



DELIVERING **VALUE** SERIES

## BHCG-GNS Healthcare Physician Value Study & Wisconsin Physician Value Report v2

*March 30, 2022*

# Welcome

**Jeffrey Kluever**

Executive Director

Business Health Care Group



# Agenda

- **Utilizing WHIO Data & the GNS HealthCare Physician Value Study Results to Build a High-Performance Health Plan**
  - *Dave Osterndorf, BHCG Strategic Consultant & Chief Actuary, Centivo*
- **Wisconsin Physician Value Report v2**
  - Dana Richardson, CEO, Wisconsin Health Information Organization
- **Questions & Answers**

# Utilizing WHIO Data & the GNS HealthCare Physician Value Study Results to Build a High-Performance Health Plan

**Dave Osterndorf**

BHCG Strategic Consultant and Chief Actuary, Centivo



# Why did the BHCG employers commission the PVS?

- BHCG member employers were interested in determining:
  - Whether the variation in physician practice was large enough to make strategies like patient steerage and value-based contracting worth the effort
  - Whether there is robust enough data and credible evaluation models to assess that data to discover practical solutions to improving health care
  - Whether a data-driven effort to create a shared commitment towards continuous improvement and payment for value was possible
- The Physician Value Study (PVS) was undertaken to address these questions and provide a foundation for dialogue and action

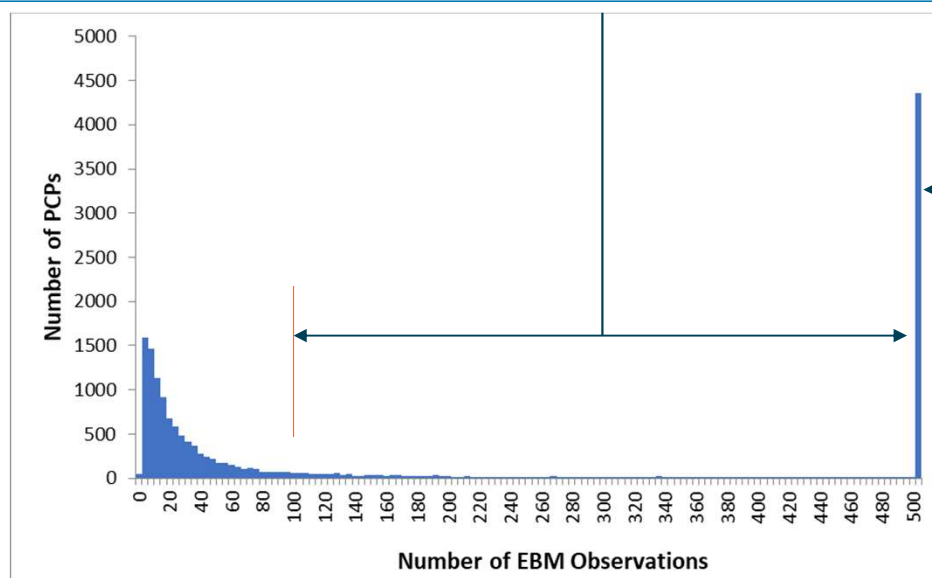
*Is it worth it?*

## The Bottom Line First: There is the Potential for Dramatic Savings

	Primary Care Physicians (PCPs)	All Specialist Procedures	PCPs + Specialist Procedures
Total Annual Cost	\$810M	\$681M	\$1.49B
Annual Savings by Improving Performance to 50 <sup>th</sup> %-ile or above or Steering Pts to Providers at the 50 <sup>th</sup> %-ile or above	\$324.7M (40%)	\$57.65M (8.5%)	\$382.35 (25.7%)

## PCP Eligibility for Study - Criteria for Evaluating PCPs for Quality of Care

For a PCP to be included in the quality analysis, he or she needed to have  $\geq 100$  observations on Optum Evidence Based Measures (EBMs) related to Optum Episode Treatment Groups (ETGs) we considered AND  $\geq 30$  episodes of care



Note that the x axis has been truncated. The bar at 500 represents all providers with  $\geq 500$  observations.

PCPs with  $\geq 100$  observations on EBMs

6,027

PCPs with  $\geq 100$  observations on EBMs  
And  $\geq 30$  Episodes

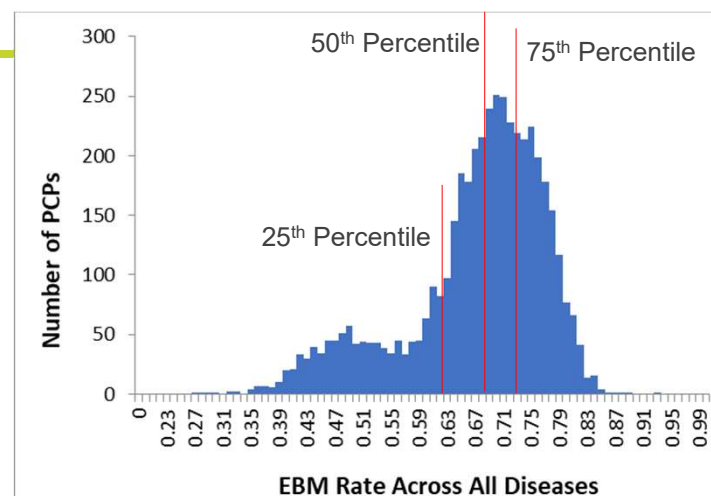
4,587

PCPs analyzed in Quality analysis  
(20% of all PCPs in dataset)

