

THE HEALTH  COLLABORATIVE

How States are Using New Data Sources for Systems Transformation

Health Datapalooza 2016

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VISION

To inspire breakthroughs in transforming health and healthcare

PCMH + Payment Reform

Greater Cincinnati
1 of only 7
chosen sites nationally

- 📍 75 practices and 350 providers
- 📍 Multi-payer: 9 health plans + Medicare
- 📍 500,000 estimated commercial, Medicaid and Medicare enrollees

65 miles from
Williamstown, KY to Piqua, OH



“Advanced primary care is the foundation to a high-performing health [care] system”

–Dr. Patrick Conway

Ohio/Kentucky CPC Regional Landscape

479,398 Patients

286 Providers

9 Health Plans

Key Functions

-  Patient Experience
-  24/7 Access to Medical Record
-  Shared Decision Making
-  Clinical Quality Improvement
-  Care Management

Population Health



In
2015
1,638,865

Care Management Interventions for High Risk Patients



26,183

Patients called within 72hrs of hospital discharge







13,052

Discussions held about advance care planning options

Evidence-Based Care

Ohio/Kentucky Region Medicare Outcomes July 2013 – Sept. 2015

-  Overall Hospital Admissions - 8%
-  Primary Care Treatable Admissions - 16%
-  Readmissions - 4%
-  Risk Adjusted Expenditures 0%

Data-Driven Improvement

2015 Q2 Aggregate Payer Data

CPCi Aggregate Risk-Adjusted Rates All Payers*

Risk-Adjusted Utilization Rates per 1,000

Risk Adjusted Rate

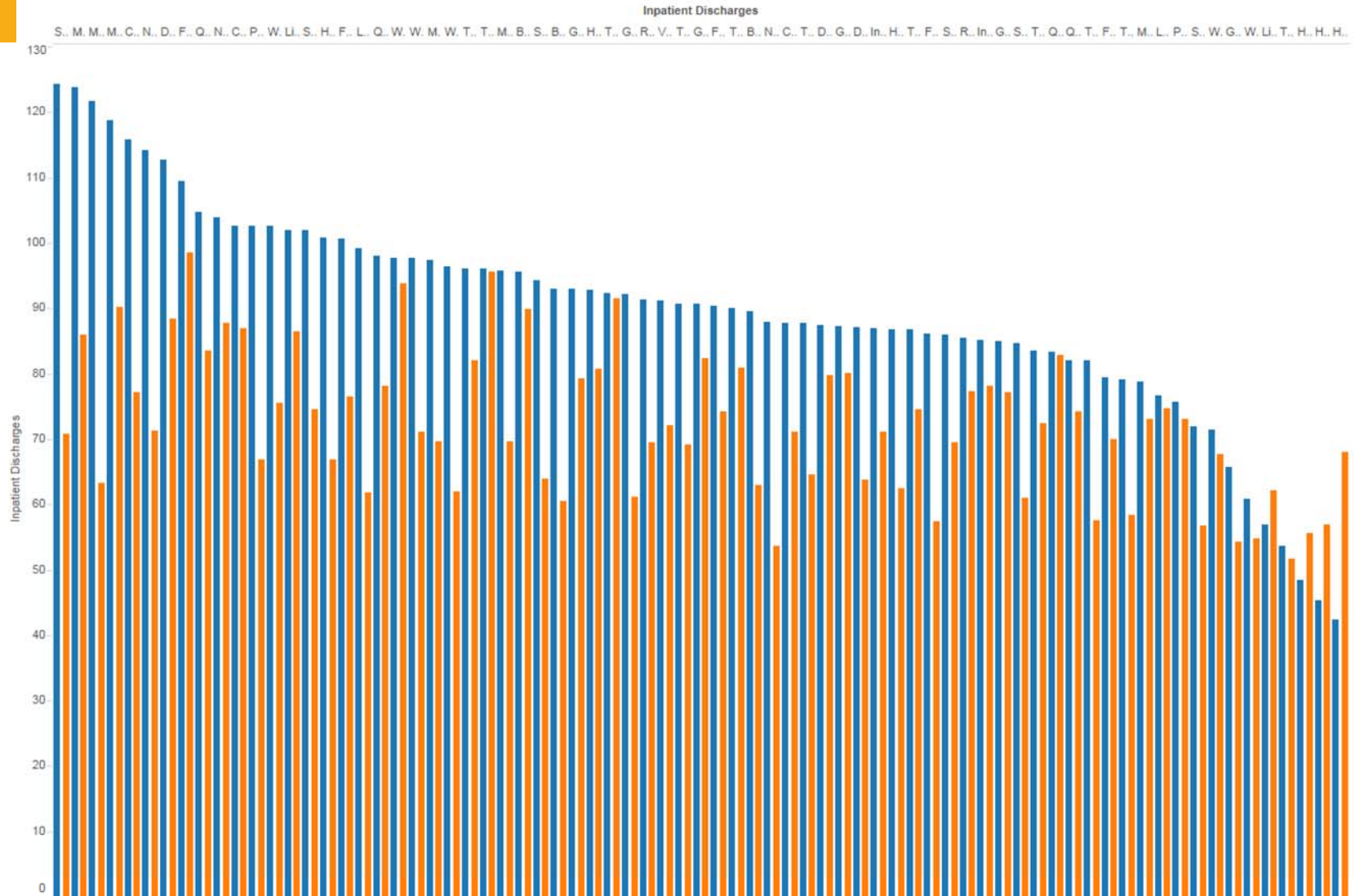
<i>Measure</i>	<i>2013</i>	<i>2014</i>	<i>2015 Q2</i>	<i>% Change from 2013</i>
ED Visits	268.2	273.0	266.9	-0.5%
Inpatient Bed Days	415.6	365.8	346.9	-16.5%
Inpatient Discharges	96.0	84.3	77.5	-19.3%
Primary Care Visits	2407.5	2411.6	2290.0	-4.9%
Specialist Visits	1802.6	1746.0	1663.3	-7.7%

