



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

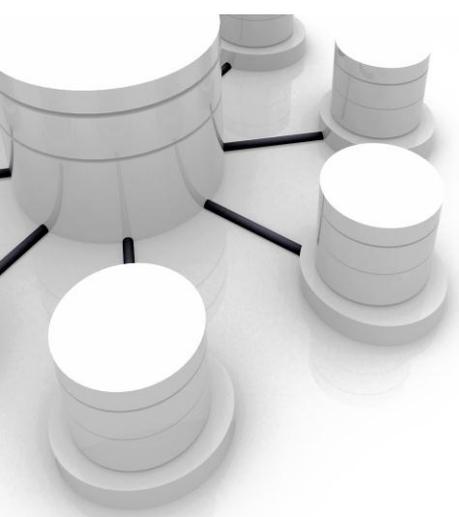
Total Cost of Care and Resource Use Reporting for Primary Care Group Practices

APCD Council Webinar
May 18, 2015

Who is CIVHC?

- Recommendation of Colorado's Blue Ribbon Commission on Health Care Reform (2008)
- Supported by foundations, grants and revenues
- Independent, non-profit, non-partisan
- Focus: Achieve Triple Aim + 1 for Colorado
 - Better health,
 - Better care,
 - Lower costs, and
 - Greater transparency and access to data – APCD

Colorado's All Payer Claims Database (APCD)



- State mandated (2010 legislation)
- CIVHC named Administrator by the Executive Director of HCPF – state Medicaid agency
- Collect claims data from all public and private payers
- First aggregated public reports published in Q4 2012 (www.cohealthdata.org)
- Build steadily towards increased transparency
- No general funds, sustainable business model
- Utilize 3M, Aver Informatics & other business partners technology and analytic tools



Accessing Colorado APCD Data

- **Public Website (comedprice.org)**
 - High-level views of variation based on aggregated data
 - More detailed subscription-based access coming in 2015
- **Custom Report or De-Identified Data Set**
 - Focused on specific medical procedures, conditions or sub-populations of particular interest to various stakeholders
- **Limited Data Set**
 - May include 5-digit zip code or dates of birth/service detail
 - Facilitate detailed analysis by geography or based on date information (e.g., Length of Stay, Intensity of Resource Use)
- **Patient Identifiable Information**
 - APCD claims information linked at the patient-level with clinical outcomes data from EHR/HIE
 - Facilitate detailed cost, quality, outcomes and value research





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The TCoC Project:

**Practice-level Total Cost of
Care and Relative Resource
Use Reporting for Primary
Care Physician Groups**

What, Who and Why

- Total Cost of Care and Resource Use Reporting Project
- Funded by the Robert Wood Johnson Foundation
- Lead by Network for Regional Healthcare Improvement (NRHI)
- Participants: CIVHC, Maine Health Management Coalition, Minnesota Community Measurement, Midwest Health Initiative (St. Louis, MO), Oregon Health Care Quality Corporation
- Purpose:
 - Implement the NQF-endorsed, HealthPartners TCoC and RRU measure set across multiple regions
 - Identify drivers of regional healthcare costs and develop strategies to reduce spending at the community level
 - Report results on an attributed patient and risk adjusted basis to PCP practice groups

Key Project Features

- Focus is on commercial claims data
- Apply a common, NQF-endorsed TCoC and RRU measure set across multiple regions
- Standardize data inputs and methodologies (e.g., risk adjustment and attribution) to the extent possible
- Develop overall, and state and local benchmarks to facilitate meaningful comparisons
- Report results to physician groups on an attributed patient basis
- Recruit physician champions to participate in a National Physician Leadership Seminar
 - Led by Dr. Jay Want, CIVHC Chief Medical Officer
 - Develop strategies for using results to reduce costs while maintaining quality



Project Timeline

- Started November 1, 2013
- Early Activities:
 - Dry run based on 2012 commercial claims data
 - Develop physician group report format and content
- August 2014, National Physician Leadership Seminar at Stanford University
- Fall 2014, Generate results and reports based on 2013 commercial claims data
- April 2015, Deliver initial reports to PCP groups
- April 30, 2015, National Summit, Washington, DC
- May 2015, Summary White Paper and PCP follow-up



The Reports

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Limitations and Challenges

- Fully-insured commercial claims only, no self-funded plans
- Data standardization:
 - Comparable results across regions
 - Comes at a significant cost
- Small PCP group panel sizes – subset of patients
- 50 PCP groups received initial reports
- Steps to improve:
 - Attribution methodology and results
 - PCP group Master Provider List
 - Additional payers and payer types
 - Need complete and high quality claims data

Additional Report Information

- Within Category Drivers, e.g., IP, OP, ER/ED, Prof. Rx
- Panel Demographics
 - Average age, percent kids, gender, average risk score
- Percent of Panel with various Chronic Conditions
- Total Cost Profile (by spending level/category)
- Diagnoses driving Total Costs for high cost patients
- Comparison Values
 - State, regional, local, as appropriate
- Multiple Years – trending
- Tabular and graphical views



Phase 2

- RWJF will fund this work for an additional 18 months
- Enhancements:
 - Trend analysis based on multiple years of data
 - Explore adding Medicaid and Medicare
 - Explore implications of alternative risk adjustment and attribution methodologies
 - Continue outreach and physician engagement
 - Develop and share specific use cases
 - New focus on (self-funded) employers
 - Explore opportunities for public reporting
- Additional participants – two RHICs and one APCD
- Develop sustainable funding models

Contact Information

- Jonathan Mathieu, PhD, VP for Research & Compliance and Chief Economist jmathieu@civhc.org
- Join our APCD email list (www.comedprice.org home page)
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