

# Guiding Principles for Data Sharing in Performance-Based Payment (PBP) Models



**Principle 1:** *Data sharing is foundational for the successful operation of PBP models and makes it possible for stakeholders to carry out their respective roles.*

**Principle 2:** *Data sharing in PBP models will need to be fundamentally different from data sharing in traditional FFS models.*

**Principle 3:** *Data sharing for PBP models requires multi-stakeholder relationships built on trust, cooperation, and transparency.*

**Principle 4:** *Identifiable, patient-level data should follow the patient.*

**Principle 5:** *De-identified, population-level data should be treated as a public good.*

**Principle 6:** *Providers who participate in PBP models with multiple payers will need to receive, use, and share data with each of them, giving rise to complexities that may benefit from collaboration with third-party data intermediaries.*

# Principle 1: Data sharing is foundational for the successful operation of PBP models and makes it possible for stakeholders to carry out their respective roles



- Access to timely data is foundational to the success and sustainability of population-based payment models
  - Stakeholders need to assess whether targets for quality and outcomes, population health, and cost of care are met, and to make informed decisions about the course of care for populations and individual patients.
  - Required for patient attribution, performance measurement, and financial benchmarking.
  - Data collected and maintained independently by separate stakeholders (purchasers, payers, and providers) need to be appropriately leveraged and made available to those who are expected to take actions based on analysis of the data.

# Principle 2: Data sharing in PBP models will need to be fundamentally different from data sharing in traditional FFS models



- Providers in PBP models are accountable for total cost of care, quality, and outcomes for that population and require a 360-degree view of their population and need easy access to the full spectrum of information about a patient's current and past medical history, health, and care.
- Providers and payers want to ensure that patients receive appropriate preventive services follow-up care after a discharge and need to be able to access data across provider and community settings on patients' clinical histories and receive and send notifications when their patients are discharged from their respective hospitals.
- Patients and family caregivers require comprehensive information about patient health status, as well as aggregated information about provider cost and quality performance, to make informed decisions about provider selection and treatment options.
- It is important for larger, well-resourced health systems and payers with advanced data capabilities to support improved coordination with the payers and providers who are also involved in serving these patients, rather than restrict access.
- Competitive advantage should go to those who make the best use of widely available data as the advantages that would accrue to everyone participating in a transparent market where care is constantly improved outweigh the risks involved.

# Principle 3: Data sharing for PBP models requires multi-stakeholder relationships built on trust, cooperation, and transparency



- Providers, payers, purchasers, and patients in PBP models will need to enter into fundamentally new relationships based on their mutual interests and quality and cost goals.
- Trust is the cornerstone of these relationships and can be instilled through explicit agreements that establish responsibilities for and limitations on which data are shared. Fair and comprehensive data use agreements and trusting relationships can allow payers and providers to comply with privacy and security regulations as well as restrictions that patients impose on the sharing of their personal health data.
- Strong commitment to performance transparency is especially important for meeting the needs of the multiple stakeholders who participate in PBP models. All results, both negative and positive, will need to be shared effectively in a well-constructed process to foster an environment of rapid improvement. Providers should commit to transparency for agreed-upon metrics, and payers should report on PBP model and provider performance as widely as possible.

# Principle 4: Identifiable, patient-level data should follow the patient



- Allowing personal health data to follow and be organized around the patient—regardless of provider, payer, or site of care—is essential not only for provider and achievement of patients’ personal health goals. This is particularly true for patients with multiple chronic conditions, or with conditions that would contraindicate what might otherwise be preferred treatments.
- Easy and timely access to clinical and patient-reported data could also reduce duplication of tests and give providers a person-centered perspective, rather than one seen through the lens of a given specialty. Access to patient-level cost data could also help providers better manage resource allocations by identifying high-cost patients for effective care coordination activities.
- Patients and authorized family caregivers should have full access to and use of their individual health data. Easy access would also allow the to play a more active role in setting and achieving goals for care and health, and make informed decisions about specific treatment options.
- Patients and consumers may be concerned about protection against data use that could affect them in detrimental or fraudulent ways. Trust-building is best achieved by building transparency into data sharing agreements and giving patients control of who has access to data and for what purposes.
- Privacy and security policies should be continually refined.

# Principle 5: De-identified, population-level data should be treated as a public good



Achieving shared population-based goals will require all stakeholders to treat population-level, de-identified performance data as a shared asset. This type of data does not contain PHI or PII and would substantially benefit all stakeholders.

Many different entities, including those that are not directly participating in PBPs, can use population-level data to identify quality improvement opportunities and public health targets, thereby fueling and informing delivery system innovation. And purchasers and patients should also be able to use population-level performance data to make decisions about plan and provider selection.

This mode of data sharing cuts against many existing business models, in which exclusive access to large data sets is a competitive advantage for providers, payers, and purchasers. Nevertheless, a business model in which organizations compete on the basis of their ability to analyze and interpret (as opposed to acquire) data will provide a much more stable foundation for the health care system as a whole, particularly as it transitions toward greater investments in advanced payment models.

# Principle 6: Providers who participate in PBP models with multiple payers will need to receive, use, and share data with each of them, giving rise to complexities that may benefit from collaboration with third-party data intermediaries



- There are many successful examples of data sharing between distinct provider organizations, and between payers and the providers in their networks. As providers engage in PBP arrangements with multiple payers, the scope and complexity of the data sharing needs will likely outstrip current one-to-one data exchange arrangements.
- The cost and administrative burden of accomplishing these functions will likely be considerable for payers and providers, and may also run counter to long-standing business models that derived competitive advantage from exclusive access to large datasets.
- Long-term, collective benefit of widely available, reliable, standardized health data will ultimately outweigh the short-term costs for some stakeholders.
- Many approaches to data sharing are being evaluated on their ability to give providers actionable information based on multi-payer data. The LAN has outlined essential functions for multistakeholder data sharing that are described on the following slide.

# Essential Functions for Data Sharing



- Ensure that data are collected and reported accurately and in a standardized manner that supports further analysis, use, and reporting.
- Ensure that sensitive data are securely stored and transmitted, and that only authorized users (including family caregivers) are allowed to access it.
- Ensure that data are available when needed, either at the point of care or in time to act on information about cost and quality performance.
- Ensure that data are organized efficiently, easily accessible, and presented in a manner that maximizes its utility.
- Allow for the possibility of aggregating and reporting data across payer and provider organizations.
- Allow for the possibility of accurately aggregating and mapping data of different types (e.g., claims, EHRs, patient-reported outcomes, and experiences of care).
- Share patient-level clinical data with providers who need it at or beyond the point of care.
- Share population-level cost data with entities that need it for financial benchmarking.
- Share population-level quality, experience, and health outcomes data with entities that need it for performance measurement.
- Share patient-level enrollment and utilization data with entities that need it for patient attribution.
- Share population-level cost, quality, experience, and health outcomes data with entities that need it to evaluate different payers and providers on results.