

Population Health Trust Advisory Committee Meeting

Skagit County Board of Health
September 3rd, 2015



Skagit County Board of Health - Population Health Trust

"Always working for a safer and healthier Skagit County"

*Kenneth A. Dahlstedt, Chair
Lisa Janicki, Commissioner
Ron Wesen, Commissioner*

Agenda

- Welcome and Introductions
- Steering Committee Update
- Business Advisory Committee Update
- Forming a Trust Nomination Committee
- Dr. Rappe and Brian Burch, Group Health Cooperative- Forces of Change
- Break
- Dr. Leibrand, Medication Assisted Treatment
- Community Health Assessment Update
- Survey and Indicators Preview
- Budget Update
- Summary, next steps and closing



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Business Advisory Committee Report

23rd Meeting July

Anneliese Vance-Sherman, Mary McGoffin, Jennifer Johnson, Mark Raaka, Lisa Janicki, Terry Belcoe, Don Wick, Linda Fergusson, Cheryl Bishop, Heather Hernandez & David Jefferson

- Review BAC membership, including new EDASC exec director
- **Highlight:** Dr. Vance-Sherman's Labor market update
 - unemployment rate
 - commuting workforce in and out of SC
- Seeking business representatives for the Oct 21 Data Carousel
- Charter work still pending



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Steering Committee Report

Meeting was August 19th

**Kari Ranten, Andrea Doll, Debra Lancaster, Carol Hawk,
Connie Davis, Jennifer Johnson & David Jefferson**

- * Discussed Board Member Replacement**
- * Forming a nominating committee**
- * Data specific meetings set for Trust members**
- * Data Carousel Invitations - Seeking specific skills sets**
- * Meeting with the UW Latino Health Center to Explore a potential research grant**



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Forming a Nomination Committee

- Up to 6 members
- Recruit, review and put forward for a vote
- Meets as needed to fill positions



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Dr. Rappe and Brian Burch

Group Health Cooperative



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15 Minutes



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Dr. Howard Leibrand Medication Assisted Treatment



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Data Group Report

- Thank our Survey Members: Connie Davis, Duncan West, Mo Pettitt, & Yeshi Tulu
- Refined our data weightings process
- Select teams
- Provided guidance



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Assessment Plan Report

Board members recruit Carousel Participants	8/17/2015	9/30/2015
Data Group Carousel Preparation	8/17/2015	9/30/2015
Multnomah Survey Report Due	8/21/2015	9/1/2015
Data group Meets to Review Survey Results and Suggested Local Indicators	8/31/2015	8/31/2015
PHT Board Meeting	9/3/2015	9/3/2015
Present Data Options to Trust Board and work toward final set for Carousel	9/3/2015	9/15/2015
Snohomish Data Indicator Set Due	9/3/2015	9/3/2015
Multnomah Draft Data Prep Report	9/1/2015	9/4/2015
Multnomah Public Ready Data Graphs Due	9/25/2015	9/25/2015
Data Group Meets with Multnomah and Carousel Planner to review reports, graphs and plan for community event	9/30/2015	9/30/2015
PHT Board Meeting	10/1/2015	10/1/2015
Carousel Event	10/21/2015	10/21/2015



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Data Weighting Work Groups

Health Behaviors	9-8-15	10:00-12:00	Copper Room	6
Physical Health	9-8-15	1:00-3:00	Copper Room	3
Health Care Assess	9-14-15	10:00-12:00	Copper Room	8
Social & Economic	9-14-15	1:00-3:00	Copper Room	7

Need a few more participants



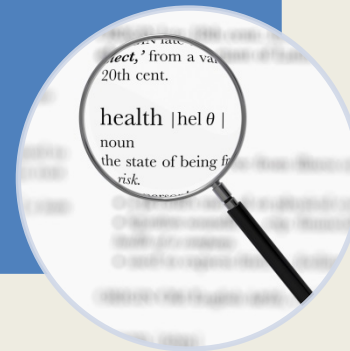
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- Health Behaviors
- Physical Health
- Health Care Assess
- Social & Economic

Survey Report



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How do we use this information to think about community planning?

- **Working Well**
- **Struggling Families**
- **Young Adults 18-40**
- **Elders 60 or better**
- **Tribal community members – 4% (52)**
- **Latinos – 6% (69)**
- **Indigenous Mexicans – 10% (119) Skagit County Commissioner**
- **Districts 1, 2, 3**

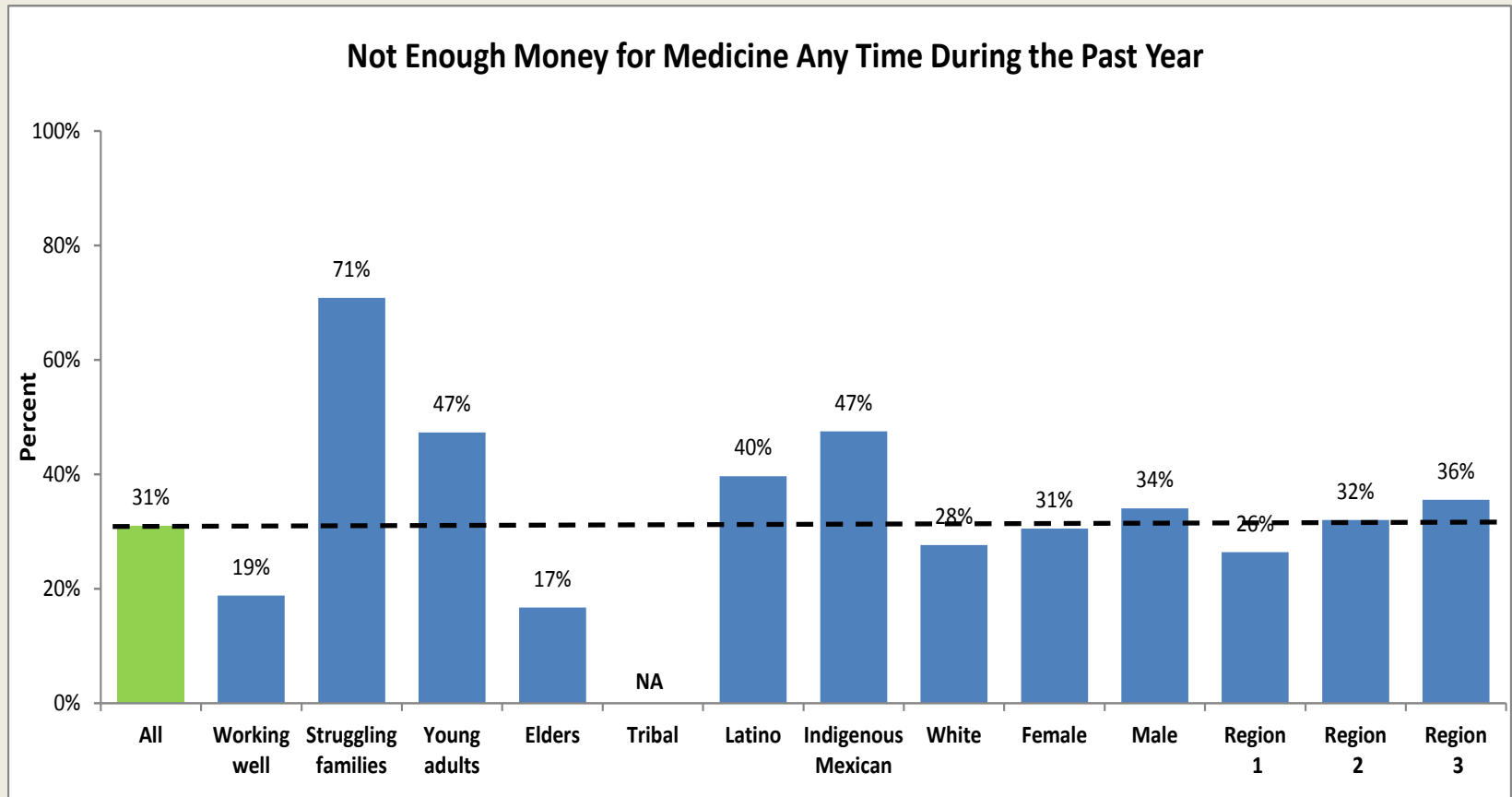


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Health Care Access - Medical Care



