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National Value-Based Payment and Pay for Performance Summit

Mini Summit VII: Clinical Data Sharing

AUDACIOUS INQUIRY | BOLD SOLUTIONS FOR CONNECTED HEALTHCARE

Stage Setting

- Health information exchange initiatives have historically struggled to find alignment with payment models that incent clinical data sharing (obvious statement of the decade).
- Regional or "public/private" HIOs that have been able to generate revenue have typically relied on strong relationships and partnerships with fee-paying participants rather than having a tight tie between a service offering and a tangible financial value case (lab results delivery is an exception).
- Alternative Payment Models and state-level reform initiatives that require insight into patient care beyond an individual provider have created environments in which health information exchange services have become more tightly tied to financial success.
- Many data sharing relationships are being established around specific models and the participants within them which represents both progress (more data sharing is good) and risk (new competitively driven data silos are bad, sort of, maybe…).
- Recent Federal efforts are also driving towards new data sharing expectations.

Senate HELP Committee Bill

- The Senate Help Committee recently unanimously approved the Bipartisan Legislation to Improve Health Information Technology for Patients and Families.
- The current draft of the bill headed for the Senate floor includes a range of topics relevant to clinical data sharing.
  - HHS should encourage HIOs and networks to partner with providers, payers and other appropriate entities **to give patients access** to their electronic health information in a single, secure longitudinal format.
  - Establish a **trusted exchange framework** (including a common agreement) to support exchange between health information networks nationally.
  - Requires HHS to establish a definition of **information blocking** and gives the OIG the ability to investigate and fine entities found to be blocking information sharing.
  - Directs HHS to establish a **provider directory** (either directly or through a partnership) to provide digital contact information for health professionals, health facilities, and other individuals or organizations.
  - Directs HHS to work with stakeholders to develop a strategy for **reducing the regulatory or administrative burden** relating to the use of EHRs (specifically related to the range of relevant programs: Meaningful Use, MIPPS and Alternative Payment Models).

New York DSRIP Program

- New York has a long history of major investing in clinical data sharing with the major jump start occurring through the HEAL grant program.
- The SHIN-NY has continued to evolve over the past 10 years to set baseline clinical data exchange services throughout the state (they call them “dial tone services”.)
- The DSRIP Program, and the PPSs operating as part of the program, have fundamental and critical connectivity and data needs to effectively manage the Medicaid population attributed to them.
- The RHIOs operating throughout New York have established much of that connectivity over the past decade and are positioned to support the PPSs.
- But, to maintain relevance, each RHIO will need to partner with the PPSs in their geographies to understand the technical needs and maintain the confidence that they are the best positioned to execute.
- NYDOH is aiming to create alignment across a range of reform initiatives beyond DSRIP such as SIM, health homes, etc. with the aim of program/communication coordination and avoiding the replication of existing connectivity.

Maryland Hospital Global Budget Model

- Maryland has always had a funky hospital payment system in which hospital rates are set by a Commission and all carriers (including Medicare and Medicaid) pay those rates.
- The waiver that enabled that system was revised 2 years ago and established global budget revenue contracts with all Maryland hospitals….while nuanced, essentially there is no more fee-for-service in hospital payments (Holy Smokes!).
- This model creates an entirely new dynamic in which sharing information becomes an imperative to effectively manage patients and to AVOID utilization (beyond just readmissions).
- CRISP, the HIE operating in Maryland and DC, was positioned to support a range of services for hospitals and their community partners to support their performances within this new world.
- The partnerships with non-traditional providers and community based organizations are accelerating and CRISP is working to engage their stakeholders with clinical data exchange services.
  - As a side note, the good folks at OCR have done some great recent work to help clarify how HIEs and other data sharing efforts should be thinking about exchange with these types of organizations: http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/

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