

# VBP/VBC Domain – Data & Analytics

## DESCRIPTION

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Value-based care relies on utilizing accurate data to improve performance on cost, quality, and access metrics that are included in VBP models. The HC will have a lot of needs for data, so a data governance strategy should prioritize data that can support the HC's VBP/VBC goals. These data can be linked to cost, quality and access metrics in VBP contracts. Communication between finance and clinical/QI/data staff is important to make sure the HC is focusing on the right data to measure how it's doing on VBP metrics and meeting the needs of the populations the HC serves. The HC should also prioritize data and processes to move these metrics, like closing gaps of care, addressing social drivers of health (SDoH) barriers, implementing chronic disease management programs, improving care coordination and care management, implementing population health capabilities, and expanding prevention and wellness programs. Health information technology supports the processing, storage, and exchange of information electronically. These technologies, like electronic health records, electronic prescribing, remote patient monitoring, and telehealth support the data needs of the health center to improve care for its patients.

Data analytics is the process of analyzing current and historical industry data to predict trends, improve outreach, and better manage the health and health care needs of patients/populations the health center serves (US Department of Health and Human Services). Capabilities that health centers will need to have in this domain include:

- Utilizing internal and external data to inform care decisions and improve health outcomes for the patients and populations HCs serve.
- Improve data quality, increase data literacy (i.e., the ability to derive meaningful information from data), and maximize data use through a data governance program.
- Leveraging data and analytics to help align payment reform with the current and evolving value-based care model that health centers are implementing.
- QI processes also rely on data and analytics to help the health center focus on care model transformation that can improve cost, quality and/or access outcomes. The HC should have a data governance strategy that ensures data accuracy, educates staff on using and understanding the data, and improves data accessibility, including data visualization. Developing and implementing a data governance strategy requires a multi-disciplinary team, including IT, data analysts, clinicians, QI staff, community health workers, and VBP leads.

As health centers enter into VBP models, they will need to track cost, quality, and access data for all the patients that are assigned to it under each VBP contract. Unfortunately, different payers often focus on different metrics in their VBP models, making it difficult for HCs to track and move metrics for each VBP contract it signs. A promising trend to reduce this burden on providers is that some states are aligning performance metrics across public and private payers.

Tracking a health center's impact on total cost of care (e.g., costs that are inclusive of hospitals, specialists, and other services, not just HC services) through shared savings arrangements can be difficult since many of these costs are incurred at other providers. Negotiating access to payer data for shared savings arrangements can be challenging which is why many health centers work together (e.g., through a clinically integrated network) to negotiate access to these data and translate it to a format that is useful to health center provider teams.

Another challenge for health centers has been to align VBP metrics with priorities that the health centers have for improving the health of the populations they serve. In other words, metrics that are used in VBP models must be a negotiation between payers and health centers to align payment with practice transformation that is meaningful to vulnerable populations. Data and analytics play an important role in these negotiations. Fortunately, VBP is pivoting to address the needs of vulnerable populations and safety net clinics. It is a good time for health centers to negotiate and enter into VBP models that can support the populations they serve. The ability to collect data on the SDoH that impact

health center patients will be increasingly important in these models. Health centers will also need to be able to identify health disparities in the populations they serve and utilize this data at the provider team level to improve health equity.

Data from the health center, hospitals, payers, public health, community-based organizations, etc., will all be important for managing the comprehensive needs of patients that health centers serve. Often health centers feel like they are “drowning in data and starving for information,” so a data governance plan will be important to manage all these data.

A data governance plan should:

- Improve data quality, increase data literacy, and maximize the use of data.
- Include a data strategy for resource allocation and data acquisition, assuring the completeness and accuracy of data, clarifying the use of data, and establishing timelines for implementing the strategy.
- Prioritize data requests to focus on the most important initiatives.
- Implement the plan through training and communication, establishing roles/responsibilities, and policies and procedures.

