

Ready for Launch:

Maximizing the Value of Data Regulation for System Transformation

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@aneeshchopra



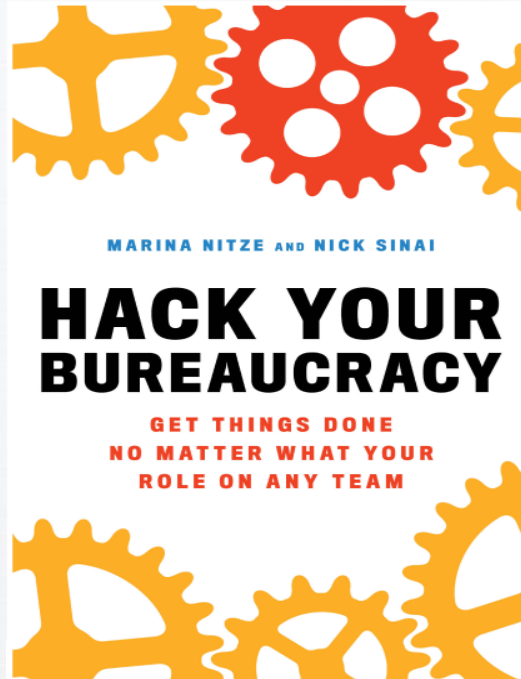
Problem Solving by Public Collaboration

Fact sheet

FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule – CMS-1771-F

Aug 01, 2022 | Medicare Parts A & B

“Screening for Social Drivers of Health beginning with voluntary reporting for the CY 2023 reporting period and mandatory reporting beginning with the CY 2024...”



White House Hunger Conference Commitment: “Sync for Social Needs” Coalition of the National Quality Forum, the National Committee for Quality Assurance, the Joint Commission, HL7 International, Epic, Oracle-Cerner, Rush University System for Health, Tufts Medicine, Riverside Health System, SCAN Health Plan, Sanford Health, SSM Health, Higi, BayCare, Geisinger, Meditech, FindHelp, Wellsky, UniteUs, Graphite Health, Saffron Labs, and XanthosHealth (9/22)

