National Committee on Vital and Health Statistics (NCVHS)
Subcommittee on Standards

Future of Provider-Payer Information Exchanges in Support of Health Care Transformation

National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

Thursday, November 15, 2012
Agenda

8:30 – 8:45 am	**Call to order, Welcome, Introductions**	Walter Suarez, Ob Soonthornsima
8:45 – 9:00 am	**Facilitation and Ground Rules**	Kathy O'Connor
9:00 – 10:00 am (60 minutes)	**Framing the Issues – Introductory Remarks**	Roundtable Discussion
10:00 – 11.30 am (90 minutes)	**Policy Questions and Considerations**	Roundtable Discussion
11:30 - 11:45 am	**BREAK**	
11:45 – 12:30 pm (45 minutes)	**Technical Questions and Considerations**	Roundtable Discussion
12:30 – 1:00 pm	**Next Steps**	Walter Suarez, Ob Soonthornsima
1:00 pm	**Adjournment**	

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Roundtable Participants

Roxanne Andrews, PhD	Agency for Healthcare Research and Quality (AHRQ)
George Arges, MD	American Hospital Association (AHA)
Clarice Brown	CDC/National Center for Health Statistics (NCHS)
Lawrence Casalino, MD, PhD	Robert Wood Johnson Foundation (RWJ)
Justine Carr, MD	Steward Health System
Alan Conrad, MD	Cadillac Family Physicians
Dianne Conrad, MD	Cadillac Family Physicians
Frank Coyne	Blue Cross Blue Shield Association (BCBSA)
John Daniels	Healthcare Information and Management Systems Society (HIMSS)
Laurie Darst	Workgroup for Electronic Data Interchange (WEDI)
Doug Fridsma, MD	Office of the National Coordinator for Health Information Technology
Anne Elixhauser	Agency for Healthcare Research and Quality (AHRQ)
Nick Gettas, MD	CIGNA/Total Health and Network Organization
Karen Hudgins	Veterans Administration (VA)
Chuck Jaffe, MD	Health Level Seven International (HL7)
Charles Kennedy, MD	Aetna/Accountable Care Solutions
Rosemary Kennedy, RN, PhD	National Quality Forum (NQF)
John Klimek, R.Ph.	National Council for Prescription Drug Programs (NCPDP)
Alice Leiter	Center for Democracy and Technology (CDT)
Debbi Meisner	Emdeon
Judy Murphy, RN, FACMI	Office of the National Coordinator (ONC)
John Quinn, MD	Health Level Seven International (HL7)
Dan Rode	American Health Information Management Association (AHIMA)
Iyad Sabbagh, MD	Beacon Eastern Maine Health System
James Scanlon	Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Cathy Sheppard	X12
Jim St. Clair	Healthcare Information and Management Systems Society (HIMSS)
Christine Stahlecker	Centers for Medicare and Medicaid Services (CMS)

Rob Tennant	Medical Group Management Association (MGMA)
Robin Thomashauer	CAQH
Margaret Weiker	X12
Kitt Winter	Social Security Administration (SSA)

Background and General Questions for Roundtable discussion

Background

The federal deficit and the erosion of workers' earnings due to the continued rise in health care spending has focused attention on the need to improve the efficiency of the health care system and exercise control of costs. New reimbursement and payment models and pilot programs are emerging between providers and payers, with the goal to manage health care costs while improving quality, health care outcomes, and general health of patients and population. At the same time, the health care industry is experiencing major transformative changes as a result of the confluence of various national, regional and local initiatives, including the Affordable Care Act, adoption of electronic health records and the Meaningful Use program, implementation of national messaging and vocabulary standards for clinical exchanges, establishment of regional health information exchanges, and adoption of new administrative standards, including new versions of HIPAA transactions, operating rules, ICD-10 and Health Plan ID. Success in achieving success in terms of efficiency, quality, and health outcomes while minimizing the disruption of change and the ongoing burden of supplying information involves understanding the intersection of these two endeavors.

The NCVHS Standards Sub-committee is interested in reviewing how the transformation in health care delivery and payment will affect the way the industry currently exchanges clinical, administrative and other health information. In general, the Sub-Committee is interested in exploring the convergence between the clinical and administrative information exchanges, and the potential needs for moving from a claim-centric, transaction-based administrative information infrastructure to a more quality-oriented and outcomes-based reporting in support of new and innovative non-fee-for-service payment approaches.

