

# Center for Healthcare Transparency

## Regional Data Center Collaborative In-Person Meeting

### Full Group Session Highlights

Representatives of the twelve regional data centers participating the Center for Healthcare Transparency (CHT) learning collaborative came together for a full day of talking through the opportunities a national network of regional data centers presents, the strategic questions to be resolved and the major challenges to address in our Implementation Plan. Some of the highlights of those discussions follow.

**Definition of transparency** We believe transparency to be a capability, a metaphorical “window” to see to useful information, rather than any given set of measures or data. Transparency means the data and analytic capacity are available to answer the questions that consumers, purchasers and providers need to make informed decisions. Any one report is akin to a single “app” that meets a specific need, derived from meaningful, complete & accessible data.

**Regional Reporting that is Nationally Aligned** The RDS reinforced the value of regional reporting with national alignment. Nationally consistent reporting brings local as well as national benefits:

- A common set of performance indicators across national and regional payers will better enable local providers to improve quality through consistent feedback and priorities across their entire panel
- Providers are eager for national benchmarks, as long as they have also been demonstrated to be valid for their own markets
- Having a national effort makes it easier for RDCs to gain the local buy-in to produce measures which are sometimes controversial in their own markets, such as Total Cost of Care

#### ***Proposed Public Reporting Stages***

**Stage 1. Produce a common Community Dashboard** RDCs endorsed the value of being able to produce a common “Community Dashboard”, a small set of commonly defined measures that would gauge progress and enable the Triple Aim in markets across the country. CHT will not select a definitive set of measures, instead we will identify a handful of illustrative measures we can use to work through exactly it would take to produce a common set of meaningful information. This is a minimum level of transparent information required and will not meet individual information needs.

**Stage 2. Consistently produce the Information Required for High Priority Use Cases** The RDCs have already developed information for a range of use cases in their own markets for the Center’s primary audiences: consumers, purchasers and providers. Members see the value of testing how they could consistently produce the information to support a limited set of high value use cases in communities across the country. Again, The Center will not engage in measure selection, rather will lay out the processes, requirements and barriers to such reporting that will need to be overcome.

**Stage 3. Develop the capability (technical, governance, buy-in) to be able to take the next steps forward, perhaps in an open source environment and produce relevant information for use at the point of care** The RDCs believe the field will continue to evolve and they must be prepared to take advantage of new technological tools and cultural shifts.

**Data Availability** Governance structures must ensure healthcare data can be used appropriately to answer relevant questions. For example, trusted 3<sup>rd</sup> parties must have 1) the ability to report allowed amounts (for use, for example, in producing Total Cost of Care) and 2) the ability to go directly into the data to ensure the quality of reporting and conclusions and 3) access to the data required to solve the next set of questions that could drive quality and cost improvements.

**Regional Entity and National Network Governance** were treated in a small group break-out session rather than the full session, please see those notes. The attendees assumed a national network should be made up of regional entities with multi-stakeholder, nonprofit governance.

**The Future is Clinical and Claims Data Integration** For the RDCs, the question is not “if” but “how fast” they will be able to bring together clinical, claims and patient reporting for public reporting. One regional data center has successfully brought together data from administrative and clinical sources across its entire population and enabled providers and payers to use that information to improve care. Multiple RDCs with a history of working with claims data are now testing how they can bring in clinical data with a broad range of pilot projects. And it’s happening in the other direction too. Several participating HIEs are exploring APCD opportunities so they can do this integration more effectively.

**The Importance of Total Cost of Care** RDCs of all types underscored the importance of having a meaningful cost measure and the significance of TCOC mitigating the “balloon effect”, where price pressure in one area a healthcare system simply forces a corresponding increase in revenues from another area of the system. Members with a healthcare system perspective stressed the value of TCOC at the provider level and, in the future, at the disease/condition or episode level for systems and practice owners’ proactively managing costs.

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### ***Emerging Policy Priorities***

- **Interoperability** between electronic health records, the primary sources of clinical data
- A **national patient identifier** to enable more accurate and less costly patient matching across an ever increasing number of data sources

### **Additional Strategic Questions to be Explored**

- To what level of consistency should RDCs plan to produce the measures chosen as test cases?
  - Regions produce the same measures following the measures specifications and interpret those specs independently where needed?
  - Measures defined and data collected with the same parameter in all regions?
  - Sufficient technical consistency and quality assurance to make a national benchmark possible?
- Is meaningful information on healthplans, which can constrain consumer choice, in scope for the implementation plan?
- To what degree should the performance data we plan to produce for consumers correspond to what consumers have demonstrated they would like rather than the information that experts believe consumers should be considering?
- What sustainability models will support the intensity of resources required for high quality reporting
- What role can state entities and state controlled APCD play in supporting the cost of the data which is a public good?

Also see notes from the Small Group Breakouts:

- Draft recommendations for Governance
- Draft recommendations for Standardization and Common Measures
- Draft recommendations for Clinical & Claims Data Integration
- Draft recommendations for Consumer Engagement
- Draft recommendations for Quality Assurance (technical, see separate document)