

# 2019 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 potentially avoidable emergency room visits
- B. Low Value Services as captured by the MedInsight Health Waste Calculator
- C. Inappropriate Preventable Hospital Stays



## Aim II: Increasing High-Value Care

- A. Virginians who are current with appropriate vaccination schedules
- B. Comprehensive Diabetes Care
- 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 potentially avoidable emergency room visits

- Potentially avoidable ED visits - As a percentage of total ED visits
- Potentially avoidable ED visits - Per 1,000 member months
- Potentially avoidable ED visits - Per member per year

## B. Low Value Services as captured by the MedInsight Health Waste Calculator

- Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery
- Don't obtain EKG, chest X-rays or pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery
- Don't perform population based screening for 25-OH-Vitamin D deficiency
- Don't perform PSA-based screening for prostate cancer in all men regardless of age
- Don't do imaging for low back pain within the first six weeks, unless red flags are present

## C. Inappropriate Preventable Hospital Stays

- Prevention Quality Indicator #90: Prevention Quality Overall Composite Rate (per 100,000 population)

# Aim II: Increasing High-Value Care



## A. Virginians who are current with appropriate vaccination schedules

DATA SOURCE: APCD; VIIS; C4P

- Childhood and Adolescent Immunization Status

## B. Comprehensive Diabetes Care

DATA SOURCE: APCD; C4P

- Hemoglobin A1c (HbA1c) Testing
- Medical Attention for Nephropathy

## C. Clinically Appropriate Cancer Screening Rates

DATA SOURCE: APCD

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening

# Aim III: Improving the Infrastructure for Value-based Care



## A. Commercial in-Network Payments That Are Value Oriented

DATA SOURCE: C4PR

- Catalyst for Payment Reform Composite Score: Increasing the Percent of Commercial In-Network Payments that Are Value Oriented

## B. Claims in Virginia's All-Payer Claims Database

DATA SOURCE: APCD

- 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

## C. Value-Oriented Payments that Place Doctors and Hospitals at Financial Risk for Their Performance

DATA SOURCE: C4PR

- Catalyst for Payment Reform Composite Score: Increase the Percent of Value-Oriented Payments that Place Doctors and Hospitals at Financial Risk for Their Performance

# 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