



# CAQH CORE and eHealth Initiative Joint Webinar

## Data Needs for Successful Value- based Care Outcomes

Monday, November 20, 2017

2:00 – 3:00 pm ET

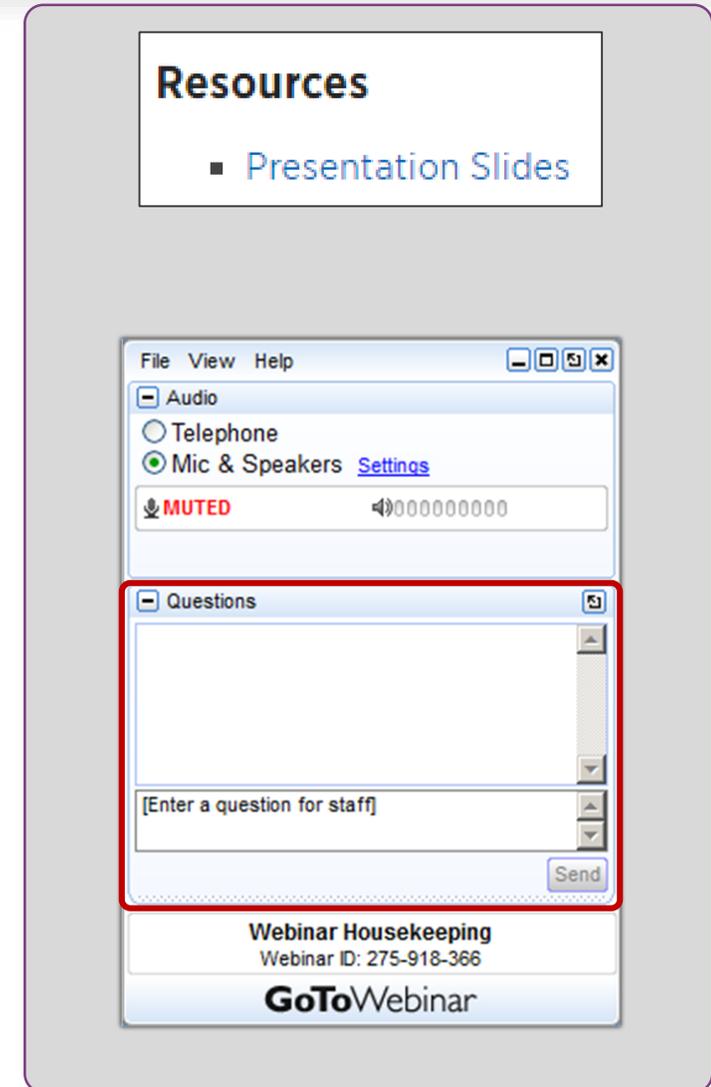
# Logistics

## Presentation Slides & How to Participate in Today's Session

Download the presentation slides at [www.caqh.org/core/events](http://www.caqh.org/core/events).

- Click on the listing for today's event, then scroll to the bottom to find the Resources section for a PDF version of the presentation slides.
- Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Questions can be submitted *at any time* with the **Questions panel** on the **GoToWebinar dashboard**.



# Session Outline

- Overview of CAQH CORE Role in Value-based Payments.
- Overview of eHealth Institute Role in Value-based Care.
- Featured Presentation: Value-based Care for Success in Value-based Payment.
- Audience Q&A.

# CAQH CORE and eHI Webinar – Data Needs for Successful Value-based Care Outcomes

This webinar is the first in an ongoing educational series from CAQH CORE to address operational challenges inherent in the transition to value-based payments.

Today's webinar is a collaboration between CAQH CORE and **eHealth Initiative**.



# Thank You Speakers



**Steven E. Waldren, MD, MS**

Director, Alliance for eHealth Innovation,  
American Academy of Family Physicians' (AAFP)



