Information flow in an APM starts with the relationships between the patient/enrollee and their provider(s) and payer(s).

Both claims and clinical data need to be aggregated at the patient level to provide the entity(ies) responsible for the care and health of a defined population a full view of patient care and costs across providers.

To ensure meaningful performance metrics, data from all payers should be aggregated at the provider (or other accountable entity) level. Providers will not know how to effect change if they receive conflicting reports from multiple payers.

Once aggregated, the data can be organized and transformed into information for financial management, quality reporting, and care management.