Sharing is Caring...

The Changing Landscape of Healthcare Data

2nd Annual Kansas City Regional Diabetes Summit
November 17, 2017
Remember this?
It Wasn’t Really That Long Ago…

Growth in EHR Adoption

The Impact of The Hitech Act of 2009 accelerated the movement to electronic records
Out with the old...
....and in with the new!!!
2015...A Big Year for Provider Payment

How Providers are Paid is Tied to Performance Outcomes – Not Just Performing a Service

MACRA
Implementing the Physician Quality Payment Program

In January 2015, the Department of Health and Human Services announced new goals for value-based payment and APMs in Medicare

**Medicare Fee-for-Service**

**GOAL 1:** Medicare payments are tied to quality or value through alternative payment models (categories 1-4) by the end of 2016, and 30% by the end of 2018

**GOAL 2:** Medicare fee-for-service payments are tied to quality or value (categories 2-4) by the end of 2016, and 85% by the end of 2018

**STAKEHOLDERS:**
Consumers | Businesses | Payers | Providers | State Partners

**PARAMETERS:**
Set internal goals for HHS
Invite private sector payers to match or exceed HHS goals

PROVIDERS

PAYERS
What “Sharing” Looked Like...
What “Sharing” Looks Like Today...
MOST benefit designs allow patient freedom of movement across multiple unrelated “Systems” of care... leaving their healthcare information in fragments behind them.
“But what will ultimately catalyze the change will be proof of benefit to the people who are being served by both payers and providers.”
Leveraging CPC+ in Kansas City

Practices will focus on their efforts on the 5 CPC+ Primary Care Functions. Practices in both tracks will employ the same functions to transform care delivery; however, the intensity and focus of delivery will differ in each track.

- Care Management
- Access and Continuity
- Data-Driven Population Health Management
- Comprehensive and Coordinated Care
- Patient and Caregiver Engagement

Track 1 practices will add these services to visit-based, FFS care. Track 2 practices will be asked to redesign visit and non-visit based care, to increase the depth, breadth, and scope of care with particular focus on patients with complex needs.

5 County Metro

800+ clinicians
100+ locations
> 300,000 patients

$25-$30 million in new primary care payments (5-year program)

Let’s Make It Happen!