



Aggregation & Integration: The Power of Standards in Multipayer & Provider Initiatives

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**ROCKY MOUNTAIN
HEALTH PLANS®**

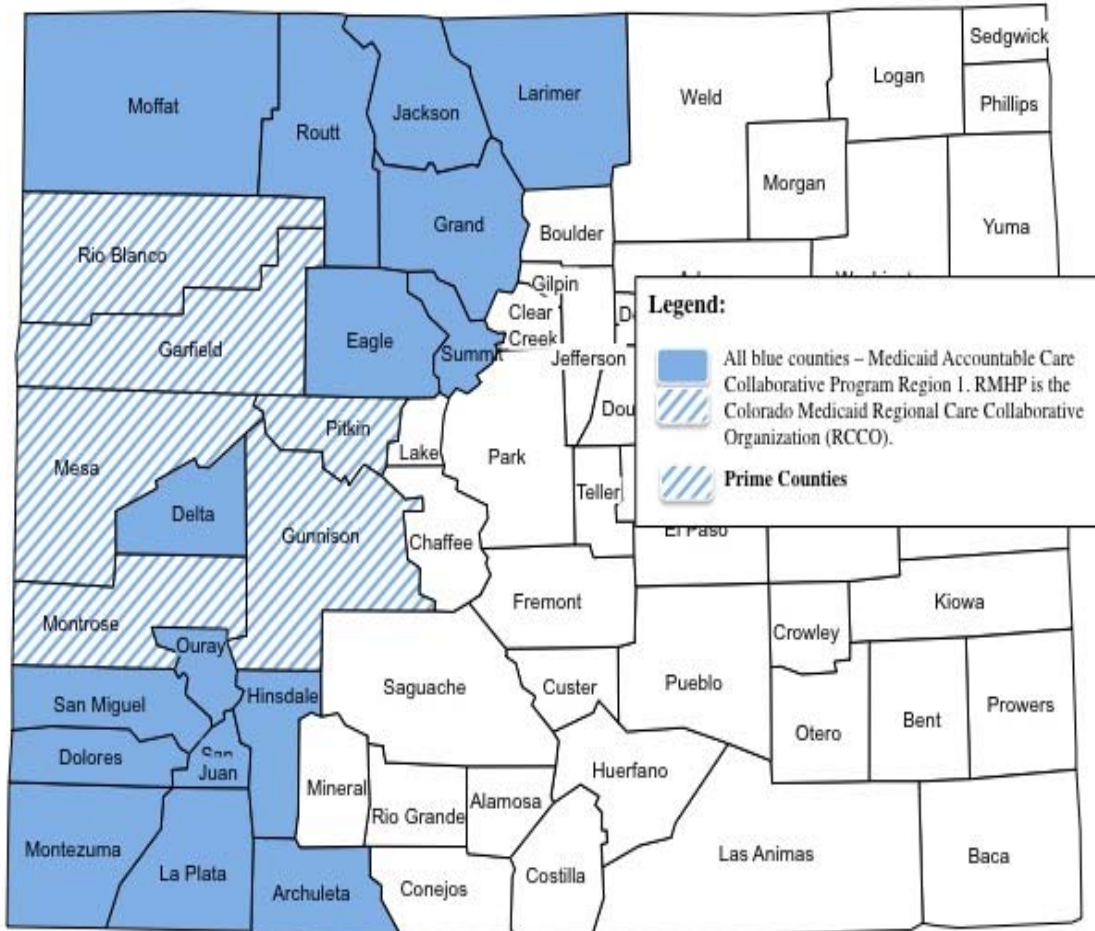
We understand Colorado. We understand you.

Discussion Objectives



- Understand emerging programs and data use cases in multi-payer and multi-provider initiatives.
- Discuss how community and national standards can be leveraged to improve data quality and the amount of value returned to participants in collaborative programs.
- Identify gaps in current administrative and clinical data standards for multi-payer/provider use cases.
- Discuss how evolving standards can close these gaps.

