

VCHI Update to the Joint Commission on Health Care

Beth A. Bortz
President & CEO
September 7, 2016



ABOUT VCHI



Founded in 2012 as a 501(c)3 non-profit.



Mission: To facilitate innovation by convening key stakeholders and securing the resources to accelerate value-driven models of wellness and healthcare throughout Virginia.



BOARD OF DIRECTORS



Bill Murray
Chair
DOMINION



Chas Roades
Secretary
THE ADVISORY BOARD



Richard Hamrick, MD
Treasurer
HCA



Nancy Agee
Immediate Former Chair
CARILION CLINIC



Elizabeth Whalley Buono
WESTROCK



Urusula Butts
VCU



Michael Dudley
OPTIMA



William H. Hazel, Jr. MD
VA SEC. HHR



Anthony Keck
MOUNTAIN STATES
HEALTH ALLIANCE



Ibe O. Mbanu, MD, MBA
BON SECOURS



Anna McKean
AVIANT HEALTH



Deborah Oswalt
VIRGINIA HEALTH
CARE FOUNDATION



Pamela Sutton-Wallace
UVA MEDICAL CENTER



Nicole Palya Wood
PHRMA



Leadership Council

AbbVie

Aetna

Anthem

APC

Biogen

Boehringer-Ingelheim

Bon Secours Virginia

Carilion

Centra Health

Dixon Hughes Goodman LLP

GlaxoSmithKline

HCA of Virginia

Inova Health System

Johnson & Johnson

Kaiser Permanente

LabCorp

Maxim Healthcare Services

MSV Foundation

Merck

Mountain States Health Alliance

Novartis

Optima

PATH Foundation

Pfizer

PhRMA

Privia Health

Riverside Health System

Sanofi

Sentara

UnitedHealthcare

UVA Health Care System

Va Academy of Family Physicians

Va Association of Health Plans

VCU Health

Virginia Health Care Foundation

Va Hospital and Healthcare Assn

Va Oral Health Coalition

Va Council of Nurse Practitioners

Virginia Nurses Association

Walgreens



OUR WORK



Convening and educating stakeholders interested in accelerating the adoption of value-driven models of wellness and healthcare in an effort to improve patient outcomes and advance Virginia's well-being and economic competitiveness.



Overseeing and facilitating demonstration research to test and evaluate models of value-driven wellness and health care.



Leveraging data and analytical resources that inform and enable health care providers, public health professionals, government representatives, community organizations, employers and consumers to make better decisions.

