

# Welcome!

HFMA Presentation  
November 16<sup>th</sup>, 2018



Healthcare Collaborative  
of Greater Columbus

# Our Vision

Optimal health for all people in Greater Columbus



# Our Mission

is to improve the value of health care for all people in Greater Columbus by catalyzing collaboration among public and private partners: Providers, behavioral health, hospital systems, social service agencies, public and private payers, employers, government, public health and patients/consumers.

$$\text{VALUE} = (\text{Quality} + \text{CONSUMER EXPERIENCE}) \div \text{COST}$$



# Four HCGC Strategic Focus Areas

## OUR WORK



Value-Based  
Comprehensive Care



Quality  
Improvement



Medical  
Neighborhood



Purchaser  
Engagement

Affiliate of:



Columbus Medical  
Association

Member of:



Network for  
Regional Healthcare  
Improvement



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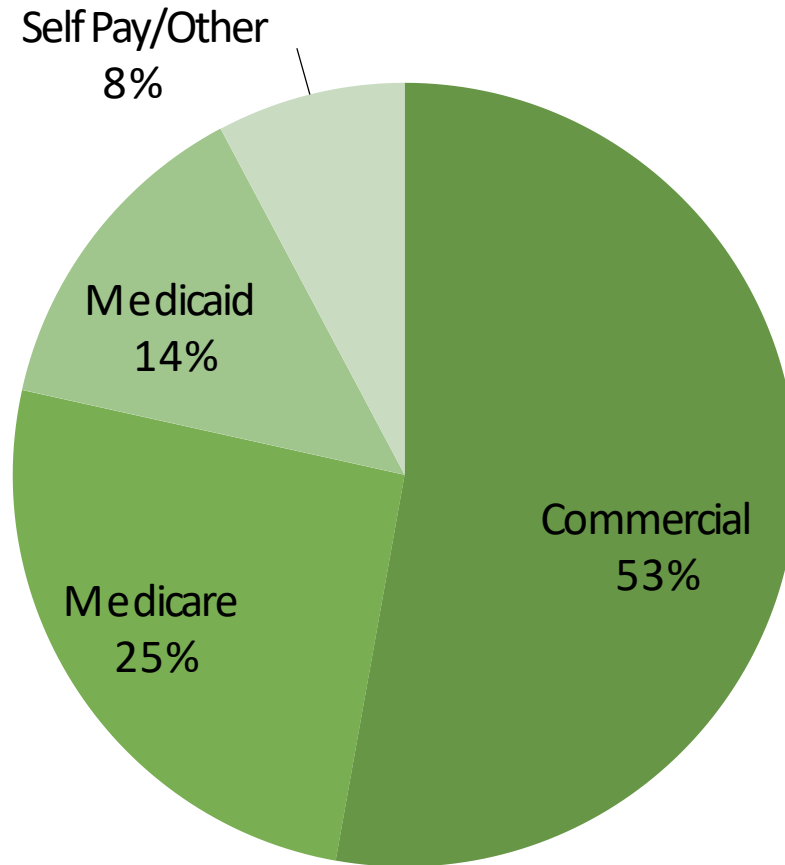
# HCGC QT/QI Project

# Regional Performance Snapshot

- Aggregated data represents:
  - 13 provider organizations
    - Primary care and behavioral health
    - Health systems, private practices, FQHCs
    - Urban, metro, rural
  - 147 practice sites
  - Serving a total of 761,303 patients
  - Variety of EHR systems
  - All payers



