

Change in Action Webinar Series

Brought to you by the Foundation for Health Care Quality
and the Washington Health Alliance

April 7, 2022 | 10:00 – 11:30am PT

Interoperability: Continuing to Remove Barriers to Value-Based Success *(Are we talking to one another, yet?)*

Why Are We Here?

Fee-for-service

When a health care provider is paid for each service they provide, regardless of the quality or patient's need for that service.



Value-based Payment

When a health care provider is paid for providing high-quality and high-value care to their patients.



Source: www.hca.wa.gov/assets/program/vbp-roadmap.pdf

Figure 3: Washington State's VBP standard

|  |  |  |  |
|---|---|---|---|
| CATEGORY 1 FEE FOR SERVICE – NO LINK TO QUALITY & VALUE | CATEGORY 2 FEE FOR SERVICE – LINK TO QUALITY & VALUE | CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE | CATEGORY 4 POPULATION – BASED PAYMENT |
| | A | A | A |
| | Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments) | APMs with Shared Savings (e.g., shared savings with upside risk only) | Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health) |
| | B | B | B |
| | Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data) | APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk) | Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments) |
| | C | | C |
| | Pay-for-Performance (e.g., bonuses for quality performance) | | Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems) |
| | | 3N | 4N |
| | | Risk Based Payments NOT Linked to Quality | Capitated Payments NOT Linked to Quality |

State's VBP Standard:
Category
2C → 4C

Source:
www.hca.wa.gov/assets/program/vbp-program/vbp-roadmap.pdf

A close-up photograph of a clear glass bowl filled with a fine white powder, likely flour. A spoon is pouring a stream of bright yellow powder into the bowl from above. The background is a blurred wooden surface. The text "Value-Based Care" is overlaid in the center of the image.

Value-Based Care

Enablers AND Barriers of Value-Based Adoption

From highest to lowest impact:

Top 5 enablers

| |
|---|
| Trusted partnerships and collaboration* |
| Aligned incentives/contract requirements* |
| Aligned quality measures/definitions* |
| Interoperable data systems* |
| Cost transparency |

n=10

Top 5 barriers

| |
|---|
| Lack of interoperable data systems* |
| Payment model uncertainty* |
| Attribution* |
| Disparate incentives/contract requirements* |
| Disparate quality measures/definitions |

Payers

Providers

Top 5 enablers

| |
|---|
| Development of medical home culture with engaged providers (15) |
| Ability to understand and analyze payment models (15) |
| Access to comprehensive data on patient populations* (14) |
| Common clinical protocols and/or guidelines associated with training for providers (13) |
| Sufficient patient volume by payer to take on clinical risk (12) |

Top 5 barriers

| |
|---|
| Misaligned incentives and/or contract requirements* (24) |
| Lack of timely cost data to assist with financial management* (28) |
| Lack of access to comprehensive data on patient populations* (22) |
| Lack of interoperable data systems* (31) |
| Insufficient patient volume by payer to take on clinical risk* (20) |

Source: <https://www.hca.wa.gov/assets/program/2021-p4v-survey-results-webinar.pdf>

*consistent with 2020 survey



FOUNDATION FOR
Health Care Quality



WASHINGTON
HEALTH
ALLIANCE



Social Determinants of Health

Interoperability

Shared Data Definitions

Multipayer Initiatives

Accelerators for Change

Pledge to Take One Meaningful Step in 2022

1

**Social
Determinants
of Health**

2

Interoperability

3

**Aligned Quality
Measurement**

4

**Multi-Payer
Payment
Strategies**



2021 - Framework for Action

DR. ROBERT BREE COLLABORATIVE

A Framework for Action Webinar Series
Brought to you by Bree Collaborative & Washington Health Alliance

WHA WASHINGTON HEALTH ALLIANCE

From Impossible to Implementation:
Mobilizing Collective Action Around
Social Determinants of Health

January 21, 2021 | 11:00 am -12:30 PM



Framework for Action Webinar Series
Brought to you by Bree Collaborative & Washington Health Alliance

**Interoperability:
Removing Barriers to
Value-Based Success**
Why Don't We All Talk to Each Other?!

April 15, 2021
10:00 am - 11:30 am PT



Framework for Action Webinar Series
Brought to you by Bree Collaborative & Washington Health Alliance