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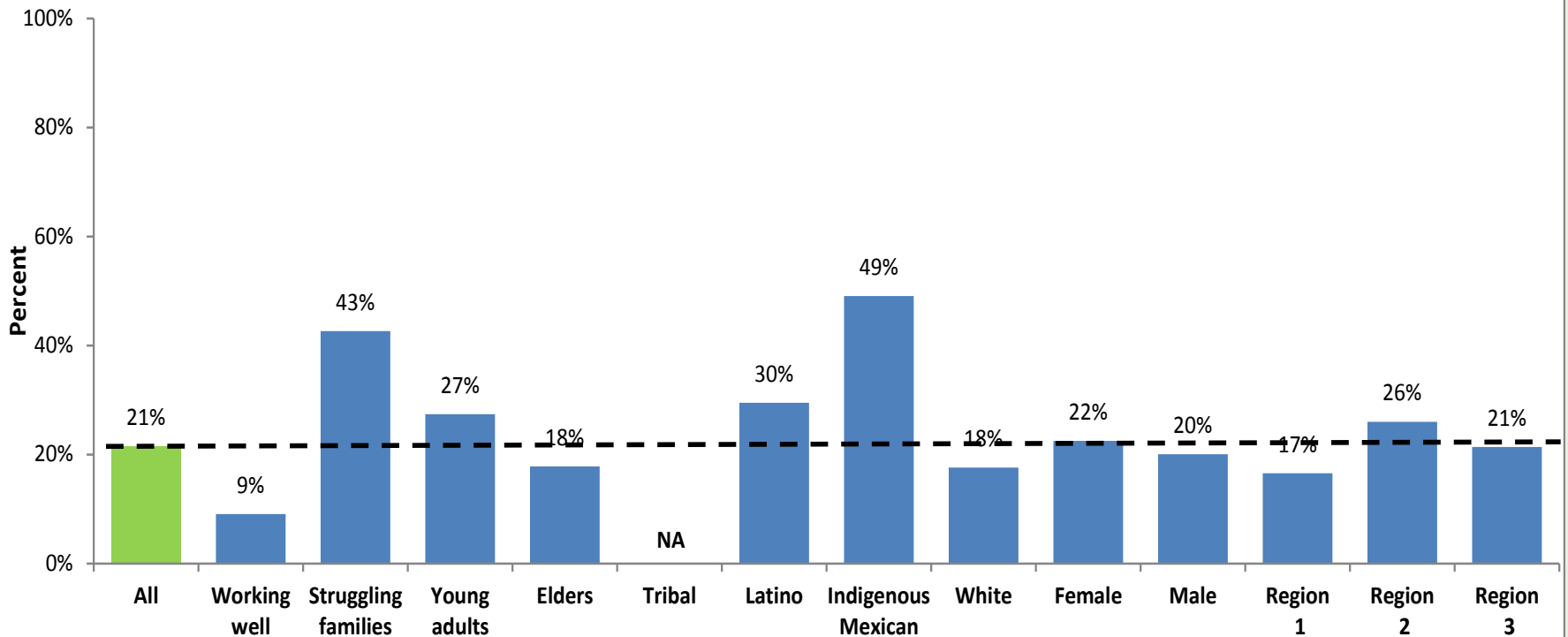
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Health Care Access - Medical Care, reasons that may prevent them from seeing a doctor or medical professional:

☹ = group is more likely or "worse" ☺ = group is less likely or "better"	All	Working well	Struggling families	Younger adults	Elders	Tribal	Latino	Indigenous Mexican	White	Female	Male	District 1	District 2	District 3
Too expensive	18%	☺	☹	☹		*	☹	☹	☺			☺	☹	
Can't afford copays or deductibles	15%	☺	☹			*	☹	☹	☺					
No insurance	10%	**	☹	☹		*		☹	☺			☺	☹	☹
Too busy	9%					*		☹	☺					
Don't have a provider	8%	☺	☹	☹		*		☹	☺					
Change or loss of insurance	8%	☺	☹			*		☹						
No transportation	5%	☺		☹		*		☹	☺	☺	☹	☺	☺	☹
Nervous or scared to go	4%	☺	☹	☹		*		☹	☺					
Don't like my provider	3%					*							☺	☹

Health Care Access – Dental Care

Too Expensive - May Prevent Seeing a Dentist, Among Those That Need It



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Health Care Access – Dental Care, reasons that may prevent them from seeing a dentist:

☹ = group is more likely or "worse" ☺ = group is less likely or "better"	All	Working well	Struggling families	Younger adults	Elders	Tribal	Latino	Indigenous Mexican	White	Female	Male	District 1	District 2	District 3
Too expensive	21%		☹	☹		*		☹				☺	☹	
No insurance	14%		☹			*		☹				☺	☹	
Can't afford copays or deductibles	12%		☹			*	☹	☹				☺	☹	☹
Too busy	8%			☹		*		☹				☺	☹	
Don't have a provider	7%		☹	☹		*		☹				☺	☹	☹
Change or loss of insurance	7%		☹	☹		*		☹				☺		
Nervous or scared to go	6%			☹		*				☹	☺			
No transportation	3%			☹		*		☹				☺	☹	☹
Don't like my provider	2%			☹		*								



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- Health Behaviors
- Physical Health
- Health Care Assess
- Social & Economic

