Our Vision: We dramatically improve the health and increase the value of healthcare for the people of Wisconsin.
Wisconsin Collaborative for Healthcare Quality

We publicly report and bring meaning to performance measurement information that improves the quality and affordability of healthcare in Wisconsin, in turn improving the health of individuals and communities.
WCHQ members build consensus and drive improvement via:

- **Trust** - Avoid using performance data for market advantage.
- **Participation** - Engage in dialogue, capacity-building, and sharing of best practices.
- **Inclusiveness** - Deliberate and make decisions in ways that represent all affected parties.
- **Shared Responsibility** - Commit to enhancing capacity for individual growth and organizational improvement.
- **Openness** - Transcend competitive / intellectual boundaries that diminish learning.
- **Adaptive Self-Governance** – Encourage adaptability, diversity, flexibility, and innovation.
- **Intellectual Output** – Use measurement data to benefit all.
- **Acknowledgement** – Recognize intellectual contributions from inside and outside of WCHQ.
- **Transparency** – Openly share data and processes among WCHQ members and the public.
Who Participates in WCHQ

Members
Wisconsin Healthcare Provider Organizations
- Health Systems
- Medical Groups
- Hospitals

Stakeholders
Local, Regional & National Collaborators
- Purchasers
- Consumers
- Advocacy Organizations
- Government Agencies
- Research Institutions
- Foundations

View our member and Board of Directors rosters on the WCHQ website.
WCHQ Member Organizations

37 Wisconsin health systems, physician groups, hospitals and health plans
Representing approximately 65% of Wisconsin primary care physicians and 50% of all Wisconsin physicians

- Access Community Health Systems
- Agnesian HealthCare
- Aspirus, Inc.
- Associated Physicians, LLP
- Aurora Health Care
- Bellin Health
- Beloit Health System
- Columbia St. Mary’s
- Dean Clinic/St. Mary’s Hospital
- Fort HealthCare
- Froedtert Health
- Group Health Cooperative of South Central WI
- Gundersen Health System
- Holy Family Memorial
- Integrity Health Network
- Marshfield Clinic
- Mayo Clinic Health System
- Medical College of Wisconsin
- Mercy Health System
- Meriter-UnityPoint Health
- Ministry St. Joseph’s Hospital
- Monroe Clinic
- Physicians’ Health Network
- Prairie Clinic
- Prevea Health
- Primary Care Associates of Appleton
- ProHealth Care
- QuadMed
- Richland Medical Center
- Sacred Heart Hospital
- Sauk Prairie Healthcare
- Sixteenth Street Community Health Centers
- ThedaCare
- UW Health
- United Hospital System
- Wheaton Franciscan Healthcare
- Wildwood Family Clinic
WCHQ sponsors regular learning events for healthcare providers, purchasers and payers through our Assembly Meetings and Learning Action Network.

WCHQ member organizations regularly share best practices that lead to high quality care and positive clinical outcomes enabling all providers to adopt successful methods.

The opportunity to be identified as a member of a community of organizations who are advancing the three aims of the National Quality Strategy.

The WCHQ Online Community provides tools and resources for members to use when collaborating on WCHQ initiatives.

WCHQ members demonstrate an organizational commitment to accountability/transparency with the ability to benchmark performance against one’s peers on an “apples-to-apples” basis.
Prioritize Performance Measures: We study and prioritize performance measures for assessing the quality and cost of healthcare in Wisconsin.

Collect and Validate Measurement Data: We guide the collection, validation and analysis of both administrative and clinical data.

Publicly Report Measurement Results: We publicly report comparative performance results for healthcare providers, purchasers and consumers.

Share Best Practices: We share the best practices of healthcare organizations that demonstrate high quality, enabling all providers to adopt successful methods.
WCHQ publicly reports performance measures with our unique *all patients, all payers* methodology.

- **What is the “all patients, all payers” approach?**
  WCHQ creates ambulatory care measures that unite clinical and administrative data to cover all patients served by a medical group or health system – regardless of payer.

- **What are the benefits?**
  This methodology allows WCHQ to measure both clinical processes and intermediate outcomes.
WCHQ & BHCG Partnership

- WCHQ and BHCG promote each other’s work to key stakeholders, health care organizations and employers
- Dianne Kiehl serves on the WCHQ Board of Directors and actively participates in WCHQ Assembly meetings and learning events
- Dianne actively promotes the benefits of transparency and WCHQ membership to health care organizations
- The BHCG presented WCHQ with the first Meaningful Change award in 2013
WCHQ & BHCG Partnership

- WCHQ recognizes the BHCG as an Annual Partner at WCHQ Assembly meetings and in printed materials.
- WCHQ regularly seeks Dianne’s participation in key projects and initiatives such as the 2013 *Consumer Reports* special edition and Castlight negotiations.
- Dianne is quoted in many of WCHQ’s materials, including our 10th Anniversary Report.
- Dianne is a highly recognized and respected member of the WCHQ community.
How can Brokers and Consultants Support WCHQ?