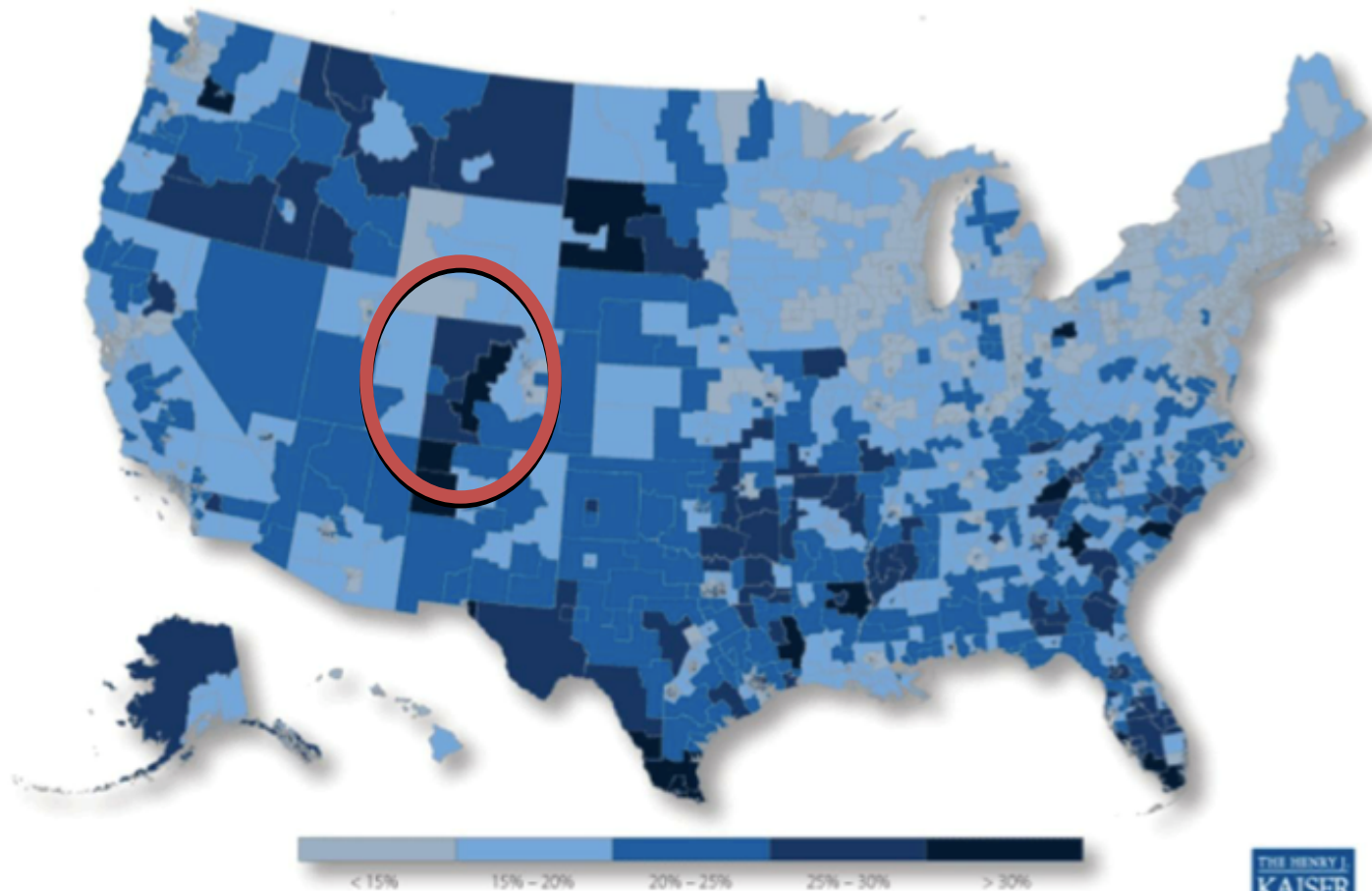
Who are we?