**Medicare FFS and OH-Medicaid data not included*

2013 Q1-4

2014 Q3-4
and 2015
Q1-Q2

Inpatient Discharges



2015 Q2 Aggregate Payer Data

CPCi Aggregate Risk-Adjusted Rates All Payers*

Risk-Adjusted Quality Measures

Risk Adjusted Rate

<i>Measure</i>	<i>2013</i>	<i>2014</i>	<i>2015 Q2</i>	<i>% Change from 2013</i>
PCR (30-Day Readmits)	1.3	1.5	1.5	15.4%
PQI CHF	3.8	3.0	2.9	-23.7%
PQI Composite	12.3	10.0	9.3	-24.4%
PQI COPD	2.9	2.4	2.1	-27.6%

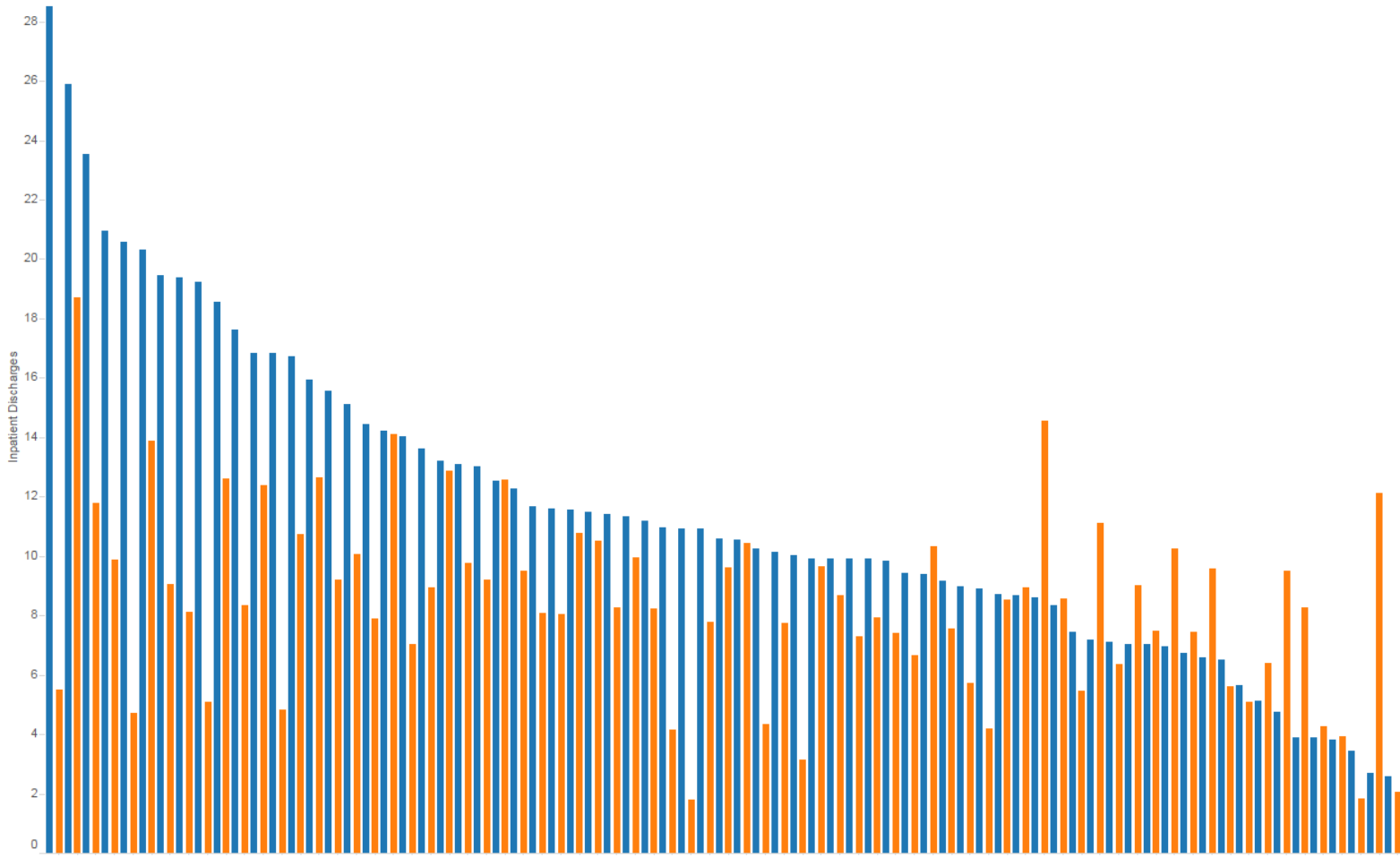
**Medicare FFS and OH-Medicaid data not included*

Preventative Quality Indicators: Composite

2013 Q1-4
 2014 Q3-4
 and 2015
 Q1-Q2

PQI Composite

M. D. M. W. M. W. N. M. V. M. S. S. S. T. N. Fl. S. H. C. F. P. B. D. T. T. Li. C. Q. G. C. G. W. F. B. W. T. F. G. S. T. H. T. H. H. T. G. S. Q. P. F. W. L. T. N. B. T. In. R. T. M. R. L. Q. W. G. In. D. Q. G. H. T. Li. H.



