

Total Cost of Care Regional Initiative: An Early Stage Evaluation of 5 Regional Healthcare Improvement Collaboratives Funded by the Robert Wood Johnson Foundation

Speakers:

Sharon Silow-Carroll, Managing Principal, HMA

Meredith Roberts Tomasi, Program Director, Oregon Health Care Quality Corp

Gunnar Nelson, Health Economist, MN Community Measurement

Ellen Gagnon, Senior Project and Operations Director, NRHI

December 9, 2015

HEALTH MANAGEMENT ASSOCIATES



Cisco WebEx Event Center

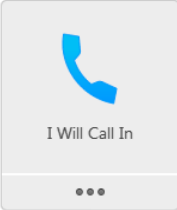
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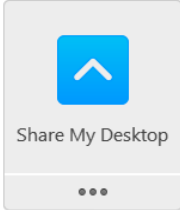
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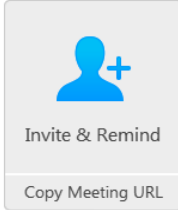
Test

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Event number: 666 221 939

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Participants Chat Recorder Q&A

Participants (1)

Speaking:

Panelists: 1

 **HMA Events** (Host, me)

Attendees: 0 (0 displayed)

Chat

Send to: All Panelists

Select a participant in the Send to menu first, type chat message, and send...

Send

Q&A

All (0)

Select a question, and then type your answer here. There is a 256 character maximum.

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- Host
- Presenter
- Host & Presenter
- All Attendees
- All Panelists**
- All Participants
- Select an Attendee...

Select a question, and then type your answer here. There is a 256 character maximum.

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Goals for Webinar

- Provide background on TCOC and pilot (HMA)
- Summarize evaluation findings (HMA)
 - Challenges, accomplishments, takeaways
- Describe 2 sites' key TCOC results and activation strategies (Q Corp, MNMCM)
- Discuss scaling potential and next steps (NRHI)

Overview: Total Cost of Care Initiative

- Robert Wood Johnson Foundation (RWJF) funded:
 - 5 regional health care improvement collaboratives (RHICs) to measure the TCOC associated with PCPs in their states
 - Network for Regional Healthcare Improvement (NRHI) to coordinate standardized approach, establish national benchmarks
- Objective: use “multi-payer data to identify drivers of regional health care costs to inform targeted strategies to reduce spending at the community level.”

Pilot Components

- Use multi-payer commercial data to calculate Total Cost of Care and Resource Use (TCOC)
 - HealthPartners measures; NQF endorsement
- Engage stakeholders
- Publicly report TCOC associated with primary care physician practices or groups by December 2014
- Promote collaboration

Participating Regional Collaboratives

- **Colorado:** Center for Improving Value in Health Care (CIVHC)
- **Maine:** Maine Health Management Coalition (MHMC)
- **Minnesota:** MN Community Measurement (MNCM)
- **Missouri:** Midwest Health Initiative (MHI)
- **Oregon:** Oregon Health Care Quality Corporation (Q Corp)

The Measures

Total Cost of Care and Resource Use framework captures virtually all care used by individuals

- Includes professional, inpatient, outpatient, pharmacy, ancillary
- Shows total cost and resource use as ratios to an average, in this case at physician group or practice level
- Risk-adjusted using Johns Hopkins Adjusted Clinical Groups (ACGs) for benchmarking purposes
- Allows users to isolate impact of prices and volume of services, and identify overuse and inefficiency
- Broken out at population, provider, condition, procedure, and patient levels
- Identifies cost-saving opportunities

HMA Evaluation of Phase 1

- Qualitative assessment of RHICs' early experiences
- Interviews with key stakeholders, document review, attendance at national meetings
- Case studies and synthesis report
- Identification of approaches, challenges, accomplishments, promising strategies, lessons

Findings: Challenges

Data Quality

- Accessible
- Clean
- Timely
- Commercial only

Physician Concerns

- Risk adjustment
- Attribution
- Control
- Public reporting

Actionability, Sustainability

- Competing demands, priorities, and incentives
- Benchmarking
- Ongoing funding

Delays
Resource Needs
Goal Adjustment

Findings: Accomplishments

- Engaged stakeholders, starting conversations about Cost Transparency
- Collected and analyzed multi-payer data, shared physician-practice or group level reports
- One site reported publicly, others planning or considering doing so
 - Another site publically reported on October 7, 2015
 - All five sites reported privately to practices by May 2015

