GNS Healthcare Physician Value Study Results & WHIO Wisconsin Physician Value Report

Presentations by:
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March 30, 2022

Executive Summary

Employers, providers, brokers, consultants and other stakeholders attended BHCG's second symposium of the 2022 Delivering Value Series via webinar to share the results of the second Physician Value Study and Physician Value Report commissioned by BHCG and completed by GNS Healthcare and the Wisconsin Health Information Organization (WHIO), respectively. The Study, using claims data available through WHIO, examines the quality and cost efficiency of primary care physicians and 10 specialist procedures throughout Wisconsin.

The results of the Physician Value Study were used by Centivo to develop a high-performance, primary care-centered health plan exclusively for BHCG member employers. Attendees learned about the potential for substantial cost savings through changing the way employers purchase health care services and the use of the Physician Value Report by provider organizations to improve physician performance.

Introduction – Jeff Kluever, BHCG Executive Director

- **BHCG's initiative with GNS Healthcare**
  - Represents the continuation of BHCG's mission to lead change and create value
  - Reveals high health care costs in the state with significant differences in cost effectiveness with no correlation to quality

Dave Osterndorf, BHCG/Centivo

- **Physician Value Study**
  - Unique, robust analytics
  - Highly actionable; changes health plan perspective, not just academic
  - A major investment of time and resources
- **BHCG member employers sought to answer three questions through the Study**
  - Is there enough variation in physician practice to make the Study worthwhile?
  - Is there data and a model robust enough to assess down to the physician level what we need for insights into the marketplace to find practical solutions?
  - Can we use the data to create opportunities for continuous improvement and unique payment models?
- **The bottom line – there is the potential for significant savings**
  - Used WHIO data and GNS artificial intelligence model
  - Study found:
    - If all primary care physicians practiced at the 50th percentile or better, savings would be 40%
      - Variation in quality and cost efficiency present at the provider organization and physician level
      - Conclusion – use higher value PCPs and/or improve performance
    - Looked at 10 specialty procedures (joint replacements, etc.) and found savings opportunity of 9%
  - Could save over 26% of $1.5 billion by improving performance of both PCPs and specialists to 50th percentile or higher; and/or through patient steerage
    - "Seems like a waste of time to negotiate rates when we have levers to move to more efficient care"
  - Not a hypothetical model, people are using it to improve
- **The process – criteria for evaluating PCPs**
  - An ongoing dialogue
  - Need as big a database as possible
    - Reasonable amount of observations (minimum of 100 quality measure observations and 30 Episode Treatment Groups)
      - Majority had 500 or more
  - Looked at compliance with Evidence-Based Measures
    - Had enough data to evaluate effectively – used 80% confidence level
    - WI compliance rate relatively good compared to US, but room for improvement
  - Cost efficiency – four quartile rankings; wanted to be as transparent as possible to produce reasonable and actionable results (where are the opportunities?)
- **Relationship between cost and quality**
    - Prevailing theory is high quality care is also cost-efficient care, but there was no correlation between quality and cost

        - Improving quality does not automatically improve cost efficiency, specific action is required
        - Wanted to focus on providers in top two quadrants (better than 50th percentile of both cost efficiency and quality)
            - Will steer away from physicians in lower quadrants, but also want to provide them with information for performance improvement
            - Don't have to constrain access to create savings – use results to create a health plan that can be successfully implemented
- **Launched (1/1/22) a health plan model that aligns well with employer objectives (significant uptake/interest)**
    - Members select a PCP to guide care
        - Manage process, save money, improve outcomes – not a barrier nor transactional
    - Plan design incentivizes high value care through engagement with high-performing PCP – saves money and improves care outcomes
    - Allows PCP to take on full responsibility – don't just look at PCP assignment retroactively based on claims
    - Value-based payment model – looking to suppress revenue of the health systems but preserve their bottom lines as financially viable organizations with a shared savings opportunity
- **Want to work with systems committed to high value care, care coordination and value-based contracts**
    - Make high-performing physicians from each provider organization available to members
        - Remove low-performing PCPs from member selection process
        - Curated referral network of high-value specialists
- **Goal is to make health care better**
    - Collaborative model – be a conduit to improve performance
    - Regular dialogue based on reliable information (what's happening and why; how do we get better patient care?)
    - Two-way accountability – reduced total cost of care and better patient management in exchange for sharing in financial benefits
    - Contracts continue to evolve

Dana Richardson, WHIO

- **WHIO background**
    - Nonprofit organization created in 2008 as public-private partnership (State of WI and private sector) to make health care information available to all
    - All-payer claims database
    - Multi-stakeholder board – not an advocacy organization
    - Any stakeholder can access information
    - Committed to improving the health of WI and the health care delivery system
- **Large, diverse database**