Capabilities in the Data & Analytics domain include:

- Developing a data governance plan to prioritize, manage, and utilize data needed to improve patient outcomes and perform well in VBP contracts.
- Utilizing data from external organizations (e.g., hospitals, specialists, behavioral health providers, public health organizations, CBOs) to manage the comprehensive needs of the populations the HC serves.
- Utilizing health information technology to process, store, and exchange information electronically.
- Developing strong data analytics capabilities.
- Providing comprehensive data to providers teams, including the use of data visualization tools.

## RATING YOUR HC LOW, MEDIUM, OR HIGH FOR THIS DOMAIN

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Attributes of HCs that are rated low, medium, or high for capabilities in this domain.

1. The health center regularly uses data to understand the specific health needs of the population in its service area. (from NACHC’s Payment Reform Readiness Assessment Tool).
  - a. Low – The health center has data on the primary health conditions of its own patient population. Health center has analyzed health needs of specific populations (age, gender, and race/ethnic groups) within its patient population.
  - b. Medium – The health center is aware of broader health needs and utilization patterns in service area, including behavioral and oral health needs, comorbidities, and primary prevention needs (e.g., smoking and obesity rates, etc.).
  - c. High – The health center has a thorough understanding of specific health needs and utilization patterns of the population based on its own data serving the patient population and information available from other provider groups and/or published literature.
2. The health center’s health information technology (HIT) systems allow for tracking of client and service information needed to support care and payment transformation (NACHC’s Payment Reform Readiness Assessment Tool).
  - a. Low - The health center’s systems are able to capture unique encounters, services provided, utilization and diagnosis. The system readily produces reports on encounters, utilization and diagnoses in the aggregate but it is not readily accessible in real-time. Health center is able to produce and submit accurate and timely reports reflecting performance indicators tied to quality or other funding.
  - b. Medium – The health center’s systems are able to capture and report on unique encounters, services provided, utilization and health outcomes for specific groups of patients (e.g., age, lab results, chronic conditions, dual eligibles, high utilizers, etc.). Health center’s systems capture and produce reports on

patient social drivers of health, including environmental factors (health habits; mental health; patient perspective and preferences and communication modalities; risk assessments).

- c. High – The health center information systems capture and report on non-traditional “touches” such as email, phone call, group visits for diabetes management and prenatal care, etc. and enabling services. Health center information systems capture and report on non-traditional “touches” such as remote monitoring devices/wearables, virtual reality and/or other devices. Health center information systems enable care teams to securely exchange real-time tracking and service data such as event notification with delivery system partners (including hospitals, specialists, payers, public health, social services, law enforcement, emergency, and other health-related entities). Health center is able to leverage cost and utilization data available from partners for performance improvement.
3. Performance measures... (from Delta Center’s MAHP 2.0 Assessment):
    - a. Low – Are not available at the clinic site or are available at the clinic site but are limited in scope.
    - b. Medium – Are comprehensive, including clinical, operational, and patient experience measures, and available for the practice, but not for individual providers.
    - c. High – Are comprehensive, including clinical, operational, and patient experience measures, and fed back to individual provider teams.
  4. The health center has robust Health Information Exchange (HIE) with providers/partners of proposed payment reform effort (Delta Center’s MAHP 2.0 Assessment).
    - a. Low – The health center obtains data on hospitalizations of its patients through a manual process. Data is claims based and not available “real time.”
    - b. Medium – Payment reform partners exchange data on patient medication, lab results, health status assessment, and behavioral health assessments through manual or request- based processes. The partners have a shared referral tracking and follow-up system. The health center participates in state or regional-level all-payer claims data efforts.
    - c. High – Data is exchanged among partners in real-time using HIE. The health center is able to leverage cost and utilization data available from partners for advanced data analysis and management.

