Better health, better care: Colorado payers collaborate on data integration and access tool

Industry alignment in a competitive market can produce powerful results. In 2014, a large group of Colorado payers, including Anthem Blue Cross and Blue Shield, Colorado Medicaid and Rocky Mountain Health Plans, convened to explore a data aggregation solution that would better meet the needs of payers, providers and patients. This year, they will release a jointly funded analytic tool for use by advanced primary care practices. More powerful than the sum of its individual data streams, this tool could transform the way data is used, creating value across the Colorado health care market.

The multi-payer project began as part of the Comprehensive Primary Care (CPC) initiative; the payers had been meeting since 2012.¹ Colorado providers participating in CPC quality improvement activities need standardized payer data in a single solution to more efficiently identify patients for care coordination, track interventions and improve care processes. So payers participating in the program explored options to provide technical support for these activities. They came up with a plan: Implement a shared, practice-facing application for actionable, patient-specific data reporting.

Seven Colorado CPC payers agreed to aggregate their claims data for the participating practices and finance an innovative tool that allows single-point access—a tool that will give providers access to their patients’ claims data from one portal. For the first time, actionable data will be integrated across multiple insurers, government programs and self-funded employers in Colorado.

The analytics vendor, Rise Health, is partnering with the payers and Colorado’s Center for Improving Value in Health Care to ensure a comprehensive approach to data aggregation. Colorado is among the first regions in the nation to offer providers direct access to a multi-payer analytic solution, says Patrick Gordon, associate vice president at Rocky Mountain Health Care.

¹ The CPC initiative, sponsored by the Centers for Medicare and Medicaid Innovation, is a four-year, multi-payer pilot designed to test practice redesign models and a supportive multi-payer payment model. The framework is built around the Institute for Health Improvement’s Triple Aim of better health, better care and lower costs.
Plans. “Few such arrangements exist—at least on a statewide basis in a mature, highly competitive market.”

**Using integrated data more effectively**

Colorado CPC practices will be able to look at cost, utilization, attribution, risk relativities and quality metrics across the entire spectrum of services—regardless of payer—with this new tool. This resource will afford the practices a greater opportunity to more efficiently manage data and improve the overall health of their patient panels. Here’s what it offers.

- **The right amount of data:** Providers either have too little information on their patient panels or they have more than they can manage. “This agreement represents an innovative solution to a longstanding problem. Now, we can provide them the right amount of information at the right time,” says Kelly Henry, MBA, network director, payment innovation programs at Anthem Blue Cross and Blue Shield.

- **Greater efficiency:** Accessing comprehensive information on their patients from payers has long been a challenge for physicians. Providers typically receive multiple reports from each health plan. They must log on to several websites to access patient cost and utilization data. That creates extra work and drains resources that could otherwise be used to prioritize interventions and coordinate patients’ care. This single source for patient-level information will save time and resources, enabling them to spend more time with patients.

- **Population health data across the medical neighborhood:** “There are not many useful ways to look at data for a whole patient population,” notes Judy Zerzan, MD, MPH, chief medical officer and deputy director, Colorado Department of Health Care Policy and Financing. She was part of the Colorado CPC payer roundtable—and part of the group that agreed on a solution and vendor. She's also a practicing physician. “Without access to comprehensive data, it’s hard to tell where you need improvement and where you’re knocking it out of the park.”

- **Actionable data:** “This will really help practices understand—in a clear, coherent way—how to improve the care they are delivering.” And it’s easy to understand, Zerzan adds—it won’t take much effort to make the data actionable.

- **Continuous, minable data that supports risk stratification:** A single reporting format lets clinicians look at the panel population as a whole and drill down to the individual patient level. Data can be sliced in many different ways, giving providers fresh perspectives on their populations. This, in turn, supports risk stratification, improving the ability of a practice.
Collaborating to help practices improve

The 10 payers participating in Colorado CPC have been working together since 2012 to identify innovative mechanisms to support practices’ work. Seven of the original 10 are part of the data aggregation project:

- Anthem Blue Cross and Blue Shield
- Cigna
- Colorado Access
- Colorado Choice Health Plans
- Colorado Medicaid
- Rocky Mountain Health Plans
- UnitedHealthcare

This type of collaboration takes time, effort and commitment to develop trust. “That’s what’s revolutionary and amazing about this project: We have so many payers around the table, collaborating to help practices improve the way they care for patients,” says Zerzan. Henry agrees. “Each payer has been very consistent with who they send to these monthly meetings.” Regular interaction with one another fosters trust and communication. She also credits the facilitators; they “have done an excellent job in creating that common goal and purpose for payers to follow so we remain on track and invested in the level of effort and work that this takes.”

