



Providing More with Less: Primary Care Bright Spots

Pay for Performance Summit
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Today's Agenda

- Vision for America's Most Valuable Care study (Arnie Milstein)
- Execution (Melora Simon)
- Analytics (Dr. Jim Frankfort, IMS Health)
- Findings (Julia Murphy)
- Questions
- What's next





America's Most Valuable Primary Care

[Video: From the patient's perspective](#)





America's Most Valuable Primary Care

Executing the study





America's Most Valuable Primary Care

Analytics



Data and Analytics supporting the Most Valuable Care project were provided by IMS Health, with partnership support from Health Intelligence Company and 3M Health Information Systems





Measure Library & Capability: Quality

A sampling of the breadth of metrics available

Healthcare Effectiveness Data & Information Set	Process of Care and Outcomes Evaluation	Medication Treatment Quality	Avoidable and Preventable Events
<p>200+ measures</p> <ul style="list-style-type: none">• Effectiveness of care• Access/Availability of care• Utilization• Relative resource use• Plan descriptive information	<p>250+ measures</p> <ul style="list-style-type: none">• Versions optimized for transparency and care gap detection• Prospective alerts• Disease detectors• Composite measures	<p>120+ measures</p> <ul style="list-style-type: none">• Proportion of days covered• Appropriate medication use• Medication safety (HRM & DDI)• Medication possession ratio	<p>115+ measures</p> <ul style="list-style-type: none">• Potentially avoidable and preventable complications, events and readmissions• AHRQ based IMS potentially avoidable admissions• APR-DRG risk model based
<ul style="list-style-type: none">- For health plan HEDIS reporting- No physician attribution- Included in IMS Performance Engine	<ul style="list-style-type: none">- For transparency and incentive programs- For primary & outpatient specialty physicians	<ul style="list-style-type: none">- For MTQ Programs and Medicare 5 Star Ratings- For primary & outpatient specialty physicians	<ul style="list-style-type: none">- For inpatient, outpatient, hospital & ambulatory surgery centers- For surgeons & hospital based specialty physicians





Measure Selection for Primary Care

Population

- Adult
- Pediatric

- Provider attribution was measure specific, e.g. encounters, prescriber
- 65 candidate measures for composite, all were HEDIS, NQF endorsed, or Medicare Star rating measures

Disease Coverage

- Arthritis
- Asthma
- Bronchitis
- COPD
- CVD
- Diabetes
- Hypertension
- Low back pain
- Mental health
- Multi-morbid
- Wellness

Category

- Control or intermediate outcome
- Med Management Compliance
- Med Management Prescribing Quality
- Med Management Monitoring
- Prevention-wellness
- Treatment Process of Care





Weighting the Composite

Clinical

Clinical - medication management, prevention-wellness, and diseases such as diabetes, asthma, CVD, etc.

Empirical Basis

Factor Analysis – Determines measures, weighting to maximize discrimination between providers, identifies measures to remove as same in discriminating providers