**Jennifer Covich Bordenick**

Chief Executive Officer

**Claudia Ellison**

Director of Programs and Services  
eHealth Initiative



**Erin Weber**

Director, CAQH CORE

CAQH  
CORE

# CAQH CORE Role in Value-based Payments

**Erin Weber**  
CAQH CORE Director

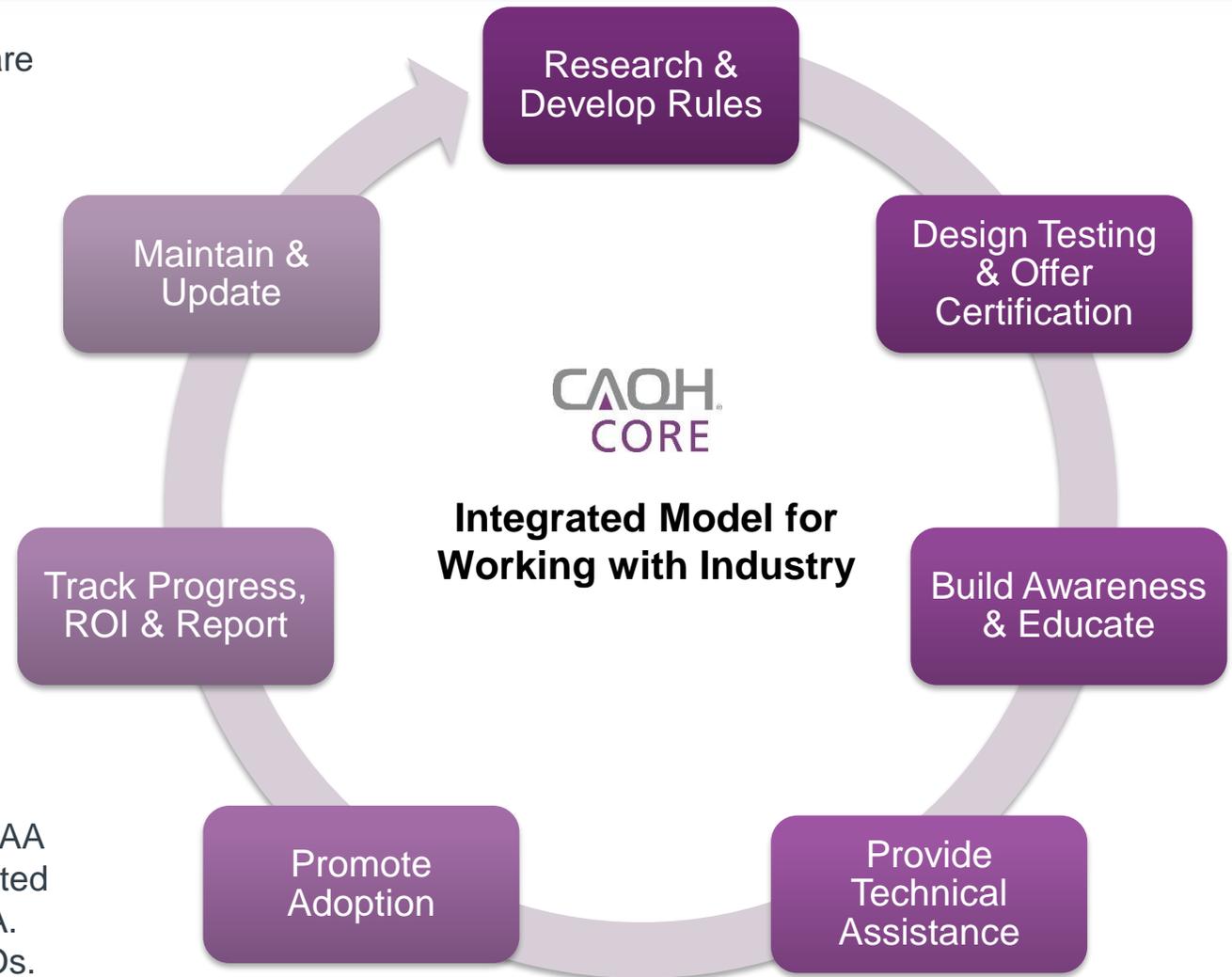
# CAQH CORE Mission and Vision

**MISSION** Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.

**VISION** An industry-wide facilitator of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

**DESIGNATION** Named by Secretary of HHS to be national author for three sets of operating rules mandated by Section 1104 of the Affordable Care Act.

**BOARD** Multi-stakeholder. Voting members are HIPAA covered entities, some of which are appointed by associations such as AHA, AMA, MGMA. Advisors are non-HIPAA covered, e.g. SDOs.



# From Fee-for-Service to Value-based Payments

*Operational Capabilities Essential to Support Shift from Volume to Value*

**CAQH CORE recognizes the importance of emerging value-based payment (VBP) models to meet future needs for improved healthcare quality and cost:**

**30%-50%**  
providers currently  
engaged in VBP.

(Modern Healthcare, 2017)



Expected that more than  
half of healthcare  
payments will be value-  
based by 2020.

(Forbes, 2017)



VBP models already  
accruing cost-savings  
with equal or better  
care results.

(American Hospital Association, 2016)

**Transition to VBP not without challenges – improvement in operational capabilities needed to ensure success.**

- Proprietary systems and processes implementing VBP have introduced operational variations, unintentionally setting up a scenario ripe for repeating prior mistakes.
- The volume-to-value transformation may slow if providers encounter barriers that make participation burdensome – need efficient, uniform operational system as support.
- Important to collaborate now and apply lessons learned from fee-for-service to ensure historic volume-to-value shift continues unimpeded by administrative hassles before proprietary systems and processes become entrenched.

# Streamlining Value-based Payments Operations

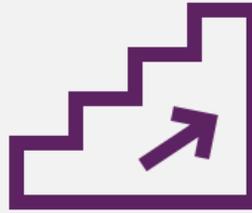
## Why CAQH CORE

### Change Agent



- Collaborative, voluntary model led the way for healthcare stakeholders to dramatically **reduce the administrative burden** in fee-for-service operations.
- Considerable expertise, experience and resources to **support development of a sound operational system for VBP.**

### Proven Success



- **Significant improvements in fee-for-service operations**, reducing cost and improving care delivery and administrative coordination.
- More than **76% of commercially insured and 44% of publicly insured individuals** are covered by health plans that have certified their use of the operating rules.

### Industry Collaboration



- **Represents interests of more than 130 organizations**, including providers, health plans, government agencies and standards development organizations.
- Expertise developing operating rules for the administrative and financial areas where providers and health plans must work together -- **ability to harmonize practices between providers and health plans.**

# CAQH CORE Value-based Payments

## Activities in VBP to Date and Beyond

### To Date/In Progress

#### Stage 1: CAQH CORE Board Decision

- Board agreement that CAQH CORE must focus both on both driving unnecessary cost from fee-for-service data exchange and helping collective exchange needs for VBP.

#### Stage 2: Conduct Research to Identify Opportunity Areas

- Conducted extensive environmental scan and SWOT analysis to identify initial set of potential operational areas for industry action.
- Conducted structured interviews w/ ~20 multi-stakeholder entities to confirm, refute, &/or add to the potential areas for action.
- Conducted survey of CAQH CORE Participants to collect feedback on interview findings.

#### Stage 3: Build Industry Awareness

- Present of high-level research findings on CAQH CORE webinars.
- Develop VBP report outlining problem space, opportunity areas, and recommendations/strategies to address opportunity areas.
- Launch CAQH CORE VBP Industry Education Series - CAQH CORE VBP research identified strong need for more industry education on VBP.