## PCP Quality Ranking Distribution

*Is it valid?*

Percentile	EBM Rate
25 <sup>th</sup>	0.629
50 <sup>th</sup>	0.688
75 <sup>th</sup>	0.737



PCP New Ranking	PCP Count	Quality Ranking Name	Quality Ranking Description
1	925 (20%)	Outstanding Performers	we're 80%* confident these providers perform better than the 75th percentile
2	1,060 (23%)	Good Performers	we're 80%* confident these providers perform better than the 50th percentile, but are not in Rank 1
3	621 (14%)	Typical Performers	we're neither 80%* confident performance is better than the 50th percentile nor 80%* confident performance is worse than the 50th percentile
4	1,981 (43%)	Below Average Performers	we're 80%* confident performance is worse than the 50th percentile



## PCP Cost Efficiency Ranking –Percentile Categories

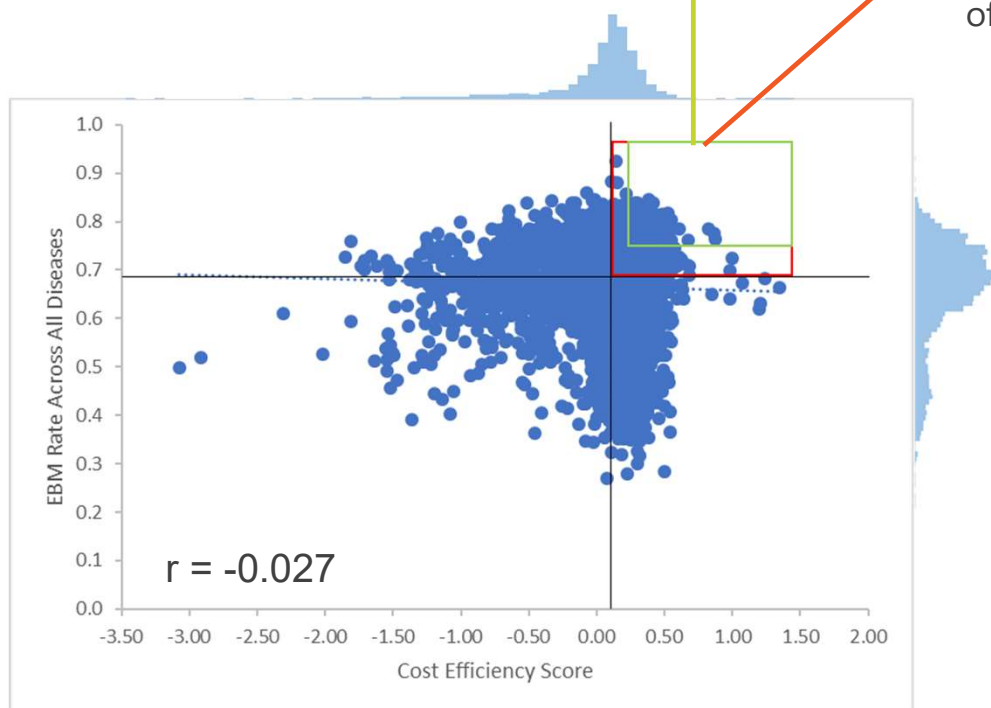
PCP Cost Ranking	PCP Count	Ranking Name	Ranking Description
1	678 (14%)	Outstanding Performers	we're 80% confident these providers perform better than the 75th percentile
2	982 (20%)	Good Performers	we're 80% confident these providers perform better than the 50th percentile, but are not in Rank 1
3	1,458 (30%)	Typical Performers	we're neither 80% confident performance is better than the 50th percentile nor 80% confident performance is worse than the 50th percentile
4	1,711 (35%)	Below Average Performers	we're 80% confident performance is worse than the 50th percentile

Total # of PCPs included in the Cost Efficiency Analysis = 4,829. This number is greater than the number of PCPs included in the Quality Analysis b/c we did not require  $\geq 100$  observations on Optum EBM's in order to be included in the Cost Efficiency Analysis.

## Relationship Between Cost and Quality

There were 190 PCPs who were both better than 80<sup>th</sup> percentile of cost efficiency and 80<sup>th</sup> percentile of quality.

There were 1,083 PCPs who were both better than 50<sup>th</sup> percentile of cost efficiency and 50<sup>th</sup> percentile of quality.



# Potential Annual Savings by Steering Patients or Improving PCP Provider Performance

*Is it worth it?*

- Total annual cost across all diseases evaluated = **\$810M**

**1 Yr Savings Potential from Moving Patients to More Efficient Providers Based on Analysis of 2018-2019 Data Combined**

Percentile	Mean Savings (\$M)
80	\$455.5
60	\$369.1
50	\$324.7

Even a shift from moving all patients to the PCPs in the top 50<sup>th</sup> percentile could have a significant savings impact

*Is it worth it?*

## 2018 and 2019 Combined Annual Cost & Annual Potential Cost Savings Summary

	PCPs	All Specialist Procedures	PCPs + Specialist Procedures
Total Annual Cost	\$810M	\$681M	\$1.49B
Annual Savings by Improving Performance to 50 <sup>th</sup> %-ile or above or Steering Pts to Providers at the 50 <sup>th</sup> %-ile or above	\$324.7M (40%)	\$57.65M (8.5%)	\$382.35 (25.7%)

# The way forward

An engaged business community & progressive health plan partnering closely with accountable, high-value providers



A new purchasing model that super-charges aligned incentives and benefits from shared efforts by many parties

