

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

Meeting 1 of 5

Primary Care Payer Action Collaborative

December 12, 2016

1:00-2:00pm

Highlights and Key Takeaways

On December 12, 2016, more than 60 PAC members participated in the first virtual session of the PAC's Work Track 2: Operationalizing CPC+ Data Distribution and Aligning Quality Measure Sets and Reporting. Below are highlights and key takeaways from the interactive meeting that are intended to serve as a recap and reference for Track 2 participants and support sharing of insights and lessons with those not participating in Track 2.

Confirmed Track 2 Objectives

Track 2 objectives focusing on two sequential CPC+ milestones:

- Milestone 6: Data Support to Primary Care Practices
 1. Examine existing efforts in and beyond CPC+ regions to aggregate and distribute data in ways meaningful to practices
 2. Identify interim or alternative steps and associated challenges in implementing a coordinated data distribution strategy
 3. Consider draft payer concepts or strategies to aggregate and distribute data within CPC+ regions for discussion, feedback, and accelerating action
- Milestone 7: Quality Measure Alignment
 1. Examine and document existing regional efforts at measure set alignment within the CPC+ regions and across the U.S.
 2. Discuss priority opportunities to augment the CPC+ quality measures with state and regional measures of interest or new domains, e.g., through inclusion of cost or efficiency measures and patient engagement measures
 3. Identify and consider tools to facilitate measure set alignment, including those publicly available via the *Buying Value Measure Selection* suite of tools

CPC+ Milestone 6: Data Support to Primary Care Practices

Participants identified their interest areas as they pursue CPC+ Milestone 6, the focus of this first work session. (Sessions on Milestone 7 will follow sessions on Milestone 6.) They shared their desire to support practices' use of data to improve care delivery by:

- Providing practices with:
 - timely, accurate, and actionable data providers will readily/easily use to understand practice patterns and make changes
 - network/peer comparison data that is weighted or adjusted for risk
 - downstream data on patient hospital admissions and specialist use
 - data identifying gaps in care that could be addressed by clinical integration/coordination
- Ensuring data and feedback reach individual providers
- Producing multi-payer practice reports with common content and formatting and/or availability through a common web portal
- Aggregating multi-payer data to capture overall practice performance and reduce administrative burden on practices
- Integrating claims and clinical data to improve data quality, utility, and timeliness
- Increasing understanding of the value proposition represented by different referral decisions
- Clearly communicating different data uses (e.g., practice quality improvement vs. public reporting and/or evaluation)
- Developing ongoing, multi-lateral processes for data quality maintenance, shared learning, and governance

Regional/State Data-Sharing Experiences

Participants discussed payer data-sharing experiences or plans in their respective CPC+ regions/states, reflecting a range of profiles in this area:

- **Colorado**
 - All payers in Colorado, including Medicaid and Medicare, are: (1) sending integrated administrative data to practices for defined gaps in care and other analytic use cases and (2) supporting a clinical data integration strategy in the region.
- **Michigan**
 - Blue Cross Blue Shield of Michigan (BCBS MI) is aggregating claims and clinical data from participating practices through a statewide multi-payer database:
 - Providing standardized cost data instead of actual cost data
 - Distributing data to practices through a web-based tool
 - Motivating providers with quarterly performance-based payment incentives based on data from a multi-payer database, and annual best-practice awards in several areas (e.g., diabetes care, emergency department utilization)
 - BCBS MI is also providing real-time admission, discharge, and transfer data separately to supplement information from the multi-payer database, which isn't as actionable as providers desire due to claims processing lags.
- **North Hudson Capital Region**
 - Capital District Physicians' Health Plan (CDPHP) is comparing referral provider value through a relative "efficiency index" (not actual costs) for an initial subset of specialties, focusing on the non-complex cases:
 - Planning to include quality metrics, which align with HEDIS measures

- Discussing approach with specialists first has been helpful; however, there are still some questions and concerns
- **Oklahoma**
 - Payers in Oklahoma are working with the HIE in the region to integrate claims and clinical data and distribute it to practices
 - Community Care is providing risk scores on each patient panel for commercial business. This information is provided at the provider, practice, and network levels. As part of their efforts, Community Care also:
 - Explored opportunities to use data to help providers make referral decisions. Looked into star ratings for provider cost, which is challenging because it involves sharing proprietary contracting data.
 - Found that about 40-50% of providers use the data well to improve care delivery and efficiency (e.g., change patient ED utilization patterns, better utilize lab services).
- **Rhode Island**
 - Blue Cross Blue Shield of Rhode Island (BCBS RI) is sharing various types of data with its network, but spends a fair amount of time reviewing attribution data for accuracy. BCBS RI noted opportunities to improve timeliness of data and further sharing of “down-in-the-weeds” data with providers and/or provider sites.

CPC+ Milestone 7: Quality Measure Alignment

Participants identified their interest areas as they pursue CPC+ Milestone 7, which will be the focus of later Track 2 work sessions:

- Aligning measures across different lines of business
- Aligning risk-adjustment or risk-score methodologies
- Incorporating cost, efficiency, and/or patient satisfaction measures