

Highmark's Pay-4-Value Programs

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AGENDA

- I. Pay-For-Value
- II. Highmark's Patient Centered Medical Home and P-4-V programs
- III. Program Successes
- IV. Evolution and (Near Distant) Future Direction; Sub-Specialty P-4-V
- V. Questions and Discussion

Highmark's Overall Strategy

GOALS OF HIGHMARK'S PAY-FOR-VALUE PROGRAMS

ACHIEVE COST SAVINGS

- Financial incentives based on per capita costs
- Reduced volume through better health management
- Reduced redundancy in treatment and testing
- Mix shift towards lower acuity settings of care
- Use of lower cost treatment options

IMPROVE QUALITY OF SERVICE

- Integrated care coordination
- Increased use of evidence-based medicine (EBM) guidelines / decreased variation in treatment
- Enhanced data exchange

We are aiming to reduce overall medical spending trend to CPI over the next 3 to 5 years, while improving quality of care.

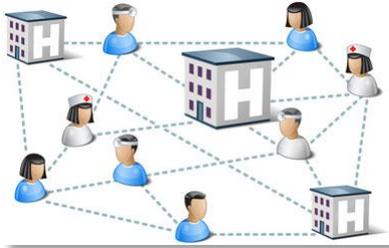
RAISE OVERALL PATIENT SATISFACTION

- Streamlined access to personal health records
- Expanded channels to access healthcare resources
- Improved preventive services
- Increased treatment compliance

Highmark Goal: Move 75% of Highmark membership to “pay for value” programs over the next 3 to 5 years

Highmark will focus on VALUE via numerous available levers:

Network



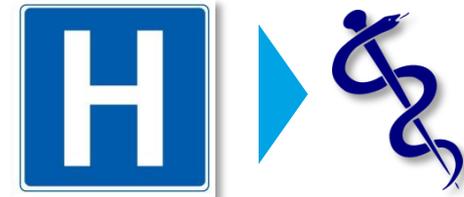
- **Benefit structures will become standardized; networks can differentiate to drive down cost**
- **Narrow and tiered networks or benefit designs will become more prominent**
 - ✓ More efficient Networks will become increasingly favored
 - ✓ Higher quality will become increasingly favored

Pay for Value



- **Highmark and the industry in general will move forward with initiatives that are designed to pay for the quality care instead of the quantity of care**
 - ✓ **PCMH models**
 - ✓ **Accountable Care Organization Models**
 - ✓ **Specialist P-4-V**

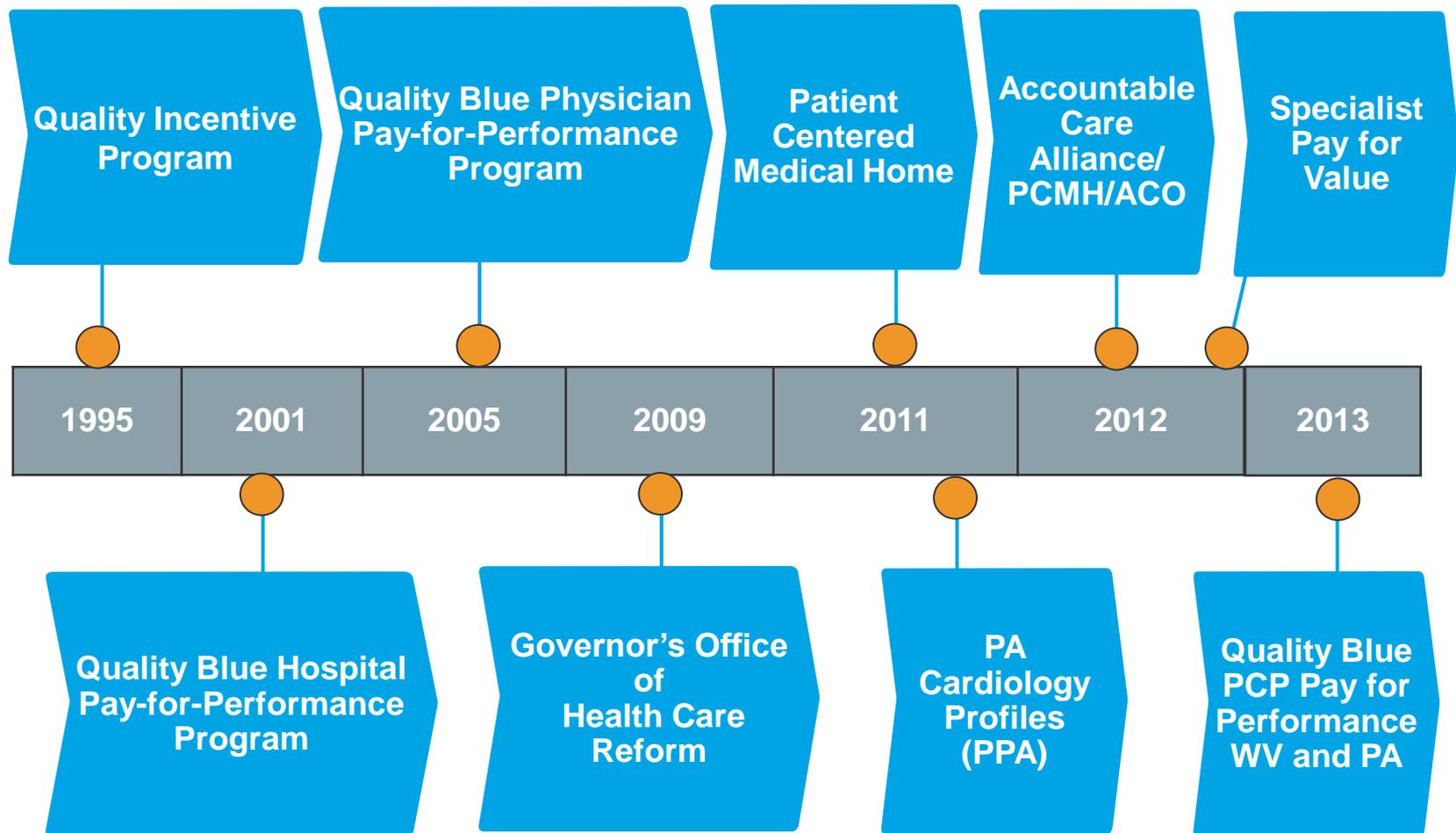
Site of Service



- **Highmark will lead, and the industry will likely follow as care is redirected towards more efficient and less capital intensive places of service**
 - ✓ Hospitals to outpatient clinics
 - ✓ Emergency departments to urgent care to PCP practices

Enhancements to transparency that identify care quality *and* out of pocket cost implications will enable many of these changes. Payers will facilitate both as a matter of regulatory requirement as well as business necessity

NEW CARE MODELS BUILD ON 15-PLUS YEARS OF INNOVATION IN QUALITY AND VALUE PROGRAMS



SHIFTING FROM VOLUME TO VALUE

- **VALUE = Quality / Cost**
- Not a fad or experiment
- Transparency is a game changer
- Financing and Delivery must integrate
- Patient outcomes and experience must be optimal
- Focus on population management
- Leverage information and technology
- Value as differentiator in the market
- Health care payment models move from fee-for-service to pay-for-value



Patient-Centered Medical Home:

The first known documentation of the term “medical home”:

Standards of Child Health Care, AAP in 1967 by the AAP Council on Pediatric Practice -- “medical home -- one central source of a child’s pediatric records”

History of the Medical Home Concept , Calvin Sia, Thomas F. Tonniges, Elizabeth Osterhus, *Pediatrics* 2004;113;1473-1478

The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.

