

# 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 pneumococcal 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 years of age who had appropriate screening (FOE or colonoscopy) for colorectal cancer

 DATA SOURCES: APCD



## 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 Sites when 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