### Upcoming (Early 2018)

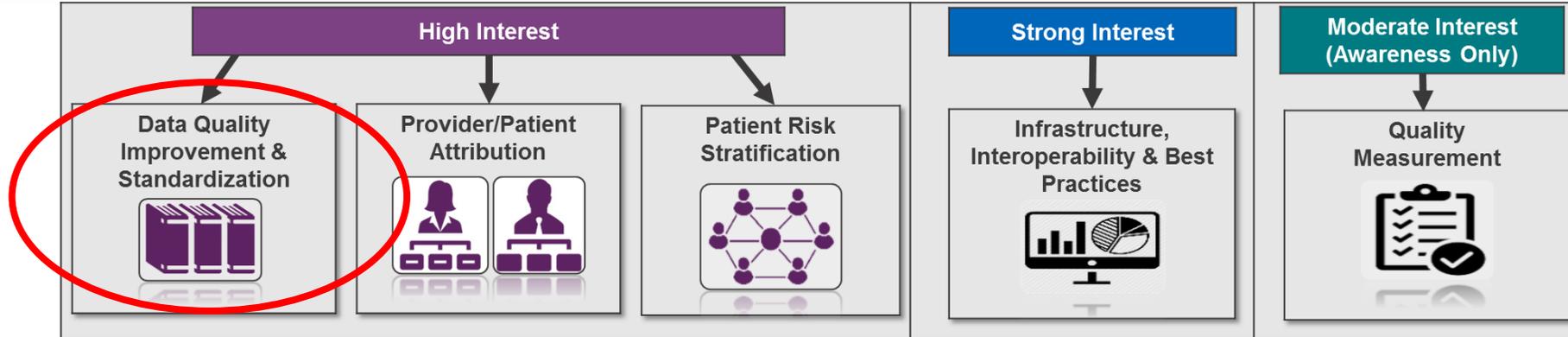
#### Stage 4: Launch CAQH CORE VBP Initiative

- Publish VBP Report to CORE Participants & industry.
- Launch CAQH CORE VBP Action Group charged with furthering the recommendation/strategy identified in VBP report.

**NOTE:** CAQH CORE will continue to conduct bimonthly VBP industry education sessions, in collaboration with key stakeholders through 2018.

# CAQH CORE Value-based Payments

## VBP Opportunity Areas: Data Quality Improvement & Standardization



### Poor Data Quality Challenges VBP Operations

- Both health plans and providers identify lack of standardization and poor data quality of data as most challenging to VBP operations.
- Significant need to improve accuracy, completeness and timeliness of data, and easier access to high-quality data.

### High-Quality Provider Data is Critical for VBP

- Missing or inaccurate provider data results in payment denials as VBP requires attribution of patients to providers to calculate performance.
- Low-quality provider data also hinders success of narrow network strategies used to contain costs in VBP models.

### VBP Models Require New Data Elements

- VBP may require new uses for the HIPAA transactions such as heightened use of encounter information.
- Social determinants of health play a role in health plan contracting, as its accounting may factor into reimbursement rates.



Jennifer Covich Bordenick  
Chief Executive Officer

# Our Mission

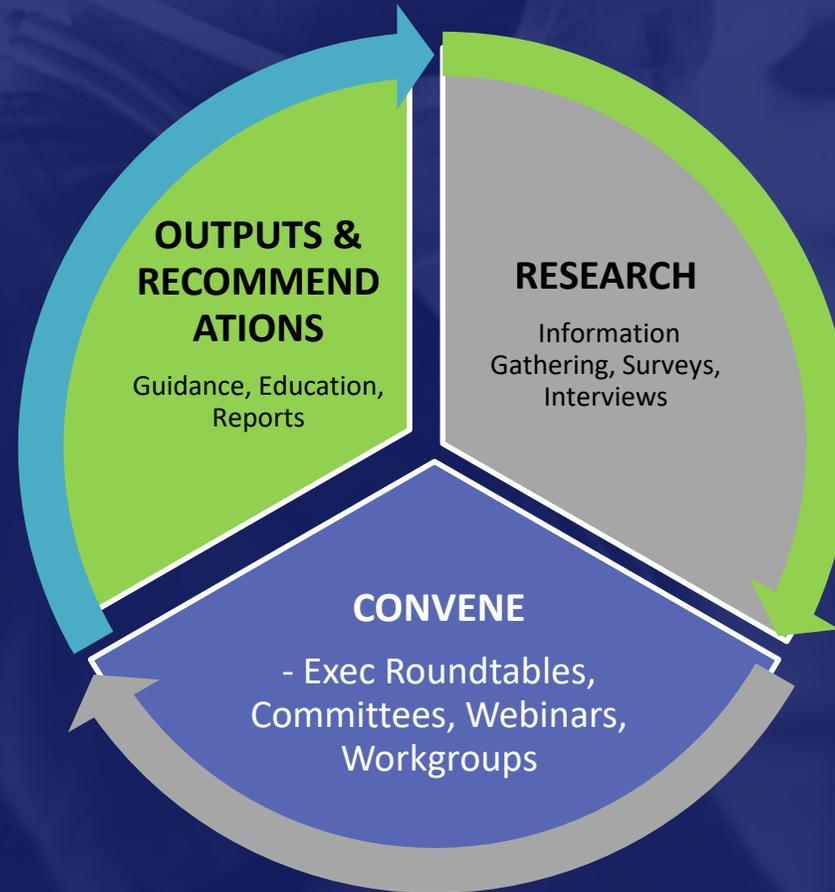
eHealth Initiative's mission is to serve as the industry leader convening executives from multi-stakeholder groups to identify best practices to transform healthcare through use of technology and innovation. eHI conducts, research, education and advocacy activities to support the transformation of healthcare.



