VIRGINIA CENTER FOR HEALTH INNOVATION

Virginia's Next Steps to Improve Health Care Value

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About VCHI

Founded in 2012 as a 501(c)3 non-profit.

Mission: To accelerate the adoption of value-driven models of wellness and healthcare.

Governed by a diverse, multi-stakeholder board of directors.

VCHI Board and Leadership Council

AARP Virginia

Advocate Health

Aetna

Anthem

APC

Augusta Health

Aviant Health

Ballad Health

Biogen

Boehringer-Ingelheim

Bon Secours Virginia

Carilion

Cigna

Cogit Analytics

Commonwealth of Va

Dominion Energy

GIST Healthcare

GlaxoSmithKline

HCA Virginia

Inova Health System

Johnson & Johnson

LabCorp

Maxim Healthcare Services

MSV Foundation

Merck

Novo Nordisk

Optima

PATH Foundation

Patient First

Pfizer

PhRMA

Privia Health

Riverside Health System

Sanofi

Sentara

UnitedHealthcare

UVA Health Care System

Va Academy of Family Physicians

Va Association of Health Plans

VCU Health

Virginia Health Care Foundation

Va Hospital and Healthcare Assn

Va Oral Health Coalition

Va Community Healthcare Association

Va Council of Nurse Practitioners

Virginia Nurses Association

Virginia Premier

Walgreens

Westrock

Workplan

Our Strategy

1. Identify: Build consensus around the Choosing Wisely® principles and the need to measure low value care
2. Measure: Leverage data from Virginia's All Payer Claims Database and apply the Milliman MedInsight Health Waste Calculator with the aim of prioritizing which medical tests and procedures should be reduced.
3. Report: Share early data with partners to test validity and acceptance. Build consensus around initial focus and develop an action plan.
4. Reduce: Test multiple improvement strategies.

Our Most Recent Data

	January 2019
Reporting Period	2017
Number of Measures	42
CMS Data Included?	Yes
Dollars Spent on Unnecessary Services	$747 million per year
Unnecessary Services Identified	2.07 million per year

Virginia Overall Results – 2017 Summary

39% of members exposed to 1+ low service

35% of services measured were low value

$11.48 PMPM in claims were unnecessary

Top 5 Measures by Percent of Low Value Dollars for Virginia - 2017

MEASURE	RISK OF HARM	% of Low Value Dollars	Average Proxy Cost Per Service	Low Value Index
Don't obtain baseline laboratory studies in patients without significant systemic disease undergoing low-risk surgery.	L	29%	478	82%
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.	L	23%	386	54%
Don't place peripherally inserted central catheters (PICC) in stage III-V CKD patients without consulting nephrology	H	8%	18,154	77%
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.	M	7%	329	8%
Don't do imaging for low back pain within the first six weeks, unless red flags are present	L	4%	1,673	67%

We Have 4 Years of HWC Data…What's Next?

1. Incorporating it into a bigger "value" picture – the Virginia Health Value Dashboard
   - 2018 and 2019 dashboards are now complete
   - 5 additional HWC measures in March 2019 – utilizing Version 7
   - Partnership with Catalyst for Payment Reform provided Scorecard 2.0 data (2 dashboard measures)
   - Partnership with Altarum to conduct a Consumer Healthcare Experiences State Survey (CHESS) will garner more data (could result in future dashboard measures)

2. Using the Dashboard as a focus to take action

2019 Virginia Health Value Dashboard

An initiative of the

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2019 Dashboard (2017 Data) Low Value Care Measures

● = Better than statewide rate
● = Same as statewide rate
● = Worse than statewide rate

REDUCING LOW VALUE CARE	Statewide	Northwest	Northern	Southwest	Central	Eastern
Utilization and Cost of Avoidable Emergency Room Visits						
Potentially Avoidable ED Visits - As a Percentage of Total ED Visits	12.8%	●	●	●	●	●
Potentially Avoidable ED Visits - Per 1,000 Member Months	3.5	●	●	●	●	●
Potentially Avoidable ED Visits - Per Member Per Year	0.04	●	●	●	●	●
Low Value Services as Captured by the MedInsight Health Waste Calculator						
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal	82%	●	●	●	●	●
Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery	6%	●	●	●	●	●
Don't perform population based screening for 25-OH-Vitamin D deficiency	21%	●	●	●	●	●
Don't perform PSA-based screening for prostate cancer in all men regardless of age	75%	●	●	●	●	●
Don't do imaging for low back pain within the first six weeks, unless red flags are present	76%	●	●	●	●	●
Inappropriate Preventable Hospital Stays						
Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)	2,266	●	●	●	●	●

