

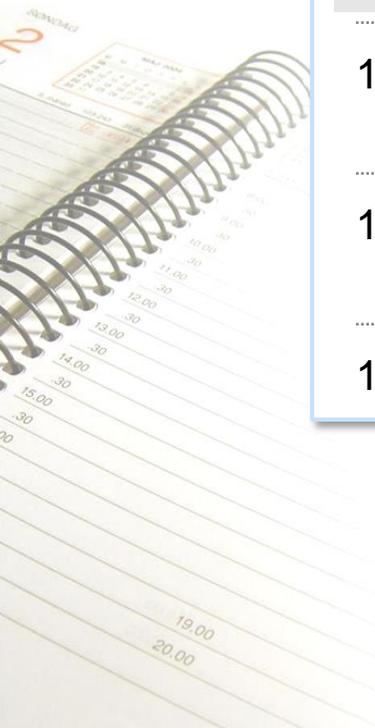
HIP: Transparency work group – session 3

Discussion document

March 28, 2016

March 28th Agenda: Price and Quality Transparency

Workgroup 3



Time	Session description	Session type
10:00-10:10	Introduction and status update of HIP	Presentation
10:10-10:55	Price and quality transparency strategic approach and path forward	Presentation and group discussion
10:55-11:15	Break	
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Goal of work group session 3 is to refine the strategy and identify interdependencies across the broader plan



Purpose/principles

- Gather input from multiple stakeholders with the objective of building a plan with the highest likelihood of success
- Collaborate with stakeholders across the commonwealth to align around a set of guiding principles
- Share informed view of what initiatives are happening across the country

Session 1 Provide input and align on principles

Session 2 Test preliminary strategy

Session 3 Refine strategy and identify interdependencies across broader plan



Work group charter: Price and Quality Transparency

Work Group title: Price and Quality Transparency

Chair: Commissioner Miller

Problem statement:

- Insufficient transparency for consumers, professionals, providers, payers, policymakers leads to inefficient decision making and uncertainty
- Stakeholders collect large amounts of data, which could benefit all stakeholders, but it is either not accessible or not interpretable
- There is a growing need to leverage data in a meaningful way to improve transparency focus areas, driven by:
 - Increasing demand from healthcare consumers to understand quality and out-of-pocket cost of care options due to both increased consumer cost sharing and a growing healthcare “shopping” culture
 - Shifting focus on value vs. volume leading to a need for providers to understand performance due to greater provider accountability for outcomes/health and total cost of care
 - Growing requirement for payers and policymakers to access a high level of data to effectively understand market dynamics

Mandate for this group:

- Determine which transparency focus areas are most critical to support the goals of PA and should be highest priority
- Design high-level transparency strategy and recommend state-led or multi-stakeholder levers to reach these goals

