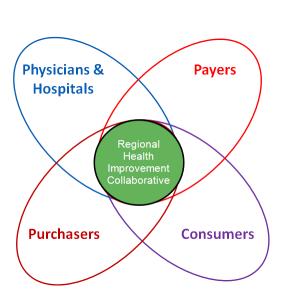


REGIONAL HEALTH IMPROVEMENT COLLABORATIVES: Bringing Transparency to Local Markets



What is a "Regional Health Improvement Collaborative"?

- A non-profit organization
- Working to improve healthcare quality and value
- In a specific geographic region (typically a metropolitan area or state)
- Through a collaborative effort of all healthcare stakeholders
 - Providers
 - Purchasers
 - Payers
 - Patients





Public Reporting on All Aspects Of Care

Process Measures



Outcome Measures



Patient Experience



Disparities



Cost of Care





Leading Regional Health Improvement Collaboratives

- Albuquergue Coalition for Healthcare Quality
 Aligning Forces for Quality South Central PA
 Alliance for Health
- –Better Health Greater Cleveland
- -California Quality Collaborative
- Center for Improving Value in Health Care (Colorado)
 Finger Lakes Health Systems Agency
 Greater Detroit Area Health Council

- -The Health Collaborative (Greater Cincinnati)
- –HealtheConnections
- -Healthy Memphis Common Table
- Institute for Clinical Systems Improvement
 Integrated Healthcare Association
 Iowa Healthcare Collaborative

- -Kansas City Quality Improvement Consortium
 -Louisiana Health Care Quality Forum
 -Maine Health Management Coalition
 -Massachusetts Health Quality Partners
 -Midwest Health Initiative

- –Minnesota Community Measurement
- Nevada Partnership for Value-Driven Healthcare (HealthInsight)North Texas Accountable Healthcare Partnership
- Oregon Health Care Quality Corporation
 P² Collaborative of Western New York
- –Pittsburgh Regional Health Initiative–Puget Sound Health Alliance

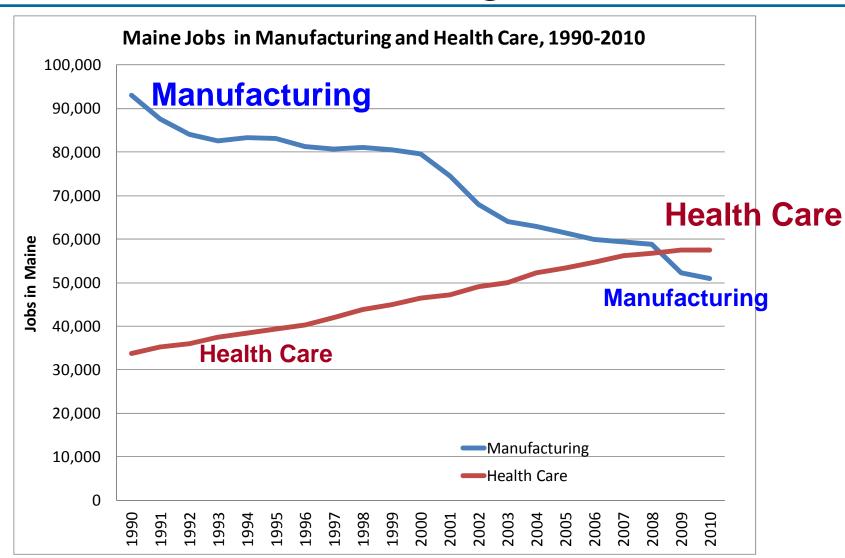
- Quality Counts (Maine)
 Utah Partnership for Value-Driven Healthcare (HealthInsight)
 Wisconsin Collaborative for Healthcare Quality
- -Wisconsin Healthcare Value Exchange



www.NRHI.org



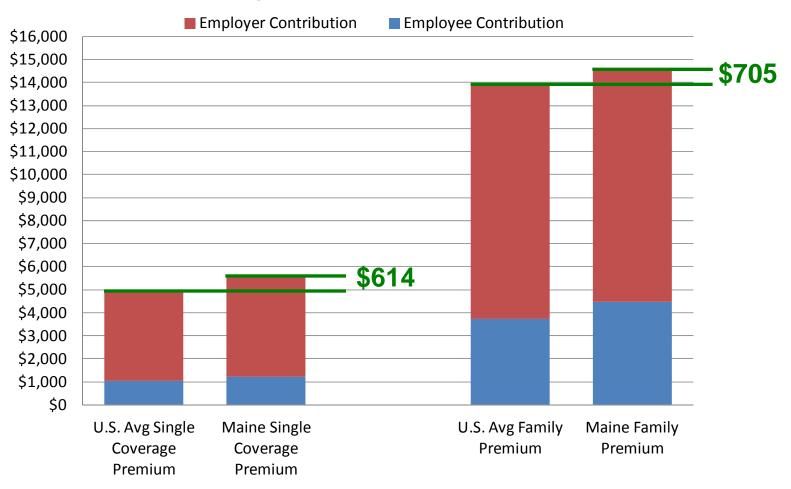
Maine's Economy Has Moved From Manufacturing to Healthcare