- Encourage clients and colleagues to use www.wchq.org/reporting/ as a key resource for health care quality data in Wisconsin
- Encourage health care providers to participate in WCHQ
- Encourage clients to incorporate WCHQ measures in open enrollment materials and decision support tools
- Share information on the WCHQ Choosing Wisely Campaign that focuses on the appropriate care at the appropriate time www.choosingwisely.org
Contact WCHQ

For more information and to join, please contact Mary Riordan at 608-826-6854 or mriordan@wchq.org

Mailing Address
PO Box 628578
Middleton, WI 53562

Physical Address
7974 UW Health Court
Middleton, WI 53562

Staff Directory
Visit the WCHQ website.

Office Map & Directions
Visit the WCHQ website.
The Power of WHIO

Webinar
June 16, 2014

Moving Health Care Forward-BHCG
Strategic Partners Update
WHIO Members

- Greater Milwaukee Business Foundation on Health
- Humana
- The Alliance
- United Healthcare of WI
- Anthem BC/BS of WI
- WEA Trust
- WPS Health Insurance
- Wisconsin Medical Society
- Gundersen Lutheran Health Plan
- Mercy Health Plan
- Physicians Plus Insurance

- The Wisconsin Collaborative for Healthcare Quality
- Wisconsin Department of Health Services
- Wisconsin Department of Employee Trust Funds
- Wisconsin Hospital Association
- Group Health Cooperative South Central Wisconsin
- Health Tradition Health Plan
- Unity Health Plan
- Dean Health Plan
- Security Health Plan
- Network Health Plan
WHIO Subscribers

• Aurora Health
• Aspirus
• Bellin Health
• ThedaCare
• Froedtert Health
• Children’s Hospital of WI
• Centene
• WI Primary Healthcare Association
WHIO model is unique among APCDs

- Voluntary, private-public, 501 c3
- Not legislatively mandated, not government controlled
- Data Access not restricted to government users
- Aggregates all claims data from participating data contributors
- Contains claims data on almost two-thirds of WI residents
- Aggregates Medicaid data with commercial data
- Aggregates claims data to evaluate efficiency & quality
## WHIO Datamart History

<table>
<thead>
<tr>
<th></th>
<th>DMV2</th>
<th>DMV3</th>
<th>DMV4</th>
<th>DMV5</th>
<th>DMV6</th>
<th>DMV7</th>
<th>DMV8</th>
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<td>Members Included</td>
<td>1.51 M</td>
<td>2.82 M</td>
<td>3.44 M</td>
<td>3.73 M</td>
<td>3.86 M</td>
<td>3.94 M</td>
<td>3.95 M</td>
<td>4.02 M</td>
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<td>% WI Population</td>
<td>26.8%</td>
<td>47.1%</td>
<td>58.0%</td>
<td>62.8%</td>
<td>64.9%</td>
<td>65.6%</td>
<td>65.7%</td>
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<tr>
<td>Claims Included</td>
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<td>136.8 M</td>
<td>207.1 M</td>
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<td>247.6 M</td>
<td>249.6 M</td>
<td>247 M</td>
<td>246.7 M</td>
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<td>Claim $ Included (Std. Cost/Billed)</td>
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<td>$20.7 B / $35.7 B</td>
<td>$28.9 B / $51.6 B</td>
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<td>$34.4 B / $64 B</td>
<td>$35.7 B / $66 B</td>
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<td>$40.1 B / $70.9 B</td>
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</table>

### Original Data Contributors

- 1. Anthem
- 2. Humana
- 3. UHC WI
- 4. WEA
- 5. WPS
- 6a. WI MA (FFS)
- 6b. WI MA (HMO)
- 7. Gundersen Lutheran
- 8. Dean
- 9. Security
- 10. MercyCare
- 11. GHC-SW
- 12. Network HP
- 13. Physicians Plus
- 14. Health Traditions
- 15. Unity
- 16. The Alliance

### New data contributors added

- No new DCs
- No new DCs
Valuable Asset – For Many

For Providers –
  • Competitive Benchmarking
  • Identify Quality Improvement Opportunities
  • Determine ACO “partners”
  • Identify “leakage” from the System
  • Identify Patient Compliance Issues

For Payers –
  • Identify Practice Variation Resource Use
  • Identify Best Practice in Following Quality Measures
  • Identify High Value Providers
  • Align Benefit Plan Design
Valuable Asset