Comprehensive Primary Care (CPC): Report Examples



Practice



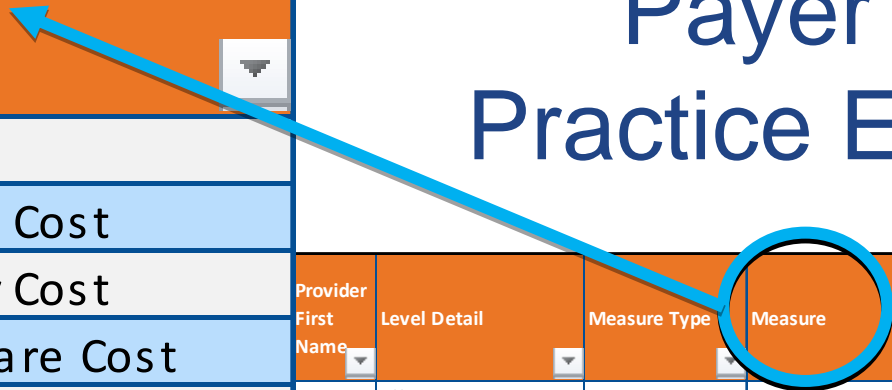
Payer



Attribution

CPC Aggregated Payer Report: Practice Example

Measure



ED Cost

Inpatient Cost

Pharmacy Cost

Primary Care Cost

Specialist Cost

Total Cost

Low Back Pain

PCR

PQI CHF

PQI COPD

PQI Composite

ED Visits

Inpatient Bed Days

Inpatient Discharges

Primary Care Visits

Specialist Visits

Extract Date	Measurement Year	P	Provider First Name	Level Detail	Measure Type	Measure	Risk-Adjusted Rate	LCL	UCL
1/29/2016	07/01/2014-06/30/2015			All Organizations	Cost	ED Cost	\$193		
1/29/2016	07/01/2014-06/30/2015			All Organizations	Cost	Inpatient Cost	\$1,185		
1/29/2016	07/01/2014-06/30/2015			All Organizations	Cost	Pharmacy Cost	\$951		
1/29/2016	07/01/2014-06/30/2015			All Organizations	Cost	Primary Care Cost	\$173		
1/29/2016	07/01/2014-06/30/2015			All Organizations	Cost	Specialist Cost	\$143		
1/29/2016	07/01/2014-06/30/2015			All Organizations	Cost	Total Cost	\$5,021		
1/29/2016	07/01/2014-06/30/2015			All Organizations	Quality	Low Back Pain	73%	72%	74%
1/29/2016	07/01/2014-06/30/2015			All Organizations	Quality	PCR	1.49	1.42	1.57
1/29/2016	07/01/2014-06/30/2015			All Organizations	Quality	PQI CHF	2.93	2.61	3.25
1/29/2016	07/01/2014-06/30/2015			All Organizations	Quality	PQI COPD	2.13	1.91	2.36
1/29/2016	07/01/2014-06/30/2015			All Organizations	Quality	PQI Composite	9.31	8.84	9.79
1/29/2016	07/01/2014-06/30/2015			All Organizations	Utilization	ED Visits	266.92	264.38	269.46
1/29/2016	07/01/2014-06/30/2015			All Organizations	Utilization	Inpatient Bed Days	346.87	343.97	349.76
1/29/2016	07/01/2014-06/30/2015			All Organizations	Utilization	Inpatient Discharges	77.53	76.17	78.90
1/29/2016	07/01/2014-06/30/2015			All Organizations	Utilization	Primary Care Visits	2,289.96	2,282.52	2,297.40
1/29/2016	07/01/2014-06/30/2015			All Organizations	Utilization	Specialist Visits	1,663.29	1,656.95	1,669.63

Linked tables: Clicking on one of the practice bar graphs automatically links their metrics in the other two linked tables.

Inpatient Bed Days 346.8 344.0 349.8

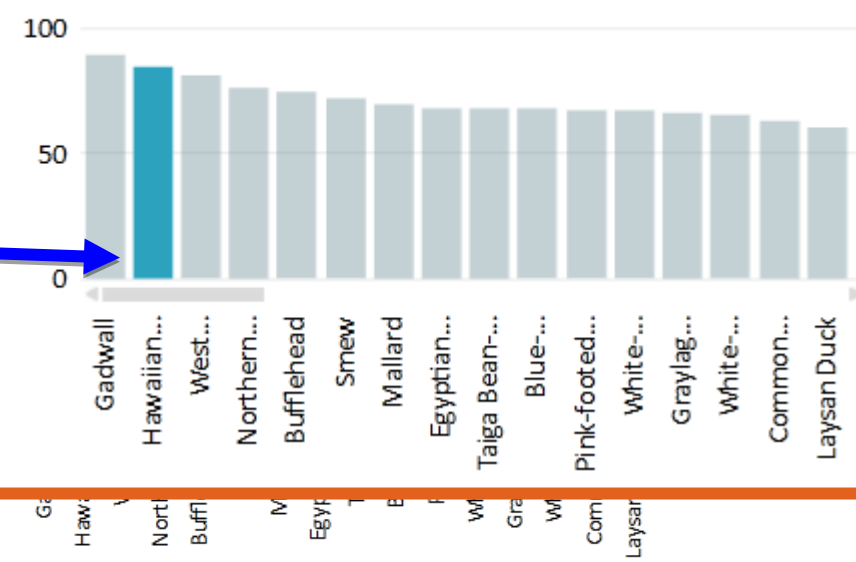
Hospital and ED Rates per 1,000 by Practice for This Payer (Unadjusted)

