UW Executive MHA program: Improving Value in Healthcare

April 23, 2022
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Medical Director

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WASHINGTON HEALTH ALLIANCE
Leading health system improvement

How do you define value?



Now hold that thought……

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- Introducing the Washington Health Alliance



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Mission and Vision

The mission of the Washington Health Alliance is to build and maintain a strong alliance among purchasers, providers, health plans, and consumers **to promote health and improve the quality and affordability of the health care system in Washington state**.

Our vision is that physicians, other providers and hospitals in Washington will achieve **top 10% performance in the nation** in the delivery of equitable, high quality, evidence-based care and in the reduction of unwarranted variation, resulting in a significant reduction in the rate of medical cost trend.

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Diverse Stakeholder Membership



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Today at the Alliance: We Have Three Main Functions

We are a **TRUSTED CONVENER**
for stakeholders, promoting a collective conversation to transform care delivery and financing in Washington state







Promoting **TRANSPARENCY**:

Performance measurement and reporting is a core competency of the Alliance

Driving **ACTION**:

Promote and align strategies to have impact and improve performance based on data-driven insights

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Trust, Transparency & Measurement

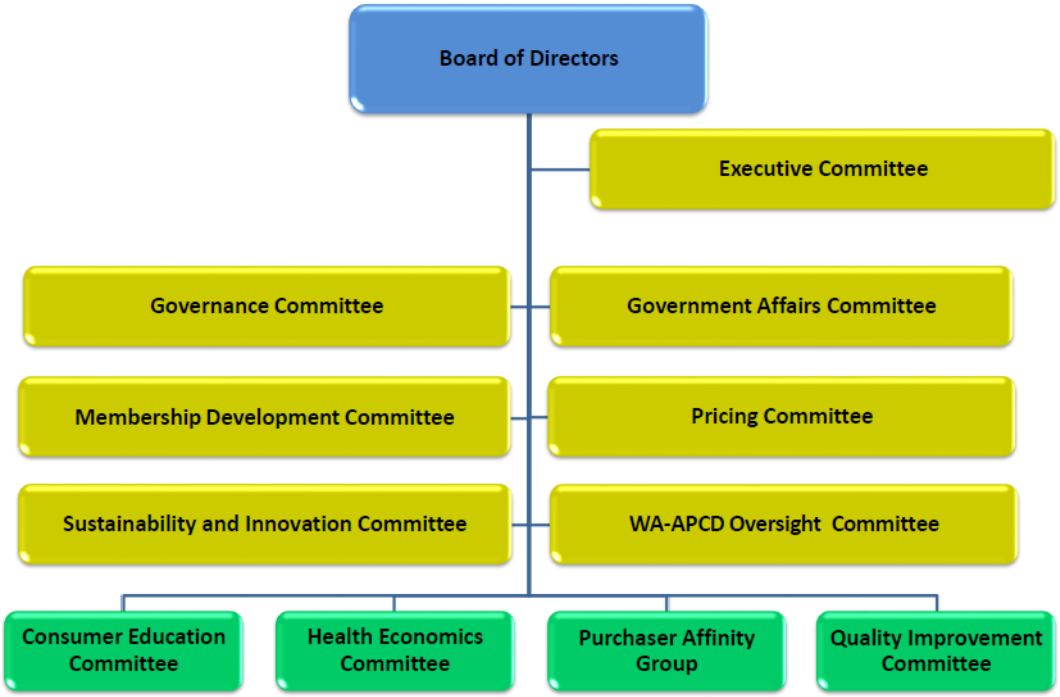






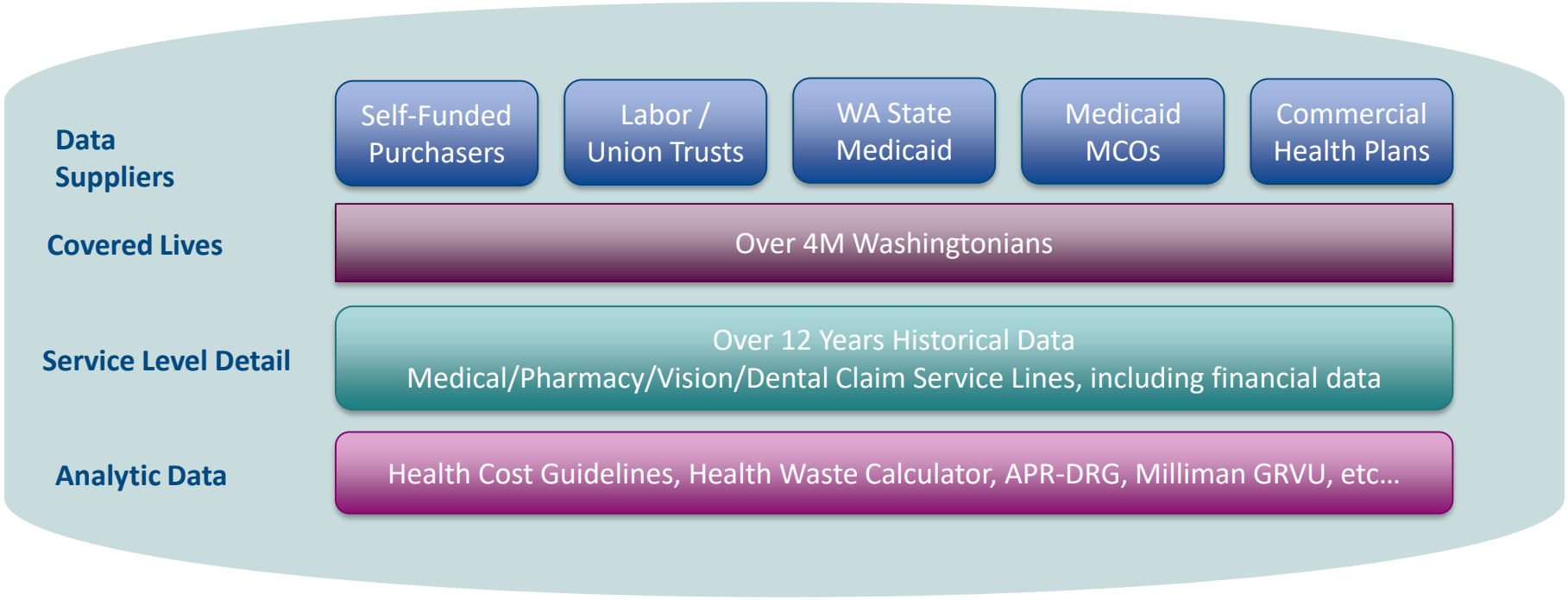
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Organizational Structure



