

Concurrent Session 1.07

Information Technology and Data Collection:



Optimizing Lab Results and Pharmacy Data Collection Under P4P

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IHA-P4P Data Collection

Executive Overview

- The Integrated Healthcare Association's (IHA) Pay for Performance (P4P) initiative is a statewide collaboration involving more than 235 California physician groups serving approximately 12 million commercial HMO/POS enrollees
- IHA-P4P data collection includes receiving, editing, normalizing, analyzing, aggregating, and reporting Clinical, Patient Experience, and IT-Enabled Systemness Domains
- IHA-P4P data collection objectives include:
 - Utilizing existing data collection and reporting efforts
 - Reducing the costs and complexities of sending and receiving data
- In order to participate in more of the IHA-P4P Clinical Domain Measurements, some provider organizations need assistance collecting lab results and pharmacy data
- IHA-P4P and its partners have developed demonstration projects for the exchange of lab results and pharmacy data to increase IHA-P4P and HEDIS reporting and support enhanced patient care

2007 IHA-P4P Measurement Year Datasets Utilized By Clinical Domain

IHA-P4P Clinical Domain	Claims & Encounters	Lab Results	Pharmacy Data
Childhood Immunization Status	✓		
Appropriate Treatment for Children with Upper Respiratory Infection	✓		✓
Breast Cancer Screening	✓		
Cervical Cancer Screening	✓	✓	
Chlamydia Screening in Women	✓	✓	✓
Use of Appropriate Medication for People with Asthma	✓		✓
Diabetes Care: HbA1c Screening	✓	✓	✓
Diabetes Care: HbA1c Poor Control	✓	✓	✓
Cholesterol Management: LDL Screening	✓	✓	✓
Cholesterol Management: LDL Control <130 and <100	✓	✓	
Nephropathy Monitoring for Diabetic Patients	✓	✓	
Colorectal Cancer Screening	✓	✓	

Utilizing Lab Results & Pharmacy Data Increased Insight Into Effectiveness & Efficiency

- Patient Stratification by Condition
 - Use lab and pharmacy data to look at the distribution of results for a specific population
 - Diabetics identified through diagnosis information on claims/encounters can be stratified based on the results of a HbA1c test (which measures the amount of glycosylated hemoglobin in a person's blood)
- Effectiveness of Clinical Interventions
 - Monitor the total cholesterol levels of patients who have received a cholesterol-lowering statin drug
- Population Trends
 - Year-to-year trends of average LDL cholesterol level of members by geographic area
- Reduce Medical Errors
- High-Value in Reporting IHA-P4P Clinical Domain Measurements

Overcoming Some Inherent Obstacles Understanding These Data and Their Value

- Lab results and pharmacy data usually do not originate at the (IPA / medical group) provider organization
- Lab results and pharmacy data are different
 - Lab results use Logical Observation Identifiers Names and Codes (LOINC)
 - Pharmacy data use National Drug Codes (NDC)
- Many existing (managed care information) systems are focused on adjudicating claims and do not properly capture and utilize lab results and pharmacy data
- Lab results vary in type -- values can be numeric, categorical or descriptive

