



Purchaser Business
Group on Health



September 30, 2021

PBGH Primary Care Payment Reform Summit

*PBGH Health Value Index: Measuring
Progress to High-Value Care*

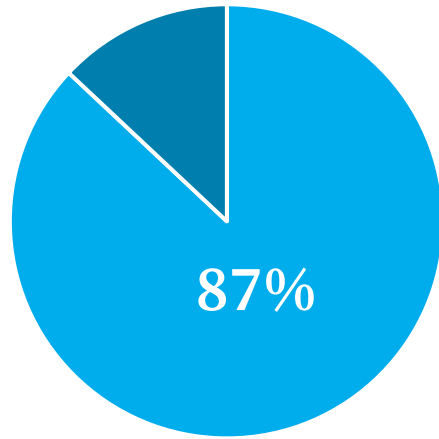
*Lauren Vela
Director, Health Care Transformation
Walmart*



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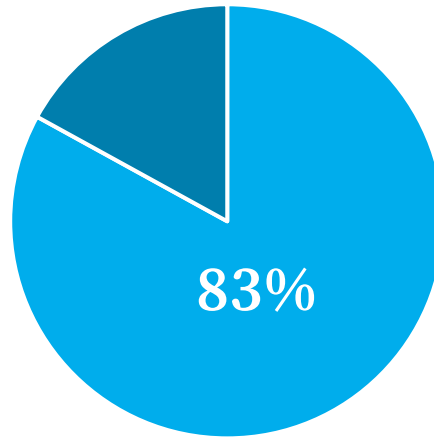
Why the PBGH Health Value Index?

The C Suite is Taking Notice



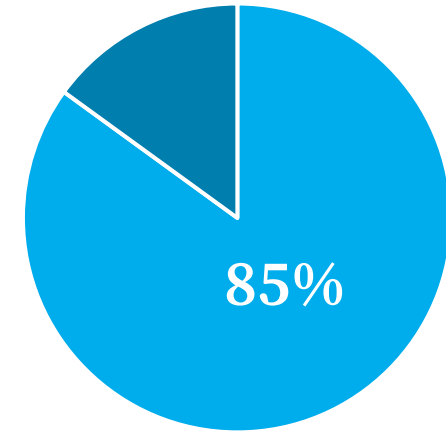
Believe that **the cost of providing health benefits to employees will become unsustainable** in the next 5 to 10 years.

They See a Failed Market



Believe a **greater government role in providing coverage and containing costs would be better for their business.**

They Also See Potential — But They Need Options



Agreed that **employers collectively can change health care cost** to a moderate or considerable extent.

- Supplier accountability
- Data transparency
- Compete on quality



A Rising Tide Lifts All Boats

Nine Meaningful Metrics

























































Version 1.0

- Benchmarking primary care spend: **along with other measures, will be used to measure impact of Primary Care Payment Reform Workgroup**
- Integration of primary care and behavioral health
- Depression screening utilization
- Reporting on depression screenings and remission rates
- Use of two-sided risk payment models
- Efforts to avoid low-value care
- Adoption of biosimilars
- Site-of-service optimization
- ACO accountability for outcomes measures

Variable Data Quality

- Carrier-specific
- Data quality (2018,2019)
- Results summary
 - Data reported
 - Action guide for employers
 - Collaborative action through PBGH

Metric	National Carrier #1 Reporting Capability	National Carrier #2 Reporting Capability	*National Carrier #3 Reporting Capability	National Carrier #4 Reporting Capability	Integrated Plan Reporting Capability	Regional Blue Reporting Capability
1. Benchmarking Primary Care Spend						
2. Integration of Primary Care and Behavioral Health						
3. Depression Screening Utilization						
4. Reporting on Depression Screenings and Remission Rates						
5. Use of Two-Sided Risk Payment Models						
6. Efforts to Avoid Low-Value Care						
7. Adoption of Biosimilars						
8. Site-of-Service Optimization						
9. IHA-PBGH Commercial ACO Measure Set						

*Varied by purchaser

 = Good  = Fair  = Poor

Health Value Index 1.0 Key Takeaways

Percent spent on primary care is decreasing

- Only 5.6 – 8.0% of total spend
- More dollar spend on primary care but not keeping up with total spend increases

Unwarranted variation with use of low-value care

- Some plans did not report select medical groups stating that their **contracts do not permit reporting**
- Unnecessary low back imaging ranges from 0-44% for another carrier
- Even Kaiser shows variation ranging from 0-18%

All results for depression screening and use of collaborative care codes were dismal