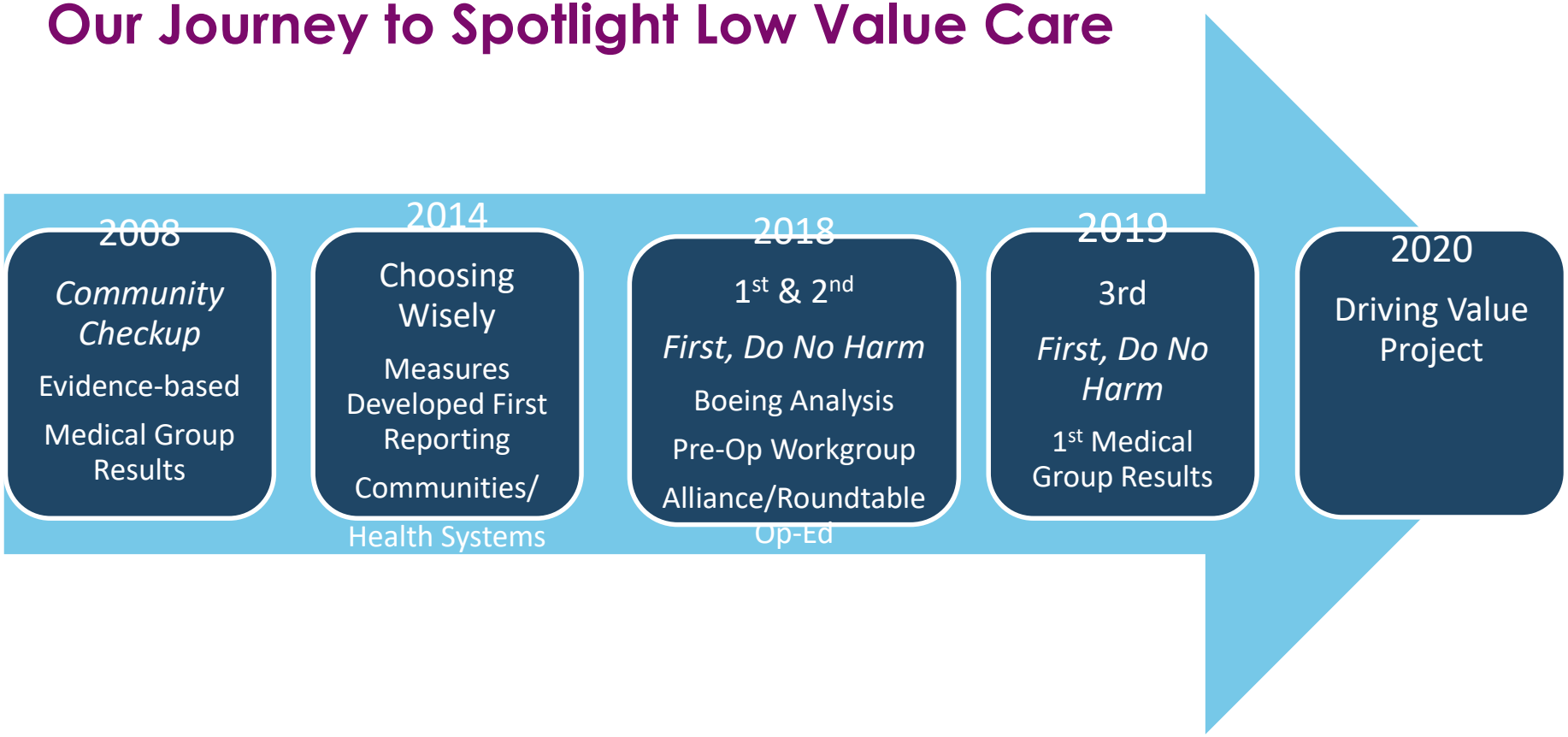
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Alliance Voluntary All-Payer Claims Database



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Our Journey to Spotlight Low Value Care



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Community Checkup wacommunitycheckup.org



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Quality Composite Score – Medical Group Results

Medical Group	Composite Percentile	Composite Score
The Polyclinic	85.19%	1.045
Kaiser Permanente Washington	82.18%	0.922
Virginia Mason Medical Center	81.21%	0.886
University of Washington Medical Center	79.33%	0.818
Association of University Physicians, DBA UW Physicians	74.67%	0.664
Pacific Medical Centers	73.07%	0.615
Cancer Care Northwest	71.73%	0.575
Swedish Medical Group	68.96%	0.495
Southlake Clinic	67.40%	0.451
The Everett Clinic	66.80%	0.434
Columbia Medical Associates	66.15%	0.417
Overlake Medical Clinics	64.95%	0.384
Family Care Network	63.86%	0.355
Harborview Medical Center*	63.83%	0.354
Memorial Physicians, PLLC	63.81%	0.353
Providence Medical Group - Southwest	62.98%	0.331
Providence Medical Group- Southeast	62.84%	0.328
Providence Medical Group - Spokane*	62.41%	0.316
UW Medicine - Valley Medical Group	62.38%	0.315
Confluence Health Wenatchee Valley Hospital and Clinics	61.84%	0.301

Medical Group	Composite Percentile	Composite Score
MultiCare Rockwood Clinic	61.55%	0.294
PeaceHealth Medical Group*	61.26%	0.286
CHI Franciscan Medical Group*	60.31%	0.261
Pioneer Family Practice, PLLC	60.06%	0.255
Totem Lake Family Medicine	57.58%	0.191
Northwest Physicians Network	56.31%	0.159
MultiCare Health System	55.75%	0.145
Skagit Regional Health*	55.29%	0.133
EvergreenHealth Medical Group	55.27%	0.132
Providence Physicians Group	53.30%	0.083
Western Washington Medical Group	52.64%	0.066
Sound Family Medicine	51.96%	0.049
Kadlec Clinic	49.31%	-0.017
Tumwater Family Practice Clinic	46.47%	-0.089
Yakima Valley Farm Workers Clinic*	38.85%	-0.283
Neighborcare Health*	35.62%	-0.369
Whitman Medical Group	34.56%	-0.397
RCCH TRIOS HEALTH LLC*	34.27%	-0.405
Sea Mar Community Health Centers*	30.46%	-0.511

