
Massachusetts Health Policy Commission, Boston, MA. Center for Health Information and Analysis, Boston, MA.

WHEN AN APCD IS NOT ENOUGH (YOU NEED RPO): DEVELOPING A SYSTEM TO MAP THE STRUCTURES AND RELATIONSHIPS OF MASSACHUSETTS’ LARGEST HEALTHCARE PROVIDERS

INTRODUCTION

In Massachusetts, as in other states, the healthcare market is changing rapidly. Providers are increasingly organizing themselves into Accountable Care Organizations (ACOs) and developing new corporate, joint contracting, and clinical relationships to better manage patient care across the continuum. How and where providers choose to develop these relationships can impact market consolidation, prices, care delivery practices, referral patterns, and ultimately, the ability to efficiently and effectively deliver value.

Many states have a powerful tool to track aspects of healthcare spending and market structure using their All-Payer Claim Databases (APCDs). However, APCDs offer little insight into how the healthcare system is structured and they can provide incomplete information about how and when healthcare dollars are spent.

By registering a Provider Organizations (RPO) program, Massachusetts created a first-of-its-kind system for collecting public, standardized data about the organizational structure and affiliations of its largest providers. The Massachusetts Health Policy Commission (HPC) will release this dataset in 2016 as a powerful complement to the states APCD and other RPO datasets. The RPO dataset allows for understanding the impact on the price and quality of care, and assessing other states seeking to create tools to better understand health care costs and market functioning.

STUDY DESIGN

Provider Organizations that qualify under the statute, either because they receive substantial Patient Service Revenue from commercial payers or because they control one or more hospitals, are required to submit a contract with downside risk, are required to submit information to the Commonwealth annually. In the first year, reporting was limited to Provider Organizations that established contracts on behalf of four or more hospitals, including at least one hospital that is not a psychiatric hospital. A total of 62 organizations were required to register in the first cohort, including 31 hospital systems, 14 physician groups, 5 behavioral health providers, and 1 hospital provider.

In the first year of data collection, the HPC prioritized creating a relational database that captures each Provider Organization’s internal corporate structure and external affiliations. The study design of the Full Corporate Affiliation and Contracting Affiliation data elements is detailed below. Additional data elements may be included in future years.

RESEARCH OBJECTIVE

The HPC worked with the experts in the field of health economics, paper contracting, and accountancy to develop the form and content of the dataset and collaborated with hospital systems to identify their needs and priorities. Based on these conversations, the HPC identified key strategies for an RPO Program and designed its data collection to highlight these features:

- Uniform: The RPO dataset will have a uniform approach to collecting Corporate Affiliation and Contracting Affiliation in a user-friendly manner for the information about each Provider Organization’s corporate affiliations. The RPO dataset will be a common, statewide language for discussing provider relationships.
- Provider-reported: The RPO dataset will be composed of data collected from provider organizations. The RPO dataset will be based on public or private data sources, including the Massachusetts APCD.
- Public: All information collected by the RPO Program will be publicly available to all interested parties.

FILE NAME

DESCRIPTION

REQUIRED

SAMPLE DATA ELEMENTS

# OF ELEMENTS

Background Information

Completed by the uppermost corporate entity with a primary business purpose of healthcare delivery or management

Yes

Legal name and Employer Identification Number (EIN)

2

Corporate Affiliation

Includes identifying information about each of the Provider Organizations’ corporate affiliates

Yes

Organizational type

82

Includes identifying information about each entity on whose behalf Provider Organization enters into a contract with a third party

Yes

Facilities

Includes information about each licensed facility owned or controlled by the Provider Organization

As applicable

License number

56

Includes identifying information about each entity with which the Provider Organization has an affiliation

As applicable

Affiliation type

7

Physician Roster

Includes identifying information about each physician or other individual whose behavior the Provider Organization, or one of its corporate affiliates, establishes at least one paper contract

As applicable

NI

Affiliation start date

27

Policymaker: Implications & Conclusions

The RPO dataset is a robust source of information that includes all of the general acute care hospitals and a significant number of specialty hospitals in Massachusetts.

All general acute care hospitals (57) and four specialty hospitals in Massachusetts are accountable for the data.

The RPO database also allows researchers to examine Provider Organizations’ strategies to affiliate with other providers, including through financial risk contracting, clinical affiliations, and corporate integration.

The image below illustrates the corporate, contracting, and clinical affiliations of Partners HealthCare System (Partners) and Beth Israel Deaconess Medical Center (BIDMC), the two largest contracting networks in Massachusetts.

In Massachusetts, the APCD system is generally not corporately integrated, but rather joins together through contracting and clinical affiliations.

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