







# CMS Perspectives on Transparency and The Use of Data to Drive Patient Centered Care

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#### Introduction

- CMS is the largest single payer for health care services in the US
  - Expected to serve over **125 million individuals** in 2016 between the:
    - Medicare program (health insurance for individuals age 65 and older, as well as those with disabilities)
    - Medicaid/CHIP program (health insurance managed by the states for individuals with lower incomes)
  - Over <u>11 million plan selections</u> during the 2015 open enrollment period for the federal and state health insurance marketplaces
  - o 2.5 billion claims submitted annually for the Medicare FFS program alone
- Significant new data sources
  - Meaningful use of health information technology
  - Provider quality information
  - Health Insurance Marketplace data
- Trusted to protect beneficiary privacy



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## CMS Data and Delivery System Reform

- Information is a key driver of delivery system transformation
  - CMS data can provide critical insights that can inform and drive health system change and make the system more transparent, affordable, and accountable
  - All health system actors can benefit from better data and information and a vibrant health data ecosystem
- To promote delivery system transformation, CMS is:
  - Employing advanced analytics to create actionable information products, accelerate transparency, inform policy decisions and evaluate programs
  - Routinely and safely sharing data with numerous stakeholders to drive health care quality and efficiency improvements and lower health care costs
  - Driving unprecedented efforts around health data transparency



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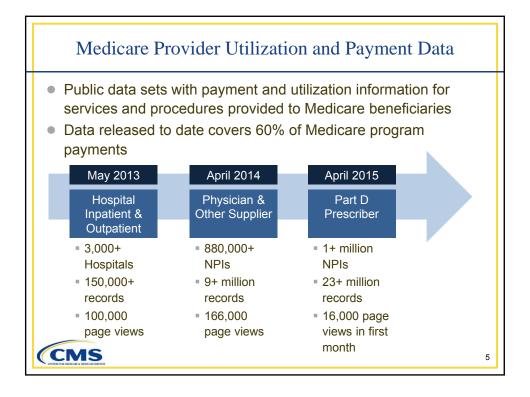
## CMS Data Transparency

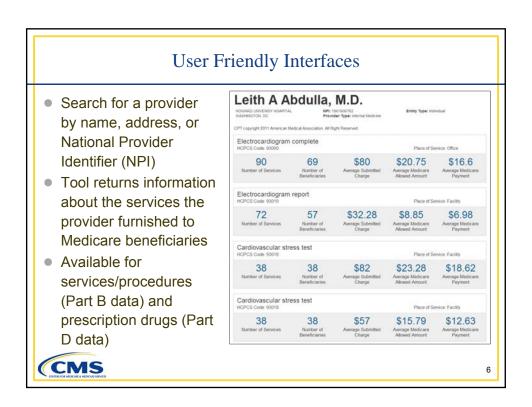
- Better access to health system information is a key goal of the Secretary's Delivery System Reform initiative
- CMS, HHS, and the White House have made a commitment to greater data transparency
  - Since 2010, CMS has released an unprecedented amount of aggregated, de-identified data in machine-readable form
  - Geographic Variation and Chronic Condition PUFs
  - O Hospital Inpatient, Hospital Outpatient, and Physician PUFs
- CMS Data Navigator (<a href="https://dnav.cms.gov/">https://dnav.cms.gov/</a>) makes it easy to find CMS data and information products on our website





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#### Data Sharing for Care Coordination

- CMS is sending near real-time monthly data to facilitate care coordination to:
  - Accountable Care Organizations (ACOs) for patients assigned to the ACO
  - O State Medicaid programs for Medicare-Medicaid enrollees
- Data is essential for analyzing the full continuum of care for beneficiaries
- Feeds include beneficiaries' entire claims history, including all service types, procedures and supplies.
- Opportunity for private sector to help transform the data to clinical information





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## Data Sharing for Performance Measurement

- Qualified Entity (QE) Program authorizes the release of Medicare claims data to QEs for performance evaluation of providers
- QE Program changes the performance measurement landscape by facilitating the creation of actionable performance reports that cover all/most of a providers' practice





## MACRA Changes to Qualified Entity (QE) Program

- Currently, QEs may only use Medicare data to create <u>public</u> reports that evaluate the performance of providers of services and suppliers
- The Medicare Access and CHIP Reauthorization Act (MACRA) expands permissible uses of CMS data to allow QEs to:
  - O Provide or sell analyses to authorized users for non-public use
    - Authorized users include providers/suppliers, issuers, employers, medical societies/hospital associations, and any other entity approved by the Secretary
  - Provide/sell combined data <u>OR</u> provide Medicare claims data at no cost to providers/suppliers and medical societies/hospital associations for nonpublic use
- MACRA also includes additional privacy and security requirements for QEs, such as requirements for a data use agreement (DUA) between the QE and the authorized user and fines for a breach