2021 Community Checkup Highlight: Quality Composite Scores.

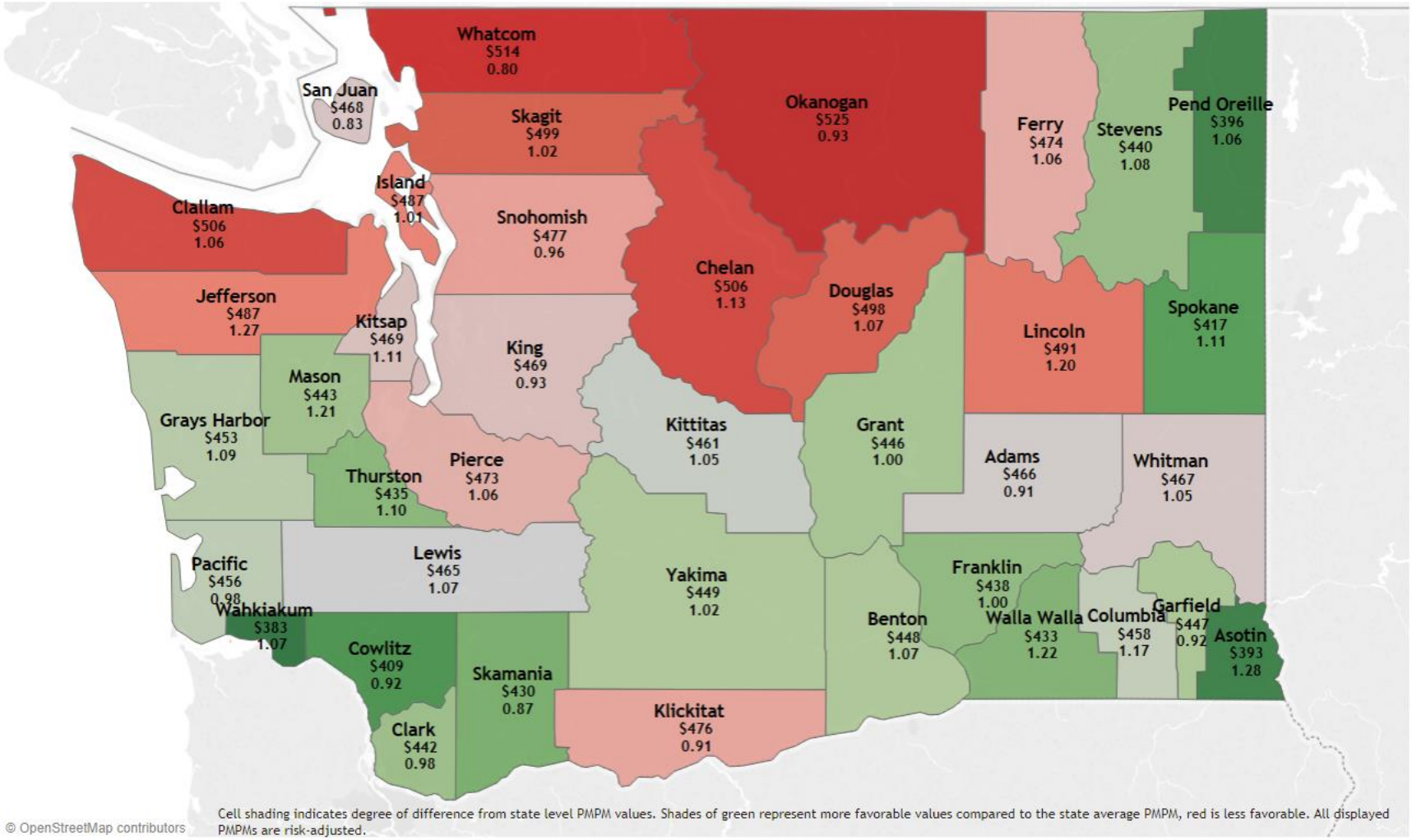
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Introducing the Alliance's Total Cost of Care Report



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Geographic TCOC



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SDOH – Area Deprivation Index (ADI)

https://www.neighborhoodatlas.medicine.wisc.edu/

Based on a measure created by the Health Resources & Services Administration over two decades ago for primarily county-level use

- Refined, adapted, and validated to the Census block group/neighborhood level by Amy Kind, MD, PhD and her research team at the University of Wisconsin-Madison

Allows for rankings (groupings) of neighborhoods by socioeconomic disadvantage in a region of interest, e.g., statewide or nationally

- Includes domains of **income, education, employment, and housing quality**
- Can be **used to inform health delivery and policy**, especially for the most disadvantaged neighborhood groups
- Has been **correlated with health outcomes** including all-cause cardiovascular, cancer, and childhood mortality; cervical cancer prevalence; etc.

• Percent of population aged >=25 years with <9 years of education	• Percent of civilian labor force population >=16 years of age unemployed
• Percent of population aged >=25 years with less than a high school diploma	• Percent of families below the poverty level
• Percent of employed persons >=16 years of age in white-collar occupations	• Percent of population below 150% of the poverty threshold
• Median family income	• Percent of single-parent households with children <18 years of age
• Income disparity	• Percent of households without a motor vehicle
• Median home value	• Percent of households without a telephone
• Median gross rent	• Percent of occupied housing units without complete plumbing
• Median monthly mortgage	• Percent of households with more than one person per room
• Percent owner-occupied housing units	

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Low-Back Pain Implementation Collaborative

30 purchaser, plan, provider and other health care partners working together to:

- Increase reliance on evidence-based non-opioid, non-invasive care
- Reduce inappropriate opioid prescribing and MRIs
- Avoid unnecessary surgery
- Enter care at high value points



Our Aim: Advancing the market to improve the value of care for all patients with low back pain in Washington State

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Back to the meaning of Value…



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Value Based Payment Equation

$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

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How is Quality Defined in the Healthcare Equation?

Performance on a set of metrics – usually process and some outcome metrics. This is measurement **NOT** for research but rather for **accountability.**

Sources include:

- HEDIS metrics (convenient because many health plans use them, they have standard specifications so it is easy to use to compare organizations.
- Others: National Quality Forum (NQF) and home-grown or other metrics in combination with HEDIS metrics.

Value based purchasing programs use performance on a set of metrics to adjust payment to entities based on a contract or acceptance of a model, usually through a payer such as CMS or health plan.

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Lay of the Land: Current VBP Participation

Question 1: How many of you engage in VBP contracts now?

Question 2: Which programs do you participate in?

