



R . E . A . L . S O L U T I O N S

RESULTS AND
EVIDENCE FOR
ACTION-BASED
LEARNING



R.E.A.L Solutions (*Results and Evidence for Action-Based Learning*)

Getting the Community On Board

Content Lead – Meredith Roberts, MPH, Executive Director, Comagine Health-Oregon

Case Presenter – Randa Deaton, MA, Co- Executive Director, Kentuckiana Health Collaborative

November 20, 2019

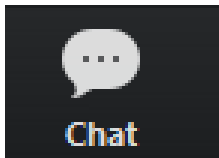
A few reminders



Please mute / unmute when not speaking

Please share your video if you are able!

When you want to speak up, please give a little wave or chat that you'd like to speak and the facilitator will call on you



Please chat in your name and organization now (if you are sitting with a group of people, chat in the name of everyone in your group)

Today's agenda

- Brief overview of objectives for REAL Solutions
- Didactic presentation- *Getting the Community On Board*
- Case presentation
- Facilitator asks for clarifying questions from audience and content lead
- Facilitator asks for recommendations and impressions from audience and content lead
- Facilitator summarizes recommendations
- Closing announcements

Objectives

- Increase member connections
- Explore topics of shared member interest
- Provide opportunity for shared learning and problem solving

Today's Speakers



Content Lead – Meredith Roberts, MPH,
ED, Comagine Health Oregon

- Passionate about healthcare affordability
- Previously worked at Dana-Farber Cancer Institute
- Hospice volunteer



Case Presenter – Randa Deaton, MA
Co- ED, Kentuckiana Health Collaborative

- Worked at Ford Motor Co- 15 years benefits
- Caregiver- mom with ovarian cancer for the last 10 years; now in hospice care
- Passionate about equity, particularly around affordability & quality

Today's didactic

What we were trying to solve

- Lack of transparency into health care costs and quality in Oregon
- Multi-stakeholder interest in understanding cost of care, but lack of data to support conversations
- Limited public understanding and discourse around the drivers and factors impacting cost of care in Oregon

The intervention

2014

- Cost of Care Steering Committee formation
- Reporting template finalized

2015

- First round of commercial clinic reports released
- Statewide cost information published for the first time

2016

- Second round of commercial clinic reports released
- Health plan reports produced
- Medicare FFS report pilot

The intervention (continued)

2017

- First NRHI benchmark report released

2018

- Second and third NRHI benchmark reports released
- Third and fourth round of commercial clinic reports released
- Medicare FFS reports released
- **First round of public reporting**

2019

- Fifth round of commercial clinic reports released
- Third round of Medicare FFS reports released
- **Second round of public reporting**

Beyond

- Continued clinic comparison report rounds (CY 2018 in production)
- Updated and enhanced public reporting

Cost of Care Steering Committee drives direction

Laid out roadmap:



- Healthy tension created by variety of perspectives and priorities
- Steering Committee (now the Analytics Advisory Committee) continues to guide program development and direction

Steering Committee collaboratively addressed concerns

Members expressed concerns about:

Disclosure of proprietary information

Loss/gain of competitive advantage

Committee defined project parameters to ensure protections:

Reports are based on risk adjusted data at person level—not individual service or procedure rates

Attributed patient lists were made available

Cost information is aggregated at the market level (i.e., Commercial). With 5+ plans participating, not possible to back into contractual rates

Kept attributed patient threshold at 600 for clinics to receive reports

Ultimately decided cost transparency was of benefit to all parties

Measuring success

- Number of primary care clinics receiving reports
- Continued engagement in multi-stakeholder committees
- Interest from legislature and other policymakers
 - TCOC measure inclusion in Oregon's Health Plan Quality Metrics Committee recommended measure set
- Expansion to other Comagine Health regions

Results

- Having high quality data and analytics allows Comagine Health to support cost conversations in Oregon and beyond
 - Including presentations to the Oregon legislature
 - Influencing Oregon state legislation (SB 889)
- Oregon primary care clinics are using clinic comparison reports to change referral patterns and improve quality. Some examples include:
 - Advanced imaging centers referral patterns
 - Monitoring the success of quality improvement projects for appropriate treatment for low back pain

Questions?



Today's Case

The Challenge

- Created VOLUNTARY Kentucky Core Measures Set in 2018, updated 2019 with 70 experts across Kentucky
- Challenged to make sure all of our partners are adopting the core set
- Want to engage payers, providers, and purchasers on adopting the core set



STRATEGIES TRIED TO DATE

- Engaged wide cross section of payers, providers, purchasers, policymakers, and consumers
- Rolled out the core set through widely attended events, webinars, and blog posts
- Wide support for adoption by major health plans, hospitals, providers, employers, and consumers

DESIRED OUTCOMES

A core healthcare measurement set adopted by key payers and purchasers CAN:

- Improve health by coordinating priority areas of focus in Kentucky
- Identify leading indicators to measure healthcare quality, cost, and experience
- Create consistency in duplicative measures that vary in their methodology for measuring the same clinical area of focus
- Align healthcare measurement of multiple healthcare purchasers, payers, and providers
- Reduce measurement burden on providers
- Identify future goals and areas of focus

A core healthcare measurement set CANNOT:

- Change the measurement requirements of NCQA accreditation, Medicare STARS, MIPS measures, Medicaid Meaningful Use, etc.
- Change nationally endorsed measures that are currently out of compliance with the latest evidence base
- Create a comprehensive data trust to make data available for aspirational reporting

GUIDANCE SEEKING

- How do you ensure adoption by all stakeholders?
- How do you measure success? Number of payers signing a LOI? Increased percent of measures aligned by payer? Number of purchasers with value-based contracting on core set? Improvements by core set of metrics?

Questions and recommendations for the case

Summary of recommendations

Closing Announcements

NRHI presents:

Network News

with Craig Brammer, CEO

Join us the 2nd
Tuesday of every month,
12-12:30p.m. EST



nrhi Network for
Regional Healthcare
Improvement

January programming

NRHI is looking for a member interested in **presenting a case on empowering the consumer voice on multi-stakeholder boards**

Interested? Chat in now or email jritzo@nrhi.org

Reminder: R.E.A.L Solutions events will require a registration!





THANK YOU!!!!