VIRGINIA CENTER FOR HEALTH INNOVATION

Update: Next Steps in Our Work to Reduce Low Value Health Care

Establishing a Virginia Health Value Dashboard

- The purpose of the Health Value Dashboard is to prompt action for improving the value of health care services.
- Our measurement approach is to identify and report on the delivery of both low value and high value clinical services across Virginia and its regions.
- Our action aims are to engage key stakeholders in systematically reducing low value services, increasing high value services, and improving the infrastructure for value-based care. We invite all organizations that provide, purchase, or fund health care to engage in this effort.

2018 Virginia Health Value Dashboard

An initiative of the

VIRGINIA CENTER FOR HEALTH INNOVATION

Overview of Aims

Aim I: Reducing Low-Value Care

A. Utilization and cost of avoidable emergency room visits
B. Low-value care "Top Five" as identified by the National Task Force on Low-Value Care
C. PQI discharges as a percentage of total hospital discharges: Avoidable Hospital Stays for Ambulatory Sensitive Conditions Per 100,000 Persons

Aim II: Increasing High-Value Care

A. Virginians who are current with appropriate vaccination schedules
B. Screening and Treatment of Virginia's Diabetic and Pre-Diabetic Population
C. Clinically Appropriate Cancer Screening Rates

Aim III: Improving the Infrastructure for Value-Based Care

A. Commercial in-Network Payments That Are Value Oriented
B. Claims in Virginia's All-Payer Claims Database
C. Value-Oriented Payments that Place Doctors and Hospitals at Financial Risk for Their Performance

Aim I: Reducing Low Value Care

A. Utilization and cost of avoidable emergency room visits

- Avoidable emergency department visits as a percentage of total emergency department visits
- Avoidable emergency department visits per member per year
- Avoidable emergency department visits per 1,000 member months

DATA SOURCE: APCD

B. Low-value care "Top Five" tests and procedures

- Avoid unneeded diagnostic testing and imaging for low-risk patients before low-risk surgery
- Avoid Vitamin D screening tests
- Avoid prostate-specific antigen (PSA) screening in men 75 and older
- Avoid imaging for acute low-back pain for the first six weeks after onset, unless clinical warning signs ("red flags") are present
- Avoid the use of more expensive name-brand drugs/biosimilars when more affordable options with identical active ingredients are available*

*Virginia-specific wording

DATA SOURCE: APCD

C. PQI discharges as a percentage of total hospital discharges: Avoidable Hospital Stays for Ambulatory Sensitive Conditions Per 100,000 Persons

- PQI discharges as a percentage of total inpatient discharges.
- Total PQI discharges per member per year.
- Total PQI discharges per 1,000 member months.

DATA SOURCE: VHI IP Discharge

Aim II: Increasing High-Value Care

A. Virginians who are current with appropriate vaccination schedules

- Child Immunization Status
- Percentage of patients 65 years of age and older who have completed the pneumoccocal vaccine series

DATA SOURCES: APCD; VIIS; Catalyst for Payment Reform

B. Screening and Treatment of Virginia's Diabetic and Pre-Diabetic Population

- Percentage of patients 18-75 years of age with diabetes who had HbA1c screening during the measurement year (HEDIS=1 year)
- Percentage of patients 18-75 years of age with diabetes who had a nephropathy screening

DATA SOURCES: APCD; Catalyst for Payment Reform

C. Clinically Appropriate Cancer Screening Rates

- Percentage of women 50-74 years of age who had a mammogram or DBT to screen for breast cancer
- Percentage of women 21-64 years of age who were screened for cervical cancer using cervical cytology
- Percentage of adults 50-75 yeras of age who had appropriate screening (FOE or colonoscopy) for colorectal cancer

DATA SOURCES: APCD

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

DATA SOURCE: Catalyst for Payment Reform Scorecard 2.0

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

DATA SOURCE: APCD

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

DATA SOURCE: Catalyst for Payment Reform Scorecard 2.0

Measures for Future Consideration

A. Utilization of High Cost Service Siteswhen Lower Cost Sites are Available

B. Medication Adherence for Patients with Chronic Illnesses, Including Mental Health

C. Access to Primary Care for the Medically Underserved

D. Smokers in Smoking Cessation Counseling Programs

E. Utilization of Appropriate Hospice Care and Palliative Services for Patients with Advanced Illness

F. Adults with Serious Mental Illness Receiving Appropriate Treatment

G. Share of Total Dollars Paid to Primary Care Physicians vs. Specialists

H. Providers that Score Well on the Merit-based Incentive Payment System

I. Virginians with documented Advanced Directives

Four of the "Top Five" Low Value Clinical Services

Waste Calculator data for 2016 is hot off the presses. For the 4 low value services included in the task force's top 5 list, here are the initial results for Virginia:

Low Value Test or Treatment	# of Low Value Services	Total Cost of Low Value Services
Diagnostics and imaging for low-risk patients before low risk surgery	451,668	207,626,362
Vitamin D Screening	123,950	17,584,632
PSA screening (without age specification)	203,230	20,772,495
Imaging for low-back pain within first 6 weeks, no red flags	31,670	8,202,689
		254,266,178

Next: Pilot Projects with Interested Partners

- State Employee Health Plan
- FQHCs
- PCORI primary care submission
- Medicaid

THANK YOU

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