



WHIO Data Submission Symposium

June 16, 2020



Welcome

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**WISCONSIN HEALTH
INFORMATION ORGANIZATION**

WHIO: Accelerating Health and Health Care Improvement

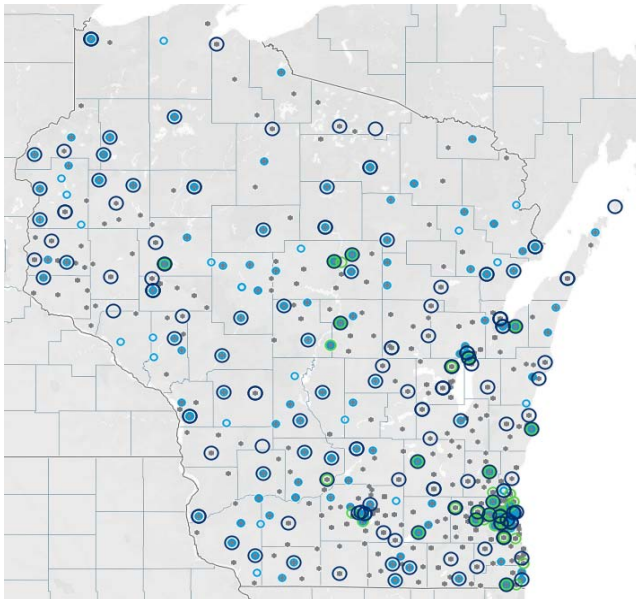
June 2020

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BETTER INFORMATION. BETTER DECISIONS.

Wisconsin Health Information Organization (WHIO)

VISION: To be an indispensable information resource to those who work to improve health & the value of healthcare in Wisconsin.



Voluntary, statewide, **501(c)(3) public-private** collaboration governed by a voluntary **multi-stakeholder Board of Directors** consisting of providers, payers, purchasers and State agencies.

- **Settings:** inpatient, emergency department, ambulatory surgery center, clinic, nursing home, home health, hospice
- **Services:** laboratory, radiology, durable medical equipment, pharmacy
- **Professionals:** physicians, nurse practitioners, physician assistants, psychologist, OT/PT/ST, chiropractors, etc.

Largest source of Wisconsin data and information spanning the continuum of care with about **4.5 Million covered lives**.

Common Uses of WHIO Information

Functions

- Strategic planning
- Operational monitoring
- Resource allocation
- Cost reduction
- Quality improvement
- Contracting
- Incentive programs
- Policy development
- Public reporting
- Research and innovation

Uses

- Performance indicators to statewide benchmarks
 - Market share and demand
 - Outmigration from your health system
 - Prescription drug use/costs; prescribing behaviors compared to peer benchmarks
 - Reduce harm & cost of potentially avoidable care
 - Resource use (variation in care) by condition, insurance type, health system and clinician
 - Workforce demand and gaps
 - Public health surveillance: program monitoring
 - Health services research

New Uses Under Consideration

- Identify high-risk patients/members for care coordination
- Evaluate the impact of social risk factors
- Predict patients/members that are at risk for high utilization or disease advancement
 - Population health management (e.g., preventive care)
 - Inform risk-based payment models

Where Does the Data Come From?

