The National Payment Reform Summit
Preparing for New Payment Models
A Community Perspective

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Medical Director Health Collaborative
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The Health Collaborative

Neutral forum for all stakeholders

- Those *providing* health care
- Those *receiving* health care
- Those *paying* for health care
• **6** Major Health Systems

• **50+** Community Health Centers
Cincinnati Regional Health Transformation

- Aligning Forces for Quality 3.0-4.0
- REC
- Beacon Collaborative
- Aligning Forces for Quality 3.0-4.0
- Communities Putting Prevention to Work
- Bethesda Inc
- Comprehensive Primary Care Initiative
Cincinnati Medical Home Initiative
Sept ‘09-Sept ‘11
Health Plans’ Commitment to Pilots:

• Humana, Anthem, and UnitedHealthcare committed to provide Per Member/Per Month Care Management fee for 2 years for up to 10,000 covered lives each (totaling 30,000)
  • Fees negotiated on a practice by practice basis (ranging between $2-$6 PMPM)
  • Actual covered lives ended up totaling ~18,000 due to market share and lack of participation by some ASOs

• 11 Practices selected to participate
  • Based upon Payer mix and readiness as assessed via application

• NCQA PCMH 2008 Recognition
Co-Pilots (2009-2011)

• 8 additional practices agreed to participate without the PMPM care management fee

• Projects ran simultaneously, with similar support

• NCQA PCMH 2008 Recognition
Multipayer Claims Data Base

- United, Anthem, Humana
- Aetna, HealthSpan
The Trust Walk
Community Claims Data Base: in progress

- The Health Collaborative received two years, historical claims data, 2009-2010, from Anthem, United, Humana, HealthSpan and Aetna.

- The Health Collaborative anticipated* receiving quarterly updates of data from an add’l 2 years, provided adherence to data use agreements and plan representation on the Health Collaborative Board of Directors.
Analytic Process

• Health Care Incentives Improvement Institute (HCI3) – Analytic Vendor, non-profit, Robert Wood Johnson supportive

• Run each plan’s data through the Prometheus analytics.

• Calculate the mutually agreed upon utilization metrics at the individual plan level and the aggregate to the community level.

• Report community wide results compared to national benchmarks*

*Benchmarks are derived from nationwide Prometheus data runs covering 2009-2010, commercially insured populations, over 3 million lives
## Claims Data Base Status Update

<table>
<thead>
<tr>
<th>Study Period</th>
<th>Payer 1</th>
<th>Payer 2</th>
<th>Payer 3</th>
<th>Payer 4</th>
<th>Payer 5</th>
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Practice Reports

Practice Level Utilization Report Across Chronic Episodes of Care
Chronic Episodes of Care include COPD, Asthma, Hypertension, Diabetes, CHF, CAD, and GERD
Data are reported at the Chronic Episode Summary level due to small sample size at the practice level within each episode category
Date Range: 1/1/2009-12/31/2010; Data Sources: commercially insured population

<table>
<thead>
<tr>
<th></th>
<th>Practice 1</th>
<th>Practice 2</th>
<th>Practice 3</th>
<th>Practice 4</th>
<th>Practice 5</th>
<th>Practice 6</th>
<th>Average of 17 PCMH practice sites</th>
<th>Non PCMH practice sites</th>
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<tr>
<td>Episode N</td>
<td>843</td>
<td>281</td>
<td>163</td>
<td>213</td>
<td>154</td>
<td>166</td>
<td>5324</td>
<td>45502</td>
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<td>Average Age</td>
<td>52</td>
<td>57</td>
<td>64</td>
<td>50</td>
<td>53</td>
<td>56</td>
<td>56</td>
<td>48</td>
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<tr>
<td>50th Percentile Risk Factor Count</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>6</td>
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<td>Admits per 1,000</td>
<td>33</td>
<td>14</td>
<td>67</td>
<td>28</td>
<td>65</td>
<td>24</td>
<td>35</td>
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<td>Average Length of Stay (days)</td>
<td>2.61</td>
<td>6.75</td>
<td>2.82</td>
<td>2.83</td>
<td>3.20</td>
<td>4.25</td>
<td>3.27</td>
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<td>Total Bed Days per 1,000 Admits</td>
<td>87</td>
<td>96</td>
<td>190</td>
<td>80</td>
<td>208</td>
<td>102</td>
<td>117</td>
<td>124</td>
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<td>ED visits per 1,000</td>
<td>196</td>
<td>125</td>
<td>117</td>
<td>136</td>
<td>214</td>
<td>120</td>
<td>174</td>
<td>185</td>
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<tr>
<td>Potentially Avoidable Complications (PACs) per 1,000</td>
<td>981</td>
<td>747</td>
<td>1417</td>
<td>826</td>
<td>812</td>
<td>892</td>
<td>1069</td>
<td>1136</td>
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<tr>
<td>Percent of Patients with at least 1 PAC</td>
<td>50%</td>
<td>52%</td>
<td>54%</td>
<td>54%</td>
<td>51%</td>
<td>57%</td>
<td>54%</td>
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</table>
Community Claims Data Base