2019 Dashboard (2017 Data) High Value Care Measures

Virginians who are Current with Appropriate Vaccination Schedules						
Childhood Immunization Status: DTaP	55%	🟢	🔴	🟢	🔴	🟢
Childhood Immunization Status: Influenza	52%	🟡	🟢	🔴	🔴	🔴
Childhood Immunization Status: Hepatitis A	81%	🔴	🟢	🔴	🔴	🔴
Childhood Immunization Status: Hepatitis B	39%	🔴	🔴	🟢	🔴	🟢
Childhood Immunization Status: HiB	73%	🔴	🔴	🟢	🟢	🟢
Childhood Immunization Status: IPV	66%	🟡	🔴	🟢	🟡	🟢
Childhood Immunization Status: MMR	83%	🔴	🟢	🟡	🔴	🟡
Childhood Immunization Status: Pneumococcal Conjugate	57%	🟢	🔴	🟢	🟡	🟢
Childhood Immunization Status: Rotavirus	58%	🟢	🔴	🟢	🔴	🔴
Childhood Immunization Status: VZV	83%	🔴	🟢	🟡	🟡	🟡
Immunizations for Adolescents: HPV Vaccine*	14%	🟡	🟢	🟡	🔴	🔴
Immunizations for Adolescents: Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine	58%	🔴	🟢	🔴	🟢	🟢
Immunizations for Adolescents: Tdap Vaccine	76%	🔴	🔴	🟢	🟡	🟢
Comprehensive Diabetes Care						
Hemoglobin A1c (HbA1c) Testing	77%	🟢	🟢	🔴	🔴	🔴
Medical Attention for Nephropathy**	-	-	-	-	-	-
Clinically Appropriate Cancer Screening Rates						
Breast Cancer Screening***	51%	🟢	🟡	🔴	🟢	🟢
Cervical Cancer Screening	62%	🔴	🟢	🔴	🔴	🔴
Colorectal Cancer Screening	32%	🔴	🟢	🔴	🔴	🟡

Using the Dashboard to Focus Action

- FQHC Collaborative
- Arnold Ventures Grant
- Merck Grant

FQHC Collaborative

In 2018, 18 Virginia FQHCs participated in a pilot where each received site-specific dashboard results, as well as a combined performance report. From the combined report, we see that:

- *FQHCs outperformed or were equal to other statewide providers on the provision of the 5 HWC measures.*
- *For the measure "to not obtain baseline laboratory studies for patients without significant systemic disease undergoing low-risk surgery" the FQHC rate was 18% lower than the state rate. This represents $336,000 in avoided costs.*
- *These results are not risk-adjusted. Given the population served by Virginia's FQHCs, risk-adjustment will likely improve the FQHC performance.*
- *FQHCs do have areas where their non-risk adjusted performance is below statewide rates – particularly in diabetes care and potentially avoidable ED visits and avoidable hospital admissions. They will target their improvement initiatives accordingly.*

The FQHCS, through their association, plan to expand this pilot in 2019 and have shared their initial results with HRSA.

Exciting New Partnership

- Yesterday at the VBID Summit, Virginia HHR Secretary Daniel Carey, MD announced that VCHI was awarded a $2.2 M grant to launch a statewide pilot to reduce the provision of low-value health care.
- The initiative will span 3 years, with an additional 6 months for evaluation.
- It will employ a two-part strategy to reduce 7 sources of provider-driven low value care and prioritize a next set of consumer-driven measures for phase two.
  - ❖ Part One – Health System Learning Community
  - ❖ Part Two – Employer Task Force on Low-Value Care

Health System Learning Collaborative: Project Partners

- The Health System Learning Collaborative will include 6 Virginia health systems and 3 clinically integrated networks. They are:
  - Ballad Health
  - Carilion Clinic
  - HCA and Virginia Care Partners
  - Inova and Signature Partners
  - Sentara and Sentara Quality Care Network
  - Virginia Commonwealth University Health System

- Together these partners represent 900+ practice sites and cover 4 of Virginia's 5 geographic regions.
- Sites include hospitals, ambulatory care centers, ancillary centers, and primary, specialty, and surgical care centers.

