



Atlas 2 Introduction and Example Results



IHA's Atlas: Highlighting Quality and Cost Variation in CA

- **Measures:** Over two dozen standardized measures of clinical quality, total cost of care, patient cost sharing and utilization
- **Who's Included:** 29 million Californians inclusive of commercial HMO, PPO, Medicare FFS, Medicare Advantage and Medi-Cal- 75% of the state's enrolled population
- **What's Reviewable:** geographic and product line (including ACO) specific information
- **Collaborators:** California Health Care Foundation, California Health and Human Services Agency
- **Data Partners:** 10 health plans, CMS, Department of Health Care Services



<https://atlas.iha.org>

Atlas Measures



Clinical Quality

- Cancer Screenings: Breast, Cervical Over- and Under-Screening, Colorectal
- Diabetes Measures: Blood Sugar Testing, Control <8%, Poor Control >9%, and Kidney Monitoring
- Asthma Medication Ratio
- Appropriate Use of Imaging for Low Back Pain
- Avoidance of Antibiotics for Acute Bronchitis
- Clinical Quality Composite



Hospital Utilization

- Emergency Department Visits
- Inpatient Bed Days, Discharges, and Average Length of Stay
- All-Cause Readmissions
- Frequency of Selected Procedures for several cardiac procedures, orthopedic surgeries, and other surgical removals
- Hospital Utilization Composite



Total Cost of Care

- Risk-Adjusted Cost (average per member per year)
- Observed (unadjusted) Cost
- Service categories: inpatient facility, outpatient facility, pharmacy, professional, and capitation

Atlas 2: Stories and Exploratory Tool-<https://atlas.iha.org>



Integrated Healthcare Association logo, California Health Care Foundation logo, and CHHS logo.

California Regional Health Care Cost & Quality Atlas

Across California, health care costs and quality vary widely. Unwarranted variation potentially can harm patients and waste scarce resources. Benchmarking and tracking performance on key quality and cost measures is critical to reducing unwarranted variation and achieving high-quality, affordable, patient-centered care.

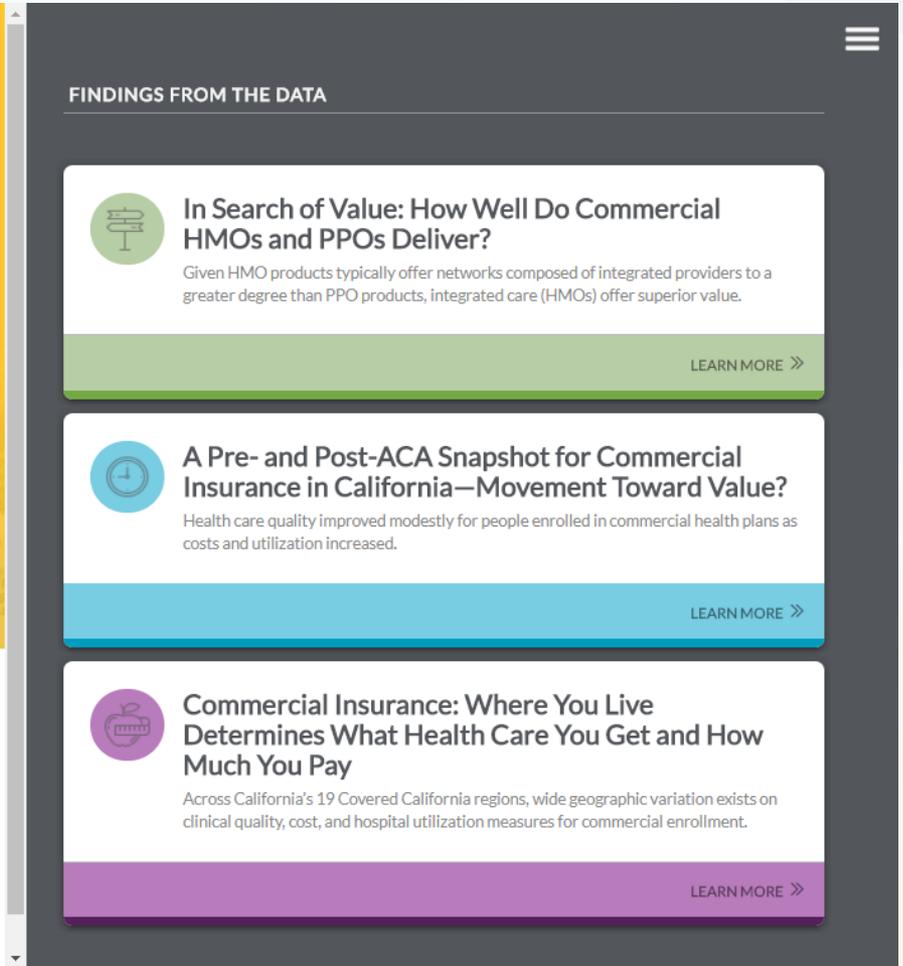
As the state's only source of comparable performance information about the care provided to 30 million Californians, the Atlas brings together multi-payer data—commercial insurance, Medicare, and Medi-Cal—to help purchasers, health plans, and policymakers target performance improvement initiatives. The Atlas is supported by the California Health Care Foundation, based in Oakland, California.



