

Healthcare Cabinet

9/18/18

Presented by: CedarBridge Group



Discussion Overview

- Background, Group Members, and Meetings
- Framework and Approach
- Data Availability and Feasibility
- Open Discussion about Priorities, Areas of Interest, and Next Steps

Background, Group Members, and Meetings

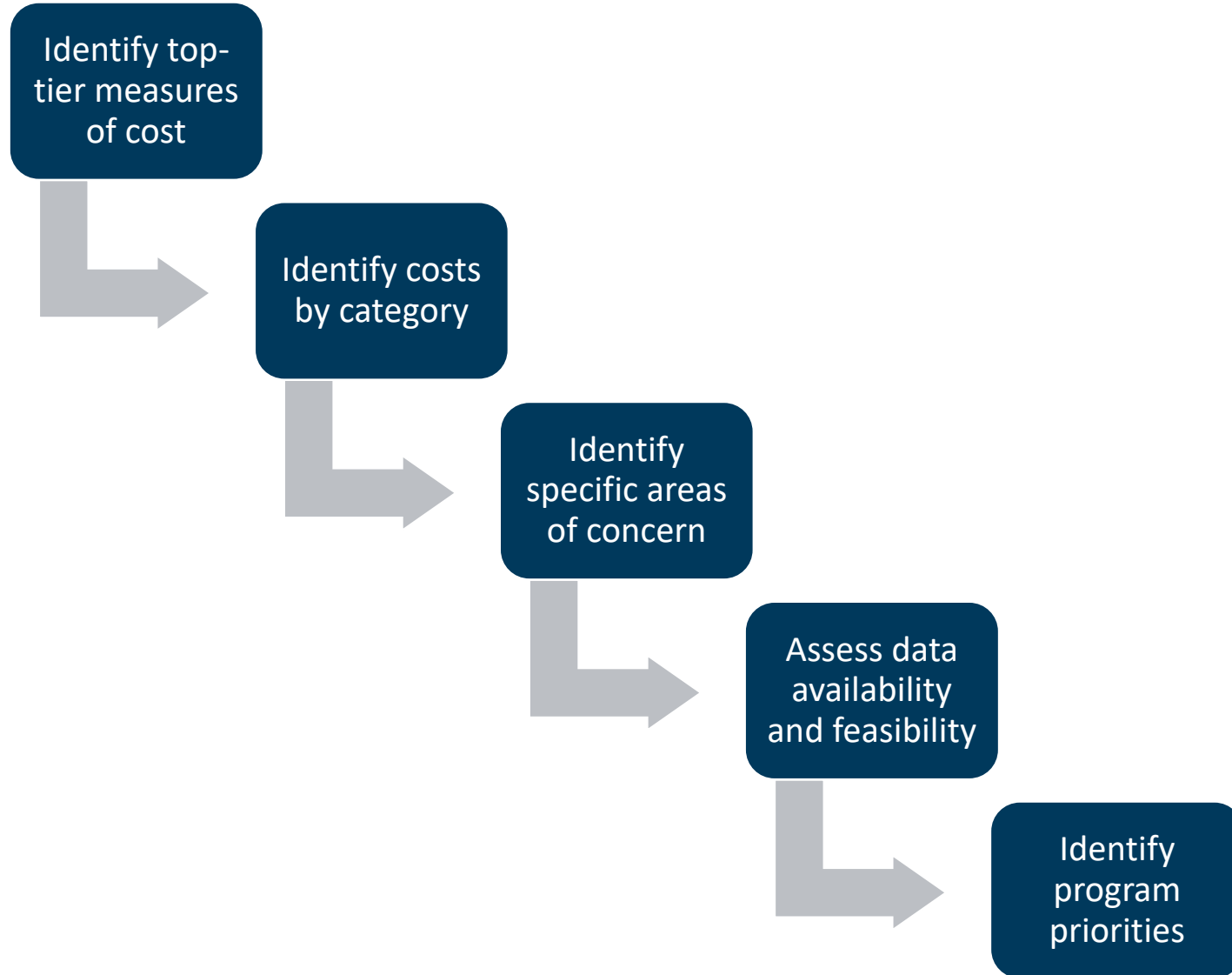
Group Members:

- Vicki Veltri
- Rob Blundo
- Ted Doolittle
- Josh Wojcik
- Kelly Sinko
- Ellen Andrews
- Shelley Sweatt
- Pat Baker

Meetings:

- July 24, 2018
- August 22, 2018
- September 14, 2018

HCC Data Group: Process and Approach



Identify Top-tier Measures of Cost

- Total costs
- Per capita costs (PMPM)
- Trends over time
- All-in consumer cost
- Per capita costs by payer type
- Total cost by payer source

