



Points of Light

Creating a Shared Clinical Data Ecosystem for Pediatric Value-Based Care

Points of Light 2026 Case Study 7

April 2026



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Executive Summary

The Pediatric Health Network (PHN) needed to be able to submit timely, accurate EHR data to Payer Organization 7 to meet their value-based care (VBC) agreement and earn shared savings. However, due to a fragmented EHR ecosystem, the payer was receiving incomplete and delayed data, which hindered care gap closure and reimbursement. To address this issue, the organizations partnered with MRO, a certified clinical data aggregator. This partnership enabled the organizations to achieve more streamlined data sharing and drove substantial improvements in their ability to meet quality measures.

The Collaborators



Children's National

Location: DC, MD, VA
Sizing: 130 practices

Payer Organization 7

Anonymous
Location: DC, DE, MD, NC, VA, WV
Sizing: >3.3 million members



Headquarters: PA
Segment: Interoperability, clinical data exchange

Points of Friction—Challenges to Be Solved

- **Fragmented technology ecosystem led to incomplete, delayed EHR data:** The PHN is a clinically integrated network (CIN) with approximately 800 pediatric PCPs across 130 locations. They use multiple EHRs. Payer Organization 7's network also includes 47 different EHR vendors. This fragmented ecosystem made direct payer-to-provider integration a confusing process as well as operationally and technically unsustainable.
- **The PHN's practices faced a significant operational burden when they tried to capture and submit EHR data to Payer Organization 7, resulting in inefficient data exchange:** The inability to successfully capture comprehensive EHR data prevented clinicians from getting credit for their work and hindered gap closure. Practices also did not have standardized workflows established to facilitate data capture for the data elements that were required for quality measure performance.
- **Payer Organization 7 lacked a complete, up-to-date view of member health:** The payer was relying on delayed claims data and repetitive record requests to meet quality metrics, and their clinical, risk, and quality teams were struggling due to high administrative burden. The payer had to wait 60–90 days to see claims-based information about members; this meant that by the time the payer issued care gap lists to the healthcare organization, the information was outdated. Additionally, the payer was requesting the same medical records multiple times for different things, like risk adjustment, quality audits, claims justification, and utilization review.

Action Plan—How the Collaborators Worked Together to Reduce Friction

- **Payer Organization 7 engaged MRO as a clinical data aggregator and set clear expectations for the project:** The payer selected the vendor to aggregate supplemental EHR data across the healthcare organization's practices. The payer defined pediatric quality measures and risk adjustment expectations within the VBC contracts, and they designed shared savings incentives in which a percentage of savings would flow back to the practices once cost and quality targets were met. Once they started receiving longitudinal clinical data, the payer used it to power operational use cases (e.g., HEDIS, risk adjustment, identification and stratification, care management), enabling them to avoid one-off record requests.
- **MRO protected data quality while bridging stakeholders' expectations for accuracy, coding, and timeliness:** As a certified clinical data aggregator via the NCOA's Data Aggregator Validation (DAV) program, MRO was able to normalize feeds from multiple EHRs, apply code crosswalks, and run robust data-quality checks before sending clinical data to the payer. The data was sent through a uniform repository with continuous feeds and a report for rapid diagnosis. MRO did primary-source verification and audited critical data elements, and they enforced a data-validation layer that quarantined out-of-range, improperly formatted, or invalid data values so that the payer's measures wouldn't be distorted. Additionally, the vendor identified data discrepancies that could risk inaccurate reporting and undermine trust in the data.
- **MRO partnered with the PHN and conducted training to support the PHN's practices:** The vendor assigned a client account manager and project manager to the PHN. Additionally, MRO conducted EHR-specific workflow training for the practices. The vendor provided a secure self-service validation portal, which enabled users to validate sample records for critical data elements in their own time. Users could open tickets when they found discrepancies and work with MRO to refine data mappings without adding an excessive burden to clinical staff.

- **The PHN implemented a population health data platform and built a robust internal program for data validation and workflow standardization:** The organization deployed a population health solution to support the data and analytics requirements for the CIN. Four FTEs were dedicated to implementing and validating the EHR feeds. The PHN team met with over 85% of the practices to ensure data accuracy and standardize workflows to improve data capture. The organization also established annual performance meetings for each practice and held quarterly cohort sessions to share network-level results and training for new dashboards, measures, and outreach capabilities.
- **The PHN operationalized outreach and engagement tools so they could translate data into action at the patient level:** Through their population health solution, the healthcare organization used EHR data to create lists of care gaps. Then, based on those lists, they executed text-message outreach programs for well-child visits and HPV vaccinations.
- **The stakeholders established joint governance and shared goals to standardize workflows and resolve data defects efficiently across practices and EHR vendors:** The three parties created a standing governance structure with frequent touchpoints and transparent issue tracking. The payer, healthcare organization, and vendor moved from ad hoc coordination to regular meetings, including weekly status calls between MRO and the healthcare organization, as well as ongoing data-quality sessions with the payer. During these meetings, the parties reviewed onboarding progress and data-yield reports. They also resolved data errors, addressed practice-specific issues, and coordinated joint outreach to practices and EHR vendors as needed.