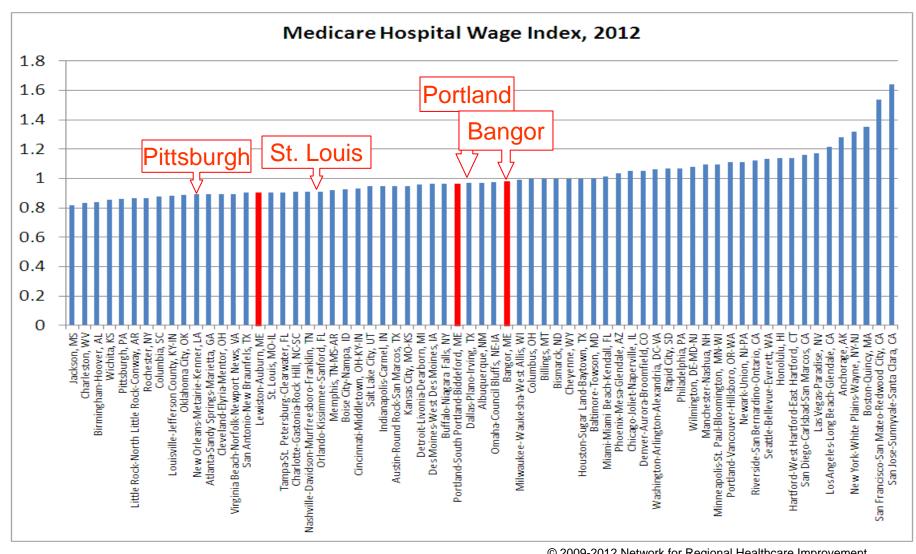
Premiums ~\$650 Above Average: \$150-200 Million Excess Costs

U.S. Average vs. Maine Insurance Premiums, 2010

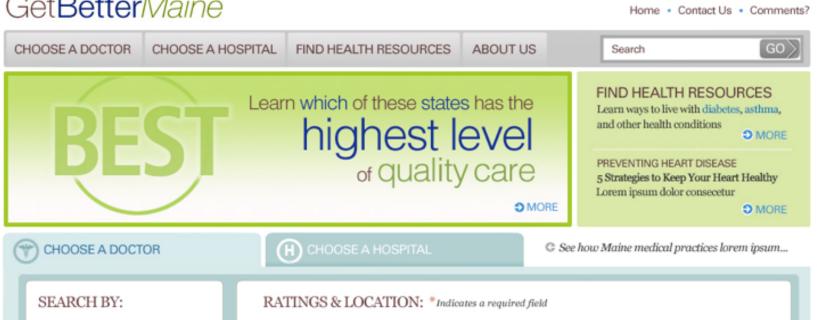




Medicare Hospital Reimbursement in Most of Maine Is Average in U.S.















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> Where do these ratings come from?

Hospitals ratings for your selected hospitals:

View on map

Maine Medical Center Mercy Hospital

22 Bramhall Street Portland, ME 04102 (207) 662-0111 > See details

144 State Street Portland, ME 04101 (207) 879-3000 (800) 293-6583

> See details

Southern Maine **Medical Center**

One Medical Center Drive Biddeford, ME 04005 (207) 283-7000

> See details

(207) 729-0181

Drive

Change My Selections

Mid Coast Hospital

123 Medical Center

Brunswick, ME 04011

> See details

Effective

Provides the care that experts recommend

| Heart Attack Care | Ratings explained | Better | Good | Good | Best |
|--------------------|-------------------|--------|-------------|--------|--------|
| Heart Failure Care | Ratings explained | Good | Better | Better | Best |
| Pneumonia | Ratings explained | Good | Vo w | Better | Better |

Safe

Has systems to prevent medical errors

| Preventing Surgical Infection | Ratings explained | Better | Better | Better | Best |
|-------------------------------|----------------------|--------|--------|--------|--------|
| Medication Safety | Ratings explained | Best | Best | Best | Best |
| National Safe Practice Score | Ratings explained | Better | Better | Better | Better |

Patient Satisfaction

What patients say about this hospital

| Overall Experience | Ratings explained | Better | Better | Tow | Good |
|---------------------------|----------------------|--------|--------|--------|--------|
| Would Recommend to Others | Ratings explained | Better | Better | Better | Better |

Would you like us to ask your doctor or hospital to report?