Memory Lane: (Mis-)Timing HIT, VBC Demand

**PROPOSED STRATEGY FOR EXECUTION OF THE
HEALTH INFORMATION TECHNOLOGY INVESTMENT PROGRAM**

Draft, February 24, 2009

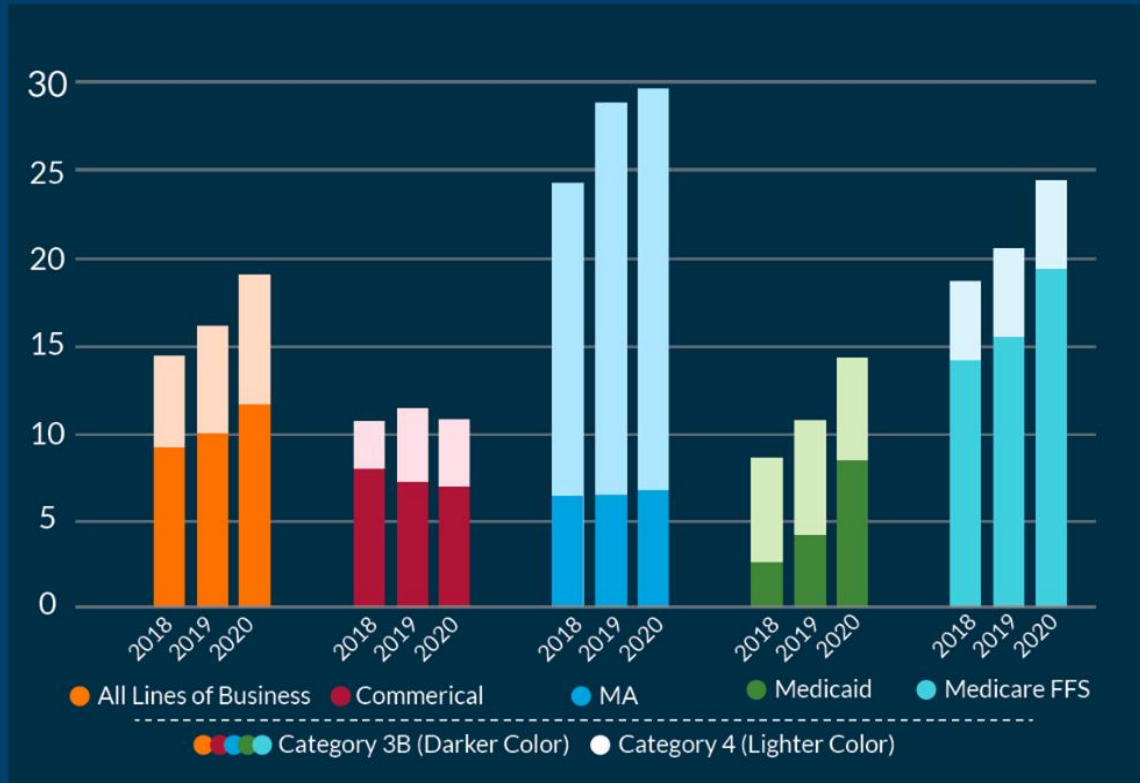
EXECUTIVE SUMMARY

The \$19 billion health information technology (HIT) investment authorized in the American Recovery and Reinvestment Act (ARRA) represents a landmark opportunity to improve health care. In considering how best to execute on this opportunity, it is critical to understand that to treat the HIT investment program as a pure technology implementation program is to effectively guarantee its failure. HIT is not magic. In the absence of provider payment reform and care delivery innovation, it is all too easy to imagine spending \$19 billion on HIT adoption and producing little tangible social benefit. However, there is a clear path to victory:

- If we avoid focusing the HIT investment program narrowly on HIT and instead focus it

“Low HIT adoption cripples the ability to pursue provider payment reform, which is necessary to create a business case for care innovation by providers, which is necessary to drive demand by providers for HIT to support care innovations, which is necessary to drive large-scale HIT adoption. It’s a “cycle of futility.”

Categories 3B-4 By Year and Line of Business:
Data Years 2018-2020



Commercial, Medicare Advantage (MA), Medicaid, and Medicare FFS data are captured in the All Lines of Business (LOB) line. The LAN started to capture spend by LOB in 2018 looking back at 2017 data.

A Decade of Progress on Open Health Data...

BEHIND THE NUMBERS

Medicare Unmasked

DEREK Y. KUNIMOTO MD in 2015

\$11,117,003
Total payments

Ophthalmology
1101 E MISSOURI AVE | PHOENIX, ARIZ.



Provider's Services at a Glance, 2015

Types of services provided by DEREK Y. KUNIMOTO MD:

Category	Total reimbursed by Medicare	Percent of total reimbursements by Medicare
Drugs	\$9,058,512	81.5% <div><div></div></div>
Surgeries and procedures	\$968,328	8.7% <div><div></div></div>
Exams and medical services	\$883,228	7.9% <div><div></div></div>
Evaluation and management	\$141,303	1.3% <div><div></div></div>
Other	\$23,153	0.2% <div><div></div></div>
Imaging tests	\$2,930	<0.1% <div><div></div></div>

Note: Category totals may not add up to a provider's total payments because information about a provider's specific services to fewer than 11 Medicare patients is suppressed by Medicare.

Provider's Services in Detail, 2015

Services DEREK Y. KUNIMOTO MD performed on more than 10 patients:

Procedure	Number performed	Number of Medicare patients	Average Medicare reimbursement per procedure	Total Medicare payments for procedure
Injection, ranibizumab, 0.1 mg	28,760	722	\$307.90	\$8,855,204
Drugs CODE: J2778-O	<div><div></div></div> <div>Top 20% nationally</div>			

Source: <https://graphics.wsj.com/medicare-billing/> CareJourney analysis;

NPI: 1558329847

**KUNIMOTO,
DEREK**

Ophthalmology
Subspecialty: Retina

PRACTICE GROUP AFFILIATION

Retinal Consultants Of Arizona Ltd

PROVIDER ADDRESSES

1101 E Missouri Ave, Phoenix, Arizona, 85014
Phoenix-Mesa-Scottsdale, AZ CBSA

Panel Size	1,435	Cost Score	1 / 5	Quality Score	2 / 5
Average HCC Score	1.200				

Most Relevant Episodes	HCC Score	Cost Score	No. of Episode	Episode Cost	Difference from Benchmark	
Vitreous Opacities/Degeneration	1.268	2 / 5	982	\$1,589		+33%
Macular Ds Other	1.209	4 / 5	414	\$803	-7%	
Cataract	1.067	3 / 5	351	\$1,152	-8%	
Retinal Ds Other	1.060	1 / 5	279	\$3,219		+124%
Retinal Detachment	1.061	3 / 5	221	\$1,962		+3%
Glaucoma	1.452	1 / 5	152	\$1,866		+19%
Other Eye Ds	1.459	4 / 5	78	\$344	-16%	
Other Eye Inflammation	1.489	5 / 5	63	\$380	-54%	
Inflammation Eyelid	1.620	5 / 5	60	\$347	-3%	
Eye Neoplasm Benign	1.017	1 / 5	35	\$1,012		+39%
Total Cost Score: 1 / 5						

Measure Description	Type	Numerator	Denominator	Performance	Comparison to Peers
The average cost of eye drops medications prescribed for cataract surgery per patient	Appropriateness	763	15	50%	<div><div></div></div> 0.4
Percent of patients that get high cost AMD treatments	General	25,181	25,191	0%	<div><div></div></div> 0.16

