



Interview Highlights from

Virtual Track 2 Session: Operationalizing CPC+ Data Distribution and Aligning Quality Measure Sets and Reporting

January 30, 2017 | Primary Care Payer Action Collaborative (PAC)

The second virtual meeting of the PAC's Work Track 2—which focuses on regional multi-payer efforts in data distribution and aligning quality measures to support primary care practices—featured live interviews of representatives from regions with varying approaches to data distribution in Comprehensive Primary Care Plus (CPC+) and other alternative

payment models. Representatives of Michigan Primary Care Transformation (MiPCT), the Michigan Data Collaborative, and Arkansas Blue Cross and Blue Shield shared experiences and insights on regional data aggregation or data alignment to support primary care transformation. Below are select highlights and key takeaways from those interviews.

DATA AGGREGATION IN MICHIGAN

Interviews with Diane Marriott, Manager, Michigan Primary Care Transformation (MiPCT), and Ellen Bunting, Manager, Michigan Data Collaborative (MDC)

MiPCT is transitioning from a five-year CMS demonstration program that ended in December 2016 into ongoing statewide efforts that leverage a multi-payer claims and clinical database maintained by the MDC.

Q: What data is aggregated across payers and distributed in combined, multi-payer reports to practices?

A: The MiPCT project partnered with the Michigan Data Collaborative (MDC) to aggregate eligibility, claims, and clinical quality data from three commercial payers, Medicare, and Medicaid populations. The project facilitates the production of admission, discharge, and transfer (ADT) data alerts for interested practices in coordination with the MDC, Michigan Health Information Network (MiHIN), and a vendor partner. MDC calculates and provides through a secure portal quality and resource utilization measures, primarily based on HEDIS definitions. We also provide standard costs and risk scoring using vendor-developed solutions.

Q: How have practices used MiPCT's data and what feedback have they provided?

A: Practices use the data for pattern and opportunity analysis, and to triage and focus care management on appropriate members. Although some have commented that lag time makes the data less actionable (MiPCT produces quarterly reports with dashboards), we've emphasized the data's value is in identifying over time trends in quality, care delivery, disease prevalence, and population health.

Q: What is your advice to a region that is just embarking on a data aggregation and distribution approach?

A: Developing data-sharing agreements early is important. This step often takes longer and is more involved on the front end than expected. Establishing infrastructure for funding, governance, etc., can help facilitate agreement on the basics of the data approach (e.g., selecting utilization and quality measures that are important to both payers and providers, deciding on risk adjustment and attribution methodologies). In MiPCT's experience, although commercial payers and state Medicaid have been strong supporters of the initiative, bringing Medicare on board was a major catalyst in getting the work off the ground.

DATA ALIGNMENT IN ARKANSAS

Interview with Sarah Wang, Manager, Medical Informatics Research and Development, Arkansas Blue Cross and Blue Shield (BCBS)

Arkansas BCBS participates in the statewide, public-private Arkansas Health Care Payment Improvement Initiative, which has aligned data distribution across payers as part of a larger effort to improve health care access and quality in the state.

Q: How is multi-payer data aligned and distributed to practices through this initiative?

A: Episode-of-care reports based primarily on claims data are available through an online provider portal in a uniform layout and file format from multiple payers. Member-level cost data is also available, using slightly different metrics across payers.

Q: What have been the biggest challenges to data alignment and Arkansas' solutions to them?

A: The top challenges have been getting stakeholders together at the table and agreeing on the details of the alignment approach. Arkansas overcame these hurdles with early and frequent stakeholder communication, as well as persistence.

Q: What advice do you have for regions just starting to pursue data alignment?

A: Communicate early and often. At the beginning of Arkansas' initiative, payers met weekly to assess capabilities and lay groundwork for common processes. Another key success factor is identifying a high-level leader(s) to champion and advance the effort.