For Employers –
• Identify High Value Providers
  • Primary Care
  • Specialty Care
• Align Benefit Plan Design

For Policy Makers –
• Supports Transparency
• Engages Consumers
• Measures Impact of Healthcare Policies
• Manage Medicaid Benefit Design and Networks
• Informs Public Health Decisions
Trend in Commercial ASO Resource Use
(Standard Cost PMPM)

Year over Year, 4/10-3/11 vs. 4/11 - 3/12

Frequency (Encounters per 1,000)  Intensity (Std Cost per Encounter)  Total Resource Use (Std Cost PMPM)
Sheboygan County Trend

Sheboygan County ASO Members

<table>
<thead>
<tr>
<th>Sheboygan</th>
<th>Ancillary</th>
<th>Facility Inpatient</th>
<th>Facility Outpatient</th>
<th>Professional Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency (Encounters per 1,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensity (Std Cost per Encounter)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Resource Use (Std Cost PMPM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Values:
- Ancillary: 29.0%
- Facility Inpatient: 10.2%
- Facility Outpatient: 12.2%
- Professional Services: 2.7%
- Total: 9.2%
Drill into Cost Drivers

Sheboygan County ASO Members Trend in Resource Use
Types of Service with > 5% increase
### Family Practice

**Provider Network Assessment Family Practice Peer Group**

**DataMart Release October 2011**

**Milwaukee, Racine, and Waukesha County Health System Providers**

<table>
<thead>
<tr>
<th>Overall Quality Index</th>
<th>Overall Standard Cost Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8</td>
<td>0.9</td>
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<td>0.9</td>
<td>0.95</td>
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<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1.05</td>
<td>1.05</td>
</tr>
<tr>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>1.15</td>
<td>1.15</td>
</tr>
<tr>
<td>1.2</td>
<td>1.2</td>
</tr>
</tbody>
</table>

- **Wheaton Franciscan Healthcare - Southeast Wisconsin Inc**
- **AMG Aurora Medical Group Corporate Office**
- **Aurora Advanced Healthcare Inc**
- **Columbia St Marys Inc - Columbia Campus**
- **Froedtert Health**
- **ProHealth Solutions LLC**

6/23/2014

Wisconsin Health Information Organization
Internal Medicine

PROVIDER NETWORK ASSESSMENT INTERNAL MED PEER GROUP
DATAMART RELEASE OCTOBER 2011
MILWAUKEE, RACINE, AND WAUKESHA COUNTY
HEALTH SYSTEM PROVIDERS

OVERALL QUALITY INDEX

OVERALL STANDARD COST INDEX

- WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
- AMG AURORA MEDICAL GROUP CORPORATE OFFICE
- AURORA ADVANCED HEALTHCARE INC
- COLUMBIA ST MARYS INC - COLUMBIA CAMPUS
- FROEDTERT HEALTH
- PROHEALTH SOLUTIONS LLC

6/23/2014
WISCONSIN HEALTH INFORMATION ORGANIZATION
Pediatrics

PROVIDER NETWORK ASSESSMENT PEDIATRICS PEER GROUP
DATAMART RELEASE OCTOBER 2011
MILWAUKEE, RACINE, AND WAUKESHA COUNTY
HEALTH SYSTEM PROVIDERS

OVERALL QUALITY INDEX

OVERALL STANDARD COST INDEX

- WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
- AMG AURORA MEDICAL GROUP CORPORATE OFFICE
- AURORA ADVANCED HEALTHCARE INC
- COLUMBIA ST MARYS INC - COLUMBIA CAMPUS
- FROEDTERT HEALTH
- PROHEALTH SOLUTIONS LLC

6/23/2014
WISCONSIN HEALTH INFORMATION ORGANIZATION
Cardiology

PROVIDER NETWORK ASSESSMENT CARDIOLOGY PEER GROUP
DATAMART RELEASE OCTOBER 2011
MILWAUKEE, RACINE, AND WAUKESHA COUNTY
HEALTH SYSTEM PROVIDERS

OVERALL QUALITY INDEX

OVERALL STANDARD COST INDEX

- WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
- AMG AURORA MEDICAL GROUP CORPORATE OFFICE
- AURORA ADVANCED HEALTHCARE INC
- COLUMBIA ST MARYS INC - COLUMBIA CAMPUS
- FROEDTERT HEALTH
- PROHEALTH SOLUTIONS LLC
## Chronic Disease with Depression