...Built for Health Information Fiduciaries

1

Payer Accountability for Accurate MD Directories

2

Consumer Application Access to Health Data, Prices

3

Clinician Rights to Data, Performance Improvement

4

Opportunity to Standardize Eligibility, Enrollment

5

Consumer Option to Voluntarily Align (to ACOs)

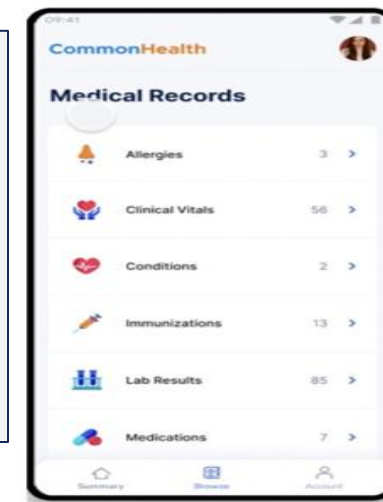
“...consumers have access to their own health data – and to the applications and services that can safely and accurately analyze it...” – President Obama (January 2015)



“The purpose of the Argonaut Project is to rapidly develop a **first-generation FHIR-based API** and Core Data Services specification to **enable expanded information sharing** for electronic health records”

Both Phone OS
Free Health Apps
Connected to
~800+ FHIR
endpoints
(10,000+ clinics)