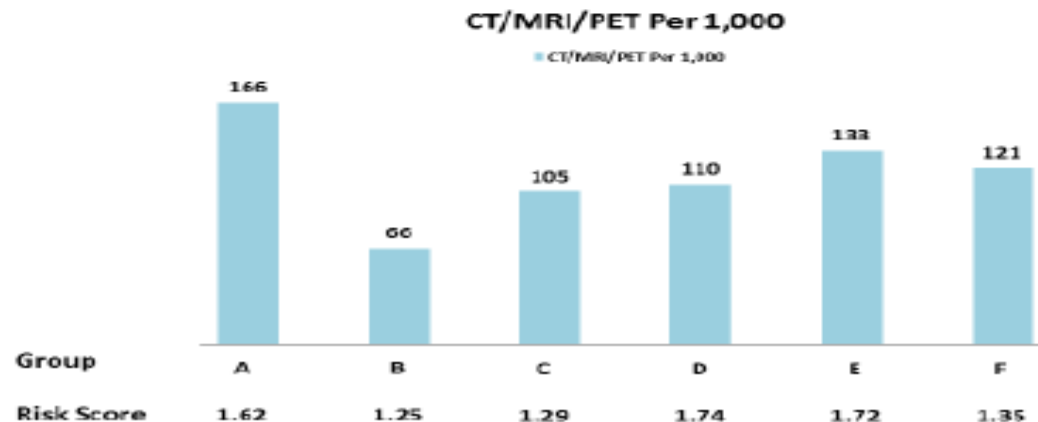
Sample physician group report...

Figure C-1. Sample Slides from MHI Presentations to Physician Groups

Variation in Spending for Adult Patients with Hypertension Attributed to Large Primary Care Medical Groups



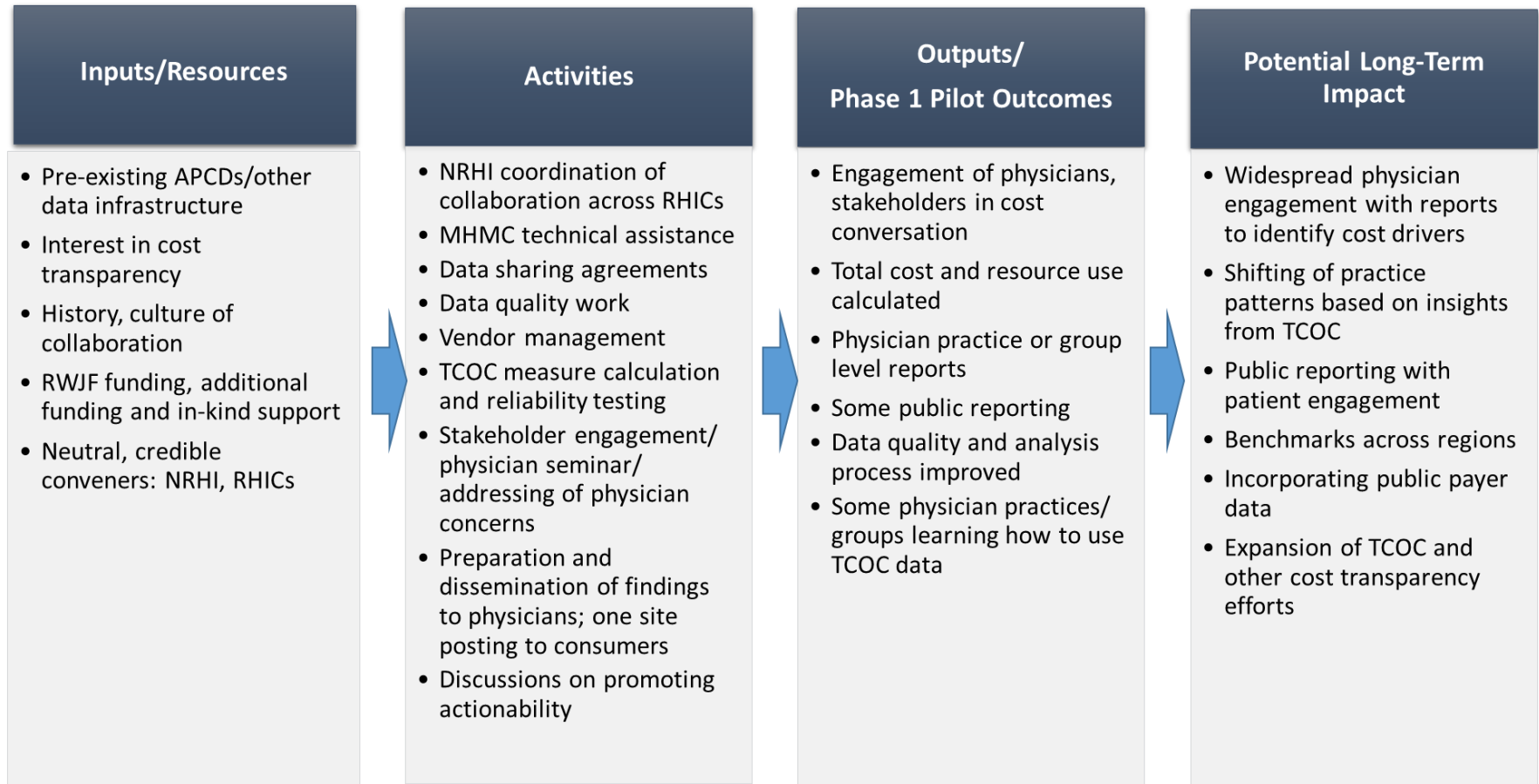
Variation in Use of Imaging (2013)