- Independent, 501c(4);
- Serving 350,000 people;
- All types of health coverage – group, individual, self-funded, ACA, Medicare and Medicaid;
- Focused on Western Colorado; and,
- Committed to health equity for all members of our community.

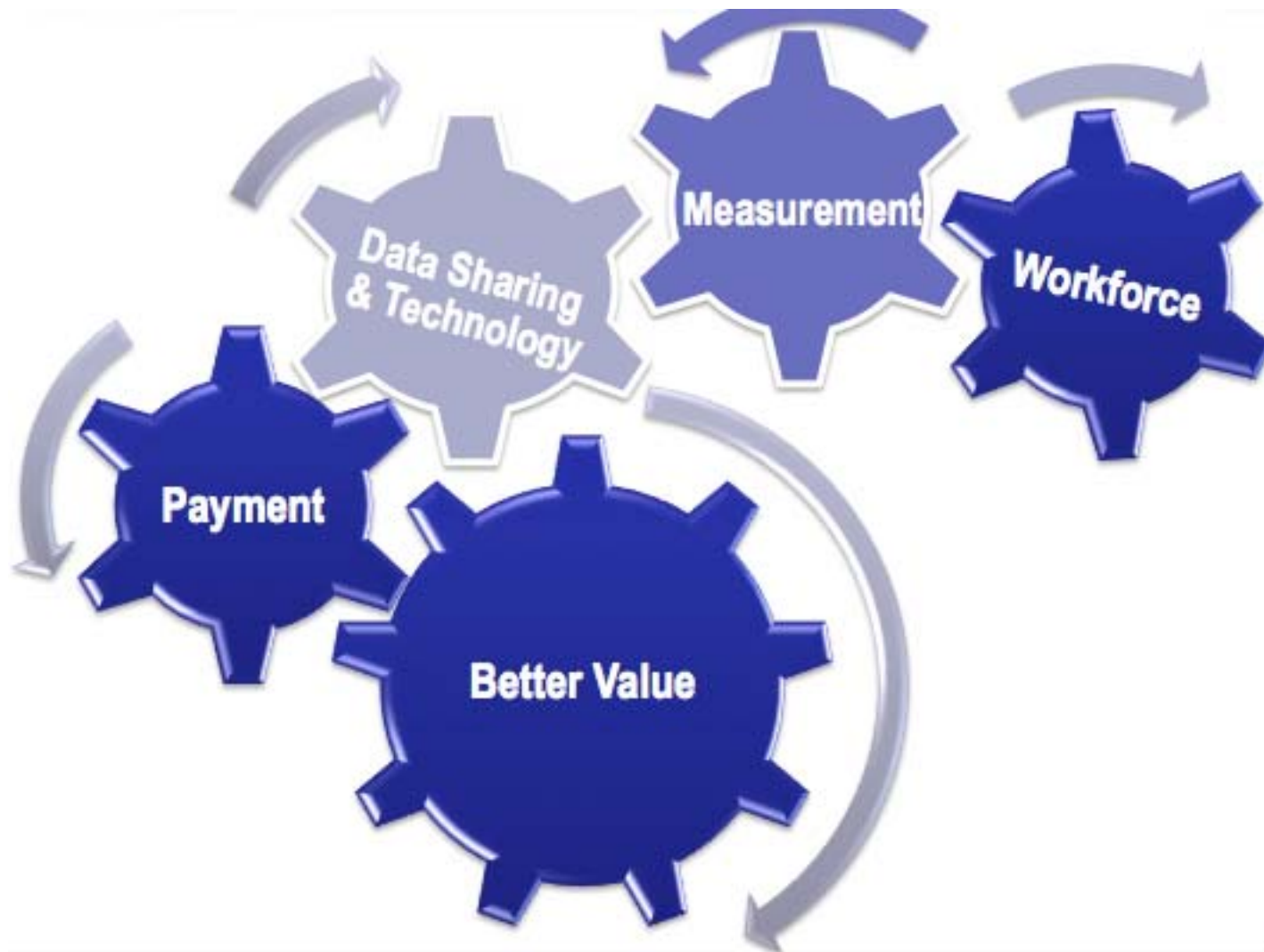
Why this matters

- *Percentage of the nonelderly population with income up to four times the poverty level who were uninsured or purchasing individual coverage, 2010*