# The construct for our proprietary networks



Building proprietary networks around high-value health systems in WI:

- Committed to deliver high-value care
- Care coordination & disease management capabilities
- Interested in, and experience with, value-based contracts



We then make the high-performing providers from each health system available to members as patient managers and service providers:

- We remove low-performing PCPs from the member activation process, to ensure members are only picking a high-value PCP to guide their care
- We help curate a PCP's referral neighborhood, steering towards preferred, high-value specialists in the referral

# The ultimate goal is to make health care better



- The desired end state is not ongoing segmentation – it's a collaborative process to continuous improvement:
  - Providers and the business community work together to improve performance from the entire provider community for the entire patient community
  - Goal: 100% of PCPs meeting high-performance criteria and available to patients to manage their care



- The pathway to improvement is paved with data and accountability:
  - Informed by data on both the “what” and the “why”
  - With two-way accountability – reduced total cost of care and better patient management in exchange for success sharing of the financial benefits

# We look forward to the collaboration



- Regular meetings and ongoing interactions
  - Quarterly reviews of health plan operations, employer points of interest, health system/provider practice initiatives
  - Open exchanges of what is working, and what is not
- Emphasizing shared use of data and metrics
  - PVS data is an excellent starting point – at the system and individual practitioner level – with a focus on improvement from the baseline using comparative analysis and claims-based outcome data
  - Creating a baseline for total cost of care value-based payments that reward high quality, cost-effective patient management





# Wisconsin Physician Value Report v2

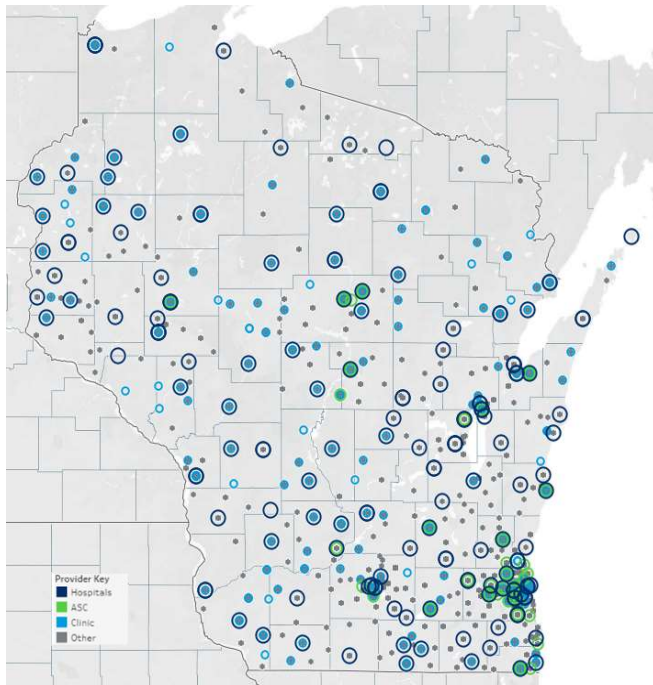
**Dana Richardson**

CEO

Wisconsin Health Information Organization



# Wisconsin Health Information Organization (WHIO)



Vision: Better health, health care and health care value gained from objective information.

Mission: To create more health data and better information to advance actions.

- The WHIO was formed in 2008 as a public-private partnership between the State of Wisconsin and visionary private sector leaders to make information on Wisconsin's health care delivery system available to all.
- The WHIO is governed by a volunteer, multi-stakeholder Board of Directors with provider, payer, employer and state agency representative, as well as individuals with specific expertise.
- The WHIO is a non-profit organization that helps organizations who are committed to improving the health of Wisconsinites and the health care delivery system in Wisconsin.

# Quick Facts

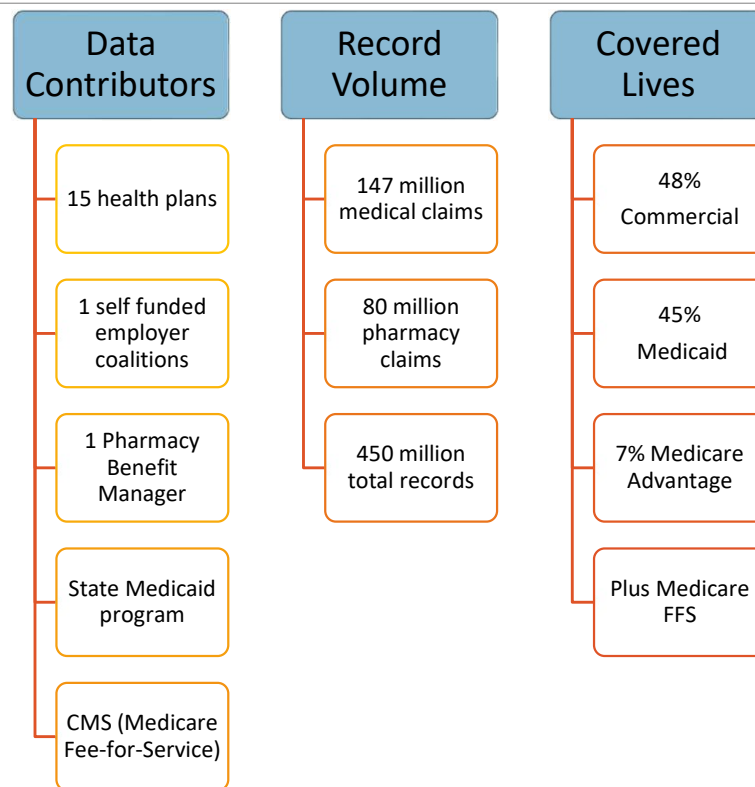
## Advantage of using the WHIO data

- Results more accurately represent the care provided to an entire panel of patients for an organization and/or clinician the data includes different types of payment plans and patients with a variety of characteristics.
- Ability to use more stringent criteria/business decision in an analysis and have enough data to evaluate a larger number of organizations and/or clinicians.

