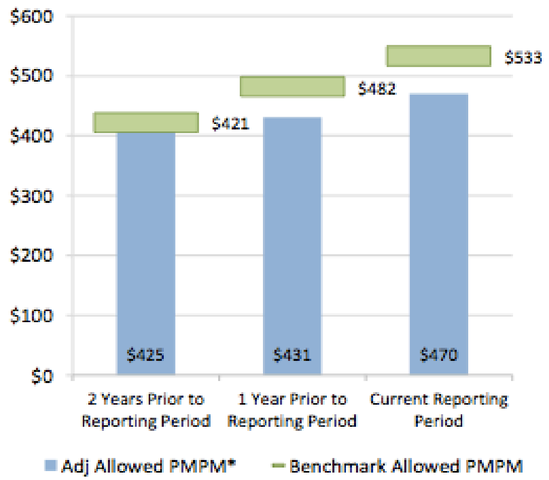
# FAMILY MEDICINE INSTITUTE



## Patient Demographics

| | Practice | Benchmark Practice[1] |
|---|---|---|
| Attributed Patients | 1,351 | 609 |
| Average Age | 44.5 | 38.2 |
| % Male | 39.1% | 44.8% |
| % Female | 60.9% | 55.2% |
| % Chronic | 39.0% | 36.9% |
| % Asthma | 7.3% | 7.5% |
| % CAD | 3.8% | 2.7% |
| % COPD | 2.1% | 1.3% |
| % Diabetes | 8.9% | 6.8% |
| % Heart Failure | 0.5% | 0.5% |
| % Hyperlipidemia | 12.4% | 14.8% |
| % Hypertension | 22.4% | 19.4% |
| % Obesity | 5.7% | 5.5% |
| % Back Pain | 19.2% | 15.4% |
| % Depression | 13.2% | 12.7% |
| Retrospective Risk Score* | 1.07 | 1.00 |
| Age-Gender Index | 1.13 | 1.00 |

## Annual PMPM Trend vs. Benchmark




*Adj. allowed PMPM and Adj. PMPM indicate retrospective risk adjusted allowed amount, normalized to the Benchmark

## Overall Summary by Service Category

| | Practice | | BM[2] | | |
|---|---|---|---|---|---|
| | Raw PMPM | Adj PMPM* | PMPM | TCI | RUI |
| Inpatient Fac. | $82 | $77 | $98 | 0.78 | 0.74 |
| Outpatient Fac. | $175 | $164 | $196 | 0.84 | 0.62 |
| Professional | $152 | $142 | $146 | 0.97 | 0.88 |
| Pharmacy | $94 | $88 | $93 | 0.94 | 0.95 |
| *Overall* | *$503* | *$470* | *$533* | *0.88* | *0.79* |

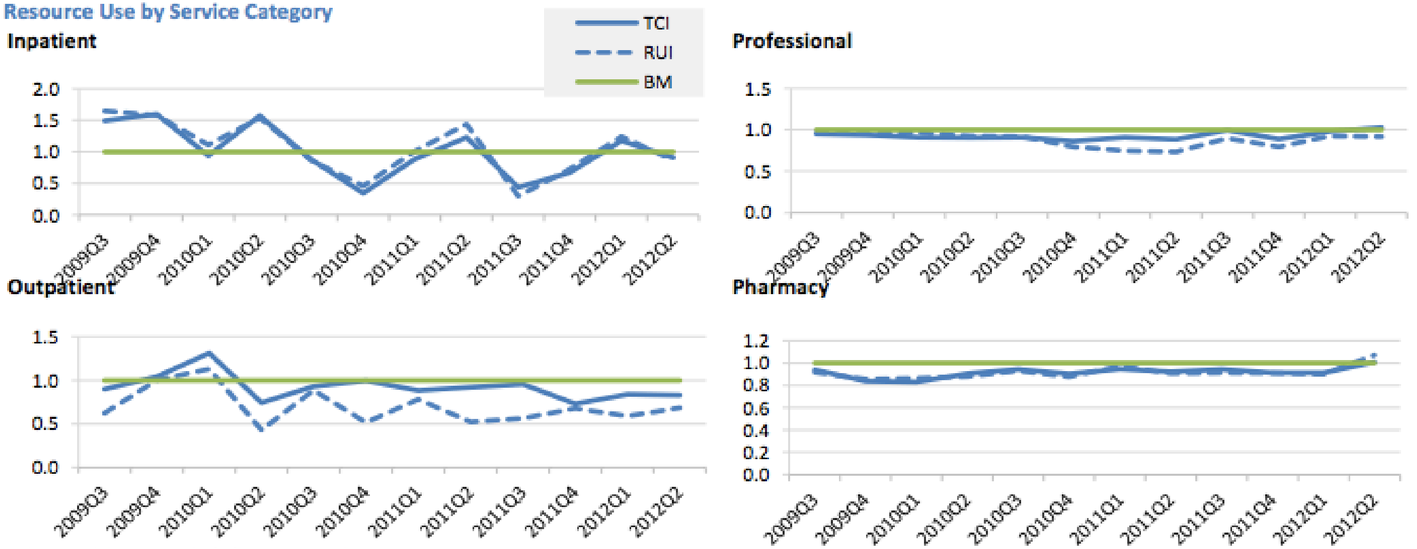
**HealthPartner's Total Cost Index (TCI) & Resource Use Index (RUI):** TCI & RUI provide insight into overall cost, practice efficiency & price competiveness.

