2017 Annual Report and Strategic Plan Update

October 17, 2017

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Executive Director
Connecting with All Healthcare Stakeholders

- VHI is an independent, nonprofit, 501(c)(3) health information organization established in 1993
- Formed to administer Virginia Healthcare Data Reporting Initiatives to benefit Virginians

Today’s Presentation
- VHI background
- Existing efforts
- Newly underway
- Hospital Cardiac Care Mortality and Readmissions
- Hospital Quality and Performance Ratings
- Hospital Patient Satisfaction
- Geographic Healthcare Pricing Reports
- Chronic Care Prevalence and Costs
- Low Value Services, Prevalence and Costs

- All Payer Claims Database
- HMO Satisfaction, Cost and Quality
- Patient Satisfaction Data
- Nursing Facility Quality and Cost Reports
- Consumer Guide to Long Term Care
- Consumer Guide to Hospitals
- Consumer Guide to Health Insurance Options

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Hospital Quality Measures

31 Measures encompassing

- Patient Safety
- Pneumonia
- Heart Attack
- Nursing Care
- Surgeries
HMO Cost and Quality

Compare HMOs on Cost and Quality

1. Choose Insurance Plan(s)
   - Aetna Health Inc. (a Pennsylvania Corporation)
   - CareFirst BlueChoice, Inc.
   - Coventry Health Care of Virginia, Inc.
   - HealthKeepers, Inc.
   - Innovation Health Plan, Inc.
   - Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
   - Optima Health Plan
   - Optimum Choice, Inc.
   - UnitedHealthcare of the Mid-Atlantic, Inc.
   - UnitedHealthcare Plan of the River Valley, Inc.

2. Choose a Measurement
   - Access/Availability of Care
     - Adult Access To Preventive/Ambulatory Health Services
     - Alcohol and Other Drug Dependence Treatment
     - Child Access to Primary Care Practitioners
     - Prenatal and Postpartum Care
   - Effectiveness of Care
     - Asthma Medication Management
     - Asthma Medication Ratio
     - Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
     - Cardiovascular Disease Management
     - Common Childhood Illnesses
     - Diabetes Care and Management
     - Drug Therapy in Rheumatoid Arthritis
     - Immunizations
     - Mental Health: Care and Follow-up
     - Persistent Medications
     - Pharmacotherapy of COPD Exacerbation
     - Preventive Care
     - Spirometry Testing
     - Weight Assessment and Counseling
   - Health Plan Stability/Descriptive
     - Administrative Data
     - Board Certification Rates for Providers
     - Financial Data
     - Years in Business
   - Member Satisfaction
     - Member Satisfaction
   - Overuse/Appropriateness
     - Antipsychotics
     - Cervical Cancer Screening in Adolescent Females
     - Lower Back Pain
     - Respiratory
   - Utilization
     - Antibiotic Utilization
     - Child and Adolescent Well Child Visits
     - Mental Health Utilization
     - Plan All-Cause Readmissions
Enhancing Hospital and ASC Financial Information in Hospital Industry Report

A Transparency Collaboration

- Review/Revise Current Data Fields
  - Align financial fields collected
  - Expand Medicaid DSH payment information collected
- Expand Collection of Financial Data from Parent Companies and Subsidiaries
- Update Definitions and Indicators for Charity Care, Bad Debt and Taxes as well as Cash Debt Coverage

Revisions implemented with collection of FY2017 data

Charity Care

- A new report was developed which presents
  - Gross charity care
  - Charity care calculated at hospital cost and
  - Charity care calculated at Medicare cost for

Virginia acute hospitals in dollars, by staffed bed and percent of revenue
As of June 1, 2017, VHI began providing management services to ConnectVirginia HIE (the statewide Health Information Exchange established in 2014). The HIE effort was initially established through the 2010 VDH and ONC State HIE Cooperative Agreement to develop/advance resources to facilitate the exchange of health information within Virginia.

ConnectVirginia provides the legal and governance framework for hospitals and health systems connected to eHealth Exchange (the national health information Exchange).

Existing Services include:

- The Public Health Reporting Pathway – two way immunization and newborn screening
- Virginia’s Advance Healthcare Directives Registry
- Streamline Provider Portal
- Encounter Alert Service
Virginia’s Emergency Department Care Coordination Program (EDCCP) Established by § 32.1-372 in 2017

The program will:

Connect all Virginia emergency departments (ED) with primary care physicians managed care organizations, and others when high risk patients arrive at an ED for treatment.

Help ED continue established care coordination plans for patients for the right care, with the right providers, at the right time and the right price.

Aid the coordination of needed follow up care when a patient leaves the ED.

Integrate with prescription monitoring program and advance directives registry.

Operate under the authority of VDH under contract with ConnectVirginia and assisted by VHI.
All Payer Claims Databases (APCD)

- Aggregation of paid health insurance claims
- Provides wider view of healthcare than elsewhere available
- A tool for employers and consumers, public health, policymakers, health plans, providers
- Mandatory in 14 states, implementing in 5, strong interest in 16, voluntary in 7

Source: APCD Council

Virginia’s voluntary APCD was established in 2012
Understanding Drivers of Cost and Quality

- Using the APCD a population health infographic on potentially preventable ED visits was created.