Some of the drivers and opportunities from improved data sets include:

- ACA's creation of accountable care organizations and pilots for bundled payments will require greater accuracy for diagnosing and coding of condition, especially in dealing with multi-morbidity, in order to risk-adjust and calibrate payments.
- As physician practices embrace EMRs, patient data, encounters and multi-chronic conditions would be better tracked, shared and analyzed for better coordination between providers and payers.
- ICD-10 CM and ICD-10 PCS represent more granular sets of data around diagnoses and conditions for treatment and disease management; even more detailed clinical information is provided by new clinical vocabulary and terminology standards such as SNOMED-CT and LOINC.

These present great opportunities for the Sub-committee to study how these data could be leveraged and look beyond current narrowed-focus requirements such as claim attachments.

Data is the new currency for true health care transformation.

Objectives of the Roundtable
During the Roundtable, the Sub-Committee will have the opportunity to discuss the new needs associated with exchanges of health information (clinical, administrative, and other) between payers and providers in support of current and new administrative, business and financial policies and processes.

Much is being done today to support the traditional business functions, including enrollment, eligibility and claims processing, and to solicit and submit/receive supportive medical documentation when needed. In the near future, with the adoption of EHRs and the capturing of more information electronically (both in terms of the amount and the level of granularity), and with the needs resulting from the transformative changes being experiences by the industry, the traditional 'claim' exchange, and the use of 'attachments' or 'claim attachments' will need to evolve into new information exchange types.

During this roundtable, the Sub-Committee will revisit and discuss the new business purposes for providers to exchange clinical information (medical documentation) with payers in support of service payment.

Questions for Roundtable participants to discuss:

- Framing the issues: discussion on changes in the health system –
  - payment reform,
  - Ability to exchange information in forms that are flexible, different from transaction based exchanges.
  - How does this comport with EHRs, Meaningful Use, practice transformation, quality measurement, other initiatives

- Policy Questions and Considerations: What are the policy drivers that will redefine the type of information required and the way in which providers and payers share information? Commentary may be far reaching and general during this hearing because the subject is exploratory at this stage. Panelists are welcome to be visionary and provocative.

  - What is information exchange between providers and payers going to look like in the next 5-10 years? How will it be conducted? What will be exchanged?
  - What are the major changes that you see coming with respect to the information that will be needed to be exchanged between providers and payers in support of health care transformation?
  - What data are required to support current quality/outcome measures and support the development of future more comprehensive discriminating measures?
  - What data are required to adequately calibrate or risk adjust bundled or capitated payments?

- What policy issues would be hurdles to practice transformation and reimbursement reform?
- What are some key policy questions related to practice transformation and reimbursement reform (e.g. outcomes) that could be impacted by attachments/supportive medical documentation? We are not asking participants to discuss standards for claims attachments, but rather the types of documentation that might be requested to support the information being shared with payers.
- What data elements in attachments are requested with sufficient frequency that they should become a standard part of a claim given the reduced cost of supplying them with electronic systems?
- What data elements, not part of a claim, could substitute for information in attachment requests? (This is looking for robust proxy variables instead of direct measures
- What are the highest priority variables to add to claims to improve risk adjustment for payment to ACOs, medical homes, Medicare Advantage plans (new enrollees), and hospital-post-acute bundles
- How might billing and payment policies be changed with the trends toward easier electronic exchanges? How can we be more visionary in our view of access to information, while keeping privacy top of mind?
- What are the policy considerations with respect to health information privacy (i.e., minimum necessary) created by the new needs for health information between providers and payers?
- What other questions are we not asking ourselves?
- How are we limiting ourselves as we think about the transformation of Health Information Technology?

- Technical Questions and Considerations: What are some of the most significant impacts that the new policy and business drivers will have on the current administrative transactions, standards, identifiers, and other administrative simplification components?

  - What are some of the transformative changes that need to occur in the area of transactions and standards in support of the changes that are coming in Health IT?
  - What are some of the critical gaps in our technology or education or industry at large that are preventing us from moving forward?
  - What standards are available and what are they ready to do to enable our transformation?
  - What is industry's experience with the available standards? Who is missing from the table and why?
  - Are we missing any standards? Or standards for certain functionality?

- What can or should the timeline realistically be for such transformative changes to occur; is there a high-level roadmap that can be identified and agreed to?