



American Medical Group Association®

## **2015 ISSUE BRIEF**

### **IMPROVING HEALTHCARE DATA TRANSPARENCY**

#### **Issue**

Healthcare data, and its transparent use, has the potential to better educate the consumer/patient and drive significant change and improvement in the delivery system. In our current healthcare system, data is fragmented, inadequate and siloed. While medical groups with Electronic Health Records (EHRs) are able to review their own clinical data, claims data, which covers office visits, tests, procedures, lab results, medications, etc., is often not accessible from Federal and commercial payors. This data is critical to painting a fuller picture of the patient. Claims data is needed for providers to understand the care that happens outside of the medical group office and to better predict risk and identify chronically ill and high cost patients. In other words, medical groups need both clinical and claims data to manage a patients' care, and their costs. However, access to claims data is uneven. Some commercial payors will share its claims data with providers while many will not.

#### **AMGA Asks Congress To:**

To improve care and decrease costs, AMGA recommends the development of a central data warehouse, coordinated by a trusted party that would house administrative claims data from a variety of sources (e.g., Federal healthcare programs, commercial payors, labs, pharmacy benefit managers, etc.). Providers would be able to access this data and paint an accurate picture of their patients' needs.

Additionally, we recommend that Congress require CMS to convene a stakeholder group to discuss the creation of a standardized process for the collection, submission, reporting and feedback of data. By allowing providers to access all forms of data and by standardizing the data submission process, Congress has the opportunity to dramatically improve the quality measurement system for patients and providers.