- Challenges
  - Inconsistent data submission
  - No Medicare and Medicaid data
  - No cost data
  - Data use agreements
  - Organizational realignment

- Progress
  - Initial reports to stakeholders
  - Utilization/Potentially Avoidable Complications Proxy for Costs
  - Additional payers data
  - Established foundation for recognition of Medicare Qualified Entity
  - Foundation for CPC
  - New agreements: cost, PHI
Pilot and Co-Pilot Aftermath

- United
- Anthem
- Humana
CPCi Markets

The Participating Practices

There are 500 primary care practices participating in the CPC initiative. (List | Map)
This represents 2,144 providers serving an estimated 313,000 Medicare beneficiaries.

Source: Centers for Medicare & Medicaid Services
75 Practices:
• 66 System affiliated
• 9 Independent

Quality & Data Transparency:
• 71% Public Reporting Initiative
• 49% NCQA PCMH recognition
  • 25% 2008 standards
  • 24% 2011 standards
• 90% attested for MU Stage 1

EHRs:
• Epic-59%
• AllScripts-23%
• Athena-13%
• McKesson-3%
• NextGen-1%
• Amazing Charts-1%
Cincinnati/Dayton/Northern KY Market

- 75 practices – 9 were part of the original pilot/co-pilot cohort
- 261 Providers
- 10 Payers
  - Aetna
  - CareSource (Ohio only)
  - Centene Corporation (Ohio only)
  - Amerigroup (Ohio only)
  - Anthem Blue Cross Blue Shield of Ohio
  - Humana
  - HealthSpan
  - Medical Mutual
  - Ohio Medicaid within the Ohio Department of Job and Family Services
  - UnitedHealthcare

- Estimated **44,500 Medicare** beneficiaries
- Estimated **250,000 Commercial, Medicaid, and Medicare Advantage**
Shared Savings

Quality Metrics:
- 17 NQF endorsed measures *(pending)*
  - 2 patient experience *(CG-CAHPS)*
  - 3 care coordination *(Claims)*
  - 6 preventive health *(EHR)*
  - 6 at-risk population *(EHR)*

- Begin tracking one utilization and one quality metric in 2013
- Begin reporting all 17 measures to CMS in 2014 *(CY 2013 as baseline)*
Payment Model

- Care management fee for Medicare beneficiaries
- Shared Savings (2014-2016)
- Care management fee for commercially insured
Hierarchy of Support

CMS

AIR

tHC – Learning and Diffusion

Practices
Multipayer Claims Database: Challenges/Opportunities

- Safeguarding community trust as single, trusted neutral fiduciary to collect and aggregate data and reports

- 11 (Including CMS) pending contracts will require close individual attention (time and resources) to achieve alignment that will demonstrate greatest value to the community, consumers, employers, payers and providers

- Numerous competitive local and national vendors aggressively soliciting for opportunity to support this analytic work

- Identifying and securing sustainable funding for this work
We can’t call it a prize because we don’t know what’s going to happen to the winner.

MTV