

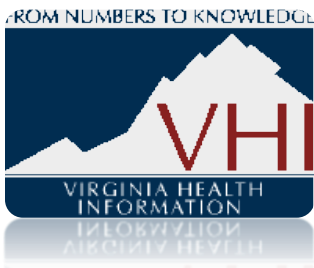
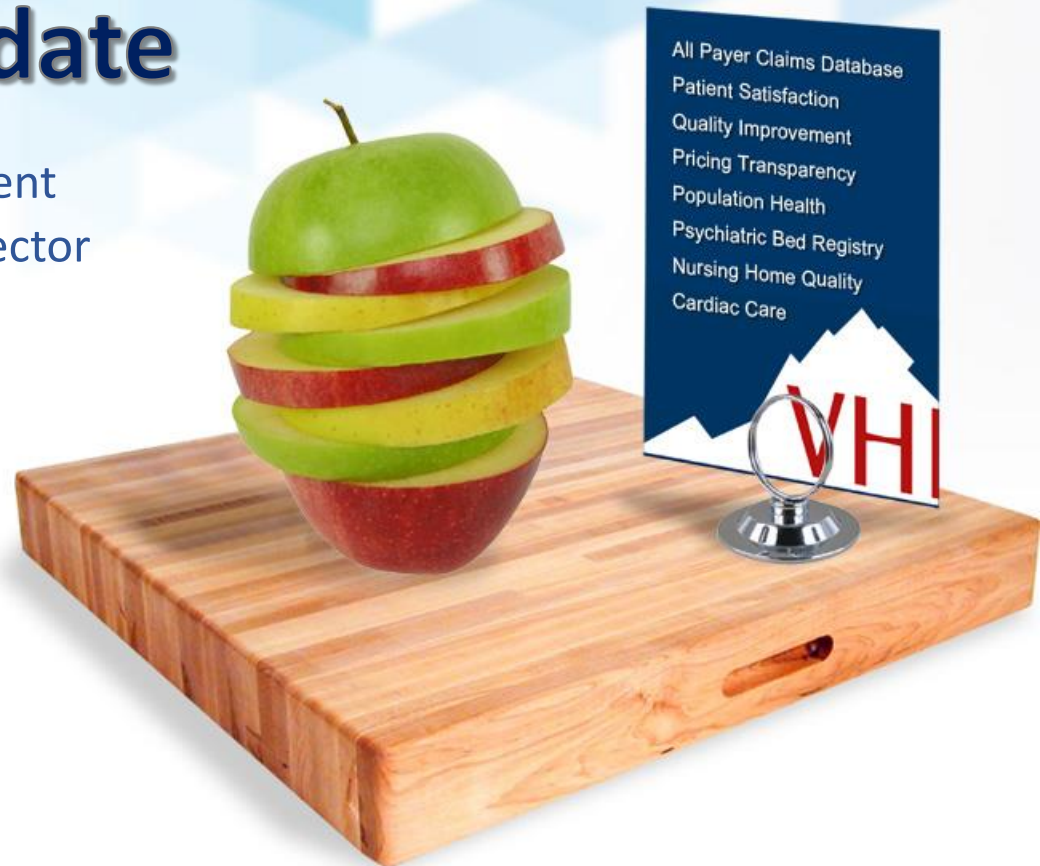
ANY WAY YOU SLICE IT

Serving Up Virginia Health Information

2016 Annual Report and Strategic Plan Update

- Ibe Mbanu, MD, MBA, MPH, President
- Michael T. Lundberg, Executive Director

October 5, 2016



VHI Represents all Health Care Stakeholders

- VHI is an independent, nonprofit, 501(c)(3) health information organization established in 1993
- Formed to administer Virginia Health Care Data Reporting Initiatives to benefit Virginians
- Today's Presentation
 - Who we are
 - What we do
 - Where we are going

VHI Board of Directors

Business Representatives



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 Virginia Center for Health Innovation



Courtney M. Malveaux, Esquire
 Thompson McMullan, PC



Bill Murray
 Dominion Virginia Power



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Cindi Jones
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 Virginia Department of Health

EXECUTIVE COMMITTEE



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Timothy McManus
 VHI Vice President

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 VHI Treasurer

Beth Bortz
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Charles "Rusty" Maney
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Kay W. Lewis, RN, MS, CPHQ
 VHI Past President

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 Bon Secours Virginia



Kay Stout MD, MBA, CPE
 Virginia Women's Center

Nursing Facility Representatives



Thomas S. Dodson
 Birmingham Green Nursing Facility



David W. Tucker
 Commonwealth Care of Roanoke

FROM NUMBERS TO KNOWLEDGE



VIRGINIA HEALTH INFORMATION



Virginia Health Information
FROM NUMBERS TO KNOWLEDGE

vhi.org To Go

TRANSPARENCY

CARDIAC CARE

HMOs

PATIENT SATISFACTION

LONG TERM CARE

OUTPATIENT

INDUSTRY REPORT

EFFICIENCY & PRODUCTIVITY

VIRGINIA HEALTH INFORMATION PORTAL

102 N. 5th Street, Richmond, VA 23219

www.vhi.org

facebook.com/VAHealth

CARDIAC CARE

1 in 8 hospital stays are for cardiac care. Compare hospitals on death & 30-day readmission rates. Learn about heart attack prevention & warning signs.