<http://healthreform.kff.org/coverage-expansion-map.aspx>

Syncing the gears

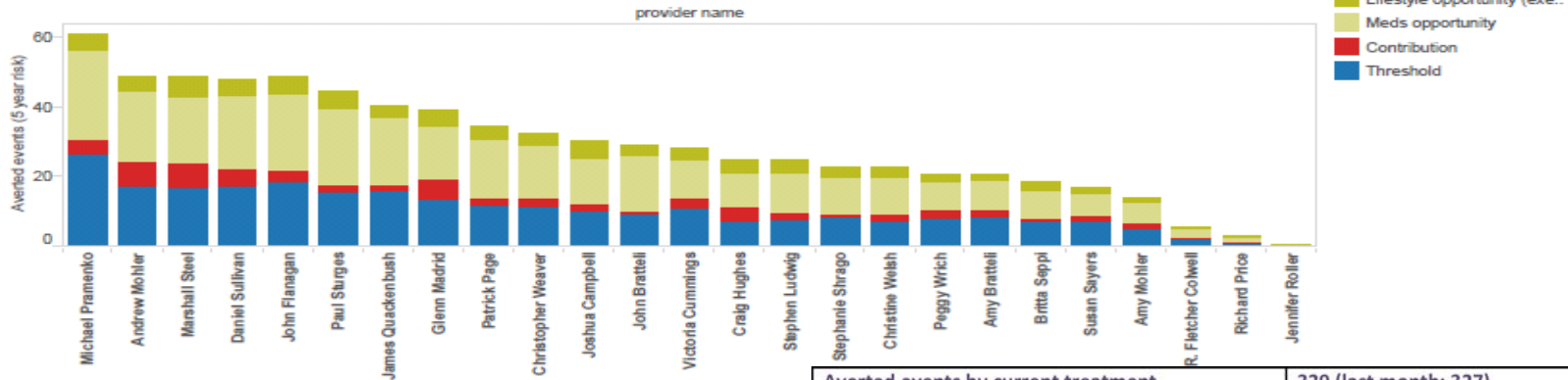


Data quality: creating a virtuous cycle

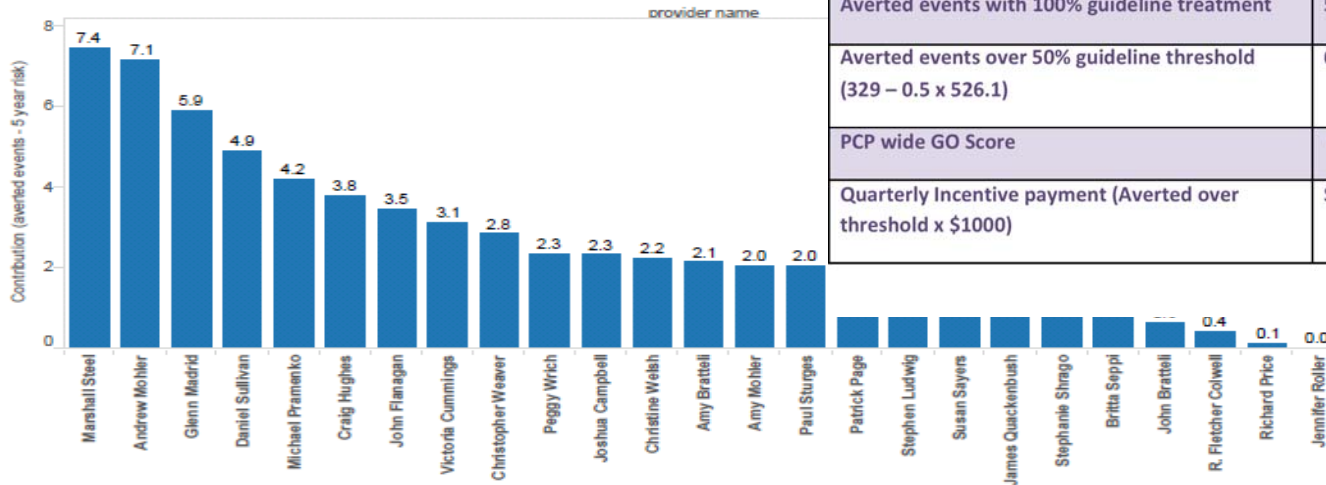


What this looks like in practice

Averted events by provider



Contribution by provider



Averted events by current treatment	329 (last month: 327)
Averted events with 100% guideline treatment	526.1 (last month: 522)
Averted events over 50% guideline threshold (329 - 0.5 x 526.1)	66.3 (last month: 65.5)
PCP wide GO Score	62.6 (last month: 62.5)
Quarterly Incentive payment (Averted over threshold x \$1000)	\$66,259

Emerging Use Cases



- Colorado Multipayer Collaborative:
 - Anthem, Cigna, UHC, Medicare, Medicaid, RMHP, Colorado Choice.
 - Supporting major CMS Innovations initiatives, such as the State Innovations Model (SIM) and Comprehensive Primary Care (CPC) Cooperative Agreements.
 - Jointly procured beneficiary specific, practice-facing analytic tool (*Stratus*[™]) for performance feedback in several key areas: **patient and population risk stratification, total cost analysis, utilization analysis, patient registry and gap closure.**
 - **Value Proposition:** Better focus on risks and opportunities, more efficient plan and provider care management, fewer “false positives” in gap closure, more continuity in risk adjustment.

Emerging Use Cases



- **Challenges:**

- Flat files used rather than individual, standardized transactions – low cost, expedient, but results in data quality challenges.
- Data quality is heavily contingent upon traditional “batch controls” and end user feedback – “post production”.





- **Community Health Information Exchange – Real Time Alerts**
 - Leveraging community health information exchange(s) across the state (Quality Health Network and CORHIO) to collect and route real time **admissions, discharge and transfer (ADT)** alerts from over 50 hospital facilities.