# Project Payer Mix

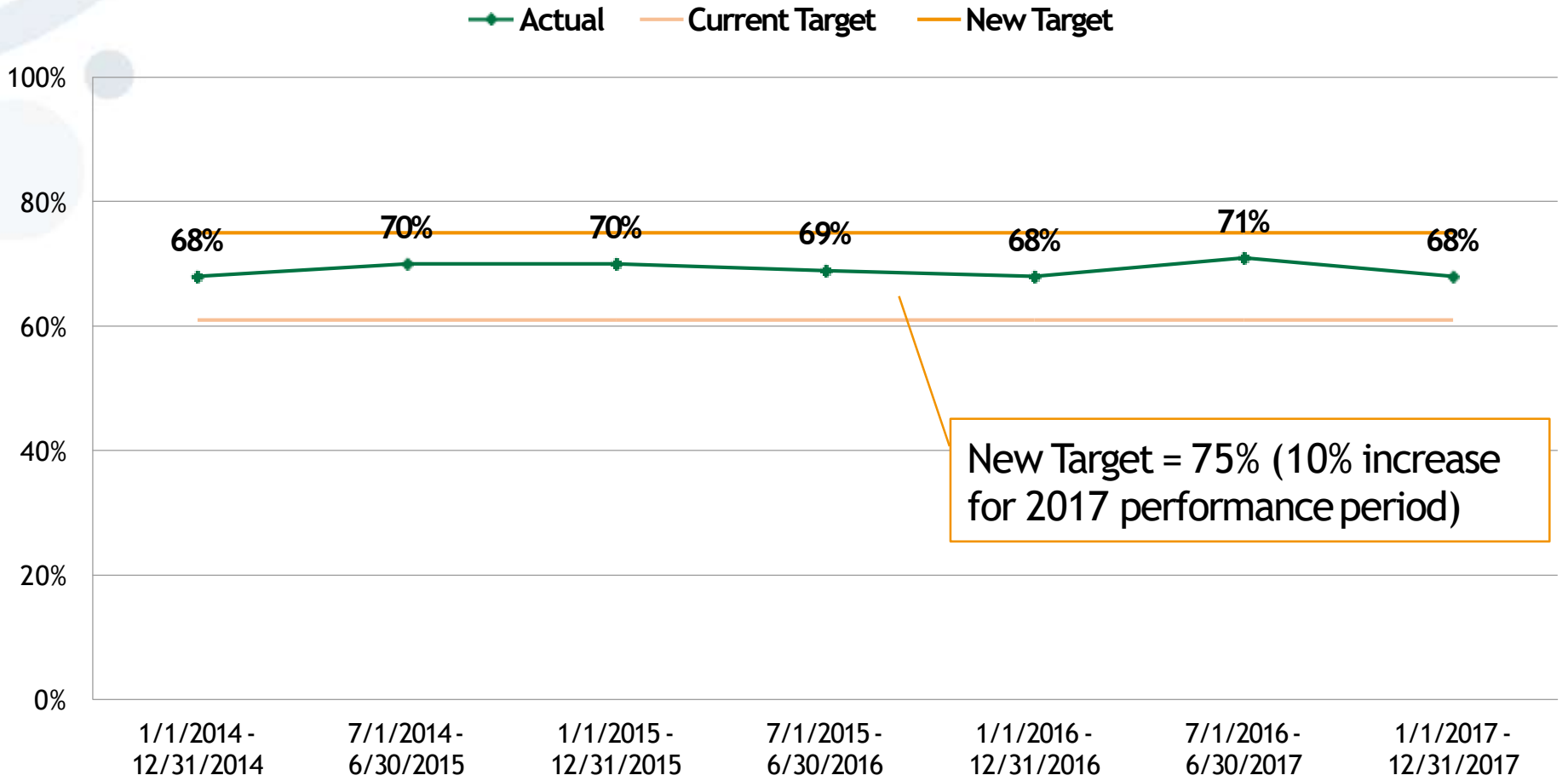


*\*For performance period 1/1/2017 – 12/31/2017*

# Regional Performance Snapshot

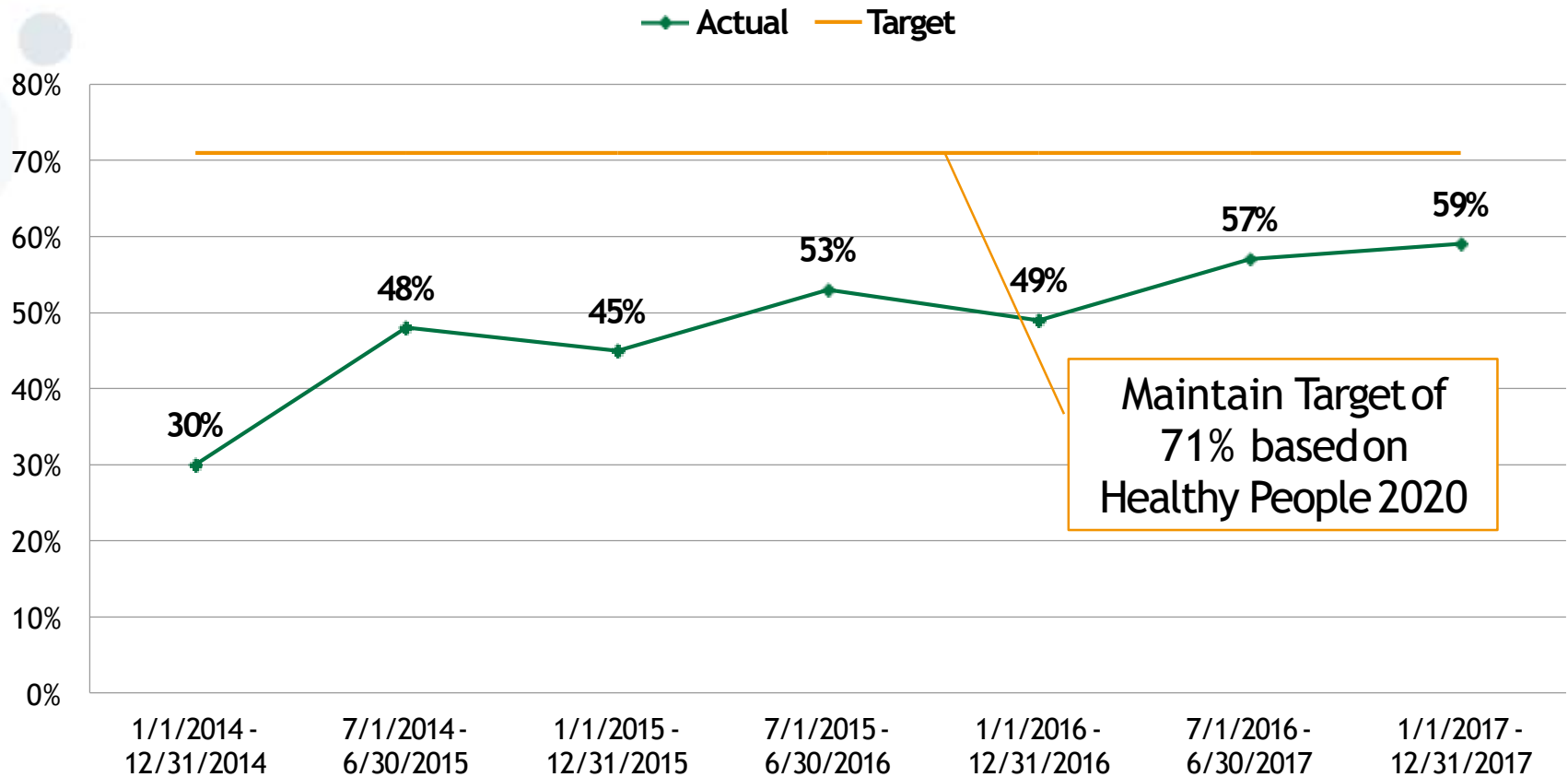
Quality Measure	Target	Agg. of all sites reporting	# of sites reporting	% of sites ≥ target	# of patients
Controlling High Blood Pressure	61%	68%	145	66%	195,729
Colorectal Cancer Screening	71%	59%	145	19%	249,013
Diabetes: A1C in Control	84%	80%	145	29%	80,854
Tobacco Use Screening and Cessation	-	82%	145	n/a	452,758
Diabetes: Nephropathy	-	80%	107	n/a	57,707
Depression Utilization of PHQ-9	-	27%	16	n/a	6,730
Depression Remission at 12 months	-	2%	12	n/a	214
Depression Response at 12 months	Not enough data collected to report on this measure				