www.Vhi.org/Cardiac

LONG-TERM CARE

The differences among nursing facilities, assisted living, home health & other care are described. Learn how to choose the care you need and compare prices. Includes links to helpful resources.



www.Vhi.org/LTC_intro.asp

HMOs

One million Virginians are in HMOs. They need pricing, quality and satisfaction information to choose the best HMO for their needs. Find it here.



www.Vhi.org/hmo

OUTPATIENT PROCEDURES

Learn about the test or surgery, risks and benefits. Find facilities and learn which procedures are performed and what they charge.



www.Vhi.org/outpatient

PATIENT SATISFACTION

See the latest consumer ratings of Virginia hospitals. Would they recommend this hospital? Compare hospitals on 10 measures covering comfort, communication and overall care.



www.Vhi.org/satisfaction

INDUSTRY REPORT

Employers & insurance companies use VHI's Industry Report rankings to choose hospitals and nursing facilities. Banks use it to make loans. You can find the most efficient providers with this report.



Vhi.org/hr

VHI Publishes a Variety of Health Information

To Go

HMO Quality Measures added: adolescent mental health care, antibiotic utilization, flu vaccinations, tobacco use cessation, all cause hospital readmissions...

Compare HMOs on Cost and Quality



Step 1: Choose a 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.
- MD-Individual Practice Association, Inc.
- Optima Health Plan
- Optimum Choice, Inc.
- UnitedHealthcare of the Mid-Atlantic, Inc.
- UnitedHealthcare Plan of the River Valley, Inc.

*Select more than one plan by holding the ctrl key down

Step 2:

Click the radio button to choose a measurement
 (Click the link for definition):

Access/Availability of Care

- [Adult Access To Preventive/Ambulatory Health Services](#)
- [Child Access to Primary Care Practitioners](#)
- [Prenatal and Postpartum Care](#)

Effectiveness of Care

- [Alcohol and Other Drug Dependence Treatment](#)
- [Asthma Medication Management](#)
- [Attention-Deficit/Hyperactivity Disorder \(ADHD\) Medication](#)
- [Avoiding Antibiotics](#)
- [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](#)
- [Use of Imaging for Low Back Pain](#)
- [Weight Assessment and Counseling](#)

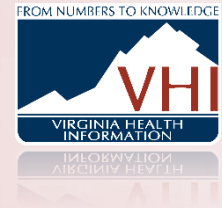
Health Plan Stability/Descriptive

- [Board Certification Rates for Providers](#)
- [Years in Business](#)

Member Satisfaction

- [Member Satisfaction](#)

2016 Enhancing Hospital 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
- **Review/Revise Indicators** for Charity Care, Bad Debt and Taxes as well as Cash Debt Coverage

Revisions planned for implementation during FY2017



Ratings for Health Conditions and Topics

[Deaths or returns to the hospital](#)


[Heart attack and chest pain](#)

[Nursing care](#)

[Other surgeries](#)

[Patient safety](#)




[Pneumonia](#)

Results of care	Rating	Risk-Adjusted Rates
How often patients die in the hospital while getting care for pneumonia	 BETTER THAN AVERAGE	c

[Stroke](#)

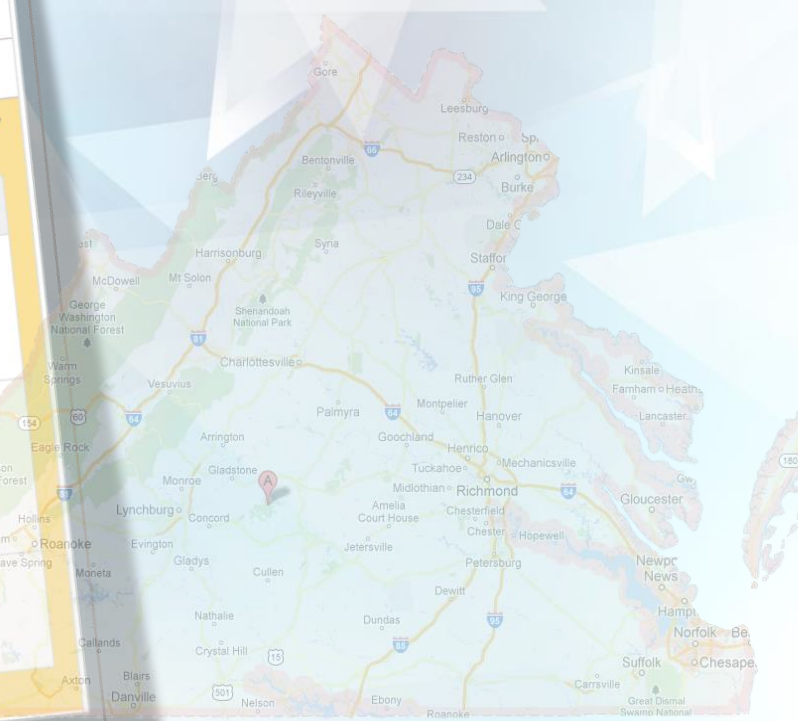
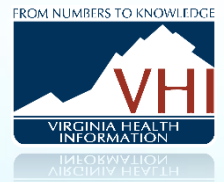
[Summary Scores](#)

[Surgical patient safety](#)

