The Office of the National Coordinator for Health Information Technology

Claims and Clinical Data Integration: Claim-based Databases, including All Payer Claims Databases

Federal roles and opportunities to advance, improve claim-based databases and APCD developments in states

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Payment Reform and Service Delivery Transformation is Dependent on All-Payers Claims and Non-Claims Clinical Information Integration

- Multiple Ways to Accomplish
  - Leveraging current APCDs
  - Leveraging Medicare Qualified Entities
  - Leveraging other State /Regional efforts
  - Forming Something New: APCD and/or Other

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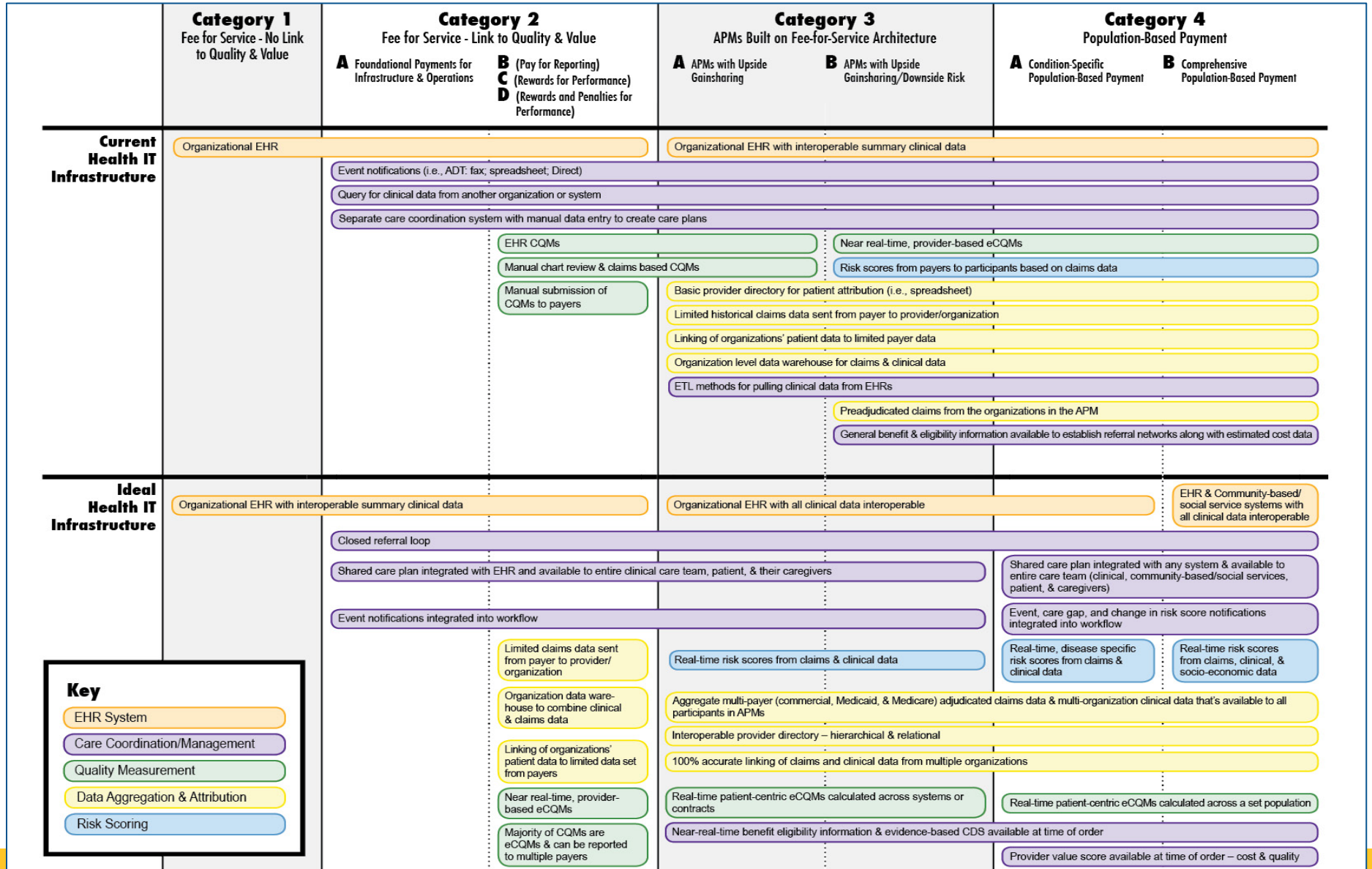
Considerations No Matter Which Option Selected

- Purpose: public reporting, rate setting, "total cost of care"
- Data Inclusion: medical, pharmacy and dental claims data with eligibility and provider files from private and public payers and non-claims clinical
- Accountability, Oversight/Data Rules of Engagement: role of the state and/or multi-payers
- Policy/Legal: mandatory/voluntary by payers
- Business Operations:
  - De-identifiable/identifiable data into the database
  - De-identifiable/identifiable data upon release from the database

Considerations No Matter Which Option Selected

- Security Mechanisms and Consent Management: dependent on parameters
- Data Source and Quality: mapping
- Data Extraction, Transport/Transformation and Aggregation: role of HIE
- Reporting, Consumer and Provider Tools:
  - Dependent on data use/purpose and dissemination strategy
- Financing:
  - Role of Medicaid, state non-Medicaid, non-state

Health IT and APM Framework (adapted from Health Care Payment Learning and Action Network APM Framework)



Findings from Environmental Scan

- A small number of multi-stakeholder HIOs are working with payers and health systems to provide the health IT capabilities described in the Health IT Framework.
- The lack of interoperability and lack of standardized claims/encounter and clinical data is an impediment to data synthesis.
- There are multiple approaches being taken to data aggregation across APMs.
- Organizations are treating identified data as a proprietary asset.