# Percent of patients with hypertension whose blood pressure is controlled



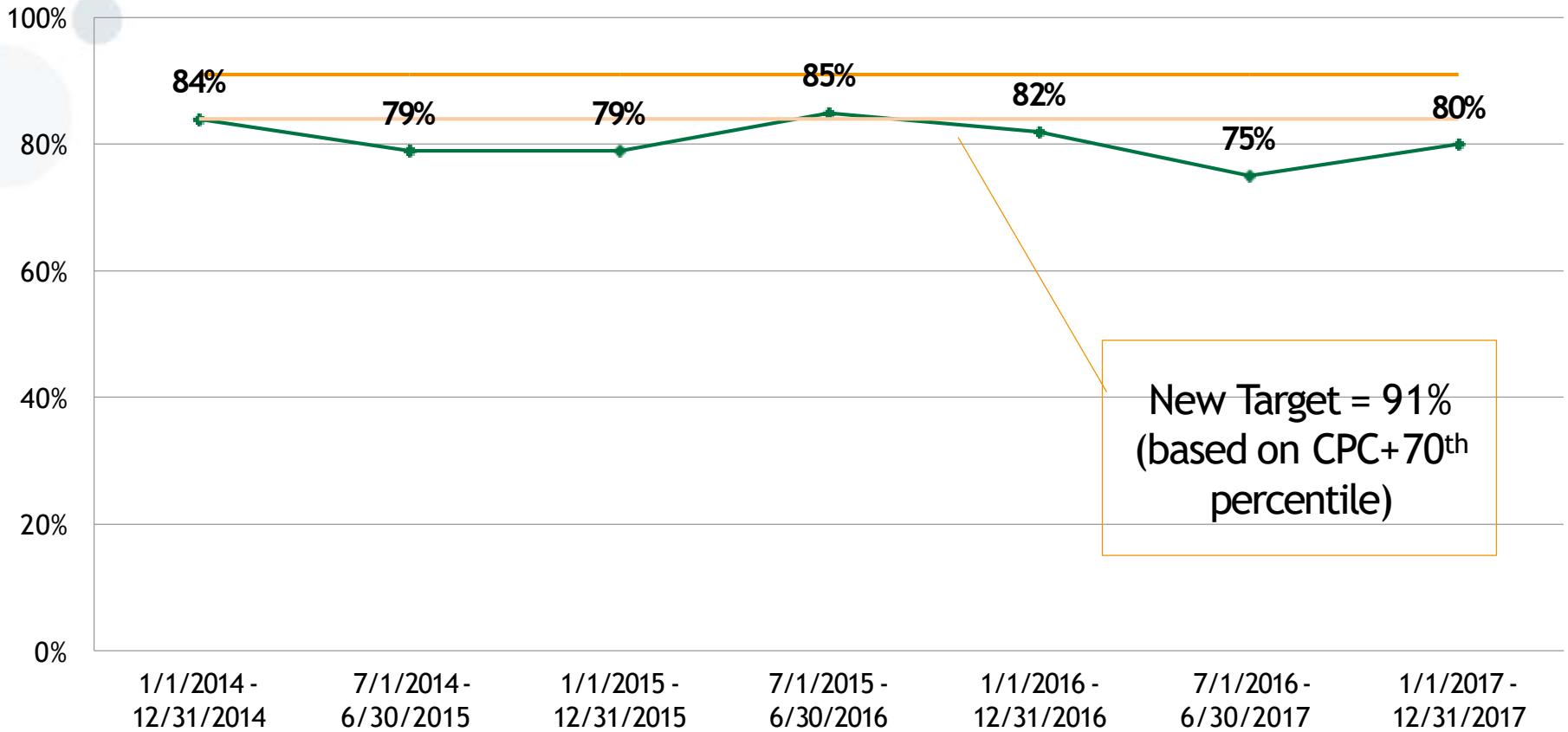


# Percent of patients who had