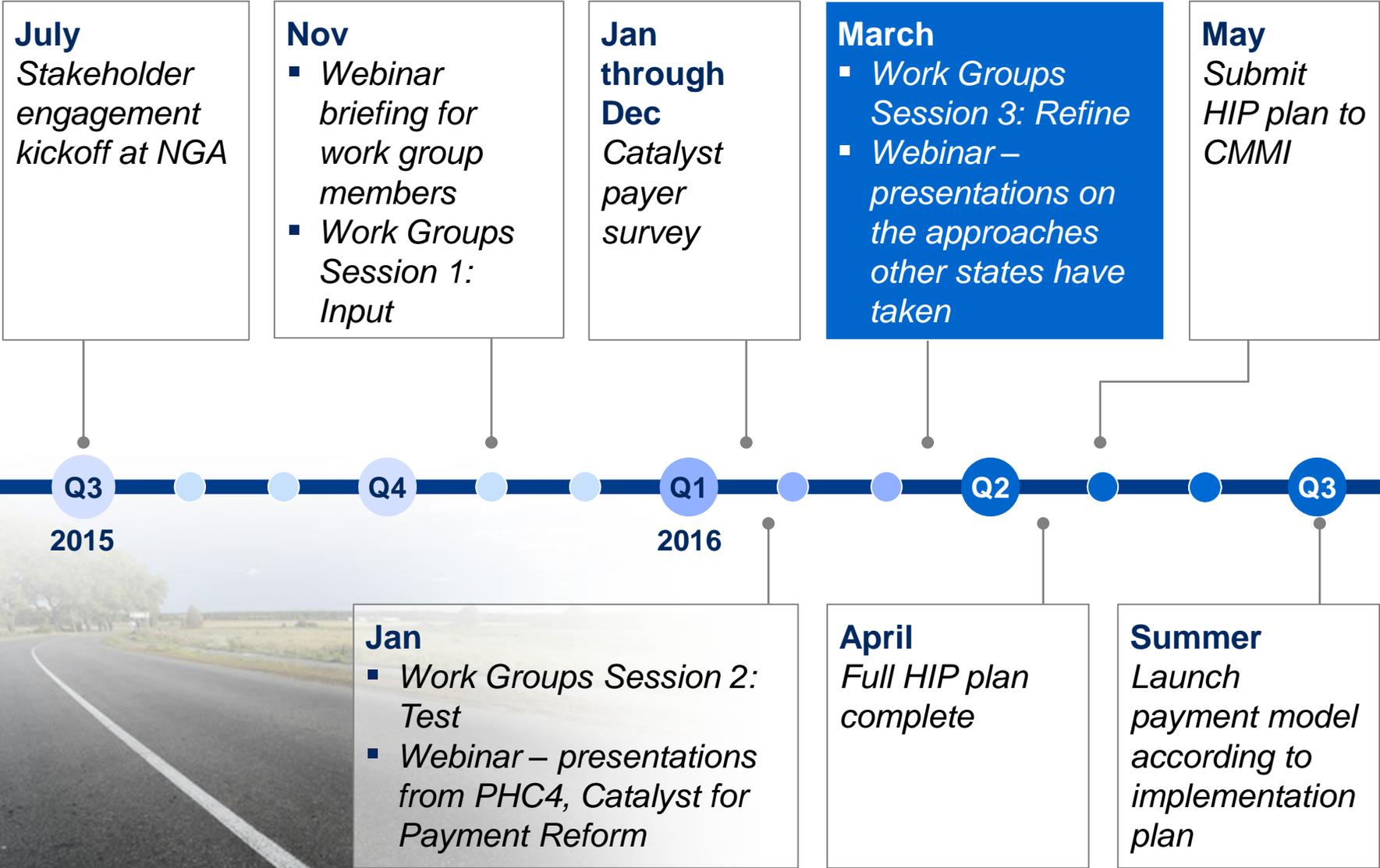
Types of decisions to provide input on for HIP Plan:

- Transparency focus area prioritization
- Investments required to improve transparency focus areas
- Technology and mediums to share data across and with stakeholders
- Areas where state-wide, regional, local alignment is needed to improve transparency
- Areas where the state should play the role of “actor” vs. “catalyzer”

Participation expectations:

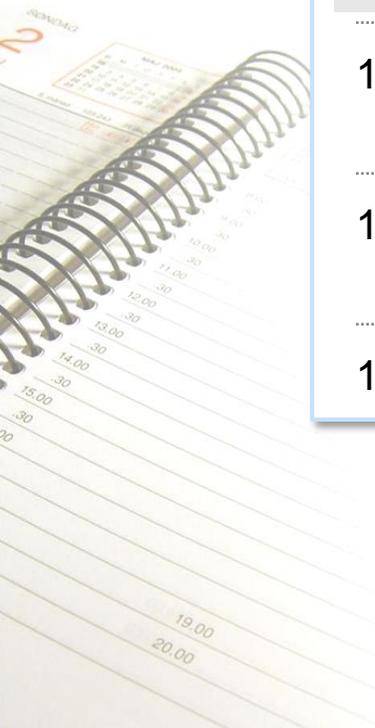
- Join 3, 3hr work group meetings and webinars between now and HIP Plan submission (May 2016)
 - Webinars (Nov 5th, 2015; Jan 19th, 2016)
 - Kickoff (Nov 9th, 2015)
 - Review / input on draft model design options (Jan 25th, 2016)
 - Review / input on full draft of HIP Plan (Mar 28th, 2016)
- Potential ad hoc additional meetings
- Communicate updates from work group within your organization and collect feedback to share back