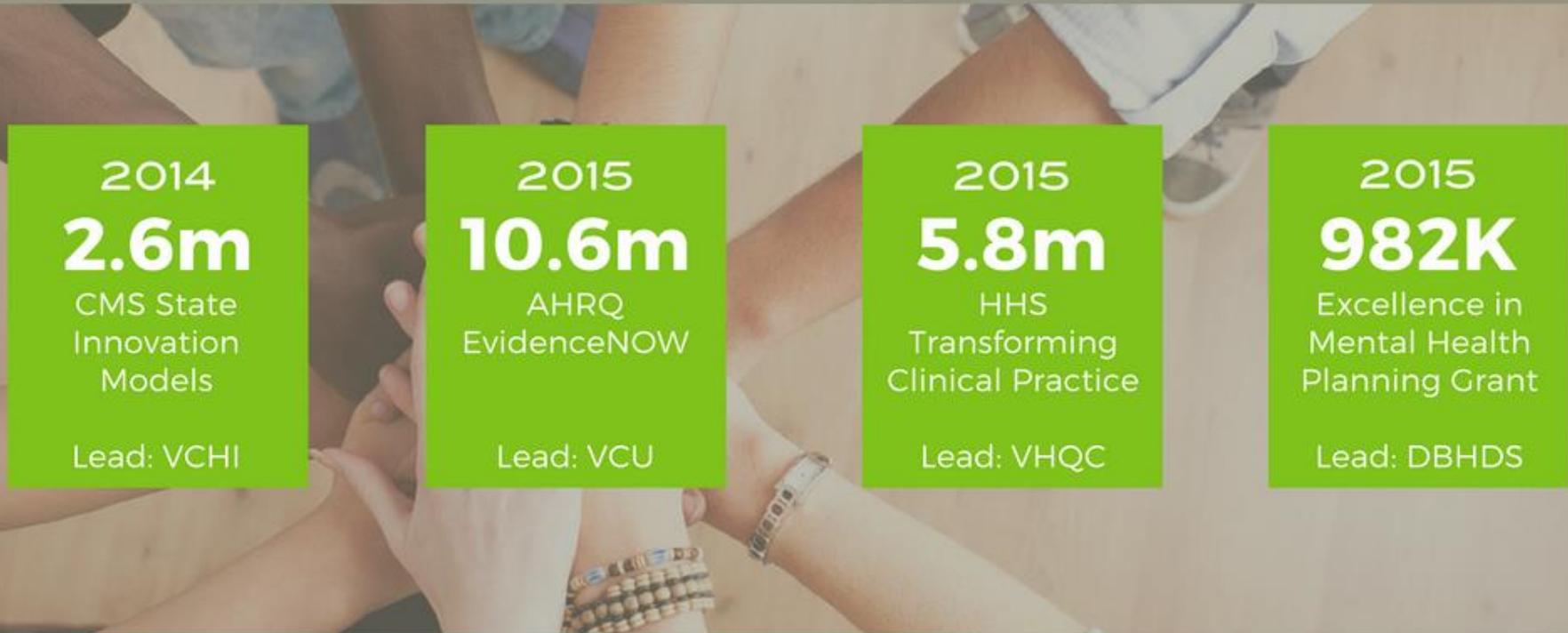


Helping prepare the health care delivery system and the public for a high quality, value-driven health care marketplace which features engaged and satisfied clinicians and patients.



COLLECTIVE IMPACT

In just over four years, VCHI's leadership and culture of collaboration and transparency has helped bring nearly \$20 million in Federal grant dollars to Virginia.



A CLOSER LOOK AT:



SIM: The Virginia Health Innovation Plan



AHRQ EvidenceNOW: Heart of Virginia Healthcare

SIM Priorities



Build community collaboration, through the creation of accountable care communities, to identify regional population health priorities and the care models to address them



Align population health and clinical quality measures



Analyze data to reduce wasteful and potentially harmful medical tests and procedures



Better integrate primary, complex, behavioral and oral health care



Improve care transitions and reduce hospital readmissions



Strengthen the care coordination workforce



Prepare primary care for Virginia's emerging marketplace



Move health care payment from one that rewards the volume of health care services provided to one that rewards the value of care received



SIM Outcomes

- Creation of five regional accountable care communities that are working to address performance on the population health metrics identified in the Virginia Plan for Well-Being.
- Selection of 13 population health measures, 5 health system measures, and 73 clinical quality measures to be voluntarily adopted by Virginia's health plans, health systems, and grant funders.
- Identification of 45 low value services, costing \$1.3 Billion in unnecessary care in the Commonwealth, over a two year period.
- Recommendation of 27 models of care that would improve care integration.



SIM Outcomes

- Development of a statewide plan to replicate the highly successful care transitions program piloted by EVCTP.
- Creation of certificate programs for health coaches and care coordinators and an online course in transformation leadership for all health professionals. Development of a credentialing process for community health workers and a proposed expansion of training programs for psychiatric nurse practitioners.
- Launching of a three year primary care practice transformation initiative with 250 practices.
- Submission of a Medicaid Delivery System Reform Incentive Payment Waiver to CMS.



A DEEPER DIVE ON SOME OF THESE OUTCOMES





Aligning Population Health and Clinical Quality Metrics



Lt. Governor's Roundtable on Population Health, Quality, Payment Reform, and Health Information Technology

- The Roundtable worked to narrow a list of **560 clinical quality measures** currently in use in Virginia to a recommended core set of **78 measures**.
- These measures focus on three priority population goals: providing a strong start for children, reducing the emergence of rising risk adults, and aging well.