“When did we stop practicing that way as Primary Care Physicians”?

A. Bloschichak MD

In 2007, the major primary care physician associations developed and endorsed the Joint Principles of the Patient-Centered Medical Home.

Patient-centered: A partnership among practitioners, patients, and their families ensures that decisions respect patients' wants, needs, and preferences, and that patients have the education and support they need to make decisions and participate in their own care.

Comprehensive: A team of care providers is wholly accountable for a patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care.

Coordinated: Care is organized across all elements of the broader health care system, including specialty care, hospitals, home health care, community services and supports.

Accessible: Patients are able to access services with shorter waiting times, "after hours" care, 24/7 electronic or telephone access, and strong communication through health IT innovations.

Committed to quality and safety: Clinicians and staff enhance quality improvement through the use of health IT and other tools to ensure that patients and families make informed decisions about their health.

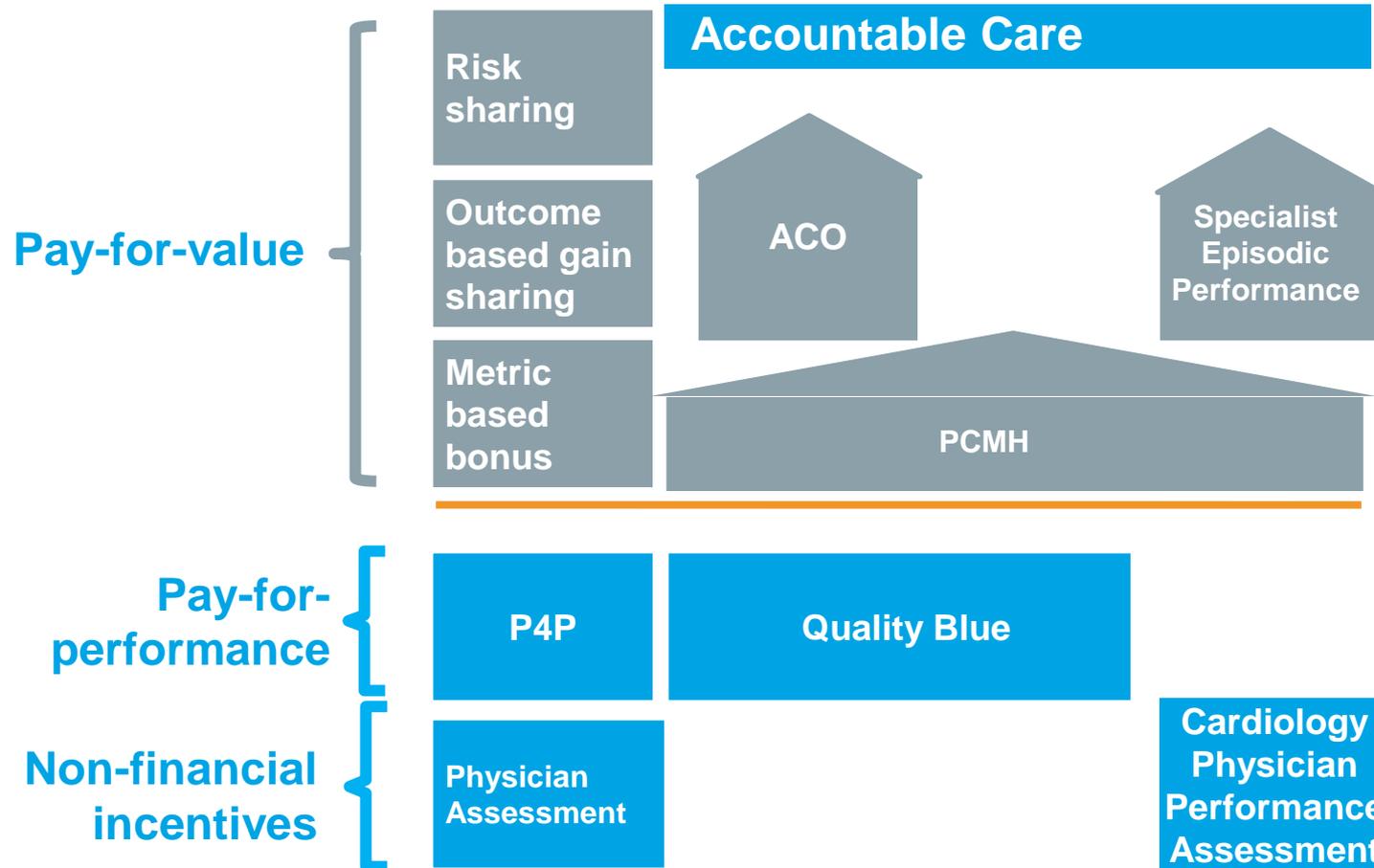
ACO:

- A group of physicians, other health care professionals, hospitals and other providers that accept a shared responsibility to deliver a broad set of medical services to a defined set of patients.
- Population focused
- ACO structure seeks to improve quality and efficiency of care and to demonstrate increased value.
- With alignment of incentives, the group is held accountable for the quality and cost of care.
- Physicians and other health care professionals can organize as ACOs under Medicare as of 2012.



*Adapted from
“Joint Principles for Accountable Care Organizations” —
American Academy of Family Physicians, American
Academy of Pediatrics, American College of Physicians
and the American Osteopathic Association*

HIGHMARK CARE MODEL PROGRAMS



Highmark builds on its quality and affordability programs to introduce the Quality Blue Patient Centered Medical Home (PCMH) to create an innovative and tailored model for providers

Highmark's P4V models are already making an impact in our core market regions

Western Pennsylvania Quality Blue ACA/PCMH

- 344 practices
- 1,600 practitioners
- 440,000 attributed members
- 50 PCMH
- 4 ACA