TCI = Practice Adj. PMPM/Benchmark PMPM
RUI is based on standardized cost for procedures

The benchmark index for TCI or RUI is 1.0. Index values below 1.0 indicate a practice that is delivering services in a more cost or resource-efficient manner than the benchmark. Example: Inpatient Facility TCI = .85 means the practice is 15% more cost-effective than the benchmark.

## Practice Trends in Cost and Resource Use by Service Category

Does it cost more or require more healthcare resources to manage your panel over time?




[1] Benchmark practice reflects all practices receiving report, including your practice.

[2] BM = Benchmark

Please see glossary on Page 7 for details on terminology and calculations

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# Compare Practice Ratings

View on map

Change My Selections

See how your selected Practices compare for Quality ratings:

Low | Good | Better | Best

> Where do these ratings come from?

Adult Care ratings for your selected practices
(Last updated on Wed, 03/09/2016 - 15:26)

| | Uses Treatments Proven to be Effective (Overall Rating) | Uses Methods to Make Care Safer | How Patients Have Rated Their Experience | Provides Care at a Reasonable Cost |
|---|---|---|---|---|
| | What This Rating Means | What This Rating Means | What This Rating Means | What This R |
| **InterMed Internal Medicine - Marginal Way**<br>84 Marginal Way<br>Suite 700 & 800<br>Portland, ME 04101<br>(207) 774-5816<br>> See Rating Detail and Practice Info | Best | Best | Best | Go |
| **Portland Internal Medicine at Baxter Boulevard**<br>43 Baxter Boulevard<br>Portland, ME 04101<br>(207) 771-1717<br>> See Rating Detail and Practice Info<br>Integrated Behavioral Health | Did Not Report | Best | Good | Unable to |
| **Falmouth Internal Medicine**<br>75 Clearwater Drive<br>Suite 106<br>Falmouth, ME 04105<br>(207) 400-8570<br>> See Rating Detail and Practice Info | Better | Best | Better | Go |

CLOSE

**Low** - This practice's cost per patient are higher than the average cost in Maine.
**Good** - This practice's cost per per patient is about the same as they are in most practices in Maine.
**Best** - This practice's cost per patient are below the average cost for practices in Maine.
**Unable to Determine** - There is not enough consistent data on this practice to assign a rating.
**No Quality Rating** - The value of health care services cannot be understood unless patients have both quality and cost information. Since this practice does not report the minimal amount of quality information requested, we do not provide a cost score for them.

Stay informed

# Public Reporting

- IHA partners with the California Office of the Patient Advocate to publicly report program results
- As of March 2016, Report card release includes, for the first time, physician organization:
  - Total Cost of Care
  - Medicare Advantage star ratings
- Results are based on MY 2014 performance that was reviewed and finalized last summer

| MEDICAL GROUP PROVIDES RECOMMENDED CARE | PATIENTS RATE THEIR MEDICAL GROUP | AVERAGE PAYMENT BY PATIENT & HEALTH PLAN FOR CARE |
|---|---|---|
| GOOD | GOOD | LOWER PAYMENT |
| FAIR | GOOD | HIGHER PAYMENT |
| POOR | GOOD | LOWER PAYMENT |
| GOOD | GOOD | LOWEST PAYMENT |
| GOOD | EXCELLENT | HIGHER PAYMENT |
| Too few patients in sample to report | EXCELLENT | HIGHER PAYMENT |

# Q&A?

What questions do you have about the Data Sharing recommendations?

What changes or additions to these recommendations would you suggest that would help you implement PBPs in your market?

What value will such recommendations add to the field?

How would you tackle the challenges of data sharing?

What do you see as the most significant barriers to adopting these recommendations?