### Wisconsin Health Information Organization

### Hypertension Patients:

- **Retrospective Risk**
  - w/o Depression: 4.6
  - with Depression: 7.0

### Hypertension (n=268k)
- 226k w/o depression
- 42k w/ depression (16%)

### Depression (n=267k)
- 42k with HTN
- 225k w/o HTN

<table>
<thead>
<tr>
<th></th>
<th># of Members</th>
<th>Retrospective Risk</th>
<th>Ancillary</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Pharmacy</th>
<th>Professional Services</th>
<th>Total Billed PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Hypertension, without depression</td>
<td>3,077,522</td>
<td>1.0</td>
<td>$40</td>
<td>$101</td>
<td>$138</td>
<td>$52</td>
<td>$210</td>
<td>$541</td>
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<tr>
<td>No Hypertension, with depression</td>
<td>225,344</td>
<td>2.9</td>
<td>$99</td>
<td>$292</td>
<td>$374</td>
<td>$278</td>
<td>$563</td>
<td>$1,606</td>
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<tr>
<td>Hypertension, without depression</td>
<td>226,093</td>
<td>4.6</td>
<td>$231</td>
<td>$1,032</td>
<td>$903</td>
<td>$139</td>
<td>$981</td>
<td>$3,286</td>
</tr>
<tr>
<td>Hypertension, with depression</td>
<td>42,131</td>
<td>7.0</td>
<td>$318</td>
<td>$1,638</td>
<td>$1,184</td>
<td>$398</td>
<td>$1,413</td>
<td>$4,952</td>
</tr>
</tbody>
</table>

% Hypertension members who have depression: 16%
# Chronic Condition and Depression Prevalence

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th># of members</th>
<th>without depression</th>
<th>with depression</th>
<th>Total</th>
<th>% with depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>226,093</td>
<td>268,224</td>
<td>42,131</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Billed PMPM</td>
<td>$3,286</td>
<td>$4,952</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retrospective Risk</td>
<td>4.6</td>
<td>7.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Pain</td>
<td>168,912</td>
<td>206,315</td>
<td>37,403</td>
<td>18%</td>
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<tr>
<td>Billed PMPM</td>
<td>$1,768</td>
<td>$3,410</td>
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<td></td>
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<tr>
<td>Retrospective Risk</td>
<td>2.7</td>
<td>5.1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
<td>151,911</td>
<td>182,258</td>
<td>30,347</td>
<td>17%</td>
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<tr>
<td>Billed PMPM</td>
<td>$2,792</td>
<td>$4,227</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Retrospective Risk</td>
<td>4.3</td>
<td>6.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>140,706</td>
<td>167,093</td>
<td>26,387</td>
<td>16%</td>
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<tr>
<td>Billed PMPM</td>
<td>$2,806</td>
<td>$4,209</td>
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<tr>
<td>Retrospective Risk</td>
<td>4.0</td>
<td>6.1</td>
<td></td>
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<tr>
<td>Asthma</td>
<td>50,715</td>
<td>61,689</td>
<td>10,974</td>
<td>18%</td>
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<tr>
<td>Billed PMPM</td>
<td>$1,875</td>
<td>$3,960</td>
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<tr>
<td>Retrospective Risk</td>
<td>2.8</td>
<td>5.7</td>
<td></td>
<td></td>
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<tr>
<td>Coronary Artery Disease</td>
<td>42,209</td>
<td>48,467</td>
<td>6,258</td>
<td>13%</td>
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<tr>
<td>Billed PMPM</td>
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<td>$6,990</td>
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<tr>
<td>Retrospective Risk</td>
<td>6.3</td>
<td>9.4</td>
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<tr>
<td>CAD and Diabetes</td>
<td>12,942</td>
<td>15,256</td>
<td>2,314</td>
<td>15%</td>
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<tr>
<td>Billed PMPM</td>
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<td>Retrospective Risk</td>
<td>7.4</td>
<td>10.6</td>
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</table>
## Total Cost of Care:
### WHIO Datamart v10 (April ‘12 – March ‘13)

