Tackling Low Value Care by Increasing Provider and Purchaser Engagement

Ashley M. Edwards, Chief Innovation Officer
The Virginia Center for Health Innovation

- Founded in 2012 as a 501C3
- Public-private partnership with annual funding from the Commonwealth of VA
- Mission: To accelerate the adoption of value-driven models of wellness and healthcare
- Governed by a diverse, multi-stakeholder board of directors
- Secured more than $23M in grants for Virginia
VCHI Board and Leadership Council

AARP Virginia
Advocate Health
Aetna
Anthem
APC
Augusta Health
Aviant Health
Ballad Health
Biogen
Boehringer-Ingelheim
Bon Secours Virginia
Carilion
Centra Health
Cigna
Cogit Analytics
Commonwealth of Virginia
Dominion Energy
GIST Healthcare
GlaxoSmithKline
HCA Virginia
Inova Health System
Johnson & Johnson
LabCorp
Maxim Healthcare Services
MSV Foundation
Merck
Novo Nordisk
Optima
PATH Foundation
Patient First
Pfizer
PhRMA
Privia Health
Riverside Health System
Sanofi
Sentara
UnitedHealthcare
UnitedHealthcare
UVA Health Care System
Va Academy of Family Physicians
Va Association of Health Plans
VCU Health
Virginia Health Care Foundation
Va Hospital and Healthcare Association
Va Oral Health Coalition
Va Community Healthcare Association
Va Council of Nurse Practitioners
Virginia Nurses Association
Virginia Premier
Walgreens
Westrock
Workpath
Our Work

Convene and educate stakeholders interested in accelerating the adoption of value-driven models of wellness and healthcare in an effort to improve patient outcomes and advance Virginia's well-being and economic competitiveness.

Oversee and facilitate demonstration research to test and evaluate models of value-driven wellness and health care.

Leverage data and analytical resources that inform and enable health care providers, public health professionals, government representatives, community organizations, employers and consumers to make better decisions.

Help prepare the health care delivery system and the public for a high quality, value-driven health care marketplace which features engaged and satisfied clinicians and patients.
Establishing a Virginia Health Value Dashboard

**Purpose:** to prompt action for improving the value of health care services.

**Measurement approach:** is to identify and report on the delivery of both low value and high value clinical services across Virginia and its regions.

**Aims:**
- Reducing low value services
- Increasing high value services
- Improving the infrastructure for value-based care.
# AIM I: REDUCING LOW-VALUE CARE

## A. Utilization and cost of potentially avoidable emergency room visits

1. Potentially avoidable ED visits - As a percentage of total ED visits
2. Potentially avoidable ED visits - Per 1,000 member months
3. Potentially avoidable ED visits - Per member per year

## B. Low Value Services as captured by the MedInsight Health Waste Calculator

1. Don’t obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery
2. Don’t obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery
3. Don’t perform population based screening for 25-OH-Vitamin D deficiency
4. Don’t perform PSA-based screening for prostate cancer in all men regardless of age
5. Don’t do imaging for low back pain within the first six weeks, unless red flags are present

## C. Inappropriate Preventable Hospital Stays

- Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)
AIM II: INCREASING HIGH VALUE CARE

A. Virginians who are current with appropriate vaccination schedules
   - Childhood and Adolescent Immunization Status

B. Comprehensive Diabetes Care
   - Hemoglobin A1c (HbA1c) Testing
   - Medical Attention for Nephropathy

C. Clinically Appropriate Cancer Screening Rates
   - Breast Cancer Screening
   - Cervical Cancer Screening
   - Colorectal Cancer Screening
AIM III: IMPROVING THE INFRASTRUCTURE FOR VALUE-BASED CARE

A. Commercial in-Network Payments That Are Value Oriented
   - Catalyst for Payment Reform Composite Score: Increasing the Percent of Commercial In-Network Payments that Are Value Oriented

B. Claims in Virginia's All-Payer Claims Database
   - Percent of Virginia Total Covered Lives with Claims Included in the Virginia All Payer Claims Database
   - Percent of Virginia Commercially Insured Lives with Claims Included in the Virginia All Payer Claims Database

C. Value-Oriented Payments that Place Doctors and Hospitals at Financial Risk for Their Performance
   - Catalyst for Payment Reform Composite Score: Increase the Percent of Value-Oriented Payments that Place Doctors and Hospitals at Financial Risk for Their Performance
Dashboard Results

- Released 2019
- 2017 Data

More: https://www.vahealthinnovation.org/value-dashboard/
of the total payments made to providers are value-oriented

67.3%

www.catalyze.org
of the total payments made to providers are value-oriented

36.6%

PAY-FOR-PERFORMANCE

20.1%

SHARED SAVINGS

13.5%

NON-VISIT FUNCTIONS

2.96%
Taking Action to Advance the Dashboard Aims

AIM 1: Reducing Low Value Care

AIM 2: Increasing High Value Care
Important Definitions

Choosing Wisely® – designed by the American Board of Internal Medicine and the National Physicians Alliance to help physicians, patients and other health care stakeholders think and talk about overuse of health care resources. Each medical specialty was asked to identify 5 medical tests and/or procedures that they know to be unnecessary and/or harmful.

Low Value - Services that research has proven to add no value in particular clinical circumstances and in fact can lead to subsequent unnecessary patient harm and higher total cost of care.

All Payer Claims Database – includes paid claims from commercial health insurance companies and the Department of Medical Assistance Services. This voluntary program facilitates data-driven, evidence-based improvements in the access, quality, and cost of healthcare. For the purposes of this work, VHI and VCHI were also able to secure Medicare fee for service data to add to the Medicaid and commercial data.