WHIO is Wisconsin's largest supplier of health care information spanning the continuum of care.

WHIO data includes:

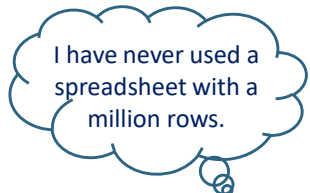
- \$60 billion in annual charges
- 4.9 million insured lives
- All geographies
- All sites of care
- All services
- All clinicians
- All insurance types
- Reference files
- Ability to work with all data types



Q. How much data does WHIO have?

A. If you put the WHIO data in Excel, you would need to use **360 fully loaded spreadsheets** at one time plus reference files.

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1 Excel spreadsheet will hold  
1,085,000 rows of data.



Aren't you glad we did that for you!

# WHIO's Role in the WI Physician Value Report

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## FRONT END

The Business Health Care Group commissioned the WI Physician Value Study

- WHIO provided a **custom build Enhanced Data mart including 2018 and 2019 data**
  - Episode Treatment Groups
  - Episode Risk Groups
  - Normalized Price
  - Evidence Based Quality Measures

## BACK END

The Business Health Care Group wanted provider organizations to have access to their results for improvement through a secured, easy to use reporting system

- WHIO is distributing the WI Physician Value Report v2 using our **secure, Applied Insights Web based reporting system**

GNSHealth completed the study analysis on behalf of the Business Health Care Group

# Key Methodology Concepts

For a PCP to be included he/she needed to have  $\geq 100$  EBM observations related to the ETGs considered AND  $\geq 30$  episodes of care.

## QUALITY OF CARE (PCP ONLY)

- Patients were included if they had both medical and pharmacy benefits throughout all of 2018 and 2019
- Attribution of patients to PCPs
  - Used assigned PCP if the patient had one
  - If no assigned PCP, used imputed PCP (based on most cost)
- 294 EBMs were used related to management of preventive care and diseases commonly managed by PCPs
- Quality scores for each PCP were calculated as  $\frac{\text{sum}(\text{compliant EBM results})}{\text{sum}(\text{total compliant and non-compliant EBM results})}$  based on all EBMs that were relevant to that PCP's patients

## COST OF CARE (PCP & SPECIALIST)

- ETGs were included in the cost-efficiency analysis if:
  - The ETG was completed;
  - They were not cost outliers (determined by outlier flag in the database)
  - there were  $\geq 500$  episodes for that ETG across all PCPs included in the analysis; and
  - GNSHealth believed that a PCP could reasonably be held accountable for the cost of an episode in that ETG.
- 151 different ETGs were used in the analysis
- Cost-efficiency scores were calculated for each ETG for each PCP using this formula:

$$\text{cost efficiency score} = \ln \frac{\text{predicted cost}}{\text{actual cost}}$$

Claims data is the gold standard for utilization and cost evaluation. Claims data is also used to determine if a process that is supported by research has been completed.

# Rankings & Scores

- PCP's were evaluated on up to 26 clinical areas.
- Specialty procedures are below.
  - Cataract surgery
  - Vaginal deliveries
  - C-sections
  - Total hip replacement
  - Total knee replacement
  - Coronary angioplasty
  - Coronary artery bypass surgery
  - Hysterectomy
  - Cholecystectomy
  - Laminectomy and spinal fusion

## Ranking (Lower is better)

Ranking	Ranking Name	Ranking Description
1	Outstanding Performers	80% confident these providers perform better than the 75th percentile
2	Good Performers	80% confident these providers perform better than the 50th percentile, but are not in Rank 1
3	Typical Performers	Neither 80% confident performance is better than the 50th percentile nor 80% confident performance is worse than the 50th percentile
4	Below Average Performers	80% confident performance is worse than the 50th percentile

## Score (Higher is better)

Score	Score Description
Higher Performer	Actual episode cost < predicted cost, scores were > 0
Cost Neutral	Actual episode cost = predicted cost, scores were = 0
Lower Performer	Actual episode cost > predicted cost, scores were < 0

The overall score was calculated based on a weighted average of episode-specific cost-efficiency scores, using the number of disease-specific episodes attributed to the provider.

Healthcare Organization Summary  
2018-19 Combined

PCP

Quality Rank	Cost Rank	Cost Efficiency Score	Quality Score	PCP Provider Count
1.9	2.1	0.08	0.71	

Specialty	Quality Rank	Cost Rank	Cost Efficiency Score	Quality Score	PCP Provider Count
Adolescent Medicine	1.0	3.0	0.03	0.76	
General Practice	1.0	3.0	0.06	0.88	
Internal Medicine	1.4	2.1	0.04	0.76	
Family Medicine	1.7	2.1	0.09	0.74	
Pediatrics	4.0	2.2	0.10	0.47	

Specialists

Cost Efficiency Score	Cost Efficiency Score Median	Cost Ranking	Provider Count
-1.4	-1.4	3.1	

