



Improving Care and Lowering Costs: The Use of Clinical Data by Medicaid Managed Care Organizations

April 26, 2018

Agenda

- **Welcome and Overview of Interview Results**
 - **Claudia Ellison**, Director of Programs, eHealth Initiative
- **Discussion & Comments**
 - **Gary Christensen**, General Manager, States-Public Sector, InterSystems; eHealth Initiative Leadership Council
 - **John A. Johnson, MD, MBA, FACP**, Chief Medical Officer, Virginia Premier Health Plan, Inc.

Speakers



Gary Christensen
General Manager
States – Public Sector, InterSystems



John A. Johnson, MD, MBA, FACP
Chief Medical Officer
Virginia Premier Health Plan, Inc

Housekeeping Issues

- All participants are muted
 - To ask a question or make a comment, please submit via the Q&A feature and we will address as many as possible after the presentations.
- Technical difficulties:
 - Use the chat box and we will respond as soon as possible
- Questions:
 - Use Q&A feature
- Today's slides will be available for download on eHI's Resource page **www.ehidc.org/resources**

Our Mission

eHealth Initiative's mission is to serve as the industry leader convening executives from multi-stakeholder groups to identify best practices to transform healthcare through use of technology and innovation. eHI conducts, research, education and advocacy activities to support the transformation of healthcare.

Multi-stakeholder Leaders in Every Sector of Healthcare



Convening Healthcare Executives

Research &
Identify Best
Practices

Best Practice
Committees
Identify &
Disseminate
Success Stories



Value &
Reimbursement



Data Analytics



Workflow for Providers
and Patients

eHealth Resource Center Available With Best Practices & Findings

Best Practice Committees contribute to the eHealth Resource Center www.ehidc.org/resources which provides assistance, education and information to organizations transforming healthcare through the use of information, technology and innovation. The Resource Center is a compilation of reports, presentations, survey results, best practices and case studies from the last 16 years.



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Managed Care Organizations

- Medicaid enrollment and spending continues to grow
- States are contracting with Managed Care Organizations (MCOs) to deliver healthcare services to Medicaid beneficiaries
- MCOs control costs by trying to improve health plan performance, healthcare quality, and outcomes
- Focus on preventive care and early intervention, provide quality care coordination and care management, and reduce the unnecessary use of services

Clinical Data and MCOs

- Value-based care -> Need for comprehensive picture of patient
- MCOs are using clinical data to supplement claims data
 - Comprehensive picture facilitates case management, risk adjustment, quality reporting
 - Exchanging clinical data with MCOs' provider networks
 - Base clinical decisions on timely, more accurate data
 - Allows provider networks to effectively manage their patient populations and lower costs

Executive Interviews

- 6 interviews with MCO executives
- December 2017 – January 2018
- Interviews examined:
 - Main sources of clinical data
 - Progress related to collecting, storing, and sharing clinical data
 - Processes that MCOs want to leverage clinical data for most
 - Clinical data's role in value-based contracts
 - Challenges in the collection and use of clinical data
- Report available on eHI's [Resource Center](#)

Key Trends

- All interviewed MCOs have a defined clinical data strategy
 - Vary in their readiness to collect, store, and share clinical data with internal teams and provider networks
- Common sources of clinical data
 - ADTs; State immunization and disease registries; HIEs
- Targeting high-risk members for early intervention
 - Risk management, case management, support programs
- Sharing clinical data with provider networks as a critical component in value-based contracts
 - Helps providers understand their current performance against quality measures
 - Increases breadth of clinical quality measures that can be brought into value-based contracting agreements
 - Avoid chart-chasing in states that tie incentives and sanctions to performance on quality metrics

Key Trends – The Challenges

- Technical immaturity
 - Current infrastructure does not support their clinical data strategy
 - Need tools to store, normalize, and analyze data
 - Smaller provider organizations are still using fax and Excel spreadsheets
- EHR limitations
 - EHR variability
 - Limited integration – not bidirectional
 - Difficult to extract critical information from EHR documents
- Limited access to HIEs
 - Lack of HIE in state
- Concerns from providers
 - Perceived provider fear of reduced payments and profit loss resulting from sharing clinical information for managed care purposes
 - Cost of building the connections necessary to exchange data with MCOs



Gary Christensen

General Manager
States-Public Sector, InterSystems

Gary Christensen

Presentation



John A. Johnson, MD, MBA, FACP

Chief Medical Officer
Virginia Premier Health Plan, Inc.

