

Atlas



California Regional Health Care Cost & Quality Atlas

Jeff Rideout MD, MA, FACP
President and CEO



The Integrated Healthcare Association (IHA) - a 501(c)6 not-for-profit founded in 1994



IHA Mission

To create breakthrough improvements in health care services for Californians through collaboration among key stakeholders

One Interpretation: Advance Integrated Care

PERFORMANCE MEASUREMENT COLLABORATIVE

WORKFLOW IMPROVEMENT COLLABORATIVE

AMP Programs
Align. Measure. Perform.

Atlas

Symphony Provider
Directory

Future Initiatives

AMP
Align. Measure. Perform.

Atlas

Symphony
Provider Directory

AMP
Commercial
HMO

AMP
Commercial
ACO

Atlas 3

AMP Medicare
Advantage

AMP Medi-Cal
Managed Care

IHA's **Align. Measure. Perform. (AMP)**

Assessing Provider Organization Performance



- **Measures:** 50 highly aligned measures of clinical quality, patient experience, utilization, total cost of care (TCoC)
- **Includes:** Commercial HMO, Commercial ACO, Medicare Advantage, Medi-Cal Managed Care (Medicaid) members; 200 risk sharing provider organizations
- **What's Viewable:** Provider organization level performance

Align. Measure. Perform. (AMP) programs built on foundation of common measurement and benchmarking

AMP Program	Common Measure Set	Participant Reporting & Benchmarking	Recognition Awards	Public Reporting	Incentives
Commercial HMO	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>
Medicare Advantage	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	Optional
Medi-Cal Managed Care	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	TBD	TBD	Optional
Commercial ACO	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	TBD	N/A	Optional

IHA's Atlas: highlighting California's cost & quality variation

Atlas

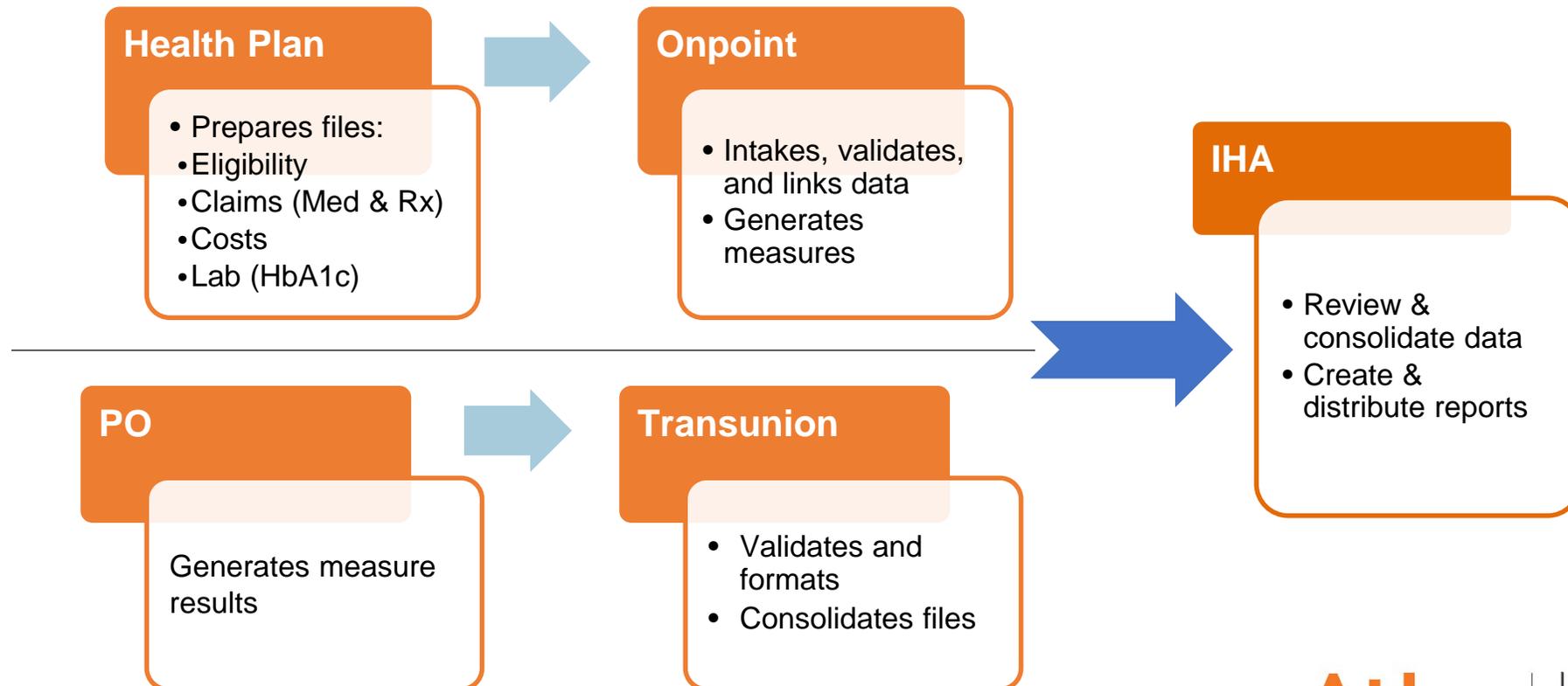


atlas.iha.org

- **Measures:** Over two dozen standardized measures of clinical quality, TCoC, patient cost sharing and utilization
- **Includes:** Nearly 30 million Californians including Commercial HMO, PPO, ACO, Medicare Advantage, Medicare FFS, and Medicaid
- **What's Viewable:** Geography and product

Common data source for both AMP and Atlas programs

- Results were generated from the health plan data submission to Onpoint
- POs had the option to test self-reporting of commercial ACO results



IHA data infrastructure coverage - a voluntary MPCD

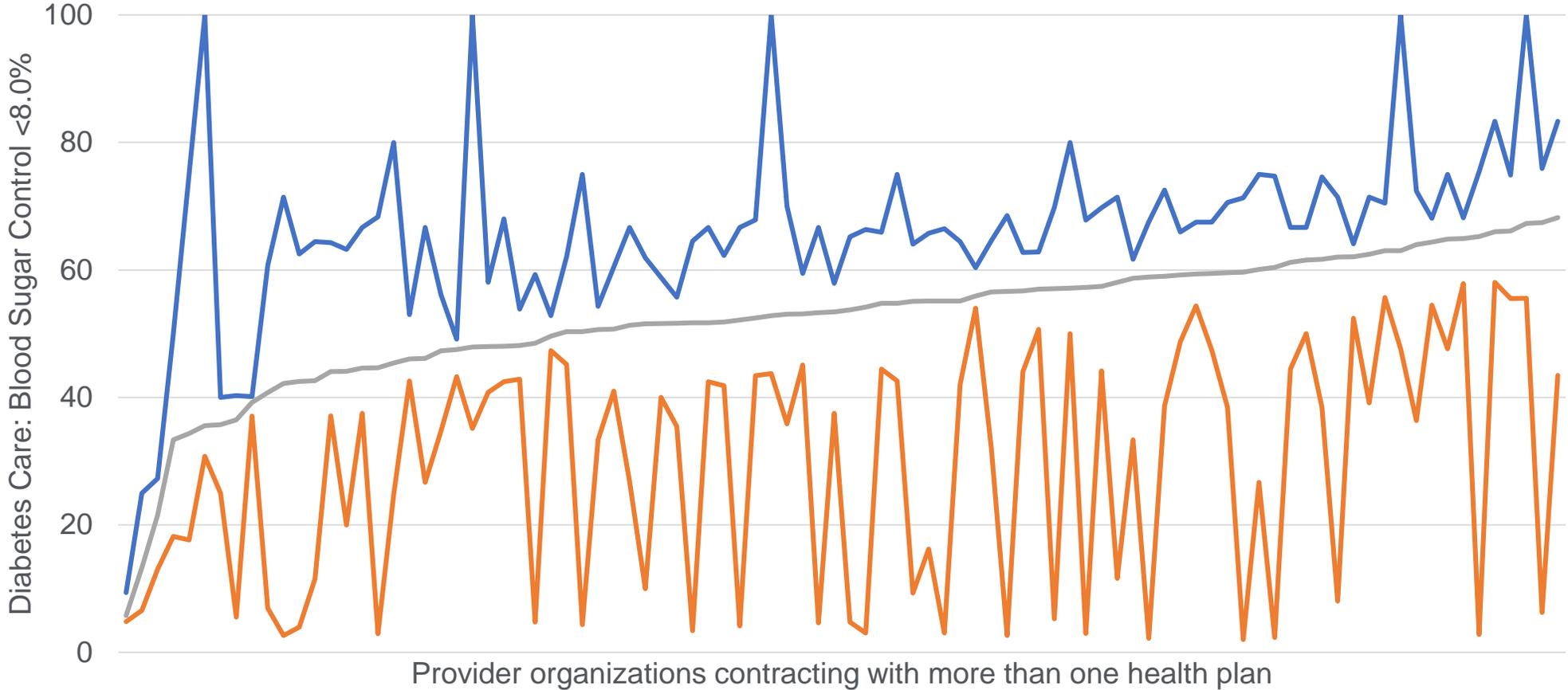
IHA has performance information covering ~75% of California's population

