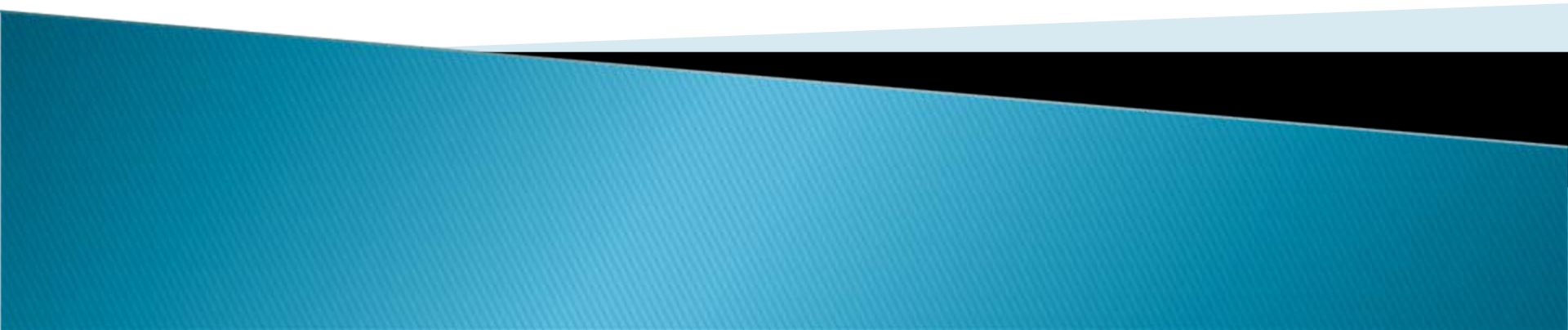


Mini Summit III: The Role of Regional Collaboratives in Payment Reform

Panelist:

- Mylia Christensen – Executive Director, Oregon Health Care Quality Corporation
 - Craig Brammer – CEO, The Health Collaborative
 - Lindsay Erickson - Manager, Value Based P4P
 - Louise Probst – Executive Director, St. Louis Area Business Health Coalition
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MACRA is our latest challenge – accelerating payment and delivery system reform

- ▶ Must be implemented locally
- ▶ Requires all stakeholders
- ▶ ‘Building Blocks’ of success:
 - Multipayer alignment
 - Population wide data
 - Meaningful measurement and reporting
 - Sense-making
 - Leadership
- ▶ Regional readiness/capability varies widely– not as perceived by policymakers
- ▶ Regional Collaboratives enable successful payment reform

If Healthcare Payment happened at the grocery store....

A consumer, an employer and a
provider walk into a grocery store
looking for health care bargains...

Can you show me the FFS aisle?



What aisle has bundled payments?



What about shared savings?



Can you explain reference pricing?



Where can I get a capitated payment?



What the heck are groupers?



Current situation...



You mean we have to pay
differently for all this stuff ?????

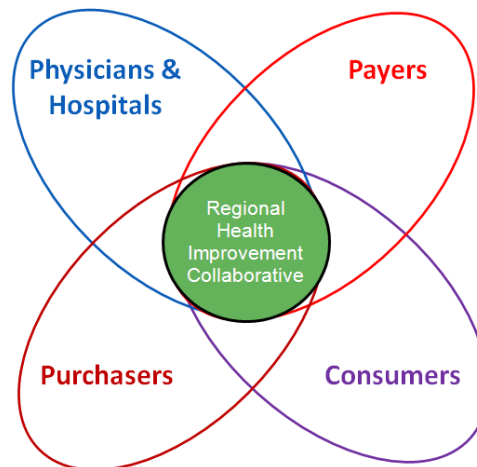


What is needed for payment reform?