# Multi-stakeholder Leaders in Every Sector of Healthcare



# Roadmap to Transforming Care



Convening  
Executives  
To Research  
& Identify  
Best  
Practices

Best Practice  
Committees  
Identify &  
Disseminate  
Success Stories



**INTEROPERABILITY**



**DATA ACCESS & PRIVACY**



**PATIENT & PROVIDER  
TECHNOLOGY ADOPTION**



**DATA ANALYTICS**

# eHealth Resource Center Available With Best Practices & Findings

Best Practice Committees contribute to the eHealth Resource Center [www.ehidc.org/resources](http://www.ehidc.org/resources) which provides assistance, education and information to organizations transforming healthcare through the use of information, technology and innovation. The Resource Center is a compilation of reports, presentations, survey results, best practices and case studies from the last 16 years.



# Electronic Medication Adherence Collaborative (eMAC)

- Foundation for eHealth Initiative launched a multi-stakeholder Electronic Medication Adherence Collaborative (eMAC).
- Share best practice examples from different analytical and behavioral approaches, educate stakeholders on the insights available. Share information on the effectiveness of programs.
- **IN PERSON MEETING ON DECEMBER 12 IN DC. INTERESTED?  
TELL [CLAUDIA.ELLISON@EHIDC.ORG](mailto:CLAUDIA.ELLISON@EHIDC.ORG)**



Save the Date: February 7 – 8, 2018  
Top of the Hill, Washington, DC

# eHealth Initiative Executive Summit: 2020 Roadmap Refresh



*Attendance is limited to eHealth Initiative members and  
invited C-Level Executives*

# Polling Question 1

**What data quality challenges have you experienced in your organization?**

(Check all that apply)

1. Quality of data itself (incorrect, out of date, wrong field).
2. Technical inability to share or manipulate data.
3. Semantic problems (unclear or vague definitions).
4. Timely data (data when needed to make decisions).
5. Lack of data analytics skills.