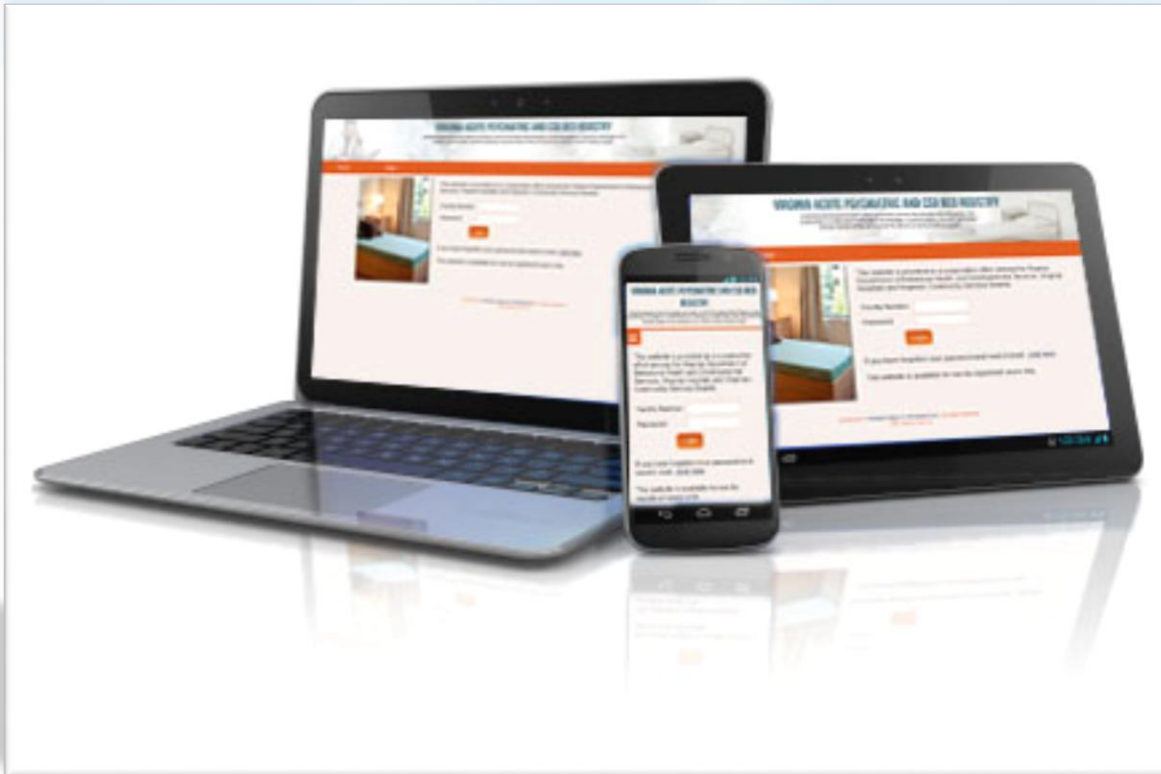
Results of care	Rating	Risk-Adjusted Rates
How often patients die in the hospital because a serious condition was not identified and treated	 AVERAGE	113.1416 (86.2580, 140.0252)
How often patients in the hospital had to use a breathing machine after surgery because they could not breathe on their own	 BETTER THAN AVERAGE	9.8437 (6.7081, 12.9793)
How often patients in the hospital get a blood clot in the lung or leg vein after surgery	 BETTER THAN AVERAGE	6.0347 (4.7344, 7.3350)

Hospital Quality Measures

Patient Safety, Pneumonia, Heart Attack, Nursing Care



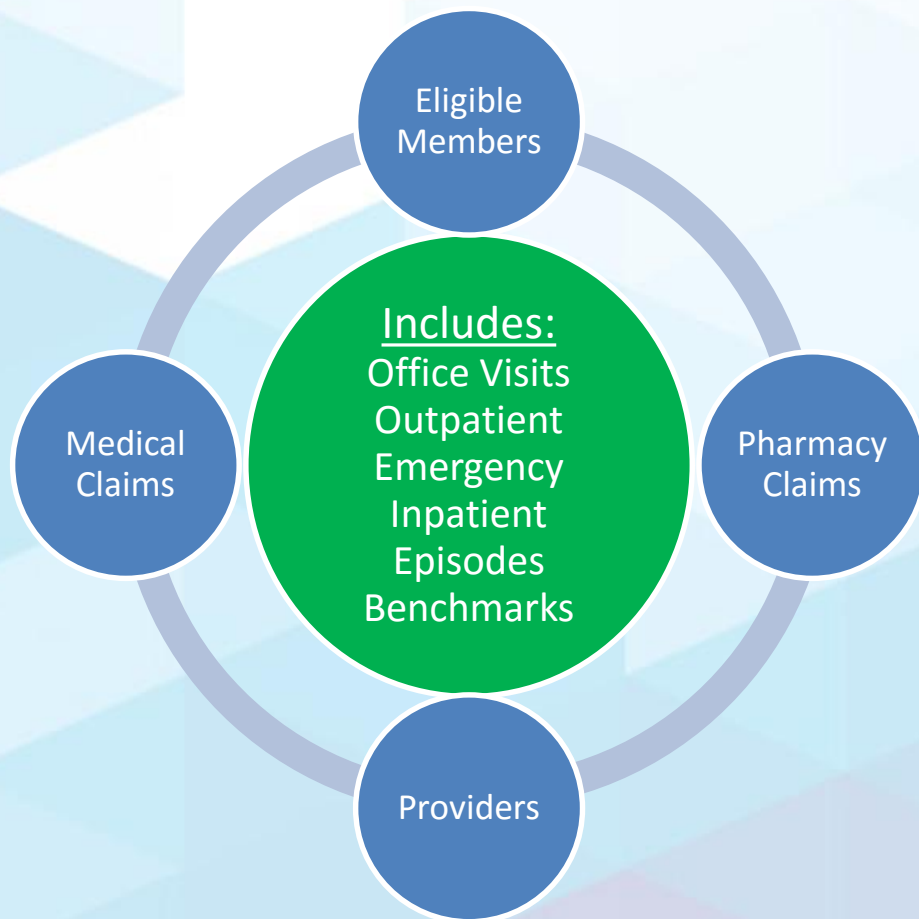
Psychiatric Bed Registry: Released March 2014