Central Pennsylvania Quality Blue PCMH

- 335 practices
- 1,685 practitioners
- 288,000 attributed members

Delaware PCMH Pilot

- 50 practitioners
- 19,000 attributed members

West Virginia Quality Blue PCMH

- 69 practices
- 340 practitioners
- 40,986 attributed members

More than 750 practices
More than 3,600 practitioners
More than 780,000 members

PATIENT-CENTERED MEDICAL HOMES

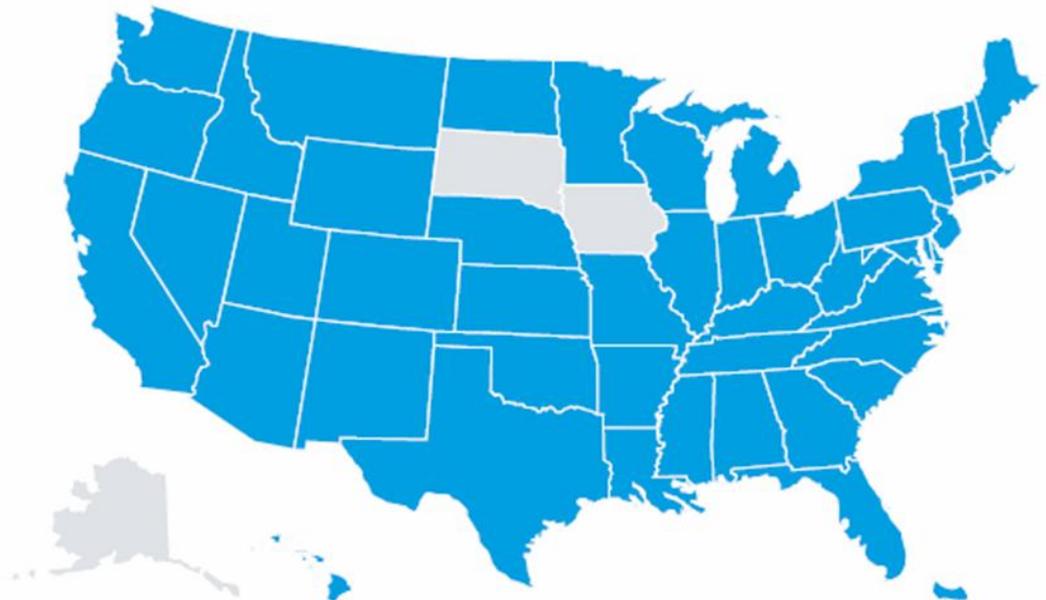
Patient-Centered Medical Homes are in market or in development in 47 states, District of Columbia and Puerto Rico

EXPONENTIAL GROWTH

- 38 Blues Plans
- 68 different medical home models
- 33 markets providing care through a PCMH
- 7.5 million Blue members nationwide
- More pilots than any other competitor in the nation
- Nearly 20% of total membership covered
- 5-15% savings in the first year

Note: Information as of October 16, 2013. For states with multiple Plans, information represents most advanced status for the program. Programs are considered underway if they are In Market or In Development for Implementation for 2014 (will launch in 2012, 2013 or 1/1/2014).

Source: Blue Cross Blue Shield Association, Highmark, September 2012



JOINT PRINCIPLES OF THE PCMH

- Personal Physician
- Quality and Safety
- Physician-Directed Medical Practice
- Enhanced Access
- Whole Person Orientation
- Payment Reform
- Coordinated and Integrated Care

PERFORMANCE MEASUREMENT OVERVIEW

Quality = 50%

28 metrics plus 1
informational

Cost/Utilization = 50%

Total PMPM trend metric

DATA OVERVIEW:

- **Quality Measures**
- **Care Management / Population Management**
- **Cost / Utilization**

QUALITY MEASUREMENT OVERVIEW

- Measures incorporated from national sources such as the National Quality Forum (NQF) and National Committee for Quality Assurance (NCQA)
- Participants evaluated based on Highmark claims data for attributed members
- One point earned for each metric meeting/exceeding the higher of:
 - the 50th percentile of the national HEDIS® metric
 - or the 50th percentile of the Highmark network benchmark
- Minimum denominator of 10 patients in the performance period required to be scored on the metric
- No minimum number of metrics necessary to achieve full points

Common across Quality Blue Physician and PCMH

- Breast Cancer Screening
- Cervical Cancer Screening
- Well-Child Visits in the First 15 Months of Life
- Well Child Care Visits (3rd, 4th, 5th and 6th yrs)
- Comprehensive Diabetes Care
- Acute Pharyngitis Testing
- Adolescent Well Care
- Appropriate Asthma Medications
- Cholesterol Mgmt for Patients with CV Conditions
- MMR Vaccination Status
- Varicella Vaccination Status
- Urinary incontinence plan of care for older women
- Fall risk plan of care for older adults
- Urinary incontinence assessment for older women
- Fall risk assessment for older adults
- Glaucoma Screening for older adults

New in Quality Blue PCMH

- Colorectal Cancer Screening
- High Risk Pneumococcal Vaccination
- Follow-Up Care for Child Pres ADHD Meds
- CAD LDL-C Testing
- Spirometry Evaluation
- Appropriate Treatment for Children with URI
- Diabetes Hemoglobin A1c screening for peds
- 2x/year office visit for CHF/Diabetes/COPD
- Follow-up visits after discharge for asthma pats.
- Follow-up visits after discharge for COPD pats.
- Follow-up visits after discharge for CHF pats.
- Adult access to preventative / amb health services
- Ambulatory sensitive conditions – prevention quality indicators (not scored: for information only)

