

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

Meeting 2 of 5

Primary Care Payer Action Collaborative

January 30, 2017

1:00-2:00pm

Highlights and Key Takeaways

PAC members participated in the second of five virtual sessions 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, which included live interviews of representatives from Michigan Primary Care Transformation (MiPCT), the Michigan Data Collaborative, and Arkansas Blue Cross Blue Shield. All shared their experiences related to regional data aggregation or data alignment approaches to support primary care practices. These session highlights are intended to serve as a recap and reference for Track 2 participants and support shared learning with those not participating in Track 2.

Interviews: Data Aggregation in Michigan

- **Diane Marriott, Manager, Michigan Primary Care Transformation (MiPCT)**
- **Ellen Bunting, Manager, Michigan Data Collaborative, Michigan Medicine**
 - **Question 1:** When and how did MiPCT, a leading example of data aggregation for primary care practices, start, and what is current participation?
 - Began as a three-year initiative with a two-year extension (2012-2016) under the CMS Multi-Payer Advanced Primary Care Practices (MAPCP) demonstration
 - Leverages a statewide multi-payer claims and clinical database—developed and maintained by the Michigan Data Collaborative—to provide data reports and analytics to provider organizations and primary care practices
 - Currently involves more than 300 primary care practices, 37 provider organizations, 400 trained care managers, and 1.2 million covered lives
 - Transitioning to an ongoing program in partnership with the State Innovation Model’s patient-centered medical home (PCMH) initiative, the largest PCMH in the nation
 - **Question 2:** What data does MiPCT aggregate, and what approaches does it use?
 - Aggregates eligibility, claims, and clinical (related to quality) data
 - Began with Medicare and Medicaid data, followed by commercial medical, pharmacy, and eligibility data as payers came on board
 - Clinical quality data began with data on adults, followed by: 1) pediatric data; 2) comparisons of clinical quality measures; and 3) electronic health record (EHR) data

from provider organizations (reported by practices using a common format) combined with payer claims data

- Aggregates admission, discharge, and transfer (ADT) data in coordination with the Michigan Health Information Network
- Determines standard costs (per member, per month) using a vendor algorithm because not all payers share actual amounts paid
- Insights:
 - Took a year to achieve its first common data portal and dashboards, which included only Medicare and Medicaid data
 - Worked with provider organizations and practices to develop a common format for clinical data submission using guidance from the National Association of Health Data Organizations
 - EHR data submissions are incomplete (not reflective of every practice or member), and not submitted as frequently as other data. Some provider organizations rely on their practices to pull data; others use data registries. Participation in MiPCT has helped provider organizations gain awareness of their capabilities in this area and prepare for similar requirements under state innovation models
 - Commercial payers have been strong supporters of MiPCT, but Medicare’s participation was a major catalyst for getting the work off the ground
 - Practices’ understanding of patient attribution and eligibility criteria is a key building block in data aggregation
 - Starting on data-sharing agreements (DUAs, BAAs, etc.) early is important. This step often takes longer and is more involved than expected on the front end
 - Establishing infrastructure (on funding, governance, etc.) helps facilitate agreement on the basics of the data approach (e.g., whether to use risk adjustment and, if so, which methodology; how to calculate attribution; what utilization and quality measures to start with that are important to both payers and providers, what specifications are used, etc.).
- **Question 3:** What have been MiPCT’s biggest challenges in data aggregation?
 - A “free-rider effect,” meaning some payers engage and/or invest less than others or not at all in the collective effort toward a common platform, but share the same benefits
 - Evaluating return on investment from data aggregation without a control group
 - Sustaining efforts and evolving from a demonstration into an ongoing program
 - Getting all payers to participate for comprehensive data
 - Agreeing on quality measures
 - Establishing effective governance
 - Assuring data security
 - Securing funding (the Michigan Data Collaborative has instituted a modest payer administrative fee (per member, per month))
- **Question 4:** How have practices used MiPCT’s data and what feedback have they provided?

- Practices use the data to triage and focus care management on appropriate members
- Some practices have commented lag time makes the data less actionable (MiPCT produces quarterly reports, with dashboards covering the past six months); MiPCT has emphasized the data's value is in identifying trends in quality, delivery, etc., over time

Interviews: Data Alignment in Arkansas

- **Sarah Wang, Manager, Medical Informatics Research and Development, Arkansas Blue Cross Blue Shield**
 - **Question 1:** When and how did Arkansas' multi-payer data alignment effort start, and what is current participation?
 - Began in 2012 with Medicaid and one other local payer, then added another payer as the region began participating in CPC Classic
 - Episode-of-care reports with a uniform layout and file format were the first objective
 - **Question 2:** How has the region coordinated across payers?
 - Communication is critical, and payers met weekly at the beginning to assess capabilities and lay groundwork for common processes
 - **Question 3:** What cost data do you provide practices?
 - Cost data at the member level, which providers requested, with slightly different metrics across payers
 - **Question 4:** What has been the feedback from providers?
 - Providers have complained about lag time (3 months), but CPC+ payers in the region are building off previous efforts to enhance reporting and increase responsiveness to practices
 - **Question 5:** What have been the biggest challenges to data alignment and solutions to them?
 - Challenges: getting stakeholders together at the table, agreeing on details
 - Solutions: persistence, dedicated leaders, active participation
 - **Question 6:** What advice do you have for regions just starting a data alignment strategy?
 - Communicate early and often
 - Identify a high-level champion/advocate