Data Sharing and Interoperability: Payer-Provider Data Exchange in Successful Shared Accountability Models
Welcome

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CareJourney
Panelists

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Chief Data and Analytics Officer
Marshfield Clinic Health System/Security Health Plan

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Executive Director
U.S. Digital Service at HHS/CMS

Shafiq Rab
Senior Vice President & Chief Information Officer
Rush System for Health and Rush University Medical Center
Data Sharing & Interoperability: Payer-Provider Data Exchange in Successful Shared Accountability Models

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Shannon Sartin @sartin_shannon
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Greg Robinson @mfdclinic
The (Personalized) Health Internet Era

Institutions that support health records on iPhone (beta)

A growing list of healthcare institutions support health records on iPhone, enabling you to view important data such as immunizations, lab results, medications, and vitals directly in the Health app.

We’re working with more hospitals and clinics to support health records. Health institutions might have multiple hospitals and clinics that support health records, which are listed in the Health app.

Richard M. Adams, DPM - Family Foot Care (Texas)
https://www.richardadamsdpm.com

Community Health Systems (nationwide) - including AllianceHealth (OK), Bayfront Health (FL), Commonwealth Health (PA), Lutheran Health Network (IN), Merit Health (MO), Northwest Health (AR), Physicians Regional (FL), Tennova Healthcare (TN)
http://www.chs.net

Cone Health (North Carolina)
https://www.conehealth.com

Clinically-integrated networks operating on multiple EHRs can aggregate FHIR resource servers for a single API feed for consumer designated apps
CMS Leads on Payer Adoption and Use

If you need help finding a plan that works best for your healthcare needs, but don’t have enough time for all the tedious research, don’t worry- @CMSGov’s #BlueButton 2.0 apps can help. Take a look to see what apps could help you: medicare.gov/manage-your-he ...
Leading Healthcare Stakeholders Commit to Real-World Testing of HL7’s FHIR Bulk Data Implementation Guide

On July 30, as part of the second Blue Button Developers Conference at the White House, a broad coalition of health systems, health plans, and other health IT stakeholders committed to real-world testing of the soon to be published HL7® FHIR® Bulk Data implementation guide (IG).

The announcement was made on stage by HL7 International CEO Dr. Charles Jaffe, later joined by Steven Posnack from ONC and Dr. Shafiq Rab of Rush University System for Health. More than 20 early adopters who have committed to advance this important use of HL7 FHIR were identified.
#1) CMS Launches Blue Button Portfolio

- **Blue Button**
  - For Medicare beneficiaries
  - Single data call

- **Beneficiary Claims Data**
  - For Accountable Care Organizations (ACO)
  - Bulk data calls

- **Data at the Point of Care**
  - For Providers
  - Bulk data calls
“Data @ Point of Care” Built on “Bulk”
#2) “Blue Button” Scales to “Blue Bar”

Consumer Access for Aggregators
- **Content**: All
- **Population**: One Patient
- **Duration**: Until revoked

“Bulk” Access for Payers
- **Content**: Negotiated
- **Population**: Negotiated
- **Duration**: Contract term

“Backend” Access for Networks
- **Content**: Minimum necessary
- **Population**: App specific
- **Duration**: Treatment
# Tackling SDOH via FHIR Apps

## Association Between Community Economic Distress and Receipt of Recommended Services Among Medicare Fee-for-Service Enrollees

William B. Weeks, MD, PhD, MBA, Stacey Y. Cao, MHS, Chris M. Lester, PhD, James N. Weinstein, DO, MS, and Nancy E. Morden, MD, MPH

1Microsoft Corporation, Microsoft Research, Redmond, WA, USA; 2The Dartmouth Institute, Lebanon, NH, USA; 3CareJourney, Arlington, VA, USA.

### Relationship Between Distressed Community Index Score Quintile, 2017 FFS Medicare Enrollees' Mean Demographics, Rush Market Counties

