POPULATION-BASED PAYMENT MODELS
DATA SHARING

OVERVIEW

The Health Care Payment Learning & Action Network (LAN) white paper, Accelerating and Aligning Population-Based Payment Models: Data Sharing, provides a springboard to speed the adoption of alternative payment models (APMs) in the health care community. APMs are a key strategy in health care payment reform, helping to shift focus from quantity to quality in health care.
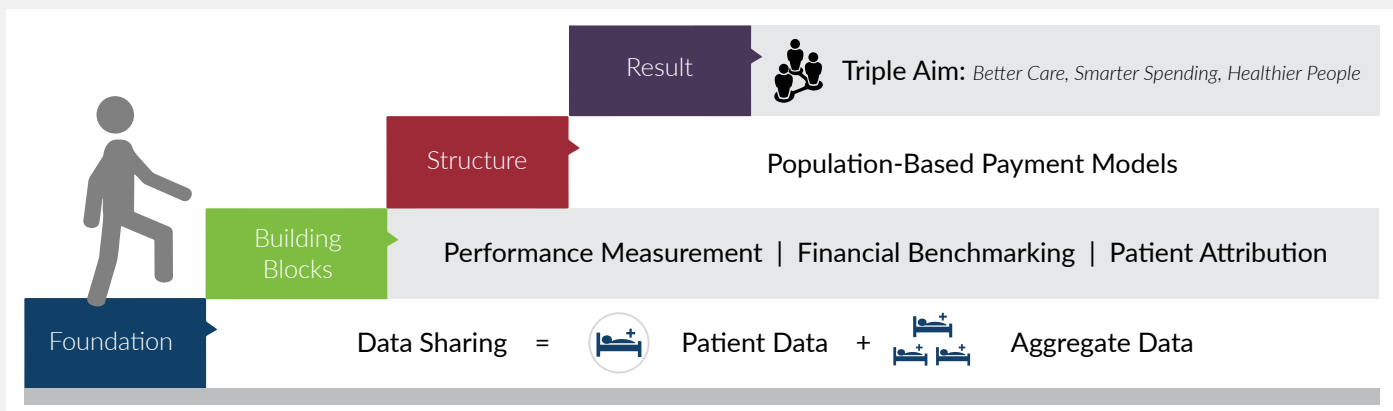
WHAT IS DATA SHARING?

Data sharing is the process of promoting and encouraging the availability and use of comprehensive patient- and population-level data and information across the full continuum of care. Access to cost and quality data substantially improves decision-making for consumers and purchasers who are selecting health care providers and plans. In addition, sharing data across patients, providers, payers, and purchasers can help inform clinical care provided by doctors, nurses, and other clinicians, as well as improve coordination of care, ultimately increasing quality outcomes for patients.

IMPORTANCE

Data sharing is foundational to population-based payment (PBP) models, which are based on a simple concept: providers accepting accountability for managing the cost, quality, and outcomes of care for a patient population across the full continuum of care. This includes a patient's entire lifespan, from prevention to end-of-life care, and everything in between. The goal of PBP models is to achieve better quality and outcomes at a lower total cost for the patient population involved. Data sharing allows for patients to be connected or attributed to providers, assess performance on cost and quality, or advance other functions necessary for successful PBP models.

THE WHITE PAPER

The process of data sharing currently faces multiple challenges, including proprietary approaches to data collection and reporting, inconsistent and underdeveloped data infrastructure, a lack of funding and standards, and technical limitations to the collection of rich clinical and patient-reported data. The white paper addresses these challenges and highlights recommendations that may necessitate a shift in the current, proprietary business model, in order to ensure that patient- and population-level data are shared with the people who need them. Specifically, the paper outlines several principles for data sharing, provides concrete examples of who will share which types of data with whom, and suggests some immediate next steps.

Result — Triple Aim: *Better Care, Smarter Spending, Healthier People*

Structure — Population-Based Payment Models

Building Blocks — Performance Measurement | Financial Benchmarking | Patient Attribution

Foundation — Data Sharing = Patient Data + Aggregate Data

RECOMMENDATIONS

✓ Identify common approaches and policies for payers and providers to support data sharing in PBP models.

✓ Increase collaboration between providers and payers on approaches to better identify patient data that enables mapping across systems and data types, including clinical, administrative, and patient-reported data.

✓ Convene a multi-stakeholder group of payers, providers, purchasers, and patients to recommend solutions that assure patients that their personal data are appropriately used.

✓ Ensure that requirements for data sharing are made explicit in agreements between purchasers and payers that participate in PBP models.

✓ Allow cost information to be easily available to patients and purchasers, so that all parties can see what it costs to visit different providers for the same common procedures.

✓ Encourage active participation of payers, providers, and purchasers in pilot programs to evaluate different approaches to data sharing.
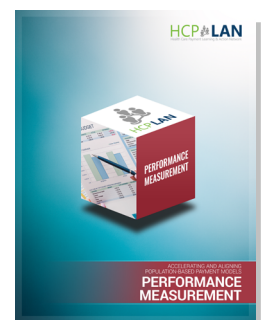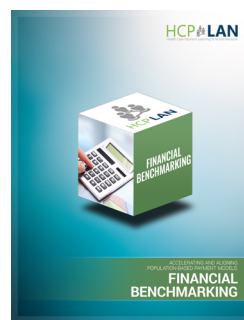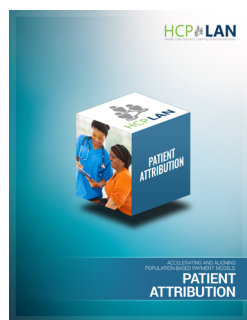
For a full list of recommendations and additional resources go to:

https://hcp-lan.org/groups/pbp/ds-final-whitepaper

MOVING FORWARD

The LAN white paper reflects the latest thinking from leading experts in the field of health care payment and offers recommendations for developing a methodology for data sharing. The paper serves as an important resource for providers, payers, employers, patients, consumer groups, health experts, and state and federal government agencies taking action on APMs nationwide. These recommendations encourage greater alignment in the field to increase adoption toward the goals of tying 30% of U.S. health care payments to APMs by the end of 2016 and 50% by 2018.

REVIEW OUR SUITE OF OTHER PBP WHITE PAPERS

DATA SHARING

PATIENT ATTRIBUTION

FINANCIAL BENCHMARKING

PERFORMANCE MEASUREMENT

ABOUT THE LAN

PURPOSE

The Health Care Payment Learning & Action Network (LAN) aims for:

BETTER CARE | SMARTER SPENDING | HEALTHIER PEOPLE

MISSION

To accelerate the health care system's transition to alternative payment models (APMs) by combining the innovation, power, and reach of the private and public sectors.

OUR GOAL
Adoption of Alternative Payment Models

2016 **30%** | 2018 **50%**

2018 50%
2016 30%