Today

4.5 Million insured lives (75% of population)

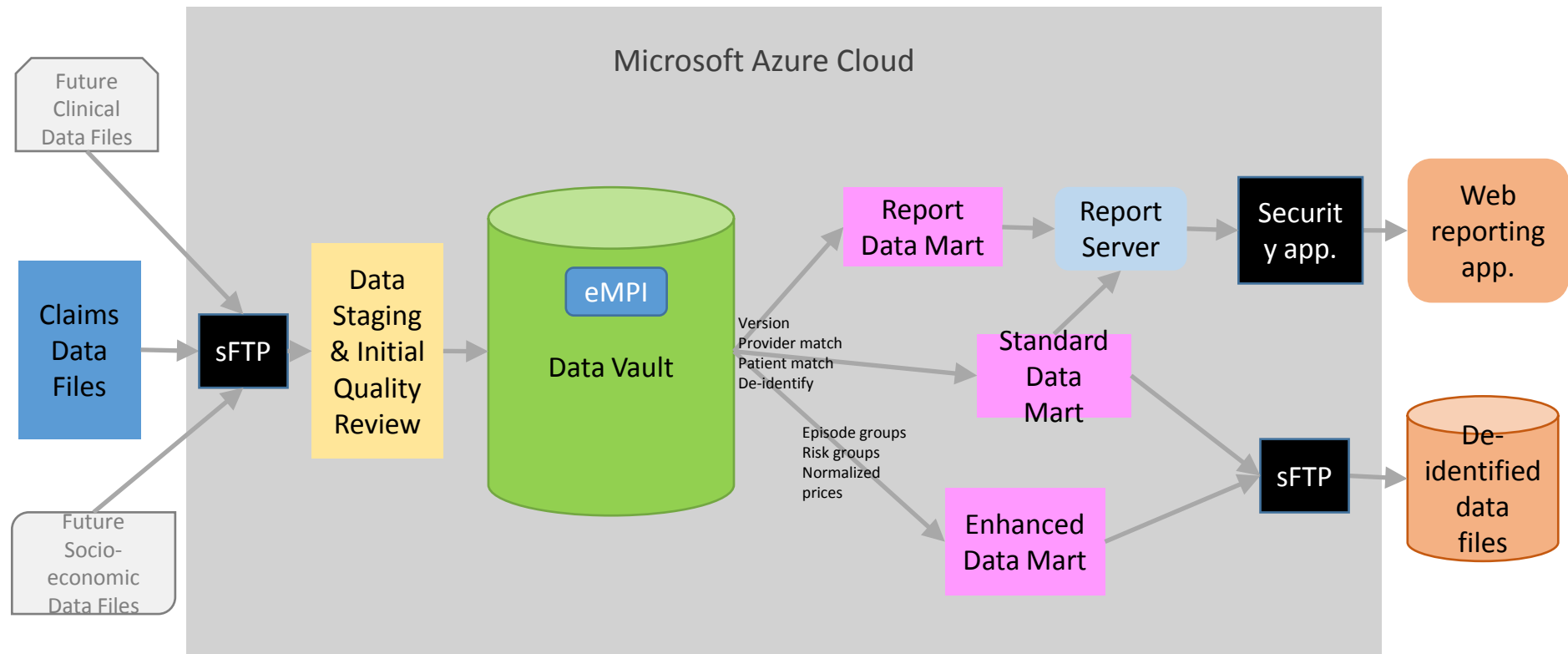
- Medicaid
- Medicare Advantage
- Commercial
- **Self funded employers: Medical and Pharmacy**

2020 Expansion






Goal: 5 Million insured lives (85% of population)

- **Self-funded Employers: Medical and Pharmacy**
- Medicare Fee for Service (Fall 2020)
- Commercial
- Dental

Data Management Platform



WHIO's Current Products and Services

 Intelligence Bank	<ul style="list-style-type: none">• Give me the de-identified data files
 Applied Insights	<ul style="list-style-type: none">• Show me the way through pre-built reports
 Provider Portfolio	<ul style="list-style-type: none">• Share more accurate provider information from WHIO's provider registry
 Custom Analytics	<ul style="list-style-type: none">• Help me to answer my questions with custom reports and file extracts
 Data Driven Decisions	<ul style="list-style-type: none">• Teach me how to use information through education and training



Intelligence Bank

Give Me The Data

• Standard Integrated Data (SID)

- Essential data elements; patient-and provider-matched; de-identified
- Shorter lag time; Smaller file size
- Each release includes ability to integrate with prior releases, allowing you to build a longitudinal data set over time
- Commercial, Medicare Advantage, Medicaid