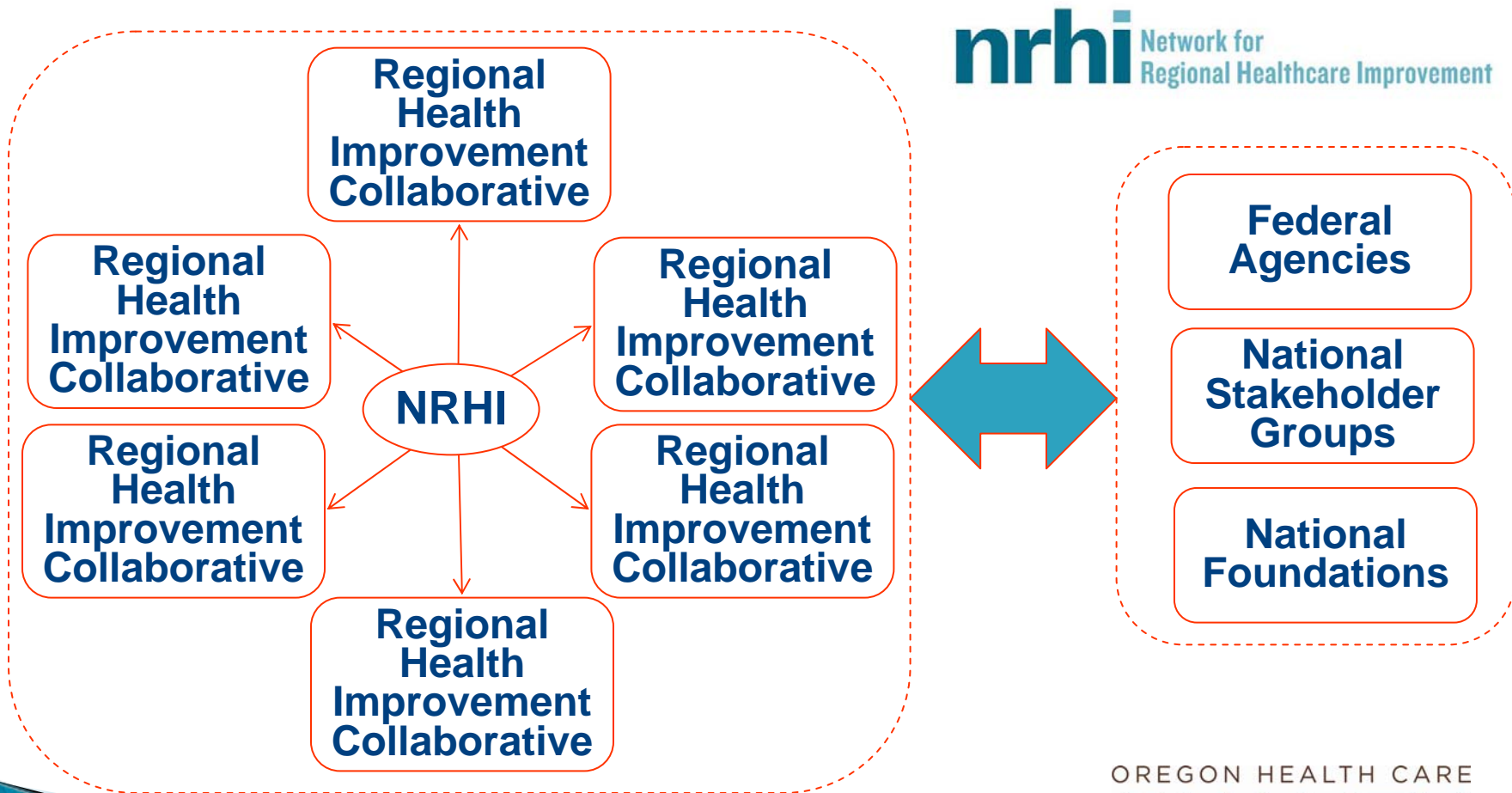
- ▶ Quality health products and services as evidenced by transparent data about patient care experience, quality, utilization and cost – data should come from neutral trusted source
- ▶ Population health information to see the whole patient and whole community impact – not just by body part, disease, specialty or payer type
- ▶ Balance community interests and create the will and fortitude to focus collectively on achieving better health for all citizens

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



...and work collaboratively with Federal/National Organizations



Q Corp Mission



To improve the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information.

Q Corp Partnership



- ▶ Started in 2000
- ▶ Non-profit
- ▶ Neutral, independent
- ▶ Multi-stakeholder collaboration
- ▶ Over 200 volunteers serving on 11 standing committees

Q Corp Key Strategies

- ▶ **Leading Community Collaborations**

Q Corp will expand its unique role as an independent multi-stakeholder organization to lead community-based initiatives focused on improving the quality and affordability of health care in Oregon. This work includes convening stakeholders and experts around quality and cost issues, aligning efforts to address those issues and conceptualizing and instructing programs using unbiased data and analytics.