Specialty	Cost Efficiency Score	Cost Efficiency Score Median	Cost Ranking	Provider Count
Neurosurgery	0.1	0.0	2.5	
General Surgery	0.0	0.0	2.6	
Family Medicine	0.0	0.0	2.9	
Thoracic Surgery	0.0	0.0	3.0	
Ophthalmology	0.0	-0.1	2.6	
Obstetrics and Gynecology	-0.1	-0.1	3.4	
Orthopedic Surgery	-5.9	-5.9	3.3	
Cardiology	-6.7	-6.7	2.8	



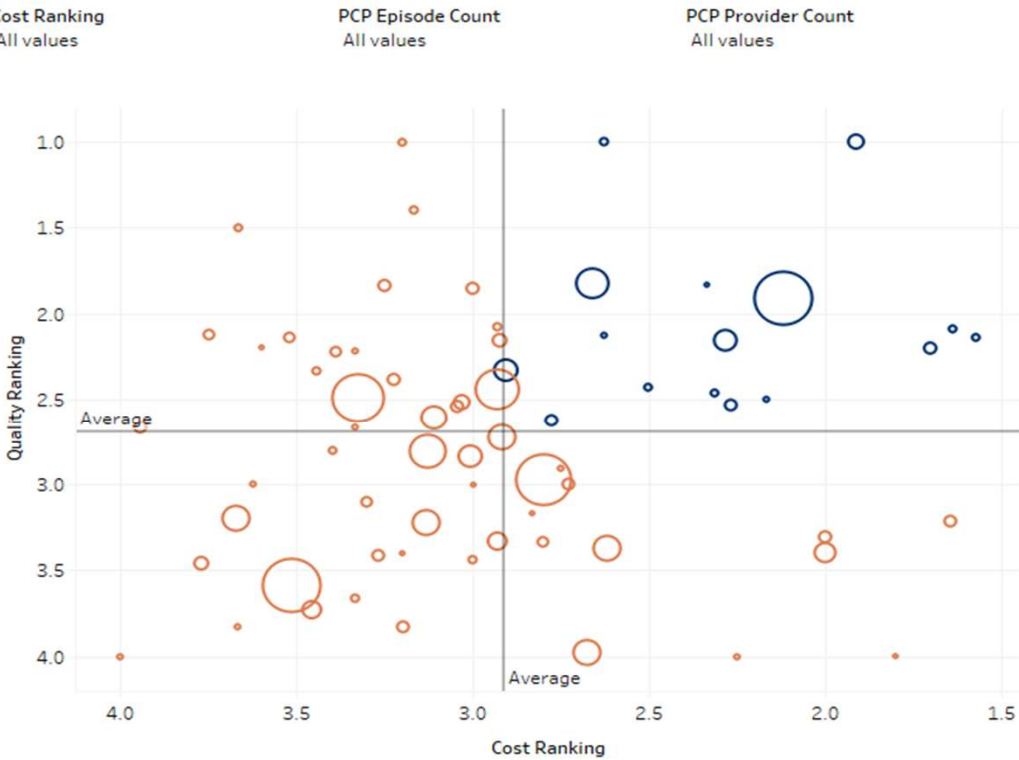
# PCP Quality and Cost Ranking by Healthcare Organization

## 2018-19 Combined

- Rank 1 is best**
- 1 Outstanding Performers
  - 2 Good Performers
  - 3 Typical Performers
  - 4 Below Average Performers

In the chart below, provider organizations with above average quality and cost rankings are represented in blue. Clicking an organization in the table at left will highlight it on the chart at right and vice versa. Use filters to select provider organization or PCP specialty. A sort button appears when you hover over column headers. Click to sort low, high, and alphabetical results.

Healthcare Organization	Specialty	Quality Ranking	Cost Ranking	PCP Episode Count	PCP Provider Count
All	All	All values	All values	All values	All values
Healthcare Organization	Quality Rank	Cost Rank	Episode Count	PCP Provider Count	
Healthcare Organization Names	2.14	1.57			
	2.09	1.64			
	3.21	1.64			
	2.20	1.70			
	4.00	1.80			
	1.00	1.91			
	4.00	2.00			
	3.39	2.00			
	3.30	2.00			
	1.91	2.12			
	2.50	2.17			
	4.00	2.25			
	2.53	2.27			
	2.16	2.28			
	2.47	2.31			
	1.83	2.33			
	2.43	2.50			
	3.37	2.62			
	1.00	2.63			
	2.13	2.63			
	1.82	2.66			



## PCP Quality and Cost Scores by Healthcare Organization

2018-19 Combined

### Higher cost-efficiency scores are better

Scores are based on actual costs relative to predicted costs:

- Actual episode cost < predicted cost | score > 0 | **Higher performing**
- Actual episode cost = predicted cost | score = 0 | Cost neutral
- Actual episode cost > predicted cost | score < 0 | Lower performing

In the chart below, healthcare organizations with above average quality scores and actual costs less than predicted costs are represented in blue. Use filters to select healthcare organization or PCP specialty. A sort button appears when you hover over the column header. Click to sort low, high, and alphabetical results.

