

Total Cost of Care Pilot

Participating Regional Health Improvement Collaboratives



CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)

CIVHC is a non-profit organization whose mission is to inform, cultivate and advance strategic initiatives that improve care, contain costs and advance the health of Coloradans. We administer the pioneering Colorado All Payer Claims Database (APCD), offering a complete picture of health care cost, quality and utilization based on comprehensive claims data from government and private payers alike. In addition, we're spearheading the development and use of innovative data tools never before available in our state. This enables us to help organizations uncover ways to improve the way health care is delivered, used and paid for. The unique design of Colorado's APCD has gained national recognition as a model for identifying solutions and advancing health care improvement.

CENTER FOR IMPROVING **VALUE** IN HEALTH CARE

recognition as a model for identifying solutions and advancing health care improvement.

Equipped with this information, CIVHC is able to facilitate important conversations and bring together a broad spectrum of stakeholders who share our cause to drive collective change. We work with all those eager to claim a more informed and meaningful role in advancing health care value, including: Providers, Employers, Payers, Consumers, Policy makers, Government agencies, Researchers and Health care advocacy organizations. While we collaborate with a broad spectrum of stakeholders, we serve no single interest group. Our interest is in identifying and advancing efforts that move the needle on health care value. This enables us to neutrally convene organizations to collectively identify positive solutions to meet Colorado's health care needs.

CIVHC is devoted to a single cause: advancing an exceptional health care system for Colorado. Success means better health, better care and lower costs—and an exceptional health care system uniquely suited to Colorado.

CONTACT

950 S. Cherry Street, Suite 208
Denver, Colorado 80246

720-583-2095

General CIVHC Questions:info@civhc.org

Colorado APCD specific Questions:coloradoapcd@civhc.org

Total Cost of Care Pilot

Participating Regional Health Improvement Collaboratives



MAINE HEALTH MANAGEMENT COALITION

The Maine Health Management Coalition (MHMC) is a non-profit organization whose over 60 members include public and private purchasers, hospitals, health plans, and doctors working together to measure and report health care value. MHMC helps employers and their employees use this information to make informed decisions.

Since 1993, the MHMC has played a leading role in healthcare quality measurement and public reporting – both in Maine and nationally. Initially, the organization took the initiative to disseminate best practices for common conditions like asthma, diabetes and depression, but as public reporting began to gain traction in the early 2000's the MHMC began to report best doctor lists on their website, www.mhmc.info. Beginning in 2006 the MHMC sought to accelerate the pace of quality improvement and began to develop its own quality metrics for Maine hospitals. Early hospital measures included heart attack performance, congestive heart failure performance, and pneumonia performance. Shortly after, the MHMC began to publicly report on primary care providers, and they continued to expand their hospital reporting using homegrown metrics like their medication safety survey.

Today the MHMC is widely recognized as a pioneer in the realm of public reporting, and the organization publishes a number of metrics for hospitals, health systems, primary care, pediatrics and specialists on its public website, www.getbettermaine.org. It continues to seek new opportunities to foster transparency in Maine and utilizes a number of data sources to deliver quality, patient experience and cost information to healthcare consumers.

CONTACT

11 Bowdoin Mill Island, Suite 260
Topsham, ME 04086
207-844-8106
<http://www.mehmc.org/>

Total Cost of Care Pilot

Participating Regional Health Improvement Collaboratives



MIDWEST HEALTH INITIATIVE

MIDWEST HEALTH INITIATIVE

The Midwest Health Initiative, St. Louis' regional health improvement collaborative, supports physicians, employers, hospitals, health plans and consumers in improving the health and the quality and affordability of health care in its region. MHI stewards a large

commercial data asset and serves as a neutral, trusted forum for diverse health care stakeholders to determine shared priorities for action and work collaboratively to achieve their goals. Founded by employers and health plans in 2010, MHI is governed by a multi-stakeholder board. A robust committee structure ensures strong participation from all perspectives.