appropriate screening for colorectal cancer



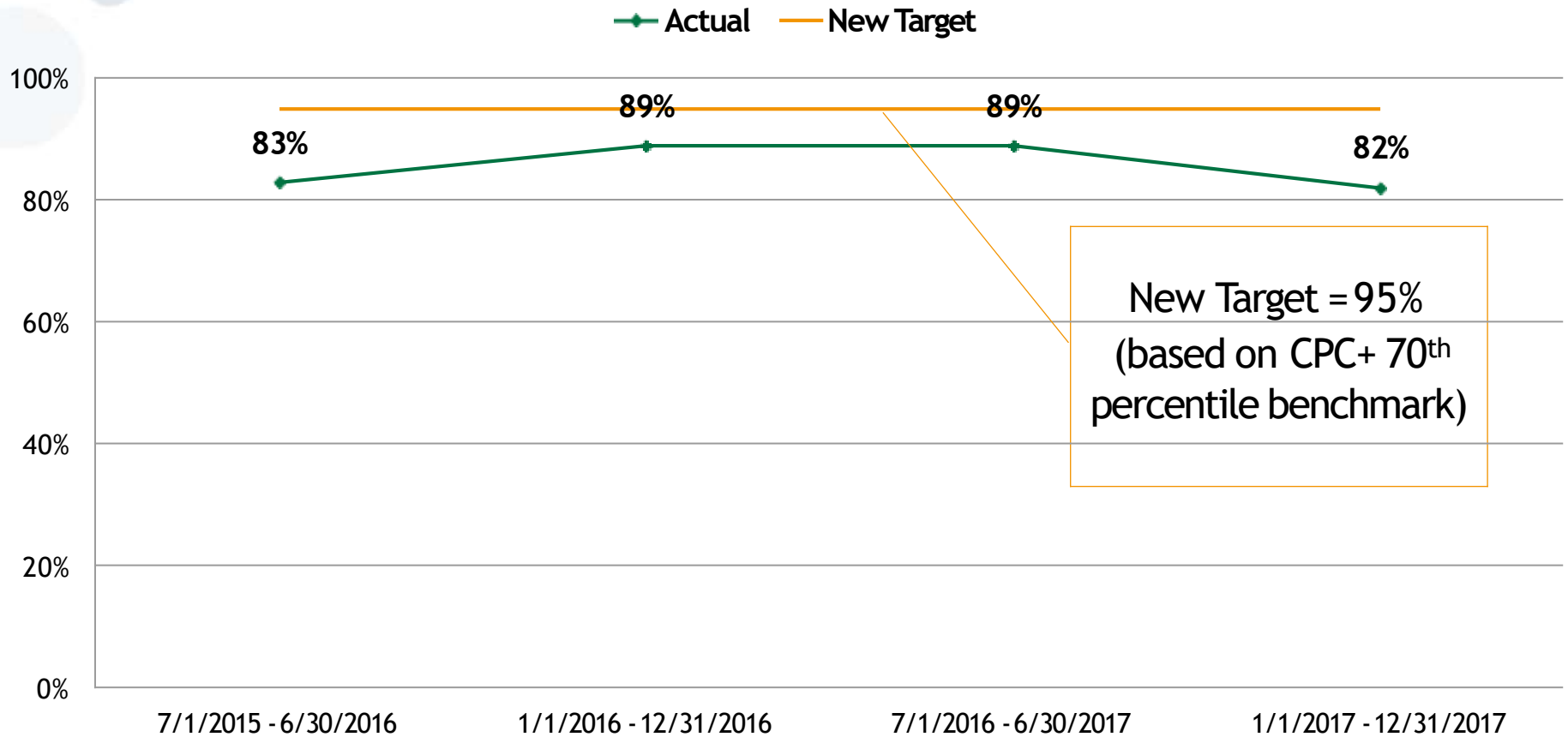
# Percent of patients with diabetes whose A1C level was controlled