QUALITY MEASUREMENT ASSESSMENT

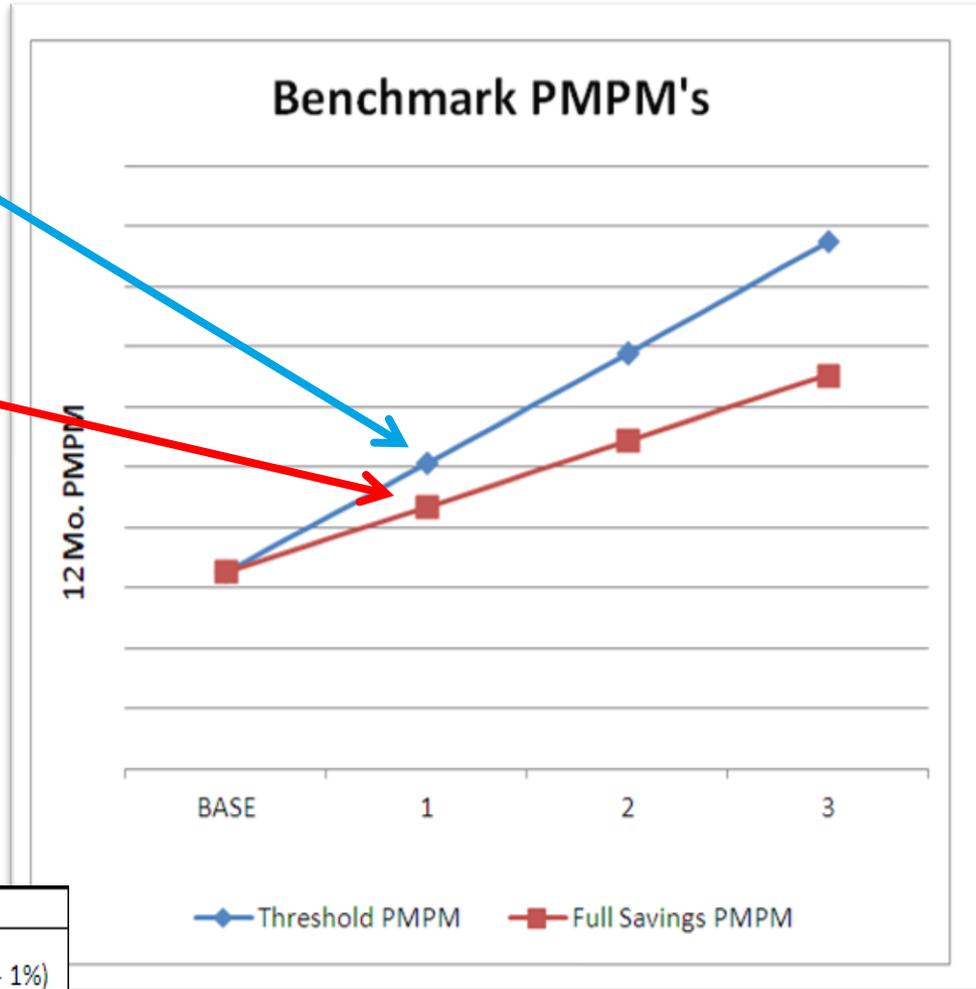
<i>Quality: Prevention</i>		Numerator	Denominator	% Compliance	Benchmark	Met/Exceeded Benchmark ?	Pass
QN08	Breast Cancer Screening	2589	3488	74.2%	74.2%	Y	Y
QN09	Colorectal Cancer Screening	2825	5157	54.8%	57.5%	N	N
QN10	Cervical Cancer Screening	2609	3570	73.1%	78.9%	N	N
<i>Quality: Pediatric and Adult Well Care</i>		Numerator	Denominator	% Compliance	Benchmark	Met/Exceeded Benchmark ?	Pass
QN12_6	Pediatric Well Child Care – First 15 Months -6 or more visits	148	189	78.3%	84.9%	N	N
QN13	Pediatric Well Child Care - Third, Fourth, Fifth and Sixth Years	768	984	78.1%	77.1%	Y	Y
QN05	Pediatric Adolescent Well Care	1195	2409	49.6%	45.6%	Y	Y
QN01	Pediatric Appropriate Treatment for Children w/ URI [1-(Num/Dem)]	28	295	90.5%	90.0%	Y	Y
QN20	Pediatric MMR Vaccination Status	189	213	88.7%	90.9%	N	N
QN21	Pediatric Varicella Vaccination Status	191	213	89.7%	91.7%	N	N
QN03	Pediatric Acute Pharyngitis Testing	121	149	81.2%	92.0%	N	N
QN17.2*	Adult Access to Preventive Care: 20-44 Years of Age	2688	2688	100.0%	92.2%	Y	Y
QN17.3*	Adult Access to Preventive Care: 45-64 Years of Age	4544	4546	100.0%	94.9%	Y	
QN17.1*	Adult Access to Preventive Care: 65 and Older	2474	2484	99.6%	96.4%	Y	
<i>Quality: Chronic Condition Care</i>		Numerator	Denominator	% Compliance	Benchmark	Met/Exceeded Benchmark ?	Pass
QN11	High Risk Pneumococcal Vaccination	1384	5616	24.6%	25.0%	N	N
QN02_1	Comprehensive Diabetes Care - HbA1C Testing	1092	1253	87.2%	88.8%	N	N
QN02_2	Comprehensive Diabetes Care - LDL Testing	1057	1253	84.4%	86.0%	N	
QN02_3	Comprehensive Diabetes Care - Nephropathy	903	1253	72.1%	77.5%	N	
QN02_4	Comprehensive Diabetes Care - DRE Exam	625	1253	49.9%	49.7%	Y	
QN04	Pediatric HbA1c Screening	27	3196	0.8%	0.9%	N	N
QN06_1*	Follow-Up Care for Children with ADHD Prescribed Medication_Continuation	14	31	45.2%	37.7%	Y	N
QN06_2*	Follow-Up Care for Children with ADHD Prescribed Medication_Initiation Phase	6	15	40.0%	42.1%	N	
QN07	CAD LDL-C Testing	21	169	12.4%	8.9%	Y	Y
QN14*	Spirometry Evaluation	26	60	43.3%	39.7%	Y	Y
QN15	Asthma 7-day Follow-up Visit after Discharge	44	145	30.3%	20.0%	Y	Y
QN16.1	Diabetes: Office Visits 2 or more per year	1260	1563	80.6%	76.5%	Y	N
QN16.2	CHF: Office Visits 2 or more per year	130	265	49.1%	37.6%	Y	
QN16.3	COPD: Office Visits 2 or more per year	381	1509	25.3%	37.7%	N	
QN18	Appropriate Medications for Asthma	146	154	94.8%	95.8%	N	N
QN19	Cholesterol Screening for Patients with Cardiovascular Conditions	275	367	74.9%	88.7%	N	N
QN23	COPD 7-Day Follow-up Visit after Discharge	34	99	34.3%	18.2%	Y	Y
QN24	CHF 7-Day Follow-up Visit after Discharge	18	75	24.0%	18.6%	Y	Y
<i>Quality: Geriatric Care</i>		Numerator	Denominator	% Compliance	Benchmark	Met/Exceeded Benchmark ?	Pass
QN22	Glaucoma Screening for Older Adults	772	987	78.2%	73.5%	Y	Y
QN25	Urinary Incontinence Assessment for Older Women	0	1428	0.0%	NO HISTORICAL DATA		
QN26	Urinary Incontinence Plan of Care for Older Women	1	55	1.8%			
QN27	Fall Risk Assessment for Older Adults	0	2623	0.0%			
QN28	Fall Risk Plan of Care for Older Adults	0	0	.			
QN29	Ambulatory Sensitive Conditions						
Measures Passed							11
Measures Scored (number of Quality Metrics where there is sufficient volume for scoring)							24
Quality Score (Measures Passed ÷ Measures Scored) * Maximum Quality Score (50)							22.9

Cost and Utilization

- The benchmark to measure Cost & Utilization is the Total Cost PMPM (per-member-per-month)
- Cost/Utilization measure is for attributed members at the provider entity level, composited across Pediatric, Commercial Adult, Medicare Advantage
- Providers are measured based on reaching and exceeding benchmarks established for Cost & Utilization
- Base PMPM is calculated using 12 months of historical data for the entity
- The lower the PMPM trend, the better the score