Explore the Atlas

Which of the state's 19 regions have the highest costs? How do different insurance products compare on cost and quality for different clinical conditions? These are just a few of the questions the Atlas can help answer.

DIG INTO ATLAS DATA



FINDINGS FROM THE DATA

- In Search of Value: How Well Do Commercial HMOs and PPOs Deliver?**
Given HMO products typically offer networks composed of integrated providers to a greater degree than PPO products, integrated care (HMOs) offer superior value.
[LEARN MORE >>](#)
- A Pre- and Post-ACA Snapshot for Commercial Insurance in California—Movement Toward Value?**
Health care quality improved modestly for people enrolled in commercial health plans as costs and utilization increased.
[LEARN MORE >>](#)
- Commercial Insurance: Where You Live Determines What Health Care You Get and How Much You Pay**
Across California's 19 Covered California regions, wide geographic variation exists on clinical quality, cost, and hospital utilization measures for commercial enrollment.
[LEARN MORE >>](#)

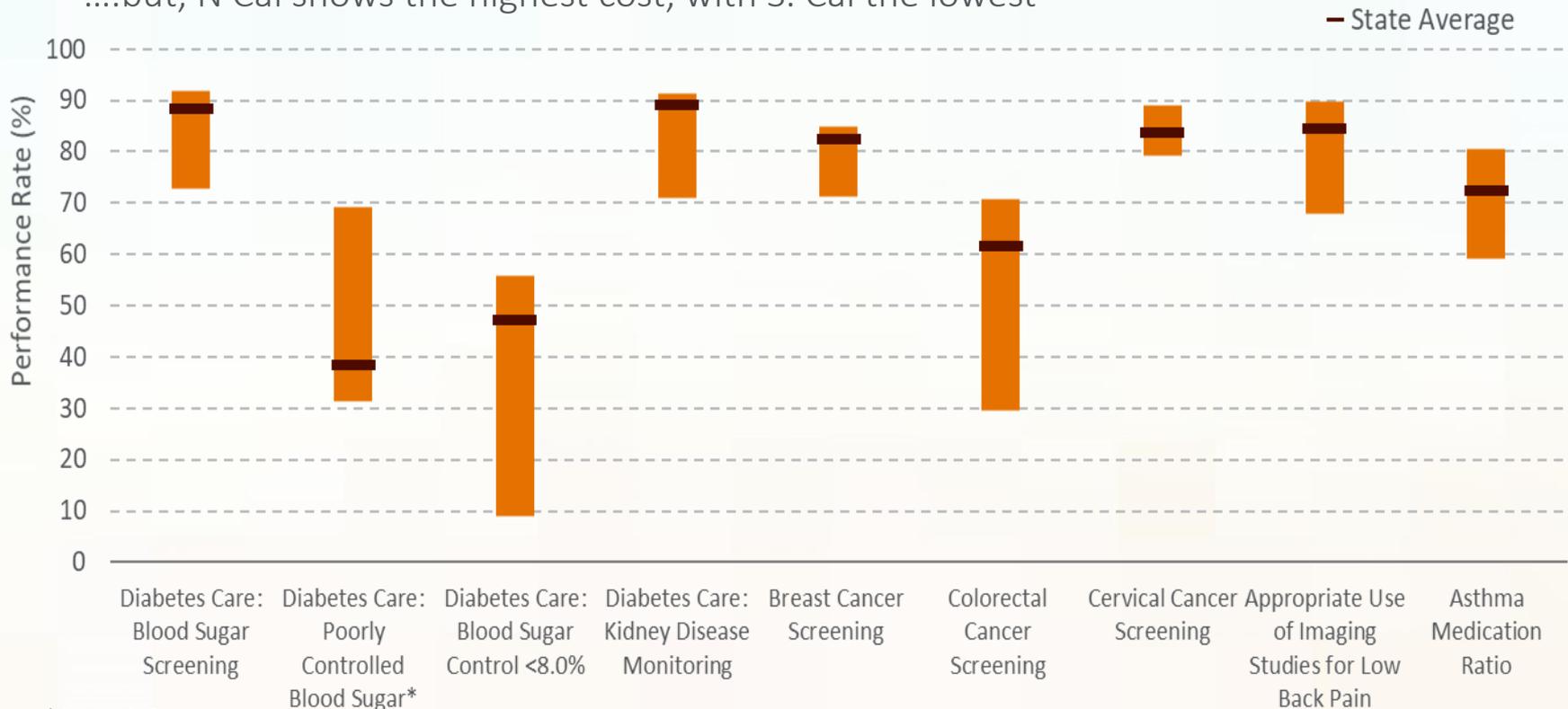


Some Results (the fun part)



Commercial Insurance Exhibits Wide Clinical Quality Variation Between Regions- 10 to 47 percent points

- Average of 25 percentage points across the 19 geographic regions
- N Cal regions demonstrate the highest quality, followed by Southern then Central
- ...but, N Cal shows the highest cost, with S. Cal the lowest



* Lower is Better



Geographic Value Equation (commercial)

If care for all commercially insured Californians were provided at the same quality as the top-performing region:



204,900 more people would have been screened for colorectal cancer



30,587 more women would have been screened for breast cancer

If care for all commercially insured Californians represented by the Atlas were provided at the same cost as in San Diego—a relatively high-quality, low-cost region:

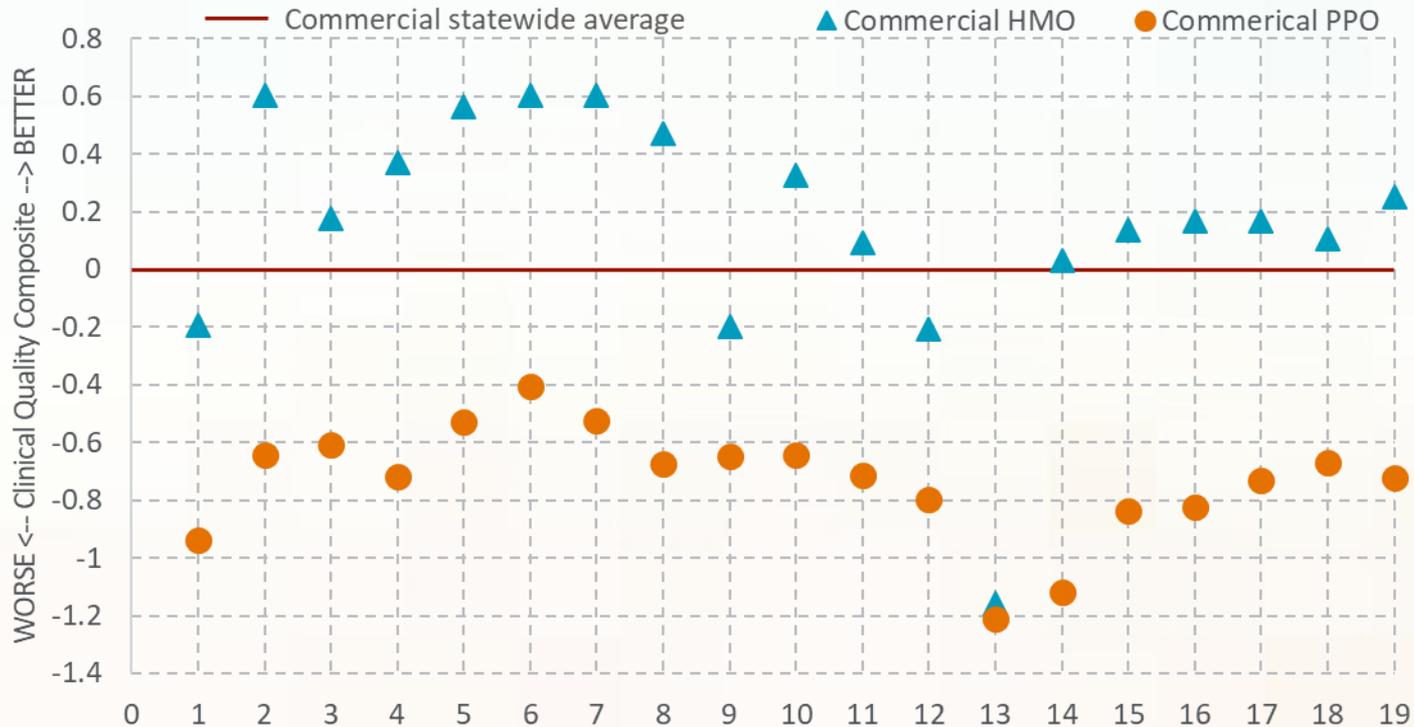


overall cost of care would decrease by an estimated \$2.6 billion annually, or almost 5 percent of the \$55 billion total cost of care for the commercially insured