Actual Current Target New Target

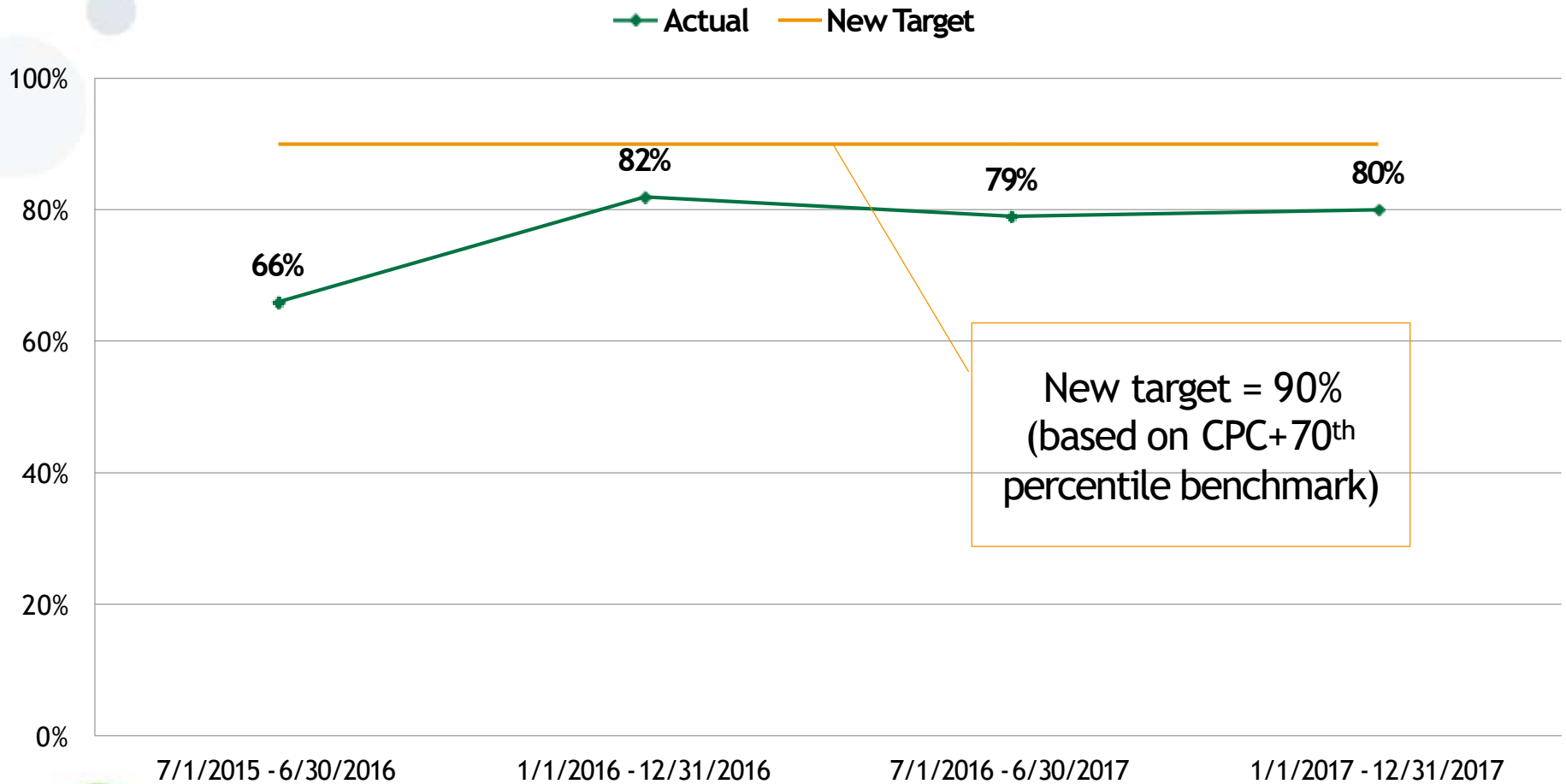


New Target = 91%  
(based on CPC+ 70<sup>th</sup>  
percentile)

