Wisconsin Health Information Organization

Julie Bartels
Executive Director, WHIO
Wisconsin Health Information Organization (WHIO)

- Voluntary
- 501(c)3 Non Profit
- Conceptualized and funded by a group of visionary – but very diverse – Founding Organizations
- Shared commitment to improving quality, safety, efficiency and affordability of health care in WI
Background re: State Involvement

• WI Stat Chapter 153
  – Calls for collection and dissemination of health care and related information for public consumption

• Inpatient and Outpatient Hospital Data
  – WI Hospital Association

• POVD – Patient Office Visit Data
  – Initiated in 2001, funded by annual provider assessment
  – Terminated in 2006 based on expense and inability to meet data requirements
  – Law amended to allow service contract with third party data provider
WHIO Mission

To create and maintain a centralized health care data repository that can be used to improve quality, affordability, safety and efficiency of health care delivered in WI.
Public-Private Collaboration

- Greater Milwaukee Business Foundation on Health
- Humana
- The Alliance
- United Healthcare of WI
- Anthem BC/BS of WI
- WEA Insurance Trust
- WPS Health Insurance
- Wisconsin Medical Society
- Gundersen Lutheran Health Plan
- MercyCare Insurance
- Security Health Plan
- The Wisconsin Collaborative for Healthcare Quality
- Wisconsin Department of Health Services
- The Wisconsin Collaborative for Healthcare Quality
- Wisconsin Department of Employee Trust Funds
- Wisconsin Hospital Association
- Group Health Cooperative South Central Wisconsin
- Health Tradition Health Plan
- Dean Health Plan
Establishing Value in Healthcare

Quality / Cost = Value

- Conclusions drawn on incomplete information may be erroneous
  - Quality at any cost is unaffordable and unsustainable
  - Cost regardless of quality can lead to inappropriate and unproductive health care decisions
- Value adds a sense of ‘worth’ from a patients perspective to the health care decision making process.
• Wisconsin Collaborative on Healthcare Quality
  – Clinical quality measures

• Wisconsin Hospital Association CheckPoint and PricePoint
  – Inpatient and Outpatient cost and quality reporting

• WHIO
  – Quality process measures
  – Health care services utilization/cost measures
The Data

- 28% of Wisconsin’s population
  - 1.6 million Members:
  - 72,281 provider entities (both people and facilities)
  - 72.7 million Claim Records:
  - 7.3 million care episodes
  - $7.9 Billion Total Standard Cost
• **Current:**
  – Anthem Blue Cross Blue Shield
  – Humana
  – United Healthcare of WI
  – WEA Trust Insurance
  – WPS

• **2010:**
  – Medicaid
  – Dean Health Plan
  – Gundersen Lutheran
  – Security Health Plan
  – Group Health Cooperative – South Central
Current Geographic Distribution of WHIO Data
Population View  -
Captures variation in care among population components and highlights where opportunities for broad based care improvement exists:

– Gaps in quality
– Access to care
– Elderly or Adolescent care
– Disease Prevalence
– Treatment over/under use
Building Perspective

Provider View -

Measures variation in practice that lead to less than optimal care

- Compliance with national quality of care standards for specific conditions or preventive care
- Relative over use (or under use) of health care services
- Identification of peer group average
- Identification of best practice
WHIO Analytics
<table>
<thead>
<tr>
<th>MDC* Diseases of:</th>
<th>Total Standard Cost</th>
<th>Total Inpatient Admits</th>
<th>Standard Cost per Admission</th>
<th>30 Day Re-admit rate</th>
<th>30 Day Re-admit count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory System</td>
<td>$459,768,184</td>
<td>24,398</td>
<td>$18,845</td>
<td>0.09</td>
<td>2,212</td>
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<tr>
<td>Musculoskeletal System and Connective Tissue</td>
<td>$335,984,835</td>
<td>20,204</td>
<td>$17,620</td>
<td>0.08</td>
<td>1,619</td>
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<tr>
<td>Digestive System</td>
<td>$191,815,255</td>
<td>15,818</td>
<td>$12,126</td>
<td>0.09</td>
<td>1,451</td>
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<tr>
<td>Respiratory System</td>
<td>$151,991,283</td>
<td>12,171</td>
<td>$12,488</td>
<td>0.10</td>
<td>1,194</td>
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<tr>
<td>Pregnancy</td>
<td>$148,241,587</td>
<td>19,982</td>
<td>$7,417</td>
<td>0.03</td>
<td>571</td>
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</tbody>
</table>
## Ex. Population Analytics
### Quality Measures by Condition