Plan for Well-Being

Developed by the Virginia Department of Health, Virginia's Plan for Well-Being identifies a core set of **population health measures** that align with the recommended clinical quality measures from the Lt. Gov's Roundtable.

> Visit VDH's website for more details:

vdh.virginia.gov





ANALYZING DATA TO IDENTIFY WASTEFUL OR HARMFUL MEDICAL TESTS AND PROCEDURES



Virginia Choosing Wisely®

Important Definitions

Choosing Wisely® – designed by the American Board of Internal Medicine and the National Physicians Alliance to help physicians, patients and other health care stakeholders think and talk about overuse of health care resources. Each medical specialty was asked to identify 5 medical tests and/or procedures that they know to be unnecessary and/or harmful.

All Payer Claims Database –includes paid claims from commercial health insurance companies and the Department of Medical Assistance Services. This voluntary program facilitates data-driven, evidence-based improvements in the access, quality, and cost of healthcare. For the purposes of this work, VHI and VCHI were also able to secure Medicare fee for service data to add to the Medicaid and commercial data.

MedInsight Health Waste Calculator – an analytical software tool that provides actionable insight on the degree of necessity of healthcare services and determines optimal efficiency benchmarks.



Defining “Unnecessary” or “Wasteful”

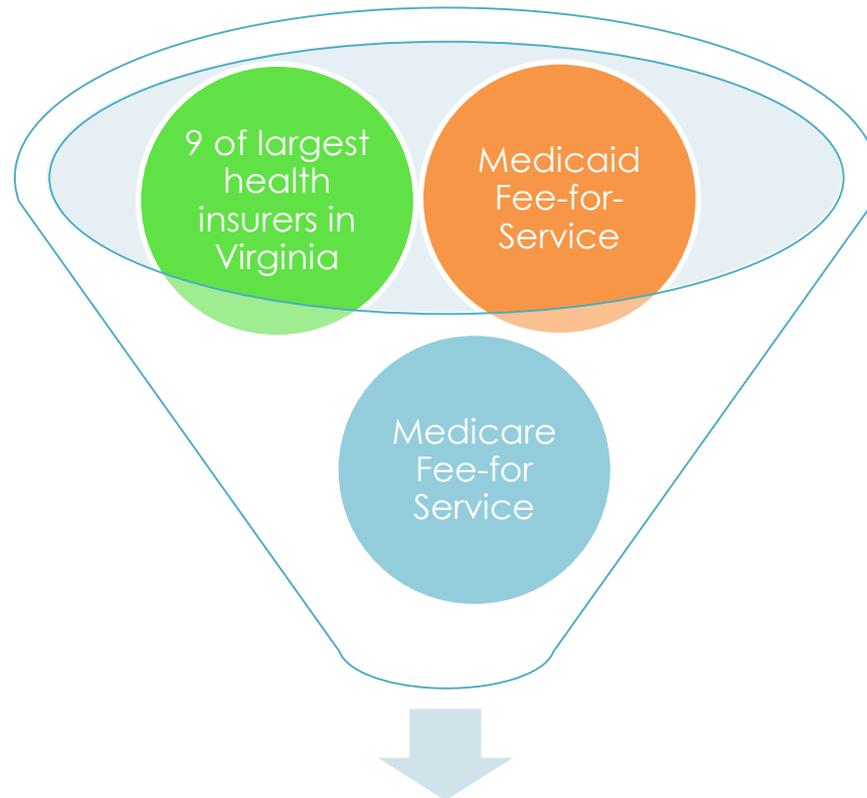
- Services that **research has proven to add no value in particular clinical circumstances** and in fact can lead to subsequent unnecessary patient harm not to mention undo costs
- MedInsight Health Waste Calculator methodology begins with **evidence based guidance** as prioritized and defined by leading community organizations (by in large **Choosing Wisely®**)
- Due to the limitations of clinical data within claim records the MedInsight Health Waste Calculator approach is **very conservative in terms of its definitions of waste.**