## Percent of patients who received tobacco screening and cessation counseling

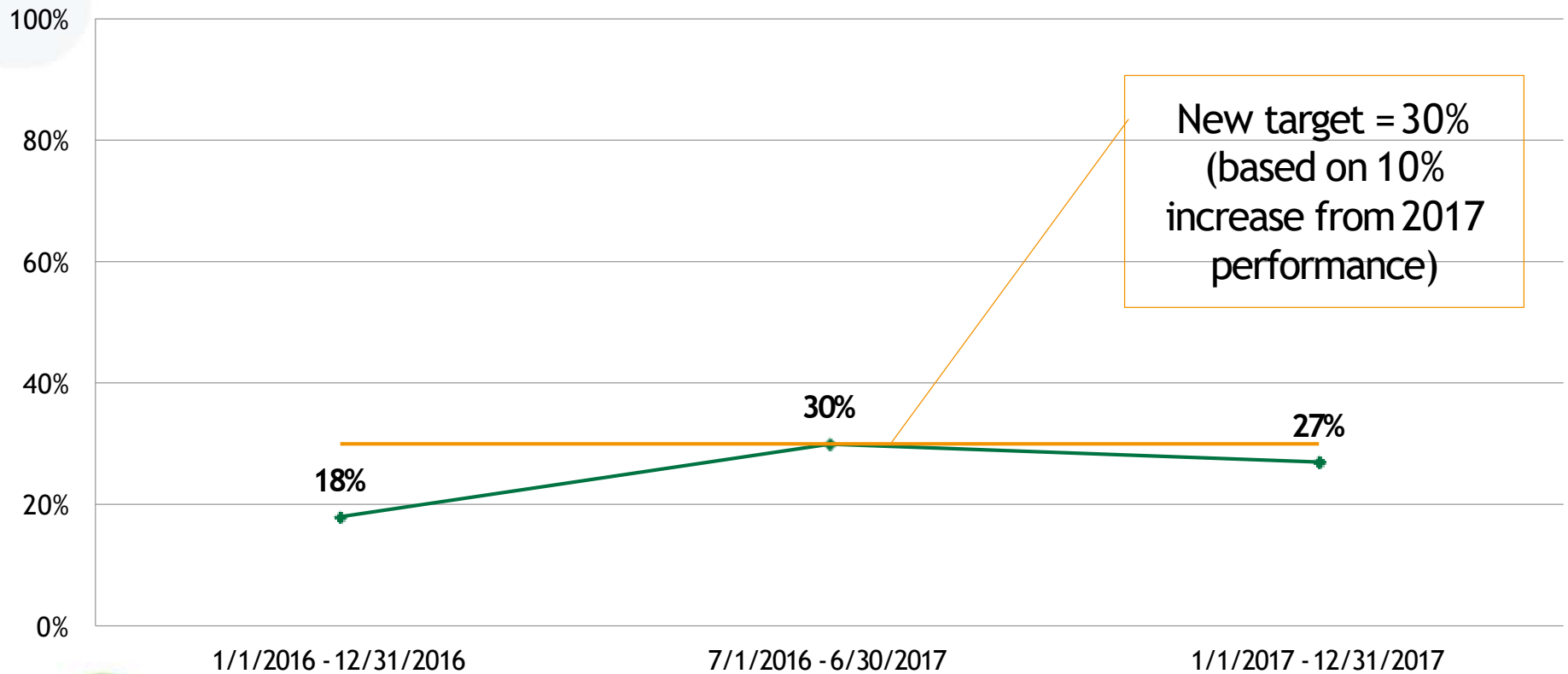


## Percent of patients with diabetes who had screening for nephropathy



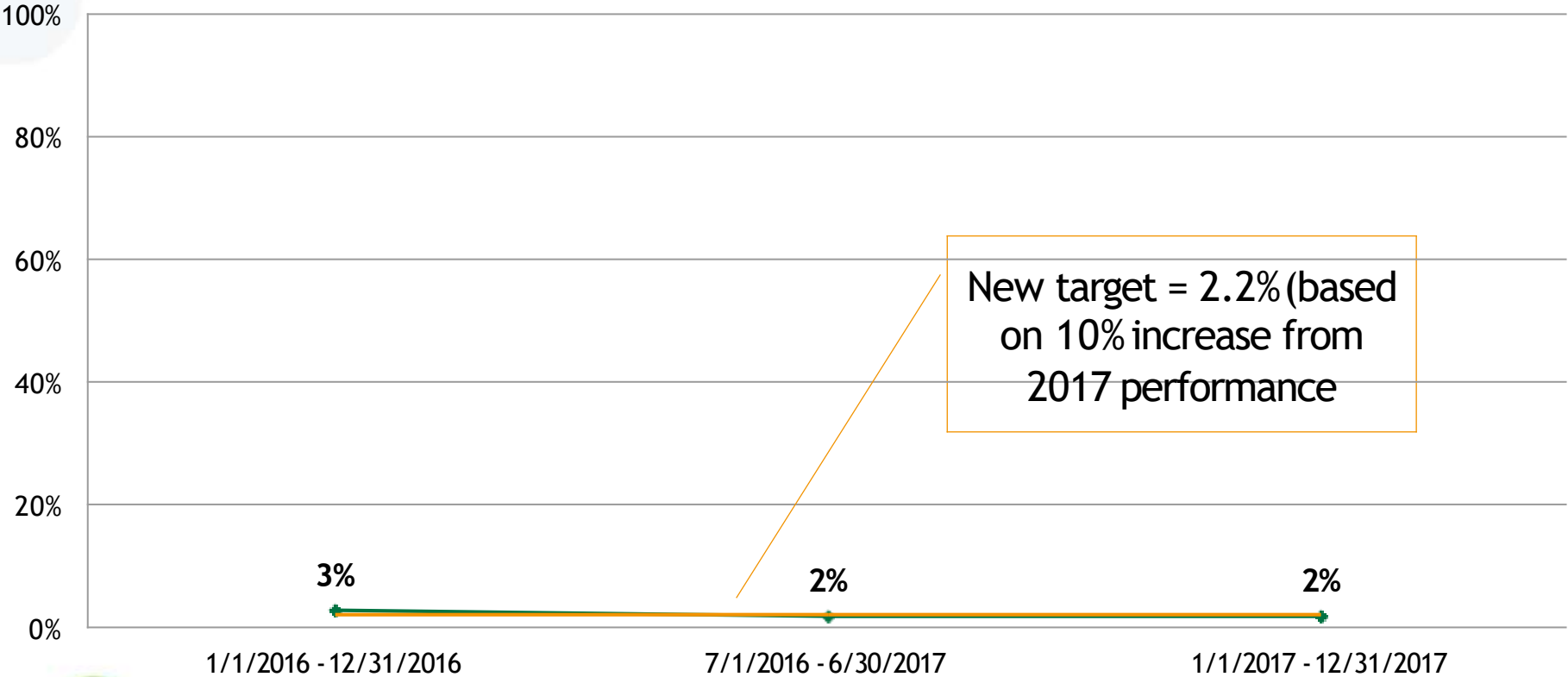
## Percent of patients diagnosed with depression who had a PHQ-9 administered

