

Value Based Contracts and Population Health University of Colorado Medicine

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Local Background

- CU Medicine: practice that supports CU School of Medicine clinical practices
 - Rev cycle, single signature contracts
- Faculty practice: 95% practice at two on-campus affiliated hospitals which are independent of CU
 - University of Colorado Hospital (part of UCHealth System)
 - Children’s Hospital Colorado (free standing children’s hospital)
- UCHealth and Children’s have separate Clinically Integrated Networks
 - CU Medicine participates in both and have board seats

State of VB and Pop Health

- Medicaid: no managed care in Colorado
 - Regional Accountable Care & Alternative Payment Model (ACO)
 - Pri Care attribution and Pri Care pay for performance measurement to Medicaid fee schedule for service reimbursement $\pm 4\%$
- Colorado Commercial Market (Anthem, Cigna, United, Aetna)
 - Programs roughly similar – all upside
 - PC attribution based
 - Total cost of care
 - Earned savings distributed on quality performance
- Medicare
 - MSSP Track 3 and commercial Medicare Advantage through UCHHealth CIN

Value Based Contracts

- CU Medicine capitated for MD services under self-insured health plan for CU, UCHHealth, and CU Medicine since 1999. Capitation discontinued 2018
- Medicare and Medicaid comprise 45% of payor mix
- 2012: Built quality performance reporting, practice transformation, embedded behavioral health and patient support infrastructure related to deliverables of Value Based Modifier and Medicaid Regional Accountable Care Organization
- 2015: Commercial contracts pushed alignment with Medicaid quality measures (Anthem VB contract in 2015)
- 2017: Participated in MSSP Track 3 and accepted in Medicaid CPC+: 13k Medicaid lives

ACO's/Clinically Integrated Networks

- UCHealth Clinically Integrated Network
 - CU Medicine, UCHealth Employed Practices, Community Providers
 - Participated in MSSP Track 3, year 2 of participation (exiting)
 - CU Medicine does not participate in CIN commercial agreements
 - CU Medicine provides services to the CIN for quality performance monitoring, reporting, regulatory and Epic support
 - CU Medicine has two board seats
- Children's Hospital Colorado Pediatric Care Network
 - Limited commercial market demand
 - Commercial agreements with Anthem and Cigna
 - CU Medicine participates in Cigna
 - CU Medicine has two board seats

Value of CIN's to CU Practice

- Health system partners recognize the strategic importance of population based activities, specifically ambulatory care management and practice transformation
- Provide tertiary care services for expanded population base, most notable in adult health
- Still more opportunity to make meaningful investment in care management and population management
- Campus partnerships and citizenship

MACRA and other M'care Initiatives

- CU Medicine made strategic investment in pre-MACRA (VBM)
- 5% APM bonus (\$2.7M) for meeting APM Qualifying Provider (QP) status via MSSP Track 3 and CPC+ participation
- CPC+ beneficial for building pop health infrastructure in clinics
- Attribution model is important for success
 - CU Medicine did well with retro attribution under VBM
 - CIN struggled with prospective attribution with MSSP3
- We will pivot to MIPS for CY19 (with MSSP Track 3 exit)
- Evaluate future M'care strategy for FY20

Successes

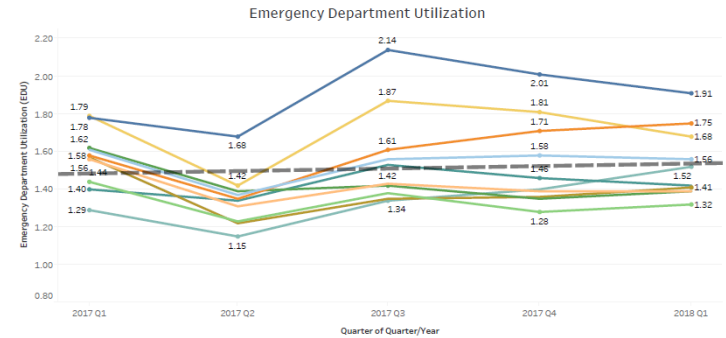
Development of Office of Value Based Performance (OVBP)

- CU Medicine Department organized to perform VBM, M'caid ACO, commercial agreements and Meaningful Use
- Team is comprised of Medical Director, Epic Analysts, Regulatory Lead, Clinical Pharmacists, Administrative Core
- Leverage EMR capabilities for reporting and pop health management
- CU Medicine achieved FPSC Quality Performance Top Tier FPSC among academic medicine cohort.
 - Cost performance slightly above median (HOPD costs pulled ranking down)
- Ongoing support to both CIN's

