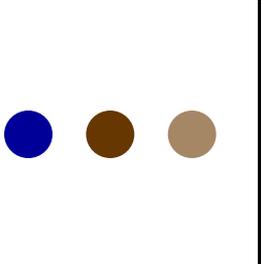




New Models of Care

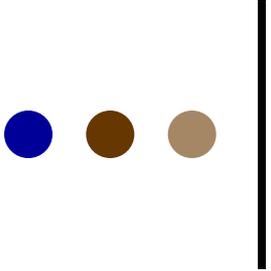
Infrastructure Needs

August 4, 2011



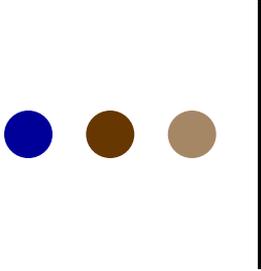
Review of May Meeting

- At the May 18th meeting, the workgroup discussed infrastructure needed to support and disseminate new models of health care payment and delivery. Suggestions included:
 - 1) Create a centralized repository of state demonstration efforts and agency that would promote new demonstrations
 - 2) Evaluation and dissemination.
 - 3) Data to support and evaluate new models of care, including utilization, costs and quality.
 - 4) Identifying other barriers (including regulatory barriers)



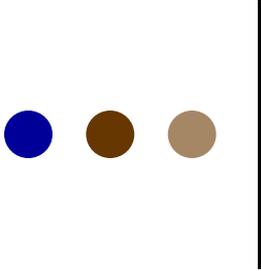
Centralized Repository

- Designated agency would:
 - Maintain database of existing demonstrations or pilots, along with any evaluations or results from these models
 - Keep track of and disseminate federal funding opportunities to test new models of care
 - Keep track of who applies for funding
 - Disseminate information on new models (both successes and failures)
 - Help bring together stakeholders to develop “hierarchy” of needs, and support efforts targeted to under-resourced communities



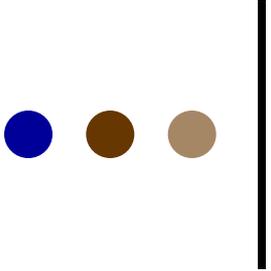
Evaluation and Dissemination

- At the last meeting, we discussed the data we need to capture to evaluate new models, and a common metric we could use to evaluate and compare different models
- Suggestions from last meeting:
 - Utilization, to identify variations in utilization and appropriate use of services
 - Costs, including pmpm (using standardized fee schedule such as Medicare)
 - Quality and outcomes, building on federally prescribed quality/outcome measures, data on disparities, and other data important to NC.



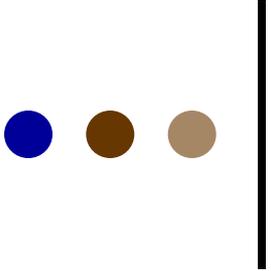
Data to Support New Models

- The need for data has come up in many different forums. For example:
 - New Models workgroup discussed new for data to evaluate new models of care (cost, quality, access, outcomes)
 - Health Benefits Exchange and Insurance Oversight workgroup. NC Department of Insurance will need data to risk adjust payments to insurers inside and outside the Health Benefits Exchange
 - Health Information Exchange is developing infrastructure to share personal health information among health care professionals/providers treating a specific individual



Data Consortium

- Current Health Data Landscape
 - HIE, ACA/HBE, MMIS
- Data Inventory (what data exists, who owns it)
 - Public data systems, private data systems
- Data Use Matrix (characteristics of the data)
 - PHI, immediacy, persistence, clinical, cost
- “Data Mart” Concept

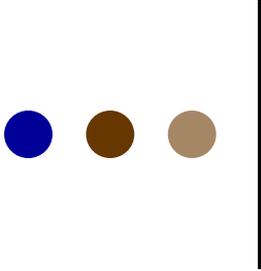


Data Consortium-Next Steps

- Develop case for support (ROI)
- Develop Governance Model (Mission, Values, Principles of Operation)
- Data Model (Technology infrastructure)
- Financial Model (Start-up, implementation, and sustainability)
- Legislation?