- A more detailed analysis on the impact of Asthma in Virginia is underway.
Impact of Chronic Conditions

A Chronic Care Conditions paper details the scope of chronic conditions in Virginia. The infographic summarizes the top conditions.
Healthcare Pricing

Preventive Health
- Colonoscopy
- Mammogram: Analog
- Mammogram: Digital
- Office Visits: Adult Office Visit
- Office Visits: Well Child Visit

Emergency Room Visits
- Emergency Room Visit: Medium
- Emergency Room Visit: Very Minor

Maternity
- Cesarean Delivery
- Ultrasound
- Vaginal Delivery

Surgical Procedures
- Angioplasty
- Arthrocentesis shoulder/hip/knee
- Arthroscopic Knee Surgery
- Breast Biopsy
- Destruction of Lesion
- Gall Bladder Surgery
- Hernia Repair
- Hip Replacement
- Kidney Stone Removal
- Knee Replacement
- Rotator Cuff Surgery
- Tonsillectomy with Adenoidectomy

Imaging
- CT Scan: Abdomen
- CT Scan: Head/Brain
- MRI Scan: Back
- MRI Scan: Knee

Radiology/Other
- Ankle X-Ray
- Bone Density Scan
- Chest X-Ray
- Endoscopy
- Foot X-Ray
- Non-maternity ultrasound

Includes frequently performed services that contrasts prices on geographical regions and site of care; ambulatory surgical center, inpatient, hospital outpatient, and physician office.
APCD In Action: Supporting Virginia Center for Healthcare Innovation (VCHI) to accelerate the adoption of value-driven models of wellness and healthcare

VHI provides VCHI with statewide and regional reports detailing types of potentially wasteful services and costs. These calculations are based in information submitted for payment to providers and are not used for medical necessity determinations.
Don’t Do Imaging for Uncomplicated Headache

Percent of Low Value Services for 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent Low Value</th>
</tr>
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<tbody>
<tr>
<td>Central Region</td>
<td>34%</td>
</tr>
<tr>
<td>Eastern Region</td>
<td>29%</td>
</tr>
<tr>
<td>Northern Region</td>
<td>39%</td>
</tr>
<tr>
<td>Northwest Region</td>
<td>34%</td>
</tr>
<tr>
<td>Southwest Region</td>
<td>32%</td>
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</tbody>
</table>

A 50% reduction could result in potential cost savings of over 6 million dollars per year.

Includes Commercial, Medicaid and some Medicare Advantage Data.
Low-Cost, High-Volume Health Services Contribute The Most To Unnecessary Health Spending

An analysis of data for 2014 about forty-four low-value health services in the Virginia All Payer Claims Database revealed more than $586 million in unnecessary costs. Among these low-value services, those that were low and very low cost ($538 or less per service) were delivered far more frequently than services that were high and very high cost ($539 or more). The combined costs of the former group were nearly twice those of the latter (65 percent versus 35 percent).
APCD Stakeholder Support

**Optima Health**

“Optima is an enthusiastic supporter of Virginia’s voluntary All Payer Claims Database. Optima contributes claims and provides funding to ensure we and many others have access to this important information to better understand and improve the quality of healthcare in Virginia.” David Neuwirth Director, Medical Economics & Data Analytics

**United HealthCare**

“VHI continues their leadership role among state All Payer Claims Databases and is a strong proponent of national standards for data submission. VHI shares the vision of data standardization across APCDs to reduce the administrative burden of data submission amongst plans while increasing the value by enabling the regional and cross-state comparisons of healthcare data. VHI's strategy includes providing health insurance companies with the analytical tools to effectively use APCD data in support of our joint efforts to improve health and reduce costs.” Bernie Inskeep, United HealthCare

**Inova Health System**

“MedInsight provides significant flexibility and capability for our data analysis and reporting.” Paul Dreyer, Director of Strategic Planning

**University of Virginia**

“Data from the Virginia APCD is helping us better understand the impact of the opioid crisis in medically underserved areas of the state.” - Virginia LeBaron, Ph.D, Assistant Professor UVA School of Medicine
Healthcare Reform Efforts

Health Information Needs Workgroup
- VHI established and operates the Health Information Needs workgroup as required by §32.1-276.9:1

Lieutenant Governor’s Health Information Technology (HIT) and Quality Roundtable
- Established list of quality measures and HIT plan

Virginia Center for Health Innovation (VCHI)
- Supported development of the Virginia Health Innovation plan and the Choosing Wisely program identifying low value healthcare services

Data and Monitoring Workgroup of the Governor’s Prescription Drug and Heroin Abuse Task Force
- Participants in discussion of scope of the addiction crisis and available data
FY2017 Diversified Revenues Reflect the Value of Information to Stakeholders

- APCD 46%
- General Appropriations 8%
- Provider Fees 15%
- Product Sales 31%
Closing Comments and Questions