Key Strategies

- Neutral local convener
- Strong project management (by NRHI) and technical assistance
 - Data quality checklist
 - Calculate over multiple time periods
- Ongoing stakeholder education and opportunity for input
- Physician involvement in design implementation, and dissemination

Analysis/Logic Model



Takeaways

- Approach and progress varied according to local context
- Replication most promising in states/regions with: multi-payer claims data collection, political will, neutral convener, history of stakeholder collaboration
- Importance of:
 - Allowing sufficient time/funding
 - TA to assure data quality
 - Physician buy-in; input critical for actionability
 - Analytic support
- May need additional pressure from health systems, insurers, payers – i.e., incentives to physicians, consumers
- Potential tool to complement other value-based payment initiatives; e.g., ACO s, SIM...

Questions for Q Corp and MNMCM:

1. How did you address physician concerns and promote physician engagement?
2. What are some key TCOC analysis results, and how are you making the results “actionable”?

Q Corp Mission



To improve the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information.

Q Corp Partnership



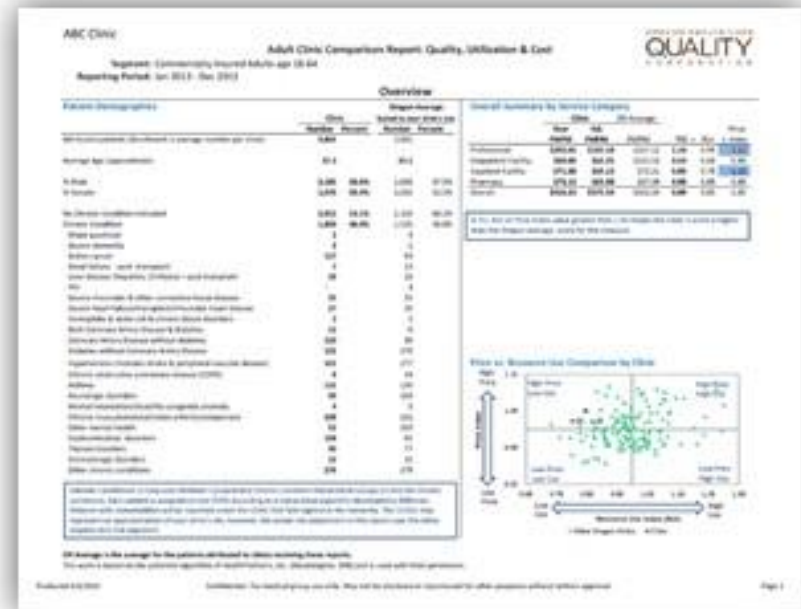
- Started in 2000
- Non-profit
- Neutral, independent
- Multi-stakeholder collaboration
- Over 200 volunteers serving on 11 standing committees

Clinic Comparison Report Package

- Quality, Cost and Utilization at the clinic level
- Separate adult (18-64 yo) and pediatric (1-17 yo) reports
- Clinics reports mailed and emailed to 69 medical groups in Oregon. A total of 123 adult and 44 pediatric clinic-level reports were sent with whom Q Corp has legal agreements.

Report Package Contents

- Cover letter
- Definitions and Glossary Sheet
- Report
 - Demographics & Cost Overview
 - Professional
 - Outpatient
 - Imaging and ER
 - Inpatient
 - Chronic Conditions
 - Pharmacy
- Frequently Asked Questions (FAQ)
 - Includes Section on How to Use These Reports