<table>
<thead>
<tr>
<th>Condition Category</th>
<th>National Standard for Care</th>
<th># pts meeting selection criteria for testing</th>
<th># of pts receiving test(s)</th>
<th># pts not receiving test(s)</th>
<th>Frequency national std of care for pts is met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (Endocrine)</td>
<td>Adults with LDL cholesterol in last 12 mo</td>
<td>155,449</td>
<td>96,904</td>
<td>58,595</td>
<td>0.62</td>
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<tr>
<td>Preventive</td>
<td>Breast Cancer Screening</td>
<td>321,126</td>
<td>218,942</td>
<td>102,184</td>
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<tr>
<td>Cardiology</td>
<td>Pts with lipid profile during yr</td>
<td>71,929</td>
<td>28,591</td>
<td>43,338</td>
<td>0.40</td>
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<tr>
<td>Measure</td>
<td>Practice Group Performance</td>
<td>Peer Practice Group Performance</td>
<td>Best Practice Provider Group Performance / compliance target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------------</td>
<td>---------------------------------</td>
<td>------------------------------------------------------------</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes: Pts with LDL Cholesterol Test in last 12 mo.</td>
<td>.97</td>
<td>.80</td>
<td>.97/1.00</td>
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<tr>
<td>Preventative: Pts with Mammogram screening in last 12 mo.</td>
<td>.71</td>
<td>.81</td>
<td>.95/1.00</td>
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<tr>
<td>Cardiology: Pts with lipid test in measurement year</td>
<td>.87</td>
<td>.77</td>
<td>.93/1.00</td>
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</tr>
<tr>
<td>Type Of Service</td>
<td>Provider Performance</td>
<td>Peer Group Performance</td>
<td>Provider Performance Index</td>
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<tr>
<td></td>
<td>Frequency</td>
<td>Frequency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cost per episode</td>
<td>Cost per episode</td>
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<tr>
<td>Laboratory</td>
<td>696</td>
<td>968</td>
<td>.72</td>
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<td>$40.89</td>
<td>$52.83</td>
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<td>Radiology</td>
<td>129</td>
<td>228</td>
<td>.57</td>
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<tr>
<td></td>
<td>$46.09</td>
<td>$59.15</td>
<td>.78</td>
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<tr>
<td>Pharmacy</td>
<td>2868</td>
<td>4626</td>
<td>.62</td>
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<td></td>
<td>$197.38</td>
<td>$298.45</td>
<td>.66</td>
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</table>
The Opportunity

• Refocus the health care debate with an emphasis on **VALUE**
  – Increase value to the patient by raising quality and/or decreasing cost
  – A sense of worth or value is determined by applying what the patient knows/understands about care options to their personal circumstance.
    • Educating patients/caretakers is an essential part of the solution

• **Waste Reduction is only way to reduce health care cost**
  – Waste is anything not value added to the patient
  – Experts suggest that as much as 30% to 50% of the cost of health care is waste
    • Consider that good news and focus on eliminating it
The Opportunity

• Set expectations that health care decisions be based on **facts**.
  – Use Population Analytics to identify opportunities for improvement
  – Use Provider Analytics to identify best practices
  – Design reimbursement programs and benefit plans that encourage and reward the right behaviors in patients and providers
To Continue the Conversation

Julie Bartels
Julie.Bartels@ThedaCare.Org
WisconsinHealthInfo.Org

920-336-0409
920-339-0409