- California total population: 39.4 million
- Population in IHA's infrastructure: 30 million

Payer	Product	Source	Covered Lives
Commercial	HMO	10 health plans	9.0 M
	PPO	6 health plans	4.7 M
Medicare	Advantage	7 health plans	1.7 M
	FFS	CMS, research DUA	~3 M
Medi-Cal* (full-scope)	Managed Care	DHCS	~10 M
	FFS	DHCS	~1.6 M
Total			~30 M

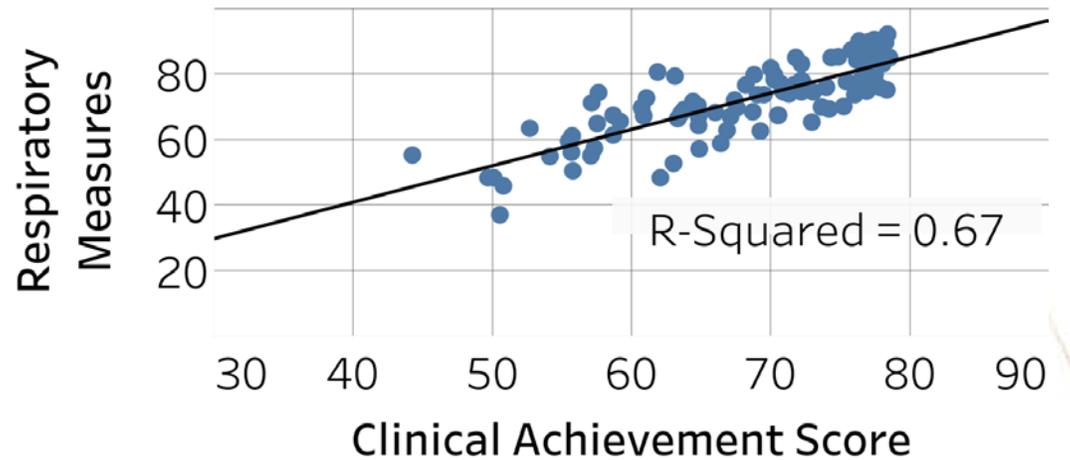
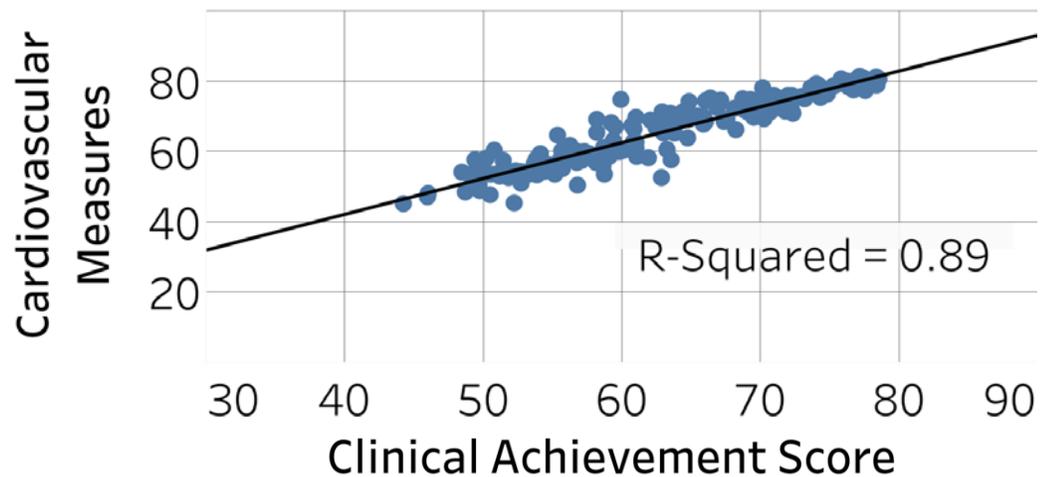
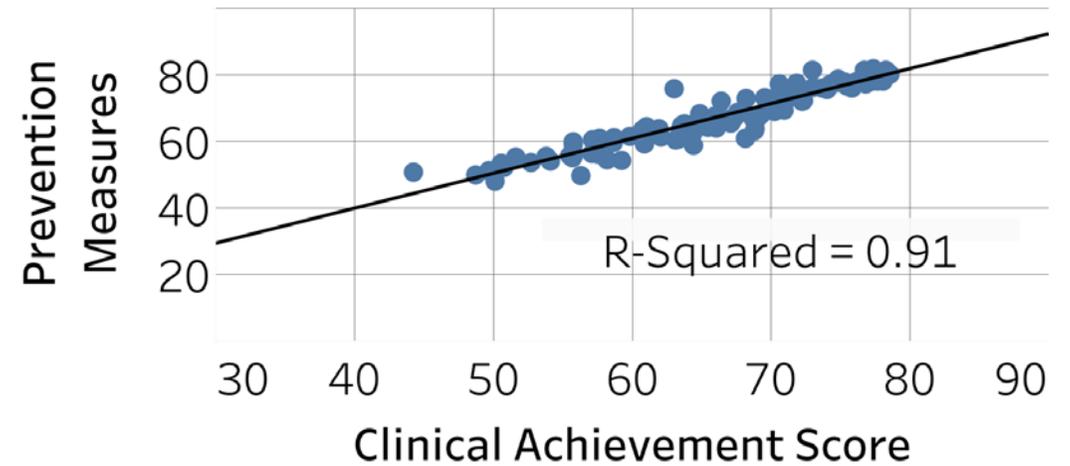
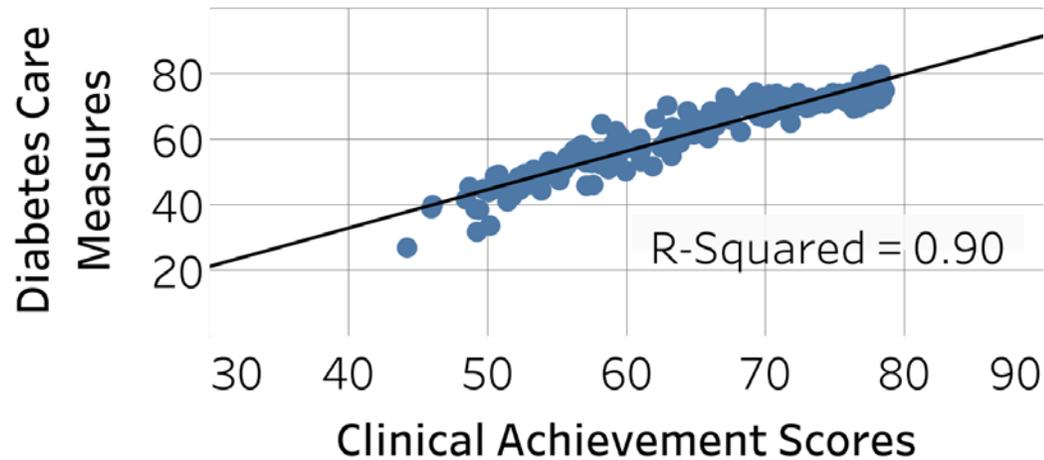
* Receive results (numerator, denominator), not member level data

Why bother with measure standardization and aggregation?