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- Accountable Care Organization (Federal or commercial)
- MSSP – Quality Payment Program for Medicare
- Other Federal program such as Direct Contracting Entity
- State agency (Medicaid) program – Accountable Care Network or managed care
- Commercial insurance program
- Alternate funding model, e.g., practice is paid PMPM and takes risk
- Other
- Don't know

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The Who, What, Where, When and Why

Who: CMS initiated the move toward VBP in 2010; CMMI's role and commercial insurers

What: Hospital VBP came first; ACOs; many other initiatives have followed and evolved; started with focus on process measure performance and has moved toward increased risk sharing up to global risk

Where: VBP is present for at least 90% of Medicare Fee for Service beneficiaries; nearly every state has value based initiatives in their contracting; commercial insurers include performance guarantees and/or bonuses in negotiated contracts

When: Started in 2010 and continues to evolve

Why: Purchasers and payers want to move toward paying for high-value, lower cost care for employees and beneficiaries

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History of Value-Based Purchasing in US Healthcare: the Affordable Care Act



CMS: Hospital VBP

- Readmissions Penalty
- CJR – Comprehensive Care for Joint Replacement, the first mandated "bundled" payment initiative
- BPCI (more bundles, optional)

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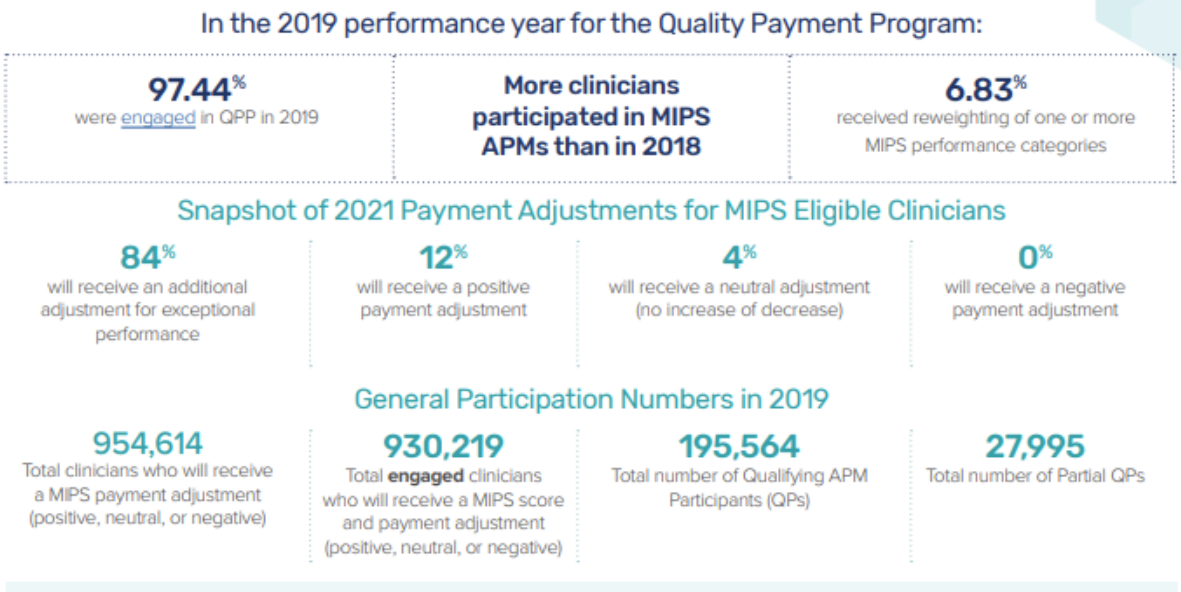
What Came Next for VBP: Providers and Increased Risk Sharing

- **CMMI/CMS initiatives** – leading the way!
- **Accountable Care Organizations**
- **QPP/MIPS** – other iterations of the Medicare Shared Savings Program – still ongoing – shared savings
- **Direct Contracting Entities** (moving Medicare Fee for Service into risk sharing)

Note that commercial payers tend to fall in line once CMS moves in a certain direction.

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QUALITY PAYMENT PROGRAM PARTICIPATION IN 2019: RESULTS AT-A-GLANCE[1]



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The Emerging Importance of Risk Adjustment Coding to VBP Initiatives

RISK ADJUSTMENT and coding intensity are new factors that feature prominently in MA, DCE and other payer (commercial) risk-bearing initiatives.

Providers will need to adapt to this and work on capturing HCC and other condition codes (in addition to submitting E&M and CPT codes) as provider payments will be partially linked to these factors.



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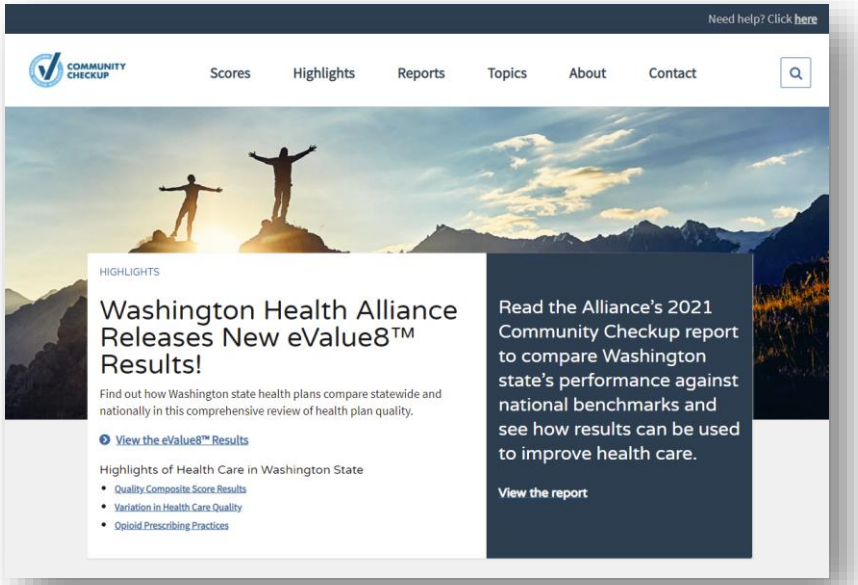
What's Specific to Washington State?