# Value-based Care for Success in Value-based Payment

Steven E. Waldren, MD, MS

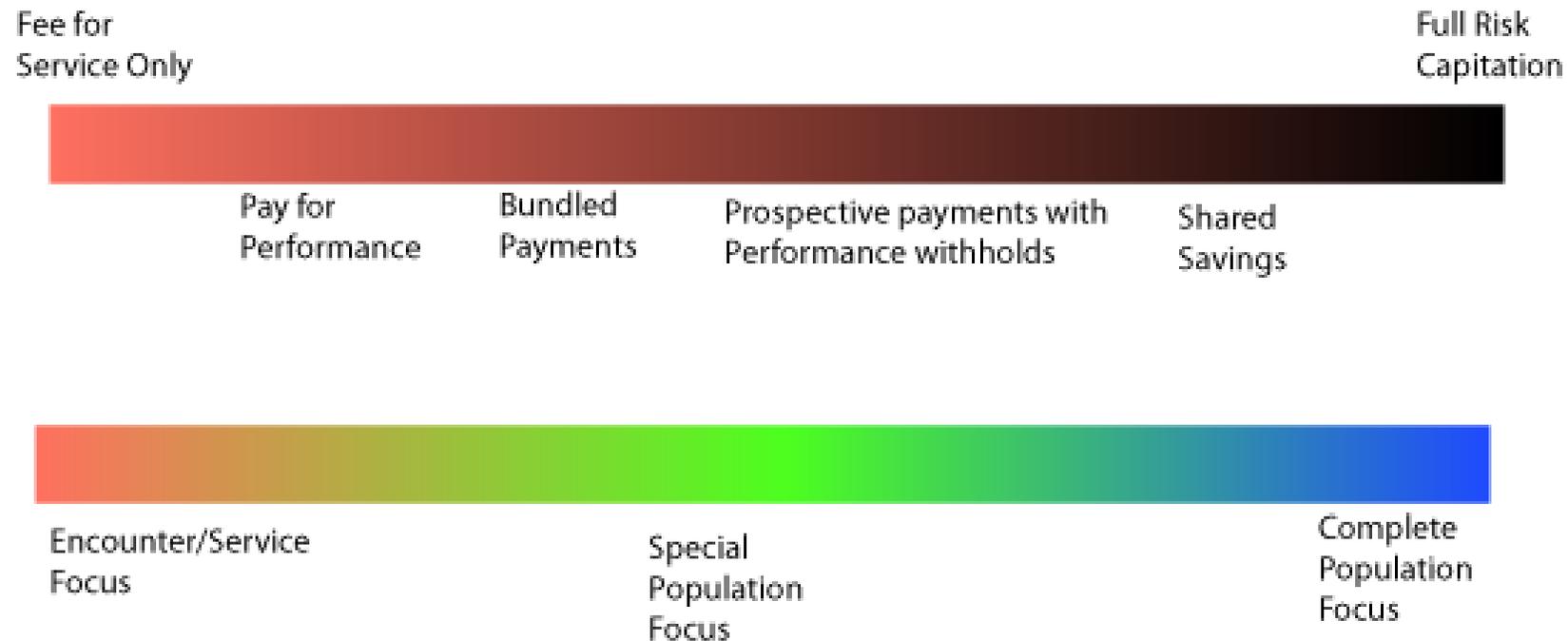


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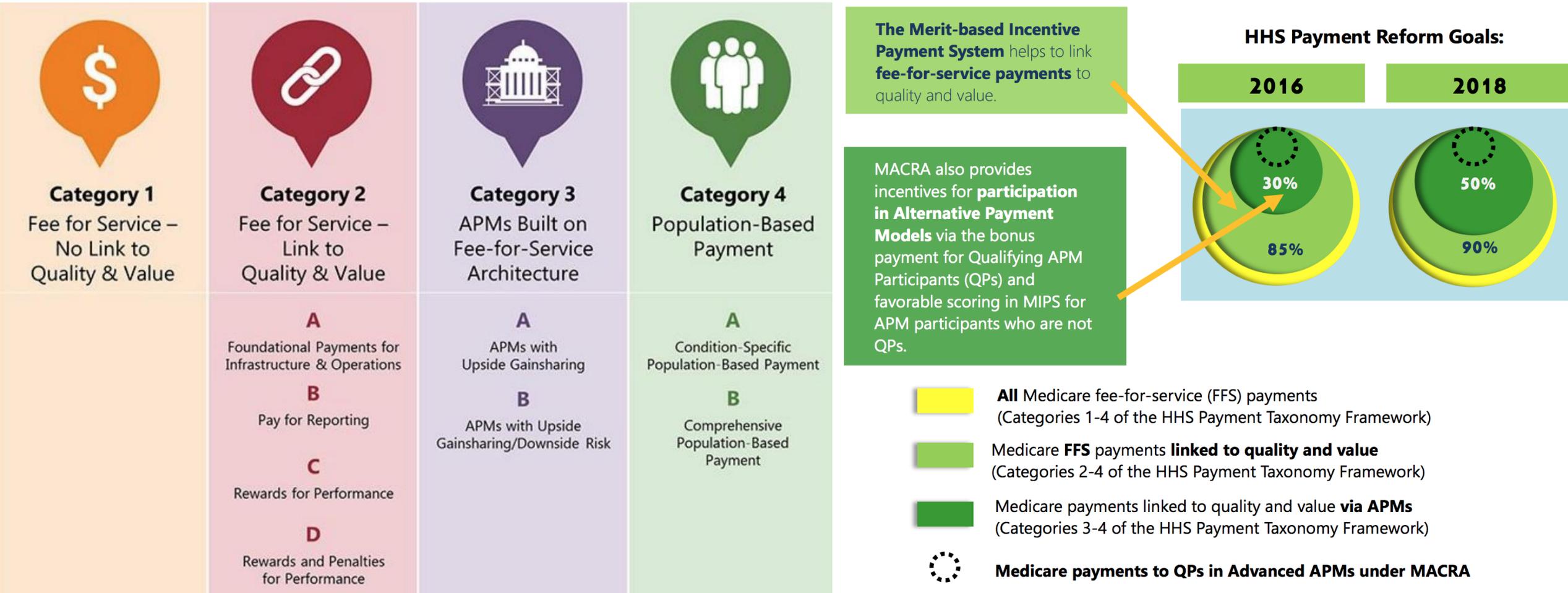
# For Today

- Path(s) to Value-based Payment (VBP)
- Key Capabilities to Value-based Care (VBC)
- Role of Health IT
- Looking Forward