Data Indicators

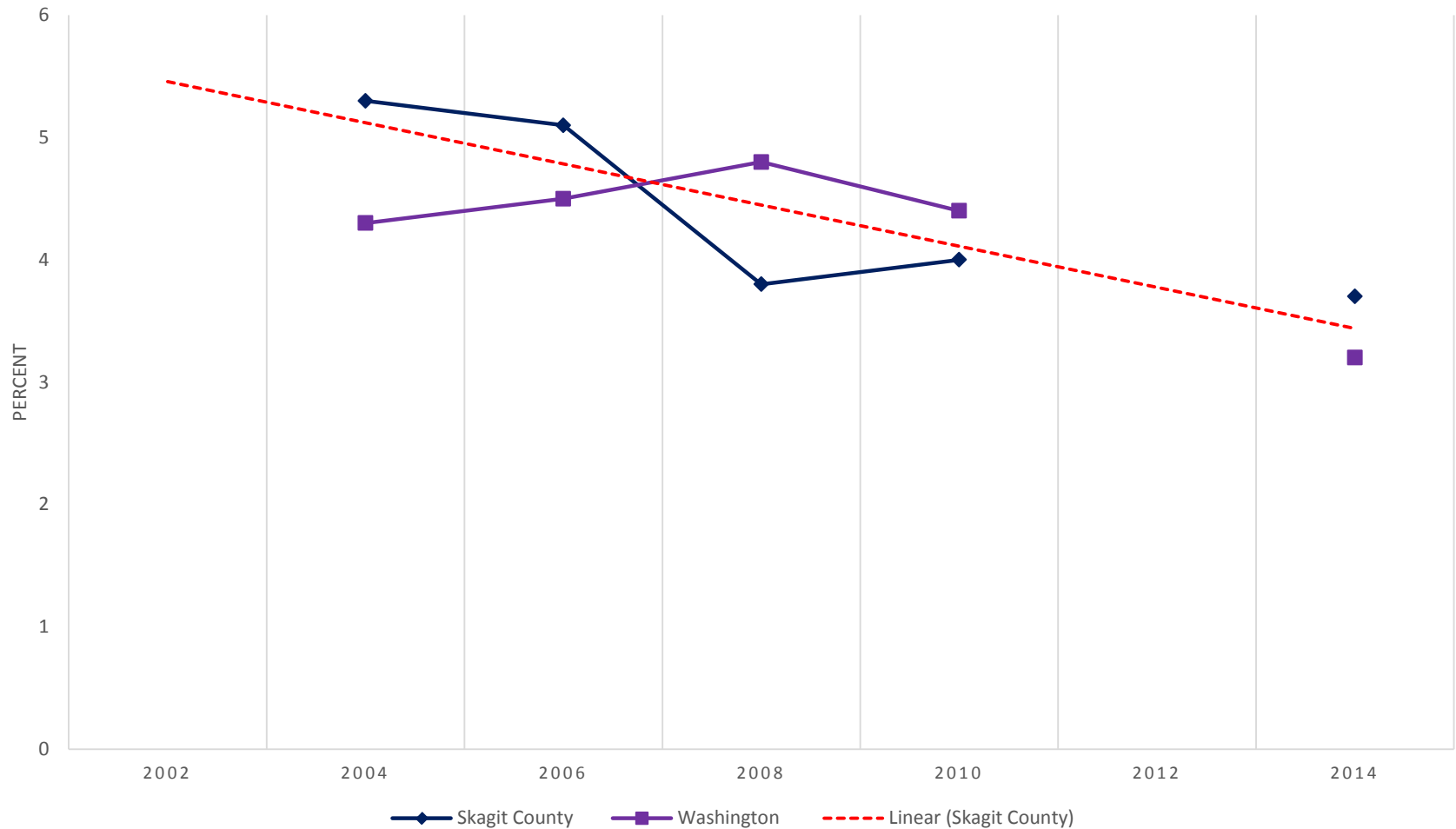


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10TH GRADE STUDENTS TOLD THEY HAVE DIABETES (EVER), 2002-2014

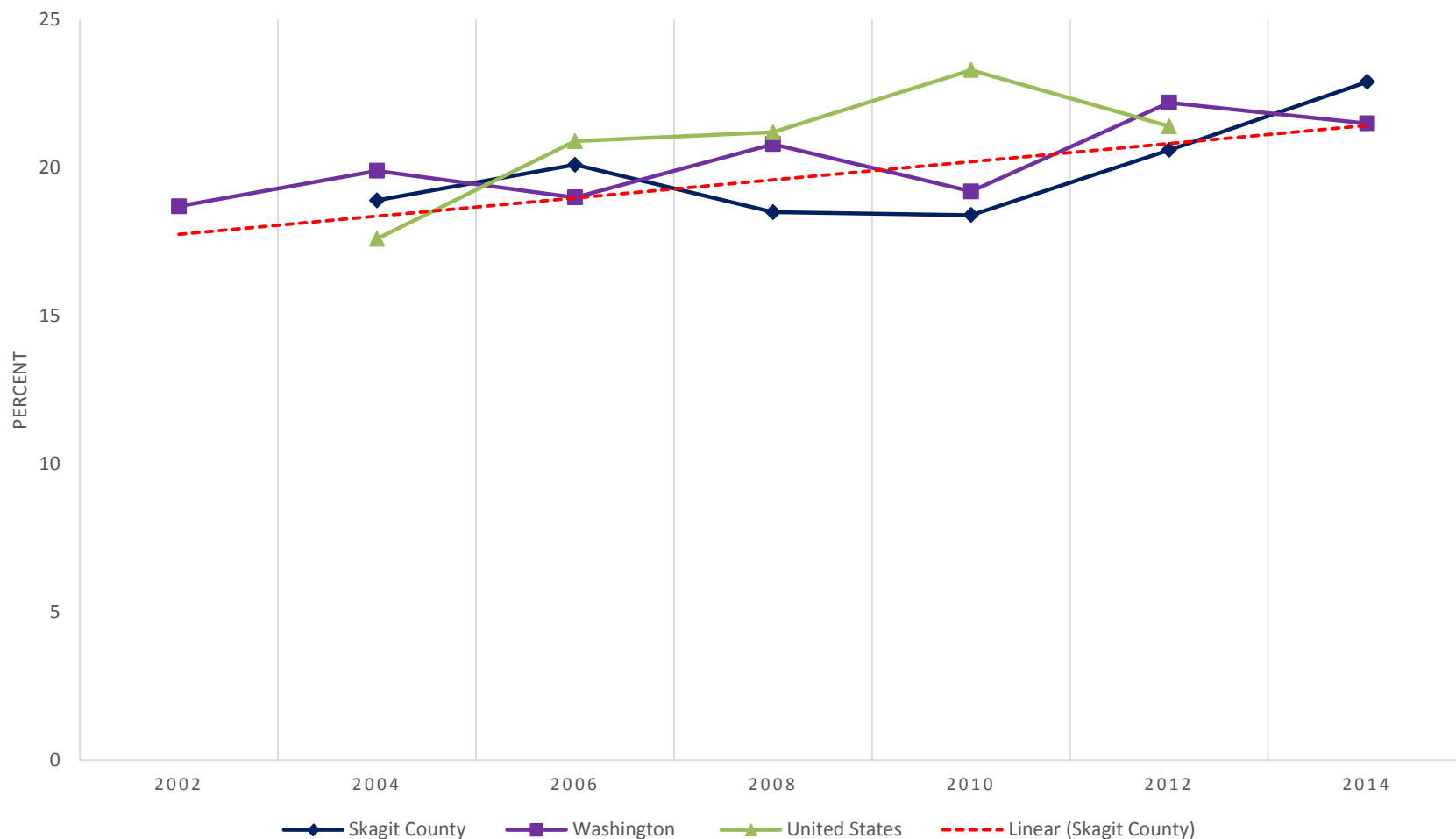


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10TH GRADE STUDENTS TOLD THEY HAVE ASTHMA (EVER), 2002-2014

