Transparency is a Top Priority, Says New CMS Chief Data Officer

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By AHIMA's Advocacy and Policy Team

Niall Brennan, director of the Office of Enterprise Data and Analytics and the first chief data officer at the Centers for Medicare and Medicaid Services (CMS), recognizes the pivotal role that data and information should play in transforming healthcare.

Before Brennan took on the role of leading the office this past November, he served as acting director of CMS' Offices of Enterprise Management. In the following interview, Brennan outlines his plans for the newly created Office of Enterprise Data and Analytics (OEDA).

JAHIMA: Please describe the role of the OEDA.

Brennan: Our primary role is overseeing improvements in data collection, use, and dissemination as CMS strives to be more transparent and to use that in the drive toward higher quality patient-centered care at a lower cost.

It has become increasingly apparent that with our aggressive moves toward value-based purchasing and industry reform, data and analytics have become core business functions of the agency. The role of the office is to maximize and leverage data in as many ways as possible, both internally and externally.

JAHIMA: Would you elaborate on how this new office represents a change in the role that data plays in healthcare payment and delivery?

Brennan: Now that we hold providers significantly more accountable for not only the volume of care but also the quality of that care, we have to aggressively mine our data, not only to help us understand the care that they are providing, but to help them better understand the care that they are providing.

Some examples are the provision of monthly claims data feeds to ACOs [accountable care organizations], the gradual rollout of the value-based payment modifier, and the Quality and Resource Use Reports (QRURs) that most Medicare physicians in the United States will receive over the next couple of years.

JAHIMA: Would you describe some of the ways that you are working to make data more transparent and meaningful to users?

Brennan: We have been very active over the past few years in leveraging and releasing as much data as possible for completely open and public consumption to both spur a vibrant health data ecosystem and make more information available on how our vast and complex health system operates. The new office was created to take those data releases to the next level.

We are committed to getting as much data out there as possible in a responsible way that in no way compromises beneficiary privacy. CMS is routinely looked to by other agencies as a leader in the open data and transparency field. We are releasing data that would have been unimaginable just two or three years ago.

The clearest example of that is the provider-specific data that we have released, including the release of physician utilization data last April that contained more than nine million lines of information on over 800,000 Medicare providers. We continue to look closely at other data resources that we could aggregate and make available in a similar manner.

We also are working hard to make data releases appeal to multiple users. Although making the data available in a machine-readable format is important, we have taken additional steps to make the data available in a more user-friendly manner for folks who may not necessarily be as sophisticated at manipulating data using statistical software programs or Excel. We have built a number of consumer-facing easy-to-use dashboards covering our physician utilization data, as well as our county-level geographic variation data and chronic condition data. All three of those releases include Medicare-specific data.

JAHIMA: What other initiatives do you plan to work on in 2015?

Brennan: We have a lot of new data sources that we are trying to integrate and understand. Marketplace data is an excellent example. We are into the second year of the health insurance marketplaces, so there is a lot more data to analyze, and we can begin to look at year-on-year differences and trends.

We also plan to get involved in greater analysis of Medicare Advantage plan encounter data, which was recently submitted to the agency for the first time.

JAHIMA: What do you see as some of the major challenges in your new role?

Brennan: They are exciting and fun challenges. Changing the culture around data at the agency is very important. I often say that data transparency begins at home, and we are working hard to ensure that all folks at the agency that need data can get it in as seamless a manner as possible.

The other big challenge is continuing to push the envelope on the development of internal analytics or advanced external information products. We have had a lot of success in this area with predictive modeling to identify fraud as well as real-time analysis of claims data to track readmissions in near-real time. But, obviously, there is much more that we can do in that area.

Finally, one of the big challenges that we are excited to confront is better integrating and coordinating of data from multiple sources into a single more cohesive framework where we can use the best components of different datasets to develop insights. Just to clarify—I am not necessarily calling for all of the data to be held in one giant database, but rather for us to be able to combine or use data from multiple different sources in a cohesive and collaborative way.

The best example is better linking the vast quantities of quality data that we have with the payment and claims utilization data. We also should begin to link the data we have from the HITECH [Health Information Technology for Economic and Clinical Health Act] payment incentive program to traditional administrative claims.

In the longer term, the challenge that everybody faces is better integrating clinical and administrative data for analytical purposes.

In Other News: CSAs Head to the Hill

In late March, 193 AHIMA members representing 45 states converged on the US Capitol in Washington, DC for AHIMA’s 13th Annual Leadership and Advocacy Symposium and Hill Day.

The Leadership and Advocacy Symposium on March 23 included several panel discussions designed to help the component state associations (CSAs) hone their home-state advocacy strategies, including using social media to engage policymakers and the public. Christopher Boone, PhD, executive director at Health Data Consortium, presented a keynote address on how recently proposed federal initiatives, coupled with marketplace changes, could advance the use of health data to improve patient outcomes.

During Hill Day on March 24, participants urged their representatives in Congress to oppose any legislative efforts to delay the transition to ICD-10. AHIMA members educated legislative aides on the Hill about other key health information topics, including the need to address the frequent mismatch between patients and their clinical data, which is a serious and growing patient safety issue. They also discussed how enhanced information management can deliver measurable cost and quality improvements.

Hill Day attendees also had the opportunity to hear from Denesecia Green, deputy director of the National Standards Group, Office of Enterprise Information at CMS. Green discussed CMS’ ICD-10 preparation activities, testing, and outreach and education efforts aimed at ensuring even small providers are ready for the transition.

The AHIMA Advocacy and Policy Team (advocacyandpolicy@ahima.org) is based in Washington, DC.

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