**Aligning Quality Measures:
Can We Measure What Matters
More Efficiently?**

Thursday July 15, 2021
11:00 am - 12:30 pm PT



Bree Collaborative & Washington Health Alliance
Framework For Action Webinar

**Falling Into Place:
Aligning Payer Strategies
for Population Health**

Thursday October 14, 2021
10:00 am - 11:30 am PT



2022 - Change in Action Webinar Series

Learning Objectives

- Create a **shared understanding** of “interoperability” and why it is important to value-based success
- Orient thinking toward “**patient-centric**” vs. “organizational-specific” solutions
- Identify **pathways to success**
- **Describe how everyone contributes** to meaningful change – providers, health plans, and purchasers – and what we can realistically achieve

What do we mean when we say “Interoperability?”

*“...the ability of health information systems to work together, **within and across organizational boundaries**, in order to advance the effective delivery of healthcare **for individuals and populations.**”*

- Healthcare Information and Management Systems Society (HIMSS)

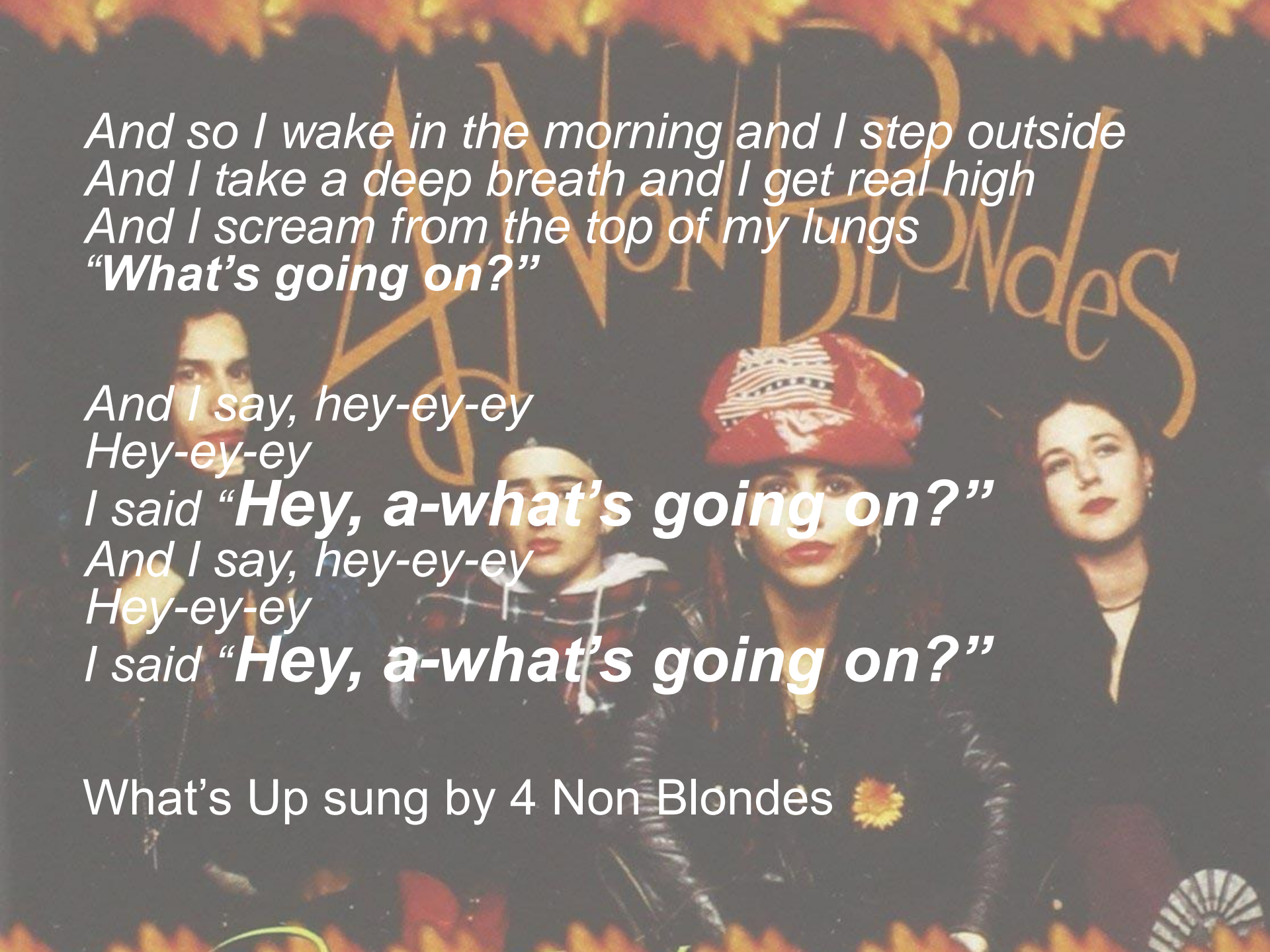
*“...current retrospective, transactional system for measuring and rewarding improvement is **ineffective, expensive, burdensome, no longer credible, and does not measure health or the outcomes of health care....**”*