“The partnership between VHI and DBHDS continues to be rewarding and valuable. VHI has demonstrated excellence in the maintenance of Virginia’s Psychiatric Bed Registry, making the registry an effective tool for providers across the state. They have consistently sought feedback from stakeholders and have shown readiness to make enhancements to the system. We appreciate VHI’s work in helping to meet the needs of our communities.”

*Daniel Herr, J.D.
Assistant Commissioner for Behavioral
Health Services
Virginia Department of Behavioral Health
and Developmental Services*

• All Payer Claims Databases (APCD)

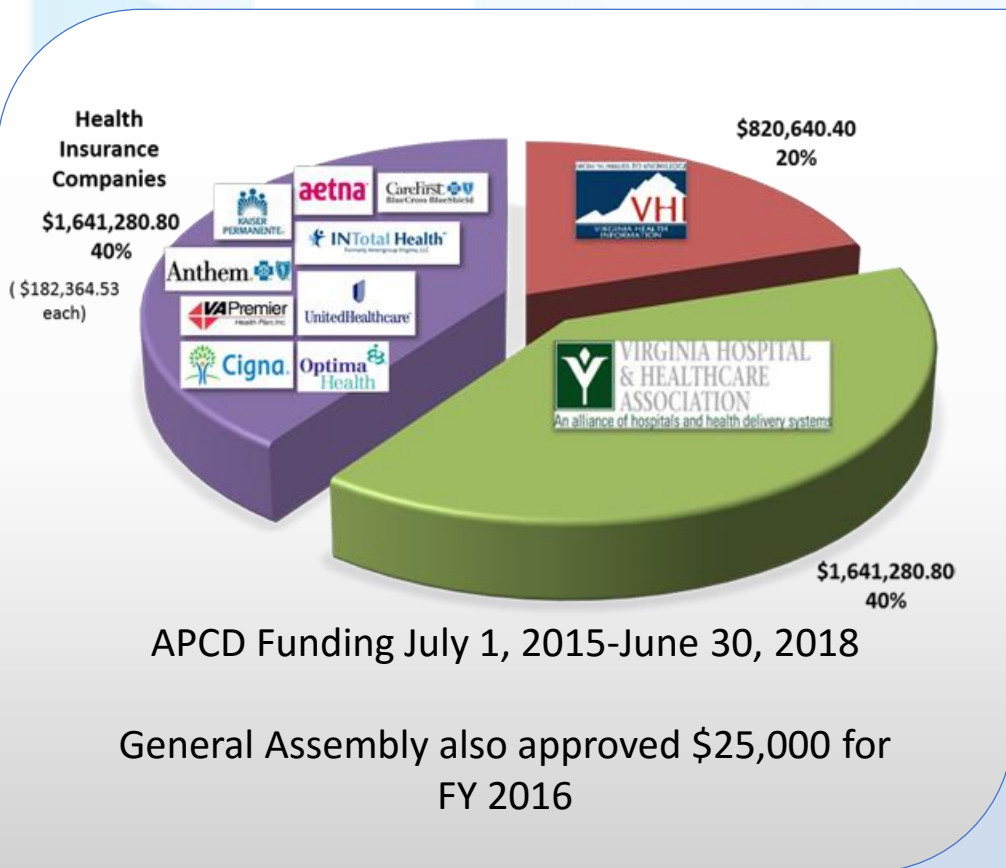


- Aggregation of paid health insurance claims
- Provides wider view of healthcare than currently available
- A tool for public health, policymakers, health plans, providers, employers and consumers
- Existing in 14 states, implementing in 5, strong interest in 19, voluntary in 4 (APCD Council, August 2015)

