Scalability of Value Based Care Through Interoperability
Agenda

- Welcome & Introductions
- Providence St. Joseph Health Overview
- Present Day VBC Data Exchange
- Next Steps
PROVIDENCE ST JOSEPH HEALTH OVERVIEW
“We have to be big – and small – at the same time.”

– Rod Hochman, MD, President & CEO, PSJH
Together, we provide an abundance of diverse capabilities and services to our communities.

51 hospitals
1,085 clinics
5m unique patients served
16 supportive housing facilities

119k caregivers
38k nurses
25k physicians
2.1m covered lives

1.2m home health visits
High school nursing schools & university
1 health plan
$1.6b community benefit
PSJH – Value Based Care Profile

VBC agreements Increasing by a significant proportion across Line of Business

Variability across APMs: (a) impose significant administrative burden, and (b) impede **scalability**

Health IT infrastructure across the industry is lagging behind in readiness to support VBC

Core Health IT systems on the payer and provider side are designed for FFS

Promoting Interoperability initiatives need to address standards that are critical for VBC **scalability**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Lives Covered under Risk Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATEGORY 2</td>
<td>Payments linked to quality</td>
<td>~400K</td>
</tr>
<tr>
<td>CATEGORY 3</td>
<td>Share services and risk</td>
<td>~900K</td>
</tr>
<tr>
<td>CATEGORY 4</td>
<td>Population based payments</td>
<td>~300K</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contracts</th>
<th>Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>~30</td>
<td>~400K</td>
</tr>
<tr>
<td>~50</td>
<td>~900K</td>
</tr>
<tr>
<td>~45</td>
<td>~300K</td>
</tr>
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</table>

HCP-LAN APM Categories

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Medicare Advantage</th>
<th>Traditional Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>15%</td>
<td>15%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>2022</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>2025</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
PRESENT DAY VBC DATA EXCHANGE
Most Pop Health/VBC data comes in non-standard, non-machine-readable formats

<table>
<thead>
<tr>
<th>Data Type</th>
<th>% contracts Receiving data in non-usable format</th>
<th>Business Need</th>
<th>Common Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member <em>attribution</em></td>
<td>80-90%</td>
<td>Identify which members are included in the contract for clinical care</td>
<td>Non-standard formats and imprecise/incomplete data</td>
</tr>
<tr>
<td>Member <em>claim</em>-line detail</td>
<td>40-50%</td>
<td>Historical and current utilization of services across population to prioritize allocation of care delivery and management resources, recruitment of clinical personnel and coordination with community stakeholders</td>
<td>Not available, non-standard formats and/or unusable data</td>
</tr>
<tr>
<td>Contract <em>performance</em> summaries</td>
<td>50-60%</td>
<td>Understand member attribution and provider performance.</td>
<td>Infrequent delivery and non-standard formats (i.e. pdf, Word or Excel)</td>
</tr>
</tbody>
</table>
The current process is time consuming and extremely manual

**Data Engineering**
Dedicated group that processes and ingests claims and enrollment data received in flat file format

**Payer Partnerships**
Team that uses ingested enrollment data to create supplemental files for payers and transmits via sFTP

**Financial Consulting**
Two full time employees who are responsible for interpreting financial reports and keying information
A sample report

*Only 50-60% of our payers provide performance reports*
The current process is...

- **Not scalable** – Each build requires new code
- **Brittle** – Changes and issues can affect many workflows
- **Slow** – Processing and data sharing projects take too long
INTEROPERABILITY ON FHIR
Identified two use cases we can focus on in 2020 & 2021

**DaVinci Use Cases & Focus Areas**

<table>
<thead>
<tr>
<th>Data Exchange for Quality Measures</th>
<th>Gaps in Care &amp; Information</th>
<th>Risk Based Contract Member Identification</th>
<th>Payer Coverage Decision Exchange</th>
<th>Patient Cost Transparency</th>
<th>Clinical Data Exchange</th>
<th>Payer Data Exchange</th>
<th>Prior-Authorization Support</th>
</tr>
</thead>
</table>

*Kudos to Cambia for sponsoring the Member Attribution Use Case*
Pop Health Value Based Care Interoperability Roadmap

- Finalize Payer Partnerships
- Expand Internal FHIR API Build
- Finalize Security Infrastructure
- Patient Attribution Use Case
- Clinical Data Exchange Use Case
- VBC Cost Performance Reports
Proposed use cases for scalability in VBC arrangements

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Use Case</th>
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<tbody>
<tr>
<td>PSJH</td>
<td>VBC Cost Performance</td>
</tr>
<tr>
<td>Cambia</td>
<td>Provider Roster</td>
</tr>
<tr>
<td>Cambia</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>AthenaHealth</td>
<td>Chronic Illness Documentations for Risk Adjustment</td>
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Use Case Proposal: VBC Cost Performance Reports

- Exchange of timely and accurate information within the performance period and in a standardized FHIR format
- Data to include information that only a payer would have: financial targets, spend, CCFs and quarterly quality payments
- Information at lowest level of granularity
- Access via APIs
Elements needed to support performance related data exchange

- YearMonth
- Member Count by Month
- Contractual Spend w/ IBNR & Other Fees
- Service Area
- Total Premium
- Target Estimate
- MLR
- Pharmacy Spend
- Contractual Spend
- Total $ or PMPM FLG
- Allowed or Paid FLG
- Contractual Spend w/ IBNR
- Medical Spend
Preliminary plan to scale VBC contract performance with FHIR

*Additional IGs to meet business needs we progress in this journey.
Building Business Partnerships

Patients

EMR

Payer

Medical Group

SNF/HH/LTC

Hospital

Pharmacy
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