— Aggregated Rate — Max Plan Specific Rate — Min Plan Specific Rate

What can a few measures really tell us?



What do we observe when risk sharing occurs?



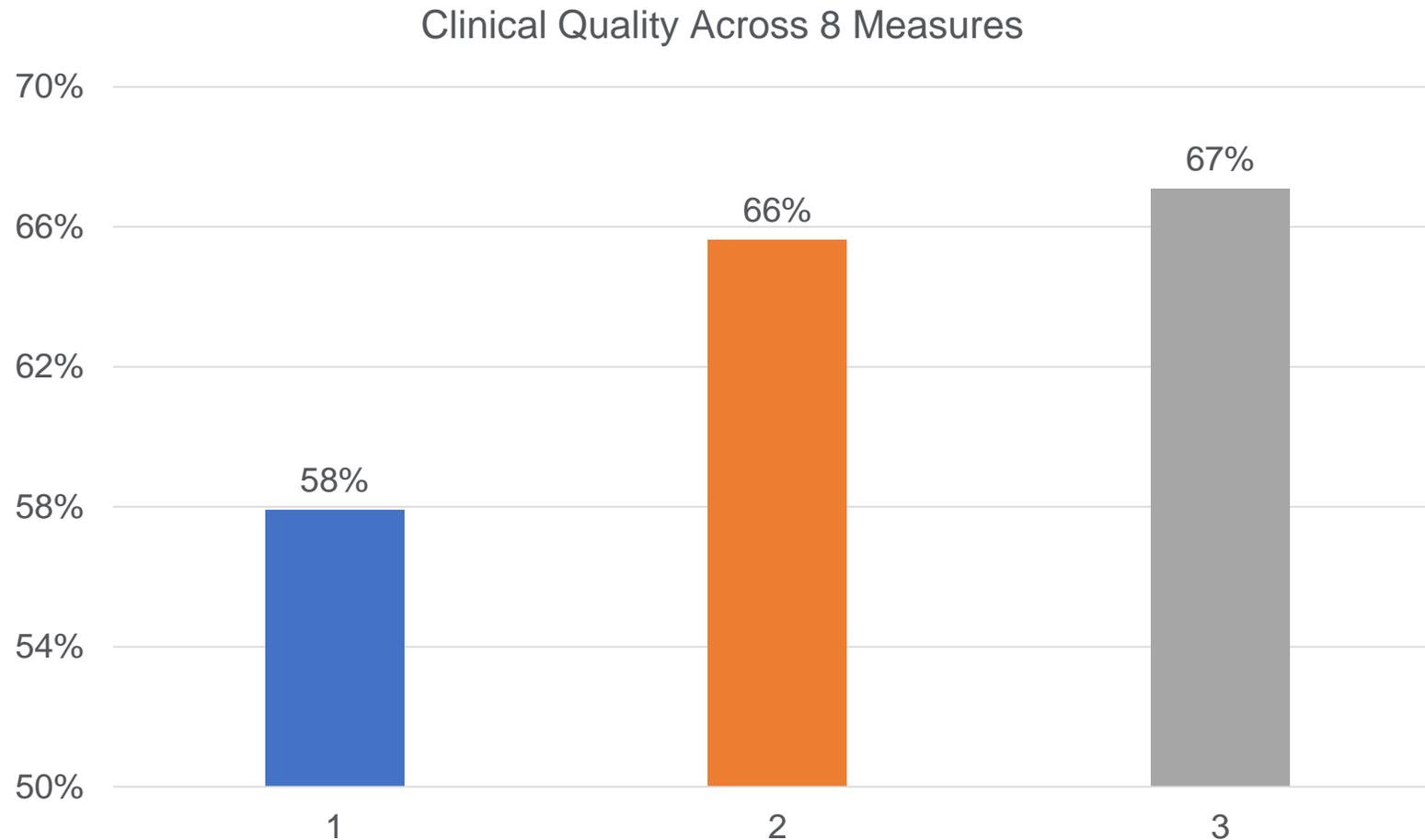
Atlas 3 takeaways related to risk sharing

- ✓ Better clinical quality for commercially insured members cared for by providers sharing financial risk (capitation) vs. not sharing financial risk (fee for service)
- ✓ Lower total cost of care and member cost sharing, on average in CA, when providers share financial risk
- ✓ Risk sharing appears to offer better value than fee for service, considering both clinical quality and clinically risk adjusted total cost of care
- ✓ Commercial ACOs appear to offer high quality and lower costs and further demonstrate the value of risk sharing

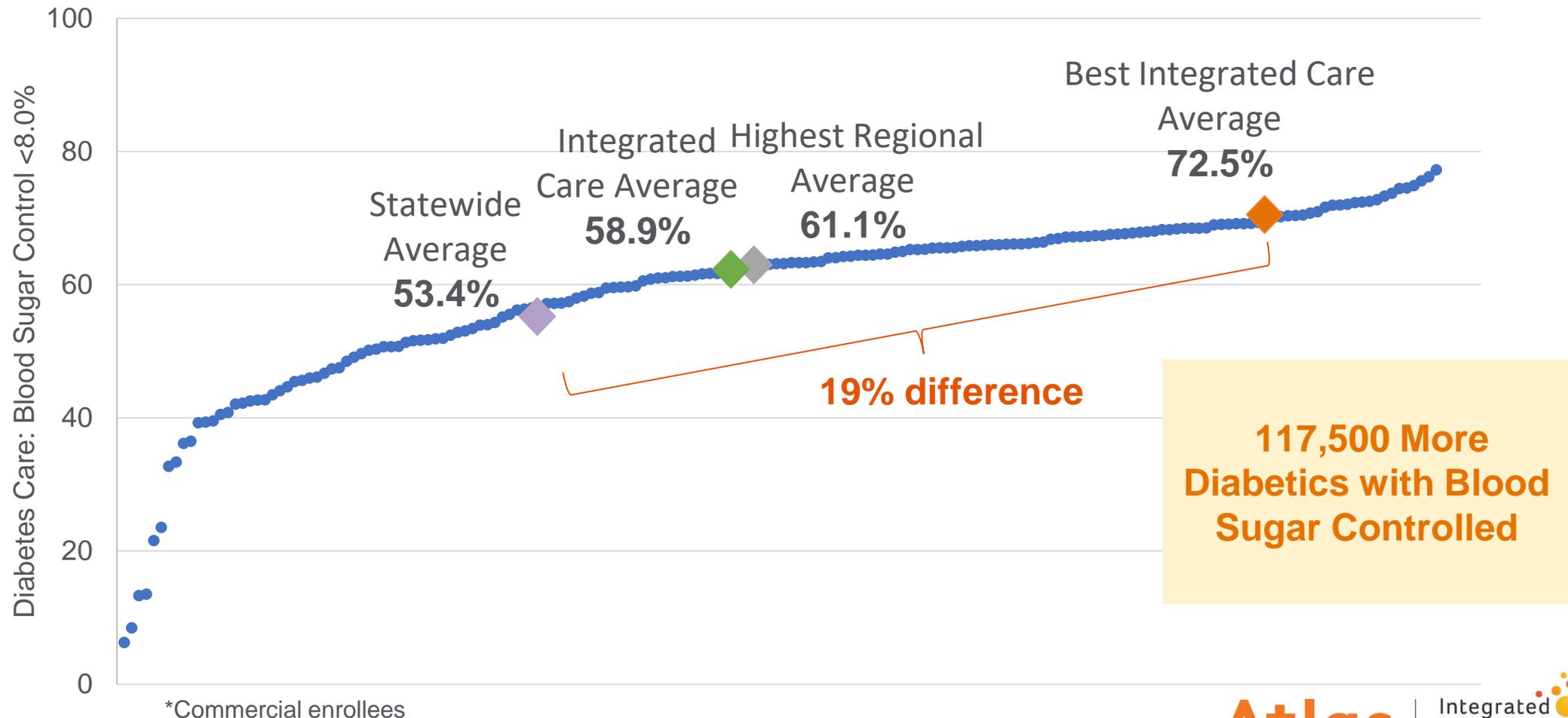
Key Takeaway #1

Better clinical quality for commercially insured members cared for by providers sharing financial risk (capitation) vs. not sharing financial risk (fee for service)