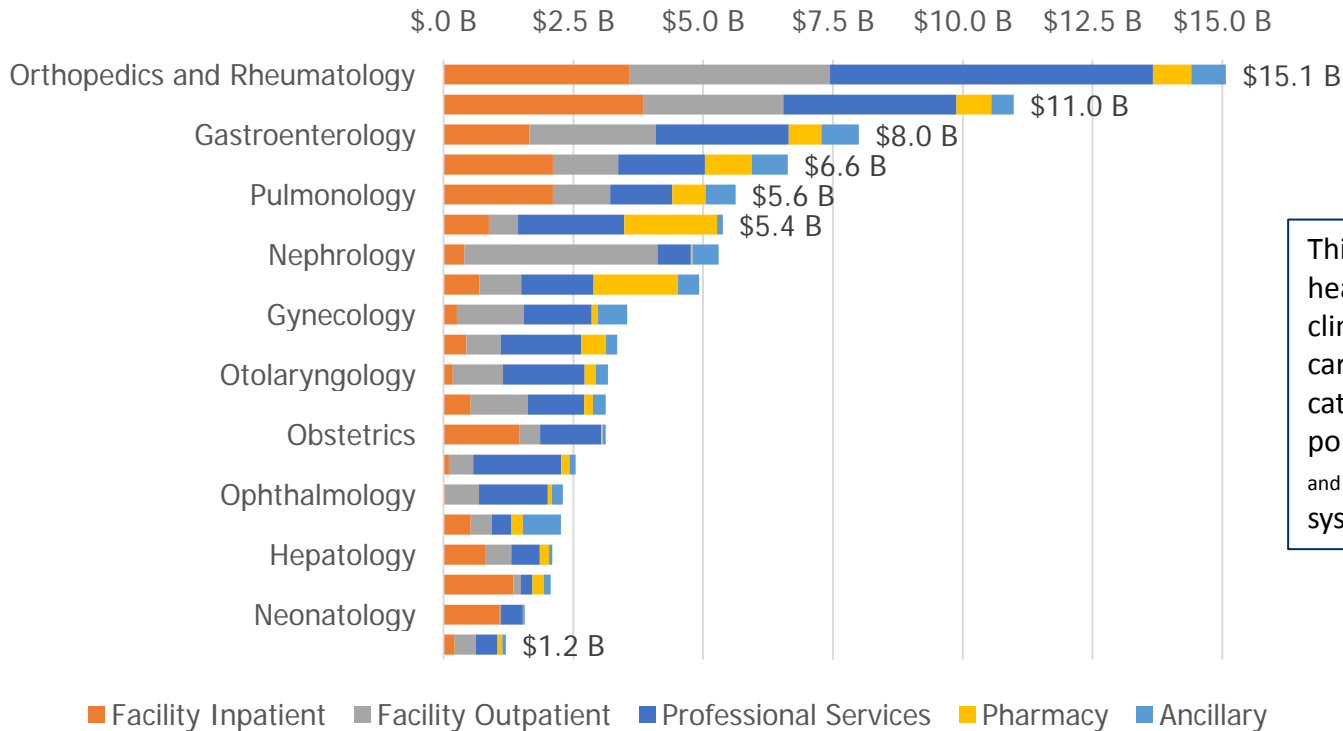
• Enhanced Data (ED)

- Essential data elements; patient-and provider-matched; de-identified
- Plus episode grouping, episode risk and normalized pricing (from Optum Insights)
- Replacement files; Each release is 24 months
- Commercial, Medicare Advantage, Medicaid

EMPI-generated Member ID	EMPI-generated Member ID	EMPI-generated Member ID
Gender Code	Servicing Provider NPI	Pharmacy ID
Birth year	Billing Provider NPI	Prescribing Provider NPI
Member State Code	Quantity of Services	Metric Quantity
Member 3-digit Zip Code	Place of Service Code	Days Supply
Member County	ICD Admission Diagnosis Code	National Drug Code (NDC)
Member Relationship to Subscriber	ICD Diagnosis Code #1 thru #10	Requested Amount
Effective Date	Present on Admission Indicator #1 thru #10	Prescription Filled Date
End Date	ICD Procedure Code #1 thru #6	Coverage Class Code
Pharmacy Benefit Flag	Procedure Code	Claim Header ID
Product Type	Procedure Code Modifier 1 thru 4	Claim Line ID
Contract Type Code	Revenue Code	Denied Flag
	Type of Bill Code	Secondary Payer Flag
	Discharge Status Code	
	Requested Amount	
	Service Date	
	Payment/Process Date	
	From Date	
	To Date	
	Coverage Class	
	Claim Header ID	
	Claim Line ID	
	Denied Flag	
	Secondary Payer Flag	