Practice Measure Utilization per 1,000

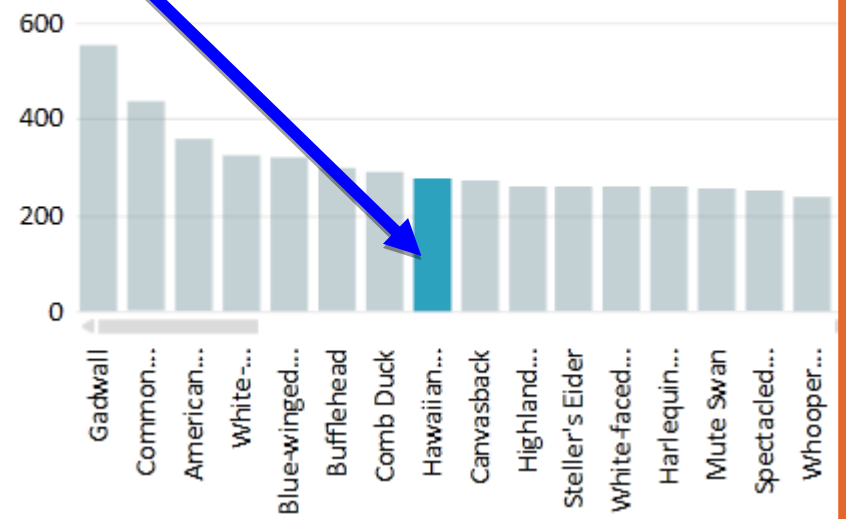
Hospital and ED Rates per 1,000 by Practice for This Payer (Unadjusted)

Practice	Measure	Utilization per 1,000
Hawaiian Goose	Emergency Department...	277
Hawaiian Goose	Inpatient Days	251
Hawaiian Goose	Inpatient Discharges	84
Barnacle Goose	Emergency Department...	234
Barnacle Goose	Inpatient Days	190
Barnacle Goose	Inpatient Discharges	45
Barrow's Goldeneye	Emergency Department...	160
Barrow's Goldeneye	Inpatient Days	168
Barrow's Goldeneye	Inpatient Discharges	57
Black Scoter	Emergency Department...	226
Black Scoter	Inpatient Days	160
Black Scoter	Inpatient Discharges	57

Inpatient Discharge Rates per 1,000 for This Payer by Practice (Unadjusted)



ED Visit Rates per 1,000 for This Payer by Practice (Unadjusted)



Attribution Tracking Report

Tab: Moved Summary

Description of tab: Count of members with the same provider but with a new Health Plan

Total Moved Membership of selected columns (subtotal based on selection)

Gross number of members moved between Major Payers within a Practice
2014 to 2015 Q2

Selected Total Moved
62

Practice	From Major Payer	To Major Payer	From Plan	To Plan	NoOfMembers
Townsville	Commercial	Commercial	HealthPlan Two	HealthPlan One	2
Townsville	Commercial	Commercial	Health Plan Six	HealthPlan One	1
Townsville	Commercial	Commercial	Health Plan Six	HealthPlan Four	3
Townsville	Commercial	Commercial	HealthPlan One	Health Plan Six	1
Townsville	Commercial	Commercial	HealthPlan Four	HealthPlan Two	8
Townsville	Commercial	Commercial	HealthPlan Four	HealthPlan One	15
Townsville	Commercial	Medicare	HealthPlan One	HealthPlan One	5
Zion	Commercial	Commercial	HealthPlan Two	HealthPlan One	1
Zion	Commercial	Commercial	Health Plan Six	HealthPlan One	1
Zion	Commercial	Commercial	HealthPlan Four	HealthPlan Two	3
Zion	Commercial	Commercial	HealthPlan Four	Health Plan Six	2
Zion	Commercial	Commercial	HealthPlan Four	HealthPlan One	4
Zion	Commercial	Medicare	HealthPlan One	HealthPlan One	4
Zion	Medicare	Commercial	HealthPlan Two	HealthPlan One	1
Gotham	Commercial	Commercial	HealthPlan Two	HealthPlan One	2
Gotham	Commercial	Commercial	Health Plan Six	HealthPlan One	1
Gotham	Commercial	Commercial	HealthPlan Four	HealthPlan Two	2