- State's largest supplier of health care information ($60 billion in annual charges) – spans continuum of care
  - 15 health plans
  - Self-funded employer coalition
  - PBM
  - Medicaid
  - Medicare fee-for-service (Qualified Entity through CMS)
- **WHIO's role in the WI Physician Value Report**
  - Commissioned by BHCG to provide custom database
    - Base claims information
    - Episode Treatment Groups (ETG)
    - Episode Risk Groups (ERG)
    - Normalized price
    - Evidence Based Quality Measures (EBM)
  - Provider groups have access to their results to use in improvement efforts
    - Distributed through WHIO's secure web-based reporting system
- **Methodology**
  - Quality of care (PCPs only)
    - Patients included who had both medical and pharmacy benefits in 2018-2019
    - Used assigned PCP or most cost (imputed)
    - 294 EBMs used (preventive care/conditions managed by PCP)
    - Quality scores based on compliant EBM results
    - Each physician needed to have at least 100 EBM observations
  - Cost of care (PCPs & specialists)
    - 151 ETGs used (no cost outliers)
    - Each physician needed to have at least 30 episodes of care to be included in the study
    - Cost efficiency scores calculated for each ETG for each PCP – predicted cost compared to actual cost
      - Methodology used for a number of years – often used in mortality data
- **Rankings & scores**
  - PCPs evaluated on up to 26 clinical areas
  - Two different scores included in report
    - Ranking – lower is better
    - Score – higher is better
- **Sub reports**
  - All reports have similar structure – able to move easily from sub report to sub report
  - Example: Organization Summary – contains overall summary of quality & cost by specialty
  - Example: Cost & Quality PCP Ranking – looks at the scores of organizations (not individual clinicians)
    - Can sort by health care organization and look at various specialties, rankings, etc.
      - Graphics and tables are interactively linked
  - Example: Cost & Quality Score (more refined data) – looks at scores rather than rankings

- Example: Cost & Quality by Organization – interactive graphic to sort by organization for benchmarking purposes
- Example: Cost Efficiency Score by Organization – detail of ETGs under the PCP groupings – able to compare at the diagnosis level
- Example: Individual PCP Clinician – physician level sub-reports only available to organizations where the physician works; quality and cost on one report and interactive graphic to see individual results
- Example: PCP Cost Efficiency Scores by Clinical Condition and Individual Provider – can easily look at any one physician to see where they do well and where they need to improve
- Example: Specialist Cost Ranking by Organization – can compare to other organizations by specialty procedure
- Example: Specialist Cost Ranking by Individual Provider – can look at change in rankings using a different view

- **How to use report information**
  - Lots of benchmarking data to compare performance to other organizations
  - Identify clinical conditions and procedures where you are doing well (won't spend resources unnecessarily)
  - Individually benchmark to peers (can reward higher performers, etc.)
    - Share results with physicians (e.g., what's causing it?)
  - Can build quality and cost efficiency into physician recruitment process

Questions & Answers

Q. Will BHCG be conducting a third Physician Value Study?

A. (Dana) Intent is to perform a third iteration and update with two years of data.

Q. Can you speak to WHIO as a trusted and neutral resource?

A. (Dana) Role is to provide trusted and useful data and information to organizations in WI to be able to better understand how they are performing – WHIO does not have a stake in any positions. WHIO is not an advocacy organization (no members). Time and focus are on data quality and evaluation to make it easier and appropriate for different skill levels from providers to researchers, health plans and employers. Doing more and more custom work.

Q. How is WHIO funded in comparison to all-payer claims databases in other states?

A. (Dana) Nearly all other states are partially or fully funded by state government – advantage is a steady stream of funding but less able to be innovative and provide data to the private sector. WHIO is fully funded by customers in the private sector (public projects funded on a project basis) – must do a better job because of it.

Q. Are the specialist procedures evaluated for both cost and quality as the PCPs are?

A. (Dana) No, specialists are only evaluated on cost efficiency. GNS determined that there were not enough quality metrics available for specialties at the procedure level to evaluate quality.

Q. How can a provider obtain the reports?

A. (Dana) WHIO has sent out information to providers about accessing the Physician Value Report. Providers need to contact Dana (dana.richardson@whio.org) and sign a contract/pay a fee. Organizations should send a roster of PCPs/specialists so WHIO can double check they have the right doctors for the organization (in the interest of security and billing). Not all clinicians met the criteria to be included – WHIO wants to be sure billing is appropriate (based on number of physicians).

Q. Can you comment on the stability of the rankings from Study 1 to Study 2?

A. (Dave) There has been some movement, but current Study has more data and is more robust (needs to be factored in). Across the years there is some "stickiness." Current Study was able to get data at a more granular level to help look at stability. A lot of the profiling done in the industry has too small a data set for stability, however, BHCG felt comfortable enough to use the results of this Study for network structure. Important to note 2018-19 data is pre-pandemic – will be an interesting opportunity to do a comparison with "normal years" – compliance may have dropped.

Q. Could we get to the point where we see waste within a system, and down to the physician level, to offset renewals?

A. (Dana) WHIO has been exploring the concept of lower value care – WHIO is beginning to look at care that does not add a lot of value to the outcome of the care and, in some situations, puts people at risk (e.g., safety issues or requiring further unnecessary care). Haven't looked at it yet at the individual clinician level but will be looking over the next year at what is the best pathway for WHIO to be able to provide information on low value care in the state. Did participate in an eight-state research study – state level results on low value care will be coming out through this study that will compare Wisconsin with other states.

A. (Dave) There are ongoing debates about waste. We now have the ability to mine data and look at the physician level and to look at why we are seeing some of the results, and elements of waste will quickly come to the fore. From an employer or plan standpoint, we want providers to make progress themselves.

Q. Are the reports only available for systems and providers in Eastern WI?

A. (Dana) No, the Study was done statewide – the Physician Value Report is available to all provider organizations in the state. Contracting with organizations right now and anticipate putting more onto the system immediately.

Q. Can you speak to geographic expansion by Centivo on behalf of BHCG?

A. (Dave) BHCG has asked Centivo to continue to expand the geographic footprint of the high-performance network, including moving into the Janesville, Beloit and the North Central WI area. The data is available to be able to apply the same program in these areas. Have had outreach from major employers asking for continued expansion, and some employers that implemented the program on 1/1/22 do have populations in the western corridor to Dane County – game plan is to have those areas up and running in 2023/24 and expand across the state based on employer need.

Slides or a recording with slides from the webinar are available for review. Look for invitations for future DVS symposiums coming soon to your inbox.