Healthcare Organization  
All

Specialty  
All

PCP Cost Efficiency Score  
All values

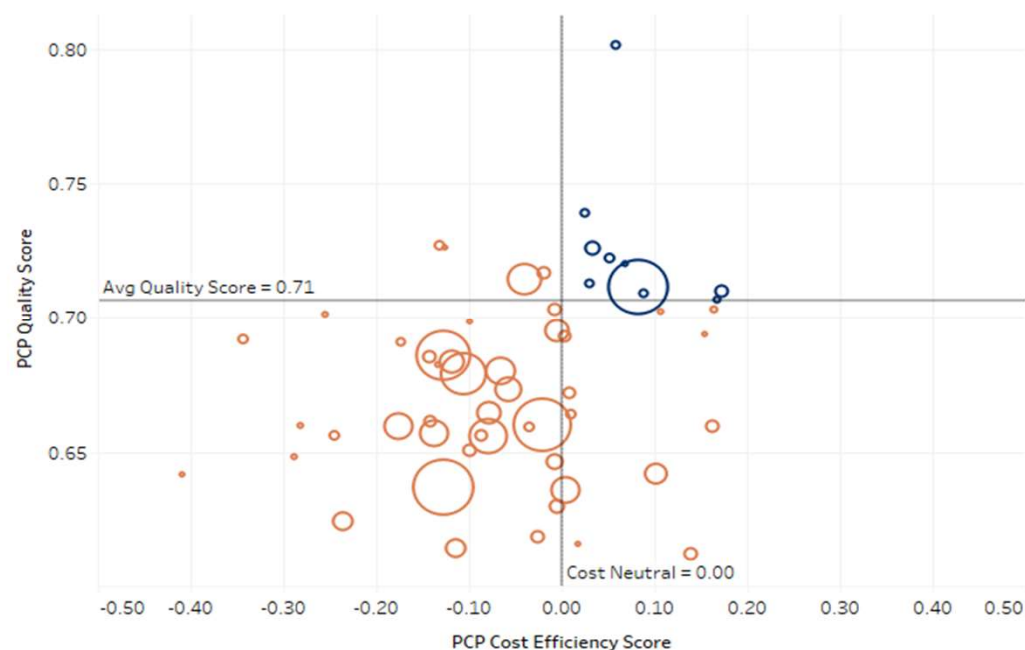
PCP Quality Score  
All values

Episode Count  
All values

Provider Count  
From 1

Healthcare  
Organization  
Names

Quality Score	Cost Efficiency Score	Median Cost Efficiency Score	Episode Count	Provider Count
0.70	0.19	0.28		
0.71	0.17	0.29		
0.71	0.16	0.26		
0.80	0.06	0.15		
0.69	0.13	0.21		
0.66	0.16	0.26		
0.70	0.10	0.26		
0.71	0.08	0.17		
0.72	0.07	0.19		
0.72	0.05	0.14		
0.73	0.03	0.17		
0.71	0.04	0.12		
0.71	0.04	0.08		
0.61	0.13	0.23		
0.64	0.10	0.19		
0.74	-0.01	0.05		
0.69	0.01	0.11		
0.70	0.00	0.07		
0.72	-0.01	0.08		
0.69	0.01	0.08		
0.71	0.00	0.07		



## PCP Cost Efficiency Scores by Clinical Condition and Healthcare Organization 2018 and 2019 Combined

### Higher cost-efficiency scores are better

Scores are based on actual costs relative to predicted costs:

- Actual episode cost < predicted cost | score > 0 | **Higher performing**
- Actual episode cost = predicted cost | score = 0 | Cost neutral
- Actual episode cost > predicted cost | score < 0 | Lower performing

In the table below, healthcare organizations with cost-efficiency scores greater than zero (cost neutral) are represented in blue. Use filters to select healthcare organization, major practice category, or condition. A sort button appears when you hover over the Healthcare Organization or condition columns. Click to sort low, high, and alphabetical results.

Healthcare Organization  
All

Major Practice Category  
All

Condition  
All

PCP Cost Efficiency Score  
All values

Episode Count  
All values

Healthcare Organization	Cardiology									Chemical dependency	
	Atrial fibrillation & flutter	Cardiomyopathy	Cardiovascular diseases signs & symptoms	Congestive heart failure	Heart failure, diastolic	Hypertension	Ischemic heart disease	Non-cerebral, non-coronary atherosclerosis	Phlebitis & thrombophlebitis of veins	Alcohol dependence	Cocaine or amphetamine dependence
Healthcare Organization Names	-1.6	-0.2	-0.6	-0.5		0.1	0.0	-0.1	-1.0	-3.5	
	-0.3	1.2	-0.1	-0.4	-0.3	-0.9	-0.2	-0.8	-0.6	-1.0	-0.1
	-0.6	-0.6	0.6	-0.4	-1.1	-0.3	-0.5	0.1	-1.5	-0.9	-1.0
	-0.1	-0.7	-0.6	-0.3	-0.9	-0.1	-0.6	-0.4	-0.6	-1.0	-1.4
	-0.4	-0.2	0.0	0.0	-0.5	0.0	-0.8	-0.2	-1.1	-1.2	-1.7
	-0.8		0.1	0.2	-0.2	-0.2	-0.2	-0.4		-2.6	-2.3
	-0.4	-0.7	0.1	-0.5	-0.7	-0.1	-0.5	-0.8	-0.2	-1.1	-0.9
	-0.5	-0.8	-0.2	-0.5	-1.3	0.1	-0.5	-0.4	-0.8	-0.6	0.2
	-0.4	-0.7	-0.2	-0.7	-0.4	0.1	-0.4	-0.4	-0.6	-1.0	-0.9
	-0.5	-0.7	0.0	-0.3	-0.4	0.1	-0.4	-0.4	-0.7	-1.1	-1.0
	-0.2	-0.9	-0.5	-0.2		-0.2	-0.2	-1.3	-2.0	-1.3	
	-0.7	-0.7	0.0	-0.2	-0.8	-0.2	-0.6	0.7	-1.2	-1.1	0.9
	-0.3	-0.5	0.3	-0.5	-0.2	0.1	-0.5	-0.2	-0.8	-1.1	
	-0.4	-1.0	0.0	-0.8	-1.1	0.0	-0.1	-0.1	-0.9	-1.0	0.5
	-0.5	-1.1	-0.3	-0.2	0.1	-0.1	-0.1	-0.1	0.6	-0.4	0.1
-0.4	-1.1	-1.3	-0.6	0.9	-0.2	-0.6	0.1		-0.6	-2.0	