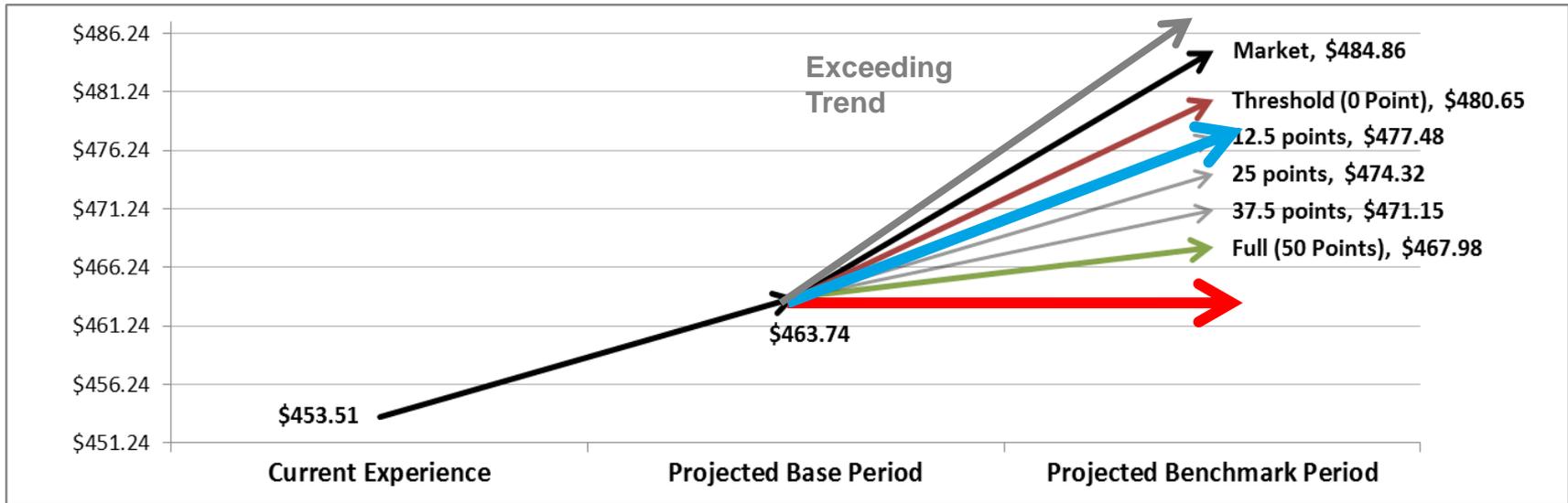
COST AND UTILIZATION SCORING

- Base PMPM is calculated using 12 months of historical data for the entity
- Threshold PMPM is set by projecting base PMPM at regional market trends less expected Program savings
- Full Savings PMPM is set by projecting the **lower of**: 1) the regional Highmark network market trend less expected Program savings **or** 2) CPI based target trends established by the Participants PMPM tier (see table below)
- Points are awarded ratably based on where Actual PMPM falls between the two trends (weighted for current membership)
- Results will be reported quarterly and scored twice per year



TIER	Threshold	Full Savings
Highest PMPM's (75-100%)	Market - 2%	Min (Market - 5%, CPI - 1%)
Average PMPM's (25-75%)	Market - 1%	Min (Market - 4%, CPI - 0%)
Lowest PMPM's (0-25%)	Market - 0%	Min (Market - 3%, CPI + 1%)

PMPM Assessment



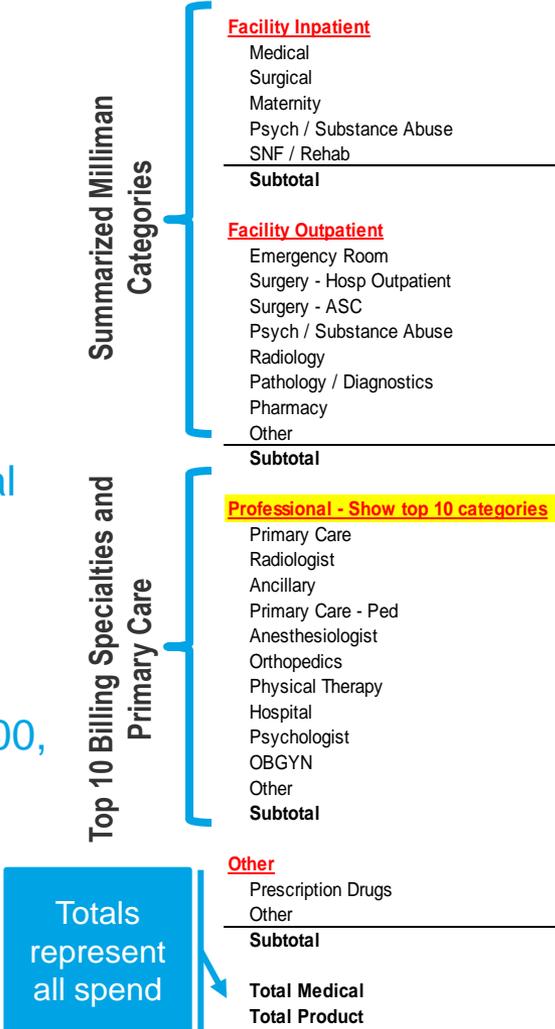
Category	Current Experience 7/1/2012 - 6/30/2013		Projected Base Period 1/1/2013 - 12/31/2013		Projected Benchmark Period 1/1/2014 - 12/31/2014		
	Average Members	Actual Experience	Base Period PMPM	Market PMPM	Threshold PMPM	Full Savings PMPM	
Children	6,890	\$220.59	\$225.85	\$236.72	\$234.55	\$228.03	
Adults	14,170	\$521.35	\$532.92	\$556.78	\$552.02	\$537.71	
Medicare Advantage	1,039	\$1,072.77	\$1,097.90	\$1,149.59	\$1,139.26	\$1,108.25	
Composite	22,098	\$453.51	\$463.74	\$484.86	\$480.65	\$467.98	

NOTES

- * The Composite is the weighted average of the categories. For example, the actual composite PMPM is \$453.51, which is $6,890 * \$220.59 + 14,170 * \$521.35 + 1,039 * \$1,072.77$ divided by the total enrollment of 22,098.
- * The Actual PMPM is for 12 months ending 6/30/13 and excludes the portion of members' claims over \$100,000. The final measurements will use updated base data to reflect the period 12 months prior to enrolling in the program and will use the actual enrollment at the end of the measurement period.
- * The Base Period PMPM and Market PMPM are the projected PMPMs at current market rates. The illustrative market trends for this exhibit are 5% Adult/ 5% Child/ 5% Senior.
- * The Threshold PMPM is calculated by trending the Base Period PMPM at the *Threshold Trend Rate* and then removing the portion of members' claims over \$100,000.
- * The Full Savings PMPM is calculated by trending the Base Period PMPM at the *Full Savings Trend Rate* and then removing the portion of members' claims over \$100,000.
- * The target PMPMs are based on the entity being in the Average PMPM Tier.
- * For the first scoring period ending Sept. 30, 2014, the actual PMPM will be assessed from Oct. 1, 2013 through Sept 30, 2014 which includes six months prior to starting the program.