David Lansky. Reimagining A Quality Information System For US Health Care. Health Affairs. January 25, 2022.

www.healthaffairs.org/doi/10.1377/forefront.20220120.301087

Photo by Diana Polekhina on Unsplash






*And so I wake in the morning and I step outside
And I take a deep breath and I get real high
And I scream from the top of my lungs
“What’s going on?”*

*And I say, hey-ey-ey
Hey-ey-ey
I said **“Hey, a-what’s going on?”**
And I say, hey-ey-ey
Hey-ey-ey
I said **“Hey, a-what’s going on?”***

What’s Up sung by 4 Non Blondes

What we need

- *“a national data infrastructure*
 - *aligned multipayer incentives*
 - *longitudinal patient-reported outcome measures*
 - *regional demonstration projects*
 - *governance mechanism...simplification and alignment of methods”*
- 

Information Blocking

What is information blocking?

In general, information blocking is a practice by a health IT developer of certified health IT, health information network, health information exchange, or health care provider that, except as required by law or specified by the Secretary of Health and Human Services (HHS) as a reasonable and necessary activity, is likely to interfere with access to, exchange, or use of electronic health information (EHI).

Have questions about information blocking? [View our Information Blocking Frequently Asked Questions \(FAQs\)](#)

What do you see as the most significant barrier to interoperability?

- Financial incentives are not significant enough to motivate change
- Not interested in exchanging information with my competitors
- Too hard to incorporate inbound information into our systems and workflows
- Too expensive to make the necessary changes





NATIONAL ACADEMY OF MEDICINE

Source: <https://nam.edu/health-data-sharing-special-publication/>

CULTURAL, ETHICAL, REGULATORY, AND FINANCIAL BARRIERS TO DATA SHARING, LINKAGE, AND USE

Concern regarding controversial uses of data such as achieving competitive advantage or rationing care, etc.

Differing stakeholder beliefs about whether data should be freely shared

Costs associated with data procurement

HEALTH CARE EXECUTIVES

Concern regarding the financial costs associated with sharing data when the ability for individual actors to appropriate value (achieve an ROI) from the pooled data is underdeveloped.

Misalignment of financial and other incentives (fear of penalties associated with data breaches, reputational risk, etc.)

RESEARCH AND RESEARCH OVERSIGHT LEADERS

Organizational variability in interpretations of regulations and responsibilities
Operational challenges (uneven data quality, lag time between data collection and data availability, etc.)

Lack of trust

PATIENT AND FAMILY LEADERS

Low recognition of patients and family members as data users and data providers
Lack of understanding of the value of patient-generated data

Lack of agreed upon practices and principles regarding patient data access, data control, and data ownership

FIGURE ES-1 | Cultural, ethical, regulatory, and financial barriers to data sharing, linkage, and use.

TRUST



Today's Agenda

April 7, 20220 | 10:00 – 11:30

- **Jan Berger, MD, JD, President and CEO**, Health Intelligence Partners
- **Vishal Chaudhry, Chief Data Officer** and **Cathie Ott, Information Technology Strategic Advisor**, Washington State Health Care Authority
- Panel Discussion with
 - **Rick Rubin, CEO**, One Health Port
 - **Marla McLaughlin, MD, Medical Director**, Central and East Regions, Vera Whole Health
 - **Sakshi Jain, MHA, Manager, Strategic Programs**, Premera Blue Cross