Virginia's voluntary APCD was established in 2012

•APCD—All Payer Claims Database

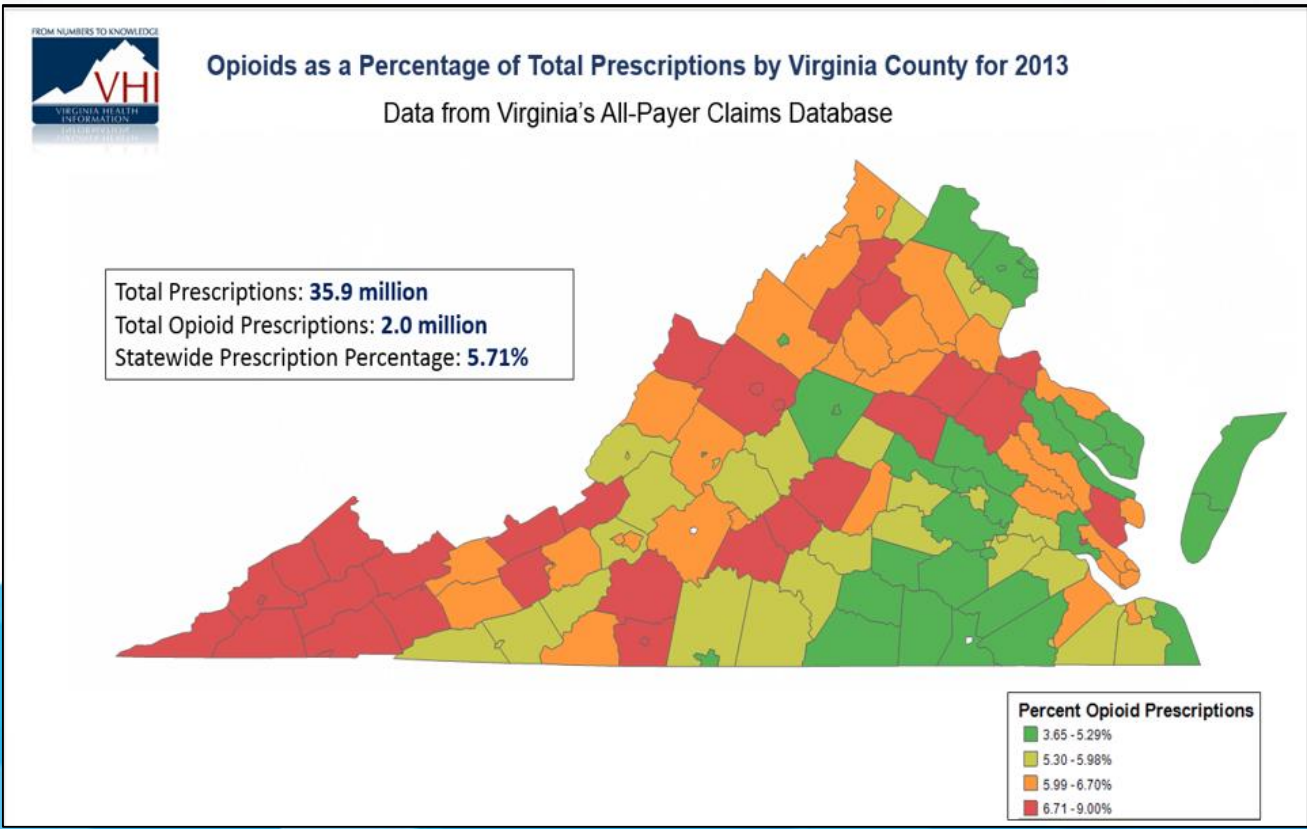
Planning in 2012 → Building in 2013 → Reporting began in 2015



- 9 plans participating in submission and funding Commercial, Medicaid and some self-insured data included
- APCD Advisory Committee assisted in implementation and now operations
- Over 200 users of de-identified APCD data

VHI works under contract to VDH

APCD In Action: *Understanding the Opiate Crisis*



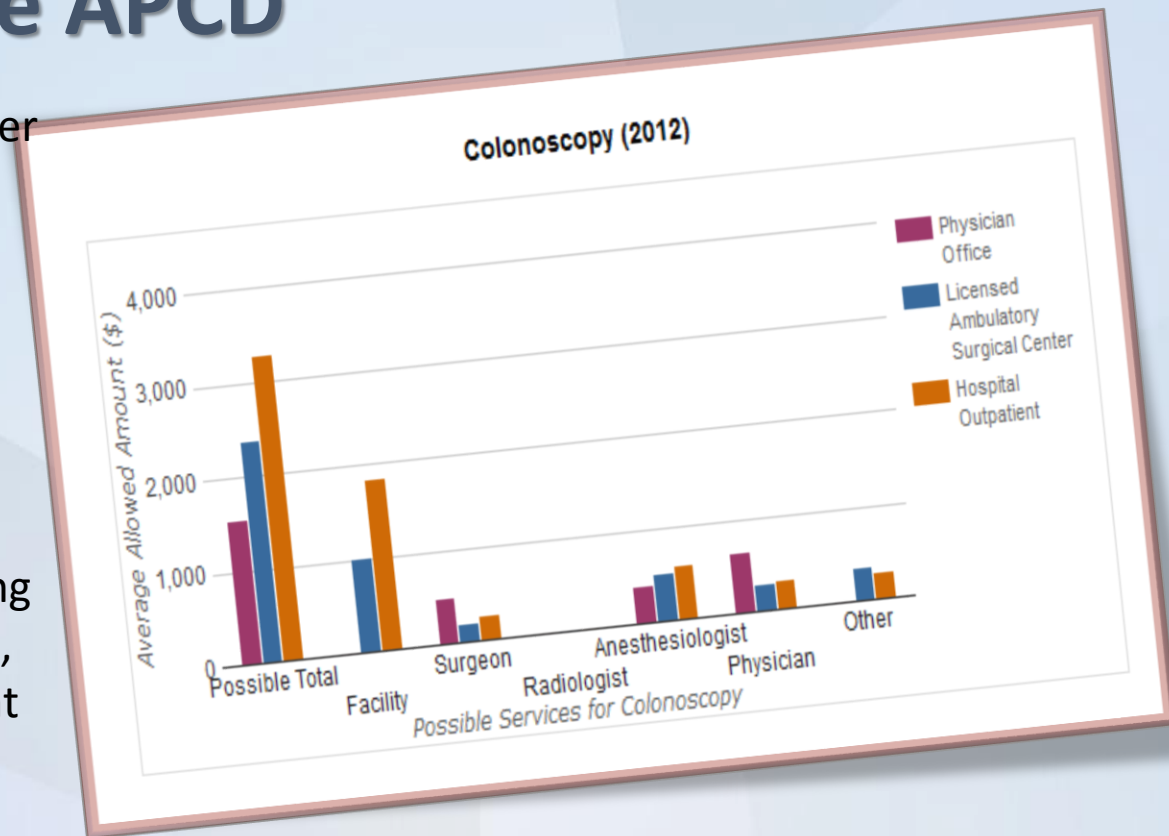
Virginia's APCD provides a baseline understanding on pharmacy use across the state with comparisons to national and Virginia benchmarks