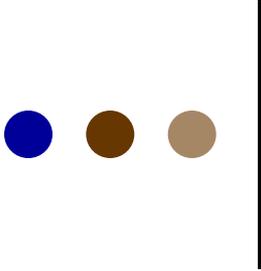
Potential Data Needs and Purposes

DATA USES	Ind's name or ID	Encrypt linkable data OK	Time of data need	Persist data	Dx	Utiliz	Clinical data (ie, outcome)	Other non-clinical performance data	Insurer/ Payer	Cost/ Cost proxy	Demo-graphic data	Inst'l provider or health prof'l
Population health surveillance	N	Y	>6 mo.	Y	Y	Y	Y	N	Y	Y	Y	Y
Individual patient treatment	Y	N	real time	N	Y	Y	Y	Y	Y	N	Y	Y
Care Coordination	Y	N	real time	Y	Y	Y	Y	?	Y	Y	Y	Y
Population management	Y	N	<6 mos.	Y	Y	Y	Y	?	Y	Y	Y	Y
Quality and Performance	N	Y	<6 mos.	Y	Y	Y	Y	Y	Y	Y	Y	Y
Risk adjustment	N	Y	<6 mos.	Y	Y	Y	Y	N	Y	Y	Y	Y
New model evaluations	N	Y	<6 mos.	Y	Y	Y	Y	Y	Y	Y	Y	Y
Research & analytics	N	Y	>6 mos.	Y	Y	Y	Y	Y	Y	Y	Y	Y



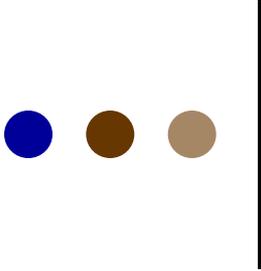
Many Different Data Sources in NC

- There are many existing sources of health data. For example:
 - State Center for Health Statistics (SCHS) has survey data (BRFSS, PRAMS, CHAMP)
 - Vital Records has birth and death records
 - Thomson Reuters collects data on hospital discharges, ambulatory surgery, and ED visits and makes it available to SCHS and Div. of Health Services Regulation (which makes it available to Sheps Center)
 - Different payers have claims data (DMA, BCBSNC, State Health Plan, etc.)
 - CCNC Informatics Center and Sheps Center both have access to some multipayer data



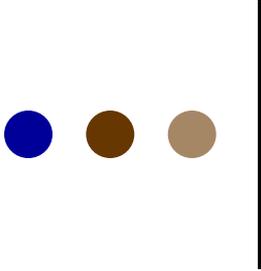
Data for Evaluation Purposes

- Health Information Exchange will facilitate the sharing of patient-level data across providers (for treatment purposes), but HIE will act as an information “highway” not a data repository
- Not easy to link existing data systems to use for different purposes listed previously



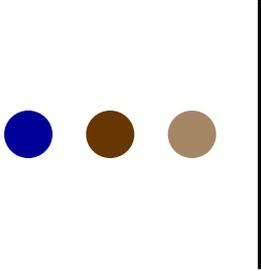
Other States Developing All-Payer Claims Databases

- 11 states have all payer data systems (APCD), 7 are in the process of developing all payer data systems
- Most states are housing APCDs in government agencies, although three states (LA, WA, WI) have private APCD entities.
- *NCIOM intern examined existing published information on APCDs, including online resources (APCD Council and DHHS) and state legislation.
 - We were unable to find information regarding several data elements and have labeled such information as “Don’t know” in accompanying chart.



Other States Developing All-Payer Claims Databases

- Data used to:
 - Compare utilization patterns across the state, identify successful cost containment measures, compare prevalence of disease across the state, evaluate health reform efforts on cost, quality and access, etc.
 - Some states (LA, ME, NH, WA) use APCD data sets to create consumer portals or websites. These tools enable patients to compare the cost and quality of services by providers in their area.

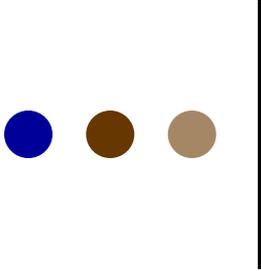


APCDs: Commonly Included Data Elements*

- Encrypted SSN or member ID:
 - 10 states (ME, MD, NH, TN, UT, VT, WI, CO, OR, RI)
- Type of insurance:
 - 8 states (ME, MD, MN, NH, TN, UT, VT, CO)
- Patient demographics:
 - 10 states (ME, MD, MN, NH, TN, UT, VT, CO, OR, SC)
- Diagnosis, procedure, and NDC code:
 - 12 states (KS, ME, MD, MN, NH, TN, UT, VT, WI, CO, OR, SC)
- Pharmacy claims:
 - 14 states (KS, ME, MD, MN, NH, TN, UT, VT, WA, WI, CO, MA, OR, WV)