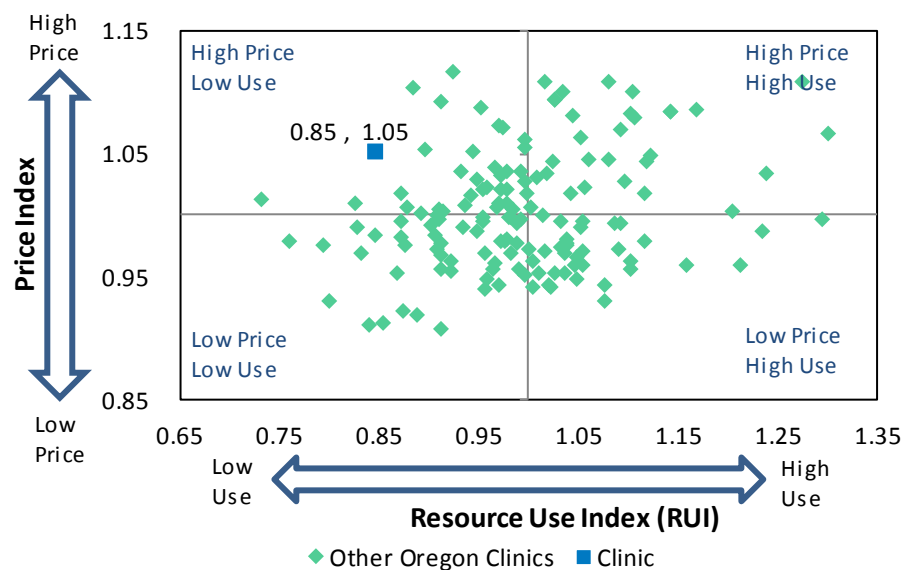
Q Corp Clinic Comparison Reports

Overall Summary by Service Category

	Clinic		OR Average		Price TCI = RUI x Index	
	Raw PMPM	Adj PMPM	PMPM			
Professional	\$203.02	\$183.18	\$167.12	1.10	0.99	1.11
Outpatient Facility	\$69.00	\$62.25	\$115.53	0.54	0.60	0.90
Inpatient Facility	\$71.08	\$64.13	\$72.21	0.89	0.78	1.13
Pharmacy	\$73.92	\$66.70	\$69.20	0.96	0.98	0.98
Overall	\$417.03	\$376.26	\$424.06	0.89	0.85	1.05

Clinic scores are risk adjusted to account for variations in illness burden.

Clinic Risk Score



Q Corp Clinic Comparison Reports Cost Detail

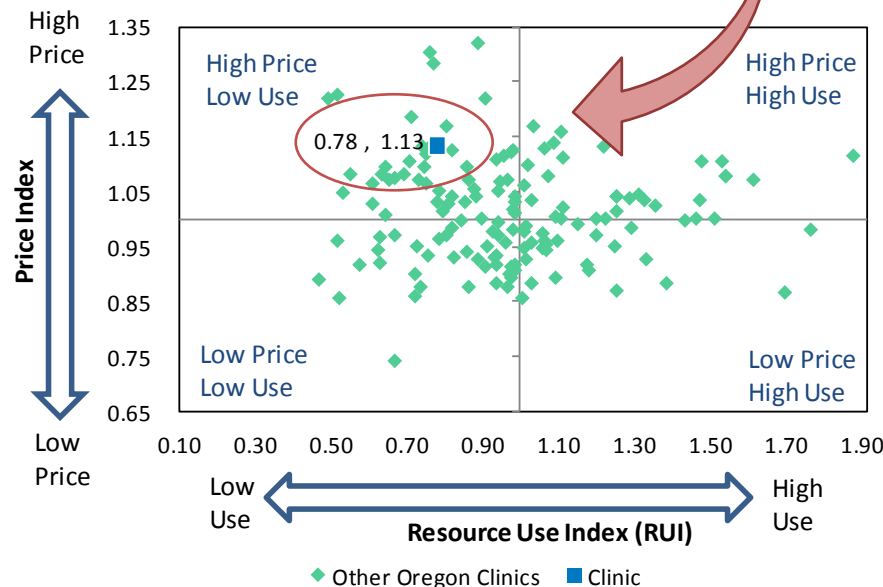
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Inpatient PMPM by Service Category