California Clinical Data Project

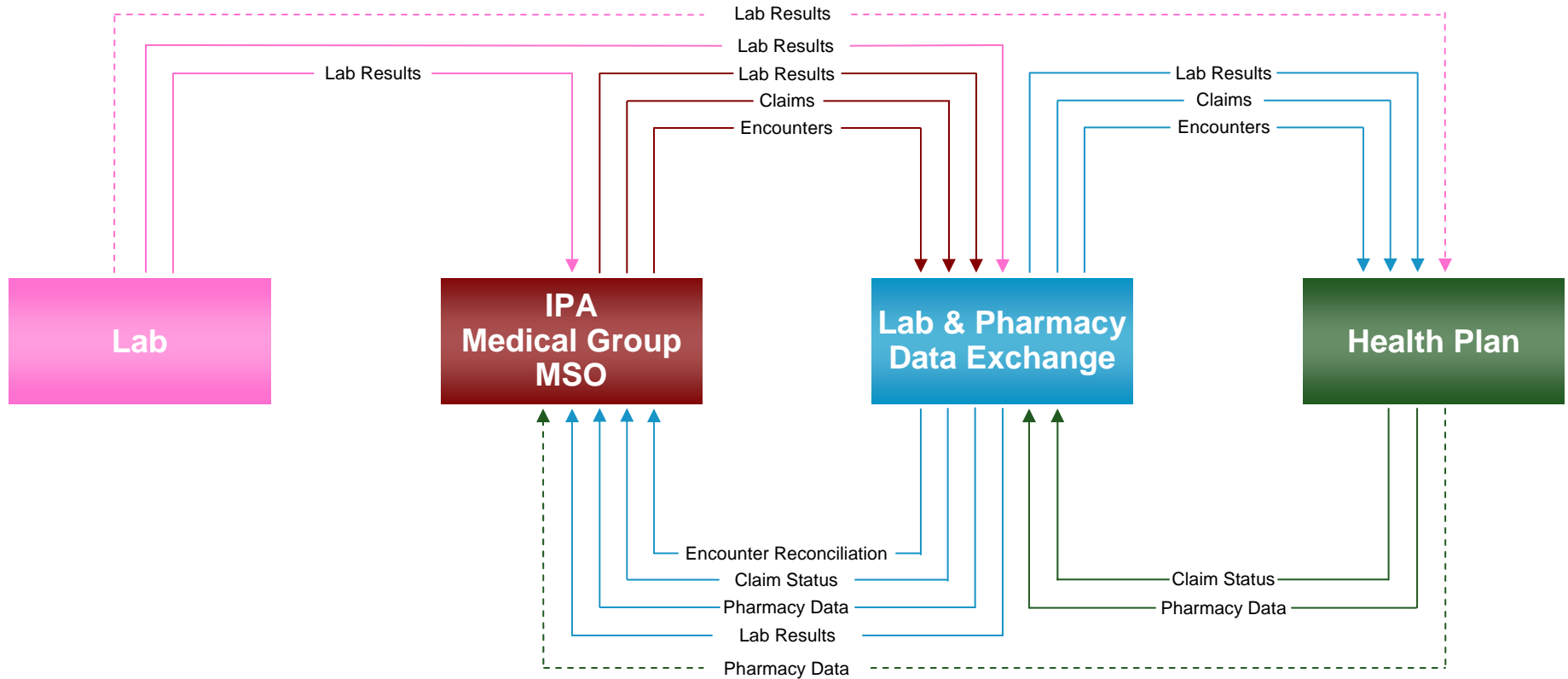
CALINX Standards

- The California HealthCare Foundation (CHCF), which facilitated and funded the development of CALINX, has transitioned the project to IHA for further implementation
- Ensure that pharmacy utilization data are consistently transferred in a standardized format from health plans and pharmacy benefit management companies to provider organizations
- Ensure that laboratory data are consistently transferred in a standardized format from rendering labs and hospitals to provider organizations and health plans
- Ensure that rules of data exchange (including frequency of data transfers) are created, endorsed, and adhered to by all stakeholders
- Promote the use of robust patient data-matching tools to assist in clinical data integration processes
- Provide pharmacy and lab data-validation software tools and technical support to provider organizations