Milestones for HIP



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Price and quality transparency path forward (1/5)

Priorities	Current state	Potential opportunities / options	Path forward
<p>Consumer health literacy</p>	<ul style="list-style-type: none"> ▪ The Marketplace has provided a platform to improve consumer understanding of options for health insurance, how to get the most out of health benefits ▪ Other efforts focused on consumer health literacy have been supported by a wide range of organizations in a decentralized way (e.g., payers, providers, employers, community orgs, public health) ▪ Some private organizations promote collaboration between multiple initiatives on a regional basis (e.g., HCIF) 	<ul style="list-style-type: none"> ▪ Drive PA-branded consumer health literacy campaign focused on an area that the commonwealth can impact, e.g., <ul style="list-style-type: none"> – Use of primary care, retail clinics, urgent care, and ED – Plan / benefit selection – Healthy living – Shopping for outpatient care or elective inpatient care ▪ Support existing collaboration initiatives to improve consistency and scope of efforts 	<ul style="list-style-type: none"> ▪ Commonwealth will identify / solicit leaders interested in continuing a multi-stakeholder effort to promote consumer literacy ▪ Stakeholders will further evaluate existing initiatives to identify areas that: (a) are already well supported; (b) require coordination across existing initiatives; or (c) would merit a PA-branded campaign ▪ Commonwealth will help establish a working group cadence as needed to execute strategy, including securing funding for any necessary investments

Price and quality transparency path forward (2/5)

Priorities	Current state	Potential opportunities / options	Path forward
<p>Broad primary care transparency for all data users</p>	<ul style="list-style-type: none"> ▪ Payers, regulators have differing requirements for PCP reporting, and for value-based payment tied to quality ▪ PCPs shoulder <\$9K per practitioner in administrative expenses for quality reporting ▪ Consumers have limited information to support selection of PCP (or selection of health plan based on PCP network) ▪ CMS and America’s Health Insurance Plans (AHIP) recently aligned on Common Core Measures for adoption in 2018 	<ul style="list-style-type: none"> ▪ Streamline and standardize primary care provider quality reporting requirements across payers and regulators ▪ Establish consistent operational channel for clinical data capture ▪ Facilitate multi-payer alignment of value-based payment around common measures ▪ Incorporate PCP transparency into tools for consumer selection of PCPs and/or health plans 	<ul style="list-style-type: none"> ▪ Commonwealth will identify / solicit leaders interested in continuing a multi-stakeholder effort to align measures ▪ Stakeholders will then determine a timeline and process by which payers will work to align on common measures

Price and quality transparency path forward (3/5)

Priorities	Current state	Potential opportunities / options	Path forward
<p>“Shoppable” care transparency (commodities)</p>	<ul style="list-style-type: none"> ▪ Consumer out-of-pocket cost sharing is increasing in the commercial market ▪ Wide variation in unit price for outpatient “commodities” (e.g., MRI, lab testing) ▪ However, consumer use of quality and cost information to inform “shopping” is still nascent ▪ Payer capabilities to support shopping vary ▪ No centralized resource for consumer comparisons 	<ul style="list-style-type: none"> ▪ Create centralized capability to allow for price shopping ▪ Create consumer shopping tool that establishes “benchmark” price that consumers may use to compare price information from payers / providers ▪ Set standards for types of comparative price information that payers and/or providers must make available ▪ Coordinate with payers to improve usefulness of cost shopping tools 	<ul style="list-style-type: none"> ▪ Commonwealth will review findings of APCD Council and Catalyst for Payment Reform ▪ Commonwealth will lay out the principles of transparency ▪ Commonwealth will organize a work group from those on the APCD work group to further explore the different options for a commodity transparency tool ▪ Over time, the Commonwealth may drive the development of a commodity cost tool or work with payers to develop / update payer-hosted tools, collaborating with PA stakeholders and developing a state-wide strategy and operational roadmap

