

PRHI to analyze Medicare's Claims Data

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The first report detailing the quality of health care provided in the region is expected in a year, following an analysis of Medicare claims data by the [Pittsburgh Regional Health Initiative](#).

PRHI in April became only the seventh agency nationwide chosen by Medicare to evaluate medical practice, hospital and prescription drug records. The downtown educational and advocacy group will use the records over the next three years to compare provider performance, track diseases geographically and identify comparative effectiveness of various approaches to treating diseases.

PRHI also will compare medical care in the Pittsburgh area to national benchmarks to help patients, employers and insurers identify the best-value health care options.

"It's where information technology hits big data," PRHI President and CEO [Karen Feinstein](#) said. "That's what turns us on — helping organizations improve."

Analyzing the data will be a new role for the 15-year-old nonprofit, which has historically focused on education and training. For most of its history, PRHI has relied on [Pennsylvania Health Care Cost Containment Council](#) data to address problems in health care delivery such as hospital-acquired infections.

PRHI's new role will be to educate consumers, doctors and insurers about medical care issues based on medical claims. Another first: The Medicare designation gives PRHI its first access to a national dataset.

PRHI will produce at least one report annually, which will include measures that could be done to improve care. All of the data will be scrubbed to eliminate identifying patient information.

"With access to this remarkable data set, we can better pinpoint deficiencies, identify improvement opportunities and help local providers perform better," Feinstein said in a prepared statement.



Joe Wojcik

Karen Feinstein, president and CEO of the Pittsburgh Regional Health Initiative, said having access to Medicare claims data will help the PRHI better find "improvement opportunities"

The claims data is limited to people with conventional Medicare fee-for-service coverage. Because most people over age 65 in the Pittsburgh area have the souped-up Medicare Advantage plans, PRHI will work with insurers to capture medical claims data outside traditional Medicare.

For example, the Medicare claims data could make it easier to identify reasons for hospital readmissions within a month of discharge. Readmissions have become a metric for quality of care, and PRHI has studied the issue extensively using PHC4 data.

PHC4 is an independent state agency that analyzes hospital-generated data to help consumers make smarter health care decisions. According to one study, 17.6 percent of Medicare beneficiaries were readmitted within 30 days of discharge, resulting in \$15 billion in costs annually.

Medicare named the first three recipients of claims data in November as a tool in improving the quality of medical care. The initiative was part of the Affordable Care Act.

The timeliness of the Medicare claims data will be an issue, according to Harold Miller, executive director of the Center for Healthcare Quality and Payment Reform, a downtown-based consultant. But the data offer a more complete look at health care in the region than was previously possible.

“It’s very difficult to get information to find out what’s driving cost,” Miller said. “It’s hard for hospitals to improve if they don’t have the data on all of their patients, what is happening to them after they leave the hospital and how they compare to other hospitals.”

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