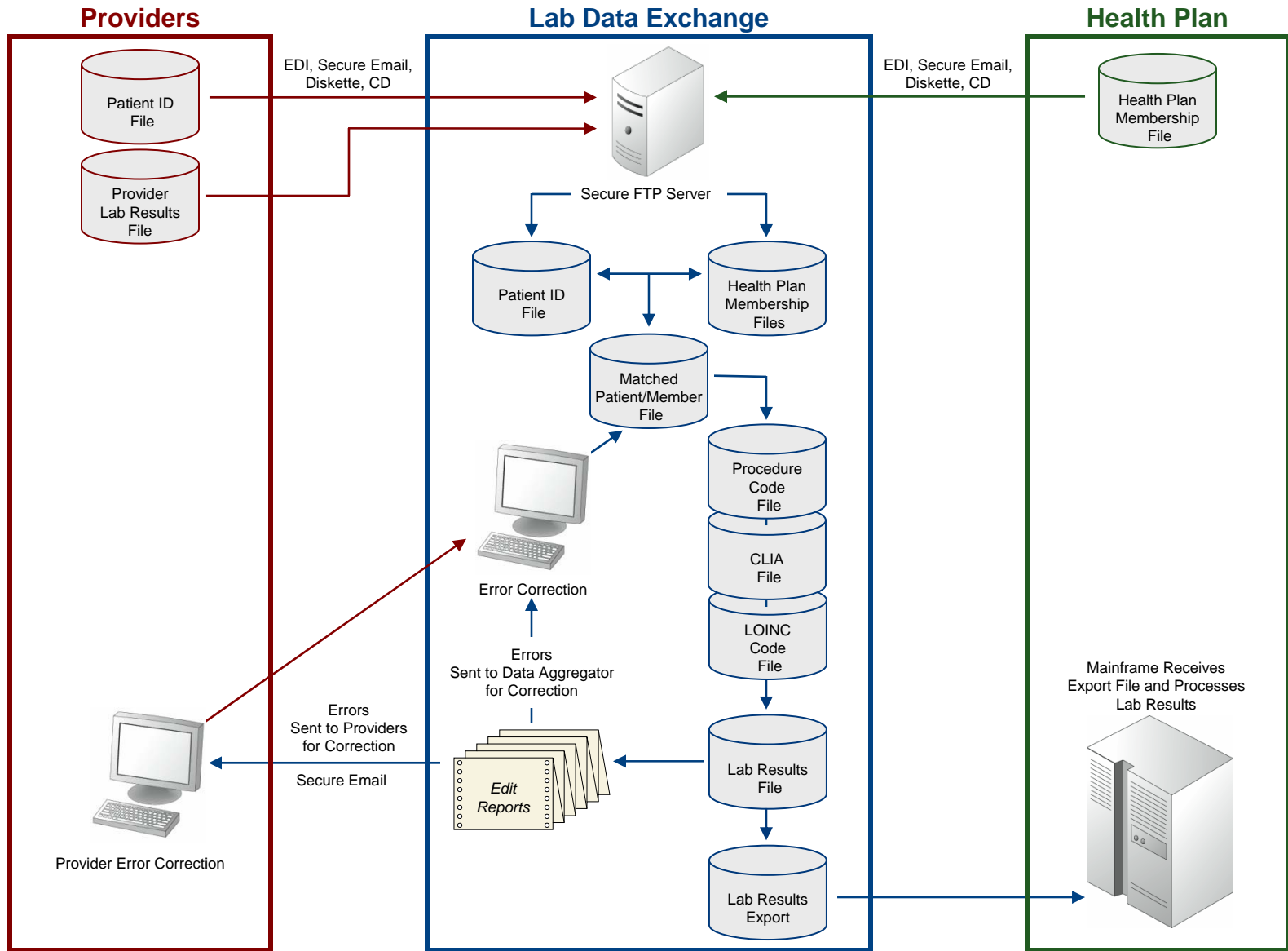
Integrating Lab Results & Pharmacy Data Challenges of IPAs, Medical Groups & MSOs

- There are many different lab systems in use today
 - Lab system vendors market nationally
 - Little incentive to change
- Many labs can not currently produce the CALINX standard
- Many labs use proprietary codes
- Member number matching

IHA-P4P Lab Results & Pharmacy Data Exchange Leverages Existing Connectivity & Services