If you are interested in your HC taking a more comprehensive VBP assessment, below are some options:

- Delta Center’s MAHP 2.0 Assessment Tool <https://deltacenter.jsi.com/resources/road-ahead-model-advancing-high-performance-primary-care-and-behavioral-health-under>
- NACHC Payment Reform Readiness Assessment Tool <https://www.nachc.org/resource/payment-reform-readiness-assessment-tool/>

## RESOURCES FOR CHCs TO IMPROVE THIS CAPABILITY

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LPCA, HCCN and/or LPCACO programs/support:

HCCN Objective	Activity
1.1	Patient Engagement Workshop digital health tools
1.2	Multi Discipline Training
3.2	SDOH Training
6.2	DRVS User Groups
7.1	Peer Learning Sessions Fall 2023, Spring 2024
7.2	TTA for Clinicians
8.1	EHR User Groups
10.1	High Functioning Care Team Collaborative
10.2	Efficient Use of Digital Tools Training

Other partners that can help CHCs improve this capability:

- Center for Care Innovations (CCI) data governance tools
- Agency for Healthcare Research and Quality (AHRQ) tools
- Health Information Technology, Evaluation, and Quality Center (HITEQ) tools
- PRAPARE team, SDoH assessment and implementation
- NACHC technical assistance and training

Links to resources for this capability:

Data and Analytics links

- Center for Care Innovations data governance handbook for HCs: <https://www.careinnovations.org/wp-content/uploads/2017/11/CCI-Data-Governance-Handbook.pdf>
- HITEQ checklist for analyzing performance measures: <http://hiteqcenter.org/Portals/0/pdf/HITEQ%20HIT%20QI%20Guide%20Checklist%20for%20Analyzing%20Performance%20Measure%20Data.docx>
- PRAPARE tools and resources for collecting and responding to SDoH/non-medical factors: <https://prapare.org/>
- HHS telehealth and remote patient monitoring: <https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/telehealth-and-remote-patient-monitoring>
- Health IT Analytics using big data analytics for accountable care: <https://healthitanalytics.com/news/how-to-use-healthcare-big-data-analytics-for-accountable-care>
- HITEQ Guide to using HIT and data to improve care processes and outcomes in HCs: <https://hiteqcenter.org/Resources/HITEQ-Resources/guide-to-improving-care-processes-and-outcomes-in-health-centers>
- HITEQ Learning to love your HC data series: <https://hiteqcenter.org/Resources/HITEQ-Resources/PID/718/mcat/1476/nsw/a?EDNSearch=Learning+to+love+your+data>
- NACHC's Quality Center TA and training <https://www.nachc.org/clinical-matters/quality-center/>
- NACHC's Financial, Operations Management / Information Technology (FOM/IT) conference <https://www.nachc.org/conferences/fomit/>
- The Gravity Project: working to create data standards related to SDoH: <https://thegravityproject.net/>
- Investopedia, What is data analytics? <https://www.investopedia.com/terms/d/data-analytics.asp#:~:text=Data%20analytics%20is%20the%20science,raw%20data%20for%20human%20consumption.>
- Tableau, big data analytics <https://www.tableau.com/learn/articles/big-data-analytics>
- HHS health information technology <https://www.hhs.gov/hipaa/for-professionals/special-topics/health-information-technology/index.html>
- CDC HIPAA information <https://www.cdc.gov/phlp/publications/topic/hipaa.html#:~:text=The%20Health%20Insurance%20Portability%20and,the%20patient's%20consent%20or%20knowledge.>
- Data Sources:
  - o CDC Data Set Directory: [https://www.cdc.gov/dhds/docs/data\\_set\\_directory.pdf](https://www.cdc.gov/dhds/docs/data_set_directory.pdf)
  - o City Health Dashboard – an online data mapping tool put together by NYU Langone Health: <https://www.cityhealthdashboard.com/>
  - o County Health Rankings – by RWJF: <https://www.countyhealthrankings.org/explore-health-rankings>
  - o US Health MAP by Institute for Health Metrics and Evaluation (IHME) – out of the University of Washington: <https://vizhub.healthdata.org/subnational/usa>
  - o County Explorer by the National Association of Counties: <https://ce.naco.org/>
  - o CDC Quick Maps: [https://www.cdc.gov/dhds/maps/quick-maps/index.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdhdsp%2Fmaps%2Fnational\\_maps%2Findex.htm](https://www.cdc.gov/dhds/maps/quick-maps/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdhdsp%2Fmaps%2Fnational_maps%2Findex.htm)
  - o Community Commons: <https://www.communitycommons.org/>