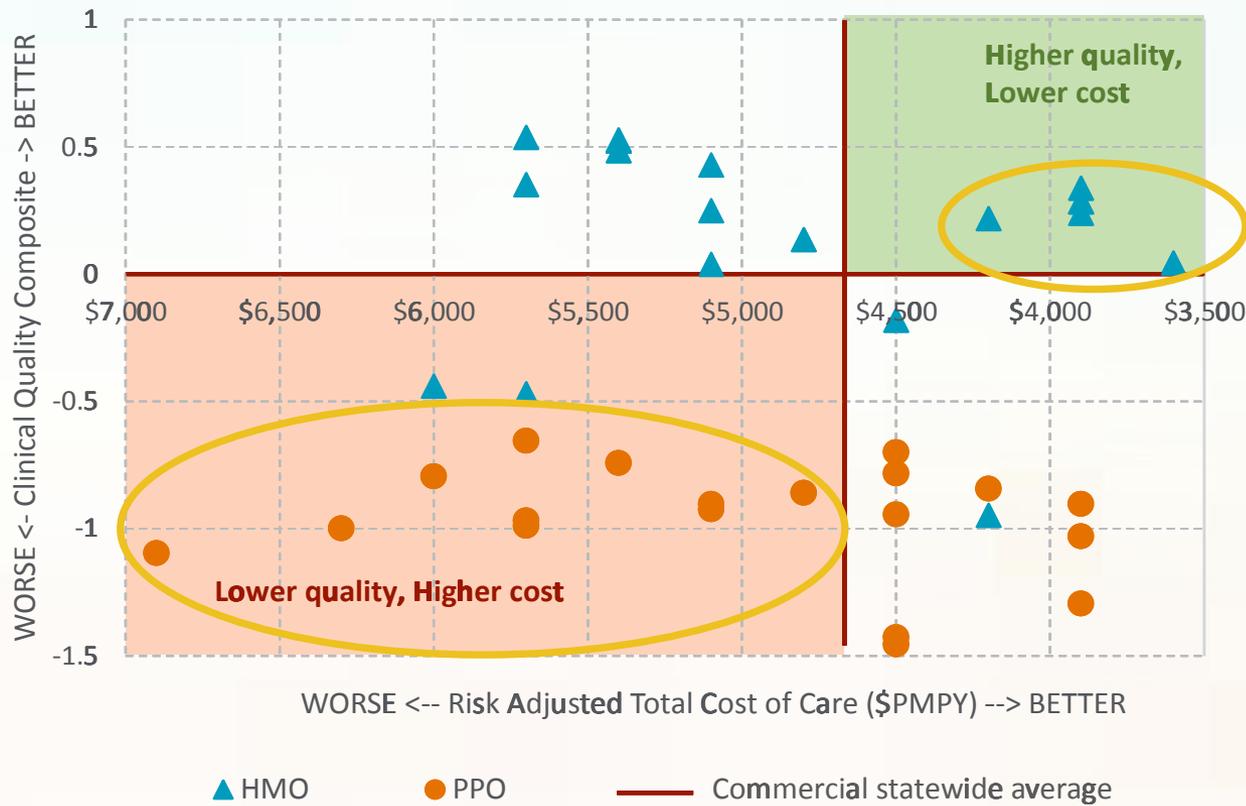
HMO products consistently outperform PPO products on Clinical Quality

- HMOs outperform PPOs in all 19 regions, by an average of 14 percentage points across ten clinical quality measures
- 15 HMO regions above statewide average; all PPO regions well below statewide average