The Case for Claims Data Aggregation

Comprehensive View

Measurable Value

Standard Approach

Sustainability

Paying for Value is Enhanced by Comprehensive Practice Level Measurement

Statistical Validity of Aggregated Data Improves the Accuracy of Performance Comparisons

Adoption of a Standard National Measure Set is Reliable and Valued by Stakeholders

Accurate, Co-Owned Data Gives Confidence to pay for Value in a Sustainable and Scalable Approach

Value for Payers

Value for Providers

Comprehensive Reports Provide a One Stop Shop for Practice-Wide Data at Patient Level Detail

Aggregated Data Reports Provide a “Third Party” vetted Value of the Provider’s Performance

Improvement Efforts are More Efficient with Reductions in Variability and “Drill Down” Capabilities

Sustained Engagement is Made Possible With Co-Owned, Trusted, & Transparent Data

Business Model: Co-Ownership



Providers

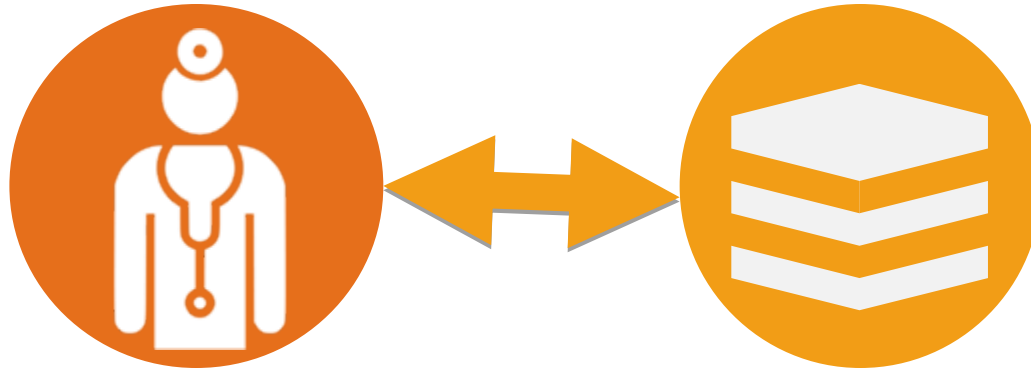


split the cost 50/50



Health Plans

Business Model: “Claims Data Co-Op”