CommonHealth



android

US market share

43%

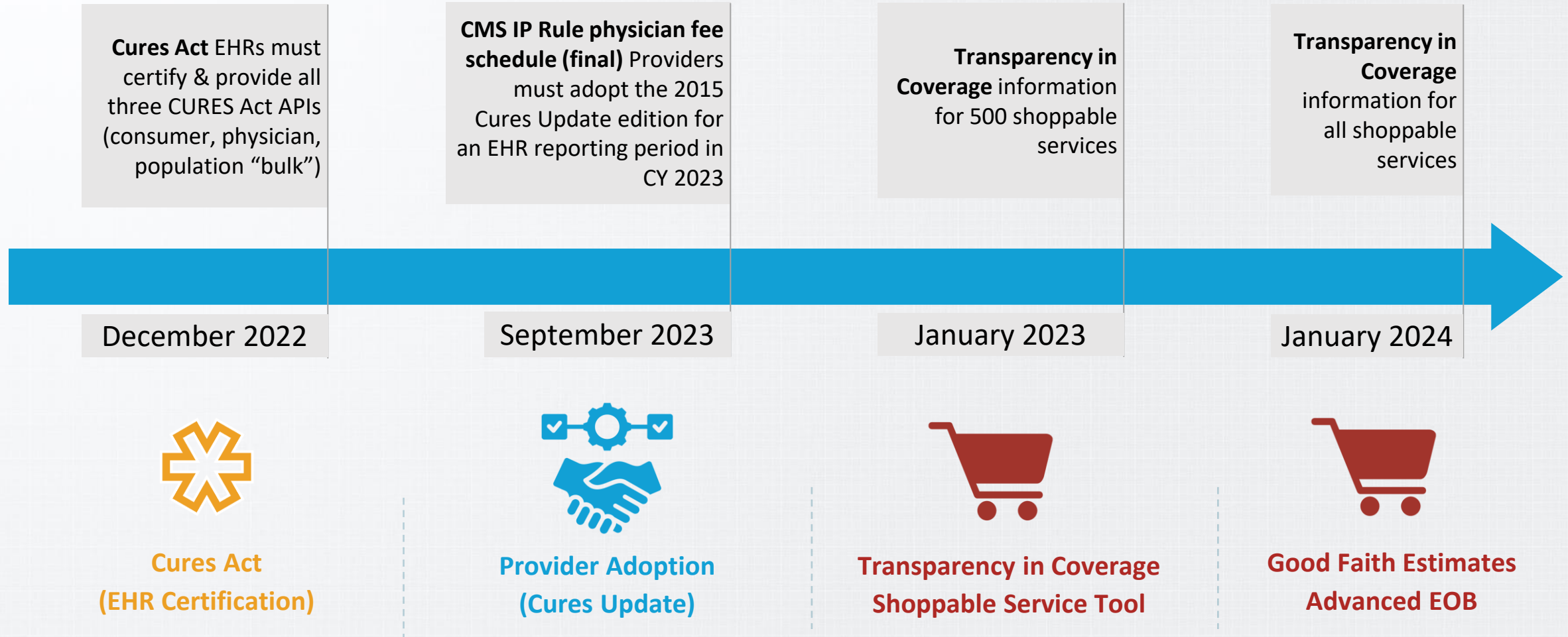
Apple Health



iOS

57%

Reminder: Key Timelines for Open Data

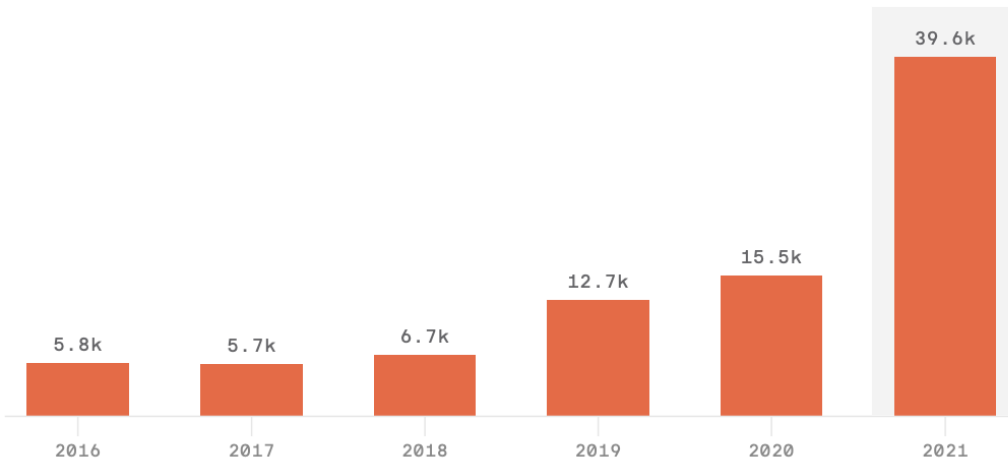


“If You Like Your MD, You Can Keep Your MD”

Medicare Advantage Complaints

Annual complaints about the marketing of Medicare Advantage and Part D plans

From Medicare beneficiaries; 2021 does not include December



Data: Centers for Medicare & Medicaid Services; Chart: Kavya Beheraj/Axios

“Complaints include beneficiaries being enrolled without any contact with a health plan, cross-selling and misleading information about provider networks, reimbursements, benefits and premiums.”

Source: <https://www.axios.com/2022/09/08/medicare-advantage-marketing-problem-accelerate>; Legacy Health, Premera

Holding Payers Accountable

GREGORY SAUNDERS, MD

PRIMARY CARE

My Specialties: Family Medicine, Board-certified
Languages: English, Interpreters available for other languages
Gender: Male

Legacy Health Partners

PATIENT RATING: 5.0 OUT OF 5 (137 RATINGS & 70 COMMENTS)

READ ALL REVIEWS

PREMERA NETWORK

SAUNDERS GREGORY

SAUNDERS GREGORY
GENDER: male

PRIMARY: 16811 SE
MCGILLIVRAY BLVD
VANCOUVER WA 986830400
FAX: 360-735-3400
PRIMARY: 360-735-8100

NPI NUMBER: 1659397156

1625 S.E. 192nd Ave., Suite 100
Camas, WA 98607-7441
566-4840
360-566-4842

GET DIRECTIONS

Right to Request “Good Faith Estimates”

OMB Control Number [XXXX-XXXX]
ExpirationDate [MM/DD/YYYY]

[NAME OF PROVIDER OR FACILITY]

Good Faith Estimate for Health Care Items and Services

Patient

Patient First Name

Middle Name

Last Name

Patient Date of Birth: / /

Patient Identification Number:

19083

Breast Biopsy

Our Work > Good Faith Estimates > Breast Biopsy

Patient Primary Diagnosis

Primary Diagnosis Code

Patient Secondary Diagnosis

Secondary Diagnosis Code

Source: CMS, ProjectClarity.health



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Proposed Technical Definition

Search:

association	base_code	code_type	estimated_charge	id	item_type	modifier	name
					professional_f	J1	Breast Biopsy
1	19083	CPT	2156.64	15096	ee		
1	19083	CPT	7070.87	14142	index		Breast Biopsy
0.901223776	88305	CPT	3162.65	14143	facility_fee		Surgical Pathology Level 4
0.845	88305	CPT	355.86	15097	professional_fee	Q1	Surgical Pathology Level 4
0.723	77065	CPT	264.18	15098	professional_fee	A	Mammography, diagnostic
0.632867133	77065	CPT	3914.61	14144	facility_fee		Mammography, diagnostic
0.627	88360	CPT	888.94	15099	professional_fee	Q2	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per spec
0.491258741	A4648	HCPCS	3488.28	14146	facility_fee		Implantable Tissue Marker
0.472902098	272	Revenue Code		14147	ancillary_service		Sterile supplies

LEAVE COMMENTS HERE!

Project Clarity aims to standardize “Good Faith Estimates” that Congress defined to include “items or services beyond the period of care for the scheduled or requested primary items or services.”

Shopping via Consumers, or VBCs?