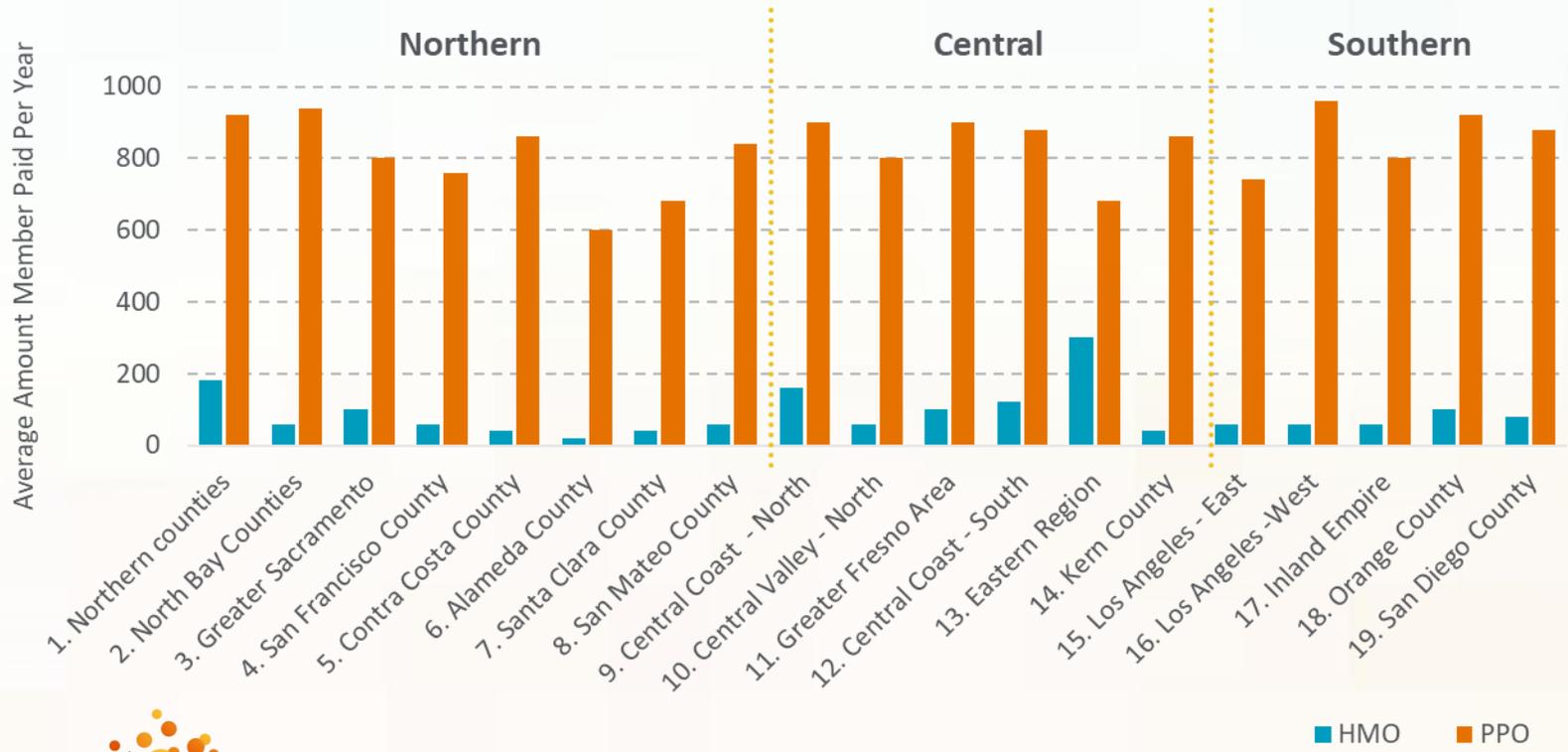


Commercial HMOs Can Provide High Value



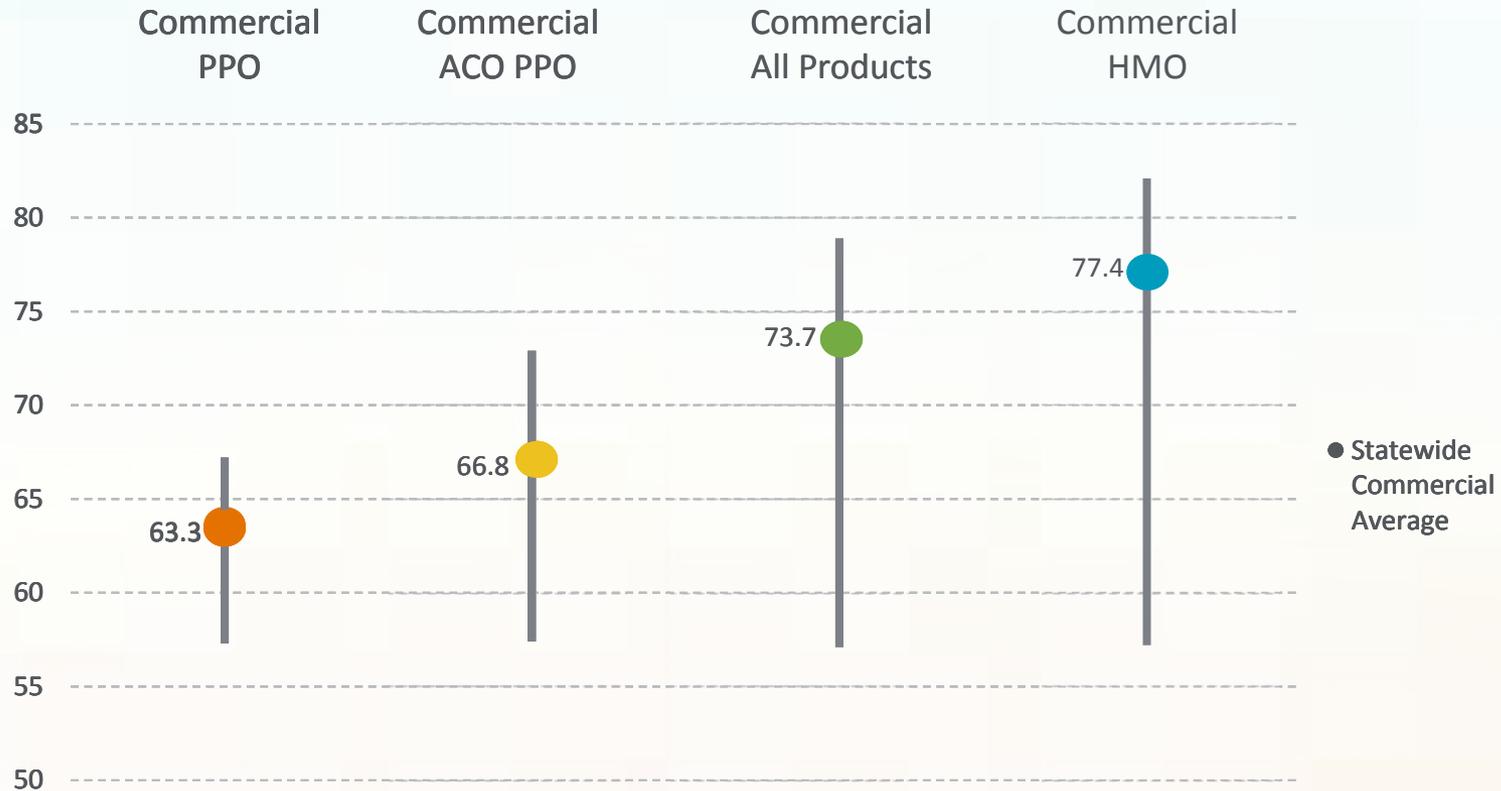


Member Cost Sharing \$769 Less on Average for HMO Than PPO in 2015- over \$7 billion in OOP costs avoided





ACO PPO Quality better than general PPO, but still lower than the commercial statewide average