Virginia Premier Overview

About Us

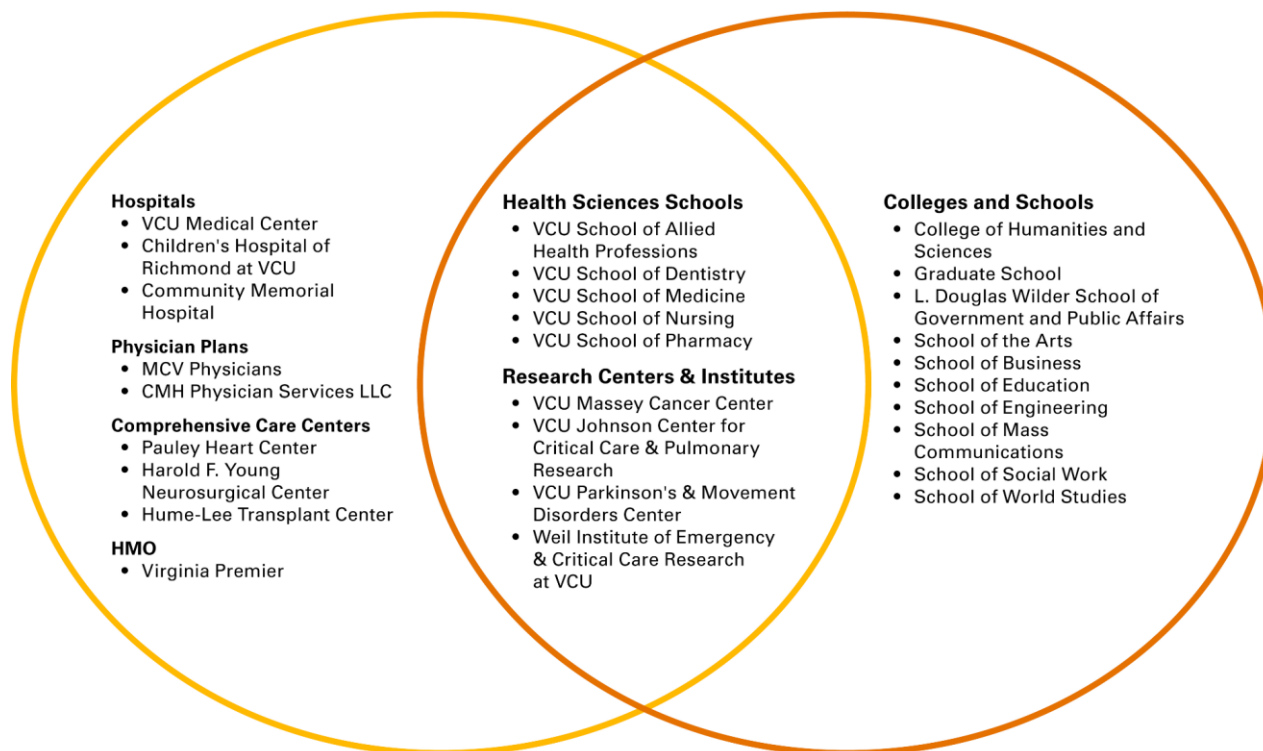
John A. Johnson, MD, MBA, FACP

Chief Medical Officer



Using Clinical Data to drive outcomes

Virginia Commonwealth University (VCU) and Virginia Premier



The VCU Health System is an urban, comprehensive **academic medical center** in central Virginia established to **preserve and restore health for all people, to seek the cause and cure of diseases through innovative research, and to educate those who serve humanity.**

VCU Health System by the Numbers...

