

CENTER FOR HEALTHCARE TRANSPARENCY
Meeting Summary
Regional Data Center Collaborative
Subgroup 1: Legal, policy, and stakeholder buy in
September 15, 2014

Attendees: Jonathan Mathieu, CIVHC, Julia Taylor, GCHC, Claudia Allen, Health Collaborative, Galina Priloutskaya, HealthInsight, Tina Frontera, MNM, Jo Musser, WHIO, Tony Weldon, MNM, Dolores Yanagihara, IHA

Staff: Elizabeth Mitchell, Kristin Majeska, Harriet Wall, Mary-Isabel Luddy

E. Mitchell welcomed the participants and talked about the barriers and challenges regarding legal and compliance issues. The members of this group are national leaders who will assist in bringing best practice information to “white space” areas of the country where work on transparency has not begun.

Participants discussed their individual goals for the work of the group regarding claims data and the challenges they anticipate. Goals shared:

- consistency and sustainability of data access
- improving usability of data
- pushing the shifts in attitudes that may be needed to facilitate the work
- leveraging the work that has been done across the country to ensure that stakeholders have the data they need
- recognition of the fact that consumers and providers are using healthcare more wisely because of the information the local health collaboratives provide
- calling attention to transparency
- addressing how work that is being done in communities across the country can be made more widely available

Review of Role:

We will be asking group members to review different approaches that are being employed by Regional Health Improvement Collaboratives (RHICs) and other entities. We will be working together to make consensus recommendations about best practices. There may be different alternatives that correspond to differing market needs. Where are we, as RHICs, going and how do we get there? Are there opportunities to leapfrog? Where can we adapt and find harmony across policy to increase sustainability. Where can this result in reduced cost?

There will be some specific requests for the group. For example, we have been asked to assist the Office of the National Coordinator for Health Information Technology (ONC) in drafting model legislation/policy changes to best enable matching of clinical and claims data. This group will be asked to respond to these types of questions in real time. When there is an opportunity to inform policy, group members will be asked to weigh in.

An online repository will be established for submission of best practices and other information. Documents can also be emailed to H. Wall for submission.

Subgroup Topic Discussion

Obtaining data: Purchasers

Working with large employers to get plan data is an option and has worked in Maine. The Maine Health Management Coalition became part of the RFP process for plan renewals and plans were required to submit data to the Coalition. We would like to help people to understand the unique value of aggregate data and its importance for employers and providers.

The buy-in and collaboration with Medicaid can be important for participation. Many employers can use the public reporting data to inform their choice of a benefit provider.

Obtaining Data: RHICs Reputation

One of the levers for securing data is the RHIC's position in the community. Be able to answer "What is your value?", "What is the value that you are providing to the payers, providers, practices, systems?", and then working with the correct decision maker.

Before you can talk about securing their data you have to ensure that your value as a collaborative is recognized and that you are talking with the right people. Your value needs to be recognized from a business case perspective with the entity whose data you are accessing.

Obtaining Data: Legislative mandates

Legislative mandates are certainly a lever. What are the pro's and cons of voluntary vs. mandated data submission? Colorado is mandated to publish certain measures publicly. Wisconsin has a voluntary data submission process although health plans do have some mandated reporting. Health plans are not resistant to submitting data because they want to use the data. A blend of mandated and voluntary reporting can work well. Mandates can provide valid, robust data quickly. However if it is too heavily mandated, trust issues can emerge. Parties like to have control over their own data. One of the unique strengths of regional collaboratives are the relationships that enable better use of data regardless of how it was obtained.

Does model legislation exist for mandated reporting (both effective and ineffective) that the group can review? Colorado's legislation was very general. It required very broad based representation on the advisory committee. The legislation built in the flexibility to include a large number of stakeholder which was key to the success of the mandate.

Wisconsin's legislation was also quite general. Public reporting projects may be more successful if they are viewed as a community effort. Legislation can act as an accelerator for collaboration. The threat of legislation can force parties to collaborate.

Obtaining Data: Providers

Providers can be a very strong lever in the voluntary provision of data. They can push the process for insurers to provide standardized data and work together.

Use Cases for obtaining data:

CHT needs to do education. Many stakeholders do not know how to use data, particularly claims data. Highlighting successful use cases and educating stakeholders will be very important to insuring that transparency is achieved. WHIO has put together six use cases for their providers that can be shared with the group. They highlight how to use the data and how not to use it.

A gallery of use cases could be created and organized by common themes and the number of RHICs generating common reports.

There was a discussion of the CMS state agency designation versus the qualified entity designation. Is CMS accepting entities publicly reporting on data without the QE designation? More information on this issue will follow, including information on the charges that accompany each designation.

Colorado will provide information on setting up scholarship funds which can be used for research based on APCD data requests.

Obtaining Clinical Data:

Are there different levers for clinical data access? It appears that parties are more willing to provide clinical data as opposed to claims data. Plans sometimes feel that they own the claims data, providers may feel that they own the clinical data. Issues of ownership can be a barrier to transparency. Providers making quality improvement decisions may be unfamiliar with claims data and feel that the clinical outcomes data is superior for indicating where improvements can be made. Integrating both can create unique opportunities for improvement. Much is missed when they are separated. Providers trust clinical data. In some areas health plans are already looking to obtain clinical data.

Data Releases

Data release should be included on the list of key topics. Policies and processes for release of data at different levels of identification, to whom and for what purposes. Data release supporting research and other needs; to facilitate research, public health, payment and treatment. How do different collaboratives set up their data flow among different stakeholders? How does the money, data and agreements flow between different parties? If members have existing agreements that could be provided that would be helpful. Perhaps a schematic would help the group map out how data flows and the different kinds of agreements that make that possible.

Meeting security requirements:

This will also be addressed in the data subgroups. How do we address privacy concerns? Health plans are saying that RHICs pose a huge privacy/security risk. This is an issue we should be prepared to address. This tactic might have a profound effect on legislators. HIE opt-out provisions pose a significant risk. Data could be compiled together to show that regional data centers are much more secure than many commercial databases. The QE program requires that entities demonstrate a high level of data security. This should be promoted as a strength.

Next Steps/Information Requested from Subgroup Members

All committee members please provide

- Brief description of or weblink to one or two programs you offer that you have found particularly effectively in inspiring stakeholders to more freely provide data
- WHIO offered to provide use cases it has developed
- CIVHC offered to provide information regarding their scholarship model for research based on APCD data

Logistics

Group members can submit materials via email to hwall@nrhi.org or to the online repository once set up. Members are welcome to sit in on other subgroup meetings and/or invite other colleagues to the Subgroup based on the topic.

Subgroup phone call moved to October 14th

October 21st in person meeting: suggested topics or issues for discussion should be sent to H. Wall.