How Health Care Dollars are Spent in WI

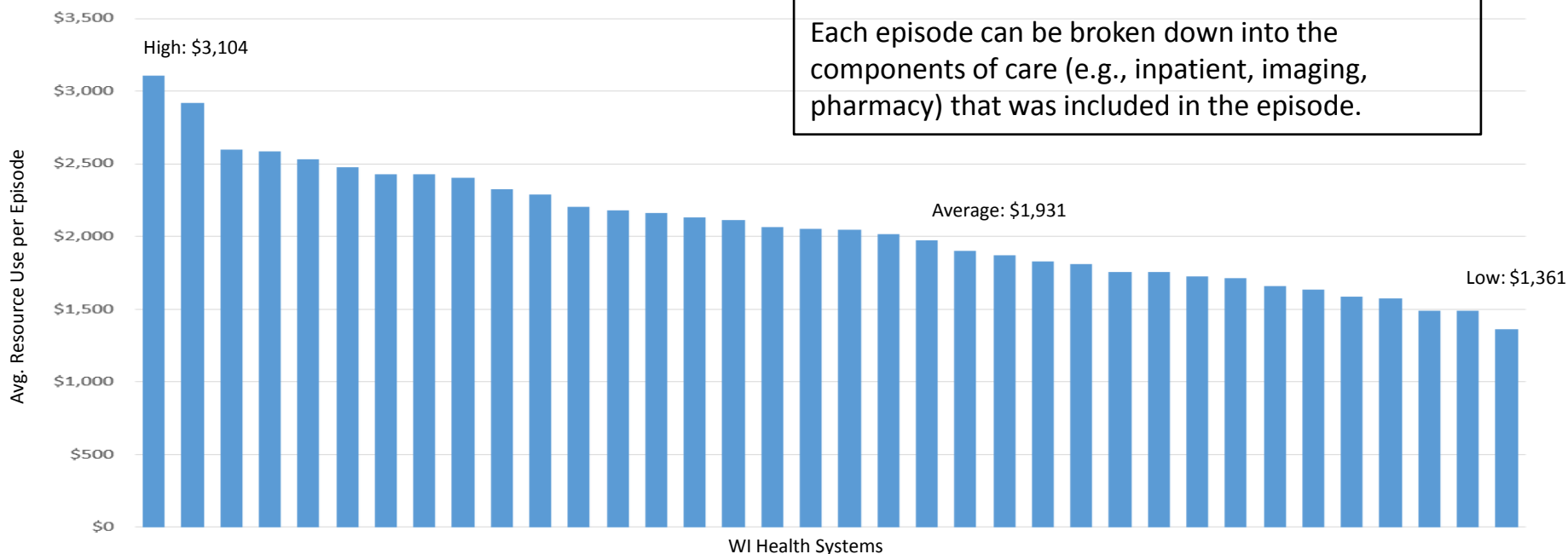
Total Billed Charges for WHIO Covered Lives



This example describes how WI health care dollars are spent by clinical condition and type of care. WHIO information can also categorize spending by insured population (e.g., Medicare, Commercial, and Medicaid), geography and health system.

Cost Variation

2017 Diabetes Episode of Care Severity 1 of 4
Average Resource Use



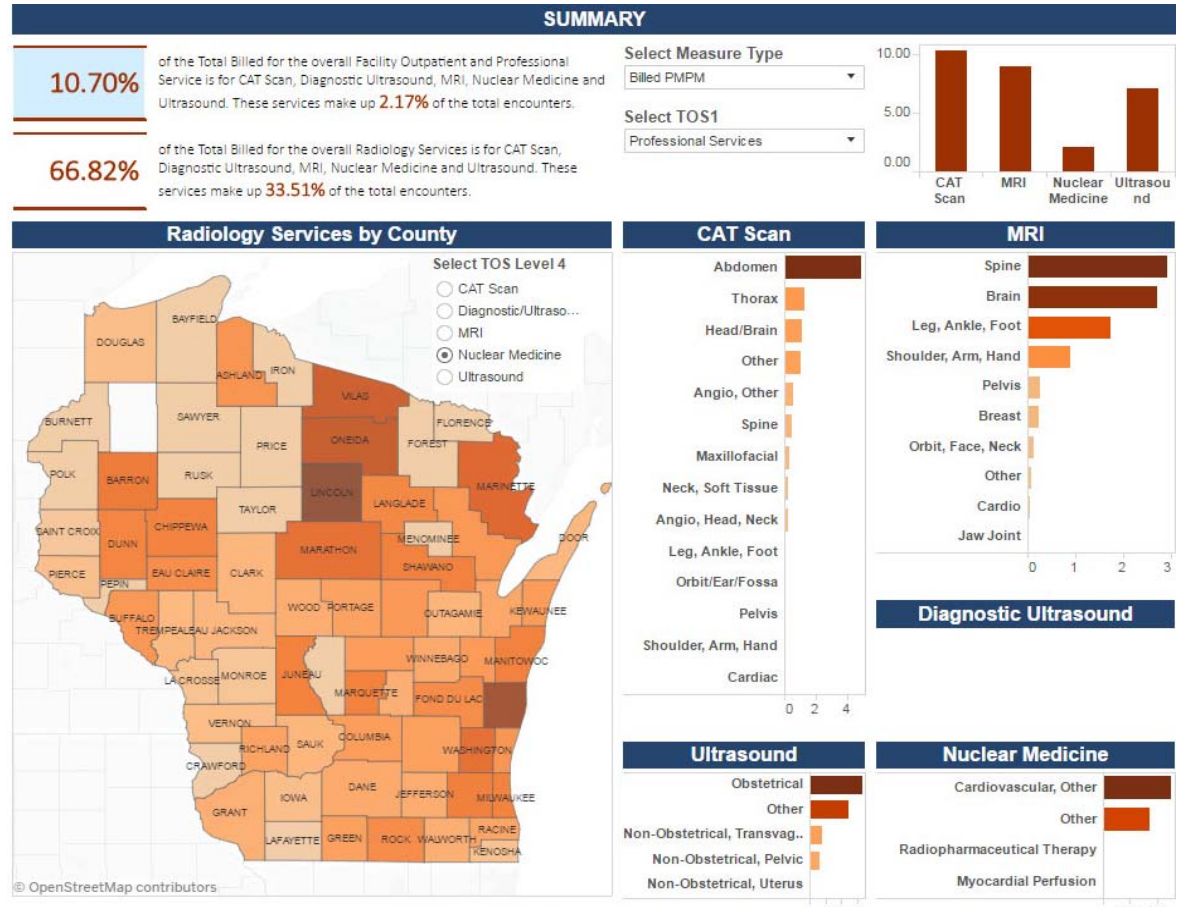
If each episode with above average resource use had cost \$1,931, WI could have **saved \$4,381,265** in 2017 for just the care of patients with a severity 1 diabetes episode!

