**USING PUBLIC DATA TO SUPPORT VALUE BASED PURCHASING.** 



Michael Lundberg Executive Director



What is your state doing to support clinical organizations trying to make the transition from fee-for-service to value-based purchasing?

- Virginia's legislative commission, the Joint Commission on Health Care studies and supports public policy on health reform
- Virginia developed an APCD in 2012 which provides access to evidence based measures of quality and utilization
- Established a relationship with the Network for Regional Health Information in 2016 to move towards Total Cost of Care Reporting
- Lt. Governor's Roundtable on Quality, Payment Reform, and Health Information Technology
- Heart of Virginia Healthcare Primary Care Transformation grant from the Agency for Healthcare Research and
- General Assembly created funding and authority for an Emergency Department Care Coordination Program



NAHDO Presentation

ROM NUMBERS TO KNOWLEDC

### Do Medicare, Medicaid, and commercial ACOs have different data needs? If so, how so?

Yes: Different metrics, different target audiences, different contracts all lead to different needs.

**Fundamentally No:** but each ACO is different in how it is defined. At the end of the day you need timely and comprehensive data to manage the population you are responsible for and then data to manage the quality and spend that should be at risk.



#### FROM NUMBERS TO KNOWLEDGE

# **Population Health Reports**



- Using the APCD a population health infographic on potentially preventable ED visits was created
- A more detailed analysis on the impact of Asthma in Virginia is underway



#### **5 MOST COMMON A VOIDABLE VISITS**



Other headache 19.3% of visits \$989.41 per ER visit | \$18,612,781 total \$83.99 per PCP visit | \$1,580,020 total

Acute bronchitis 7.8% of visits \$597.79 per ER visit | \$7,505,253 total \$82.60 per PCP visit | \$1,037,043 total Upper respiratory infections 22.2% of visits \$357.40 per ER visit | \$21,434,707 total \$74.96 per PCP visit | \$4,495,651 total

Other back problems **12.4% of visits** \$691.85 per ER visit | \$12,017,434 total \$79.50 per PCP visit | \$1,380,915 total

Urinary tract infections 23.4% of visits \$807.24 per ER visit | \$22,569,623 total \$78.24 per PCP visit | \$2,187,512 total

Total Allowed (ER) \$82,139,799 Total Allowed (PCP) \$10,681,141

DIFFERENCE OF \$71,458,658

\*All dollar amounts are based on standardized proxy reimbursement amount(s)



PRIMARY CARE PHYSICIAN \$76 PER VISIT

> EMERGENCY ROOM \$533 PER VISIT

THERE IS A **\$457** DIFFERENCE PER VISIT.

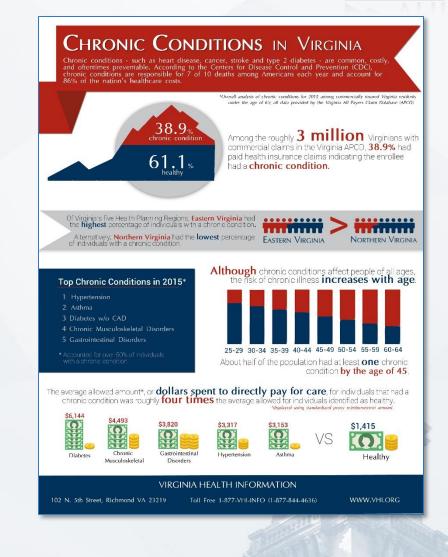
\$82.6 MILLION IN TOTAL

FROM NUMBERS TO KNOWLEDGE

## **Population Health Reports**



### A Chronic Care Conditions paper was developed along with an infographic



#### VHI provides VCHI with statewide and regional reports detailing types of potentially wasteful services and costs. These calculations are based in information submitted for payment to providers and are not used for medical necessity determinations

January 20, 2016

**APCD In Action:** Supporting Virginia Center for Health Care Innovation (VCHI) to accelerate the adoption of value-driven models of wellness and health care

Choosing Wisely®

An initiative of the ABIM Foundation

Milliman, VHI's APCD vendor applies Choosing Wisely logic to clinical or claims data to quantify and report on these potentially wasteful services.

A campaign to encourage physician and patient conversations about overuse and misuse of tests and procedures to help make smart care choices

MedInsight **Health Waste Calculator** 



## **Total Cost of Care Grant**







VHI was awarded grant funding from the Network for Regional Healthcare Improvement (NRHI) & the Robert Wood Johnson Foundation to address barriers to reporting on Total Cost of Care (TCoC) by healthcare provider/group practice

### Summary

A variety of efforts for health care reform efforts are underway through independent efforts and coalitions

Both existing and new data sets are used to meet varied needs

