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
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

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

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)

Providers

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

Point of Care/EMR

Self report

Health Plan

Claims

Real-Time HIE Infrastructure (Direct, Clearing House, 303 HIE)

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

Member/Patient Engagement “Interface”
- Integration, Security
- PHR
- Analytics/Gaps
- Directories

Member/Patient Engagement

Enterprise Data Mart
Normalized EMR Data, Claims and Analytic Results

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.
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

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