■ VCU Medical Center

- 805 licensed acute care beds
- 37,938 inpatient discharges
- 714,669 clinic visits
- 23% share of the Richmond metro inpatient market
- 93,354 emergency department visits, and is the region's only Level I Trauma Center

■ VCU Community Memorial Hospital

- 99 licensed acute care beds
- 2,682 inpatient discharges
- 23,005 emergency department visits
- 161 licensed long-term care beds

■ Children's Hospital of Richmond

- Pediatric specialty hospital
- 60 licensed long-term care beds

■ MCV Physicians

- ~830-physician, faculty group practice
- Most comprehensive scope of clinical services in the Commonwealth
- Provides all teaching and training for medical students and residents

■ Virginia Premier Health Plan

- Over 215,000 members
Medicaid Health Maintenance Organization

200+
Clinical
Specialties

830+
Physicians

12,500
Team Members

5,000+
Students &
Residents

Virginia Premier's Leadership



Linda Hines

RN, MS, MBA
Chief Executive Officer



Dr. John A. Johnson
MD, MBA, FACP
Chief Medical Officer



David Summers
Associate Chief
Information Officer



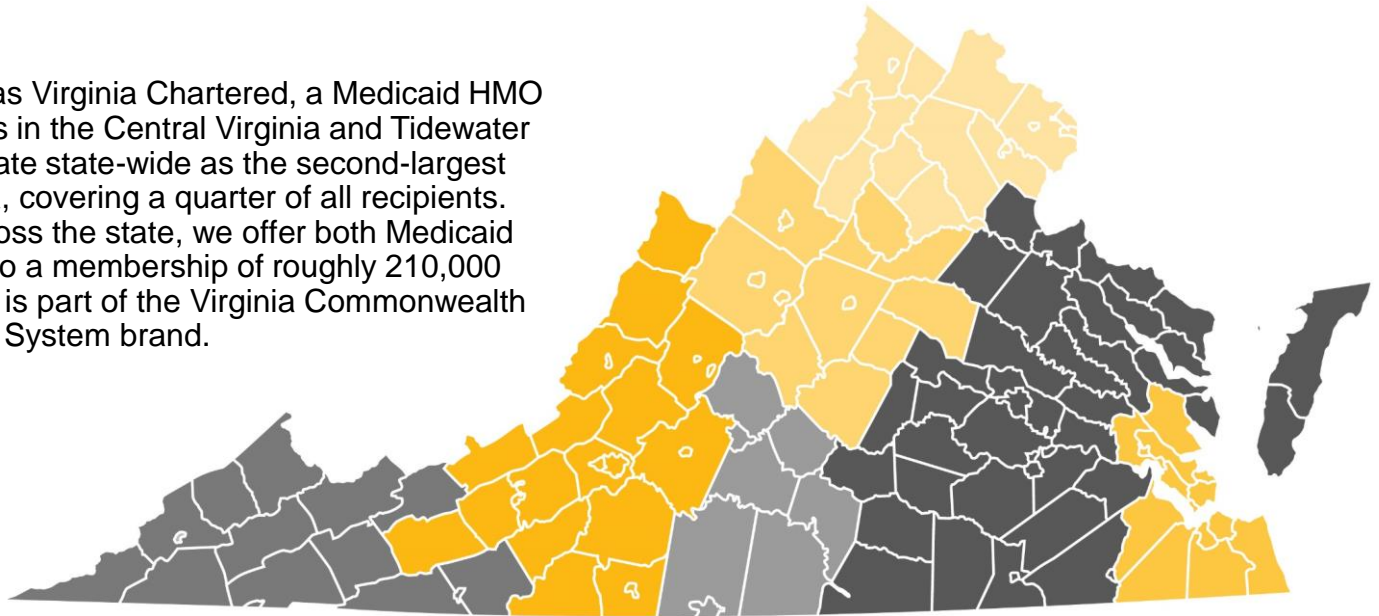
Alicia Turner
Associate Chief
Operations Officer