# Value-based Payment Spectrum



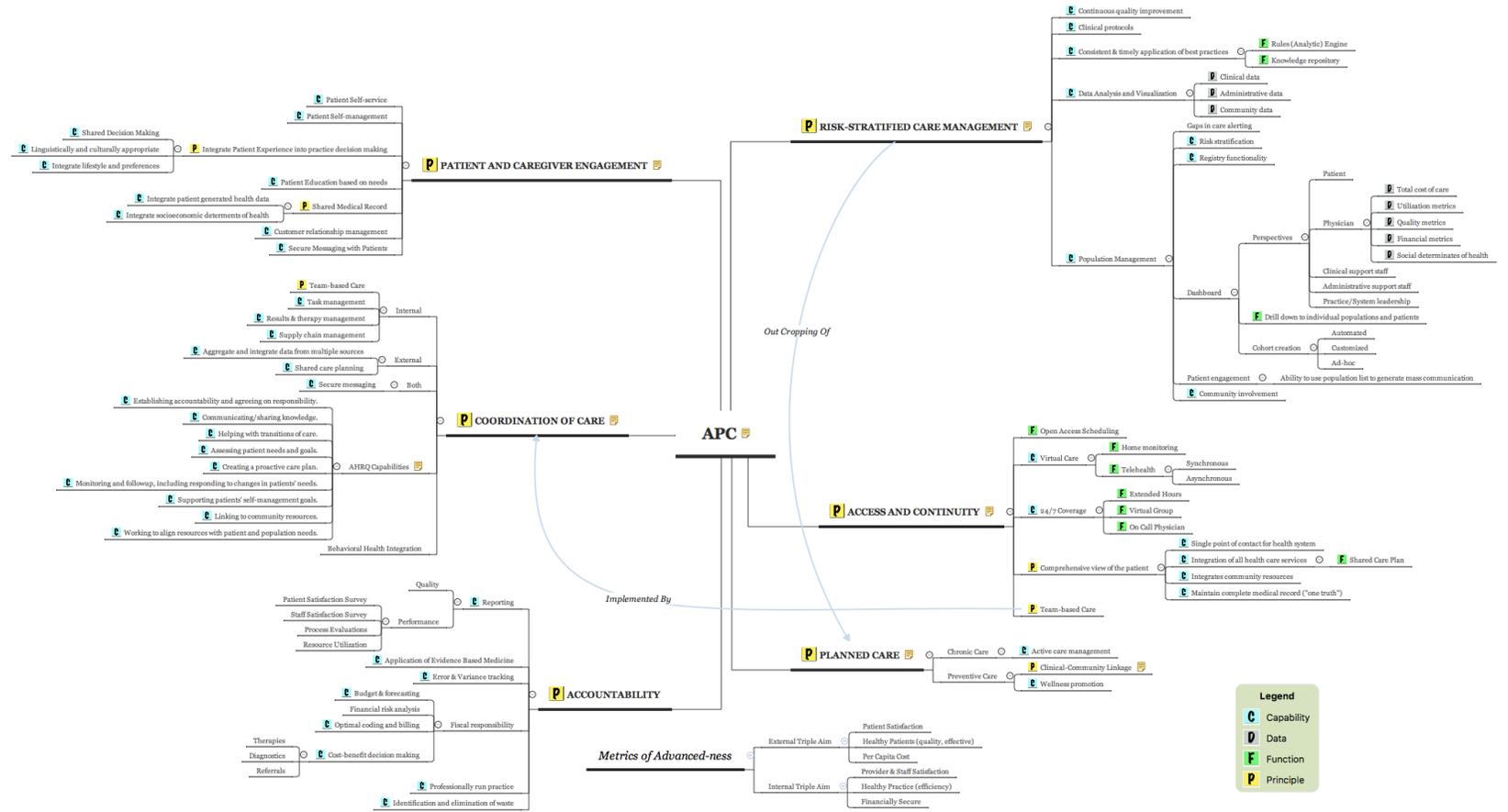
# CMS and Value-based Payment



Source: <https://www.cms.gov/Medicare/Medicare-Advantage/Plan-Payment/Downloads/Report-to-Congress-APMs-and-Medicare-Advantage.pdf>

# Value-based Care Capabilities

Not just a tweak of workflow and the EHR



# Key Capabilities of VBC

- Risk Stratified Care Management
- Active Care Management
- Care Coordination
- Patient Engagement
- Access and Continuity
- Performance Improvement

# Risk Stratified ACTIVE Care Management

“Population Management”

## What

- Classifying attributed individuals to different groups based on data predicting future health/cost likelihoods
- Identifying high risk, emerging risk, and low risk patients
- Establish unique care management strategies for each cohort

## How

- Good data (accurate, timely, robust, predictive)
- Empanelment – prospective attribution of physicians to patients
- Appropriate risk models
- Clear, EBM care plans
- Task management

# Care Coordination

## What

- Deliberately organizing care and sharing information
- Among all those involved in care
- Clear, shared understanding of patient needs, desires, and care plan
- Clear, shared roles and responsibilities

## How

- Whom to coordinate with
  - Who is seeing my patients?
  - Who has best quality/cost?
- Interoperability
  - Patient health data
  - Utilization
  - Care plan
- Robust communication between care team
- Task management and tracking

# Patient Engagement

## What

- Empower patients to take an active role in their care to improve health and lower costs
- Educate patients
- Provide access to health record
- Support self-management and self-service

## How

- Patient portal
- Open APIs
- Processes to educate patients on the value and procedures
- Utilize secure messaging
- Remote patient monitoring
- Shared care planning and decision making

# Access and Continuity

## What

- Being the point of entry into the health care system
- Be available when needed
  - 24/7 availability
  - Virtual care
- Open access scheduling
- Patient's data flows with them through the health care system

## How

- Extended hours and on-call providers
- Relationships with after-hours clinics and providers
- Health information exchange participation
- Transition of care data sharing

# Performance Improvement

## What

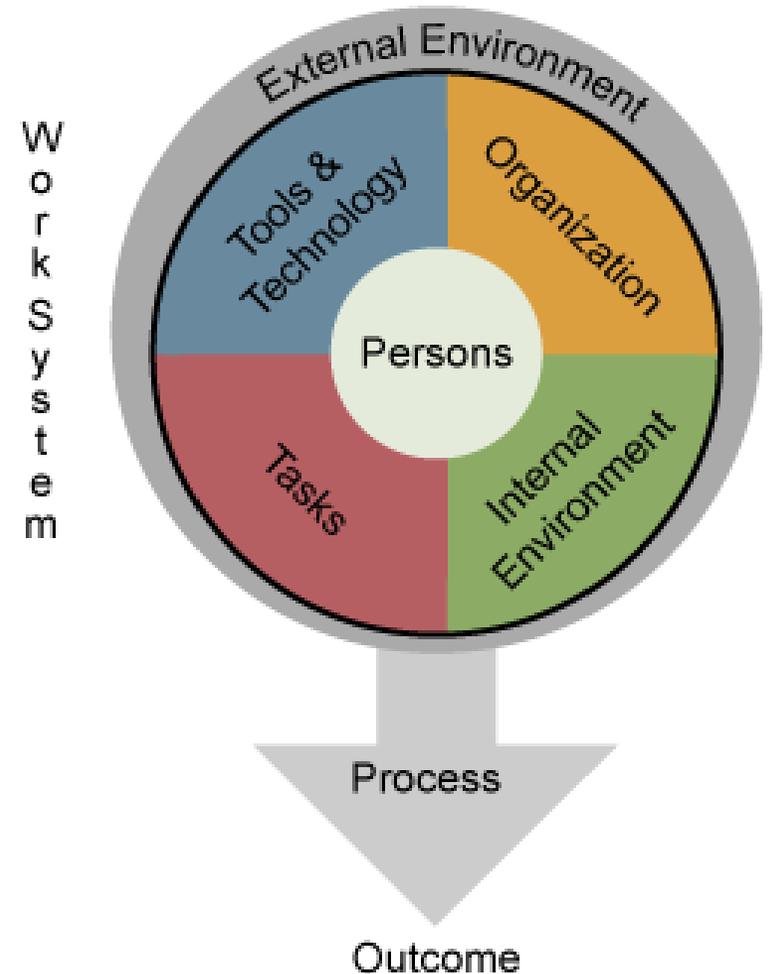
- Measure both the level of health among the empaneled population and performance
- Take appropriate actions to make systemic change in the practice
- PDSA (Plan-Do-Study-Act) Cycles
- Track metrics over time in a timely manner

## How

- Good data (accurate, timely, semantically unambiguous)
- Dashboard to monitor progress and triage measurement
- Analytics to calculate measures
- Ability to drill down to an individual patient in a population and to see all measures for a specific patient
- Access to data outside of the practice (utilization, lab, med adherence, etc.)