Search Pharmacy

Prescriber:

Scott Millhouse, MD

Price with Prime

Includes 96% savings with Prime. [Learn more](#)

\$3⁵⁰

OR

Copay price with insurance

\$10.00

Final pricing available in cart

Request prescription

Refers Patients to High Value Cardiologist

Akron

Saving ~\$2,000 per Patient in Downstream Spend with Better Outcomes

Economics

Akron, OH

73 PCPS

19% of Market

~29,000

MA + DC

~60,000

Open Data for Quality Measurement

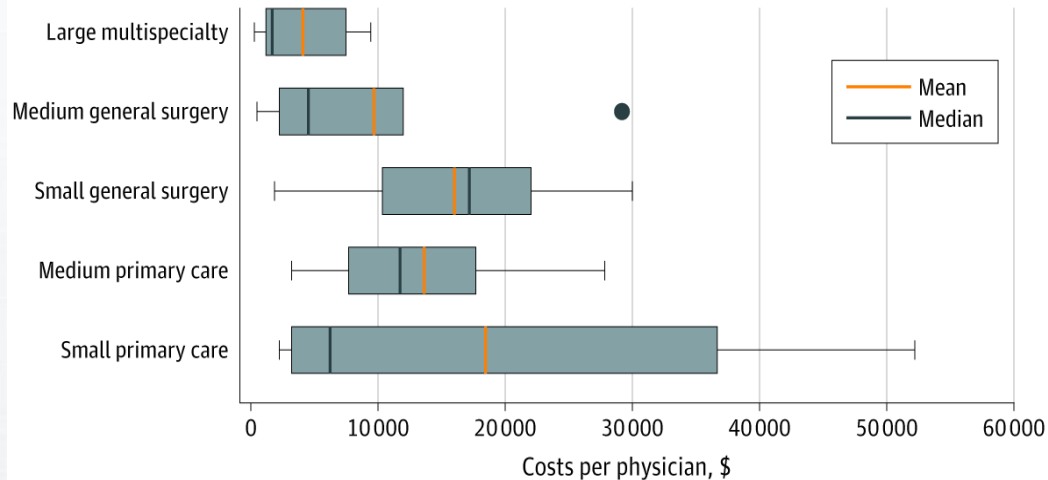


Quality Reporting Administrative Burden

\$12,811

Estimated cost of MIPS reporting per provider

B Specialty



Digital Quality Measures

NCQA Launches Digital Quality Solutions Pilot

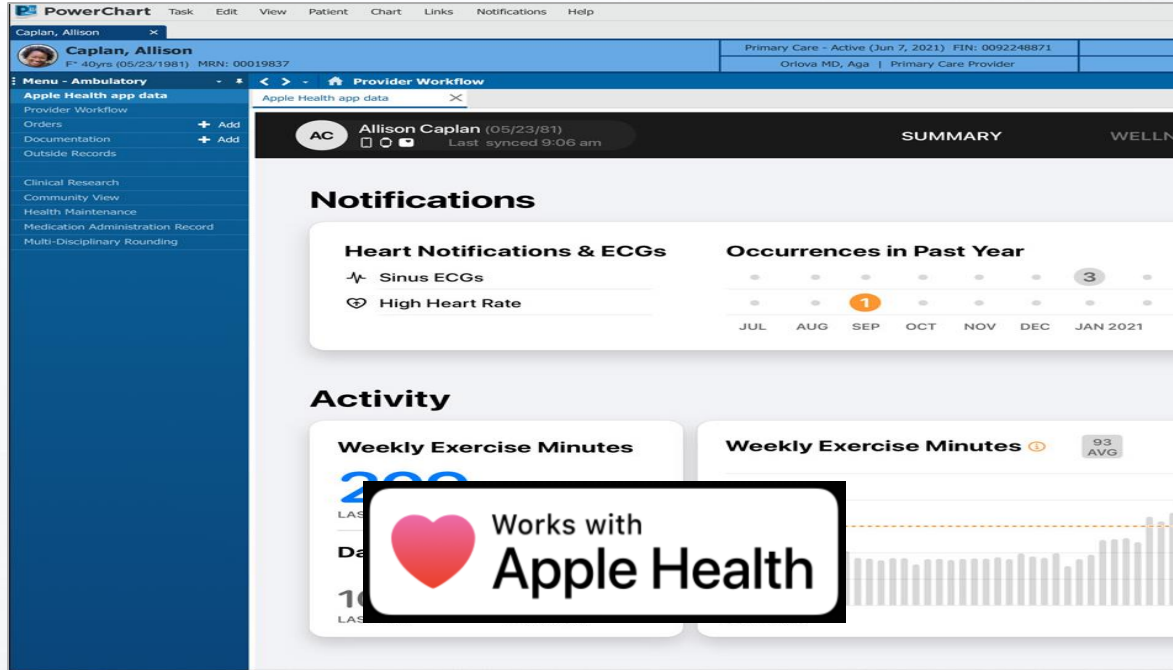
May 31, 2022 · Matt Brock

Organization	Endpoint
AdventHealth	https://mobile.adventhealth.com/oauth2-PRD/api/FHIR/R4/
Advocate Aurora	https://EpicFHIR.aurora.org/FHIR/MYAURORA/api/FHIR/R4/
Allina	https://webproxy.allina.com/FHIR/api/FHIR/R4/
Baptist Health	https://api.baptist-health.org/Interconnect-FHIR/api/FHIR/R4/
Baylor Scott & White	https://epicproxy.bswhealth.org/FHIR-PRD/BSW/api/FHIR/R4/
Catholic Health	https://epx1.chsli.org/FHIR/api/FHIR/R4/
Hackensack	https://mepic.hackensackumc.net/fhir/api/FHIR/R4/
Health First	https://FHIR.health-first.org/FHIR/ (Allscripts)
Houston Methodist	https://epiclbsprxyprodpass.houstonmethodist.org/PRD-FHIR/api/FHIR/R4/
Inova and Valley Health	https://epicrprd.inova.org/fhirrp/api/FHIR/R4/
John Muir	https://fhir.johnmuirhealth.com/fhir-prd/api/FHIR/R4/
Main Line Health	https://epicproxy.et1007.epichosted.com/FHIRProxy/api/FHIR/R4/
Mary Washington	https://epicproxy.et1055.epichosted.com/FHIRProxy/api/FHIR/R4/
Montage Health	https://epicproxy.et1058.epichosted.com/FHIRProxy/api/FHIR/R4/
Mount Sinai Health System	https://epicsoapproxyprd.mountsinai.org/FHIR-PRD/api/FHIR/R4/