Virginia Choosing Wisely®

Data Source- Virginia's All Payer Claims Database

Administered by Virginia Health Information



Medical and Pharmacy Claims
for 5.5 million Virginians



45 Measures in Place Today

400+ Planned



Virginia Choosing Wisely®

Summary of Results

	January 2016
Reporting Period	2013, 2014
Number of Measures	45
CMS Data Included?	Yes
Wasteful Dollars Identified	\$ 1.3 billion
Wasteful Services Identified	3.3 Million



Overall Results – Summary

20%

of members exposed to 1+ unnecessary service

36%

of services measured were unnecessary

2.4%

or \$11.94 PMPM in claims were unnecessary

Potential Cost Savings of \$650 Million Per Year



Top 5 Measures by Cost Impact

Measure Description	Total Unnecessary Services	Total Spend for Unnecessary Services
Baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	938,814	\$365,847,701.78
Stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients w/o cardiac symptoms	54,702	\$185,997,938.76
Annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.	276,698	\$113,615,026.14
Routine annual cervical cytology screening (Pap tests) in women 21–65 years of age.	334,184	\$73,369,640.80
PSA-based screening for prostate cancer in all men regardless of age.	272,015	\$63,137,698.98



Virginia Choosing Wisely®

Measure	Total Services	Waste Services	Wasteful Services /1K	Total \$	Unit Cost	PMPM	% of Waste \$	% of Total \$	Quality Index	Waste Index
Screening Tests										
Annual EKGs <i>"Don't order annual EKGs or any other cardiac screening for low-risk patients without symptoms"</i>	888,420	129,729	53.0	\$44,272,863	\$341	\$1.51	13.1%	0.4%	85%	15%

Lever	Potential Strategy	Opportunity to Impact Cost
Analytics and Reporting	Develop focused reporting by provider group	Med
Education and Promotion	Create member awareness campaigns	Low – Med
Claim Adjudication	Implement claim edits to deny inappropriate care	High
Provider Network	Incorporate into provider network development strategy	Med - High
Medical Management	Add utilization management requirements	High
Benefit Design	Incorporate value based design	High





MOVING PAYMENT FROM VOLUME TO VALUE: DSRIP



Value

VCHI's top priority in working on the SIM design is to advance payment reform which moves our system from one which rewards the volume of services provided to one which rewards the value of health outcomes.





CMS - DELIVERY SYSTEM REFORM INCENTIVE PAYMENT WAIVER



\$1 Billion requested



DMAS submitted DSRIP as part of a 1115 waiver request in January 2016. VCHI is providing staffing and consultant support to DMAS for the waiver submission and negotiation.



DSRIP will invest in integrated care and community infrastructure for Virginia's most vulnerable and high-cost Medicaid populations.



Delivery System Reform Incentive Payment

DSRIP waivers are significant in scope and provide financial incentives to achieve delivery system reforms through:

- Infrastructure Development
- System Redesign
- Clinical Outcome Improvements
- Population-Focused Improvements



Delivery System Reform Incentive Payment

Seven states have already received a DSRIP Waiver. They are:

- California: \$6.5 Billion
- Texas: \$11.4 Billion
- New Mexico: \$29 Million
- Kansas: \$100 Million
- New York: \$6.42 Billion
- Massachusetts: \$628 M
- New Jersey: \$611 Million



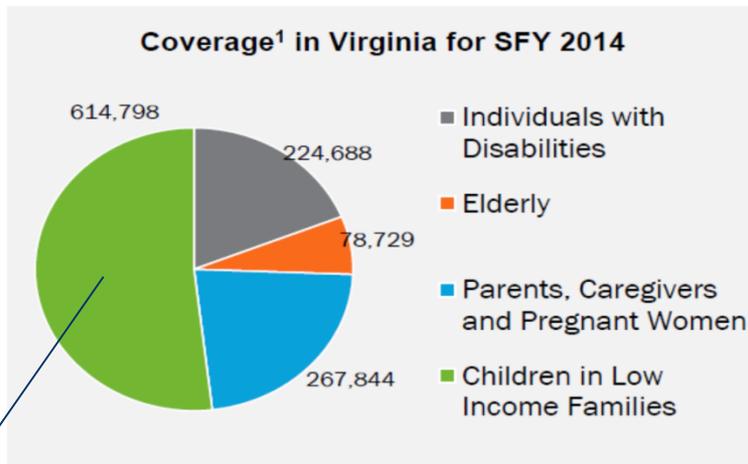
VCHI Support to DMAS

- Part time staff support
- Access to consultants:
 - Manatt Health Solutions
 - George Mason University
 - Schmidt Hackbarth Consulting
- Stakeholder Engagement Support
 - Significant state staff hours saved by leveraging stakeholder meetings