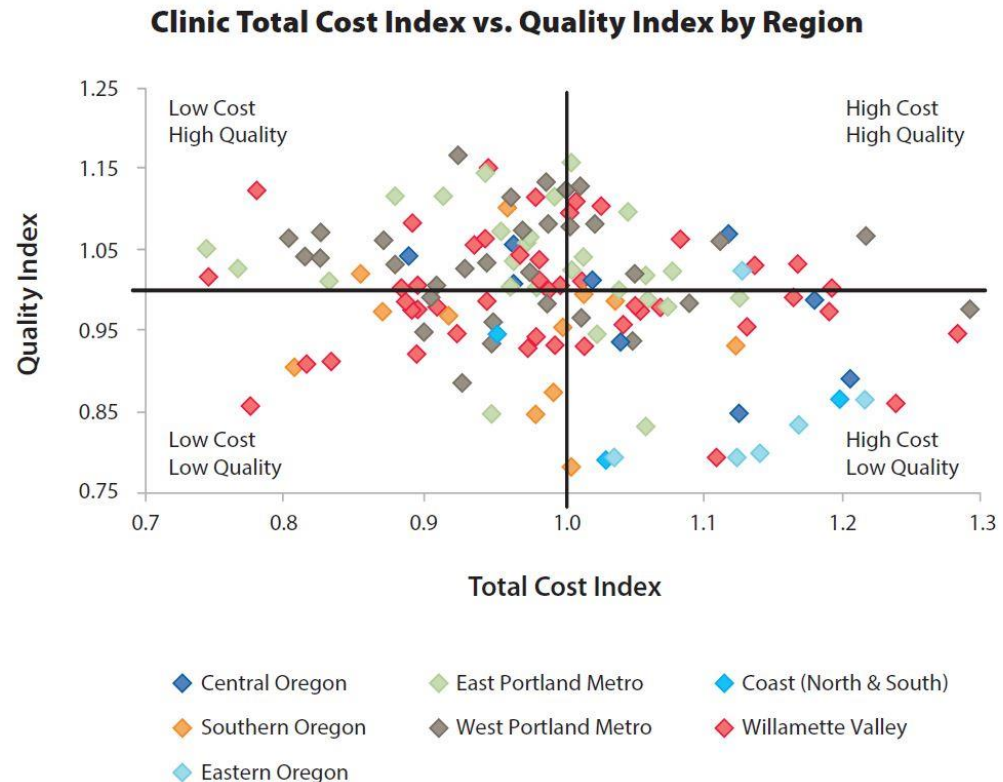
	Clinic	OR Average			
	Adj				Price
	PMPM	PMPM	TCI	= RUI	x Index
Acute Admissions	\$64.13	\$71.93	0.89	0.79	1.13
Surgical	\$46.98	\$46.13	1.02	0.83	1.22
Medical	\$9.55	\$15.77	0.61	0.70	0.87
Maternity	\$4.11	\$8.88	0.46	0.40	1.17
Mental Health	\$3.49	\$1.15	3.04	3.03	1.00
Non-Acute	\$0.00	\$0.27	0.00	0.00	1.00
All Admissions	\$64.13	\$72.21	0.89	0.78	1.13

Inpatient Price vs. Resource Use Comparison by Clinic



Early Findings

- Considerable variation among clinics and between regions across Oregon
- Rural clinics show higher cost and lower quality, on average
- Q Corp is working to better understand cost drivers and what providers can do to influence them



Measurement Period: January 1, 2013 - December 31, 2013

Oregon Health Care Quality Corporation (2015) *Information for a Healthy Oregon*, access the report at www.q-corp.org

Early Feedback

- IPA interest in detailed drill down information
- Medical groups working on ACO development are working to address initial findings and outlier results – oncology, imaging, behavioral health integration
- Providers asking for non-participating health plans to join project to build on participation and results
- Specialty interest in clinical redesign and payment reform activities

Physician Engagement Lessons

- Engage early and often through a variety of channels
- Find a champion or two
- Promote involvement on committees and Board
- Listen to concerns and be thoughtful in responses
- If possible, show them their real data in testing
- Embrace transparency, and be honest and humble

MN COMMUNITY MEASUREMENT

MN Community **Measurement** is a non-profit organization dedicated to improving health by publicly reporting health care information. A trusted source of health care quality measurement and public reporting since 2003.

- Quality Process measures since 2003
- Quality Outcomes measures since 2008
- Cost Per Procedure measures since 2009
- Patient Experience measures since 2013
- Total Cost of Care 2014