In near term, existing multi-payer claims and clinical data aggregators need to be leveraged

- All Payer Claims Database (APCD)
- Multi-Stakeholder HIO
- Private HIO
- Regional Health Collaborative
- Qualified Entity (QE)
- Qualified Clinical Data Registry (QCDR)

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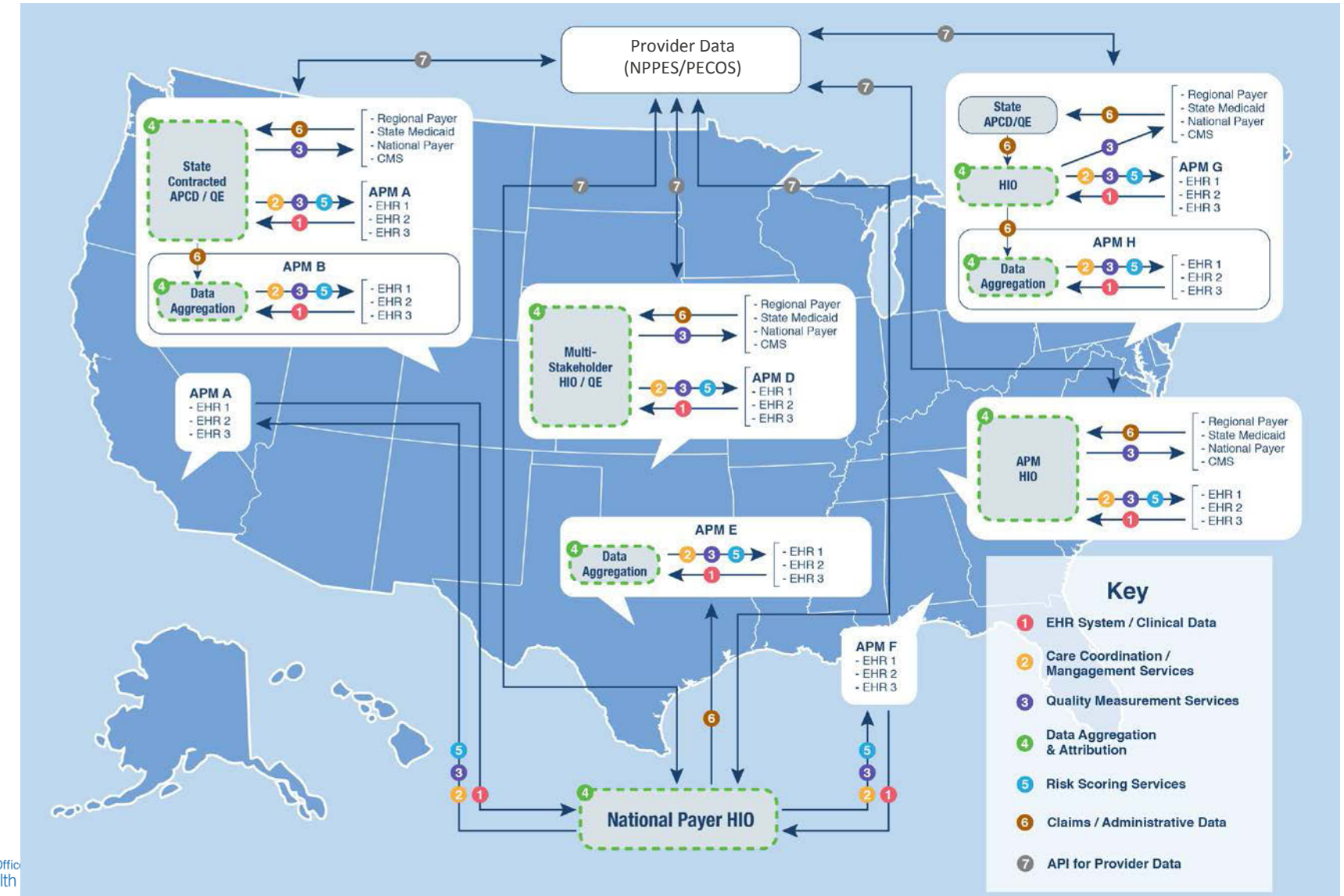
Regional and Marketplace Based Data Aggregation



Considerations re: the Federal Role in enabling multi-source data aggregation

- Multi-payer claims and clinical data aggregation will be necessary as more providers shift to population based payments in APMs.
- There needs to be a scalable more deliberate approach to fostering the development of this infrastructure nationwide to support the HHS and HCP-LAN goals for payment reform.
  - One to one sharing between payers and providers is not scalable.
- Federal and state government have policy levers that could facilitate payer and provider participation in qualified data aggregators