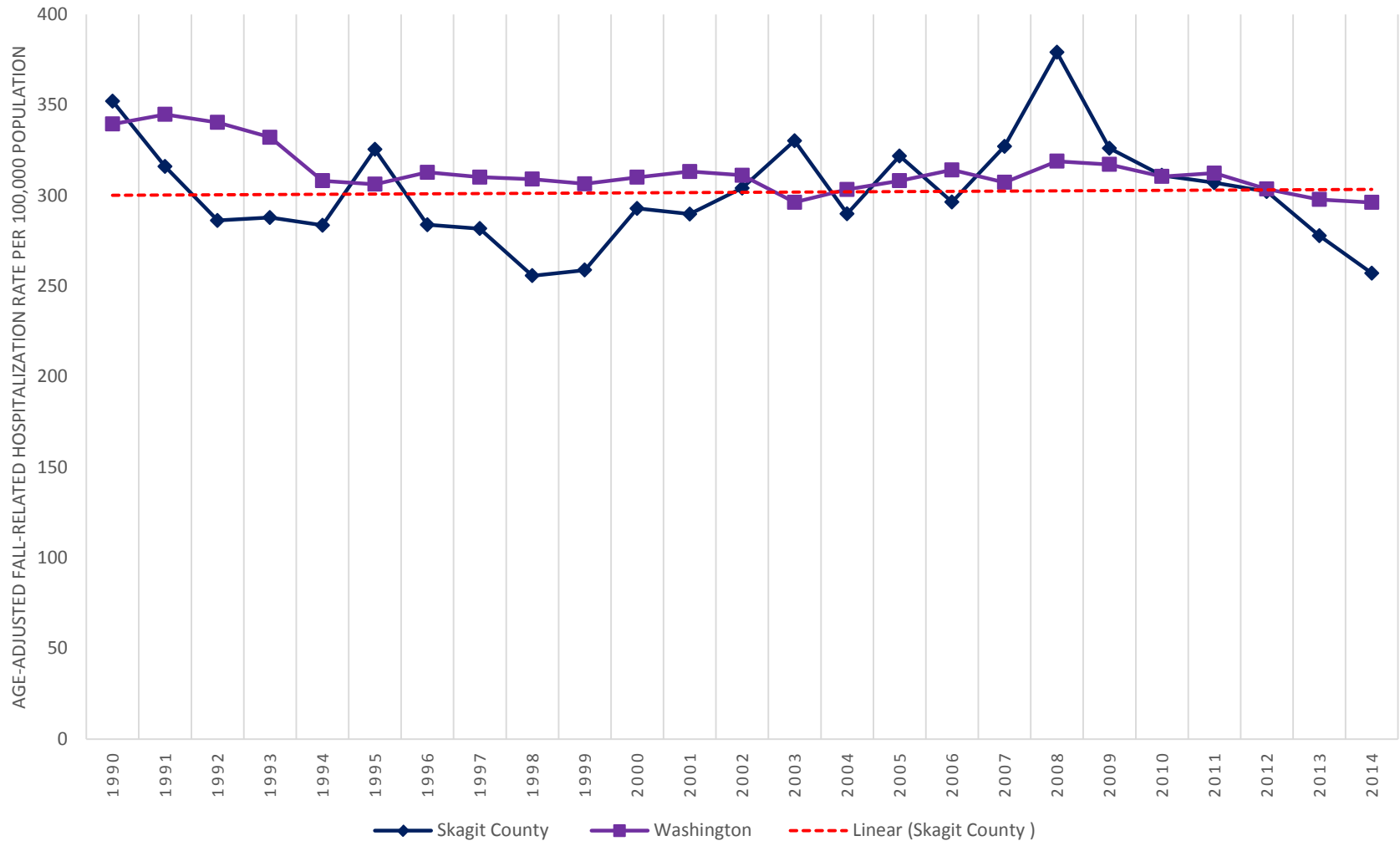


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FALL-RELATED HOSPITALIZATION RATE, 1990-2014

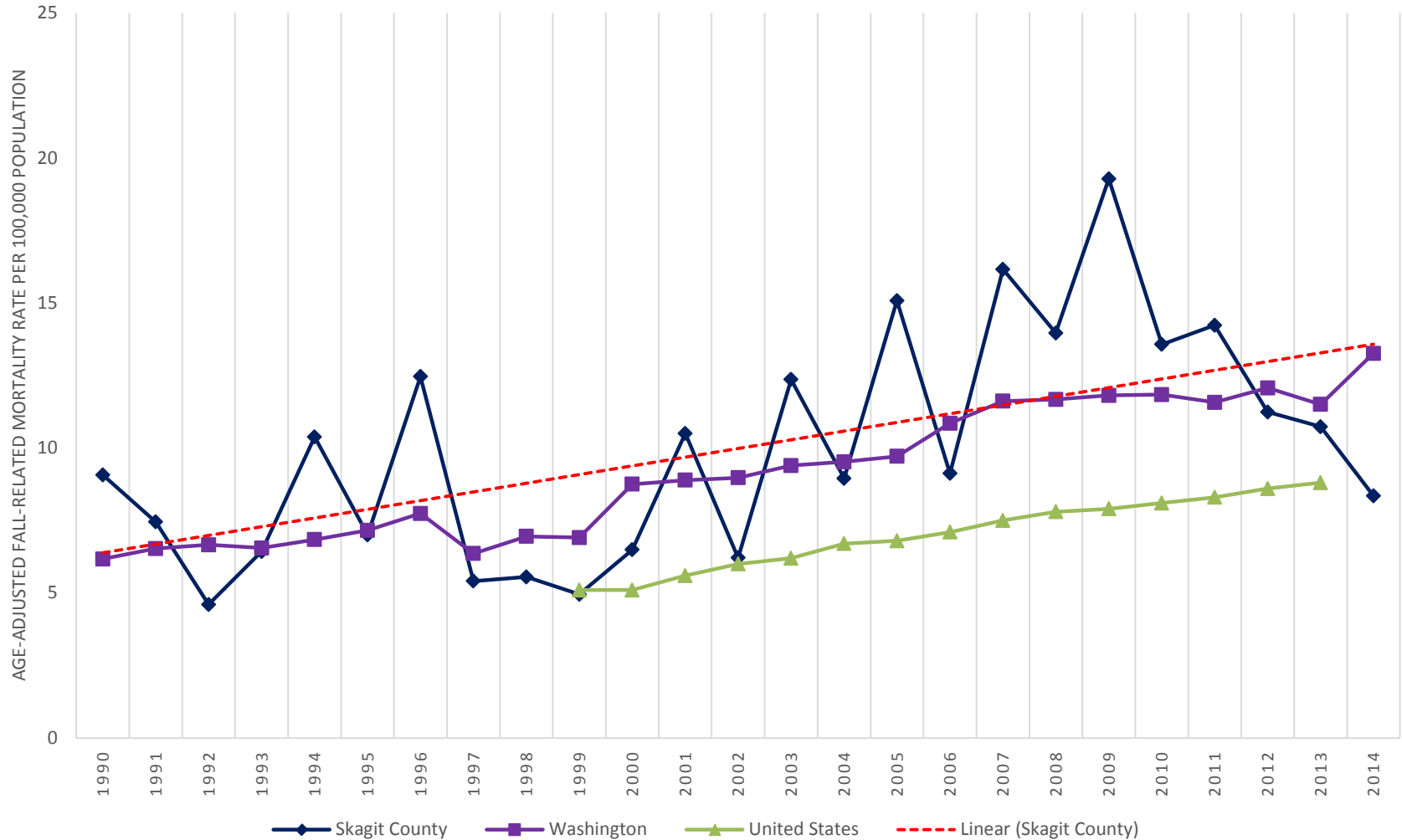


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FALL-RELATED MORTALITY RATE, 1990-2014