- "Opioid Prescriptions" as defined by the Milliman Therapeutic class "Analgesics-Opioid" within MedInsight
- The following coverage types are currently not included in the Virginia APCD: Self Pay, TRICARE, FEHP and Medicare FFS. The Virginia APCD represents roughly 45% of the overall population in 2013
- This data is intended to correspond to the timeframe and methodology published within the CMS Medicare Part D Opioid Drug Mapping tool for 2013 (<http://go.cms.gov/opioidheatmap>)
- The 4 color categorization applied to Virginia cities and counties correspond to the 1st, 2nd, 3rd and 4th quarterlies of opioid prescription percentages within the data set

Healthcare Pricing Transparency

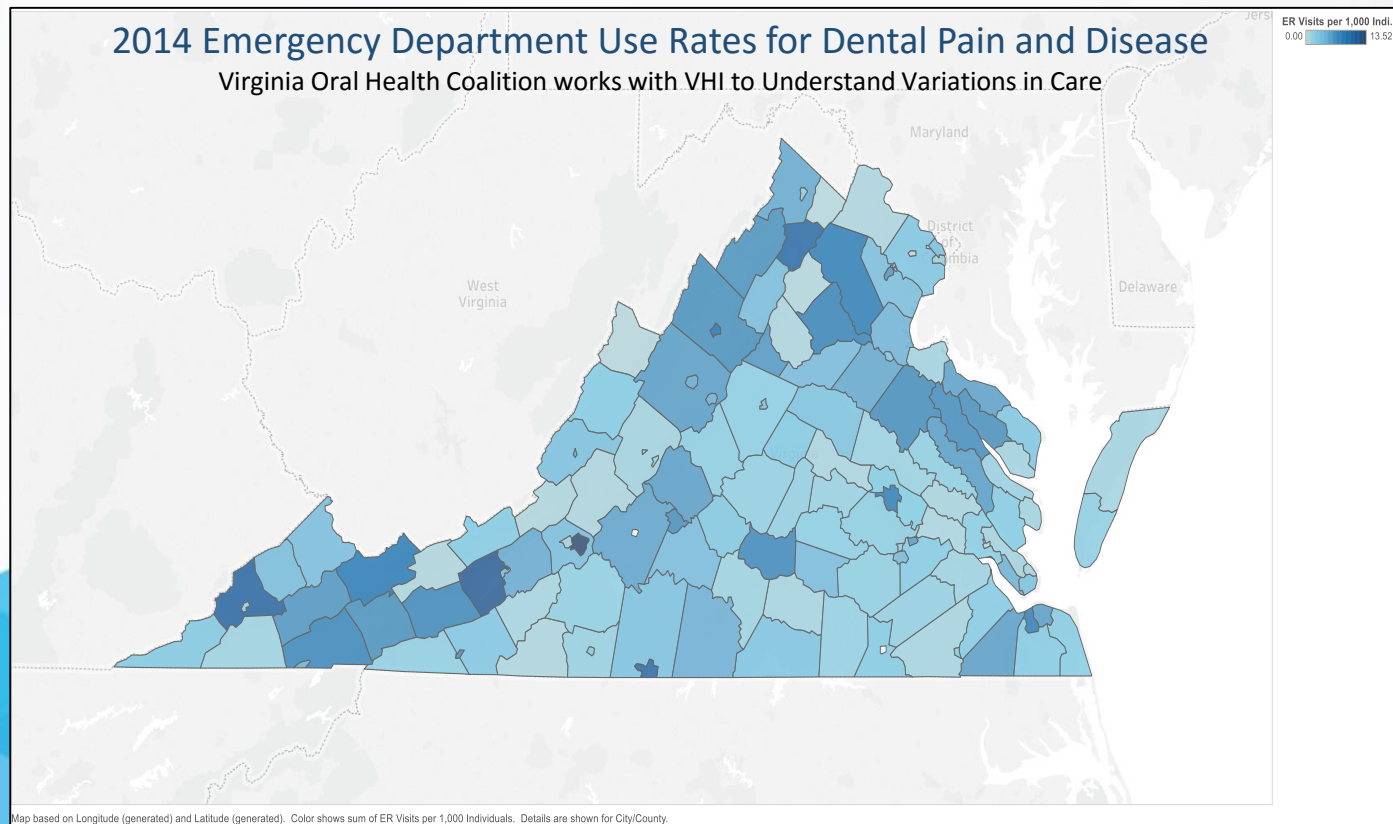
A Redo Using the APCD

- Developed with multi-stakeholder workgroup input
- Includes 31 services by Health Planning Region expected to be published this Fall.
- Details average costs (allowed amounts) by site of care including physician office, surgical centers, hospital inpatient and outpatient facilities.
- Goes beyond costs to help consumers understand what the service is, why have it, the risks, benefits, recovery and where to go for more information