Each episode can be broken down into the components of care (e.g., inpatient, imaging, pharmacy) that was included in the episode.

Paying for Value

Radiology - What proportion of facility outpatient and professional services are used for radiology services? Which geographic area/health care organization/clinicians have high utilization?

WHIO information can quantify and compare high cost services by state regions, health systems, hospitals, outpatient surgery centers, clinics, home health agencies and nursing homes to support alternative payment models, the appropriate use of these services & cost reduction.



Physician Value Report

BHCG top priority: purchase high value health care
 Purpose: evaluate the value of care by physicians throughout WI

- Funded by BHCG and the Greater Milwaukee Business Foundation on Health
- GNS Healthcare – leading provider of artificial intelligence applications in health care
- Using claims data from Wisconsin Health Information Organization (WHIO) – the largest source of health care information in the state representing 4.2 million covered lives

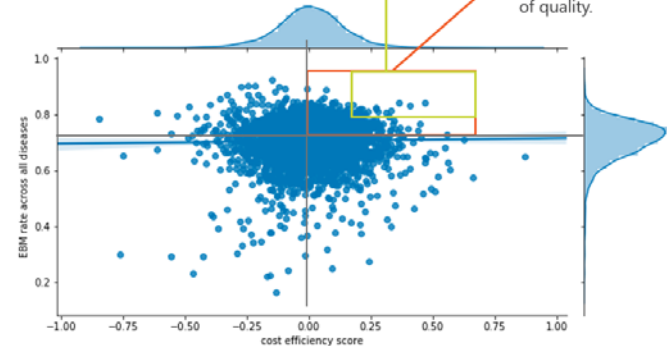
Goals:

- **Support health system performance improvement**
- **Inform employer benefit design for better health care decision-making**

The Relationship Between Cost and Quality

There were 141 PCPs who were both better than 80th percentile of cost efficiency and 80th percentile of quality.

There were 989 PCPs who were both better than 50th percentile of cost efficiency and 50th percentile of quality.