Identify Costs by Category

- By coverage type (commercial, Medicare, etc.)
- By categories of care (hospital, RX, etc.)
- By providers and by health systems – comparisons of costs for like patient populations
- By diagnosis
- By race / ethnicity
- Variations in utilization
 - By diagnosis
 - By outcome
- Identify outliers (high and low utilization)
- Cost drivers over time: price vs. utilization vs. enrollment
- Administrative costs, including QI
- Medicaid vs. private commercial insurance
 - Impact of transitioning to/from Medicaid
 - Price and utilization impact
- ED visits for behavioral health (by payor)
- Waste – using standard definitions

Identify Specific Areas of Concern

- Out-of-pocket cost burden – trend over time
- Track price and utilization variations
 - Before and after a merger/consolidation – vertical or horizontal
 - Geographic
 - Size of health system/practice
 - Sort with quality
 - Sort with volume
 - By category/setting of care – health system (competitive areas vs. not), hospital, solo vs. group practices, community health centers, urgent care center, retail clinic, outpatient, labs, drug
 - Price of procedures / services compared across care settings
- High-risk, high-cost population
 - Consistent over time vs. temporary
 - Patterns of care 5-10 years prior
- Primary care costs, utilization and total cost of care before and after hospital primary care conversion to CHCs
- New drugs/procedures/devices -- track spending by condition, before and after launch, and impact on total cost of care, hospitalizations, diagnosis rates, etc.
- Over- and under-utilization
- Cost-shifting from one covered population to another
- Provider risk models – impact on quality and cost
- Use of high-value, low-value care and impact of CON
- Readmission rates and costs
- Preventable hospitalizations and ED visits – costs and predictors
- Track resource gap between primary and specialty care – price/utilization vs. total cost of care, by geography and payer
- Track utilization of home care vs. hospitalizations, track with home care agency closures and rate cuts
- Facility fee notification impact – did patients shift from hospital care

Assess Data Availability and Feasibility

- APCD
- Public Sources
- Private Sources

Analysis of APCD Data Availability / Feasibility:

Identify Costs by Category

Item	Currently Available Through APCD?	Level of Effort Required to Utilize Data
Identify costs by coverage type?	Y	L
Identify costs by categories of care?	Y	L
Identify costs by providers / health systems (comparisons of costs for similar patient populations)?	Y	M
Identify costs by diagnosis	Y	L
Identify costs by race / ethnicity?	N	
Identify costs by variations in utilization (by diagnosis)?	Y	M
Identify costs by variations in utilization (by outcome)?	Y	M
Identify outliers (high and low utilization)?	Y	M / H
Identify cost drivers over time (price vs. utilization vs. enrollment)?	Y	L
Identify administrative costs, including QI?	N	
Identify costs by Medicaid vs. commercial insurance (impact of transitioning to/from Medicaid)?	Y / N	M
Identify costs by Medicaid vs. commercial insurance (price and utilization impact)?	Y / N	M
Identify costs by ED visits for behavioral health (by payer)?	Y / N	M
Identify cost of waste (using standard definitions)?	Y / N	M / H

Analysis of APCD Data Availability / Feasibility: *Identify Specific Areas of Concern*

Item	Available?	Level of Effort
Out-of-pocket cost burden – trend over time	Y / N	M
Track price and utilization variations (before and after a merger/consolidation – v or h)	Y	H
Track price and utilization variations (geographic)	Y / N	M
Track price and utilization variations (size of health system / practice)	Y	H
Track price and utilization variations (sort with quality)	Y	H
Track price and utilization variations (sort with volume)	Y	M
Track price and utilization variations (by category / setting of care)	Y	M
Track price and utilization variations (by price of procedures / services across care settings)	Y	M / H
High-risk, high-cost population (consistent over time vs. temporary)	Y	H
High-risk, high-cost population (patterns of care 5-10 years prior)	Y	H
Primary care costs, utilization, and total cost of care before / after conversion to CHCs	Y	H

Item	Available?	Level of Effort
New drugs / procedures / devices – track spending by condition, before/after launch, and impact on total cost of care, hospitalizations, diagnosis rates, etc.	Y / N	H
Over- and under-utilization	Y / N	H
Cost-shifting from one covered population to another	Y / N	H
Provider risk models – impact on quality / cost	Y / N	H
Use of high-value, low-value care and impact of CON	Y / N	H
Readmission rates and costs	Y	M
Preventable hospitalizations and ED visits – costs and predictors	Y	M
Track resource gap b/w primary and specialty care – price/utilization vs. total cost of care, by geography and payer	Y	H
Track utilization of home care vs. hospitalizations, track with home care agency closures and rate cuts	Y / N	H
Facility fee notification impact – did patients shift from hospital care?	N	

Open Discussion

- Clarity of purpose and setting expectations
 - Priorities will define what data are needed to support them
- Resource constraints
- Importance of focus
- Potential for impact/power to impact
- Identification of 2-4 areas of opportunity