Price and quality transparency path forward (4/5)

Priorities	Current state	Potential opportunities / options	Path forward
<p>“Shoppable” care transparency (episodes of care)</p>	<ul style="list-style-type: none"> ▪ Increasing provider accountability for outcomes/health and total cost of care ▪ Growing requirement for payers and policymakers to use data to manage market pressures ▪ No centralized resource for consumer comparison 	<ul style="list-style-type: none"> ▪ Any or all of the above ▪ Establish common definitions for episodes of care ▪ Create multi-payer analytic and reporting capability that could power transparency, referrals, and/or payment 	<ul style="list-style-type: none"> ▪ Over time, the commonwealth may then build off the foundation set by the commodity cost tool to develop transparency initiatives around episodes of care

Price and quality transparency path forward (5/5)

Priorities	Current state	Potential opportunities / options	Path forward
<p>Claims and clinical data aggregation</p>	<ul style="list-style-type: none"> ▪ Regional federated HIE model integrated at high-level by PA eHealth authority ▪ APCD stakeholder group established to provide initial input ▪ APCD council reviewing feasibility and potential capabilities 	<ul style="list-style-type: none"> ▪ Develop state-led centralized clinical database (e.g., centralized HIE) ▪ Develop state-led centralized all-payer claims database to support population health management, transparency efforts, provider benchmarking, etc. 	<ul style="list-style-type: none"> ▪ Commonwealth will review findings and input of APCD Council and APCD work group ▪ Commonwealth will then explore options for approach to claims and clinical data aggregation

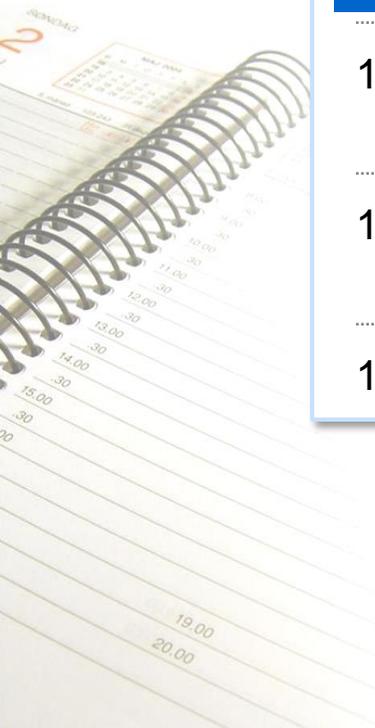
Potential questions for group discussion (price and quality transparency)

For each strategic priority path forward:

- How would you refine the approach and the role of the commonwealth in the path forward? The role of stakeholders?
- Are you interested in joining any sub-groups that will be formed to meet on specific topics? e.g.,
 - Consumer health literacy
 - Broad primary care transparency
 - “Shoppable” care transparency
- How will additional stakeholders outside of the work group be engaged?
- How can we best use the commonwealth’s assets to overcome the barriers and challenges to the strategic path forward?