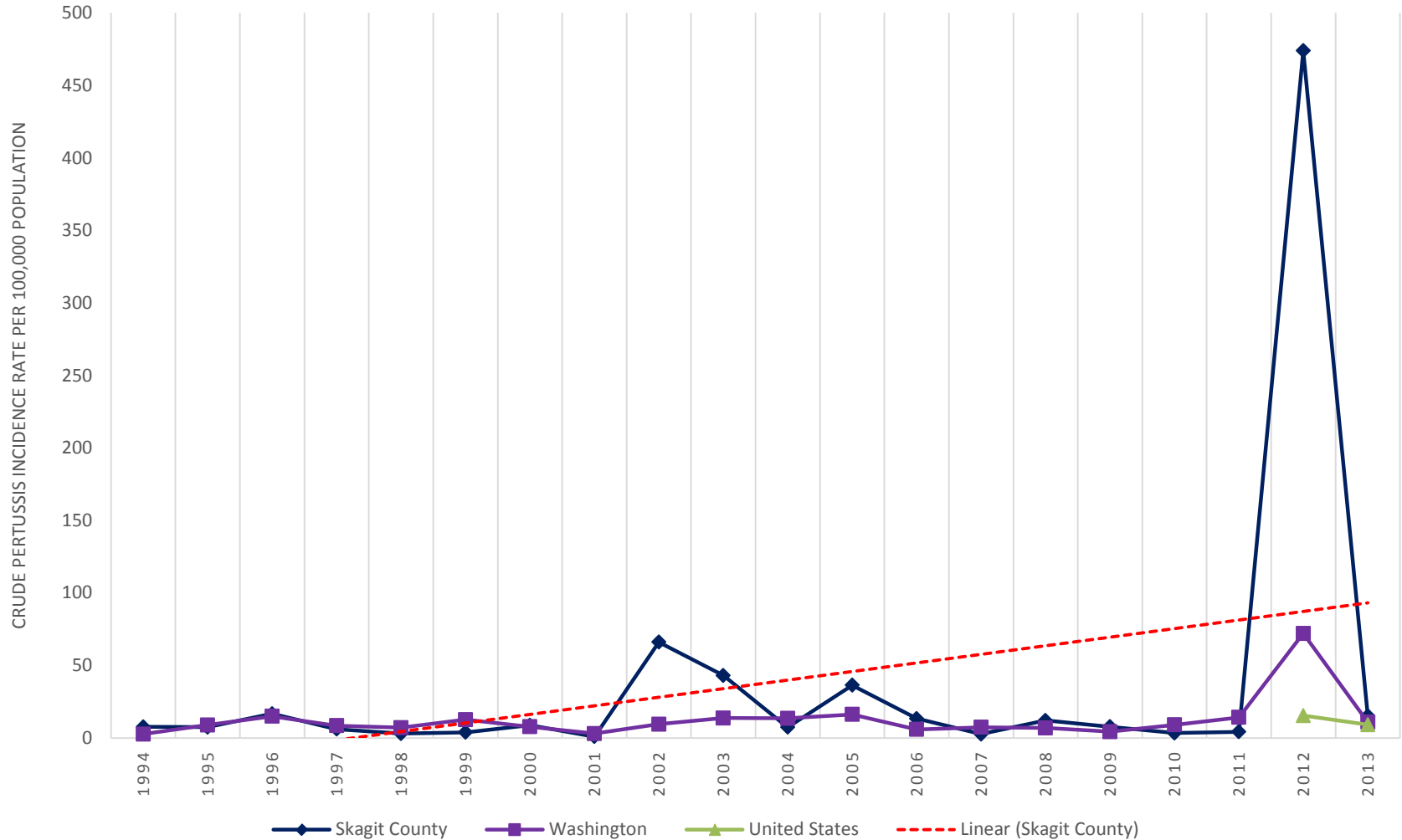


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PERTUSSIS INCIDENCE, 1994-2013



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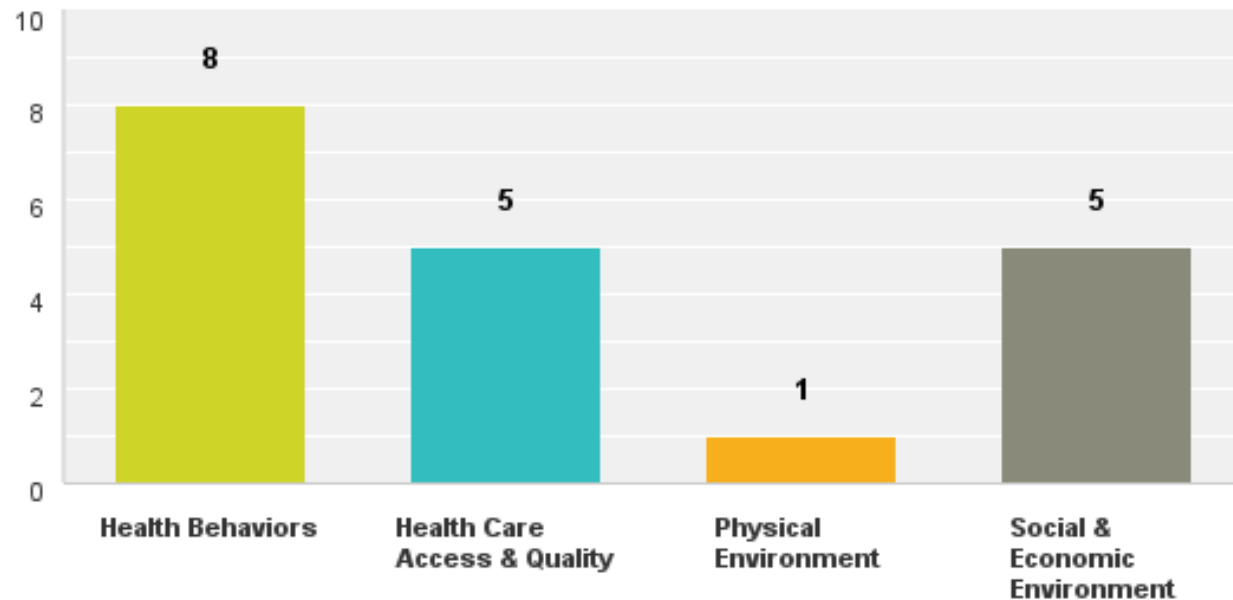
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Data Carousel Participants

Q2 Please select the service sector that aligns with your expertise, training and skills.