- ▶ **Providing Unbiased Quality and Utilization Information**

Q Corp will continue to build on its strength as an independent organization that brings stakeholders together to produce transparent data and analytics on health care quality and utilization in Oregon that are actionable by our community to improve health care.

- ▶ **Enhancing and Expanding Data and Analytics**

Q Corp will become a trusted community resource for unbiased health care information by expanding its capacity to produce data and analytics that address the rapidly changing state and federal environment.

Q Corp Cost of Care Project

- ▶ Aligning Forces for Quality award 2013–2015
- ▶ NRHI RWJF Total Cost of Care Project
- ▶ Payment Reform

Q Corp Total Cost of Care Reports

Clinic scores are risk adjusted to account for variations in illness burden.

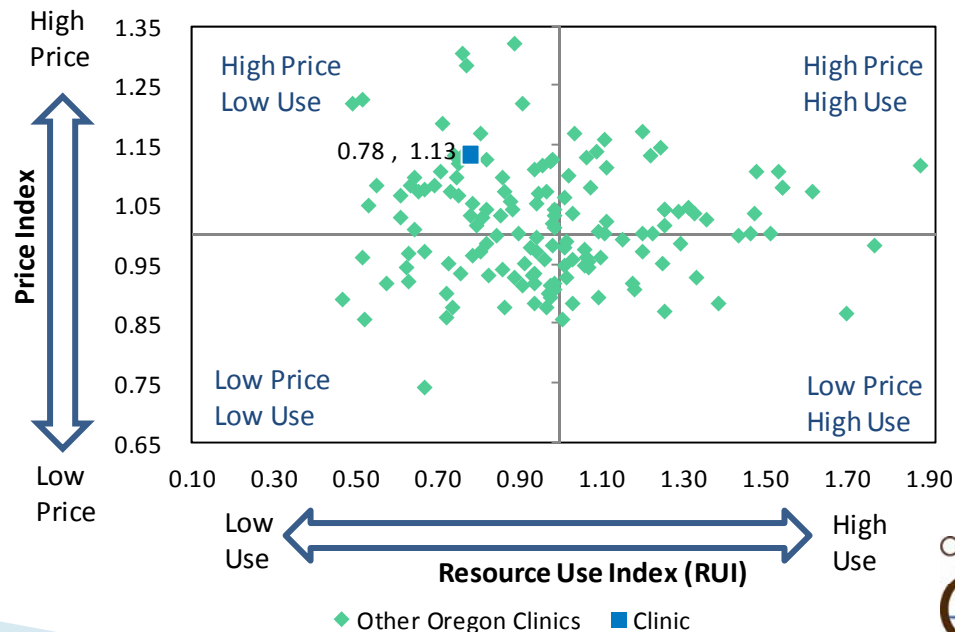
Clinic Risk Score



Overall Summary by Service Category

	Clinic		OR Average				Price Index
	Raw PMPM	Adj PMPM	PMPM	TCI	= RUI	x	
Professional	\$203.02	\$183.18	\$167.12	1.10	0.99		1.11
Outpatient Facility	\$69.00	\$62.25	\$115.53	0.54	0.60		0.90
Inpatient Facility	\$71.08	\$64.13	\$72.21	0.89	0.78		1.13
Pharmacy	\$73.92	\$66.70	\$69.20	0.96	0.98		0.98
Overall	\$417.03	\$376.26	\$424.06	0.89	0.85		1.05

Inpatient Price vs. Resource Use Comparison by Clinic



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Opportunities for collaboration around payment reform

- ▶ Neutral convener, facilitation and consensus
- ▶ Data intermediary to produce unbiased analytics and test and evaluate pilots
- ▶ Technical assistance to explore issues and develop payment reform pilots and solutions that work
- ▶ Statewide Total Cost of Care data
- ▶ Align stakeholders and leverage focus to get the best results
- ▶ Provide objective transparent facilitation that collectively holds all parties responsible for commitments and outcomes
- ▶ Provide objective data to ALL stakeholders
- ▶ Track progress and work to scale
- ▶ Sense-making and communications

Q Corp's efforts around payment reform

- ▶ Multi-stakeholder development of alternative payment methods for specific conditions to support improved delivery of care while reducing costs
- ▶ Two projects funded by Aligning Forces for Quality 4.0 grant
 - Osteoarthritis of the knee in Central Oregon
 - Physical and behavioral health integration in Lane County
- ▶ Condition-specific contract work using Cost of Care data

Discussion Questions Answers