Trust as a foundation, action as a result

Pam Curtis, deputy director of the Center for Evidence-based Policy at Oregon Health & Science University, and her team were responsible for convening and facilitating the Colorado CPC payers’ roundtable as well as the smaller group focused on data aggregation.

Long before the payers began looking for a vendor to develop the system, they laid the groundwork for collaboration. “We spent quite a bit of time with this group of payers creating a new culture,” she says. These natural competitors needed something outside their own organizations—advancing primary care transformation—as the impetus for collaboration. Many of the early meetings focused on how to have conversations and build trust. Curtis emphasizes all of this occurred within the bounds of antitrust regulations. “We acknowledged that explicitly, and we read an antitrust statement at the beginning of every meeting.” Everyone understood the boundaries; putting those concerns on the table at the outset fostered more open discussions, she says.

The data aggregation focus emerged organically, and the seven payers agreed to move ahead.

Payers in Colorado will, of course, continue to compete with each other, Curtis says. But now, they will all be supporting primary care in a similar way.

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— Pam Curtis, MS, director, Center for Evidence-based Policy, Oregon Health & Science University
way, using the same set of measures. “They’re creating a supportive marketplace with the needs of consumers and providers in mind.”

Moving toward value

None of this is happening in a vacuum. Colorado has been a leader in marrying advances in use of data for population health management, care management, data-use competency measurement, behavioral health integration and closer connection with support services outside clinical walls, Gordon explains. The data aggregation agreement represents the culmination of long-term, multi-stakeholder efforts that both predate and capitalize on the Colorado CPC. CPC initiative goals include reducing avoidable emergency department visits, increased ability for a practice to understand its patient population and reductions in gaps in care. Data aggregation is a catalyst to make the Colorado CPC program more successful more quickly, says Henry.

This isn’t a “one-off” project; it lays the foundation for important work going forward. “This data-aggregation agreement is a really critical piece for us statewide to build on,” says Zerzan. “It represents an important advance for the health of Coloradans in a tech-savvy, very exciting way.”

The immediate benefit is more accurate patient-level reporting. Because it improves physicians’ ability to track and measure impact, this work will have an ongoing impact on system-wide inefficiencies such as preventable re-admissions. But it begins with primary care. “We know that primary care providers—equipped with the right data and analytics tools giving them insight into their patient populations—can make a dramatic, positive difference in health care quality and costs,” Henry says. “Putting actionable data in the hands of providers is an important and necessary foundation for long-term health reform.”

All of this represents the beginning of another, much longer, process. These seven payers are committed to providing continuing support for sustainable primary care practice transformation in Colorado; they view offering this data aggregation tool as one essential piece of a longer-term strategy.

Gordon is adamant on this point: “It’s not a particular tool or functionality that matters, but the collection of all of that functionality in a transformed process.” Putting tangible tools and actionable data into the hands of CPC practices is, of course, important. “But we must work with these—and other—practices to deploy these tools in service of transformation. Health information technology adds value only if it is adopted within a clear, well-articulated strategy, with specifically identified use cases for patient-centered transformation.”

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Rocky Mountain Health Plans

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Director
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PAM CURTIS is the co-director of the Center for Evidence-based Policy at Oregon Health & Science University. In addition to providing direction for the Center, Curtis leads the work on policy development and application, social indicators of health, consensus building, strategic planning and organizational development.