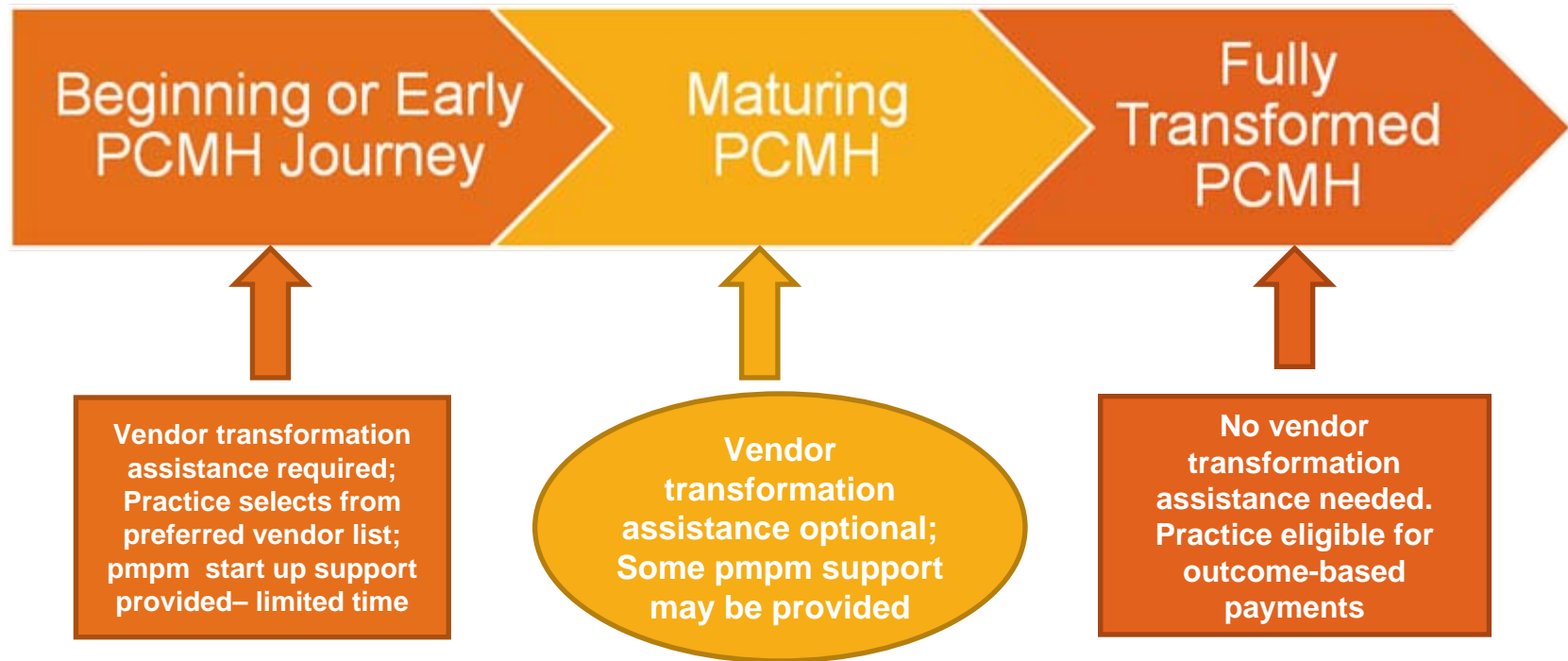
- Co-Own the Process
- A look into the “Black Box”
- Ownership of the results
- No longer “Their data” but “Our data”
- Nothing engages like paying for it
- Knowing who to call

Applications for the State



- State Innovation model