Timothy Carpenter
Chief Financial Officer

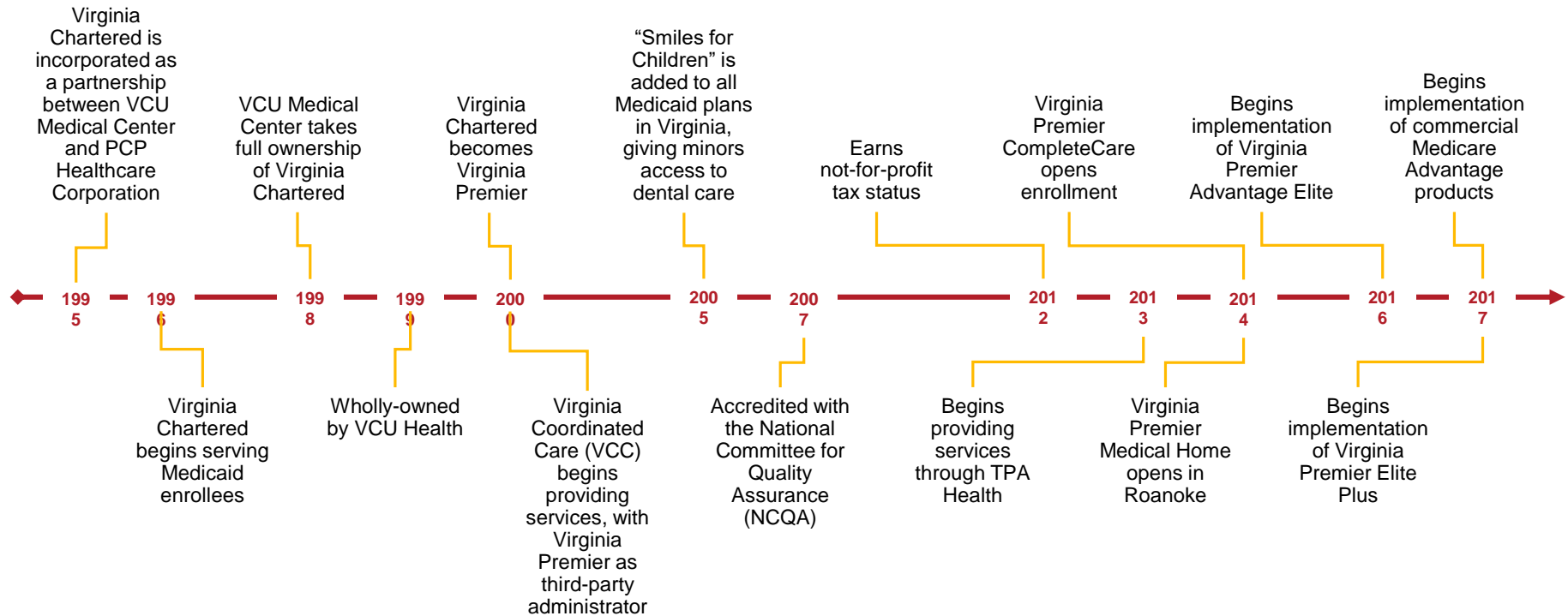
Getting to Know Virginia Premier

Virginia Premier began as Virginia Chartered, a Medicaid HMO serving 15,000 members in the Central Virginia and Tidewater regions. Today, we operate state-wide as the second-largest Medicaid plan in Virginia, covering a quarter of all recipients. With multiple offices across the state, we offer both Medicaid and Medicare products to a membership of roughly 210,000 people. Virginia Premier is part of the Virginia Commonwealth University (VCU) Health System brand.