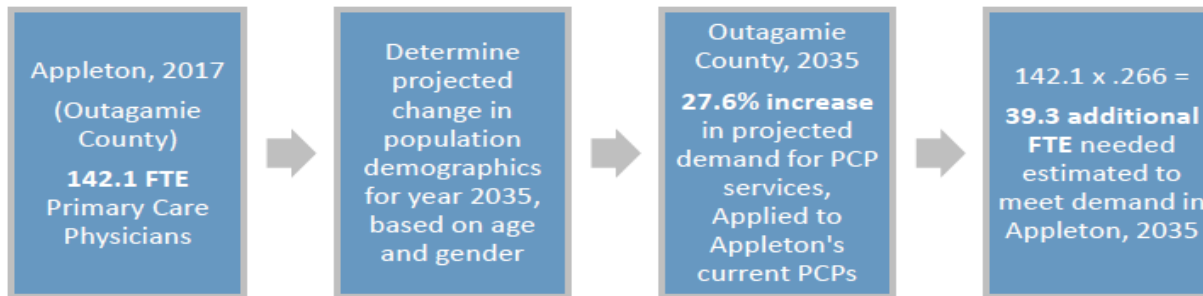
Cost & Potential Cost Summary

	PCPs	4 Specialist Procedures
Total Cost	\$1.37B	\$687M
Savings by Improving Performance Above 50 th %-le or Steering Pts to Providers Above 50 th %-le	\$394.5M	\$100M

Improving Access to Care

Comparing treatment patterns provides insights into workforce issues that may impact access to care. This information can be used to determine where state dollars will have the greatest impact on health outcomes.

WCMEW's 2018 Workforce Projection Report

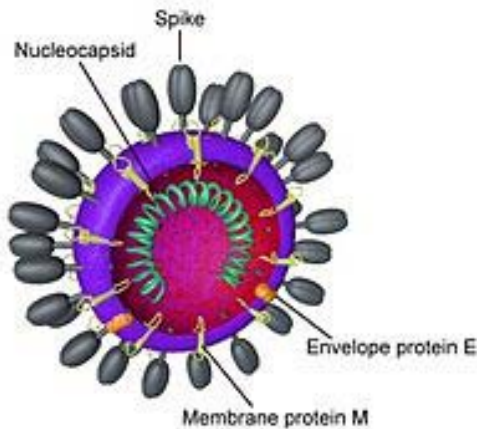


WHIO information is used by other organizations, such as WCMEW, to augment a variety of evaluations.

Using this method, WCMEW projected that all HSAs will see increased demand for physician services – driven by changes in population demographics. The average increase in projected demand for PCP services across all HSAs is a 20.4% - ranging from a nearly 40% increase in New Richmond to a 3.9% increase in Park Falls. Some HSAs will actually expect to see net outmigration, but care necessitated by aging residents results in a net increase in demand for physician services. Men over the age of 75, for example, consume on average 4.51 physician services per month, whereas adult men ages 25-44 consume on average 1.19 physician services per month.²⁴

²⁴ Wisconsin Health Information Organization database; Wisconsin Hospital Association Center analysis.

COVID-19



- Current project – reduce the spread & the health & economic impact of COVID-19 in Wisconsin
 - High Risk Member reports: Identify people at high-risk for serious COVID-19 and provide a report to the Department of Health Services, Division of Medicaid Services of their high-risk member to facilitate their outreach to their high-risk member. Six private plans also requested their High-Risk Member report.
 - InfoBytes: Provide the public with COVID-19 trend information
 - COVID Cost Simulator: Modeling tool for health plans (and providers) to estimate cost of COVID care and deferred non-urgent care
- Future projects – evaluate and monitor the impact of COVID-19
 - Provide COVID and deferred care metrics to providers on their performance compared to prior year and statewide benchmarks

COVID-19 Trends

InfoByte: Benchmarking the Impact of Coronavirus

Courtesy of the Wisconsin Health Information Organization
April 2020

WI High-Risk Population for Serious Coronavirus



The WHO identified approximately 1.8 million unique individuals (21% of WI's population) based on the Centers for Disease Control and Prevention's ten underlying conditions plus advanced age who may experience serious cases of coronavirus. Individuals with co-occurring conditions are counted more than once in the figure above.

Coronavirus is recognized as a respiratory illness on an insurance claim. Historically, Wisconsinans have received care for respiratory illness at multiple types of facilities with most care provided by clinics. Knowing how much care was provided at different facilities in the past will help us better understand what a meaningful change has occurred.

Respiratory Care Resource Use* by Type of Facility

	2016	2017	2018
Clinic	79.3M	83.3M	82.4M
Emergency Department	34.4M	32.4M	32.5M
Hospital Inpatient	28.7M	31.4M	30.0M
Urgent Care	12.0M	12.5M	11.7M
Home Health	6.7M	5.2M	3.5M
Ambulatory Surgery Center	0.7M	1.0M	0.9M
Skilled Nursing Facility	0.5M	0.5M	0.5M
Grand Total	\$162.8M	\$166.5M	\$160.9M

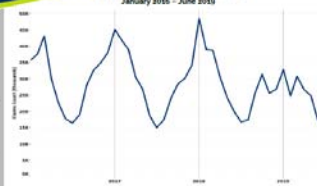
*Total billed amount

Data includes individuals who received health care services and are insured by entities that participate in WHO.