Health Care Authority

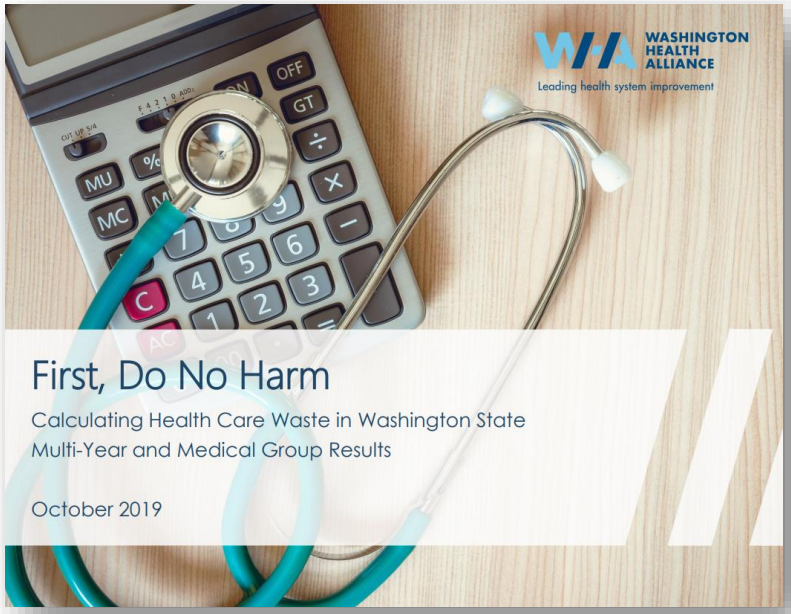
- Apple Health (Medicaid)
- PEBB – Uniform Medical Plan
- SEBB

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Alliance Reporting and VBP



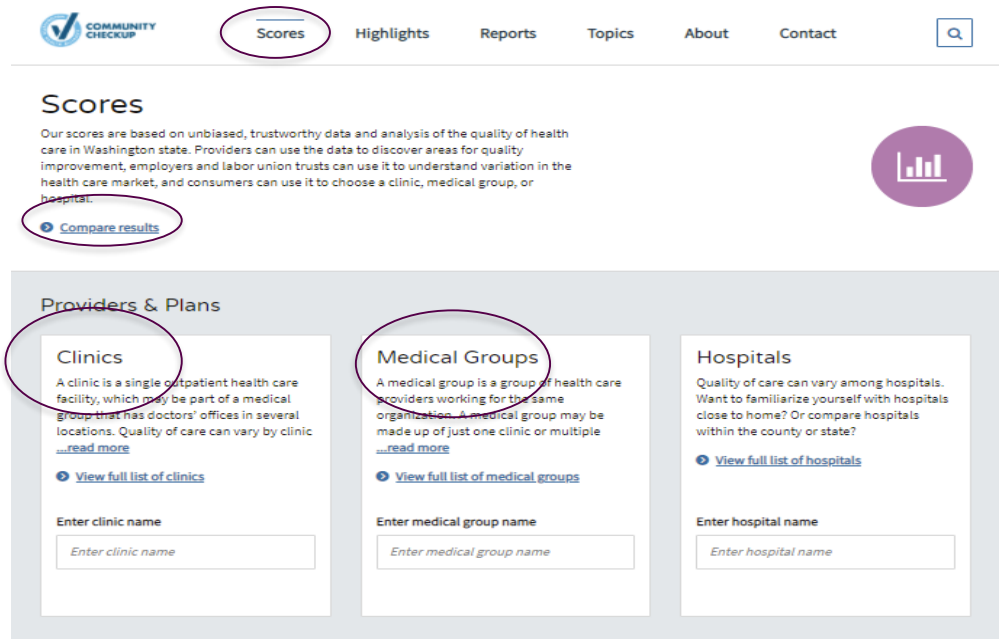
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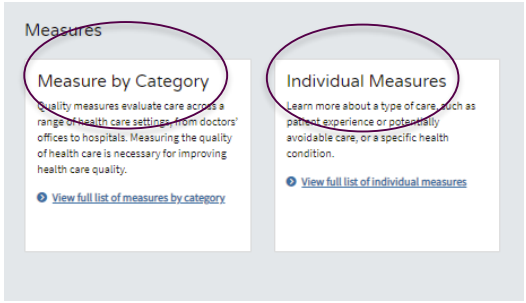


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Alliance Reporting and VBP: *Community Checkup*

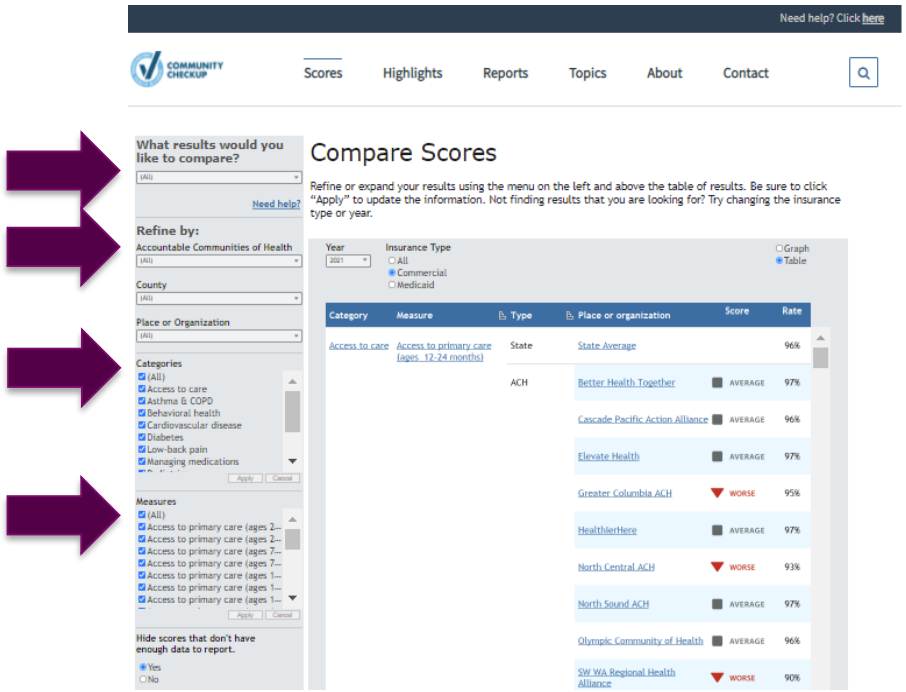




https://www.wacommunitycheckup.org/compare-scores/

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Alliance Reporting and VBP: *Community Checkup*



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Alliance Reporting and VBP: *Quality Composite Scores*



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Quality Composite Score

Prevention and Screening
Breast cancer screening
Cervical cancer screening
Colon cancer screening
Chlamydia screening
Adolescent well-care visits
Well-child visits (in the first 15 months)
Well-child visits (ages 3-6 years)