 - Entirely independent network model -- not dependent upon any one hospital system or provider platform.
 - Can route alerts to multiple end users – within the health plan, primary care sites, community care teams, local public health, human services.
 - “Subscription” model for attributed patients eliminates dependency upon identification of physician or care manager during hospital registration process.

Emerging Use Cases



- **Challenges:**

- Use of standard interfacing protocols (e.g., HL7) is practical but leaves data quality gaps (e.g., reason for admission) and provider matching functions for downstream clean-up.
- Again, feedback driven process with data sources, HIE and end users are a heavy lift.



Community Standards



- In all domains of data (administrative, clinical and patient reported), the continued evolution of standards for exchange and interoperability is essential.
- In Colorado, we're focused on the use of **community standards** to support multiple measurement, analytic and data exchange cases.
- We seek to **repurpose** our community standards as use cases expand and grow.
- Nonetheless, gaps in industry and government standards continue to slow the rate of progress.

What's ahead



- Remain engaged in policy and standards setting process – to the greatest extent possible.
- Share tangible use cases and value propositions from our experience that are associated with higher data quality, more efficient data acquisition and exchange.
- Push to end “platform dependencies” and to create a robust, **distributed network** to make actionable, accurate information as readily available as possible.
- Participate in major federal initiatives, such as the **State Innovations Model** and **Comprehensive Primary Care** initiatives to accelerate community standards and data quality processes.



Patrick Gordon

[@RMHPCommunity](#)

Rocky Mountain Health Plans

patrick.gordon@rmhp.org

720.515.4129