COST & UTILIZATION

- Based on attributed membership
- Collapsed categories within Inpatient and Outpatient, and top 10 specialties within Professional
- Broken into Commercial Adult, Commercial Pediatric, Medicare Advantage
- Including Utilization/1000, PMPM
- Showing current 12 months, year over year trend, and benchmarks



Commercial Adult									
Avg Attrib Members		13,744		Member Months		164,923			
Avg Member Risk		2.31		Mkt Member Risk		2.63			
Utilization / 1000					PMPM				
	Curr	Trend	Mkt	Trend	Curr	Trend	Mkt	Trend	
Facility Inpatient									
Medical	19.5	(10.0%)	25.4	10.3%	\$26.81	(10.3%)	\$25.54	14.2%	
Surgical	23.1	(5.1%)	25.5	(1.5%)	60.65	(1.0%)	58.43	7.2%	
Maternity	13.3	(4.6%)	13.4	4.1%	5.84	3.4%	7.10	13.3%	
Psych / Substance Abuse	5.8	26.6%	4.6	9.2%	4.13	118.2%	2.82	9.0%	
SNF / Rehab	1.3	(36.2%)	2.7	19.8%	1.65	(44.2%)	2.72	9.9%	
Subtotal	63.0	(5.4%)	71.6	4.9%	\$99.07	(2.5%)	\$96.61	9.6%	
Facility Outpatient									
Emergency Room	144.6	(2.0%)	183.3	7.8%	\$19.89	6.5%	\$25.57	13.5%	
Surgery - Hosp Outpatient	67.4	6.6%	92.3	4.6%	40.32	11.8%	42.09	12.8%	
Surgery - ASC	111.3	(1.5%)	109.0	4.6%	22.68	6.9%	14.04	8.3%	
Psych / Substance Abuse	111.6	(13.9%)	78.8	(3.2%)	1.18	0.7%	1.11	9.0%	
Radiology	430.4	1.5%	492.5	9.9%	25.37	7.3%	34.68	14.9%	
Pathology / Diagnostics	1,073.7	5.3%	1,004.8	5.4%	12.25	4.1%	15.62	(6.5%)	
Pharmacy	88.6	(27.0%)	161.5	10.2%	4.37	(60.8%)	14.18	12.9%	
Other	1,810.2	10.5%	2,121.0	25.1%	33.87	3.9%	33.82	20.3%	
Subtotal	3,837.7	4.9%	4,243.2	15.1%	\$159.92	2.3%	\$181.11	12.2%	
Professional - Show top 10 categories									
Primary Care	4,355.8	9.8%	4,895.6	6.8%	\$24.21	8.8%	\$25.60	8.2%	
Radiologist	1,348.8	2.1%	1,522.6	3.5%	9.94	(4.5%)	9.53	(2.8%)	
Ancillary	874.5	1.8%	2,564.5	10.2%	7.71	8.7%	11.11	10.3%	
Primary Care - Ped	65.8	(14.3%)	109.8	(20.5%)	0.39	(11.2%)	0.68	(13.4%)	
Anesthesiologist	331.9	(24.3%)	350.3	(2.0%)	7.51	(1.1%)	8.61	8.8%	
Orthopedics	550.0	2.7%	671.5	9.2%	6.61	3.8%	8.02	10.0%	
Physical Therapy	2,159.7	5.2%	2,055.5	7.8%	6.61	15.0%	6.53	10.3%	
Hospital	613.0	67777.3%	195.0	459.0%	6.20	107436.3%	2.18	1066.8%	
Psychologist	458.3	3.6%	403.5	(10.7%)	3.96	3.7%	3.47	(11.7%)	
OBGYN	630.1	(2.8%)	638.1	(0.0%)	6.62	(2.1%)	7.62	(0.9%)	
Other	6,043.0	3.0%	6,981.1	5.3%	46.48	(0.3%)	58.77	8.1%	
Subtotal	17,430.8	7.6%	20,387.5	6.4%	\$126.24	7.8%	\$142.11	8.0%	
Other									
Prescription Drugs	16,568.9	(7.6%)	16,346.2	(4.2%)	\$88.63	1.7%	\$95.54	6.6%	
Other	884.4	0.9%	1,000.1	0.8%	11.29	5.7%	11.69	(1.7%)	
Subtotal	17,453.4	(7.2%)	17,346.3	(3.9%)	\$99.92	2.1%	\$107.23	5.6%	
Total Medical	21,331.6	7.0%	24,702.3	7.8%	\$385.23	2.7%	\$419.84	10.1%	
Total Product	38,784.9	0.1%	42,048.7	2.7%	\$485.15	2.6%	\$527.08	9.2%	

CARE COORDINATION

- PCMH provides participants with Highmark care coordination support for an agreed-upon time frame, and makes available other resources:
 - Clinical Quality Consultants
 - Pharmacy Consultants
 - Highmark Medical Directors
 - Highmark Informatics Staff
- Care coordinators help facilitate member access to health promotions, disease management and case management and similar programs
- Care coordinators may help train and establish a care coordinator for the practice
- Data Sharing via population management dashboards:
 - Identification of highest utilization patients (e.g. within ED, inpatient)
 - Identification of highest risk patients
 - Population wide cost and utilization analysis
 - Prescribed drug and date data for patients, including fill date and location

Provider Intelligence Tool: Powerful Analytics

- Highmark has partnered with Verisk to create the Provider Intelligence Tool
- Capable of synthesizing a wide range of patient data
- Example below: Top 25 High Risk patients

Close Hide Preferences Show Header Excel Individual Claim Details to Excel **Customize** Notes Help Apr 11 thru Mar 13

Business Levels
 Entity: All
 Practice Site:
 Practitioner NPI: All
 Highmark: All

Analysis Period
 Custom Period
 Apr 2012 thru Mar 2013

Reporting By
 Incurred Date

Records 1-25 of 6,473

Individual ID	RI	CGI	Age	Gender	Current	Rel. Flag	CM Status	# of Admissions	# of ER Visits	# of Office Visits	DxCG Risk Solutions			
											Normalized To Book Of Business			
											Relative Risk Score			
											LOH Model #71	LOED Model #126	Model #26	Model #56
77097787277748777775	51	6	39	F	Y	S	N	6	7	51	0.95	0.98	23.03	51.89
77347787677711777775	25	9	35	M	Y	S	N	1	0	4	0.27	0.11	6.30	50.57
77217787377738777774	36	2	30	M	Y	E	N	0	1	25	0.10	0.14	7.28	47.27
77437707777798777773	54	4	32	F	N	E	N	3	0	77	0.78	0.21	44.35	47.22
77437707577771777774	36	14	48	F	Y	E	N	2	1	22	0.47	0.14	19.50	44.62
77917997577795777770	39	12	69	M	Y	E	N	1	1	28	0.48	0.19	13.71	36.28
77047777277748777777	51	5	56	F	Y	E	N	2	2	40	0.81	0.36	17.76	35.70
77567797677726777774	49	2	44	F	Y	S	N	4	1	45	0.88	0.37	20.72	33.13
77937707777792777771	56	2	19	M	Y	D	N	1	2	55	0.74	0.30	15.95	32.13
77577727577748777770	39	2	11	M	Y	D	N	8	4	58	0.42	0.47	11.44	32.05
77737947177783777779	43	6	52	M	Y	E	N	8	6	82	0.72	0.79	21.22	30.16
77947787677715777775	57	2	49	M	N	D	N	2	1	24	0.54	0.17	24.92	28.82
77807797677758777777	44	3	48	M	Y	S	N	7	2	61	0.81	0.30	18.36	28.07
77547767177781777770	61	14	65	M	Y	S	N	3	2	51	0.84	0.48	29.49	27.64

Individuals and Top 25 High Risk: Detail

Individual ID	RI	CGI	Age	Gender	Current	Rel. Flag	CM Status	# of Admissions	# of ER Visits	# of Office Visits	DxCG Risk Solutions			
											Normalized To Book Of Business			
											LOH	LOED	Relative Risk Score	
											Model #71	Model #126	Model #26	Model #56
770977872774877775	51	6	39	F	Y	S	N	6	7	51	0.95	0.98	23.03	51.89

DxCG Risk Solutions				
Normalized To Book Of Business				
LOH	LOED	Relative Risk Score		
Model #71	Model #126	Model #26	Model #56	
0.95	0.98	23.03	51.89	
0.27	0.11	6.30	50.7	
	0.14	7.28		

Quality and Risk Measures

Hide Navigation | My Favorites | Analytics | Provider Management | Quality Indicators | Regulated Quality Measures | **VH Quality & Risk Measures** | Utilization Metrics | Query Builder | Documentation | Highmark PI - Commercial | Choose another application | Provider Intelligence 5.10.0 Copyright 2013 Verisk Health.