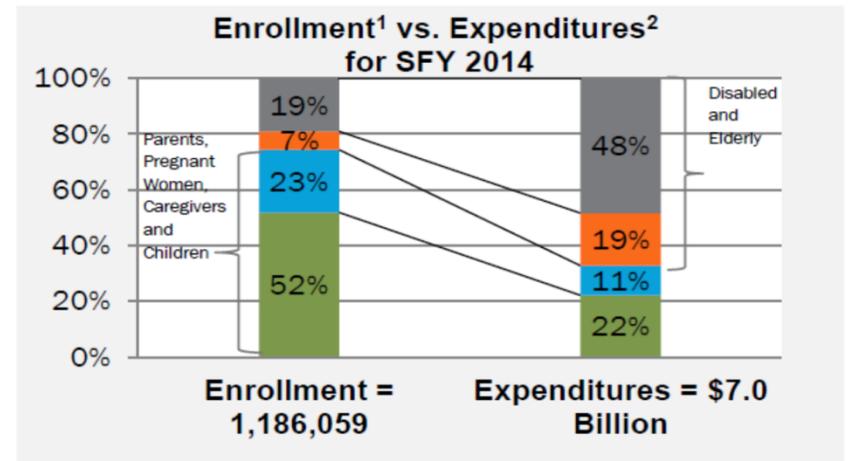
Virginia's Medicaid Population

DSRIP would invest in integrated care and community infrastructure for Virginia's most vulnerable and high-cost Medicaid populations



Medicaid coverage is primarily available to Virginians who are children in low-income families, pregnant women, elderly, individuals with disabilities and parents meeting specific income thresholds.

Children are mostly low cost and in managed care



¹Coverage and enrollment numbers show the total annual unduplicated enrollments for Virginia's Title XIX program
²Expenditures represent claims expenditures for Virginia's Title XIX program

Medicaid expenditures are disproportionate to the Medicaid population. Seniors and children and adults with disabilities make up nearly 25% of the total population, yet almost 70% of expenditures are attributed to this group.



Potential Projects

There are three groups of potential projects under DSRIP

**System
Transformation
Projects**

**Financial
Incentive
Alignment**

**Clinical
Improvement
Projects**





PREPARING PRIMARY CARE FOR VIRGINIA'S EMERGING MARKETPLACE



Heart of Virginia Healthcare (HVH)

- VCHI identified primary care transformation as a priority for its SIM planning effort.
- In 2015 VCHI was successful in partnering with Virginia Commonwealth University to secure **\$10.6 million** in funding from the Agency for Healthcare Research and Quality to engage **250 Virginia primary care practices** in practice transformation and a statewide learning collaborative.

