



National Committee on Vital and Health Statistics

Advising the Secretary of Health and Human Services
on health information policy since 1949.

Discussion of Themes from the June 17, 2016 Hearing

“Claims-based Data Bases for Policy Development and Evaluation: Overview and Emerging Issues”

NCVHS Full Committee



Hearing Purpose:

- Engage stakeholders on key issues related to claims-based databases
- Identify priority areas and opportunities for recommendations to the Secretary of HHS and the industry



Hearing Objectives:

- Current status of Claims-based Databases, including APCDs, what's driving their development, and common challenges states/agencies must address.
- Public benefits and concerns for consumers, policy makers, researchers and population health programs.
- Business model benefits and concerns for providers, payers and state/federal programs.
- Review the technical challenges to Claims-based Database (including APCD) reporting inhibiting value.
- Role of Claims-based Databases, including APCDs in a reformed health care system: ACOs, PCMHs, MIPs, and Alternative Payment Models



National Committee on Vital and Health Statistics

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Jessica Brooks	Pittsburgh Business Group on Health
Ana English,	Colorado Center for Improving Value in Health Care
Leanne Gassaway	Americas Health Insurance Plans
Karynlee Harrington	Maine Health Data Organization
Bernie Inskeep,	United HealthCare
Jessica Kahn	CMS/Medicaid
Doris Lotz, MD	New Hampshire Department of Health&Human Svcs
Michael Lundberg	Virginia Health Information
Patricia Mactaggart	ONC
Deb Schiel	Massachusetts Center for Health Information Analysis
Joel Slackman	Blue Cross Blue Shield Association
Ben Steffen	Maryland Health Care Cost Commission
Kristy Thornton	Pacific Business Group on Health
Sheryl Turney	Anthem
Josephine Porter	University of New Hampshire/APCD Council



Themes

1. There is a need for standardization of and interoperability between claims-based data reporting initiatives
2. There needs to be a mechanism for sustaining a process for maintenance of reporting standards
3. Incentives will facilitate the adoption of APCD standards
4. Federal intra and interagency collaboration is essential for filling important gaps in data collection
5. Patient and provider identification solutions are essential for current and future analytic needs



1. There is a need for standardization of and interoperability between claims-based data reporting initiatives

All presenters cited the need for standards and uniformity across claims-based data sources.

- State-to-state variation, burdensome for multi-state carriers
- States/APCD Council and payers developed version 1 “core” elements (published 2010)
- States/APCD Council expanding efforts, harmonizing with industry standards to develop version 2 (Common Data Layout)
- Inclusive process, open to all states, payers, no dues/membership requirements
- Working with X12, PACDR guidance
- **NCVHS should engage with the issues related to APCD initiatives**



2. There needs to be a mechanism for sustaining a process for maintenance of content reporting standards

- State reporting initiatives have no official “Standards Development Organization (SDO)” for content development/standards
- NAHDO/APCD Council filling this void for APCDs, no funding support
- As CMS, states, and industry move to Alternate Payment Models (APMs), how will information be collected?
 - A systematic upfront design for data collection/content needs?
 - Pilots in states? Six states are actively working on options for enhanced data capture
- Will there be harmonization between federal-state reporting initiatives?
- **An SDO needs to be designated for addressing federal-state reporting initiatives**



3. Incentives will facilitate the adoption of APCD standards

- CMS can create incentives for state adoption of standards through federal funding activities
 - Medicaid Matching funds
 - State Innovation Model grant awards
- States in the planning stages are seeking guidance around APCD reporting formats
- HHS can develop analytic tools and methods based on APCD standards
 - Model: Healthcare Cost and Utilization Project: Quality Measures, analytics, tools based on a common data set for hospitalization data

NCVHS can support federal incentives for aligning state-based reporting initiatives



4. Intra and interagency collaboration is essential for filling important gaps in data collection

- Important data gaps exist. Solutions will be essential for population health, evaluation, policy
 - SAMHSA, 42 CFR
 - OPM, FEHB
 - DOL, ERISA Self-funded plans
 - CMS, Alternative Payment Models, Medicare Advantage
- **Federal-state collaboration and engagement is needed**



5. Patient and provider identification solutions are essential for current and future analytic needs

“A National Provider Identifier issue continues to be a problem”

- Population health, evaluation, policy, research, and value-based purchasing requires the tracking patient utilization across sites of care, system-wide, over time
 - Guidance on methods for patient matching in absence of unique identifiers crucial
- Provider identification equally important
 - Fixing NPPES would reduce redundant data collection of person-level data and provide referential integrity
 - Critical to Alternate Payment Model delivery/evaluation
- **A state-federal-industry effort will be essential**