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Drivers for achieving HIP objectives (1/2)

Aims

By the end of 2019, Pennsylvania will,

Improve Population Health

- Achieve or maintain top-quartile performance among states for adoption of best practices and outcomes in disease prevention and health improvement

Improve Health Care Quality and Care Experience

- Achieve high standards for quality and consumer experience, including a reduction in avoidable hospital admissions and readmissions by 20%

Reduce Costs

- Target a goal for the amount of care delivered in Pennsylvania utilizing payment models that promote and incent value-based care

Primary Drivers

Population Health

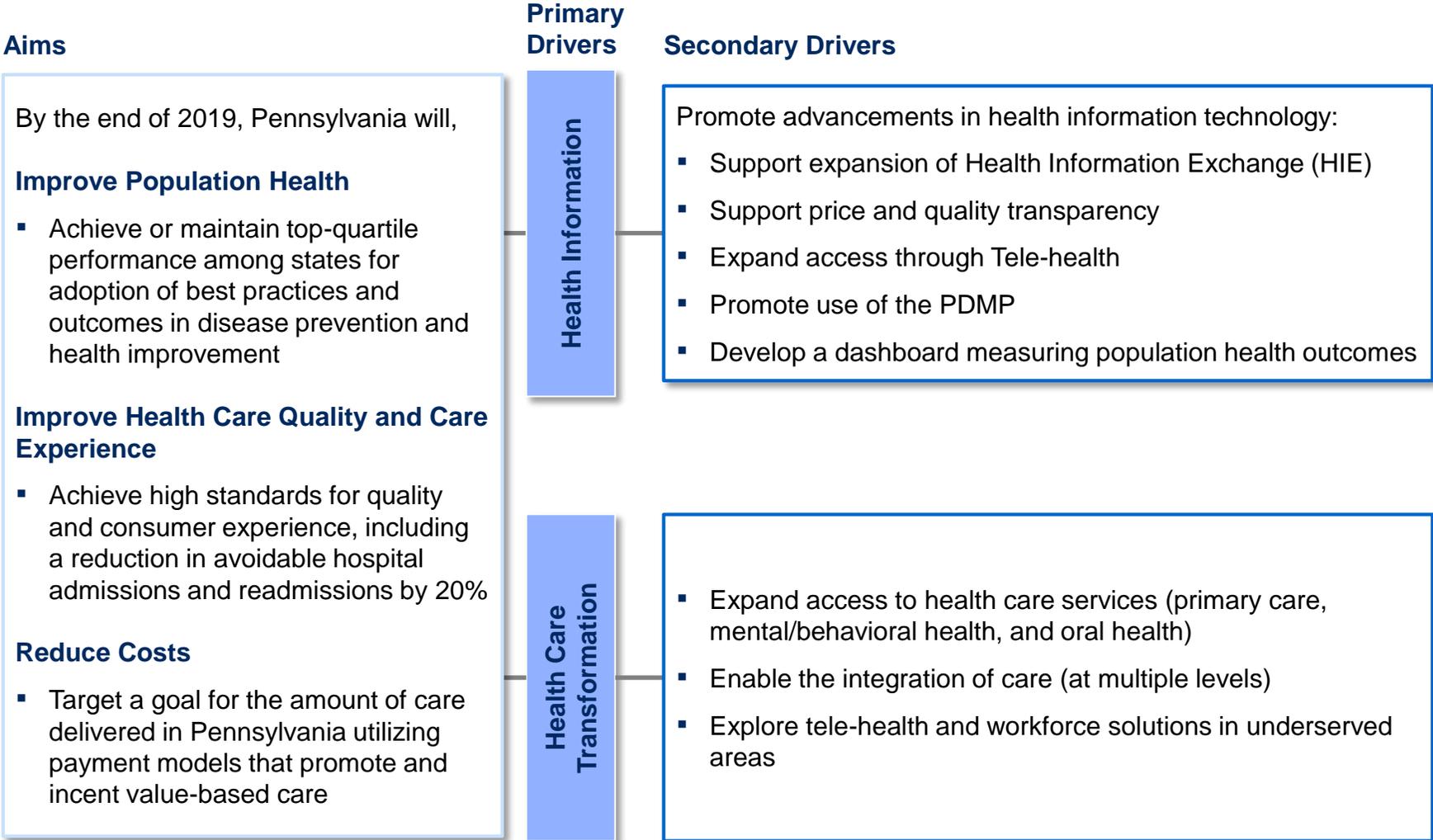
Price & Quality Transparency

Payment Reform

Secondary Drivers

Expanded Efforts: <ul style="list-style-type: none"> ▪ Target women ages 18-44 for tobacco cessation ▪ Promote the increase in physical activity within school day ▪ Promote diabetes prevention and self-management ▪ Promote oral health for children ▪ Promote use of Prescription Drug Monitoring Program (PDMP) to track and monitor substance abuse
Promote price and quality transparency through: <ul style="list-style-type: none"> ▪ Broad primary care transparency for all data users ▪ Consumer health literacy ▪ “Shoppable” care transparency for both commodities and episodes of care
Establish a target for the commonwealth for the percent of care paid for under a value-based reimbursement structure through the use of: <ul style="list-style-type: none"> ▪ Advanced Primary Care ▪ Bundled Payments ▪ Global Payments

Drivers for achieving HIP objectives (2/2)



Overall HIP plan strategic initiatives (1/2)

— Driving - - - - - Convening

		2016		2017	
Strategic initiatives		Q3	Q4	Q1	Q2
Payment / Transparency	“Shoppable” care and episode-based payment and transparency	Continue to develop approach (e.g., organize work group, review findings from APCD council, etc)		Over time, drive increased cost transparency through identified strategy	
	<ul style="list-style-type: none"> Commodity cost transparency Episode-based payment 	- - - - -		—	
		Gauge stakeholder interest in adopting common approach; encourage use of episode-based reporting to influence referrals for elective care		Identify regions and/or clinical episodes where payers may shift to episode-based payment	
Payment	Advanced primary care transparency and payment	Identify leaders interested initiative		Determine plan to drive transparency or payment innovation	