# Work System

- Health IT is only a part
- Focus of improvement must consider the entire work system
- Can leverage industrial and systems engineering knowledge, techniques, & tools

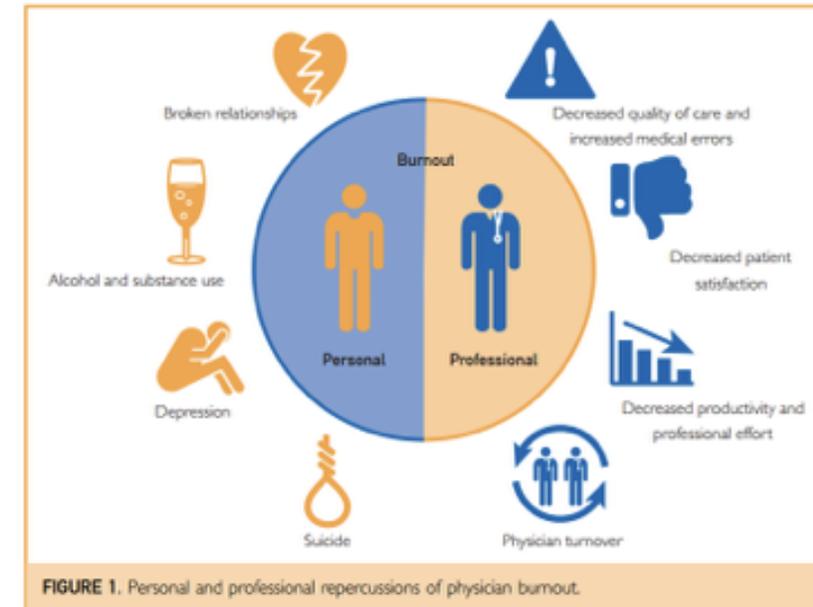


# Role for Health IT

- VBP/VBC success is dependent on data & interoperability
- Automation of care delivery now more important than billing and documentation
- VBP payment will completely change value generation for EHRs and health care providers

# High Level of Physician Burnout

	2011	2014	Delta
Physician with at least 1 burnout symptom	45.5%	54.4%	8.9% (P<.001)
Physician satisfaction with work-life balance	48.5%	40.9%	-7.6% (P<.001)



## Not Just an Overall US Worker Worsening from 2011

*“After pooled multivariate analysis adjusting for age, sex, relationship status, and hours worked per week, physicians remained at an increased risk of burnout (odds ratio, 1.97; 95% CI, 1.80-2.16; P< .001) and were less likely to be satisfied with work-life balance (odds ratio, 0.68; 95% CI, 0.62-0.75; P< .001)”*

Shanafelt TD, Hasan O, Dyrbye LN, Sinsky C, Satele D, Sloan J, West CP. [Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014](#). Mayo Clin Proc. 2015 Dec;90(12):1600-13.

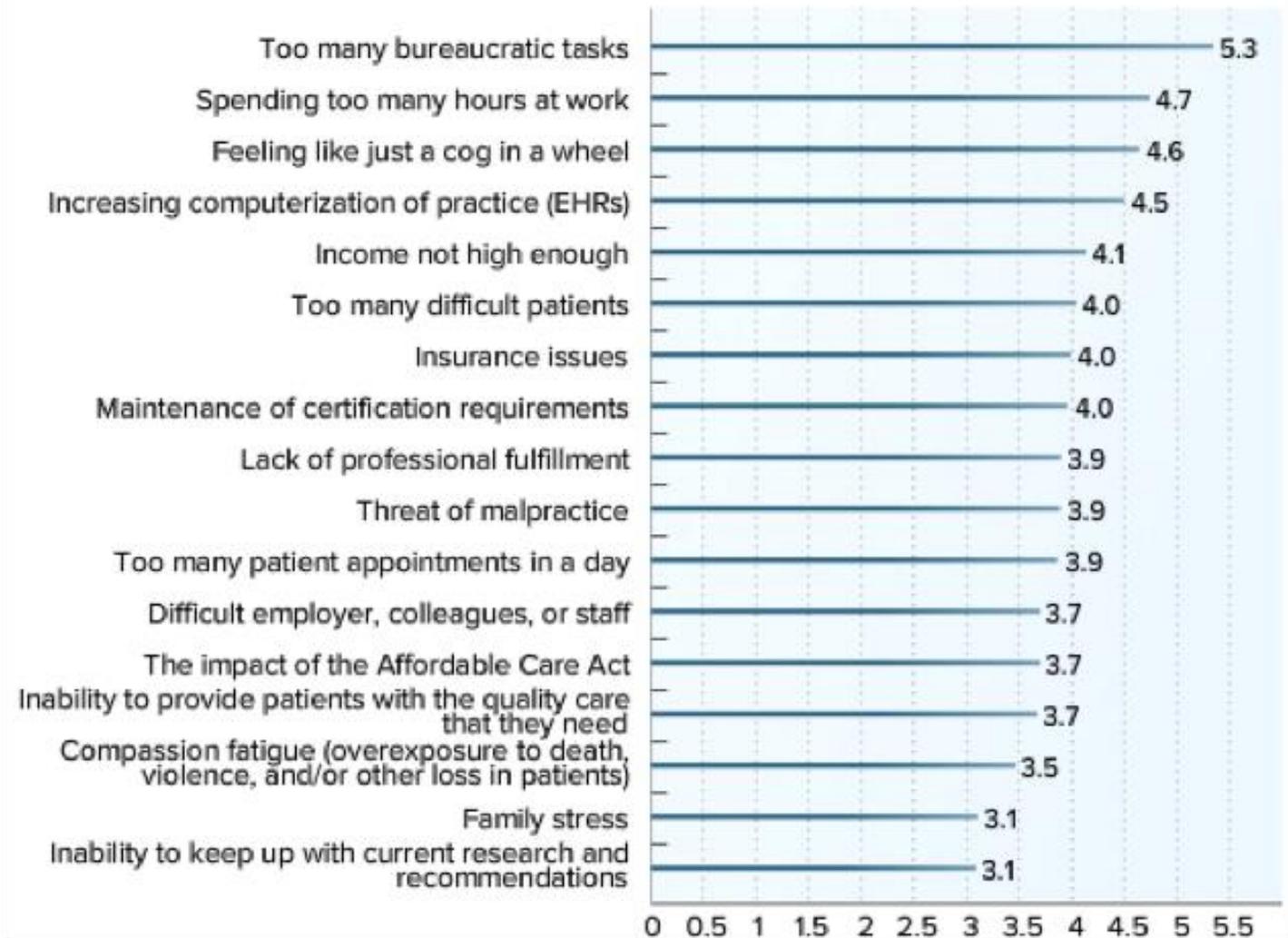
Shanafelt TD, Noseworthy JH. [Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout](#). Mayo Clin Proc. 2017 Jan;92(1):129-146.