Chronic Disease Care
Follow up for children prescribed ADHD medication (30 days)
Follow up for children prescribed ADHD medication (9 months)
Staying on antidepressant medication (12 weeks)
Staying on antidepressant medication (6 months)
Asthma medication ratio
Eye exam for people with diabetes
Blood sugar (HbA1c) testing for people with diabetes
Kidney disease screening for people with diabetes
Taking diabetes medication as directed
Monitoring patients on high blood pressure medication
Taking hypertension medications as directed
Taking cholesterol-lowering medications as directed
Statin therapy for patients with cardiovascular disease

Coordinated, Cost-Effective Care
Potentially avoidable ER visits
Hospital readmissions within 30 days

Appropriate, Cost-Effective Care
Avoiding antibiotics for adults with acute bronchitis
Appropriate testing for children with sore throat
ADHD medication generic prescriptions
Stomach acid medication generic prescriptions
Antidepressant medication generic prescriptions
Avoiding X-rays, MRIs and CT scans for low-back pain
Avoiding antibiotics for children with upper respiratory infection

Congratulations to these medical groups for their Quality Composite Score ranking!

Commercial

- The Polyclinic
- Kaiser Permanente Washington
- Virginia Mason Medical Center
- University of Washington Medical Center
- Association of University Physicians, DBA UW Physicians

Medicaid

- International Community Health Services
- Yakima Valley Farm Workers Clinic
- Columbia Medical Associates
- University of Washington Medical Center
- Family Care Network

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Alliance Reporting and VBP: *Quality Composite Scores*

Entity Type
- ○ ACH
- ○ Clinic
- ○ County
- ◉ MedicalGroup

Insurance Type
- ◉ Commercial
- ○ Medicaid

Show Domain Scores
- ○ Yes
- ◉ No

Place or organization	Composite Percentile	Composite Score
The Polyclinic	85.19%	1.045
Kaiser Permanente Washington	82.18%	0.922
Virginia Mason Medical Center	81.21%	0.886
University of Washington Medical Center	79.33%	0.818
Association of University Physicians, DBA UW P..	74.67%	0.664
Pacific Medical Centers	73.07%	0.615
Cancer Care Northwest	71.73%	0.575
Swedish Medical Group	68.96%	0.495
Southlake Clinic	67.40%	0.451
The Everett Clinic	66.80%	0.434
Columbia Medical Associates	66.15%	0.417
Overlake Medical Clinics	64.95%	0.384
Family Care Network	63.86%	0.355
Harborview Medical Center*	63.83%	0.354

Entity Type
- ○ ACH
- ◉ Clinic
- ○ County
- ○ MedicalGroup

Insurance Type
- ◉ Commercial
- ○ Medicaid

Show Domain Scores
- ○ Yes
- ◉ No

Place or organization	Composite Percentile	Composite Score
The Polyclinic - Madison Center	88.25%	1.188
University of Washington Medical Center - Gen..	85.35%	1.051
The Polyclinic - Northgate	82.76%	0.945
Kaiser Permanente - Silverdale Medical Center	81.21%	0.886
Kaiser Permanente - Northgate Medical Center	80.37%	0.855
Kaiser Permanente - Capitol Hill Medical Center	79.58%	0.827
Virginia Mason Hospital and Seattle Medical Ce..	78.97%	0.805
Kaiser Permanente - Everett Medical Center	77.87%	0.768
Kaiser Permanente - Olympia Medical Center	77.70%	0.762
Memorial Cornerstone Medicine	77.46%	0.754
Virginia Mason Federal Way Medical Center	77.31%	0.749
MultiCare Tacoma Central Internal Medicine	76.94%	0.737
Kaiser Permanente - Port Orchard Medical Cen..	75.51%	0.691
Virginia Mason Bellevue Medical Center	75.35%	0.685
Kaiser Permanente - Tacoma Medical Center	74.26%	0.651

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- ○ Clinic
- ○ County
- ◉ MedicalGroup

Insurance Type
- ◉ Commercial
- ○ Medicaid

Show Domain Scores
- ◉ Yes
- ○ No

Place or organization	Composite Percentile	Composite Score	Prevention and Screening	Chronic Disease Care	Coordinated, Cost-Effective Care	Appropriate, Cost-Effective Care
The Polyclinic	85.19%	1.045	1.24	1.07	0.86	0.62
Kaiser Permanente Washington	82.18%	0.922	1.16	0.21	2.00	0.44
Virginia Mason Medical Center	81.21%	0.886	1.42	0.50	0.98	0.18
University of Washington Medical Center	79.33%	0.818	1.21	0.79	0.65	-0.11
Association of University Physicians, DBA UW P..	74.67%	0.664	0.90	0.74	0.28	0.34
Pacific Medical Centers	73.07%	0.615	0.87	0.31	0.76	0.48
Cancer Care Northwest	71.73%	0.575	0.07	0.86	0.49	1.51
Swedish Medical Group	68.96%	0.495	0.65	0.36	0.55	0.33
Southlake Clinic	67.40%	0.451	0.77	0.46	-0.03	0.25
The Everett Clinic	66.80%	0.434	0.60	0.39	0.27	0.31
Columbia Medical Associates	66.15%	0.417	0.67	0.26	0.27	0.36
Overlake Medical Clinics	64.95%	0.384	0.79	0.09	0.29	0.21
Family Care Network	63.86%	0.355	0.56	0.28	0.27	0.04
Harborview Medical Center*	63.83%	0.354	0.83	0.45	-0.55	0.16
Memorial Physicians, PLLC	63.81%	0.353	0.35	0.46	0.36	-0.02

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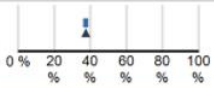
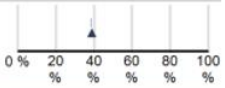
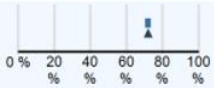
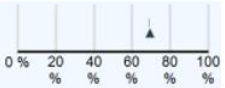
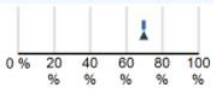
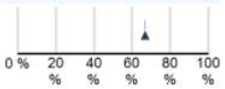
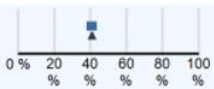
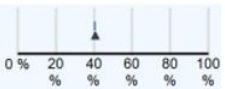
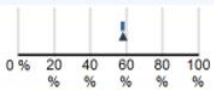
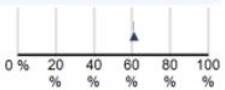
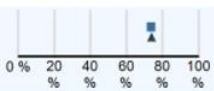
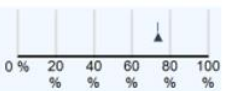
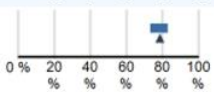
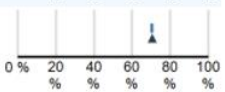
Alliance Reporting and VBP: *Quality Composite Scores*



https://www.wacommunitycheckup.org/highlights/quality-composite-scores/

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Alliance Reporting and VBP: *Community Checkup*