N. Mississippi Health Services	https://eiclbext.nmhs.net/interconnect-fhir-prd/api/FHIR/R4/
NorthShore University Health System	https://haiku.northshore.org/Interconnect-FHIR/api/FHIR/R4/
Norton Healthcare	https://epicsoap.nortonhealthcare.org/FHIRPRD/api/FHIR/R4/
Ochsner Health System	https://myc.ochsner.org/FHIR/api/FHIR/R4/
OSF HealthCare	https://ssproxy.osfhealthcare.org/fhir-proxy/api/FHIR/R4/
Sanford	https://eprescribe.sanfordhealth.org/FHIR/api/FHIR/R4/
Tanner Health System	https://epicproxy.et1098.epichosted.com/FHIRProxy/api/FHIR/R4/
TempleHealth	https://epicaccess.templehealth.org/FhirProxyPrd/api/FHIR/R4/
UC Davis	https://emrrp.ucdmc.ucdavis.edu/FHIR/api/FHIR/R4/
UCSF Health	https://unified-api.ucsf.edu/clinical/apex/api/FHIR/R4/
Valley Health	https://mtrestapis-live01.valleyhealth.com:443/v1/uscore/R4/ (MEDITECH)
WellSpan Health	https://interconnect.wellspan.org/interconnect-prd-fhir/api/FHIR/R4/



“Ask Your EHR Platform About Cures APIs”

Policy, Not Tech, the Key Driver



“If you use a certified EHR and do not yet have a standard FHIR API available, **we encourage you to contact your vendor** to learn more about their plans to provide you with a certified API by the end of 2022 and enable you to fully participate in our 21st century digital healthcare future.” – ONC, “On the Road to Cures Update” (8/22)

1

Payer Negotiations (Likely) to Include Application Access

Payers driving “demand signal” for clinical data; CMS notes, “It will be up to each payer's discretion to address whether this information needs to be included in contracts with providers.”

2

“Bulk” Requirements for Payer / Providers Extend Infrastructure

ONC embraces “de-coupling” data access from EHR; “Certified API Developers must grant API Information Sources (providers) the independent ability to permit API Users to interact with the certified API technology deployed by the API Information Source.”

