nrhi
Network for Regional Healthcare Improvement

Getting to Affordability

Most Frequently Asked Questions

There are a multitude of questions that may be asked around Getting to Affordability. This section answers some of the most frequently asked questions related to: Producing standardized, high-quality data analyses; Sharing both information and experiences; and Using the resulting information to compel fundamental change.

There often is not one single answer; different regions have taken different approaches in Getting to Affordability. Some of the answers below refer you to our *Technical Resource for Measurement of Total Cost of Care Using Multi-Payer Data Sets (Technical Resource)* for a more detailed answer. If you don't see your question below, please ask your questions today in the Getting to Affordability community by clicking here.

Producing standardized, high quality data analyses:

Can I use HealthPartners' TCOC measure specifications and come to the same result as the pilot sites?

NRHI's Getting to Affordability approach marries the HealthPartners' measure specifications with data quality reviews, lessons learned, and robust stakeholder engagement strategies. The measure specifications require a number of decision points which may lead to different results and are one piece of Getting to Affordability.

How did the pilot sites attribute patients to physicians?

The critical decision of which attribution methodology to use was made locally. Each region worked with their stakeholders to determine how attribution would be handled. We saw the same relativity of results across regions when comparing attributed populations to full populations; therefore, we deduced that different attribution methodologies do not impact the ability to compare across regions. *For more information, go to page 15 of the Technical Resource – found here under Module 1.*

How does a panel size (small vs large) and geography (rural vs urban) affect TCOC results?

The TCOC measures are endorsed based on reliability tests for panels of 600 patients. As it relates to urban vs. rural results, states may choose to publish the Total Cost Index (TCI) and Resource Use Index (RUI) by geography and inform on the differences. The pilot sites found that it was helpful to report state-wide (region-wide) information as well as more localized information; users in a local market can understand the differences between their smaller segment and the larger population.

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What specific data elements are required to produce Total Cost of Care reports?

A comprehensive list of requirements can be found beginning on page 6 of the *Technical Resource – found here under Module 1.*

What internal resources are required to produce Total Cost of Care reports?

Different regions made different decisions regarding whether or not to use internal or external resources for data and analytical needs. You will need to know your data inside and out in order to have confidence in it. Some of this knowledge will come as a result of data quality checks. You will need dedicated resources (whether internal or external) to work on this effort. Two to three full time-employees have been cited by some pilot sites as necessary to complete this work, however is dependent on how familiar you are with your data set and will affect how long for the entire process.

Are allowed amounts required in order to calculate Total Cost of Care?

In order to produce Total Cost of Care reports, you will need to have access to complete claims data, including allowed amounts. This level of detail is required to have a full picture of healthcare spend. A comprehensive list of requirements can be found beginning on page 6 of the *Technical Resource – found here under Module 1.*

Is there a limit to the number of ICD 9/10 diagnosis codes used in the analysis?

The pilot sites did not limit the number of ICD 9/10 diagnosis codes in their regional practice level analyses; however, in order to benchmark data across regions, sites needed to agree upon a number of codes. For the 2014 cross regional comparison data (benchmarks), the pilot sites agreed to include four diagnosis codes per claim for the risk adjustment analysis.

Sharing both information and experiences:

What is the value of sharing across regions (i.e., participating) in Getting to Affordability?

There are many benefits to participating in Getting to Affordability. The pilot sites were pioneers in standardizing the use of a cost metric. Before standardization, there was no "reference point" for comparison.

By standardizing the metric used, the team created the ability to review one region's results against other regions', thus creating a "reference point" for each community's data. This quality check was invaluable to participants.

Additionally, the team shared lessons learned, challenges & triumphs; they partnered with each other to share stories and engage stakeholders across the country.

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How do you propose to display the data?

Participants agree that healthcare costs are one component of the Triple Aim, and recommend folding results into reports that reflect these arms: quality, patient experience, and total cost of care. Presenting the information alongside these other measures is helpful in balancing the information given and providing a more complete picture of value.

What is the best way to deliver Total Cost of Care reports?

Many factors affect how regions deliver reports. Ideally, delivering the data in person, either in small groups or one-on-one is desirable but not always possible. Distributing reports in advance of a meetings allows for the opportunity to digest the information prior to an in-person meeting. No matter the delivery method, it is important is to provide the opportunity to ask questions and to provide feedback on what information was helpful and where views could be improved.

How are these TCOC reports different from performance reports clinics might be getting from health plans?

TCOC reports enable users to view multi-payer information in one report. This helps a clinic to better identify and understand practice patterns across a larger group of patients. The pilot sites are committed to transparency regarding source data and methodology and input and feedback from

How do you know you are ready to share the data?

It depends on how you plan to use the data. Privately reporting healthcare costs directly to providers can be done when the data is tested to be reliable and valid. The results are intended to be directional and used for improvement purposes.

The stakes are much higher in a community when public reporting is on the table. The pilot sites found that reporting multiple rounds of data privately was essential before reporting publicly in order to ensure the data was accurate and stakeholders were on board. Data elements and results will face a higher level of scrutiny from stakeholders when the information is available to the public.

Remember that you may be ready from a data perspective for public reporting, but you will need to engage your stakeholders at every stage in order to ensure that your community is ready for public reporting as well. Translation of the information into consumer friendly language is an important step.

Using the resulting information to compel fundamental change:

Can TCOC only be used for primary care?

The HealthPartners methodology uses a patient-centered attribution approach that includes all care given to a patient. This method is familiar to many primary care organizations, including ACOs,

patient centered medical homes, etc. The TCOC measures can be used in any scenario where there is a provider centrally managing the care of individuals. While it is true that providers may not have full control over total costs or resource use, they can influence and develop partnerships and processes with colleagues, specialists and hospitals to ensure care is coordinated.

What action can clinics take based on the information provided in the reports?

A primary goal of the reports is to identify practice level variation in cost, quality, and utilization. The measures and reports are designed to give each practice an understanding of how the care their patients receive differs from the average, which provides direction to where they should investigate further.

Conclusion

You may have additional questions around Getting to Affordability. As you view the learning modules and have a question about a region's approach, remember that the Getting to Affordability Community is the place to go to ask questions and reach out to the Health Doers Who Have Done It.