IHA now driving a standard ACO measurement & Benchmarking Effort

HEALTH PLANS



PURCHASERS & ASSOCIATIONS



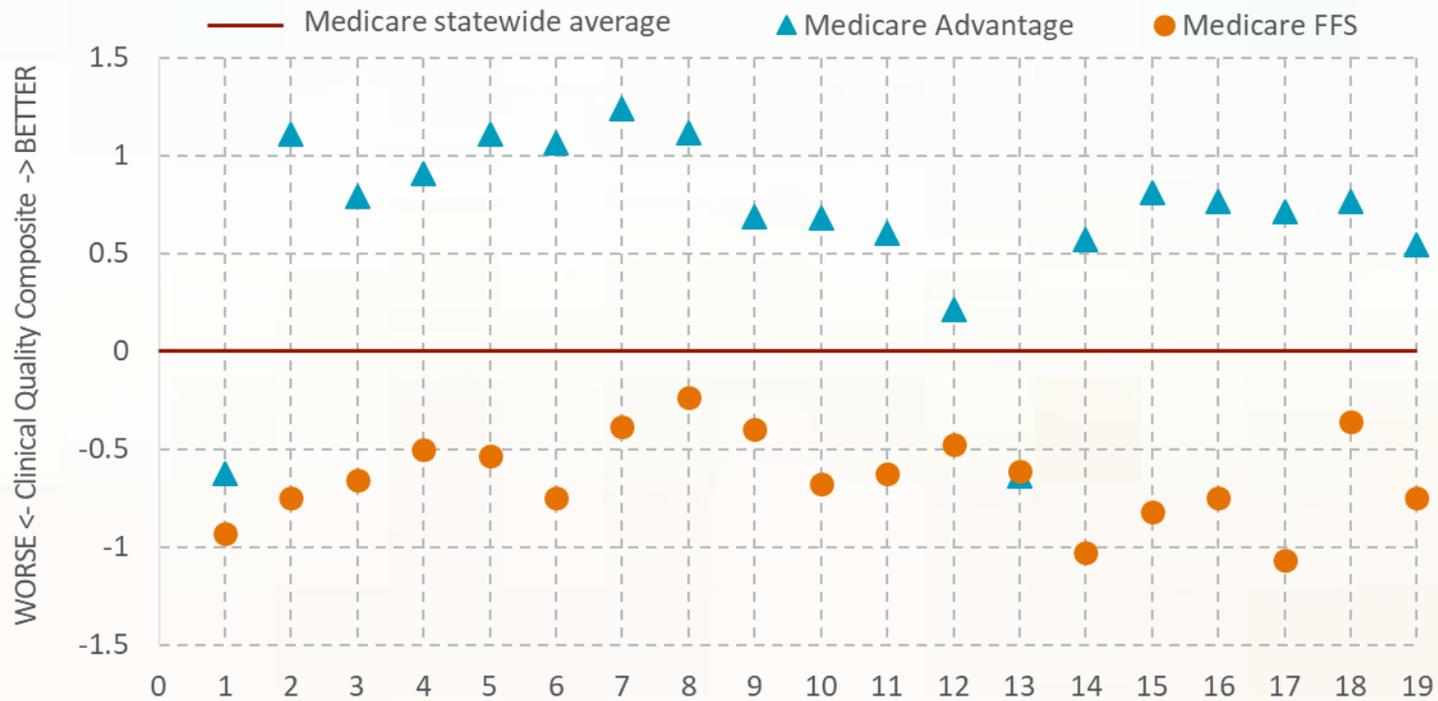
COMMERCIAL ACOS





Medicare Advantage Outperforms FFS On Clinical Quality

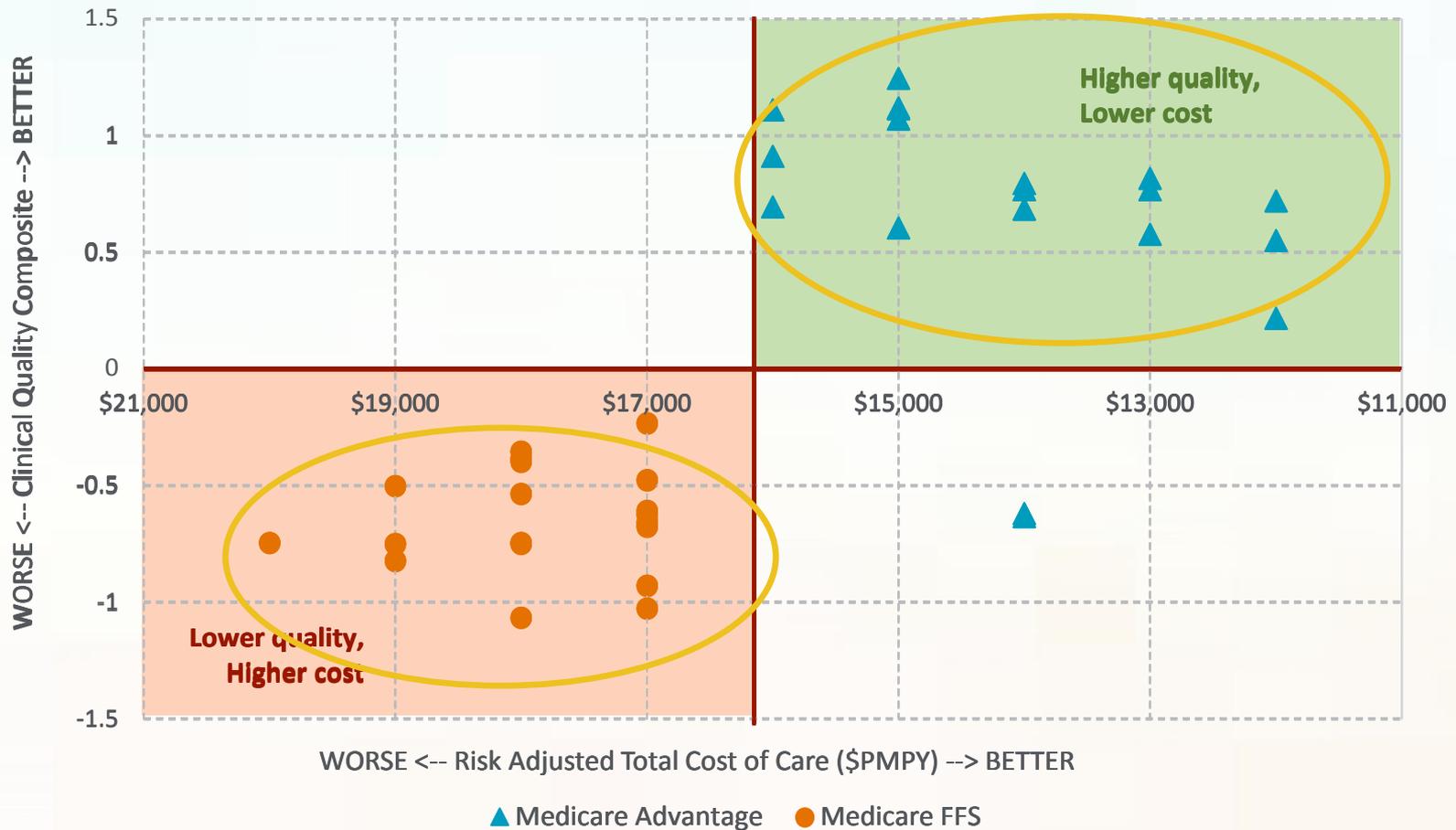
- Medicare Advantage performs far better than FFS on all clinical quality measures across 17 regions
 - 17 Medicare Advantage regions are above the statewide average
 - All FFS regions are below statewide average





