

Data Collection and Aggregation: Making It Work for Your P4P Program

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Overview

The Data Problem

Data Sources

Data Exchange

Validation / Audit of Data

Data Aggregation

Legal and Political Issues

The Data Problem

The data you want:

	<u>Claims Data</u>	<u>Paper Medical Record</u>	<u>Electronic Medical Record</u>
• Easy to collect	Y	N	Y?
• Clinically rich	N	Y	Y
• Complete and consistent	N	Y?	Y
• Across product lines/payors	N	Y	Y
• Whole eligible population	Y	N	Y

The Data Problem

Key question:

What data collection method will you use?

Chart Review vs. Hybrid vs. Electronic only

BTE

Individual MD

IHA P4P

Physician Group

Addressing the Data Problem

*“If you can’t be with the one you love,
Love the one you’re with!”*

- Crosby, Stills, Nash and Young

Addressing the Data Problem

Enhancing claims data

- Identify and address data gaps
- Encourage use of CPT-II codes
- Develop supplemental clinical data
 - Lab results
 - Preventive care / chronic disease registries
 - Exclusion databases
- Push EMR adoption

Electronic Data Sources

Requirements:

1. Must have all required elements
 2. Must be in (or entered into) electronic format
 3. Collection should occur regularly throughout year
- Claims/encounter data
 - Medical Record Data
 - Physician Reported Data

Electronic Data Sources

- Member Reported Data
 - Patient history in office or as part of disease management
 - Patient provides documented results for previous services
 - Patient surveys may or may not be acceptable
- External Data
 - Lab results
 - Regional immunization registries

Electronic Data Sources

Example: Blood pressure control

- Previously a chart review measure
- Creation of CPT-II codes allows administrative measurement
- Incentivize inclusion in registry
 - Create system for routinely collecting information

Addressing the Data Problem

Data for retrospective measurement

vs.

Data for quality improvement

vs.