MedInsight Health Waste Calculator – an analytical software tool that provides actionable insight on the degree of necessity of healthcare services and determines optimal efficiency benchmarks.
Leveraging APCD Data and the Milliman Health Waste Calculator

Medicaid FFS

Medicare FFS

10 of largest health insurers in Virginia

Medical and Pharmacy Claims for 5M+ Virginians

APCD
# Virginia Summary of Results – 2017 Data

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>2017</th>
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<tbody>
<tr>
<td>Number of Measures</td>
<td>48</td>
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<tr>
<td>CMS Data Included?</td>
<td>Yes</td>
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<tr>
<td>Dollars Spent on Unnecessary Services</td>
<td>$607 million per year</td>
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<tr>
<td>Unnecessary Services Identified</td>
<td>1.54 million per year</td>
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</tbody>
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January 2019, HWC Version 7
Virginia Overall Results – 2017 Summary

- 29% of members exposed to 1+ low service
- 37% of services measured were low value
- $9.33 PMPM in claims were unnecessary
Health Affairs article, “Low-Cost, High Volume Services Contribute The Most To Unnecessary Health Spending”, was the 3rd most read Health Affairs Article in 2017.
Smarter Care
VIRGINIA
Advancing the VCHI Health Value Dashboard
Exciting New Partnership

• VCHI was awarded a **$2.2 M grant** from Arnold Ventures to launch a statewide pilot to reduce the provision of low-value health services.

• The initiative will span **3 years**, with an additional 6 months for evaluation.

• It will employ a two-part strategy to reduce 7 sources of provider-driven low value services and prioritize a next set of consumer-driven measures for phase two.
SCV Leadership Team

- VCHI staff, Board of Directors, and Advisory Leadership Council
- Virginia state government and Secretary of HHR, Daniel Carey, MD
- Virginia’s health systems and the Virginia Hospital and Healthcare Association
- Virginia Health Information (APCD)
- Milliman MedInsight (Health Waste Calculator)
- Virginia Business Council
- John Mafi, MD, MPH (Lead Evaluator) and Steve Horan, PhD (Survey Design/Evaluation Support)
- Howard Beckman, MD; Michael Chernew, PhD; A. Mark Fendrick, MD; Catherine Sarkisian, MD, MSPH; Lauren Vela, MBA; and Daniel Wolfson, MPP (Project Faculty)
Aim

In three years, we will produce a 25% relative reduction in seven low-value care measures that are provider-driven while prioritizing up to six consumer-driven measures for our next phase of work.
Core Components

CLINICAL LEARNING COMMUNITY
Health system and physician practice partners working together to reduce seven provider-driven measures.

EMPLOYER TASK FORCE
15-25 Virginia employers working together to increase their knowledge of low-value care and identify consumer-driven measures to drive change through benefit design and employee education.

PLAN TO IMPROVE HEALTH VALUE
Developed at a joint conference of the clinical learning community and employer task force members.

Funded by a 3 year, $2.2M grant from Arnold Ventures
Clinical Learning Community
Resources Provided

- Provider Performance Data Reports (Provided Quarterly)
- CME-approved webinars (4)
- Faculty office hours
- Monthly calls with Project Leadership Team and other Cohort 1 CLT members
- Online Platform (Virginia Health Innovation Network)
Provider Driven Measures

“Drop the Pre-Op”

• Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low risk surgery - specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss or fluid shifts is/are expected to be minimal

• Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (ie. CAD, valvular disease) undergoing low or moderate risk non-cardiac surgery

• Don't obtain EKG, chest x-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery
Provider Driven Measures

Treatment & Screening

• Don't order annual electrocardiograms or any other cardiac screening for low-risk patients without symptoms

• Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present

• Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease

• Don't place peripherally inserted central catheters (PICC) in stage III-V CKD patients without consulting nephrology
The Employer Task Force includes 17 employers, selected in partnership with the Governor’s office and the Virginia Business Council.

Goals:

• Increase employer knowledge concerning the challenge of low-value health services,
• Expose Virginia employers to employers that are mobilizing for change
• Engage employers in specific actions they can take in employee communications, benefit design, and contracting to drive improvement.
Task Force Members

Carmax
Commonwealth of Virginia – State Employee Health Plan
Dominion
eTRANSERVICES
Genworth
NFIB
Northern Virginia Chamber
SBG Technology Solutions
Smithfield
The Port of Virginia
TowneBank
Virginia Association of Counties
Virginia Beach City Public Schools
Virginia Tech
Wal-Mart
Roles and Responsibilities for Employers

• Attend at least five of the six ETF meetings.

• Participate in the discussion and make recommendations in the identification of consumer-driven low-value care measures and in the development of the **Virginia Plan to Improve Health Value**.

• Commit to submitting Employer’s claims data to the Virginia All-Payer Claims Database. If a commitment cannot be made, the reasons for non-submission should be documented so that the Commonwealth can learn from them and seek solutions.

• Commit to requesting company-specific performance data on the provider and consumer-driven low value care measures being considered at the state-level.

• Commit to considering implementation of at least one internal change (benefit design, contracting, employee communications) to address one or more of the measures selected for improvement in the **Virginia Plan to Improve Health Value** by 2022.

• Commit to presenting the findings, if asked, of the **Virginia Plan to Improve Health Value** to a local chamber of commerce or other appropriate trade or peer group.
Developing a Virginia Plan to Improve Health Value

- Final product to be developed at a joint conference of the health system CLTs and the Employer Task Force (September 2021)
- Should reflect learning and future priorities of both groups
- Will be shared with Governor Northam and the Virginia General Assembly’s Joint Commission on Health Care
What’s Next:

Continued rollout of Smarter Care Virginia:
  • Cohort 2 (November)
  • Cohort 3 (March 2020)

Expanded work with the Virginia Community Healthcare Association through Health Center Controlled Networks funding.
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