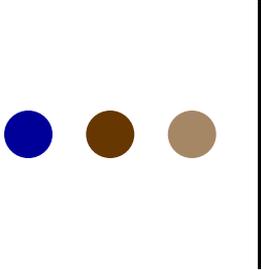


*NCIOM research on APCDs included a legislative survey as well as use of online resources (APCD Council and DHHS). We were unable to find information regarding several data elements and have labeled such information as “Don’t know” in accompanying chart.



APCDs: Commonly Included Data Elements*

- Dental claims:
 - 7 states (KS, ME, NH, WI, MA, OR, WV)
- Info. on service provider:
 - 10 states (ME, MD, MN, NH, TN, UT, VT, CO, OR, SC)
- Amount of payment:
 - 11 states (LA, ME, MD, MN, NH, TN, UT, VT, CO, OR, SC)
- Co-payment responsibility:
 - 9 states (ME, MD, MN, NH, TN, UT, VT, CO, OR)

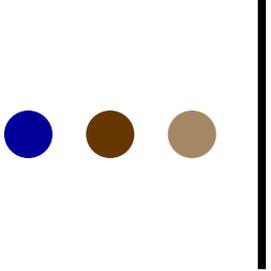


Commonly Included Data Elements* Continued

- Facility Type:
 - 9 states (LA, ME, MD, MN, NH, TN, UT, VT, CO)
- Revenue codes:
 - 8 states (ME, MN, NH, TN, UT, VT, CO, OR)
- Service dates:
 - 10 states (LA, ME, MD, MN, NH, TN, UT, VT, CO, OR)
- Results from lab, imaging:
 - 2 states (LA [whether specific imaging was done], OR)

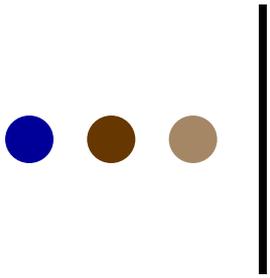


*NCIOM research on APCDs included a legislative survey as well as use of online resources (APCD Council and DHHS websites). We were unable to find information regarding several data elements and have labeled such information as “Don’t know” in accompanying chart.



CCNC Informatics Center

- CCNC Informatics Center has access to some of the data that is included in other states “all payer data systems”
 - Annette DuBard, MD, MPH
- Center for Cost and Quality Initiative (Sheps Center) has access to claims data for Medicaid, State Health Plan for research purposes



- Annette DuBard Presentation

Barriers to Implementation of New Models

- Insurance laws. Examples mentioned at last meeting include:
 - Difficulty with value-based benefit design in PPO b/c state law limits differential between in-network and out-of-network providers
 - HMO laws about who can bear risk and the reserve requirements (how will that comport with new ACA provisions that move towards risk sharing with federal government)?
- Health professional licensure laws.
 - State laws which require supervision of NPs and PAs.
 - FTC letters in other states support independent practice for NPs and PAs



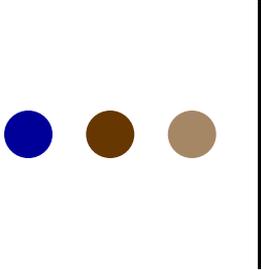
Questions for Workgroup

Centralized Repository: Potential Recommendations

- Does the workgroup want to recommend that an organization serve as a central repository of all the new delivery and payment models, and help disseminate information to others across the state?
- If so:
 - Which agency should we charge with this responsibility?
 - How will this be funded?

Evaluation and Dissemination Recommendations

- How can we ensure that new models are evaluated; and that we disseminate the results of these evaluations (both successes and failures) across the state?



Data: Potential Recommendations

- What recommendations do we want to make, if any, to support the collection and analysis of data needed to evaluate new models of care?
- Do we want to support the development of an all payer data system? If so,
 - Should we build on existing organizational data system?
 - What data should be collected?
 - How much would this cost, and how will the costs be covered?

Barriers to Implementation

Potential

Recommendations

- Are there other barriers to the successful implementation and dissemination of new practice models, delivery systems or payment mechanisms? If so, what are they?
- Do we want to make any recommendations about how to remove barriers to testing new models of care? If so, what?