# Data and Infrastructure Work Group Report: Recommendations on Data Infrastructure to Support Care Coordination

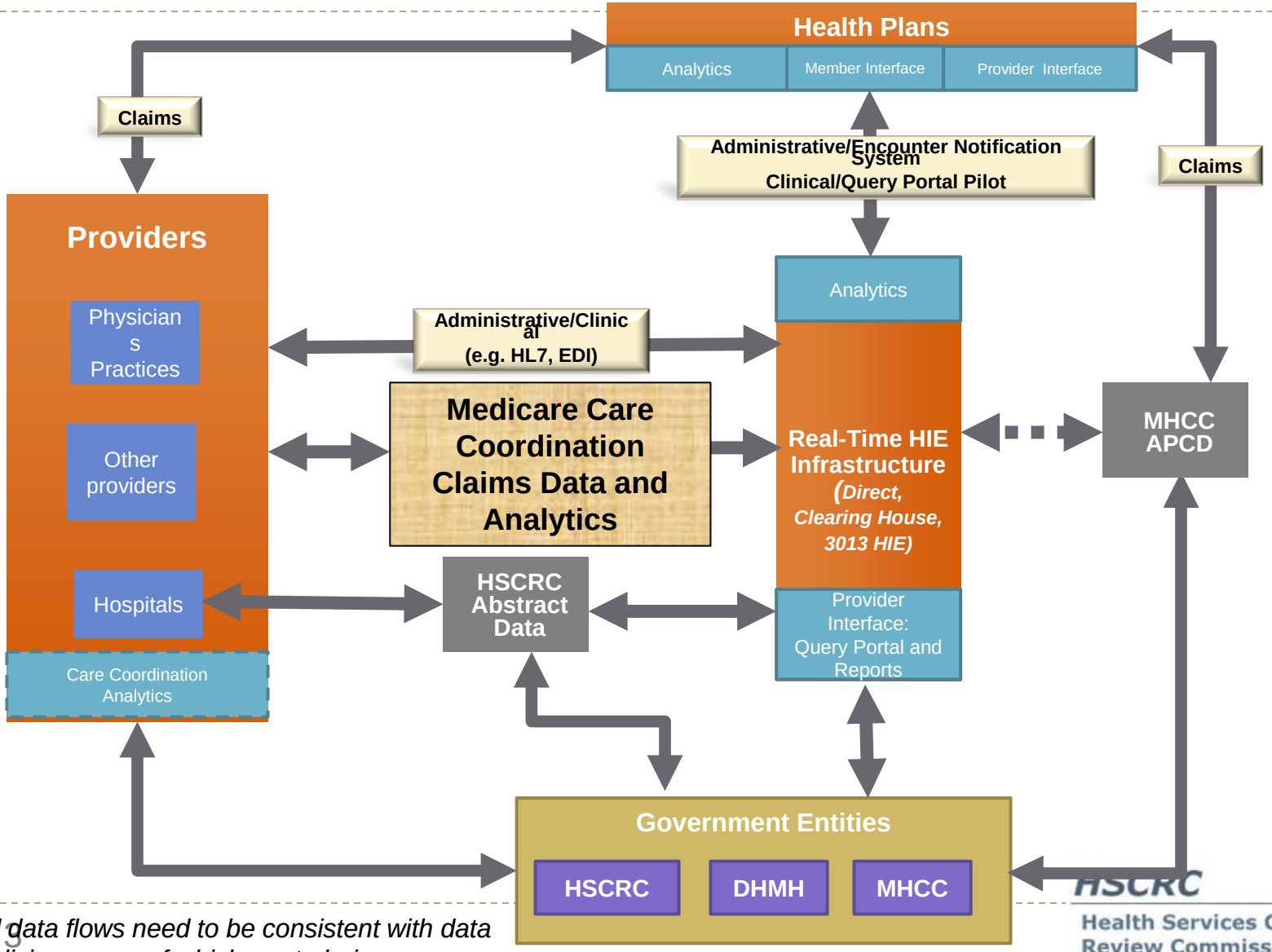
HSCRC Commission Meeting, July 9, 2014

HSCRC
Health Services Cost Review Commission

# Focus on Medicare Data Needs

- Medicare Data Request
  - HSCRC working with CMS to secure Medicare Data
  - Hospital data alone is insufficient to support care coordination
- Medicare data has potential to support important activities:
  - Predictive modeling/Risk Stratification/Risk Identification
  - Information to support Care Management
- Need to determine infrastructure that will most effectively and efficiently support care coordination
- Joint Workgroup Meeting – overview of data infrastructure for care coordination, predictive modeling
  - SIM Proposal; Payer; Provider; ACO; Special Needs Plans; MHA Care Transitions Committee

# Roadmap of Data Flows to Support Care Coordination




*Technical data flows need to be consistent with data sharing policies, some of which are to being developed

# Principles

- **Medicare Data should be accessible to different providers compliant with state and federal laws, policy and data use agreements for confidentiality and security and consistent with best practices.**
- **Data should be transparent to hospital and non-hospital providers to provide a uniform understanding of data findings (consistent with privacy and security requirements).**
- **Gaps in Medicare data should be addressed through other data sources such as real-time HIE or DHMH.**
- **Hospital, providers and policy makers should work collaboratively to leverage shared infrastructure to the extent it is feasible to minimize duplication, encourage efficiency and work from a uniform understanding of the data.**
- **Achieving population health goals will require the interoperability of data systems to allow the exchange of data among providers. The data infrastructure should maximize existing infrastructure and capacities and promote partnerships among providers and systems to coordinate and improve care.**

# Desirable Features

- Have independent and broad-based governance;
- Ensure data security and confidentiality;
- Be efficient and scalable;
- Provide access to data and analytic tools to providers with varying level of capacity, including hospitals and non-hospital providers;
- Have the ability to easily integrate with other systems, such as the HIE, while maintaining patient identity integrity across datasets;
- Be flexible to support different uses of the data (i.e., predictive modeling, care management tools, quality improvement, etc.).

# Work Group Recommendations

- **The State public and private sector health leaders need to develop a roadmap for its health care infrastructure.**
- **There should be a focused effort to get access to Medicare data because of its importance to care coordination and achieving the goals of the new model.**
- **The HSCRC and stakeholders should pursue the use of other data sources, in addition to comprehensive Medicare data, to support care coordination.**
- **The most efficient and effective way to host Medicare data is through a shared infrastructure that is accessible hospitals and other providers.**
- **Defining specific use of data will be important to preparing Maryland to standup an infrastructure efficiently as well as supporting the case to CMMI to secure the data.**
- **There needs to be an analysis of potential use cases of data to identify gaps in data sharing policy that should be addressed.**
- **Other infrastructure needs will need to be addressed.**