MINNESOTA MARKET

Large Group Practice Organizations

- 50% of patients at 12 groups
- 98% of patients at 115 groups

Non profit requirement for payers

- Four local payers have majority of commercial patients

All Payer Database suspended 2013

Total Cost of Care Built with Community Input

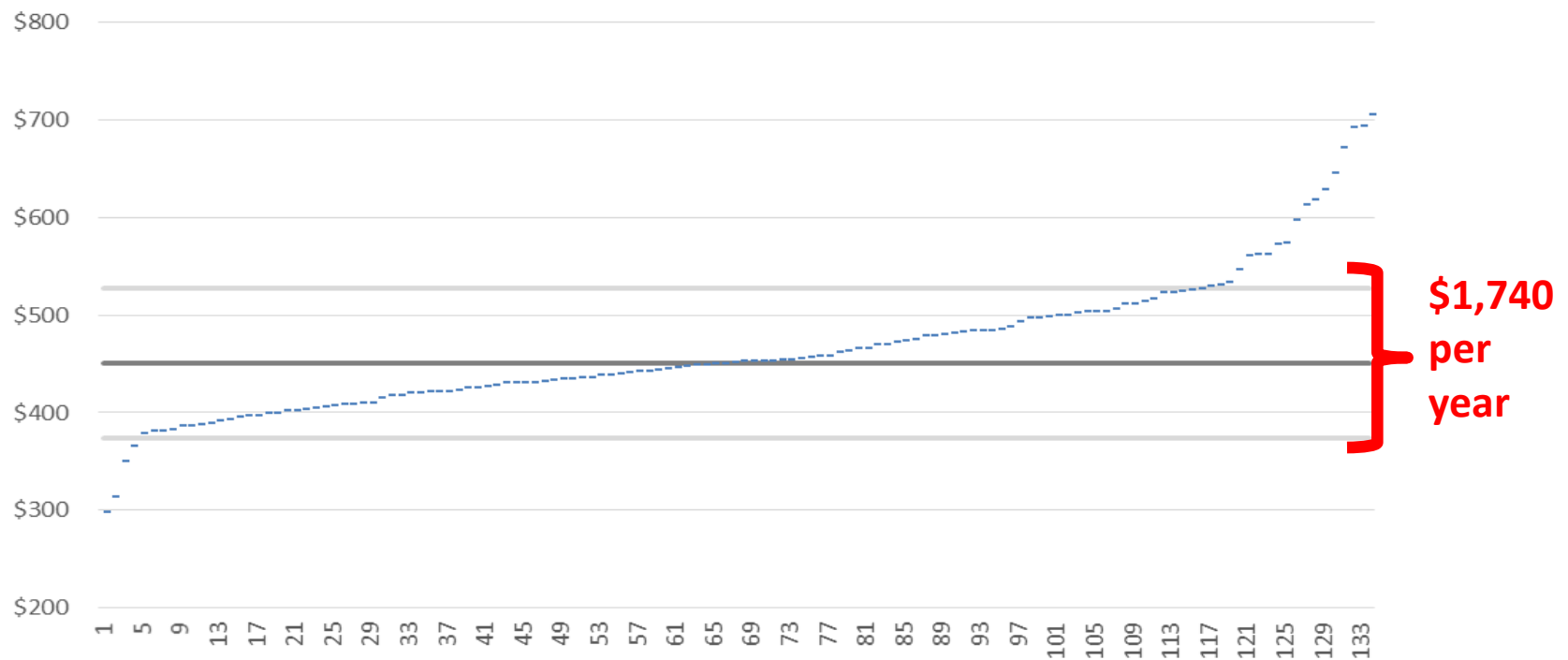
Development and Implimentation	Technical Assistance
Consumers Primary Care Medical Groups Multispecialty Medical Groups Independent Practices Employers State of Minnesota Health Plans Institute for Clinical Systems Improve MN Medical Association MN Hospital Association MN Community Measurement	Local Experts National Quality Forum Independent Statisticians Network For Regional Healthcare Improvement (NRHI) DST Health Solutions Medical Groups (Public Comment)

Minnesota Total Cost Of Care TCOC Decentralized Data Model



Range of Cost - Total Cost

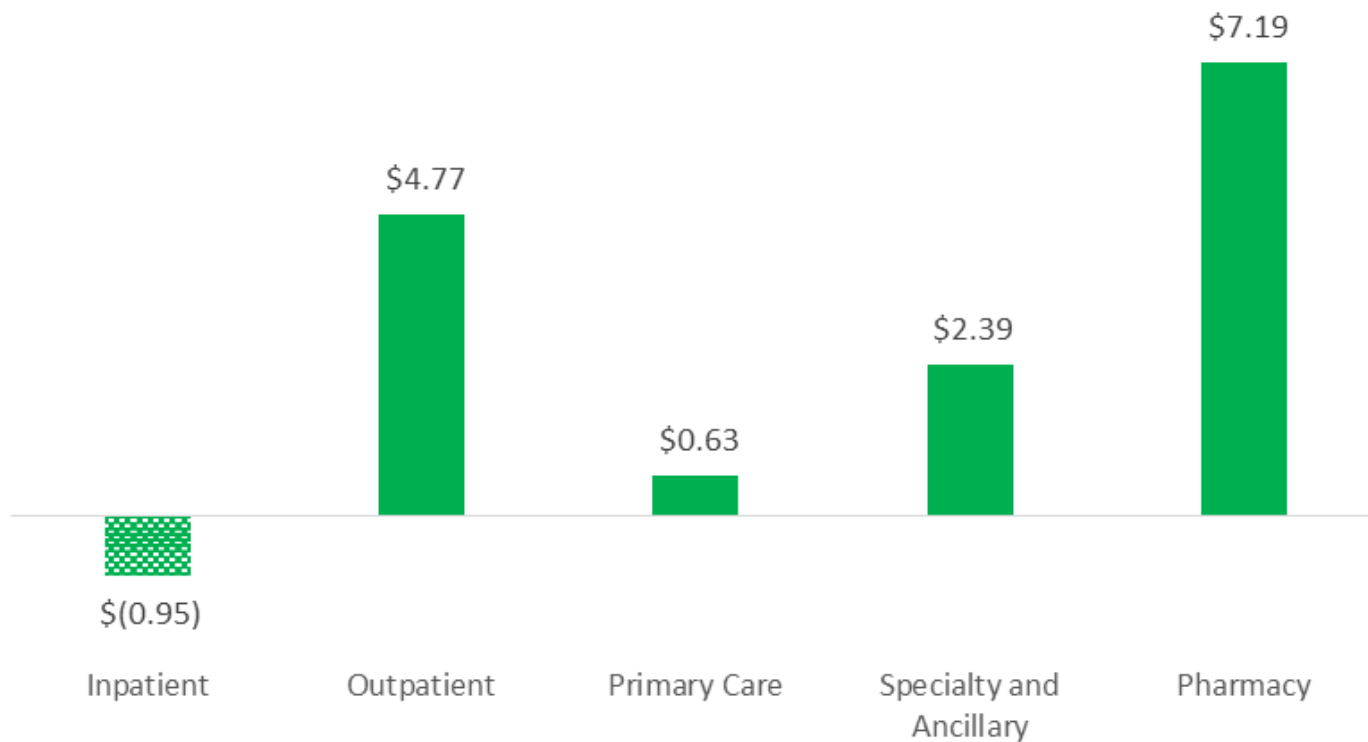
2014 Total Commerical Cost of Care
Range of Costs by Medical Group