Hybrid

Combined Methods - Final composite consisted of 41 measures

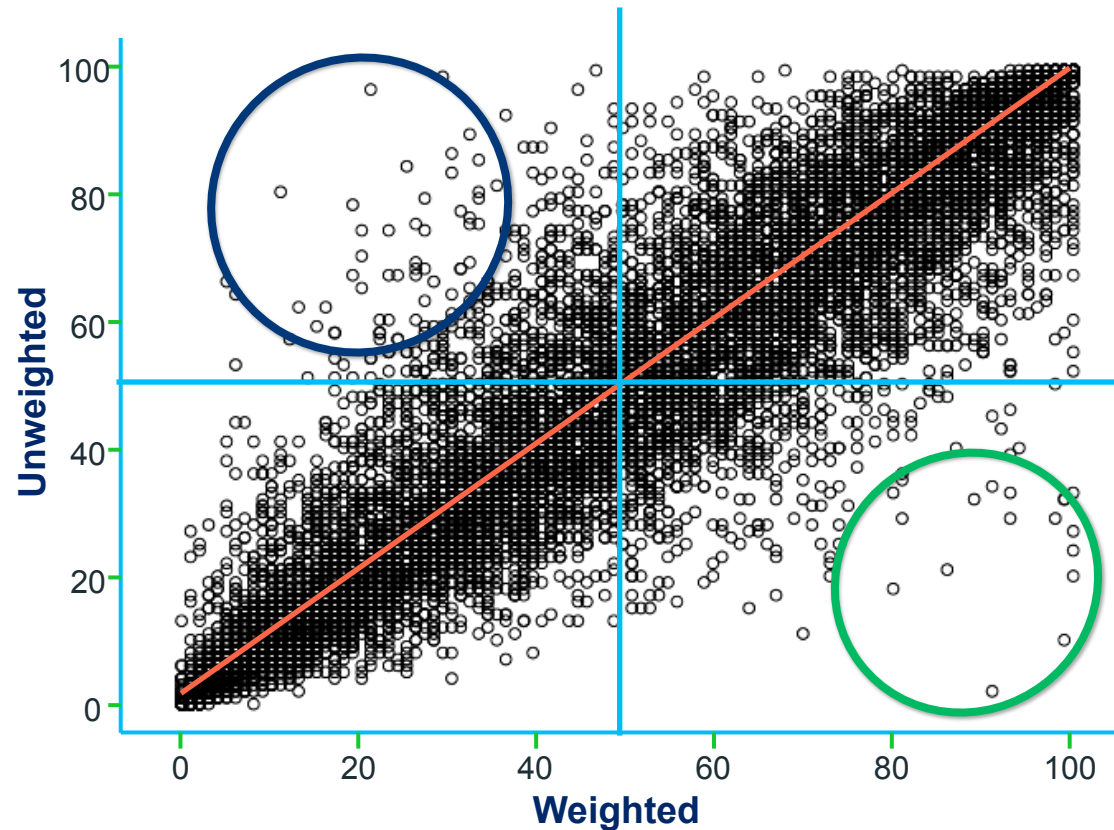




Weighting Component Makes a Difference

Percentile Rank of Observed/Expected Quality Composite
Weighted vs Unweighted

Quality composite
risk & case mix
adjusted using
Indirect
standardization





Cost Analytics and Benchmarking

Overall Cost	Condition, Disease or Episode	Surgeries	Procedures, Tests & Visits
<ul style="list-style-type: none">• Across population• By disease and/or place of service• All episodes / CRGs• Risk adjusted or stratified• Provider attribution by specialty• Applicable to a primary care, specialties and surgeons	220 Conditions <ul style="list-style-type: none">• Episode based – total condition related cost• Admission based – total cost of admission• Attribution to primary care, specialties and facility• Risk adjusted or stratified• Applicable to primary and non-surgical specialties	85 Surgeries <ul style="list-style-type: none">• Episode based – total surgery picture• Admission based – total cost of surgical admission• Inpatient and outpatient surgeries• Risk adjusted/stratified• Attribution to surgeon, consultant and facility• Admissions applicable to surgeons and facility	160 Procedures <ul style="list-style-type: none">• 200+ test/visits• Total cost of procedure• Attributed to ordering physician• Applicable to a physicians and facility

- Physicians & facilities segment into below/at/above peer & benchmark
- Segmentation based on two statistical methods
- Useful for contracting, incentive programs, tiering