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Health System Learning Collaborative: Description

- The health systems will begin by targeting the #1 source of low-value care in Virginia – unnecessary diagnostic and imaging services for low-risk patients before low-risk surgery. Known as "Drop the Pre-Op" this comprises 3 different tests and procedures.
- Once "Drop the Pre-Op" is underway, they will tackle 4 other provider-driven tests and procedures:
  - Cardiac testing (2) (both EKGs and cardiac stress tests for low risk patients without symptoms);
  - Imaging for patients without symptoms or signs of eye disease; and
  - Peripherally-inserted catheters in stage III-IV chronic kidney disease patients without a nephrology consult
- The health systems will be randomly assigned to one of 3 cohorts and the active intervention period for each cohort is 18 months.

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Health System Learning Collaborative: Description

- Each health system will establish a clinical leadership team (CLT).
- CLTs will be provided with a rich set of resources to support their delivery system change. Resources include:
  - Access to national experts through a six-part CME-approved speaker series and expert faculty office hours
  - Access via an interactive private online community to the latest research, toolkits, and Choosing Wisely educational materials (innovatevirginia.org)
  - Performance reports from the Milliman MedInsight Health Waste Calculator depicting individual clinicians' performance on the 7 selected measures and coaching on how best to maximize the impact of the performance reports.
- The CLTs will also participate in monthly conference calls with their cohort partners and the Project Leadership Team to share emerging knowledge and best practices.

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Employer Task Force: Description

- The Employer Task Force will include 15-25 employers, selected in partnership with the Governor's office, the Virginia Chamber of Commerce, and the Virginia Business Council.
- The purpose is to increase employer knowledge concerning the challenge of low-value health care, expose Virginia employers to employers that are mobilizing for change, and engage them in specific actions they can take in employee communications, benefit design, and contracting to drive improvement.
- The task force will:
  - Prioritize up to 6 consumer-driven low value care measures for improvement;
  - Develop an action plan to reduce consumer and provider-driven low-value services; and
  - Conclude with a combined conference with the health system CLTs. At this conference, *A Virginia Plan to Improve Health Value* will be developed.

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Project Aims

- In three years, we will produce a 25% relative reduction in seven low-value care measures that are provider-driven while prioritizing up to six consumer-driven measures for our next phase of work.
- Additionally, we will:
  - ❖increase clinician competence in reviewing performance reports and implementing targeted interventions to improve outcomes;
  - ❖improve understanding of which interventions are effective in reducing seven provider-driven low value care tests and procedures and provide health systems and practice leaders throughout the country with tested best practices they can implement;
  - ❖reduce the physical, emotional, and financial harm patients experience from unnecessary tests and procedures;
  - ❖educate Virginia employers (including state government) on the actions they can take to drive complementary payment reform that better incentivizes value in health care.

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Project Leadership Team

- We could not undertake a project of this magnitude without a strong project leadership team. Our team includes:

- VCHI staff, Board of Directors, and Advisory Leadership Council
- Virginia state government and Secretary of HHR, Daniel Carey, MD
- Virginia's health systems and the Virginia Hospital and Healthcare Association
- Virginia Health Information (APCD)
- Milliman MedInsight (Health Waste Calculator)
- Virginia Chamber of Commerce and the Virginia Business Council
- John Mafi, MD (Lead Evaluator) and Steve Horan, PhD (Survey Design/Evaluation Support)
- Howard Beckman, MD; Michael Chernew, PhD; A. Mark Fendrick, MD; Catherine Sarkisian, MD, MSHS; Lauren Vela, MBA; and Daniel Wolfson (Project Faculty)

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And to Address the High Value Side…

- VCHI has also been awarded a $225K one year grant from Merck for its "Virginia Vaccinates: Improving the Commonwealth's HPV Coverage" initiative.
- The initiative will create an HPV learning collaborative comprised of 40 pediatric and family practice sites, representing 320 physicians, nurse practitioners, and physician assistants.
- This sites will represent the West/Southwestern regions of Virginia and will include practices from three health systems:
  - Ballad Health,
  - Carilion Clinic, and
  - UVA Health System

And to Address the High Value Side…

- All participating practices will:

❖ Send designated clinicians to a half day regional kickoff session;

❖ Designate time to work twice monthly for six months with a virtual practice coach;

❖ Participate in monthly HPV educational webinars;

❖ Engage in an online HPV learning collaborative community; and

❖ Review practice performance reports and implement practice improvements.

Moving Forward

VCHI will continue to:

- Update and report on Dashboard results;
- Add and subtract Dashboard measures, as resources and data warrant;
- Focus action around Dashboard identified opportunities;
- Build statewide and regional collaboratives to maximize impact;
- Evaluate project implementations and share best practices for future replication