Central 52,388	Far Southwest 25,066	Halifax/Lynchburg 19,035	Tidewater 26,532
Charlottesville 21,128	Northern/Winchester 13,285	Roanoke/Alleghany 55,925	Total 213,359

Our History

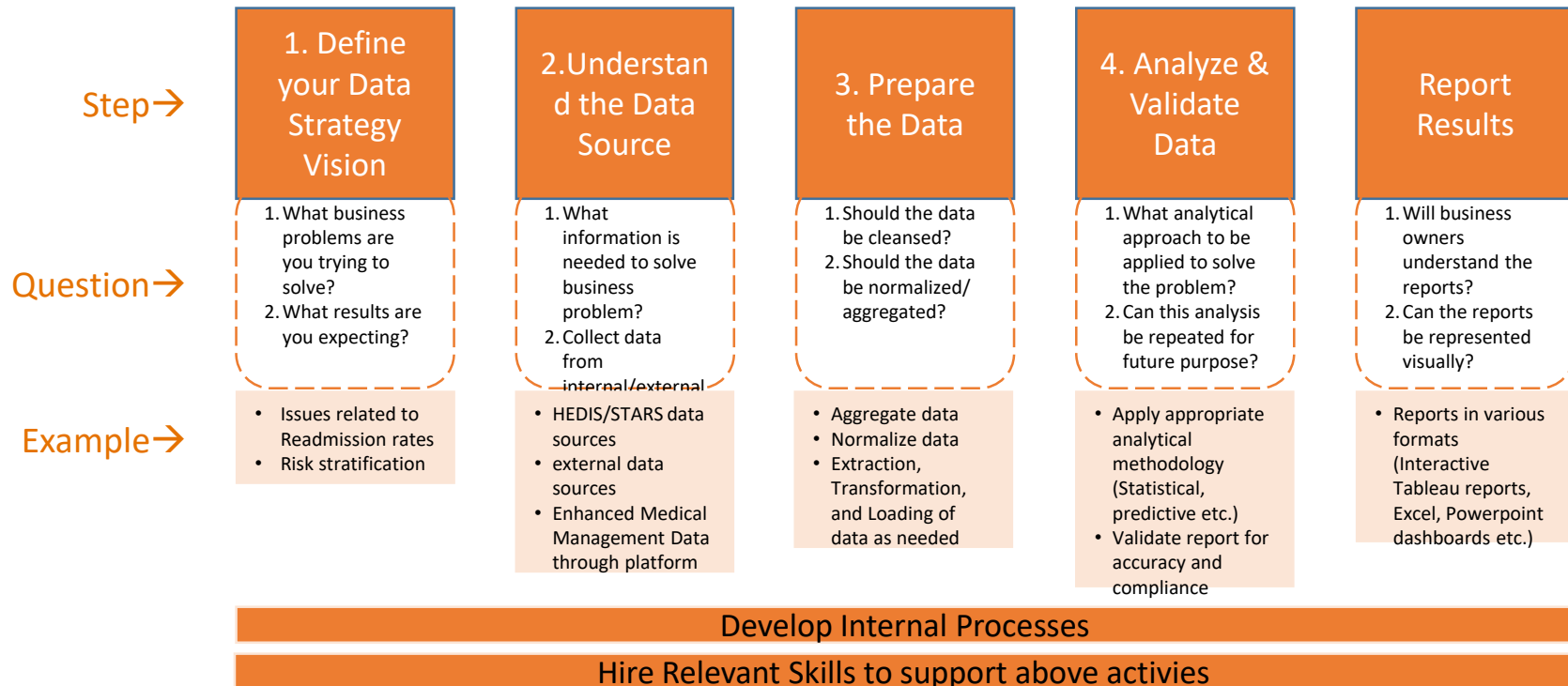


Lines of Business

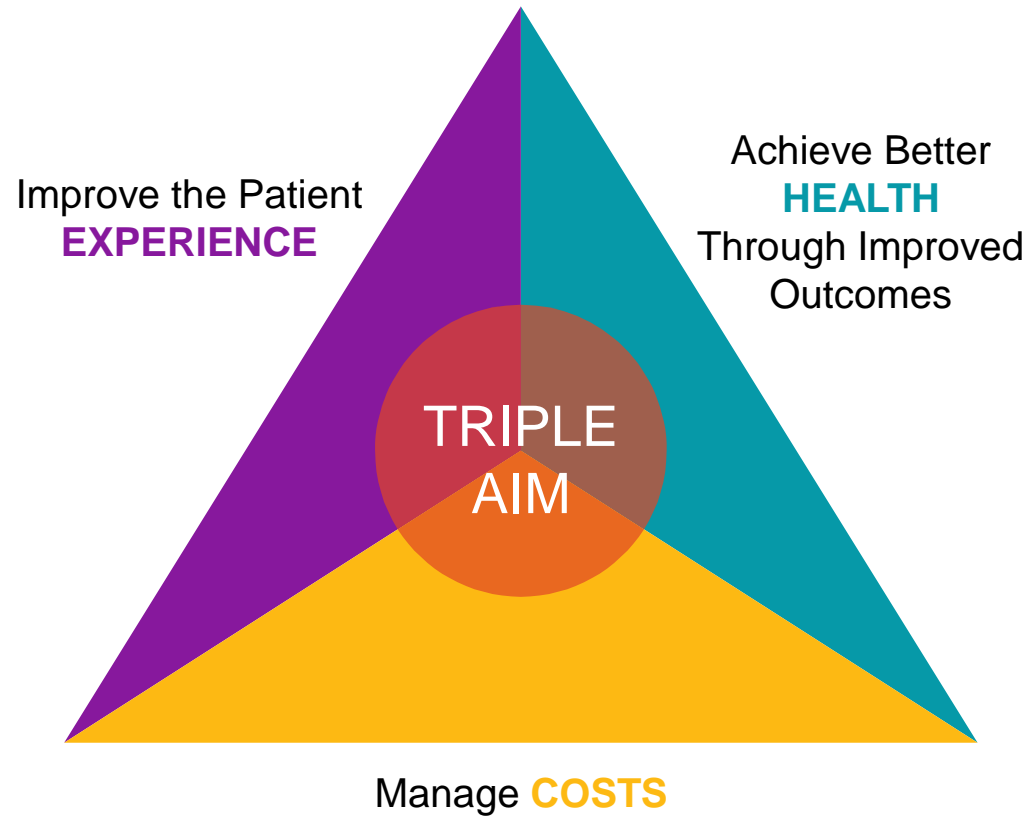
Medicaid	Medicare	Business Services
Medallion 3.0, FAMIS, etc.	Virginia Premier Advantage Elite (HMO SNP)	Virginia Premier Advisors
Virginia Premier Elite Plus (MLTSS)	Virginia Premier Advantage Gold (HMO)	Virginia Coordinated Care (VCC)
Virginia Premier CompleteCare*	Virginia Premier Advantage Platinum (HMO)	Virginia Premier Medical Home