Even more dramatic Value for Medicare Advantage

- \$3 billion in OOP costs avoided



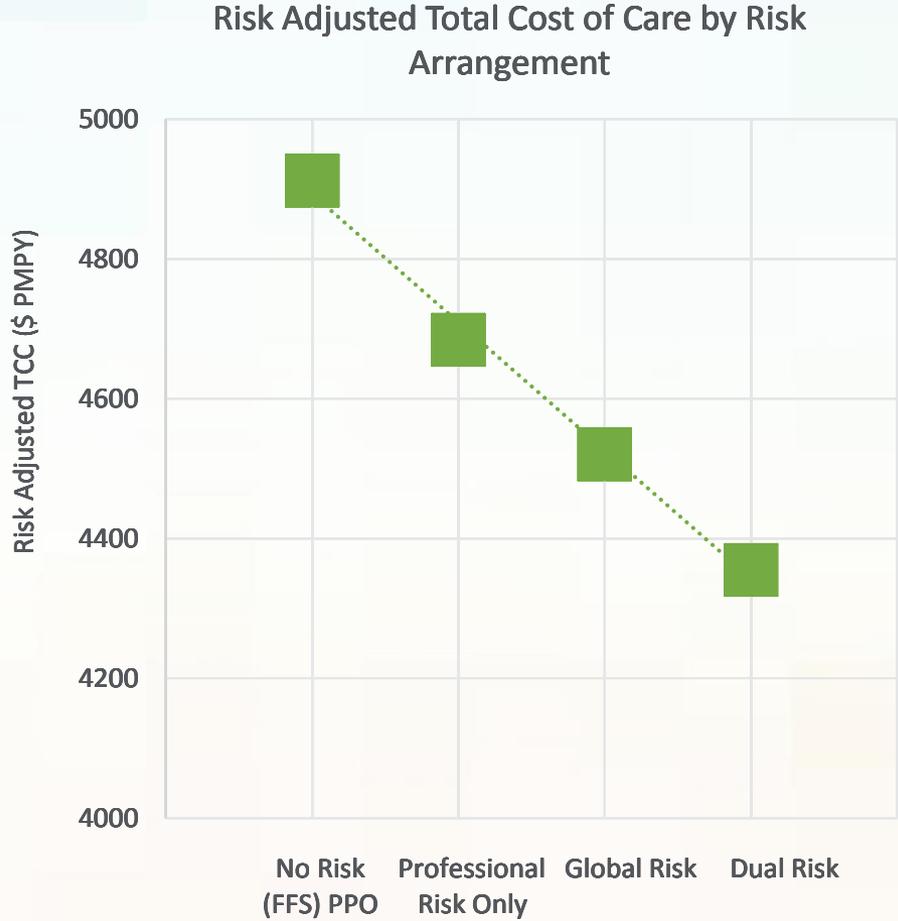


Quality Performance by Risk Arrangement





Risk Adjusted Total Cost of Care by Risk Arrangement



Atlas Medi-Cal Measure Set



Measure	2013	2015
1. Breast Cancer Screening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Colorectal Cancer Screening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Diabetes Care- Blood Sugar Screening		<input checked="" type="checkbox"/>
4. Diabetes Care – Kidney Disease Monitoring		<input checked="" type="checkbox"/>
5. Asthma Medication Ratio		<input checked="" type="checkbox"/>
6. Avoidance of Antibiotics for Adults w/ Acute Bronchitis		<input checked="" type="checkbox"/>
7. Use of Imaging Studies for Low Back		<input checked="" type="checkbox"/>



