

Using Public Data to Promote Value-Based Purchasing

National Association of Health Data Organizations
Omni Shoreham Hotel, Washington, DC

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Panelists

- **Kathy Hines, Director of Data Compliance and Strategy, Massachusetts Center for Health Information and Analysis**
- **Michael Lundberg, Executive Director, Virginia Health Information**
- **Stacey Schubert, Research and Data Manager, Oregon Health Authority**
- **Tanya Bernstein, Senior Consultant, Freedman Healthcare**

Payment Reform Initiatives

- **Bridges to Excellence**
- **Prometheus**
- **Massachusetts initiatives**
 - Alternative Quality Contract
 - Massachusetts Health Data Consortium learning collaborative
- **Medicare ACO Models**
 - Pioneer
 - Shared Savings Program
 - Comprehensive ESRD Care Model
 - Next Generation
- **Other CMMI models**
 - Episode-based payment initiatives
 - Primary care transformation
 - Medicaid and CHIP initiatives
 - Medicare/Medicaid (dual eligible)
 - Accelerate new payment/delivery models
 - Speed adoption of best practices
- **Medicaid ACOs**
- **Commercial ACOs**
 - NAACOs

Medicare Payment Reform Policies

- **MACRA: MIPS, QPP, and Advanced APMs**
- **Bipartisan effort to replace sustainable growth rate formula (it wasn't so sustainable)**
 - Passed in House 392-37 and in Senate 92-8
 - Analysts believe that 6/20/17 proposed rule indicates Administration wants to continue with payment and delivery system reforms
- **MIPS four components:**
 - Quality reporting (replaces PQRS)
 - Improvement activities (new)
 - Advancing Care Information (replaces Meaningful Use)
 - Cost (replaces value-based modifier)
- **This is happening: quality, improvement, and ACI 2017 data will be used to calculate payment adjustments for 2018 (costs will factor in beginning in 2018)**

Advanced APMs

- **Clinicians can avoid MIPS/QPP if in advanced Alternative Payment Model (APM)**
- **Advanced APM = two-sided risk models**
 - Comprehensive ESRD Care
 - Comprehensive Primary Care Plus
 - Next Generation ACO
 - Shared Savings Program, Tracks 2 or 3
 - Oncology Care Model
 - Comprehensive Care for Joint Replacement Payment Model, Track 1



What We've Learned About the Data Needs of ACOs

- **HIT**
 - Interoperability; manage data from multiple EHRs
- **Analytics**
 - As close as possible to real-time data
 - Allow a fair amount of time to establish data analytics
- **Provider engagement**
 - Disseminate data and report cards to docs
 - Physician training in utilizing data
- **Patient engagement**
 - How address benes who opt out of data sharing
 - Condition-specific plans for pts to take home
- **Risk stratification**
 - Predictive analytics

What We've Learned About the Data Needs of ACOs (2)

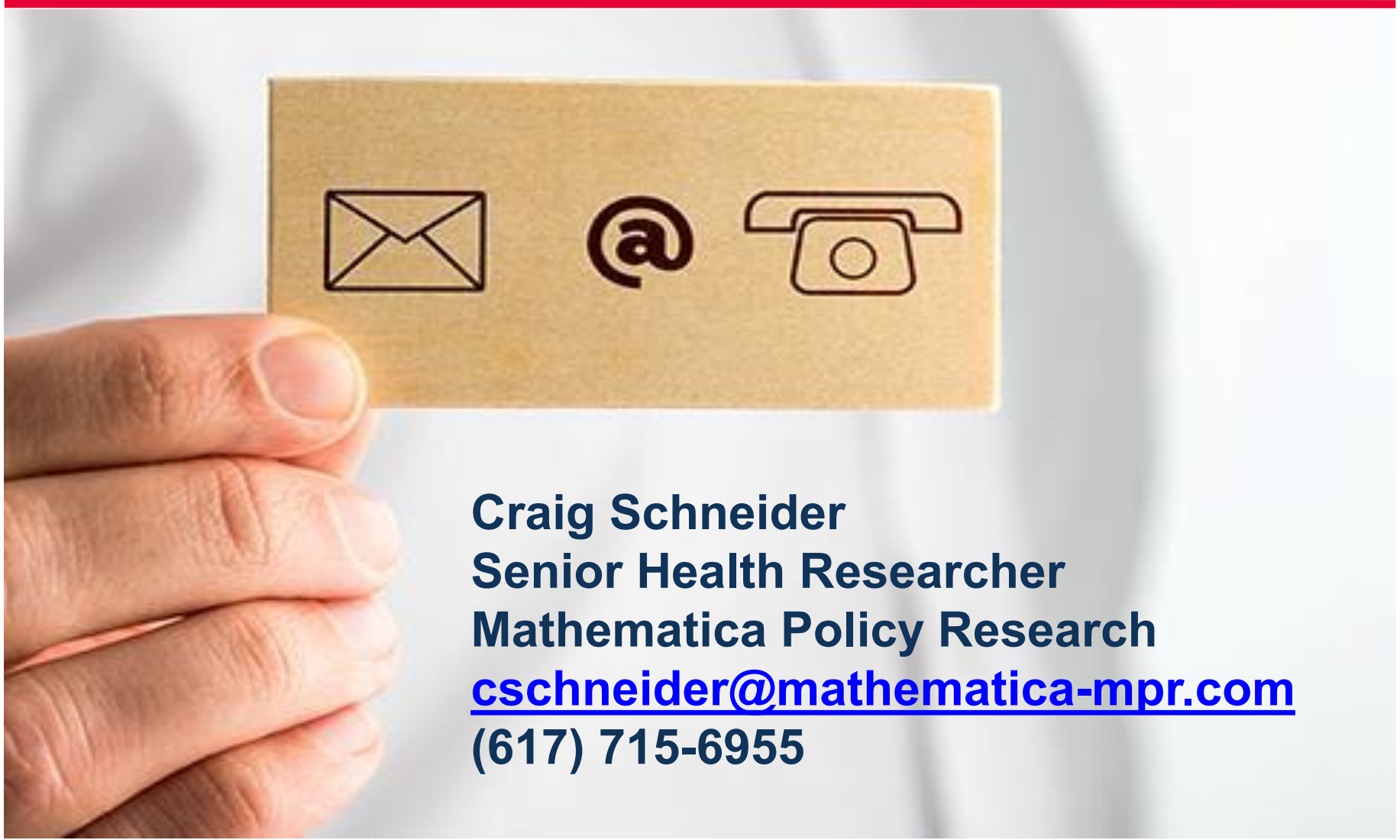
- **Identify high-risk/high-cost (“frequent fliers,” “HUG”)**
- **Quality improvement**
 - Capture data for quality measurement
 - Quality metric analysis
- **Care coordination**
 - Coordinated care management system
 - Get info from hospital when bene discharged
- **Behavioral health**
 - Integrate BH services with physical care



Questions for Panelists

- **What is your state doing to support clinical organizations trying to make the transition from fee-for-service to value-based purchasing? (10-12 minutes)**
 - Massachusetts
 - Virginia
 - Oregon
- **Do Medicare, Medicaid, and commercial ACOs have different data needs? If so, how so?**
- **What challenges have you encountered? What solutions and lessons learned do you have to share?**

For More Information



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