Current information at vhi.org

APCD In Action: *Use of ED Departments for Dental Issues*



“The Virginia Oral Health Coalition sees Virginia’s APCD as a **valuable tool to better understand oral health in Virginia**. Reports from the APCD are helping us understand how often emergency room care was related to oral health. Importantly, these reports also detailed a wide variation in the use of opioids as part of treatment” – **Sarah Bedard Holland, Executive Director**

- Rates displayed by Virginia City/County based on the number of ER visits per 1,000 residents included within the Virginia APCD
- The following coverage types are currently not included in the Virginia APCD: Self Pay, TRICARE, FEHP and Medicare FFS. The Virginia APCD represents roughly 45% of the overall population in 2014
- Based on 2015 paid claims for Commercial and Medicaid enrollees
- The color assignment for each City/County is based on a fluid scale that ranges between the minimum and maximum rate for the state of Virginia

APCD In Action:

Supporting Virginia Center for Health Care Innovation (VCHI) to accelerate the adoption of value-driven models of wellness and health care

Choosing Wisely[®]

An initiative of the ABIM Foundation

A campaign to encourage physician and patient conversations about overuse and misuse of tests and procedures to help make smart care choices

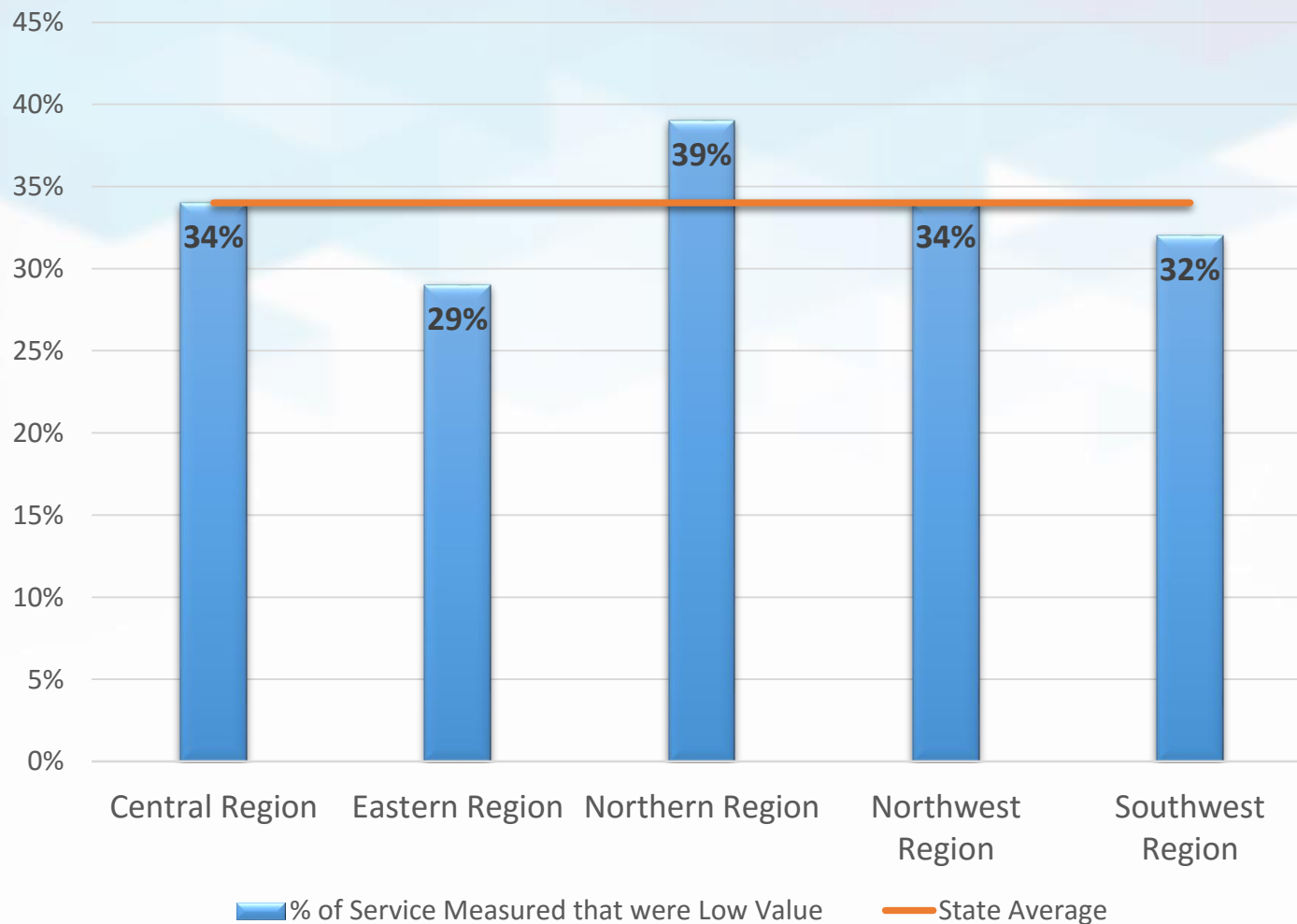
Milliman, VHI's APCD vendor applies Choosing Wisely logic to clinical or claims data to quantify and report on these potential low value services.