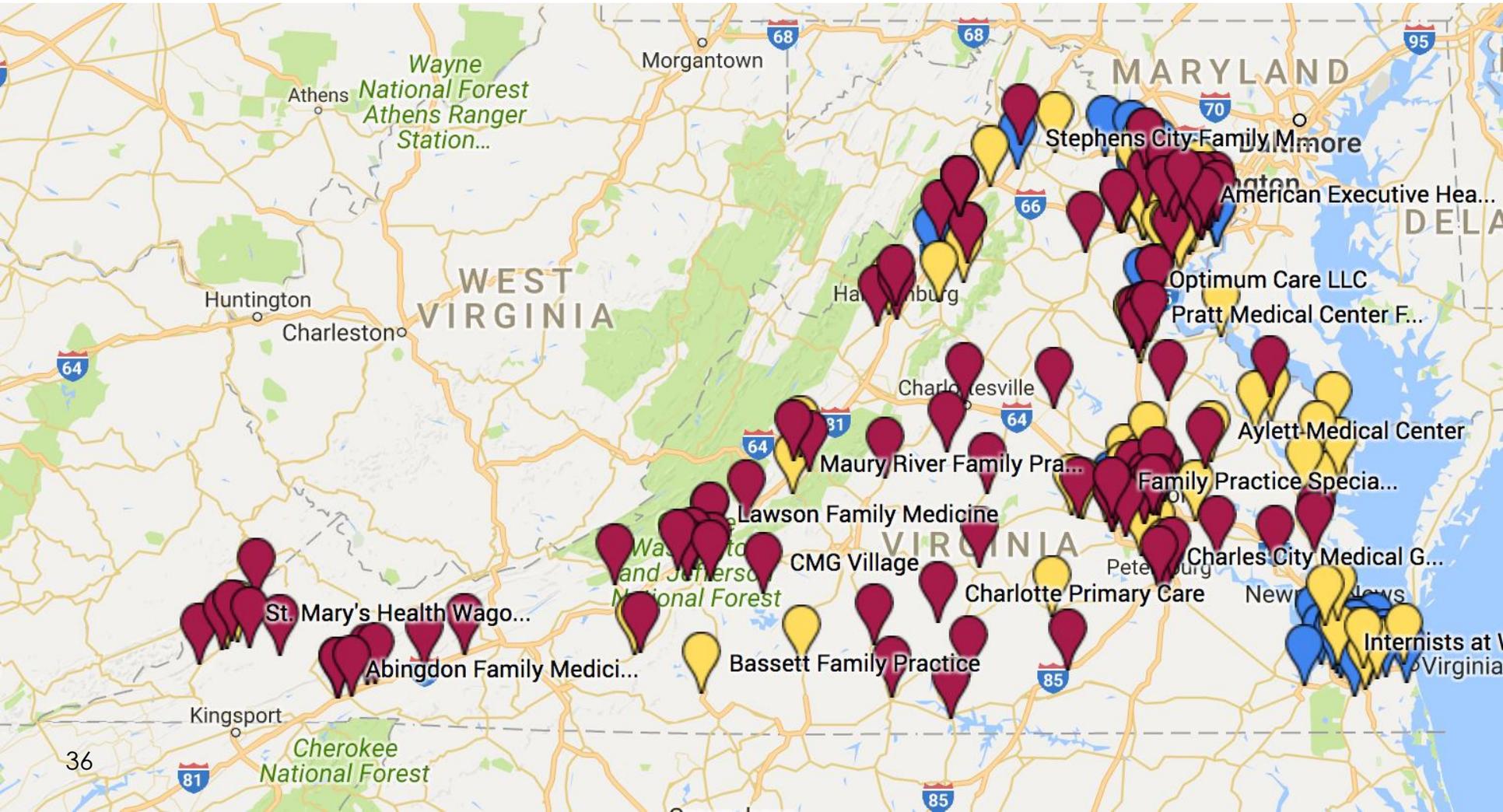


Heart of Virginia Healthcare (HVH)

- **EvidenceNow: Heart of Virginia Healthcare** is designed to restore the joy in primary care through personalized coaching and consultation.
- Aims to transform health care delivery by building critical infrastructure and to apply the latest medical research to the care they provide.



Participating Practices



Up Next in Practice Transformation

- Preparing for MIPS (Merit-Based Incentive Payment)
- MIPS is part of the recently passed Medicare Access and CHIP Reauthorization Act (MACRA). It will change how physicians are financially incentivized.
- Will assign more risk to performance outcomes. Many providers are not ready.
- Virginia physicians more challenged than many due to our non-participation in CPC+.
- VCHI looking at ways to help.





QUESTIONS



CONNECT



Beth Bortz
bbortz@vahealthinnovation.org



Vahealthinnovation.org
InnovateVirginia.org



@VaHthInnovation



THANK YOU

