Data and Infrastructure Workgroup
Discussion
Data Needed for Care Coordination

Maryland Health Services Cost Review Commission
May 16, 2014

Charge to Workgroup on Care Coordination Data

▸ **Potential Opportunities to use Medicare data to support care coordination initiatives, including:**

  ▸ Identifying gaps in Medicare data

  ▸ Best practices in applying predictive modeling tools & efficient targeting of resources

  ▸ Shared infrastructure to support needs of state, hospitals, and other health care providers

  ▸ Relationship to State Innovation Model (SIM) funding

▸ **Timeframe:**

  ▸ Draft report by end of May

  ▸ Final report by July

HSCRC
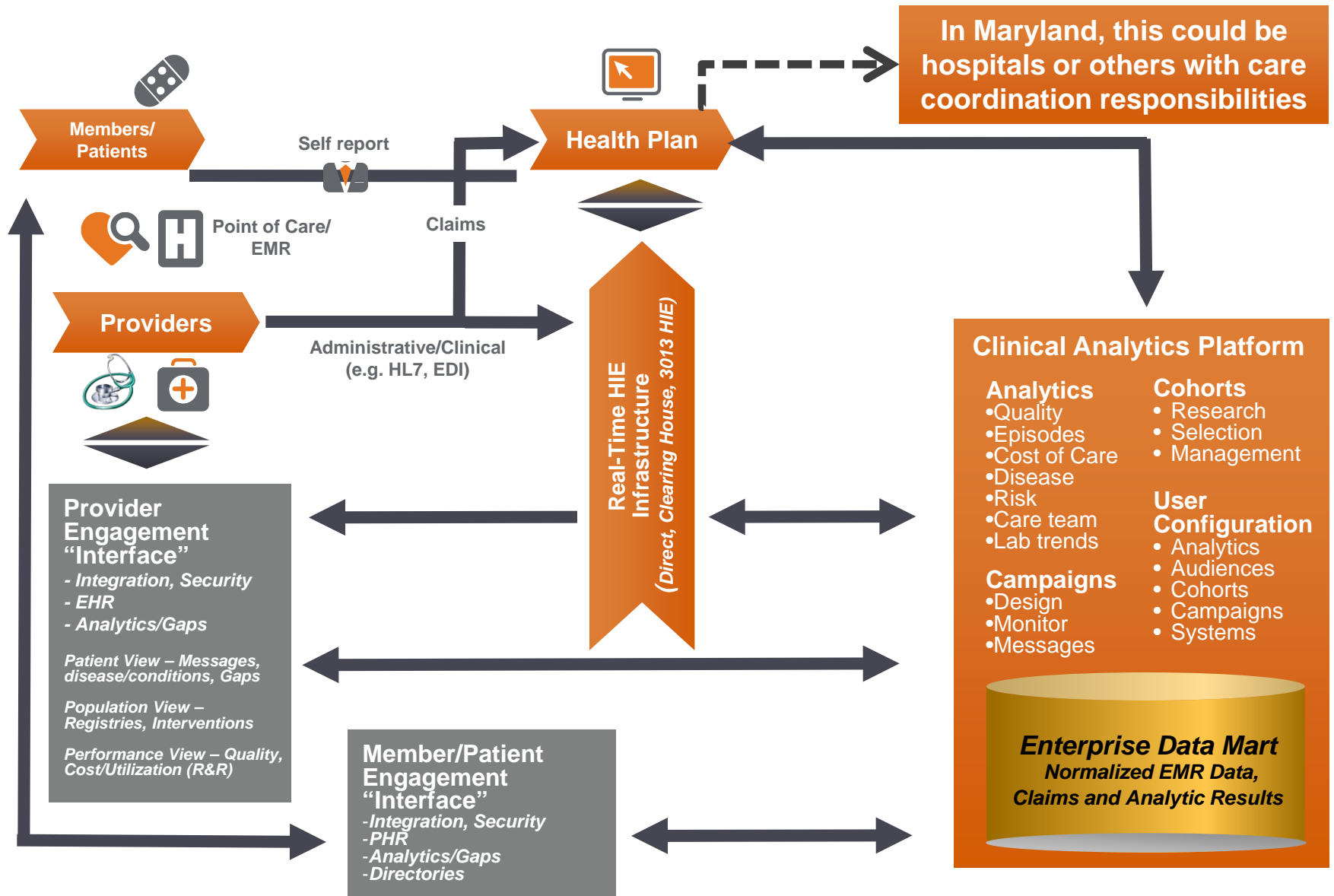Health Services Cost
Review Commission

Background

- **Medicare Data Request**
  - HSCRC working with CMS to secure Medicare Data
  - Hospital data alone is insufficient to support care coordination
  - Medicare data has potential to support important activities:
    - Predictive modeling/Risk Stratification/Risk Identification
    - Information to support Care Management
  - Need to determine infrastructure that will most effectively and efficiently support care coordination
- **Joint Workgroup Meeting – overview of data infrastructure for care coordination, predictive modeling**
  - SIM Proposal; Payer; Provider; ACO; Special Needs Plans; MHA Care Transitions Committee