Purchaser Use

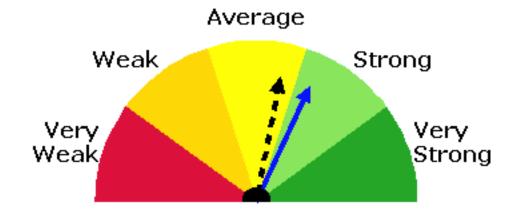
- Employers choose if/how to use publicly reported performance information
- Consistent use across purchasers preferred by providers
- Transparent, multi-stakeholder process important to employees and providers and labor-management groups
- Gradual 'raising of the bar' on performance
- Threshold: Achieving minimum of 'Good' in every category (only quality/safety for 5 years)
- All communicated to providers in 20 and ware enthornel improvement

Maine: 2nd biggest improvement in US

Maine

Dashboard on Health Care Quality Compared to All States

Overall Health Care Quality



Performance Meter: All Measures

■■■■ = Most Recent Data Year
■■■■■ = Baseline Year



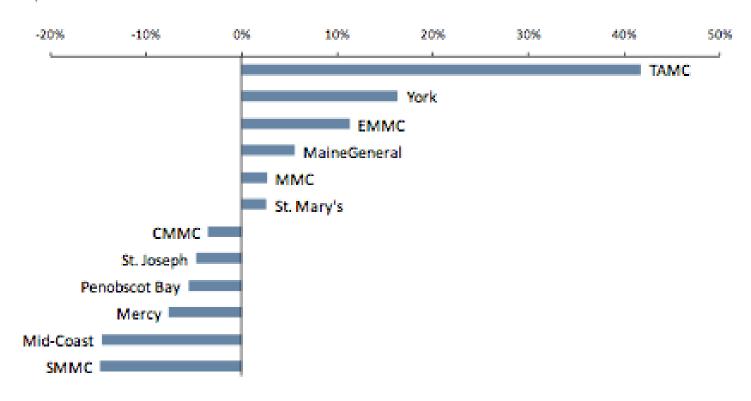
Cost Transparency in Maine

- Over 10 years trying to reach consensus on how to measure and report cost
- Purchasers developed their own approach for use in hospital tiering programs
- Introduced cost as variable in 2010 and gradually increased weighting
- Shared methodology and results broadly: MHA,
 PTE, written communications to all hospital CEOs,
 1:1 meetings



Cost Variation

Figure 2. Large Maine Hospitals (Level 2). Mix-Adjusted Average Payment Variance for Inpatient & Outpatient Level 1 and Level 2 Services. 2010 Commercial Claims Data.





Cost Transparency in Maine

- New designated hospital networks/tiers (cost 30%)
- Benefit plan changes to increase patient incentives
- Some facility prices reduced (up to 25%)
- Purchasers met budget targets
- Purchaser/provider 'High-value pilots' launched
- Legislative involvement, lawsuit
- Tension between cost measurement methods and emerging payment models: Purchaser agreement to use total cost to enable global payment- when available

nrhi Identifying Opportunities and Strategies for Win-Win Savings

Health Care Cost Workgroup Questions to Address:

- Is this a desirable opportunity to pursue?
- Does the opportunity vary among regions or among employers?
- What are the barriers and how could they be overcome?
- What does each stakeholder need to do differently to support success?
 - Employers/Medicaid
 - Health Plans
 - Hospitals
 - Physicians
 - Consumers/Patients/Families
- What additional information is needed to develop the business case for a win-win-win approach and implement



NRHI Regional Healthcare Cost Measurement and Transparency Project

PROJECT GOAL:

•To develop and produce information to enable communities to reduce the total cost of care in multiple regions with replicable, multi-stakeholder driven strategies.



NRHI Regional Healthcare Cost Measurement and Transparency Project

Project Objectives by 2015:

- **#1:** Develop a common measurement standard of cost and resource use across multiple regions.
- #2: Develop a benchmark to reliably compare regional costs and resource use.
- #3: Publicly report on the HealthPartners' TCOC and Resource Use measure set in the targeted regions, using a common format.
- #4 Engage in multi-stakeholder dialogue to further our understanding of the results and ways to use information to reduce costs.
- #5 Build capacity in regions to effectively use multi-payer data to identify cost drivers, reduce costs, and improve quality, i.e. achieve the Triple Aim. © 2009-2012 Network for Regional Healthcare Improvement



HealthPartners Cost of Care

Total Cost of Care: price, service utilization,

market-specific variation

Total Resource Use: resource consumption

across inpatient,

outpatient, professional,

and pharmacy

Reliability Tested: consistent results

Validity Tested: performs as intended

NQF approved: adoption, benchmarking



NRHI Regional Healthcare Cost Measurement and Transparency Project

Project Partners:

- •Colorado: Center for Improving Value in Health Care
- •Maine: Maine Health Management Coalition Foundation
- •Missouri: Midwest Health Initiative
- •Minnesota: Minnesota Community Measurement
- Oregon: Oregon Health Care Quality Corporation
- Robert Wood Johnson Foundation
- HealthPartners
- •NRHI