- CPC+ as a venue
- Growing it in concert with pay for value
- Taking it to scale
- Under the supervision of a “Data Co-Op”
- Future directions

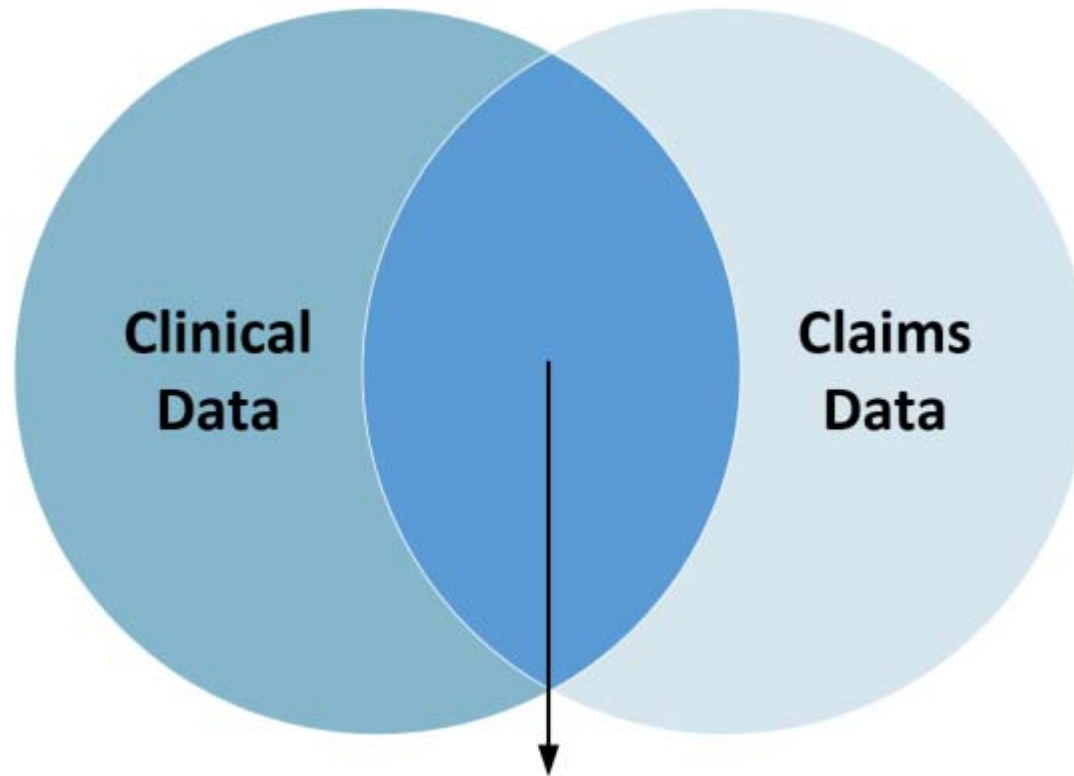
Practice Transformation Support: Selection Criteria and Funding Assumptions