Government API Streamlines Eligibility

PROFITS OVER PATIENTS

*They Were Entitled to Free Care.
Hospitals Hounded Them to Pay.*

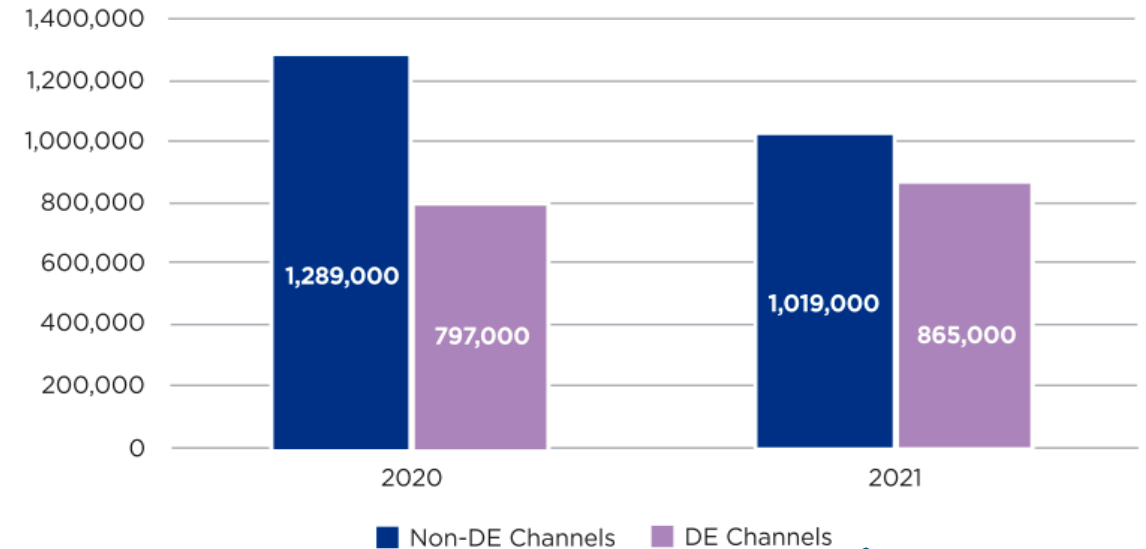
With the help of a consulting firm, the Providence hospital system trained staff to wring money out of patients, even those eligible for free care.

Section 1561 of the Affordable Care Act

Technical Recommendations (2010)

“...a system in which **the consumer has access** to his or her own information **in a format that can be used and re-used**,... may be the **highest-value approach** to transferring account...information from one Exchange to another.”

FIGURE 2
New Consumer Plan Selections by Channel / 2020 vs. 2021 OEPs



CMS-approved third-party applications account for ~45% of new enrollments in the 2021 Open Period; opportunity to re-use “federal data hub” elements to presumptively enroll in charity care, social benefits (SNAP, Broadband)

Right to Voluntarily Align to ACO Networks

ACO REACH Model in Brief



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Confirmation of Your Primary Care Physician
Please complete the below form to select your primary care physician.

Provider Name

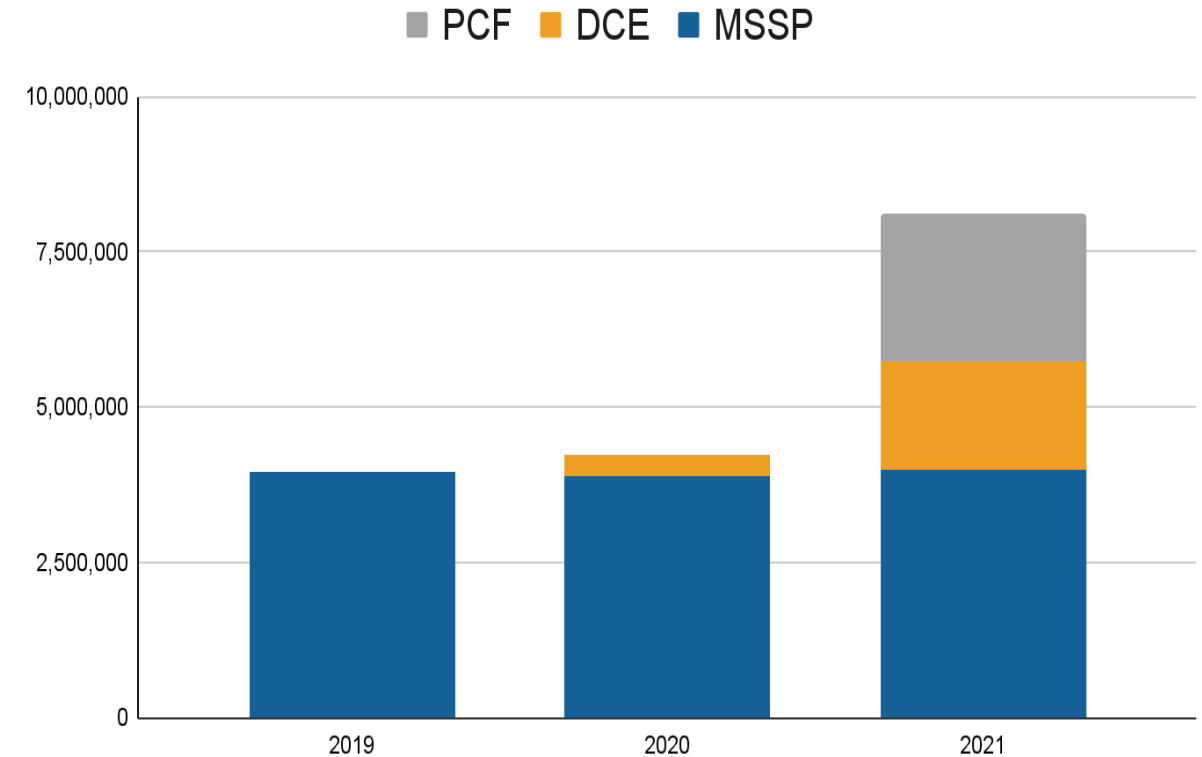
- ✓ Select Provider
- Organizations
- Allied Health Care Associates
- Columbia Medical Center Limited