Approach used to Develop Our Data Strategy

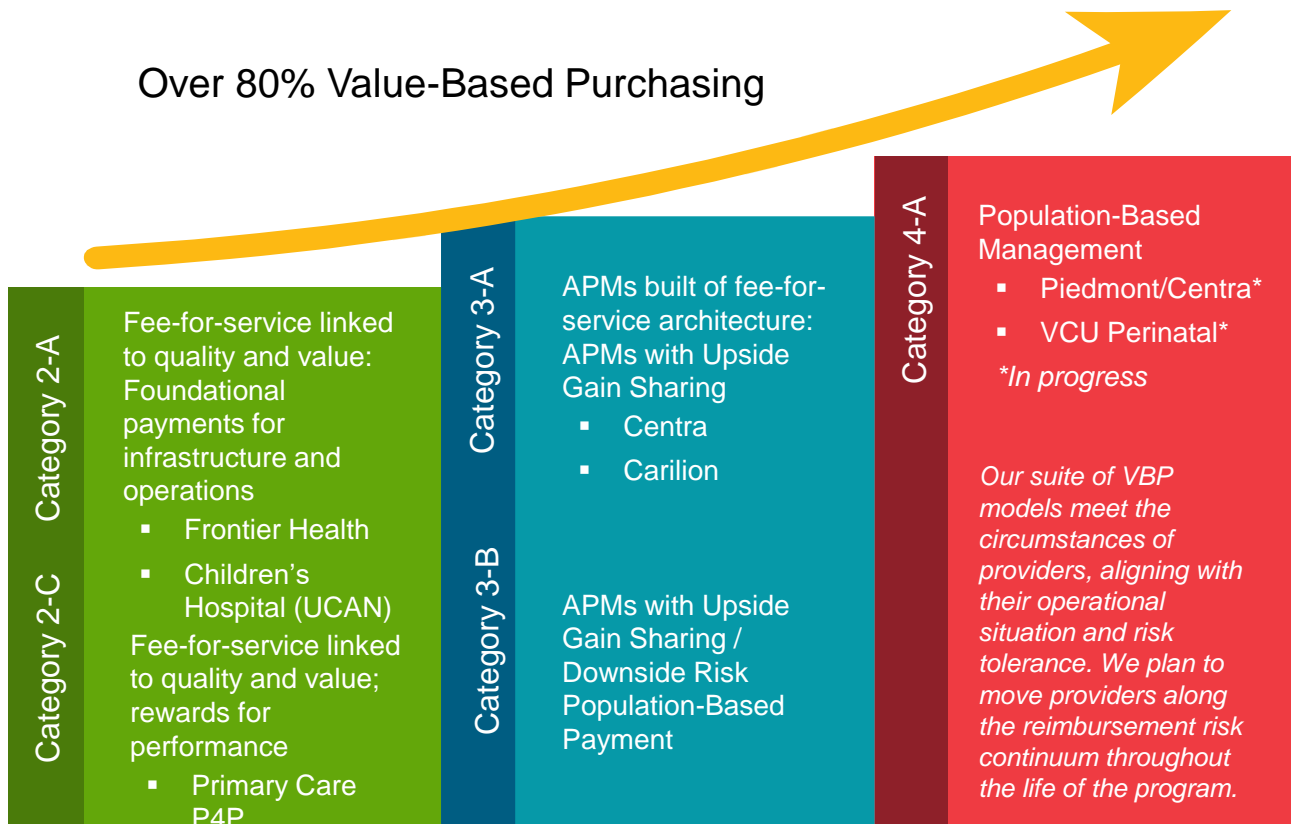
Our Data strategy was developed based on a five step approach to solve business issues. Several key questions were raised and answered in the process of developing our data strategy.



Shared Goals



Value-Based Purchasing Strategy







Strategic Fee-for-Value (FFV) Growth is A Tactic VPHP Will Employ to Support Growth Goals

What is FFV Strategy?

- Fee-for-value strategy is the process of evaluating the various forms of value-based and risk-based arrangements and their underlying variables within the context of market dynamics to form deeper payer-provider alignment models.

Importance of Considering FFV Strategy as a Component of Growth

Support Membership Growth Goals	Develop Strong Partnerships	Market Differentiation and Financial Stabilization	React and Adapt to Market Dynamics
 <p>VPHP made key decisions along the path to pursue membership growth.</p> <ul style="list-style-type: none"> • Enter Medicare Advantage Market in Select VA Counties • Enter State Exchange in Select VA Counties • Pursue Strategic Partnerships in Medicare Advantage and Medicaid LOBs 	 <p>VPHP shows interest in developing strategic partnerships with key providers.</p> <ul style="list-style-type: none"> • Enter payer-provider partnerships across multiple regions of VA • Drive expansion of current and new business lines through partnerships • Mitigate potential financial risk through shared risk arrangements 	 <p>FFV arrangements provide flexibility to drive differentiation and cost stabilization.</p> <ul style="list-style-type: none"> • Compete against formidable provider and non-provider sponsored health plans • Explore innovative financial arrangements to drive low-cost, high-quality outcomes 	 <p>Major players continue to explore FFV models as an avenue to reduce cost and improve quality.</p> <ul style="list-style-type: none"> • Learn and potentially adopt CMS frameworks such as BPCI Advanced, MSSP ACOs and PCMH programs where optimal • Adapt to State Medicaid agencies moving payments to FFV methodologies



QUESTIONS
ANSWERS

Speakers



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