Financial risk sharing associated with better quality in California



There is wide variation in care AND the delivery model matters



Key Takeaway #2

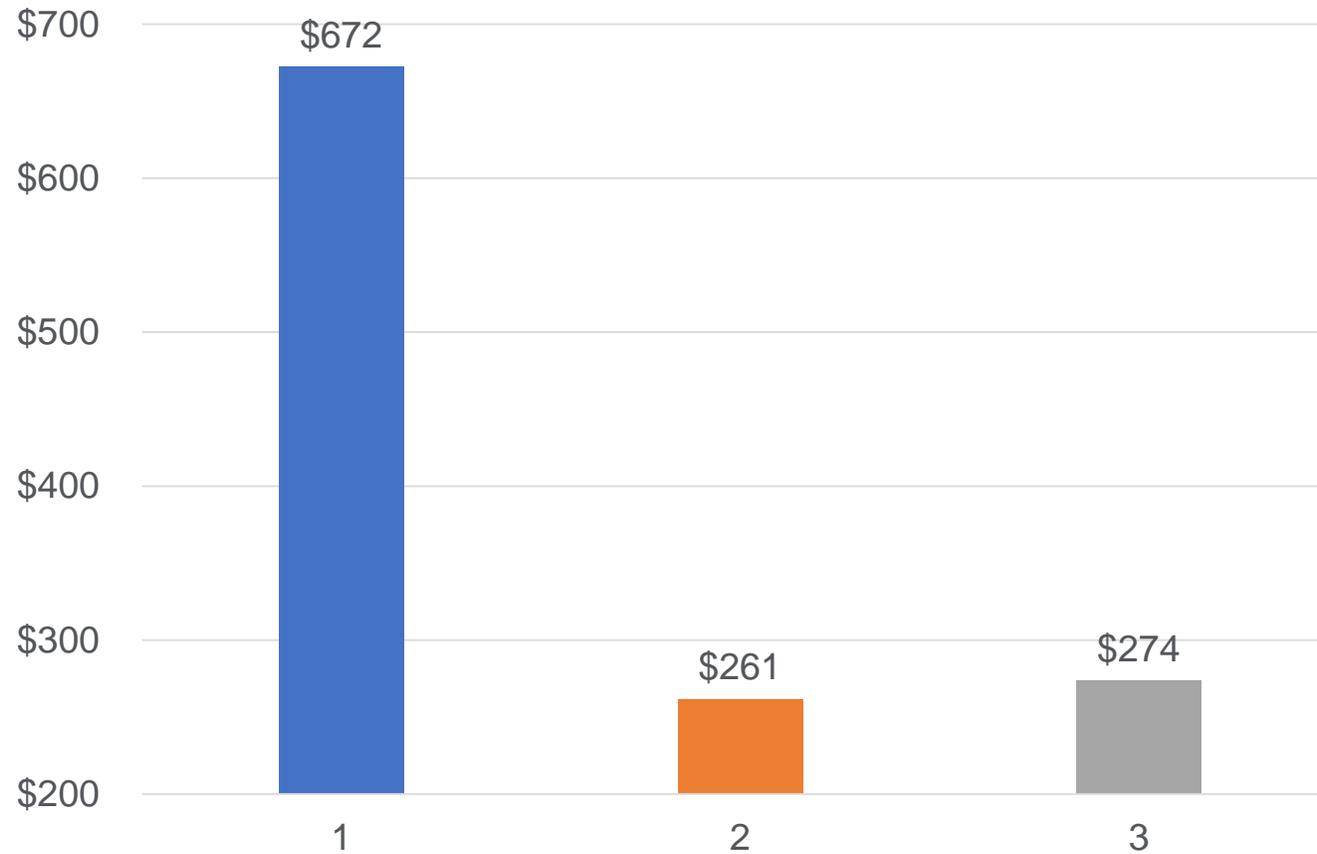
Lower total cost of care and member cost sharing, on average in CA, when providers share financial risk

Financial risk sharing associated with lower TCoC in California



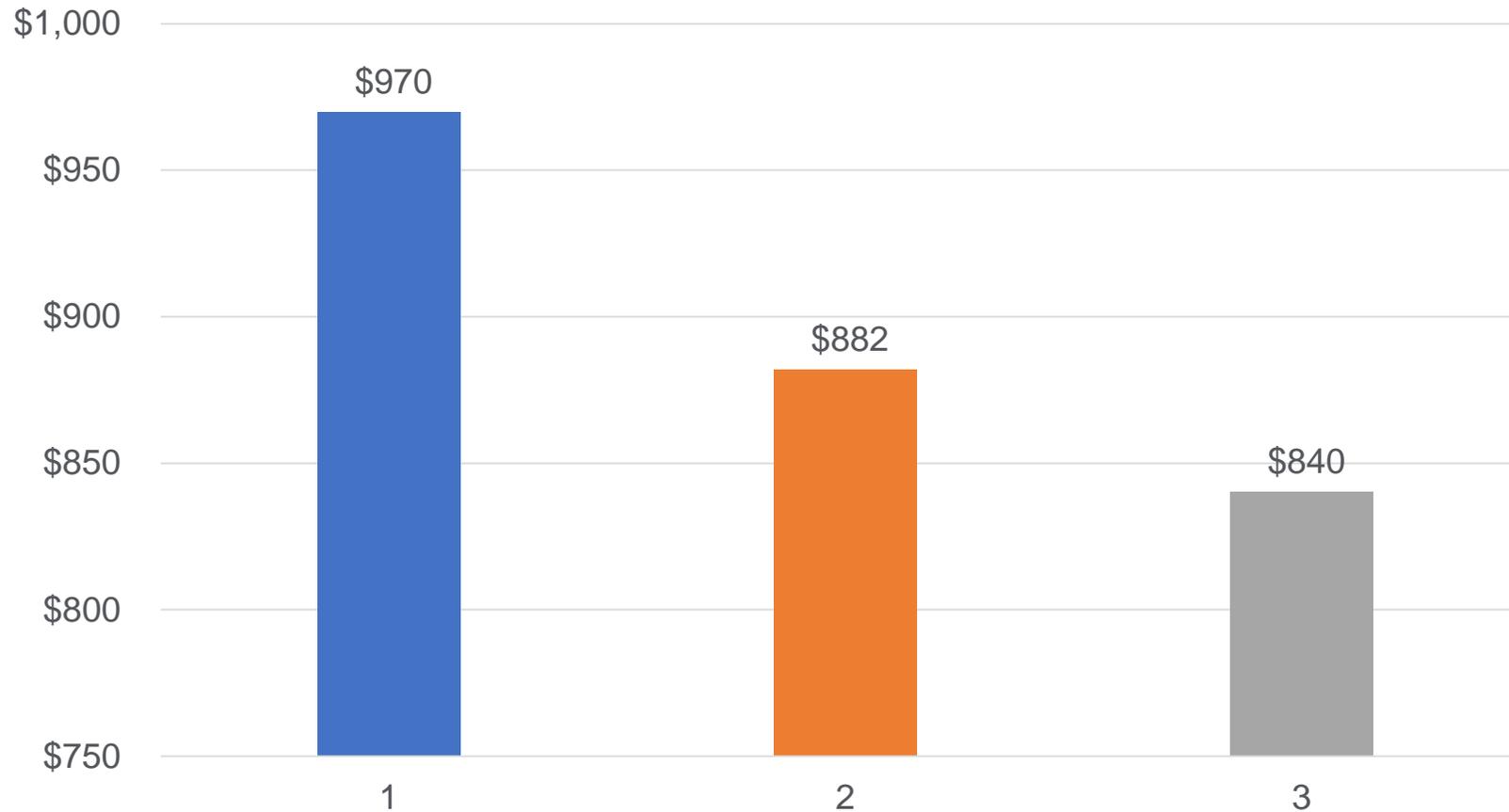
*Geography and clinically risk adjusted TCoC (Per Member Per Year - PMPY)