- ✓ Requirement for all REACH ACOs to develop a Health Equity Plan that must include identification of health disparities and specific actions intended to mitigate the health disparities identified
- ✓ Requirement for all ACOs to collect beneficiary-reported demographic and social needs data

Source: CMS Innovation Center, VillageMD

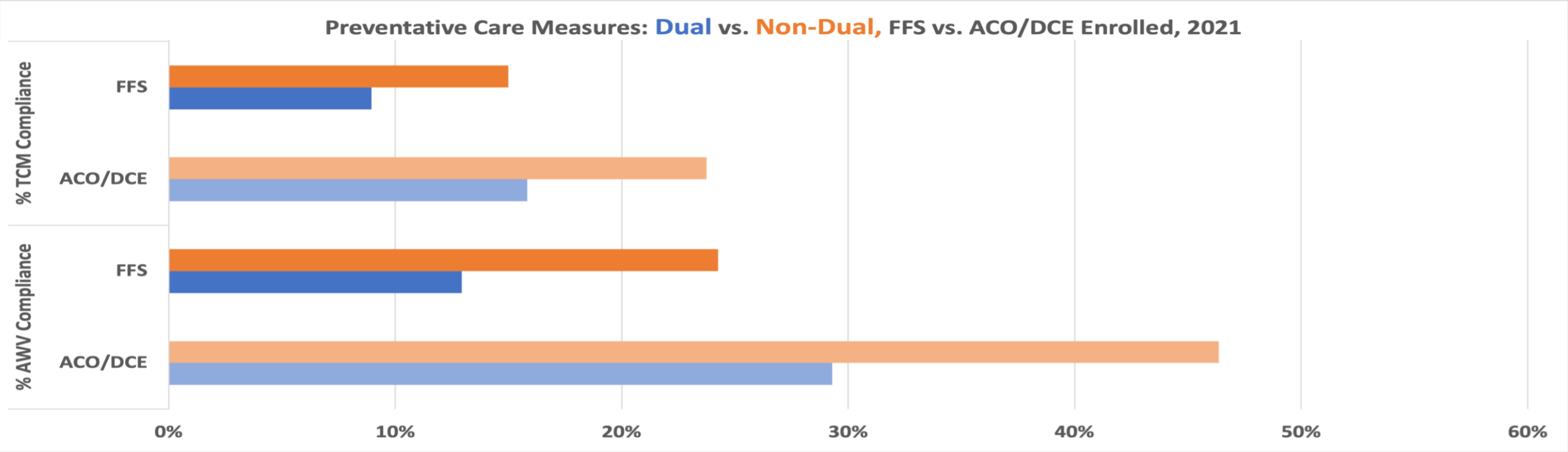
Estimated Beneficiary Attribution to CMS “Total Cost of Care” Models

Aligned Beneficiaries



MSSP (Tracks E & Enhanced): Public Use Files at cms.data.gov
DCE: <https://innovation.cms.gov/media/document/gpdc-model-summary-perf-aug2022>
PCF: Approximate alignment using CMS open data

ACOs Deliver More Preventive Services



	County ADI Quintile				
	Least Distressed	2	3	4	Most Distressed
ACO Enrolled Rural Total	16.6%	17.0%	25.3%	29.1%	28.3%
ACO Enrolled Rural/Dual	15.0%	11.8%	20.5%	24.1%	23.6%
ACO Enrolled Rural/not Dual	16.8%	17.9%	26.3%	30.4%	30.0%
ACO Enrolled Urban Total	24.2%	30.2%	33.6%	31.3%	32.5%
ACO Enrolled Urban/Dual	17.0%	21.4%	22.0%	22.2%	28.1%
ACO Enrolled Urban/not Dual	26.5%	31.9%	35.8%	33.6%	34.5%

Transformation @ Pace of Trust

TECHNOLOGY

Google’s Totally Creepy, Totally Legal Health-Data Harvesting

Google is an emerging health-care juggernaut, and privacy laws weren’t written to keep up.

SIDNEY FUSSELL NOVEMBER 14, 2019

FIRST OPINION

Creating a digital Hippocratic oath for the 21st century

By Ries Robinson and Aneesh Chopra Feb. 15, 2022

[Reprints](#)

The development of the digital Hippocratic oath must extend to the broader health ecosystem with a commitment to protect patient privacy and data via the Health Insurance Portability and Accountability Act (HIPAA) and beyond. This oath must also anticipate the impact of the 21st Century CURES Act, which requires vendors of electronic health records to certify functionality that allows physicians the ability to connect any third-party app to patient data without any costly interfaces. Importantly, with greater access comes greater responsibility.

CONSUMER SENTIMENT ON DATA SHARING AND SECURITY

By entity, 2017-2018

