Total Cost of Care and Resource Use Reporting for Primary Care Group Practices

APCD Council Webinar
May 18, 2015
Who is CIVHC?

• Recommendation of Colorado’s Blue Ribbon Commission on Health Care Reform (2008)
• Supported by foundations, grants and revenues
• Independent, non-profit, non-partisan
• Focus: Achieve Triple Aim + 1 for Colorado
  – Better health,
  – Better care,
  – Lower costs, and
  – Greater transparency and access to data – APCD
Colorado’s All Payer Claims Database (APCD)

• State mandated (2010 legislation)
• CIVHC named Administrator by the Executive Director of HCPF – state Medicaid agency
• Collect claims data from all public and private payers
• First aggregated public reports published in Q4 2012 (www.cohealthdata.org)
• Build steadily towards increased transparency
• No general funds, sustainable business model
• Utilize 3M, Aver Informatics & other business partners technology and analytic tools
Accessing Colorado APCD Data

• Public Website (comedprice.org)
  – High-level views of variation based on aggregated data
  – More detailed subscription-based access coming in 2015

• Custom Report or De-Identified Data Set
  – Focused on specific medical procedures, conditions or sub-populations of particular interest to various stakeholders

• Limited Data Set
  – May include 5-digit zip code or dates of birth/service detail
  – Facilitate detailed analysis by geography or based on date information (e.g., Length of Stay, Intensity of Resource Use)

• Patient Identifiable Information
  – APCD claims information linked at the patient-level with clinical outcomes data from EHR/HIE
  – Facilitate detailed cost, quality, outcomes and value research
The TCoC Project:
Practice-level Total Cost of Care and Relative Resource Use Reporting for Primary Care Physician Groups
Total Cost of Care and Resource Use Reporting Project

Funded by the Robert Wood Johnson Foundation

Lead by Network for Regional Healthcare Improvement (NRHI)

Participants: CIVHC, Maine Health Management Coalition, Minnesota Community Measurement, Midwest Health Initiative (St. Louis, MO), Oregon Health Care Quality Corporation

Purpose:

- Implement the NQF-endorsed, HealthPartners TCoC and RRU measure set across multiple regions
- Identify drivers of regional healthcare costs and develop strategies to reduce spending at the community level
- Report results on an attributed patient and risk adjusted basis to PCP practice groups
Key Project Features

• Focus is on commercial claims data
• Apply a common, NQF-endorsed TCoC and RRU measure set across multiple regions
• Standardize data inputs and methodologies (e.g., risk adjustment and attribution) to the extent possible
• Develop overall, and state and local benchmarks to facilitate meaningful comparisons
• Report results to physician groups on an attributed patient basis
• Recruit physician champions to participate in a National Physician Leadership Seminar
  – Led by Dr. Jay Want, CIVHC Chief Medical Officer
  – Develop strategies for using results to reduce costs while maintaining quality
Project Timeline

• Started November 1, 2013
• Early Activities:
  – Dry run based on 2012 commercial claims data
  – Develop physician group report format and content
• August 2014, National Physician Leadership Seminar at Stanford University
• Fall 2014, Generate results and reports based on 2013 commercial claims data
• April 2015, Deliver initial reports to PCP groups
• April 30, 2015, National Summit, Washington, DC
• May 2015, Summary White Paper and PCP follow-up
The Reports
Limitations and Challenges

- Fully-insured commercial claims only, no self-funded plans
- Data standardization:
  - Comparable results across regions
  - Comes at a significant cost
- Small PCP group panel sizes – subset of patients
- 50 PCP groups received initial reports
- Steps to improve:
  - Attribution methodology and results
  - PCP group Master Provider List
  - Additional payers and payer types
  - Need complete and high quality claims data
Additional Report Information

• Within Category Drivers, e.g., IP, OP, ER/ED, Prof. Rx
• Panel Demographics
  – Average age, percent kids, gender, average risk score
• Percent of Panel with various Chronic Conditions
• Total Cost Profile (by spending level/category)
• Diagnoses driving Total Costs for high cost patients
• Comparison Values
  – State, regional, local, as appropriate
• Multiple Years – trending
• Tabular and graphical views
Phase 2

- RWJF will fund this work for an additional 18 months
- Enhancements:
  - Trend analysis based on multiple years of data
  - Explore adding Medicaid and Medicare
  - Explore implications of alternative risk adjustment and attribution methodologies
  - Continue outreach and physician engagement
  - Develop and share specific use cases
  - New focus on (self-funded) employers
  - Explore opportunities for public reporting
- Additional participants – two RHICs and one APCD
- Develop sustainable funding models
Contact Information

• Jonathan Mathieu, PhD, VP for Research & Compliance and Chief Economist jmathieu@civhc.org
• Join our APCD email list (www.comedprice.org home page)
• Follow CIVHC on social media:
  @CIVHC_News
  Facebook.com/CIVHC
  LinkedIn (linkedin.com/company/2096991)