Shared Data Assets As The Foundation

Members/Patients

Self report

Point of Care/EMR

Providers

Administrative/Clinical (e.g. HL7, EDI)

Claims

Health Plan

In Maryland, this could be hospitals or others with care coordination responsibilities

Real-Time HIE Infrastructure
(Direct, Clearing House, 3013 HIE)

Provider Engagement "Interface"
- *Integration, Security*
- *EHR*
- *Analytics/Gaps*

Patient View – Messages, disease/conditions, Gaps

Population View – Registries, Interventions

Performance View – Quality, Cost/Utilization (R&R)

Member/Patient Engagement "Interface"
- *Integration, Security*
- *PHR*
- *Analytics/Gaps*
- *Directories*

Clinical Analytics Platform

Analytics
- Quality
- Episodes
- Cost of Care
- Disease
- Risk
- Care team
- Lab trends

Cohorts
- Research
- Selection
- Management

User Configuration
- Analytics
- Audiences
- Cohorts
- Campaigns
- Systems

Campaigns
- Design
- Monitor
- Messages

Enterprise Data Mart
Normalized EMR Data, Claims and Analytic Results

4

Source: Adapted from Dean Farley, OptumInsight, HSCRC Joint Work Group Meeting, 3/27/14

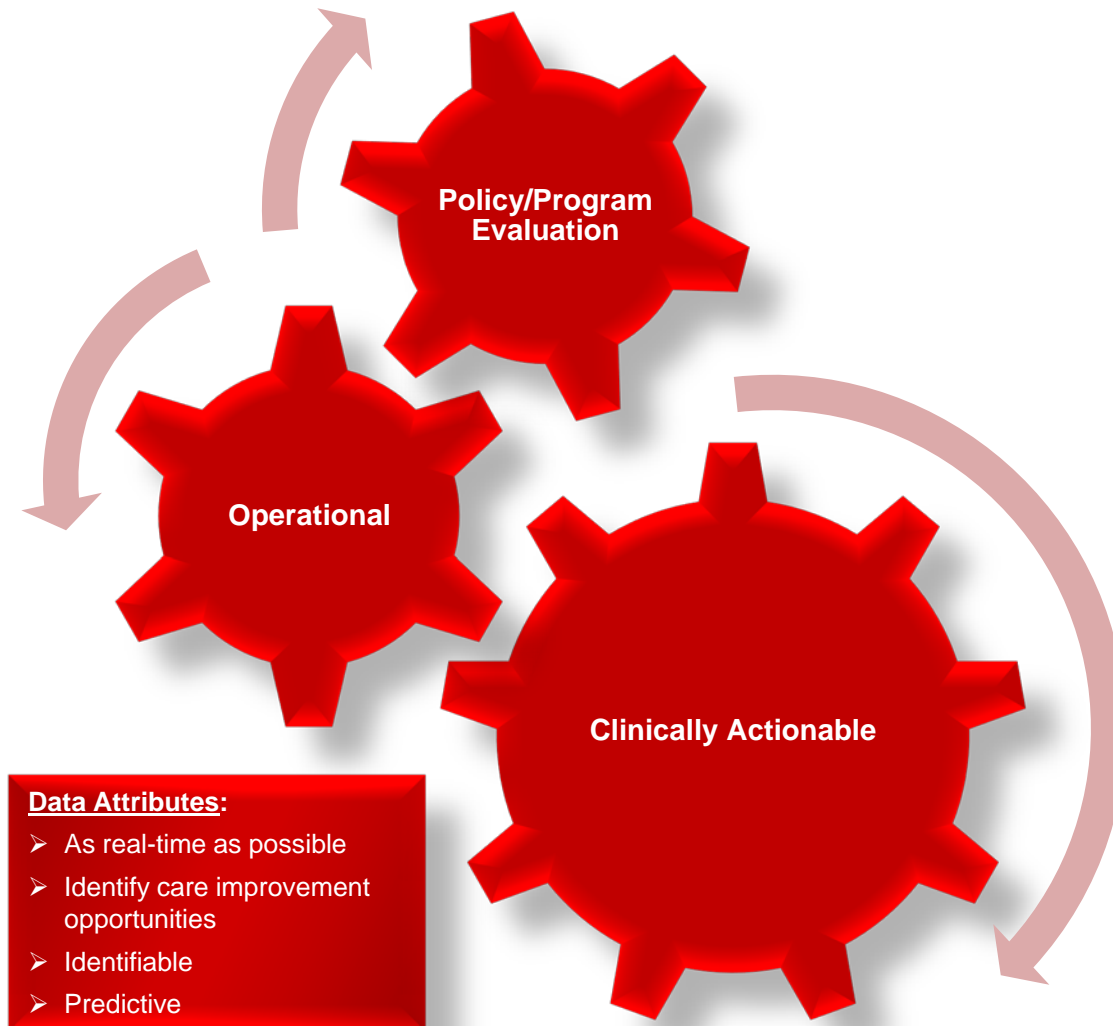# Medicare Data Infrastructure: Principles