# Drivers of Physician Satisfaction/Burnout

- Work Pace
- Work Chaos
- Work Control
- Cohesive Workplace
- Communication
- Aligned Values
- Trust in Organization

Linzer M, Sinsky CA, Poplau S, Brown R, Williams E; **Healthy Work Place** Investigators. [Joy In Medical Practice: Clinician Satisfaction In The Healthy Work Place Trial](#). Health Aff (Millwood). 2017 Oct 1;36(10):1808-1814.

## What Are the Causes of Burnout?



Medscape Lifestyle Report 2017: Race and Ethnicity, Bias and Burnout. Carol Peckham. January 11, 2017. <https://www.medscape.com/sites/public/lifestyle/2017>

# Looking Forward

- Value-based payment is coming, we need health IT and work systems that enable value-based care
- We need to be careful to manage work pace, chaos, & control
- Being data driven will be more critical than ever
- The cynosure needs to be optimizing health
- Quadruple Aim should be the measure of success
- Measuring value (CQMs, Attribution, etc.) is not going to be easy



*Same innards but paradigm shift in design, function, and use*



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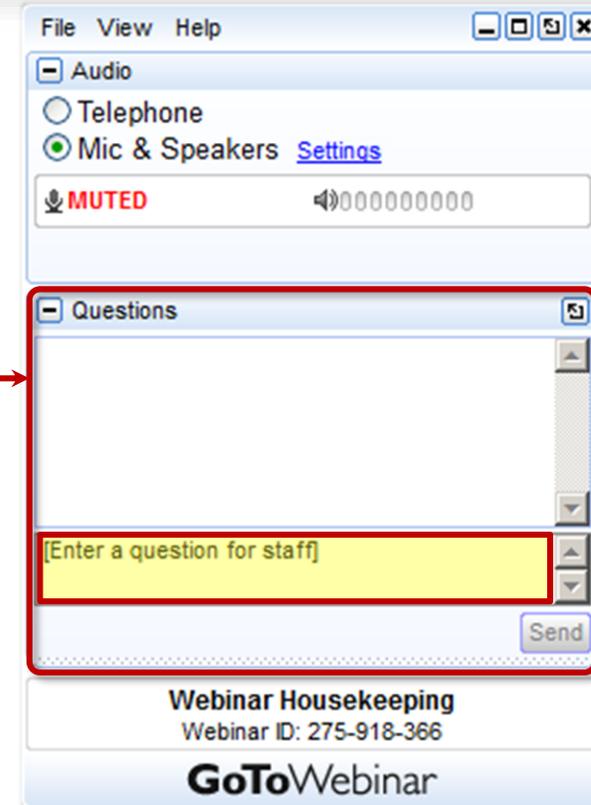
**STRONG MEDICINE FOR AMERICA**

# Audience Q&A

**Please submit your questions**

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

**You can also submit questions at any time to [CORE@caqh.org](mailto:CORE@caqh.org)**



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**Resources**

- [Presentation Slides](#)

# Upcoming CAQH CORE Education Sessions

**CAQH CORE Town Hall National Webinar**  
**TUESDAY, DECEMBER 12<sup>TH</sup>, 2017 – 2 PM ET**

**Phase IV CORE Certification Pioneers**  
**WEDNESDAY, DECEMBER 20<sup>TH</sup>, 2017 – 2 PM ET**

**Use and Adoption of Attachments in Healthcare Administration, Part IV**  
**THURSDAY, JANUARY 18<sup>TH</sup>, 2018 – 2 PM ET**

To register for these, and all CAQH CORE events, please go to [www.caqh.org/core/events](http://www.caqh.org/core/events)

# Thank you for joining us!



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Website: [www.CAQH.org/CORE](http://www.CAQH.org/CORE)

Email: [CORE@CAQH.org](mailto:CORE@CAQH.org)

## **The CAQH CORE Mission**

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.