

The Office of the National Coordinator for  
Health Information Technology



# “Clinical and Claims Data Integration” Required for Total Cost of Care/Efficiency Measurement

February 24, 2015

Putting the **I** in **HealthIT**  
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- **Introduction: RTI**
- **Context for Claims & Clinical Aggregation  
Discussion: Patricia MacTaggart**
- **Round 1 State Round Robin: Interest Areas –  
Issues – Focus: Facilitated Patricia MacTaggart**
- **Claims & Clinical Aggregation - Actually Doing it:  
David Kendrick**
- **Round 1 State Discussion and Next Action Step(s):  
Facilitated by Patricia MacTaggart**
- **Closeout: RTI**

- **Current Data Infrastructure for Multi-Payer Value-Based Payment Reform is Inefficient**
- **Providers Need Simplified View of Performance**
- **Centralized Approach Would Improve Business Efficiency & Scalability**
- **Roadmap Needed**
  - Major gap for States: lack of Health IT infrastructure for measuring cross-payer performance
  - Move from an “every payer to every provider” interface approach for claims and clinical data to a “hub/connector”
- **Terminology and Use Cases Must Be Defined**
- **Barriers must be Identified and Overcome**

# Round 1 State Round Robin: Biggest Challenge(s) & Unachieved Goal(s)



- **State Specific: Current State**
- **State Specific: Interest Areas, Issues & Focus**

## Options for Consideration

- **Policy**: parameters for attribution; identity management; privacy; an initial model that is a “hub” model – no individual payer to individual provider; financing that includes a CMS funding strategy, state strategy, and private sector strategy; governance, including where it resides & rules for sharing
- **Technology**: technology specifications; hardware and/or software availability (vendors available) for development/operation; provider directory ability to evolve with attribution of patient to provider, provider to clinic, clinic to plan, plan to payer technology specifications; provider/individual identity management/patient matching; connectivity (interfaces) between claims data and clinical data, including APCD and MMIS; data “repository/warehouse”; & analytic tools.
- **Business Processes**: Define/operationalize critical/priority use cases (what data is needed from provider/state/individual, what is the data source, and how is data standardized/validated) and Define within context of what the current state capacities (is there a QE, APCD, or HIE that already performs some of these functions)

- **David Kendrick**

- **Is there a need for a clinical/claims roadmap?**
- **What are the highest priority (ies) aspects to focus on? *(initial options for consideration on next slide)***

- **Next Action Step(s): Facilitated by Patricia MacTaggart**
- **Close-Out: RTI**