▶ **Medicare data should be transparent and accessible to different providers** (hospital and non-hospital-based)**,** compliant with state and federal laws, policy and data use agreements for confidentiality and security and consistent with best practices

▶ **Gaps in Medicare data should be addressed** through other data sources such as the real-time HIE or DHMH

▶ **Hospital, providers and policy makers should work collaboratively** to leverage shared infrastructure to the extent that is feasible to minimize duplication, encourage efficiency and to work from a uniform understanding of the data

▶ **Achieving population health goals will require exchangeability** of data among providers and systems

▶ The **data infrastructure should promote partnerships** among providers and systems to coordinate and improve care

HSCRC
Health Services Cost
Review Commission

Medicare Data Infrastructure: Desired Attributes

The data infrastructure should:

- ▸ Have independent and broad-based governance
- ▸ Ensure data security and confidentiality
- ▸ Be efficient and scalable
- ▸ Provide access to data and analytic tools to providers with varying level of capacity, including hospitals and non-hospital providers
- ▸ Have the ability to easily integrate with other systems while maintaining patient identity integrity across datasets
- ▸ Be flexible to support different uses of the data (i.e., predictive modeling, care management tools, quality improvement, etc.)

Leveraging Data for Different Purposes

Policy/Program Evaluation

Operational

Clinically Actionable

Data Attributes:
- As real-time as possible
- Identify care improvement opportunities
- Identifiable
- Predictive

Conceptual Model for Data Use

▸ **Care improvement initiatives include many different strategies, including:**

- ▸ Identifying high need individuals through cross-entity utilization analysis and predictive modeling

- ▸ Supporting care transitions

- ▸ Readmission reduction

- ▸ Gaps in Care Identification

- ▸ ED Diversion

- ▸ Episodes of care

- ▸ Patient and family education

- ▸ Primary care handoffs

Source: March 27 Joint Data and Infrastructure and Physician Alignment and Engagement Workgroup Meeting

HSCRC
Health Services Cost
Review Commission

Data Needs / Potential Uses of Data

▸ **Broad agreement on need** for data for care coordination

▸ **Variability of current infrastructure and capacity** of hospitals and other providers

▸ **Specific use cases and needs still evolving** and will likely continue to evolve

▸ **Building data infrastructure takes time**, need to develop roadmap now based on shared sense of needs

▸ **Some assumptions about data needs can be made**, including:

  ▸ Many common data needs across different care coordination initiatives

  ▸ Population-based models will require different data than currently exists with any one provider

  ▸ Population-based models will require new partnerships to effective manage individuals across provider entities

  ▸ Timely data essential to care coordination

  ▸ Targeting resources to high risk/high need populations is a priority

  ▸ Data at the right time and in the right place is key to success

▸ 9

Data Infrastructure Conceptual Model

▶ Medicare data should be hosted in a shared infrastructure that can include other shared data sources

  ▶ Analytic tools (such as predictive modeling) should be applied to enhance the value of data for care coordination purposes

▶ Focus attention on high-risk Medicare patients consistent with recommendation of the Advisory Council

▶ Shared infrastructure provides data to support varying level of needs:

  ▶ Some providers may have robust care management platforms and need to leverage additional data feeds

  ▶ Some providers may have limited capacity and need more basic tools

▶ Promote transparency so providers are working from a uniform understanding of data findings

HSCRC
Health Services Cost
Review Commission

Implementation Tasks: Define Specific Data Needs

▸ Who are the different providers and stakeholders that need access to data? How are their needs different?

  ▸ Hospital Discharge Planners; Hospital CMO; ACOs; Physicians; DHMH; LHDs; Potential SIM Hub

▸ What data is most needed for care coordination?

  ▸ Who needs data? What data is most critical to meeting different needs? What are gaps? How can we address data gaps?

  ▸ What are most common data needs for care coordination initiatives?

▸ Identify predictive modeling tool(s) and other analytic resource needs

HSCRC
Health Services Cost
Review Commission

Implementation Tasks: Identify Data Sharing Policy Development Needs

- ## Access to Medicare Data
  - Limited to Medicare-approved use cases
  - Medicare data use agreements govern policy on data sharing
- ## Existing federal and state policy regarding data sharing
  - HIPAA, Maryland Confidentiality of Medical Records Act, HSCRC Data Use Policies for Abstract Data
- ## New policy may be needed as additional data is included in shared infrastructure
  - Need to assess future use cases of data and identify gaps in policy
  - Policy needs can be referred to the MHCC Policy Committee as they emerge

HSCRC
Health Services Cost Review Commission