Healthcare  
Organization  
Names

# PCP Quality and Cost Ranking and Scores by Individual Provider

2018-19 Combined

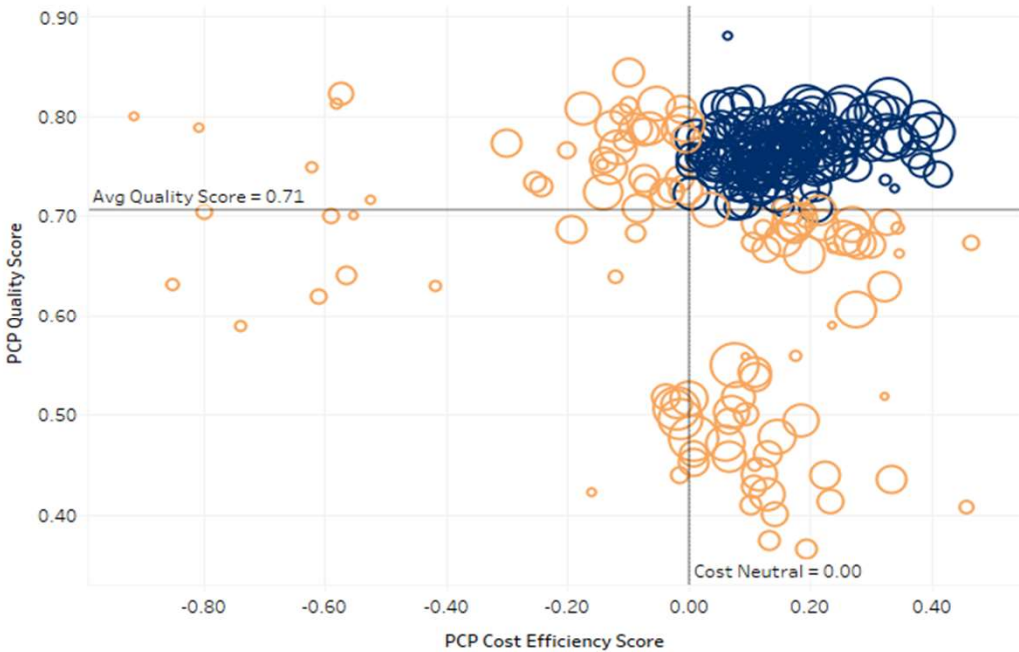
Organization Name

- Rank 1 is best**
- 1 Outstanding Performers
  - 2 Good Performers
  - 3 Typical Performers
  - 4 Below Average Performers

In the chart below, provider organizations with above average quality and cost rankings are represented in blue. Clicking a provider name in the table at left will highlight scores in the chart at right and vice versa. Use filters to select provider organization or PCP specialty. A sort button appears when you hover over column headers. Click to sort low, high, and alphabetical results.

Provider Name	Entity Type	Specialty
All	All	All

Specialty	Provider Name	Quality Rank	Quality Score	Cost Rank	Cost Efficiency Score	Episode Count
Family Medicine	Individual Clinician Names	1	0.79	1	0.28	
		1	0.78	1	0.21	
		1	0.76	1	0.25	
		1	0.76	1	0.18	
		1	0.79	1	0.22	
		1	0.81	1	0.21	
		1	0.76	1	0.18	
		1	0.79	1	0.18	
		1	0.76	1	0.19	
		1	0.76	1	0.17	
		1	0.80	1	0.20	
		1	0.78	1	0.19	
		1	0.79	1	0.16	
		1	0.75	1	0.17	
		1	0.76	1	0.38	
		1	0.77	1	0.22	
		1	0.78	1	0.40	
		1	0.75	1	0.21	
		1	0.81	1	0.31	
		1	0.78	1	0.33	
		1	0.76	1	0.24	



## PCP Cost Efficiency Scores by Clinical Condition and Individual Provider

2018 and 2019 Combined

Organization Name

### Higher cost-efficiency scores are better

Scores are based on actual costs relative to predicted costs:

- Actual episode cost < predicted cost | score > 0 | **Higher performing**
- Actual episode cost = predicted cost | score = 0 | Cost neutral
- Actual episode cost > predicted cost | score < 0 | Lower performing

In the table below, individual providers with above average quality scores and actual costs less than predicted costs are represented in blue. Use filters to select provider, Entity Type, Specialty, and Condition. A sort button appears when you hover over the Healthcare Organization and condition column headers. Click to sort low, high, and alphabetical results.