<table>
<thead>
<tr>
<th>Distressed Community Index score quintile</th>
<th>Least</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Most</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ZIP Codes</td>
<td>101</td>
<td>66</td>
<td>45</td>
<td>35</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Mean Distressed Community Index score</td>
<td>10.3</td>
<td>29.2</td>
<td>48.3</td>
<td>69.7</td>
<td>92.0</td>
<td>128</td>
</tr>
<tr>
<td>Zip Code-level demographics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean number of FFS Medicare enrollees</td>
<td>2185</td>
<td>1672</td>
<td>2035</td>
<td>1299</td>
<td>2128</td>
<td>2128</td>
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<tr>
<td>Mean HCC risk score</td>
<td>0.86</td>
<td>0.91</td>
<td>0.96</td>
<td>1.00</td>
<td>1.13</td>
<td>1.13</td>
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<tr>
<td>Mean per-capita Medicare Part A &amp; B expenditures</td>
<td>$10,558.97</td>
<td>$11,200.37</td>
<td>$12,153.76</td>
<td>$12,675.63</td>
<td>$15,841.69</td>
<td>$15,841.69</td>
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<tr>
<td>Zip Code-level mean proportion of eligible enrollees receiving recommended care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu shots (%)</td>
<td>54.9%</td>
<td>49.6%</td>
<td>43.1%</td>
<td>37.7%</td>
<td>27.9%</td>
<td>18.5%</td>
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<tr>
<td>Annual wellness visits (%)</td>
<td>35.0%</td>
<td>28.9%</td>
<td>23.7%</td>
<td>23.5%</td>
<td>18.5%</td>
<td>18.5%</td>
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<tr>
<td>Transitional care management (%)</td>
<td>11.8%</td>
<td>11.7%</td>
<td>9.2%</td>
<td>9.3%</td>
<td>6.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Advanced care planning visits (%)</td>
<td>3.2%</td>
<td>3.5%</td>
<td>3.2%</td>
<td>2.8%</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
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</table>

#3) Leadership & Accountability via “CDOs”

## Entities
- QNXT
- Cerner
- Cattails / TBD
- Genomics
- Hospital
- Research Institute
- Health Plan
- Ambulatory

## Org Chart
- **CEO**
  - Dr. Sue Turney
- **EVP Shared Services**
  - Jerard Jensen
- **SVP/CDAO**
  - Greg Robinson, PhD
- **CIO**
  - Vacant
- **VP Data Mgmt**
- **VP Ent Analytics**
- **VP Data Science**
Organizing “Pods” on Data Alignment

- Teams that are aligned to their natural workflow
- Business-domain focused teams
- Ensures purity in data as they are made interoperable
Panel: Fielding “Team B” on Interop

1. “Blue Button” Evolves to “Blue Bar” for Trusted Physician and Network Apps

2. Apps for Provider Directories (No ‘Surprise Billing’)

3. Open Standards for Physician Scheduling

4. Open Standards for Patient Assessments (“My Goals, My Situation”)

5. Open Data for Performance Transparency (TBD)

“The old login system cost $250M to build...$70M annually to stay online. The new system cost about $4M to build, and...less than $1M to maintain.”

“All Hands on Deck” on What Works

Calling All Innovators – Health Care Innovation Challenge Open for Great Ideas

“...The evaluation...indicate that beneficiaries...have achieved success with losing weight and reducing the incidence of diabetes.” - CMS Actuary

<table>
<thead>
<tr>
<th>Code</th>
<th>2018</th>
<th>Q1 2019</th>
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<td>15</td>
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<tr>
<td>G9881</td>
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<td>21</td>
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</table>

Patients Treated: 202 396

Source: White House Office of the CTO; CareJourney analysis of CMS VRDC through Q1 2019
Visit the LAN Website for our Resources
https://hcp-lan.org/

What is the Health Care Payment Learning & Action Network?

The Health Care Payment Learning & Action Network (HCPLAN, or LAN) is an active group of public and private health care leaders dedicated to providing thought leadership, strategic direction, and ongoing support to accelerate our care system's adoption of alternative payment models (APMs). The LAN mobilizes payers, providers, purchasers, patients, product manufacturers, policymakers, and others in a shared mission to lower care costs, improve patient experiences and outcomes, reduce the barriers to APM participation, and promote shared accountability.

Since 2015, health care stakeholders have relied on the LAN to align them around core APM design components, host forums and summits to share information and inspire action, build consensus among leaders, and measure the progress of APM adoption. The LAN will continue to be a trusted partner that connects the public and private sectors, identifies and shares best practices, and guides the field in rapidly moving to value-based payment.

OUR GOAL STATEMENT

Accelerate the percentage of US health care payments tied to quality and value in each market segment through the adoption of shared accountability (i.e., two-sided risk) APMs that include nominal risk to:

<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Medicare Advantage</th>
<th>Traditional Medicare</th>
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<tbody>
<tr>
<td>2020</td>
<td>15%</td>
<td>15%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>2022</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
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Exit Survey
We want to know what you think!

Let us know your thoughts at the end of each session! The Guidebook app provides quick, simple evaluations for your feedback.

Session Evaluation Survey (or scan QR code)
LAN Summit Overall Survey
Contact Us
We want to hear from you!

www.hcp-lan.org
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ALIGNING FOR SHARED ACCOUNTABILITY

LAN SUMMIT
Health Care Payment Learning & Action Network

Thank You!