InfoByte: Benchmarking the Impact of Coronavirus

Courtesy of the Wisconsin Health Information Organization
April 2020

Respiratory Care Utilization Trend



Respiratory care has historically shown a seasonal effect with higher use in the winter months than the summer months. At the same time, the use of ventilators to treat all conditions in critical care facilities, skilled nursing facilities, and at home has been relatively constant over time. The IMA COVID-19 Situational Awareness Website (<http://www.covid19-ima.org>) indicated that about 25% of critical care ventilators were in use on April 23, 2020.

Ventilator Utilization Trend, All Sites, All Conditions



Data includes individuals who received health care services and are insured by entities that participate in WHO.

The WHO at Work for Wisconsin

The information presented is being a profound impact on all aspects of the. Policymakers, state agencies, health care provider organizations, insurance companies, employers, and others are seeking answers to questions that are quickly changing as we transition through this pandemic into a new future.

This report provides baseline trend information that will be needed to benchmark and understand the impact of coronavirus on the Wisconsin health care delivery systems.

WHO is Wisconsin's All-Payer Claims Database, containing information on the health and health care delivered to over a million (21%) of Wisconsin's insured lives.

If you have an idea of how the WHO information can be used to help Wisconsin reduce the impact of coronavirus, please let us know.

info.who.org

TELEHEALTH IN WISCONSIN

Courtesy of the Wisconsin Health Information Organization

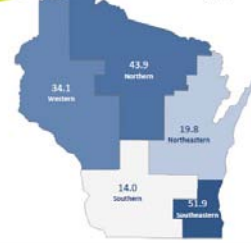
November 2019



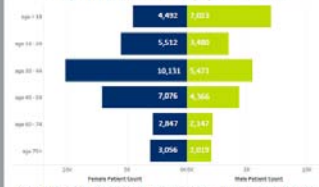
This report provides information on the use of telehealth (also referred to as "telemedicine" or "e-health") in Wisconsin.

Telehealth is the distribution of health-related services and information via electronic information and telecommunication technologies. Initially, telehealth was used by health care professionals to connect with patients in rural settings, those who lack transportation and patients with limited mobility. Today, telehealth is also used to increase access to services for patients who need immediate care for minor but urgent conditions.

Unique Telehealth Users per 1,000 Insured Lives by Region* 2018



Unique Telehealth User Count by Age & Gender 2018



*Data includes individuals who received health care services and are insured by entities that participate in WHO.

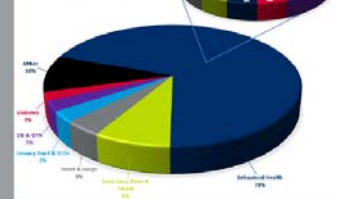
TELEHEALTH IN WISCONSIN

Courtesy of the Wisconsin Health Information Organization

November 2019

Telehealth is used to deliver care and interventions, advice, reminders, education, monitoring and remote assessments.

Conditions Treated with Telehealth in 2018*

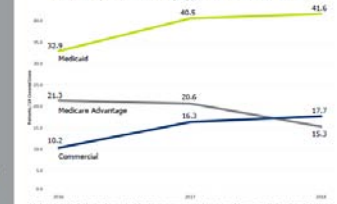


WHO is a statewide organization dedicated to improving the quality, safety & affordability of health care in Wisconsin. WHO's information on over a million insured lives is derived from hundreds of millions of medical and pharmacy claims voluntarily contributed by WI insurers and the Medicaid program.

Special thanks to Minnesota's APCD for providing the telehealth ICD codes used for reporting purposes.

For additional information please contact WHO at 608.443.3976

Telehealth per 1,000 Lives by Type of Insurance 2016 - 2018*



*Data includes individuals who received health care services and are insured by entities that participate in WHO.

Contribute your data to the WHIO
now and be a part of the solution.

Questions and Discussion

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Thank You!

A recording of today's webinar as well as presenter slides will be made available. Watch your inbox or visit bhcgwi.org.

Stay safe & be well!