Points of Light—Outcomes Achieved Through Collaboration

- **The PHN integrated EHR data across 99% of their practices, improving quality measure performance:** Over three years (2022–2024), the organization significantly improved their performance with quality measures, including well-child visits, adolescent immunizations (IMA Combo 2), childhood immunizations (CIS Combo 10), depression screenings, and physical activity and nutrition counseling. Performance for depression screenings improved the most, increasing by 167%.
- **Payer Organization 7 improved from a 3.5 Star Rating to a 4 Star Rating in about 18 months:** The rating increase improved their revenue by tens of millions of dollars.
- **Payer Organization 7 now receives continuous, DAV-certified clinical data that strengthens their quality and risk performance:** MRO's DAV-certified clinical data repository connects to 39 EHRs and delivers data for about two million members, with roughly one million clinical record updates per month. The repository can support 38 quality measures without needing chart audits due to the completeness and reliability of the data. This has reduced the payer's auditing burden.
- **The PHN saw improved clinician engagement and trust in the data across their network.**
- **The PHN consistently earned shared savings and distributed a percentage of the savings with the practices in the network.**
- **The collaboration reduced the administrative burden to capture accurate and timely EHR data and improved overall data quality.**



Lessons Learned—What Best Practices Can Other Organizations Replicate?

- **All parties should treat data quality as an ongoing shared goal:** The PHN focused on data validation and data capture improvement, Payer Organization 7 emphasized DAV-certified ingestion sites, and MRO provided a multilayer data validation and audit regimen. All of the stakeholders demonstrated that continuous data verification and refinement were essential.
- **Stakeholders should maintain transparent, bidirectional communication about data issues and remediation plans:** MRO created full transparency with both the healthcare and payer organizations, sharing what was in the data, which vendor extracts were problematic, and which rules were being adjusted. This communication was critical to avoid over-coding, prevent inaccurate submissions, and ensure each stakeholder knew when data was being held back or corrected.
- **Clinician engagement improves when organizations meet them where they are, simplify scheduling, and show clear, quick benefits:** To demonstrate value to practices, the PHN relied on quarterly cohort meetings, one-on-one performance reviews, EHR-specific workflow coaching, easy self-scheduling (via Calendly) for practice meetings, and year-over-year improvement reports.
- **Multidisciplinary governance and internal alignment within healthcare and payer organizations reduce duplicate work and conflicting requests:** Payer Organization 7 created an internal governance structure that brought together leaders from their quality, risk adjustment, claims operations, care management, and identification and stratification teams. Each team used the shared clinical repository rather than independently requesting records. The PHN similarly aligned their IT, quality, and practice support teams around a common data and workflow strategy.
- **Vendors can provide significant value to clients by leveraging long-standing EHR relationships and creating EHR-specific onboarding and support paths:** MRO had over 15 years of experience doing data mapping with EHR vendors. During this collaboration, the vendor used EHR-tailored education and worked with the healthcare and payer organizations to resolve issues (missing immunizations, misdated vitals, etc.). This helped accelerate remediation and benefited other MRO clients beyond this collaboration.
- **Organizations should set realistic timelines and expectations for user contracting, onboarding, and adoption:** Payer leaders cautioned other organizations to plan for multiyear timelines rather than expecting full user membership and participation within two years.
- **Kindness, clarity of purpose, and consistent support are critical to building trust with practices:** The PHN emphasized that approaching their practices as partners was key to success. The organization explained that their goal was to help practices more effectively manage their entire patient population. The work they were doing to improve data quality would be beneficial for all payer contracts. The PHN also employed clear year-over-year feedback and updates to practice workflows.



What's Next?—Vision for the Future

- **Payer Organization 7 plans to expand AI-driven prospective risk adjustment and point-of-care decision support based on near-real-time clinical data.**

- **Payer Organization 7 and MRO are collaborating to embed prior authorization workflows into EHRs using the same data infrastructure used in this collaboration.**
- **The PHN will continue their work on improving data quality and will also begin to focus on analyzing cost and utilization data:** They will use the same EHR-driven infrastructure and their population health platform to support their future population health initiatives. They will partner with Payer Organization 7 and MRO to address ED utilization and pediatric pharmacy costs. They also plan to identify additional value-based opportunities that can further reduce the total cost of care.
- **MRO is developing AI-enabled tools and data-health report cards to give practices more visibility into the strength of their data and prepare them for digital measures.**
- **All three stakeholders intend to continue onboarding new practices, expanding measures, and educating peers and partners on what they have learned.**