—◆ Actual — New Target



# Percent of patients diagnosed with depression who were in remission at twelve months

Actual New Target



# Regional Performance Snapshot

Quality Measure	New target	Agg. of all sites reporting	% of sites $\geq$ new target	# of patients
Controlling High Blood Pressure	75%	68%	28%	195,729
Colorectal Cancer Screening	71%	59%	15%	249,013
Diabetes: A1C in Control	91%	80%	3%	80,854
Tobacco Use Screening and Cessation	95%	82%	26%	452,758
Diabetes: Nephropathy	90%	80%	21%	57,707
Depression Utilization of PHQ-9	30%	27%	38%	6,730
Depression Remission at 12 months	2.2%	2%	8%	214
Depression Response at 12 months	Not enough data collected to report on this measure			

# Moving Forward...

What would help us reach our targets by the end of 2020?

- Convening
- Information/Data
- Technical assistance
- And: can we add aggregate cost data to see if quality moves the needle on cost, specifically in the commercial payer space?



# Purchasers

- Series of Listen and Learns with 12 purchasers
- Employer online survey
- Over 70% reported they don't believe they are getting maximum value for their healthcare dollar
- 60% reported not enough data to make meaningful benefit design decisions

# Cost Project-For Purchasers and Quality

- First focus on Blood Pressure:
  - Maybe not the best example to start with, but there is a major focus on BP in the quality world, so lets start here....
- With purchasers, we heard a lot about cancer as a disease-specific group, but BP also came up: health fairs/screenings, drug cost: low hanging fruit vs. outliers

# Cost Project-For Purchasers and Quality

- FAIRHealth
  - 501c3, run price transparency in state of New York (which, interestingly, has been used as a model for Ohio in SHIP discussions)
  - Claims from all major **commercial/MA** payers in Ohio
  - Total Imputed Allowed Amount-closest to paid
  - Could run by geo zip and roll up to practice level

# HBP in our Region

- Approx. 25% of the patients in the data set have HBP
- On average, there was nearly one ER visit for every HBP patient per year
- On average, 20% of HBP patients have a hospital admission
- On average, a HBP patient costs \$3,500 per HBP patient per year to attributed practice (paid amount for services, doesn't include the hospital costs, meds, etc.)

# Total Allowed Amount at Sites for Patients with HBP 2016-2018\*

- 2016: \$71,085,000
- 2017: \$72,620,276
- 2018: \$30,599,816

\* 2018 is first 6 months of data (paid amount for services, doesn't include the hospital costs, meds, etc.)

# Commercial claims data for 3,500 providers at 1,600 sites

	2016	2017	2018*
Attributed Patients aged 18-85	81,802	79,911	61,339
Attributed Patients with High Blood Pressure (HBP)	20,747	19,395	12,772
HBP Patients with a Hypertensive Crisis	62	236	121
Total Emergency Room Visits for Attributed HBP Patients	18,163	17,920	8,254
Average Emergency Room Visits per Attributed HBP Patients	0.88	0.92	0.65
Total Number Hospital Admissions for Attributed HBP Patients	3,721	3,683	1,468
Average Hospital Admissions per Attributed HBP Patients	0.18	0.19	0.11
Average Allowed Amount for All Services Performed by this Practice per Attributed HBP Patients	\$3,426	\$3,744	\$2,396
Regional Performance for Controlling High Blood Pressure	68%	68%	69%



\* 6-months of claims data

# HBP in our Region-Questions

- What would happen to costs, ER visits, and hospital admissions if we meet our target of 75% for controlling high blood pressure?
- Comparison data needed: Immediate next step-How do QT quality sites compare to the aggregate? OhioCPC and CPC+ practices?
- How do we address coding challenges, discrepancy in numbers?
  - 140 sites, 195,000+ HBP-do the 27% Medicare patients make up this difference?
  - 1600 sites, 19,000+ HBP
- If this is the data (with all our QT measures included) that purchasers have access to, (and it is vastly different than provider data) what can they do to help drive improvement?

# Discussion and Feedback



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