Financial risk sharing associated with lower member cost sharing



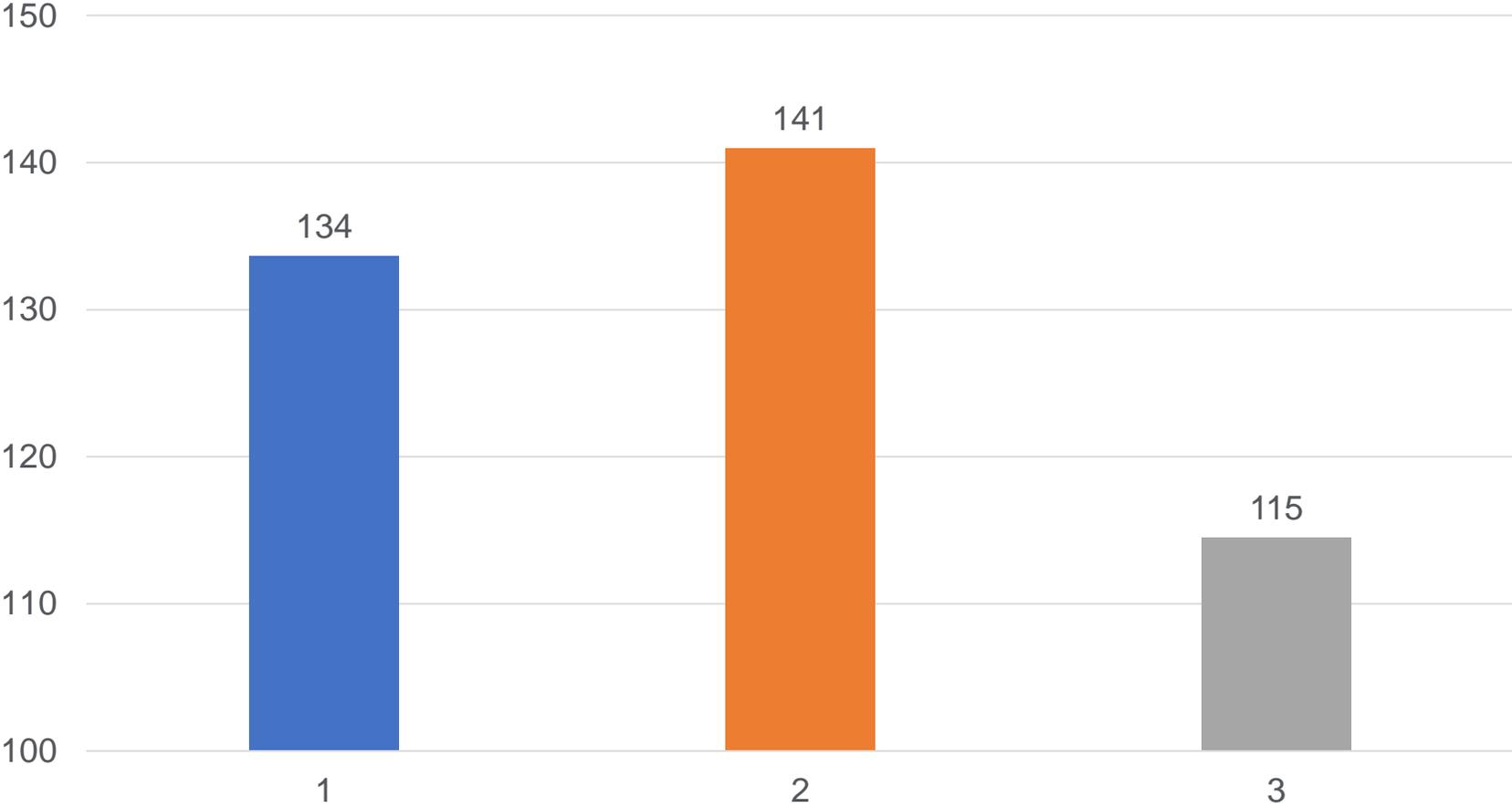
*Member costs are PMPY

Financial risk sharing associated with lower pharmacy costs



*Pharmacy Costs are PMPY

Full risk sharing associated with lower inpatient bed days



Key Takeaway #3

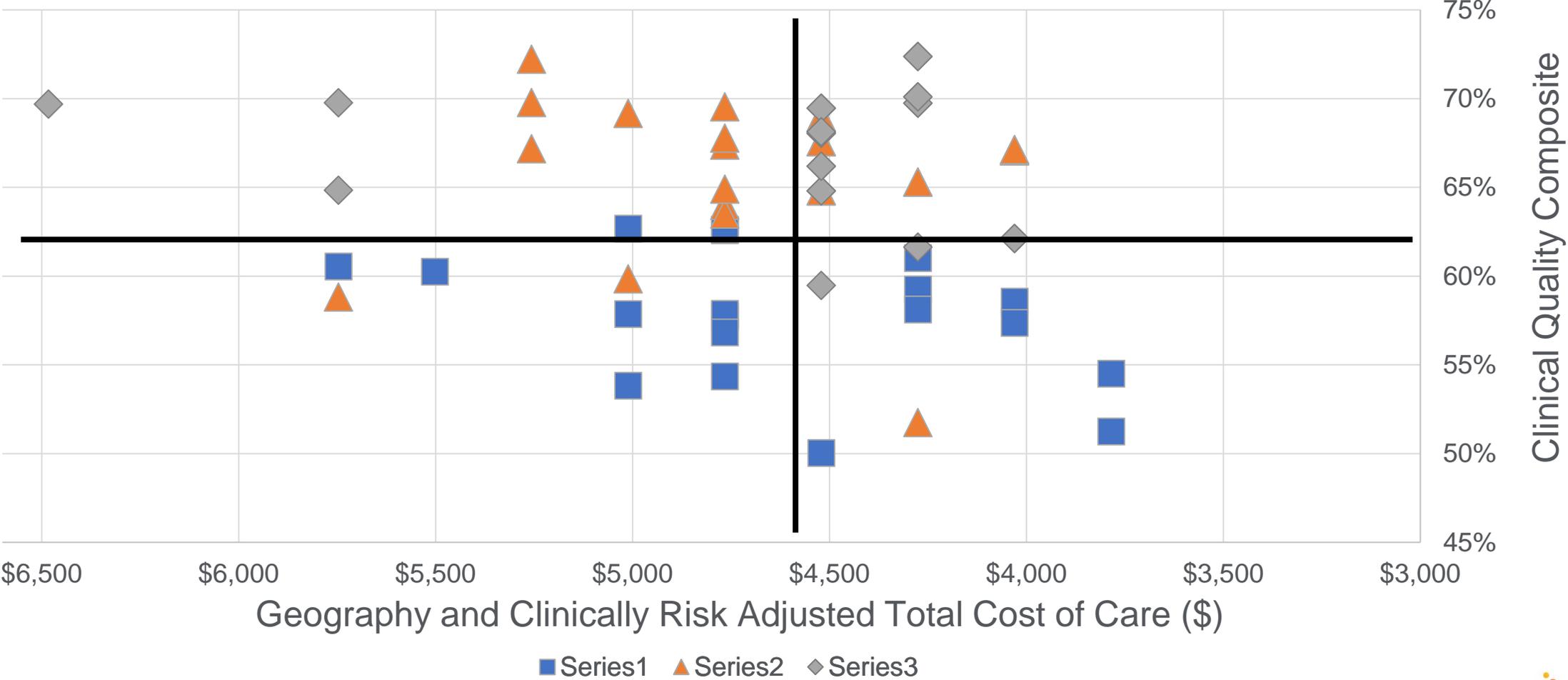
Risk sharing appears to offer better value than fee for service, considering both clinical quality and clinically risk adjusted total cost of care