**\$1,740
per
year**

Total Cost of Care

Change in Total Cost Per Patient Per Month
Commercial Patients 2013 - 2014



MNHealthScores.org Cost and Quality



Website

TOTAL COST OF CARE

This is the average monthly cost for patients who received their primary care at this medical group, and whether that cost is higher or lower than the average.

This amount includes both what you pay and what is paid through your health insurance. The 2015 average monthly cost per patient in Minnesota is \$449. For adults, it's \$529 and for children it's \$225.

[Learn more](#) →

	COST	MONTHLY AVERAGE COST	HIGHER/ LOWER THAN AVERAGE
OVERALL VIEW MORE	AVERAGE	\$381	-15%
ADULTS VIEW MORE	AVERAGE	\$449	-15%
PEDIATRICS VIEW MORE	AVERAGE	\$186	-17%

[View procedure costs for this medical group](#) →

Looking for information on a specific clinic? Check out the Associated Clinics below or search by clinic. [Go to Clinic Measures](#) →

QUALITY MEASURES	PROCEDURE COST	STANDARD VIEW	DETAILS VIEW	LEGEND
				★ ■ ■ ⓘ
		HEALTHSCORE	RATE	
ASTHMA: ADULTS MORE INFORMATION		BELOW AVERAGE	42%	
ASTHMA: CHILDREN MORE INFORMATION		BELOW AVERAGE	34%	
BREAST CANCER SCREENING MORE INFORMATION		BELOW AVERAGE	74%	
BRONCHITIS MORE INFORMATION		BELOW AVERAGE	13%	
CERVICAL CANCER SCREENING MORE INFORMATION		AVERAGE	77%	
CHLAMYDIA SCREENING MORE INFORMATION		BELOW AVERAGE	39%	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) MORE INFORMATION		AVERAGE	33%	
COLDS: CHILDREN		BELOW AVERAGE	82%	

MNHealthScores.org Total Cost vs Procedure Cost



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[View procedure costs for this medical group](#)

3 ASSOCIATED CLINICS

Northwest Family Physicians - Crystal CRYSTAL, MN
--

search by clinic. [Go to Clinic Measures](#)

QUALITY MEASURES	PROCEDURE COST	STANDARD VIEW	DETAILS VIEW	LEGEND
	PROCEDURE COST	AVERAGE		
Office Visits				
PREVENTIVE CARE VISIT FOR A CHILD 1 TO 3 YEARS OLD	\$174	\$167		
PREVENTIVE CARE VISIT FOR A CHILD 5 TO 10 YEARS OLD	\$171	\$168		
PREVENTIVE CARE VISIT FOR AN ADULT 65 YEARS OLD AND OVER	\$222	\$274		
PREVENTIVE CARE VISIT FOR AN ADOLESCENT 12 TO 16 YEARS OLD	\$186	\$181		
OFFICE VISIT, NEW PATIENT, 30 MINUTES	\$178	\$217		
OFFICE VISIT, NEW PATIENT, 20 MINUTES	\$122	\$144		
OFFICE VISIT, ESTABLISHED PATIENT, 15 MINUTES	\$119	\$135		
OFFICE VISIT, ESTABLISHED PATIENT, 10 MINUTES	\$72	\$80		
OFFICE VISIT, ESTABLISHED PATIENT, 25 MINUTES	\$174	\$214		
OFFICE VISIT, ESTABLISHED PATIENT, 40 MINUTES	\$232	\$294		

Questions for NRHI:

How can TCOC be scaled up, and what are next steps?

TOTAL COST OF CARE PHASE II

MAY 1, 2015 – OCTOBER 31, 2016

Project Goal

Evolve TCoC pilot and show preparedness for national scalability. Deepen stakeholder engagement and broaden the local activation and dissemination of Total Cost of Care measurement.