Answered: 19 Skipped: 0



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Data Carousel Participants

- Brief conversation about inviting candidates

SAVE THE DATE OCTOBER 21st
DATA CAROUSEL



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2015 Budget

Survey	\$	11,798
Data Indicators	\$	23,052
Community Forums	\$	14,461
Priorities Report	\$	10,700
Media and Communications	\$	9,800
Contingency Amount 10%	\$	6,981
Total	\$	76,792
<i>David and Staff (County Contribution)</i>		<i>\$ 125,000</i>



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2015 Budget and Contribution Report

Contributions (9)	\$62,500
Total 2015 Expected Cost	\$76,959
Pending Gap	(\$14,459)



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2016 Draft Budget

Supplies	\$ 10,000
Data indicator set up fee	\$ 75,000
Data indicator annual cost	\$ 17,000
Insightformation Database	\$ 23,000
Sub Total	\$ 125,000
Epidimiologist (\$48,423)	\$ 96,847
Total	\$ 221,847
<i>David and Staff (County Contribution)</i>	<i>\$ 125,000</i>



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Closing Remarks

- **Next meeting October 1st**
- **Northwest Career & Technical Center**
- **Time: 9:00 to 12:00**



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Current Challenges Facing Group Health



GroupHealth

Don Rappe, MD, Medical Director, Documentation and Coding; Medical Director, NWD

Brian Burch, Regional Manager, Provider Relations
September 3, 2015

Group Health Cooperative



Our Mission

*We enrich people's lives
by improving health.*

Our Vision

*We will be the preferred
health care partner by
excelling in quality,
service, and affordability.*

Our Values

*Customer focus
Accountability
Innovation
Excellence
Integrity*

Service areas: All or
parts of 20 counties in
Washington state and two
counties in North Idaho

Group Health

Research Institute:

307 ongoing research
studies; 452 published
research articles in 2014

Group Health

Foundation: \$16.1
million endowment

Group Health Cooperative began in **1947 as a community coalition** dedicated to making quality health care available and affordable. Today it is one of the few health care organizations in the country governed by consumers. Its 11-member Board of Trustees — all health-plan members elected by other members — work closely with management and medical staff to ensure that the organization's policies and direction put the needs of patients first

We provide **medical coverage and care to around 600,000 residents in Washington state and North Idaho** who are covered by health plans offered by Group Health Cooperative or its subsidiaries, Group Health Options, Inc., and KPS Health Plans. Nearly two-thirds members receive care at Group Health Medical Centers.

We **bring together care, coverage, research, and philanthropy** to serve our members and create healthier communities.

We offer health plans and health care via our own clinics, care providers, and contracted provider networks. Our research and philanthropy endeavors support care innovation and community health. **Over 1000 providers in GHP are the sole delivery system in our Core area for 344,000 members. Nearly 9,000 contracted community providers comprise our network for over 250,000 members in network regions** (Northwest, Central and Eastern Washington, North Idaho). **In Skagit county over 16,000 residents are covered by Group Health.**

Group Health includes Group Health Cooperative (1947) and its research arm, the Group Health Research Institute (1983); Group Health Options, Inc. (1990); Group Health Foundation (1983); and Group Health Physicians (1997), with whom Group Health Cooperative has an exclusive contract

5 stars for quality.
Better health for you.

Our Medicare Advantage HMO
plans earn Medicare's highest
star rating, 4 years in a row.

Enroll in a top-rated plan →

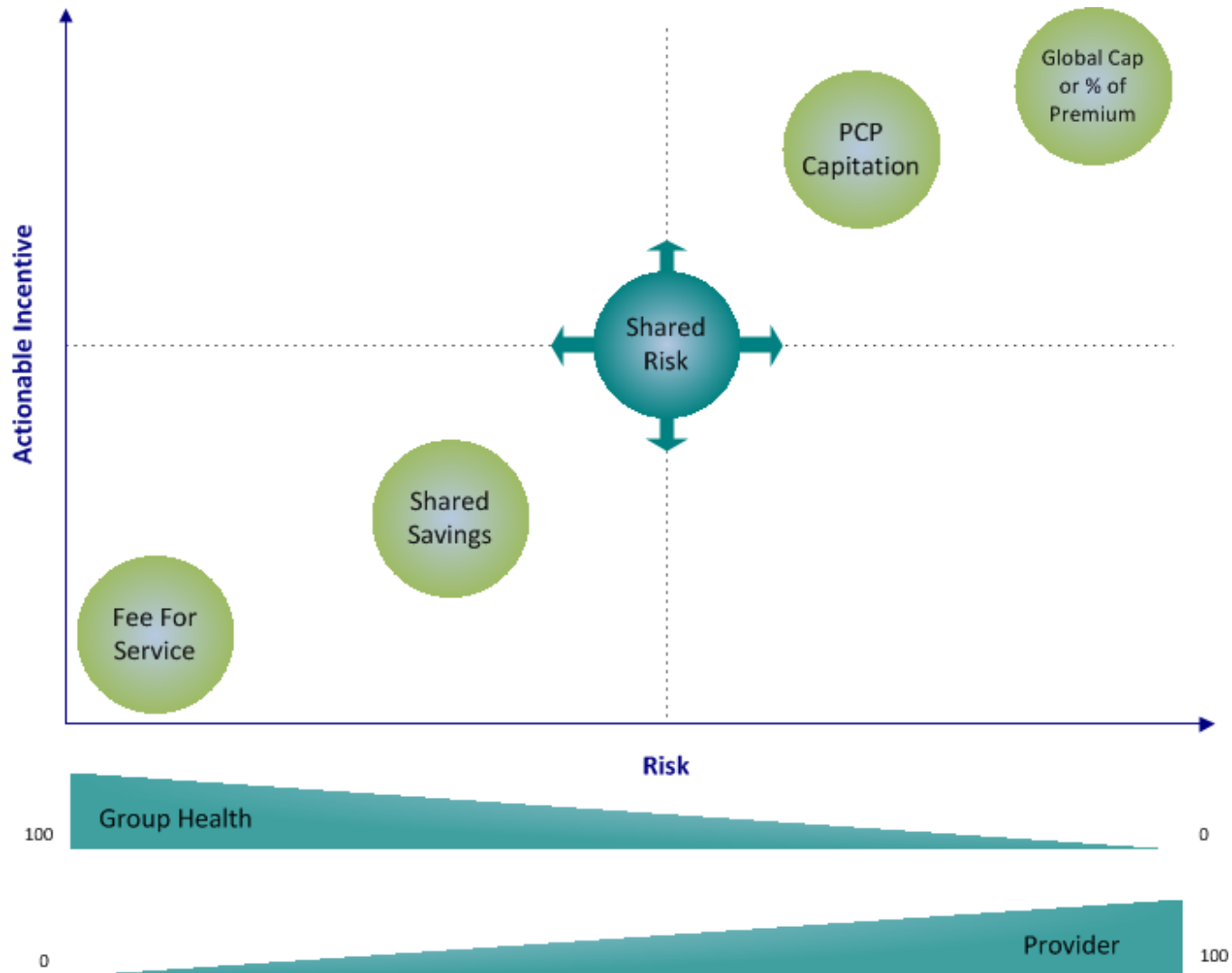
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your choice of
preferred providers

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The Risk Continuum for TCC/PHM



Medicare Advantage



Health Benefit Exchange/ACA



Key Attributes of a Value Based Program

Measurable

Reportable

Actionable

Sustainable

Quality focused



*“The right care at the right time
at the right place by the right provider.”*

Sample Report: Physician cost by episode

Export Data

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Page:

Physician Information

Columns

Peer Definition: IA Family Practice

Provider ID: 0293560214

Provider Name: Provider 0293560214

Number of Members, Population: 92

Morbidity, Population: 0.98

Number of Episodes: 234

Case Mix, Episodes: 1.17

Number of Quality Opportunities: 255

Overall Cost Index, Population: 1.09

Overall Cost Index, Episodes: 0.99

Overall Quality Index: 1.06

Demographics

Quality

Population Cost

Episode Cost

Population Utilization

Episode Utilization

MPC

Family

ETG

Family

MPC	Family	Number of Episodes	Primary Care per Episode - Provider	Primary Care per Episode - Peers	Primary Care - Index	Specialty Care per Episode - Provider	Specialty Care per Episode - Peers	Specialty Care - Index	ER per Episode - Provider	ER per Episode - Peers	ER - Index	Radiology per Episode - Provider	Radiology per Episode - Peers
Cardiology	Hypertension	15	\$201.28	\$163.67	1.23	\$278.18	\$90.35	3.08	\$66.54	\$22.40	2.97	\$5.26	\$30.1
Cardiology	Valvular Disorder	1	\$40.56	\$48.83	0.83	\$629.60	\$568.05	1.11	\$0.00	\$26.18	0.00	\$0.00	\$107.9
Cardiology	Conduction Disorder	1	\$0.00	\$70.23	0.00	\$497.84	\$300.01	1.66	\$0.00	\$108.81	0.00	\$0.00	\$53.4
Dermatology	Infection of the Skin	9	\$70.84	\$42.49	1.67	\$14.58	\$38.18	0.38	\$0.00	\$5.68	0.00	\$0.00	\$0.4
Dermatology	Inflammation of Skin & Subcutaneous Tissue	11	\$39.28	\$30.40	1.29	\$130.67	\$63.30	2.06	\$0.00	\$4.96	0.00	\$0.00	\$0.4
Dermatology	Benign Neoplasm of the Skin	8	\$15.34	\$11.86	1.29	\$103.53	\$127.45	0.81	\$0.00	\$0.22	0.00	\$0.00	\$0.0
Dermatology	Minor Trauma/Burns	1	\$74.72	\$52.69	1.42	\$0.00	\$9.64	0.00	\$0.00	\$6.39	0.00	\$0.00	\$0.0
Endocrinology	Diabetes	2	\$418.38	\$234.92	1.78	\$29.56	\$104.14	0.28	\$0.00	\$44.99	0.00	\$0.00	\$30.9
Endocrinology	Thyroid Dysfunction	2	\$181.59	\$120.57	1.51	\$74.07	\$51.11	1.45	\$0.00	\$4.63	0.00	\$0.00	\$12.4

Source: Optum Impact Intelligence White Paper

<https://www.optum.com/content/dam/optum/resources/whitePapers/1228104Impact%20Intelligence%20whitepaper.pdf>

Sample Report: Physician utilization by episode

Export Data

18 of 577

Page:

Physician Information

Columns

Peer Definition: IA Family Practice

Provider ID: 0293560214

Provider Name: Provider 0293560214

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Overall Cost Index, Episodes: 0.99

Overall Quality Index: 1.06

Demographics

Quality

Population Cost

Episode Cost

Population Utilization

Episode Utilization

MPC

Family

ETG

Family

MPC	Family	Number of Episodes	Specialty Visits per 1000 - Provider	Specialty Visits per 1000 - Peers	Specialty Visits - Index	Other Provider Visits per 1000 - Provider	Other Provider Visits per 1000 - Peers	Other Provider Visits - Index	ER Visit per 1000 - Provider	ER Visit per 1000 - Peers	ER Visit - Index	Inpatient Days per 1000 - Provider	Inpatient Days per 1000 - Peers
Cardiology	Hypertension	15	1,690	1,863	0.91	520	289	1.80	65	29	2.22	0	0
Cardiology	Valvular Disorder	1	0	385	0.00	1,204	1,466	0.82	0	39	0.00	0	0
Cardiology	Conduction Disorder	1	0	746	0.00	0	1,579	0.00	0	124	0.00	0	6
Dermatology	Infection of the Skin	9	1,000	730	1.37	0	221	0.00	0	25	0.00	0	6
Dermatology	Inflammation of Skin & Subcutaneous Tissue	11	727	500	1.46	455	598	0.76	0	17	0.00	0	7
Dermatology	Benign Neoplasm of the Skin	8	250	186	1.35	375	584	0.64	0	1	0.00	0	0
Dermatology	Minor Trauma/Burns	1	1,000	959	1.04	0	55	0.00	0	34	0.00	0	0
Endocrinology	Diabetes	2	3,508	2,274	1.54	0	562	0.00	0	42	0.00	0	0
Endocrinology	Thyroid Disfunction	2	1,503	1,367	1.10	501	445	1.13	0	6	0.00	0	0
Endocrinology	Obesity	5	1,200	683	1.76	200	648	0.31	0	16	0.00	0	164

Source: Optum Impact Intelligence White Paper

<https://www.optum.com/content/dam/optum/resources/whitePapers/1228104Impact%20Intelligence%20whitepaper.pdf>

Goal Is To Align Physician Incentives To Support Improved Quality Of Care And Proactive Care Delivery

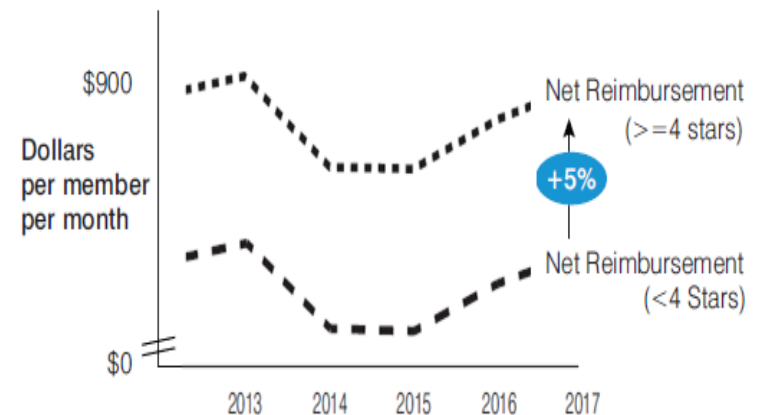
- CMS (or other payer) needs to align payment programs to support doctors' quality of care and proactive care delivery activities. **Over 90% of Medicare expenditures are for beneficiaries with one or more chronic conditions.**
- CMS' Risk Adjustment aligns payments to support annual patient visits to confirm previous chronic and other diagnoses and screen for additional medical conditions.
- CMS' Stars program also aligns payments to support annual patient visits for chronic condition screening as well as ensuring adherence to established treatment plans.