8. All-cause Readmissions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9. Emergency Department Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Inpatient Bed Days, Average Length of Stay, and Discharges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Frequency of Selected Procedures		<input checked="" type="checkbox"/>

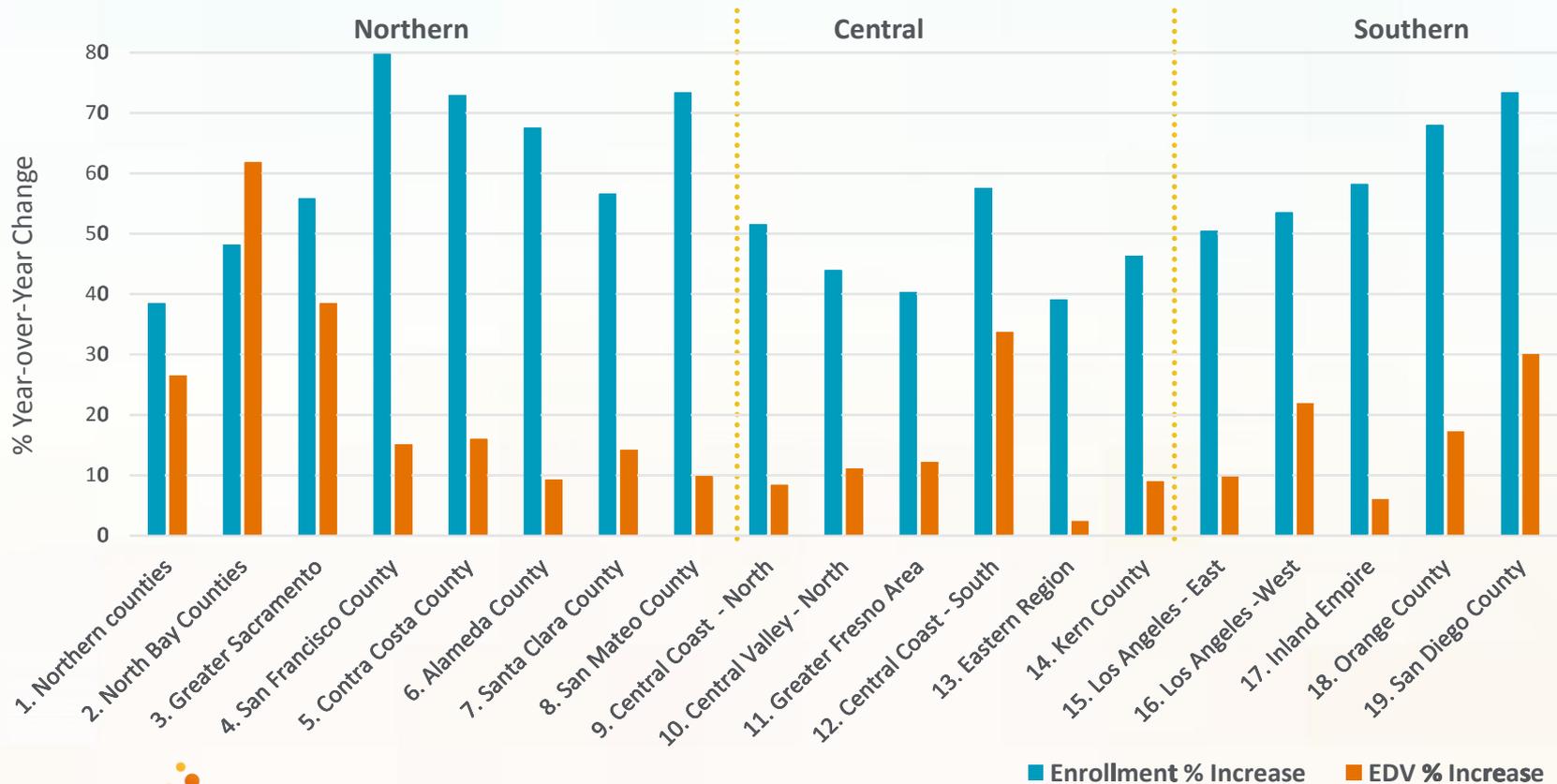


12. Total Cost of Care	<input checked="" type="checkbox"/>	
TOTAL	6	11



Regions with Highest Enrollment Increase Don't Always Have Highest ED Visit Increase

- Even though Southern CA contains bulk of Medi-Cal enrollment and largest enrollment increase, better controlled ED Visits than other regions



Other Views of Data in Atlas Tool

- Utilization and price/unit comparisons
- Risk sharing arrangements for providers – level of capitation, FFS
- Self-insured employers vs. fully insured employers
- Market segments – large employer, small employer, individual coverage
- Members with specific conditions – diabetes, asthma, low back pain, maternity
- Cost service categories – capitation, professional services, outpatient facility, inpatient facility, pharmacy
- Inpatient discharges, bed days and ALOS split out by medical, surgical, maternity
- Demographics and Utilization Factors