<table>
<thead>
<tr>
<th>Total # WHIO members with Condition</th>
<th>Facility IP</th>
<th>Facility OP</th>
<th>Ancillary</th>
<th>Professional Services</th>
<th>Pharmacy</th>
<th>Total Cost of Care (Billed) for Members</th>
<th>% Condition-related</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>267,475</td>
<td></td>
<td></td>
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<td>Total Cost of Care (Billed)</td>
<td>$1.5 B</td>
<td>$1.5 B</td>
<td>$408 M</td>
<td>$2.1 B</td>
<td>$905 M</td>
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<td>$131 M</td>
<td>$109 M</td>
<td>$14 M</td>
<td>$292 M</td>
<td>$268 M</td>
<td>$814 M</td>
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<td>$503</td>
<td>$134</td>
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<td>$36</td>
<td>$5</td>
<td>$96</td>
<td>$88</td>
<td>$268</td>
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<tr>
<td><strong>Diabetes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>182,258</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total Cost of Care (Billed)</td>
<td>$1.8 B</td>
<td>$1.6 B</td>
<td>$480 M</td>
<td>$1.8 B</td>
<td>$593 M</td>
<td>$6.3 B</td>
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<td>Diabetes-related:</td>
<td>$91 M</td>
<td>$115 M</td>
<td>$50 M</td>
<td>$194 M</td>
<td>$228 M</td>
<td>$679 M</td>
<td>11%</td>
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<tr>
<td>Depression-related:</td>
<td>$17 M</td>
<td>$14 M</td>
<td>$2 M</td>
<td>$40 M</td>
<td>$41 M</td>
<td>$114 M</td>
<td>2%</td>
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<td>Total Billed PMPM:</td>
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<td>$770</td>
<td>$233</td>
<td>$864</td>
<td>$287</td>
<td>$3,035</td>
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<tr>
<td>Diabetes-related PMPM:</td>
<td>$44</td>
<td>$56</td>
<td>$24</td>
<td>$94</td>
<td>$111</td>
<td>$329</td>
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<tr>
<td><strong>Hypertension</strong></td>
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<td>268,224</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total Cost of Care (Billed)</td>
<td>$3.5 B</td>
<td>$2.9 B</td>
<td>$754 M</td>
<td>$3.2 B</td>
<td>$555 M</td>
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<tr>
<td>Hypertension-related:</td>
<td>$47 M</td>
<td>$172 M</td>
<td>$22 M</td>
<td>$206 M</td>
<td>$61 M</td>
<td>$508 M</td>
<td>5%</td>
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<tr>
<td>Depression-related:</td>
<td>$31 M</td>
<td>$28 M</td>
<td>$4 M</td>
<td>$59 M</td>
<td>$49 M</td>
<td>$171 M</td>
<td>2%</td>
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<td>$67</td>
<td>$20</td>
<td>$165</td>
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<td><strong>Back Pain</strong></td>
<td></td>
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<td>Total Cost of Care (Billed)</td>
<td>$1.0 B</td>
<td>$1.4 B</td>
<td>$291 M</td>
<td>$1.9 B</td>
<td>$367 M</td>
<td>$4.9 B</td>
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<td>Depression-related:</td>
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<td>Back Pain-related PMPM:</td>
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<td>$7</td>
<td>$232</td>
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## Compare Standardized Total Cost of Care PMPMs by Condition

### Patient County to Statewide Average

**WHIO Datamart v7**

<table>
<thead>
<tr>
<th>Member County</th>
<th>Hypertension</th>
<th>Back &amp; Spine, pain or condition</th>
<th>Diabetes</th>
<th>Depression</th>
<th>Asthma</th>
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<td>WI, Milwaukee</td>
<td>$4,547</td>
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<td>WI, Monroe</td>
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<td>WI, Waupaca</td>
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6/23/2014

WISCONSIN HEALTH INFORMATION ORGANIZATION
### Racine County:
**Drill down to Practice Level**

<table>
<thead>
<tr>
<th>Family Practice Location</th>
<th>Number of Providers</th>
<th>Number of Imputed Members</th>
<th>Overall Resource Use Index</th>
<th>Overall Quality Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMG AURORA BURLINGTON CLINIC</td>
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<td>3,301</td>
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<td>WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS-SPRING STREET CAMPUS</td>
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6/23/2014 WISCONSIN HEALTH INFORMATION ORGANIZATION
Drill down to Service Categories: Overall Resource Use Index

<table>
<thead>
<tr>
<th>AMG AURORA BURLINGTON CLINIC</th>
<th>ER</th>
<th>Hospital Services</th>
<th>Laboratory</th>
<th>Pharmacy</th>
<th>Primary Care Core</th>
<th>Radiology</th>
<th>Specialty Care</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR. A</td>
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<td>1.44</td>
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<td>1.18</td>
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<td>DR. C</td>
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<td>DR. H</td>
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<td>1.15</td>
<td>0.56</td>
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<td>DR. J</td>
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<td>0.98</td>
<td>1.64</td>
<td>1.18</td>
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<tr>
<td>DR. K</td>
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<td>1.54</td>
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<td>0.84</td>
<td>1.56</td>
<td>1.28</td>
<td>1.33</td>
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</table>

AMG AURORA BURLINGTON

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.11</td>
<td>1.35</td>
<td>1.20</td>
<td>1.14</td>
<td>0.99</td>
<td>1.49</td>
<td>1.17</td>
<td>1.21</td>
</tr>
</tbody>
</table>

6/23/2014

WISCONSIN HEALTH INFORMATION ORGANIZATION
Discussion

Thank you!