Hide Preferences | Excel | Customize | Help

Business Levels | Disease Category | Individuals | Age(Filter by QRMs)

Entity: All | Practice Site: | Practitioner NPI: All | Highmark: All

All | All | Current | **Favorite QRMs** | All

Filter: Current | Records 1-25 of 426

Condition	Description	Individual		Actual	BOB Norm	% of Individual with Gap/Risk				
		With Condition	With Gap/Risk			Actual	BOB Norm	0%	20%	40%
<input type="checkbox"/> COPD taking Advair Diskus 250/50 or Advair Diskus 500/50 in the last 24 months (E)	Patients without pulmonary visits in the last 12 months.	6	6	100.00%	99.43%					
<input type="checkbox"/> Patients >=18 y/o with bipolar disorder on SSRI in the last 12 months (E)	Patients without a mood stabilizer in the last 12 months.	7	7	100.00%	88.91%					
<input type="checkbox"/> IBD patients on oral corticosteroids for at least 3 months in the last 24 months (E)	Patients without a bone density scan in the last 24 months	2	0	0.00%	86.27%					
<input type="checkbox"/> COPD (E)	Patients without pneumococcal assessment or PPV vaccine in the last 24 months.	19	17	89.47%	83.01%					
<input type="checkbox"/> Hypertension (E)	Patients without thiazide diuretic in the last 24 months.	388	271	69.85%	79.87%					
<input type="checkbox"/> Members 65-68 year old (E)	Patients without pneumococcal vaccination in the analysis period	113	92	81.42%	78.63%					

Quality and Risk Measures: Detail

Filter: Current

Records 1-25 of 426

Condition	Description	Individual		Actual	BOB Norm	% of Individual with Gap/Risk Actual Book of Business BOB Norm
		With Condition	With Gap/Risk			
<input type="checkbox"/> COPD taking Advair Diskus 250/50 or Advair Diskus 500/50 in the last 24 months (E)	Patients without pulmonary visits in the last 12 months.	6	6	100.00%	99.43%	
<input type="checkbox"/> Patients >=18 y/o with bipolar disorder on SSRI in the last 12 months (E)	Patients without a mood stabilizer in the last 12 months.	7	7	100.00%	88.91%	

Records 1-25 of 426

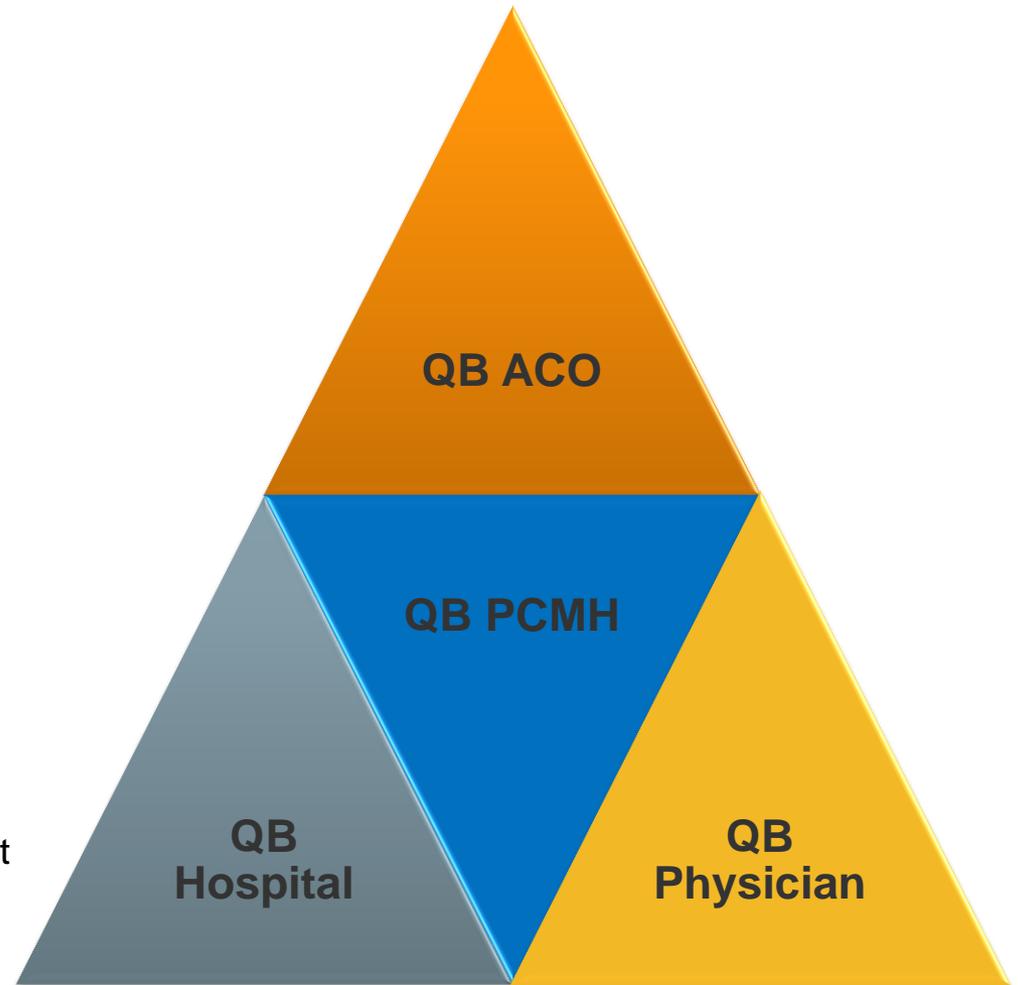
Individual	Individual		Actual	BOB Norm	% of Individual with Gap/Risk Actual Book of Business BOB Norm
	With Condition	With Gap/Risk			
	6	6	100.00%	99.43%	
	7	7	100.00%	88.91%	
			0.00%	86.27%	

Program Successes:

- **Most rapidly growing P-4-V program in region with focus on quality, cost trends, and accountability**
- **Strong improvement and focus on Population Health**
- **Central PA:**
 - ✓ 335 practices representing 43 contracts
 - ✓ 1,685 practitioners
 - ✓ > 288,000 attributed members
 - ✓ **More than 35% improvement in Quality metrics**
 - ✓ **Significant improvements in admits, readmits, ER utilization**
 - ✓ **Care cost trend 3% less than market resulting in \$23,600,000 cost avoidance in first year!!**