Financial risk sharing associated with higher value



*Geography and clinically risk adjusted TCoC (PMPY)

Only risk sharing arrangements are in high quality, low cost quadrant



Are “ACOs” the Answer?

Participation in AMP commercial ACO program is increasing

HEALTH PLANS

PURCHASERS & ASSOCIATIONS

PHYSICIAN ORGANIZATIONS

AMP commercial ACO measure set

MY 2018 MEASURES

1. Asthma Medication Ratio
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Cervical Cancer Overscreening
5. Colorectal Cancer Screening
6. Controlling High Blood Pressure
7. Statin Therapy for Patients with Cardiovascular Disease
8. Statin Therapy for Patients with Diabetes
9. Comprehensive Diabetes Care
10. Use of Imaging for Low Back Pain
11. Appropriate Testing for Children with Pharyngitis
12. Antibiotic Avoidance in Adult Acute Bronchitis
13. Childhood Immunization Status
14. Chlamydia Screening in Women
15. Immunizations for Adolescents
16. Weight Assessment & Counseling for Children/Adolescents
17. Use of Opioids at High Dosage
18. Concurrent Use of Opioids & Benzodiazepines
19. Initiation of Alcohol and Other Drug Dependence Treatment
20. All Cause Readmissions
21. ED Visits
22. Total Cost of Care

DEVELOPMENTAL MEASURES: Priorities for Future Testing and Use

1. Avoidable ER Visits
2. Preventative Care & Screening: Tobacco Use
3. AHRQ Prevention Quality Indicator #90: Ambulatory Sensitive Admissions
4. CG-CAHPS (ACO)
5. Flu Vaccinations for Adults 18-64
6. Patient Reported Outcomes (clinical focus area: depression)
7. Depression Remission at 6 months
8. Screening for Depression & Follow Up Plan
9. Adult BMI Screening & Follow Up
10. Ischemic Vascular Disease: Aspirin Use
11. Optimal Diabetes Care Combination
12. NTSV C-Section

Commercial ACO performance on 22 measures

19 clinical quality
2 utilization
Total Cost of Care

Collecting information about commercial ACO contracts to understand landscape (product, attribution methodology, risk sharing, organization types in contract)

What we now know about commercial ACOs in California - year 1 measurement includes:

3

HEALTH PLANS



3 health plans submitted data in year 1. In year 2, this will increase to 5.

40

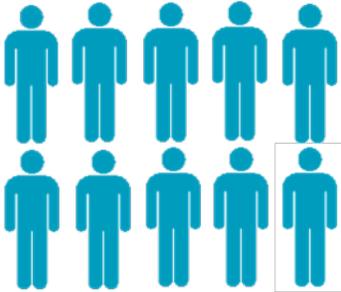
PROVIDER ORGANIZATIONS

14 POs opted to receive year 1 performance information & benchmarks. 5 of these POs also voluntarily reported commercial ACO results.

81 COMMERCIAL ACO CONTRACTS



58% of contracts and 54% of members are in an ACO built upon a PPO product.