The MHI data asset includes eligibility, medical and pharmacy claims information on 1.2 million lives from the region's largest health plans and leading self-insured employers and unions. While the MHI dataset is currently focused in the St. Louis region, a statewide expansion is underway and it has begun collecting data for the state of Missouri and adjacent metropolitan areas. MHI is a CMS Qualified Entity. It is a member of the Network for Regional Health Improvement and the National Association of Health Data Organizations.

MHI's current work is focused on providing our community a better understanding of its quality, cost and utilization trends and improving the appropriate use of the emergency department. It also operates LiveWellSTL.org, an interactive website that connects St. Louisians to more than 2,500 activities and events to help them move more, eat better, lose weight and feel well.

In 2013, MHI completed a successful project to lower rates of early elective deliveries in its region. Data shows moms and babies continue to benefit from this project with local hospitals still reporting lower rates of early elective deliveries than state and national averages.

CONTACT

8888 Ladue Road, Suite 250
St. Louis, MO 63124
314-721-8715

<http://midwesthealthinitiative.com/index.php>

Total Cost of Care Pilot

Participating Regional Health Improvement Collaboratives



MINNESOTA COMMUNITY MEASUREMENT

MN Community Measurement is an independent, non-profit organization dedicated to accelerating the improvement of health by publicly reporting health care information. As the primary trusted source of health care measurement, data sharing and public reporting

for more than a decade, MNCM works with health plans, providers, employers, consumers and state agencies to spur quality improvement, reduce health care costs and maximize value.

MNCM collects and reports more than 70 quality, cost and patient experience measures for clinics, medical groups and hospitals, available at MNHealthScores.org. In addition, MNCM publishes the yearly Health Care Quality Report, Health Care Disparities report and, new in 2015, the Health Equity of Care report. All reports are available at MNCM.org. In addition, MNCM works with clients in Minnesota and nationally for Measure Development, Measure Testing, Data Collection, Data Validation, Analytics and Health Care Reporting. MNCM reports on PQRS on behalf of Clinics.

Data sources used for measurement vary for each measure. Quality measures are obtained from direct feeds from clinics and medical groups and from health plans. Patient Experience data is coordinated with MNCM and the medical clinics. MNCM is also a CMS Qualified Entity.

MNCM does not use a central All Payer Claims Database for cost or HEDIS quality measures, instead works directly with health plans to coordinate a distributed model with standard processing and file delivery, allowing MNCM to merge, validate, analyze and publish the measures.

The Total Cost of Care report, published in 2014, was created through a community effort and cooperation from four health plans: Blue Cross Blue Shield of MN, HealthPartners, Medica Health Plans and PreferredOne.

CONTACT

Broadway Place East #455
3433 Broadway Street NE,
Minneapolis MN 55413
info@mncm.org
612-455-2911
MNCM.org
MNHealthScores.org

Total Cost of Care Pilot

Participating Regional Health Improvement Collaboratives

OREGON HEALTH CARE
QUALITY
CORPORATION

**OREGON HEALTH CARE QUALITY
CORPORATION**

The Oregon Health Care Quality Corporation (Q Corp) is an independent, nonprofit organization dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information. As a multi-stakeholder organization, Q Corp's measurement and reporting initiative is guided by a committee composed of consumers, employers, providers, policymakers, health insurers and others. This initiative has produced Oregon's most comprehensive system for measuring and reporting the quality, utilization and costs of health care.

Q Corp currently receives administrative claims data from 14 of Oregon's largest health plans and the Oregon Health Authority Division of Medical Assistance Programs (Medicaid), and Medicare fee-for-service and Medicare Part D data from the Centers for Medicare and Medicaid Services (CMS). This information is used to produce reports for consumers, employers, providers, policymakers, health insurers and other stakeholders. Q Corp's claims database now includes claims data representing care for over three million Oregonians since 2006.

CONTACT

520 SW 6th Avenue, Suite 830
Portland, OR 97204
503-241-3571
info@q-corp.org