	APCD exploration	APCD council provides findings			
Payment	Other value-based payment initiatives				
Transparency	Consumer Health Literacy	Set-up sub-group to develop campaign strategy and content		Launch campaign	
Health care transformation	Community health workers	- - - - -		- - - - -	
	Behavioral health and primary care	- - - - -		- - - - -	
	Oral health / dental health access	—		—	
	Tele-health	Depends on sub-initiatives			
	Primary Care Pathway	—		—	
	Data analytics	—		—	

Overall HIP plan strategic initiatives (2/2)

— Driving - - - - - Convening

Strategic initiatives	2016		2017		
	Q3	Q4	Q1	Q2	
HIT	Support expansion / integration of HIE	Drive interoperability through centralization			
	Support “shoppable” care and episode transparency tool	Review findings from APCD council and develop approach			
	Develop public health dashboard				
	Deploy prescription drug monitoring program (PMDP)				
	Expand and enable tele-health	Convene stakeholders to provide recommendations		Amend regulations and remove barriers	
Popula- tion Health	Reduce childhood obesity				
	Improve diabetes prevention and self-management				
	Improve oral health for children				
	Reduce substance abuse				
	Decrease rate of tobacco use for women ages 18-44				

Opportunity for work group feedback on final SIM Plan

- Late April—Full draft of SIM plan sent to work group stakeholders for input
- Early May—Deadline for work group stakeholder feedback
- Mid-May—Completion of final draft of SIM plan
- May 30—Submission of final SIM plan

- Workgroup Session 3
 - March 28--Payments
 - March 28--Transparency
 - April 5--HIT
 - April 11--Population Health
 - April 11--HCT

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CATALYST
FOR
PAYMENT
REFORM

Update: Transparency in Pennsylvania

Andréa Caballero

Program Director, Catalyst for Payment Reform

March 28, 2016



Participating Plans

A total of 7 plans are participating in the data collection process; 6 plans have given responses thus far (Scope section only)

- 4 plans are currently using internal transparency tools
- 2 plans currently contract with a vendor to provide a transparency tool



Health Care Services Information

6 out of 6 plans have tools that include information on a range of services, procedures, and grouped services such as:

Services

- Hospital stays (6)
- Office visits (6)
- Medication (3)

Procedures

- Maternity care (6)
- Back and spine procedures (5)