Why RHICs? Bring Strengths in:

- PCMH Program Rollout and Management: **CPC project**, OPCPCC involvement
- PCMH - NCQA Practice Transformation, Quality Improvement Activity- PCMH journey toward certification.
- Multi-Stakeholder Engagement: **CPC Convening Experience**, Employer Engagement work
- Learning Collaborative Summits – **CPC Learning and Diffusion Contract**, Education, Best Practice Sharing amongst Providers State Wide
- PCMH and the Medical Neighborhood: Referral Networks
- Data Collection, Analysis, Public Reporting - NQF, HEDIS Metrics, **Claims Data aggregation**.
- Population Health Management: Red Carpet Care, Medicaid Waiver, Disparities in Care

Cost & Clinical Data Combination



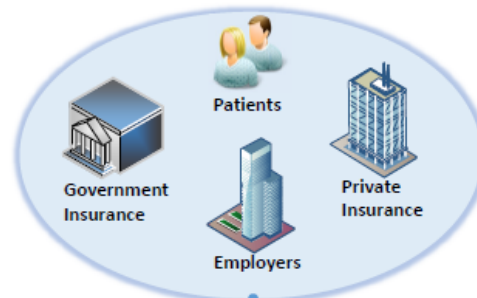
**Combined data set tied together via
master patient and provider index**

Clinical Data Core Services:



- Clinical Results Delivery
- Meaningful Use
- Encounter Notifications
- Admission Analysis
- HEDIS
- Quality & Cost Measurement

Those Paying for Healthcare



Those Providing Healthcare



Reference Data



Share

Community wide
view of patient data



Integrate

EHR data insertion
and extraction



Notify

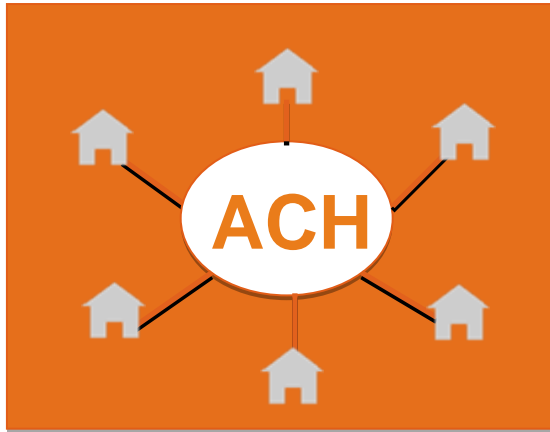
Timely delivery of
patient events



Analyze

Provide actionable
measurements of data

Other Innovative Initiatives



THE HEALTH  COLLABORATIVE
Technology Powered by HealthBridge

THANK YOU!

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