- Reflects major opportunity for integrated behavioral health and primary care



Shared Quality
and Accountability
Standards

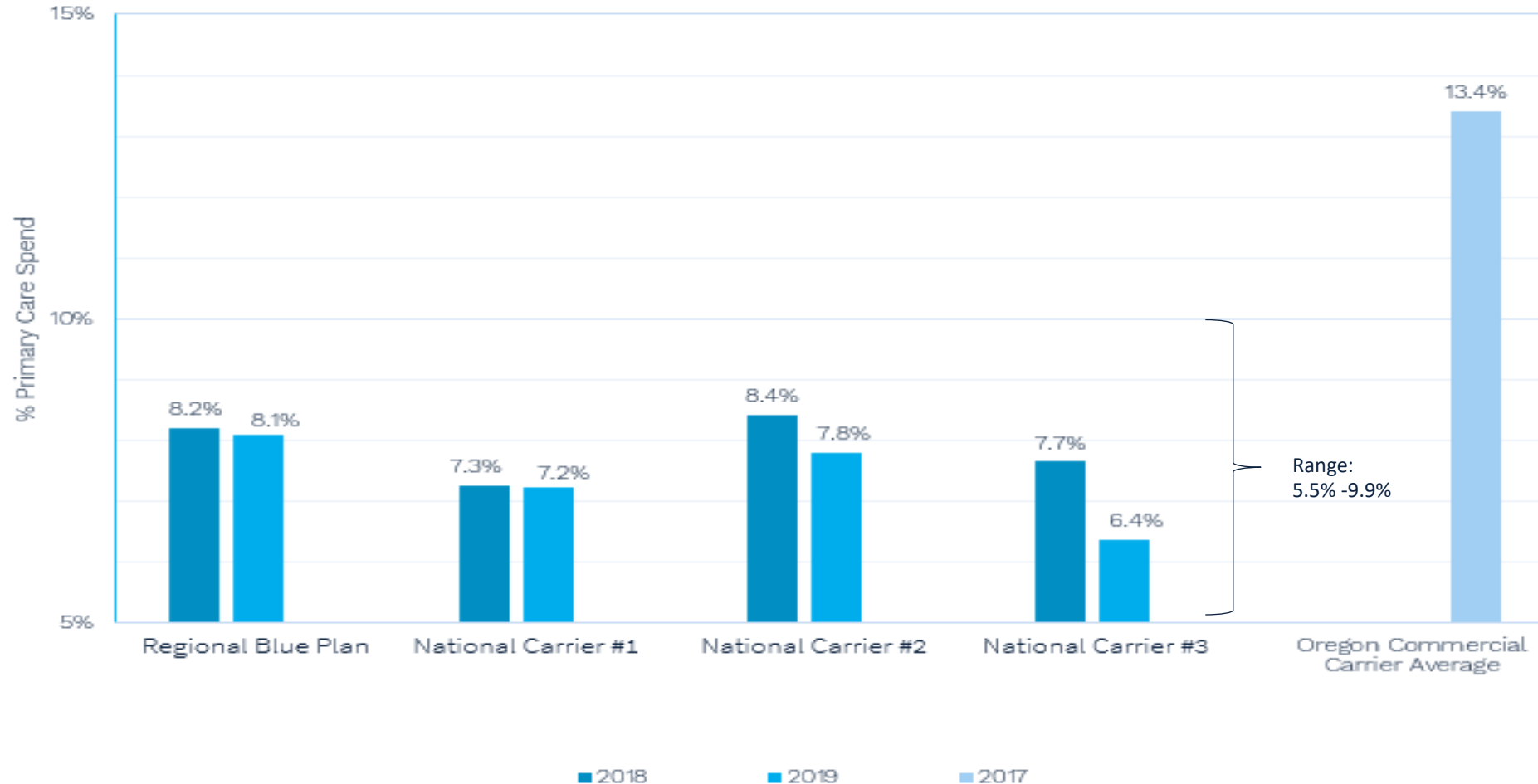


Performance
Insights and
Benchmarking



QI and Technical
Assistance

1. Benchmarking Primary Care Spend



*Oregon Commercial Carrier Average

<https://www.oregon.gov/oha/HPA/ANALYTICS/PCSpendingDocs/2019-Oregon-Primary-Care-Spending-Report-Legislature.pdf>

Example: Suggested Employer Actions

Behavioral Health Integration in Primary Care & Depression Screening

Result	Purchaser Action	Collaborative Action
Integration of Primary Care and Behavioral Health		
<ul style="list-style-type: none"> Limited use of Collaborative Care Model billing codes 	<ul style="list-style-type: none"> Ask plans to educate providers on Collaborative Care Model billing and how to meet billing requirements 	
Depression Screening Utilization		
<ul style="list-style-type: none"> Able to report use of depression screening codes 	<ul style="list-style-type: none"> Ask plans to educate providers on the importance of depression screening and how to bill for it 	<ul style="list-style-type: none"> Require reporting of health plan depression screening payments
Reporting on Depression Screenings and Remission Rates		
<ul style="list-style-type: none"> Able to report depression screening follow-up Limited information on remission rates 	<ul style="list-style-type: none"> Use depression screening rates or remission as a performance guarantee 	<ul style="list-style-type: none"> Ask plans for a firm timeline for collecting and reporting depression outcomes using the PHQ-9

Preliminary Purchaser Playbook 2.0 Content

Domain	Potential Measures	New or Continuing
Primary Care	<ul style="list-style-type: none"> • % of primary care spend • PBGH Advanced Primary Care measure set • Use of behavioral health integration codes (CPT) 	Continuing
Mental Health	<ul style="list-style-type: none"> • % screened for depression (PROMS) • Depression remission rates (PROMS) • Payment for collaborative care codes or depression screening • Screening for perinatal and post partum depression 	Continuing
Low Value Care	<ul style="list-style-type: none"> • Inappropriate imaging • High cost cardiac procedures • High frequency procedures 	Continuing with more focus on actionable measures
Pharmacy	<ul style="list-style-type: none"> • Targeted measurement of high-volume biosimilars and site of care for select medications 	Continuing
Health Equity	<ul style="list-style-type: none"> • % of population for which demographics are collected • Assess plan approaches to addressing health disparities, including stratification of quality measures 	New
Maternity	<ul style="list-style-type: none"> • Maternal outcomes (C-Section, Low Birth Weigh) by race and ethnicity 	New
Telehealth	<ul style="list-style-type: none"> • COVID-related utilization impact in primary care; high value telehealth 	New



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