Colorado Scorecards on Payment Reform

Dollars and Sense: Lowering Health Care Costs and Increasing Transparency

Catalyst for Payment Reform
November 13, 2018
About CPR

CPR's Scorecards on Payment Reform

Economic signals

System Transformation & Outcomes Measurement

Questions & Contact
About CPR
An independent non-profit corporation working to catalyze employers, public purchasers and others to implement strategies that produce higher-value health care and improve the functioning of the health care marketplace.
About CPR continued

EDUCATION
Learn about high-value health care purchasing

TOOLS & SUPPORT
Helping purchasers take action

COORDINATION
A louder voice in the marketplace

RESEARCH & ANALYSIS
Push the market and measure progress

CPR's Goal:
20% of payment flows through methods proven to improve value by 2020
CPR’s Scorecards on Payment Reform
Previous Scorecards

✅ National and Regional Scorecards - the first to track the nation's (and certain states') progress in implementing value-oriented payment.

✅ Scorecard 2.0 includes the same metrics and more, developed with the help of a multi-stakeholder advisory committee.
CPR wanted to go beyond tracking how much & what types of payment reform programs occur between payers and providers in the commercial and Medicaid market.

Scorecard 2.0 seeks to answer the question: Are payment reforms having their intended impact on the quality, efficiency, and cost of health care?
CPR selected the states through a RFP process in the summer of 2017. CIVHC stated in their response: “The information contained in the Scorecard will help health plans and our state identify additional ways we can make significant strides towards reducing costs and improving outcomes, enabling the setting of goals for payment reform moving forward.”
Economic Signals
Payment reform: a range of health care payment models that use payment to promote or leverage greater value for patients, purchasers, payers, and providers.

CPR measures the total dollars paid to providers through payment reform programs (with quality) in CY 2016 or most recent 12 months.
Methodology

Commercial

- 4 health plans participated
- These plans and their contracted providers cover 2,214,000 lives in the commercial market or 78% of the commercially-insured lives in Colorado
- Sets a baseline for Colorado using 2016 data

Medicaid

- Collected data directly from HCPF
- Data represents that of 1,329,000 lives in the Medicaid market or 100% of Medicaid enrollees in Colorado in 2016
- Sets a baseline for Colorado using 2016 data
Commercial payment reform

57.1% of the total payments made to providers are value-oriented

- **26.5%** shared savings
- **18.1%** pay-for-performance
- **7.3%** full capitation
- **4.4%** shared risk
- **0.6%** bundled payment
- **0.2%** partial capitation
Medicaid payment reform

54.4% of the total payments made to providers are value-oriented

16.4% Pay-for-Performance

16.4% Non-Visit Functions

12.1% Partial or Condition Specific Capitation

9.5% Bundled Payment

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Moving to risk

COMMERCIAL

$350 million spread across 3 contracts

22% AT RISK

78% NOT AT RISK

Share of Value-Oriented Payments that Put Providers at Financial Risk

MEDICAID

Zero shared risk contracts reported

40% AT RISK

60% NOT AT RISK
Limited networks (commercial only)

4 out of 4 plans offer limited networks

9% of members in these plans are enrolled in these products
System Transformation & Outcomes Measurement
Member support tools (commercial only)

- 3 of 4 offer quality information
- 4 of 4 offer price information
- 3 of 4 offer treatment decision information
### HEDIS® measures (commercial)

#### HbA1c poor control
- **34%** of people with diabetes had poorly controlled blood sugar (HbA1c >9%)
- U.S. PPO average: **43%**

#### Controlling high blood pressure
- **62%** of people with hypertension had adequately controlled blood pressure
- U.S. PPO average: **55%**

#### All-cause readmissions
- **7%** of hospitalizations are followed by another hospitalization within 30 days*
- U.S. average not available

#### HbA1c testing
- **91%** of people with diabetes had a blood sugar test (HbA1c)
- U.S. PPO average: **89%**

*Based on VA’s case mix.
HEDIS® measures (Medicaid)

**HbA1c poor control**

XX% of people with diabetes had poorly controlled blood sugar (HbA1c >9%)

Medicaid average: 43%

**Controlling high blood pressure**

Not available for Colorado Medicaid - HEDIS 2017

**All-cause readmissions**

Not applicable to Medicaid for HEDIS 2017

**HbA1c testing**

XX% of people with diabetes had a blood sugar test (HbA1c)

Medicaid average: 87%
Statewide measures from Commonwealth Scorecard

**Unmet care due to cost**
- 12% of adults went without care due to cost
  - Source: BRFSS
  - U.S. average: 13%

**Childhood immunizations**
- 76% of children ages 1.5 - 3 years old received all recommended doses of seven key vaccines
  - Source: NIS
  - U.S. average: 71%

**Health-related quality of life**
- 14% of adults report fair or poor health
  - Source: BRFSS
  - U.S. average: 16%

**Home recovery instructions**
- 89% of adults reported being given information about how to recover at home
  - Source: HCAHPS
  - U.S. average: 87%
NTSV Cesarean Sections

**COMMERCIAL**

23%

of women with low-risk pregnancies* had C-sections

*NTSV measure. Analysis by CIVHC of Vital Statistics Program data.

**MEDICAID**

18%

of women with low-risk pregnancies* had C-sections

*NTSV measure. Analysis by CIVHC of Vital Statistics Program data.

23.9%

The Leapfrog Group's & Healthy People 2020’s target
Hospital-Acquired Pressure Ulcers

**COMMERCIAl**

1.8 out of every 1,000 adults acquired stage III or IV pressure ulcers during their stay.

**MEdICAID**

0.7 out of every 1,000

Source: 2017 Leapfrog Hospital Survey; Analysis by CIVHC

0.00 out of every 1,000

The Leapfrog Group’s target
Key themes include: administrative waste; patient-centered quality metrics; and the role of benefit design

17 leaders interviewed including 3 provider leaders, 3 purchasers, and others!

Thank you to those who participated!
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Thank you for supporting this project & catalyzing a better functioning health system in Colorado!