Jo Musser
Jo.musser@wisconsinhealthinfo.org
WISHIN

Moving Health Care Forward

BHCG Strategic Partner Update: WISHIN

6/16/2014
• An independent not-for-profit organization.

• Dedicated to bringing the benefits of widespread, secure, interoperable health information technology to patients and caregivers throughout Wisconsin.

• WISHIN is building a statewide health information network to connect physicians, clinics, hospitals, pharmacies, and clinical laboratories across Wisconsin.

• Founded by WHA, WI Medical Society, WHIO, WCHQ.

• $9.441 million in funding for WI under the federal HIE Cooperative Agreement Program. Grant funding ended 2/7/2014.

• Fifteen member, multi-stakeholder board.
Health information exchange (HIE) is technology that supports the flow of health information among physician practices, hospitals, labs, and others, regardless of the type of electronic medical record (EMR) systems they may use.

HIE allows delivery of the right health information to the right place, at the right time - providing safer, more timely, and efficient patient-centered care.
WISHIN Pulse is a community health record:
- An aggregated summary of patient information from multiple organizations.
- Patient-centered! No need to know where the patient was seen.

WISHIN Pulse enhances clinical decision making and empowers community providers to communicate, collaborate, and coordinate patient care.

The ability to access information via a community health record has numerous advantages:
- More Informed Decisions
- More Time with the Patient
- Life-Saving Access
- Privacy and Security
Patient-Centered, Bi-Directional Exchange

- Other States, Federal Agencies, etc.
- eHealth Exchange
- Border States & “Snowbird” States
- Other Value Services

- MN
- IL
- MI
- IA
- AZ
- FL

- Hospitals
- Clinics
- Primary and Tertiary Care
- Public Health
- Reference Labs
- Medicaid Rx
- PDMP controlled substances
- Immunization Registry

- Medicaid
- •Record Locator Service
  •EMPI
  •Etc.
• Medical decisions are often made with incomplete information.

• Transitions of care from one venue/provider to another often result in suboptimal or delayed care. Example: preventable readmissions

• Patients are far more mobile than are their health records. Even patients of so-called closed or integrated delivery systems.
• We spend millions to digitize patient records, but often de-digitize them in order to share them.

• We spend far too much on non-care costs.  
  Example: information-sharing activities between providers or providers/payers create avoidable administrative costs on both sides.

• Providers face increasing demands to collect and deliver/report health information for quality and regulatory purposes, including “Meaningful Use.”

• Future reimbursement for health care delivery will increasingly be based on value, not volume.
• In short, we don’t get maximum value from the health care we pay for.

  • We use health care resources to create medical information and then warehouse it in a way that can work against the patient’s interests.

  • The fact that a test was done, a diagnosis was made, or a medication was prescribed has value far beyond the original venue/context of care.

  • We pay billions for duplicative and unnecessary care.
• Advance Meaningful Use compliance on HIE-related criteria (public health and exchange of care summaries).

• Allow clinicians to easily access a patient-centric “community health record” containing current, clinically relevant information from all network participants.

• Ensure that health information can follow patients wherever they access care.
• Reduce or eliminate the need for paper-based exchange; banish the fax machine.

• Create an information-sharing hub to advance care coordination.

• Simplify the process of moving health information from one place to another for patient care, administrative and regulatory purposes.

• Leverage existing interface investments.
HIE is inherently a collaborative, reciprocal endeavor. WISHIN is a platform for stakeholders to work in concert to drive decisions and plans to evolve statewide HIE policy and functionality.

WISHIN can be thought of as a “utility,” -- a way to deliver/realize the value of HIE services independently of network participants’ source EHR systems.

WISHIN represents the best hope to avoid fragmentation and achieve truly statewide HIE, including smaller, less technically sophisticated organizations, long-term care, home health, pharmacies, etc.
Indicates # Pulse sites per county

Counties with no Pulse Sites:

- Adams
- Bayfield
- Buffalo
- Burnett
- Dunn
- Florence
- Green
- Iron
- La Crosse
- Langlade
- Pepin
- Pierce
- Polk
- Rusk
- Taylor
- Trempealeau

56 counties have Pulse participants
### 2014 ROADMAP

<table>
<thead>
<tr>
<th>Service</th>
<th>Status</th>
<th>Target</th>
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<tbody>
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<td>DirectTrust Candidacy &amp; Accreditation</td>
<td>Checkmark</td>
<td>May 2014 Accreditation</td>
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<td>Medicaid Rx Data</td>
<td>In Work</td>
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<tr>
<td>Patient Activity Reports to Payers/CHCs</td>
<td>In Work</td>
<td>Target Q3 2014</td>
</tr>
<tr>
<td>Integration with Immunization Registry</td>
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<td>PDMP Integration</td>
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<td>My Health Direct – Launch from Pulse</td>
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</tr>
<tr>
<td>My Health Direct – Appointment Info in Pulse</td>
<td>In Work</td>
<td>Target Q3 2014</td>
</tr>
</tbody>
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#### 2015 and Beyond:

- Provider Notifications / Report Delivery
- Electronic Lab Reporting
Partnership for Healthcare Payment Reform and the Wisconsin Statewide Value Committee

June 16, 2014
Overview

- Partnership for Healthcare Payment Reform
  - Bundles
  - SMARTCare*
  - BSI

- Statewide Value Committee
  - Realizing greater progress in healthcare value faster
  - State Innovation Model Award opportunity
Bundled Payment for Total Knee Replacement
Brief History of PHPR Payment Pilots

- Began development in April 2010
- Three original working groups:
  - Acute Care
  - Chronic Disease – Diabetes
  - Preventive Services
- Acute Care survived and became pilots for bundled payment for TKR in three original sites:
  - Manitowoc Surgery Center – Anthem
  - Meriter – Physician’s Plus
  - UW Health – Unity
So What?

- Key learnings within each organization (provider and payer)
  - Payment change drives focus on quality improvement
  - Data
  - Relationships
- Springboard to bigger scope – all
  - Medicare BCPI
  - TKR to THR to rotator cuff to...
  - Programs in bundling – opportunities in transparency
- New participants – St. Joseph’s, St. Clare’s, ThedaCare
- Nationally, bundles are moving from pilot to “scale” –
  
  http://www.hci3.org/content/new-study-finds-progress-bundled-payments-moving-pilots-programs
Now What?

- Overcome limitations – appropriateness, administrative complexity
- Realize potential of cost savings
  - Initial negotiations were conservative
- Market share?
- Reference pricing?
- The Alliance/BHCG and Quality Path
- From acute procedures to complex chronic disease management
SMARTCare in a Nutshell

- A project of the ACC and its WI and FL chapters
- BHCG an early champion; PHPR supporting role
- **Goal:** Improve appropriateness, quality, and efficiency of diagnosis and treatment of stable ischemic heart disease
- ACC has developed appropriate use criteria, decision support tools, registries
- Complex project!
  - 50%+ of all preliminary studies are ordered by PCPs
  - Cardiology is profitable; payment reform is needed to overcome first mover disadvantage
Does my patient need a stress test?
  ◦ Which of the 15 or so available would be best?

Is angiography appropriate?
  ◦ Shared decision making tool

Is stenting appropriate?
  ◦ Which type?
  ◦ Shared DM again

How can we prevent recurrence/worsening of symptoms?
  ◦ And in every case above, refer to CAD risk reduction programs if study is negative
Health Care Innovation Awards: Project Profile

AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Project Title: "SMARTCare"
Geographic Reach: Florida, Wisconsin
Estimated Funding Amount: $15,871,245

Summary:

The American College of Cardiology Foundation project will test the implementation of SMARTCare, which is a combination of clinical decision support, shared decision-making, patient engagement, and provider feedback tools designed to improve care for patients with stable ischemic heart disease. SMARTCare aims to achieve the following goals: 1) a reduction of imaging procedures not meeting appropriate use criteria, 2) a reduction in the percentage of percutaneous coronary interventions not meeting appropriate use criteria while achieving high levels of patient engagement and lower rates of complications, and 3) an increase in the percentage of stable ischemic heart disease patients with optimal risk factor modification. While many of these solutions have been studied and proven effective in isolation, this project will test them in combination. The model will be tested at five sites in Wisconsin and five sites in Florida.

Answer: Paying Based on Conditions, Not Procedures

TODAY

Global Payment

Condition-Based Payment (e.g., SMARTCare)

Bundles/Episodes

Spending Per Patient

FUTURE

Payer Savings

Win-Win

Lower Spending Without Rationing

Revenue to Hospital and Physicians

Hospital and Physician Costs to Deliver Services

Payer Spending

NOTE: Graph is not drawn to scale

© 2009-2014 Center for Healthcare Quality and Payment Reform www.CHQPR.org
Complex Payment Model Or...