Prior to working at the Center, Curtis served as policy advisor to former Oregon Gov. John Kitzhaber on children’s issues and human
services. In this role, Curtis authored the Governor’s initiatives on juvenile crime prevention and early childhood education. Prior to joining the Governor’s staff, Curtis was the interim director and field manager for the Oregon Commission on Children and Families. She has additional professional experience in local government and the private sector fields of substance misuse and addiction, adoption, child abuse prevention, youth development and policy, and organizational development. Curtis has authored articles and reports on policy coordination, system redesign and comprehensive planning. She holds a master’s degree from the University of Wisconsin, and has received several honors for her work, including the Robert F. Utter Award for Civic Leadership, State of Washington, 2010; the Mental Health Award for Excellence, State of Oregon, 2002; the Distinguished Service Award, Citizen’s Crime Commission, 2001; and the Outstanding Service Award, Governor’s Council on Alcohol and Drug Abuse Programs, 1999.

Henry received her bachelor’s degree in both marketing and management from Drake University in Des Moines, Iowa. In addition, she earned her MBA from the University of Colorado.

JUDY ZERZAN, MD, MPH
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JUDY ZERZAN is chief medical officer and provides clinical guidance for medical and pharmacy benefits and directly oversees the Pharmacy and Quality & Health Improvement units for Colorado Medicaid. Zerzan has a role in the design and implementation of benefits design, Colorado’s Accountable Care Collaborative, quality and health outcome improvement, and cost-containment efforts. She is also a clinical assistant professor in the division of general internal medicine at the University of Colorado Denver.

Zerzan earned her medical degree from Oregon Health & Science University in 1998 and her master’s degree in health policy and administration from the University of North Carolina in 1999. She completed the Robert Wood Johnson Clinical Scholars Program at the University of Washington/Seattle VA in 2007. She was a 2008-2010 non-residential Health and Aging Policy Fellow in the office of Sen. John D. Rockefeller IV of West Virginia. During her fellowship, she worked on Medicaid, benefits for those dually eligible for Medicare and Medicaid, and prescription drug policies. Zerzan currently serves as past-chair of the Medicaid Medical Director’s Network.
PATRICK GORDON joined Rocky Mountain Health Plans (RMHP) in 2004 as the director of government programs. He leads the Medicaid Accountable Care Collaborative project in Western Colorado. Within RMHP, he is accountable for the operational, financial and regulatory performance of the Medicaid, Dual Eligible, CHP+ and Medigap programs supported by the health plan. He previously served as executive director of the Colorado Beacon Consortium. He has also led and implemented several strategic projects for RMHP and stakeholders in Western Colorado, including the design and implementation of a performance incentive arrangement with the State of Colorado and participating physicians to achieve Triple Aim objectives; the implementation of a Medicare Part D Prescription Drug program and targeted coverage arrangements for dual eligible beneficiaries; development of Medicare supplemental insurance offerings; and a Medicare service area expansion in 10 Wyoming and two Colorado counties.

Prior to joining RMHP, he held various positions within the Colorado Department of Health Care Policy & Financing related to Medicaid, CHP+ and Nursing Facilities policy development and program management. Gordon earned a master’s degree in health policy/economics from the University of Colorado, and has received certification from America’s Health Insurance Plans Executive Leadership Program. He also serves as president of the Pinon Institute, a center for thought, leadership and culture change within long-term care.

About Rocky Mountain Health Plans
Founded in Grand Junction, Colo. in 1974, as a locally owned, not-for-profit organization, Rocky Mountain Health Plans provides access to affordable, quality health care enabling its more than 229,000 members across the Western Slope to live longer, healthier lives.

About the Community
Western Colorado is creating an accountable community that uses health IT in a meaningful way, adopts value-based payment models, coordinates care and empowers patients to take charge of their health.

We aspire to ensure the following:

• High-quality health care is affordable and accessible to all.
• Those who purchase health care are assured that care is effective, safe and appropriate.
• Patient care is a team effort, with roles that are well-defined, connected and collaborative.
• Patients have access to the support and information they need to take charge of their health and make their own decisions.

• Payment reform will foster reimbursement models that support accountability for population health and resource use.
• Information technology supports population health, helping providers predict outcomes, prioritize interventions and prevent disease.
• Health data is a community resource used in a secure way to support coordinated care at the population, practice and personal levels.
• Investments in information technology and health system transformation will improve quality of life and economic well-being across the state.
• Health is a community resource that requires leadership, stewardship, individual responsibility, community support and ongoing maintenance.

For more information:

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