

# Center for Healthcare Transparency

## Subgroup Meeting Highlights

(phone meetings in September and October)

### Legal, Policy and Stakeholder Buy-in Subgroup

Group members have successfully deployed a number of strategies for securing clinical data and/or support for public reporting of administrative and/or clinical data from **providers**, including:

- Building and maintaining trust across the community
- Providing an easier, cheaper alternative to competing reporting formats, expectations, timetables, etc. coming from multiple carriers
- Engaging providers in a formal transparent process with lots of communication and outreach
  - For developing and/or approving measures and measurement methodologies
  - To provide input into how the information will be reported
- Ensuring physicians involved are representative of the region's geography, practice type, etc.
- Guaranteeing providers an opportunity to review and validate their results before they are publically reported
- Offering the carrot of having credible local and/or national benchmarks for performance
- Communicating the benefits of working with a regional, multi-stakeholder group that values their input, rather than a for-profit company that would be less likely to consult them
  - Input into measures and methodologies
  - Providers' results will likely be both more accurate and risk-adjusted
- Charting a multi-year timeline for transparency, give time to see and understand the benchmarks, etc. Begin by publically reporting quality, then add cost alongside quality
- Having a big purchaser, like Medicaid, at the table early on
- Having very detailed data use agreements

### Members found the following strategies helpful in convincing healthplans to contribute their data:

- Plans' desire to use their information for Pay for Performance programs
  - Cheaper than each plan building out full analytic capability
  - Plans still have independence to use benchmarks and compensate based on their own formulas
  - Data and benchmarks for P4P calculations which are reported by a neutral third party are less likely to be challenged
- Major employers/client's willingness to go the mat and require plans to provide their employees' data
- Legislation, including for PHI
- Buy-in and collaboration with Medicaid
- Plans' interest in getting access to clinical data

## **Center for Healthcare Transparency: Subgroup Meeting Highlights**

**Employers** were more likely to support the Regional Data Center's obtaining data, including patient-identified data, when they see how this information will be valuable to them. For example:

- Information based on the data contributed is used in purchasers' plan RPFs
- Understanding population trends before an employer enters into a risk contract so that risk is concrete and actionable

**Members also offered up specific tactics for potential inclusion in the 2020 Implementation Plan and/or resource library such, for example:**

- Start small, find an initial group of providers who can turn into ambassadors
- Find a physician who has "a morally compelling reason to be transparent", to lead the charge, preferably one who doesn't have the best data and is not already top dog in the community
- Requirement than Providers need to participate in the "package": for their quality scores to be published or incorporated in P4P reports, they need to provide cost data too.
- The voice of a community leader, for example asking, "Aetna, are you in or out" in a public forum.
- Have employers write into their contracts that their Plans will provide patient identified data
- Mobilizing unions or the members within a large purchaser to help make the case
- Specific wording and process for getting PHI in state level legislation, including building a process for an advisory committee to work out the details.
- Opportunity to structure public research funds to be used for research using administrative data, developing more Use Cases

**The group identified significant issues that will need to be addressed for robust 2020 Implementation Plan.**

- Data release policies and procedures
- Scare tactics describing privacy/security risks of submitting data to RHICs
- Plans fear that responding to a request in one community can be a slippery slope (also an opportunity)