Measure	Supplier Performance				State Summary		
	Score	Rate	Denominator	Confidence Interval[1]	Rate	Denominator	Confidence Interval[1]
Adolescent well-care visits	■	37%	4,400		39%	200,104	
Breast cancer screening	●	72%	3,143		69%	234,860	
Cervical cancer screening	●	70%	7,227		67%	445,732	
Chlamydia screening	■	41%	1,145		41%	50,989	
Colon cancer screening	▼	58%	7,103		61%	482,161	
Well-child visits (ages 3-6 years)	■	74%	1,393		74%	59,909	
Well-child visits (in the first 15 months)	●	78%	265		71%	12,009	

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Alliance Reporting and VBP: *First, Do No Harm*

Milliman MedInsight Health Waste Calculator™

- Analyzes claims data
- Uses 48 Choosing Wisely® Measures*
- Nuanced analysis considers individual circumstance

Necessary (not wasteful)

– The service was clinically appropriate

Likely Wasteful

– The appropriateness of the service should be questioned

Wasteful

– The service was very likely unnecessary and should not have occurred

*WHA state-level analysis used 47 of the 48 measures.

Washington Health Alliance, *First, Do No Harm, Calculating Health Care Waste In Washington State*, February 2019.

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Alliance Reporting and VBP: *First, Do No Harm*



51% of services measured found to be low-value;



an average of **846,973** patients received at least one low-value service in each year;



an estimated **$703 million** was spent on low-value care on just these measures from 2014 through 2017; and



10 areas of low-value care accounted for more than 90% of the waste found in this analysis.

Product of Milliman MedInsight Health Waste Calculator™

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Alliance Reporting and VBP: *First, Do No Harm*

1. Annual EKG or cardiac screening in individual who are low-risk and without symptoms
2. Opiates for acute low back pain
3. Antibiotics for URI and ear infections
4. Pre-operative baseline lab studies prior to low-risk surgery in healthy individuals
5. PSA-based screening for prostate cancer in men without specific indications
6. Imaging tests for eye disease in the absence of significant eye disease
7. Too frequent cervical cancer screening in women without cause
8. Routine general health checks in adults 18-64 (with no other diagnosis)
9. Screening for Vitamin D deficiency
10. NSAIDS prescribed for adults with hypertension, heart failure or chronic kidney disease

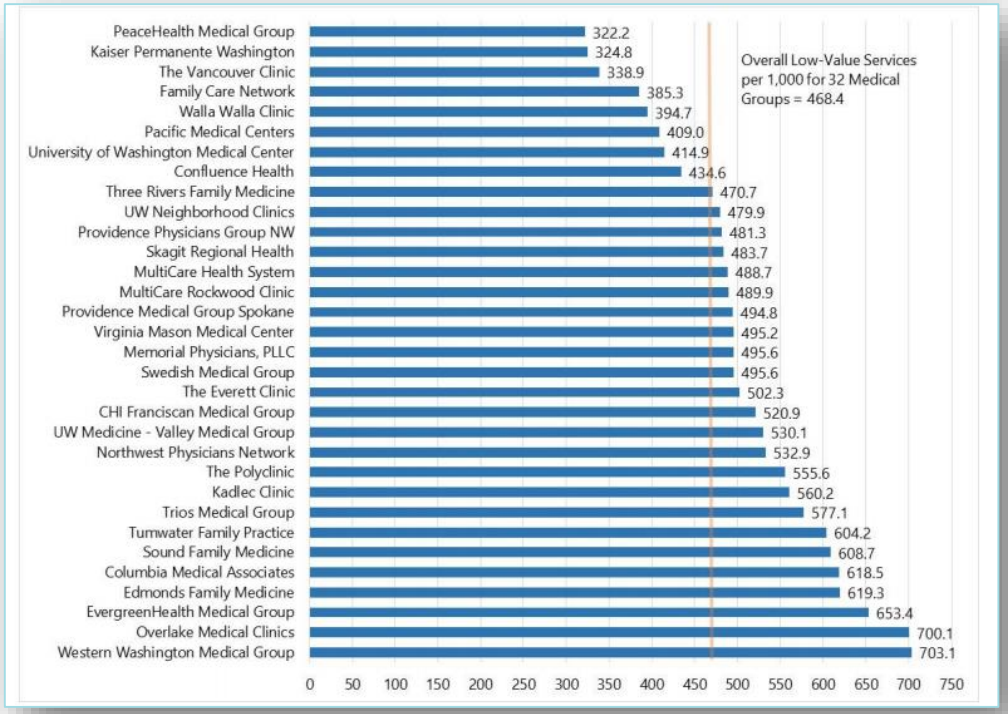
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92%