Data for decision support at the point of care

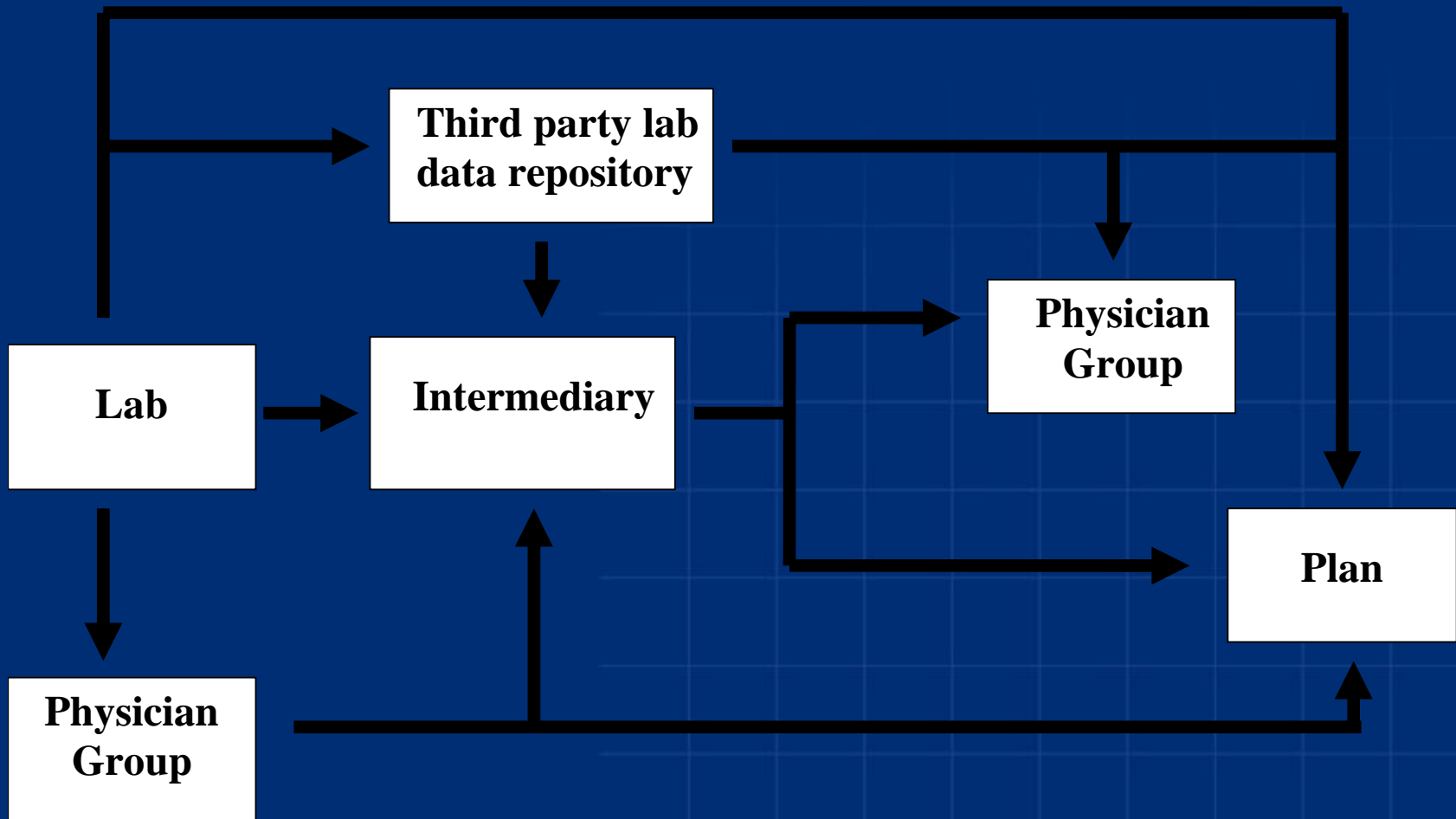
Data Exchange

- Standard format and data definitions
- Defined data flow process
- Enhanced member matching
- Adequate documentation

Data Exchange Issues

LDL<130 Rates - Diabetes Population	N	Admin-Only Mean	All-Data Mean
National HEDIS Rates, MY 2003	313	25	59.8
P4P Plan HEDIS Rates, MY 2003	7	8.4	60
P4P Plan-Specific Rates, MY 2004			
Plan 1 (not used in aggregation)		0.0	
Plan 2 (not used in aggregation)		0.5	
Plan 3 (not used in aggregation)		1.0	
Plan 4 (not used in aggregation)		6.3	
Plan 5		21.4	
Plan 6		25.9	
Plan 7		26.3	
Self-Report Average		51.0	

Facilitating Data Exchange



Validation / Audit of Data

- Ensures consistency of calculation and accuracy of results
- Intended use and available resources determine level of validation
 - Internal vs. external review
 - Sample vs. full validation

Aggregating Data

Benefits:

- Increase sample size
 - More reportable data
 - More robust and reliable results
- Measure total patient population
- Produce standardized, consistent performance information

Requirements:

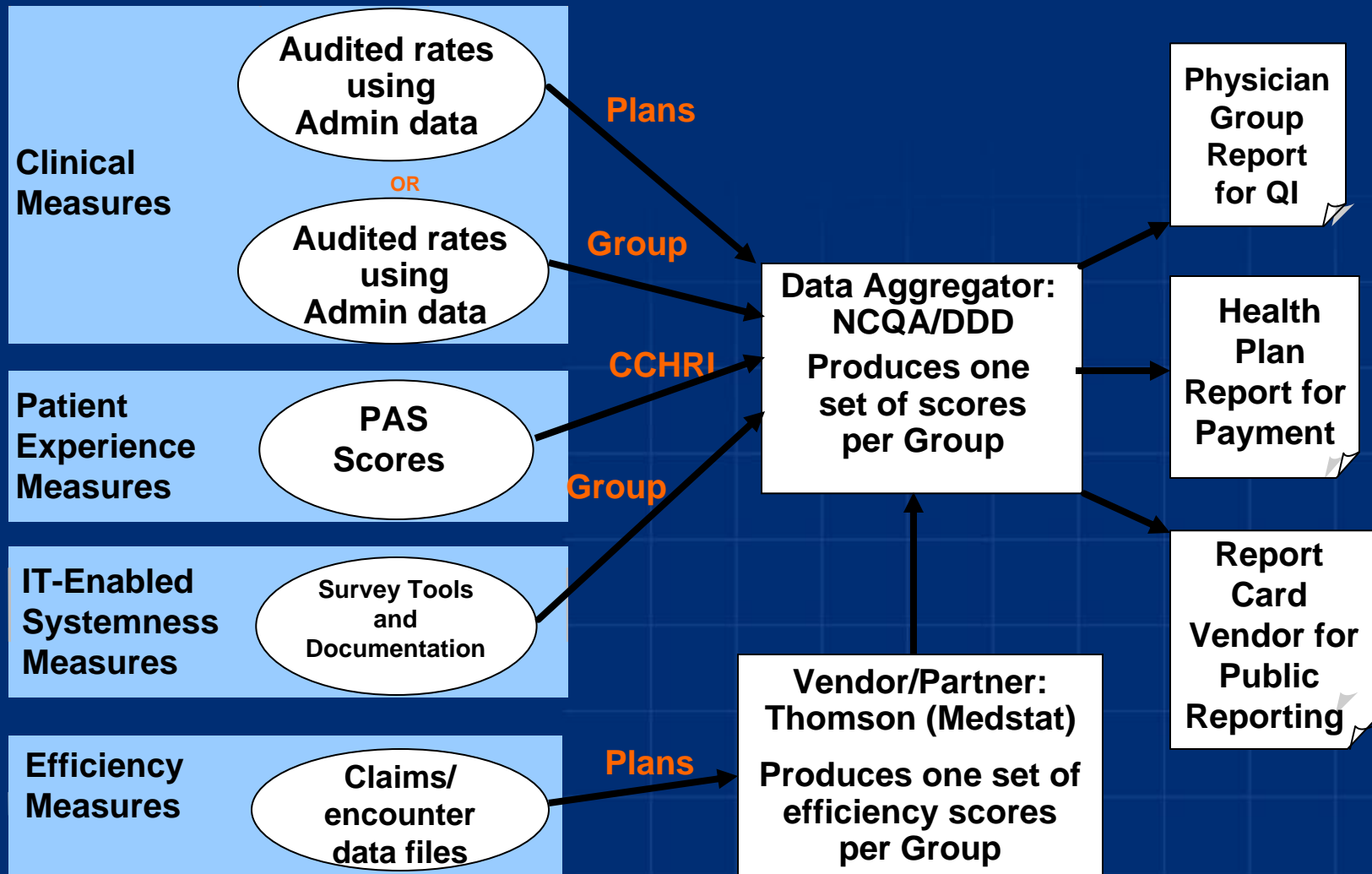
- Consistent unit of measurement
- Standard, specified measures

The Power of Data Aggregation

Aggregating data across plans creates a larger denominator and allows valid reporting and payment for more groups

Health Plan Size	# of Health Plans	% physician groups with sufficient sample size to report all clinical measures using <u>Plan Data Only</u>	% physician groups with sufficient sample size to report all clinical measures using the <u>Aggregated Dataset</u>
< 500K members	3	16%	70%
>1M members	4	30%	65%

CA P4P Data Collection & Aggregation



Legal and Political Issues

- Complying with HIPAA regulations
- Overcoming Non-Disclosure Agreements
- Addressing Data Ownership

Addressing Legal and Political Issues

Example #1: Lab results

- Code of Conduct for bi-directional data exchange
- Lab authorization form
- Disease Management Coordination initiative

Addressing Legal and Political Issues

Example #2: Efficiency measurement

- BAA
- Antitrust Counsel
- Consent to Disclosure Agreements
- No group-specific results shared first two years
- Publicly available sources of data

Conclusions

- Data is a limiting factor in performance measurement
- Administrative data can be enhanced by supplemental sources
- Data transfer of supplemental sources needs to be standardized
- Audit ensures integrity of data collection and measurement processes
- Aggregation can make results more robust
- Legal and political issues carry as much weight as technical issues

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