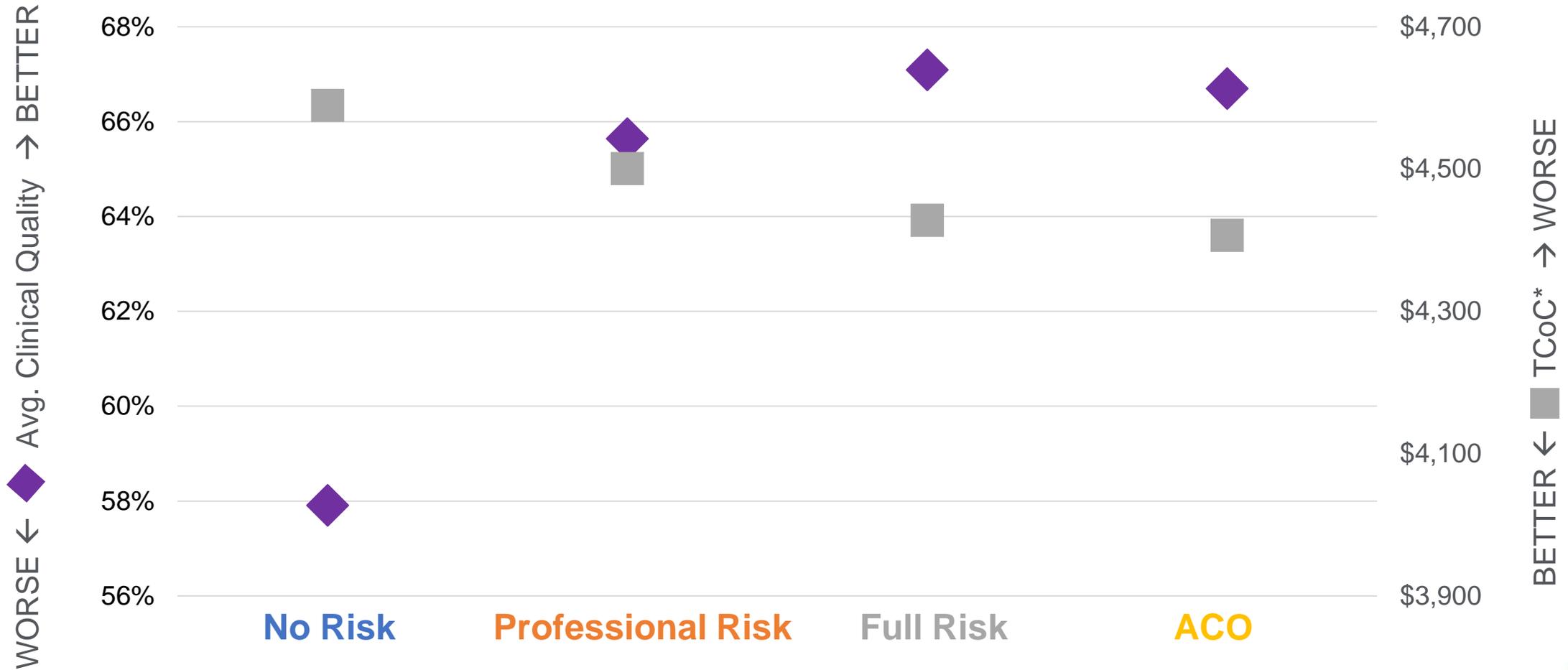


CARE PROVIDED TO ~700,000 CALIFORNIANS

Key Takeaway #4

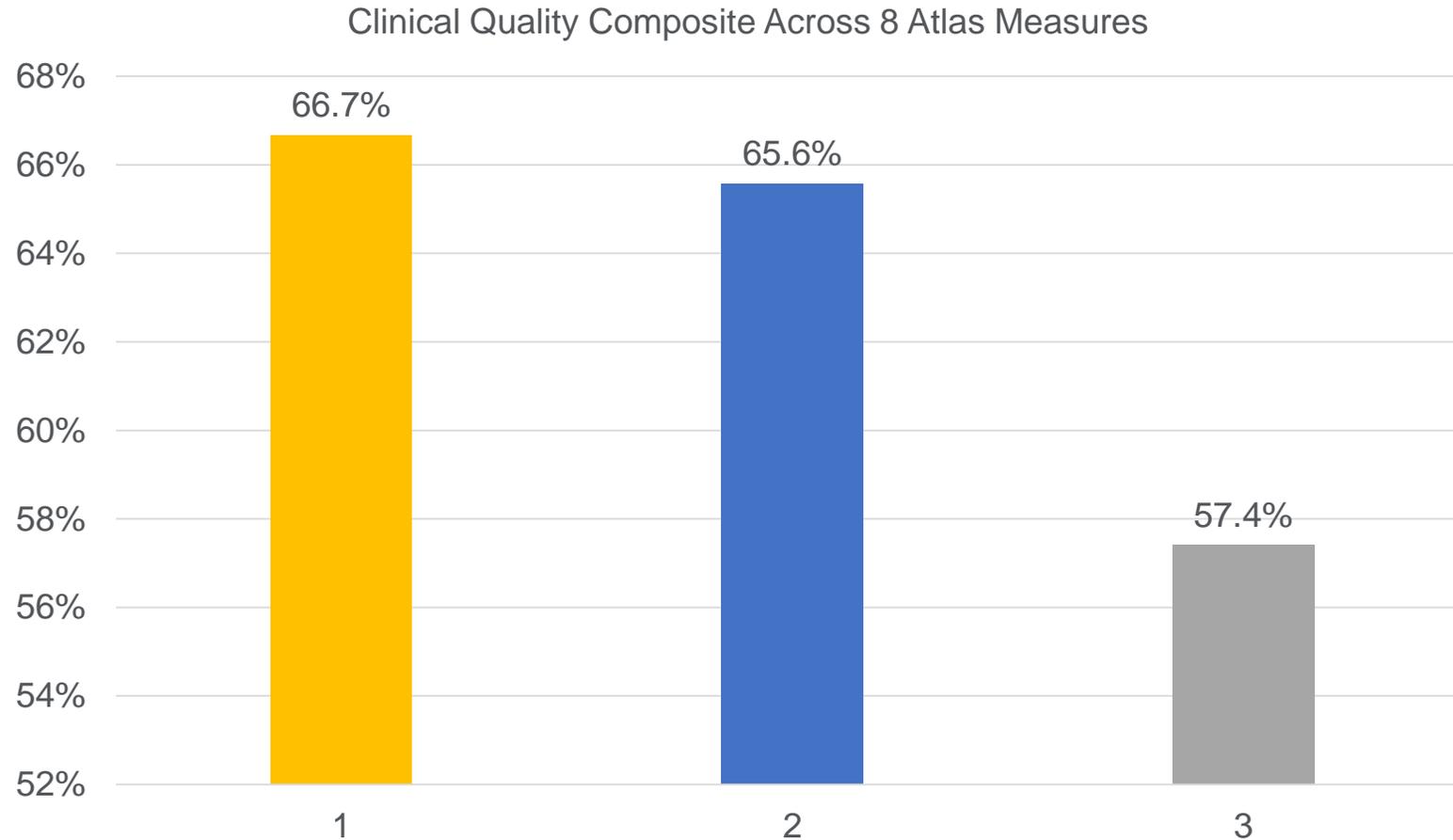
Commercial ACOs appear to offer high quality and lower costs and further demonstrate the value of risk sharing

Do ACOs improve value?



*Geography and clinically risk adjusted TCoC (PMPY)

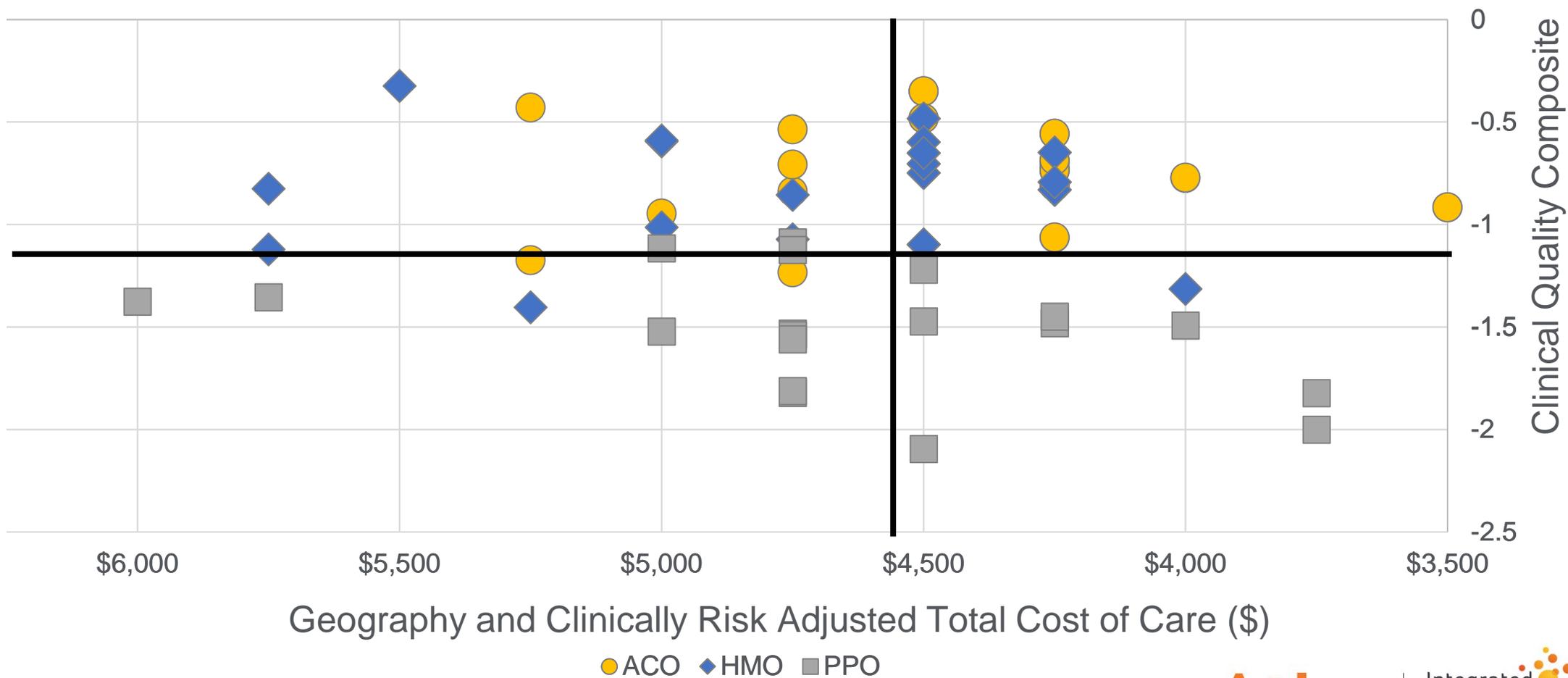
Commercial ACO similar to HMO and better than PPO in clinical quality