Lab Results Exchange



Lab Results Exchange

Key Data Elements

Situational

- Health Plan Name
- Health Plan Member Number

Required

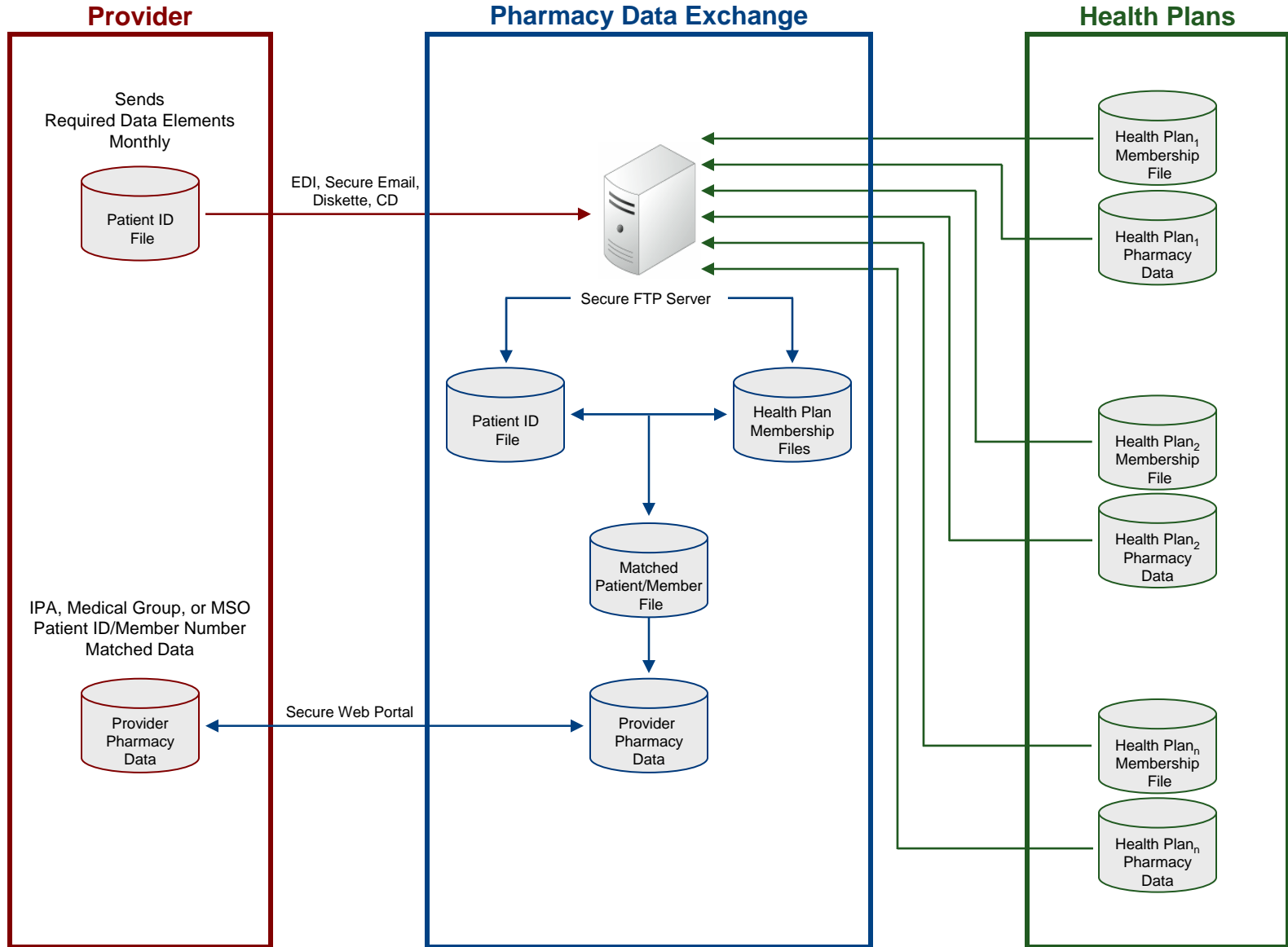
- Patient's Name and Date of Birth
- Lab ID Number and Test Order Number
- Date of Service
- Procedure Code
- Lab Value / Units / Type
- LOINC Code
- OBR & OBX Result Status

Provider Organization Patient ID File Key Data Elements

Required

- Patient ID Number
- Name
- Date of Birth
- Sex
- Social Security Number
- Health Plan Association
- Health Plan Member Number

Pharmacy Data Exchange



Enhancing Lab Results & Pharmacy Data Reporting Improves Your Clinical Measure Results

- The lab results exchange supports both health plan reported clinical measurements and self-reporting provider organizations
 - Health plan reported measures are augmented by lab results sent from provider organizations
 - Self-reporting organizations can use the exchange to capture their network providers' lab results
- The pharmacy data exchange supports both health plan reported clinical measurements and self-reporting provider organizations
 - Provider organizations can receive multiple health plan files from a single site
 - Health plan member numbers can be translated into each provider organization's patient ID number
- Clinical measurement, efficiency and efficacy reporting gains can be made by having more complete lab results and pharmacy data
- Small increases in data collection and reporting can equate to substantial gains in performance and incentive payment amount
- Better patient care can be delivered

2007 IHA-P4P Health Plan Reported Data vs POs Utilizing Lab Results & Pharmacy Data

For 2006 Measurement Year / 2007 Reporting Year:

Examples from Vendor Self-Reporting for 27 Provider Organizations (POs)

Health Plan Reported Scores Compared to Vendor's POs Utilizing Lab Results & Pharmacy Data

<i>IHA-P4P Clinical Measures</i>	<i>Health Plan Reported Average Scores for Vendor's POs</i>						<i>Vendor's POs Self-Reported Average</i>
	<i>Health Plan₁</i>	<i>Health Plan₂</i>	<i>Health Plan₃</i>	<i>Health Plan₄</i>	<i>Health Plan₅</i>	<i>Health Plan₆</i>	
Appropriate Treatment for Children with Upper Respiratory Infection	79	84	80	86	80	79	87
Cervical Cancer Screening	70	69	61	72	73	72	76
Chlamydia Screening in Women	47	33	34	46	39	41	48
Use of Appropriate Medication for People with Asthma	90	90	93	91	90	88	91
Diabetes Care: HbA1c Screening	74	66	75	77	80	79	82
Diabetes Care: LDL Control <130	30	12	38	39	44	43	60