VHI is providing VCHI, health system, health insurance company and COVA with reports identifying the potential costs and frequency of low value services.

Don't Do Imaging for Uncomplicated Headache

Percent of Low Value Services for 2014



A 50% reduction could result in potential cost savings of over 6 million dollars per year
Includes Commercial, Medicaid, and some Medicare Advantage Data

U.S. Supreme Court Ruling

Gobeille v. Liberty Mutual – March 1, 2016

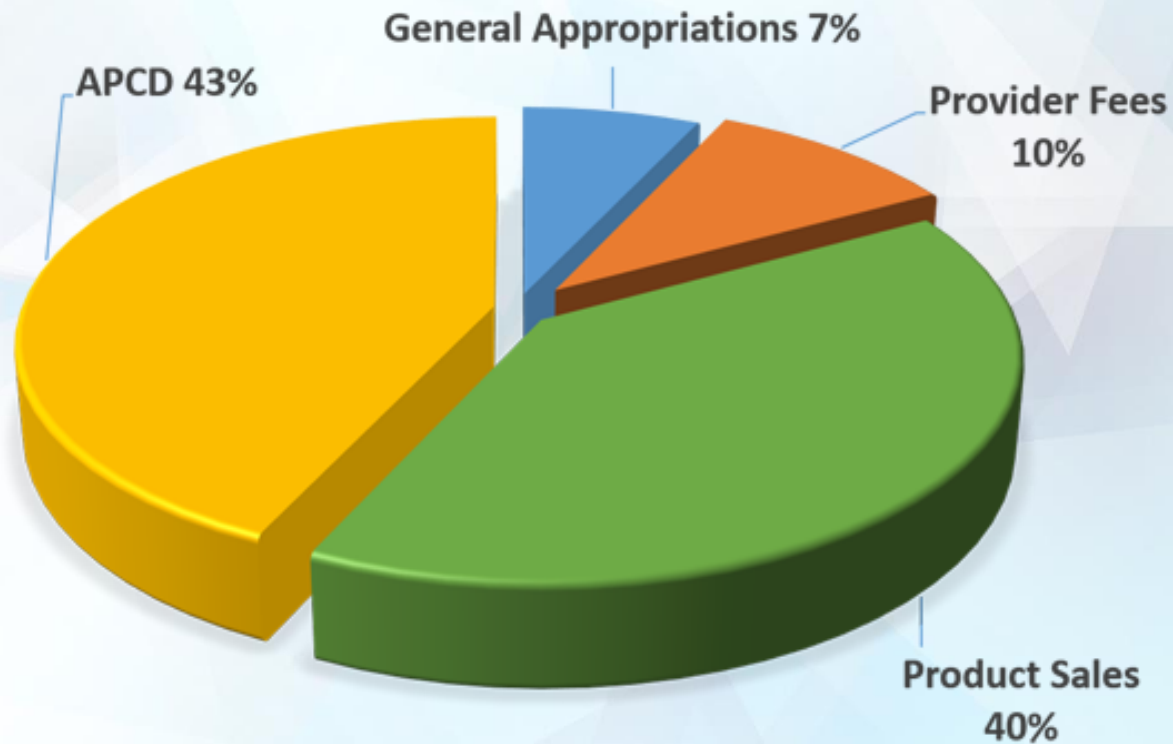
- The U.S. Supreme Court ruled that Vermont **could not compel** self-insured employers to submit their data to Vermont's APCD
- Virginia's APCD statute is **voluntary**: Payers are not be compelled to participate and the statute has no penalties for failing to participate.
- Although troubling for APCDs overall and seemingly contrary to policies favoring transparency in health care, the ruling does not have to directly impact Virginia's voluntary APCD program. However, Aetna and Cigna have temporarily stopped sending the majority of their self insured claims until an "Opt In" approach is finalized for employers.
- VHI has corresponded with participating health insurance companies to understand their views on the ruling and continue our collaborative relationship. VHI is reaching out with employer groups & employers to opt-in to include their de-identified data
- http://www.supremecourt.gov/opinions/15pdf/14-181_5426.pdf

APCD Stakeholder Support



- ✓ “Optima Health 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 health care 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.
- ✓ Virginia Oral Health Coalition: The Virginia Oral Health Coalition sees Virginia’s APCD as a valuable tool to better understand oral health in Virginia. Reports from the APCD are helping us understand how often emergency room care was related to oral health. Importantly, these reports also detailed a wide variation in the use of opioids as part of treatment” – Sarah Bedard Holland, Executive Director

FY2016 REVENUES REFLECT THE VALUE OF VHI PROGRAMS AND INFORMATION TO STAKEHOLDERS



Closing Remarks

Virginia Health Data Reporting Programs support consumer-focused cost and quality information on:

- Ambulatory Surgical Centers
- Health Plans
- Home Health
- Hospitals
- Nursing Facilities
- Physicians

Virginia has a long history of stakeholder collaboration, partnership and shared funding of healthcare transparency initiatives

JCHC support is key to consensus building and vetting of health information programs