OVBP Performance Monitoring

Medicare Shared Savings Program Quality Dashboard
 UHealth Integrated Network
 University of Colorado Medicine
 January 1, 2018 through July 31, 2018

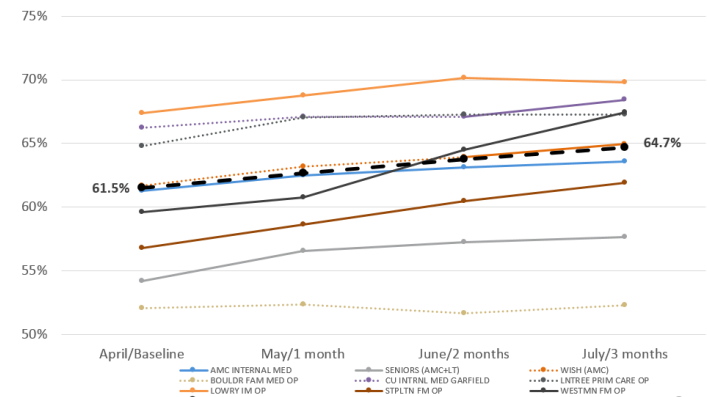
Measure Name and ID	Numerator	Denominator	Performance	% of Network	Goal	2016 QRU Benchmark
CARE1 - Medication Reconciliation Post-Discharge	573	618	93%	27%	N/A	TBD
CARE2 - Screening for Future Fall Risk	8,825	9,155	96%	27%	82%	57%
DM2 - Hemoglobin A1c (HbA1c) Poor Control (>9)	462	1,574	29%	32%	N/A	33%
DM7 - Diabetes: Eye Exam	986	1,485	66%	33%	N/A	78%
HTN2 - Controlling High Blood Pressure	3,741	5,395	69%	28%	70%	67%
IVD2 - Use of Aspirin or Another Antiplatelet	1,118	1,320	85%	23%	90%	82%
MH1 - Depression Remission at Twelve Months	87	771	11%	44%	N/A	TBD
PREV 5 - Breast Cancer Screening	1,711	3,017	57%	30%	N/A	55%
PREV 6 - Colorectal Cancer Screening	2,657	5,822	46%	30%	N/A	53%
PREV 7 - Influenza Immunization	5,454	9,679	56%	29%	70%	44%
PREV 8 - Pneumococcal Vaccination Status for Older Adults	7,933	9,155	87%	27%	80%	54%
PREV 9 - BMI Screening and Follow-Up Plan	10,058	10,419	97%	29%	90%	59%
PREV 10A - Tobacco Use: Screening	10,405	10,454	100%	29%	86%	87%
PREV 10B - Tobacco Use: Cessation Intervention	324	642	50%	28%	86%	87%
PREV 10C - Tobacco Use: Screened Neg or Screened Pos with Cessation	10,084	10,451	96%	29%	86%	87%
PREV 12 - Screening for Clinical Depression and Follow-Up Plan	6,069	8,027	76%	28%	80%	52%
PREV 13 - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	4,079	5,365	76%	26%	N/A	TBD



Clinic	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1
A.F. Williams	1.78	1.58	2.14	2.01	1.91
AMC Internal Medicine	1.61	1.37	1.56	1.58	1.56
AMC Seniors	1.58	1.35	1.61	1.71	1.75
AMC WISH	1.56	1.31	1.43	1.39	1.39
Boulder Family Medicine	1.62	1.39	1.42	1.35	1.39
DIMG	1.44	1.23	1.38	1.28	1.32
Lone Tree Primary Care	1.57	1.22	1.35	1.36	1.41
Lone Tree Seniors	1.79	1.42	1.87	1.81	1.68
Lowry Internal Medicine	1.40	1.34	1.53	1.46	1.42
Westminster Family Medicine	1.29	1.15	1.34	1.40	1.52

Monitoring quality measure and cost/utilization performance for value-based contracts

Statin use rate in high risk patients with DM



Patients from DM registry with LDL \geq 70 mg/dL (or missing), age 40-75

Risks and Strategy Going Forward

- Medicare/Medicaid: practice revenue will be at risk based on VB performance
- Strategy to protect commercial rates on campus (as opposed to community practices) and be prepared for reimbursement shift when financing changes to value over volume
- CU Medicine practice commitment to value based performance has been organic rather than market reactive
 - That could change