Grouped Services

- Episodes or bundles of care (5)



User Financial Information

6 out of 6 plans have tools that display user financial liability for health care services in real time (refreshed every 30 days), including information on:

- Remaining deductible **(6)**
- Copay **(6)**
- Out-of-pocket maximum **(5)**
- Savings and account balances **(4)**
- Reward or cash bonus **(3)**



Insurance Products and Benefit Design

Users have access to the tools by a range of product types including:

- HMO: **100%** of tools (6/6)
- PPO: **100%** of tools (6/6)
- HDHP: **100%** of tools (6/6)

4 out of 6 plans have tools capable of accommodating a variety of benefit and network designs, including information on:

- Tiered/narrow networks **(4)**
- Centers of Excellence **(3)**
- Reference-based pricing **(2)**
- Value-Based Insurance Design **(1)**



PA Insurance Database Project: Stakeholder Engagement Process

Presentation to Health Innovation in Pennsylvania
(HIP) Price and Quality Transparency Work Group

APCD Council
March 28, 2016

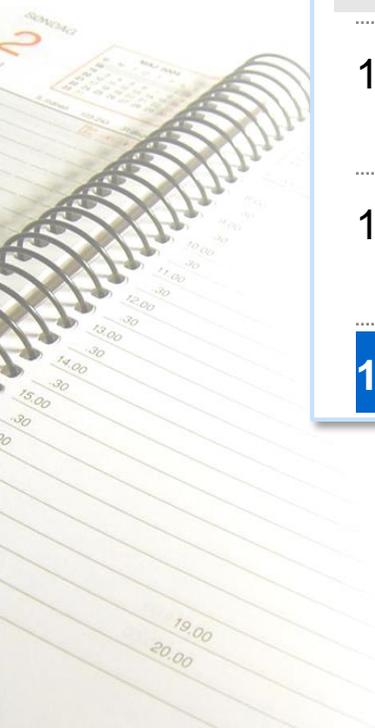
- Aetna Better Health
- Capital Blue Cross
- Carnegie Mellon University
- Center for Health Care and Policy Research, Penn State University
- Cigna
- Clover Health
- Department of Health
- Department of Human Services
- eHealth Authority
- Geisinger Health System
- Greater Philadelphia Business Coalition on Health
- Highmark
- Independence Blue Cross
- Insurance Federation of Pennsylvania
- Lehigh Valley Business Coalition on Healthcare
- PA Academy of Family Physicians
- PA Academy of Family Physicians
- PA Coalition of Nurse Practitioners
- PA Medical Society
- PABGH
- Pennsylvania Employees Benefit Trust Fund (PEBTF)
- Pennsylvania Health Access Network
- Pennsylvania Health Care Cost Containment Council: PHC4
- Pennsylvania Health Care Quality Alliance
- Pennsylvania Insurance Department
- Pittsburgh Regional Health Initiative
- St. Luke's University Health Network
- The Hospital & Healthsystem Association of Pennsylvania
- University of Pennsylvania
- UPMC Health Plan

- Building off of the State Innovation Models (SIM) work provides a logical forum to discuss the need for data and a possible APCD
- Appreciated the multi-stakeholder approach
- Appreciated the “APCD 101” webinar; some suggested doing another one
- Majority believed investigating an insurance database for Pennsylvania has value; especially in definition of use cases
- Articulated multiple potential uses and needs for the data
- Funding, governance, and data access/release cited most commonly as areas of concern

- Regional comparisons of cost and utilization of services
- Evaluation of health system transformation initiatives
- Comparative analyses of Medicaid, Medicare, and commercial cost and utilization
- Provider engagement and network performance reporting
- Data collection for multiple reporting efforts -- administrative simplification for payers and providers
- Transparency tools for consumers
- High-quality data available for academic and other research

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Next steps

- Look for communication with more details on accessing a preview draft of the entire SIM plan
- Submit feedback on SIM plan by May 2

Questions

