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

Primary Care Payer Action Collaborative

February 28, 2017

1:00-2:00pm

Highlights and Key Takeaways

PAC members participated in the third 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, which focused on Oklahoma's multi-payer data aggregation approach 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.

Spotlight: Data Aggregation in Oklahoma

Presenters: Dr. Joseph Cunningham, Divisional Senior Vice President of Health Care Delivery and Chief Medical Officer, Blue Cross and Blue Shield of Oklahoma

Dr. David Kendrick, Principal Investigator and CEO, MyHealth Access Network; Chair, Department of Medical Informatics, University of Oklahoma School of Community Medicine; and Assistant Provost for Strategic Planning, University of Oklahoma Health Sciences Center

Dr. Jack Sommers, Senior Vice President and Chief Medical Officer, CommunityCare

Key Features of Oklahoma's Approach

- "Putting the patient first" is the guiding principle of the region's payment reform and data aggregation efforts
    - Success in CPC Classic attributed to this principle
        - Savings each year of CPC Classic
        - $25 million total net savings; $10.8 million shared with 52 of 61 practices
- Trust among stakeholders cited as instrumental, more important than the technology
- Collaboration among both payers and practices predates CPC Classic
- MyHealth Access Network is the health information exchange (HIE) supporting CPC+ in the region
    - Presence overlaps closely with CPC+ practice locations across the state
    - Data on 3.5 million lives, representing roughly 40% of practices
    - Aggregates claims and clinical data as a trusted third party
    - Providers using a certified electronic health record (EHR) system can participate
    - Funded by payer and provider users
- Patient-level aggregated data provided at the point of care through a web portal and some EHRs

- Care managers especially value this longitudinal view, which helps with management of care transitions, identifying care gaps, and closing loops
- Patient attribution is based on evidence of relationship touchpoints (e.g., prescribing notes, prescriptions called in after hours, etc.), not just billing records
- Clinical data allows alerts and panel monitoring on emergency room visits, hospital admissions, etc., from the last 24 hours, as well as 30-day readmissions monitoring
- Public health reports by geography and employer-specific reports can be generated
- Practice cost information (de-identified, both risk-adjusted and actual) is provided, enabling comparisons and conversations among providers about best practices

Challenges and Potential Areas for Advancement

- Engaging self-funded payers, which account for roughly 60% of Oklahoma's covered lives
- Expanding integration with more EHR systems/vendors
- Removing financial barriers, including high fees from some EHR vendors for data release
- Addressing providers' data privacy/security concerns
- Engaging smaller and specialty practices
- Extending HIE data-sharing agreements across geographies to support a "patient-centered data home" model
- Clarifying patient attribution and risk-adjustment methodologies for practices
- Educating practices on effective data reporting to improve the accuracy/usefulness of quality metrics