Provider Name	Entity Type	Specialty	Major Practice Category	Condition	PCP Cost Efficiency Score	Episode Count
All	All	All	All	All	All values	All values

Specialty	Provider Name	Atrial fibrillation & flutter	Cardiomyopathy	Cardiovascular diseases signs & symptoms	Congestive heart failure	Heart failure, diastolic	Hypertension	Ischemic heart disease	Non-cerebral, non-coronary atherosclerosis	Phlebitis & thrombophlebitis of veins	Chemical d
Family Medicine	Individual Clinician Names		0.5		-0.9		0.8				
							-0.5	0.9			
		0.6	1.5	0.3	0.2	-1.0	0.4	0.6	0.5	0.7	
		-0.4	-0.6	0.3	0.5	1.2	0.3	0.0	-0.5		
		1.1		0.8	-0.5	-1.4	0.2	-0.2	0.9		
		1.1	0.6	0.5	-0.8	-0.3	0.1	-0.8	0.3	-1.2	
		0.3	-0.6	0.6	-1.1	0.3	0.2	0.6	0.0		
		0.6	0.5	0.3	-0.4	0.2	0.2	0.0	-1.0		
		0.2	0.1	0.8	0.3	0.1	0.4	0.5	-0.2		
		0.2		0.9	-1.5	0.1	0.4	0.6	-0.1	0.6	
		0.3	-0.1	-0.2	0.6	-0.8	0.4	0.1	0.1	-1.4	
		1.0	-1.1	0.4	-0.8	1.2	0.3	-0.3	0.1	-0.4	
		-0.1	-1.4	1.1	0.4	1.4	0.4	0.5	-0.1	0.1	
		0.7		0.6	-0.4	-0.2	0.3	0.7	0.3		
		0.2	0.6	0.2	0.1	0.2	0.4	0.1	0.4	0.2	



## Specialist Cost Ranking by Healthcare Organization

### 2018-19 Combined

#### Rank 1 is best

- 1 Outstanding Performers
- 2 Good Performers
- 3 Typical Performers
- 4 Below Average Performers

In the table below, healthcare organizations with above average quality scores and actual costs less than predicted costs are represented in **blue**. Use filters to select provider organization or select specialty. A sort button appears when you hover over the Healthcare Organization and condition column headers. Click to sort low, high, and alphabetical results.

Healthcare Organization	Specialty	Procedure	Cost Ranking	Episodes	Provider Count						
All	All	All	All values		All values						
Healthcare Organization	Family Medicine		Obstetrics and Gynecology			Cardiology	General Surgery	Neurosurgery	Orthopedic Surgery		
	Vaginal Delivery	Caesarean section	Vaginal Delivery	Caesarean section	Hysterectomy	PTCA	Cholecystectomy	Fusion and Laminectomy	Fusion and Laminectomy	Hip Surgery	Knee Surgery
Healthcare Organization Names	1.5	1.3									
	1.7									2.0	
	2.0	2.0									
	2.8	1.0									
	2.3	2.2									
	2.2	2.6	2.5	2.0		3.0	2.0			4.0	3.0
	2.6	2.0									
	4.0		2.9	2.6	1.8	2.6	2.9	2.0	3.0	2.3	1.9
			2.5	1.5			3.7			2.6	2.5
	2.5	2.3	2.6	2.4	2.5	2.8	2.6	3.0	3.3	2.8	2.9
	2.4	2.4	2.9	3.2	3.3	2.5	2.6	3.2	2.0	2.6	2.5
	2.5	3.0	1.0			2.8	2.7			2.9	2.0
	3.0	3.0	2.5	2.0		3.0	3.0				
	2.0										
	3.0		2.5	2.0		3.0	3.0	3.0			
	2.9	2.3									
	3.5	2.0	3.2	2.7	2.4	2.6	2.5	3.0	3.0	2.2	2.3
						3.0	3.0	3.2		3.0	2.6

# Specialist Cost Ranking by Individual Provider

2018 and 2019 |

Organization Name

## Rank 1 is best

- 1 Outstanding Performers
- 2 Good Performers
- 3 Typical Performers
- 4 Below Average Performers

In the table below, individual providers with outstanding and good rankings represented in blue. Use filters to select specialist or select specialty. A sort button appears when you hover over the provider and year column headers. Click to sort low, high, and alphabetical results.

Provider Name	Entity Type		Specialty		Procedure		Cost Ranking		Episode Count	
	All		All		All		All values		All values	

Provider Name	Neurosurgery		Ophthalmology		General Surgery		Orthopedic Surgery				Family Medicine	
	Fusion and Laminectomy		Cataract Surgery		Cholecystectomy		Fusion and Laminectomy	Hip Surgery		Knee Surgery		Vaginal Delivery
	2018	2019	2018	2019	2018	2019	2018	2018	2019	2018	2019	2018
Individual Clinician Names			1	1								
			1	1								1
			1	1								
			1	1								
			1	1								
					1	1						
												1
	1	1										
					2	1						
					1	3						
				2	2							

# How to Use the Report Information

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## HEALTHCARE ORGANIZATION INFORMATION

- Wisconsin Benchmarks
  - Benchmark your organization's performance to other organizations with similar characteristics (e.g. size, urban)
  - Benchmark your organization's performance to other organizations in your market
- Identify clinical conditions and/or procedures where your organization is performing well and those that you might consider for an improvement activity

## INDIVIDUAL CLINICIAN INFORMATION

- Benchmark your individual clinicians to their peers
  - Reward higher performers (e.g., financial, leadership roles, recognition)
- Share the results with your clinicians
  - Ask your higher performers to share their care patterns with their colleagues to facilitate a discussion
  - Have a conversation with your lower performers to understand their care processes
- Build quality and cost-efficiency into your physician recruitment process



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For more information about the WHIO or the WI Physician Value Report v2,  
please contact WHIO at [info@whio.org](mailto:info@whio.org) or 608-442-3876.

# Questions



35 Business Health Care Group

# Thank You!

**For more information about BHCG membership and/or the high performance health plan solution, please contact:**

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