Pilot Goals Phase II

- Improving data collection and analysis
- Advising on the expansion to Medicare and Medicaid
- Deepen stakeholder engagement
- APCD Technical Resource Guide
- Demonstrate nationally scalability
 - Expansion regions
 - Maryland Health Care Commission
 - HealthInsight Utah
 - Development Sites

Replicability & Overcoming Barriers



- The Health Collaborative
 - Cincinnati
 - Board/Stakeholder Consensus
- University of Texas
 - School of Public Health
 - Physician Engagement



- Washington Health Alliance
 - Access to allowed amounts



- Wisconsin Health Information Organization
 - Reporting TCoC in a global cap environment

Dissemination Approach

- Online modules found within social learning platform
- “Push” strategy with access to experts
- For technical and non-technical audiences
- Captures & effectively disseminates learnings



Total Cost of Care Community

A private learning community for those participating in and following the NRHI Total Cost of Care project.

Getting Started
Home
Topics
Members
Project Partners
Community Library
TCoC Curriculum

Total Cost of Care Curriculum Library

UNDER CONSTRUCTION

In the future, this page will be used to share the Total Cost of Care Curriculum which is currently in development. This curriculum will be designed to help new organizations prepare to implement Total Cost of Care in their region.



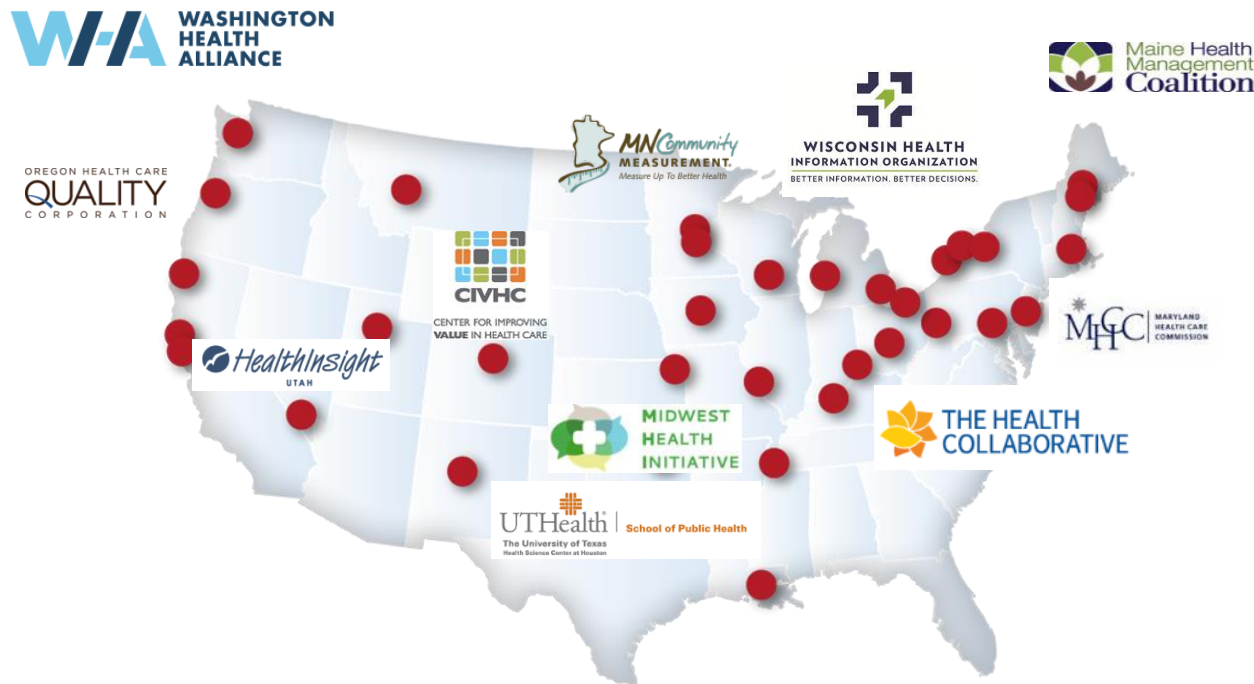
Total Cost of Care

Event ended - Apr 30 2015 12:10 PM EDT



WATCH AGAIN

National Representation



Total Cost of Care Project Team Sites are well distributed among the National NRHI Membership.

HEALTH MANAGEMENT ASSOCIATES

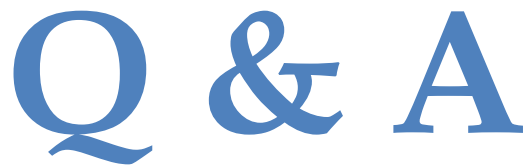
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HealthManagement.com