- Pay for tool use
- Relax prior authorization requirements
- Centers of value
- Public reporting and recognition
- Shared savings
Behavioral Health Screening and Intervention
BSI in SE Wisconsin

- **Goal:** Expand availability of BSI services in Milwaukee/Waukesha health systems, FQHCs
  - Behavioral health screening and brief intervention should be the standard of care
  - Alcohol, drugs, tobacco, depression

- Learn what it takes, and spread statewide

- Purchaser champions: BHCG, The Alliance, Employee Trust Funds, Medicaid

- Grant support from Greater Milwaukee Business Foundation on Health through 6/30/2015
BSI in a Nutshell

- Screening, brief intervention (motivational interviewing), referral to treatment as needed
  - Primary care, ED

- Strong, national evidence base for BSI/SBIRT

- Original SAMHSA pilots were successful – showed reductions in risky drinking, depression symptoms, and corresponding cost avoidance

- Employers have included in plan design, and more payers are reimbursing
  - Caveat: Depression screening/brief intervention reimbursed less often or not at all

- Providers are not offering
PMPM Comparison

Patients with Chronic Disease

Billed PMPM Comparison: with and without Depression

Patients in All Wisconsin Counties

<table>
<thead>
<tr>
<th>Condition</th>
<th>Without Depression</th>
<th>With Depression</th>
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<tbody>
<tr>
<td>Hypertension</td>
<td>$3,989</td>
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<tr>
<td>Back Pain</td>
<td>$2,911</td>
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<td>Diabetes</td>
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<tr>
<td>CAD</td>
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<td>$9,455</td>
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</table>

Wisconsin Health Information Organization
Early Feedback from Providers

- Public reporting of depression screening/outcomes – “we aren’t doing the work”
  - Workflow
  - Patient concerns
  - Referral issues
  - Lack of training/acceptance of depression screening as part of primary care workup

- Early feedback from BSI meetings – top barriers to expansion:
  - Availability of suitably trained workforce
  - EMR immaturity/separate data entry
  - Workflow – true integration with existing primary care workflow needed for this to be scalable
Wisconsin Statewide Value Committee – Premise

- Healthcare costs are rising faster than quality is improving, so value is declining
- Significant waste remains
- Improving quality, removing waste, is penalized in a fee for service reimbursement environment
- Population health is an unaddressed contributor
- No one organization can accomplish all necessary change alone
# Wisconsin Statewide Value Committee – Current Participants

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<tr>
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<td>Affinity Health</td>
<td>DETF</td>
<td>ThedaCare Center for Healthcare Value</td>
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<td>The Alliance</td>
<td>DHS</td>
<td>United Healthcare</td>
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<td>American College of Cardiology – WI</td>
<td>Gundersen Health System</td>
<td>WCHQ</td>
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<td>Holy Family Memorial Humana</td>
<td>WEA Trust</td>
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<td>Marshfield Clinic</td>
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What’s Our Theory of Change?

- What gets measured gets improved

- Providers are focused on the “have to’s,” so alignment of measures, initiatives is critical
  - Private payer, Medicaid VBP and quality initiatives
  - Meaningful use
  - Other CMS VBP, MSSP, etc.

- Purchasers and payers are key to supporting alignment

- We have to focus on higher cost areas of care and drivers of those high costs
SVC Updated Goals

- 0% trend by 2018, as compared to 2013
  - Separate trend for different payers

- Improve from SVC measure baseline
  - All providers at national 75%-ile plus improvement

- Improve population health, as defined by self-reported health status or equivalent
SVC Recommended Measures of Value – Unfinished Business

- Behavioral health, TRU, TCOC

- Purchasers are interested in consideration of additional measures/areas of care, including:
  - Behavioral health, including depression screening
  - OB (e.g. perinatal composite)
  - Orthopedics, including spine and low back (functional status, TRU, imaging)
  - Cardiac (TRU, TCOC, various mortality, PAC)
  - GI (TRU, TCOC, preventable readmissions)
  - Imaging
  - Coordination of Care
  - High Cost Chronic Conditions (PACs, TCOC, TRU)
CMMI State Innovation Model

- Funding opportunity – 25 states have already received between $1M and $45M

- CMMI Goals:
  - Improve population health
  - Transform health care delivery system
  - Decrease per capita health care spending

- Aspirational targets:
  - 80% of payments to providers from all payers are in value-based alternatives to FFS

- Opportunity to improve flow of data, address workforce gaps, consider regulatory reforms, support payment and care redesign
State Innovation Models (SIM) Options for WI SIM Proposal

- Build on existing DHS initiatives (e.g. Superutilizers, Behavioral Health Screening and Intervention).
- Build on SVC measures of value – tie meaningful reimbursement to improvement – plus coordinated quality improvement and transparency efforts.
- Design and implement an approach to contracting based on total cost of care.
- Build on Medicare shared savings ACO experience – align commercial and Medicaid reimbursement strategies with Medicare’s direction.
- Advance strategies from the Wingspread Report.
For the Future...

- A conversation about the drivers of health status and the role of employers in influencing the “demand side” of high health care costs
- See, e.g.: County Health Rankings – [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
Thank You!