of all low-value care measured

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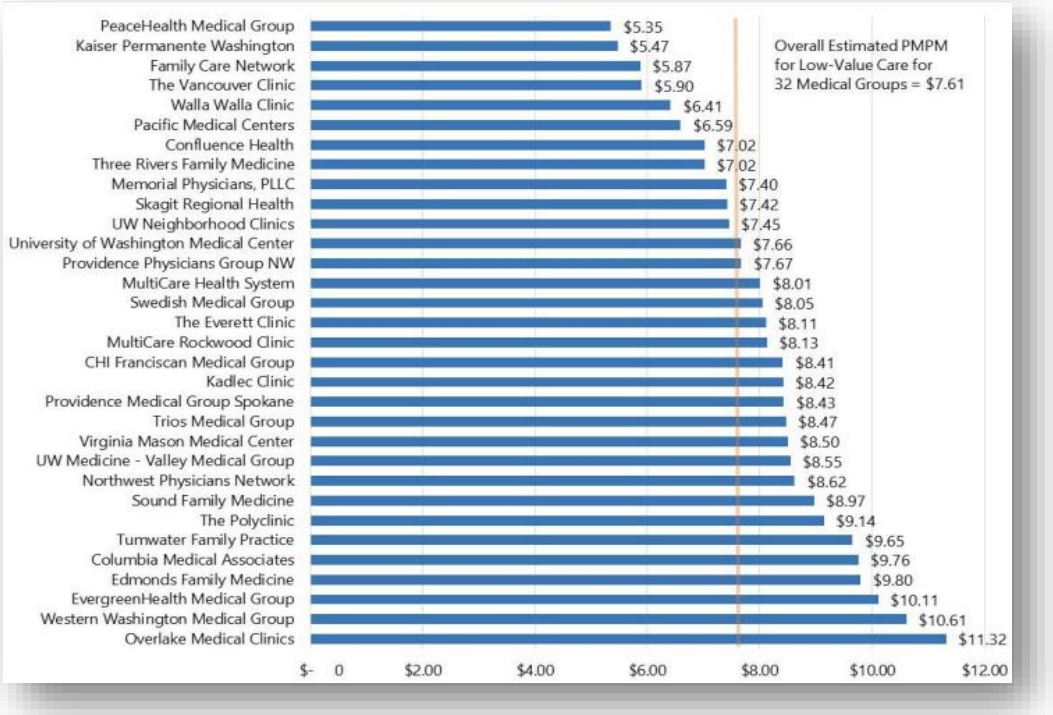
Alliance Reporting and VBP: *First, Do No Harm*



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Alliance Reporting and VBP: *First, Do No Harm*



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So What Does This Mean for Providers?

Do I want VBP?

- You may already be participating….
- Choice in this may be limited depending on your **payer base**
- It can be a source of additional revenue but can also result in loss of revenue (upside and downside risk)
- Prior good performance on common metrics can be attractive to health plans for contracting
- The programs can require investments in workflows, technology, partnerships, etc.

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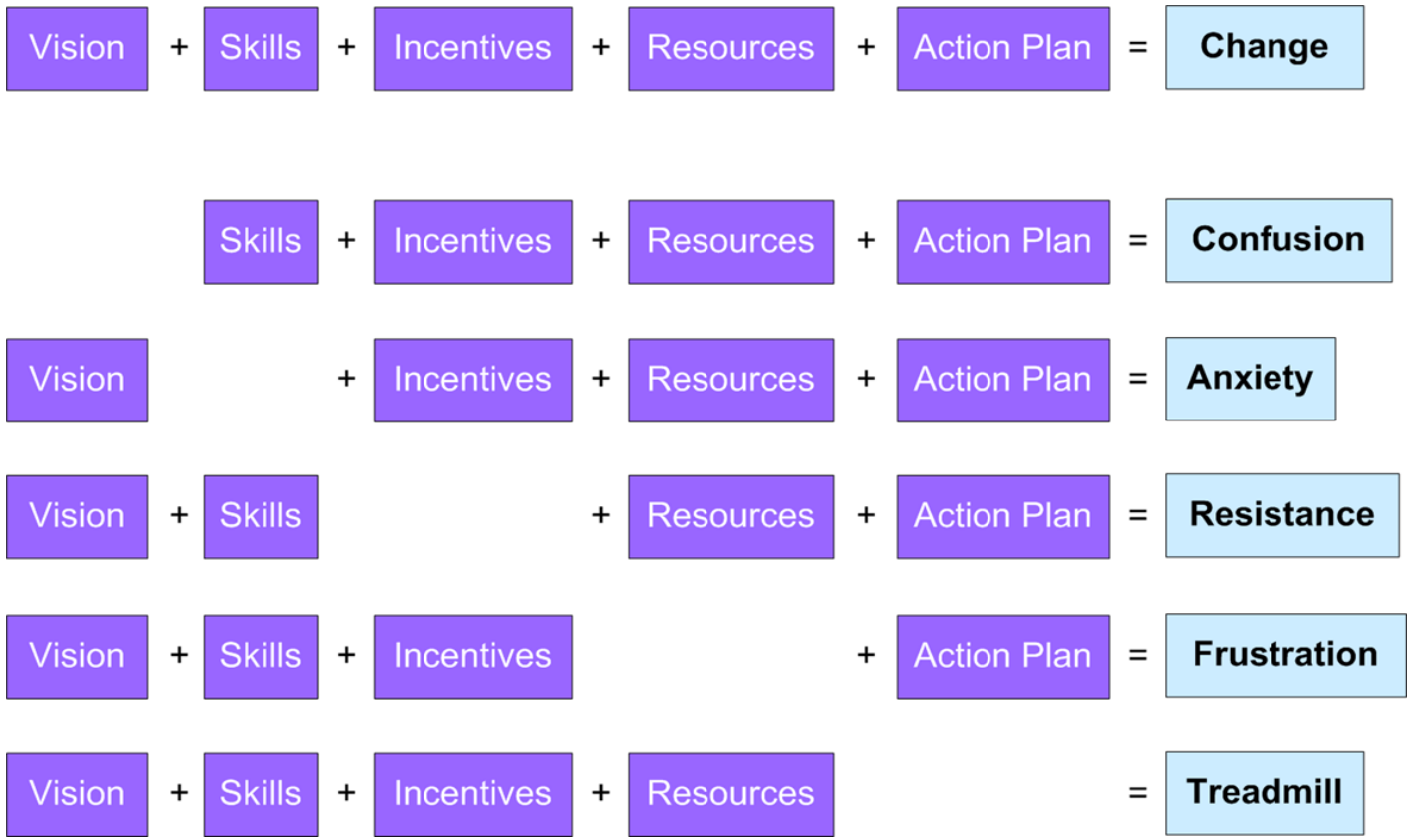
Setting Up for Success in VBP

- Work with administrative and contracting team members so that you **understand what is being negotiated and measured.**
  - Insist on and **partner with efforts to improve your workflows** to make good performance on metrics easier on you and **optimize EHR** for data collection and dashboard creation.
  - Implement **team-based care** and engage allied staff in the work to improve patient continuity and decrease burden on the providers.
  - Identify and use a method allowing easy **identification of open care gaps** – and take advantage of each visit to close the gaps.
  - Work to form relationships with hospitals, SNF, home health and CBOs**.**
  - Use a **standard quality improvement methodology** across the practice: Model for Improvement/PDSA; Lean; Six-sigma or homegrown – pick one and use it.
  - Remember that all improvements require people to make changes – so identifying the "what's in it for me" for involved team members, and a **change management strategy**, are essential to continuous improvement.

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Components of Successful Change Management



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Thank you!

Questions?

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