The results of the Virginia Commercial Scorecard on Payment Reform are in, and 67% of all commercial payments are value-oriented—either tied to performance or designed to cut waste. Status-quo payments make up the remaining 33%. These data are from calendar year 2016 or the most recent 12 months.

Fee-for-Service (FFS) remains the dominant base method of payments to providers, even when the payment is value-oriented. Of all the value-oriented commercial payments health plans made in Virginia in 2016, 99% are still based on FFS. Only 1% use a non-FFS based payment method. Value-oriented payment methods categorized as non-FFS include: bundled payment, full capitation, partial or condition-specific capitation, and payment for non-visit functions, while pay-for-performance, shared savings, and shared risk rely on FFS.

Very few value-oriented payments put providers at risk. About 89% of value-oriented payments offer providers a financial upside only, with no downside financial risk.

### ACKNOWLEDGMENTS

The Virginia Commercial Scorecard on Payment Reform 2.0 was made possible by the Laura & John Arnold Foundation and the Robert Wood Johnson Foundation, as well as the leadership of the Virginia Center for Health Innovation and the Virginia Association of Health Plans. CPR thanks Beth Bortz, President & CEO of VCHI and Douglas Gray, Executive Director of VAHP. CPR project leads Andrea Caballero and Alejandra Vargas-Johnson. CPR staff Lea Tesitore and Roslyn Murray, as well as the health plans that provided data for the Scorecard, for their significant contributions to this project.

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Payment Reform's Impact at a Macro-Level: Leading Indicators to Watch

Together, these metrics shed light on the impact of payment reform on the health care system in Virginia.

**Economic Signals**

**System Transformation**

**Outcomes**

**PREVENTABLE ADMISSIONS**

Out of every 100,000 people there were 1,331 preventable admissions among adults with certain conditions**.

**ALL-CAUSE READMISSIONS**

8% of hospitalizations are followed by another hospitalization within 30 days*

**HBA1C POOR CONTROL**

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

Source: NCQA

**HOSPITAL-ACQUIRED PRESSURE ULCERS**

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

Source: 2017 Leapfrog Hospital Survey

**CONTROLLING HIGH BLOOD PRESSURE**

53% of people with hypertension had adequately controlled blood pressure

Source: NCQA

**CESAREAN SECTIONS**

29% of women with low-risk pregnancies* had C-sections

*NTSV measure. Source: Analysis by VHI.

**OF HEALTH PLANS OFFERING ONLINE MEMBER SUPPORT TOOLS**

3 of 5 offer quality information

5 of 5 offer price information

4 of 5 offer treatment decision information

**OF HEALTH PLANS OFFERING LIMITED NETWORKS**

Out of 5 responding plans, 16% of members in these plans are enrolled in these products

**HBA1C TESTING**

90% of people with diabetes had a blood sugar test (HbA1c)

Source: NCQA

**UNMET CARE DUE TO COST**

13% of adults went without care due to cost

Source: BRFSS, cited by CMWF 2018

**HEALTH-RELATED QUALITY OF LIFE**

14% of adults report fair or poor health

Source: BRFSS, cited by CMWF 2018

**CHILDHOOD IMMUNIZATIONS**

66% of children ages 1.5 - 3 years old received all recommended doses of seven key vaccines

Source: NIS, cited by CMWF 2018

**SHARED RISK CONTRACTS**

88% of adults reported being given information about how to recover at home

Source: HCAHPS, cited by CMWF 2018

**HOME RECOVERY INSTRUCTIONS**

88% of adults reported being given information about how to recover at home

Source: HCAHPS, cited by CMWF 2018

**source:** AHRQ, analysis by VHI. **See Methodology for details.**