Continued Evolution of P-4-V Programs:

- Opportunities to “connect” programs and providers. Examples:
 - Readmission opportunities. Hospital and physician practice communication (care transitions)
 - Structures across providers to discuss high risk patients and strategies
 - True Population Health Management
- Episodes of Care Bundled Payments
- Specialist P-4-V in Oncology, Cardiology, Orthopedics, Gastroenterology, Psych
- **MEDICAL HOME PRODUCTS;**
“Provider-Of-Record”
- Market shifting to a heavier focus on pmpm cost control and less focus on discounts



Upcoming PCMH / ACA / ACO Quality Measures

Chronic Condition Care

Diabetes: Office Visits 2 or more per year (76 and older)

Diabetes: Appropriate Treatment of Hypertension

Comprehensive Diabetes Care: HbA1c Control ($\leq 9\%$)

Comprehensive Diabetes Care: LDL-C Control ($< 100\text{mg/dL}$)

Comprehensive Diabetes Care: HbA1c Control ($< 8.0\%$)

Medication Adherence for Diabetes Medication

Medication Adherence for Hypertension: RASA

Medication Adherence for Cholesterol (Statins)

Cholesterol Mgmt. for Patients with Cardiovascular Conditions: LDL-C Control

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

Chronic Condition Care (contd)

Antidepressant Medication Management: Effective Acute Phase Treatment

Antidepressant Medication Management: Effective Continuation Phase Treatment

Pharmacotherapy Mgmt. of COPD Exacerbation: Systemic Corticosteroid in 14 days

Pharmacotherapy Mgmt. of COPD Exacerbation: Bronchodilator in 30 days

Geriatric Care

Avoidance of High Risk Medications in the Elderly

Osteoporosis Management in Women Who Had a Fracture

Annual Wellness and Initial Preventative Physical Exam Rate

Ambulatory Sensitive Conditions

Pediatric and Adult Well Care

Childhood Immunization Status: Combination 5

Pneumococcal Vaccination for Older Adults

Weight Assessment & Counseling Children/Adolescents: BMI Assessment

Weight Assessment & Counseling Children/Adolescents: Nutrition Counseling

Weight Assessment & Counseling Children/Adolescents: Physical Act. Counseling

Adult BMI Assessment

Avoidance of Antibiotic treatment in Adults With Acute Bronchitis

Screening for Clinical Depression and Follow-up Plan (12 Years and Older)

Use of Imaging Studies for Low Back Pain

Commercial Adult

Avg Attrib Members		13,744		Member Months		164,923		
Avg Member Risk		2.31		Mkt Member Risk		2.63		
	Utilization / 1000				PMPM			
	Curr	Trend	Mkt	Trend	Curr	Trend	Mkt	Trend
Facility Inpatient								
Medical	19.5	(10.0%)	25.4	10.3%	\$26.81	(10.3%)	\$25.54	14.2%
Surgical	23.1	(5.1%)	25.5	(1.5%)	60.65	(1.0%)	58.43	7.2%
Maternity	13.3	(4.6%)	13.4	4.1%	5.84	3.4%	7.10	13.3%
Psych / Substance Abuse	5.8	26.6%	4.6	9.2%	4.13	118.2%	2.82	9.0%
SNF / Rehab	1.3	(36.2%)	2.7	19.8%	1.65	(44.2%)	2.72	9.9%
Subtotal	63.0	(5.4%)	71.6	4.9%	\$99.07	(2.5%)	\$96.61	9.6%
Facility Outpatient								
Emergency Room	144.6	(2.0%)	183.3	7.8%	\$19.89	6.5%	\$25.57	13.5%
Surgery - Hosp Outpatient	67.4	6.6%	92.3	4.6%	40.32	11.8%	42.09	12.8%
Surgery - ASC	111.3	(1.5%)	109.0	4.6%	22.68	6.9%	14.04	8.3%
Psych / Substance Abuse	111.6	(13.9%)	78.8	(3.2%)	1.18	0.7%	1.11	9.0%
Radiology	430.4	1.5%	492.5	9.9%	25.37	7.3%	34.68	14.9%
Pathology / Diagnostics	1,073.7	5.3%	1,004.8	5.4%	12.25	4.1%	15.62	(6.5%)
Pharmacy	88.6	(27.0%)	161.5	10.2%	4.37	(60.8%)	14.18	12.9%
Other	1,810.2	10.5%	2,121.0	25.1%	33.87	3.9%	33.82	20.3%
Subtotal	3,837.7	4.9%	4,243.2	15.1%	\$159.92	2.3%	\$181.11	12.2%
Professional - Show top 10 categories								
Primary Care	4,355.8	9.8%	4,895.6	6.8%	\$24.21	8.8%	\$25.60	8.2%
Radiologist	1,348.8	2.1%	1,522.6	3.5%	9.94	(4.5%)	9.53	(2.8%)
Ancillary	874.5	1.8%	2,564.5	10.2%	7.71	8.7%	11.11	10.3%
Primary Care - Ped	65.8	(14.3%)	109.8	(20.5%)	0.39	(11.2%)	0.68	(13.4%)
Anesthesiologist	331.9	(24.3%)	350.3	(2.0%)	7.51	(1.1%)	8.61	8.8%
Orthopedics	550.0	2.7%	671.5	9.2%	6.61	3.8%	8.02	10.0%
Physical Therapy	2,159.7	5.2%	2,055.5	7.8%	6.61	15.0%	6.53	10.3%
Hospital	613.0	67777.3%	195.0	459.0%	6.20	107436.3%	2.18	1066.8%
Psychologist	458.3	3.6%	403.5	(10.7%)	3.96	3.7%	3.47	(11.7%)
OBGYN	630.1	(2.8%)	638.1	(0.0%)	6.62	(2.1%)	7.62	(0.9%)
Other	6,043.0	3.0%	6,981.1	5.3%	46.48	(0.3%)	58.77	8.1%
Subtotal	17,430.8	7.6%	20,387.5	6.4%	\$126.24	7.8%	\$142.11	8.0%
Other								
Prescription Drugs	16,568.9	(7.6%)	16,346.2	(4.2%)	\$88.63	1.7%	\$95.54	6.6%
Other	884.4	0.9%	1,000.1	0.8%	11.29	5.7%	11.69	(1.7%)
Subtotal	17,453.4	(7.2%)	17,346.3	(3.9%)	\$99.92	2.1%	\$107.23	5.6%
Total Medical	21,331.6	7.0%	24,702.3	7.8%	\$385.23	2.7%	\$419.84	10.1%
Total Product	38,784.9	0.1%	42,048.7	2.7%	\$485.15	2.6%	\$527.08	9.2%

P-4-V Needs:

- ✓ **Clinically meaningful, and relatively efficient to capture, quality measures.**
- ✓ **Input and involvement in care cost strategies admissions, readmissions, pharmacology.**
- ✓ **Advisory role in shared savings, bundled payments, ACO network design, ROI.**
- ✓ **Help with STARS measures, Healthcare Marketplace (Exchange) quality measures, when finalized.**

“The Future Ain’t What It Used To Be”

Yogi Berra