**CMS Medicare Advantage
Risk Adjustment**

Some conditions coded low level of specificity		All conditions coded appropriately	
72-year-old female	0.348	72-year-old female	0.348
Medicaid eligible	0.151	No special status	.151
Diabetes w/o complications (HCC 19)	0.118	Diabetes w/chronic complications (HCC18)	.368
CKD not coded	–	Acute renal failure (HCC 135)	.476
Acute M (HCC 86)	0.275	Acute M (HCC 86)*	–
CHF not coded	–	CHF (HCC85)	.368
No disease interaction	–	Disease interaction (CHF/renal disease)	.317
No disease interaction	–	Disease Interaction (CHF/diabetes)	.182
Total	0.892	Total	2.210
Total RAF ¹	.826	Total RAF ¹	2.048
Estimated PMPM Bid Amt.	\$800	Estimated PMPM Bid Amt.	\$800
PMPM Payment	\$661	PMPM Payment	\$1,638

¹ Total RAF is adjusted for FFS normalization and FFS to MA Coding Intensity
Source: Reden & Anders

**CMS Medicare Advantage
Stars Program**



Source: Booz Allen

HEDIS Measures are a Measure of Quality

Managing Chronic (Long Lasting) Conditions 10 measures 28% of plan's overall star rating
Osteoporosis Management
Diabetes: retinal eye examination
Diabetes: nephropathy
Diabetes: Hgb control
Diabetes: LDL control
Controlling Blood Pressure
Medication for Rheumatoid Arthritis/Rheumatoid Arthritis Management
Spirometry Use with COPD/Testing to Confirm Chronic Obstructive Pulmonary Disorder
Urinary Incontinence/Improving Bladder Control
Fall Risk Management - Strategies/Reducing the Risk of Falling

- **Quality targets – Set with Quality Department with clinician input**
 - Examples: ACE/statin use, well-child visits, colorectal screening, mammography, High risk medication for the elderly (HRME), etc.
- **Utilization targets – consider benchmarks**
 - Examples: Admits per thousand, days per thousand, Emergency Department visits per thousand, mail order pharmacy, etc.
- **Financial targets**
 - Medicare
 - Commercial
- **Savings targets**
 - Pricing trend
 - Expense trend



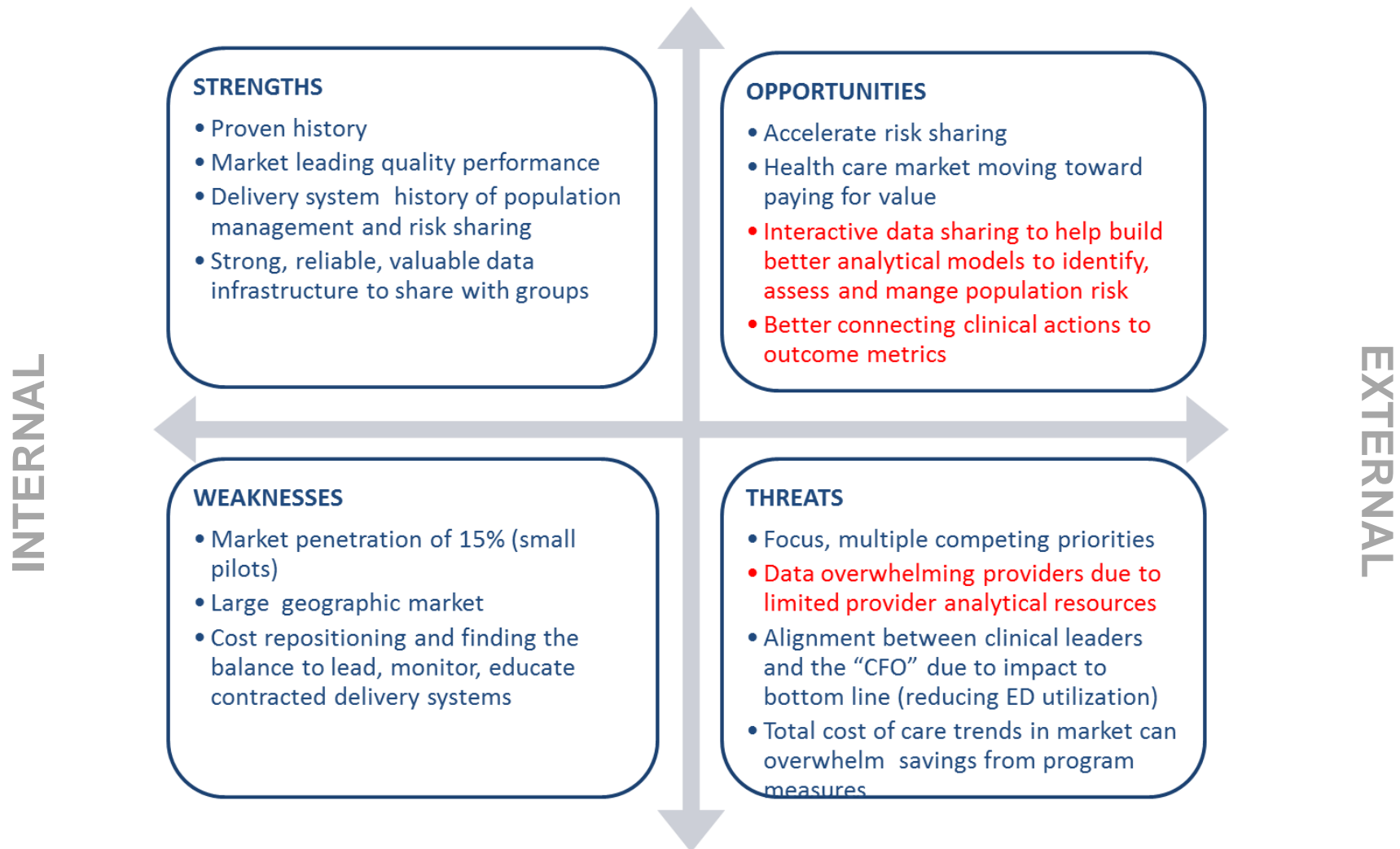
Purpose – Limit risk to provider

Examples:

- High Cost Specialty Drugs
- Out of Area
- Transplants
- Trauma
- High Dollar Patient



Value-Based Payment & Provider Contracting



Value-Based Payment & Provider Contracting

Prior to any contract discussions, Group Health assesses contracted providers on the following foundational characteristics necessary in order to be successful in transitioning to a value-based payment model:

- Shared goals and aligned incentives
- Unified persistence of a value mindset
- Strong leadership and governance
- Technology to do population management
- Realistic assessment of readiness

Capacity, capability, alignment and reporting....and a balanced approach to investing in their improvement....Marc Mora MD



GREEN MEANS GO!



- How does a community identify/influence health risk?
- What levers does a community have to pull that can influence risk scores in a population?
- How does a community create atmosphere of collaboration among stakeholders to help improve the health of a community?

1. Prevent unnecessary hospitalization
2. Increase uptake of appropriate clinical preventive services
3. Manage chronic disease
4. Enable informed decision-making to improve member experience
5. Enable and promote healthy lifestyle to improve health/productivity
6. Enable “navigational mastery” for members and future members
7. Increase customer engagement in health and wellness

Shared Decision-Making

- Use leads to more conservative patient choices, and a 25 percent decrease in rates of surgeries for preference-sensitive conditions*
- Users felt the decision aid video and booklet helped them:
 - Better understand their condition
 - Understand treatment alternatives
 - Have more informed conversations with their doctor
- Example Outcomes:
 - 26% to 38% fewer joint replacement surgeries and 12% to 21% lower costs**
 - 27% to 32% lower rates of surgery or treatment for men with prostate conditions***

Treatment options videos/booklets

- Hip osteoarthritis
- Knee osteoarthritis
- Chronic low back pain
- Acute low back pain
- Spinal stenosis
- Herniated disc
- Coronary artery disease
- Benign Prostatic Hyperplasia
- Uterine fibroids
- Abnormal uterine bleeding
- Early stage breast cancer
- Breast reconstruction
- Ductal carcinoma in situ
- Bariatric surgery
- Torn meniscus (booklet only)
- Early Knee Osteoarthritis (booklet only)

* Stacy et al., Cochrane Database of Systematic Reviews 2014.

** Health Affairs, September 2012. 31:2094-2104

*** AM J Manag Care. 2015;21(2):e130-e140