Measuring Cost

Total cost of care appropriate for study of primary care

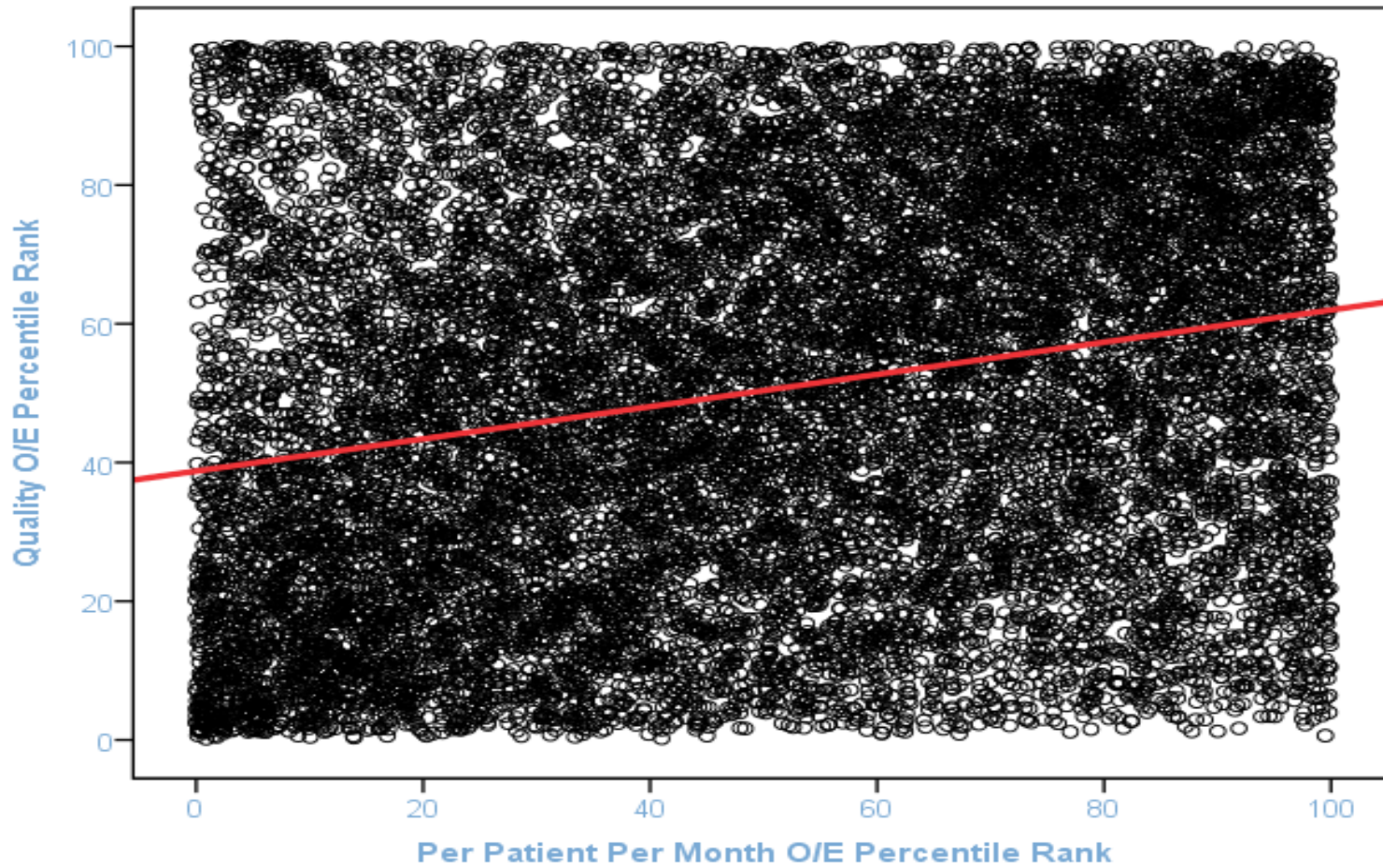
- Grouping claims and risk adjustment
 - Claims grouped using 3M's Clinical Risk Group software (CRG)
 - Categorical model with 1,081 clinically and cost homogeneous categories
- Attribution
 - Members attributed to group having maximum number of claims
- Peer group
 - Comprised of all attributed medical groups with at least one PCP member
- Cost basis
 - Allowed amounts
 - Standardized costs using a fee schedule
 - Per-member-per-month (PPPM)





High Level Results

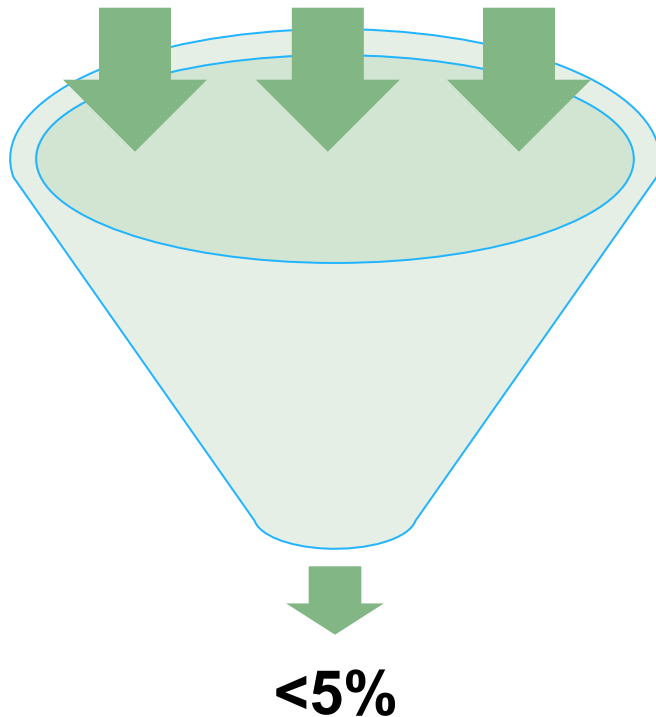
Quality and cost are not well-correlated





Rare But Powerful

15,000 scorable sites



In top quartile on both quality and cost

- Risk-adjusted per capita total cost of care **>20% lower** than average
- **>10% higher** on quality composite





America's Most Valuable Primary Care

Key Findings

Deeper relationship with patients:

- Always on
- Conscientiousness and conservation
- Complaints are gold

Expanded width of responsibility:

- Responsible insourcing
- Staying close
- Closing the loop

Leverage the team, not physical assets:

- Upshifted staff roles
- Hived workstations
- Balanced compensation
- Low overhead





Questions?





What's Next

- Feasibility of replication
- America's Most Valuable Care in new areas:
 - Community hospitals
 - Physician sub-specialties
- Cost driver analytics
- Dissemination, in partnership with PCH





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