The following vision and principles for the work of the Center for Healthcare Transparency have been endorsed by ONC and CMS, and will go to the Executive Committee for approval.

Vision

We will make high quality, reliable, integrated data available to all stakeholders seeking to transform healthcare. To remove existing cost and access barriers, we will create a national network of locally governed regional entities that aggregate and make available cost and quality data for both public and private sector users. These data would assist:

- public and private purchasers in administering pay-for-value programs
- providers and community organizations in implementing practice transformation and improvement, and
- the general public in making more informed health care decisions.

The regional data entities will make this data available at low cost to appropriate users while protecting patients' privacy and balancing the business and policy objectives of diverse stakeholders. This approach will enable a more flexible and locally responsive infrastructure that includes multi-payer and clinical data aggregation, ensures privacy and security, drives improvement on a local level, while enabling value based payment of health care services nationwide.

Each region of the US would be served by a data utility that operates in compliance with federal laws and uses federal standards, while maintaining local autonomy and governance. From 2015-2020, we expect that most regional data entities will build on a foundation of aggregated, multi-payer claims data, gradually adding standardized clinical and patient-generated data. We expect each entity to move toward community wide interoperability and integration of all claims, clinical, and patient reported data to enable consistent, standardized data availability across the continuum of care.   In most cases, we expect that regional multi-payer commercial claims will be integrated with Medicaid and Medicare data, under the auspices of an expanding Qualified Entity framework. The data

would enable flexible and meaningful quality and efficiency measurement for private and public reporting to drive improved quality at lower cost for both commercially insured and Medicaid and Medicare beneficiary populations. The regional entities would also serve the multiple data needs of federal innovation programs such as QIO and the State Innovations Model, enabling consistent, high quality and accessible data for public and private care delivery and payment reform initiatives.

Data contributions from a broad spectrum of care and community based providers, public health and social service agencies, long-term care and others will be necessary to be able to measure the quality and efficiency of care delivery and health outcomes across settings of care and time as well as patient reported experience and outcomes. This comprehensive data set will initially serve the needs of multi-payer value based purchasing but could also enable secondary uses for research and public health.

Principles
1. Every region needs access to a reliable, normalized, integrated, usable data set to enable quality and efficiency measurement, reporting and multi-payer value based payment programs.
2. The regional data aggregators will be expected to meet federal functionality, privacy and security standards and laws.
3. Multi-stakeholder governance including public and private purchasers will define functionality standards as necessary beyond federal floor and will include enabling multi-payer value based purchasing, transparency and population health improvement.
4. Regional governance would determine business lines beyond national requirements.
5. Regions could determine their data architecture and approach to claims and clinical data integration as long as federal requirements for functionality, interoperability, privacy and security are met. Regions would be expected to use existing capabilities, adopt innovative approaches to data integration but move to federal interoperability standards within 3 years.
6. Existing federal and state law will enable fair and consistent data access among business associates of covered entities with

demonstrated ability to use the data for treatment, payment, health care operations and other allowable uses.

7. All vendors contributing and accessing the data will be expected to meet standards of quality and accountability.

8. Public and private stakeholders will determine how to contribute to the sustainability of a national network of regional data aggregators based on the value derived from their services as allowable under current law.

9. Additional and approved data uses may be developed for the private market to support sustainability and promote innovative approaches to improvement so long as they are permitted by law and protect privacy and security.

Comment [JR1]: What is a vendor? EHR vendor? Data vendor? Need to specify who you are talking about.