Commercial ACOs slightly lower than HMO and PPO in TCoC

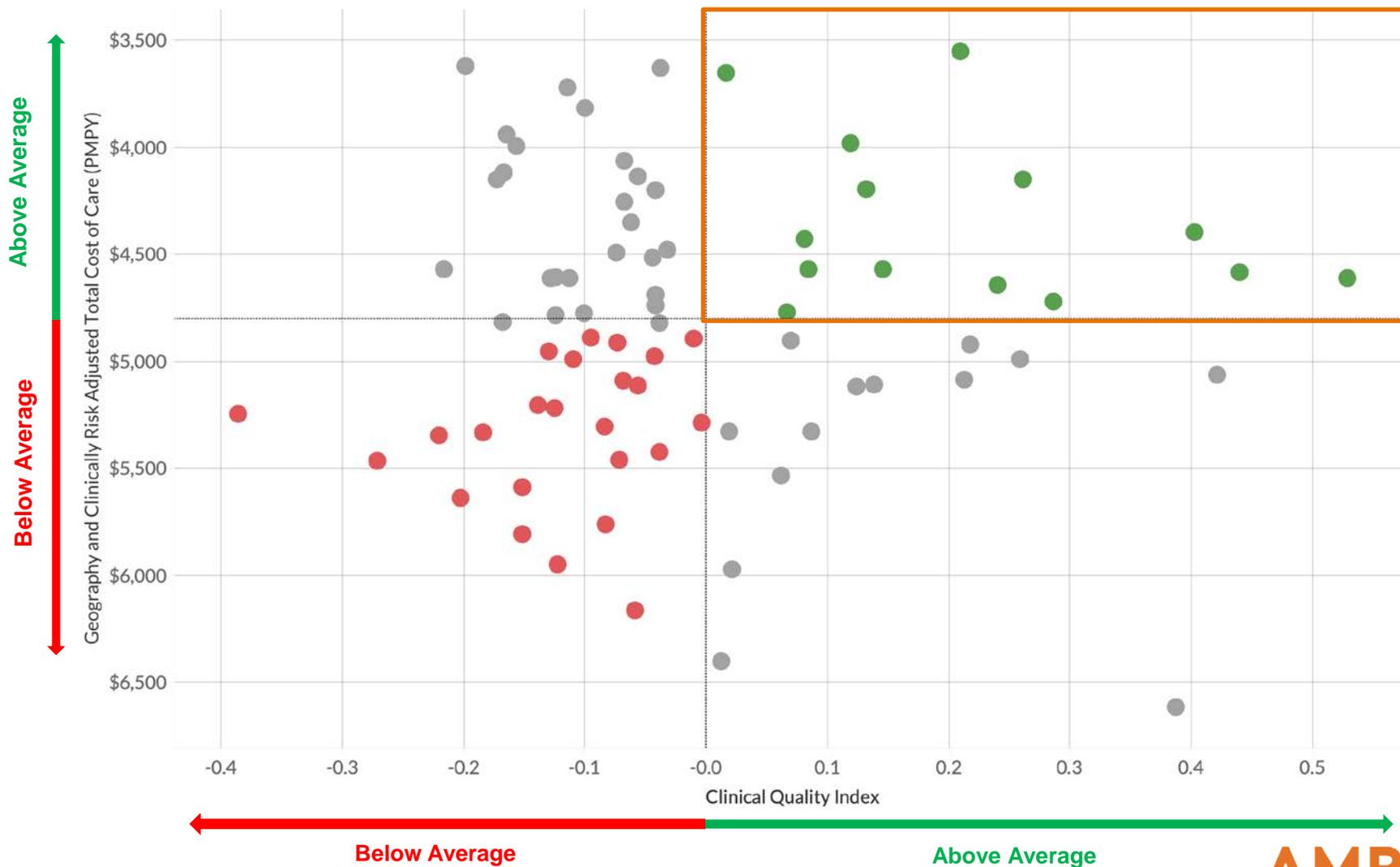


Only ACO and HMO are in high quality, low cost quadrant

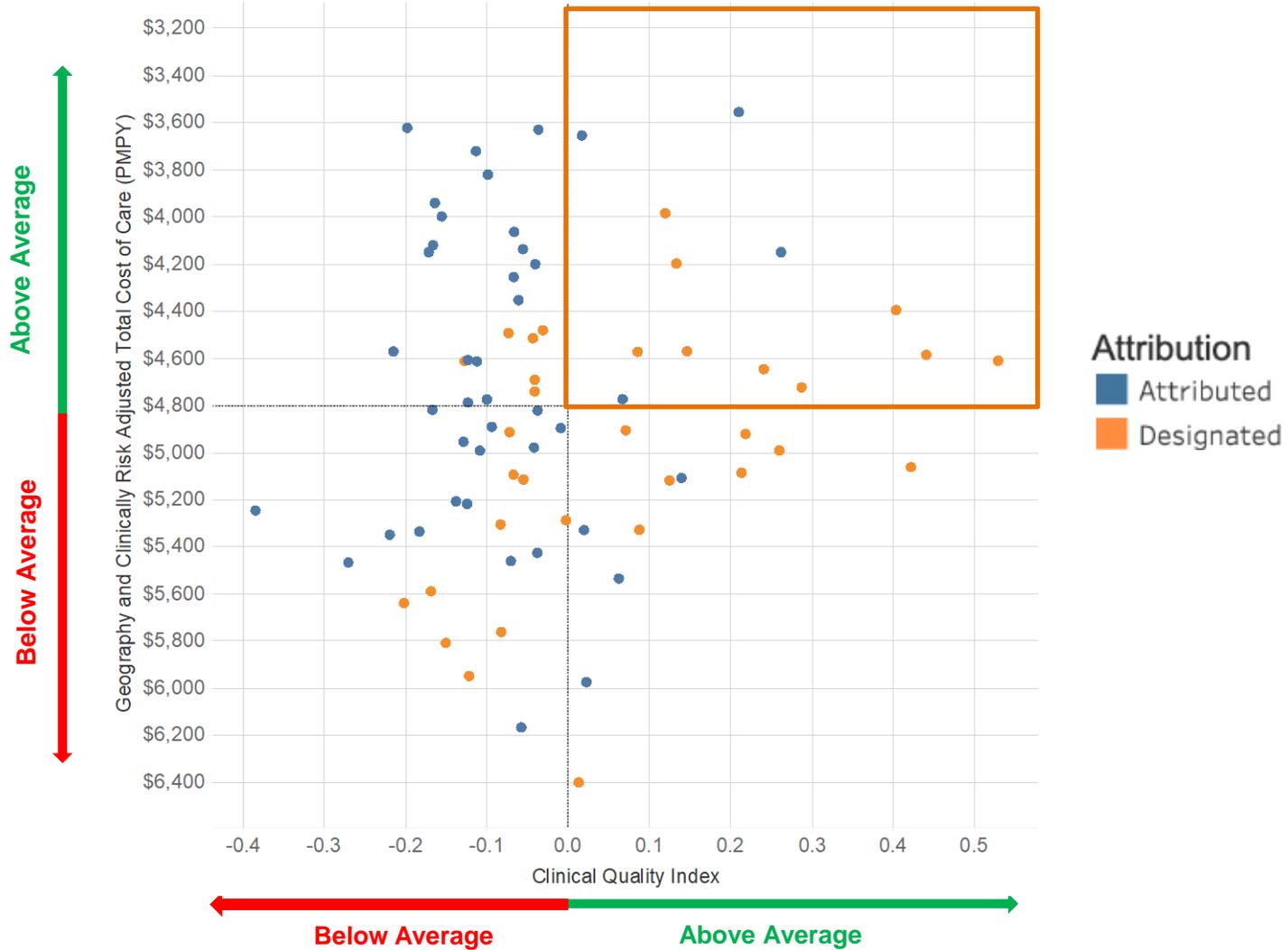


What about at the Provider Group (ACO) level?

Commercial ACOs can provide high value care (review of >80 plan/ACO specific contracts)



Both attributed and designated models can provide value



Some final thoughts



Implications of doing good performance benchmarking

- Financial risk sharing is associated with higher value - commercial ACOs have the potential to contribute
- Atlas-type information from functional APCD's can inform and enable the “volume to value” push
- Most of what is causing (vs. correlated with) better value is “under the hood” – marketing and product descriptions aren't precise enough
- The relationship between financial risk sharing and clinical integration needs better definition; the impact of consolidation also needs better clarity